Broward Behavioral
HEALTH COALITION

Operating Procedures for Network Providers

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The enclosed procedures provide formal and written instructions intended to achieve uniformity in the performance of specific functions, activities, and/or tasks. Revisions to the procedures contained herein may be implemented and noticed via an update to the related topic. Questions may be directed to the Broward Behavioral Health Coalition (BBHC) Continuous Quality Improvement Manager at (954) 622-8121. Adherence is required to ensure activities, tasks, and services are delivered consistently every time by applicable employees and/or subcontracted providers of BBHC.

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Procedure Number: BBHCOP-1301 (formerly Exhibit I)

Title: Behavioral Health and Child Welfare (BHCW) Integrated Recovery Initiative (formerly FIS) – Operating Procedure

Objective: Broward Behavioral Health Coalition, Inc. (BBHC) established protocols for subcontracted providers that receive referrals and/or provide services to consumers that have been identified through the Behavioral Health and Child Welfare Integrated Recovery Initiative ("BHCW Initiative") (formerly referred to as FIS (Family Intervention Specialist). These protocols have been established to ensure this high-risk, priority population receives expedited recovery-oriented services.

Overview: A core component to the BHCW Initiative is the BHCW Team ("Team"). The Team is comprised of a licensed clinician and peer specialists and must partner with local law enforcement Child Protective Investigations ("CPI") Unit.

The Team peer specialists partner with CPI in meeting with the parent(s) and provide services to engage the parent(s) and encouraging acceptance of referrals to address substance abuse and behavioral health problems. To facilitate the timely delivery of services and referrals, peer specialists shall have electronic computer tablets with video chat capability. This will allow the parent(s) to have immediate access to the agency of referral upon completion of the peer specialist's screening, and facilitate the completion of a virtual assessment between the parent(s) and the assessing provider clinician. An appointment to commence services shall be scheduled within seven (7) calendar days of the completion of the virtual assessment. The provider agencies will have available time slots provided via a centralized electronic calendar so that the Team is able to easily schedule appointments expeditiously.

Procedures:

Providers subcontracted by BBHC to provide services to any client identified through the BHCW Initiative shall:

1. Ensure the continuous availability of clinicians and computer video chat technology in order to complete the above described virtual assessment.
2. Upon completion of assessment, the Provider clinician shall schedule the first appointment within seven (7) calendar days. Any family with the ability to receive services via e-therapy and elect this option, shall have the first appointment scheduled within the same timeframe.
3. The Provider's clinician shall send the completed assessment to the Team clinician who will include with weekly report updates to CPI Unit and maintain in BHCW Team records.

4. The BHCW Team will complete a warm handoff to the Provider agency. The Provider's peer specialists will provide direct assistance and monitoring to ensure follow up appointments for services to treat and/or maintain recovery are provided to the family; scheduled for the family; adhered to by the family; and reporting maintained in the client file. The Provider shall partner with Treatment Team members to address additional needs identify through treatment (i.e. Twelve Step recovery groups).
5. The Treatment provider shall submit monthly updates to the Florida Department of Children and Families (DCF) Broward County Community Based Care agency case manager throughout the entire treatment process that include a description of services rendered; appointment dates; client/family progress; barriers; and continued recommendations. When a significant change occurs, a report shall be prepared to the applicable treatment parties.
6. A final report shall be maintain in the client file and provided to all parties involved in treatment including the CBC case manager.

Procedure Number: BBHCOP13-02 (formerly Exhibit L)

Title: Limited Mental Health - Assisted Living Facility Requirements

Objective: BBHC requires its Adult Mental Health (AMH) case management providers to adhere to s. 394.4574, F.S., s. 429.02 F.S, and 429.075 F.S., of which the required procedures are detailed herein.

Procedures: The Provider shall successfully:

1. Ensure all mental health residents as defined in s. 394.4574 (1) F.S. are assessed by a psychiatrist; clinical psychologist; clinical social worker; or psychiatric nurse, or an individual who is supervised by one of these professionals, to establish all residents are appropriate to reside in the LMH-ALF. Documentation of this diagnosis/determination shall be provided by the Case Manager to the LMH-ALF Administrator no later than 30 days following admission and documentation of the delivery of this information shall be maintained in the client's case management record.
2. Ensure a case manager is assigned to each client, who meets criteria as a mental health resident, who resides in a LMH-ALF. If the client declines case management, the case manager shall document attempts to engage the client for a period not less than 30 days. If the mental health resident continues to decline services, documentation of the client's refusal shall be maintained in the client case management file and with the LMH-ALF client file.
3. Ensure any client its serves living in LMH-ALF and who meets the definition of a mental health resident are offered necessary and appropriate mental health services, including but not limited to, case management; psychiatric medication treatment; and access to drop-in centers and clubhouses; and other services where available.
4. Ensure a Cooperative Agreement is developed and executed as required in s. 429.075 F.S, between the Provider and LMH-ALF Administrator and a copy maintained in the client case management file. The Cooperative Agreement, at a minimum, shall include: the mental health services available; contact information

