

**ATTACHMENT I**  
**Intensive in Home Services**  
**SCOPE OF SERVICES**

**I. Services to be Provided**

**A. Definitions of Terms**

Definitions of Terms are available from the Eckerd Connects Contract Specialist upon request.

**B. General Description**

**1. Purpose**

The purpose of this program is to reduce the number of children removed from their homes due to abuse or neglect.

**2. Authority**

- a. The Master Agreement and this Provider Subcontract are authorized by Section 409.986 and 409.988, Florida Statutes, which requires the Department to privatize the provision of foster care and related services by contracting with competent community-based agencies.
- b. The Provider shall comply with all applicable and valid provisions of federal and Florida law, including but not limited to the Department of Children and Families Operating Procedure CFOP 170 and the federal and state laws set forth on the List of Authority and requirements of the Master Agreement between Eckerd Connects and the Department.

**3. Major Program Goals**

- a. Help families in crisis to promote effective coping that can lead to positive growth and change by acknowledging the problem, recognizing its impact and learning new or more effective behaviors for coping with similar experiences.
- b. To keep children safe in their homes through immediate delivery of intervention services.
- c. Provide the necessary tools and resources to properly care for their children in a safe and stable environment.
- d. Increase families parenting skills and knowledge of child development, and build on strengths while reducing risk factors and danger threats.

**C. Clients Served**

**1. General Description**

Provide Intensive In-Home services to families in crisis to mitigate safety concerns and prevent unnecessary removal of children.

**2. Client Eligibility**

The Provider shall provide services to children, families, and persons related to the case that meet the eligibility described in the Standard Contract or the following requirements:

- a. Each child must be under the age of eighteen (18) years old at time of referral.

- b. Children must have an open investigation with the Pinellas County Sheriff's Office, Child Protective Investigations Division (PCSO CPID). Closed investigations may only be accepted with prior approval from Eckerd Connects Senior Director of Growth and Transformation at least seventy-two (72) hours prior to Case Transfer Staffing.
- c. Children referred by PCSO CPID who are identified to be unsafe or at risk and require intensive and effective intervention.

### 3. Client Referral Process

- a. All referrals must come from the PCSO CPID and referrals are received through the Provider's intake process (with the exception of In-Home Non-Judicial). Provider shall accept all cases referred for services from the PCSO CPID. Non-Judicial cases that were previously ineligible or Judicial, may be transferred to Intensive In-Home services with prior approval from Eckerd Connects Senior Director of Growth and Transformation. Provider shall receive FSS, SMS and Traditional service referrals via telephone. Within twenty-four (24) hours of receipt of referral, Provider shall:
  - 1) Completed the Intake form
  - 2) Add referral to Eckerd Connects Monthly Provider Service Report
  - 3) Send Eckerd Connects Monthly Provider Service Report to Eckerd Connects Senior Director of Growth and Transformation weekly on Thursdays
- b. If a referral does not meet the eligibility criteria for services, the Provider shall discuss the referral with the PCSO CPID Supervisor or other management level staff within the PCSO CPID to determine the appropriateness of the referral. If the Provider and PCSO CPID are not in agreement, the Eckerd Connects Senior Director of Growth and Transformation or Designee shall be notified immediately by the Provider to determine the appropriateness of the referral.

## II. Provision of Services

### A. Safety Management Services

Safety Management Services shall be provided to UNSAFE families when the need for a Present Danger Safety Plan is determined by PCSO CPID for children to remain safely in the home when informal safety management services are not available or appropriate. PCSO CPID is assigned as primary on Safety Management Services cases and is responsible for the safety determination for the children in each case. PCSO CPID shall determine the level of intervention necessary to manage the identified safety threat and ensure the home environment is stable enough for safety actions and services. Safety Management services shall be accessible and available to monitor and control the danger threats by completing action-oriented activities identified within the Present Danger Safety Plan. PCSO CPID maintains responsibility and accountability for creating and updating the Present Danger Safety Plan, arranging the Safety Management Conference, and ensuring its implementation with Provider and the family.

In addition, Safety Management Services (SMS) are available from the Safe at Home program in Pasco County and from the Family Works Program in Pinellas Co. However, each of these programs has only one (1) SMS advocate. Each of those program's advocates can work with only approximately eight (8) families and need additional SMS staff to allow for better coverage, expanded usage of the program and better protection for children in their homes. Therefore, through **FY 16-17 non-recurring**, additional Safety Management Services SAFMS funding awarded by Eckerd Connects under this Subcontract, the Provider will provide additional resource support for these programs' services by providing four (4) additional SMS workers in Pinellas County, at an approximate worker to family ratio of 1:8, where the SMS worker will provide supervision and management of 96 new/unduplicated families' Safety Management Plans for an average length of

stay of twenty-one (21) calendar days. These additional SMS services will support each family served by increasing protective capacities demonstrated by the parents, achieving beneficial behavior modification aspects for the family, providing basic parenting assistance and providing additional social connections.

**1. Availability**

Provider shall be available on a twenty-four (24) hour basis and provide flexible service delivery times for families being served or who meet the eligibility criteria of the program. Families shall be informed of the Providers after-hour's emergency number during the initial intake response. Provider shall respond to after-hours calls immediately but no later than one (1) hour from receipt of call.

**2. Duration**

Services shall be provided generally for two (2) to four (4) weeks in duration, with an average length of service of twenty-two (22) calendar days. Any extensions beyond four (4) weeks shall require approval from the Eckerd Connects Senior Director Growth and Transformation. Following Case transfer, Safety Management Services can stay active during the duration of service provision.

**3. Initial Response Time**

Provider shall make a joint visit to the home with PCSO CPID with the family within two (2) business hours during normal business hours and three (3) business hours after-hours. If the family is not available within the required timeframe as communicated to the Provider by the CPI at the time of referral, the CPI shall attempt to reschedule the initial joint home visit with the family and provider as soon as possible within the same calendar day of the referral or each day after until services are implemented.

**4. Teams-N/A for SMS**

**5. Frequency of Visits**

The Provider shall provide the appropriate number of visits required to address imminent safety factors and details outlined in the impending danger safety plan. Provider is required to respond to the needs of the family, as necessary to mitigate the danger threat, which shall include unannounced visits. Ongoing visits shall occur with the family in the home at least weekly throughout service delivery until case closure.

**6. Service Role-N/A for SMS**

**7. Safety Plan**

- a. With all Safety Plans, Provider shall refer to CFOP 170-7 Develop and Manage Safety Plans.
- b. Safety Plans in response to present danger are temporary, short-term (no more than fourteen (14) calendar days without a staffing) and more restrictive until additional information about the family dynamics, caregiver protective capacities, and child vulnerability are known by PCSO CPID. Provider shall attend the Safety Management Conference coordinated by PCSO CPID and the family to implement the Present Danger Safety Plan. In the event that Present Danger safety plans extend beyond fourteen (14) calendar days, PCSO CPID shall be responsible for approving continuation of the safety plan at the 14<sup>th</sup> day and every 7 calendar days thereafter and documenting approval of the Safety Plan in FSFN.
- c. PCSO CPID shall have the primary responsibility of monitoring the Safety Plans and Provider shall assist with ongoing monitoring of child safety and well-being by assessing and stabilizing the family according to the tasks identified at the Safety Management Conference. Provider and PCSO CPID shall re-evaluate present danger Safety Plan at the

conclusion of the Family Functioning Assessment (FFA) to determine the long-term plan for managing child safety.

#### **8. Uncooperative families**

If a family becomes uncooperative at any time throughout the service provision, Provider shall staff the case with the referring CPI and Supervisor. The first attempt shall be made with the assigned CPI and Supervisor and will continue up the chain of command until contact is made with a PCSO CPID representative and the outcome shall be documented in FSFN. Provider will notify Eckerd Connects Senior Director of Growth and Transformation or designee immediately after contact or attempted contact with PCSO CPID.

#### **9. Staffings.**

**Intensive In-Home Services Staffings.** Prior to CTS, Provider shall conduct weekly Intensive In-Home Staffings. These staffings shall be facilitated by the Provider and shall be held in conjunction with PCSO CPID representatives, Provider Program Director or Designee, and Provider Staff to discuss the family's availability and willingness to work with services, safety plan compliance, clinical impressions and recommendations, and any additional safety concerns identified during service provision. In accordance with the Provider's Family Works model, the Provider shall invite the Eckerd Connects' Prevention and Diversion Staff to all such staffings, and the Provider shall identify for Eckerd Connects, in advance, all high-risk case related staffings. Provider shall document all Intensive In-Home Staffings in the Meeting Icon in FSFN.

#### **10. Case Supervision-N/A for SMS**

#### **11. Case Closure-N/A for SMS**

### **B. Traditional Diversion Services**

Traditional Services shall be provided to families identified by PCSO CPID as being identified in need of intensive services regardless of present/impending danger being identified. PCSO CPID is assigned as primary on Traditional Diversion Services cases and is responsible for the safety determination for the children in each case. The goal is to strengthen families and prevent unnecessary removals and placements in emergency shelter and foster care, at the time of service delivery and in the future. These services are intended to prevent the unnecessary placement of children away from their families by providing fully engaging, intensive, family centered, strength based and solution focused in-home services aimed at restoring families in crisis to an acceptable level of functioning. These services are designed to stabilize the crisis which put children at imminent risk for out-of-home placement, and keep the child, family and community safe by defusing the ongoing risk and safety factors. Traditional Diversion Services will determine whether the family is better served by In-Home Non Judicial or Family Support Services.

