REVISED EXHIBIT AG

Miami-Dade Forensic Alternative Center (MDFAC)

A. SERVICES TO BE PROVIDED

1. Definition of Terms

a. Program/Service Specific Terms

(1) Active Treatment: Psychiatric treatment and rehabilitation interventions that ameliorate problems or symptoms and promote the acquisition of the skills, supports and resources needed for community living. All interventions must be specifically designed to improve an individual's condition. For an activity to be considered a part of active treatment there must be a specific relationship between the activity and a goal or objective of an individualized treatment plan.

(2) Client Transition Services: Specific services designed to enhance the successful transition of individuals from inpatient treatment to conditional release or community care. Such services include orientation to the community placement of choice, introduction to and establishing rapport with the forensic case manager/forensic specialist, and activities of daily living necessary for successful community living. Because the Miami- Dade Forensic Alternative Center (MDFAC) provides treatment to many individuals who will be returned to jail rather than another community setting, and because the status of many individuals is controlled by the courts, transition services as defined here may not be available to all individuals.

(3) Community Care: Includes individual care, treatment, services, rehabilitation, housing or other programs that serve or potentially serve individuals after discharge from the facility.

(4) Community Reintegration: Activities designed to assist an individual's return to community living by testing their community, allowing them to develop the skills needed for addressing environmental barriers that affect everyone (e.g., negative beliefs, peer pressure, prejudice and discrimination, lack of access, etc.), and those that affect specific individuals (e.g., presenting symptoms, family supports or lack thereof, substance abuse, legal issues, etc.). Such activities include, but are not limited to; identifying, securing and maintaining; orientation, acceptance, conformity, close and diffuse relationships, living situation, independence, productivity and leisure activities, through on-site assistance, community visits and other supports.

(5) Competency Restoration Training: The provision of treatment and education to restore the individual to competency, i.e., to understand and comprehend the charges, the legal process, the consequences, and the individual's legal rights.

(6) Conditional Release: For purposes of this contract, a court-ordered plan for providing appropriate outpatient care and treatment for defendants who are determined by the court to be incompetent to proceed or not guilty by reason of insanity. The committing court may order a conditional release of any defendant in lieu of an involuntary commitment to a facility pursuant to s.916.13 or s.916.15, Florida Statutes (F.S.), or upon a recommendation that outpatient treatment of the defendant is appropriate. A written plan for outpatient treatment, including recommendations from qualified professionals, must be filed with the court with copies to all parties. Such a plan may also be submitted by the defendant and filed with the

court with copies to all parties. Conditional release procedures are specified in Department of Children and Families Operating Procedure (CFOP) 155-18.

(7) Employment Program: The provision of services to assess a person's vocational skills, strengths and deficits and to design a program of skill acquisition leading to competitive employment.

(8) "Evidence-Based Assessment Instruments" are assessment instruments that include, but are not limited to, one of the following for use in the completion of the Psychosocial Assessment with adolescents: the Global Appraisal of Individual Needs (GAIN); Adolescent Diagnostic Interview (ADI); the Mini-International Neuropsychiatric Interview (Mini-Kid) or other instruments designated by the Managing Entity.

(9) "Forensic Case Manager or Forensic Specialist: A person employed by a community mental health Network Provider, under contract with the ME, to provide services to individuals who have been court-ordered for evaluation or committed to the department pursuant to Chapter 916, F.S., by one of the state's 20 circuit courts. Individuals served are those who have received an Order of Evaluation of Competency or Sanity, have been adjudicated as Incompetent to Proceed (ITP) due to mental illness or have been adjudicated as Not Guilty by Reason of Insanity (NGI).

(10) "Forensic Client" For purposes of this contract, a forensic client is (i) an adult who is mentally ill, currently charged with a second or third degree felony, incompetent to proceed in any material stage of a criminal proceeding as a result of the mental illness, and committed to the Department pursuant to Section 916.13, F.S., or (ii) an adult who is mentally ill and committed to the Department pursuant to Section 916.15, F.S.