for both the ALF Administrator and Provider, including after-hours emergency access; a transportation provision; services and activities available to the client at the LMH-ALF; and the requirement to maintain a client file for each Provider client with all applicable service documents. The LMH-ALF Administrator shall be provided with contact information for the Florida Department of Children and Families Circuit Substance Abuse Mental Health Program Office and BBHC, as appropriate. The Cooperative Agreement shall be updated no less than annually.

5. Ensure the development of an individualized Community Living Support Plan (CLSP) for each client, as defined in s. 429.02 F.S., that include the client's and LMH-ALF Administrator input; the requirement of a minimum of a monthly face-to-face with all parties at the LMH-ALF; and support services available to and/or utilized by the client. More frequent meetings shall be held as necessary to resolve concerns expressed by the client; case manager; or LMH-ALF Administrator.
6. Report all concerns related to health and safety violations to appropriate officials at the Agency for Health Care Administration ("AHCA"); the State of Florida Abuse Hotline; and BBHC pursuant to **QI001, Incident Reporting**.

Procedure Number: BBHCOP 13-03 (formerly Exhibit M)

Title: Evidence-Based Cost Center Requirements

Objective: The Florida Department of Children and Families (DCF) requires Broward Behavioral Health Coalition, Inc. (BBHC) as the Managing Entity for Behavioral Health services in Judicial Circuit 17, Broward County to ensure a minimum of 80% of its subcontracted services are evidence-based. Furthermore, BBHC is committed to expanding the implementation of Evidence-Based Practices (EBP) throughout the Broward County system of care. The use of EBP models is expected to improve service delivery outcomes which will positively impact cost efficiency while also providing our served consumers with enhanced quality treatment for optimal recovery. To facilitate sufficient resources are appropriately trained, BBHC may allow its subcontracted providers to utilize BBHC funds to support staff training. Subcontracted providers that receive Clinical Supervision for Evidence-Based Practices shall adhere to the procedures contained herein.

Procedures:
Provider agencies may invoice the Clinical Supervision for EBP cost center when direct service staff are re-directed from their daily activities to attend and participate in BBHC-approved trainings. The purpose of this cost center is to offset lost revenue for when the direct staff are not conducting billable clinical services.

The Provider shall maintain and submit with the applicable monthly invoice, a Sign In Sheet for each BBHC-approved training that includes the employee name; title; signature; date of training; training topic; facilitator name; and location.

If BBHC is not able to verify the attendance and participation via the submission of the Provider's Sign-In Sheet, BBHC may deny reimbursement. For on-site EBP training activities, in addition to having the prior authorization and/or approval of the ME, the

Provider shall ensure the Time Log includes the EBP model; participant name, title, and signature; the date and time of training (start and end times); facilitator; and type of training activity per hour.

The Provider may utilize this cost center when the direct service staff attend off-site training activities and/or on-site EBP training. This includes EBP curricula training that includes a series of on-site coaching sessions during which Provider staff are observed during the provision of clinical services and then receive coaching provided by the EBP trainer(s).

The Unit of Measure is a Contact Hour.

Unit cost rate is $67.44, unless otherwise detailed in the Provider's contract.

Procedure Number: BBHCOP 13-04 (formerly Exhibit N)

Title: Indigent Drug Program

Objective: To ensure the appropriate utilization of funds allocated for the purchase of psychotropic medications; medications used to treat addictions; or medications accessed through line of credit from the Indigent Drug Program ("IDP") by Broward Behavioral Health Coalition, Inc. (BBHC) subcontracted clients for applicable clients.

