



NETWORK PROVIDER PROGRAM DESCRIPTION

The Network provider shall complete a Program Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Name: Treatment Alternatives for a Safer Community (TASC)

Address: 823 W. Central Blvd Orlando, FL 32805

Days of Operation: M-S Hours of Operation: 8 am- 11:00 pm 8am-5pm (extended hours when necessary)

C. Program Director: Karen Cino LCSW

Email: kmcino@hsainc.org Phone: 407-836-8808 Ext. _____

D. Program Area: (Check one)

Adult Mental Health Children Mental Health Adult Substance Abuse

E. Activity Classification: (Check one)

Mental Health:

Emergency Stabilization
 Recovery and Resiliency

Substance Abuse:

Detoxification
 Treatment and Aftercare
 Prevention*

(* All prevention descriptions are to be submitted in KIT)

F. Cost Center(s): Outpatient

G. Individuals to be Served: *Indicate number of individuals to be served through this activity, excluding prevention. (Include: CFCHS funds and Local Match funds only)*

1. Adult Mental Health:

Projected
Number
Served

_____ Adults with Severe and Persistent Mental Illness
_____ Adults with Serious and Acute Episodes of Mental Illness

_____ Adults with Mental Health Problems
_____ Adults with Forensic Involvement

2. Children's Mental Health:

Projected
Number
Served
_____ Children with Serious Emotional Disturbance
_____ Children with Emotional Disturbance
_____ Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

Projected
Number
Served
_____ Adults with Substance Abuse (exclude prevention)

4. Children's Substance Abuse:

Projected
Number
Served
2500 Children with Substance Abuse (exclude prevention)

H. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this program activity. Service delivery strategy descriptions should separately address those strategies as applied to:

a. The specific services that will be made available through each cost center

The TASC program will provide services under the Children's substance Abuse Cost Center.

The TASC program will provide assessment and referral to youth under the age of 18 referred by the Department of Juvenile Justice, the Courts, and other community partners due to involvement or risk of involvement with the Department of Juvenile Justice. The referred youth will receive services including a comprehensive screening, urinalysis testing, evidenced based psychometric testing (Achenbach ASEBA), the CANS, and the Intervene tool along with case monitoring. The program will also work closely with the family to link them with the appropriate community based services or residential services if necessary. Follow contacts will be conducted to ensure that the family is satisfied with the referrals and to document the programs effectiveness..

b. Staffing levels and minimum qualifications for each type of service delivery position

Direct Service 19 - A combination of Bachelor's and Masters degree (B.A./B.S./B.S.W.) (MA, MSW)from an accredited four-year college or university and one to two years related experience and/or related training, or equivalent combination of education and experience.

Supervisory .LCSW - A Masters's degree (MSW.) from an accredited two-year college or university, as well as a Certified Addictions Professional (CAP) or Licensed Practitioner of the Healing Arts; and two years supervisory experience and/or related training.

Support .50 - A High School diploma or GED and two (2) years relative work experience in an administrative support capacity preferably in a social services, health care or public services organization.

c. Geographic Area to be served

Orange County

d. Primary referral sources

The major referral sources include the Department of Children and Families (DCF) and their Community Based Care (CBC) contracted providers, DJJ and OCPS. In addition, referrals are received from and community providers.

e. Admission and discharge criteria

To be eligible for admission an individual must:

be 17 years or younger

Have current and/or previous behavioral, mental health, or juvenile justice related involvement..

Clients are admitted shortly after arrest or referral and the case will be kept open for up to 60 days to help ensure that the youth and family are engaged and active in the recommended services.

f. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Client satisfaction surveys are given to each individual and family served. These are read ministered 60 days after discharge. The CANS (Child adolescent Needs and Strengths) tool is also administered to assess life domain needs.

- g. Any science-based or evidence-based models employed or practices utilized

The TASC program utilizes a full comprehensive screening instrument on all referred youth and uses evidenced based tools such as the Achenbach (ASEBA), the CANS, and the INTERVENE tool (which assesses for Human Trafficking), to help determine what services are needed to help the youth. This also includes co-occurring and trauma based issues. With the appropriate authorizations the program also utilizes collateral contacts such as the school system, parents or family members to determine treatment needs.

- h. Any other practices that focus on special areas (i.e. human trafficking, trauma-informed care, LGBTQ) or approaches that offer support services (i.e. Peer Specialists)

All staff have been fully trained in assessing for Human Trafficking using the INTERVENE tool. Staff are also offered a variety of trainings on trauma informed care. Appropriate staff is also supervised for state licensure certification.

- i. Average length of participation for persons served

Cases are kept open for up to 60 days...

I. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this cost center. Continuing care strategy descriptions should address placement and referral activities specific to:

- a. The processes by which individuals and families are prepared for and transitioned to continuing care services

A service plan is developed for each participating youth/family. The family is referred and linked to community based service providers as soon as possible. The program will maintain contact for up to 60 days post assessment to ensure that the client and family are engaged in services. Additional assistance is offered if necessary.

- b. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this cost center within the organization and within the community system of care (*Include measures used to prevent recidivism*)

Evaluation and referral of the participating individual's significant other and other family members may also be provided.

TASC staff will recommend and/or refer appropriate individuals to behavioral health therapeutic and case management service agencies. Along with linking to the appropriate educational settings well as address housing needs. In addition all individuals are provided information on HIV/AIDS resources and testing sites.

This section to be completed by organization's Chief Financial Officer

J. Applicable Special Funding Considerations:

- | | |
|------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> PATH Grant Award |
| <input type="checkbox"/> SAPTBG Set Aside for Women | <input type="checkbox"/> Indigent Drug Program |
| <input type="checkbox"/> SAPTBG Prevention Set Aside | <input type="checkbox"/> Title XXI |
| <input type="checkbox"/> SAPTBG HIV Set Aside | <input type="checkbox"/> Purchase of Therapeutic Services (PRTS) |
| <input type="checkbox"/> FIS Appropriation | |

1. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

N/A

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.

SIGNATURES:

Network Provider

Date

Central Florida Cares Health System

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 15,000

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 *n/a*

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Outreach		.1		.1

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Outreach Program serves both substance abusing adults. Referrals will be received from the community, Adult TASC, Family Intervention Specialists, Department of Children and Families (DCF) and their contracted Community Based Care agencies and other community partners.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Not applicable.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Outreach is designed to provide education and information to potential individuals in need of social services and the community who comes in*

contact with such potential individuals before they engage in damaging behaviors.

- *Attempts to contact potential individuals include phone calls, letters and home visits.*
- *Community outreach includes making presentations to referral sources, mailing out informational brochures and/or flyers or emails with those attachments.*

b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*
Not applicable.

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

- a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Adult Substance Abuse:

a) Outreach

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

- a. Outreach to individuals and community partners to gain better understanding of the mechanism to access services.*
- b. Any attempts to reach new referrals including phone calls, letters or home visits. As well as, any collateral contacts with referral sources to the whereabouts of the individual.*
- c. Communicating with a potential individual the value of the service and the process of becoming involved with the service.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

An outreach service involves efforts made by staff to engage an individual or family in services that will offer education/treatment in addressing substance abuse issues.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

Not applicable.

6. The service capacity proposed for funding

N/A - outreach

7. Admission and discharge criteria

To be eligible for admission an individual must:

be an adult at risk or with a presenting substance abuse issue; or

the community at large who refers and serves such individuals with treatment needs and can benefit from information provided in outreach services;

Individuals are discharged once outreach is complete.

8. Average length of participation for persons served

Less than thirty days.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable.

10. Minimum service qualifications for each type of service delivery position

Counselor – A Bachelor’s degree (B.A./B.S./B.S.W.) from an accredited four-year college or university; and one to two years related experience and/or related training; or equivalent combination of education and experience. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Not applicable.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Not applicable.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 194,744

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 80

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Case Management		2.0		2.0
Case Management	.10			.10

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:
 - b. Enhanced Services for Special Populations:
Examples:
 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

The Osceola Drug Court program serves substance abusing adults involved in the criminal justice system. The major referral source for individuals receiving the following substance abuse screening, case management and referral service is the Osceola County Drug Court Office following State Attorney approval.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity: (Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.
 - a. General SAMH (Target Population) Served:
 - b. Special Populations:
 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Delivery of a comprehensive screening process for adult offenders to identify individuals presenting with substance abuse risk indicators using the evidence based Addiction Severity Index (ASI);*
- *Placement of staff adjacent to the Osceola County Courthouse to provide urinalysis testing to assist with substance abuse identification;*
- *Coordination with Drug Court staff to ensure individuals being served understand participation requirements in order to increase the rate of engagement.*
- *Communication with Drug Court staff when either engagement is unsuccessful or service completion occurs.*

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable. Incidental funds are not used for these services.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
 - a. The general SAMH target populations served. This description should address:
 1. The cost centers that will be used,

2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs,
5. Any science-based or evidence-based models employed or practices utilized,
6. The service capacity proposed for funding
7. Admission and discharge criteria;
8. Average length of participation for persons served,
9. The use of Incidental funds and any categorical funding to support consumer participation in services.
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

12. The cost center that will be used is

Adult Substance Abuse:
a) *Treatment and Aftercare*

- *Case Management*

13. The specific services that will be made available through each cost center

Specific service strategies employed by HSA for adults in need of substance abuse care will include:

- *Providing a comprehensive substance abuse screening and urinalysis test for all adult offenders referred for participation in Drug Court services;*
- *Providing detailed recommendations to individuals served based on information gathered during the screening;*
- *Providing Drug Court staff with a written summary of the comprehensive screening and recommendation for services;*
- *Providing the individual served with a referral to the participating service providers available to assist with the needs identified as a result of the screening;*
- *Providing case management services throughout the individual's participation in the Drug Court program to*

assist with continued engagement; and

- *Communicating weekly with Drug Court staff about treatment progress.*

14. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the Drug Court program are provided an initial screening using the evidence based Addiction Severity Index (ASI) to determine the level of service needed during program participation;

Case management staff participate in bi-weekly multidisciplinary treatment team meetings conducted with Drug Court staff, treatment provider representatives and court officials in order to evaluate effectiveness of services; and

Individuals receiving Drug Court program services are required to participate in random urinalysis testing throughout the course of their program involvement.

15. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

The individual served is involved by case management staff in the selection of the services and providers available to deliver the identified service needs.

Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

16. Any science-based or evidence-based models employed or practices utilized

The Addiction Severity Index (ASI) is used to complete the comprehensive screening process.

Case management services are delivered consistent with the national drug court model.

17. The service capacity proposed for funding

Case Management funds will serve at least:

Eighty individuals in need of Adult Substance Abuse services annually.

18. Admission and discharge criteria

To be eligible for admission an individual must:

*be 18 years or older;
have current and/or previous alcohol and/or drug abuse involvement;
have criminal justice system involvement; and
volunteer for services as evidenced by a signed contract and required consents.*

Discharge occurs when the individual has completed the treatment requirements to graduate from the Drug Court program. Non-compliance with program rules may also result in discharge.

19. Average length of participation for persons served:

Eighteen (18) months

20. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable. Incidental funds are not used for these services.

21. Minimum service qualifications for each type of service delivery position

Case Manager – A Bachelor’s degree (B.A./B.S./B.S.W.) from an accredited four-year college or university; and one to two years related experience and/or related training; or equivalent combination of education and experience. Additional experience may be substituted for a college degree. The position requires experience in working with individuals in mental health, substance abuse and or social services systems. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably

Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

22. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are generated through the production of service units in excess to those contractually required and are dedicated to achieve the strategies identified above. In addition, matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the service delivery strategies identified above within limited funding allowances.

- b. Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address
1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
 4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
 5. Any science based or evidence based models employed or practices utilized,
 6. The service capacity proposed for funding,
 7. Admission and discharge criteria,
 8. Average length of participation for persons served
 9. The use of Incidental funds and any categorical funding to support individual and family participation in services.
 10. Describe the role and contribution of matching funds to support these strategies (Match Plan).
 11. Minimum service qualifications for each type of service delivery position
 12. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services,
 2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to affect the transition, and
 4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

The processes by which individuals and families are prepared for and transitioned to continuing care services

Individuals provided Drug Court case management services participate in the development of a post-discharge recovery plan that involves self-selected support strategies.

Case management staff provide assistance with accessing the services needed prior to program completion.

Drug Court staff are then provided with the service recommendations for the individual to ensure there is follow through with the service needs identified.

The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Prior to program completion, individuals served must establish the following continuing care strategies are in place:

- *connectivity to community treatment and recovery supports;*

- *stable employment;*
- *sobriety, as evidenced by urinalysis testing; and*
- *living arrangements.*

A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:
1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
 2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
 4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 14,990

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 *n/a*

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Outreach		.1		.1

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Outreach Program serves both substance abusing adults. Referrals will be received from the community, Adult TASC, Family Intervention Specialists, Department of Children and Families (DCF) and their contracted Community Based Care agencies and other community partners.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Not applicable.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Outreach is designed to provide education and information to potential individuals in need of social services and the community who comes in*

contact with such potential individuals before they engage in damaging behaviors.

- *Attempts to contact potential individuals include phone calls, letters and home visits.*
- *Community outreach includes making presentations to referral sources, mailing out informational brochures and/or flyers or emails with those attachments.*

b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*
Not applicable.

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

- a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Adult Substance Abuse:

a) Outreach

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

- a. Outreach to individuals and community partners to gain better understanding of the mechanism to access services.*
- b. Any attempts to reach new referrals including phone calls, letters or home visits. As well as, any collateral contacts with referral sources to the whereabouts of the individual.*
- c. Communicating with a potential individual the value of the service and the process of becoming involved with the service.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

An outreach service involves efforts made by staff to engage an individual or family in services that will offer education/treatment in addressing substance abuse issues.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

Not applicable.

6. The service capacity proposed for funding

N/A - outreach

7. Admission and discharge criteria

To be eligible for admission an individual must:

be an adult at risk or with a presenting substance abuse issue; or

the community at large who refers and serves such individuals with treatment needs and can benefit from information provided in outreach services;

Individuals are discharged once outreach is complete.

8. Average length of participation for persons served

Less than thirty days.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable.

10. Minimum service qualifications for each type of service delivery position

Counselor – A Bachelor’s degree (B.A./B.S./B.S.W.) from an accredited four-year college or university; and one to two years related experience and/or related training; or equivalent combination of education and experience. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Not applicable.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Not applicable.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 68,175

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 100

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
FIS				
FIS		1.0		
FIS				

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Intervention Group Program serves substance abusing adults involved in the child welfare system. The major referral sources include the Department of Children and Families (DCF) and their Community Based Care (CBC) contracted providers.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Priority referrals are those received from DCF and its CBC contracted provider agencies that may involve Pregnant and Post/Partum Women.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Delivery of a standardized comprehensive screening process for individuals involved with DCF and its CBC contracted providers to identify those presenting with substance abuse or co-occurring mental health indicators using the evidence based Addiction Severity Index (ASI).*
- *Establishing effective referral procedures for further evaluation of individuals who are identified through the standardized screening process as having a substance abuse or co-occurring mental health issue.*
- *Placement of staff in Orange, Osceola and Seminole counties to ensure access to services for all individuals residing within these circuits.*
- *Placement of staff in Orange, Osceola and Seminole counties to conduct urinalysis testing when necessary to identify individuals with substance abuse involvement.*
- *Coordination with referral sources to ensure individuals served understand participation requirements in order to increase the rate of engagement.*
- *Implementation of an evidence-based treatment model that encourages consumer and counselor rapport to assist with continued engagement and successful outcomes.*
- *Communication with referral sources and the individual's identified supports throughout duration of care to assist the individual with continued engagement and achieving successful outcomes.*

b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*
 - *Pregnant/Post-partum women*
 - *Individuals with co-occurring disorders*
3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the identification and engagement strategies identified above.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

- a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Adult Substance Abuse:

a) Intervention (individual and group)

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

- a. *Providing a comprehensive substance abuse screening, including a urinalysis test and an individualized intervention plan, for individuals involved in the child welfare system;*
- b. *Providing detailed recommendations to individuals served based on information gathered during the screening;*
- c. *Providing the referral source with a written summary of the comprehensive screening and a recommendation for services;*
- d. *Providing the individual served with a referral to the service providers available to assist with the needs identified as a result of the screening; and*
- e. *Provide ongoing case management and monitor the individual's progress in treatment, as well as all areas on their intervention plan.*
- f. *Providing the individual group treatment sessions using the evidence based model, Living in Balance, to effectively combine experiential, cognitive-behavioral and Twelve Step concepts;*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the Intervention Group Program are provided a comprehensive screening via face-to-face covering the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement.

Upon completion of screening and referral for services, individuals participate in developing an intervention plan to address the needs of the individual. The intervention plan is updated every 60 days with the individual. In addition, progress reports are received from the applicable treatment facilities reporting on the individual's progress.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

The Addiction Severity Index (ASI) is used to complete the comprehensive screening process.

The Intervention Group Program uses the evidence based model, Living in Balance (LIB): Moving From a Life of Addiction to a Life of Recovery, a comprehensive addiction treatment program that emphasizes relapse prevention. Services are delivered in a group setting with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases (STDs). The experientially based or interactive sessions are designed to enhance the individual's level of functioning in certain key life areas that are often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. These sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors.

6. The service capacity proposed for funding

The average group of Intervention staff should be 10 twice a week in Orange, Osceola and Seminole counties. This allows for up to 60 individuals to access services at a given time.

7. Admission and discharge criteria

To be eligible for admission an individual must:

*be 18 years or older;
have current and/or previous alcohol and/or drug abuse involvement; be involved with DCF or one of its contracted CBC providers and volunteer for services as evidenced by a signed contract and required consents.*

To be eligible for discharge an individual must:

*has been placed in treatment,
have reasonable completion of goals and objectives outlined in the intervention plan;
satisfactory urine screen results;
successfully complete substance abuse treatment;
DCF/CBC case status (closure) per individual's request.*

No client is discharged from the Intervention Group Program as long as services are requested and the individual is actively participating. In instances where contact with the individual has not occurred (due to noncompliance) for more than 30 days, or the individual has not complied with the recommendations for the staff, the case will be considered for closure.

8. Average length of participation for persons served

The Intervention client will remain on the caseload for group sessions until a treatment placement can be accessed. The client would stay in individual services for an average of 60 days or until stable in treatment.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable. Incidental funds are not used for these services.