(11) Incompetent to Proceed (ITP): A legal status that means an individual is unable to proceed at any material stage of a criminal proceeding, which must include trial of the case, pretrial hearings involving questions of fact on which the defendant might be expected to testify, entry of a plea, proceedings for violations of probation or violation of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with court orders or conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

(12) "Miami-Dade Forensic Alternative Center (MDFAC): A locked and staff secured facility intended to serve forensic individuals charged with second and third degree felonies who are committed to the department under Sections 916.13 and 916.15, F.S.

(13) Short Term Residential Treatment Facilities (SRT): A facility that provides individualized, stabilizing acute and immediately sub-acute care services for short and intermediate duration intensive mental health residential and habilitative services on a twenty-four (24) hour per day, seven (7) days per week basis. These services must meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

(14) Vacancy: The availability of a bed day at MDFAC as a result of the individual's discharge and physical departure from the facility. It does not include a leave of absence where an individual is released for a brief time from the facility.

(15) Not Guilty by Reason of Insanity (NGI): A legal status that means a defendant has been acquitted

of criminal charges due to a finding of not guilty by reason of insanity in accordance with Rule 3.217, Florida Rules of Criminal Procedure. An individual with this legal status may be involuntarily committed to the Department of Children and Families for treatment at an appropriate facility or program if a court of competent jurisdiction finds the defendant has a mental illness, and because of the mental illness, is manifestly dangerous to himself or herself or others.

2. General Description

a. General Statement

The services provided under this contract are secure facility-based forensic mental health services provided to adults who have been charged with a second or third degree felony and found by the Court to be incompetent to proceed or not guilty by reason of insanity, as authorized in Chapter 916, F.S.

b. Authority

Sections 20.19(9), 394.457(3), F.S. Chapter 916, F.S. Section 394.9082, F.S., and the Prime Contract provides the Managing Entity with the authority to contract for these services.

c. Scope of Service

(1) The Network Provider must deliver high quality forensic mental health care in a secure acute care hospital psychiatric unit following licensing standards for SRT facilities as defined in Chapter 65E-12 F.A.C. The facility must maintain Joint Commission (JC) accreditation. Security and treatment must be integrated in the most effective manner possible. The Network Provider will focus on exploring strategies to reduce the amount of time:

(i) individuals admitted as ITP spend detained, with treatment focused on restoration of competency and continued treatment compliance and;

(ii) individuals admitted as NGI spend detained, with treatment focused on continued treatment compliance.

The Network Provider must develop and maintain close working relationships with all relevant criminal justice entities, including the courts, state attorney, Attorney General, the department, defense attorney, jails, other mental health Network Providers, social service providers, and ME staff. The Network Provider will be expected to use the most up-to-date, effective approaches for accomplishing the goals of competency restoration and symptom and risk reduction, while achieving and maintaining full compliance with statutes, laws, rules, standards and operating procedures applicable to MDFAC.

(2) The Network Provider must serve any persons committed under Sections 916.13 and 916.15, F.S., who are assigned to MDFAC by the ME or the Department. The ME's decision on individuals to be served at MDFAC is final and binding on all parties.

d. Major Program Goals

The ME intends for the operation of MDFAC to accomplish several major program goals, including the following:

(1) Focus on treatment issues relevant to the individual's mental illness and legal status and provide high-quality care based on a recovery of functioning model, which enables individuals to function adequately in the applicable community setting.

(2) Provide timely, state-of-the-art restoration of competency and expert risk assessment and treatment services that ensure safe and successful reintegration into the community for any individual considered for conditional release or discharge.

(3) Provide a safe, secure, appropriately staffed therapeutic environment.

(4) Facilitate community re-integration and avoid recidivism into the criminal justice system.

(5) Create and maintain good working relationships with relevant community- based agencies, including the mental health, health, social service, and criminal justice systems and with the community.

