THIS AMENDMENT, entered into between the Florida Department of Children and Families, hereinafter referred to as the "department" and <u>South Florida Behavioral Health Network</u>, <u>Inc.</u>, hereinafter referred to as the "provider," amends Contract #KH225.

PREAMBLE: The amendment adds funding in the amount of \$484,050.00 for fiscal year 2010-2011 in support of the Haiti Emergency Response Grant Application for Intermediate Services (SAMSHA Application Number 1H07SM000317-01). This amendment restores \$13,800.00 for the Behavioral Health Network contract in the Southern Region to align the budget with the Department's Approved Operating Budget. Additionally, this amendment amends the Verification of Employment Status (E-Verify) requirement into the contract to comply with Executive Order 11-02.

As a result, the Standard Contract, Attachment I, Exhibit A-1, Funding Detail, Exhibit B-1, Line Item Operating Budget, Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs for Fiscal Year 2010-2011, and Exhibit G, Required Reports are amended.

1. Page 6, Standard Contract, Section II, paragraph A, Contract Amount, as previously amended on page 1 of Amendment #0001, is hereby amended to read:

A. Contract Amount

To pay for contracted services, according to the terms and conditions of this contract, in an amount not to exceed \$364,732,730.00, or the rate schedule, subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

- 2. Page 18, Attachment I, Section A. 1., Program/Service Specific Terms, paragraph c. is hereby added to read:
- c. Haiti Emergency Response Grant Application for Intermediate Services Program/Service Specific Terms
 - (1) Disaster Induced Behavioral Health Impact Immediate, ongoing and long-term behavioral health risks to individuals, families, and/or communities impacted by a natural or man-made disaster, which can result in an array of negative reactions including physical, medical, emotional, cognitive and behavioral responses. The disaster may occur outside the State or country, but could have a significant immediate and ongoing impact on residents and communities in Florida.
 - (2) Disaster Induced Behavioral Health Services Services targeted to address immediate, ongoing and long-term, disaster related behavioral health risks to individuals, families, and/or communities.

- (3) U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grant The only disaster response grant available from SAMHSA without a Presidential Disaster Declaration. Funding provided in emergency situations in which State and local resources are overwhelmed and no other Federal resources are available. Funding can be used for emergency mental health services and disaster-related substance abuse treatment and prevention programs. These grants can be used to address new substance abuse treatment and prevention concerns in response to an event or to replace services destroyed by the disaster.
- (4) Haiti Community Response Team (HCRT) A team established in a circuit or county to assist individuals, families and communities experiencing behavioral health problems resulting (directly or indirectly) from the earthquake that occurred in Haiti on January 12, 2010.
- (5) Emergency Responders A wide array of federal, state and local agencies, professionals, paraprofessionals, and community volunteer organizations mobilized to respond to natural or man-made disasters.
- (6) Pre-disaster Residents People with Haitian ancestry who lived in Florida before January 12, 2010. This includes both Haitian-born and American born individuals, regardless of citizenship or immigration status.
- (7) Repatriated Individuals American citizens, Haitians with valid United States visas and their dependents, who were repatriated to the United States (primarily Florida) following the earthquake in Haiti that occurred on January 12, 2010. Repatriation is the process of returning a person back to one's place of origin or citizenship. This includes the process of returning refugees or persons who are destitute or ill to their place of origin following a war, disaster, or similar crisis.
- (8) Humanitarian Parole Bringing someone who is otherwise inadmissible into the United States for a temporary period of time due to a compelling emergency, for urgent humanitarian reasons, or if there is a significant public benefit. Parole does not confer any permanent immigration status, but does enable a recipient to apply for and receive employment authorization.
- (9) Medical Trauma Patients Persons who have experienced significant primary trauma resulting from their experiences in a disaster, and have a variety of critical medical and rehabilitation needs. The patient may have suffered serious and life-threatening physical injuries, with the potential for secondary complications such as shock, respiratory failure or death. The patient may have also experienced psychological trauma which is a type of damage to the psyche that occurs as a result of a traumatic event. If this trauma leads to posttraumatic stress disorder, damage may involve physical changes inside the brain and to brain chemistry, which damage the person's ability to adequately cope with stress.
- (10) New Students Students identified as repatriated citizens or humanitarian parolees who have been newly registered in the Florida public school system.

- (11) The National Disaster Medical System (NDMS) A section of the United States Department of Health and Human Services (HHS) responsible for managing the Federal government's medical response to major emergencies and disasters. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. The NDMS was expanded to allow U. S. hospitals to accept patients from Haiti with life-threatening injuries, resulting from the earthquake that occurred on January 12, 2010.
- (12) Haiti Earthquake the earthquake that occurred in Haiti on January 12, 2010.
- 3. Page 58, Attachment I, Section B.1.a., Task List, paragraph (38), is hereby added to read:
 - (38) Substance Abuse and Mental Health Services Administration Haiti Emergency Response Grant Application #1H07SM000317-01

The January 12, 2010 earthquake in Haiti, caused extensive loss of life and damage in the country, it also created significant behavioral health concerns among individuals, families and communities in Florida. The Substance Abuse and Mental Health Services Administration Haiti Emergency Response Grant Application #1H07SM000317-01, hereby incorporated by reference, was awarded to the Department of Children and Families ("department") on March 01, 2011 for the period ending February 29, 2012. Services will include intermediate services to address individual, family and community needs, in accordance with the grant award.

The department assigns the funding, subcontracting, and monitoring responsibilities of this grant award to the managing entity. The managing entity shall ensure compliance with the terms and conditions of the grant award, federal and state law and Department of Children and Families standards, this contract, and/or the Approved Annual Action Plan. The managing entity will be responsible for invoice documentation, verification of service delivery and compliance monitoring.

The department shall reimburse the managing entity on a cost reimbursement basis for expenses relating to the delivery of the SAMSHA Emergency Response Grant # 1H07SM000317-01, in accordance with **Section C.1. (4)**, **Method of Payment**, subject to the availability of funds.

