

HUMAN SERVICES CABHI FUNDING AGREEMENT

Legistar ID Number: 20-1223A

**THIS AGREEMENT**, effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **WESTCARE GULFCOAST-FLORIDA, Inc.**, a non-profit Florida corporation, whose address is 8800 49th Street North, Suite 402 Pinellas Park, Florida 33782 hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** desires to utilize a portion of the funds available out of Pinellas County's General Fund to assist social service agencies within Pinellas County; and

WHEREAS, the **COUNTY** is committed to both enhancing the delivery of human services and increasing citizen access to those services; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing an essential service within the community; and

WHEREAS, the **COUNTY** received a Federal Grant Award from the Substance Abuse and Mental Health Services Administration (SAMSHA) from September 30, 2016 – September 29, 2020, in partnership with **AGENCY** and other community organizations for the Cooperative Agreement to Benefit Homeless Individuals (CABHI Program) and the **COUNTY** desires to continue the CABHI Program.

**NOW, THEREFORE**, the parties hereto do mutually agree as follows:

**1. Scope of Services.**

a) **AGENCY** shall provide mental health and substance abuse treatment services to individuals who are at risk of homelessness and have serious mental illness, substance use disorder, serious emotional disturbance, and/or co-occurring disorder. Services provided shall be

consistent with the CABHI Program Guide attached hereto and incorporated by reference as **Appendix A**. Appendix A may be modified from time to time at the discretion of the **COUNTY** without the need to further amend this Agreement.

b) **AGENCY** shall provide case management; program oversight, program evaluation; and mental health and substance abuse treatment services as described in Appendix A.

i. **AGENCY** will deliver individual, group and family counseling services and complete the documentation required for clinical recording. This may include but is not limited to: developing Individual Service Plans, psychosocial assessments, daily notes, monthly reviews and other related activities.

ii. **AGENCY** shall conduct interviews and assessments of clients to determine needs for program services, as well as take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health and/or co-occurring disorders.

iii. **AGENCY** shall provide peer leadership, outreach, advocacy, and coaching and recovery support services to those seeking or sustaining recovery within the community through a Peer Recovery Support Specialist.

c) **AGENCY** shall participate in the Program Coordination Committee and Management Committee to coordinate client care and assess program operations.

**2. Term of Agreement.**

The services of the **AGENCY** shall commence on October 1, 2020 and the agreement shall expire on September 30, 2023 Parties reserve the right to renew this agreement for up to one (1) additional two-year term, which shall be mutually agreed upon in writing by the Parties.

**3. Compensation.**

a) The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **TWO HUNDRED TEN THOUSAND ONE HUNDRED AND FIFTY DOLLARS** (\$210,150.00) per fiscal year for the services described in Section 1 of this Agreement.

b) All requests for reimbursement payments must be submitted on a monthly basis and shall consist of an invoice for the monthly amount, signed by an authorized **AGENCY** representative, and accompanied by documentation including the cost of services provided, invoices, receipts, and/or copies of time slips or pay stubs which verify the services for which reimbursement is sought, as applicable and required by **COUNTY**. Invoices shall be 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 the **AGENCY** 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. **COUNTY** shall not reimburse **AGENCY** for any expenditures in excess of the amount budgeted without prior approval or notification.

c) The **COUNTY** shall reimburse to the **AGENCY** in accordance with the Florida Prompt Payment Act upon receipt of invoice and required documentation. When the required documentation and/or reports are incomplete or untimely, the **COUNTY** may withhold payment until such time as the **COUNTY** accepts the remedied documentation and/or reports.

d) Any funds used in conjunction with travel must be made in accordance with Florida Statute 112.061 or other policies as may be approved by Pinellas County Human Services in advance of travel.

e) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and County requirements shall be refunded in full to the **COUNTY**. If this Agreement is still in force, future payments may be withheld by the **COUNTY**.

f) **AGENCY** shall track program income generated from services provided under this Agreement and provide a report on program income to the **COUNTY** with each invoice submission. **AGENCY** shall reinvest the program income into the program as approved by the **COUNTY** and/or deduct the program income from reimbursement requests. **AGENCY** shall provide **COUNTY** with program income policy as applicable.

**4. Performance Measures.**

The **AGENCY** agrees to submit a quarterly Program Outcomes Report to the **COUNTY**. 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. This report shall be submitted to the **COUNTY** no later than thirty (30) days following the end of the quarter. Where no activity has occurred within the preceding period, the **AGENCY** shall provide a written explanation for non-activity during the quarter, and no payments will be due and/or reimbursed. The report formats shall be prescribed and provided by the **COUNTY**.

**5. Pinellas Homeless Management Information System (PHMIS).**

**AGENCY** agrees to participate in and enter information into the Pinellas Homeless Management Information System (PHMIS) administered by the Pinellas Homeless Leadership Board (HLB), or similar system as required by the Pinellas County Homeless Continuum of Care.

**6. 211 Tampa Bay Cares Database.**

As a condition of receipt of a funding award from Pinellas County, the **AGENCY** agrees to list new or updated program data in the 211 Tampa Bay Cares, Inc. online database.

**7. Multiparty Release of Information Form.**

As a condition of receipt of a funding award from Pinellas County, the **AGENCY** agrees to use and promote a standard, community-wide Patient Authorization for Disclosure of Health Information - Multiparty Release of Information Form, upon request. The 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.

**8. Data Sharing.**

The **AGENCY** agrees to share data as outlined in the Data Sharing Agreement, incorporated by reference hereto and attached as Attachment 1, and to and provide program and other information in an electronic format to the **COUNTY** for the sole purpose of data collection, research and policy development.

**9. Monitoring.**

- a) **AGENCY** will comply with **COUNTY** and departmental policies and procedures.
- b) **AGENCY** will cooperate in monitoring site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.
- c) **AGENCY** will submit other reports and information in such formats and at such times as may be prescribed by the **COUNTY**.

d) **AGENCY** 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.

e) If the **AGENCY** receives accreditation reviews, each accreditation review will be submitted to the **COUNTY** after receipt by **AGENCY**.

f) 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**.

**10. Documentation.**

The **AGENCY** 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) AGENCY By-Laws
- c) Past 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 AGENCY 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
- l) Match documentation

**11. Emergency, Disaster, or Critical Event Response.**

Community partners are critical to effective community response in a disaster. **AGENCY** must effectively prepare their organization for continuity of continued services as necessary prior, during, and post disaster and must be ready to respond to community needs as determined appropriate and necessary by the **COUNTY** under this agreement. At a minimum, this may include:

- a) **AGENCY** will work with the **COUNTY**, through its Human Services and Emergency Management Departments, to prepare and respond in the event of an emergency, disaster, or critical event response.
- b) **AGENCY** will work on its Continuity of Operations Plan and Disaster Response Plan in coordination with the **COUNTY**, as set forth above, including staffing plans where necessary and appropriate. A copy will be provided to the **COUNTY** each year prior to June 1<sup>st</sup> or otherwise upon request.
- c) The **COUNTY** agrees to support previously approved funded programs for a period of at least sixty (60) days after a disaster has been declared, provided the program agrees to address needs for disaster response and recovery efforts as directed by the **COUNTY**, unless otherwise indicated by a superseding authority such as state or federal government or licensing body. This period may be extended within the current contract period at the discretion of the Human Services Director.
- d) The **COUNTY** will seek to leverage the contracted skills and services of the **AGENCY**, as appropriate or applicable; however, other duties may be assigned

as required by the **COUNTY** for response. This may include reassignment of **COUNTY** funded staff and resources under the agreement or other dedicated **AGENCY** assistance to aid with community response.

- e) Cooperative plans regarding preparedness and emergency event operations will be developed and maintained by the **COUNTY** and **AGENCY** as necessary for response. These plans will be implemented using the County's established activation process for events. For man-made or sudden onset events the **COUNTY** and **AGENCY** will discuss community impacts and decide how best to meet the community's response. Along with immediate response, **AGENCY** agrees to participate in follow-up activities to help stabilize the community in a coordinated manner such as resource connection events, outreach, and adjustments to service delivery to meet needs.
- f) If **AGENCY** is unwilling to perform per sections 11(a-e), payments may be withheld at the direction of the Director of Human Services until operations continue.
- g) **AGENCY** will track and maintain detailed operational records when activated.

## **12. Special Situations.**

**AGENCY** agrees to inform **COUNTY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY**'s or **COUNTY**'s ability to protect and serve its participants, or other significant effect on the **AGENCY** or **COUNTY**. Incidents shall be reported to the designated **COUNTY** contact in the form prescribed by the **COUNTY**.



**13. Amendment/Modification.**

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered 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. Budget or operational modifications that do not result in an increase of funding, change the purpose of this Agreement or otherwise amend the terms of this Agreement shall be submitted in the format prescribed and provided by the **COUNTY**.

**14. Cancellation.**

a) If the **AGENCY** fails to fulfill or abide by any of the provisions of this Agreement, **AGENCY** shall be considered in material breach of the Agreement. Where the **COUNTY** determines that a material breach can be corrected, **AGENCY** shall be given thirty (30) days to cure said breach. If **AGENCY** fails to cure, or if the breach is of the nature, **COUNTY** has determined cannot be corrected, or that harm caused cannot be undone, **COUNTY** may immediately terminate this Agreement, with cause, upon notice in writing to the **AGENCY**.

b) In the event the **AGENCY** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **AGENCY** shall repay such amount and be deemed to have waived the privilege of receiving additional funds under this Agreement.

c) In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the **COUNTY** shall notify the **AGENCY** of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or

expense to the COUNTY.

**15. Assignment/Subcontracting.**

a) 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.

b) The AGENCY is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The AGENCY shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the COUNTY, without the prior written consent of the COUNTY, which shall be determined by the COUNTY in its sole discretion.

**16. Non-Exclusive Services.**

During the term of this Agreement, and any extensions thereof, the County reserves the right to contract for another provider for similar services as it determines necessary in its sole discretion.

**17. Indemnification.**

The AGENCY agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the COUNTY, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the COUNTY, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of AGENCY; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or

decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **COUNTY**.

**18. HIPAA.**

a) The **AGENCY** is a HIPAA Covered Entity and agrees to execute a HIPAA Business Associate Agreement upon execution of this Agreement.

b) The **AGENCY** is a covered entity and **AGENCY** 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 Insurance 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.

**19. Insurance.**

The **AGENCY** shall maintain insurance covering all aspects of its operation dealing with this Agreement as specified in Attachment 2, and provide a Certificate of Insurance to the **COUNTY**. The insurance requirements shall remain in effect throughout the term of this Agreement.