Overview: The State of Florida Department of Children and Families (DCF) established the indigent psychiatric medication program to purchase psychiatric medications for persons as defined in s. 394.492(5) or (6) or pursuant to s. 394.674(1), who do not reside in a state mental health treatment facility or an inpatient unit. Corresponding rules were adopted to administer the indigent psychiatric medication program and prescribe the clinical and financial eligibility of clients who may receive services under the indigent psychiatric medication program; the requirements that community-based mental health providers must meet to participate in the program; and the sanctions to be applied for failure to meet those requirements. To the extent possible, this will also ensure non-Medicaid-eligible indigent individuals discharged from mental health treatment facilities continue to receive the medications which effectively stabilized their mental illness in the treatment facility, or newer medications, without substitution by a service provider unless such substitution is clinically indicated as determined by the licensed physician responsible for such individual's psychiatric care.

Procedures:

The Provider shall ensure all funds allocated for use of purchasing psychotropic medications, or medications used to treat addictions, or medications accessed through line of credit from the Indigent Drug Program ("IDP") are used for clients who meet any of the following criteria:

1. Have an annual income at or below 150% of the Federal Poverty Income Guidelines, as published annually in the Federal Register.

2. Have no liable third-party insurance or other source for the purchase of psychotropic medications, nor is the client a participant in a program where psychotropic medications are paid for by any other funding source.

3. The client may receive IDP medications until such time as eligibility has been reestablished when the individual has third party insurance for psychotropic medications but has temporarily been denied benefits for these medications,

4. The Provider shall actively participate in manufacturer's patient assistance programs for medications needed by a significant portion of clients served by the provider.

5. The Provider shall participate in any regional training events made available by BBHC; and the Louis de la Parte Florida Mental Health Institute of the University of South Florida's Medicaid Drug Therapy Management System Program for Behavioral Health which is posted on the following website: http://flmedicaidbh.fmhi.usf.edu/.

6. For the purpose of auditing and/or monitoring, the Provider shall retain and make available upon request a copy of the license and the permit issued in accordance with the requirements specified in s. 499.012(1) (d), F.S.

Procedure Number: BBHCOP 13-05 (formerly Exhibit Y)

Title: Temporary Assistance to Need Families Substance Abuse and Mental Health Guidelines

Objective: This procedure provides guidance in the appropriate expenditure of Temporary Assistance for Needy Families (TANF) funds for substance abuse and mental health clients and specifically incidental expenditures for housing assistance to eligible clients.

Overview: The TANF Substance Abuse and Mental Health (SAMH) incidental cost center may be used for temporary housing assistance to remove barriers (i.e., lack of affordable housing, public housing waiting list, homelessness, etc.) to treatment identified as challenges in a client's recovery process. Accessing the incidental cost center for temporary housing assistance is a resource to stabilize and maintain TANF eligible family members receiving treatment services, when the Provider has exhausted all other available resources. The use of these funds is short-term and temporary in nature and shall not exceed four (4) consecutive months of temporary housing assistance for each family per fiscal year. The Provider is required to maintain documentation in the client file of all efforts to identify other resources to address the client's needs prior to the utilization of TANF incidental funds.

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Providers shall comply with the provisions of the TANF Guidelines, which is incorporated herein by reference, for any TANF services provided under contract with Broward Behavioral Health Coalition, Inc. The TANF Guidelines may be obtained at: http://www.dcf.state.fl.us/programs/samh/contract/tanf.pdf.

Procedures:
The Provider shall document the expenditure of SAMH TANF incidental funds in the incidental cost center on the monthly invoice. Expenditure of funds may not exceed four (4) moths at a maximum cost per day of $50.00. BBHC will monitor the utilization of funds as part of monitoring; service validation; and invoice processing procedures.

Services provided to families resulting from the use of the temporary housing assistance incidental expenditure shall consist of direct and indirect client contact through services that include case management; aftercare; intervention; and prevention services. Additionally, documentation of the services provided must clearly demonstrated improved outcomes for the client in achieving economic self-sufficiency and permanent housing. All documentation must be clearly identified in the client's case record for monitoring purposes.

Documentation of the incidental expenses shall include:
- Client Name
- A Census Log with the number of days (24 hours) per month in rental housing unit (Census Log)
- Goal(s) for SAMH TANF
- Description of treatment services received each month
- Rental Receipt
- Approving authority signature with date

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Procedure Number: BBHCOP13-06 (formerly AB)

Title: Substance Abuse Recovery Support Services

Objective: This procedure defines the eligible programs; services; unit of measures; and required documentation providers are required to maintain related to the provision of Substance Abuse Recovery Support Services. Providers shall also maintain an accurate and complete client record reflecting treatment service delivery.