- 4. Page 74, Attachment I, Section C., Method of Payment, paragraph 1.a., and (1) (a), as previously amended on page 3 of Amendment #0001, are hereby amended to read:
 - 1. Payment Clauses
 - a. This is an advance cost reimbursement and fixed price, fixed payment contract, comprised of Federal sources and a grant of State funds. The Funding Detail is the document that identifies the amount of Federal and Grant resources. The department will

ensure that any applicable appropriated funding for direct substance abuse and mental health services is contracted with the managing entity. Any increases will be documented through a contract amendment, resulting in a current fiscal year funding and corresponding services increase. Such increases in services must be supported by additional deliverables as outlined in the amendment. At the beginning of each fiscal year, the Funding Detail will be amended into this contract, and the total contract amount will be adjusted accordingly. The department shall pay the Managing Entity for the delivery of services provided in accordance with the terms of this contract for a total dollar amount not to exceed \$364,732,730.00 subject to the availability of funds. A summary of the Funding Detail is attached as follows:

Exhibit A- 1	Fiscal Year 10-11	\$56,607,730.00
Exhibit A- 2	Fiscal Year 11-12	\$ TBD
Exhibit A- 3	Fiscal Year 12-13	\$ TBD
Exhibit A- 4	Fiscal Year 13-14	\$ TBD
Exhibit A- 5	Fiscal Year 14-15	\$ TBD
Exhibit A- 6	Fiscal Year 15-16	\$ TBD

(1) Network Provider Service Expenses – Cost Reimbursement

(a) The department shall reimburse the payment of the delivery of service units provided by approved network providers that are provided in accordance with the terms and conditions of this contract, not to exceed the following, based on the Funding Detail, subject to the availability of funds.

Fiscal Year	Subcontracted Services Total Amount
2010-2011	\$52,952,530.00
2011-2012	\$ TBD
2012-2013	\$ TBD
2013-2014	\$ TBD
2014-2015	\$ TBD
2015-2016	\$ TBD

5. Page 76, Attachment I, Section C.1.(3), Method of Payment, as previously amended on page 4 of Amendment #0001, is hereby amended to read:

(3) The Miami Dade Wraparound Cooperative Agreement Expenses

The department shall reimburse the managing entity, on a cost reimbursement basis, for expenses relating to the delivery of SAMSHA Grant Wraparound Project services that are provided in accordance with the terms and conditions of this contract and The Miami Dade Wraparound Cooperative Agreement #1U79SM59055-01, incorporated herein by reference, not to exceed the following, based on the approved Line Item Operating Budget (Exhibit B), subject to the availability of funds:

Fiscal Year	Miami Dade Wraparound Cooperative Agreement #1U79SM59055-01	Miami Dade Wraparound Cooperative Agreement #1U79SM59055-01
	Network Provider Services Cost	Managing Entity Administration Cost
2010-2011	\$580,698.00	\$50,000.00
2011-2012	TBD	TBD
2012-2013	TBD	TBD
2013-2014	TBD	TBD
2014-2015	TBD	TBD
2015-2016	TBD	TBD

- 6. Page 76, Attachment I, Section C.1., Method of Payment, paragraph (4) is hereby added to read:
 - (4) Substance Abuse and Mental Health Services Administration Haiti Emergency Response Grant Application #1H07SM000317-01

The department shall reimburse the managing entity, on a cost reimbursement basis, for expenses relating to the delivery of SAMSHA Haiti Emergency Response Grant Application services that are provided in accordance with the terms and conditions of the grant application, this contract, and/or the Approved Annual Action Plan and based on the approved Line Item Operating Budget (Exhibit B-1), subject to the availability of funds.

Fiscal Year	SAMSHA Haiti Emergency Response Grant Application # 1H07SM000317-01	SAMSHA Haiti Emergency Response Grant Application # 1H07SM000317-01
	Network Provider Services Cost	Managing Entity Administration Cost
2010-2011	\$466,580.00	\$17,470.00
2011-2012	TBD	TBD
2012-2013	TBD	TBD
2013-2014	TBD	TBD
2014-2015	TBD	TBD
2015-2016	TBD	TBD

- 7. Page 87, Attachment I, Section D. Special Provisions, paragraph (17) is hereby added to read:
- (17) Verification of Employment Status (E-Verify)

1. Employment Eligibility Verification

(a) Definitions. As used in this clause-

"Employee assigned to the contract" means all persons employed during the contract term by the provider/grantee to perform work pursuant to this contract within the United States and its territories, and all persons (including subcontractors) assigned by the provider/grantee to perform work pursuant to the contract/grant with the department.

"Subcontract" means any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract. It includes but is not limited to purchase orders, and changes and modifications to purchase orders.

"Subcontractor" means any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime provider or another subcontractor.

(b) Enrollment and verification requirements.

- (1) The provider/grantee shall—
 - (i) *Enroll*. Enroll as a provider/grantee in the E-Verify program within 30 calendar days of contract award;
 - (ii) Verify all new employees. Within 90 calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility. All new employees assigned by the provider/grantee/subcontractor to perform work pursuant to the contract with the DCF shall be verified as employment eligible within 3 business days after the date of hire; and
- (2) The provider/grantee shall comply, for the period of performance of this contract, with the requirement of the E-Verify program enrollment.
 - (i) The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the provider's/grantee's enrollment and deny access to the E-Verify system in accordance with the terms of the enrollment. In such case, the provider/grantee will be referred to a DHS or SSA suspension or debarment official.
 - (ii) During the period between termination of the enrollment and a decision by the suspension or debarment official whether to suspend or debar, the provider/grantee is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or

debar the provider/grantee, then the provider/grantee must reenroll in E-Verify.

- (c) Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: http://www.dhs.gov/E-Verify.
- (d) Individuals previously verified. The provider/grantee is not required by this clause to perform additional employment verification using E-Verify for any employee whose employment eligibility was previously verified by the provider/grantee through the E-Verify program.
- (e) Individuals performing work prior to the E-verify requirement. Employees assigned to and performing work pursuant to this contract prior to February 04, 2011 do not require employment eligibility verification through E-verify.
- (f) Evidence. Of the use of the E-Verify system will be maintained in the employee's personnel file.
- (g) Subcontracts. The provider/grantee shall include the requirements of this clause, including this paragraph (g) (appropriately modified for identification of the parties), in each subcontract."
- 8. Page 87, Attachment I, Section D. Special Provision, paragraph (18) is hereby added to read:
- (18) Haitian Community Response Team Funds
 - a. The managing entity shall subcontract with New Horizons Community Mental Health Center, Inc. for the provisions in accordance with the final approved Haiti Emergency Response Grant Application for Intermediate Services # 1H07SM000317-01, or the latest revision approved by SAMSHA.
 - **b.** The managing entity shall ensure that New Horizons Community Mental Health Center, Inc. comply with the following provisions:
 - (1) Using SAMHSA Emergency Response Grant funds, as well as any other funds identified by the department, this contract provides for disaster induced Behavioral Health Services to assist individuals, families and communities experiencing behavioral health problems resulting (directly or indirectly) from the earthquake that occurred in Haiti on January 12, 2010, including, but not limited to repatriated Americans and their dependents from Haiti, resident Haitian community members, and returning American responders.
 - (2) Create a multi-disciplinary Haitian Community Response Team (HCRT) in accordance with the final approved Haiti Emergency Response Grant Application for Intermediate

Services or the latest revision approved by SAMHSA. The goal of the HCRT is to facilitate recovery by offering services designed to help clients identify recovery goals and make choices to promote resiliency. This goal is achieved through an outreach-oriented team approach combining clinical substance abuse and mental health professional services with peer-driven community disaster behavioral health services. The HCRT will serve the target populations in their catchment area and will coordinate information, resource sharing and educational activities across teams and Circuits.