**20. Public Entities Crimes.**

The **AGENCY** is directed to the Florida Public Entities Crime Act, Section 287.133, Florida Statutes, and represents to the **COUNTY** that the **AGENCY** is qualified to transact business with public entities in Florida and that its performance of the Agreement will comply with all applicable laws including those referenced herein. The **AGENCY** represents and certifies that the **AGENCY** is and will at all times remain eligible for and perform the services subject to the requirements of

these, and other applicable, laws. The **AGENCY** agrees that any contract awarded to the **AGENCY** will be subject to termination by the **COUNTY** if the **AGENCY** fails to comply or to maintain such compliance.

**21. Business Practices.**

a) The **AGENCY** shall utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of funds provided by the **COUNTY**.

b) The **AGENCY** shall retain all records (programmatic, property, personnel, and financial) relating to this Agreement for three (3) years after final payment is made.

c) All **AGENCY** records relating to this Agreement shall be subject to audit by the **COUNTY** and the **AGENCY** shall provide an independent audit to the **COUNTY**, if so requested by the **COUNTY**.

**22. Public Records.**

The **AGENCY** acknowledges that information and data it manages as part of the services may be public records in accordance with Chapter 119, Florida Statutes and Pinellas County public records policies. The **AGENCY** agrees that prior to providing services it will implement policies and procedures to maintain, produce, secure, and retain public records in accordance with applicable laws, regulations, and the **AGENCY** policies, including but not limited to the Section 119.0701, Florida Statutes. Specifically, section 119.0701 requires **AGENCY** perform the following:

1. Keep and maintain public records required by the **COUNTY** to perform the service.
2. Upon request from the **COUNTY**'s custodian of public records, provide the **COUNTY** with a copy of the requested records or allow the records to be inspected or copied, by the

**COUNTY** within a reasonable time at a cost that does not exceed the cost provided in Chapter 119 or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the **AGENCY** does not transfer the records to the **COUNTY**.

4. Upon completion of the contract, transfer, at no cost to the **COUNTY**, all public records in possession of the **AGENCY** or keep and maintain public records required by the **COUNTY** to perform the service. If the contractor transfers all public records to the **COUNTY** upon completion of the contract, the **AGENCY** shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the **AGENCY** keeps and maintains public records upon completion of the contract, the **AGENCY** shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the **COUNTY**, upon request from the **COUNTY**'s public agency's custodian of public records, in a format that is compatible with the information technology systems of the **COUNTY**.

IF THE **AGENCY** HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE **AGENCY**'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

Public Records Liaison  
440 Court St., 2<sup>nd</sup> Floor  
Clearwater, FL 33756  
[astanton@pinellascounty.org](mailto:astanton@pinellascounty.org)  
(727) 464-8437

**23. Nondiscrimination.**

a) The **AGENCY** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **AGENCY** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **AGENCY** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

d) At no time will clients served under this Agreement be segregated or separated in a manner that may distinguish them from other clients being served by the **AGENCY**.

**24. Interest of Members of County and Others.**

No officer, member, or employee of the **COUNTY**, and no member of its governing body, and no other public official of the governing body of any locality in which the program is situated or being carried out who exercises any functions or responsibility in the review or approval of the undertaking or carrying out of this program, shall participate in any decisions relating to this Agreement which affect his/her personal interest or the interest of any corporation, partnership, or association in which he/she is, directly or indirectly, interested; nor shall any such officer, member, or employee of the **COUNTY**, or any member of its governing body, or public official of the governing body, or public official of the governing body of any locality in which the program is situated or being carried out, who exercises any functions or responsibilities in the review or

approval of the undertaking or carrying out of this program, have any interest, direct or indirect, in this Agreement or the proceeds thereof.

**25. Conflict of Interest.**

The **AGENCY** shall promptly notify the **COUNTY** in writing of any business association, interest, or other circumstance which constitutes a conflict of interest as provided herein. If the **AGENCY** is in doubt as to whether a prospective business association, interest, or other circumstance constitutes a conflict of interest, the **AGENCY** may identify the prospective business association, interest or circumstance, the nature of work that the **AGENCY** may undertake and request an opinion as to whether the business association, interest or circumstance constitutes a conflict of interest if entered into by the **AGENCY**. The **COUNTY** agrees to notify the **AGENCY** of its opinion within (10) calendar days of receipt of notification by the **AGENCY**, which shall be binding on the **AGENCY**.

**26. Independent Contractor.**

It is expressly understood and agreed by the parties that **AGENCY** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **COUNTY**. No agent, employee, or servant of the **AGENCY** shall be, or shall be deemed to be, the agent or servant of the **COUNTY**. None of the benefits provided by the **COUNTY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **COUNTY** to the employees, agents, or servants of the **AGENCY**.

**27. Non-Expendable Property.**

For the purposes of this Agreement, non-expendable property shall mean all property which will not be consumed or lose its identity, which costs \$5,000.00 more per unit, and which has a life expectancy in excess of one year.

a) The **AGENCY** shall list any non-expendable property purchased by these funds according to description, model, serial number, date of acquisition, and cost.

b) The **COUNTY** reserves the right to have its agent personally inspect said property.

c) The **AGENCY** shall own any non-expendable property purchased by funds from this grant subject to the following conditions:

1. The **AGENCY** shall not sell said property within one year of purchase unless express permission is obtained from the **COUNTY** in writing;

2. The **AGENCY** shall use said property for the purposes of the program herein, or for similar purposes;

3. The **COUNTY** shall have the right to take exclusive possession, control, and all other ownership rights of said property whose value exceeds \$5,000.00 at any time prior to the expiration of this Agreement, if the **AGENCY** violates any provision of this Agreement, or if the **AGENCY** fails to use the property for the purposes of the project herein, or if the **AGENCY** ceases to exist for the purposes of this Agreement; and

4. The **AGENCY** shall reimburse funds to the **COUNTY** totaling a proportional share of the fair value of any non-expendable property purchased by the **AGENCY** with funding obtained through this Agreement: i. which is sold, ii. or if the **AGENCY** fails to use the property for the purposes of the project herein, iii. or if the **AGENCY** ceases to exist for the purposes of this Agreement. The share due the **COUNTY** shall be determined by the proportion of **COUNTY** funding used to purchase non-expendable property. The **COUNTY** at its option may waive this requirement and allow the **AGENCY** to retain any funds received from such sale.



**28. Additional Funding.**

Funds from this Agreement shall be used as the matching portion for any federal grant only in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **AGENCY** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **AGENCY** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **COUNTY**.

**29. Governing Law.**

The laws of the State of Florida shall govern this Agreement.

**30. Conformity to the Law.**

The **AGENCY** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.

**31. Prior Agreement, Waiver, and Severability.**

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

**32. Agreement Management.**

Pinellas County Human Services designates the following person(s) as the liaison for the **COUNTY**:

Tim Burns, Division Director  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, Florida 33756

AGENCY designates the following person(s) as the liaison:

Larry McArthur, VP of Operations  
WestCare GulfCoast-Florida, Inc.  
8800 49th Street North, Suite 402  
Pinellas Park, Florida 33782

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its Board of County Commissioners

Pat Gerard  
Pat Gerard, Board Chair

APPROVED AS TO FORM

By: Michael A. Zas  
Office of the County Attorney

Date: 22 September, 2020

ATTEST: KEN BURKE, CLERK  
By: Ken Burke  
Deputy Clerk



WESTCARE GULF COAST – FLORIDA, INC,  
a Florida 501(c)3 non-for-profit corporation,

By: Craig Knierim  
Craig Knierim, Deputy COO, executed pursuant to authority under WCGC 2020-01

Date: 4 Aug, 2020



2020-2021

# Cooperative Agreement to Benefit Homeless Individuals

Program Guide

Pinellas County Board of County Commissioners  
Human Services Dept.  
*(revised October 2018)*

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## Overview

### Background

Pinellas County received grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health and substance abuse treatment services to individuals who have experienced homelessness and have serious mental illness (SMI), substance abuse disorder (SUD), serious emotional disturbance (SED), and/or co-occurring disorder (COD). This program is focused on formerly chronically homeless individuals who have recently been housed in permanent housing or permanent supportive housing.

Funding from this grant opportunity will increase capacity to provide evidence based mental health and substance abuse treatment services for individuals who experience homelessness and have serious mental illness (SMI), substance use disorder (SUD), serious emotional disturbance (SED), and/or co-occurring disorder (COD).

### Partners

The County has partnered and contracted with several local agencies providing services that work with homeless youth, families, and veterans. The contracted treatment providers include Operation PAR, WestCare Gulfcoast, and Directions for Living.

This funding opportunity also strongly encourages a commitment to permanently house eligible clients. While funding does not support housing, we are looking to work with housing placement specialists working with the population. Our housing partners include Homeless Empowerment Program, Catholic Charities/Pinellas Hope, Boley, and the Pinellas County Housing Authorities.

It will also allow the County to provide outreach and other engagement strategies for individuals served, including screening and assessment. Once fully implemented, the County's homeless population will be on a path to secure housing, coordinated behavioral health services and reduce their likelihood to use the emergency room for behavioral health and linkage services.

## Governance

### Local Government Steering Committee

**Human Services | Operation PAR | WestCare Gulf Coast | Directions For Living  
Pinellas County Housing Authority | Boley Centers| Catholic Charities/Pinellas Hope | HEP  
Ready for Life | PEMHS | FL Dept. of Health | HLB | SAMHSA**

The Local Government Steering Committee will meet at least quarterly per year. The Steering Committee will be 1) responsible for monitoring the performance goals of the program; 2) increasing coordination with other entities engaged in planning the jurisdiction's response to homelessness (e.g., HUDS's COCs or ESG recipients, HUD Coordinated Entry Systems, active SAMHSA targeted homeless grants, those involved in implementing local plans to end homelessness), and 3) ensure the provision of direct treatment and recovery support services to the population of focus. Membership is comprised of, at a minimum, local or regional representatives from SUD and mental health providers; health department; public housing authorities and/or housing providers; members of the population of focus who are currently experiencing homelessness or have experienced homelessness; and the SAMHSA GPO.

### Management Committee

**Human Services | Operation PAR | WestCare Gulf Coast | Directions For Living**

The Management Committee began meeting monthly in December 2017 (1<sup>st</sup> qtr of Y2) as a way to discuss operational aspects of the program. The Project Director (HS) leads the meetings and check progress toward the program's stated goals and objectives; identify any barriers and solutions identified in the implementation of the program; review budget modifications and carryover requests; outreach efforts; and reporting and evaluation outcomes.

