FIRST AMENDMENT

This Amendment is made and entered into this 17th day of November, 2023, by and between Pinellas County, a political subdivision of the State of Florida, hereinafter referred to as "County," and Unite USA, Inc. DBA Unite US hereinafter referred to as "Contractor," (individually referred to as "Party", collectively "Parties").

WITNESSETH:

WHEREAS, the County and the Contractor entered into an agreement on October 11, 2022, pursuant to Pinellas County Contract No. 22-0101-P (hereinafter "Agreement") pursuant to which the Contractor agreed to provide Coordinated Access Model services for County; and

WHEREAS, Section Twenty-five (25) of the Agreement permits modification by mutual written agreement of the parties; and

WHEREAS, the County and the Contractor now wish to modify the Agreement in order to provide adjustments to the terms and conditions, restatement of the Statement of Work, and restatement of the Fee Schedule;

NOW THEREFORE, the Parties agree that the Agreement is amended as follows:

1. Section 8 ("Termination") subsection C ("Termination for Convenience"),subsection 1, is hereby amended to read:

   "Termination for Convenience. Notwithstanding any other provision herein, no earlier than August 30, 2024, the County may terminate this Agreement, without cause, by giving 30 days advance written notice to the Contractor of its election to terminate this Agreement pursuant to this provision.

2. Section 32 ("Order of Precedence"), is hereby amended to read:

   All Exhibits attached and listed, or incorporated by reference below are incorporated in their entirety into, and form part of this Agreement and will have priority in the order listed:

   A. Pinellas County Services Agreement, including all Amendments, Exhibits and Attachments

   B. Pinellas County RFP 22-0101-P, Section B, Special Conditions and Section E, Specifications

   C. Unite Us RFP proposal dated December 8, 2021

   In the event of an inconsistency in this Agreement and any of the attached Exhibits attached or incorporated by reference the terms set forth in this Standard Services Agreement will prevail. In the event there is a conflict between the terms of the Pinellas County Services Agreement then the conflict shall be resolved according to the following order of priority: any terms required as a condition of grant funds will have first priority; then the terms of this Standard Services Agreement; and then the terms of any remaining Exhibits.

3. The Unite Us, Care About Me, Pinellas County Coordinated Access Model proposal dated September 20, 2023, is hereby incorporated by reference and made part of the Agreement, and attached hereto as Exhibit J.
4. Exhibit A, Statement of Work, is hereby deleted in its entirety and replaced with Exhibit A, Statement of Work, attached hereto.
5. Exhibit F, Fee Schedule, is hereby deleted in its entirety and replaced with Exhibit F, Fee Schedule, attached hereto.
6. Except as changed or modified herein, all provisions and conditions of the original Agreement and any amendments thereto shall remain in full force and effect.

Each Party to this Amendment represents and warrants that: (i) it has the full right and authority and has obtained all necessary approvals to enter into this Amendment; (ii) each person executing this Amendment on behalf of the Party is authorized to do so; (iii) this Amendment constitutes a valid and legally binding obligation of the Party, enforceable in accordance with its terms.

IN WITNESS WHEREOF the Parties herein have executed this First Amendment as of the day and year first written above.

PINELLAS COUNTY, FLORIDA
by and through its Division Director of
Purchasing and Risk Management

Merry Celeste

Merry Celeste, Division Director of Purchasing and Risk Management

CONTRACTOR:

DocuSigned by:
Taylor Justice
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Authorized Signature

Taylor Justice

Printed Authorized Signature

Co-Founder & President

Title Authorized Signature

APPROVED AS TO FORM
By: *Keiah Townsend*
Office of the County Attorney

UNITE US

Care About Me

Pinellas County Coordinated Access Model

September 20, 2023

Introduction

The Unite Us team is proposing to bring previously agreed subcontracted services and responsibilities (B.I.5, B.III.1, B.IV.5-6, and B.VI. 1-3.) in-house for the remainder of the Client-Centered Coordinated Access Model (CAM) contract with Pinellas County.

Unite Us' experience in direct client support has expanded and matured since our initial discussions in Spring 2022. We are confident in our abilities to deliver on all of the responsibilities detailed in the contract and believe there are a number of efficiencies that will be gained from working with one contracting entity to include governance, communication, and service delivery.

The Unite Us team will leverage and build upon the work that has already been done throughout year 1. As the Unite Us team intends to bring CAM operations in-house, the team does not intend to change workflows or core features of the CAM model outlined in the contract and the KPMG report. Metrics will be delivered according to the contract (Exhibit A. C. III and IV.) and the project plan presented to the County on 07/20/2023.

Unite Us understands the initial concerns that were raised in regards to staffing. We are prepared to hire a team that will meet the County's expectations. Unite Us is proposing a reallocation of the budget in order to enable a successful implementation of Care About Me in Pinellas County.

Staffing Model

After discussions with the County, the Unite Us team has decided to hire new staff that will be fully dedicated to CAM operations and meet experience and educational requirements. Unite Us will prioritize the hiring of a licensed CAM Manager. A licensed clinician and local team member will participate in the hiring panel.

CAM specialists will be master's prepared clinicians with a mix of backgrounds and child, adolescent, and adult expertise. If Unite Us is unable to recruit individuals at a Master's

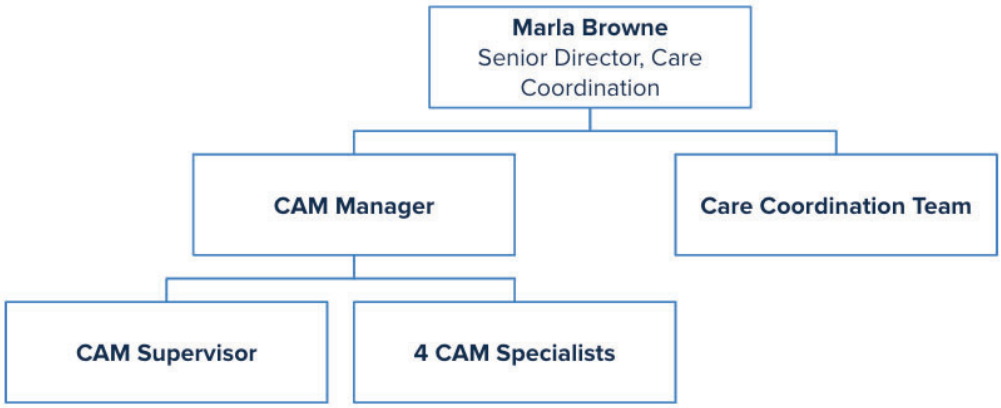
level, recruitment will shift towards those with a Bachelor's level degree who have significant experience (5-6 years) at the County's discretion and approval in accordance with *Exhibit A. B. I. 2-3.*.

We have conducted a market analysis based on the qualifications and experience for the CAM Manager and clinicians. Our goal is to provide competitive salaries and benefits and we plan to use the following ranges for each role:

- CAM Manager: $75,000-$95,000
- CAM Supervisor: $70,000-$85,000
- CAM Specialists: $60,000-$75,000

Unite Us will provide additional staff and support throughout the implementation and on-going operations. This includes, but is not limited to, Project Implementation, Account Management, Data Support, Product Support, and IT Support. Unite Us will manage the staffing budget within the confines of the contract budget and will follow guidelines on monthly invoices submitted to the county.

Organizational Chart



The CAM Manager will oversee CAM staff and will report to Marla Browne, Senior Director of Care Coordination. The soft launch team will consist of a CAM Manager, Supervisor, and 4 CAM Specialists with a variety of experience and backgrounds. Unite Us will be prepared to hire more specialists and will staff to scale. The CAM Manager will be responsible for staffing schedules and will ensure that shifts have a mix of specialists with expertise in children/adolescents and adults.

There are several options for surge support between the CAM team and Care Coordination Team, including the following:

- The CAM team will be trained on the Care Coordination Team's 911 protocol. The Care Team employs a system of supervisory support when clients are in need of 911 services.
- With the County's approval, Care Coordinators may help with coordination responsibilities during times of high volume. They may respond to text/chats or answer calls and help arrange a time for CAM specialists to call the client for an assessment. Care Coordinators will not conduct the assessments or coordinate care for CAM clients.

Training

Unite Us has identified the following trainings for CAM staff. The Unite Us team will work with Pinellas County to refine and narrow the list to the most relevant and appropriate topics. CAM staff will not be required to complete AIRS training, which is standard for the Unite Us Care Coordinators, since they will be focused on CAM responsibilities rather than care coordination. The below training curriculum in is accordance with *Exhibit B. I.5.*.

Current CAM training *Training proposed by USF*	**Proposed Trainings for New Staff** *Trainings incorporated into Unite Us onboarding and already completed by current Unite Us Care Coordinators*

Annual Confidentiality Training	• **Unite Us:**
	  ○ Company-wide training
	  ○ Care Coordination Team Policy and Procedure Training

Conflict of Interest Training	• **Unite Us:** Company-wide training

Crisis De-escalation	• **Unite Us:**
	  ○ Care Coordination Team Policy and Procedure Training
	  ○ Pinellas County mobile response landscape and workflows
	• **FADAA* (via www.floridalearner.org) Systems of Care Module:**
	  ○ Mobile Response Teams 1: Introduction to Mobile Response Teams (1.5 hours)
	  ○ Mobile Response Teams 3: Crisis Assessment and Intervention (1.5 hours)
	  ○ Mobile Response Teams 4: Strengths-Based Crisis Planning (1.5 hours)
	• **FADAA Baker Act and Marchman Act Module:**
	  ○ Law Enforcement and the Baker Act (3 hours)

Cultural Awareness and Sensitivity	• **FADAA Cultural Competency Module**
	  ○ Multicultural Counseling (length unknown)
	  ○ Understanding Culturally and Linguistically Appropriate Services (1.5 hours)
	  ○ Cultural and Linguistic Competence: Core Concepts and Individual Development/ Retake (4 hours)
	• **FADAA Behavioral Health Treatment and Recovery Support Module**

	○ Early Intervention in Adolescent Mental Health (1.5 hours)
Diagnosis Refresher	● **Unite Us training led by a licensed clinician:** ○ Common concepts in behavioral health ○ Commonly prescribed medications ○ Deep dive into providers and eligibility criteria
Identification of Treatment Needs for Individuals with Mental Health, Substance Use, and/or Co-Occurring Disorders	● **FADAA Baker Act and Marchman Act** ○ Marchman Act Basics (2.5 hours) ○ Introduction to the Baker Act (3 hours) ○ Long-Term Care and the Baker Act (1 hour) ○ Minors and Baker Act (1 hour) ● **FADAA Behavioral Health Treatment and Recovery Support Module** ○ Welcoming Services and Service Coordination for Women with Substance Use and Co-Occurring Disorders (3 hours) ○ Working with Persons with Opioid Use Disorders (3 hours)
Mandated Reporter Training	● **Unite Us:** ○ Policy and Procedure Training
Motivational Interviewing	● **FADAA Behavioral Health Treatment and Recovery Support Module:** ○ Motivational Interviewing for Behavioral Health Professionals (4 hours) ● **FADAA Child Welfare/Behavioral Health Module:** ○ Using Motivational Interviewing in Everyday Practice (5 hours)
Screening and Assessment Training	● **FADAA Behavioral Health Treatment and Recovery Support Module:** ○ Clinical Documentation and Treatment Planning (2 hours) ● **Unite Us training led by a licensed clinician:** ○ CAM screenings and assessments ● **LOCUS training**
Suicide Prevention	● **Unite Us:** Care Coordination Team Policy and Procedure Training (includes Columbia assessment) ● **FADAA Suicide Prevention Module:** ○ Suicide Prevention (4 hours) ○ Youth Suicide Prevention (1.5 hours) ○ Assessing Suicide Risk (2.5 hours)
Trauma Informed Care	● **FADAA Child Welfare/Behavioral Health Module:** ○ The Impact of Parental Behavioral Health Issues on Children (3 hours)
9-8-8 Matrix	● **Unite Us training led by Chelsea and licensed clinician**
N/A	● **Unite Us:** ○ Monthly In-Service trainings. Topics have included Motivational Interviewing, IPV, Homelessness, Military Culture, Criminal Justice ● **Unite Us to work with providers to join the team's monthly in-service trainings:**

	○ Casa (https://www.casapinellas.org/) ○ Area Agency on Aging

Internal coordination

CAM staff will benefit from more efficient and effective communication in that they will be on-boarded with best practices as their cross-team peers at Unite Us. The operational, customer-facing team—including the Implementation Manager and Customer and Community Success Manager—will have regular meetings with the CAM team to collaborate, review processes, and provide updates on programmatic decisions and progress. The Customer and Community Success Team will ensure the CAM staff are trained on the Pinellas County landscape, including unique workflows, eligibility criteria, and provider needs. Additionally, all Unite Us teams supporting this contract will have access to each other through internal communication channels and shared drives. These changes will promote expedited communication, accelerated request to action time, and improved visibility into schedules/calendar availability.

Performance management

Unite Us has rigorous performance management practices in place for the Care Coordination Team. The same practices will be applied to the CAM team.
All of the Care Team's calls are recorded and monitored and scored on a monthly basis. Call monitoring is the process of listening to the calls of a Care Coordinator for the purpose of assuring that a high quality of service is being delivered. An experienced supervisor/mentor facilitates a self-listening review/evaluation directing the staff member to critically listen to both sides of the call and provide detailed feedback. The outcomes of this review are recorded and maintained on a call-monitoring evaluation form for internal quality assurance in accordance with *Exhibit A. D. IV.*.

Telepsychiatry

Unite Us will partner with The Well to fulfill the telepsychiatry requirements in *Exhibit A. B. VI.*. The CAM will send telepsychiatry referrals directly to The Well, who has agreed to serve all ages, demographics, insurances, medicaid, and uninsured individuals within 48-hours of the referral. During implementation, the Unite Us team will work closely with The Well to establish smooth workflows for callers/residents that are in need of bridge telepsychiatry services.

Unite Us intends to contract with The Well for their telepsychiatry services as part of the CAM program using the telepsychiatry

Tech Stack

The Unite Us team intends to procure the necessary tools to meet contract requirements and functionality requirements of the CAM model. We will first review our existing vendors, including TransPerfect and SurveyMonkey, to determine if their platforms will meet the needs of the CAM.

We will also contract with vendors that the subcontractor had previously identified, including LOCUS/Deerfield Solutions, Time Tap, and Web Emissary.

For all newly identified vendors, Unite Us will:

- Ensure they meet relevant contract and functionality requirements;
- Ensure they provide necessary metrics; and
- Seek approval from Pinellas County prior to procurement.

Throughout the duration of the contract, the Unite Us team will continually identify opportunities to reduce the tech stack, improve the efficiency of the CAM, and improve the user and customer experience.

Tool	Next Steps
LOCUS	• Pursue license agreement with Deerfield Solutions (procurement is complete)
SurveyMonkey	• Confirm SurveyMonkey has necessary reporting functionality for KPIs ○ *If not, procure Qualtrics*
Talkdesk for text and chat	• Pursue contract with Talkdesk and transfer configuration, if possible
Time Tap	• Finalize procurement (near complete)
TransPerfect	• N/A
Unite Us	• Configure Care Coordinators in CAM organization
Website	• Contract with Web Emissary and work with Pinellas County Communications on transfer

Marketing

The Unite Us team has iterated on a Scope of Work for Advertising and Marketing with the Pinellas County Human Services and Communications Team. The goal of marketing efforts will be to increase brand awareness and visibility of Care About Me to Pinellas County providers and residents. Targeted marketing and communications will support the three-phase rollout, as each phase will target a larger audience for calling in and utilizing Care About Me services. The Unite Us Marketing Team, Implementation Team, and Customer and Community Success Teams will work collaboratively to achieve this goal. With Pinellas County Human Services' written approval per contract requirements, Unite Us will also contract with a local marketing agency to assist with marketing efforts.

All marketing efforts will have an emphasis on the BIPOC and Non-English language dominant population *(specifically Haitian Creole, Spanish, Russian, and Vietnamese)*. Community engagement efforts will work collaboratively and in an integrated manner with organizations that are already embedded within BIPOC communities while leveraging existing relationships and trust.

Budget Justification

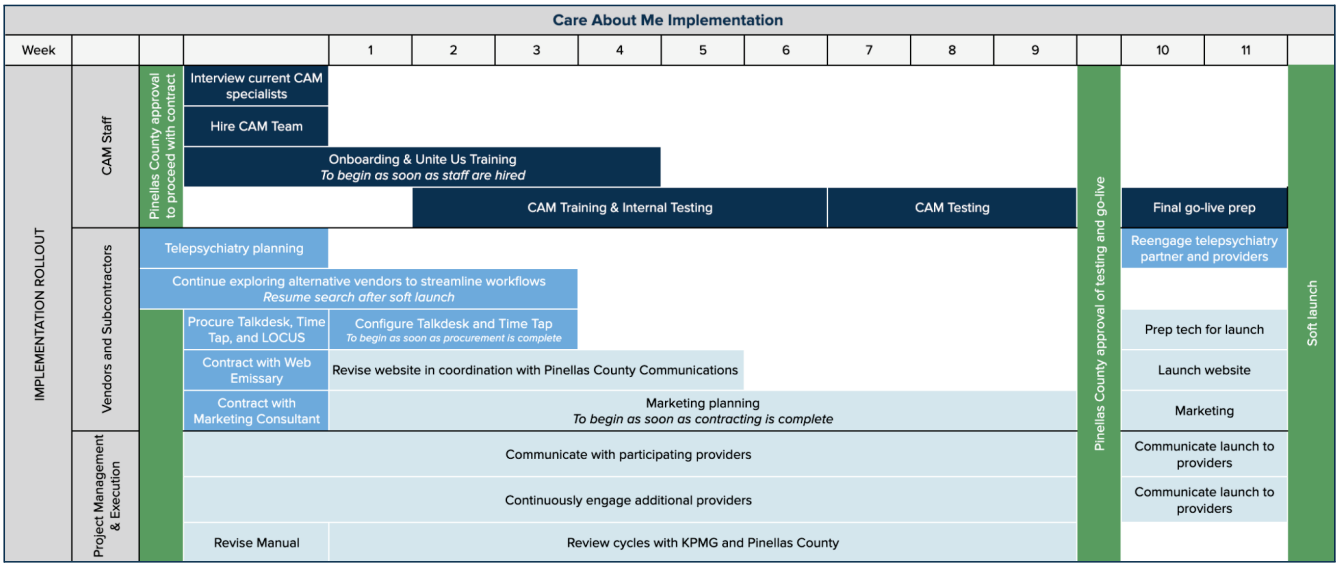
The original budget for Advertising/Marketing was $10,000 in Year 1, $2,000 in Year 2, $2,060 in Year 3, and $2,121.80 in Year 4. With this amount, the Unite Us team was intending to deliver on a significantly smaller scope originally outlined in *Exhibit A. B. VII.*. However, as the team proceeded with implementation and worked closely with the Pinellas County Human Services and Communications Teams, it became apparent that the CAM would require a more comprehensive marketing strategy and a greater level of effort to ensure its success. We understand the importance of having a thorough marketing and ad campaign for this project. Therefore, we conducted an internal and external assessment based on the most recent requirements and have concluded that contracting with a marketing agency would lead to the best results, and we will reallocate funds for this purpose.

With the total contract amount remaining the same, the Unite Us team reviewed total costs and determined the amount that could be shifted to marketing efforts (reflected in the attached budget). This amount is inclusive of the marketing agency cost as well as some paid advertisements. If additional paid advertising is desired, we would need to execute an amendment for additional funding.

Timeline

Qualified and exceptional staff will be critical to the CAM's success. The Unite Us team intends to deliberately hire a manager, supervisor, and specialists who will create a strong and reliable team. Therefore, hiring will be the biggest dependency for the implementation timeline.

The Unite Us team will proceed with tasks and deliverables (e.g., vendor procurement, Manual revisions, marketing planning) while the hiring process is in progress with approval from Pinellas County in accordance with assignment and subcontracting outlined in *Exhibit A. D. VI.*.



Activities remaining in implementation phase	Start Date	End Date	Week Length
Agreement Modification Request approved			TBD
Hire critical workforce	Upon County approval of proposal		
Contract with vendors and other entities: • Telephony System • E-scheduling tool • Web developer • Telepsychiatrist • Assessment tool • Survey tool	Upon County approval of proposal	Prior to end of hiring	
Configure technology solutions	Upon procurement of each tool	Prior to testing	
Revise Manual/Develop CAM SOPs • Review with Pinellas County	Upon County approval of proposal		
Provider engagement • Continue engaging providers • Revise provider workflows • Plan provider trainings	Upon County approval of proposal	Soft launch (engagement will be ongoing)	
Develop and begin execution of marketing plan	Upon County approval of proposal		9 weeks
Train staff • Conduct internal testing	Upon hiring		6 weeks
Conduct external testing			3 weeks
Soft launch • Adjustments			4-6 weeks
Phase 2 launch • Adjustments			4-6 weeks
Hard launch			

Exhibit A: Statement of Work

A. Program Summary

Contractor:	Unite USA, Inc. (Unite Us)
Program Name:	Coordinated Access Model
Priority Area:	Behavioral Health and Substance Use Disorder Services
Agreement Term:	From execution of agreement until September 30, 2027.
Target Population:	County residents seeking behavioral health services.

Type of Intervention:

Unite Us will provide a robust Coordinated Access Model (CAM) that allows for standardization, greater efficiency, and increased transparency in how consumers, families, caregivers, and professionals can access the right services within Pinellas County's behavioral health system. The objectives of the CAM are to (1) improve access to care (2) improve management of demand, (3) improve transparency of information, (4) minimize service duplication of intake services allowing for one initial intake that all agencies can utilize, and (5) improve consistency in consumer experience. The CAM will strive to ensure effective and efficient utilization of community services and resources funded by the Pinellas Integrated Care Alliance (PICA), a collaboration including Pinellas County Government, Pinellas County Sheriff's Office, Juvenile Welfare Board, Central Florida Behavioral Health Network, and the Department of Health in Pinellas.

B. Program Staff and Services

1. Unite Us will implement and operate the CAM in accordance with the exhibits attached and listed, or incorporated by reference hereto, including the Care About Me, Pinellas County Coordinated Access Model proposal dated September 20, 2023 (Exhibit J) and the Care About Me Operations Manual (Exhibit K), as updated by mutual written agreement of the parties without the need to formally amend this agreement,
2. Program Staff
    i. Unite Us will onboard and/or contract for staff to provide operational support for the CAM.
    ii. The CAM will utilize a staffing mix including master's prepared clinicians, licensed Master's level Clinicians, and Coordinators (who are Bachelor level in Social Work or Social Services). If the vendor is unable to recruit individuals at a Master level, recruitment can shift towards those with a Bachelor's level degree who have significant experience (5-6 years) at County discretion and

approval.

iii. Master level positions will conduct screening, initial assessment, and navigate the system for consumers and providers. The Coordinators will support CAM Specialists when callers are seeking general information. CAM staff will be bilingual or multi-lingual (e.g., Spanish, Vietnamese, Haitian Creole) or have access to a translator or effective, real-time translation services.

iv. Staff will be highly skilled and knowledgeable regarding, (1) the variety of service providers/services offered by those funded by PICA and private providers as they onboard to be a CAM partner and (2) a thorough understanding of services offered to consumers that are either not insured or insured. Program staff shall operate in alignment based on standardized training and established policy and procedure document that will be maintained by Unite Us or the on-boarding or contracted for services organization, as a guiding process, supporting staff in dynamically addressing questions, concerns, and operational guidelines. The policy and procedure document will be reviewed quarterly with the County.

v. Unite Us is responsible for ensuring standardized training is provided on an ongoing basis (e.g., monthly), available to all users, referrers, and receivers of CAM referrals in order to foster a consistent knowledge base and standardization in consumer experience and coordinated access processes. This will consist of users of the Shared Platform and non-users of the Shared Platform, which includes CAM staff as well as service providers conducting or referring to the CAM for screening and initial assessment. The vendor will conduct frequent evaluations on application of standardized tools and improve upon identified gaps through training.

3. Subcontracted Services

i. In support of the optimal development and operation of the CAM, Unite Us may on-board or contract for additional services in accordance with policies and procedures herein such as clinical development and support services, as identified herein.

ii. Unite Us acknowledges that the CAM model is intended to be an integrated, shared platform which includes e-referral, virtual screening, e-scheduling, automated reminders, and surveys. In consideration of moving forward with a CAM launch while working towards a more integrated approach with less stacked technology, Unite Us agrees to maintain a working production functionality document and provide regular updates to the County no less than quarterly on the flow and operation of the CAM as part of the quality assurance/quality improvement process, and on the status of road map items on product developments that are relevant to the CAM and improving CAM

performance.

iii. Unite Us is fully responsible for completion of the services required by this Agreement and for completion of all subcontractor work. See "Standard Services Agreement", Section 20 (A).

iv. The County, through its Human Services Director or designee, must provide prior written consent for the use of any other subcontractor. Said consent shall be determined by the County in its sole discretion.

