

**PERFORMANCE ACCOUNTABILITY MEASURES** - Reporting Period:

ID	DESCRIPTION	MEASURE	STANDARD	SUPPORTING DOCUMENTATION NEEDED	PERIOD PERFORMANCE	MET Y/N
1	COUNTY SALARIES AND BENEFITS	1. Employee is performing fiscal agent responsibilities. MEASURE 100%.	100%	1. Employee time record.		
2	OUTPATIENT SUBSTANCE ABUSE TREATMENT, meeting Chapter 65D-30, F.A.C. and Chapter 397, F.S.	1. Outpatient services are provided in accordance with Chapter 65D-30, F.A.C. and at level as ordered. MEASURE 100% 2. Outpatient and medical services appointments identified as needed in individual treatment plans shall be scheduled within 7 business days of drug team approval of such services. MEASURE 100% 3. Provider meets requirements of Performance Standards 2.2.5, 2.2.6. 2.2.7, 2.2.8 and 2.2.9 of Section A, Part 2, of Attachment A to contract. MEASURE 100% 4. Provider attends all court sessions for clients. MEASURE 100% 5. Client reports submitted through the ETO drug court database. MEASURE 100% 6. Provider notifies drug court weekly of treatment slot availability and wait times. MEASURE 100%	100%	1. A copy of provider licenses and Participant treatment status reports. 2. Participant treatment status reports and referrals for ancillary services recorded in drug court database. 3. Participant treatment status reports filed in drug court database and copies of notifications to Drug Court and DOC for significant disruptions of treatment process. 4. Court hearings schedule in drug court database and notifications of any treatment provider absences to or by drug court staff. 5. Participant treatment status reports recorded in drug court database. 6. Copies of reports on treatment availability and wait lists. 7. A copy of the Clients and Services list.		
3	NON-SECURE RESIDENTIAL SUBSTANCE ABUSE TREATMENT meeting requirements of Chapter 65D-30, F.A.C.	1. Residential services are provided in accordance with Chapter 65D-30, F.A.C. and at level as ordered. MEASURE 100% 2. Provider meets requirements of Performance Standards 3.2.4, 3.2.5. 3.2.6, 3.2.7 and 3.2.8 of Section A, Part 2, of Attachment A to contract. MEASURE 100% 3. Provider attends all court sessions for clients. MEASURE 100% 4. Client reports submitted through the ETO drug court database. MEASURE 100% 5. Provider notifies drug court weekly of treatment slot availability and wait times. MEASURE 100%	100%	1. A copy of provider licenses and Participant treatment status reports. 2. Participant treatment status reports filed in drug court database and copies of notifications to Drug Court and DOC for significant disruptions of treatment process. 3. Court hearings schedule in drug court database and notifications of any treatment provider absences to or by drug court staff. 4. Participant treatment status reports recorded in drug court database. 5. Copies of reports on treatment availability and wait lists. 6. A copy of the Clients and Services list.		

4	TRANSITIONAL HOUSING, meeting requirements of Chapter 65E-4.016, F.A.C.	<ol style="list-style-type: none"> <li>1. Transitional Housing meets the standards set in Rule 65E-4.016, F.A.C. MEASURE 100%</li> <li>2. Staff is on-call 24 hours per day, 7 days per week. MEASURE 100%</li> <li>3. Staff is on site and has contact with each resident at least once per week. MEASURE 100%</li> <li>4. Staff will notify the Court of the status of the resident, including any referrals made or recommended through written report at each drug court status hearing. MEASURE 100%</li> <li>5. Provider shall notify the Court of service termination no later than the next drug court status hearing. MEASURE 100%</li> <li>6. Provider shall communicate with Court staff regarding transitional housing bed availability and wait lists on a monthly basis. MEASURE 100%</li> </ol>	100%	<ol style="list-style-type: none"> <li>1. Copy of provider's license.</li> <li>2. Staff record of attempted communications that were not possible for two hours or more.</li> <li>3. Provider reports for judicial status hearings.</li> <li>4. Monthly provider reports of bed availability.</li> </ol>	
5	Substance Abuse/Mental Health Screening Assessments	<ol style="list-style-type: none"> <li>1. Provider had established locations for out-of-custody assessments and possessed secure entry to jail for jail- based assessments. MEASURE 100%</li> <li>2. Assessments provided using an evidence-based tool(s). MEASURE 100%</li> <li>3. Assessments provided by statutorily qualified assessors. MEASURE 100%</li> <li>4. Reports with recommendations submitted within three weeks from the time of referral or seven days before the next scheduled court date, whichever was sooner. MEASURE 100%</li> <li>5. Assessment appointment schedules provided to the courts. MEASURE 100%</li> </ol>	100%	<ol style="list-style-type: none"> <li>1. Locations for assessments.</li> <li>2. Evidence-based tool names and descriptions.</li> <li>3. Qualifications of assessors.</li> <li>4. Lists of Assessment report dates and dates of referral.</li> <li>5. Assessment schedules provided to courts.</li> </ol>	

I understand that the actual performance of the contractor for all of the performance accountability measures above must be 100% in order for the contractor to be eligible for reimbursement under our grant agreement. For each measure that does not meet the minimum standard, a financial consequence will be used to adjust the payment to meet the performance level actually achieved in accordance with penalties specified in Attachment A, Part 2 of this Agreement. I hereby certify that the information regarding the performance accountability measures submitted in support of this claim for reimbursement is a true and accurate representation of the actual performance of the contractor in the delivering the goods and services required under the grant agreement.

\_\_\_\_\_  
Contractor Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trial Court Administrator/Designee's Signature

\_\_\_\_\_  
Date