- (3) Services resulting from the response to and recovery from the Haiti Earthquake shall be delivered in accordance with the final approved **Haiti Emergency Response Grant Application for Intermediate Services**, or the latest revision approved by SAMHSA and within the Comprehensive Community Service Teams (CCST) and the Incidental cost centers, which are herein incorporated by reference.
- (4) Comply with the SAMHSA Emergency Response Grant's Terms and Conditions of Award, which is incorporated herein by reference and maintained in the contract manager's file.
- (5) For all behavioral health services rendered to individuals, families or communities affected by the Haiti Earthquake, the provider must serve at a minimum, 1937 Adults and Children with or at risk of behavioral health problems during fiscal year 2010-2011, and serve, at a minimum 9685 Adults and Children with or at risk of behavioral health problems during fiscal year 2011-2012.
- (6) Obtain and maintain information about available federal, state and local resources, and will identify and link persons affected by the Haiti Earthquake with appropriate service providers, and will provide information about agencies and organizations that offer services.
- (7) Report all services resulting from the response to and recovery from the Haiti Earthquake to SAMHIS electronically by the 15th of each month as directed by the department.
- (8) The provider must use the data modifier "35" or "36 in one of the modifier fields for each individual service event (SERV) and each non-client specific service event (EVNT) billed to the department under the Haitian Community Response Program. The provider will use "35" to identify Mental Health services provided. The provider will use "36" to identify Substance Abuse services provided."
- (9) Report all Haiti services to SAMHIS for both client specific and non-client specific services.
- (10) Funds allocated to the contract for the Haiti Earthquake shall be used as specified in the contract, contingent upon availability of funds.
- (11) Participate in conference calls with the department to report on Haiti Earthquake services. The conference calls shall be scheduled in consultation with the department.

- (12) Submit quarterly progress reports, quarterly financial status reports of expenditures to date, and a final report, as specified in **Exhibit G**, Required Reports. The quarterly progress reports and the final report are to be narrative in format, and shall at a minimum provide:
 - a. A description of the services provided and progress on the attainment of approved objectives:
 - b. The number of individuals assisted;
 - c. Amount of funding expended and for what purposes;
 - d. Personnel costs, if applicable;
 - e. Training costs, if applicable;
 - f. Technical consultation costs, if applicable;
 - g. Equipment costs, if applicable;
 - h. Travel and Transportation costs, if applicable;
 - i. A narrative describing lessons learned and exemplary practices; and
 - A description of the transition plan for how services are funded or provided once Federal funds have been exhausted.
- (13) Submit additional documentation of services, upon request from the department, and work with the department and the managing entity to develop a closeout plan to phase out services and staffing for the program.
- (14) Client/Participant Eligibility: Disaster Induced Behavioral Health Services shall be targeted and provided to individuals, families, and/or communities, including predisaster residents, repatriated individuals, emergency responders, medical trauma patients, and new students as identified in the final approved Haiti Emergency Response Grant Application for Intermediate Services or the latest revision approved by SAMHSA who were negatively impacted by the Haiti Earthquake, and who are subject to immediate and long-term behavioral health risks as a result. Services shall be provided, subject to the availability of funds.

(15) Invoice Requirements:

- (a) The total amount paid for service units under this contract cannot exceed the total amount of funding as specified in the Attachment I, Section C.1.(4), Method of Payment and Exhibit A-1, Funding Detail.
- (b) The provider shall not invoice or be paid for more units for Haiti Earthquake related services than have been submitted to SAMHIS and/or documented in client files and activity logs.
- (c) The provider is approved to bill to the CCST Individual cost center and the Incidental Expense cost center for both substance abuse and/or mental health) and for children and/or adults affected by the Haiti earthquake.
- (d) Service units billed to the CCST and the Incidental Expense cost centers for Haiti Earthquake related services must be billed and tracked separately and not co-mingled with CCST and Incidental Expense services funded by other funding sources.

- 9. Pages 88-89, Exhibit A-1, Funding Detail for fiscal year 2010-2011, dated 10/01/2010, as previously amended on page 5 of Amendment #0001, are hereby deleted in its entirety and Pages 88-89, Revised Exhibit A-1, Funding Detail for fiscal year 2010-11, are inserted in lieu thereof and attached hereto.
- 10.Page 100, Exhibit B-1, Line Item Operating Budget, for contract period 10/01/2010 to 06/30/2011, as previously amendment on page 5 of Amendment #0001, is hereby deleted in its entirety and Page 100, Revised Exhibit B-1, Line Item Budget for contract period 10/01/2010 to 06/30/2011, is inserted in lieu thereof and attached hereto.
- 11. Pages 111-115, Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs for Fiscal Year 2010-2011 (dated 02/01/2011), as previously amendment on page 5 of Amendment #0001, are hereby deleted in their entirety and Pages 111-115, Revised Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs for Fiscal Year 2010-2011 (dated 04/01/2011), are inserted in lieu thereof and attached hereto.
- 12. Pages 150-153, Exhibit G, Required Reports, (dated February 1, 2011), as previously amendment on page 5 of Amendment #0001, are hereby deleted in their entirety and Pages 150-153, Revised Exhibit G, Required Reports, (dated April 1, 2011), are inserted in lieu thereof and attached hereto.

This amendment shall begin on <u>04/01/2011</u> or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

Signature Page Follows

PROVIDER: South Florida Behavioral

IN WITNESS THEREOF, the parties hereto have caused this **twenty-three (23) page** amendment to be executed by their officials thereunto duly authorized.