4. Program Services and Procedures

   i. Unite Us Platform

      a) Overview. Unite Us has developed proprietary software to coordinate electronic referrals and case management tasks between health and social service organizations on a common platform {the "Unite Us Platform"). Subject to Pinellas County's payment of the fees set forth below, Unite Us shall provide for Pinellas County end-user licenses to use the Unite Us Platform within Pinellas County, Florida (the "Territory") during the Initial Term (as defined below) and manage the coordinated care network. Unite Us shall provide the County with 100 web-based licenses to the Unite Us Platform for use by County's Designated Providers (as defined in Exhibit D) during the Initial Term, provided that such licenses shall not be provided to (a) any entity that provides competitive services to those provided by Unite Us, with the exception of 211 Tampa Bay Cares Inc. as long as they are participating in the CAM, or (b) health systems, health plans, or government agencies with the exception of those health systems, health plans, or government agencies that are designated as partners of and working with the CAM. Additional licenses may be purchased at the County's sole discretion at the rates set forth in the Fee Schedule.

      b) Unite Us Insights. Unite Us will provide Pinellas County with up to three (3) licenses during the Initial Term to access network-level, de-identified data via the Unite Us Network Activity Dashboard and Health Equity Dashboard, and user-level information on Pinellas County's Unite Us Platform users via the Workforce Management Dashboard.

      c) Premium Support. Unite Us will enable the CAM to send referrals other than those related to mental and behavioral health directly to Unite Us for triage and care coordination to the appropriate CBOs within the Territory. For purposes of this Agreement, "CBOs" means

any nonprofit social service organization (other than health systems, health plans and government agencies) primarily providing services that are not clinical in nature. The fees set forth below cover coordination of up to 50 referrals per week. The County and Unite Us will work together to mutually agree upon criteria to identify clients in need of premium support to achieve equity in care results. Mutually agreed upon criteria and process shall be documented in the CAM Operations Manual.

d) Weekly Data Delivery. Unite Us, and any approved subcontractor, shall provide client-level, identifiable data for individuals on the Unite Us Platform served or referred by County's Designated Providers or the CAM within the Territory on a weekly cadence via SFTP to be implemented on a mutually agreed timeline, subject to applicable law.

ii. Intake Services

a) The CAM will provide intake services for clients to facilitate effective access to care providers. Intake processes will include the following six communication channels:

1) A 1-800 number: Unite Us will on-board or contract for this service and implement the 1-800 number. At the termination of the contract, the 1-800 number and relevant data/materials will revert to the County. Unite Us will provide transition support to allow smooth operation of the CAM at the termination of the contract.

2) Website: Unite Us will on-board or contract for the designing, developing, implementing, and operating a website with the County supporting in marketing. In the event of contract lapse or termination, the website, domain, and relevant data/materials will revert to the County. Unite Us will provide transition support to allow smooth operation of the CAM at the termination of the contract.

3) E-referral Form: E-referrals will be embedded into the website permitting professional service providers (i.e. Peer Supports, Recovery Care Organizations, clinics/PCPs, law enforcement, & EMS) without a license or access otherwise to the Shared Platform to submit consumer referrals to the CAM, eliminated barriers to accessing CAM services.

4) Online Chat: Clients will have the ability to initiate a secure chat to access CAM intake services via the website.

5) Text-Based: Clients will have the ability to opt-in to text-based communications. A link to Qualtrics or Survey Monkey will be texted to patients to access customer service surveys.

6) Virtual Contact with Service Providers: Unite Us will use a communication enabling feature within the platform as well as an e-scheduling solution to communicate with providers and schedule appointments, this may include Chat within the Shared Platform or other e-communication methods for agencies not licensed to the Shared Platform. Method of virtual contact with service providers shall be adjusted and/or expanded to meet needs of the CAM. Law Enforcement will be prioritized in the telephonic caller queue.

7) The CAM will provide a live response to consumers, emergency services, service providers and other professionals. When a live response is not feasible due to high call demand, consumers and emergency services will be prioritized based on a triage system. When necessary, and as a last measure, lowest risk clients will be called back within a timely manner.

b) The CAM will utilize standardized risk assessment tools such as Patient Health Questionnaire - 9, Generalized Anxiety Disorder-7, Columbia Suicide Severity Index, CAGE, and Brief Addiction Monitor, and other tools agreed upon or identified by the County. At this time, ASAM will be completed by substance use providers unless otherwise determined by the County.

iii. Operational Hours: Operational Hours: The CAM will be operational from 8AM - 10PM EST Monday through Friday, and 10AM-6PM EST on Saturdays and in accordance with the Pinellas County observed holidays identified in the Operations Manual which include: New Year's Day, MLK, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and Christmas Holiday. This schedule will be re-evaluated within 4 months of operation and quarterly thereafter to ensure appropriate levels of service by reviewing data such as the number of initial and return callers, inquiry type, call urgency, access to appointments by caller demographic, and other available information.

iv. Calls received outside of the Operation Hours will be tracked and informed of their options to call during operating hours, to complete an e-referral on the website, or to contact 211 for resources, 988 suicide and crisis line, 911 for emergencies, or other source at the County's discretion and approval. Unite Us will provide monthly reports regarding call volume during non-operating hours to continually assess appropriateness of operational hours and modify as mutually agreeable.

C. Shared Platform:

1. At intake, the CAM will triage consumers to the appropriate level of care, with e-scheduling for participating care providers: The CAM will establish clearly defined referral pathways and processes and require timely responses by providers. The CAM will engage with service providers that are funded under the Pinellas Integrated Care Alliance (PICA) as well as private practice clinicians and, private hospitals and other publicly funded agencies funded outside of PICA. The CAM will offer e-scheduling of first appointment with participating providers based on reported wait times and client choice, as well as linkages to supportive services when deemed clinically appropriate (including social welfare programs, NAMI, housing services, etc.).
2. The CAM will have e-referral, virtual screening, e-scheduling, automated text and email notification for scheduled appointments and reminders, and automated satisfaction surveys sent via email and text to consumers and service providers both (1) post screening and (2) post initial assessment.
3. Virtual screening will include calls directly from consumers as well as intake from referral sources including but not limited to 911, EMS, and the Sheriff's Department. Future working sessions will be conducted between crisis service agencies (e.g., National Suicide Line/ 988, Crisis Stabilization Units) and the CAM to develop referral pathways
4. Satisfaction surveys may be delivered through a platform such as Qualtrics or Survey Monkey.
5. E-scheduling of available appointments and ensuring ongoing availability and access to provider services will be the responsibility of CAM coordinator and/or supervisor which is a key component of ensuring the success for this coordinated access service.
6. Consumer information, screening, initial assessment, crisis/safety plans will be collected only once, and inputted and stored into a shared platform that is managed by the CAM, however, service providers can access this information to retrieve and input data or otherwise provided for entities not licensed and without access to the Shared Platform to retrieve these forms. Sharing information with the goal of streamlining communication with service providers will be fostered through the adherence to Personal Health Information privacy requirements, which will be a requirement upon engaging with the consumer. The vision is for consumers to only "tell their story once."
7. Designated Providers shall be provided access to use the Unite Us platform to indicate whether a consumer followed through on their referral. Once service is initiated (e.g., intake and therapeutic intervention), the CAM shared platform, will enable service providers to send automated updates to notify the CAM on progress, including but not limited to the following automated communication capabilities: consumer attended, consumer rescheduled, or consumer did not show up.

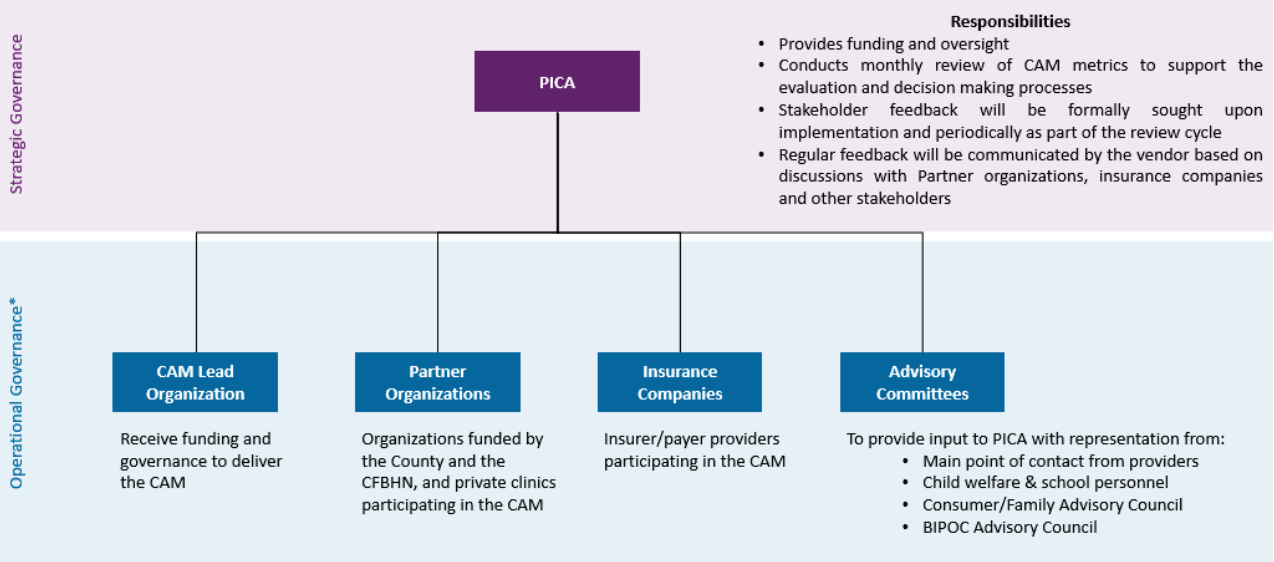
D. Integration with Crisis Care and Other Service Providers:
    1. Unite Us will on-board or contract for services, as necessary and mutually agreed upon, and work to integrate the CAM into crisis services. Planning meetings will need to take place with key service providers to review draft pathways developed during the design phase and develop detailed algorithms with roles and responsibilities to facilitate this integration.
    2. Unite Us shall engage NAMI to develop referral pathways from the CAM to peer and family support services. Unite Us will on-board or contract for services to develop a Management Plan with clients that can include structured contact in addition to linkage to NAMI as a support while they await Providers' appointment.

E. Telepsychiatry:
    1. For callers determined to require access to bridge medications or psychiatry services by the CAM, the CAM will offer telepsychiatry visits for adults, older adults, youth/children and adolescents through the Unite Us subcontracted clinical provider, which involves a HIPAA-compliant video session with the patient and the telepsychiatry provider. In this model, the telepsychiatry provider will assess the patient's symptoms and provide treatment recommendations and/or bridge prescriptions to support stabilization until the consumers is connected to the coordinated ongoing treatment services. Bridge prescriptions are intended to be short-term (3-7 days on average but up to 2-4 weeks as indicated) and communication with a consumer's PCP and future psychiatry provider is encouraged.
    2. Unite Us shall ensure access to telepsychiatry sessions for psychiatric and bridge prescriptions when deemed clinically appropriate, e.g., for those exiting the justice system and require a bridge until their outpatient services are initiated through a subcontracted or otherwise arranged provider as approved by the County.
    3. For those clients who do not have a psychiatrist of record, Unite Us shall secure bridge psychiatry services with the subcontracted or otherwise arranged provider to allow for the client to be seen within 24 hours, if possible, in order to avoid a deterioration of the condition. The goal is to provide behavioral health services as soon as possible, including stabilizing psychotropic medications, and avoid the utilization of the ER and/or crisis units until the consumer receives these services with their scheduled provider for ongoing medication management.

F. Advertising/Marketing: In line with the CAM implementation, Unite Us will work with a subcontracted marketing consultant to develop a comprehensive, phased approach to promote and advertise the CAM up to the amount set forth in the budget. The comprehensive marking plan will support the desire for the CAM to work collaboratively and

in an integrated manner with organizations that are already imbedded within BIPOC communities while leveraging existing relationships and trust. Efforts of the marketing consultant should complement and support the work of the Unite Us Implementation, Community Engagement, and Marketing teams, which will include provider and community engagement efforts, press releases, crisis communication planning, and other email communications.

G. Governance and Responsibilities:



The following graph outlines the CAM governance and responsibilities.

H. <u>Objectives and Deliverables</u>

1. Objective.
    i. The desired outcome is the establishment of a Coordinated Access Model to streamline access to care for persons experiencing behavioral health issues.
    ii. The CAM is intended to:
        a) Enable consumer and family -centered services delivery in collaboration with delivery partners.
        b) Support the provision of high-quality clinical outcomes.
        c) Empower consumers, CAM staff, and service providers to:
            1) Have clarity on how to make decisions about care needs and be transparent to support self-management and self-advocacy
            2) Understand service options, processes, and clinical tools to empower consumers/families/caregivers to make their own choices
            3) Be respected for their role in the consumer, family, and caregiver service journey
            4) Be used to their fullest capacity to support timely and effective access and service delivery

d) Be effective, efficient and adaptable to accommodate changes in governance, policy, funding, and consumer needs
e) Be results driven, holding itself and others accountable through strong governance processes, a common set of performance indicators, and transparent reporting mechanisms
f) Enable equitable access to services, regardless of race, color, religion culture, creed, sexual orientation, gender identity, national origin, ancestry, age, geography, disability, and other social determinants of health

2. Schedule of Deliverables:
    i. It has been agreed that all age groups will be provided services during the initial "soft launch" and go-live of the CAM. At no point in this process will any calls be turned away or not serviced from the initial "soft launch." The dates set forth below are subject to change and are contingent on Unite Us and County mutually working together to complete each Activity.

Activities remaining in implementation phase	Start Date	End Date	Week Length	Notes
Hire critical workforce	10/11/2023	12/8/2023		
Contract with vendors and other entities: • Telephony System • E-scheduling tool • Web developer • Telepsychiatrist • Assessment tool • Survey tool	10/11/2023	12/15/2023	8 weeks	Paid on a reimbursement basis.
Configure technology solutions	Upon procurement of each tool	12/15/2023		
Revise Manual/Develop CAM SOPs • Review with Pinellas County	9/22/2023	11/1/2023		Revisions of Manual may be iterative until soft launch, when a quarterly review cadence should begin
Provider engagement • Continue engaging providers • Revise provider workflows • Plan provider trainings	Upon amendment execution	N/A		Engagement will be ongoing
Develop and begin execution of marketing plan	12/18/2023	2/2/2024	6 weeks	Start date may begin as soon as contracting is complete. Marketing efforts will be ongoing
Train staff •	12/11/2023	1/5/2024	4 weeks	
Conduct internal testing	12/18/2022	1/5/2024	2 weeks	
Conduct external testing	1/5/2024	1/19/2024	2 weeks	
Soft launch • Adjustments	1/22/2024	N/A		Includes Phase 2 launch as needed
Hard launch- general public	4/8/2024	N/A		Hard launch date dependent on PDSA Cycle

3. Performance Measure Reporting:
    i. At a minimum, the vendor will track the below key performance measures related to the CAM. This information will be provided to the County in both an aggregate format as well as client identifying information. Processes and protocols will outline that clients will need to opt out of their information being shared with funders and service providers otherwise it is an automatic process of opting in:

Outcome Metrics	Process Metrics	Implementation Metrics

▪ **Consumer Matching**: Proportion of consumers admitted to appropriate services
▪ **No Show Rate:** for first appointment scheduled by the CAM
▪ **Satisfaction Rate:**
  ▪ Consumer, family and caregiver satisfaction with CAM services
  ▪ Provider satisfaction with CAM services
	▪ Total contacts (e.g., calls, live chats that may not result in a referral/self-referral) received
	▪ Total number of referrals received
	▪ Total number of consumers screened/assessed
	▪ Total consumers receiving services after referral by the CAM
	▪ **Response Rate**:
	  ▪ Live response/answer rate
	  ▪ Time from e-referral to screening (e.g., response time within 24 hours)
	  ▪ Percentage of screening that resulted in e-scheduling at the time of screening (e.g., 100%)
	▪ Percentage of dropped calls
	▪ Total number of consumers re-contacting the CAM to be referred to a different service provider within a certain time frame (e.g., 3 months)
	▪ Total number of referral sources on behalf of the consumer re-contacting the CAM to be referred to a different service provider within a certain time frame (e.g., 3 months)
	▪ **Follow-up Rate**: Total number of consumers who receive follow up by the CAM after initial contact
	▪ Total number of referral categories contacting the CAM for the same consumer
		▪ Total percentage of private clinicians/clinics who have been onboarded to the CAM (for child & adolescent, adults, seniors)
		▪ Total percentage of providers sharing information electronically via the CAM
		▪ Number of complaints received by service providers
		▪ Number of complaints received by consumers, families and caregivers
		▪ Number of Outcome and Process metrics that are not meeting target (once they are set)

4. Reporting Requirements
    i. The COUNTY reserves the right to amend these data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. The report formats shall be prescribed and provided by the COUNTY.
        a) Initial Implementation. The vendor will report the above Outcome and Process metrics on a mutually agreed basis.
        b) Regular Operations. The vendor will report the above metrics on a daily, monthly, quarterly and annual basis. Daily metric reporting will cover wait time data, call volumes and response rate, while client satisfaction rates can be reported quarterly. Each metric will have a reporting timeline agreed upon between Unite Us and the County upon kick off.
        c) To align with the governance structure, the metrics will be shared at PICA for review, insights and to determine any action required. PICA will also utilize the data in population health planning.
        d) The vendor will maintain a real-time data dashboard that allows for "at-a- glance" program information including, but not limited to call wait times, average wait times, call volume, peak call times, expressed needs, etc.

e) The vendor will maintain a data export function to provide detailed, identifiable and non-identifiable information to the County as the program funder.

I. Additional Terms and Conditions

1. Invoices

i. Unite Us and the County have agreed to a projected soft launch date as specified above. Beginning January 10, 2024, Unite Us will be paid a program fee of one-twelfth of the annual Unite Us Services fee per month based upon the attached fee schedule, when invoiced following the provision of documentation or with accompanying documentation of the monthly project status, including updates and progress on contract activities and deliverables.

ii. If Unite Us fails to launch the CAM by the agreed upon soft-launch date due to delays caused by Unite Us and not by delays outside of Unite Us' control, the Unite Us Services fee allocation will be reduced by $1,300.00 per day for each scheduled operational day that the CAM and Unite Us platform are not actively operational and available to serve residents until such time as the soft-launch is complete. The County, in its sole discretion, may waive this reduction for delays outside of the control of Unite Us or other mitigating circumstances.

iii. Throughout the term of this Agreement, and unless otherwise agreed to in writing by the County, approved Subcontracted Services shall be paid by the County on a cost-reimbursement basis to Unite Us when invoiced with accompanying documentation of cost incurred, such as receipts and payments made. Efforts shall be made by Unite Us to structure ongoing subcontracted service payment plans to distribute costs throughout the contract term or as subcontracted deliverables are met, where feasible.

iv. Invoices for payment related to the above items should be bundled and sent electronically to the Contract Manager on a monthly basis within thirty (30) days of the end of the month. The County shall not reimburse Unite Us for any expenditures in excess of the amount budgeted without prior approval or notification. Invoicing due dates may be shortened as necessary to meet fiscal year deadlines or grant requirements.

2. HIPAA.

i. Unite Us (Business Associate) agrees to execute a HIPAA Business Associate Agreement upon execution of this Agreement. (Exhibit B)

ii. Unite Us agrees to use and disclose Protected Health Information in

compliance with the Standards for Privacy, Security and Breach Notification of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164) under the Health Information Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and shall disclose any policies, rules or regulations enforcing these provisions upon request.

3. Release of Information Form. As a condition of receipt of a funding award from the County, Unite Us will ensure appropriate client releases of information are collected and maintained to support referrals and coordination of care. Additionally, Unite Us agrees to use and promote the use of a standard, community-wide Patient Authorization for Disclosure of Health Information - Multiparty Release of Information Form, upon request. This release covers general medical as well as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome {HIV/AIDS), psychiatric, psychological, substance abuse information from medical record(s) in accordance with Florida Statutes 394.459, 381.004, 395.3025, and 90.503; 42 CFR, Part 2; and the Health Insurance Portability and Accountability act of 1996 (HIPAA) 45 CFR parts 160 and 164.

4. Monitoring and Quality Assurance
    i. Unite Us will comply with the County and departmental policies and procedures as indicated herein.
    ii. Unite Us will cooperate in monitoring site and virtual visits including, but not limited to, review of staff, fiscal and patient-level records, programmatic documents, and will provide related information at any reasonable time through reasonable methods.
    iii. Unite Us will cooperate and actively participate in QA review as prescribed by the County including working with an Agent of the County in the event QA services are procured.
    iv. Unite Us will submit other reasonable reports and information in such formats and at such times as may be prescribed by the County.
    v. Unite Us will submit reports on any monitoring of the program funded in whole or in part by the County that are conducted by federal, state or local governmental agencies or other funders within ten (10) days of the Unite Us's receipt of the monitoring report.
    vi. If the Unite Us receives licensing and accreditation reviews, each review will be submitted to the County within ten (10) days of receipt by the Unite Us.
    vii. All monitoring reports will be as detailed as may be reasonably requested by the County and will be deemed incomplete if not satisfactory to the County

as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the County. If approved by the County, the County will accept a report from another monitoring agency in lieu of reports customarily required by the County.

viii. Unite Us shall maintain and provide the following documents upon request by the County within three (3) business days of receiving the request, as applicable:
   a) Articles of Incorporation
   b) By-Laws
   c) Past twelve (12) months of financial statements and receipts
   d) Membership list of governing board
   e) All legally required licenses
   f) Latest agency financial audit and management letter
   g) Biographical data on the chief executive and program director
   h) Equal Employment Opportunity Program
   i) Inventory system - (equipment records)
   j) IRS Status Certification/501 (c) (3)
   k) Current job descriptions for staff positions and Organizational Chart
   l) Match documentation

5. Emergency Response
   i. Unite Us shall implement and maintain a Continuity of Operation Plan in coordination with Pinellas County within 180 days of contract execution. The plan will provide detailed guidance on how Unite Us and its subcontractors will continue to perform the project's mission essential functions during a wide range of emergencies to ensure service delivery for Pinellas residents before, during, and after a disaster.

6. <u>Assignment and Subcontracting.</u>
   i. This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.
   ii. Unite Us is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. Unite Us shall not subcontract any work under this Agreement to any subcontractor other than those previously approved by the County, without the prior written consent of the County, which shall be determined by the County in its sole discretion.

7. Amendment/Modification.
    i. In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning the matters covered herein. Unless specifically indicated herein, no addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.
    ii. Budget or operational modifications that do not result in an increase of funding, change the underlying public purpose of this Agreement or otherwise amend the terms of this Agreement shall be submitted in the format prescribed and provided by the County which is attached hereto and incorporated herein as Exhibit C.

Care About Me

Operations Manual

Updated October 2023

Table of Contents

Version History

Unite Us will incorporate updates and revisions to this Manual and submit to Pinellas County Human Services for review and approval on a quarterly basis.

Version	Summary of Changes	Date of County Approval
1.0	N/A	11/17/2023

Glossary

The following glossary provides definitions and context for the services and phrases highlighted in **blue** to provide context for readers and are tailored to the CAM model.

#

2-1-1 Tampa Bay Cares: A free directory service providing information and referral to local community services. 2-1-1 is available in multiple languages, allowing those in need to access information and obtain referrals to physical and mental health resources, housing, utility, food, employment assistance, and suicide/crisis interventions.

9-1-1 Emergency Assistance: A dialing code utilized in a situation that requires immediate assistance from emergency services (ex. police, fire department, ambulance).

9-8-8 Suicide & Crisis Lifeline: A new dialing code operated through the existing National Suicide Prevention Lifeline. 9-8-8 offers 24/7 access for the public to speak with trained professionals who help people experiencing mental health related distress including thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.

A

B

Business Associate Agreement (BAA): A business associate agreement establishes a legally-binding relationship between HIPAA-covered entities (Providers & Pinellas County) and business associates (Unite Us) to ensure complete protection of PHI. This type of agreement is necessary if business associates can potentially access PHI during their work.

Behavioral Health Crisis: An intensive behavioral, emotional, or psychiatric situation which, if left untreated, could result in an emergency situation, a placement of the person in a more restrictive setting, including, but not limited to, inpatient hospitalization.

C

Caller(s): Any current or future resident of Pinellas County that contacts the CAM to inquire about information or linkage to services for themselves, family members, or to those whom they serve.

Confidentiality Exemption: Reporting obligations override any existing client confidentiality requirements or privileges.

Coordinated Access Model: A collaborative process designed to coordinate program participant intake, assessments and access to care.

Crisis: It is a state of feeling; an internal experience of overwhelming emotion and reaction to a situation to the degree that formerly successful coping mechanisms fail us and ineffective decisions and behaviors take their place.

Crisis intervention: A management technique to meet the immediate short-term needs of individuals who are experiencing a crisis or emergency. Designed to reduce potential permanent damage to an individual affected by a crisis.

D

De-escalation: A technique to decrease the emotional, physical and mental stress levels of a situation by transferring your sense of calm and genuine interest in what the individual wants to tell you by using respectful, clear, limit setting boundaries.

E

Emergency: An emergency is a sudden, pressing necessity, such as when a life is in danger because of an accident, a suicide attempt, or an act of violence. An emergency requires immediate attention by professionals trained to respond to life-threatening events.

