

## NETWORK PROVIDER ORGANIZATIONAL PROFILE

The Network provider shall prepare and submit the following organizational profile to Central Florida Cares Health System (CFCHS) for approval prior to the start of the contract period. Once a contract has been signed, the contractor shall prepare and submit a final version of the organizational profile to CFCHS.

This includes the total operations of the organization providing the services. If the entity is the same as the provider/organization this will encompass the total agency. If the organization is a subdivision of a governmental or other umbrella organization, this will only include the subdivision/department that is administering the services.

**A. ORGANIZATION NAME:**

*(The legal name of the provider that will assume/sign the contract)*

The Children's Home Society of Florida

Subdivision/Department Administering Services (as appropriate):

Central Florida and Brevard Divisions Mental Health Services  
(Clinical Services and TCM)

**B. ADMINISTRATIVE ADDRESS:**

Phone Number: 321-397-3000 Fax Number: 321-397-0398

Website Address: www.chsfl.org

Federal ID Number: 59-0192430 National Provider Identifier: 1679578322

**C. ORGANIZATIONAL OFFICIALS AND OFFICERS**

|                          | NAME                | EMAIL                         | PHONE NO/<br>EXTENSION |
|--------------------------|---------------------|-------------------------------|------------------------|
| Board                    |                     |                               |                        |
| President/Chairperson:   | <u>Marty Rubin</u>  | <u>N/A</u>                    | <u>N/A</u>             |
| Chief Executive Officer: | <u>David Bundy</u>  | <u>David.Bundy@chsfl.org</u>  | <u>321-397-3000</u>    |
| Chief Operating Officer: | <u>Shelley Katz</u> | <u>Shelley.Katz@chsfl.org</u> | <u>321-397-3000</u>    |
| Chief Financial Officer: | <u>Rober Wydra</u>  | <u>Bob.Wydra@chsfl.org</u>    | <u>321-397-3000</u>    |

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Data Security Officer: Frank Gonzalez Frank.Gonzalez@chsfl.org 321-397-3000

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**D. ORGANIZATIONAL CAPACITY**

- 1. Annual Operating Budget:  
*(Include all revenue sources)* \$19,873,472 (Central Florida and Brevard Divisions combined)
- 2. Annual CFCHS Contract Amount: \$2,084,198.00
- 3. Number of Employees 294
- 4. Geographic area(s) served: Orange, Osceola, Seminole, and Brevard Counties
- 5. Accreditations: COA

6. Other Funding Sources:

| Funder   | Amount       |
|--|--------------|
| Many State, Local, and Federal Funders and Donations | \$17,859,274 |

- 7. Year of Incorporation: 1902
- 8. Corporate Mission Statement: Embracing Children, Inspiring Lives

8. Summary Description of Organization's Services: The Children's Home Society of Florida provides a comprehensive array of counseling, intervention, and prevention services to enhance the lives of Florida's children and families and impacts individuals of all ages.

9. Chart of major organizational units: *(Attach as an exhibit to the Organizational Profile)*

Each Division is headed by an Executive Director who is the contracting authority for that Division. The Central Florida Division is directed by its Executive Director, Tara Hormell, and the Brevard Division is directed by its Executive Director, Teresa Miles. For purposes of this contract the contact person is Tara Hormell. Organization Charts for both of these Divisions are attached.

10. Not-For-Profit Incorporation: *(Attach documentation of Not-for-Profit status)* attached


**E. Service Delivery Sites for This Contract:**

| <b>Site Address</b>  | <b>Program Area:</b><br><small>(AMH, CMH, ASA, CSA)</small> | <b>Cost Center(s)</b>  | <b>Facility Licenses</b><br><small>Type and Number (AHCA, DCF)</small> | <b>Number of Licensed Beds</b><br><small>(if applicable)</small> | <b>Number of CFCHS Funded Beds</b> |
|--|---|--|--|--|------------------------------------|
| Suite 1448, 1485 S. Semoran Blvd, Winter Park, Florida 32792 | CMH   | Assessment, Case management, Crisis Support/Emergency, In-Home and On-Site Services, Intervention, Medical Services, Outpatient, Outpatient-Group, Outreach, Incidental Expenses | N/A  | N/A  | N/A                                |
| 5768 S. Semoran Blvd., Orlando, Florida 32822                | CMH   | Outpatient Counseling, Outreach, Crisis Support, In-Home On-site Services  | N/A  | N/A  | N/A                                |
| 326 Croton Rd., Melbourne, FL, 32935                         | CMH   | Assessment, Case management, Crisis Support/Emergency, In-Home and On-Site Services, Intervention, Medical Services, Outpatient, Outpatient-Group, Outreach, Incidental Expenses | N/A  | N/A  | N/A                                |
|  |   |  |  |  |                                    |

**Individual Completing the Document:**

Name: David Congdon, Ph.D., LCSW  
Title: Clinical Program Director, Central Florida Area  
Phone: 407-896-2323 Fax: 407-896-7760  
Email Address:

**UPDATES TO THE PROGRAM DESCRIPTION MUST BE SUBMITTED TO CFCHS WITHIN TEN (10) CALENDAR DAYS PRIOR TO THE END OF ANY QUARTER IN WHICH ANY CHANGE IN THE PROGRAM OCCURS.**

  
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Network Provider

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Florida Cares Health System

\_\_\_\_\_  
Date