Health Network, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED
BY:

NAME: Jacqui B. Colver

NAME: Jacqui B. Colver

TITLE: Executive Director

DATE: 4/7///

PEDERAL ID NUMBER: 59-3385099

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

STATE OF FLORIDA

IN WITNESS THEREOF, the parties hereto have caused this twenty-three (23) page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: South Florida Behavioral Health Network, Inc.	STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
SIGNED BY: John N. Don-	SIGNED BY:
NAME: John Dow	NAME: Jacqui/B. Colyer
TITLE: Executive Director	Regional Director
DATE: 4/7///	DATE: 4-8-11
FEDERAL ID NUMBER: 59-3385099	APPROVED AS TO FORM AND LEGAL SUFFICIENCY
	Regional Legal Counsel Date

		MENTAL HEAL		SAMILE SOURCES FAST
Provider Name South Florida Behavioral Health Network, Inc.	Contract #	FUNDING DETA KH225	Revision # 0002	FY 2010-11 (9
Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT	Budget Entity 60910503 - Children's Montal Health	OCA AMOUN
	OCIC	AMOCKI	William State (Protest America) - Modernia and State (Protest Stat	OCA AMOUN
502004-EMERGENCY STABILIZATION G/A-ADULT COMM. MENTAL HEALTH	(100/10)		503001-EMERGENCY STABILIZATION	
ADAMH Trust Fund*	(100610)	5550 p.12	G/A-CHILDREN'S MENTAL HEALTH	(100435)
General Revenue/TSTF	19004	\$550,812	ADAMH Trust Fund*	19001 5328,488
GR/TS TF/G&D TF Citrus Health CSU	19ME4	\$597,592	General Revenue	19ME1 \$74,302
GR/Family Emergency Treatment Ctr-Manatec	SP5CH	\$455,000	FGTF - Title XXI	89Q01 \$23,162
GR/Cooper CSU	SP503	same a committee of the same	GR/Manatee Glens Child Baker Act	SP532
GR/Family Emergency Treatment-Pinellas	SP516		GR/Child Comprehensive Behavioral Services	SP540
GR/Apalachee CSU-Leon	SPS25	/	GR/CSU District 08	SP542
GR/Family Emergency Treatment-Sarasota	SP549	*	GR/Marion-Citrus MH-Children CSU	SP550
GR/Lifestream CSU-Lake, Sunter	SP553	and the second of the second second	General Revenue	SP5EB WO027 \$10,630
GR/Ruth Cooper CSU-Lee	SP559 SP560		FGTF-Title IVB	WO027 \$10,030
GR/Seminole County CSU				
TSTF/Orange County Receiving Center	SP561 SP572			
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9			
O/A-BAKER ACT SERVICES General Revenue	(100611)	54 110 200	G/A-CHILDREN'S BAKER ACT	(104257) 19ME1 \$1,102,82
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	19ME4	\$6,119,298	General Revenue	Annual Control of the
70 THA dult Emerg Baket Act Services-Hernando, Pasco	SP592	<u></u>	General Revenue Emergency Stabiliza	SP581 tion Total = \$1,538,80
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)			
General Revenue	19ME4			
Emergency Stab	ilization Total =	\$7,722,702		
502018-RECOVERY & RESILIENCY			503013-RECOVERY & RESILIENCY	
G/A-ADULT COMM. MENTAL HEALTH	(100610)		G/A-CHILDREN'S MENTAL HEALTH	(100/435)
ADAMH Trust Fund*	19018	\$826,601		(100435)
ADAMH Trust Fund/FACT	19019		ADAMH Trust Fund*	April 19 12 4 2 4 2 4 7 17 4 2 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1
General Revenue/TSTF	19019 19M18	\$242,643	General Revenue	AND ADDRESS OF THE PARTY OF THE
General Revenue/FGTF		\$8,871,224	GR/TSTF	32N03
GR/AGAPE FAM MINISTRY	9QPSR	0.000.000	FGTF - Title XXI	89Q13 51,178,92
WTTF TANF	AFMMD	\$600,000	GR/RTC Non-Medicaid Eligible	9PRNM \$22,001
	39A18	\$1,540,818	GR/Henderson MH Center-Broward	SP506
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$2,388,045	ADAMH TF/Infant & Young Special Project	SP533
FGTF PATH	GX018	\$409,048	Federal Grants FT	GMDW1 \$515,000
GR/TSTF/FGTF - FACT Admin	FTA19	\$2,018.696	2	
GR/FACT Svcs	FTS19	\$578,556		
O&MTF/FGTF/Com MH Srvs Contract-NEFSH	MHS18	12	G/A-PURCHASED RESIDENTIAL	
G.R.	LPPME	\$747,947	TREATMENT SERVICES	(102780)
GR/Court Cottages in the Pines	SP502		GR/RTC Non-Medicad Eligible	9PRNM \$315,986
GR/TSTF/Wayne Densch Center-Orange	SP504		GR/Purch Res Treatment-Medicaid Sves	9PRTS
GR/Charlotte County CMH Center	SP505			
GR/Short-Term Residential Treat-Hillshorough	SP511			
Generl Revenue/TSTF/Doug Gardens CMH Ctr	SP512	\$236,250	G/A-PURCHASE/THERA SVCS CHILD	(100800)
GR/Miami-Dade Homeless Trust	SP513	\$132,105	General Revenue	19МСВ
GR/Camillus Life Center-Dade	SP551	\$187,500	A 8 8 8 8	
GR/FACT Team-Bay, Gulf	SP552	The second secon		
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	\$187,500		
GR/The Village-Campaneros En Recup-Dade	SP558	\$225,000		
CAMILLUS BEHAVIOR HETH TRT CTR	SP5CB	i and the second		
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE			
JUV CO-OCCUR ADDITNS Dade/Broward/Monroe	SPJC9	Proceedings of the State of the		
GR/NEW HORIZON'S CENTER	SPNH9			
B/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)			
Generl Revenue	19M18	\$85,496		
i/A-BAKER ACT SERVICES General Revenue	(100611)	#1000 00 1000 000 000 000 000 000 000 00		
Contral Revenue	19M18	l		
Recovery & I	Resiliency Total	= \$19,277,429	Recovery & Resilie	ney Total = \$4.851,00
TOTAL ADULT	COMM, MH =	\$27,000,131	TOTAL CHILDREN'S MENTAL	HEALTH = \$6,389,81
Market State Company				
unimunity Mental Health Block Grant				