#### **1. Availability**

Provider shall be available on a twenty-four (24) hours basis and provide flexible service delivery times for families being served or who meet the eligibility criteria of the program. Families shall be informed of the Providers after-hour's emergency number during the initial intake response. Provider shall respond to after-hours calls immediately but no later than one (1) hour from receipt of call.

#### **2. Duration**

Services shall be provided during CPI investigation by stabilizing the family while allowing the CPI time to determine whether the family should be served by In-Home Non Judicial or Family Support Services. Examples of Provider's stabilizing services include, but are not limited to: assistance with setting up appointments for doctors and outside therapies, inpatient substance

abuse services, child care, travel arrangements, completing mental health, substance abuse and domestic violence assessments, as well as providing in-home parenting and counseling. Average length of service shall be no more than sixty (60) calendar days in duration. Any extensions beyond sixty (60) calendar days shall require approval from the Eckerd Connects Senior Director of Growth and Transformation. If at any time during CPI investigation CPI determines that a family is safe and does not reach high risk category, the family shall be given a choice to continue or not to continue services. If a family chooses to continue services, case may remain open under Family Support Services model for up to a total of twelve (12) weeks of service intervention.

### **3. Initial Response Team**

Provider shall make a joint visit to the home with PCSO CPID with the family within two (2) business hours during normal business hours and three (3) business hours after-hours. If the family is not available within the required timeframe as communicated to the Provider by the CPI at the time of referral, the CPI shall attempt to reschedule the initial joint home visit with the family and provider as soon as possible within the same calendar day of the referral or each day after until services are implemented.

### **4. Teams**

A team shall be provided to each family, which may include a Family Advocate, Family Case Manager, and/or a Family Counselor. A licensed therapist and CAP-certified substance abuse counselor will be available to all families. One team member will be assigned as Primary on the case to ensure delivery of social work and clinical services to meet a full range of a family's needs within the home.

### **5. Frequency of Visits**

The Provider shall provide the appropriate number of visits required to address imminent safety concerns as deemed necessary in the safety plan to prevent unnecessary removals. Provider is required to respond to the needs of the family, as necessary, to mitigate risk which may include unannounced visits. Ongoing visits shall occur with the family in the home at least weekly throughout service delivery until case closure to assess the safety and risk factors identified with the children.

- a. Face to Face Requirements.** Services will be provided in-home and in the community on a weekly basis, a minimum of two (2) visits each week, with at least one (1) visit in the home with the caregivers and children present. If Provider is unable to complete the minimum of one (1) visit in the home with the children present due to the children not residing in the home due to an active Out-of-Home Safety Plan, Provider shall notify the Eckerd Connects Senior Director of Growth and Transformation or designee. Any reduction in the frequency of visits shall be addressed during the weekly Intensive In-Home Services staffings to obtain approval by all members of the team.
- b. Duration of Visits.** Visits by Provider shall be tailored to the individualized case circumstances and at a minimum shall be sufficient to assess the family progress, needs and child safety. Each Face to Face visit shall be documented in Florida Safe Families Network (FSFN) to include the duration of the visit and whether the visit was announced or unannounced.

## 6. Service Role

- a. **Individualized Family Assessment.** Provider shall utilize Family Assessment tool to complete the Individual Family Assessment. The assessment shall be based on the families' strengths, supports, and needs to eliminate the critical crisis issue. The tool shall be completed within thirty (30) calendar days from CTS for Traditional Diversion Services. Ongoing contacts with the family and their support system shall occur throughout assessment to determine the appropriate family needs.
- b. **Family Functioning Assessment (FFA) and Progress Updates.**
  - 1) Provider shall refer to the Department of Children and Families CFOP 170-9 Family Assessment and Case Planning.
  - 2) Provider shall complete and approve the FFA-Ongoing in FSFN within thirty (30) calendar days from CTS for families identified as UNSAFE receiving In-Home Non-Judicial services.
  - 3) Provider shall complete Progress Updates in FSFN at critical junctures of the case but no less than every ninety (90) calendar days until case closure.
- c. **Comprehensive / Psychosocial Assessment.** The assessment shall be completed on an as needed basis within ten (10) business days from Intake. Ongoing contacts with the family and their support system shall occur throughout assessment to determine the appropriate family needs. If the Assessment is not required, the Provider must document the reason.
- d. **Family Support Plan (Treatment Plan)** Plan shall be completed initially within thirty (30) calendar days from Intake. Any updates to the Treatment Plan shall be completed as needed throughout the duration of services by Provider. Ongoing contacts with the family and their support system shall occur throughout assessments to determine the appropriate family needs for the Treatment Plan.
- e. **Referrals.** The Provider shall submit community referrals for any additional assessments needed on behalf of the parent(s) or children in an effort to gather sufficient information and provide their clinical impression and recommendations to PCSO CPID. Provider shall also submit any necessary community referrals for services identified to address the needs of the children.
- f. **Family Finding Efforts.** Provider shall constantly engage the parent(s) throughout service provision to identify and develop a support system for the family consisting of relatives and non-relatives to include but not limited to family friends, neighbors, co-workers, church members, school officials, etc. Provider shall document the names, relationship, and contact information for these supports in FSFN.

## 7. Case Supervision

- a. Provider shall ensure that quality supervisory reviews are conducted and documented in FSFN on all cases as frequently as needed to meet each family's specific needs. If a Supervisory Review is conducted in conjunction with a staffing, two (2) FSFN notes must be entered: a Staffing Note must be entered in the Meeting tab and Supervisory Review note must be entered under Supervisory Review. At a minimum, each case must undergo a

Supervisory Review any time a material change or emerging danger is identified, and as follows:

- 1) Within five (5) business days of intake
  - 2) A minimum of every thirty (30) calendar days throughout service provision
  - 3) Within two (2) business days of receiving a FSN notification of a new abuse report
- b. The content of Supervisory Reviews must be tailored to the individualized circumstances of each case and address all safety concerns. At a minimum, all Supervisory Reviews must address the following items:
- 1) Assessment of present danger or impending danger and impact on child safety
  - 2) Is the impending danger safety plan sufficient to manage the danger threat identified to ensure child safety?
  - 3) Is the Intensive In-Home Services staff aware of any emerging dangers? If so, are they followed upon appropriately?
  - 4) Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?
  - 5) Are appropriate external referrals provided and linked?
  - 6) Is communication with the informal supports and/or safety plan monitors occurring in line with the identified impending danger safety plan?

### **C. Family Support Services**

All FSS referrals must come from the PCSO CPID and referred through the Provider's intake process: through Provider's phone intake line. Family Support Services shall be provided to SAFE families with high or very high risk levels as determined by PCSO CPID's actuarial Risk Assessment completed at the conclusion of an investigation for alleged child maltreatment (however a referral can be received/accepted at any time). PCSO CPID will determine that the referred children are deemed safe prior to making the Family Support Services referral to Provider. The Diversion Provider is assigned as primary on Family Support Services cases. Family Support Services shall be recommended when PCSO CPID has determined that children in the family are safe from impending danger; however, the family has a high or very high likelihood for maltreatment given their risk level.

These services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by: strengthening protective factors that will increase the ability of families to nurture their children successfully; enhancing the social and emotional well-being of each child and the family; enabling families to use other resources and opportunities available in the community; and assisting families with creating or strengthening family resource networks to enhance and support childrearing.

#### **Additional Goals for Family Support Services:**

- a. Reduce the incidence of child maltreatment.
- b. Enhance participant's ability to create stable and nurturing home environments, including the development and strengthening of family resource networks.
- c. Promote child health and development.
- d. Ensure parents and caregivers are provided with parent education to help develop positive parent-child interactions.
- e. Increase evidenced-based and evidenced-informed services and programs through secondary prevention.

- f. Focus on the continuum of evaluation approaches which use both qualitative and quantitative methods to access the effectiveness of the program and activities.
- g. Educate parents and caregivers to promote the Protective Factors.
- h. Achieve the social and emotional well-being for vulnerable children and families through the provision of resources that reflect cultural, linguistic, geographic, racial, and ethnic diversity.
- i. Enhance participant's ability to become more financially stable.

#### 1. Availability

Provider shall be available on a twenty-four (24) basis and provide flexible service delivery times for families being served or who meet the eligibility criteria of the program. Families shall be informed of the Providers after-hour's emergency number during the initial intake response. Provider shall respond to after-hours calls immediately but no later than one (1) hour from receipt of call.

#### 2. Duration

Services shall be provided generally for four (4) to twelve (12) weeks in duration, with an average length of service of sixty (60) calendar days. Any extensions beyond twelve (12) weeks shall require approval from Eckerd Connects Senior Director of Growth and Transformation.

#### 3. Initial Response Time

- a. **Initial Contact.** Upon receipt of referral from PCSO CPID, Provider shall make an initial contact with the family within three (3) business days. Initial contact can be made via telephone or home visit (or a combination) as long as successful contact is made within three (3) business days. In the event that successful contact with the family cannot be accomplished via telephone, a minimum of one (1) home visit attempt must be made. If after three (3) business days initial contact with the family is not successful or Provider makes contact with the family and determines that the family does not wish to work with the program, Provider shall notify PCSO CPID and Eckerd Connects Senior Director of Growth and Transformation within one (1) business day via email. Provider shall document all attempts to make contact with the family in FSN and submit a monthly report to Contracts.

If case is a transfer from a different service type, the Provider shall continue contact with the family as it pertains to frequency of visits for this service type.