10. Minimum service qualifications for each type of service delivery position

Case Manager – At minimum, staff should have a bachelors degree in a social or behavioral science and one-year of experience working with

substance involved individuals who hold a clinical or counseling license or certification, who are certified addictions professionals, and who have both substance abuse and child abuse/neglect knowledge and experience. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Applicant should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Applicant must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the service delivery strategies identified above.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:

- a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Individuals participating in the Intervention Group Program are provided recommendations for services, location of services and assistance with appointment scheduling.

The referral source is also provided with the service recommendations for the individual to ensure there is follow through with the service needs identified in the comprehensive screening.

Staff will track and monitor each client's progress in treatment. Treatment providers are requested to submit a monthly progress report on each individual.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Evaluation and referral of the participating individual's significant other and other family members may also be provided.

Staff will recommend and/or refer appropriate individuals to NA/AA, employment opportunities in the community, community mental health agencies, provide GED information, as well as address housing needs. In addition all individuals are given information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
 2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
 4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 449,041
(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 720
(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)
**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
FIS	.60			.60
FIS		6.0		6.0
FIS			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

Family Intervention Specialists (FIS) Program serves substance abusing adults involved in the child welfare system. The major referral sources include the Department of Children and Families (DCF) and their Community Based Care (CBC) contracted providers.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Priority referrals are those received from DCF and its CBC contracted provider agencies that may involve Pregnant and Post/Partum Women.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Delivery of a standardized comprehensive screening process for individuals involved with DCF and its CBC contracted providers to identify those presenting with substance abuse or co-occurring mental health indicators using the evidence based Addiction Severity Index (ASI).*
 - *Establishing effective referral procedures for further evaluation of individuals who are identified through the standardized screening process as having a substance abuse or co-occurring mental health issue.*
 - *Placement of screening staff in Orange, Osceola and Seminole counties, co-located with DCF and/or CBC staff, to ensure access to services for all individuals residing within these circuits.*
 - *Placement of staff in Orange, Osceola and Seminole counties, co-located with DCF and/or CBC staff, to conduct urinalysis testing when necessary to identify individuals with substance abuse involvement.*
 - *Coordination with referral sources to ensure individuals served understand participation requirements in order to increase the rate of engagement.*
 - *Communication with referral sources when either engagement is unsuccessful or service completion occurs.*
 - *Services will be delivered within the prescribed timeframes identified in the FIS re-design.*
- b. Special Populations:
1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*
 - *Pregnant/Post-partum women*
 - *Individuals with co-occurring disorders*
3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

The FIS Program will offer incidental funding to clients participating in the FIS Program who show a need. An application process is required which allows the client to identify their specific need, address their lack of financial resources to support this need and to identify if other resources were attempted before applying for incidental funding.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the identification and engagement strategies identified above.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

- a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Adult Substance Abuse:

a) Intervention

2. The specific services that will be made available through each cost center

HSA will deliver specific services identified in the Florida FIS Guidelines including:

- a. *Providing a comprehensive substance abuse screening, including a urinalysis test and an individualized intervention plan, for individuals involved in the child welfare system;*
- b. *Providing detailed recommendations to individuals served based on information gathered during the screening;*
- c. *Providing the referral source with a written summary of the comprehensive screening and a recommendation for services;*
- d. *Providing the individual served with a referral to the service providers available to assist with the needs identified as a result of the screening; and*
- e. *Provide ongoing case management and monitor the individual's progress in treatment, as well as all areas on their intervention plan.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the FIS Program are provided a comprehensive screening via face-to-face covering the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement using the evidence based Addiction Severity Index (ASI).

Upon completion of screening and referral for services, individuals participate in developing an intervention plan to address the needs of the individual. The intervention plan is updated every 60 days with the individual. In addition, progress reports are received from the applicable treatment facilities reporting on the individual's progress.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

The Addiction Severity Index (ASI) is used to complete the comprehensive screening process.

FIS utilizes the FIS Statewide Mental Health Substance Abuse and Co-Occurring Screening tool.

6. The service capacity proposed for funding

The average caseload of a FIS staff will not exceed 20. This allows for up to 120 individuals to access services at a given time.

7. Admission and discharge criteria

To be eligible for admission an individual must:

*be 18 years or older;
have current and/or previous alcohol and/or drug abuse involvement; be involved with DCF or one of its contracted CBC providers and volunteer for services as evidenced by a signed contract and required consents.*

To be eligible for discharge an individual must:

have reasonable completion of goals and objectives outlined in the intervention plan;
satisfactory urine screen results;
successfully complete substance abuse treatment;
DCF/CBC case status (closure) per individual's request.

No client is discharged from the FIS Program as long as services are requested and the individual is actively participating. In instances where contact with the individual has not occurred (due to noncompliance) for more than 30 days, or the individual has not complied with the recommendations for the FIS staff, the case will be considered for closure.

8. Average length of participation for persons served

The FIS client will remain on the FIS caseload for an average of 60 days or until the client has become stable in treatment.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

The FIS Program will offer incidental funding to clients participating in the FIS Program who show a need. An application process is required which allows the client to identify their specific need, address their lack of financial resources to support this need and to identify if other resources were attempted before applying for incidental funding. The application is submitted to the Program Director for review and authorization.

10. Minimum service qualifications for each type of service delivery position

Case Manager – At minimum, a FIS should have a bachelors degree in a social or behavioral science and one-year of experience working with substance involved individuals who hold a clinical or counseling license or certification, who are certified addictions professionals, and who have both substance abuse and child abuse/neglect knowledge and experience. If an individual hired as a FIS prior to State Fiscal year 2004-2005 and is functioning effectively in this capacity, yet does not have a college degree, the individual may continue to function as a FIS. These minimum qualifications apply to new hires by the FIS provider. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Applicant should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant

legislation, contracting source rules and regulations and agency procedures. Applicant must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results.

Administrative Assistant – A High School diploma or GED and two (2) years relative work experience in an administrative support capacity preferably in a social services, health care or public services organization. The position requires interaction with clients and the public and applicant must be proficient in computer (preferably Microsoft) applications as well as operation of business machines. Excellent organizational abilities with attention to detail required. Verbal and communication skills are extremely valuable and must be able to read and interpret agency and program procedure manuals, write reports and keep accurate minutes as needed. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Applicant must possess a valid Florida driver's license and proof of current automobile insurance.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the service delivery strategies identified above.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:

a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Individuals participating in the FIS Program are provided recommendations for services, location of services and assistance with appointment scheduling.

The referral source is also provided with the service recommendations for the individual to ensure there is follow through with the service needs identified in the comprehensive screening.

The FIS staff will track and monitor each client's progress in treatment. Treatment providers are requested to submit a monthly progress report on each individual.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Evaluation and referral of the participating FIS individual's significant other and other family members may also be provided.

FIS staff will recommend and/or refer appropriate individuals to NA/AA, employment opportunities in the community, community mental health agencies, provide GED information, as well as address housing needs. In addition all individuals are given information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 174,602

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 75

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Outpatient	.60			.60
Outpatient		2.0		2.0
Outpatient			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Adult Outpatient Programs (AOP) serves substance abusing adults. The major referral sources include the Department of Children and Families (DCF) and their Community Based Care (CBC) contracted providers. In addition, referrals are received from the Adult TASC program, the Family Intervention Specialist Program and community providers.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Priority referrals are those received from DCF and its CBC contracted provider agencies that may involve Pregnant and Post/Partum Women.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Integration of intervention and treatment staff within criminal justice, community based care and provider sites in order to strengthen referral practices when substance abuse or co-occurring indicators are observed.*
- *Implementation of welcoming screening procedures and attitudes among staff during the identification process to promote immediate engagement with individuals presenting with substance abuse or co-occurring mental health issues.*
- *Development of initial treatment plans that identify an individual's personal supports who will encourage their engagement in treatment.*
- *Implementation of an evidence-based treatment model that encourages consumer and counselor rapport to assist with continued engagement and successful outcomes.*
- *Communication with referral sources and the individual's identified supports throughout duration of care to assist the individual with continued engagement and achieving successful outcomes.*

b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*
 - *Pregnant/Post-partum Women*
 - *Individuals with Co-occurring Disorders*
3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Adult Substance Abuse:

a) Outpatient (Individual and Group)

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

a. *Providing a bio psychosocial assessment, urinalysis test and individualized treatment plan for individuals referred to AOP;*

b. *Providing detailed recommendations to individuals served based on information gathered during the assessment;*

c. *Providing the referral source with a written summary of the bio psychosocial assessment and a recommendation for services;*

d. *Providing the individual with an average of 4 to 6 months of individual and group treatment sessions using the evidence based model, Living in Balance, to effectively combine experiential, cognitive-behavioral and Twelve Step concepts; and*

e. *Providing ongoing monitoring of the individual's progress in treatment, as well as assistance with achieving all goals identified in their treatment plan.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the Adult Outpatient Program are provided a bio psychosocial assessment which includes the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement.