### Program Coordination Committee

**Human Services | Operation PAR | WestCare Gulf Coast | Directions For Living**

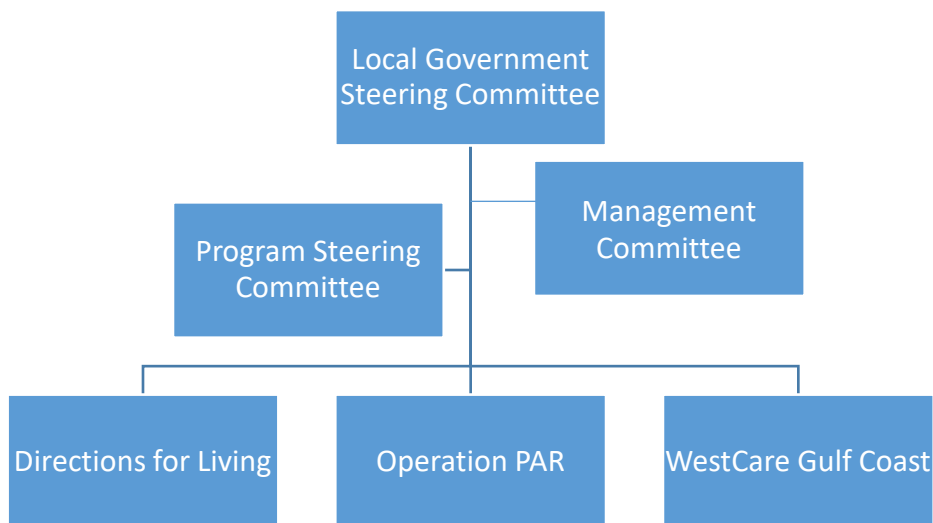
The Program Coordination Committee will meet weekly to review new client referrals, address any challenges with active clients as identified by the provider, and will meet monthly in person to review individual active clients. The Project Director (HS) will lead the meetings and check progress toward the program's stated goals and objectives; identify any barriers and solutions identified in the implementation of the program.

### Contracted Services

<u>DIRECTIONS FOR LIVING</u>	<u>OPERATION PAR</u>	<u>WESTCARE GULF COAST</u>
<p><u>Responsible to:</u> Human Services, Project Director/Health Care Administrator</p> <p><u>Roles &amp; Responsibilities:</u></p> <ul style="list-style-type: none"> <li>• Clinical Service Provider for SMI, SED, COD clients</li> <li>• SOAR Provider</li> <li>• Program &amp; Local Gov't Steering Committee Participation</li> </ul> <p><u>Grant Funded Staff Positions:</u></p> <ul style="list-style-type: none"> <li>• Psychiatric ARNP</li> <li>• Counselor</li> <li>• SOAR Specialist</li> </ul>	<p><u>Responsible to:</u> Human Services, Project Director/Health Care Administrator</p> <p><u>Roles &amp; Responsibilities:</u></p> <ul style="list-style-type: none"> <li>• Clinical Service Provider for SUD, COD clients</li> <li>• Clinical Program Coordination</li> <li>• Program Evaluation</li> <li>• Program &amp; Local Gov't Steering Committee Participation</li> </ul> <p><u>Grant Funded Staff Positions:</u></p> <ul style="list-style-type: none"> <li>• Clinical Program Coordinator</li> <li>• Evaluator</li> <li>• Counselor</li> <li>• Case Managers (2)</li> </ul>	<p><u>Responsible to:</u> Human Services, Project Director/Health Care Administrator</p> <p><u>Roles &amp; Responsibilities:</u></p> <ul style="list-style-type: none"> <li>• Clinical Service Provider for SMI, SED, COD clients</li> <li>• Peer Recovery</li> <li>• Program &amp; Local Gov't Steering Committee Participation</li> </ul> <p><u>Grant Funded Staff Positions:</u></p> <ul style="list-style-type: none"> <li>• Outpatient Director</li> <li>• Counselors (2)</li> <li>• Peer Recovery Support Specialist</li> </ul>

### Organizational Structure

The organizational chart below briefly illustrates the reporting structure to Pinellas County as the grantee of the federal award from SAMHSA.



## Program Criteria & Referral

### Program Criteria:

**Individual adult clients** may be eligible to receive treatment services if:

- Client has a history of chronic homelessness
- Client is currently in permanent housing or permanent supportive housing
- Client scores 6 or above on the Vi-SPDAT housing assessment tool; or other identified intake assessment utilized by a housing provider that identifies a client's need related to chronic homelessness and behavioral health issues.
- Client self reports or is known to have a mental health or substance abuse diagnosis (*Detailed clinical assessment will be completed by program staff to determine clinical diagnosis and eligibility*)
- Client is not currently receiving treatment services; or is receiving inadequate treatment services by another licensed behavioral health treatment provider.
- Eligible individual clients include adults and veterans (*note: veteran clients need only have experienced homelessness and are not required to have been identified as chronically homeless*).

**Family or youth clients** may be eligible to receive treatment services if:

- Families or youth experience homelessness
- Families or youth are linked to the Pinellas County Continuum of Care Coordinated Entry system (*note: family and youth clients, while encouraged to be placed in permanent housing, need only be connected to Pinellas County Coordinated Entry to receive CABHI services*)
- Families are considered eligible if one or more family members self report or are known to have a mental health or substance abuse diagnosis (*Detailed clinical assessment will be completed by program staff to determine clinical diagnosis and eligibility*)
- Families or youth are not currently receiving treatment services; or are receiving inadequate treatment services by another licensed behavioral health treatment provider.

### Referral Process

If an organization identifies a client who may be eligible for the program, the referring entity shall complete the program referral form (Appendix A) for the Pinellas County's Cooperative Agreement to Benefit Homeless Individuals (CABHI) Program. Individuals who participate in educational sessions or learn about the program may also self-refer themselves by completing the program referral form and ROI.

**Completed referrals may be submitted by:**

FAX: (727) 507-6310

EMAIL: CABHI@operpar.org

Upon receipt, a Program Coordinator from Operation PAR, will reach out to both the referring party and the client to schedule an intake screening. Once the client completes the intake screening, Operation PAR will present the client information to the Program Coordination Committee (meets weekly) to assess each client's eligibility for services and identify the appropriate treatment provider.

### Outreach

Operation PAR is responsible for clinical program coordination, including referral coordination and outreach. Outreach to potential referring entities may include educational group sessions, community or staff presentations, or one-on-one meetings with organizations who are interested in enrolling clients into the program.



## Release of Information

The Referral Form includes a Release of Information to be signed by the client at the time of referral. The Release of Information legally allows the participating treatment providers to share Personal Identifiable Information (PII) and protected health information (PHI). (See Appendix B).

## Definitions

**Behavioral Health:** The term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance use or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

**Permanent housing** means community-based housing without a designated length of stay (e.g., no limit on the length of stay). Permanent housing shall be safe, affordable, and integrated in the community. It may include an apartment or single room occupancy in a building (congregate housing), rent-subsidized apartments, or houses in the open housing market (scattered housing), as well as designated units within privately owned buildings.

**Permanent supportive housing** refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

**Homeless** as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule: Defining “Homeless” (76 FR 75994), establishes four categories of homelessness. These categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronic homelessness** means: (1) A homeless individual with SUD, SMI, SED, or COD issues, who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Doubled Up:** In addition, for the purposes of this program, the terms “homeless” and “chronic homelessness” also may include individuals who are “doubled-up” – defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

## Referral Intake & Assessment

### GPRA Evaluation

GPRA data will be collected at intake, discharge and 6-months post-intake and entered into the SPARS data collection system. This data will be readily available to evaluate demographics, drug and alcohol use, family and living conditions, education/employment, criminal justice status, mental/physical health and social connectedness. As adequate sample sizes are obtained, reports will be shared with the program coordination committee and the local government steering committee to assess program effectiveness.

### Incentives

Incentives will be given to a client upon completion of the GPRA at intake, 6-months post intake and discharge for a maximum benefit of \$30 per client. PAR, as the Program Evaluator and administrator of the GPRA assessments, will issue the gift card to the client upon completion. Per the SAMHSA Funding Opportunity Announcement, "In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30."

### Hard to Reach Clients

Every attempt to reach a client by phone or in-person will be made by the assigned Case Manager upon receipt of the referral. At times, there will be clients that program staff are having trouble connecting with, and at that time, staff will reach back out to the referring entity and individual for assistance in touching base with the client. Only after exhaustive attempts have been made by the program staff and referring entity will the client be listed as inactive from the list of active eligible clients.

### Assignment of Clients

Within seven (7) days of completion of the GPRA, the client information will be presented to the program coordination committee for review and determination of the lead and/or secondary treatment provider. Once agreed upon by the committee, the full assessment and referral package will be securely delivered to the treatment organization(s) within 24 hours.

## Coordination of Care

### Treatment Services

While some clients may be assigned to multiple entities, there will only be one (1) lead provider responsible for the client and will coordinate the treatment plan with the secondary provider, where applicable. Each month, the Program Coordination Committee will meet in person to briefly review the active client list to identify any potential challenges or issues and discuss successes. Communication amongst providers is key to coordinating care and assisting with clients who are hard to reach.

- **Telehealth:** The contracted providers have been grant funded to set-up and administer services via telehealth. Each agency shall have its own policies and procedures for administration and use of telehealth services. Each agency is responsible for educating the clients and working with the designated locations on scheduling, software use, and administration.
- **Loss of Housing:** Clients who lose their permanent housing during their enrollment in the CABHI program will still be eligible for CABHI services, unless the individual becomes incarcerated. The treatment provider should work with the Homeless Leadership Board's Coordinated Entry Program to assist the client with new housing opportunities.

### SSI/SSDI, Access, Outreach & Recovery (SOAR) Services

Directions for Living is the contracted Provider for SOAR services of which one Benefit Specialist has been identified to serve CABHI clients. SOAR Program for Pinellas County provides increased access to SSI/SSDI, Access, Outreach and Recovery (SOAR) for residents who are identified by referral or community outreach as homeless who also have a severe mental health or substance abuse disorder or co-occurring medical impairment.

All clients referred into CABHI will complete the SOAR Screening Criteria Questionnaire (See Appendix E). If the client qualifies, the SOAR Benefit Specialist's for CABHI will provide active case management, navigation and supportive interventions to the applicants. The specialist will continue communication with the applicant to ensure that the specialist will be able to gather the longitudinal medical histories and assistance with benefit enrollment to SSA, develop independent medical evaluations, documenting an individual's functioning for the examiner, and creating summary reports to accompany the applications.