Overview: Substance Abuse (SA) Recovery Support Services are designed to strengthen and/or regain the client's skills; establish an environment that addresses the client's treatment risks and goals; and promotes recovery and resiliency. The focus the client's strengths and abilities while providing the support for the client to progress toward achieving the recovery goals as reflected in the client's screening, assessment, treatment plan, or discharge summary. Eligible services include: 1) substance abuse education; 2) coordination of medical or health issues; 3) employment or educational coordination and support; 4) family/marital/parenting guidance; 5) life skills;

6) anger/stress management coping skills; 7) support counseling; and 8) other applicable services, approved by the ME designed to facilitate recovery and resiliency. These services exclude “twelve step programs” (e.g. Narcotics Anonymous and Alcoholics Anonymous).

Procedures:

Following are the applicable Program; Units of Measure; Maximum Unit Cost Rate; and required Data Elements.

Programs – Adult Substance Abuse and Children’s Substance Abuse

Unit of Measure – Direct Staff Hour

Maximum Unit Cost Rate: $38.99 (Model Cost Worksheet provided upon request).

Group services are billed on the basis of contact hour, at 25% of the established rate. Providers are eligible for reimbursement for services to groups of clients not exceed ten (10) individuals per group. Travel time is billable to transport the client to and from the recovery support service.

Data Elements:

1. Service Documentation – Service Log:
    a. Recipient name and identification number;
    b. Staff name and identification number;
    c. Service date;
    d. Duration;
    e. Cost center;
    f. Service (Specify);
    g. Group Indicator; and
    h. Program
2. Audit Documentation – Recipient Service Chart:
    a. Recipient name and identification number;
    b. Staff name and identification number;
    c. Service date;
    d. Duration; and
    e. Service (Specify)

Procedure Number: BBHCOP 13-07 (formerly Exhibit AC)

Title: Special Provisions for Substance Abuse Prevention Services

Objective: Broward Behavioral Health Coalition, Inc. and its subcontracted providers funded to deliver Substance Abuse Prevention services shall adhere to 65D-30.013, F.A.C., and in accordance with applicable terms and conditions contained in the Contract.

Overview: The procedures outlined herein establish the minimum requirements for Substance Abuse Prevention providers to ensure the effective delivery

of services to eligible clients. Providers are required to deliver prevention services utilizing an Evidence-Based Practice that is applicable to the population served and maintains fidelity to the model. Further, providers are required to collect, maintain, report, and analysis data via the Performance Based Prevention System (PBPS) operated by KITS Solutions. EBP utilized by the provider shall be approved by Broward Behavioral Health Coalition. Any provider authorized by Broward Behavioral Health Coalition to participant in an EBP validation study shall provide annual updates to the CQI Manager for Broward Behavioral Health Coalition by June 30.

Procedures:

I. Personnel and Data Requirements:

A. The Provider shall develop and submit a Prevention Program Tool ("PPT") to the Performance Based Prevention System ("PBPS") and a copy to the Broward Behavioral Health Coalition assigned Contract Manager listed in its contract with the provider. The PPT shall be submitted before the close of business on July 31 of each contract year.

B. The Provider shall ensure personnel (its employees and employees of any subcontractors) responsible for directly entering data into the PBPS successfully complete training in PBPS within thirty (30) calendar days of hire, and annually thereafter. The Providers shall maintain a copy of the employee's certification of completion in his/her Personnel file.

C. The Provider agrees to administer and deliver appropriate strategies and approaches that are evidence based as specified in its ME approved Program Description and consider the most recent local community anti-drug coalitions' action plan or the most recent County Substance Abuse epidemiology data.

D. The United Way of Broward County Coalition (the Coalition) on Substance Abuse shall ensure its applicable subcontracted providers work in collaboration with the Coalition's prevention community plan and vision.

II. Co-Occurring Initiative

A. Evaluate Provider co-occurring disorder service capability as directed by the ME using the COMPASS-Prevention Tool with:

1. A focus group of administrators and prevention services staff;
2. A minimum of one program or a sample of programs on or before June 30th of each year;
3. Follow-up evaluations done at least annually for each program or sample of programs; and
4. Programs or a sample of programs in accordance with timeframes outlined in the action plan for each contract year.

B. Develop and submit to the ME for approval an action plan for referring

clients with co-occurring disorders by June 30 of each year of the contract term that details:

1. Networking capacities with local providers in the community for persons with co- occurring disorders;
2. Strategies and activities to develop or improve co-occurring disorder educational and referral capability; and
3. Timeframes for reviewing co-occurring disorder educational and referral capability within the prevention program.