Upon completion of the assessment, individuals participate in developing a Treatment Plan to address their specific needs. The Treatment Plan is updated every 30 days with the individual to evaluate progress toward

treatment goals and identify changes to services needs. In addition, progress reports are sent to the referral source or case management agency reporting on the individual's progress.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the bio psychosocial assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

The Adult Outpatient Program uses the evidence based model, Living in Balance (LIB): Moving From a Life of Addiction to a Life of Recovery, a comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5 to 2-hour psychoeducational and experiential training sessions. Services are delivered on an individual basis and group setting with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases (STDs). The experientially based or interactive sessions are designed to enhance the individual's level of functioning in certain key life areas that are often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. These sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors.

6. The service capacity proposed for funding

75 individuals per year

7. Admission and discharge criteria

To be eligible for admission an individual must:

*be 18 years or older;
have current and/or previous alcohol and/or drug abuse involvement; and
volunteer for services as evidenced by a signed contract and required consents.*

To be eligible for discharge an individual must:

*achieve reasonable completion of goals and objectives outlined in the treatment plan; and
maintain satisfactory urine screen results; or
be in need of a different level of care or service modality.*

No individual is discharged from the AOP Program as long as services are requested and the individual is actively participating in treatment unless the individual has three positive urinalysis tests while in treatment without a medical excuse or the individual is not consistent in attendance, participation and/or treatment.

In instances where contact with an individual has not occurred due to non compliance for more than 30 days, or the individual has not complied with other program requirements or recommendations of the AOP staff, the case will be considered for closure.

8. Average length of participation for persons served

Length of participation averages 4 to 6 months.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable

10. Minimum service qualifications for each type of service delivery position

Program Director – A Bachelor's degree (B.A./B.S./B.S.W.) from an accredited four-year college or university, as well as a Certified Addictions Professional (CAP) or equivalent; and two years supervisory experience and/or related training. The position requires experience in working with individuals in mental health, substance abuse and or social services systems. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Staff member should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Applicant must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

Counselor – A Bachelor’s degree (B.A./B.S./B.S.W.) from an accredited four-year college or university and one to two years related experience and/or related training, or equivalent combination of education and experience. The position requires experience in working with individuals in mental health, substance abuse and or social services systems. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Staff member should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Applicant must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals’ recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:

- a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

All individuals will complete a Relapse Plan prior to discharge. Additionally, they are provided community resources to address any other issues that may occur following discharge such as meeting locations and times for AA and NA support groups. Individuals will also have access to contact information from their Outpatient Counselor should relapse issues or concerns arise.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Evaluation and referral of the participating individual's significant other and other family members may also be provided.

AOP staff will recommend and/or refer appropriate individuals to NA/AA, employment opportunities in the community, community mental health agencies, provide GED information, as well as address housing needs. In addition all individuals are provided information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:
1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
 2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
 4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 717,398

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 220

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Intervention		3.0		3.0
Intervention	1.1			1.1
Intervention			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:

a. General (SAMH Target) Population Served:

b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Not applicable.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA), include:

- *Delivery of a standardized comprehensive screening process for individuals referred to identify those presenting with any of the above mental health indicators.*

- *Establishing effective referral procedures for further evaluation of individuals who are identified through the standardized screening process as having a mental health issue or co-occurring issue.*
 - *Placement of screening staff available in each of the four Circuit 9 & 18 counties to ensure access to services for all individuals residing within these circuits*
 - *Coordination with referral sources to ensure individuals served understand participation requirements in order to increase the rate of engagement.*
 - *Communication with referral sources when either engagement is unsuccessful or service completion occurs.*
- b. Special Populations:
1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women’s set-aside funding).

Not applicable.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization’s specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
 - a. The general SAMH target populations served. This description should address:
 1. The cost center that will be used is

Children’s Mental Health:

a) Case Management

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

- i. Providing a bio psychosocial assessment, including an individualized service plan;*
- ii. Providing detailed recommendations to individuals served based on information gathered during the assessment;*
- iii. Providing the referral source with a written summary of the assessment and a recommendation for services;*
- iv. Providing the individual served with a referral to the service providers available to assist with the needs identified as a result of the assessment; and*
- v. Provide ongoing case management and monitor the individual's progress in treatment, as well as all areas on their service plan.*
- vi. Establishing and maintaining a network of FSPT service providers including the development of Memorandums of Agreement;*
- vii. Authorizing payment for therapeutic services that are recommended by the case manager or service provider to assist the individual with their recovery efforts.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the FSPT Program are provided a bio psychosocial assessment via face-to-face covering the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement.

Upon completion of the assessment and referral for services, individuals participate in developing a service plan to address the needs of the individual. The service plan is updated every six months with the individual. In addition, monthly treatment summaries are received from the applicable treatment facilities reporting on the individual's progress.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

Not applicable.

6. The service capacity proposed for funding

The average caseload of a FSPT staff should not exceed 25. This allows for up to 75 individuals to access services at a given time.

7. Admission and discharge criteria

To be eligible for admission an individual must:

*be between 0-17;
be involved with or at-risk of being involved with DJJ;
in need of community based support services or at risk of psychiatric residential treatment due to emotional disturbance; and
volunteer for services as evidenced by a signed consent by both the individual and their legal guardian.*

To be eligible for discharge an individual must:

*have reasonable completion of goals and objectives outlined in the service plan;
individual turns 18;
individual requests no further services;
individual is non-compliant with recommendations; and
individual is committed to a DJJ residential placement.*

No client is discharged from the FSPT Program as long as services are requested and the individual is actively participating. In instances where contact with the individual has not occurred (due to noncompliance) for more than 30 days, or the individual has not complied with the recommendations for the FSPT staff, the case will be considered for closure.

8. Average length of participation for persons served

The FSPT individual will remain on the FSPT caseload for the duration of treatment (and on a case by case aftercare). This may span over one year, however the average is six months.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable.

10. Minimum service qualifications for each type of service delivery position

Coordinator - A minimum of a Master's degree in the social or behavioral sciences, healthcare administration or a related human service field and at least 3 years of experience working with children whom have serious emotional disturbances. Prior supervisory experience preferred. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

Case Manager - A Bachelor's degree (B.A./B.S./B.S.W.) from an accredited four-year college or university in the Social or behavioral sciences, healthcare administration or related human services field and one year experience with children and families in need of service. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Excellent organizational abilities coupled with attention to detail and a willingness to be flexible and adapt to the best interests of the organization. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Individuals participating in the FSPT Program are provided recommendations for services, location of services and assistance with appointment scheduling.

The referral source is also provided with the service recommendations for the individual to ensure there is follow through with the service needs identified in the bio psychosocial assessment.

The FSPT staff will track and monitor each individual's progress in treatment. Treatment providers are requested to submit a monthly progress report on each individual.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Referral of the participating FSPT individual's family members may also be provided.

FSPT staff will recommend and/or refer appropriate individuals to, employment opportunities in the community, community mental health agencies and provide GED information. In addition all individuals are given information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),

3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14-13 \$ ~~1,440,976.24~~

(Includes: SAMH funds only) (Provide totals for each year of the contract)

**E. Projected Unduplicated Number of Individuals to be Served*: ~~2012-13~~2013-14
120**

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X)). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Title 21		5.0		5.0
Title 21	1.1			1.1
Title 21			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:
 - b. Enhanced Services for Special Populations:

Examples:

 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

The Title XXI Program serves children with serious emotional disturbances. Referrals are received primarily from the Children's Medical Services (CMS). Referrals are also accepted from the community and Title XXI contracted providers.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity: (Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.
 - a. General SAMH (Target Population) Served:
 - b. Special Populations:
 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- a) Delivery of a standardized comprehensive screening process for children referred for Title XXI services to identify those presenting with a potential serious emotional disturbance.*
- b) Establishing effective referral procedures for further evaluation of children who are identified through the standardized screening process as having a mental health issue or co-occurring issue.*
- c) Placement of screening staff available in each of the four Circuit 9 & 18 counties to ensure access to services for all individuals residing within these circuits.*
- d) Coordination with referral sources to ensure individuals served understand participation requirements in order to increase the rate of engagement.*
- e) Communication with referral sources when either engagement is unsuccessful or service completion occurs.*

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
- a. The general SAMH target populations served. This description should address:

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs,
5. Any science-based or evidence-based models employed or practices utilized,
6. The service capacity proposed for funding
7. Admission and discharge criteria;
8. Average length of participation for persons served,
9. The use of Incidental funds and any categorical funding to support consumer participation in services.
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

4. The cost center that will be used is:

Children's Mental Health:

a) *Case Management*

2. *HSA will deliver specific services including:*

- a) *Providing a bio psychosocial assessment and individualized initial treatment plan administered by the behavioral health liaison;*
- b) *Providing detailed recommendations to individuals served based on information gathered during the assessment;*
- c) *Providing the referral source with a written summary of the assessment and a recommendation for services once eligibility has been established;*
- d) *Providing the individual served with a referral to Title XXI network service providers to address the needs identified during the assessment;*
- e) *Establishing and maintaining a network of Title XXI service providers including the development of Memorandums of Agreement;*
- f) *Authorizing payment with Title XXI service dollars for therapeutic and ancillary services that are recommended by the case manager or service provider to assist the individual with their recovery efforts; and*

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g) *Providing ongoing case management to monitor the individual's progress in treatment and effectiveness of services, as well as to assist with areas of their intervention plan developed with the case manager.*

3- The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care:

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Individuals participating in the Title XXI Program are provided a bio psychosocial assessment which includes the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement.