- b. **Initial Intake.** Once initial contact is completed and family has agreed to services, the Provider shall make face to face contact with the family for all Safe but High and Very High Risk families within two (2) business days of acceptance of services by the family. If the family is not available within two (2) business days of acceptance of services, Provider shall attempt to make face to face contact with the family as soon as possible until contact is made. Provider shall document all attempts as well as communicate all efforts to PCSO CPID and Eckerd Connects Senior Director of Growth and Transformation. **Face to face contact is not required if family declines services during initial contact.**

#### 4. Teams

A team shall be provided to all Safe but High and Very High Risk Families. A team may include a Family Advocate, Family Case Manager, and/or a Family Counselor. A licensed therapist and CAP-certified substance abuse counselor will be available to all families. One team member will



be assigned as Primary on the case to ensure delivery of social work and clinical services to meet a full range of a family's needs within the home.

## 5. Frequency of Visits

The Provider shall provide the appropriate number of visits required to address imminent safety factors and what is outlined in the Family Functioning Assessment (FFA) and/or the PCSO CPID actuarial Risk Assessment. Provider is required to respond to the needs of the family, as necessary, to mitigate risk, which may include unannounced visits. Ongoing visits shall occur with the family in the home at least weekly throughout service delivery until case closure to assess the safety and risk factors identified with the children.

- a. **Face to Face Requirements.** Services will be provided one (1) time per month in-home with the caregivers and children present per FCOP 170-1 4-3b. If unable to complete the minimum of one (1) visit in the home with the children present, Provider shall notify the C6 Eckerd Connects Senior Director of Growth and Transformation or designee. Any increase in visits due to child safety concerns must occur immediately.
- b. **Duration of Visits.** Visits by Provider shall be tailored to the individualized case circumstances and at a minimum shall be sufficient to assess the family progress, needs and child safety. Each Face to Face visit shall be documented in Florida Safe Families Network (FSFN) to include the duration of the visit and whether the visit was announced or unannounced.

## 6. Service Role

- a. **Family Finding Efforts.** Provider shall continuously engage the parent(s) throughout service provision to identify and develop a support system for the family consisting of relatives and non-relatives to include but not limited to family friends, neighbors, co-workers, church members, school officials, etc. Provider shall document the names, relationship, and contact information for these supports in FSFN.
- b. **Comprehensive / Psychosocial Assessment.** Provider shall determine if the Assessment needs to be completed based on initial assessment with the family. The assessment shall be completed on an as needed basis within ten (10) business days from Intake. Ongoing contacts with the family and their support system shall occur throughout assessment to determine the appropriate family needs. If the Assessment is not required, the Provider must document the reason.
- c. **Family Support Plan (Treatment Plan).** Provider shall determine if Family Support Plan needs to be completed based on initial assessment with the family. Plan shall be completed initially within thirty (30) calendar days from Intake. Any updates to the Treatment Plan shall be completed as needed throughout the duration of services by Provider. Ongoing contacts with the family and their support system shall occur throughout assessments to determine the appropriate family needs for the Treatment Plan.
- d. **Family Team Meetings.**
  - 1) **Initial.** Meeting shall be completed within fifteen (15) business days from Intake. Provider shall invite the family and their support system to attend, which may include but is not limited to, PCSO CPID, relatives, friends, neighbors and community providers. All family members and household members must be in attendance. Ongoing contacts

with the family and their support system shall occur throughout assessments to determine the appropriate family needs for the Treatment Plan.

**2) Ongoing.** Provider shall coordinate additional Family Team Meetings with the family and their support system as needed throughout service provision or at any critical juncture or when changes are made to the Treatment Plan as needed.

**3) Closure.** Provider shall meet with the family to discuss the status of the Treatment Plan and determine the recommendations in the Individualized After Care Plan prior to case closure but no greater than fifteen (15) business days from last Family Support Services Staffing. Provider shall invite the family and their support system to participate in the Closure Family Team Meeting, which may include but is not limited to, PCSO CPID, relatives, friends, neighbors and community providers.

**e. Referrals.** The Provider shall submit community referrals for any additional assessments needed on behalf of the parent(s) or children in an effort to gather sufficient information and provide their clinical impression and recommendations for the Treatment Plan. Provider shall also submit any necessary community referrals for services identified to address the needs of the parent(s) or children throughout service provision.

## **7. Uncooperative Families**

If a family becomes uncooperative or refuse services at any time throughout the service provision, Provider shall make email contact with referring CPI to advise of the family not cooperating or refusing services. The first attempt shall be made with the referring CPI and Supervisor and shall continue up the chain of command until contact is made with a PCSO CPID representative and the outcome shall be documented in FSFN. Provider will notify Eckerd Connects Senior Director of Growth and Transformation or designee immediately after contact or attempted contact with PCSO CPID. If Provider identifies a safety concern with the family, Provider shall generate an abuse report and complete an Incident Report.

## **8. Safety Recommendations**

**a.** Provider shall develop Safety Recommendations when needed for those families who are receiving Family Support Services.

**b.** The Safety Recommendations must be tailored to the individual needs of each family member to address any safety concerns.

**c.** Provider must update the Safety Recommendations to address any emerging dangers or safety concerns discovered during the service provision.

**d.** All Safety Recommendations and any updates shall be documented in the case record and entered into FSFN within the required timeframe.

## **9. Staffings**

**a. Intensive Family Support Services Staffing.** Provider shall conduct Family Support Services Staffings with Provider Program Director or Designee, and Provider Staff to discuss the family's availability and willingness to work with services, clinical impressions and recommendations, service needs, frequency of visits, and any additional safety concerns identified during service provision. Provider shall document all Family Support Services

Staffings in the Meeting Icon in FSFN. Provider may request the Eckerd Connects' Prevention and Diversion Staff to attend a Staffing based on safety concerns. Staffings shall occur at a minimum of:

- 1) Within fifteen (15) business days of intake
- 2) At least every thirty (30) calendar days
- 3) No greater than fifteen (15) business days prior to case closure

**b. Legal Staffings.** If a SAFE family receiving Family Support Services becomes uncooperative or does not engage with services and Provider has identified child safety concerns, Provider shall notify PCSO CPID Supervisor or Management Staff immediately to determine the necessity of Court action. Provider shall attend the Legal staffing with PCSO CPID and the State Attorney's Office (SAO) if judicial action is necessary. PCSO CPID will be the lead if the child is sheltered or an In-Home Dependency Petition is filed with the Judicial Court.

## 11. Case Supervision

a. Provider shall ensure that quality supervisory reviews are conducted and documented in FSFN on all cases as frequently as needed to meet each family's specific needs. If a Supervisory Review is conducted in conjunction with a staffing, two (2) FSFN notes must be entered: a Staffing Note must be entered in the Meeting tab and Supervisory Review note must be entered under Supervisory Review. At a minimum, each case must undergo a Supervisory Review any time a material change or emerging danger is identified, and as follows:

- 1) Within five (5) business days of intake
- 2) A minimum of every thirty (30) calendar days throughout service provision
- 3) Within two (2) business days of receiving a FSFN notification of a new abuse report

b. The content of Supervisory Reviews must be tailored to the individualized circumstances of each case and address all safety concerns. At a minimum, all Supervisory Reviews must address the following items:

- 1) Is the Treatment Plan individualized for the family's needs? (if applicable)
- 2) Is the Intensive In-Home Services staff aware of any emerging dangers? If so, are they followed upon appropriately?
- 3) Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?
- 4) Are appropriate external referrals provided and linked?
- 5) Is communication with the CPI sufficient to the family's emerging issues?
- 6) Is communication with the informal supports sufficient to the family's emerging issues?

## 12. Case Closure

a. **Closing the Loop.** Provider shall connect families to necessary supports in the community to gradually integrate the family into healthy activities prior to the closure of the services with the Provider. Provider staff shall work in tandem to ensure the family has been connected and linked to these supports before closure of services. All referral efforts and linkages should be documented appropriately as well as identifying and resolving barriers prior to closure.

- b. Individualized After Care Plan.** If a Family Support Plan was completed during the service period, Provider shall develop an Individualized After Care Plan with all families who have partially or successfully completed services in order to prevent future occurrences of child abuse or neglect. The After Care Plan shall address all necessary recommendations from the Family Assessment, Treatment Plan, Intensive In-Home Service Staffings, and Case Supervision.
- c. Case Closure of Provider's Services.** Upon closure of services with the family, Provider shall document the status of each service the family was recommended to complete from the Family Team Meeting, outcome of the Treatment Plan, observed behavioral changes, and recommendations from the last Intensive In-Home Services Staffing and Case Supervision and PCSO CPID representative which addressed case closure. Each service or task shall be clearly identified and documented with the family's compliance status, names and dates of referrals provided, links to services, as well as Providers efforts to assist with compliance.

#### **D. In-Home Non-Judicial Services (IHNJ)**

All IHNJ referrals must come from the PCSO CPID and referred via Case Transfer Staffing. Cases that are transferred from another child welfare agency or DCF must contact the PCSO CPID and request the case to be placed on the case transfer log. Once an Out of County or out of Circuit transfer request is received, Provider shall make contact with the transferring agency to discuss details of the case prior to CTS (local CTS protocol, needs of the family and specifics of the case).

IHNJ services shall be provided to UNSAFE children who remain in the care of their Parents/Legal Guardian for Intensive In-Home intervention services with the following five (5) criteria:

- 1) The Parent/Legal Guardians are willing for an In-Home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
- 2) The home environment is calm and consistent enough for an In-Home Safety Plan to be implemented and for safety service providers to be in the home safely.
- 3) Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.
- 4) An In-Home Safety Plan and the use of In-Home safety services can sufficiently manage impending danger prior to having input from any subsequent professional evaluations.
- 5) The Parent/Legal Guardians have a physical location in which to implement an In-Home Safety Plan.