201/2018		Revised i	Exhibit A-1	
		SUBSTANCE ABU		
nsvider Name: South Florida Behavioral Health Network, In.	Contract 5		Remission is 41.412.	FV 2610-11 (9 Mos
adget Entity 609 10603 - Adult Substance Abuse	OCA	AMOUNT	Budget Eurity 60910602 - Children's Substance Abi	ase OCA AMOUNT
03005-DETOXIFICATION			602001-DETOXIFICATION/ARE	
G-A-COMM SUBSTANCE ABUSE SVCS	(100618)		Gra-CHILD: ADOL SUBSTANCE ABUSE SVCS	(100420)
SAPTBG	278G5	5254,987	SAPTEG	270Git \$277 (147
GR/Tobacco Sentiment Trust Fund	27ME5	\$165,153	GR Tobacco Settlement Trust Fund	27ME1 \$313.087
GR-Adult Detax	ADDEX	\$156,132	GR-Child Detex	CHDEX \$86,771
	Detoxification Total =	\$576,272		Detoxification Total = \$676.905
13006-PREVENTION SERVICES			602002-PREVENTION SERVICES	
G/A-COMM SUBSTANCE ABUSE SVCS	(10061X)		G:A-CHILD/ADOL SUBSTANCE ABUSE SVCS (I	HM 70)
General Revenue	27ME6	\$60,000	Prevention Services -SIG/ADAMHTF ***	27F02
ADAMH Trust Faul Prevention Services, ***	27PR6	\$145,469	General Revenue	27ME2 SU
	1-11111	1	ADAMH Trust Fund-Prevention Services	27PR2 \$1.768,574
			Prevention Farmership Services ***	27PR3 \$584.874
			GR/Child Prevention Sycs.	CHPRV 5'836,207
			General Revenue	SP613 .
			GR.Stewart Marchinan Troit, Cir D12	SP643
	Prevention Services Total =	\$205,469		revention Services Total = \$1,259,655
			1000	Carl Carlo
03007-TREATMENT & AFTERCARE			602003-TREATMENT & AFTERCARE	
G-A-COMM SUBSTANCE ABUSE SVCS SAPTEG	(100618)		G-A-CHILD-ADOL SUBSTANCE ABUSE SVCS (I	
	270017	\$5,237,363	SAPTEG	270G3
ADAMHTF Administrative Expenditures	27AD7		ADAMH Trust Fund Administrative Expenditures	27AD3 \$30.89
ADAMHTF Intravenous Drug Usage ***	27HIV	8002,608	ADAMH Trust Fund	27CHV
GR.TSTFO&MTF	27ME7	\$1,658,936	GR TSTF/O&MTF/CASATF	27ME3 52,874,904
ADAMHTF Services to Women ***	27WOM	\$1,547,217	WITE TANE	39TC1 \$128,03-
WITETANE	39TC0	\$980,514	GR-Tx & Aftercare - child	CHTRT: \$93.14
Trust Fund	ADTRT	\$167,445	ADAMH Trust Fund HIV	27CHV \$33.556
SSBGTF Camillus Life Center - Dade	B\$611	***************************************	ADAME Trist Find-Roots n'Wings	SP602
General Revenue	DPG08	\$13,765	GR/Adol. Tx Dually Diagnosed Girls - D11	SP606 \$3.75,000
FEDERAL GRANTS TRUST FUND	5B004		GR The Compass Program	SP608 \$193,403
ADAMPTF-Steward Marchinan Ctr. D12	SP614		GR/ADAMHTF-The starting Place	SP610
ADAMHTF-New Horizons Dual Diagnosis ADAMHTF-Addiction Tring Services	SP615	\$67,500	ADAMHTF-Adolescent Res. SA Tx Facility	SP611
ADAMHTF-New Beginnings Prog Renewal	SP616		GR Project Warm-D12	SP644
ADAMHTF-Cuconat Grave Echay Hth Car	SP617		GR/Phoenix House-R23	SP(45
ADAMHTF-River Regions Services, Inc.	SPGIR	\$135,000	GRAST STEPMOTHERSANFANT	SP646
ADAMHTF-Passage Way Aftercare Project	SP619		GR/Drug Abuse Comprehensive Cord Ofc.	SP647 i
ADAMHTF-Emerg. Wait List Reduc. Project	SP622		GR/Here's Help	SP692 \$150,000
ADAMHTF-Project Warm	SP623	\$67,500		
GR-AGAPE	SP624			
GR-River Region Women's SA	AGAPE SP651	\$187,500		
GR-Circles of Care - Brevard	SP652			
GR-Center for Drug Free Living	SP669		1	
GR-Center for Drug Pree Living - Brevard	SP670			
time in original strang breakt	SPBAI	$(1.5, 0.5, 0.05, 0.00) \times 2.000 \times 10^{-10.00} \times 10^{-10.0$		
	Treatment & Aftercare Total =	\$10,965,348	Treat	menf & Aftercare Total = \$3,878,93
			TOTAL CHIL	.D/ADOL NUB. ABUNE = \$7,815,490
	TOTAL ADULT SUB. ABUSE =	\$11,747,089		
CRA	ND TOTAL ALL PROGRAMS =	\$52,952,530		
Gui	TOTAL ALL TROGRAMS -	326,752,3.30		
ATCH CALCULATIONS APPLICABLE TO CONTRACT				
The role to contract				7
F	UNDS NOT REQUIRING MATCH:			
Deinstitutionalization Projects		\$12,602,615	TOTAL FUNE	S REQUIRING MATCH - SZZ,615,65
Children'e Mental Health Base Funding		\$3,859,720		A
Chiefer Charles rieson base ringing	Control of the Contro			
MH Exempt Block Cirant Allocation		7005 741	LOC	ALMATCH REQUIRED # \$7,538.55
MH Exempt Block Grant Allocation Drug Abuse Services		\$9,781,294	ADDIT	IONAL LOCAL MATCH =
MH Exempt Block Grant Allocation Drug Abuse Services FACT	/NDS NOT REQUIRING MATCH =	\$9,781,294 \$3,423,853	ADDIT	

** E	spenditure must be Substance Abuse Prevention and Treatment Black Grant eligible
***	Substance Abuse Presention and Treatment Block Gram - Funding Agreement - RESTRICTIONS APPLY

			CMII Wraparound Grant (GMDW)	
s not included in the body of the Funding Detail: >>>>			Personnel/Consulting	Nine Mos.
AMH Administration (NEW)		254,672	Nicole	84,375
AMH Administration (6.85%)		128.496	Lynn	75,000
ABA Administration (New)		319,500	Miriam	26,319
ABA Administration (GAIN-one-t	ime only)	50,000	TA - VAC	15,000
CMH Administration (New)		287,212	Maria Elena Fernandez	9,000
CMH Administration (6.85%)		11,563	Maria Villar	3,000
SAMH Admin (OPS & EXP) Tr.		355,821		
CSA Admin (6.85%)		273,351	FOF	3,750
CSA Admin (NEW)		44,786	Travel - Out of State	2,540
ASA Admin (6,855)		- 815,051	Cell Phone	1,350
Total		2,540,452	FIU - Social Marketing	28,929
			E-Therapy	000,88
Haitian Emergency Response Grant # 11078 M000	0317-01 (OCA: CCH11)		Michael Millor, PHD	50,047
Network Provider	Three Mos.		Training - Wraparound	31,822
	(FACES Launch	10,000
Subcontractor:New Horizons CMHC	\$466,580.00		Stigma Reduction(Social Mktg)	13,766
			Training - USF SOC PR	30,000
	i		USF Logic Model	5,000
			Gain	30,000
	Į.		John Mayo	22,800
			Translation	50,000
Administration	\$17,470.00		Administration	50,000
Total	\$484.050.00		Total	630,698

12/16/2010

1-6-2011

3/7/2011

Adjustments are made to various accounts to roll over the lapsed budgets from the first three months of the contracts managed by the Department.