Upon completion of the assessment, transferring to case management and referral for services, individuals participate in developing an intervention plan to address their specific needs. The intervention plan is updated every six months with the individual to determine progress toward achieving their intervention goals and to re-evaluate needs. In addition, monthly treatment summaries are received from the applicable treatment programs reporting on the individual's progress. Upon receipt of the monthly treatment summaries, re authorization of services is evaluated.

Quarterly case staffings are conducted with the individual served, case manager, provider and behavioral health liaison to update the individual's treatment plan.

4- The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs:

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HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the bio psychosocial assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5- Any science-based or evidence-based models employed or practices utilized:

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Not applicable.

6- The service capacity proposed for funding:

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The average caseload of a Title XXI staff should not exceed 25. This allows for up to 95 individuals to access services at a given time.

7. Admission and discharge criteria

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To be eligible for admission an individual must:

*be between 5-18;
have a Children's Global Assessment Scale (CGAS) of 50 or below;
have a diagnosis other than Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
be uninsured and not Medicaid eligible;
require no more than 30 days residential treatment at time of assessment;
be enrolled in the Title XXI portion of Florida Kidcare; and
volunteer to participate in services as evidenced by a signed consent by both the individual and their legal guardian.*

To be eligible for discharge an individual must:

*achieve reasonable completion of goals and objectives outlined in the intervention plan;
become 19 years of age;
achieve a CGAS of 50 or above;
request no further services; or
be non-compliant with recommendations.*

No client is discharged from the Title XXI Program as long as services are requested and the individual is actively participating. In instances where contact with the individual has not occurred for more than 30 days due to noncompliance, or the individual has not complied with other program requirements or recommendations of the Title XXI staff, the case will be considered for closure.

8. Average length of participation for persons served

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The Title XXI individual will remain on the Title XXI caseload for the duration of treatment and may continue during aftercare services if determined necessary on a case-by-case basis. The average length of service is one year but may be more than one year.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

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Not applicable.

10. Minimum service qualifications for each type of service delivery position

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~~Behavioral Health Liaison~~Clinical Behavioral Liaison Coordinator – Must possess a Masters Degree in social sciences or behavioral sciences from

an accredited four-year college or university ~~and~~ AND be licensed under Chapter 490 or 491, Florida Statutes, or be a certified professional as defined in Chapter 397, Florida Statutes, and have a minimum of three (3) years' experience working with children with Severe Emotional Disturbance and their families. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee must have excellent organizational abilities coupled with attention to detail and a willingness to be flexible and adapt to the best interests of the organization. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

BNet Assessment Liaison- shall be a license eligible professional as defined in Chapter 490 or 491, Florida Statutes, or be a certified professional as defined in Chapter 397, Florida Statutes. This requires a minimum of a Master's Degree in social work, marriage and family therapy or mental health counseling from an accredited institution. Have a minimum of three (3) years' experience working with children with Severe Emotional Disturbance and their families. Be knowledgeable of mental health and substance-related diagnosis and treatment. Employee must have excellent organizational abilities coupled with attention to detail and a willingness to be flexible and adapt to the best interests of the organization. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

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Case Manager – Must possess a Bachelor's degree (B.A./B.S./B.S.W.) from an accredited four-year college or university in the Social or behavioral sciences, healthcare administration or related human services field and two years experience with children and families in need of service. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Excellent organizational abilities coupled with attention to detail and a willingness to be flexible and adapt to the best interests of the organization. Employee should possess

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the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

14. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the strategies identified above within limited funding allowances.

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- b. Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address
1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
 4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
 5. Any science based or evidence based models employed or practices utilized,
 6. The service capacity proposed for funding,
 7. Admission and discharge criteria,
 8. Average length of participation for persons served
 9. The use of Incidental funds and any categorical funding to support individual and family participation in services.
 10. Describe the role and contribution of matching funds to support these strategies (Match Plan).
 11. Minimum service qualifications for each type of service delivery position
 12. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services,
 2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to affect the transition, and
 4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

~~4.~~ The processes by which individuals and families are prepared for and transitioned to continuing care services

Individuals participating in the Title XXI Program are provided recommendations for services, location of services and assistance with appointment scheduling.

The referral source is also provided with the service recommendations for the individual to ensure there is follow through with the service needs identified in the bio psychosocial assessment.

The Title XXI staff will track and monitor each individual's progress in treatment. Treatment providers are requested to submit a monthly progress report on each individual.

~~2.~~ The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Referral of the participating Title XXI individual's family members may also be provided.

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Title XXI staff will recommend and/or refer appropriate individuals to employment opportunities in the community, community mental health agencies and provide GED information. In addition, all individuals are provided information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

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b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

The Network provider shall complete a Program Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Name: Addiction Receiving Facility

Address: 823 West Central Blvd, Orlando, FL 32805

Days of Operation 7 days a week Hours of Operation: 24 hours a day

C. Program Director: Paula Lupton LCSW

Email: pmlupton@hsainc.org Phone: 407-836-8882 Ext. _____

D. Program Area: *(Check one)*

Adult Mental Health Children Mental Health Adult Substance Abuse Children Substance Abuse

E. Activity Classification: *(Check one)*

Mental Health:

Emergency Stabilization

Recovery and Resiliency

Substance Abuse:

Detoxification

Treatment and Aftercare

Prevention*

(* All prevention descriptions are to be submitted in KIT)

F. Cost Center(s): Detox

G. Individuals to be Served: *Indicate number of individuals to be served through this activity, excluding prevention. (Include: CFCHS funds and Local Match funds only)*

1. Adult Mental Health:

Projected
Number
Served

_____ Adults with Severe and Persistent Mental Illness
_____ Adults with Serious and Acute Episodes of Mental Illness
_____ Adults with Mental Health Problems
_____ Adults with Forensic Involvement

2. Children’s Mental Health:

Projected
Number
Served

- _____ Children with Serious Emotional Disturbance
- _____ Children with Emotional Disturbance
- _____ Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

Projected
Number
Served

- _____ Adults with Substance Abuse (exclude prevention)

4. Children’s Substance Abuse:

Projected
Number
Served

**450 Non
duplicated
clients**

- _____ Children with Substance Abuse (exclude prevention)

H. Service Delivery Strategies:

1. Describe the organization’s specific service delivery strategies for providing individual services/care under this program activity. Service delivery strategy descriptions should separately address those strategies as applied to:

a. The specific services that will be made available through each cost center

The provider will deliver specific services identified in the Addictions Receiving Facility program model including: Providing a comprehensive substance screening and urinalysis for all juveniles admitted.

Providing a staffing, diagnosis, bio-psychosocial report, detailed recommendations/referrals regarding juvenile based on information gathered from counselor interview, medical doctor or PA examination, nursing physical, urinalysis, parental interview, self-administered surveys, milieu counselor and teacher’s observations and review of forensic data.

Providing medically supervised detoxification and stabilization in a structured secure setting.

Providing programming including 12 steps groups, group therapy and educational services with a school board employee.

b. Staffing levels and minimum qualifications for each type of service delivery position

Case Manager – A Master’s Degree from an accredited university and relevant employment or field experience. The position requires experience in working with clients in mental health, substance abuse, or social services systems, and experience in program implementation. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate with staff at all levels. Applicant should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists, ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedure. Applicant must be proficient in computer applications. Employees must pass comprehensive background check, fingerprint screening, procedure drug-free urinalysis results. Applicant must possess a valid Florida driver’s license and proof of current automobile insurance.

Administrative Assistant - 1.0 FTE - A high school diploma or GED and experience in administrative support capacity. The position requires interaction with clients and the public. The applicant must be proficient in computer applications, as well as, operation of business machines. Excellent organizational abilities with attention to detail required. Verbal and communications skills are extremely valuable and must be able to read and interpret agency and program procedure manuals, write reports, and keep accurate minutes as needed. Employee must pass comprehensive background check, fingerprint screening, and produce drug-free urinalysis results. Applicant must possess a valid Florida driver’s license and proof of current automobile insurance.

Registered Nurse – Must possess current, active nursing license as a registered nurse. Experience with chemical dependency or a mental health population is required. The position requires interaction with clients and the public. Excellent organizational abilities with attention to detail required. Verbal and communication skills are extremely valuable. Employee must pass a comprehensive background check, fingerprint screening and produce procedure drug-free urinalysis results. Applicants must possess a valid Florida driver’s license and proof of current automobile insurance.

Milieu Counselor – A high school diploma or GED and experience with chemical dependency, forensic or mental health populations is preferred. The position requires continuous direct interaction with clients and the public. Verbal and communication skills are extremely valuable. Employee must pass a comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Applicants must possess a valid Florida driver’s license and proof of current automobile insurance.

c. Geographic Area to be served

Central Florida

d. Primary referral sources

The major referral sources include the Department of Children and Families (DCF), Department of Juvenile Justice (Judges and Juvenile Probation Officers), Probate Court, Truancy Court, Law Enforcement, Physicians and Emergency Department of general hospitals, parents and the school system.

e. Admission and discharge criteria

To be eligible for admission a client must be between the ages of 12-17. The client must have current alcohol and/or drug abuse involvement, have a legal basis for admission and be appropriate for a restrictive environment. (i.e. danger to self or others)

Clients are discharged when medically and clinically stable. The discharge status is determined by the Program Director or Clinical Coordinator after review of all presenting conditions.

f. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Youth will see a Registered Nurse for medical clearance, nursing evaluation, vital sign check at intervals throughout the day, medication administration and monitoring as needed. A Physician or Physician's Assistant will conduct a physical examination; and a psychiatric evaluation will be performed if appropriate. An Addiction Counselor will interview the youth, parent, and collateral contacts in order to assess a client's needs throughout their stay.

