HUMAN MASTER SERVICES AGREEMENT
FIRST AMENDMENT
Legistar #22-1299D

THIS FIRST AMENDMENT, effective upon the date executed below, by and between

PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter called the

"**COUNTY**," and**, OPERATION PAR, INC.,** a non-profit Florida corporation, whose address is

6655 66th Street North, Pinellas Park, Florida 33781, hereinafter called the "**AGENCY**." The

Parties hereby amend the HUMAN SERVICES MASTER SERVICES AGREEMENT

SUBSTANCE USE SERVICES & MEDICATED ASSISTED TREATMENT (Agreement)

between the **COUNTY** and **AGENCY** dated April 26, 2022, as follows:

WITNESSETH:

WHEREAS, the **COUNTY** desires to implement substance use programs to serve residents

of Pinellas County; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing essential

behavioral health services within the community; and

WHEREAS, in 2019, the **COUNTY** initiated a review of the behavioral health system of

care. Community stakeholders convened to develop an optimal data set (ODS) to assist in

identifying gaps and challenges and to support system planning and decision making; and

WHEREAS, ODS elements and key performance indicators were developed in support of

the behavioral health system of care in Pinellas County; and

WHEREAS, the **COUNTY** shall ensure ODS is de-identified in accordance with Health

Insurance Portability and Accountability Act (HIPAA) Privacy Rule: the expert determination

method, 45 CFR § 164.514(b)(1) or the safe harbor method, 45 CFR § 164.514(b)(2); and

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

1. The above "WHEREAS" clauses are incorporated into and are made a part of this
   Agreement.

2. The following sections shall be added as sections 7 and 8, the remaining sections shall be renumbered accordingly, including any references thereto.

7. Optimal Data Set (ODS).

a. In 2019, the **COUNTY** initiated a review of the behavioral health system of care. Community stakeholders convened to develop an optimal data set (ODS) to assist in identifying gaps and challenges and to support system planning and decision making. In support of the ODS and optimizing the behavioral health system of care in Pinellas County, the **AGENCY** agrees to work with the **COUNTY** to report on ODS data elements such as those provided in the sample Provider ODS Tracking Tool attached and incorporated herein as Attachment 3.

b. Reportable data elements established in a fully executed Provider ODS Tracking Tool are required to be submitted monthly in an electronic format to the **COUNTY** within thirty (30) days of the end of the month. The data elements are subject to change, in collaboration with **AGENCY**, as additional ODS elements and key performance indicators are developed in support of the system of care. Subsequent Provider ODS Tracking Tool forms will be used to capture mutually agreed upon updates and changes without the need to further amend the Master Services Agreement.

c. **AGENCY** agrees to actively participate in the ongoing development and updating of the ODS, key performance indicators, dashboard and data reviews, and behavioral health system improvement discussions.

8. Coordinated Access Model (CAM).

As a condition of receipt of a funding award from the **COUNTY**, the **AGENCY** agrees to actively participate in the Coordinated Access Model (CAM), including the

following:

    a.   List behavioral health program information in the CAM database.

    b.   Execute any necessary participation or data-sharing agreements for CAM operation.

    c.   Provide the CAM Administrator with regular program updates to ensure current information is available regarding eligibility criteria, capacity, and service availability.   This will include participation in real-time or live scheduling, when available from the CAM Administrator, and accepting referrals from the CAM for clients eligible for program services, contingent upon program capacity.

    d.   Participate in regular meetings as requested by the CAM Administrator.

b.   The **COUNTY** may request documentation that verifies compliance with this Section.

3. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on

the day and year written below.

APPROVED AS TO FORM

By: _____*Cody J. Ward*_____

Office of the County Attorney

PINELLAS COUNTY, FLORIDA, by and through its County Administrator

By: _____

Barry A. Burton

Date: ___February 14, 2023___

OPERATION PAR, INC., a Florida non-profit corporation

By: _____

Dianne Clarke, PhD President & CEO

Date: ___02/07/2023___

Attachment 3:
Optimal Data Set
Provider Tracking Tool

A. Optimal Data Set (ODS) Individual Elements

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

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

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

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

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

B.   ODS Reporting Timeline

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

Programs/services included:

C.   Key Performance Indicators (KPIs)

KPIs below will be calculated by the **COUNTY** utilizing the available ODS elements listed above, as submitted by the **AGENCY**.