\$12,278 is added in CSA-27PR2, \$49,321 is added in CSA-CHPRY to provided additional Frewnion services, 1-time only. (This log is needed to fund admin in the next FY).

\$43,481 is added in AMI-19M18 for anoldfished 1-time only services. This budget is needed to fund ME admin in the next FY.

\$56,500 is added in ARI-19M4F4 for additional 1-time only services. This budget is needed to fund the ME admin in the next FY.

\$19,071 is added in CMII fluids for the ME was inaccurate timere budget should have been addlet to ME); this amendment corrects this error.

\$10,000 is added in CMII fluids for the ME was inaccurate timere budget should have been addlet to ME); this amendment corrects this error.

\$10,000 is added in Contracted Services (GMDWI) for VACES annual empowerment annual educational conference.

\$13,760 is added to Contracted Services (GMDWI) for Sigma Reduction and Awareness comparigos.

\$77,331 is being reduced from 890 I I based on projected understribilization of the Inter capacitive.

\$484,050 is added for (Amonth allocation in OCA; CCH11) FY 2010-2011 for the SAMIISA Halif Emergency Response Grant Application for Intermediate Services \$13,800 is added in CMII (89) (3) to roll over the Department's first quarier balance.

REVISED EXHIBIT B-1

LINE ITEM OPERATING BUDGET

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 10/01/2010 TO 06/30/2011 DATE PREPARED: 04/01/2011

Amd: #0002

		-	
20 000 00	50 (1) 1 (1)		
•			
AMOUNTS	AMOUNTS	AMOUNTS	TOTAL
\$1,561,741	\$174.289	\$	\$1,736,030
		100	\$347.281
\$1,886,852	\$196,459	\$0	\$2,083,311
========		========	========
			200 00 0000
		1/2	\$114,000
			\$62,500
\$42,049	\$2,540		\$44,589
\$	\$	\$	\$0
\$	\$	\$	\$0
\$	\$	\$	\$0
\$	\$	\$	\$0
\$15,000	\$		\$15,000
\$	\$		
\$278,711		\$	\$278,71
\$	\$	\$	\$0
		100	
========	========	========	
\$30,031	· ·	e	\$39.93
		100	41
========	=======================================	**	939,93
£404 400	60		\$101,40
\$101,409	T-	T	\$101,400
\$0	\$431,699	\$484,050	\$915,74
		26 000 17 5	
=======================================			
\$2.540,452	\$630,698	\$484.050	\$3,655,20
	\$114,000 \$62,500 \$42,049 \$ \$ \$15,000 \$278,711 \$ \$512,260 ====================================	Administration, Management & Oversight AMOUNTS \$1,561,741 \$174,289 \$325,111 \$22,170 \$1,886,852 \$196,459 \$====================================	Administration, Management & Oversight AMOUNTS

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

For Fiscal Year 2010-2011

⊃rovider

Name: South Florida Behavioral Health Network, Inc. Contract #: KH225 Date: 04/01/2011 Revision #: 0002

I. Mental Health Contracted Services

Α.	Req (inc	uired Performance Output Standards for Each Target Population luding all clients paid for by SAMH, Medicaid and Local Match)	Minimum Numbers to
*Ple	ase e	xplain in the comment section below if a target population is indicated in the section below, but there is no nating outcome standard for that population.	be Served
	1.	Adult Mental Health a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)	21,749
		b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)	607
		c. Adults with Mental Health Problems (M05302)/(MH5302)	1.683
		d. Adults with Forensic Involvement (M0018)/(MH018)	274
	2.	Children's Mental Health	
		a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)	10,531
		b. Children with Emotional Disturbances (ED) (M0032)/(MH032)	5.516
		c. Children at-risk of Emotional Disturbances (M0033)/(MH033)	92
В.	Re	quired Performance Outcome Standards for Each Target Population	Minimum
*P	lease	explain in the comment section below if there is an Outcome Standard but there is no corresponding target	Contract
		pulation indicated.	Standard
	1.	Adult Mental Health - Adults with Severe and Persistent Mental Illness	
		a. Percent of adults with severe and persistent mental illnesses who live in stable housing	000/
		environment will be at least (M0742)/MH742) (Statewide Target – 93%)	93%
		 Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – 	
		(Statewide Target – 30)	30
	2.	Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious	
		and Acute Episodes of Mental Illness and Adults with Mental Health Problems	
		a. Percent of adults in mental health crisis who live in stable housing environment will be at least	
		(M0744)/MH744) – (Statewide Target – 90%)	90%
	3.	Adult Mental Health - Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)	
		a. Percent of adults with serious mental illness who are competitively employed will be at least	
		(M0703)/MH703) - (Statewide Target - 15%)	15%
	4.	Adult Mental Health - Forensic Involvement	
		a. Percent of adults in forensic involvement who live in stable housing environment will be at	
	_	least (M0743)/MH743) - (Statewide Target - 70%)	70%
	5.	Children's Mental Health - Seriously Emotionally Disturbed	
		 Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – (Statewide Target – 95%) 	95%
		b. Percent of children with serious emotional disturbance who improve their level of functioning	3370
		will be at least (M0378)/MH378) – (Statewide Target – 65%)	65%
		c. Percent of school days seriously emotionally disturbed children attended will be at least	***************************************
		(M0012)/(MH012) - (Statewide Target - 86%)	86%
	6.	Children's Mental Health - Emotionally Disturbed	
		a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778)	
		- (Statewide Target – 95%)	95%
		b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) -	
		(Statewide Target – 64%)	64%