F

G

Good Faith Reporting: Mental health professionals who make reports in good faith and comply with the mandatory reporting requirements are protected from civil and criminal liability.

H

HIPAA: Privacy and portability rules and regulations. Widely considered the standard for health confidentiality. Consists of 3 parts: privacy rules, security rules, and breach notification rules.

HITRUST: The HITRUST Common Security Framework is a comprehensive and rigorous security framework that is considered the industry gold standard in certifying privacy and security compliance, especially within the healthcare industry. Unite Us is fully HITRUST certified.

I

J

K

L

M

Mandated/Mandatory Reporting: The Florida statute states: it is the legal obligation of any person to report if a child or vulnerable adult is being abused, neglected, or exploited. Some professions, such as a mental health professional, must also identify themselves when reporting to the Florida Department of Children and Families.

Mobile Crisis: Responds to adults and children who are experiencing a psychiatric or emotional crisis to provide field-based de-escalation and avert unnecessary travel to receive assessment for behavioral health crisis.

N

NIST: The NIST security framework is an overarching, industry-agnostic framework that assesses whether organizations have implemented robust risk-management principles and best practices to help improve the security and resilience of critical infrastructure. Unite Us is NIST Certified.

O

P

Provider(s): An individual or organization that provides services to consumers.

Q

R

Resident: Pinellas County resident. Only current or soon to be Pinellas residents are eligible to utilize the CAM services.

S

SOC 2 Type II: SOC 2 Type II certification is based on a set of controls covering the principles of security, availability, process integrity, confidentiality, and privacy. SOC 2 Type II audits assess how well an organization protects consumer data and information through its business operations. Comprehensive SOC 2 Type II reports are issued by independent auditors on an annual basis. Unite Us is SOC 2 Type II Certified.

T

U

V

Vent or venting: A behavior in which feelings and unrelated items or issues are discussed. The individual may not be open to feedback.

W

X

Y

Z

1. Introduction to Care About Me

The Pinellas County **Coordinated Access Model** (CAM), known publicly as Care About Me, is a multicultural and multilingual virtual mental health, substance use and addiction access line administered and operated by Unite Us. Implementation of the CAM was made possible with funding from the American Rescue Plan Act with additional support from the Pinellas County Board of County Commissioners.

The CAM Operations Manual outlines the requirements needed for the operation and oversight of the CAM, including both telephonic and electronic communications with Pinellas County residents and **providers**. It provides a brief background on the development of the CAM, required activities and services, and program oversight.

This document is designed to provide a user-friendly reference tool for the CAM staff and program funders/sponsors. This document provides a compilation of information for the purpose of meeting goals and objectives in delivering CAM services to Pinellas County **residents** seeking mental health, substance use and addiction treatment services.

A. Background

In December of 2019, Pinellas County, through its Human Services Department, engaged in a comprehensive review and evaluation of mental health and substance use services across Pinellas County.

Key findings included:

1. Barriers to access resulting in consumers accessing care through a crisis setting or not receiving care until they reached crisis level.
2. Lack of coordination and warm handoff among service providers.
3. Similar/duplicative services offered across multiple service providers.
4. Lack of consistency across service providers in consumer screening and triaging to appropriate levels of care.
5. Unclear, undocumented or lack of transparency in wait times by provider and by program.

Based on these key findings, KPMG recommended that Pinellas County establish a coordinated access model, (CAM), to support standardization and increased transparency in how consumers, families, caregivers, and professionals can access the right services within the mental health and substance use, and addiction systems of care. The CAM, known as Care About Me to the public, is a mental health and substance use portal accessed via telephone, text, electronic self-referral, or online chat. It is designed to serve Pinellas County residents with mental health, substance use, or co-occurring needs by streamlining access to the right level of care, service appointments, and resources.

The Unite Us Platform is a SaaS based technology system that enables entities across sectors to send secure, electronic referrals for individuals in need. The digital platform leverages tools for improved communication, crucial for closing the loop and closing the gap in health disparities, as well as intake and screening services. Unite Us is **HITRUST**, **NIST**, and **SOC 2**

Type II certified. In recent years, Unite Us has expanded its care coordination services and direct work with clients. This team will expand to house the CAM specialists and build upon existing team policies and procedures.

Unite Us is a Business Associate as defined under HIPAA and signed a **BAA** with Pinellas County, a Covered Entity, on October 11, 2022. The CAM call center nor Unite Us are operating as a Covered Entity, and as such, are not generating Protected Health Information (PHI) in this situation.

B. CAM Objectives

1. Improve access to care.
2. Improve management of service demand.
3. Improve transparency of access information.
4. Minimize service duplication of intake services allowing for one standardized initial intake that all agencies can build upon.
5. Improve consistency in consumer and professional experience.

C. CAM Principles and Key Elements

The overall vision and design of the CAM is guided by six principles:

Guiding Principal	Definition
Consumer and Family Centric	**Coordinated access will enable patient and family-centered service delivery in collaboration with service delivery partners.** • The CAM process is transparent to consumers and providers • Ensure services are tailored to respond and meet the consumer and caregiver needs and preferences and are culturally appropriate/grounded • Ensures that consumers have supports in place during transition and waiting periods
System-level Quality Outcomes	**Coordinated access will support the provision of high-quality clinical outcomes.** • Do things the right way the first time • Have high-quality customer service and consumer experience and strive for clinical excellence • Ensure consumer safety, and seek the best consumer outcome through consistency of support and standardization of care • Dynamic model to allow for continuous quality improvement
Proactive Knowledge & Empowerment	**Coordinated access will empower all consumers, Coordinated Access Hub staff and health service providers, to:** • Have clarity on how to make decisions and be transparent to support self-management and self-advocacy

	• Understand service options, processes, and clinical tools to empower consumers/families/caregivers to make their own choices • Be respected for their role in the consumer, family, and caregiver service journey • Be used to their fullest capacity to support access and service delivery
Effective, Efficient & Adaptable	**Coordinated access must be effective, efficient, and adaptable to accommodate changes in:** • Governance, policy and funding • Service delivery and consumer needs to provide more customized care • Emerging trends, specifically with regards to technology • Demographics (age, cultural group, geography, and other social determinants of health)
Results Driven	**Coordinated access must hold itself and others accountable, through:** • Strong governance processes • A common set of performance indicators and transparent reporting mechanisms • An emphasis on value of money • Limiting exclusion criteria and making them transparent when necessary – no wrong door
Equitable	**Coordinated access will hold itself and others accountable, through:** • Equitable access to services, regardless of race, color, religion, culture, creed, sexual orientation, gender identity, national origin, ancestry, age, geography, and other social determinants of health • Uphold principles of health equity in the design and operations of the Coordinated Access Model • Responsive to identified inequities and able to respond appropriately

D. Care About Me's Unique Role

The CAM is not a crisis line, an information & referral line, or a treatment service. Although the CAM will include staff who are trained in crisis **de-escalation** and intervention, the CAM is not intended to take the place of or be substituted for **9-1-1**, **9-8-8**, **mobile crisis**, or any other crisis service program. Should a **behavioral health crisis** call be received, CAM specialists will follow workflows in Appendix B to connect the client to the appropriate service to meet the **crisis**.

The CAM is also not an information line and is not intended to take the place of 2-1-1.

2. Care About Me Staff

The CAM is staffed by Unite Us with clinically trained and experienced behavioral health professionals capable of providing screening, assessment, and clinically appropriate intervention using multiple channels of communications (telephone, text, and online chat). An organizational chart can be found in Appendix A.

A. Roles, Requirements, and Responsibilities

The CAM is staffed with clinically trained and experienced mental health and/or substance use professionals capable of providing screening, assessment, and clinically appropriate intervention using multiple channels of communications (telephone, text, and online chat). Staff will be highly skilled and knowledgeable regarding:

1. The variety of service providers/services offered by those funded by Pinellas Integrated Care Alliance (PICA) and private providers who are working in collaboration with the Care About Me (CAM) model.
2. Mental health, substance use and addiction services offered to Pinellas County residents that are either insured, underinsured, uninsured, or private pay.
3. **Crisis intervention** and engagement of individuals at risk of suicide and other elements of crisis care for callers identified in need of acute or emergency intervention, although the CAM is not a crisis line.
4. Addressing the individual challenges associated with geography, service operating hours, treatment provider preferences, in-person or telehealth access, including the unique challenges associated with addressing SDoH, BIPOC and other unique caller qualities.

CAM staff shall operate in alignment based on standardized training and this Operations Manual.

The CAM model requires a staffing mix with a few licensed positions. The requirements listed below should be considered the minimum standard requirements but the staffing mix should be considered when forming the team.

Role	FL License Required	Education	Alternatives to Education	Responsibilities
CAM Manager	No, but preferred	MA: Counseling, Social Work, or Related Field	BA/BS with significant (5-6 years) experience with approval by Pinellas County	• Complete required training • Supervise and responsible for the work of CAM Supervisor, CAM Specialists, and Care Coordinators • Coordinate with Customer Success Lead on provider interactions • Be available for on-call during scheduled hours • Responsible for ○ QA/QI ○ Data quality for metrics ○ Appointment calendar • Bi-/multilingual preferred
CAM	No, but	MA:	BA/BS with	• Complete required training

Role	FL License Required	Education	Alternatives to Education	Responsibilities
Supervisor	preferred	Counseling, Social Work, or Related Field	significant (5-6 years) experience with approval by Pinellas County.	• Assist the manager by supporting the work of CAM Specialists • Support Manager in above responsibilities and act as back up • Be available for on-call during scheduled hours • Bi-/multilingual preferred
CAM Specialist	No, but preferred	MA: Counseling, Social Work, or Related Field	BA/BS and 5-6 years of experience and approval by Pinellas County	• Complete required training • Follow workflows to provide clients streamlined access to appointments with the appropriate level of care • Conduct screening, initial assessment, and navigate the process for residents and providers • Bi-/multilingual preferred
CAM Coordinator	No	BA in Social Work or Social Services	N/A	• Complete required training • Coordination of administrative and medical services (both individuals and providers) • Supporting callers by seeking general information and directing calls accordingly • Manage appointment calendar • Complete non-clinical follow-up (e.g., to close the loop or to reschedule appointments)

B. Staff Training

All staff will complete a hiring training series. The Unite Us team will work with Pinellas County to continuously refine the list to the most relevant and appropriate topics. Trainings may be removed if they are determined to be unnecessary or irrelevant. Additional trainings may be identified based on, but not limited to staff professional development needs, staff interest, prevalence of issues identified in client calls, and direction of the CAM Manager. These additional trainings will be identified in a training plan but will not disrupt operations of the CAM. Trainings will be completed during planned periods and staggered not to impact overall operations.

Unite Us will seek approval from the County for changes in the training plan.

CAM training categories	Proposed Trainings for New Staff
Annual Confidentiality Training	● **Unite Us:** ○ Company-wide training ○ Care Coordination Team Policy and Procedure Training
CAM Model Training	● **Unite Us and/or KPMG:** ○ Deep dive into CAM model and emphasis on customer service (1 hour) ○ Follow up Q&A session (30 min) ○ Overview of provider landscape and guidance on where to find eligibility information and workflows (1 hour) ● **Unite Us to work with CAM providers to conduct in-service trainings.** These trainings will reflect the county-specific services CAM staff will be referring to. Including but not limited to areas of general and specialty behavioral treatment services, populations served, insured and safety-net funded service programs, and other relevant factors to help ensure individuals seeking service are well matched to services. Due to the volume of the providers, these will be done on a rolling basis to accommodate each provider's schedule and bandwidth and to provide regular connections between CAM staff and community providers. Each training will be about 0.5 hours long and will be recorded. The following providers have already offered to conduct trainings: ○ Casa (https://www.casapinellas.org/) ○ Area Agency on Aging
Conflict of Interest Training	● **Unite Us:** Company-wide training
Crisis De-escalation	● **Unite Us:** ○ Care Coordination Team Policy and Procedure Training ○ Pinellas County mobile crisis response landscape (included in CAM model training, overview of provider landscape, and crisis response workflows). Unite Us may connect with the MHU to request a joint training. ● **FADAA Baker Act and Marchman Act Module:** ○ Law Enforcement and the Baker Act (3 hours)
Cultural Awareness and Sensitivity	● **FADAA Cultural Competency Module** ○ Understanding Culturally and Linguistically Appropriate Services (1.5 hours)

CAM training categories	Proposed Trainings for New Staff
	○ Cultural and Linguistic Competence: Core Concepts and Individual Development/ Retake (4 hours) ● **FADAA Behavioral Health Treatment and Recovery Support Module** ○ Early Intervention in Adolescent Mental Health (1.5 hours)
Diagnosis Refresher	● National Council for Mental Wellbeing ○ Adult or Youth Mental Health First Aid (approximately 3-6 hours) ● National Association of Social Workers ○ Do I Need to be an Addictions Expert? Engaging and Supporting People Who Use Drugs (1.5 hours) ● CAM staff will also be asked to complete a to-be-determined number of CEUs annually starting in their second year of employment *The Unite Us team will continue to explore options for diagnosis refresher training relevant to the CAM and will bring potential alternatives to the Pinellas County team for discussion.
Mandated Reporter Training	● **Florida Department of Children and Families** ○ Florida Professionally Mandated Reporter Course (2 hours) ● **Unite Us:** ○ Policy and Procedure Training
Motivational Interviewing	● **FADAA Behavioral Health Treatment and Recovery Support Module:** ○ Motivational Interviewing for Behavioral Health Professionals (4 hours)
Screening and Assessment Training	● **Unite Us training:** ○ Licensed clinician to review CAM screenings and assessments and their purpose, function, and population found in this manual (1 hour) ○ CAM specialists to pair up and practice conducting screenings/assessments (0.5 hours) ● **LOCUS training** (3 hours)
Suicide Prevention	● **Unite Us:** Care Coordination Team Policy and Procedure Training (includes Columbia assessment) ● **FADAA Suicide Prevention Module:** ○ Assessing Suicide Risk (2.5 hours)
Technology and tools	● Tool-specific training so that staff are competent in navigating

CAM training categories	Proposed Trainings for New Staff
	and following workflows in all platforms utilized by the CAM, including Unite Us, Talkdesk, Time Tap, and TransPerfect.
Trauma Informed Care	● **FADAA Child Welfare/Behavioral Health Module:** ○ The Impact of Parental Behavioral Health Issues on Children (3 hours)

C. CAM Hours of Operation

The CAM will operate Monday through Friday 8:00am to 10:00pm ET and on Saturdays and statutory holidays from 10:00am to 6:00pm ET. Statutory holidays can be found on the Pinellas County website: https://pinellas.gov/pinellas-county-government-holidays/ .

Outside of business hours, the following recorded message will be played:

> *"Hello and thank you for calling Pinellas Care About Me. If this is an emergency, please hang up and dial 9-1-1. Please press 2 to hear this message in Spanish.*
>
> *The Pinellas County Care About Me hours of operation are Monday through Friday 8:00am to 10:00pm and 8:00am to 6:00pm on Saturday. We are currently closed. If you are seeking an appointment for mental health or substance use services, please visit our website http://www.careaboutme.org to complete an e-referral form and one of our representatives will contact you. If you wish to speak with one of our staff members, please call back during our regular business hours. If you would like to hear this message again, please press 2."*

The CAM manager or a designated specialist will review referrals and voicemails that come in after hours and assign them to specialists.

D. Staff Schedule

Below is a sample schedule for CAM staff that is subject to change. Either the manager or the supervisor will be working or on-call during all operating hours. The Unite Us team will aim to staff each shift with a mix of experiences and specialties.

	Mon	Tues	Wed	Thurs	Fri	Sat	Holidays
Manager	8am-5pm; on call 5pm-10pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm		Alternates on-call with supervisor
Supervisor		1pm-10pm	1pm-10pm	1pm-10pm	1pm-10pm	On call 10am-6pm	Alternates on-call with manager
Coordinator	8am-5pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm		
Specialist 1	8am-5pm	8am-5pm	8am-5pm	8am-5pm		10am-6pm	Rotates

	Mon	Tues	Wed	Thurs	Fri	Sat	Holidays
Specialist 2	8am-5pm	8am-5pm		8am-5pm	8am-5pm	10am-6pm	Rotates
Specialist 3	10am-7pm	10am-7pm	10am-7pm	10am-7pm	10am-7pm		Rotates
Specialist 4	1pm-10pm	1pm-10pm	1pm-10pm	1pm-10pm	1pm-10pm		Rotates

3. Policies and Procedures

Unite Us has extensive policies and procedures that the Care Coordination Team is expected to follow when working with clients. They are saved in the Unite Us intranet and are accessible by all team members who work directly with clients. The policies and procedures are reviewed on a regular basis and updates are communicated to the team as changes occur.

CAM staff will be expected to follow the policies and protocols developed for the Unite Us Care Coordination Team along with workflow documents designed for CAM operations. The links below direct to copies of the protocols so that external reviewers (e.g., Pinellas County) can view, but the CAM staff should reference the live versions in the Unite Us intranet. Links within each document will direct users to documentation on the Unite Us intranet and will not be available to external audiences.

Protocol Name and External Link	Descriptions
Crisis Intervention Protocol • 911 Emergency Protocol • Mandatory Reporting • Crisis Debrief Protocol	While the CAM is not a crisis line, due to the nature of the calls received, CAM specialists are trained to meet the standards for risk assessment and engagement of individuals at imminent risk of suicide and other elements of crisis care in real-time. The Crisis Intervention Protocol is for assessing and meeting the immediate short-term needs of individuals who are experiencing a crisis or emergency by triaging and connecting the individual to appropriate resources. This protocol includes • 911 Emergency Protocol • Mandatory Reporting Protocol • Crisis Debrief Protocol **Note that the CAM team members will also have Florida-specific trainings on crisis de-escalation in Pinellas County and Mandated Reporter Training.*
TransPerfect Instructions	Instructions for using TransPerfect translation services
Privacy and Call Recording Policy	The purpose of this policy is to provide guidance on how to maintain the confidentiality and privacy of clients while providing support and navigation through accessing services.

	**If a client requests to have a call recording deleted, Unite Us will review the request. As of October 2023, Unite Us is still exploring Talkdesk functionality on this topic.*
Managing Challenging Inquirers Guidance	The purpose of this document is to provide guidance in instances where they are dealing with challenging scenarios with clients and/or providers. How you handle these interactions can lead to successful resolution to their concerns/issues and client/provider satisfaction.
Call Monitoring Form • Procedure for Dealing with Challenging Clients	*To be updated for the CAM*
Care About Me Continuity of Operations Plan • Business Continuity and Disaster Recovery	The purpose of the Care About Me Continuity of Operations Plan (COOP) is to prepare Unite Us and Care About Me to maintain operations during emergencies or disruptions beyond the program's control, minimize the impact of emergencies on CAM services, and establish clear communication channels and coordination procedures for relevant stakeholders. The Care About Me COOP will build upon Unite Us' Business Continuity and Disaster Recovery Plan.

A. Third Party Callers

Third parties may contact the CAM on behalf of an individual or to refer an individual through phone, text, chat, or the online e-referral form. CAM staff will collect first name, last name, date of birth, and contact information to create a profile in Unite Us and follow up with the individual. Third-party callers will fall into one of the following two categories:

1. **Callers that have legal authority:** In situations where an adult is calling to secure services for a minor, the CAM specialist will ask the caller to verify that they have legal authority to make appointments on behalf of the minor. Although CAM staff will attempt to verify this information, the final responsibility of verification lies with the provider or caller. This caller may provide consent and schedule an appointment on behalf of the minor or individual.
2. **Callers who are non-custodial:** During instances in which a caller is a non-custodial third-party representative of someone needing services, CAM staff will collect the information from the caller including information for a legal guardian and proceed to make contact with the consumer to offer services. CAM staff may attempt to obtain a release of information, when possible, to provide feedback to the original caller. As an example, this process will apply to teachers or school counselors.

CAM staff will be permitted to collect information and provide information on potential resources or services that may be available but cannot schedule an appointment without the individual's (or if a minor, a parent or guardian's) permission.

B. Minors Seeking Treatment

Per Florida Statue 394.4784, minors 13 years of age and older may access mental health services such as Outpatient Diagnostic and Evaluation and Outpatient Crisis Intervention and Therapy/Counseling services, free of parental consent. Per the statute, during a crisis intervention service, a minor can request services such as individual psychotherapy, group therapy, counseling or any other verbal therapy.

Licensed mental health professionals are not permitted to provide any medication or aversive stimuli, substantial deprivation, or somatic methods. The law does not require a licensed mental health professional to provide services to minors that seek services without parental consent, it is permitted on a voluntary basis only for minors over the age of 13.

The law permits licensed mental health professionals to provide services to minors over the age of 13 without parental consent.

In cases where a minor over the age of 13 seeks services from a licensed mental health professional without parental consent, the professional may accept or decline this case based on their discretion.

If a minor is to gain therapy access to a provider, the services shall not exceed two visits during any 1-week period; otherwise, parental consent must be given.

Parents are not obligated to pay for services provided to minors by licensed mental health professionals without their consent.

C. Continuous Improvement

The PDSA Cycle is a Lean method of change management and quality improvement. It is an iterative process comprising four stages: Plan, Do, Study, and Act. This process has gained traction in change management because it:

1. Includes the feedback of internal and external stakeholders
2. Focuses on solutions
3. Can be used to improve outcome, process, and balancing measures

During phases 1 and 2 of the soft launch period, the PDSA Cycle will provide guidance on initial continuous improvement efforts prior to the full launch of the model.. Feedback will be collected by the CAM Manager and Supervisor from internal Unite Us staff as well as in/out of network providers (external stakeholders). Qualitative feedback may be gathered through meetings/discussion, surveys, and interviews. Quantitative data will be obtained from the Unite Us platform, SurveyMonkey, and TalkDesk.

Outcomes of the Study (S) phase, the Act (A) phase, can include but are not limited to:

1. Retraining of Specialist and/ or Coordinators and/ or providers
2. Process revision (e.g., workflows and manual revisions)

3. Role/job description revision
4. Incorporation of new tools
5. Sunsetting of an existing tool

Proposed changes will be presented to the Pinellas County project team. If agreed to by the Pinellas County project team, changes will be implemented, at minimum, on a quarterly basis to align with the revision of the CAM manual. On a case-by-case basis, the Unite Us team may suggest implementing changes more immediately.

A PDSA Tracker, as seen below, will be updated during each PDSA meeting, which will be held twice a week at the initiation of soft and full launch. The PDSA tracker will outline all presenting issues, proposed solutions, owner and progress to full solution. Testing of proposed solutions will be evaluated at each call, until a resolution has been reached with demonstrated positive outcomes. Only then will the item be closed.

Issues and Feedback Tracker				
Technical Challenges				
Presenting Issue	**Solution**	**Owner**	**Point of Contact**	**Status**
Delay in answering calls.	Revised work schedule to accommodate peek call times.	Unite Us	CAM Manager	In Progress

4. Overview of CAM Tools

CAM team uses several tools to accomplish their day to day workflow. Below is a table that outlines the name and purpose of each tool and any associated training/support. Unite Us completes a security review before procuring a vendor and will obtain a Business Associate Agreement (BAA) where applicable.

Technical Tool	Purpose
Unite Us (User Guide)	• Tracks client appointments via in-network Referral • Supports out-of-network Case documentation • Maintains confidential client notes • Houses the Level of Care (LOC) assessment tool and other screenings • Allows clients to self-refer for CAM services • Allows professional providers to send e-referrals for CAM services • Captures client consent via attestation or via PDF upload • Serves as source of CAM metrics and KPI • Closes the loop on client care/services Privacy Policy: https://uniteus.com/privacy-policy/

Talkdesk
(User Guide can be found in Appendix F)
	• Controls flow of client communication to available Specialists/Care Coordinator
	• Supports the 1-888-431-1998 call/text/chat line
	• Facilitates intentional call routing (ex. warm handoffs and direct access to 9-1-1)
	• Receives calls, texts, and chat from current and future clients of Pinellas County
	• Supports outbound calls in response to self-referral and eReferrals
	• Records and tracks calls
	• Serves as source of CAM metrics and KPI
	  ○ Staff's total contact
	  ○ Service level
	  ○ Average wait time
	  ○ Longest wait time
	Privacy notice: https://www.talkdesk.com/terms-of-service/privacy-notice/)

TransPerfect	• Supports the translation of non-English client communication in 170 languages and American Sign Language
TimeTap	• Manages provider appointments • Coordinates communication via automation Privacy Policy: https://www.timetap.com/privacy-policy
LOCUS	• Identifies appropriate Level of Care (LOC) for a client (Appendix E9) • Promotes consistent, fair, and effective treatment decision making • Standardizes assessment process
SurveyMonkey	• Gathers survey responses from residents and providers on their satisfaction of CAM services

5. Workflow

The beginning of the CAM workflow differs based on the entry point used by the client or person reaching out on their behalf. Those entry points are outlined in the next section, Channels for Inbound Communication.

Once a client or person reaching out on their behalf is connected to a CAM specialist through one of the multiple entry points, the specialist begins the second part of their workflow which is to use best practice communication techniques and complete necessary screenings, assessments and to gather consent.