##### **1. Availability**

Provider shall be available on a twenty-four (24) hours basis and provide flexible service delivery times for families being served or who meet the eligibility criteria of the program. Families shall be informed of the Providers after-hour's emergency number during the initial intake response. Provider shall respond to after-hours calls immediately but no later than one (1) hour from receipt of call.

##### **2. Duration**

Services shall be provided generally for three (3) to six (6) months in duration, with an average length of service of 105 calendar days. Any extensions beyond six (6) months shall require approval from the Eckerd Connects Senior Director of Growth and Transformation Services.

### 3. Initial Response Time

Provider's Case Manager shall make a visit to the home to include the children at the residence within one (1) calendar day of acceptance from the Case Transfer Staffing. If the family is not available within the required timeframe, Provider shall attempt to make face to face contact with the family as soon as possible within the same calendar day of the referral and each day after until contact is made.

### 4. Teams

A team shall be provided to each family, which may include a Family Advocate, Family Case Manager, and/or a Family Counselor. A licensed therapist and CAP-certified substance abuse counselor will be available to all families. The Family Case Manager will be assigned as Primary on the case to ensure deliver of social work and clinical services to meet a full range of a family's needs within the home.

### 5. Frequency of Visits

The Provider shall provide the appropriate number of visits required to address imminent safety factors and what is outlined in the Family Functioning Assessment (FFA) and/or the PCSO CPID actuarial Risk Assessment. Provider is required to respond to the needs of the family, as necessary, to mitigate risk, which may include unannounced visits. Ongoing visits shall occur with the family in the home at least weekly throughout service delivery until case closure to assess the safety and risk factors identified with the children.

- a. **Face to Face Requirements.** Services will be provided in-home and in the community on a weekly basis, a minimum of two (2) visits each week, with at least one (1) visit in the home with the caregivers and children present. If Provider is unable to meet the above requirements and/or is unable to complete the minimum of one (1) visit in the home with the children present due to the child currently having an active Out of Home plan in place and or not residing in the home at the time of service provision, Provider shall notify the Eckerd Connects Senior Director of Growth and Transformation or designee and obtain approval. Any reduction in the frequency of visits shall be addressed during the weekly Intensive In-Home Services staffings to obtain approval by all members of the team.
- b. **Duration of Visits.** Visits by Provider shall be tailored to the individualized case circumstances and at a minimum shall be sufficient to assess the family progress, needs and child safety. Each Face to Face visit shall be documented in Florida Safe Families Network (FSFN) to include the duration of the visit and whether the visit was announced or unannounced.

### 6. Service Role

- a. **Family Finding Efforts.** Provider shall continuously engage the parent(s) throughout service provision to identify and develop a support system for the family consisting of relatives and non-relatives to include but not limited to family friends, neighbors, co-workers, church members, school officials, etc. Provider shall document the names, relationship, and contact information for these supports in FSFN.
- b. **Comprehensive / Psychosocial Assessment.** The assessment shall be completed within ten (10) business days from CTS. Ongoing contacts with the family and their support system shall occur throughout assessment to determine the appropriate family needs.

**c. Family Functioning Assessment (FFA) and Progress Updates.**

- 1) Provider shall refer to the Department of Children and Families CFOP 170-9 Family Assessment and Case Planning.
- 2) Provider shall complete and approve the FFA-Ongoing in FSFN within thirty (30) calendar days from CTS for families identified as UNSAFE receiving In-Home Non-Judicial services.
- 3) Provider shall complete Progress Updates in FSFN at critical junctures of the case but no less than ninety (90) calendar days until case closure.

**d. Case Plan.** A Case Plan shall be completed initially within thirty (30) calendar days from CTS. Any updates to the Case Plan shall be completed as needed throughout the duration of services by Provider. Ongoing contacts with the family and their support system shall occur throughout assessments to determine the appropriate family needs for the Case Plan. The Case Plan shall be entered into FSFN.

**e. Family Team Meetings**

- 1) **Initial.** Meeting shall be completed within fifteen (15) business days from CTS. Provider shall invite the family and their support system to attend, which may include but is not limited to, PCSO CPID, relatives, friends, neighbors and community providers. All family members and household members must be in attendance. Ongoing contacts with the family and their support system shall occur throughout assessments to determine the appropriate family needs for the Case Plan.
- 2) **Ongoing.** Provider shall coordinate additional Family Team Meetings with the family and their support system as needed throughout service provision or at any critical juncture or when changes are made to the Case Plan.
- 3) **Closure.** Provider shall meet with the family to discuss the status of the Case Plan and determine the recommendations in the Individualized After Care Plan prior to case closure but no greater than fifteen (15) business days from last Intensive In-Home Services Staffing. Provider shall invite the family and their support system to participate in the Closure Family Team Meeting, which may include but is not limited to, PCSO CPID, relatives, friends, neighbors and community providers.

**f. Referrals.** The Provider shall submit community referrals for any assessments needed on behalf of the parent(s) or child (ren) in an effort to gather sufficient information and provide their clinical impression and recommendations for the Case Plan. Provider shall also submit any necessary community referrals for services identified in the Case Plan to address the needs of the child (ren) and the behavior change needed with the parent(s) throughout service provision.

**7. Uncooperative Families**

If an UNSAFE family receiving In-Home Non-Judicial Services becomes uncooperative or not engaging with services or are not showing meaningful behavioral change, the case shall be staffed with PCSO CPID and the State Attorney's Office (SAO) and Eckerd Connects Senior Director of Growth and Transformation (if needed) as follows:

- a. If PCSO CPID has an open investigation, Provider shall discuss the case with the referring PCSO CPID Supervisor to determine the necessity of Court action prior to jointly staffing the case with the SAO. PCSO CPID will be the lead if the child is sheltered or an In-Home Dependency Petition is filed with the Judicial Court.
- b. If the child(ren) are unsafe and the parent(s) do not allow Provider access to the child(ren) within seven (7) calendar days from CTS or at any time during service provision, Provider shall immediately notify the PCSO CPID and request to jointly staff the case with the SAO.
- c. If the child (ren) is unsafe and parent(s) do not comply with an In-Home Safety Plan, refuse to sign the Intensive In-Home Service Agreement, or do not engage with Intensive In-Home Services within seven (7) calendar days from CTS, Provider shall immediately notify PCSO CPID and request to jointly staff the case with the SAO.
- d. If Provider determines that the parent(s) are not showing meaningful behavioral change within thirty (30) calendar days from CTS, Provider shall immediately notify PCSO CPID and request to jointly staff the case with the SAO.
- e. If PCSO CPID does not have an open investigation, Provider shall discuss the case with the referring PCSO CPID Supervisor to determine the necessity of Court action and need for a new Abuse Report to be made prior to jointly staffing the case with the SAO. Provider shall be the lead with requesting the Legal Staffing, submitting all necessary paperwork, and signing the In-Home Dependency Petition filed with the Judicial Court. If at any time the child (ren) needs to be sheltered, PCSO CPID shall shelter the child (ren) and prepare the Shelter Packet without the requirement of a new Child Abuse Report being made. Provider shall be the lead with obtaining placement for those children who are sheltered, including completion of home studies for relative or non-relative placements or requesting licensed foster care placement, as well as providing all critical information to PCSO CPID to support the reason for removal. Provider shall be responsible for requesting the Case Transfer Staffing from Eckerd Connects Senior Director of Growth and Transformation or designee.

## **8. Safety Plans**

- a. With all Safety Plans, Provider shall refer to the Department of Children and Families CFOP 170-7 Develop and Manage Safety Plans.
- b. Management of the impending In-Home Safety Plan becomes the primary responsibility of the Provider Case Manager once the case is transferred from PCSO CPID to Provider for In-Home Non-Judicial Services.
- c. Regardless of the type of Safety Plan, the Provider Case Manager will continuously monitor and assess the family's condition and dynamics in order to ensure a "big picture" understanding that will progressively inform on-going safety planning. The assessment includes any critical junctures that are anticipated or currently occurring that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.
  - 1) Within five (5) business days from Case Transfer Staffing for In-Home Non-Judicial cases, Provider Case Manager and Supervisor shall conduct a case consultation to confirm the ongoing Impending Safety Plan is reasonable and adequate:

- a) Provider Case Manager is clearly able to describe and document how Impending Danger is manifested in the home.
  - b) The Safety plan is the least intrusive and most appropriate.
  - c) The Parents and/or Caregiver were involved in the assessment.
  - d) The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.
- 2) Determine whether the condition of the children is satisfactory and danger threats to the child are being actively managed.
  - 3) Provider Case Manager shall continuously assess the family's condition and dynamics in order to ensure that the Safety Plan is dependable, sufficient, and reflects the least intrusive actions to protect the children.
  - 4) A Safety Plan must be modified when any of the following changes occur:
    - a) A new danger threat has been identified.
    - b) Danger threats have been eliminated.
    - c) Changes in Safety Analysis criteria with an In-Home Safety Plan:
      - i. Parent's willingness to cooperate with safety service providers
      - ii. Associated with a calm and consistent home environment
      - iii. Availability of safety service providers
      - iv. Availability of a physical location in which the Safety Plan can be implemented
      - v. Family dynamics or conditions which change the types and or level of safety services needed, including but not limited to:
        1. New child is born or comes into the home
        2. Parent/legal guardian returns to the home
        3. Parent/legal guardian becomes involved in new intimate partner relationship
        4. Significant changes to household composition
        5. A child is released to the other parent, relocated in a family arrangement or sheltered.
  - 5) Provider Case Manager shall convene a safety planning conference with the parent, members of the parent's resource network and other safety service providers to modify an In-Home Safety Plan.
  - 6) Provider Case Manager shall revise the ongoing Safety Plan and obtain signatures of the parent(s) and any informal Safety Plan providers.
  - 7) Provider Case Manager shall observe and interview the children and contact each informal or formal safety service provider to discuss how the plan is working at least weekly during the first thirty (30) calendar days.
  - 8) All Safety Plan assessments and any updates shall be documented in the case record and entered into FSFN as a case note and Safety Plan page within two (2) business days of activity.