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

For Fiscal Year 2010-2011 rovider Revision #: 0002 South Florida Behavioral Health Network, Inc. Contract #: KH225 Date: 04/01/2011 Name: Children's Mental Health - At-Risk of Emotional Disturbance a. Percent of children who live in stable housing environment will be at least (M0780) (MH780) 90% - (Statewide Target - 90%) C. Required Internal Measures Data Submission Outcomes for Mental Health a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0759) 95% The standard target for this measure is at least 95% II. Substance Abuse Contracted Services A. Required Performance Output Standards for Each Target Population (including all clients Minimum Numbers to paid for by SAMH, Medicaid and Local Match) **Please explain in the comment section below if a target population is indicated in the section below, but there is no be Served corresponding outcome standard for that population. Adults with Substance Abuse Problems 12,354 a. Number of Adults Served (M0063)/(SA063) Children with Substance Abuse Problems 4.520 a. Number of Children Served (M0052)/(SA052) Adults At-Risk of Substance Abuse Problems- (Non GAA) 18,087 a. Number of Adults participating in Prevention Services (M0785)(SA785) 150 b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767) 10 c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768) d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of 112 the program's schedule of activities (M0769)/(SA769) e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of 7 the program's schedule of activities (M0770)/(SA770) Children At-Risk of Substance Abuse Problems- (Non GAA) 15683 a. Number of children participating in Prevention Services (M0762)/(SA762) 9,735 b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761) 354 c. Number of children participating in Level 2 Prevention Programs (M0695)/(SA695) d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of 2,164 the program's schedule of activities (M0763)/(SA763) e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of 143 the program's schedule of activities (M0764)(SA764) Minimum B. Required Performance Outcome Standards for Each Target Population Contract **Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target Standard population indicated. Adults with Substance Abuse Problems a. Percent of adults who successfully complete substance abuse treatment services will be at 50% least (M0755)/SA755) - (Statewide Target - 50%) b. Percent change in clients who are employed from admission to discharge will be at least 20% (M0753)/(SA753) (Statewide Target - 20%) c. Percent of adults who live in a stable housing environment at the time of discharge will be at

10/01/2010

d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days

80%

KH225

least (M0756)/SA756) - (Statewide Target - 80%)

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

For Fiscal Vear 2010-2011

ovider	For Fiscal Year 2010-2011	
ame:		ı #: 0002
	prior to discharge (M0754/SA754) (Statewide Target – 35%)	35%
2	 Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%) a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771) 	50%
	 b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772) 	50%
3	 Children with Substance Abuse Problems a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - (Statewide Target – 55%) 	55%
	 b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - (Statewide Target – 85%) 	85%
	 Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - (Statewide Target – 20%) 	20%
4	 Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%) a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765) 	50%
	 b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766) 	50%
5	 Data Submission for Prevention Program Tool (Baseline – Non GAA) a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. (Statewide Target – 50%) 	50%
C. R	Data Submission Outcomes for Substance Abuse a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance	

III. Managing Entity Contracted Services

standard target for this measure is at least 95%

- a. Performance Measures
 - (1) 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) The

- (2) 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.
- (3) 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.
- (4) 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.
- (5) TBD percent reduction in the average number of days people are on the residential substance abuse wait list.
- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.

95%

Substance Abuse and Mental Health Required Performance Outcomes and Outputs For Fiscal Year 2010-2011

Provider Name:

South Florida Behavioral Health Network, Inc. Contract #: KH225 Date: 04/01/2011 Revision #: 0002

- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

b. Methodology

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (8) One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

Substance Abuse and Mental Health Required Performance Outcomes and Outputs For Fiscal Year 2010-2011

Provider

Name: South Florida Behavioral Health Network, Inc. Contract #: KH225

Date: 04/01/2011

Revision #: 0002

- (9) One minus the fraction whose numerator is the average number of days people were on the children's mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (10) One minus the fraction whose numerator is the average number of people waiting on the children's mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (11) One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (12) One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (13) The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

IV.	Haiti Community Response Program Services	Minimum Numbers to be Served
	A. Required Performance Output Standards	
	Outreach and Public Education Services a. Number of adults and children served	1937
	Case Management and Referral Services a. Number of adults and children served	20
	a. Number of addits and children served	<u>80</u>
	Short-Term Outpatient Treatment services a. Number of adults and children served	60
	B. Required Performance Outcome Standards	
	 Outreach and Public Education Services Percent of adults and children receiving outreach and public education services 	es <u>90</u>
	2. Case Management and Referral Services	
	a. Percent of adults and children referred for services	<u>85</u>
	Short-Term Outpatient Treatment Services a. Percent of adults and children who successfully complete treatment	<u>85</u>
.,	Empiro example e populate	

V. Comments / Explanations

**There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. **Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.

Performance Contract SAMH Services Program

Provider Name: South Florida Behavioral Health Network, Inc.

Date: April 1, 2011

Contract No. KH225 Amendment #0002

Conico	Due Date	# of	Send to:
I CODICS I	Due Date	Conies	Oona to.

Response to Monitoring Reports	Within 30 days from the day the report is received.	1	Contract Manager
and Corrective Action Plans	, , , , , , , , , , , , , , , , , , , ,	17/	
Validation of review of subcontractor's Sliding Fee Scale [reflecting the uniform schedule of discounts referenced in 65E-14.018(4)]	Within 30 days of contract execution	1	Contract Manager
Validation of review of subcontractor's Agency Service Capacity Report , Projected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (if applicable)	Prior to contracting for year 2 of the contract and every other year thereafter.	1	Contract Manager
Consolidated Program Description	Prior to contracting for year 2 of the contract and every other year thereafter, or any updates thereafter.	1	Contract Manager
Monthly Data Required by CFP 155-2	Within 15 days after end of month	Electronic Submission	SAMH Program Office as appropriate
Incident Report	Within 48 hours of occurrence	1 to Region Incident Report Liaison 1 to Lotus Notes	As specified in CFOF 215-6, 215-3 and other Regional language as directed by the contract.
Audit Schedules (for client non- specific unit cost performance contracts)	The ME's Audit Schedule is due 180 days after the end of the ME fiscal year or 45 days upon completion of audit, whichever comes first. The ME shall submit the network provider's audit schedules 30 days after receipt from the network provider.	1 to Region	Contract Manager
Schedule of State Earnings Schedule of related Party Transaction Adjustments Program/Cost Center Actual Expenses & Revenues Schedule Schedule of Bed-Day Availability Payments	Due 180 days after the end of the fiscal year or 45 days upon completion of audit, whichever comes first.	1 to Region	Region SAMH
Financial & Compliance Audit per Attachment II	180 days after the end of the managing entity's fiscal year or 45 days after its completion, whichever comes first.	1	See Attachment II SAMH Contract Manager