Based on the results from screenings and assessments, the specialist will schedule an appointment with the most appropriate provider and follow up with the client and provider as described in the sections below.

A. Channels for Inbound Communication

There are five communication channels available to facilitate access to the CAM. CAM specialists are the initial contact an individual has with the CAM services system. The specialists' communication via telephone, chat or text must ensure the initial contact is positive, setting the stage for a successful client experience, and instilling confidence in the professionalism of the service quality.

1. **1-800 phone number**
    a. Utilized by clients, family members, and caregivers seeking mental health and/or substance services and information for clients for self-referrals.
    b. Utilized by providers, professionals, emergency services and more for referrals.
    c. This phone number supports call or text messaging communication (via Talkdesk).
        i. A call into the CAM is the most efficient way to conduct screenings; however, if the client is not willing to speak on the phone, screenings can be conducted over text.
2. **Secure web-based chat portal (**www.careaboutme.org**)**
    a. Utilized by clients, family members, and caregivers seeking non-emergency mental health and/or substance services and information.
    b. A call into the CAM is the most efficient way to conduct screenings; however, if the client is not willing to speak on the phone, screenings can be conducted over chat.
3. **Self-referral (Assistance Request)**
    a. Clients will be able to self-refer and sign their own Unite Us consent.
    b. The self-referral may be provided to incoming digital engagement traffic as another entry point for clients.
    c. A link to the self-referral is available on the Care About Me website. Providers will be encouraged to share the link with clients.
4. **Unite Us referral**
    a. Professionals and providers that have access to Unite Us will be able to refer their patients/clients to non-emergency services via the Unite Us Platform. The CAM will receive the Unite Us referral and contact the patient/client directly for screenings and assessments.
5. **eReferral**
    a. If professionals and providers do not have access to Unite Us, they will still be able to refer their patients/clients to additional non-emergency services via the Care About Me website. The CAM will receive the referral and contact the patient/client directly for screenings and assessments.

B. Screenings and Assessments

Following the process outlined in Appendix B2, a client calls the CAM and is greeted by a specialist who engages with the caller to understand how they can be of assistance to them. The specialist will determine the client's pathway by administering the appropriate screening instrument, adding the client-reported responses.

The CAM specialist will begin by conducting a high level biopsychosocial assessment (called "Initial Assessment" and found in Appendix E1) and administer screening tools as deemed appropriate. Screening will determine the problem and needs of the individual as well as provide guidance as to the Level of Care the individual needs. The following breaks down the process for the assessments and interventions conducted by the CAM specialists.

i. Screenings

In addition to a high-level biopsychosocial assessment, a wide range of validated, evidenced based screening tools are available to identify common behavioral health issues. Screening is an important first step and will later be supported by a full assessment performed in a behavioral health provider or agency environment.

Specialists will use public domain/evidenced based, validated screening instruments in their client interactions. The following table provides guidance on which screening should be used for which presented behavior(s). Screenings will be completed in Unite Us.

Presented Behavior	Screen Type	Example of Screen Type
Worried about drinking habits	Alcohol Use	CAGE (Appendix E2)
Difficulty controlling substance use	Substance Use	CAGE-AID (Appendix E2) BAM (Appendix E3)
Feeling sad, down, or empty	Depression	PHQ2 (youth) (Appendix E4), PHQ9 (adult) (Appendix E5)
Constantly worried, nervous, stressed	Generalized Anxiety	GAD7 (Appendix E6)
A. Self-Harm/ Suicidal thoughts or behaviors B. PHQ9 Score $\geq$ # C. Affirmative response to item # on PHQ9	Columbia Suicidal Severity Rating Scale	C-SSRS (Appendix E7)
Identifying individuals in need of mental health assessment in the domains of: ● Mood disorders ● Anxiety disorders ● Psychotic disorders		Modified Mini Screen (MMS) (Appendix E8)

ii. LOCUS Screening Tool

The LOCUS, by Deerfield Solutions, will serve as the standardized level of care (LOC) assessment tool that is administered by CAM specialists. The LOCUS helps clinicians, insurers, and those in need of behavioral health services, to make treatment decisions in a way that is consistent, fair, and effective. The tool provides a common language and way of understanding what care is needed, when, and for how long.

The LOCUS assessment will be completed in the LOCUS cloud-based tool. The CAM specialist will determine the initial level of care for callers but final disposition of level of care will be determined by the facility or provider. The CAM specialist will export the report and upload it to the client's Case in Unite Us.

The screening and assessment tools will assist the CAM specialists in completing a LOCUS screening tool (Appendix E9) to determine the most appropriate level of care. Some of the different levels of behavioral health care include, but are not limited to:

- Self-help
- Support groups led by peers
- Talk therapy (individual or group)
- Psychiatry/Medication Management
- Intensive outpatient treatment
- Partial hospitalization or day treatment
- Intensive community-based support services
- Crisis stabilization and other community-based crisis services
- Acute inpatient treatment or psychiatric hospitalization
- Residential or subacute inpatient treatment

Due to current identified areas of need, the CAM will be focused on securing and scheduling appointments for outpatient services. However, some clients may be seeking or requiring a higher Level of Care. If a client is not an imminent risk of harm to self or others and is identified for a Level of Care higher than outpatient services, the CAM specialist will refer to an internal list of detoxification or inpatient psychiatric facilities and provide information to the client on those facilities and if possible, initiate a warm transfer phone call to the facility of the client's choice.

Based on the CAM specialist's assessment, if the individual is determined to require more immediate crisis services, the CAM specialist will determine if Mobile Crisis Services with the agreement of the caller is suitable or if engagement of the law enforcement Mental Health Unit or 9-1-1 (Appendix B5) is required based on caller immediate danger to themself or others. The CAM specialist will strive to keep the individual engaged until emergency services arrive.

More information on Levels of Care Zero through Six can be found here: https://www.locusreporter.com/help/lockey.asp?Level=A.

C. Identification of Service and Level of Care

After completing screenings and assessments, the CAM specialist will determine the type and level of care required and appropriate for the caller based on the workflows found in Appendix B.

I. Provider workflows

Provider information, appointments, and eligibility criteria will be stored in Unite Us. Information can also be found in this compiled Provider Services guide.

II. Telepsychiatry

For callers requiring access to bridge medications or psychiatry services, CAM specialists will refer the resident to The Well. Unite Us is contracting with The Well to offer telepsychiatry visits for adults, seniors, children, and adolescents through a HIPAA-compliant video session with the patient and Nurse Practitioner.

In this model, the Nurse Practitioner will assess the patient's symptoms and provide treatment recommendations and/or bridge prescriptions to support stabilization until the resident is connected to ongoing treatment services. Bridge prescriptions are intended to be short-term (3-7 days on average but up to 2-4 weeks as indicated).

The CAM Specialists will refer to The Well's telepsychiatry services by following the telepsychiatry workflow in Appendix B8. The workflow will be refined in partnership with The Well before and during soft launch.

D. Consent

CAM specialists must gain the consent of the resident to share personal information and screening information with providers. Following initial intake of personal and demographic information, the CAM specialist will collect the caller's (or legal guardian's) consent to the Unite Us Informed Consent and CAM Release of Information (ROI). Both consents/releases will be captured for all clients to streamline the workflow and reduce the risk of overlooking either release. Workflows in Appendices B1-8, with the exception of referrals to 911, EMS, or Sheriff's Mental Health Unit, require consent of the client before their information may be shared with providers.

The purpose of the Unite Us Informed Consent is to document clients' acknowledgement that their information is being shared via the Unite Us Platform for requested services. At any point in time a client may request their consent be revoked from the Unite Us system and that request will be processed accordingly.

Some providers have agreed to participate in the CAM model but have declined to use the Unite Us Platform. The purpose of the CAM ROI is to gain the client's consent to share information with providers outside of Unite Us (e.g., via secure email). The CAM specialist will read the ROI to the resident and document consent in Unite Us via attestation. The CAM specialist may text or email the ROI language to the resident if requested.

The following scripts will be used to request consent:

- *I'd like to get your consent to best be able to connect you to services. Is that okay with you? I'm going to read you the consent. I can text or email it to you if that would be easier.*
- [If caller prefers to receive the document via email/text] *Once you read the consent form, please let me know if you have any questions and we can go over them.*

I. Consent Refusal

If the client chooses not to provide consent for the Unite Us Consent or CAM ROI, their information will not be shared with providers. In order to provide good customer service, the CAM specialist may still make recommendations to the client on services and providers in the community. The CAM specialist can help the client make a plan to get in contact with those services. The CAM specialist will document this interaction in a dated, timestamped note in the Unite Us Platform.

II. Consent Revocation

If a client chooses to revoke their Unite Us consent at a later time, they are able to notify Unite Us by email at consent@uniteus.com. This process is detailed in the Unite Us Privacy Policy, which is linked in the digital version of the consent and a public website. The client's consent status will be updated in the Unite Us Platform.

III. Providers' Consent Processes

Outside of CAM workflows, some providers, particularly those subject to 42 CFR Part 2, may ask clients to sign an additional, provider-specific release of information in order to report information back to the CAM (i.e., "close the loop"). The CAM will not be responsible for collecting this ROI. However, the CAM will take two steps:

1. The CAM will ask the provider to gather the ROI from the client at their appointment
2. The CAM will inform the client that the provider will request this additional release and encourage the client to sign it.

As of October 2023, The Unite Us and Pinellas County teams are having ongoing discussion for how to streamline this process and close the loop with providers.

E. Appointment Scheduling and Handoffs

Once the screenings are complete and consent is documented, the CAM specialist will determine the best next steps for the client. As shown in the Appendix B, there are a variety of ways that the CAM specialist may help the client get connected to services. The primary and referred workflow of the CAM will be to e-schedule appointments with an "In-Network Provider" (i.e., a provider that has agreed to participate in the CAM model and use Unite Us).

I. Appointment Scheduling with In-Network Providers

Appointments for behavioral health services are made in real-time—while the client is communicating with a CAM team member—and scheduled to occur as soon as possible.

Specialists will have access to an appointment calendar via Time Tap, an online appointment scheduling platform, showing the availability of time slots with mental health, substance use, and addiction treatment providers who have partnered with the CAM and have been verified by Unite Us (see Provider Verification section for more information). The appointment calendar will be maintained by the CAM team.

CAM specialists will consider the caller's preferences on appointment, including telehealth or in-person, location, and provider type. The CAM specialist will then review options in Time Tap and offer the first available appointment that meets the caller's needs and preferences. If the caller declines the first option, the CAM specialist will continue to offer options to meet the client's needs.

Once the CAM specialist has identified an appointment for the caller, the CAM specialist will create a case in Unite Us and assign it to the appropriate provider following the guidance in the Unite Us Guide. In the case description, the Specialist will document a brief overview of the caller's situation, the appointment date and time, and the caller's preference for provider type.

Provider responsibilities for CAM team's awareness: The provider staff registered with Unite Us will be notified via email when a case is assigned to them from the CAM. Provider staff will login to Unite Us and review the case information to make a determination following the guidance in the Unite Us Guide for Providers. They will then navigate to the client's Face Sheet to review the screenings completed during intake by the CAM specialist. The provider will conduct the appointment with the client and once complete, provider staff will document the outcome of the appointment and close the case (see Post-Appointment section of this Manual).

The CAM should always take extra steps to ensure that no clients are 'falling through the cracks.' They should be in regular communication with providers to ensure that they have received and reviewed client cases in Unite Us and that they are aware and prepared for the appointment.

II. Out of Network Providers

Some providers that wish to participate in the CAM model have declined to provide appointment slots and have requested alternative workflows for scheduling appointments. For example:

- Evara Health has requested that the CAM uses Evara Health's existing appointment scheduling system.
- Operation PAR has requested that clients contact them directly via their intake line to schedule an appointment.
- Brave Health has requested that the CAM use their existing referral process and will notify the CAM specialists of appointment date and outcome.

Provider information, eligibility criteria, and appointment scheduling processes will be stored in the Unite Us Platform. Provider profiles in Unite Us will act as the source of truth.

After requesting the caller to agree to the CAM ROI, the CAM specialist will use secure email (or other determined method approved by Pinellas County) to share the client's information,

screenings, and Level of Care assessment with the provider. The CAM specialist will then document the appointment as an Out of Network case in the Unite Us Platform.

F. Post-initial call and screening

I. Automated reminders in Time Tap

While scheduling an appointment in Time Tap, the CAM specialist will be walked through steps to send a confirmation email to the client. An example of the confirmation email is below:

> *Thank you for contacting Pinellas Care About Me. I hope we were able to provide you with adequate resources to help. As discussed, your appointment has been scheduled for [date and time] with the following provider:*
>
> *[Provider name]*
> *[Provider phone]*
> *[Provider address]*
>
> *To cancel or make changes to your appointment, you can contact the provider directly. Please feel free to contact us if you have any further questions or concerns at 1-888-431-1998. Have a great day!*

The CAM Manager and Supervisor are responsible for ensuring the template emails and provider information stored in Time Tap are accurate.

II. Post-screening Satisfaction Survey

As the CAM specialist wraps up the call, the specialist will inform the caller that they are sending the caller a three (3) question satisfaction survey. The specialist will send the link to the survey via text or email via Time Tap (note that the tool for distributing URL may be revisited during implementation and soft launch).

To ensure the survey is sent at appropriate times to appropriate callers, the CAM will manually distribute the post-screening satisfaction survey via text or email. The Call Monitoring Form will contain a step to confirm that the survey was sent for quality assurance purposes. However, if the Unite Us team sees inconsistency in distribution in the call monitoring forms, during testing, or throughout the PDSA cycle, the Unite Us team will explore alternatives. One alternative discussed during implementation was to create an automated workflow in Talkdesk to send a client satisfaction survey link via text message to callers that have phone calls 15 minutes or longer. Initial testing during the May-June 2023 PDSA cycle demonstrated that phone calls with screening and e-scheduling were approximately 20 minutes long. Unite Us may consider using this metric to make the assumption that a call 15 minutes or longer resulted in the CAM providing scheduling services to the caller, and therefore should prompt the distribution of a satisfaction survey.

More information on the Post-Screening Satisfaction Survey can be found in the section Satisfaction Surveys.

III. Follow up contact

Between the initial call and the client's appointment, the CAM specialist will conduct one follow up phone call with clients to touch base on their status, confirm that they are still intending to

go to the appointment, and determine if their needs have changed since the initial call. This follow up will be documented in the client's Case in Unite Us.

The client will also receive an automated appointment reminder via Time Tap:

> *Hi (insert name of client).*
>
> *This is a friendly reminder that your appointment with (insert provider name/company) is scheduled for (insert date/time, e.g., Monday, November 6th, 2023 at 9:00am).*
>
> *To cancel or make changes to your appointment, you can contact the provider directly at (insert contact information for provider name/company). For additional questions or concerns, you can reach back out to Care About Me at (888)431-1998. Thanks and have a great day!*

IV. Process for canceling/rescheduling appointments

All rescheduling and canceling of appointments should be completed with the provider to reduce the chance of errors and miscommunication. The appointment reminders from Time Tap should provide guidance to clients that they should contact their provider if they need to cancel or reschedule. If a client gets in touch with the CAM to cancel or reschedule, the CAM specialist should advise them to contact the provider, and may initiate a three-way call to support the client.

If the CAM specialist becomes aware of a rescheduled or canceled appointment, the CAM should update Time Tap and Unite Us accordingly.

Workflows for canceling or rescheduling appointments can be found in the Appendix B10.

G. Post-appointment

I. Closing the Loop with In-Network Providers

CAM specialists can track appointments of clients through Time Tap or Unite Us. In Time Tap, CAM specialists can view which appointments were scheduled to occur on a given day. Outcomes of appointments (e.g., if client was seen and served, or if the client did not attend the scheduled appointment) will be tracked in Unite Us. CAM specialists may choose to use a Unite Us feature to signal that a client has an upcoming appointment.

If the client does not attend the appointment (no-show), in-network provider staff will document the outcome and close the case as unresolved per the guidance in Unite Us Guide for Providers. The specialist will reach out to the client in an attempt to reschedule the appointment. The CAM specialist will make 3 attempts in 10 days and document the effort in their Unite Us Face Sheet.

The CAM team will review the scheduled appointments in Time Tap for each day and flag if a provider did not confirm attendance of the client at an appointment by closing the Unite Us case. If the provider does not close the case, or if the provider does not use Unite Us, the CAM coordinator will attempt to contact the provider to follow up.

II. Closing the Loop with Out of Network Providers

For out of network providers, the CAM will request that they send a secure message (or other determined method of communication approved by Pinellas County) to the CAM specialist that the client did not attend the appointment. The same process is undertaken by the CAM Specialist with regards to outreach regardless of if the appointment is booked with in-network or out-of-network provider, including the documentation conducted by the CAM Specialist.

III. Post-appointment Satisfaction Survey

Once it has been confirmed that a client attended their initial appointment, the CAM specialist will add the client to Time Tap on the post-appointment calendar. The client will receive an automated text message requesting them to complete the post-appointment satisfaction survey.

Unite Us will continue to review this process in the PDSA cycle. There is potential for error if a client reschedules or misses their appointment, so Unite Us may explore manual distribution of the post-appointment satisfaction survey once attendance at the appointment is confirmed.

6. Provider Engagement, Onboarding, and Coordination.

Unite Us Customer and Community Success Team, with the support of Pinellas County Human Services and Pinellas Integrated Care Alliance (PICA), will identify and engage providers that may be interested in participating in the CAM. The primary goal is to encourage providers to participate in CAM workflows and join the shared platform. Once the provider is onboarded and trained, the CAM Manager, supervisor and specialists will become their primary point of contact for day-to-day operations, appointment availability, and client-specific communications. The Customer Success Manager will be their support at Unite Us for technology questions, data questions, and/or concerns about the CAM. The CAM Manager and Customer Success Manager will be in close communication for provider-related support.

Unite Us has prioritized engagement of PICA-funded providers and has expanded efforts to include private practices. Unite Us will conduct individual outreach based on past relationships, word of mouth, and warm introductions. The teams will also conduct regular information sessions and will distribute invitations to a wide audience.

Unite Us will aim to engage a diverse set of providers covering all levels of care, types of services, age groups, languages, populations, geographies, mode of treatment, and more.

The Unite Us team will collect information on the provider using a standard form, add the provider's information to Unite Us, and invite the provider point(s) of contact to join the Unite Us Platform.

A. Provider Verification

Upon identification of a potential provider, Unite Us will complete verification according to the workflow in Appendix G and will complete the table in Appendix G1. Unite Us will share the verification via email with Pinellas County upon request, and store the completed verifications in their internal drive for the duration of the contract.

Unite Us has defined objective criteria under which a provider may be excluded or removed from the Unite Us Network. Unite Us reserves the right to prohibit a provider from joining or remaining on the Network if Unite Us has been made aware of the provider meeting any of the exclusion criteria below:

- Providers, including any employee or volunteer, that violates federal, state, or local laws or regulations, including, but not limited to, providers found on the Office of Inspector General (OIG) exclusion list
- Providers that discriminate on the basis of race, color, age, religion, sex, national origin, socioeconomic status, sexual orientation, gender identity or expression, disability, veteran status, or source of payment
- Providers currently under investigation by any government agency or organization
- Providers that have been debarred or disqualified from federal, state, or local contracts
- Providers that are not licensed or accredited in services where licensure is required by applicable law

If a provider does not meet the criteria above to be removed, Pinellas County still may request to exclude the provider from the CAM and revoke their CAM license(s).

B. Provider Training

The Unite Us team will facilitate provider training. The team will develop and distribute a provider step-by-step guide on the core actions they need to complete in the Unite Us platform.

Once the CAM launches, the Unite Us team will conduct monthly provider training sessions (or as needed). The team will also be available to meet with providers one-on-one if extra support is requested.

C. Process for confirming appointment slots with providers

On a biweekly basis, the CAM team will contact the provider points of contact to confirm the available appointment slots for the next biweekly period. For example, the CAM Coordinator will:

- Contact providers on **September 1** to confirm appointment availability for **September 17-30.**
- Contact providers on **September 15** to confirm appointment availability for **October 1-14**.

The CAM care coordinator will then ensure that Time Tap is up to date with accurate appointment slots for each provider.

D. Process for releasing slots when they are not used

At the end of every work day, the responsible CAM staff member will log into Time Tap and review the appointment availability for three business days ahead, as shown in the table below.

At the end of the day on:	Appointments on the day below will be released back to provider:
Monday	Thursday
Tuesday	Friday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday
Saturday	N/A

This process ensures that providers receive sufficient notice in advance of an appointment. This schedule will be reviewed during the PDSA cycle.

E. Provider Satisfaction Survey

Provider satisfaction surveys will be sent via Time Tap email. Providers will be entered into Time Tap as "clients" and placed on the provider satisfaction survey schedule. They will receive the survey biweekly via this automated process. More information on the provider satisfaction survey can be found in the section Satisfaction Surveys.

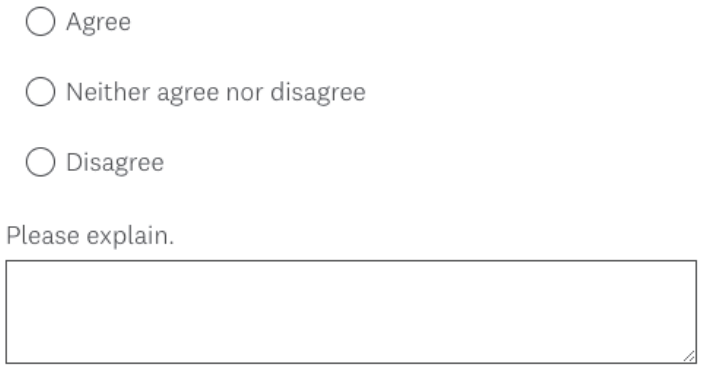
7. Satisfaction Surveys

Unite Us will distribute satisfaction surveys to collect feedback from residents and providers on CAM services. The CAM will distribute and review four (4) satisfaction surveys. The audience, cadence, and survey questions are included in the table below.

Survey	Audience	Cadence	Questions
Post-screening Resident Survey	Residents, caregivers, or legal guardians that contact the CAM	Sent to callers (residents, caregivers, or legal guardians) after the CAM Specialist conducts a screening and either schedules an appointment on their behalf or connects them to supportive services.	1. I did not have to wait long to connect with the Care About Me specialist. 2. I feel my needs were met after connecting with the Care About Me specialist. 3. I would recommend the Care About Me service to others.
Post-assessment Resident Survey	Residents, caregivers, or legal guardians	After the resident, caregiver, or legal guardian attends their initial assessment or	1. I did not have to wait long to see the provider. 2. I feel my needs were met after my appointment made by the Care About Me specialist.

Survey	Audience	Cadence	Questions
		appointment	3. Overall, I am satisfied with the care provided at the appointment made by the Care About Me specialist.
Provider Survey	Practice Managers (or those using the Unite Us Platform) and other staff either interacting with the CAM or interacting with residents that have been referred to them by the CAM.	In the Soft Launch period, the survey will be sent on a biweekly cadence.	1. The Care About Me specialist referred a consumer whose needs matched the service(s) my practice/agency provides. 2. The appointment scheduling process and communication with Care About Me was effective. 3. Overall, I am satisfied with Care About Me's services.
Referring Entity Survey	Providers/ professionals that refer a resident to the CAM	For those that refer one or more residents to the CAM, the survey will be sent on a biweekly cadence.	1. I was able to easily refer a client to Care About Me. 2. I would recommend the Care About Me service to other providers. 3. Overall, I am satisfied with Care About Me's services.

All survey questions have the following options for responses:



The CAM currently uses three tools that enable sending emails or texts to callers: Unite Us, Talkdesk, and Time Tap. As of October 2023, we have selected the tool for each survey that we believe to make most sense in the workflow, but we will continue revisiting this process during testing.

8. External messaging and marketing

The goal of marketing efforts will be to increase brand awareness and visibility of Care About Me to Pinellas County providers and residents. Targeted marketing and communications will support the three-phase rollout, as each phase will target a larger audience for calling in and utilizing Care About Me services. The Unite Us Marketing Team, Implementation Team, and Customer and Community Success Teams will work collaboratively to achieve this goal. With Pinellas County Human Services' written approval per contract requirements, Unite Us will also contract with a local marketing agency to assist with marketing efforts.

Phase	Audiences targeted for marketing to expand groups that will refer clients to the CAM
Soft Launch - Phase 1 Timeline: 6 weeks	Week 1-2: Sheriff Mental Health Unit Week 2-3: Public Defender Week 3-5: St. Petersburg Co-response Team (other co-response teams) Week 4-6: School counselors and Child Welfare
Soft Launch - Phase 2 Timeline: 6 weeks	Weeks 1-3: 988/211, 911/EMS, VA Weeks 3-5: PEMHS, Providers, Primary Care Providers Weeks 4-5: Peer Support Providers
Hard Launch- Phase 3	The Public

All marketing efforts will have an emphasis on the BIPOC and Non-English language dominant population (specifically Haitian Creole, Spanish, Russian, and Vietnamese). Community engagement efforts will work collaboratively and in an integrated manner with organizations that are already embedded within BIPOC communities while leveraging existing relationships and trust.