(6) Reduce the average amount of time that individuals spend in the facility before being conditionally released or returned to court as competent.

(7) Minimize the number of ITP individuals returned to MDFAC after Court disagreement with facility finding of competency.

(8) Establish and maintain credibility in the accuracy of competency evaluations and conditional release and discharge recommendations.

3. Individuals to be Served

a. Individual Eligibility

Forensic services at MDFAC must be provided to adults age eighteen (18) and older who have been found by a circuit court to be incompetent to proceed due to a serious mental illness or not guilty by reason of insanity on a second or third-degree felony, and who do not have a significant history of violence. The ME or its designee, as part of the referral screening process, must determine whether a particular individual satisfies these criteria.

Eligibility is open to individuals charged with any second or third-degree felony with the following exceptions:

An individual who is incompetent to proceed and has open charges for any the following offenses may be referred to MDFAC for eligibility and admission consideration on a case-by-case basis. The final decision regarding admission to the program will be contingent on the approval of the Department,

the Administrative Office of the Courts, the State Attorney's Office, the Public Defender's Office, Thriving Mind and Jackson Memorial Hospital:

(1) Domestic battery by strangulation, as defined in section 784.041, F.S.;

(2) Aggravated abuse of an elderly person or disable adult;

(3) Aggravated stalking;

(4) Carrying a concealed firearm

An individual who has previously been convicted of or found not guilty by reason of insanity of any of the following offenses may be referred to MDFAC for eligibility and admission consideration on a case-by-case basis. The final decision regarding admission to the program will be contingent on the approval of the Department, the Administrative Office of the Courts, the State Attorney's Office, the Public Defender's Office, Thriving Mind and MDFAC Provider:

(1) Domestic battery by strangulation, as defined in section 784.041, F.S.;

(2) Kidnapping;

(3) Home invasion robbery;

(4) Aggravated child abuse;

(5) Aggravated abuse of an elderly person or disable adult;

(6) Aggravated stalking; and

(7) Carrying a concealed firearm.

In no event will the ME or its designee refer an individual who is incompetent to proceed, or has previously been convicted of or found not guilty by reason of insanity of one of the following criminal offenses:

(1) Homicide of any kind;

(2) Sexual battery of any kind, except as provided in section 794.05, F.S.;

(3) Lewd or lascivious battery;

(4) Lewd or lascivious molestation; and

(5) Arson or any offense related to fire bombs or explosive devices.

In addition, persons served by the program will be non-compliant with treatment or will otherwise meet criteria for state hospitalization pursuant to Sections 916.13 or 916.15, F.S. Diagnostic categories include all major ICD-10 mental health disorders (primarily psychotic disorders and mood disorders).

Individuals diagnosed with mental retardation or autism, as well as individuals with conditions manifested only by antisocial behavior or substance abuse impairment, are not eligible for admission. A significant number of individuals may also have a secondary diagnosis, such as substance abuse, personality disorders, or controlled stable medical conditions as determined by the Southern Region's Medical Exclusionary Guidelines for Crisis Stabilization Units and Stand-Alone Receiving Facilities for CSU 2009. The Circuit courts make commitments to the department. The ME or designee makes a placement decision and schedules the admissions. Admissions usually occur Monday through Friday and may involve multiple admissions on any given day. The Network Provider must be able to accept admissions after-hours, on weekends and holidays, and on short notice. The ME is the final authority on the decision to place an individual at MDFAC.

b. Individual Determination

The decision to place an individual in the MDFAC program is made by the ME. It is the intention of the ME that the MDFAC program operate as a fully integrated treatment and competency restoration program providing a full continuum of inpatient residential treatment services, as well as linkage to and monitoring of treatment and support services in the individual's local community upon re-entry from forensic commitment. Community monitoring and outreach services must be offered to all program participants for a minimum of one year following discharge from forensic commitment.