Reports Required for Substance Abuse Providers

Annual Report for HIV Early	Upon Request of the department	1 to Circuit	Circuit Contract
Intervention Services, SAPT Block	open request of the department	1 to Oricuit	Manager Substance
Grant Set Aside Funded Services		Headquarters	Abuse Program
Only		rieauquarters	Office
Annual Report for Evidenced-based	Upon Request of the department	1 to Circuit	Circuit Contract
Injection Drug User Outreach		1 to	Manager Substance
Services, SAPT Block Grant		Headquarters	Abuse Program
Mandate, Designated Providers			Office
Only			
Annual Report for Pregnant Women	Upon Request of the department	1 to Circuit	Circuit Contract
and Women With Dependent	2	1 to	Manager Substance
Children SAPT Block Grant Set		Headquarters	Abuse Program
Aside Funded Services Only			Office
Other Reports		1	
Approved Annual Action Plan	By June 1 st of each fiscal year	1	Contract Manager
Quarterly Annual Action Plan	As identified in the Annual Action Plan	1	Contract Manager
Reports on Accomplishments and	33 - Product de regionale de Carlo Carlo (1995) (19		
Deliverables			
Monthly Administration and Service	30 days after the month of service	1 1	Contract Manager
Invoices			
Final Invoice	By July 31 of each fiscal year and 31 days after contract	1	Contract Manager
	end date		
Wait List (until department's	Monthly for SA services.	1	Contract Manager
automated system is operational)	Monthly for MH services as per the approved annual		
	action plan.		
Monitoring Schedule	For fiscal year 2010-2011, within 30 days of receipt of	1	Contract Manager
	the risk assessment prepared by the Department's		
	Contract Oversight Unit and by August 30 th of each fiscal		
	year thereafter.		
Contingency Transition Plan	90 days after contract execution	. 1	Contract Manager
Validation of receipt and review of	Within 30 days of contract execution	1	Contract Manager
Network Providers grievance			
procedures			
Validation that all Network Providers	Within 30 days of contract execution	1	Contract Manager
produced copies of their Informed			
Consent Forms			
Validation of receipt and review of	Within 30 days of contract execution and by June 1 of	1	Contract Manager
Network Providers Emergency	each fiscal year		- 000
Preparedness Plan			
Validation of Network Providers	Within 30 days of contract execution	1	Contract Manager
Civil Rights Compliance			
Questionnaire			
Validation of Network Providers	Within 30 days of contract execution	1	Contract Manager
Security Agreements			
Affidavit Regarding Debarment	Annual for the ME and	1	Contract Manager
	15 days prior to contract negotiation with subcontractor, or as requested by the contract manager.	-	
Beginning Inventory Report	Within 30 days of contract execution	1	Contract Manager
			John Bot Wariager
Training Schedule	Within 15 days prior to the training quarter.	1	Contract Manager

Performance Contract SAMH Services Program

Invoice Review Supporting Documentation	As per the contract and/or as requested by the contract manager	1	Contract Manager
Lapse Analysis Report	30 days after the month of services	1	Contract Manager
Annualized Line Item Budget & Narrative	60 days before the beginning of each fiscal year.	1	Contract Manager
Annual Inventory Report	May 15 th of each fiscal year	1	Contract Manager
Closeout Inventory Report	By July 31, 2015	1	Contract Manager
Cooperative Agreements/MOU/MOA/Procedures	As identified in the Annual Action Plan and the contract	1	Contract Manager
Quality Assurance Reviews, Monitoring Reports & Corrective Action Plans	Within 30 days after exit conference	1	Contract Manager

Region Specific

Children's Mental Health (see annual action plan and Contract)

Adult Mental Health			
Quarterly and Annual PATH Report			
FACT Reports (1) Quarterly FACT Enhancement Reconciliation Report and Tracker (2) Quarterly FACT Ad Hoc Reports (3) Monthly Performance Measures Report (4) Reporting of significant incidents & interventions, as needed	Subcontractors to submit to the managing entity by October 15 th . January 15, April 15 and July 15 of each fiscal year. The managing entity is to submit to the department the reports one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office/Headquarters as specified in the contract
Quarterly Contingency Funds Report	Subcontractors to submit to the managing entity by October 31, January 30, April 30 and July 31 of each fiscal year. The managing entity is to submit to the department a summary of the quarterly expenditures one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office
Path Quarterly Reports	Subcontractors to submit to the managing entity by October 31, January 30, April 30 and July 31 of each fiscal year. The managing entity is to submit to the department the reports one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office
PATH Annual Reports	Drafts to be submitted to Southern Region SAMH Program Office, DCF Central Office in Tallahassee in April or May of each fiscal year as requested	1 Southern Region SAMH for Prior	Southern Region SAMH Program Office, Contract Manager, and On-

		Approval,	line Site
		Approvar,	inte Otto
		1 final to	
		DCF Central	
		Office in	
		Tallahassee	
Forensic Services			
Monthly Report for Individuals on	By 15 th of each month	1	Forensic
Conditional Release			Coordinator/MH
ß			Administrator Office
Census Report	Weekly	- 1	SAMH Forensic
			Coordinator
Admission Waiting List	Weekly	1	SAMH Forensic
			Coordinator
Staffing Reports	As required, every six month per clients	1	SAMH Forensic
			Coordinator
Haiti Emergency Respor For Intermediate Service	se Grant Application es # 1H07SM000317-01		
Quarterly Progress and Financial	Subcontractor (New Horizons Community Mental Health	1	Contract Manager
Reports	Center, Inc.) to submit to the managing entity by June 6,		
	2011, September 5, 2011, and December 5, 2011.		H 12
		1 to	Mental Health Progran
	The managing entity is to submit to the department the	Headquarters	Office
		· roundantoro	011100
	reports by June 8, 2011, September 7, 2011, and	l	
	reports by June 8, 2011, September 7, 2011, and December 7, 2011.	rioadquartoro	
	December 7, 2011.	, roadquartoro	
Final Progress and Financial Report	December 7, 2011.	1	Contract Manager
Final Progress and Finançial Report	December 7, 2011. Subcontractor (New Horizons Community Mental Health Center, Inc.) to submit to the managing entity by April		Accessor
Final Progress and Financial Report	December 7, 2011. Subcontractor (New Horizons Community Mental Health		
Final Progress and Finançial Report	December 7, 2011. Subcontractor (New Horizons Community Mental Health Center, Inc.) to submit to the managing entity by April 23, 2012.		
Final Progress and Financial Report	December 7, 2011. Subcontractor (New Horizons Community Mental Health Center, Inc.) to submit to the managing entity by April	1	Contract Manager