## 9. Staffings

- a. **Case Transfer Staffing (CTS).** CTS is a parent-centered process used to engage the parent(s) and support a smooth transition from protective investigations to ongoing case management services. Provider shall attend CTS with Eckerd Connects' Prevention and Diversion Specialist Staff and PCSO CPID to share pertinent information when transferring



to In-Home or Out-of-Home ongoing services once the child(ren) have been determined to the UNSAFE by PCSO CPID.

- b. Intensive In-Home Services Staffing (IDT).** Initial IDT shall be held within ten (10) business days of CTS. Provider shall conduct Intensive In-Home in conjunction with the PCSO CPID representatives (upon receiving new abuse reports), Provider Program Director or Designee, and Provider Staff to discuss the family's availability and willingness to work with services, clinical impressions and recommendations, service needs, frequency of visits, case plan progress, and any additional safety concerns identified during service provision. Provider shall document all Intensive In-Home Staffings in the Meeting Icon in FSFN. Provider may request the Eckerd Connects' Prevention and Diversion Specialist Staff to attend a Staffing based on safety concerns. Staffings shall occur at a minimum of:
  - 1) Within ten (10) business days of / CTS
  - 2) Bi-weekly throughout service provision
  - 3) No greater than fifteen (15) business days prior to case closure
- c. Legal Staffings.** If an UNSAFE family receiving In Home Non-Judicial Services becomes uncooperative or does not engage with services, Provider shall notify the referring PCSO CPID Supervisor or Management Staff immediately to determine the necessity of Court action. Provider shall attend the Legal staffing with PCSO CPID and the State Attorney's Office (SAO) if judicial action is necessary. PCSO CPID will be the lead if the child is sheltered or an In-Home Dependency Petition is filed with the Judicial Court.
- d. Closure Staffing.** Provider shall invite the family and their support systems to attend the final Case Staffing at the Closure Family Team Meeting to be conducted with Provider Program Director or Management/Supervisor, Provider Staff, and PCSO CPID representative when necessary. Case Plan outcome, behavioral changes observed, and Individualized After Care Plan shall be discussed and agreed upon with all attendees prior to closure of In-Home Non-Judicial Services.

## 10. Case Supervision

- a.** Provider shall ensure that quality supervisory reviews are conducted and documented in FSFN on all cases as frequently as needed to meet each family's specific needs. If a Supervisory Review is conducted in conjunction with a staffing, two (2) FSFN notes must be entered: a Staffing Note must be entered in the Meeting tab and Supervisory Review note must be entered under Supervisory Review. At a minimum, each case must undergo a Supervisory Review any time a material change or emerging danger is identified and as follows:
  - 1) Within five (5) business days of CT Within two (2) business days of any Safety Plan modification
  - 2) Within two (2) business days of receiving a FSFN notification of a new abuse report
  - 3) A minimum of every thirty (30) calendar days throughout service provision
- b.** The content of Supervisory Reviews must be tailored to the individualized circumstances of each case and address all safety concerns. At a minimum, all Supervisory Reviews must address the following items:
  - 1) Assessment of present danger or impending danger and impact on child safety
  - 2) Is safety planning sufficient to address risk?

- 3) Is the Case Plan individualized for the family's needs?
- 4) Is the Treatment Plan individualized for the family's needs?
- 5) Stages of change on behalf of each Caregiver in the home?
- 6) Is the Intensive In-Home Services staff aware of any emerging dangers? If so, are they followed upon appropriately?
- 7) Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?
- 8) Is the quantity of contacts sufficient to ascertain and respond to known threats and emerging dangers?
- 9) Are appropriate external referrals provided and linked?
- 10) Is the communication with the CPI sufficient to the family's emerging dangers?
- 11) Is communication with the informal supports sufficient to the family's emerging dangers?

## 11. Case Closure

- a. **Closing the Loop.** Provider shall connect families to necessary supports in the community to gradually integrate the family into healthy activities prior to the closure of the services with the Provider. Provider staff shall work in tandem to ensure the family has been connected and linked to these supports before closure of services. All referral efforts and linkages should be documented appropriately as well as identifying and resolving barriers prior to closure.
- b. **Individualized After Care Plan.** Provider shall develop an Individualized After Care Plan with all families who have partially or successfully completed services in order to prevent future occurrences of child abuse or neglect. The After-Care Plan shall address all necessary recommendations from the Family Assessments, Case Plan, Intensive In-Home Service Staffings, and Case Supervision.
- c. **Case Closure of Provider's Services.** Upon closure of services with the family, Provider shall document the status of each service the family was recommended to complete from the Family Team Meeting, outcome of the Case Plan, observed behavioral changes, and recommendations from the last Intensive In-Home Services Staffing and Case Supervision and PCSO CPID representative which addressed case closure. Each service or task shall be clearly identified and documented in FSN with the family's compliance status, names and dates of referrals provided, links to services, as well as Providers efforts to assist with compliance.

## E. Media

The Provider will not communicate with the media about any cases Provider that the Provider is assigned to, as a result of the contractual relationship between Provider and Eckerd Connects, without prior notification and collaboration with Eckerd Connects' Director of Public Relations (or designee within Eckerd Connects). Additionally, the Provider will not plan or attend media-related events involving dependent youth in Eckerd Connects' system of care without prior notification of Eckerd Connects' Director of Public Relations (or designee within Eckerd Connects).

## **F. Staff Requirements**

### **1. Staffing Positions**

Provider shall be designated as Intensive In-Home Services within the Eckerd Connects System of Care, and as such, shall employ qualified personnel as it relates to the work performed under the terms and conditions of this Subcontract.

- a.** Program Director/Manager shall have at least five (5) years of experience in managing the delivery of child welfare services or Master's Degree and at least three (3) years of experience in managing the delivery of child welfare services.
- b.** Program Supervisor or Assistant Program Director shall have at least three (3) years of experience in managing the delivery of child welfare services; or a Master's Degree and at least two (2) years of experience in managing the delivery of child welfare services.
- c.** Child Welfare Professional or Case Management type position shall have a Bachelor's Degree and at least two (2) years of experience in working with at risk population to include families experiencing substance abuse matters, domestic violence, and mental health and emotionally disturbed. Previous child welfare experience and/or certification preferred. This position shall be required to complete the child welfare training and obtain certification per requirements set forth by DCF and FCB.
- d.** Counselor type position shall have a minimum of a Master's Degree from an accredited university or college in the field of counseling, social work, psychology, rehabilitation or human services and at least two (2) years of experience in working with at risk population to include families experiencing substance abuse matters, domestic violence, mental health, and emotionally disturbed. Previous child welfare experience and/or certification preferred. Provider shall have a minimum of one (1) Certified Addictions Professional.
- e.** Family Advocate position shall hold the following qualifications: Bachelor's Degree in behavioral science or social work preferred; Associate's Degree with extensive related experience acceptable and one (1) year of child welfare experience; or High School diploma and at least five (5) years of child welfare experience. This position must successfully complete required Nurturing Parenting Curriculum Training and/or Parenting for Change within ninety (90) calendar days of hire and must complete at least forty (40) hours of in-service training per calendar year. Such training shall at a minimum include confidentiality issues, identification of indicators of child abuse, abandonment and neglect, as well as mandatory reporting, shaken baby syndrome, back to sleep (SIDS prevention), substance abuse, domestic violence, basic mental health issues, community resources, and an overview of the Family Safety Program components and service delivery system. This position must be computer literate.
- f.** Transporter type positions shall hold at a minimum a High School diploma or General Equivalency Diploma (GED) and at least two (2) years of related experience in child related services.
- g.** Intern/Volunteer/Students type positions shall complete Provider Orientation training within ninety (90) calendar days from the start date. The training at a minimum shall include Confidentiality issues, identification of indicators for child abuse and neglect, abandonment and mandatory reporting.

- h. Maintain a team approach of both a Case Management type position and a Counselor type position or Family Advocate type position who will utilize their combined skills to provide short term crisis intervention services to at risk families, as well as a licensed therapist on staff and available to the families.
- i. The Provider must ensure that all staff meet minimum hiring qualifications as outlined in 65C-15.017 of Florida Administrative Code. Provider shall seek written approval in advance by Eckerd Connects Senior Director of Growth and Transformation or Designee, in coordination with the Eckerd Connects assigned Contracts Specialist for any exceptions to the minimum staff hiring qualifications.