### Peer Recovery Services

WestCare Gulf Coast is the contract provider for peer recovery services for clients with Substance Use or Co-Occurring Disorders. All clients referred into the program with the SUD or COD diagnosis will be eligible to receive peer recovery services.

### Discharge

Clients may be discharged from the CABHI program for various reasons. Each treatment agency will classify the discharge of a client according to its own Agency policies and procedures. Examples of discharge reasons include clients who continuously do not attend scheduled appointments, those incarcerated, those successfully completing their treatment plan, those who leave the County service area to name a few.

- **Incarceration:** In the FY16 CABHI FOA Part II, Appendix D Funding Restrictions, bullet #2 states that funds may not be used to: Provide services to incarcerated populations (defined as those persons in jail,

prison, detention facilities, or in custody where they are not free to move about in the community). Clients in this situation must be discharged from the program until release and re-engaged.

All discharges from the program will be reported on the Discharge Form (See Appendix D) to the CABHI Program Evaluator within 10 days of discharge.

## Grant/Performance Reporting

### Bi-Annual Progress Report

The grantee is required to provide a bi-annual report in April and October. This progress report is designed to inform SAMHSA about the grant's progress during a specific reporting period. The baseline goals and objectives from the grant application will be used to identify progress, including specific achievements, barriers, events, changes to the project, and issues that arose during the reporting period. Additionally, responses from this progress report can also be used to identify opportunities for additional technical assistance (TA).

### GPRA Evaluation

GPRA data will be collected at intake, discharge and 6-months post-intake and entered into the SPARS data collection system. This data will be readily available to evaluate demographics, drug and alcohol use, family and living conditions, education/employment, criminal justice status, mental/physical health and social connectedness. As adequate sample sizes are obtained, reports will be shared with the program coordination committee and the local government steering committee to assess program effectiveness.

### SPARS (GPRA Entry)

SAMHSA's Performance Accountability and Reporting System (SPARS) is the new centralized data platform for GPRA performance measures for the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS). The SPARS training and technical assistance services support discretionary grantees and SAMHSA project officers in the data collection and management process, as well as in the use of data to enhance performance monitoring, reporting and continuous quality improvement.

Grantees will use SPARS to enter baseline, reassessment, and discharge data of clients receiving direct services, as well as other grantee level infrastructure, best practices, and performance measurement data.

### Client Clinical Update Form

Each month, contracted providers will complete a client sessions update sheet for each active client served during the previous month (See Appendix C: Client Clinical Update). Staff should only include services rendered face-to-face (including telehealth and/or no-shows). This information will be utilized as performance data to provide an overall look at how the program is operating. Sheets should be turned in to Mark Vargo, Program Evaluator, at Operation PAR by the 10<sup>th</sup> of the following month.

### Cross Site Evaluation/Supplemental Client Interview

SAMHSA is conducting a cross-site evaluation of CABHI grantees. One of the activities associated with the cross-site evaluation is a Supplemental Client Interview (SCI). The SCI will capture data not collected via the GPRA interview. Administration of the SCI will be via Operation PAR staff and will occur at the time of administration of the GPRA interview. Clients will provide voluntary informed consent for participation in this aspect of the project.

## Performance Measures

### Revisions Based on the Discussion from the meeting on 1/17/2017

Goal 1: Reduce chronic homelessness		
Objective	Original Performance Measure	Revised Performance Measure
<b>Objective A:</b> House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b> Enroll 125 project-eligible chronically homeless individuals per year.	Enroll 125 project-eligible chronically homeless individuals per year.  NO CHANGE
<b>Objective B:</b> Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b> Decrease the percentage of clients at 6 months post intake who leave permanent housing using year one of the project as the base rate	Increase the percentage of clients at 6 months post intake who leave permanent housing for independent permanent housing using year one of the project as the base rate.  Potential Replacement: At 6 months post-intake, 60% of all clients enrolled will have remained in permanent housing as measured by the GPRA tool.
Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness		
Objective	Original Performance Measure	Revised Performance Measure
<b>Objective A:</b> Improve integration of behavioral healthcare system with homeless system	<b>Performance Measure:</b> Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3.	Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3.  NO CHANGE
<b>Objective B:</b> Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.	<b>Performance Measure:</b> Increase the percentage of homeless receiving tele-health/mobile MH services by 10% from year 1 to 2 and 20% from year 2 to 3.	Increase the percentage of homeless receiving tele-health/mobile MH services by 10% from year 1 to 2 and 20% from year 2 to 3.  NO CHANGE
<b>Objective C:</b> Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b> Increase the percentage of participants who have stabilized their SUD, SMI, SED or COD by 10% from year 1 to 2 and 20% from year 2 to 3 as measured at 6 months post intake.	<ol style="list-style-type: none"> <li>Increase the percentage of participants who reduce the number of times they utilize emergency room services, are arrested or are Baker Acted in the 6 months after admission to the project compared to the 6 months preceding admission to the project.</li> <li>Increase the percentage of participants from Year 1 to Year 2 and from Year 2 to</li> </ol>

		<p>Year 3 who upon discharge from the project, complete the majority of their treatment plan objectives.</p> <p>3. Increase the percentage of participants who are successfully discharged from the project from Year 1 to Year 2 and from Year 2 to Year 3.</p> <p>4. For those clients subject to drug screens, increase the percentage of clients from Year 1 to Year 2 and from Year 2 to Year 3 who test negative in 75% of their drug screens.</p>
<b>Goal 3: Reduce behavioral health disparities among racial and ethnic minorities</b>		
<b>Objective</b>	<b>Original Performance Measure</b>	<b>Revised Performance Measure</b>
<b>Objective A:</b> Reduce differences in Access to Service.	<b>Performance Measure:</b> Compare the percentage of all individuals referred to the program who are admitted among racial and ethnic groups.	Increase the yearly percentage of racial and ethnic minorities admitted to the program using, year 1 as the base rate.
<b>Objective B:</b> Reduce the differences in Service Use.	<b>Performance Measure:</b> Compare the percentage of all individuals admitted who remain in treatment for at least 30 days among racial and ethnic groups.	Increase the yearly percentage of racial and ethnic minorities who remain in treatment for at least 30 days, using year 1 as the base rate.
<b>Objective C:</b> Decrease the differences in Outcomes.	<b>Performance Measure:</b> Compare the percentage of successful outcomes among racial and ethnic groups.	Increase the yearly percentage of racial and ethnic minorities who are successfully discharged from the project, using year 1 as the base rate.

## Program Evaluation

### Evaluation Plan

#### INTRODUCTION

The local performance assessment is designed to determine whether the project is achieving its goals, objectives and outcomes the program intended to achieve and identify whether adjustments need to be made to the project. In the grant proposal, the project identified four areas for performance assessment:

- 1) Standard agency performance measures
- 2) Progress towards goals and objectives,
- 3) Outcomes and Process Questions and
- 4) Tracking disparities in sub-populations.

To track these four areas, an Evaluation Plan is provided and consists of the following components:

- Local Process Evaluation
- Local Outcome Evaluation
- GPRA Evaluation
- Cross-Site Evaluation

#### LOCAL PROCESS EVALUATION

The project will review the following process questions in the table below. The program will be analyzed using gender, race, ethnicity and other variables identified at the time of analysis as variables to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions	
Question	Data Source
<ul style="list-style-type: none"> <li>• What activities and actions taken by the Steering Committee helped improve the clinical and housing outcomes for individuals served?</li> </ul>	Identification of activities, their timeline and implementation and correlated outcomes
<ul style="list-style-type: none"> <li>• How did the strategies and interventions used by the Steering Committee assist in the overall quality improvement of the system of care for individuals served?</li> </ul>	Provider input over time of the project to assess referral, access, retention and outcomes for participants and assess if the project improved the system of care.
<ul style="list-style-type: none"> <li>• Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?</li> </ul>	Data from the Case Manager/Outreach Specialist provided to the evaluator as well as project expenses to identify what services were provided and their effectiveness.
<ul style="list-style-type: none"> <li>• Are the targets and indicators linked and used to inform quality improvement activities?</li> </ul>	Review of minutes from weekly staff meetings to address targets and indicators.



<ul style="list-style-type: none"> <li>• What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and other benefit programs and how are these efforts informing the implementation and/or enhancing the long term sustainability of integrated community systems that provide permanent housing and supportive services?</li> </ul>	Review of minutes from weekly staff meetings to address barriers.
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Additional process questions include the monitoring of the following processes to track access and efficiency of client engagement:

- Monitoring referral rates from the different housing providers,
- Monitoring time from referral to screening
- Monitoring time from screening to assigning the client to a provider
- Monitoring the time from assignment to a provider till admission in the providers program.

### LOCAL OUTCOME EVALUATION

**Outcomes Questions:** The project will review the following outcome and process questions in the table below. The program will be analyzed using gender, race, ethnicity and other variables identified at the time of analysis as variables to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Outcome Questions	
Question	Data Source
<ul style="list-style-type: none"> <li>• How many individuals were reached through the program and how many were enrolled in Medicaid and other benefit programs as a result of participation in this program?</li> </ul>	Data from GPRA and Case Manager/Outreach Specialist
<ul style="list-style-type: none"> <li>• What effect did linkage to HUD’s Coordinated Entry system have on housing goals?</li> </ul>	Data from Housing Providers on how they accessed HUD’s Coordinated Entry System.
<ul style="list-style-type: none"> <li>• What program/contextual factors were associated with increased access to and enrollment in Medicaid and other benefit programs?</li> </ul>	Case Manager/Outreach Specialist to identify factors addressing enrollment in Medicaid and other benefit programs.
<ul style="list-style-type: none"> <li>• What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?</li> </ul>	Review of identified variables and correlation with patient results and project outcomes and goals.

<ul style="list-style-type: none"> <li>Was the permanent housing and recovery support effective in maintaining the project outcomes at client follow-up interviews?</li> </ul>	Review of identified variables and correlation with patient results and project outcomes and goals.
<ul style="list-style-type: none"> <li>What program and contextual factors were associated with positive clinical and housing outcomes?</li> </ul>	Focus group/questionnaires of participants are correlation with project outcomes.

**Project Goals and Objectives:** The following table outlines the project’s goals, expected outcome and Performance Measure to assess local performance. These will be reviewed at the weekly staff meetings and acted upon accordingly.