The processes employed to match individuals and families to services and ensure that services are consistent with the individuals and families individual recovery and resiliency needs is as follows:

The provider maintains strong community involvement and connectivity to agencies available to provide services to juveniles. Recommendation for services resulting from ARF assessments are individualized and are developed during multidisciplinary staffing. Barriers to service, such as geographic location, transportation issues, school hours and others are considered when providing youth/families with service provider options.

g. Any science-based or evidence-based models employed or practices utilized

The program is based on 12 step and cognitive behavioral orientation models. A point system is employed to encourage positive behavior.

h. Any other practices that focus on special areas (i.e. human trafficking, trauma-informed care, LGBTQ) or approaches that offer support services (i.e. Peer Specialists)

N/A

- i. Average length of participation for persons served

The average length of stay is 3-7 days. However, this will vary as clients utilize different substances, different basis of admission, have different health profiles, may have placement problems or are being held pending a court hearing.

I. Continuing Care Strategies:

- 1. Identify the major continuing strategies for individuals and families completing services through this cost center. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The processes by which individuals and families are prepared for and transitioned to continuing care services

Family groups are run weekly and parents are encouraged to attend. Family treatment may be offered to assist with discharge transition issues. Clients attend psycho educational groups addressing 12 step and other relevant topics to assist with enhancing "treatment readiness".

The family, probation authorities, case managers and Judges are also provided with the service recommendations for the juvenile to ensure that he/she follows through with the service needs identified in the assessment.

- b. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this cost center within the organization and within the community system of care (Include measures used to prevent recidivism)

N/A

This section to be completed by organization's Chief Financial Officer

J. Applicable Special Funding Considerations:

- TANF
- SAPTBG Set Aside for Women
- SAPTBG Prevention Set Aside
- SAPTBG HIV Set Aside
- FIS Appropriation
- PATH Grant Award
- Indigent Drug Program
- Title XXI
- Purchase of Therapeutic Services (PRTS)

1. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women’s set-aside funding).

N/A

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.

SIGNATURES:

Network Provider

Date

Central Florida Cares Health System

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 601,368.00

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 145

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
CSA- Intervention		8.0		8.0
CSA- Intervention	.60			.60
CSA- Intervention			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:

- a. General (SAMH Target) Population Served:

The Intervention Program serves adolescents who are at risk for substance abuse or have experimented with alcohol or drugs. The major referral sources are school guidance counselors, SAFE coordinators, school administration staff, teachers and behavior specialists at each school where Intervention Specialists are sited.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Not applicable.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Providing middle school and alternative school administrative staff, teachers, guidance counselors, SAFE Coordinators and behavior specialists with information on identifying risk indicators for substance abuse and signs of substance use among the target population;*
 - *Providing Intervention Program awareness activities, including a description of the program services and its goals, to school administrative staff, teachers, guidance counselors, SAFE Coordinators and other behavior specialists at faculty and other school meetings;*
 - *Closely integrating the Intervention Specialists with the school staff in order to assist with identifying students who may be in need of Intervention Services;*
 - *Presenting information to the entire student population on the availability of the Intervention Program, its services and goals;*
 - *Development and distribution of newsletters and informational materials to parents of at-risk adolescents to increase family awareness of substance abuse risk factors and signs of substance use; and*
 - *Implementation of a standardized referral and prescreening procedure to encourage identification and ease access to services for youth.*
- b. Special Populations:
1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

Not applicable.

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the identification and engagement strategies identified above.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Children's Substance Abuse:

a) *Intervention (Individual and Group)*

2. The specific services that will be made available through each cost center

HSA will place Intervention Specialists at middle school and alternative school sites to deliver specific services which include:

a. *Providing a comprehensive substance abuse and mental health screening for youth referred for Intervention Services to identify each problem area placing the youth at risk;*

b. *Development of an Intervention Plan to address each problem area identified in the comprehensive screening;*

c. *Delivery of weekly individual and group psychoeducational counseling services to address Substance Use and Abuse, as well as Self-Esteem, Conflict Resolution and Anger Management, which are known social and psychological factors that promote the initiation of substance use and other risky behaviors;*

d. *Evaluation of the youth's progress toward reaching their Intervention Plan goals every 60 days until at least 80 percent of the goals are achieved; and*

e. *Referral for other service needs identified during the comprehensive screening that are beyond the services provided by the Intervention Program.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individual and family needs are evaluated at program admission through a comprehensive screening and re-evaluated using an Intervention Plan which is updated every 60 days throughout the length of service.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the comprehensive screening include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

The Intervention Services Program utilizes a strengths-based model, working with the referred youth to identify their strengths, needs, abilities, and preferences. This begins at the initial point of contact when, during the screening process, youth are assisted in identifying their perceptions of the problems for which they were referred to services. Youth are also assisted in identifying their own strengths, needs, abilities and perceptions. Services are provided utilizing a curriculum developed by Human Services Associates, Inc., in partnership with the Orange County Public Schools SAFE Program, to address Substance Use and Abuse, Self-Esteem, Conflict Resolution and Anger Management.

6. The service capacity proposed for funding

*20 youth per Intervention Specialist
145 youth per year*

7. Admission and discharge criteria

- a. *Intervention Program services are available to youth between the ages of 10 and 17, who are at-risk for substance abuse and reside in Circuits 9 or 18. Youth and parent's/guardian's consent to participate is required prior to admission.*

- b. *Youth are successfully discharged from the Intervention Program upon successful completion of at least 80 percent of the goals identified on the youth's Intervention Plan.*

8. Average length of participation for persons served

The length of services averages one school semester but may vary in range up to one full academic year based upon the youth's individual needs.

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable.

10. Minimum service qualifications for each type of service delivery position

Intervention Specialist – A Bachelor's degree (B.A./B.S./B.S.W.) from an accredited four-year college or university and two years related experience working with at-risk participants. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with students and staff at all levels. The Prevention Specialist must be culturally sensitive, be flexible, have computer skills, and have excellent organizational abilities.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the service delivery strategies identified above. All staff are placed in the public school setting.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:

a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Not applicable.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Not applicable.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,

2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),

3. A description of any Activity funded cost centers and related services utilized to effect the transition, and

4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 299,183

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 175

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Outpatient		4.0		4.0
Outpatient	1.25			1.25
Outpatient			.50	.50

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Adolescent Outpatient Programs (AOP) serves substance abusing adolescents. Referrals are received from the community, juvenile justice, school officials, parents and other agencies.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Delivery of a standardized pre-screening process for individuals referred to identify those presenting with substance abuse or co-occurring mental health indicators.*

- *Establishing effective referral procedures for further evaluation of individuals who are identified through the standardized screening process as having a substance abuse or co-occurring mental health issue.*
- *Placement of screening staff in Orange County to ensure access to services for all individuals residing within these surrounding counties in circuits 9 and 18.*
- *Placement of staff in Orange County to conduct urinalysis testing when necessary to identify individuals with substance abuse involvement.*
- *Coordination with referral sources to ensure individuals served understand participation requirements in order to increase the rate of engagement.*
- *Communication with referral sources when either engagement is unsuccessful or service completion occurs.*

b. **Special Populations:**

1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*
3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women’s set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization’s specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
 - a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Children's Substance Abuse:

a) *Outpatient*

2. The specific services that will be made available through each cost center

HSA will deliver specific services including:

- a. *Providing a bio psychosocial assessment, including a urinalysis test and an individualized treatment plan, for individuals referred to AOP;*
- b. *Providing detailed recommendations to individuals served based on information gathered during the assessment;*
- c. *Providing the referral source with a written summary of the bio psychosocial assessment and a recommendation for services;*
- d. *Providing the individual with individual and family treatment sessions;*
- e. *Provide ongoing monitoring of the individual's progress in treatment, as well as all areas on their treatment plan.*

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Individuals participating in the AOP Program are provided a bio psychosocial assessment via face-to-face covering the individual's physical and mental history, support system, housing and transportation status, family history, employment history, substance abuse history, treatment history and legal involvement.

Upon completion of the assessment, individuals participate in developing a treatment plan to address the needs of the individual. The treatment plan is updated every 30 days with the individual. In addition, progress reports are sent to the applicable referral or case management agencies reporting on the individual's progress.

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Recommendations for services resulting from the substance abuse and mental health assessment include a list of provider agencies where the individual served may obtain the services. Barriers to service, such as

geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

Adolescent Outpatient uses the evidence-based Adolescent Community Reinforcement Approach (A-CRA).

6. The service capacity proposed for funding

175 individuals may be served in a fiscal year.