Each individual admitted to the MDFAC program must receive and be encouraged to participate in the development of a comprehensive, individualized community re-entry plan. Components of the community re-entry plan must include linkage to all necessary services as determined by the MDFAC treatment team. These services include, but are not limited to, housing, transportation, case management, medication management, integrated dual-diagnosis treatment for co-occurring substance use disorders, trauma services, peer support, employment/vocational training services, and assistance in accessing entitlement benefits and/or achieving economic self-sufficiency. Re-entry plans must be reviewed on an ongoing basis during the period of community monitoring and outreach and are subject to change pending recommendations of the MDFAC treatment team and/or other treatment providers serving the individual, as well as approval by the court as required.

Determination of placement in the MDFAC program must be contingent upon identification of a treatment provider in the individual's local community who will be capable of and responsible for participating in all MDFAC treatment team meetings during both the period of forensic commitment, as well the period of monitoring and outreach following community re-entry. All referrals must include written agreement from the local treatment provider stating that the agency will secure appropriate placement within the jurisdiction of the committing court upon discharge from forensic commitment and that agency further agrees to participate in all aspects of treatment, re-entry, and community monitoring services for the individual being referred for admission. In addition, the treatment provider must agree to serve as the primary liaison between the MDFAC program and the committing court for the duration of the individual's legal involvement. The placement determination made by the ME is final and binding on all parties.

c. Individual Contract Limits

The MDFAC must maintain an operating capacity of thirteen (13) individual beds and the daily census will be limited to that number. The ME recognizes physical occupancy must not exceed thirteen (13) individual beds under normal operating circumstances.

Up to five (5) beds must be available to Broward residents who meet MDFAC's Eligibility Criteria. Only inpatient services will be provided to patients from Broward County. Other services such as transportation, case management and aftercare will not be provided.

B. Manner of Service Provision

1. Service Tasks

a. Task List

The Network Provider is responsible for the execution of the following tasks:

(1) Operate, manage, and maintain a secure acute care psychiatric hospital unit that maintains and meets at a minimum, SRT licensing standards, pursuant to Chapter 65E-12, F.A.C.

(2) Provide integrated treatment and security to ensure the safety of individuals, staff, and the public.

(3) Utilize Wellness Recovery Action Plan (WRAP), an evidence-based practice, as part of the treatment plan for all individuals. The ME approved pre and post-test must be administered to each individual on admission and prior to discharge from the program and motivation towards recovery through WRAP in the areas of life skills and vocational readiness must be measured and reported to the ME as described in Section B. 5. a. Performance Measures and Section B.5. b. Performance Methodology.

(4) Operate, manage, and maintain a secure acute care psychiatric hospital unit that provides a therapeutic environment that is safe for individuals and staff.

(5) Provide a comprehensive active treatment program and all services necessary to support the twenty-four (24) hours a day, seven (7) days a week residential care of persons living in a secure acute care psychiatric hospital unit.

(6) Comply with Joint Commission (JC) accreditation and Agency for Health Care Administration (AHCA) licensure standards throughout the length of the contract.

(7) Operate a secure acute care hospital unit that provides treatment based on the principle of recovery and focuses on issues arising from the legal status of individuals.

(8) The provider must notify the Forensic Coordinator, in writing, by the third day (72 hours) concerning a individual's refusal to take medication.

(9) The provider must file a petition for involuntary medication proceedings after the individual has refused medication for seventy-two (72) hours.

(10) Provide competency restoration services in accordance with professional practices and conditional release/discharge planning, when appropriate.

(11) Provide individualized treatment as documented in treatment plans that are prepared with full participation of the individual and, to the fullest extent possible, the community forensic case manager/forensic specialist.

(12) Provide assessment of individuals' restorability of competence and provide timely reports to the court regarding restorability, and requesting the dismissal of charge for those individuals who remain incompetent for five years and whose competency is deemed non-restorable.

(13) Provide timely reports to the court in accordance with CFOP 155-19, following determination that a individual is competent to proceed; non- restorable, or no longer meets criteria for involuntary commitment.