Local Project Goals, Objectives and Performance Measures	
<b>Goal 1: Reduce chronic homelessness</b>	
Objective	Performance Measure
<b>Objective A:</b> House individuals and families who experience chronic homelessness and have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b> Enroll 125 project-eligible chronically homeless individuals per year.
<b>Objective B:</b> Reduce the rate of return to homelessness for individuals experiencing chronic homelessness and have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b> At 6 months post-intake, 60% of all clients enrolled will have remained in permanent housing as measured by the GPRA tool.
<b>Goal 2: Strengthen behavioral health care for individuals experiencing chronic homelessness</b>	
Objective	Performance Measure
<b>Objective A:</b> Improve integration of behavioral healthcare system with homeless system	<b>Performance Measure:</b> Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3.
<b>Objective B:</b> Improve the accessibility of substance abuse and mental healthcare services for individuals experiencing chronic homelessness.	<b>Performance Measure:</b> Increase the percentage of homeless receiving tele-health/mobile MH services by 10% from year 1 to 2 and 20% from year 2 to 3.
<b>Objective C:</b> Determine best practice for serving individuals experiencing chronic homelessness who have SUDs, SMI, SED or CODs.	<b>Performance Measure:</b>  5. Increase the percentage of participants who reduce the number of times they utilize emergency room services, are arrested or are Baker Acted in the 6 months after admission to the project compared to the 6 months preceding admission to the project.

	<p>6. Increase the percentage of participants from Year 1 to Year 2 and from Year 2 to Year 3 who upon discharge from the project, complete at least 50% of their treatment plan objectives.</p> <p>7. Increase the percentage of participants who are successfully discharged from the project from Year 1 to Year 2 and from Year 2 to Year 3.</p> <p>8. For those clients subject to drug screens, increase the percentage of clients from Year 1 to Year 2 and from Year 2 to Year 3 who test negative in 75% of their drug screens.</p>
<b>Goal 3: Reduce behavioral health disparities among racial and ethnic minorities</b>	
<b>Objective</b>	<b>Original Performance Measure</b>
<b>Objective A:</b> Reduce differences in Access to Service.	<b>Performance Measure:</b> Increase the yearly percentage of racial and ethnic minorities admitted to the program using, year 1 as the base rate.
<b>Objective B:</b> Reduce the differences in Service Use.	<b>Performance Measure:</b> Increase the yearly percentage of racial and ethnic minorities who remain in treatment for at least 30 days, using year 1 as the base rate.
<b>Objective C:</b> Decrease the differences in Outcomes.	<b>Performance Measure:</b> Increase the yearly percentage of racial and ethnic minorities who are successfully discharged from the project, using year 1 as the base rate.

**Treatment Outcome Analysis Collected from each Behavioral Health Provider:** Due to the collaborative nature of the project that involves three treatment providers, a form has been created that will capture the necessary outcomes for each client treated by each provider. Since the project evaluator will not have access to each providers electronic health record, the use of a paper form will be the most efficient method to capture the data elements needed to assess the client clinical outcomes in the project. Appendix C contains the data form.

**Tracking disparities in sub-populations:** Performance assessments will be used to determine whether the project is having/will have the intended impact on behavioral health disparities as demonstrated by increased admission rates for the populations of focus. This performance measure will be reviewed monthly as adequate sample sizes are obtained for evaluation. Periodic reports will contain information regarding progress achieved, barriers encountered, and remedies to overcome the barriers. This information will be compiled and reported to program staff and the Federal Project Officer in the performance assessment report to be submitted at least semi-annually.

Many of the methods to track and assess changes in sub-population disparities are based on the fact that EHR and GPRA data is readily available that allows the program to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities quickly and implement strategies to address the differences in access, services use, and outcomes by implementing the enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS). Additionally, demographic profiles of the housing providers will also be reviewed and compared to the clients treated. These standards comprise mandates, guidelines, and recommendations that are intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. Strategies for implementing CLAS standards include upholding the following principles to address subpopulation disparities: 1) ensuring services are patient-centered so that they are active participants in planning and managing their treatment; 2) maintaining respect for diverse cultural and linguistic backgrounds; and 3) recognizing personal, social, and institutional barriers and how to overcome these barriers. To track and assess deviations from these principles, the program data on access, utilization, and outcomes will be tracked and assessed.

### GPRA EVALUATION

GPRA data will be collected at intake, discharge and 6-months post-intake and entered into the SPARS data collection system. This data will be readily available to evaluate demographics, drug and alcohol use, family and living conditions, education/employment, criminal justice status, mental/physical health and social connectedness. As adequate sample sizes are obtained, reports will be shared with the treatment team and the steering committee to assess program effectiveness.

### CROSS-SITE EVALUATION

The cross-site analysis will be conducted in conjunction with RTI and SAMHSA and will follow their protocol. RTI provided a copy of the Cross –Site Evaluation Fact Sheet (Appendix G). The RTI staff conducted an initial site visit in November 2017 (Appendix H – Agenda).

## Grant Budget Management

The Human Services Grants Management staff works with each contracted agency to develop the annual budget; prepares a comprehensive budget for submission to SAMHSA; ensures that any budget modifications are within the scope of the grant program; reviews and approves invoices according to federal requirements for allowable expenses and supporting documentation; reviews and approves federal drawdowns; processes carryover requests; and provides technical assistance related to federal requirements.

### Annual Budget

The grant was awarded for a three-year project period from 2016-2019. The Year One budget period is from 9/30/2016 – 9/29/2017; the Year Two budget period is from 9/30/2017 – 9/29/2018; the Year Three budget period is from 9/30/2018 – 9/29/2019. Each year, the grantee must submit a non-competing continuation application to be awarded funds for each budget period.

The annual budget is divided between two federal centers within SAMHSA: The Centers for Mental Health Services (CMHS) and The Center for Substance Abuse Treatment (CSAT). The County will work with each contracted agency to ensure that the budget is appropriately divided according to the Notice of Funding Availability.

The budget must also identify the related infrastructure expenditures which shall not exceed 15% of the total budget and evaluation expenditures which may not exceed 20% of total expenditures.

Grant funding for direct services are to be funding of last resort.

### Program Income

**Program Income:** gross income – earned by a recipient, subrecipient, or a contractor under a grant - directly generated by a grant supported activity, or earned as a result of the grant. Program Income must be used to further the objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars and CFR as described in the terms and conditions of the award. Program Income is to be reported in the Federal Financial Report (FFR), thus Pinellas County requests submissions with each invoice.

#### Examples of Program Income:

- Medicare/Medicaid reimbursement, or private insurance reimbursement.
- Co-pays paid by clients for substance disorder or mental health treatment services.
- Services billed and received for clients entered into the CABHI Program (via the GPRA) creates program income.

#### Reporting Program Income:

- Program Income will be included as a line item on the Budget and Expenditure Report for inclusion in the invoice submission to Pinellas County.
- Program Income is to be deducted from the reported expenses to provide a resultant total reimbursement request.
- Program Income must be supported within the invoice through the inclusion of a spreadsheet format to include the client ID, date of service, service type, payor, and cash receipts. Additional supporting documentation must be maintained and provided upon request by the County.

Use of Program Income, costs may be used for any of the following categories for which the contractor has identified in their approved budget:

- Personnel
- Fringe Benefits
- Travel
- Equipment and Supplies
- Contractual
- Other
- Indirect Costs

The CABHI Grant requires the treatment of Program Income as Additional Costs per the Notice of Award. With prior approval of the HHS awarding agency, program income may be added to the Federal award by the Federal agency and the non-Federal entity. The program income must be used for the purposes and under the conditions of the Federal award.

**Record Retention:** The contractor must maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including any program income. Accounting records must be supported by source documentation such as cancelled checks, paid bills, payrolls, and time and attendance records. Documents must be maintained for three (3) years after the final disposition of the grant closeout.

## Carryover

A carryover is when an unobligated balance from a previous budget period is carried forward into the current budget period to support incomplete activities from prior budget periods.

There are two types of carryover actions. Recipients may only submit one type of carryover per budget period.

- Expanded Authority (10 percent or less of the total approved current year budget. See below for full information.)
- Formal Carryover requiring prior approval (formal requests that do not fall under the expanded authority. See below for full information.)

Carryover is not intended to solely spend down unobligated funds. Carryover funds must be used to support the approved goals and objectives of the grant program based on the funding opportunity announcement.

All carryover requests must be submitted within 90 days after the end of the prior budget period.

### Expanded Authority for Carryover

SAMHSA authorizes expanded authority for automatic carryover of unobligated funds from the previous budget periods to the current budget period for recipients who meet the following specific criteria:

- The recipient must not be on Restricted Status.
- The proposed carryover amount is 10 percent or less of the total federal share of the current budget period (the year in which the funds are needed).
- The funds cannot be identified as restricted in the notice of award's terms and conditions.

### Notification to SAMHSA

The intent to carryover and the carryover amount (in dollars only) must be stated in FFR Remarks, section 12. Subsequent FFRs must reflect the actual carryover amount.

**Formal Carryover requiring prior approval**

A prior approval request must be submitted if the carryover request does not meet the expanded authority criteria.

Based on the nature, extent, and timing of the request, the SAMHSA GMO may approve, deny, or request additional material to further document and evaluate your request. Only responses provided by the GMO are considered valid. If SAMHSA approves the request, an amended Notice of Award will be issued. Verbal authorization is not approval and is not binding on SAMHSA. Recipients that proceed on the basis of actions by unauthorized officials do so at their own risk, and SAMHSA is not bound by such responses.

Formal carryover requests must be submitted no later than 90 days after the end of the previous budget period. Requests submitted in an untimely manner may not be granted.

**What to Include in The Request:** The prior approval request must contain the following:

- Cover Letter/Narrative
  - Explain why an unobligated balance (UOB) exists.
  - Explain and support the need for carryover funds.
  - Describe how the unobligated funds will be used in the current budget period (the proposed work must be allowable under the grant).
  - Describe the impact on the project if the carryover is not approved.
  - Justify how increased matching or cost sharing will be met if the carryover is approved (as applicable).
- An SF-424A for the carryover request amount
- Line-item budget and budget narrative for the unobligated balance requested for carryover. As applicable, the budget must include matching or cost sharing. To ensure a timely review, the budget should follow the formatting requirements outlined in the Funding Opportunity Announcement.
- The HHS Checklist

## Appendix A - CABHI Program Criteria & Referral Form

### Cooperative Agreement to Benefit Homeless Individuals

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#### Program Criteria

##### Background:

Pinellas County received grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health and substance abuse treatment services to individuals who have experienced homelessness and have serious mental illness (SMI), substance abuse disorder (SUD), serious emotional disturbance (SED), and/or co-occurring disorder (COD). This program is focused on formerly chronically homeless individuals who have recently been housed in permanent housing or permanent supportive housing.