Pinellas County Communications will be the primary spokespersons of the CAM. If the CAM receives any inquiries from the media, CAM specialists will redirect them to the County.

Details on marketing efforts can be found in the marketing plan.

A. Care About Me Website

Unite Us is contracting with Web Emissary to develop the Care About Me website, www.careaboutme.org (site is in development at this link). The primary purpose of the website will be to communicate the goal of Care About Me to the general public and make the resource easily accessible through multiple modes of contact. The website will be available in English and Spanish.

All language on the website has been approved by Pinellas County, and the County will be asked to approve future edits.

Unite Us will continue a maintenance contract with Web Emissary after initial development for hosting and editing the website as needed. Control of hosting of the website can be given to Pinellas County, Unite Us, or another agency upon request. If the contract with Web Emissary is terminated, Web Emissary will package the site as desired by Unite Us and Pinellas County and deliver in the requested manner.

B. Media Management

Unite Us will serve as the main media contact for general media inquiries about the CAM. If a CAM specialist receives any inquiries from the media, they shall refer reporters to the CAM manager or supervisor for follow-up using a sample response such as: "Thank you for reaching out about Care About Me. I will refer your inquiry to our CAM manager/supervisor for follow-up"

The manager or supervisor shall review the inquiry to determine if it is merely fact-gathering (e.g., CAM hours, launch date, number of employees) or a crisis. Fact-gathering inquiries shall be handled directly by Unite Us, with a heads up email to Pinellas County Communications at oncallpio@pinellas.gov. If the inquiry is crisis-related, Unite Us should follow the procedures of the Crisis Communications Plan.

C. Crisis Communications Plan

The Crisis Communication Plan and Strategy is designed specifically for Care About Me. This plan aims to ensure Unite Us' preparedness for effectively communicating with internal staff, Pinellas County, and other stakeholders in the event of an emergency for Care About Me. By following this plan, Unite Us can minimize the impact of the crisis on operations, maintain customer trust, and protect the organization's reputation.

Operations Manual

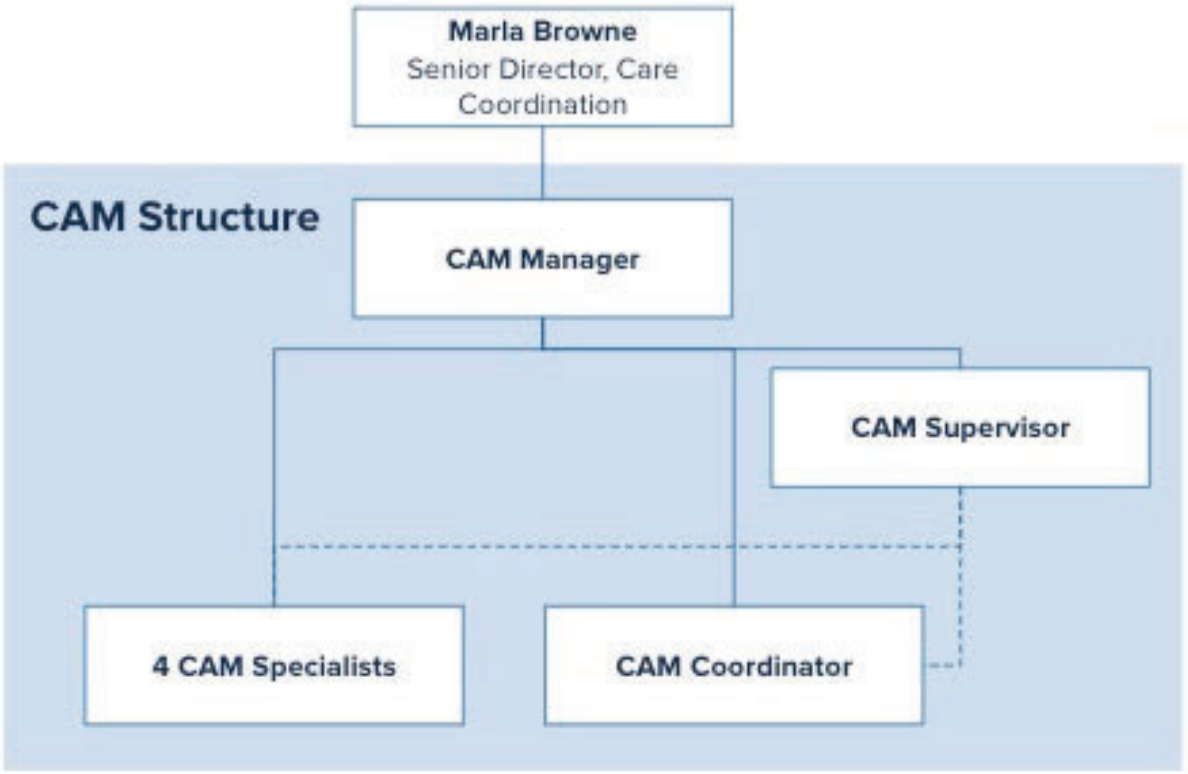
Appendices

Updated October 2023

Appendix A. CAM Organizational Chart

The Org Chart below depicts the intended CAM structure for soft launch as October 2023. The Unite Us team will update the org chart as team members are hired.

The supervisor, specialist, and coordinator will report to the CAM manager. The supervisor will be acting manager when the CAM manager is not working.



Appendix B. Workflows

Workflows are accurate as of July 2023 but will be revisited prior to soft launch.

Appendix B1. CAM Referral Workflow - Referring Entities

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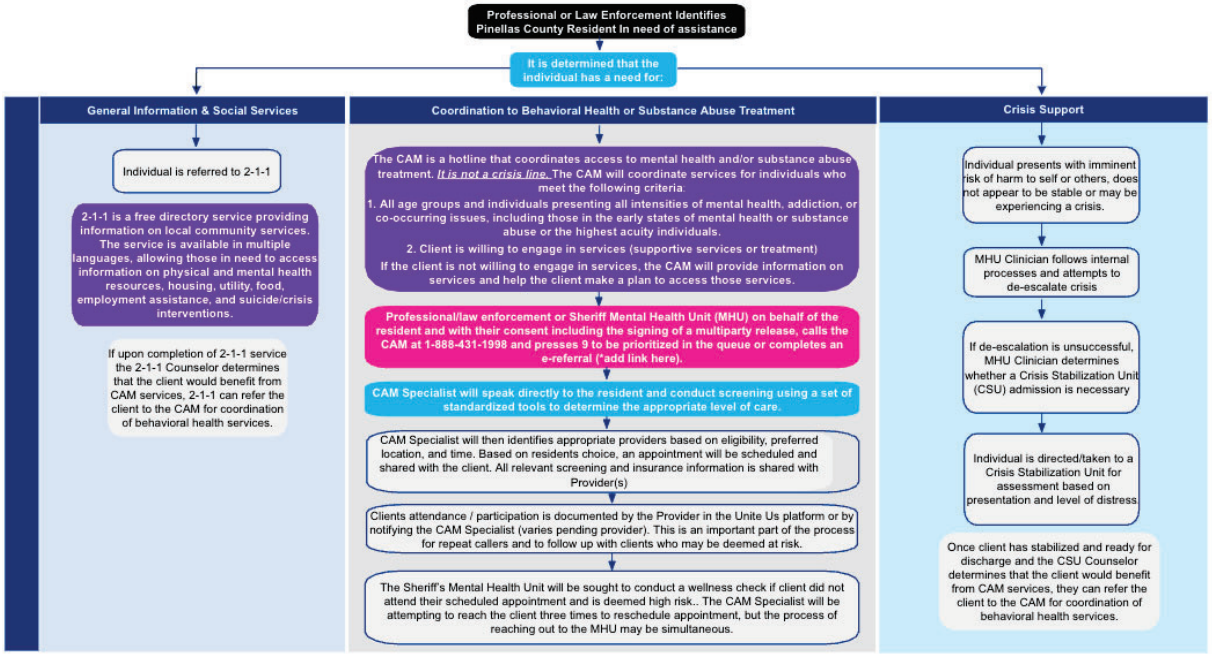
CAM Referral Workflow



Appendix B2. CAM Call Workflow Overview

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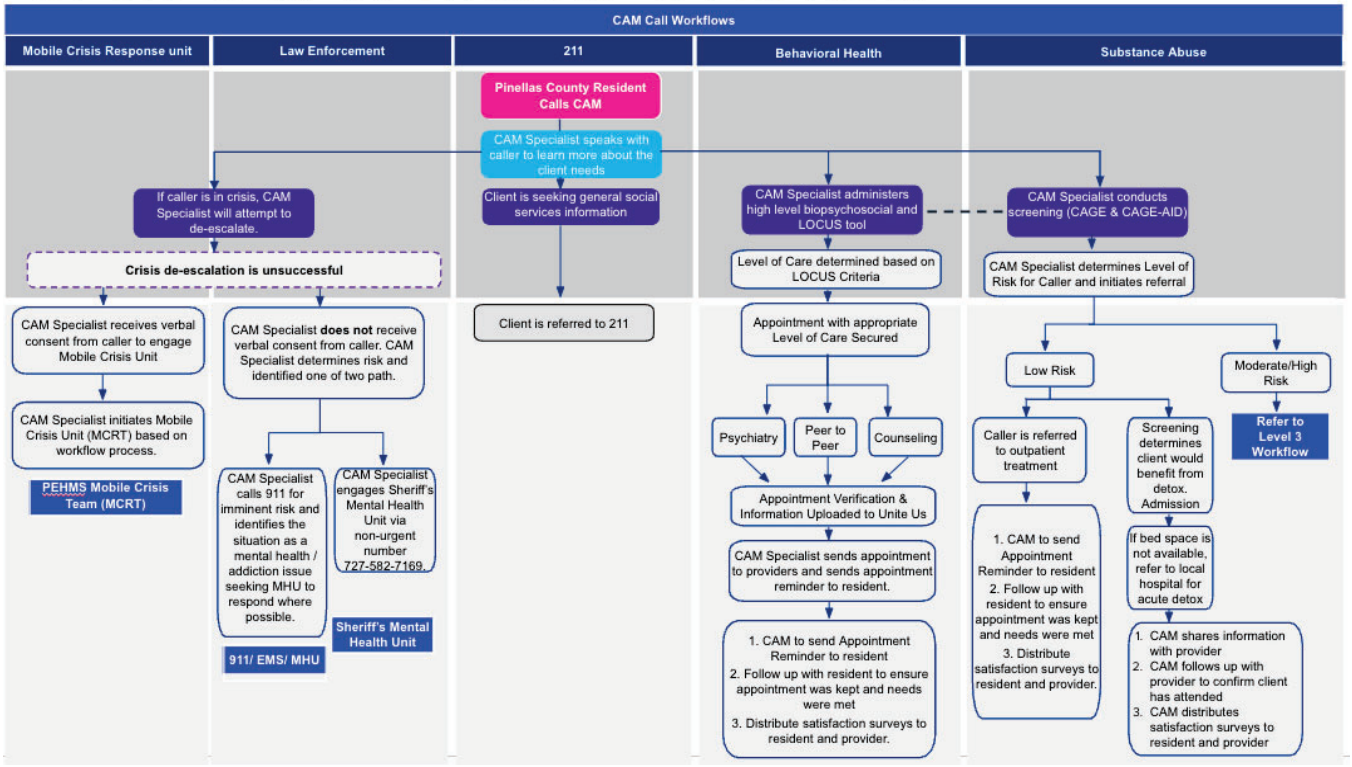
CAM Call Workflow Overview



Appendix B3. Level 1 Workflow

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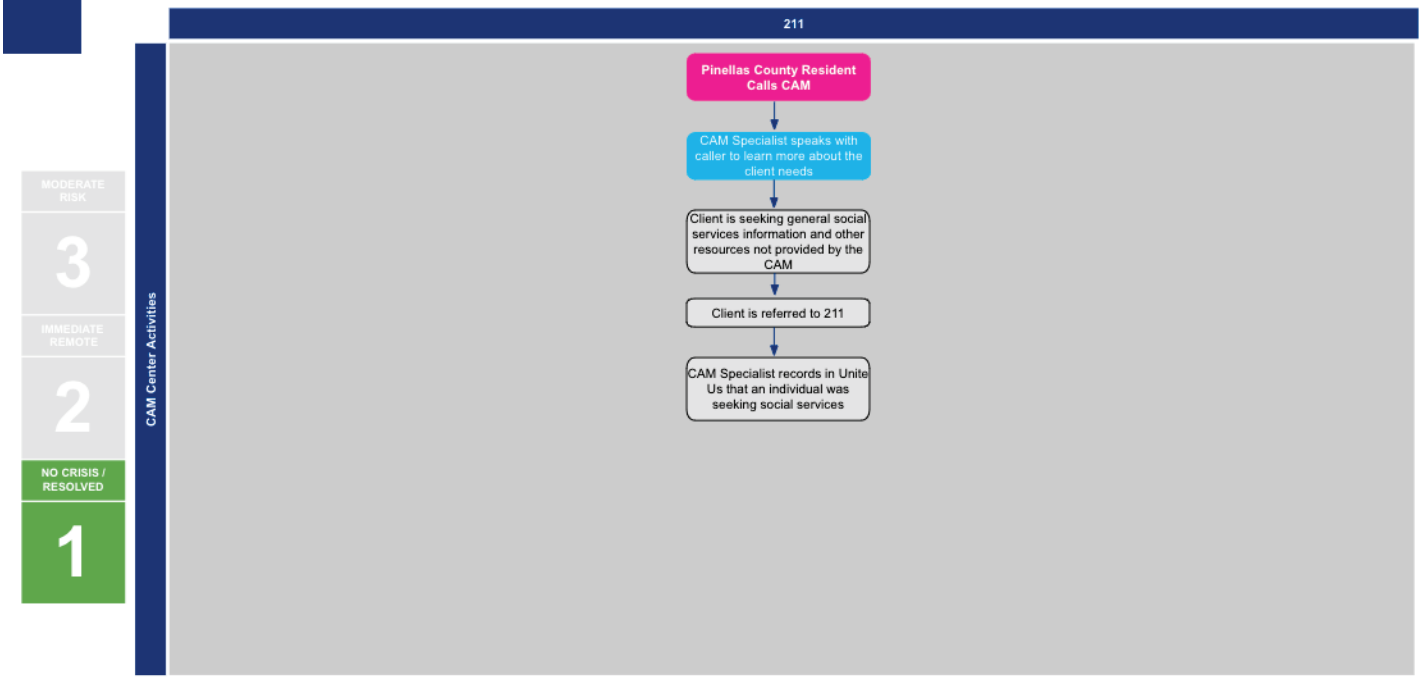
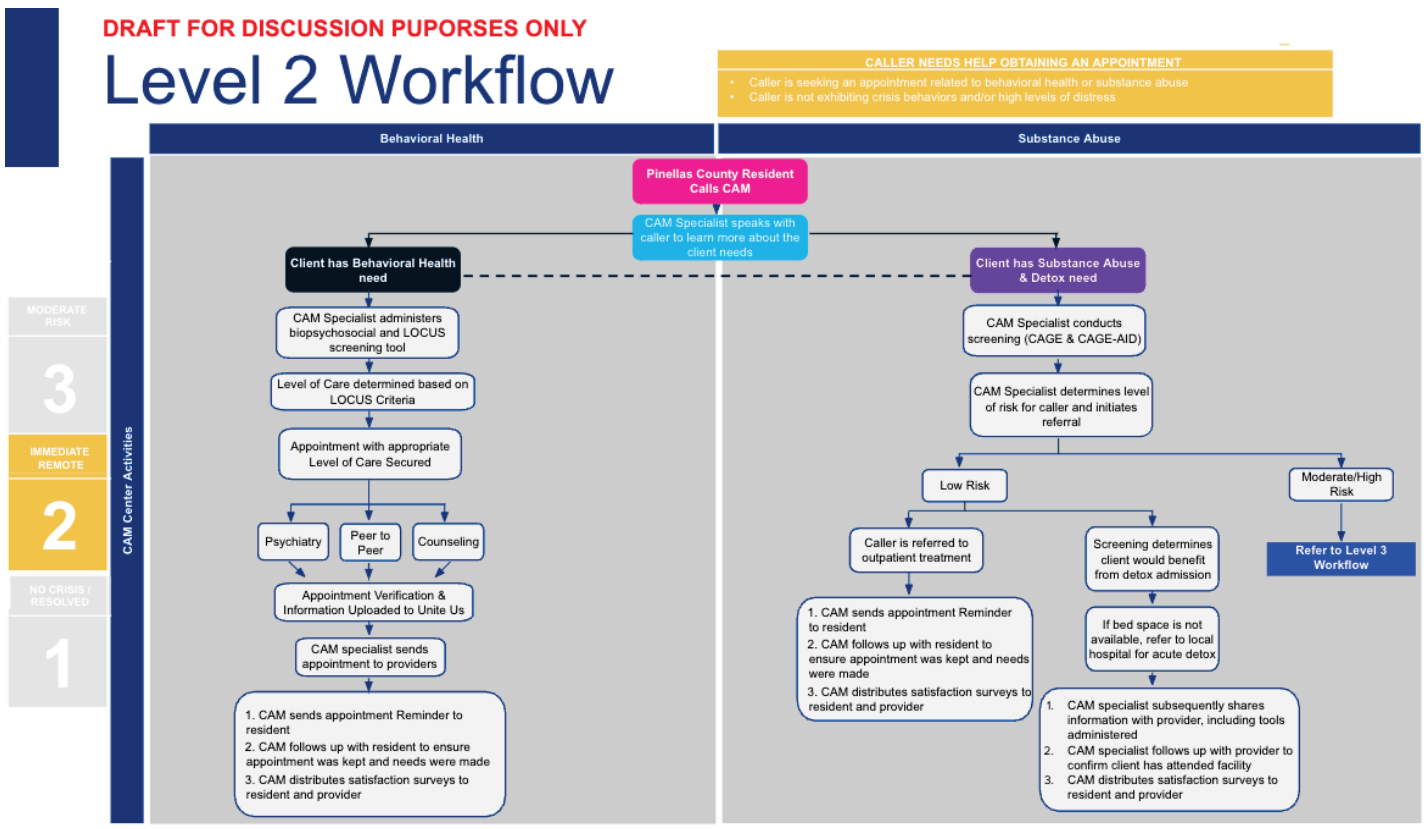
Level 1 Workflow

CALLER NEEDS SUPPORT/SERVICES/INFORMATION – NO IMMEDIATE RISK

- Caller or caretaker is calling for supportive services and non-behavioral health or substance abuse related matters
- "Live transfer" is conducted to 211



Appendix B4. Level 2 Workflow



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Level 2 Workflow Write-Up

- **Step 1:** A call is received by the CAM and the CAM specialist determines the caller requires a Level 2 response, as the caller is seeking an appointment related to behavioral health and/or substance abuse and is not exhibiting high levels of distress or considered to be in crisis based on the CAM specialist's assessment.
- **Step 2:** The CAM specialist determines the caller has a:
  - **A) mental health need**
    - CAM specialist administers a biopsychosocial assessment and the LOCUS screening tool
    - CAM specialist verifies provider eligibility criteria (individual counseling need identified, appointment type, demographics, insurance, etc.) and identifies appropriate providers
    - CAM specialist checks calendar for appointment slots of appropriate providers and discusses provider options and availability with caller
    - CAM specialist books an appointment with provider with appropriate level of care for the client in calendaring tool
    - CAM specialist shares information on provider, appointment time and provider-specific intake paperwork
    - Provider receives notification in Unite Us with detailed information on the client
    - Provider conducts appointment
    - Provider returns to Unite Us Platform to report outcomes on case resolution
  - **B) substance abuse need**

    i. **Outpatient Services**
    - CAM specialist administers a biopsychosocial assessment and the LOCUS screening tool
    - CAM specialist administers substance use screening tool (i.e. BAM, CAGE, CAGE-AID) and identifies level of risk (low, moderate, high)
    - If client is determined suitable for outpatient services, CAM specialist checks provider eligibility criteria and identifies appropriate providers
    - CAM specialist checks calendar for appointment slots of appropriate provider(s) and discusses provider options and availability with caller
    - CAM specialist books an appointment with provider with appropriate level of care for the client in calendaring tool
    - CAM specialist shares information on provider, appointment time and provider-specific intake paperwork
    - Provider receives notification in Unite Us with detailed information on the client
    - Provider conducts appointment
    - Provider returns to Unite Us Platform to report outcomes on case resolution

    ii. **Detoxification Services**
    - CAM specialist administers a biopsychosocial assessment and the LOCUS screening tool
    - CAM specialist administers substance use screening tool (i.e. BAM, CAGE, CAGE-AID) and identifies level of risk (low, medium or high) based on screening tools administered.
    - If client screening determines client would benefit from a detoxification admission, CAM specialist will contact appropriate provider to complete warm hand off.
    - The provider will determine if client meets criteria for admission. If bed space is available the following will occur:

Appendix B5. Level 3 Workflow

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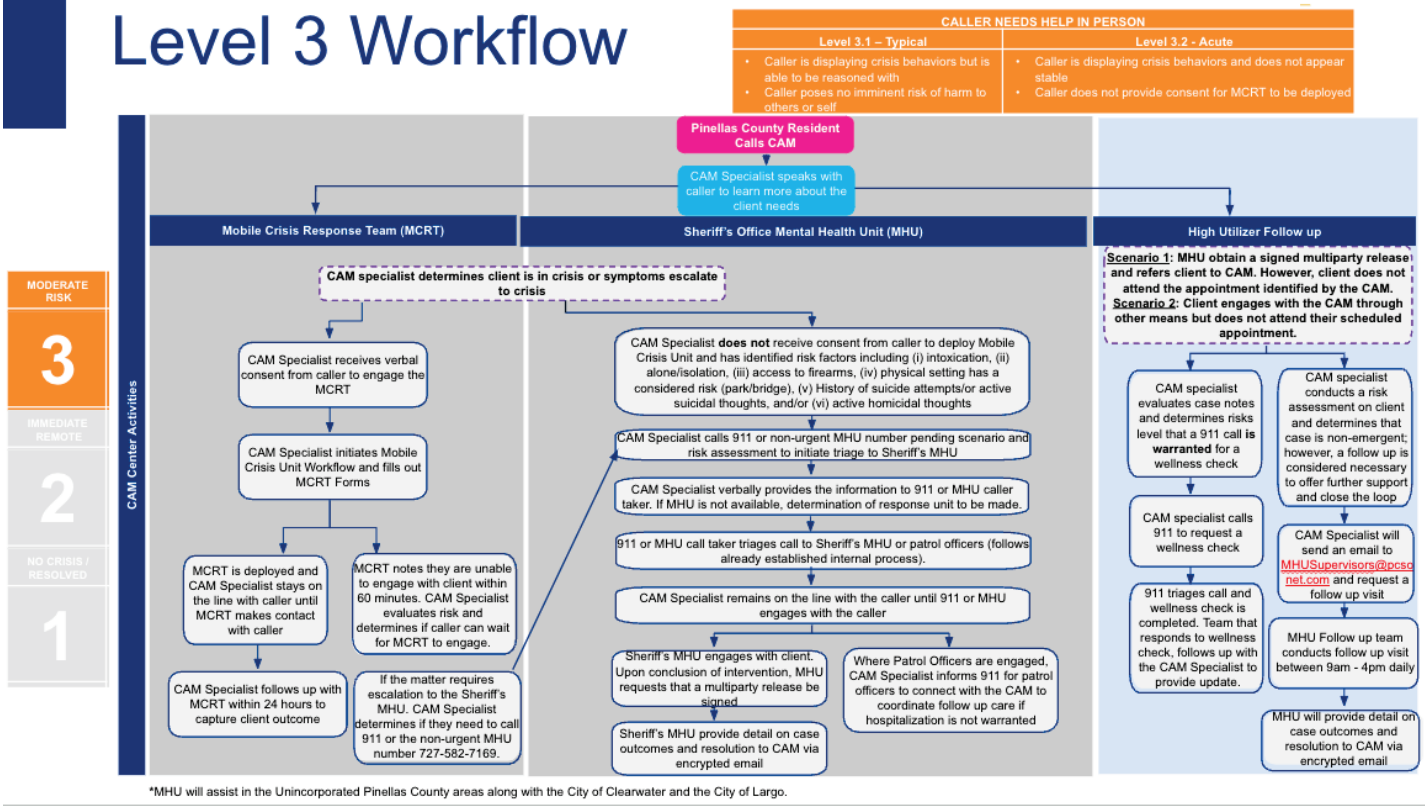
Level 3 Workflow



*MHU will assist in the Unincorporated Pinellas County areas along with the City of Clearwater and the City of Largo.