(14) Actively track the progress of individuals through the program and monitor the program's interactions with the court to help assure timely discharges and transfers.

(15) Establish and maintain good working relationships with all relevant mental health, primary health, social service, criminal justice agencies, and with the community.

(16) Provide secure transportation of individuals to and from the facility.

(17) The Network Provider must develop a plan to manage the facility during all emergency situations such as fires, accidents, strikes, civil disturbances, natural disasters and military contingency operations, including the identification of alternative care sites if necessitated by conditions. The Network Provider is expected to take all necessary actions to ensure the facility it occupies is maintained and protected for any contingency. A comprehensive emergency evacuation plan must be developed in conjunction with the ME, the department and approved by the Agency for Health Care Administration (AHCA), the State Fire Marshal, and the local disaster management/emergency services agency. This plan must address the issues of staffing, transportation, sheltering arrangements, emergency equipment and supplies, etc. The Network Provider must be an active participant in the development or amendment of the emergency evacuation plan, as it is integral to safeguarding the buildings and protecting the safety of the individuals at the facility. The plans should include listings of actions, items necessary to protect individuals, staff and property during and after each type of emergency situation. If an emergency situation occurs, the Network Provider will be required to assist the department and other state entities as necessary. This assistance might include providing staff to work in other facilities or relief centers, housing for displaced individuals, and other resources deemed necessary by the ME.

(18) Policies and Procedures:

(i) The Network Provider must comply with the department's mental health/substance abuse operating procedures and subsequent revisions, as listed in **Exhibit F, State and Federal Laws, Rules and Regulations**. The Network Provider will develop its own policies and procedures, which must be approved by the ME and may not be inconsistent with the department's procedures.

(ii) The Network Provider agrees to develop, maintain, and update as needed, the security procedures related to the facility and to the transportation of

individuals. The Network Provider must ensure that all staff, vendors, service providers, volunteers, visitors, and residents comply with the security procedures. The procedures must include, at a minimum the following items:

a) Security and safety protocols for the facility.

b) Staff training on the facility security and safety procedures.

c) Forensic Resident Transport Protocols:

1) Vehicle checks/searches for removal and control of contraband and escape tools.

2) Escort procedures to minimize possible escape or agitated resident scenario.

3) Communication procedures for transport units.

4) Florida Department of Law Enforcement (FDLE) approved handcuffing technique or other ME approved restraint protocol.

5) Crisis management techniques approved for use by the ME.

6) Use of restraints and seclusion during transport.

7) Safety and security of residents during transport.

8) Cancellation of transport for safety concerns.

9) Resident searches upon departure, during trip and upon return to the facility.

d) Safety and maintenance of vehicles and driver license checks prior to resident transport.

e) Communication with external partners when transporting to outside appointments.

f) Use of restraints and seclusion within the facility.

g) Key control and access procedures.

h) Parking control procedures.

i) Control of weapons for arriving law enforcement agencies.

j) Control of maintenance tools within the secure envelope of the housing and

recreation yard.

k) Fire doors and exits.

l) Transfer of Resident Custody in the Secure Envelope.

m) The Network Provider must ensure that its Emergency Plan includes, at a minimum, all of the security measures included in this section.

n) The Network Provider must notify the ME of any changes in security protocol within twenty-four (24) hours of the change.

(19) Update and revise its policies, procedures and protocols as new advancements occur in the mental health treatment field, particularly evidence-based practices. With regard to the above, the Network Provider will be responsible for ensuring the development of sufficient training materials and ongoing instruction for all employees.

(20) The Network Provider must have the common halls and front offices under appropriate visual supervision.

(21) The facility's fire alarm system and fire sprinkler heads must be maintained on a regular basis. Exits must always be well lit.

(22) The Network Provider must develop/enhance working relationships with City of Miami Police, Miami-Dade Police Department and Miami-Dade Department of Corrections and Rehabilitation, including courthouse security.

(23) Network Provider must ensure all meals are served at appropriate food temperatures.