Optimal Data Set Key Performance Indicator Calculations			
Indicator	**Indicator ID**	**Indicator**	**Calculation**
Access	A01	Wait time from referral to first point of contact / initial screening	date of referral sent (-) date of first point of contact
Access	A02	Wait time from first point of contact / screening to assessment	date of assessment in calendar days(-)date of first point of contact
Access	A03	Wait time from assessment to case management program referral	date of case management program referral in calendar days(-)date of assessment
Access	A04	Wait time from case management program referral to case management service initiation.	date of case management service initiation(-)date of case management program referral
Access	A05	Percentage of unique clients seen within 48 hours for an urgent referral	[(Sum Total clients i date of service initiation(-)date of referral is < than 48 hours and marked "urgent") / (Total "urgent" clients)]*100
Access	A06	Percentage of unique clients assessed for case management services within 14 days from referral	[(Sum Total clients if date of assessment(-)date of referral is < than 14 days) / (Total clients referred)] *100
Access	A07	Percentage of unique clients waiting more than two weeks for case management service initiation	[(Sum Total clients if date of case management program referral(-)date of case management service initiation is > than 14 days) / (Total clients referred)] *100
Access	A08	Number of individuals waiting for access to case management service	Sum of total clients if referral status is: awaiting contact, awaiting screening/assessment, awaiting service initiation; and clients declined for service

			where reason is "program at capacity, no wait list"
Access	A09	Percentage of clients seen for services within 7-days after hospitalization for Mental Illness and/ or addictions who are receiving case management	[(Sum Total clients if receiving case management services who are seen <= 7 days post hospitalization) / (Total clients receiving case management services who are hospitalized for mental illness and/or addictions)] *100
Access	A10	Number of clients declined for service, (Includes: Reason client would be declined for service)	Total number of clients that have been declined for case management service
Outputs	O01	Number of clients referred	Sum of clients where "Referral Source" is any value
Capacity	C01	Number of case managers by FTE	Sum of case manager FTEs providing case management services
Capacity	C02	Caseload per case manager	Sum of clients receiving case management services / total sum of case manager FTEs
Capacity	C03	Site Caseload	Total active number of case managers (by FTE) providing case management services (*) program's case manager to client ratio
Quality	Q01	Percent of adults with severe and persistent mental illness who live in a stable housing environment	[(Sum if total clients are "housed") / (distinct count of clients)] *100
Quality	Q02	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	[(Sum if total clients are "housed") / (distinct count of clients)] *100

Quality	Q03	Average length of time (days) experiencing homelessness (individual/ family) from admission to case management program	[(Sum of: date case management services initiated(-)date client housed) / (total clients where resident status at initiation is "homeless")]
Quality	Q04	Percent of individuals discharged who will not be readmitted to a crisis stabilization unit within 90 days of discharge.	[(Sum if clients who have a history of admission to the CSU who are not re-admitted within 90 days) / (Total number of clients who have a history of admission to the CSU)] *100
Quality	Q05	28 Day Readmission Rate to Acute Mental Health and Addiction Services Inpatient Unit(s) for consumers in active Case Management Services	[(Total number of clients engaged in case management re-admitted to acute mental health and addiction services inpatient units <= 28 days of discharge from inpatient unit) / (Total number of clients discharged from acute mental health and addiction services inpatient who are in active case management)] *100
Quality	Q06	Decrease in Baker Act exams for those engaged in Case Management Services	Sum of clients where "Client Baker Act status" is "Yes" while engaged in a case management program in a specified time period
Quality	Q07	Percentage of clients in Case Management Services that attend a 4th or 5th session	[(Total sum of clients attending a 4th and 5th case management session) / (Total sum clients where 4th and 5th case management session dates have elapsed)] *100
Quality	Q08	Average rating on the Social Connectedness Domain	[(Total sum of ratings on the Social Connectedness Domain) / (Total number of clients responding to survey)]
Quality	Q09	Discharge Type (how many Successful, how many negative, how many admin and how many neutral dc's)	Successful Discharge: Sum("Successfully completed treatment/services") Negative Discharge: Sum("Did not complete treatment - Voluntary/Involuntary", "Incarcerated", "Transferred to State Mental Health Treatment Facility") Administrative Discharge: Sum("Did not complete treatment, service non-adherence") Neutral Discharge: Sum("Client moved out of the service area")

Quality	Q10	Improvement in client functioning (FARS scale)	Subtract total score for most recent update or discharge FARS from the ADMISSION total score[E.g., Admission = 100, current = 75. 100 – 75 = 25 = improvement] [(number of persons where the result is greater than zero) / (number of persons evaluated)] *100[paired t test]
Quality	Q11	Satisfaction Surveys (DCF)	Sum of clients reporting "Yes" to completing the DCF Satisfaction Survey
Quality	Q12	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	(number of clients with arrests following discharge (-) number with arrests prior to admission) / (number of clients with arrests prior to admission) * 100
Quality	Q13	Percentage change in clients who are employed from admission to discharge	[(distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time) / (distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time, unemployed)] * 100
Quality	Q14	Percent increase in those reporting a reduction (frequency, amount, or types) of alcohol and substance use from admission to discharge.	[(Total number of clients where scoring on the Substance Use/Disorder domain is lower at discharge than admission) / (Total number of clients reporting alcohol and substance use at admission)] * 100
Quality	Q15	Average number of hours spent in face-to-face or direct telephone contact with an individual receiving services or a collateral contact per client	[(Sum of the total hours spent in face-to-face contact or direct telephone or video conference with clients (or collateral contact) enrolled in case management services in a specified reporting period) / (Total number of clients enrolled in a case management program)

Attachment agreed upon both PARTIES:

Recipient:
Pinellas County Human Services

Provider:
AGENCY NAME

By:_____
Karen Yatchum, Director

By:_____

Name:_____