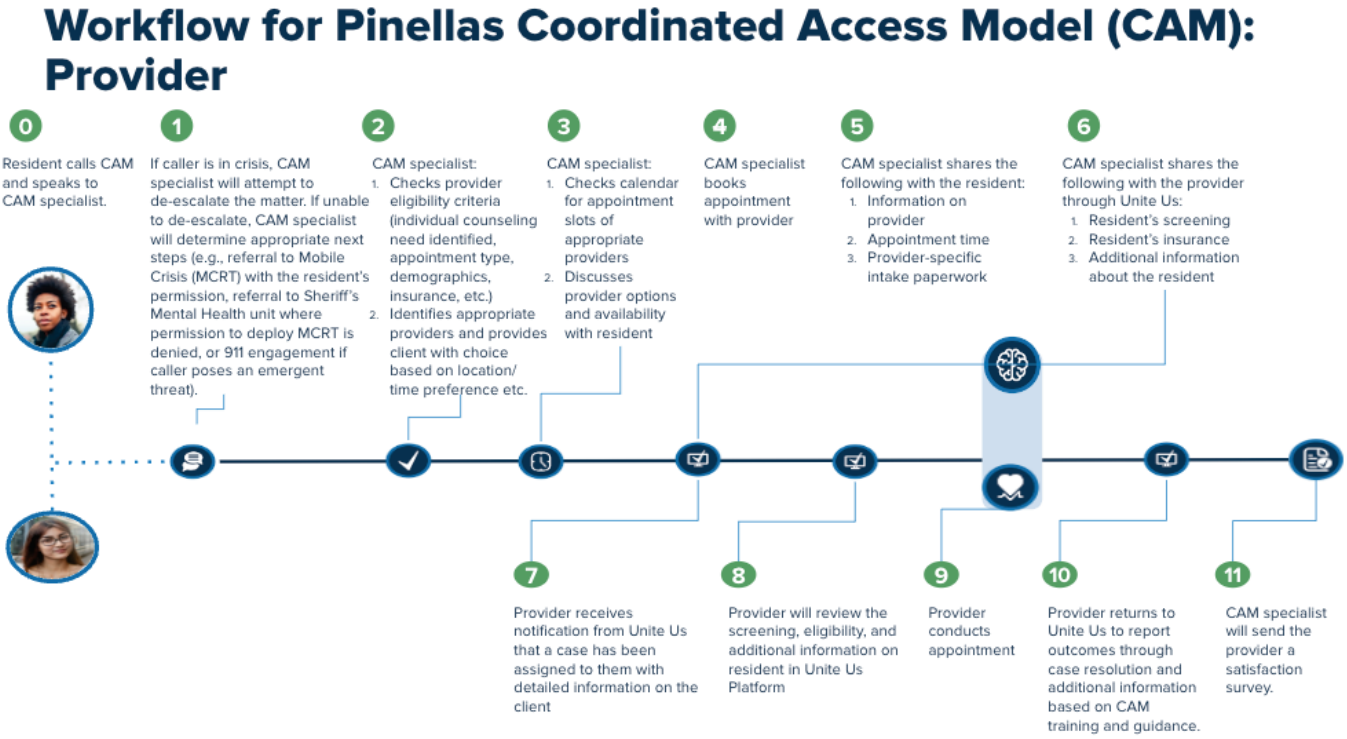
DRAFT FOR DISCUSSION PUPORSES ONLY

Level 3 Workflow Write-Up

- **Step 1:** A call is received and the CAM Specialist determines the caller requires a Level 3 response as:
  - A. The caller considered to be in crisis and does not respond to de-escalation. However, the client is willing to accept service and does not pose an imminent risk of harm to self or others **or**
  - B. The caller considered to be in crisis and does not respond to de-escalation. However, the client **is not** willing to accept service
- **If A above is considered, an MCRT will be deployed per Step 2a below:**
- **Step 2a:** The CAM specialist requests consent from the caller to deploy the Mobile Crisis Response Team (MCRT).
  - CAM specialist receives consent from the caller to deploy MCRT.
  - CAM specialist initiates Mobile Crisis Response Unit workflow and fills out MCRT Forms.
  - CAM specialist will contact MCRT to initiate a dispatch to the caller.
  - MCRT is deployed and the CAM specialist stays on the line with the caller until MCRT makes contact.
  - If MCRT cannot be deployed within 60 minutes, CAM specialist will initiate Sheriffs' Mental Health Unit Workflow.
  - CAM specialist then follows up with MCRT within 24 hours to capture the outcome.
- **If B above is considered, the Sheriff's Mental Health Unit will be deployed per Step 2b below:**
- **Step 2b**: The CAM specialist does not receive consent from the caller to deploy MCRT
  - The CAM specialist works with the supervisor to coordinate calling 911 or the non-urgent MHU number 727-582-7169 while remaining on the line with the caller.
  - The CAM supervisor/specialist provides 911/ MHU call taker with the client information and requests the Sheriffs' Mental Health Unit to respond.
  - If through 911, caller taker triages to Sheriffs' Mental Health Unit or Patrol Officers based on availability and closest available unit to engage with the client.
  - CAM specialist remains on the line with the caller until 911 makes contact with the client.
  - The CAM specialist informs 911 or Patrol Officers to reconnect with the CAM to coordinate follow up care if hospitalization is not warranted.
  - Sheriff's Mental Health Unit will get a multiparty release signed and send case outcomes/resolution through encrypted email.
- **Step 3:** If a caller referred by MHU to CAM is deemed high risk and/or did not attend their scheduled appointment, the CAM specialist will assess risk to determine whether the case is emergent or non-emergent.
  - If the case is considered emergent, the CAM specialist will call 911 to request a wellness check.
  - If the case is considered non-emergent; however, a follow up is considered necessary to offer further support and close the loop, the CAM specialist will initiate the Sheriff's Mental Health Unit Workflow by emailing MHUSupervisors@pcsonet.com, to conduct a wellness check. A signed release/ consent is not required for a wellness check to be initiated.
    - Sheriff's MHU will provide detail on case outcomes and resolution to CAM via encrypted email, where a multiparty release has been signed

Appendix B6. Appointment Scheduling Workflow

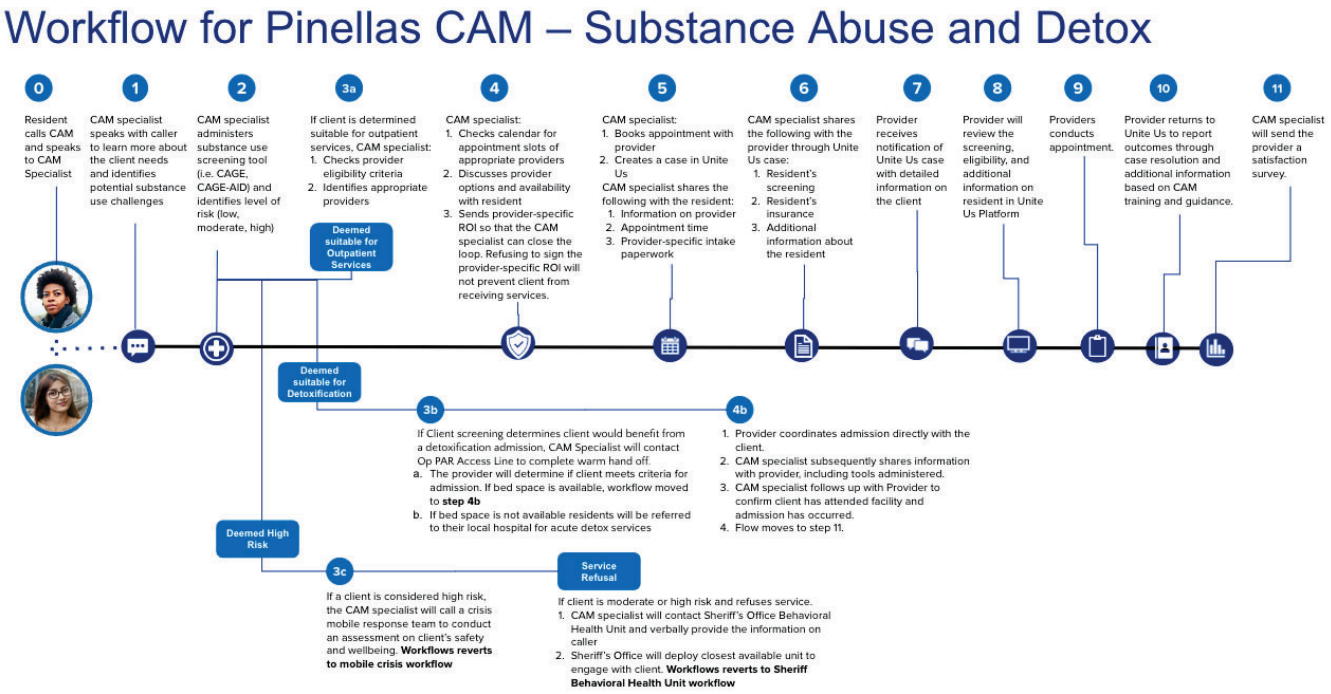
The workflow below is the ideal workflow for appointment scheduling through the CAM.



Appendix B7. Substance Use & Detox Workflow

As of September 2023, this workflow is associated with services provided by:

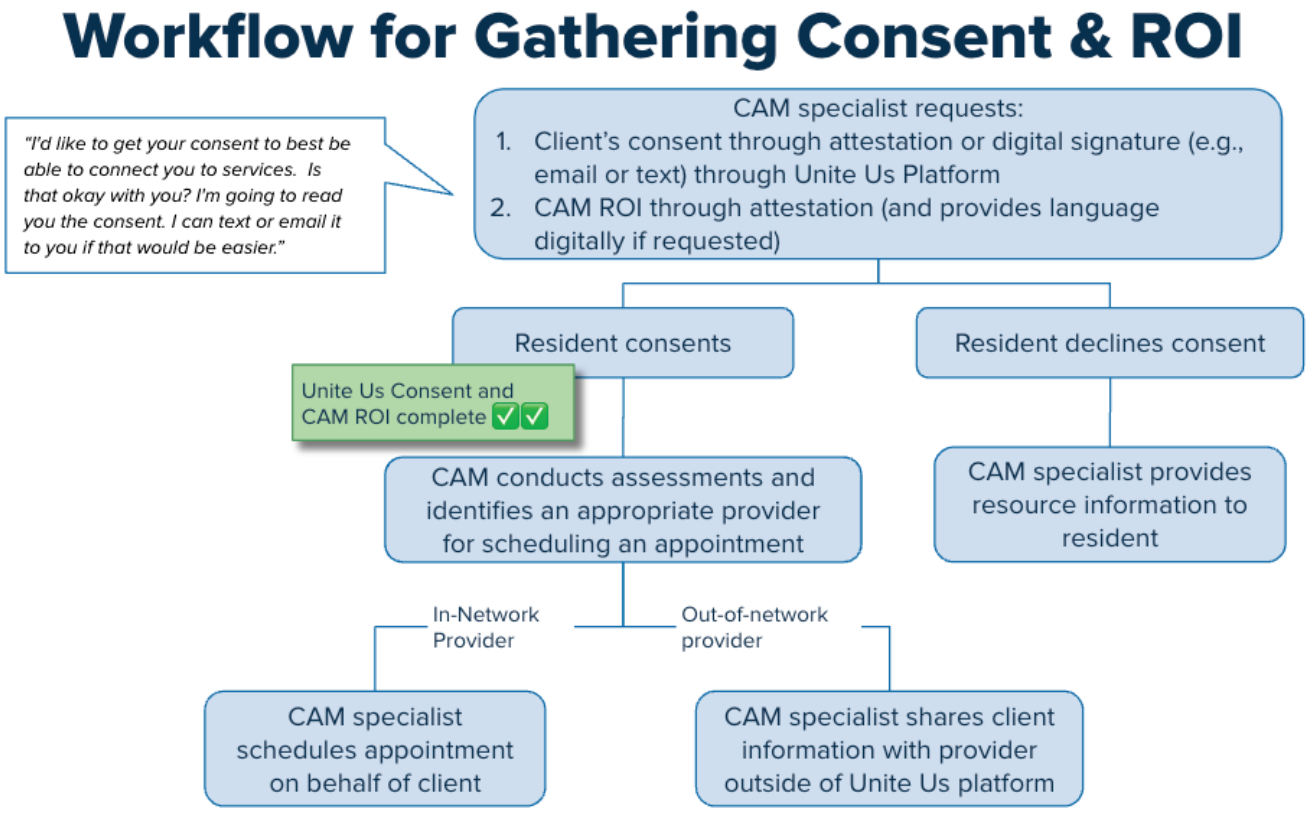
A. ACTS
B. WestCare
C. Operation PAR



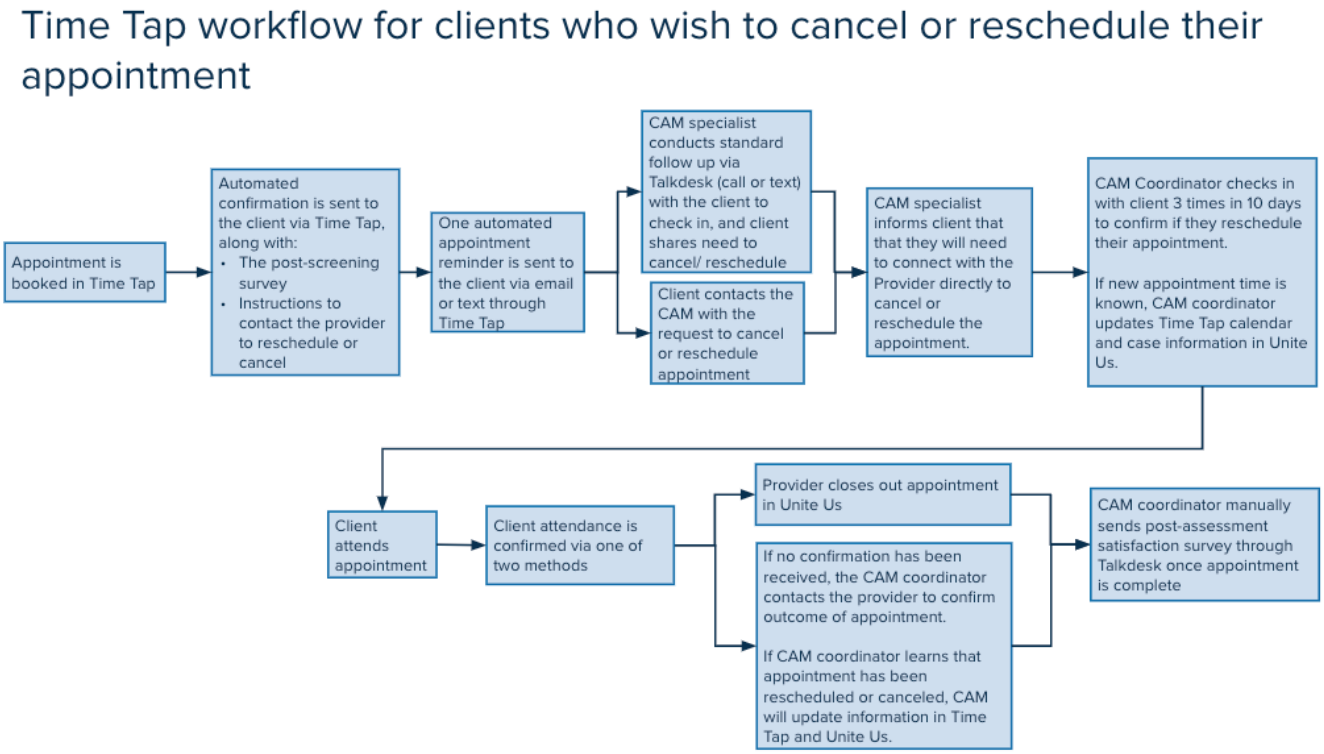
Appendix B8. Telepsychiatry Workflow

To be updated following conversations and contracting with The Well.

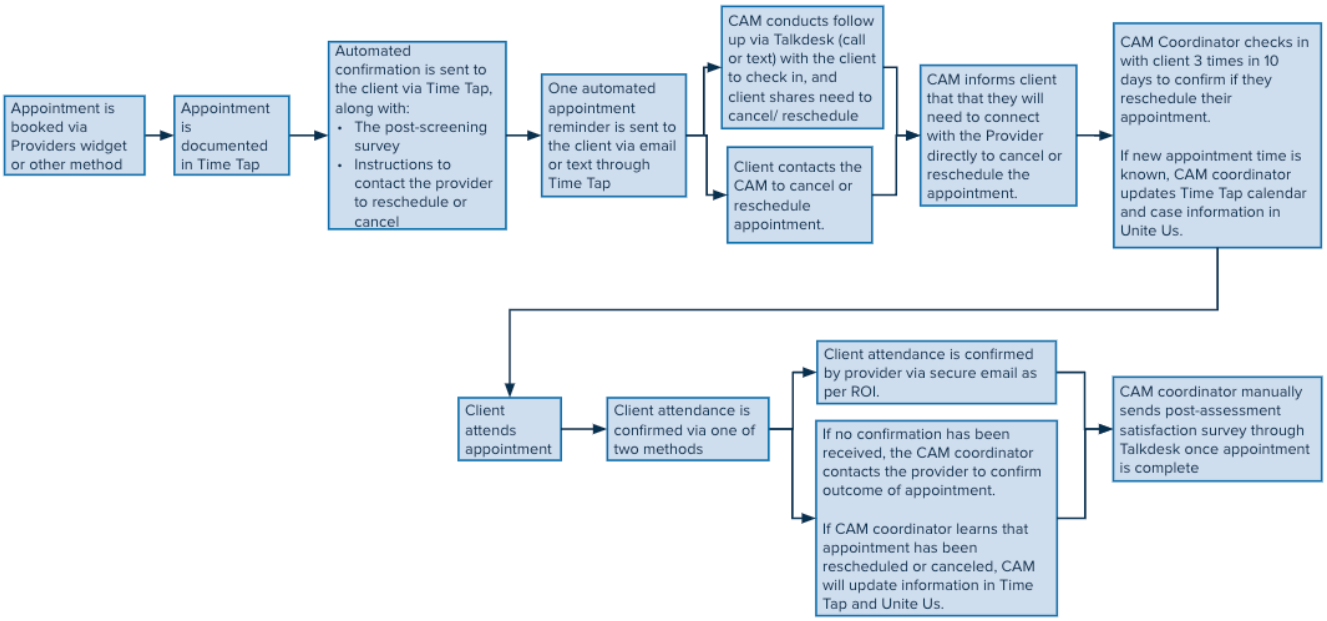
Appendix B9. Workflow for Gathering Consent and ROI



Appendix B10. Workflow for Canceling or Rescheduling Appointments



Time Tap workflow for clients who wish to cancel or reschedule appointment with Out of Network Providers



Appendix C. 9-8-8 Referral Matrix

It is important for CAM staff to understand 9-8-8's internal operating procedures and when a 9-8-8 caller may be more appropriate for the CAM. If the resident is low risk, 9-8-8 will immediately refer them to the CAM. If the resident is a Moderate Risk, the CAM may be included in their safety plan to assist getting them paired with more suitable services once the crisis is de-escalated by 9-8-8.

988 Referral Matrix

This document was created for staff to provide guidance on referral points outside of 988. This matrix follows our 988 standard operating procedures.

Before taking any action or making any referral below, 988 counselors should ensure they have attempted to:

- Assess risk and determine level of safety through safety assessment
- De-escalate with the visitor
- Minimize access to lethal means
- Collaborate on Safety Planning

When assessing for the next steps, focus on the safety plan outcome and the visitors intentions. What is their suicidal and/or homicidal history? What's the immediate access to lethal means? A visitor's intention to safety plan and minimize access to lethal means will determine the actions a Counselor will attempt.

The matrix below attempts to match risk and behavior and align it with appropriate actions and referrals.

Risk	Behavior	Action	Referral	External Tool
High - Imminent Risk No Safety	Actively in the process of completing suicide or homicide. Started suicide or homicide plan. Any immediate medical crisis. Safety Planning is not possible due to medical emergency.	Life Saving Intervention Conduct a follow-up call	911	PSAP Lookup
High Risk Low Safety	• Dysregulation (inability of a person to control or regulate their emotional responses to provocative stimuli) • Violently Acting Out • Active Psychosis • Homicidal Plan with imminent intention and means. • Overtly Intoxicated with history of suicide • Immediate access to lethal means • No desire to safety plan or use coping strategies	Possible Baker or Marchman Act Conduct a follow-up call	911 - Imminent Risk safety unaffirmed. Referral to MRT if immediate threat has been reduced..	PSAP Lookup
Moderate Risk Low Safety	• Suicide Ideations with intent to die • Homicidal ideations with no intention • Current Suicide Plan • History of suicide attempts • Access to lethal means • Minimal desire to use coping skills or safety plan.	Connection to MRT Conduct a follow-up call	Mobile Crisis Team (MRT)	211TBC MRT Locator 211 Locator
Moderate Risk High Safety	• Suicide Ideations with or without intent to die • No homicidal ideations • Vague or no plan (absence of preparatory behaviors, time frame, etc.) • Delayed to lethal means • Will minimize lethal means • Will agree to use coping skills or safety plan.	Needs additional support after the interaction. Conduct a follow-up	Mobile Crisis Team (MRT)	211TBC MRT Locator 211 Locator
Low Risk Low Risk (cont)	• Suicidal Ideations may or may not be present. • No homicidal ideations • No suicide plan no immediate intention • No or limited access to lethal means • Will minimize lethal means • Already has safety plan and coping skills in place.	Referral needed for mental health or other community referral. Conduct a follow-up if the visitor has been suicidal in the past 24 hours.	Insured - insurance carrier Uninsured - 211 for community referral.	None 211 Locator

Appendix D. PEMHS Mobile Crisis Response Team Triage

Personal Enrichment through Mental Health Services

Mobile Crisis Response Team Triage

Date/Time: _____ Referral: _____

Name: _____

Parent/Guardian: _____

DOB: _____ Age:_____ Race: _____ Sex:_____

Address/Gate Code:

_____

_____

Cell/Home Phone: _____

Presenting Issues/Reason for Referral:

_____

_____

_____

_____

Any weapons in the home? _____

Is there a history of violence with anyone in the home?

_____

Any other safety/health concerns in the home? (animals, scabies, etc):

_____

Other(s) Residing in the Home:	Age	Race	Sex	Safety Concerns?	Relationship

Mental Health Diagnoses? _____

Suicidial or Homicidal ideation/intention/plan? OR History?

_____

_____

Substance Use? _____

What triggers the client? _____

Staff Member Completing The Form: _____

Appendix E. Screenings and Assessments

Appendix E1. Biopsychosocial/Initial Assessment

- What is the presenting issue?
    - Tell me about what is happening that I can support you with today.
    - *Instructions for CAM Specialist:* Probe on mental health or substance use.
- Risk factors
    - Has there been a history of self-harm, suicidal thoughts or attempt/ thought of harming others?
    - *Instructions for CAM Specialist:* Probe on any self-care issues or concerns, such, eating, sleeping or showering.
- Medical issues or concerns
    - Do you have any medical issues?
    - *Instructions for CAM Specialist:* Probe on if Rx has impacted their mental health or addiction issues.
- Protective factors
    - Do you currently have a support system? This can include, family, friends, co-workers, spirituality, pets etc. What are your coping mechanisms? This can include walking, reading, listening to music, religion.

Appendix E2. CAGE Substance Abuse Screening Tool

CAGE Substance Abuse Screening Tool

Directions: Ask your patients these four questions and use the scoring method described below to determine if substance abuse exists and needs to be addressed.

CAGE Questions

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Scoring: Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant.

The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders. A number of other screening tools are available.

CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty, and Eye-opener

CAGE Source: Ewing 1984

Appendix E3. Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines

Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines
DRAFT 11/02/2009

Participant ID: _____ **Date:** _____
Interviewer ID (Clinician Initials): _____

Method of Administration:
☐ Clinician Interview ☐ Self Report ☐ Phone

Time Started: _____ : _____

Instructions
This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc.
The questions generally ask about the past 30 days.
Please consider each question and answer as accurately as possible.

1. **In the past 30 days, would you say your physical health has been?**

   - ○ **Excellent (0)**
   - ○ **Very Good (1)**
   - ○ **Good (2)**
   - ○ **Fair (3)**
   - ○ **Poor (4)**

2. **In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?**

   - ○ **0 (0)**
   - ○ **1-3 (1)**
   - ○ **4-8 (2)**
   - ○ **9-15 (3)**
   - ○ **16-30 (4)**

3. **In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?**

   - ○ **0 (0)**
   - ○ **1-3 (1)**
   - ○ **4-8 (2)**
   - ○ **9-15 (3)**
   - ○ **16-30 (4)**

4. **In the past 30 days, how many days did you drink ANY alcohol?**

   - ○ **0 (Skip to #6) (0)**
   - ○ **1-3 (1)**
   - ○ **4-8 (2)**
   - ○ **9-15 (3)**
   - ○ **16-30 (4)**

5. **In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)?** [One drink is considered one shot of hard liquor (1.5 oz.) or 12- ounce can/bottle of beer or 5 ounce glass of wine.]

   - ○ **0 (0)**
   - ○ **1-3 (1)**
   - ○ **4-8 (2)**
   - ○ **9-15 (3)**
   - ○ **16-30 (4)**

6. **In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?**

   - ○ **0 (Skip to #8) (0)**
   - ○ **1-3 (1)**
   - ○ **4-8 (2)**
   - ○ **9-15 (3)**
   - ○ **16-30 (4)**

7. **In the past 30 days, how many days did you use any of the following drugs:**

   7A. Marijuana (cannabis, pot, weed)?