(24) Housekeeping must be completed on a regular scheduled basis as specified in 65E-12.106(14) F.A.C.

(25) The Network Provider must provide transportation to medical appointments, local hospitals, and to state treatment facility as necessary or as directed by the ME or its designee.

(26) Security practices and procedures must be developed/maintained, including:

(i) No personal keys must be allowed within the secured resident housing;

(ii) The MDFAC unit must be housed at Jackson Health System Behavioral Health Hospital, which is and must be licensed under Chapter 395, F.S. and meets all the security requirements of a facility designed to serve individuals in acute crisis who are in need of psychiatric stabilization;

(iii) MDFAC unit staff must receive Crisis Prevention Intervention (CPI) training, which is aligned with regulations, legislation, and accreditation standards of the Joint Commission, Council on Accreditation (COA) and Commission on Accreditation of Rehabilitation Facilities (CARF). CPI programs are dedicated to

assisting organizations with changing their cultures to support trauma-informed, person-centered care;

(iv) The Network Provider's ground access doors must be regulated with proximity card controls which are automatically monitored and controlled by JHS Security Services via a software application; Additional remote Electronic Access Control and Camera entry will be installed in the main entrance by May 15, 2015. The Network Provider agrees to notify the ME should there be a delay.

(v) MDFAC Unit's entry points (two) must be equipped with special double locked doors which must comply with any appropriate hospital regulatory agency requirements;

(vi) MDFAC nursing station must be centrally located with full view of the common areas and hallway and must be protected by 3/8" plexi-glass material to allow both visibility and safety for both patients and staff;

(vii) MDFAC staff must be equipped with two (2) radio units in order to maintain communication for purposes to include, but not limited to, the following: between the staff accompanying patients on fresh air breaks; the nursing station; for the safety of the individuals and staff; and, for emergency purposes.

(viii) MDFAC staff must be trained in the use of JHS overhead system to announce emergency codes and including any elopement attempts.

(ix) MDFAC unit must have access to JHS' Crisis Team to contain and secure any patient situation.

(x) Staff must be trained on how to activate outside emergency calls if necessary, by dialing 911.

(xi) Security Specialist will patrol the building 24/7

(xii) Unit- 24/7 lockdown- key is required to enter/exit

(27) Provide community reintegration services to individuals discharged from the MDFAC program.

(i) Crisis support services.

(ii) Skills training in natural environments to promote independent living.

(iii) Vocational training to include job readiness.

(iv) Social skills training.

(v) Adult daily living skills training.

(vi) Link to existing community-based care.

(28) Monitor individuals on conditional release and probation for compliance with court order. Monitoring activities will include telephone calls, home visits, case and treatment reviews, interviews and site visits.

(i) Verify address of residence.

(ii) Verify compliance with prescribed treatment, including medication regimen.

(iii) Confirm participation in psychosocial rehabilitation, educational, social and recreational activities.

(iv) Review and report results of drug testing.

(v) Identify potential problem areas regarding treatment & compliance.

(vi) Develop and maintain open communication and support the assigned community case management agency/community-based care provider.

(vii) Develop and implement appropriate interventions with treatment team/forensic specialist team.

(viii) Develop and implement appropriate interventions with treatment team/Felony Jail Diversion Program.

(29) Perform case management functions.

(i) Provide at a minimum two contacts per week for twelve (12) months after discharge from the program or as required by the court order. At least one of those contact should be a face-to-face contact with the person served".

(ii) Serve as liaison to MDFAC treatment team, the 11th Judicial Circuit probation officer and others involved in the care and/or treatment of the individual.

(iii) Coordinate services needed by the individual serviced on a case by case basis.

(iv) Advocate for individual by identifying service and resource gaps and barriers.

b. Task Limits

The Network Provider must be expected to serve those individuals the ME authorizes for admission, within the framework of the tasks outlined in Section B.1.a. above, subject to the availability of funds.