C. Develop and submit to the ME a summary report by June 30 of each year that details:

1. The types of Provider involvement in state and local co-occurring planning processes;
2. The number of times the COMPASS was used and the composition of the focus group(s) for each use;
3. Brief narrative detailing the findings from the COMPASS, the action steps developed, and progress made for each action step; and
4. Overall progress toward co-occurring disorder educational and referral capability development in accordance with timeframes specified in the action plan.

III. Continuous Quality Improvement Programs for Substance Abuse Prevention Services Providers

A. The Provider must maintain a continuous quality improvement program to objectively and systematically monitor and evaluate the appropriateness and quality of care, to ensure services are rendered consistent with prevailing professional standards, and to identify and resolve problems. Additionally, the program must support activities to ensure that fraud, waste and abuse do not occur.

B. The Provider must have a quality assurance and improvement plan and processes through which quality is continually monitored to achieve the program's planned outcomes. A copy of this plan must be submitted to the ME upon request. Best practices for quality performance measures should be incorporated: experienced, well-trained staff, adequate participant-staff ratio, theory-driven programs, retention of research-based core elements, variety of teaching methods and interactive approaches, sufficient exposure to the services/intensity, Long-term prevention programs/duration and complementary components, positive relationships, cultural sensitivity and relevance, meaningful performance measures that are valid and reliable, and data for decision-making. Additionally, a minimum guideline for the

Provider's continuous quality improvement program, including, but not limited to:

1. Ongoing efforts to improve products, services or processes to include ME initiatives;
2. Records maintenance, tracking and compliance as applicable;
3. Staff competencies, training, and development standards;
4. Evidence-based practices (EBPs) utilized by the agency and how these EBPs are monitored to ensure fidelity to the model;
5. Service-environment safety and infection control standards;
6. Incident reporting policies and procedures that include verification of corrective action and a provision that specifies that a person who files an incident report, in good faith, may not be subjected to any civil action by virtue of that incident report; and
7. Fraud, waste, abuse and other potential wrongdoing auditing, monitoring, and remediation procedures.

C. The continuous quality improvement program is the responsibility of the director and is subject to review and approval by the governing board of the Provider.

D. Each director shall designate a person who is an employee of, or under contract with the service Provider, to serve as its continuous quality improvement manager.

E. The quality improvement program must also:
   1. Provide a framework for evaluating outcomes including:
      a. Output measures, such as capacities, technologies, and infrastructure that make up the system of care;
      b. Process measures, such as administrative and supervision components; and
      c. Outcome measures pertaining to the outcomes of services.
   2. Provide for a system of analyzing those factors which have an effect on performance;
   3. Provide for a system of reporting the results of continuous quality improvement reviews; and,
   4. Incorporate best practice models for use in improving performance in those areas, which are deficient.

F. The ME may access all Provider records and policies necessary to determine compliance with this section. Records relating solely to actions taken in carrying out this section and records obtained by the ME to determine the Provider's compliance with this section are confidential and

exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records are not admissible in any civil or administrative action except in disciplinary proceedings by the Department of Health or the appropriate regulatory board, and are not part of the record of investigation and prosecution in disciplinary proceedings made available to the public by the Department of Health or the appropriate regulatory board. Meetings or portions of meetings of continuous quality improvement program committees that relate solely to actions taken pursuant to this section are exempt from s. 286.011.

IV. Performance Specifications / Performance Measures

A. The Provider agrees the PBPS is the source for all data used to determine compliance with substance abuse prevention related performance standards and outcomes in Exhibit D, entitled "Substance Abuse and Mental Health Required Performance Outcomes/Outputs" and/or other data system specified by the ME. The Provider shall submit all service related data for clients funded, in whole or in part, by ME and/or local match funds.

B. The Provider shall ensure its employees and employees of subcontracts responsible for PBPS data entry successfully complete training within the required timeframes. This does not apply to Providers who have their own data system and upload data to PBPS.

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Title: Special Provisions for Prison Aftercare Services

Objective: This procedure defines the Prison Aftercare Services requirements for Contracted Community Mental Health Centers. Providers shall ensure the provision of aftercare services for clients related for a correctional institution and returning to Judicial Circuit 17, Broward County following the end of sentence (EOS) in accordance with the Interagency Agreement between the Florida Department of Corrections - Office of Health Services (DOC) and the Florida Department of Children and Families - Mental Health Program Office (DCF).