   - ○ **0**
   - ○ **1-3**
   - ○ **4-8**
   - ○ **9-15**
   - ○ **16-30**

   7B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?

   - ○ **0**
   - ○ **1-3**
   - ○ **4-8**
   - ○ **9-15**
   - ○ **16-30**

   7C. Cocaine/Crack?

   - ○ **0**
   - ○ **1-3**
   - ○ **4-8**
   - ○ **9-15**
   - ○ **16-30**

7D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?

- ○ **0**
- ○ **1-3**
- ○ **4-8**
- ○ **9-15**
- ○ **16-30**

7E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?

- ○ **0**
- ○ **1-3**
- ○ **4-8**
- ○ **9-15**
- ○ **16-30**

7F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- ○ **0**
- ○ **1-3**
- ○ **4-8**
- ○ **9-15**
- ○ **16-30**

7G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- ○ **0**
- ○ **1-3**
- ○ **4-8**
- ○ **9-15**
- ○ **16-30**

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- ○ **Not at all (0)**
- ○ **Slightly (1)**
- ○ **Moderately (2)**
- ○ **Considerably (3)**
- ○ **Extremely (4)**

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?

- ○ **Not at all (0)**
- ○ **Slightly (1)**
- ○ **Moderately (2)**
- ○ **Considerably (3)**
- ○ **Extremely (4)**

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

- ○ **0 (0)**
- ○ **1-3 (1)**
- ○ **4-8 (2)**
- ○ **9-15 (3)**
- ○ **16-30 (4)**

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?

- ○ **0 (0)**
- ○ **1-3 (1)**
- ○ **4-8 (2)**
- ○ **9-15 (3)**
- ○ **16-30 (4)**

12. Does your religion or spirituality help support your recovery?

- ○ **Not at all (0)**
- ○ **Slightly (1)**
- ○ **Moderately (2)**
- ○ **Considerably (3)**
- ○ **Extremely (4)**

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

- ○ **0 (0)**
- ○ **1-3 (1)**
- ○ **4-8 (2)**
- ○ **9-15 (3)**
- ○ **16-30 (4)**

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- ○ **No (0)**
- ○ **Yes (4)**

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- ○ **Not at all (0)**
- ○ **Slightly (1)**
- ○ **Moderately (2)**
- ○ **Considerably (3)**
- ○ **Extremely (4)**

16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?

- ○ **0 (0)**
- ○ **1-3 (1)**
- ○ **4-8 (2)**
- ○ **9-15 (3)**
- ○ **16-30 (4)**

17. How satisfied are you with your progress toward achieving your recovery goals?

- ○ **Not at all (4)**
- ○ **Slightly (3)**
- ○ **Moderately (2)**
- ○ **Considerably (1)**
- ○ **Extremely (0)**

Time Finished: _____:_____

Specific items to attend to, and suggested referrals, include:

- #1 (health), if scored 3 or 4, refer to primary care
- #3 (mood), if scored 2, 3, or 4, proceed to further assessment and address within SUD specialty care or refer to mental health clinic if indicated
- #5,6,7 (heavy alcohol use, any drug use, specific drug use), if any scored 1 or higher, discuss with patient and consider adjusting treatment (e.g., higher level of care or changing modality)
- #8 (craving), if scored 3 or 4, consider medication such as Naltrexone
- #14 (adequate income), if scored 0, refer to case management
- #16 (social support), if scored 0, 1, or 2 consider adding network support
- #17 (satisfaction with progress), if scored 3 or 4, discuss modifying or supplementing treatment

Note: Examining scores from individual items as described above is the most clinically relevant use of this measure. Summary scores are more useful for aggregating across patients. Aggregate scoring, or subscale scoring, is supplementary and very preliminary, based on clinical judgment rather than empirical data.

Preliminary Subscale Scoring information
Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)
Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)
Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more Protection)
Number in ( ) is points for each response
*Item 7 (7A-7G) are not scored as part of the subscales but provide elaboration for item 6.
*Item 17 can be used as an overall assessment of treatment progress, but is not scored on any of the specific subscales.

Clinical guidelines:
The three subscales include:

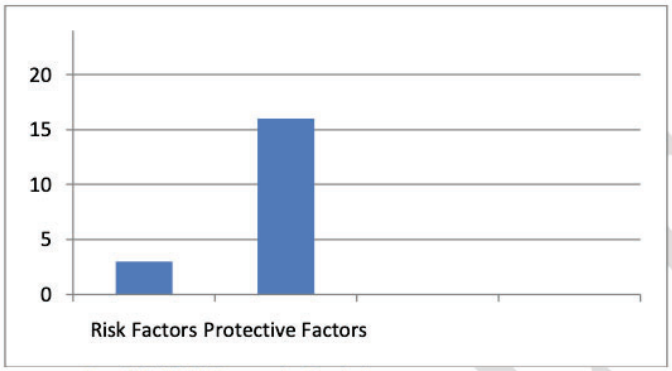
- Use: **If a patient scores a 1 or greater, it calls for further examination and clinical attention, e.g. consider addition of pharmacotherapy or higher level of care, add motivational interviewing.**
  - Any alcohol use (item #4)
  - Heavy alcohol use (item #5)
  - Any drug use (item #6)

- Risk Factors: **If a patient scores a 12 or greater, it calls for further examination and clinical attention, e.g. refer for medical or mental health consulation, add CBT or relapse prevention skills training.**
  - Cravings (item #8)
  - Physical Health (item #1)
  - Sleep (item #2)
  - Mood (item #3)
  - Risky situations (item #11)
  - Family/social problems (item #15)

- Protective Factors: **If a patient scores a 12 or below, it calls for further examination and clinical attention, e.g. treatment plan might include building sober support networks, 12 step facilitation, or work with a case manager for work or income assistance.**
  - Self-efficacy (item #9)
  - Self-help behaviors (item #10)
  - Religion/spirituality (item #12)
  - Work/school participation (item #13)
  - Adequate Income (item #14)
  - Sober support (item #16)

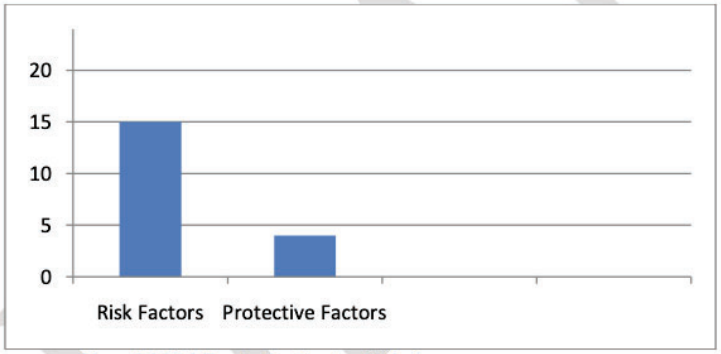
Notes:

- It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status.
  - The goal is to see sizeable changes on each scale with each administration of the BAM.
- It is important to take into consideration the relative scores on risk and protective factors:
  - *If protective factor score is greater than risk factor score, the patient is less at risk for use.*



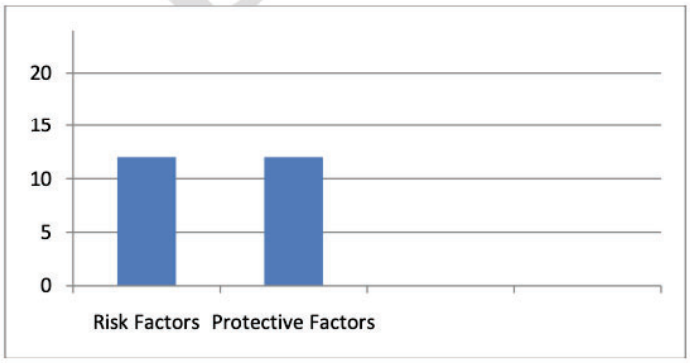
Beneficial Risk/Protective Ratio 1

  - *If risk factor score is greater than protective factor score, the patient is more at risk for use.*



Harmful Risk/Protective Factor Ratio 1

  - *If risk factor score is is equal to protective factor score, the patient is at risk for use and a focus of treatment should be to shift the balance to building protective factors and coping with risk factors.*



Balanced scores=work on shifting 1

Appendix E4. Patient Health Questionnaire-2 (PHQ-2)

Patient Health Questionnaire-2 (PHQ-2)

Over the last *2 weeks*, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

For office coding: _____0_____+_____+_____+_____

= Total Score _____

Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com). Accessed October 6, 2016. See website for additional information and translations.

Appendix E5. Patient Health Questionnaire-9 (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Appendix E6. GAD-7 Anxiety

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc.

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day."
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Appendix E7. Columbia-Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		

	YES	NO
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***		

- Low Risk
- Moderate Risk
- High Risk

Appendix E8. Modified Mini Screen (MMS)

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

Section A – Please circle "yes" or "no" for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? ..... Yes No
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? ..... Yes No
3. Have you felt sad, low, or depressed most of the time for the last two years? ..... Yes No
4. In the past month, did you think that you would be better off dead or wish you were dead? ..... Yes No
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) ..... Yes No
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way? ..... Yes No

Section B – Please circle "yes" or "no" for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no.") ..... Yes No
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: ○ being in a crowd, ○ standing in a line, ○ being alone away from home or alone at home, ○ crossing a bridge, ○ traveling in a bus, train, or car? ..... Yes No
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer "no" to this question, answer "no" to Question 10 and proceed to Question 11.) ... Yes No
10. Are these worries present most days? ..... Yes No
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: ○ speaking in public, ○ eating in public or with others, ○ writing while someone watches, ○ being in social situations. ..... Yes No

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: ○ being afraid that you would act on some impulse that would be really shocking, ○ worrying a lot about being dirty, contaminated, or having germs, ○ worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, ○ having fears or superstitions that you would be responsible for things going wrong, ○ being obsessed with sexual thoughts, images, or impulses, ○ hoarding or collecting lots of things, ○ having religious obsessions. ..... Yes No

13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: ○ washing or cleaning excessively, ○ counting or checking things over and over, ○ repeating, collecting, or arranging things, ○ other superstitious rituals. ..... Yes No

14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples: ○ serious accidents, ○ sexual or physical assault, ○ terrorist attack, ○ being held hostage, ○ kidnapping, ○ fire, ○ discovering a body, ○ sudden death of someone close to you, ○ war, ○ natural disaster. ..... Yes No

15. Have you re-experienced the awful event in a distressing way in the past month? Examples: ○ dreams, ○ intense recollections, ○ flashbacks, ○ physical reactions. ..... Yes No

Section C – Please circle "yes" or "no" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? ..... Yes No

17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? ..... Yes No

18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? ..... Yes No

19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? ..... Yes No

20. Have your relatives or friends ever considered any of your beliefs strange or unusual? ..... Yes No

21. Have you ever heard things other people couldn't hear, such as voices? ..... Yes No

22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? ..... Yes No

Appendix E9. Guided Interview for LOCUS

Attachment A

Guided Interview for LOCUS

Most professionals and organizations will utilize their own standardized evaluation or assessment instrument to gather clinical information to use with the LOCUS instrument. However, at times, this may seem cumbersome. In an effort to ease this process and familiarize the user with the LOCUS criteria "The Guided Interview for LOCUS" was developed. This instrument includes the primary assessment categories required by many licensing organizations. The format is easy to follow and can be used to write the psycho-social summary and identify treatment needs of the client. The questions are broken down into five categories: 1) History of Present Illness, 2) Past Psychiatric History, 3) Medical History, 4) Substance Abuse History, and 5) Social History. Each question is designed to help the clinician gather information appropriate to the given category, and relevant to the criteria found in each dimension. The "Code" on the right hand side of the page indicates which dimension or dimensions relate to the question.

Although use of the "Guided Interview for LOCUS" is not required to complete the LOCUS instrument, you may want to consider it as an additional tool of your organizations intake and assessment process.

The Guided Interview for LOCUS

HPI	CODE
1) Why did you come in for help (evaluation) today?	I, VI
2) Has anything happened to cause this problem (to get worse)?	IV-A
3) What kind of distress has this caused you? How much?	I
4) What other problems do you have at this time?	III
5) How do you think that these problems are related to each other?	III, IV
6) Have you had any thoughts of hurting or killing yourself or anyone else recently? *If yes, ask 6a*	I
6a) Do you have any intentions of following through on those thoughts or have you made any plans to do so? *If yes, ask 6b*	I
6b) What stops you from following through on those plans? *If nothing or very, little ask 6c*	I
6c) Do you think you could stop yourself from trying if people were around to help you? *If no, ask 6d*	I
6d) What makes you feel that you must do this now?	I
7) Has your present situation caused you to behave in any way that has been dangerous, either for yourself or for someone else? *If yes, ask 7a*	I
7a) What kind of behavior was it or what did you do?	I
8) Has substance use and intoxication ever caused you to behave in a way that was dangerous or harmful to others or to yourself? *If yes, ask 8a*	I
8a) What kind of behavior was that?	I
9) Have you experienced any problems in your relationship with others recently as a result of this problem? *If yes, ask 9a and 9b*	II
9a) What kind of problems have you had?	II
9b) Have you ever become violent or abusive?	I, II

10) Have you been able to take care of yourself recently as well as you have in the past? *If yes, ask 10a*	II
10a) In what way has it changed?	II
11) Have you been able to take care of your responsibilities as well as usual? *If yes, ask 11a*	II
11a) What kind of difficulties have you had?	II
12) Have there been any problems with your sleep, appetite, energy level or sexual activity? *If yes, ask 12a*	II
12a) How severe have these problems been? (weight loss?, sleep pattern?, activity?)	II
13) Do you have any thoughts about what would be most helpful to you right now?	V, VI

Past Psych Hx.

14) Have you ever had any mental health problems in the past? *(may give examples) If yes, ask 14a and 14b*	II, III
14a) What kind?	II, III
14b) Did you ever get any treatment for those problems? *If yes, ask 14b1 - 14b6*	V
14b1) What kind of treatment did you get? *(Repeat as needed)*	V
14b2) Did you think this treatment was helpful? If yes, why?	V, VI
14b3) Did others feel that the treatment was helpful? Explain.	V, VI
14b4) Did you get along well with your mental health workers?	IV-B, V, VI
14b5) Did you usually follow their instructions/requests pretty closely? *If no, ask 14b5a*	VI
14b5a) Was there any reason why you didn't?	VI

14b6) Have there been times that you have done well on your own? Explain.	V
14c) What is the longest period of time during which you have been free of these problems?	V
14d) Was there anything that you would say helped you during that period?	IV-B, V
14e) Have you ever thought about, or actually attempted suicide in the past? *If yes, ask 14e1 and 14e2*	I
14e1) Please explain. Do you think you really wished to die?	I
14e2) How frequently has that been a problem?	I
14f) Have you ever thought about, or actually engaged in violence toward others in the past? *If yes, ask 14f1 and 14f2*	I
14f1) Please explain. Did you really want to see that person or persons harmed or suffering?	I
14f2) How frequently has that occurred?	I

Medical History

15) Do you have any current or past medical problems? *If yes, ask 15a - 15d*	III
15a) What kind?	III
15b) Do you think these problems affect your (primary) disorder? How?	III
15c) Do you think your (primary) disorder affects this problem?	III
15d) Are you receiving any treatment for these problems? *If yes, ask 15d1 and 15d2*	III, V
15d1) What kind?	III, V
15d2) Are you usually able to follow the suggestions of your doctor?	VI

Substance Use History	
16) Have you ever had any problems with substance or alcohol use? *If no, ask 16a / If yes, go to 16b*	III
16a) Do you use substances at all? If so, how?	III
16b) What substances do you use?	III
16c) How much of these substances do you use? How often?	III
16d) Why do you say that using is a problem for you?	I, II, III
16e) Have you ever been physically dependent on a substance? *If yes, ask 16e1 and 16e2*	III
16e1) What kind of symptoms do you have when that substance is not available?	III
16e2) Have you ever become seriously ill during withdrawal? Explain.	III
16f) What is the longest period of time during which you have been free of these problems?	V
16g) Was there anything that you would say helped you during that period?	IV-B
16h) Have you ever had any treatment for these substance use problems? *If yes, ask 16h1 - 16h4*	V
16h1) What kinds of treatment have you had?	V
16h2) Were any of these treatment experiences helpful?	V, VI
16h3) Did others feel that the treatment helped? Explain.	V, VI
16h4) Have there been times when you have done well on your own? Explain.	V
16i) Are substances available to you where you are living now? How easily?	IV-A

16j) Do you think that treatment providers are really interested in helping?	VI
16k) Do you think that there are things that you could/should do differently to improve your situation?	VI
16l) Do you call your family or case worker when things are going badly for you?	V

Social History

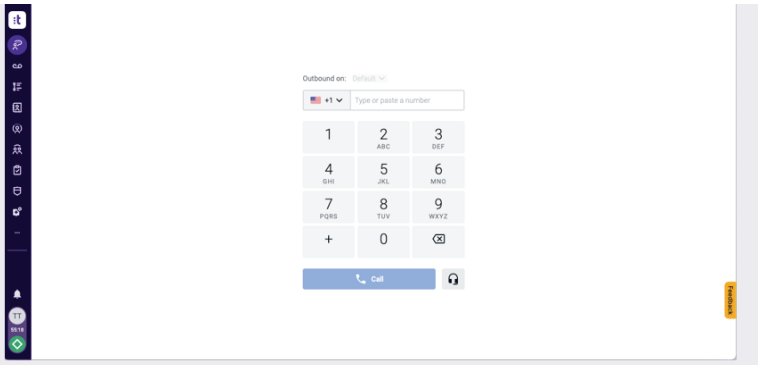
17) Are there any difficulties in your personal life now which you have not mentioned so far? *If yes, ask 17a - 17h*	IV-A
17a) What kind of difficulties have you had? *If not mentioned above, ask:*	IV-A
17b) Do you have any problems with people who are important in your life? Are there persons who are important to you?	IV-B
17c) Have your circumstances changed in any important way recently?	IV-A
17d) Have you lost anyone or anything important to you recently?	IV-A
17e) Have you had any recent, significant concerns about your well being?	IV-A
17f) Do you feel safe where you are living?	IV-A
17g) Do you have enough income to take care of your needs?	IV-A
17h) Do you feel overwhelmed, as if you can't do all you must do?	IV-A
18) Are there persons in your life who help you if you need them to? *If yes, ask 18a*	IV-B
18a) Who are they? How much help does each one give?	IV-B
18b) Do you have any caseworkers who you can rely on?	IV-B
18c) Do you actually ask for help when things are not going well?	IV-B, V

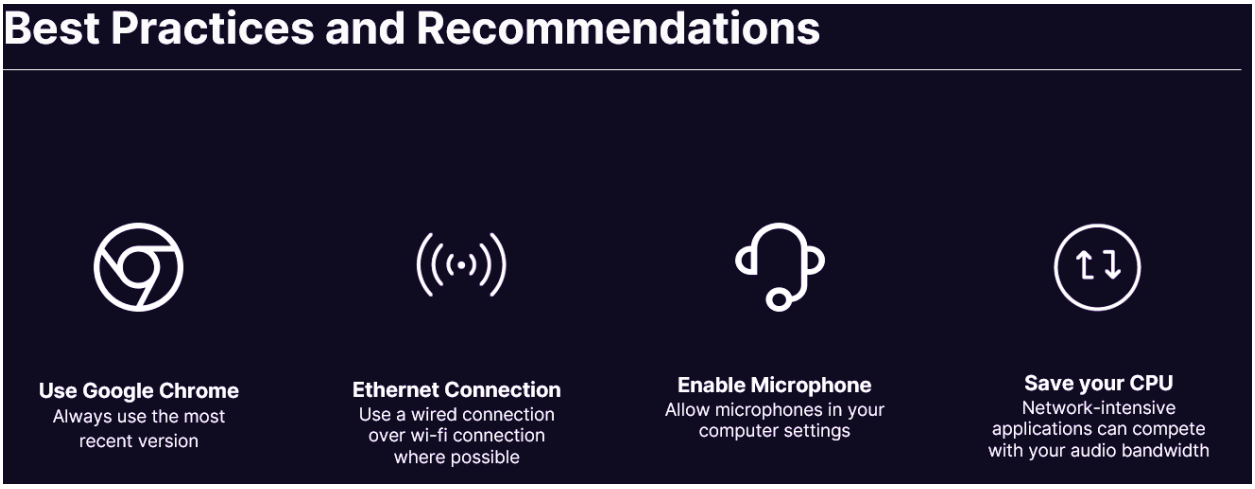
Appendix F. Talkdesk Guidance

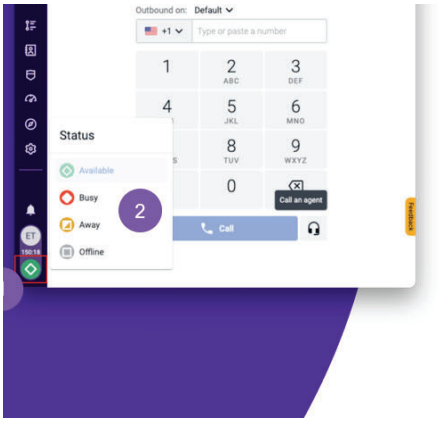
Talkdesk is a browser-based telephony solution that will allow you to make and receive phone calls directly from your computer.

Talkdesk Components

- **pinellas-cam**.mytalkdesk.com: Browser-based site that is mainly needed for reporting and administration purposes.
- Talkdesk CX Cloud account: pinellas-cam







Agent Status Types

GREEN: The agent is signed into Talkdesk and is available to take calls. There can only be one green status in the environment, and the default value is 'Available'.

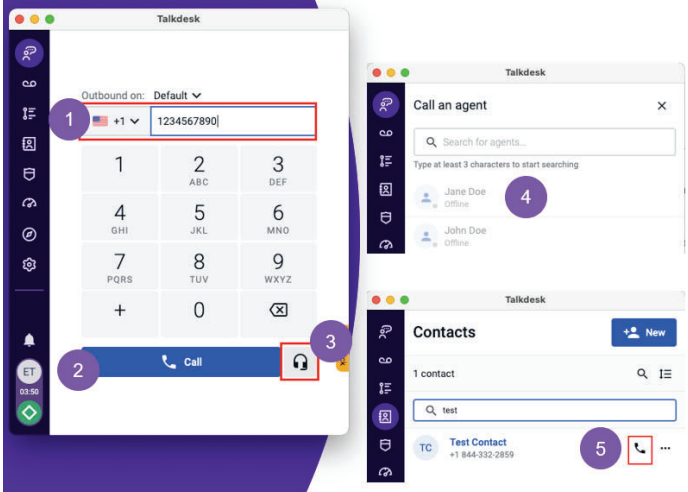
RED: The agent is signed into Talkdesk but is busy performing other tasks. If no other agents are available, any new call will wait in queue until an agent in red status becomes available. Two default red statuses:

- **On a Call:** The agent is signed into Talkdesk and is on a call. This status is automatically changed when agents receive/make a call, and they are unable to receive calls.
- **After Call Work:** When a call ends, the agent's status can be configured to automatically change to "After Call Work" for a fixed period of time. The agent cannot receive calls.

YELLOW: The agent is signed into Talkdesk but may be away from the computer and not eligible to take calls. It will still allow agents to receive call transfers though, should they wish to accept these.

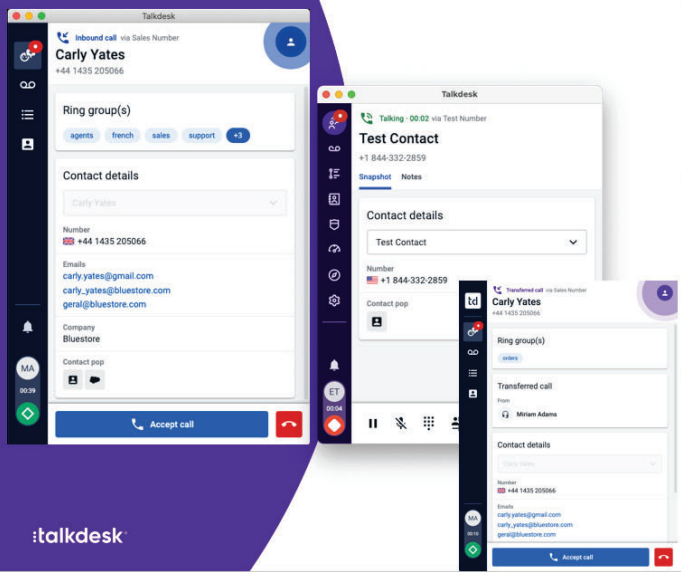
GRAY: This status indicates that the agent is not signed into Talkdesk and is unable to receive calls. There can only be one gray status in the environment, and the default value is 'Offline'.

