# MEMORANDUM OF UNDERSTANDING COOPERATIVE AGREEMENT TO BENEFIT HOMELESS INDIVIDUALS

This MEMORANDUM OF UNDERSTANDING (MOU) is made and entered into by and between Pinellas County (COUNTY), a political subdivision of the State of Florida, and Boley Centers, Inc. (PROVIDER), a non-profit Florida corporation, whose address is 445 31st Street North, Saint Petersburg, FL 33713.

#### WITNESSETH

WHEREAS, the COUNTY desires to provide for local community mental health and substance abuse treatment services 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, through its endorsement of the Housing First Resolution on August 9, 2016, recognizes that the provision of safe, affordable housing is a critical component for promoting recovery and stabilization of homeless individuals with mental health and substance abuse concerns; and,

WHEREAS, the **PROVIDER** offers safe, clean, affordable housing options for homeless individuals and families; and,

WHEREAS, the COUNTY, in partnership with local providers and stakeholders, applied for and received a Federal Grant Award from the Substance Abuse and Mental Health Services Administration (SAMHSA), under the 2016 Cooperative Agreement to Benefit Homeless Individuals (CABHI), hereinafter referred to as "the grant"; and

WHEREAS, the COUNTY has contracted with three (3) grant sub-recipients for the implementation of the grant program and the provision of the grant substance abuse and mental health services, to wit, Directions for Mental Health, Inc. D.B.A. Directions for Living, Operation PAR, Inc. and WestCare GulfCoast-Florida, Inc.; and,

WHEREAS, the PROVIDER can benefit from additional substance abuse and mental health services for residents; and,

WHEREAS, the COUNTY seeks to maximize partner relationships and public outreach, and support programs that seek to prevent and remedy the causes of homelessness; and

NOW THEREFORE, the COUNTY and PROVIDER agree as follows:

# 1. Participation

In accordance with this MOU, the PROVIDER will coordinate with the COUNTY and its grant sub-recipients as a participant and stakeholder for the grant program, as follows:

- a. PROVIDER agrees to attend and actively participate in the Local Government

  Steering Committee for the grant. (See Attachment 1.)
- b. PROVIDER will support the Local Government Steering Committee goals of:
  - i. Monitoring the performance goals of the grant program;
- ii. Increasing coordination with other entities engaged in planning the jurisdiction's response to homelessness; and,
- iii. Ensuring the provision of direct treatment and recovery support services to the population of focus.

c. COUNTY agrees to maintain ongoing communication with PROVIDER to ensure compliance with the goals, terms and conditions of the grant.

### 2. Referrals

PROVIDER will coordinate with the Local Government Steering Committee and the Program Coordination committee to refer eligible clients to the grant program.

### 3. Telehealth

PROVIDER will coordinate with the Local Government Steering Committee and the Program Coordination Committee to establish standards and implement Telehealth services where feasible.

#### 4. HIPAA

PROVIDER agrees to execute a HIPAA Business Associate Agreement, (See Attachment 2). PROVIDER 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.

## 5. Reports

PROVIDER shall collect data documenting its use of the grant program and shall provide quarterly reports to Pinellas County Human Services, using a report format agreed to by the parties, and subject to revision by mutual agreement of the parties. Annual reporting may include, but is not limited to:

a. Number of clients referred to program

- b. Participation in Governmental Steering Committee
- c. A narrative of any highlights, success stories, or challenges experienced in carrying out the activities detailed in this MOU.

## 6. Indemnification

PROVIDER shall indemnify, pay the cost of defense, including attorney's fees, and hold harmless the COUNTY from all suits, actions, allegations, claims of any character brought on account of any injuries or damages received or sustained by any person, persons or property by or from PROVIDER; or by, or in consequence of, any neglect; or on account of any act or omission, neglect or misconduct; or by, or on account of, any claim or accounts recovered under any other laws, by-laws, ordinances, orders or decrees, except only such injury or damage as shall have been occasioned by the sole negligence of the County.

### 7. Term

This MOU shall be effective upon execution of the Parties and shall expire September 29, 2019, unless otherwise mutually modified. This MOU may be renewed based on the expiration of the initial term by mutual agreement of the parties if all terms and conditions remain the same. Either Party may cancel this MOU by providing written notice of cancellation.

- 8. Except as expressly provided in this MOU, neither Party may subcontract, assign or transfer its rights or obligations under this MOU without prior written consent of the other Party.
- 9. All rights and responsibilities provided for in this MOU are subject to the availability of grant funding

10.	This MOU con	stitutes the	entire agreen	ent between	the Parties.	It may be	amended	only
in wri	iting and signed b	y all parties	to this MOU	f.				

11. The Laws of the State of Florida shall control any interpretation or enforcement of this MOU.

ACCORDINGLY, the Parties hereto, through their lawful representative(s), hereby enter in to this MOU.

<Signature Page to Follow>

Provider: Proley Centers
By: Muan Wordlings.
Printed Name: Miriam Dordling
Title:
Date: 1-11/- 2017
PINELLAS COUNTY, a political subdivision of the State of Florida, by and through its County Administrator By:
Mark S. Woodard
<b>Date:</b> March 9, 2017

APPROVED AS TO FORM

By:

Office of the County Attorney