## 2. Professional Qualifications and Training

- a. **Training Record.** All staff that have FSFN access are required to record training activities within their FSFN Individual Worker Training page no later than at the end of each reporting month of completing any training or attendance at a conference.
- b. **Training Hours.** All Certified staff that requires certification as a condition of employment, to include Program Supervisor or Assistant Program Director, and Child Welfare Professional or Case Management type position are required to follow the Florida Certification Board (FCB) Continuing Education Unit (CEU) Policy.
  - 1) Each additional time required staff credential are renewed, the certified professional must complete a total of 20 CEUs dated during the first 12 month period and an additional 20 CEUs dated during the second 12 month period. Each Provider shall track staff Certification and Recertification trainings and shall update the status thereof on the monthly Staff Roster Report due to the Eckerd Connects Contracts Specialist.
  - 2) Each personnel file will include copies of all documents that will be used to support Certification and Renewal Requirements for the Florida Certification Board and be made available for review by the Eckerd Connects on request to assess compliance and evaluate current process and procedure.
- c. **Licensure / Certification.** Provider shall ensure that all required Child Welfare staff, including Provider Child Welfare Professional or Case Managers and their direct Program Supervisor or Assistant Program Director are appropriately licensed and/or certified as a condition of employment. Additionally, employed or subcontracted staff performing services on behalf of Provider has also successfully complied with the requirements set forth by all DCF and FCB requirements and any other relevant legal or contractual authority to include Eckerd Connects Policies and Procedures.
- d. **Florida Certification Board.** Provider shall ensure that all Child Welfare Professional or Case Management type positions and Program Supervisors OR Program Director/ Assistant Program Directors have registered with the Florida Certification Board (FCB), apply and pay for registration fees as required. The provisional certification fee is required prior to the employee being allowed to take the certification competency exam. Please see specific guidance for the certification process in the training guidelines governing Certifications. Directly following the passing of the certification competency exam the provider shall submit an Application for Provisional Certification to Eckerd Connects for submission to FCB. All new hires that are certified upon hire date must be reported to Eckerd Connects for review.

- e. **Child Welfare Trainees.** The Provider will be responsible for all Child Welfare Professional or Case Managers trainees and their completion of all requirements of training in order to achieve the Child Welfare Certification. Provider staffs who fail to obtain Child Welfare Certification within the specified timeframe will not be allowed to carry a caseload or work with families until Child Protection Certification is achieved, unless the provider staff applies for an extension with FCB and FCB grants the extension request. It will be considered a breach of contract if a Provider allows an uncertified staff member to work in a position that requires certification. This may result in Eckerd Connects terminating the contract for cause.
- f. **Integrity of Training Process.** Provider shall maintain the integrity of the training and certification process, by ensuring that all staff required to be certified pursuant to Florida Department of Children and Families and the Florida Certification Board requirements are certified according to the process outlined both initially and on an ongoing basis.
- g. **Child Welfare Professions or Case Manager Support.** Provide shall be responsible to support the Child Welfare Professionals or Case Managers evolving capacity to effectively and competently carry out his or her job responsibilities by assessing the individual's level of job-related knowledge, skills and abilities, and by identifying, arranging for and or providing additional assistance as necessary to help enhance the individual's overall development as a proficient Child Welfare Professional. The Provider shall ensure that all Child Welfare Professions or Case Manager and Program Supervisor or Assistant Program Director hired in these positions achieve certification within one year of having successfully completed FCB Certification test for his or her position classification.
- h. **Ethics Violations.** For staff whom certification is a condition of employment, Provider shall report any potential ethics violations to FCB within five (5) business days of notification, or at the same time the complaint is filed with the Inspector General's office. Prior to hiring staff that are already certified, Provider shall check the status of the prospective employee on the FCB website to ensure the employee's certification is current and to view any open ethics violation cases.
- i. **Professional Qualifications.** The Provider Program Director, Manager, Supervisor and Child Welfare Professional or Case Manager must have minimally a Bachelor's degree in social work or related area of study from an accredited college or University and must meet other minimum qualifications required as a Program Director, Child Welfare Professional or Case Manager, and Program Supervisor or Assistant Program Director (as outlined in 65C-33 of Florida Administrative Code). Provider shall maintain and provide evidence upon request that each Child Welfare Professional or Case Manager spends 100% of his or her time providing services described in and funded under this agreement.

### 3. Staffing Changes

- a. Provider must submit written notification to the Eckerd Connects Contracts Specialist within one (1) calendar day if any of the following positions become vacant or are anticipated to become vacant. The notification shall identify who is assuming the responsibilities of that position during the vacancy.
  - 1) President/ Chief Executive Officer
  - 2) Chief Financial Officer
  - 3) Program Director
  - 4) Assistant Program Director

- b. Once the vacant position is filled, Provider must submit written notification to the Eckerd Connects Contracts Specialist within two (2) calendar days of the permanent replacement, including the name and credentials of the person filling the role, the hire date, and the individual's contact information.

#### 4. System Access

Provider shall follow the guidelines listed below regarding access to Eckerd Connects systems and/or DCF FSFN system:

- a. **New Hires.** Provider shall email the Eckerd Connects FSFN Security Officer prior to the start date of any new hire. The email should include the employee's name and anticipated start date and the required FSFN access form. Provider shall completed and email the Eckerd Connects Technology Request Checklist to [NewHireUserAccountCreation@eckerd.org](mailto:NewHireUserAccountCreation@eckerd.org) at least ten (10) business days prior to the employee's start date.
- b. **Change in Employment Status.** Provider shall email [TerminatedStaffNotification@eckerd.org](mailto:TerminatedStaffNotification@eckerd.org) and [contracts@eckerd.org](mailto:contracts@eckerd.org) on or before a change in employment status of any Provider staff member. The email should include the employee's name and reason for change. Provider shall complete and email the Eckerd Connects Technology Request Checklist to [ITSupport@eckerd.org](mailto:ITSupport@eckerd.org) at least ten (10) business days prior to the employee's transfer date.
- c. **Termination.** Provider shall email [TerminatedStaffNotification@eckerd.org](mailto:TerminatedStaffNotification@eckerd.org) and [contracts@eckerd.org](mailto:contracts@eckerd.org) on or before the separation/ termination date of any Provider staff. The email shall include the employee's name and the date of separation/ termination.
- d. **Reset Password.** Provider can reset their FSFN password at <https://ad7lpx2m4rsete.dcf.State.fl.us/webapp/login.aspx>. For all other Eckerd Connects systems, Provider shall contact IT Authorities Helpdesk line 844-241-0074 or email [ITSupport@eckerd.org](mailto:ITSupport@eckerd.org) within one (1) business day of known password reset needed. Provider must include the following information; Provider staff name, program, specific system password reset is requested.

#### 5. Subcontract Language

- a. **Prior Written Approval Required.** There is no subcontracting permitted under the terms of this Subcontract without prior written approval from Eckerd Connects. Responsibility for reimbursement to the subcontractor will rest solely with Provider. The written request must include the name of the third party and the scope of services.
- b. **Responsibilities and Monitoring.** Provider shall retain responsibility for service delivery, monitoring and quality assurance of all subcontracts entered into by Provider under this Subcontract. Provider shall develop written procedures for monitoring of subcontracts. Copies of all annual initial monitoring reports on subcontractors will be available upon request of the Eckerd Connects Contract Specialist. Provider shall notify the Eckerd Connects Contract Specialist within forty-eight (48) hours of discovering or otherwise becoming aware of conditions related to subcontractor performance that could impair continued service delivery. Provider further agrees that Eckerd Connects shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and Provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. Provider, at its own expense, will indemnify, defend, and hold harmless Eckerd Connects against any and all such claims.

- c. **Required Submissions.** Provider will submit to the Eckerd Connects Contract Specialist copies of all monitoring reports and findings relating to this Subcontract, within thirty (30) calendar days following completion of all evaluations. Further, Provider shall submit to the Eckerd Connects Contract Specialist copies of finalized performance improvement and/or corrective action plans, relating to this Subcontract no later than five (5) business days prior to implementation and no later than five (5) business days following completion of said plans.

## G. Service Location and Equipment

### 1. Service Delivery Location

Directions for Mental Health d/b/a Directions for Living, Inc. Family Works, Pinellas Division  
8550 Ulmerton Road, Suite 145  
Largo, FL 33771  
Phone (727)524-4464

### 2. Service Times

- a. Monday – Friday  
9:00 am – 5:00 pm  
On-Call Schedule for After Hours/Weekends/Holidays

- b. **Emergency/Crisis Planning Services.** Provider shall be available twenty-four (24) hours a day, seven (7) calendar days a week for those families the Provider is serving. Families shall be informed of the Providers after-hour's emergency number during the initial intake response. Provider shall respond to after-hour calls immediately but no later than one (1) hour from receipt of call.

3. **Changes in Location.** Provider shall notify the Eckerd Connects Contracts Specialist in writing thirty (30) calendar days prior to a change in location of its offices or service facilities.

### 4. Equipment

- a. **Data Encryption.** Provider shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then Provider shall assure that unencrypted personal and confidential Departmental data will not be stored on unencrypted storage devices. If Provider's use of subcontractors has been approved by Eckerd Connects, then Provider shall require the same of all subcontractors.
- b. **Loss or damage to Equipment Owned by Eckerd Connects.** In the event that Eckerd Connects furnishes any equipment to Provider for use by Provider staff members, including but not limited to computers, laptops, cell phones, or other electronic data processing equipment, Provider shall be responsible for the repair or replacement of such equipment, should it be lost or otherwise damaged due to misuse.
- c. **Vacation of Premises.** Upon any termination of this Subcontract, Provider shall, on or before the effective date of said termination, return to Eckerd Connects all equipment, records, and other property purchased with or otherwise generated with funds provided under this Subcontract, as well as any property of Eckerd Connects then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and

files are and shall remain property of the Department, under the authority and control of Eckerd Connects. Eckerd Connects shall make such original documents, or true and correct copies thereof, available to Provider for reasonable business purposes, such as defense of claims.