2. Staffing Requirements

a. Staffing Levels

(1) The Network Provider must maintain staffing levels in compliance with SRT licensing standards and in accordance with the Program Description.

(2) Network Provider must ensure coverage for unplanned transports after hours, while ensuring the maintenance of appropriate staff to resident ratios.

(3) Network Provider must designate a staff person to provide security notifications in case of adverse event at the facility outside the secure area after hours and to conduct external perimeter checks on doors and vehicles.

(4) Network Provider must designate a staff person as the Security Administrator.

b. Professional Qualifications

(1) The Network Provider must comply with applicable rules, statutes, and licensing standards with regard to professional qualifications.

(2) All staff must possess adequate education and training to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.

(3) Staff must be trained regularly in areas of forensic practice that require special expertise, including risk assessment; competency assessment; competency restoration; and legal standards. Qualified treatment facility staff designated as responsible for completing competency evaluations must complete the Florida Forensic Examiner Training course offered by the Florida Mental Health Institute within one year of employment and, until the employee has completed the training, reports must be co-signed by a qualified person who has completed the training. All staff having responsibilities for competency to proceed training, evaluation or reporting must follow the department and ME procedures established in CFOP 155-19 (Evaluation and Reporting of Competency to Proceed) or its subsequent revisions.

(4) The Network Provider must ensure screening of all mental health service personnel employed by the Network Provider to the same extent as if such personnel were employees of the department, to the end that the employees of the Network Provider must meet the same standards set forth in Chapter 435, F.S., as may be amended from time to time. Prospective employees must also successfully pass a pre-employment medical examination prior to placement. The examination will include, at a minimum, PPD and/or chest x-ray and serology. All prospective employees will be required as a condition of employment to be vaccinated in accordance with current Center for Disease Control recommendations or to provide verification of immunization. In addition, all employees must undergo and pass an annual PPD and/or chest x-ray.

(5) Certain positions or work assignments require the maintenance of an active license,

registration or certification. It is the Network Provider's responsibility to ensure that such licenses (including driver's or chauffeur's licenses), registrations or certifications are maintained on a current basis by the personnel in these positions.

3. Service Location and Equipment

a. Service Delivery Location

The service delivery location must be at: **Jackson Behavioral Health Hospital - 1695 N.W. 9th Avenue, Second Floor, Miami, FL 33136.**

b. Service Times

Services are to be provided twenty-four (24) hours per day, seven (7) days per week in accordance with tasks listed in Section B.1.a. and in accordance with the Program Description.

While the committing courts control certain timeframes, the Network Provide must have a system in place to actively track the progress of individuals through the program and to monitor the program's interactions with the court to help assure timely discharges and transfers.

4. Deliverables

a. The Network Provider must deliver the services specified in and described in the Program Description submitted by the Network Provider and as set forth in **Exhibit G, Cost Center Funding by OCA**.

b. Staff records must be maintained in accordance with Joint Commission standards and must include: the results of background screening; resumes and completed job application forms; documentation of education; documentation of current licensure, registration, or certification; reference checks; results of required medical examinations, tests, and immunizations; time and attendance records; awards; disciplinary reports; training completed; and performance evaluations.

c. Reports

(1) Reports required for the MDFAC program are listed in **Exhibit C, Required Reports**. The reports must be received by the ME on or before the dates listed below in order to execute a timely payment of this contract. Should the dates below fall on an established State holiday or weekend, such report will be due the next business workday. Should a natural disaster occur, such reports must be due when administrative services are restored. Other than described above, submission of deliverables after the dates listed below must be requested in writing with prior written approval of the contract manager. The specific details for the Daily Census Report and the Monthly Program Quality Review Tracking Report are described below.

(2) Daily Census Report: By 10:00 a.m., Monday through Friday, the Network Provider must

report its daily census activity (admissions and discharges from the previous business day) to the Central Mental Health Program Office and the ME, by email or telephone.