7. Admission and discharge criteria

To be eligible for admission an individual must:

*be between the ages of 10-17;
have current and/or previous alcohol and/or drug abuse involvement; and
volunteer for services as evidenced by a signed contract and required
consents.*

To be eligible for discharge an individual must:

*reasonable completion of goals and objectives outlined in the treatment
plan;
satisfactory urine screen results;
client still in need of services such as a different modality or aftercare.*

*No individual is discharged from the AOP Program as long as services are
requested and the individual is actively participating in treatment unless
the individual has had three positive urinalysis while in treatment without a
medical excuse or the individual is not consistent in attendance,
participation and/or treatment.*

*In instances where contact with an individual has not occurred (due to non
compliance) for more than 30 days, or the individual has not complied with
the recommendations of the AOP staff, the case may be considered for
immediate closure.*

8. Average length of participation for persons served

*The AOP individual remains on the AOP staff caseload for the duration of
treatment, typically 4 to 6 months.*

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable.

10. Minimum service qualifications for each type of service delivery position

Counselor – A Master’s degree (M.A./M.S./M.S.W.) from an accredited university; and one to two years related experience and/or related training; or equivalent combination of education and experience. The position requires experience in working with clients in mental health, substance abuse and or social services systems. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals’ recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.

9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services

All individuals will complete a Relapse Plan prior to discharge. Additionally community resources will be given to them to address any other issues that may occur after discharge such as meeting locations and times for AA and NA support groups. Individuals will also have access to contact information from their Outpatient counselor should relapse issues or concerns arise.

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Evaluation and referral of the participating AOP individual's family members may also be provided.

AOP staff will recommend and/or refer appropriate individuals to NA/AA, employment opportunities in the community, community mental health agencies, provide GED information, as well as address housing needs. In addition all individuals are given information on HIV/AIDS resources and testing sites.

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable.

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable.

- b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 101,779

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 n/a

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Outreach		.4		.4

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:

The Children's Outreach Program serves substance abusing adolescents. Referrals are received from the community, juvenile justice, school officials, parents and other agencies.

- b. Enhanced Services for Special Populations:

Examples:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Not applicable.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity:

(Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.

- a. General SAMH (Target Population) Served:

The specific individual identification and engagement activities employed by Human Services Associates, Inc. (HSA) include:

- *Educating community service providers who come into contact with potential substance abusing adolescents on the signs of substance abuse.*

- *Providing information to community service providers who come into contact with substance abusing adolescents on access to care procedures and availability of services.*
- *Providing engagement activities to referred individuals through direct or collateral contacts to include telephone calls, letters and home visits to assist with any barriers preventing access to care and to communicate the importance of accessing services.*

b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*
Not applicable.

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for these services.

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the identification and engagement strategies identified above within limited funding allowances.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:

- a. The general SAMH target populations served. This description should address:

1. The cost center that will be used is

Children's Substance Abuse:

a) Outreach

2. The specific services that will be made available through each cost center

Outreach services include identification and engagement activities only.

3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

Not applicable

4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA maintains strong community involvement and connectivity to agencies available to provide services to the individuals served. Referrals for services include a list of provider agencies where the individual may obtain the services. Barriers to service, such as geographic location, transportation issues, employment hours, and others are considered when providing individuals with service provider options.

5. Any science-based or evidence-based models employed or practices utilized

Not applicable

6. The service capacity proposed for funding

Not applicable

7. Admission and discharge criteria

Not applicable

Individuals are discharged once outreach is complete.

8. Average length of participation for persons served

Not applicable

9. The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable

10. Minimum service qualifications for each type of service delivery position

Counselor – A Bachelor's degree (B.A./B.S./B.S.W.) from an accredited four-year college or university and one to two years related experience

and/or related training, or equivalent combination of education and experience. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Each staff will be under the supervision of a qualified professional.

11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through agency-wide in-kind contributions of office space and equipment necessary to support an infrastructure for staff to implement the strategies identified above within limited funding allowances.

Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address

1. The cost centers that will be used,
2. The specific services that will be made available through each cost centers,
3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. The use of Incidental funds and any categorical funding to support individual and family participation in services.
9. Describe the role and contribution of matching funds to support these strategies (Match Plan).
10. Minimum service qualifications for each type of service delivery position
11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix (Appendix I) to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:

a. The general SAMH Target Population Served. This description should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care services

Not applicable

2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care)

Not applicable

3. A description of any Activity funded cost centers and related services utilized to affect the transition, and

Not applicable

4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

Not applicable

b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,

2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),

3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date



NETWORK PROVIDER PROGRAM DESCRIPTION

SERVICE ACTIVITY DESCRIPTION

The Network provider shall complete a Service Activity Description form for each activity (not cost center) under each program area where the organization proposes to offer services.

A. Organization Name: Human Services Associates, Inc.

B. Program Area: (X one)

- Adult Mental Health
- Children's Mental Health
- Adult Substance Abuse
- Children's Substance Abuse

C. Activity Classification: (X one)

- Mental Health:*
- Emergency Stabilization
 - Recovery and Resiliency
 - Comprehensive Community Service Team
- Substance Abuse:*
- Detoxification
 - Treatment and Aftercare

D. Total Activity Funding Requested: 2013-14 \$ 953,201

(Includes: SAMH funds only) (Provide totals for each year of the contract)

E. Projected Unduplicated Number of Individuals to be Served*: 2013-14 575

(Includes: CFCHS funds, Medicaid, and Local Match funds) (Provide totals for each year of the contract)

**Not applicable for non-client specific activities (i.e. outreach)*

F. The provider is required to notify and receive approval from Central Florida Cares Health System (CFCHS) when there is an actual or anticipated variances of 50% in the estimated CFCHS funded units as established in the memorandum of negotiation.

G. Applicable Special Funding Considerations: *(Refer to Exhibit H)*

- TANF
 - SAPTBG Set Aside for Women
 - SAPTBG Prevention Set Aside
 - SAPTBG HIV Set Aside
 - FIS Appropriation
 - PATH Grant Award
 - Indigent Drug Program
 - Title XXI
 - Purchase of Therapeutic Services
 - Other: Describe
 - Other: Describe
 - Other: Describe
-

H. Individuals to be Served: *(Mark all groups of individuals to be served through this Program Activity (X). (Includes: CFCHS funds, Medicaid, and Local Match funds)*

1. Adult Mental Health:

- a. Adults with Severe and Persistent Mental Illness
- b. Adults in Crisis:
 - 1. Adults with Serious and Acute Episodes of Mental Illness
 - 2. Adults with Mental Health Problems
- c. Adults with Forensic Involvement

2. Children's Mental Health:

- a. Children with Serious Emotional Disturbance
- b. Children with Emotional Disturbance
- c. Children At Risk of Emotional Disturbance

3. Adult Substance Abuse:

- a. Adult Prevention
- b. Adults with Substance Abuse

4. Children's Substance Abuse:

- a. Children's Prevention
- b. Children with Substance Abuse

Number of FTE's that provide direct services by Cost Center

TANF services are provided through vendor agreements and not direct FTEs

Cost Center Name	Supervisory	Direct Service	Support	Total FTE's
Case Mgmt		3.0		3.0
	.2			.2

(Includes CFCHS, Medicaid, and Local Match funds: Personnel Detail Report)

Service Delivery Strategies and Approaches

I. Identification and Engagement Strategies:

1. Identify the major referral sources for persons receiving services:
 - a. General (SAMH Target) Population Served:
 - b. Enhanced Services for Special Populations:

Examples:

 1. Children at risk of residential services or juvenile justice involvement
 2. Pregnant/Post-partum Women
 3. Individuals Involved with the Forensic or Criminal Justice System
 4. Individuals with co-occurring disorders
 5. Individuals with HIV
 6. Others: *(describe)*

Major referral sources for persons receiving services are Circuits 9 & 18 substance abuse and mental health provider organizations, community partners and other provider entities which include but are not limited to faith-based, other state, county and local governmental organizations such as the judicial system, Department of Corrections and Workforce Development programs, and privately funded organizations that provide services or make referrals into the system of care.

Individual providers participating in the TANF network treat individuals that are involved with the Criminal Justice System, such as those on probation or pre-trial release. Offenses include sexual offenses, domestic violence, and drug-related offenses.

2. Describe the organization's specific individual identification and engagement strategies applicable to this Program Activity: (Information and Referral, Outreach/In-reach activities, Marchman Act Interventions, Crisis Support/Emergency services, Baker Act Intervention, Prevention, etc.). Highlight any use of science-based or evidence-based approaches.
 - a. General SAMH (Target Population) Served:
 - b. Special Populations:

1. Children at risk of residential services or juvenile justice involvement
2. Pregnant/Post-partum Women
3. Individuals Involved with the Forensic or Criminal Justice System
4. Individuals with co-occurring disorders
5. Individuals with HIV
6. Others: *(describe)*

Human Services Associates, Inc. (HSA) coordinates the determination of TANF eligibility and authorization of TANF funding for SAMH populations served in Circuits 9 & 18.

The specific individual identification and engagement activities employed by HSA include:

Implementing use of standardized screening elements for organizations making referrals into the system of care to determine TANF eligibility for individuals;

Establishing a network of service provider organizations and private practice clinicians to engage individuals in treatment and recovery services.

Providing initial and continual training to TANF service providers regarding program and policies and procedures;

Implementing use of common assessment and treatment plan content for organizations and practitioners serving TANF eligible individuals/families.

Authorizing services based on an individual/family recovery needs identified in assessment and treatment planning documentation to ensure TANF specific goals are outlined and addressed.