##### Program Criteria:

Clients may be eligible to receive treatment services if:

- Client has a history of chronic homelessness
- Client is currently in permanent housing or permanent supportive housing
- Client scores 6 or above on the Vi-SPDAT housing assessment tool; or other identified intake assessment utilized by a housing provider that identifies a client's need related to chronic homelessness and behavioral health issues.
- Client self reports or is known to have a mental health or substance abuse diagnosis (*Detailed clinical assessment will be completed by program staff to determine clinical diagnosis and eligibility*)
- Client is not currently receiving treatment services; or is receiving inadequate treatment services by another licensed behavioral health treatment provider.
- Eligible clients include adults, families, veterans, and youth.

##### Referral Process

If your organization identifies a client who may be eligible for the program, please complete the attached referral form for the Pinellas County's Cooperative Agreement to Benefit Homeless Individuals (CABHI) Program.

##### **Completed referrals may be submitted by:**

FAX: (727) 507-6310

EMAIL: CABHI@operpar.org

Upon receipt, a Program Coordinator from Operation PAR, will reach out to both the referring party and the client to schedule an intake assessment. Once the client completes the intake assessment, a clinical review team will assess each client to determine eligibility for services and identify the appropriate treatment provider.

##### Questions:

Please call Marvin Coleman at (727)422-9907 or mcoleman@operpar.org for more information.



## Cooperative Agreement to Benefit Homeless Individuals

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### Program Criteria - Definitions

**Behavioral Health:** The term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance use or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

**Permanent housing** means community-based housing without a designated length of stay (e.g., no limit on the length of stay). Permanent housing shall be safe, affordable, and integrated in the community. It may include an apartment or single room occupancy in a building (congregate housing), rent-subsidized apartments, or houses in the open housing market (scattered housing), as well as designated units within privately owned buildings.

**Permanent supportive housing** refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

**Homeless** as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule: Defining “Homeless” (76 FR 75994), establishes four categories of homelessness. These categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronic homelessness** means: (1) A homeless individual with SUD, SMI, SED, or COD issues, who:

- (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Doubled Up:** In addition, for the purposes of this program, the terms “homeless” and “chronic homelessness” also may include individuals who are “doubled-up” – defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

## Cooperative Agreement to Benefit Homeless Individuals (CABHI)

### Client Referral Information

Referring Agency Name:	Date of Referral:
Referring Agency Address:	
Phone Number:	
Client Name:	Date of Birth:
Client Address:	
Phone Number:	
Is the client currently receiving services for: (circle all that apply) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Substance Abuse</span> <span>Mental Health</span> <span>Co-occurring Disorders</span> <span>Serious Emotional Disturbance</span> </div>	
Does the Client have a VI-SPDAT Score?    Yes    No    If yes, score _____	
Is the client currently permanently housed?    Yes    No    If yes, location _____	
Has the client been referred to or through the "Coordinated Entry" process?                      Yes                      No	
Reason for Referral:	
Is the referring agency a Tele-Health Node?                      Yes                      No	
Person making the Referral (print):	Email:
	Phone:
Signature:	Date:

**Fax Form To: Operation PAR (727)507-6310      Email: cabhi@operpar.org**

**For Internal Use Only**

Date Received:	Method Received:
Date Assessment Scheduled:	Date Assessment Completed:
Client Referred for Services to the Following Agency:                      Circle One: MH / SA / BOTH	
Operation PAR Case Manager Name:	Operation PAR Case Manager Phone Number:
Agency Counselor Name:	Agency Counselor Phone Number:

## Appendix B - CABHI Release of Information

**Operation PAR, Inc.**  
**Health Information Management Department - 6720 54th Avenue North - St. Petersburg - FL 33709**  
**Phone: 727-545-7544**

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**AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION – CABHI GRANT**

I, \_\_\_\_\_, DOB \_\_\_\_\_  
(Client Name )

**Authorize Operation PAR, Inc., to exchange with and receive information with the following organizations:  
(Initials Required)**

\_\_\_\_\_ Directions for Living -1437 S Belcher Rd Clearwater ,FL 33709, Operation Par Follow up , WestCare-1735 Dr  
Martin Luther King Jr. St. South, St. Petersburg, FL 33756, Pinellas County CABHI-440 Court Street Clearwater, FL 33756

\_\_\_\_\_ Other \_\_\_\_\_

**Purpose for the disclosure:** To exchange with and receive the following information to and from one another as necessary, in connection with my referral, treatment and Grant funding

**Draw a line through information not needed:**

Follow up Survey, Full Name, Date of Birth, Phone Number, Address, Residential Status, Affiliation with Operation Par,  
Assessment, and Referral Records

**Optional:** I also agree to the disclosure of HIV Testing information and AIDS Diagnosis: Client Initials \_\_\_\_\_

**Information may be disclosed by the following methods: Mail, Verbal, Faxing, and Encrypted email unless otherwise specified.**

**I understand if I do not agree to consent for each of these entities, services under this grant may not be provided to me. Other services may be available.**

**Sign Here if you do NOT wish to participate \_\_\_\_\_ Date \_\_\_\_\_**

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I understand that my records are protected under the Federal and State regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse health information under 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations. I understand that I have a right to request a copy of this form.

I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated below:

Date, event or condition of expiration: One Year from Date Signed

I understand that I might be denied services if I refuse to consent to a disclosure for treatment, payment or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to disclosure for other purposes. I also hereby release Operation PAR, Inc., from liability which may arise as a result of information disclosed under an authorization, if such information disclosed is later used to my detriment.

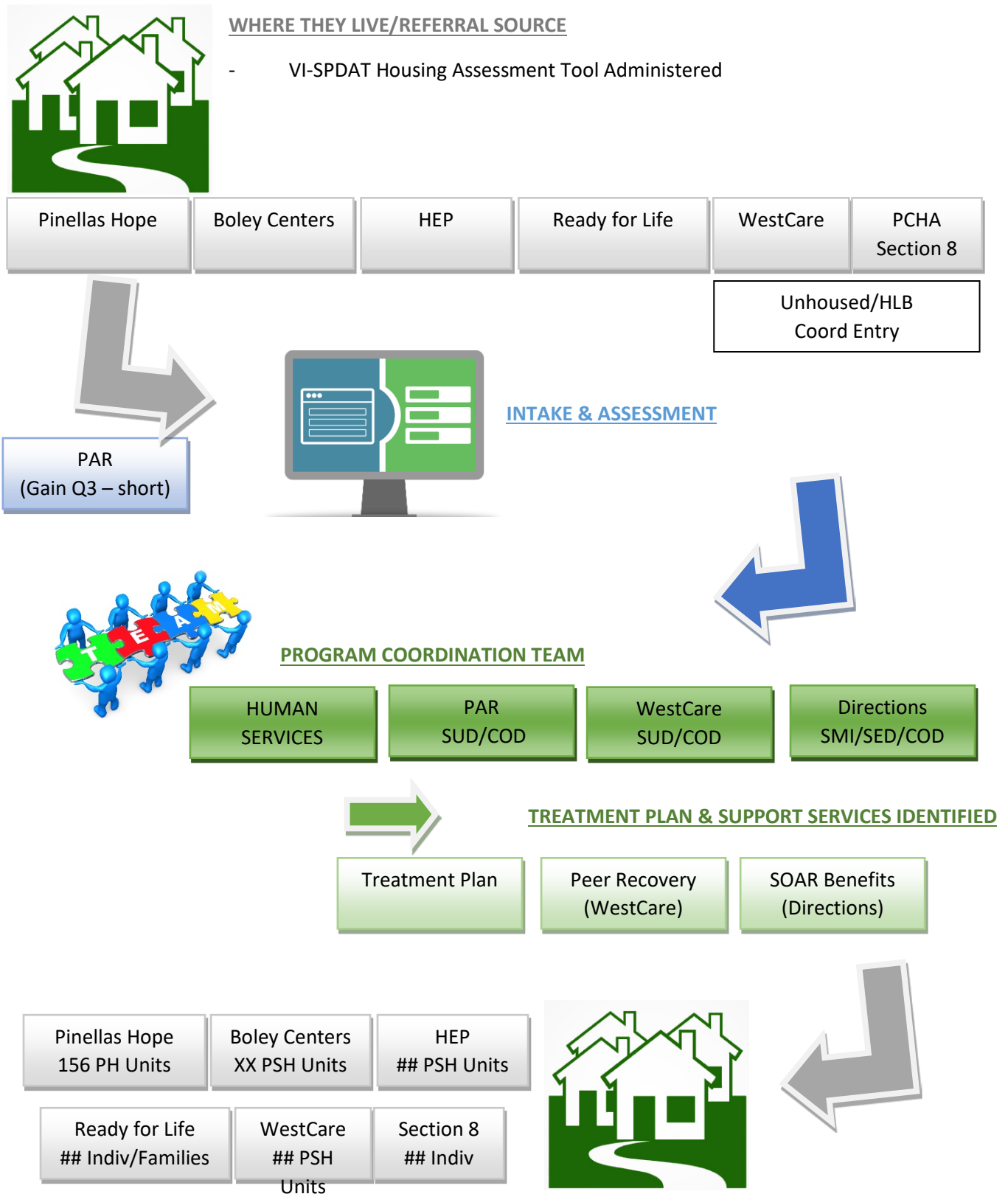
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Witness

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Authorized Representative Legal Authority to Act

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## Appendix C – Client Flow Diagram



## Appendix D – Client Clinical Update Form

### Client Clinical Update

Provider Agency \_\_\_\_\_

Date of Report \_\_\_\_\_

Please complete the table below for each client in your care from the CABHI Grant. Also please include dates that client was a no show.

