



Statement of Assurance

As the authorized representative of Pinellas County d/b/a Board of County Commissioners, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. I assure SAMHSA that my organization has the authority under the law of the state to implement, monitor, and oversee an Assisted Outpatient Treatment program. I assure SAMHSA that my organization has **not** previously fully implemented an AOT program. “Not previously implemented” means that even though the state may have an AOT law, the eligible applicant has not fully implemented the AOT approach through the courts within the jurisdiction that they are operating in. I assure that the AOT program is using procedures, activities, and safeguards that protect and respect individuals civil and other legal rights, as stipulated by federal and state statute including legal representation and adequate due process and protections.

I assure SAMHSA that there are an existing, sufficient array of services for individuals with SMI and that individuals considered for the AOT program were offered intensive, voluntary home- and community-based services – including via person-centered planning approaches - when permitted by state law, prior to their consideration for the AOT program.

If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.¹ (Official documentation is a copy of each service provider organization’s license, accreditation and certification. A license from an individual clinician will not be accepted in lieu of a provider organization’s license. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.



June 16, 2016

Mark Woodard

County Administrator/Authorized Organizational Representative
Pinellas County d/b/a Board of County Commissioners