- d. **Vehicles.** Any vehicle(s) leased to Provider for use under this Subcontract shall be used solely to assist in the provision of the Services outlined in this subcontract. During the term of this Subcontract and any renewals, Provider is financially responsible for insurance and maintenance of the vehicle(s). Provider shall not dispose of the vehicle(s) without written authorization from Eckerd Connects. In the event Provider ceases providing the Services under a subcontract with Eckerd Connects, the vehicle(s) will be returned to Eckerd Connects in good and working manner, reasonable wear and tear excepted.

## H. Deliverables

### 1. Service Unit

A service unit represents one (1) month of Intensive in-Home services.

### 2. Reports and Invoicing

- a. **Provider Submission Responsibilities.** Provider shall be responsible for submitting accurate and timely reports and invoices as specified in **TABLE 1** below or as otherwise required by this Subcontract, the Department, federal or state law, auditors, or other legally binding authority. All reports and invoices must be submitted to the Eckerd Contracts Specialist, as well as any other specified Eckerd staff or department, in the prescribed format on or before the specified due dates.
  - 1) **Computation of Time.** Should any due dates fall on a weekend or holiday, the report shall be due on the next business day following the weekend or holiday, unless otherwise specified in **TABLE 1**. For the purposes of any times listed below, the local time in Clearwater, Florida, shall be used to determine timeliness.
  - 2) **Delivery and Acceptance.** Provider's delivery of reports or invoices shall not be construed as Eckerd's acceptance of the reports or invoices. Acceptance of invoices and reports shall constitute a separate act following the Eckerd Contracts Specialists approval. Eckerd reserves the right to reject invoices or reports as incomplete, inadequate, or unacceptable, according to the limits set forth in this subcontract. All invoices/reports identified shall be submitted to the assigned Eckerd's assigned Contracts Specialist as outlined in **TABLE 1**.
  - 3) **Invoice Submission.** Provider shall submit all invoices using the form provided by Eckerd. Provider shall submit an invoice by the date as outlined in **TABLE 1** below. Invoices shall be reviewed by Eckerd within fifteen (15) business days of receipt and Eckerd shall pay Provider undisputed amount within thirty (30) calendar days of receipt of a complete and correct invoice. At its discretion, Eckerd has the right to withhold payment to Provider if Provider does not submit complete and correct reports in a timely manner as described in **TABLE 1** below.
  - 4) **Other Reporting.** In addition to the reporting specifically outlined in this Subcontract, and upon the request of the Eckerd Contracts Specialist or Eckerd supervisory staff, Provider shall prepare additional reports as required by the Department, the Master



Agreement, or as otherwise necessary to evaluate the services performed by Provider pursuant to this Subcontract. To the extent that the fulfillment of any such request requires Provider to interrupt its normal business operations, Eckerd and Provider shall develop and implement a mutually viable work plan to gather the necessary information. Failure to respond in an accurate and timely manner to the requesting Eckerd representative may result in a Performance Improvement Plan or other penalty pursuant to the terms of this Subcontract.

- 5) **Revisions to Reporting Format.** The format and content are subject to change as the needs and resources of the Eckerd System of Care evolve. Any such change shall become effective and enforceable under this Subcontract upon no less than five (5) business days written notice to Provider from the Eckerd Contracts Specialist and shall not require a formal amendment to this Subcontract.

<b>TABLE 1:</b>			
<b>Report Title</b>	<b>Submissions Format</b>	<b>Date Due</b>	<b>Individual(s) to Receive Report</b>
<b>Weekly Data Report</b>	Utilize Report format incorporated herein.	Due no later than close of business each Thursday	<a href="mailto:Datacall@eckerd.org">Datacall@eckerd.org</a>
<b>Monthly Invoice</b>	Utilize Invoice format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly PSSF Match Report</b>	Utilize Report format incorporated herein. (Please submit in Excel format)	Due by the 5 <sup>th</sup> calendar day following the month of services. Match Plan is due on or before September 1 of each Eckerd Connects FY	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Support to the Deaf or Hard of Hearing</b>	Submit online to <a href="https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html">https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html</a>	Due by the 5 <sup>th</sup> calendar day following the month of service	DCF (through the online process). Confirmation of online submission emailed to <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Therapeutic Services for Children</b>	Utilize Report format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Staff Roster</b>	Utilize Report format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Provider Service Report</b>	Utilize Report format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Training Report</b>	Utilize Report format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Monthly Spending Plan (Expenditure)</b>	Utilize Report format incorporated herein. Please complete a	Due by the 20 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>

<b>report included within)</b>	separate Spending Plan Report for each funding source (Traditional Diversion, and FSS)		
<b>Monthly General Ledger</b>	Utilize Provider format.	Due by the 20 <sup>th</sup> calendar day following the month of services	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Quarterly PSSF Narrative Report</b>	Utilize Report format incorporated herein.	1 <sup>st</sup> qtr. due Oct 10 2 <sup>nd</sup> qtr. due Jan 10 3 <sup>rd</sup> qtr. due Apr 10 4 <sup>th</sup> qtr. due July 10	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Quarterly Form 941 Employer's Quarterly Federal Tax Return</b>	Submit Provider Report format.	1 <sup>st</sup> qtr. by Oct 25 2 <sup>nd</sup> qtr. by Jan 25 3 <sup>rd</sup> qtr. by Apr 25 4 <sup>th</sup> qtr. by July 25	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Incident Reports</b>	Utilize Report format incorporated herein.	Due by one (1) business day from notification of the incident	<a href="mailto:Riskmanagement@Eckerd.org">Riskmanagement@Eckerd.org</a>
<b>Annual Budget and Narrative</b>	Utilize budget format incorporated herein to complete a 12-month detailed budget and budget narrative for the annual "not to exceed" amount of Eckerd Connects revenue.	Submit within 30 calendar days after the beginning of each fiscal year	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Property Inventory</b>	Utilize Provider Report Format.	Due by May 20 <sup>th</sup> each year or within 10 business days of any changes	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>
<b>Weekly Vacancy Report</b>	Submit Provider Report format.	Due every Thursday	Email contracts specialist
<b>Monthly FSS Initial Contact Report</b>	Utilize Report format incorporated herein.	Due by the 5 <sup>th</sup> calendar day following the month of services along with Monthly Provider Service Report	Email <a href="mailto:contracts@eckerd.org">contracts@eckerd.org</a>

### 3. Documentation

- a. **Case Records.** Provider shall maintain client records in a way that evidences compliance with the terms of this contract and laws pertaining to this contract.
- b. Client files shall contain, at a minimum the following information:
  - 1) An intake/screening form documenting each family's eligibility for services based on the criteria outlined in Section A.3. of this Attachment
  - 2) Release of information forms
  - 3) Documentation of all case staffings including participants as outlined in Section B.1. of this attachment

- 4) Documentation of completed assessments as outlined in Sections B.1. of this attachment
  - 5) Documentation of Family Team Meetings including signatures of attendees
  - 6) A signed and dated copy of the family support plan/case plan
  - 7) Signed and dated copies of any Safety Plans or Safety Recommendations
  - 8) Progress notes
  - 9) Case staffing summaries
  - 10) Documentation of the closure staffing
- c.** Provider shall document all Case Staffings discussion in Meeting Icon of FSFN to include, but not limited to:
- 1) Staffing Participants
  - 2) Reason for Provider involvement
  - 3) Family Strengths
  - 4) Progress with Treatment Plans and or Case Plans
  - 5) Behavioral changes observed
  - 6) Service recommendations
  - 7) Status of follow up tasks and or recommendations from previous Case Staffings
  - 8) Closing of the Loop with all services and or professionals
  - 9) Current Risk level
  - 10) Frequency of visits
  - 11) Subsequent staffing date
- d.** Provider is responsible for entry of each service event into FSFN and designated system as indicated by Eckerd Connects within two (2) business days of the activity. Each entry shall include the following:
- 1) Selection of "Case" Category and appropriate "Note Type"
  - 2) Entry of begin and end times for activity performed
  - 3) Face-to-Face Contacts with Case Participants when appropriate
  - 4) Location/address and narrative description of activity performed
  - 5) Name(s) and role(s)/relationship(s) of other participants in the activity
- e.** FSFN note entries shall be completed for any and all case activities, but should include the following activities:
- 1) Referral to Provider when accepted or determined not to meet eligibility for services
  - 2) Home and or Field Visits
  - 3) Face to Face Visits
  - 4) Telephone Contacts
  - 5) Service Referrals made
  - 6) Safety Plans or Safety Recommendations
  - 7) Family Team Meetings
  - 8) Family Finding Efforts
  - 9) Treatment Plan / Case Plan
  - 10) Case Staffings Summaries
  - 11) Meetings
  - 12) Supervisor Reviews
  - 13) Termination / Closure Summary to include but not limited to:
    - a) Status of each service referral the family was recommended to complete from the Family Support Plan/Case Plan including service names and dates of referrals provided, status of linkage to services, as well as Providers efforts to assist with compliance

- b) Observed behavioral changes
- c) Outcomes of the recommendations from the last Intensive In-Home Services Staffing and Case Supervision
- d) Recommendations from Individualized After Care Plan
- e) Current non-paid support system to ensure ongoing support for the family

**I. Performance Specifications**

The Provider shall be responsible for meeting the applicable outcomes and performance specifications set forth in Master Agreement and shall assist Eckerd Connects in meeting the outcomes and performance specifications set forth in this Subcontract. **ATTACHMENT I** or referenced **Exhibits** may be amended to reflect additional performance measures as identified in the Master Agreement with the Department and Eckerd Connects. If and when the targets or measures specified below are updated, the Eckerd Connects Contracts Specialist will notify Provider in writing, and the change shall not require a formal amendment to this Subcontract.