Making Outbound Phone Calls



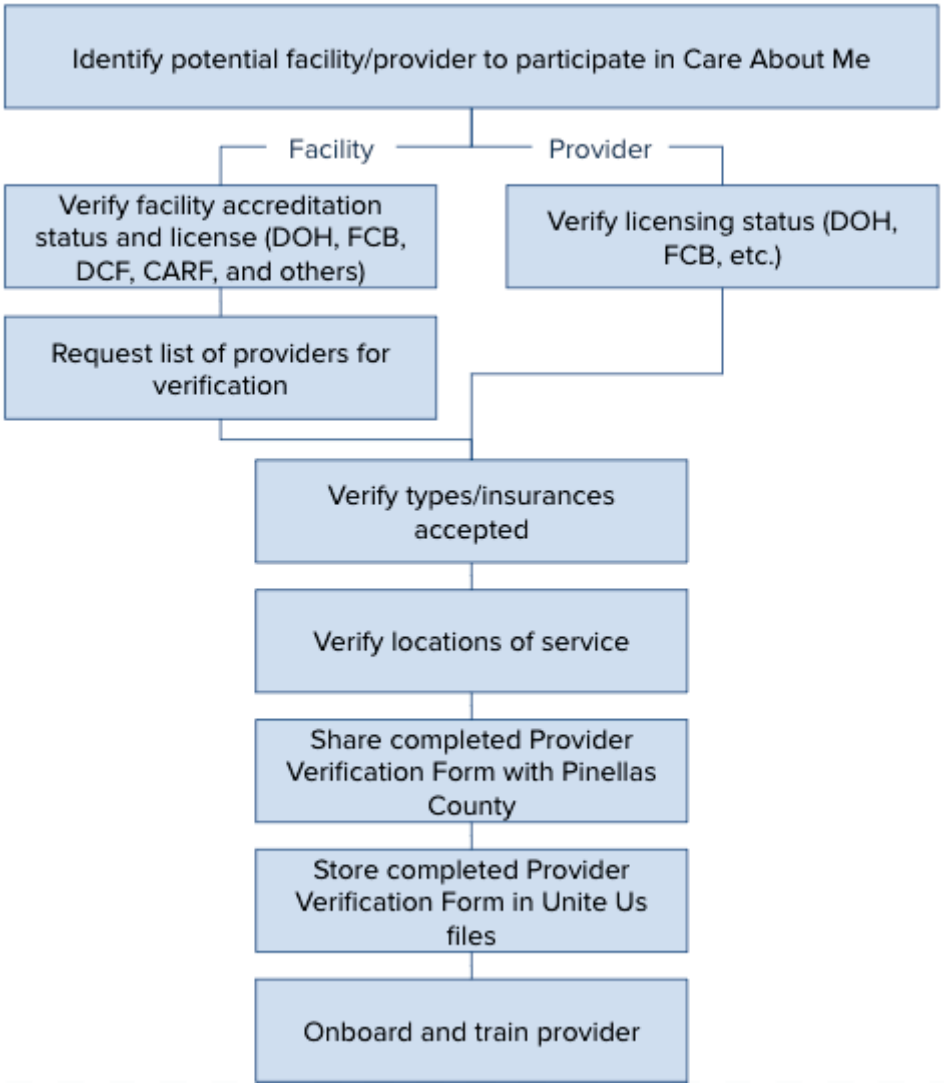
- Type in or copy / paste a phone number into the dialer pad [1].
- Once you have entered the number, click the 'Call' button [2] to initiate a call.
- You can initiate an internal call to another agent by clicking the headset button [3] next to the Call button.
  - O This will bring up a list of all agents and their current status that you can browse through or begin typing the name of the target agent.
  - O Simply click a name [4] to initiate an internal call.
    - ■ Note, you are only able to call agents who are in a GREEN or YELLOW status
- Contacts can also be dialed by navigating to the Contacts App and selecting the phone icon [5] next to their name
- You can also use click to call to make outbound calls which we will cover on the next slide

Receiving Inbound Phone Calls



- Whether receiving an inbound call or making an outbound call through Conversations, you will see as much information on the Contact that Talkdesk was able to capture
  - O Ex. Carly Yates vs. Test Contact
  - O Pulling data from Salesforce
  - O Existing contacts vs. new contacts
- When receiving an inbound call:
  - O If using the web browser, you will see a toast notification on your Talkdesk tab
  - O If using the CX Cloud, the application will popup even if minimized
  - O Ring group and other context data will be displayed in Conversations prior to accepting the call, and while on the call
- If receiving a transferred call, Conversations will display from who the transfer originated

Appendix G. CAM Facility/Provider Verification Process



Appendix G1. Provider Verification Form

Provider Verification Form

Provider Name:

Name	License Number	Free/Clear	Independent/Requires Supervisor

Insurance Accepted:

Locations:

Telehealth available?

Appendix H. Scripts

Scripts were last updated in July 2023. The Unite Us team intends to review prior to soft launch.

Appendix H1. Message during opening hours

Hello and Thank you for calling Care About Me. If this is an emergency, please hang up and dial 911. Please press 1 to hear this message in Spanish.

If you are seeking an appointment for mental health, substance use, or addiction services, please press 2. If you would like to hear this message again, please press 3.

Appendix H2. Message during hours when CAM is closed

Hello and thank you for calling Care About Me. If this is an emergency, please hang up and dial 911. Please press 1 to hear this message in Spanish.

Care About Me hours of operation are Monday through Friday 8 am to 10 pm and 10 am to 6 pm on Saturdays. We are currently closed. If you are seeking an appointment for mental health, substance use, or addiction services, please visit our website at careaboutme.org to complete an e-referral form and one of our representatives will contact you. If you wish to speak with one of our staff members, please call back during our regular business hours. If you would like to hear this message again, please press 2.

Appendix H3. Self-referrals by phone

Greeting (DRAFT):

Hello, thank you for calling Care About Me, my name is _____. In case we are disconnected, may I please get your name and phone number?

[Collect information] *Thank you for that information.*

Gathering Initial Information (DRAFT):

How can I assist you today?

[Listen carefully and take notes. After the caller is done explaining their reason for calling, repeat back to confirm]

To make sure I heard you correctly, you're looking for assistance with [recap their inquiry]. Did I get that right or did I miss anything?

[Caller confirms accuracy of information or provides further clarification. If clarification is provided, CAM specialist recaps their inquiry in full. If unable to assist caller, CAM specialist to determine what is the best resource to give the caller. This maybe when a transfer to 211 occurs CAM specialist to follow *Transfer Quote*]

Crisis Calls (DRAFT):

[If CAM specialist determines that this is a Crisis Call – determine if the caller is voluntarily willing to accept PEMHS service or if a 9-1-1 intervention is needed. Determine if the caller has identified risk factors:

- Intoxication

- Alone / isolation
- Access to firearms
- Physical setting from where the call comes in from? (park/ bridge)
- History of suicide attempts/ or active Suicidal Thoughts
- Active homicidal thought

CAM Specialist to follow Level 3 protocol]

Inappropriate Calls (DRAFT):

[If the caller is inappropriate (extreme aggression, disrespect, swearing, insulting, sexual nature)**]** *I understand the frustration due to (client's issue). However, if you continue to* (language or behavior) *I will be unable to continue our call.*

[If caller accepts this, then continue solving client's issue. If client continues with cursing or negative behaviors, then CAM specialist can advise.] *(Client's name), I have asked you to refrain from using this language and/or have asked you to calm down. Due to your continuous inappropriate language and/or behavior, I am going to end the call. Please call Care About Me back once you have taken a moment to calm down. Have a good day.*

[End call and document the circumstances for ending call without resolving the problem.]

Gathering Detailed Information (DRAFT):

[If CAM can support the caller]

We can certainly help you with this. Can I ask you a few questions so I can build out your profile in order to coordinate the care you are seeking? During this time there may be periods of silence while I complete your profile but rest assured, I am still on the call.

To save some time, I will need your insurance information so please take this time to get that information ready as we begin.

This process will take us about 15 minutes so I can collect all of your information and determine who among the providers is best to serve you. Are you able to provide that time right now?

[It is recommended that if the caller does not want to share their location, the specialist does not insist.]

Standardized Quotes to Use (DRAFT):

Situational Quotes: *May I place you on hold for a minute while I complete a task on my end. You will hear music while you are on hold so you know that I am still here and will be with you shortly.*

Transfer Quote: *I will need to transfer you to 211 who can assist you with information about XXX. If you need additional assistance, feel free to give us a call back.*

Warm Handoff Quote: *We have contacted (name of organization). We are going to connect the call and they will support you in coordinating services. If you need additional assistance, feel free to give us a call back.*

Unavailable Services: *I have collected all of your information and I would like to take a few minutes to consult with my manager to coordinate the most suitable provider for you. Are you ok if I contact you in the next XX hours with options for you to consider?*

Coordinating and Scheduling Services (DRAFT):

[CAM Specialist to determine suitable providers and coordinate with the list of providers availability. CAM Specialist to provide the client with their options.]

I have a provider that is located approximately XX miles from your address

OR

I have located a provider who can provide you support through telehealth as long as you have access to a mobile or video conference option.

[Client makes decision based on options provided.] *I am going to send you the provider's name, location, appointment date and time via text/ email (pending preference they gave at the start of the call). While I am on the call with you, can you please confirm receiving it.*

[If email is sent, CAM Specialist will ask the caller to check their spam to make sure it did not go into that box.]

Concluding Call (DRAFT):

[CAM Specialist to ask] *Is there anything I can assist you with?"*

[If there are any other questions or issues that need attention, CAM Specialist to repeat above steps. If there are no other services required, CAM Specialist to state] *If anything changes in your situation, please do not hesitate to call us again. In the meantime, you will hear back from us as we touch base via text/ email/ phone (pending preference) prior to your appointment with the provider and after your appointment to make sure that the service met your needs.*

Thank you for allowing me to be of service today! You will be receiving a text/ email (based on preference) with a link to complete a brief, 3- question client satisfaction survey which will allow us to see how we can better assist you in the future.

Thank you for calling the Care About Me and have a wonderful day.

Appendix H4. Caller requests to talk at a later date

[Assess for risk, consider why the caller decided to reach out now and if the "talk later" request is reasonable. For example, are they at work or managing children? If possible, make suggestions to help them problem solve and keep them on the phone. If you have serious concerns, try to utilize resources in the area, ex. Suggest they take a seat or find a private area]

I understand. [This may be a good time to use reflective listening and/or empathy. For example, *"t may be difficult to complete this process while you're at work. I can always give you a call at a later time if that's more convenient for you. We are open Monday through*

Friday from 8am to 10pm and also 10am to 6pm on Saturdays. What time would work best for you?

[wait for client response] *Can I confirm your callback number is (read back the phone number provided).*

[wait for client response] *Thank you so much for that information. I look forward to assisting you with (reported reason for contact) when we reconnect on (repeat the arranged date and time for confirmation)*

OR if you are unable to call back at the scheduled time: *Thank you so much for that information. We look forward to assisting you with (reported reason for contact) when we reconnect on (repeat the arranged date and time for confirmation). Due to (arranged date and time) falling outside of my schedule, you will receive a call from one of my colleagues. I'll be sure to leave notes so that they are aware of exactly what we talked about as far as the services you are looking for.*

If anything changes in your situation, please do not hesitate to call us again. Our hours M-F 8a-10p or Saturdays 10a-6p.

Thank you for calling into Care About Me

OR…

[If client does not want to schedule a time for a call back] *We look forward to connecting you with services and are available Monday through Friday from 8am to 10pm, and also 10am to 6pm on Saturdays. Thank you so much for calling Care About Me. We look forward to hearing from you.*

Appendix H5. Self-referral based on recommendation

Hello, thank you for calling Care about me, my name is _____. In case we are disconnected, may I please get your name and phone number?

Thank you for that information. How may I assist you today?

[Client shares that they do not have background on Care About Me] *Just to provide you with a little more information about Care About Me, we are an access line for current and future Pinellas County residents which is set up to help you or someone you know to connect with community services without the hassle of searching far and wide for help. We essentially do the leg work for you! Based on a few brief assessments, we utilize our knowledge of community resources and the partners on our network to provide you with access to a range of services. I can assure you a safe and confidential environment to guide you through establishing services on our network.*

To move forward with the process, it's best that we speak with you directly to gauge the most appropriate resources to help with (presenting issue). I would be happy to set up an appointment with one of our providers.

[Client agrees] *Thank you for allowing me to assist you in this process. I am going to need to ask you some questions in order to build your profile. This process will take about 15 minutes.*
[Proceed with the rest of the call process]

Appendix H6. Third-party caller referral

[Caller indicates they are a third-party caller.] *Thank you for that information. I can complete a profile with you on (client's name) behalf, however in order to share their information with the providers on our network, I will need to contact them (or their legal guardian) for their consent. Are you able to provide me with their contact information?*

Is there a preferred time for me to call and are they expecting to hear from me?

If the call is regarding a minor, are the parents aware of the referral?

Can you tell me a little more about the reason you'd like to connect (client name) with services?

Thank you for that information. We can proceed with completing their profile. [Collect profile information]

Is there anything else I can assist you with?

[Wrap up call]

During our call we were able to create a profile for (client) and the plan moving forward is to connect with the client to confirm an appointment with possible providers in their area

OR

Without a (first name/last name/DOB), we are not able to create a profile for (client) but I have collected their contact information and will give them a call after we disconnect the line (or at scheduled time)

OR

Without a (first name/last name/DOB), we are not able to create a profile for (client) however, I have provided you with some referrals and our contact information. We really look forward to hearing from (client).

Does everything sound about right?

Thank you for contacting Pinellas Care About Me.

If the caller provides limited information about the client or client has no knowledge of call:

Thank you for providing that information. We will contact (client) and move forward with connecting them with services. It is imperative that the client is willing to participate with the referral. If you'd like we can reach out to advise them of the benefits of participating in CAM services.

[If they are resistant in providing contact information] *I would need a little more information from them to complete the profile. If they are available to chat, I can collect it right now. You can have them give us a call Monday-Friday 8am-10pm or Saturday 10am-6pm at 1-888-431-1998.*

Referrals only:

I can provide you with some information for (requested service) in the community that they can take advantage of on their own.

I just want to assure you how much of a great help you've been in taking this first step for (client). I hope that you are able to take advantage of the provided resources. Feel free to give us a call back if you have any further questions or concerns.

Thank you for contacting us and I hope you have a great day.

Appendix H7. Assistance Request call back

Hello, my name is_____ from Care About Me. Is this (client)?

[if caller is the client] *Great! I am reaching out in regard to an electronic form you completed assistance request that we received for you.*

From my understanding, you were looking for assistance with (recap their inquiry). Did I get that right or did I miss anything?

Okay, I can certainly assist you with this process. For starters, there is a client profile I am going to need to complete for you in our system, then we can talk a little more about connecting you with services (or appropriate providers) to help with (here we should mention a brief idea of the client's issue). Would you like to proceed with setting up an appointment?'

[if client agrees, continue with regular script]

[If client does not agree] *I understand why you may have some reservations with moving forward. Just to provide you with a little more information about Care About Me, we are an access line for current and future Pinellas County residents which is set up to help you or someone you know to connect with community services without the hassle of searching far and wide for help. We essentially do the leg work for you! Based on a few brief assessments, we utilize our knowledge of community resources and the partners on our network to provide you with access to a range of services within minutes. I can assure you a safe and confidential environment to guide you through establishing services on our network. If it makes you more comfortable, let's start off with a few brief questions so I can get a better idea of the kind of services that would best assist you.*

[Proceed with client profile or brief initial assessment]

Appendix H8. Inbound Chats/Texts

Thank you for reaching out to Care About Me. My name is (enter name). *How may I assist you today?*

[If client is looking for resources, it can be handled through text or chat. If client is looking for an appointment, follow script] *Thank you for that information! I will be happy to schedule you an appointment. If we can speak over the phone, it will take about 20 minutes of your time."*

[If client declines phone call] *"We can certainly continue this conversation in the chat and set you up with an appointment. It will take about 60 minutes of your time."*

During the PDSA cycle, Unite Us, KPMG, and Pinellas County will decide if the CAM should offer to screen via chat. If we proceed with that workflow, the following script may be used: *I will be happy to schedule you an appointment! If we can speak over the phone, it will take about 20 minutes of your time. If you would prefer to continue over chat, it will take about 60 minutes. Please let me know how you would like to proceed?*

Appointment Reminder in Spanish

English: Hi (insert name of client).

Spanish: Hola (nombre del cliente)

English: This is a friendly reminder that your appointment with (insert provider name/company) is scheduled for (insert date/time. Ex. Saturday, May 6th,2023 at 9:00am).

Spanish: Este es un recordatorio de que su cita con (inserte el nombre del proveedor/compañía) está programada para (inserte la fecha/hora. Ex. sábado 6 de mayo de 2023 a las 9:00 de la mañana).

English: To cancel or make changes to your appointment, you can contact the provider directly (insert prover name/company). For additional questions or concerns, you can reach back out to Care About Me at (888)431-1998. Thanks and have a great day!

Spanish: Para cancelar o cambiar su cita, puede comunicarse directamente con el proveedor (inserte el nombre del proveedor/empresa). Si tiene preguntas o dudas adicionales, puede comunicarse con Care About Me al (888) 431-1998. ¡Gracias y que tenga un buen día!

Chat/ Text in Spanish:

English: Thank you for reaching out to Care About Me. My name is (enter your name). How may I assist you today?

Spanish: Gracias por comunicarse con Care About Me. Mi nombre es (escriba su nombre). ¿Cómo puedo ayudarle hoy?

(If client is looking for resources, it can be handled through text or chat)

English: Thank you for that information! I can assist in scheduling an appointment with one of our providers and connecting you to additional resources if necessary. In this process, information will need to be collected to create a client profile, which will require that I speak to you to complete. What is a good number I can reach you at or would you like to call me when you are able at 1-888-431-1998.

Spanish: ¡Gracias por la información! Puedo ayudarlo a programar una cita con uno de nuestros proveedores y conectarlo con recursos adicionales si es necesario. En este proceso, tendré que pedirle información para crear un perfil de cliente, esto requiere que hable con usted. ¿Cuál es un buen número al que puedo llamarle o le gustaría llamarme a su conveniencia al 1-888-431-1998?

(Client says unable to speak on the phone at the current time, set up a time to reach out. If client states, they will reach back out when they have time)

English: Is there a preferred day and time that we are able to reach out to you? This process will take about XXX minutes of your time.

Spanish: ¿Tiene preferencia por el día y la hora en que desea que le llamemos? Este proceso tomará alrededor de XXX minutos de su tiempo.

(No specific time for client, advise)

(Ending the Text or Chat)

English: Thank you for reaching out to Care About Me. We are open Monday-Friday 8a – 10p or Saturday 10a – 6p. Thank you and have a great day. Have a Wonderful day

Spanish: Gracias por comunicarse con Care About Me. Abrimos de lunes a viernes de 8 a. m. a 10 p. m. o los sábados de 10 a. m. a 6 p. m. Gracias y que tenga un buen día.

Appointment Reminder in Vietnamese

English: Hi (insert name of client).

Vietnamese: Xin chào ( )

English: This is a friendly reminder that your appointment with (insert provider name/company)is scheduled for (insert date/time. Ex. Saturday, May 6th,2023 at 9:00am).

Vietnamese: Đây là lời nhắc thân thiện rằng cuộc hẹn của bạn với (điền tên/công ty đã lấy hẹn) được lên lịch vào (điền ngày/giờ. Ví dụ : Thứ Bảy, ngày 6 tháng 5 năm 2023 lúc 9:00 sáng).

English: To cancel or make changes to your appointment, you can contact the provider directly (insert prover name/company). For additional questions or concerns, you can reach back out to Care About Me at (888)431-1998. Thanks and have a great day!

Vietnamese: Để hủy bỏ hoặc thay đổi cuộc hẹn của bạn, bạn có thể liên hệ trực tiếp với nhà cung cấp (điền tên/công ty đã lấy hẹn). Nếu có thêm câu hỏi hoặc thắc mắc, bạn có thể liên hệ lại với Care About Me theo số (888)431-1998. Cám ơn, chúc một ngày tốt lành!

Chat/ Text in Vietnamese

English: Thank you for reaching out to Care About Me. My name is (enter your name). How may I assist you today?

Vietnamese: Cảm ơn bạn đã liên hệ với Care About Me. Tên tôi là (nhập tên của bạn). Tôi có thể hỗ trợ gì cho bạn hôm nay?

(If client is looking for resources, it can be handled through text or chat)

English: Thank you for that information! I can assist in scheduling an appointment with one of our providers and connecting you to additional resources if necessary. In this process, information will need to be collected to create a client profile, which will require that I speak to you to complete. What is a good number I can reach you at or would you like to call me when you are able at 1-888-431-1998.

Vietnamese: Cảm ơn bạn đã cung cấp thông tin đó! Tôi có thể hỗ trợ để sắp xếp cuộc hẹn với một trong các nhân viên của chúng tôi và sẽ cung cấp thêm các nguồn tài liệu bổ sung nếu bạn cần. Trong quá trình này, thông tin của các bạn sẽ được thu thập để tạo hồ sơ cho bạn. Khi lập hồ sơ này chúng tôi sẽ yêu cầu được nói chuyện trực tiếp với bạn để hoàn thành hồ sơ. Tôi có thể liên hệ với bạn theo số điện thoại nào? Xin gọi vào số 1-888-431-1998 khi bạn cần liên lạc với chúng tôi.

(Client says unable to speak on the phone at the current time, set up a time to reach out. If client states, they will reach back out when they have time)

English: Is there a preferred day and time that we are able to reach out to you? This process will take about XXX minutes of your time.

Vietnamese: Bạn có thể chọn ngày và giờ thích hợp để chúng tôi có thể liên lạc với bạn được hay không? Quá trình này sẽ mất khoảng XXX phút thời gian của bạn

(No specific time for client, advise)

(Ending the Text or Chat)

English: Thank you for reaching out to Care About Me. We are open Monday-Friday 8a – 10p or Saturday 10a – 6p. Thank you and have a great day. Have a Wonderful day

Vietnamese: Cảm ơn bạn đã liên hệ với Care About Me. Chúng tôi mở cửa từ Thứ Hai đến Thứ Sáu, 8 giờ sáng – 10 giờ tối và Thứ Bảy, 10 giờ sáng – 6 giờ chiều. Cảm ơn và chúc một ngày tốt đẹp.

Xin chúc bạn một ngày tốt đẹp

Exhibit F: Fee Schedule

Pinellas County CAM				Additional 500 Inquiries per Month		
Service (Annual Costs Estimated Per 1,000 inquiries per month)	Y2 Cost	Y3 Cost	Y4 Cost	Y2 Cost	Y3 Cost	Y4 Cost
Unite Us Services						
Platform- Unite Us Technology for CAM and 100 users	$409,880.00	$422,176.40	$434,841.69	$118,450.00	$122,003.50	$125,663.61
Staffing	$528,500.80	$605,331.32	$632,966.77	$46,350.00	$47,740.50	$49,172.72
Operations, Monitoring and Reporting	$92,500.60	$90,586.60	$88,615.18	$47,637.50	$49,066.63	$50,538.62
SUBTOTAL UNITE US SERVICES****	$1,030,881.40	$1,118,094.32	$1,156,423.64	$212,437.50	$218,810.63	$225,374.94
Subcontracted Services						
TalkDesk	$37,200.00	$37,200.00	$37,200.00	$0.00	$0.00	$0.00
Survey Monkey	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Telepsychiatry*	$61,800.00	$63,654.00	$65,563.62	$30,900.00	$30,900.00	$30,900.00
Advertising/Marketing	$150,000.00	$100,000.00	$100,000.00			
Time Tap	$1,349.40	$1,349.40	$1,349.40	$0.00	$0.00	$0.00
Deerfield Solutions	$15,000.00	$15,000.00	$15,000.00			
Web Emissary	$6,000.00	$6,000.00	$6,000.00			
SUBTOTAL SUBCONTRACTED SERVICES	$271,349.40	$223,203.40	$225,113.02	$30,900.00	$30,900.00	$30,900.00
SUBTOTAL MINIMUM REQUIREMENTS (UNITE US AND SUBCONTRACTED)	$1,302,230.80	$1,341,297.72	$1,381,536.66	$243,337.50	$249,710.63	$256,274.94
Unspecified Costs** (5%)	$65,111.54	$67,064.89	$69,076.83	$12,166.88	$12,485.53	$12,813.75
Additional Licenses ***	$180,000.00	$195,000.00	$195,000.00			
GRAND TOTAL: MINIMUM REQUIREMENTS, UNSPECIFIED COSTS, AND ADDITIONAL LICENSES	$1,547,342.34	$1,603,362.61	$1,645,613.49	$255,504.38	$262,196.16	$269,088.69

* Telepsychiatry services provided by a psychiatrist are billable by the psychiatrist and primary care physicians as the referring source. However, when the client does not have insurance, the program will pay for the service. This includes telepsychiatry for adults and children

** Unspecified costs are only available for services that may be required due to unexpected conditions or events. Unspecified costs are not guaranteed as part of the contract, must be properly authorized by the County before performed, and may not exceed 5% of the overall contract value.

*** Additional licenses are not guaranteed as part of the contract. Utilization of current licenses and need for additional licenses must be documented and the addition of licenses must be properly authorized by the County in writing. Licenses may be added in blocks of 10 at the rates indicated below.

Unite Us Platform Licenses	Y3-Y4 Cost Per License
First 100 licenses pre-purchased in SOW	Included
101 - 300 additional licenses	$ 1,950.00
300+ additional licenses	$ 1,700.00