Client Name: \_\_\_\_\_

Being Treated For: \_\_\_\_\_

Diagnosis: SMI

SUD

SED

COD

Date of Service	Type of Service	Length of Service	Was Session Done via Tele-Health (Y/N)	Attending Practitioner

Please provide any additional comments you feel are pertinent to the client’s treatment. (e.g., Client Attitudes toward treatment, client motivation, client level of participation, etc)

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## Appendix E - CABHI Discharge Data Sheet

### To Be Completed By Agency Discharging the Client

Client Name: \_\_\_\_\_ Agency delivering services: \_\_\_\_\_

Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

#### Discharge

Discharge outcome (i.e, successful, unsuccessful, administrative, etc.): \_\_\_\_\_

Reason for Discharge Outcome: \_\_\_\_\_

#### Treatment Plan

How many objectives were in the client's treatment plan? \_\_\_\_\_

How many objectives were met.? \_\_\_\_\_

#### Sessions

Number of sessions received by client: \_\_\_\_\_

Number of Sessions that were conducted using the following service type:

In Person Face-to-Face: \_\_\_\_\_

Tele-Health: \_\_\_\_\_

Types of services received (Check all that apply):

SMI \_\_\_\_\_ SUD \_\_\_\_\_ SED \_\_\_\_\_ COD \_\_\_\_\_

#### Drug Screens

If client was drug screened, how many screens did they receive? \_\_\_\_\_

How many were positive? \_\_\_\_\_

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Name of Person Completing the form: \_\_\_\_\_

Phone number of person completing this form: \_\_\_\_\_

Email of person completing this form: \_\_\_\_\_



## Appendix F – SOAR: Ten Screening Criteria

**THE TEN SCREENING CRITERIA TO QUALIFY/REFERRAL FOR THE  
SOAR PROGRAM / SSI-SSDI OUTREACH ACCESS & RECOVERY**  
Copy to Soar Coordinator: [callen@directionsforliving.org](mailto:callen@directionsforliving.org) or Fax to 727-524-4474

Name & Contact Info: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source, Name & Contact Info: \_\_\_\_\_

To clarify SSA criteria for a person to qualify for the SOAR Program we are providing the following pre-screening questions to assist you before making a SOAR referral. If you need our assistance or have questions please contact us by email please. If question one is answered NO the person is ineligible for SOAR. In questions 2-9 if the person has answered YES to 3 or more questions the person should be referred to SOAR to determine eligibility for SSA listing requirements. . If you need assistance or have questions please contact us by phone or email. We appreciate you helping the SOAR Program identify adults who are experiencing or at risk of homelessness who may be eligible for Social Security Administration (SSA) disability benefits.

1. Is the client currently experiencing or at risk of homelessness? (Homeless in the last year, they were documented homeless 3 times in that year) ..... No →STOP..... Yes→Continue
2. Does the person have a mental impairment or severe physical impairment that is expected to last 12 months or longer or result in death (terminal)? ..... No →STOP..... Yes→Continue
3. Does the person have current medical records and evidence to prove the disability? .....  
..... No →STOP ..... Yes →Continue
4. Has the person applied for Social Security and are in active status? .....Yes → STOP .....No→ Continue
5. Does the impairment affect their ability to work? ..... No →STOP ..... Yes →Continue
6. Does their impairment keep them from working enough to earn \$1,169 or more a month? .....  
..... No →STOP ..... Yes →Continue
7. Individual is currently exhibiting symptoms of mental illness or has periods with worsening of symptoms
  - o Psychotic Symptoms (positive or negative)
  - o Depressive Symptoms (decreased energy, lack of motivation, suicide attempts)
  - o Manic Symptoms (racing thoughts, disorganized thoughts)
  - o Anxious feelings (paranoia, nervousness)
  - o Cognitive deficits (brain injury; problems with concentration, memory, etc.)
  - o History of trauma (history of abuse, posttraumatic stress disorder, etc.)
  - o Other: \_\_\_\_\_ No →STOP ..... Yes →Continue
  - o DSM-5 Diagnosis \_\_\_\_\_ Name of provider and Date Diagnosis Given \_\_\_\_\_
8. For applicants with mental illness, he/she has marked restrictions in at least 2 of these functional areas, or extreme limitations in one area: Indicate area below ↓
  - o Understand, remember, or apply information (memory, following instructions, solving problems, etc.)
  - o Interact with others (getting along with others, anger, avoidance, etc.)
  - o Concentrate, persist, or maintain pace (as they relate to the ability to complete tasks)
  - o Adapt or manage oneself (hygiene, responding to change, setting realistic goals, etc.)
9. Has the person’s disability been getting progressively worse even with current treatment? .....Yes ..... No  
If not, need more information for what is stopping them from being able to work \_\_\_\_\_
10. Has the person been hospitalized 3 or more times in the past year? ..... Yes ..... No If No, SSA  
Requires at least 6 mos. to 1 year of new/current records of care.

If you answered YES to 3 or more of questions 2–9 Please make the referral and we will determine if the person will meet the SSA listing requirement.

(REV 6.27.2017)

## Appendix G – Cross-Site Evaluation Fact Sheet

# CABHI Evaluation Site Visit Fact Sheet

July 2017

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### **Purpose of the Site Visit**

We look forward to visiting your CABHI grant project and learning more about your community and project. The site visit will help us to understand your grant project and its impact from multiple stakeholder perspectives, as well as how it fits into the larger community service and housing systems. We will tailor each visit to each site, but will use a common approach across sites to later “compare and contrast” grant projects. As with the larger cross-site evaluation, the site visits are not for us to check up on whether you are complying with grant requirements or adhering to your grant proposal – this is not a “grant monitoring” visit. Also, by leveraging information and understanding gained through the monthly site team calls and other information and materials you have already shared with us, we will come prepared to dive deep into the details of your CABHI project.

### **What will the site visit entail?**

We plan to spend approximately 2 days meeting with your CABHI program staff and stakeholders including the project director, project manager, local evaluator, treatment/clinical staff, case managers, peer support specialists, housing providers and support staff, external and internal stakeholders (e.g., partner agencies, steering committee members, etc.), and program clients (18 years or older). Other than the project director, we expect that we will ask for at most 2 hours of time from each participant; we will likely ask for more time from the project director but it will be a few hours, not the entire 2 days. For the client focus group, RTI will pay for food (up to \$100) to thank clients for their participation.

### **What are the topics and content of the meetings?**

The topics and discussion of the meetings will vary by respondents and the specific service approaches of your CABHI program. In general, the types of information we will ask about on the site visit include:

- ◆ The organization of the CABHI project and partners - roles, experience, coordinating bodies, and collaborative activities
- ◆ The community context and resources as they relate to your CABHI program
- ◆ A detailed discussion on how a typical client participates in the program, including outreach/engagement, enrollment, service delivery, and housing and housing supports
- ◆ A discussion of your CABHI program’s evidence-based practices, including any modifications, training activities, fidelity measurement, etc.
- ◆ Client experiences, perceptions, and satisfaction with services (client focus groups)
- ◆ Local evaluation activities, early findings, and future plans
- ◆ Implementation barriers and facilitators, and early “lessons learned”

### **What help do we need from you?**

Your assistance is essential to a successful site visit. We will ask for your help with the following:

- ◆ Identifying the best dates for the site visit (in October, November or December)
- ◆ Identifying the right individuals for the meetings, inviting them, and confirming participation
- ◆ Identifying and securing space for meetings, ideally at one location for most meetings
- ◆ Coordinating the client focus group – identifying and inviting clients, providing or facilitating transportation, and assisting in arranging for food
- ◆ Providing recommendations for a hotel, whether we will need a rental car, etc.

**Your evaluation site team will work with you to plan the details of the site visit and address any questions.**

**Thank you in advance for your support and participation!**



## Appendix H – Cross-Site Evaluation Site Visit Agenda

<b>Cross-Site Evaluation of SAMHSA’s CABHI Program</b> <b>SITE VISIT AGENDA</b> <b>SM063331 – Pinellas County Board of County Commissioners, Pinellas County Cooperative Agreement to Benefit Homeless Individuals</b> <b>November 14, 2017 – November 15, 2017</b> <b>Pinellas County, Florida</b>				
<b>DAY 1: Tuesday, 11/14/2017</b>				
<b>Time</b>	<b>Topic</b>	<b>Purpose</b>	<b>Participants</b>	<b>Location</b>
9:00 am- 10:45 am	Overview of the CABHI Program and Services	<ul style="list-style-type: none"> <li>• Understand Grantee agency, services, and role in community;</li> <li>• Understand the context and background for grant program;</li> <li>• Understand how program is organized to deliver services, including partners and staffing;</li> <li>• Understand treatment services and housing process for program clients.</li> </ul>	Daisy Rodriguez, Project Director, Pinellas County Elisa DeGregorio, Grants Manager, Pinellas County Meghan Lomas, Grants Section, Pinellas County Mark Vargo, Evaluator, Operation PAR	Operation PAR, 13800 66th St N, Largo, FL 33774 (Research Center Conference Room, 3 <sup>rd</sup> FL)
10:45 am- 11:00 am	<i>Break</i>			
11:00 am-12:45 pm	Treatment/Clinical Services/ Case Managers	<ul style="list-style-type: none"> <li>• Understanding the treatment services for the intervention, from client identification to program discharge;</li> <li>• Understand how clinical services are linked with other services (e.g. housing, case management);</li> <li>• Understand any challenges to service delivery.</li> </ul>	CABHI Program Coordination Committee (see attached list of participants)	Operation PAR, 13800 66th St N, Largo, FL 33774 (Training Room, 3 <sup>rd</sup> FL)
12:45 pm-1:45 pm	<i>Lunch</i>	<i>Site Visitors on own</i>		
1:45 pm– 3:15 pm	Clients: Services, Needs and Satisfaction	<ul style="list-style-type: none"> <li>• Understand services from client perspective, including what they receive, from who, as well as satisfaction.</li> </ul>	Client Focus Group (lunch provided for clients after group)	Pinellas Hope (confirmed)
3:15 pm- 3:30 pm	<i>Break</i>			