#	Contract Measures	Methodology	Target FY 16-17	Target FY 17-18	Target FY 18-19	Target FY 19-20
1	Percent of children who are not neglected or abused during Intensive in Home Services	The number of children who did not have verified abuse report findings during service provision divided by the number of children served	≥95%	≥95%	≥95%	≥95%
2	Percent of children not neglected or abused within six (6) months after receiving Intensive In-Home services	The number of children who did not have verified abuse report findings within 6 months of case closure divided by the total number of children within 6 months of case closure	≥95%	≥95%	≥95%	≥95%
3	Percent of children not neglected or abused within twelve (12) months after receiving Intensive In-Home services	The number of children who did not have verified abuse report findings within 12 months of case closure divided by the total number of children within 12 months of case closure	≥95%	≥95%	≥95%	≥95%
4	Percent of children receiving Family Support Services and In Home Non Judicial who do not enter the Eckerd Connects System of Care Dependency System during service provision	Number of children receiving Family Support Services and In Home Non Judicial who do not enter the Eckerd Connects System of Care Dependency System during service provision divided by the total number of children served	≥90%	≥90%	≥90%	≥90%
5	Provider shall serve a minimum capacity of unduplicated families during the subcontract fiscal year.	The total number of unduplicated families served during the Eckerd Connects fiscal year.	432	544 (est. SMS: 136; FSS: 72; and IHNJ:	614 (Est. SMS: 231; est. FSS: 72; est. IHNJ: 311)*	614 (Est. SMS: 231; est. FSS: 72; est. IHNJ: 311)*

				336 (Traditional cases count toward SMS)	(Traditional cases count toward SMS)	(Traditional cases count toward SMS)
6	<b>SMS:</b> Provider shall provide supervision and management for <b>136</b> new/unduplicated families' Safety Management Plans under the <b>FY 16-17</b> non-recurring <b>additional</b> Safety Management Services SAFMS funds awarded	The total unduplicated number of families' SMS Safety Management Plans serviced under the awarded SAFMS non-recurring funds	136	N/A	N/A	N/A

\*Est. = *Estimated* methodology subcategories only, and est. targets will not be specifically evaluated as separate performance goals. "Traditional" cases, due to the services offered in this area, will also be counted toward overall SMS est. target.

### III. Eckerd Connects Responsibilities

- A. Eckerd Connects Contracts Specialist shall act as a liaison and shall oversee projects and provide technical assistance when requested or indicated.
- B. Eckerd Connects will give Provider access to all applicable Eckerd Connects policies and procedures relevant to this contract both initially and upon request.
- C. Eckerd Connects may conduct announced and unannounced reviews of this program when considered necessary or as part of a Quality Assurance sampling function to evaluate compliance with contractual requirements.
- D. Eckerd Connects shall make determinations regarding contract and client outcome measures. Final determination of the adequacy of the Provider's corrective action plan (if required) as a result of monitoring conducted by Eckerd Connects or its Designee rests solely with Eckerd Connects.

### IV. Method of Payment

#### A. Budget

1. Provider shall submit a twelve (12) month detailed budget and budget narrative by each fiscal year, for the annual "not to exceed" amount awarded to the Provider by Eckerd Connects Each fiscal year, which is subject to availability of funds. The Provider's budget shall be submitted to Eckerd Connects within thirty (30) calendar days after the beginning of each fiscal year. The allowable portion of the allocated indirect costs of administrative costs in the Provider's presented budget shall not exceed 10% of the modified total direct cost or the Provider's Federally-approved Indirect Cost rate, whichever applies.
2. Services shall be performed by Provider and expenditures charged in accordance with the approved Subcontract budget. Expenditures may only be charged to Eckerd Connects by Provider for budget line items listed on the approved Subcontract budget, and for only those budget line items for which a budget amount has been established.

If Provider seeks to make a budget change of +/- 10% or greater to any cost category, Provider shall seek written approval in advance by Eckerd Connects' Executive Director, in Conjunction

with Eckerd Connects' Vice-President of Finance, or designee, and Director of Contract Management, or designee. Provider shall submit a twelve (12) month amended budget within twenty (20) business days for any change in funding during the fiscal year.

3. The Provider shall submit to Eckerd Connects monthly Spending Plans (accompanied by the Provider's Monthly General Ledger) throughout each Eckerd Connects fiscal year. The Eckerd Connects Spending Plan Template for required Provider use is herein incorporated by reference and will be supplied by the Eckerd Connects Contracts Specialist. Monthly submissions shall be inclusive of information related to the specific program contained within the scope of this Subcontract, delineated by line items, and covering the period from this Subcontract inception through each month (aggregate) of the respective Eckerd Connects fiscal year. The Spending Plans shall include all direct services and administrative services cost allocations. Such report shall contain a detailed explanation of variances from the Eckerd Connects approved Provider budget.

In the event that Eckerd Connects has identified a financial viability concern with the Provider's organization, the Provider shall, upon request, submit copies of the Provider's organization-wide, unaudited year-to-date financial statements that have been approved by the Provider's Governing Board to Eckerd Connects. The requested financial documents submitted will be reviewed by Eckerd Youth Alternatives' Chief Financial Officer or designee.

4. Provider's utilization of unearned surplus funds for staff incentives, retirement awards, severance pay, bonuses or salary increases of any kind, not outlined and specified in the Eckerd Connects-approved Provider Subcontract budget, must be requested by the Provider, in writing, and discussed in advance with Eckerd Connects' Executive Director, Contract Management Department and Vice President of Finance. Use of unearned funds in this manner would be at the discretion of Eckerd Connects and may not be enacted without Eckerd Connects' prior written approval. Any such Provider request must be accompanied by the Provider's prior board-approved policy for bonuses/incentives and must indicate incremental maximum percentages directly attributable to individual program positions.

**B. Compensation**

1. In consideration for the covenants contained herein, Eckerd Connects agrees to pay Provider for In-Home Services (Traditional Diversion, FSS, SMS & IHNJ) a total of not more than:

<b>July 1, 2019 – June 30, 2020</b>	<b>\$2,560,896.00</b>
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These amounts represent the maximum amounts to be paid by Eckerd Connects, subject to the availability of funds.

2. This is a fixed price, fixed payment reimbursement method of payment Subcontract, comprised of Federal sources and state funds, to be paid following the month of services. The monthly payment amounts shall be as follows:

<b>July 2019-June 2020</b>	<b>\$213,408.00</b>
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**3. Eckerd Connects Flex Funds.**

Eckerd Connects Flex Funds shall be available to Provider for allowable expenditures incurred for Emergency Assistance to youth and families served. Emergency Assistance is a support or service that may be provided to prevent the removal of children or to facilitate reunification. The maximum amount reimbursable by Eckerd Connects, subject to the availability of funds, for Eckerd Connects **FY 19-20** these funds are **\$54,720.00**. These funds are cost reimbursed by

Eckerd Connects subject to supporting documentation and determination by Eckerd Connects that the expenditure is allowable, necessary and appropriate.

**4. PSSF Match.**

Provider is receiving Promoting Safe and Stable Families funds through this Subcontract and is responsible for sharing the match requirement. Allowable match can be in-kind or cash; however, the expenditure or use of such match must directly support the program. A monthly match report, which identifies the amount and type of match contributed and expended, must document what services the match supported and must be submitted every month even if no match is being reported for the month. The Provider may be required to furnish up to 25% Match of the funding received by Eckerd Connects for the PSSF services being provided by this Subcontract. If required, Eckerd Connects will determine that amount and provided in writing on or before **August 1**. If Provider fails to meet match requirements, Provider's final invoice to Eckerd Connects may be reduced by a dollar amount equal to the match shortage.

**5. Purchase of Therapeutic Services for Children (100806).**

The Provider agrees to deliver children's mental health services with funds identified by Provider and validated by Eckerd Connects as meeting the funding requirements. Purchase of Therapeutic Services for Children (100806) funds, shall be used to provide non-Medicaid reimbursable wraparound services to children within the limitations of the Maintenance of Effort for the Community Mental Health Block Grant. To ensure that these funds are being spent appropriately, the Provider must be able to provide proper documentation of the use of these funds for each child served by these funds. The format and quality of that documentation is the responsibility of the Provider but must be made available upon request for any monitoring or quality assurance activities of Eckerd Connects. The documentation must show that each child served using these funds during a given fiscal year meets the requirements as outlined in 100806 Funds Eligibility and Allowable Expenditures Doc 2010-06-21, and available upon request to the Eckerd Connects Contract Specialist.

**V. Exhibits**

The Eckerd Connects Contract Specialist will provide the Provider with the electronic copies of the following exhibits within thirty (30) business days of contract execution and can be obtained by the Provider at any time throughout the contract term by e-mailing the Eckerd Connects Contracts Department at [contracts@eckerd.org](mailto:contracts@eckerd.org).

Eckerd Connects Technology Request Checklist  
DCF Assess Authorization Request  
DCF FSFN Access Request  
Weekly Data Report  
Monthly Invoice  
Monthly PSSF Match Report  
Monthly Provider Service Report  
Monthly 100806 Report  
Monthly Staff Roster  
Monthly Training Report  
Monthly Expenditure Report  
Quarterly PSSF Narrative Report  
Annual Budget and Narrative  
Eckerd Connects Incident Report Policy and Form  
Eckerd Connects Subcontracted Provider Accountability Review Process  
Monthly Spending Plan  
Monthly FSS Initial Contact Report