(3) Monthly Program Quality Review Tracking Report:

(i) This report must include the number of individuals served in each component of the treatment program, with at least the following data reported for each individual:

a. Demographic information;

b. Diagnoses, upon admission;

c. Length of stay; and

d. Individuals receiving court ordered medication.

(ii) This report must include the following summary information:

a. Average Daily Census;

b. Individuals admitted and discharged, a utilization report;

c. Number of high-risk behaviors, including; suicidal behaviors, escapes or attempted escapes, aggressive behaviors and use of seclusion and restraint; and

d. Individual return to court submission date.

5. Performance Specifications

a. Performance Measures

(1) 100 percent of the targeted number of adults in forensic commitment, per Ch.916, F.S., must be served annually. Target is forty (40) annually, contingent upon the number of referrals provided by the ME.

(2) The average length of stay of an individual in a secure acute care psychiatric hospital unit must be ninety (90) days from admission to discharge to the community.

(3) Less than 90 average days to restore competency for adults in forensic commitment.

(4) 100 percent of individuals evaluated as competent will be returned to court within 30 days of the court's receipt of the competency report.

b. Performance Evaluation Methodology

The ME must measure outcomes found in Section B.5.a., above as follows:

(1) This measure is a percent. The numerator is the number of individuals served annually. The denominator is the target number to be served annually.

(2) This measure is a trimmed mean. The average length of stay is calculated for each individual by subtracting the admission date from the date of actual discharge to the community. The days to discharge are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of individuals remaining after the trim for whom days to discharge have been calculated.

(3) This measure is a trimmed mean. The days to restore are calculated for each individual by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of individuals remaining after the trim for whom days to restore to competency has been calculated.

(4) This measure is a percent. The numerator is the number of individuals who returned to court within 30 days of the courts report. The denominator is the number of individuals who are declared competent and the report was sent to court.

6. Network Provider Responsibilities

a. Network Provider Unique Activities

(1) The Network Provider must secure workers' compensation insurance for all Network Provider employees associated with the work of this project. This insurance must comply fully with Florida's Workers' Compensation Law.

(2) The Network Provider must obtain and provide proof of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Network Provider employees.

(3) The Network Provider must provide full financial protection for the ME.

(4) The Network Provider must be solely responsible for identifying and determining the extent of any insurance coverage necessary to provide full financial protection for the ME. It must not commence any work arising from this contract until it has obtained all of the required forms of insurance delineated herein, and the existence of such insurance has been submitted to and confirmed by the Contract Manager. All insurance policies must be with insurers that are qualified to do and that are doing business in the State of Florida. Absent insurance coverage, the Network Provider must pay the ME for any loss out of the Network Provider's own funds.

(5) The ME must be exempt from, and in no way liable for, any sums of money that may

represent a deductible in any commercial insurance policy. The payment of any deductible must be the sole responsibility of the Network Provider or subcontractor providing the insurance.

(6) The Network Provider must comply for the duration of the operations contract and any extensions or renewals of it, with all applicable policies and standards set forth by the Joint Commission (JC), which will be treated as the minimal standards against which quality service will be measured. Any changes in standards by JC will apply to the Network Provider; however, if JC lowers its standards, the Network Provider will be bound to the standards in effect at the effective date of the contract or agreement. It is the ME's intent that the JC standards will be used as the basis for assessing a vendor's understanding of the ME's expectations regarding the management of MDFAC.

b. Coordination with other Network Providers/Entities

The Network Provider must coordinate with other Network Providers and state entities as follows:

(1) The Network Provider must coordinate and establish good working relationships with a number of entities. These include mental health agencies, health care agencies, social service agencies, courts, Attorney General, state's attorneys, defense attorneys, jails, family and consumer groups, the Department of Children and Families, the ME, and the community within which MDFAC is located. These relationships should include activities which promote understanding and cooperation among the various entities with a focus on continuity of care.

(2) The failure of other Network Providers or entities does not relieve the Network Provider of any accountability for tasks or services that the Network Provider is obligated to perform pursuant to this contract.