Pinellas County | Cooperative Agreement to Benefit Homeless Individuals

3:30 pm- 4:30 pm	Local Evaluation	<ul style="list-style-type: none"> <li>Understand evaluation design and role in project, including data collection, fidelity assessment, and reporting;</li> <li>Understand evaluation integration with program and coordination with national evaluation.</li> </ul>	Mark Vargo, Evaluator, Operation PAR	Operation PAR, 13800 66th St N, Largo, FL 33774 (Research Center Conference Room, 3 <sup>rd</sup> FL)
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DAY 2: Wednesday, November 15, 2017				
Time	Topic	Purpose	Participants	Location
9:00 am – 10:30 am	Clients: Services, Needs and Satisfaction (cont.)	<ul style="list-style-type: none"> <li>Client Focus Group</li> </ul>	Clients	Homeless Empowerment Program (HEP), 1120 N. Betty Lane, Clearwater FL
10:30 am – 11:00 am	Travel			
11:00 am- 12:00 pm	Housing and Supports	<ul style="list-style-type: none"> <li>Understanding the housing and housing support services available to clients, including how connected to CoC, how it is accessed and the types of support provided; Understand barriers and facilitators to get clients housing.</li> </ul>	Daisy Rodriguez, Project Director, Pinellas County Susan Myers, Executive Director, Homeless Leadership Board Elisa Galvan, Pinellas County Housing Authority	Pinellas County Human Services, 440 Court Street, 2 <sup>nd</sup> Fl, Clearwater FL 33756
12:00 pm – 1:00 pm	Lunch			
1:00 pm - 3:00 pm	Partners/Stakeholders Involved with the Project (including steering committee members)	<ul style="list-style-type: none"> <li>Understand role of community providers and stakeholders in the program;</li> <li>Understand their perspective on program services, including barriers and facilitators to service delivery;</li> <li>Understand their involvement in sustainability.</li> </ul>	Local Government Steering Committee, see attached.	Pinellas County Human Services, 440 Court Street, 2 <sup>nd</sup> Fl, Clearwater FL 33756
3:00 pm - 3:30 pm	Meeting Close-out	Informal debrief with the Project Director, clarify any questions, discuss next steps	Daisy Rodriguez, Project Director, Pinellas County	Pinellas County Human Services, 440 Court Street, 2 <sup>nd</sup> Fl, Clearwater FL 33756

## Appendix I – Pinellas County CABHI Program Income Guide

# PINELLAS COUNTY CABHI PROGRAM INCOME GUIDE

**Program Income:** gross income – earned by a [recipient](#), [subrecipient](#), or a [contractor](#) under a grant - directly generated by a grant supported activity, or earned as a result of the grant. Program Income must be used to further the objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars and CFR as described in the terms and conditions of the award. Program Income is to be reported in the Federal Financial Report (FFR), thus **Pinellas County requests submissions with each invoice**. For the CABHI program, the grant is to be the payor of last resort. Other opportunities for the payment of services rendered under the award must be explored.

### Examples of Program Income:

- Medicare/Medicaid reimbursement, or private insurance reimbursement.
- Co-pays paid by clients for substance disorder or mental health treatment services.
- Services billed and received for clients entered into the CABHI Program (via the [GPRA](#)) creates program income.

### Reporting Program Income:

- Program Income will be included as a line item on the Budget and Expenditure Report for inclusion in the invoice submission to Pinellas County.
- Program Income is to be deducted from the reported expenses to provide a resultant total reimbursement request.
- Program Income must be supported within the invoice through the inclusion of a spreadsheet format to include the client ID, date of service, service type, payor, and cash receipts. Additional supporting documentation must be maintained and provided upon request by the County.

**Use of Program Income**, costs may be used for any of the following categories for which the contractor has identified in their approved budget:

- Personnel
- Fringe Benefits
- Travel
- Equipment and Supplies
- Contractual
- Other
- Indirect Costs

**Record Retention:** The contractor must maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including any program income. Accounting records must be supported by source documentation such as cancelled checks, paid bills, payrolls, and time and attendance records. Documents must be maintained for three (3) years after the final disposition of the grant closeout.

The CABHI Grant requires the treatment of Program Income as Additional Costs per the Notice of Award. **With prior approval** of the HHS awarding agency, program income may be added to the Federal award by the Federal agency and the non-Federal entity. The program income must be used for the purposes and under the conditions of the Federal award.



**FY 17-18 Budget and Expenditure Report**

**Please note:** This form is to accompany all requests for reimbursement.

Please be sure that Program Reports are current; Fiscal Request will not be processed without current program reports on file.

Proof of insurance coverage (liability) must also be on file.

Agency Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Agency Remit Address \_\_\_\_\_

Program Name: \_\_\_\_\_

Month/Quarter: \_\_\_\_\_

CATEGORY	TOTAL ALLOCATION	CURRENT REQUEST	PREVIOUSLY EXPENDED TO DATE	GRAND TOTAL EXPENDED TO DATE	BALANCE
<b>PERSONNEL EXPENSES</b>					
Salaries	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Fringe Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
TOTAL PERSONNEL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>OTHER EXPENSES</b>					
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
N/A	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
TOTAL OTHER EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>LESS PROGRAM INCOME</b>					
Program Income Received	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0.00
Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

<p>Prepared By: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p> <p><b>Approved by:</b> _____</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p>	<p><b>OFFICE USE ONLY:</b></p> <p>Received by/date: _____</p> <p>Contract approval/date: _____</p> <p>Grants approval/date: _____</p> <p>Date(s) corrections requested: _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>
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**Attachment 1**  
Data Sharing Agreement

WHEREAS, homelessness, substance abuse, mental health services, and human services are issues which cross many systems; and

WHEREAS, Pinellas County is interested in including program and service related information in the Pinellas County Data Collaborative (hereinafter referred to as (“Data Collaborative”), to better understand cross-system involvement; and

WHEREAS, organizations within Pinellas County are interested in understanding the extent that client populations move within systems to better serve the population needs; and

WHEREAS, the County is a member of the Data Collaborative; and

WHEREAS, the Data Collaborative has the ability to receive and analyze data in a secure manner to provide valuable system information.

NOW, THEREFORE in consideration of the following agreements, the parties do hereby covenant and agree to the following:

1. The Agency will provide program information to include operational, fiscal, client service, and other program information in electronic format to the County for the sole purpose of research and policy development. This information will be provided quarterly or on an as needed basis as defined by the County.
2. This information will be crossed through the Data Collaborative with systems containing state and local information about involvement in criminal justice, human services, mental health, substance abuse, EMS and other systems as available for the sole purpose of understanding cross-system involvement for policy and planning.
3. The County will assure that the information used by the Data Collaborative will not be released, shared, or transferred in an identifiable manner to any organization and will be stored in a HIPAA compliant location.
4. The County will assure that confidential nature of any and all information with respect to any records and reports created or disseminated is maintained. The Parties also agree that the information will be used only for the purpose for which it was provided.
5. Modification of this agreement shall be made only by the consent of both Parties and shall include a written document setting forth the modifications and signed by both Parties. This agreement may be terminated with 30 days written notice to the other party.
6. The Parties shall assist in the investigation of injury or damages for or against either party pertaining to their respective areas of responsibility or activities under this contract and shall contact the other party regarding the legal actions deemed appropriate to remedy such damage or claims.

**ATTACHMENT 3**  
**INSURANCE REQUIREMENTS**

The following insurance requirements are included in this agreement:

The **AGENCY** shall obtain and maintain at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of A- VIII or better. Within ten (10) calendar days of executed Agreement, the **AGENCY** shall provide the **COUNTY** with properly executed and approved Certificates of Insurance to evidence compliance with the insurance requirements of the agreement. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). A copy of the endorsement(s) referenced in paragraph three (3) for Additional Insured shall be attached to the certificate(s).

No Services shall commence under this agreement unless and until the required Certificate(s) of Insurance are received and approved by the **COUNTY**. Approval by the **COUNTY** of any Certificate of Insurance does not constitute verification by the **COUNTY** that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate of Insurance is in compliance with the requirements of the Agreement. **COUNTY** reserves the right to require a certified copy of the entire insurance policy, including endorsements, at any time during the Agreement period.

If any insurance provided pursuant to the Agreement expires prior to the expiration of the Agreement, renewal Certificates of Insurance and endorsements shall be furnished by the **AGENCY** to the **COUNTY** at least thirty (30) days prior to the expiration date.

**AGENCY** shall also notify **COUNTY** within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said AGENCY from its insurer. Notice shall be given by certified mail to: **Pinellas COUNTY Risk Management Department**, 400 South Fort Harrison Ave., Clearwater, Florida 33756; and nothing contained herein shall absolve AGENCY of this requirement to provide notice.

Should the **AGENCY**, at any time, not maintain the insurance coverages required herein, the **COUNTY** may terminate the Agreement, or at its sole discretion may purchase such coverages necessary for the protection of the **COUNTY** and charge the **AGENCY** for such purchase. The **COUNTY** shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the **COUNTY** to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.

The **COUNTY** reserves the right, but not the duty, to review and request a copy of the **AGENCY**'s most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.

Each insurance policy shall include the following terms and/or conditions in the policy:

- (1) The Named Insured on the Certificate of Insurance must match the entity's name that is signing the Agreement.
- (2) Companies issuing the insurance policy, or policies, shall have no recourse against **COUNTY** for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of the **AGENCY**.
- (3) The term "**COUNTY**", or "**Pinellas COUNTY**" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of **COUNTY** and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas **COUNTY**.
- (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by **COUNTY** or any such future coverage, or to **COUNTY**'s Self-Insured Retentions of whatever nature.
- (5) All policies shall be written on a primary, non-contributory basis.
- (6) Any certificate of insurance evidencing coverage provided by a leasing company for either Workers Compensation or Commercial General Liability shall have a list of covered employees certified by the leasing company attached to the Certificate of Insurance. The **COUNTY** shall have the right, but not the obligation to determine that the **AGENCY** is only using employees named on such list to perform work for the **COUNTY**. Should employees not named be utilized by **AGENCY**, the **COUNTY**, at its option may stop work without penalty to the **COUNTY** until proof of coverage or removal of the employee by the **AGENCY** occurs, or alternatively find the **AGENCY** to be in default and take such other protective measures as necessary.
- (7) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of **Pinellas COUNTY** from the **AGENCY**.
- (8) The insurance requirements for this Agreement, which shall remain in effect throughout its duration, are as follows:

(A) Workers' Compensation Insurance

Limit	Florida Statutory
Employers Liability Limits	
Per Employee	\$500,000
Per Employee disease	\$500,000
Policy Limit Disease	\$500,000

(B) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operation and Personal Injury. No exclusions for physical abuse or sexual misconduct.

Limits

General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal Injury and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000

(C) Business Automobile or Trucker's/Garage Liability Insurance covering owned, hired, and non-owned vehicles including loading and unloading coverage. If the **AGENCY** does not own any vehicles, then evidence of Hired and Non-owned coverage under Commercial General Liability is sufficient. Coverage shall be on an "occurrence" basis. Insurance is to include coverage for loading and unloading hazards, unless vendor can show that this coverage exists under the Commercial General Liability policy.

Limit

Combined Single Limit Per Accident	\$1,000,000
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(D) Professional Liability (Errors and Omissions) Insurance with at least minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Proposer may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

Limits

Each Occurrence or Claim	\$ 1,000,000
General Aggregate	\$ 1,000,000

For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.



(E) Cyber Risk Liability (Network Security/Privacy Liability) Insurance including cloud computing and mobile devices, for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 1,000,000

For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.