Reviewing on a regular basis organizational compliance with TANF guidelines and providing technical assistance when needed; and

Conducting periodic validation of provider reported services to ensure accuracy of billing and payment as verified by documentation of service delivery.

3. Specify the nature and role of Incidental funding and any categorical funding applicable used in support of individual identification and engagement (such as SAMH Substance Abuse Women's set-aside funding).

Not applicable. Incidental funds are not used for identification and engagement purpose

4. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions of office space and equipment necessary for staff to implement the identification and engagement strategies identified above.

J. Service Delivery Strategies:

1. Describe the organization's specific service delivery strategies for providing individual services/care under this Program Activity. Service delivery strategy descriptions should separately address those strategies as applied to:
 - a. The general SAMH target populations served. This description should address:
 1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,
 4. The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs,
 5. Any science-based or evidence-based models employed or practices utilized,
 6. The service capacity proposed for funding
 7. Admission and discharge criteria;
 8. Average length of participation for persons served,
 9. The use of Incidental funds and any categorical funding to support consumer participation in services.
 10. Minimum service qualifications for each type of service delivery position
 11. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

The cost centers that will be used include

Adult Mental Health

a) Case Management

b) Outpatient Services

- Assessment
- Outpatient-Individual
- Outpatient-Group
- Incidental Expenses

c) Community Support Services

- In-Home and On-site
- Outreach

Adult Substance Abuse

a) *Treatment and Aftercare*

- *Assessment*
- *Case Management*
- *Outpatient-Individual*
- *Outreach*
- *Residential Level I-IV*
- *Outpatient-Group*

Children's Substance Abuse

a) *Treatment and Aftercare*

- *Assessment*
- *Case Management*
- *Outpatient-Individual*
- *Residential Level II*
- *Outpatient-Group*

The specific services that will be made available through each cost center

Adult Mental Health, Adult Substance and Children's Substance Abuse services are provided through a broad network of circuit-approved vendor agreements with provider organizations and private practitioners.

The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care

HSA is responsible for providing initial evaluation and ongoing re-evaluation of the TANF goals established for each individual/family served with these contract funds as long as the individual/family remains in care. Progress toward these goals is reviewed by the TANF Specialist on a quarterly basis before reauthorization of funds. Services listed under the above cost centers are authorized as determined necessary based on the review.

The processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs

HSA has established and manages a network of service organizations and individual private practitioners to increase individual choice and self-direction in substance abuse and mental health treatment and recovery options. HSA reviews the clinical quality and content of all assessments and treatment plans submitted for authorized funding to ensure that the individual is provided the services needed to achieve their recovery goals.

Any science-based or evidence-based models employed or practices utilized

Not applicable.

The service capacity proposed for funding

TANF funds will serve at least:

375 individuals/families in need of Adult Mental Health services

150 individuals/families in need of Adult Substance Abuse

50 individuals/families in need of Children's Substance Abuse services

Admission and discharge criteria

Individuals/families are admitted for services using eligibility criteria defined in the State TANF Guidelines. TANF eligibility is determined by the service provider and validated by the HSA in the TANF database. TANF eligible clients include individuals who receive temporary cash assistance, relative caregiver payments, food stamps, or those with children in the family who are eligible for Medicaid. If an individual is not receiving the above listed subsidies, they must be either a parent/relative caring for children under age 19, a pregnant female or a non-custodial parent of a child under age 19. In addition, their income must be less than 200% of the federal poverty level.

Individuals/families are discharged from services as a result on successful completion of treatment and transition planning or unsuccessful participation in treatment. Loss of TANF eligibility or TANF funding may also result in discharge.

Average length of participation for persons served

Although there are no strict guidelines for participation in treatment, with the exception of residential services, individuals/families receiving treatment and transition planning services are usually remain in care for an average of 6 months. Services are authorized based on the needs of the individual being served and the family system.

The use of Incidental funds and any categorical funding to support consumer participation in services.

Not applicable. Incidental funds are not used.

Minimum service qualifications for each type of service delivery position

Program Director – A Masters Degree in the Business or Public Administration and five (5) years relevant experience working in a management capacity in social services, substance abuse, mental health or public administration. The position requires experience in working with clients in mental health, substance abuse and or social services systems and experience in program implementation and management. The position

requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

TANF Specialist – Licensed Mental Health Counselor, Licensed Clinical Social Worker or equivalent; or four to ten years related experience and/or training in place of education. Experience in utilization management preferred. The position requires experience in working with individuals in mental health, substance abuse and or social services systems. The position requires excellent verbal and written skills, the ability to present information clearly and concisely and the ability to communicate effectively with staff at all levels. Employee should possess the ability to solve practical and technical problems, deal with a variety of variables in situations where only limited standardization exists; ability to read, analyze and interpret relevant legislation, contracting source rules and regulations and agency procedures. Employee must be proficient in computer (preferably Microsoft) applications. Employee must pass comprehensive background check, fingerprint screening and produce drug-free urinalysis results. Employee must possess a valid Florida driver's license and proof of current automobile insurance.

Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Matching funds are obtained through in-kind contributions office space and equipment necessary for staff to implement the service delivery strategies identified above.

- b. Any specific strategies designed for Enhanced Services for special population groups* (children at risk of residential or juvenile justice involvement, pregnant and post-partum women, individuals involved with the forensic or criminal justice system, others). These descriptions should address
1. The cost centers that will be used,
 2. The specific services that will be made available through each cost centers,
 3. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care,

4. The processes employed to match individual and families to services and ensure that services are consistent with the individuals' recovery and resiliency needs,
5. Any science based or evidence based models employed or practices utilized,
6. The service capacity proposed for funding,
7. Admission and discharge criteria,
8. Average length of participation for persons served
9. The use of Incidental funds and any categorical funding to support individual and family participation in services.
10. Describe the role and contribution of matching funds to support these strategies (Match Plan).
11. Minimum service qualifications for each type of service delivery position
12. Describe the role and contribution of matching funds to support these strategies (Plan for Match).

Not applicable.

***Organizations must complete an Enhanced Services for Special Populations Matrix to delineate the additional services rendered.**

K. Continuing Care Strategies:

1. Identify the major continuing strategies for individuals and families completing services through this Activity. Continuing care strategy descriptions should address placement and referral activities specific to:
 - a. The general SAMH Target Population Served. This description should address:
 1. The processes by which individuals and families are prepared for and transitioned to continuing care services,
 2. The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care),
 3. A description of any Activity funded cost centers and related services utilized to affect the transition, and
 4. How Incidental funds and any applicable, restricted funding are used to support individual transitions.

The processes by which individuals and families are prepared for and transitioned to continuing care services:

Individuals/families completing treatment are provided aftercare planning and the delivery and/or development of community support services through their individual TANF provider. Aftercare planning is a required

part of the treatment plan reviewed and authorized by the Clinical Director. Clients are transitioned to multiple service providers in their community and provided training during treatment on how to access and use resources available to them.

The major continuing care strategies, best practice models, and community housing/living options alternatives for individuals and families completing services in this Activity (within the organization and within the community system of care):

Major continuing care strategies employed by TANF providers include:

- clinicians supporting the individual's treatment and recovery decisions rather than directing the process using only traditional methods;*
- recovery coaches helping individuals find and keep employment;*
- case management, which facilitates the achievement of individual wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation; and*

A description of any Activity funded cost centers and related services utilized to affect the transition:

Case Management – Case management and support services are authorized for individuals transitioning from treatment to individual community resource providers. Case management services are authorized for the purpose of ensuring linkages occur and that individuals/families have effectively accessed and are receiving the necessary continuing care services to remain stable in the community.

Community Support Services are those provided or established by the treating clinician prior to discharge in order to connect the individual being served with other treatment or service organizations in the community to improve long term functioning or prevent decline of persons with mental health or substance abuse problems by providing the supports necessary for the individual to remain in the home and in the community. These services include:

- Outpatient therapy, both individual and group – therapeutic interventions aimed to treat individuals with either a substance abuse or mental health problem. The provider also works with family system.*
- Aftercare - aimed at promoting a healthy living environment for the client, such as relapse prevention education and relationship building.*

▪ *Respite – services designed to provide temporary relief to a family member, or other primary caregiver, from the ongoing care-giving responsibilities.*

▪ *Outreach – Formalized programs to both individuals and the community, which can include education and identification of persons who are at risk, or who show an indication, of substance abuse and/or mental health problems or needs.*

▪ *Intervention – Services aimed at reducing risk factors associated with substance abuse or mental illness, and identifying and assessing persons at risk, and then providing short-term therapy and referrals to supportive services.*

How Incidental funds and any applicable, restricted funding are used to support individual transitions:

Not applicable.

b. Services for Special Populations (children at risk of residential or juvenile justice, pregnant/post-partum women, individuals involved with the forensic or criminal justice systems, persons with HIV, and others). These descriptions should address:

1. The processes by which individuals and families are prepared for and transitioned to continuing care service,
2. The major continuing care strategies, best practice models and community housing/living options for individuals and families completing services in this Activity (within the organization and within the community system of care),
3. A description of any Activity funded cost centers and related services utilized to effect the transition, and
4. How Incidental funds and if applicable, restricted funding are used to support individual transitions.

Not applicable.

CHANGES MADE TO THE SERVICE ACTIVITY DESCRIPTION SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND NETWORK PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Network Provider

Date