Overview: The Provider shall develop, implement, and adhere to procedures for the receipt and acceptance of referrals from a contracted Prison Aftercare provider and consistent with the Interagency Agreement between the DOC and DCF. This includes the identification of a Prison Aftercare Service Coordinator; instruments, tools, policies and procedures, and training to ensure the effective delivery of services.

Procedures:

1. The Provider will implement a procedure for the receipt and acceptance of referrals for services from contracted Prison Aftercare provider(s).
2. The Provider will implement a procedure for communicating with the Prison Aftercare Coordinator regarding the compliance of the referred inmate with the scheduled appointment within seven (7) days of the scheduled date.
3. The Provider shall ensure appointments are scheduled for the appropriate level of service required by the inmate, including hospitalization, and provide notification of appointment and/or arrangements for hospitalization or stabilization to the referring Prison Aftercare Coordinator/Provider.
4. The Provider shall ensure the provision of follow-up services for a period of at least sixty (60) days to ensure the individual keeps the scheduled appointments and the inmate does not run out of prescribed medication.
5. The Provider's Prison Aftercare Coordinator shall coordinate mental health services for individuals at the end of sentence (EOS). The position shall:
    - Receive and review referrals to determine the appropriate level and intensity of aftercare services, and develop required reports;
    - Schedule appointments with community Mental Health providers within thirty (30) days of release;
    - Provide notification to the DOC when appointments are scheduled;
    - Follow up to determine the outcome of the aftercare appointment; or if the individual was referred to alternative treatment modality;
    - Coordinate hospitalization when needed; and
    - Maintain shared data system pending implementation of web-based data system

Procedure Number: BBHCOP 13-09 (formerly Exhibit P)

Title: Information and Referrals – First Call for Help of Broward County

Objective: This procedure defines the minimum requirements of Broward Behavioral Health Coalition concerning the provision of services; contact information; hours of operation to Broward County's centralized Information and Referral agency for services.

Overview: To ensure the availability of services is effectively communicated to Broward County residents and Broward Behavioral Health Coalition partners and stakeholders its subcontracted providers are required to provide annual service description to the First Call for Help of Broward County, Inc. (d/b/a 211 Broward). Further, the provider shall provide written notice to First Call for Help of Broward County within seven (7) business days when any information in its service description is revised.

Procedures:

The Provider shall provide its name; address; phone number; services; eligible clients; hours of operation; and appointment/referral process to First Call for Help by contacting First Call for Help or online at: http://www.211-broward.org.

For instructions on how to update your information, providers should contact First Call for Help at: http://www.211-broward.org

Procedure Number: BBHCOP 13-10 (formerly Exhibit Q)

Title: Prevention, Reporting, and Services to Missing Children

Objective:

Overview: The Provider agrees when services are for children who are adjudicated dependent where the care of the child is assigned to DCF or Provider, to follow the procedures outlined in Rule 65C-30.019, F.A.C. and Rule 65C-29.013, F.A.C. and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children". The Provider will perform the departmental functions as described in Rule 65C-30.019, F.A.C. and CFOP 175-85 which correspond to the functional role of this Contract. The Provider also agrees when services for children are community based and the child involved is not adjudicated dependent, to comply with all licensing and contracting requirements.

Procedures:

I. Definitions
   a. Designee - a person, contractual Provider or other agency or entity named by DCF.
   b. Exigent Circumstances - situations that require immediate actions, such as the child is under the age of thirteen, believed to be out of the zone of safety for their age and development, mentally incapacitated, in a life threatening situation, in the company of others who could endanger their welfare or is absent under circumstance inconsistent with established behaviors.
   c. FDLE-MCIC - Florida Department of Law Enforcement-Missing Children's Information Center.
   d. Family Services Counselor - a professional position responsible for case management for children placements. The term includes DCF staff and staff working for an agency named as a designee.
   e. Missing Child - a person who is under the age of 18 years; whose location has not been determined; is currently placed in an out-of-home care setting; court order in-home placement; or is the subject of an active abuse investigation in which the child has been sheltered, would have been sheltered if their location had become known, or who was in the physical custody of DCF or the Provider when they went missing; and who

has been or will be reported as missing to a law enforcement agency.

II. Reporting a Missing Child

A. The Provider shall immediately notify and document the family services counselor(s), their supervisor, and/or the CBC Lead agency, and the legal guardian to ensure all parties are aware of the circumstances surrounding the missing child.

B. The Provider shall document the family services counselor(s), their supervisor, and/or the CBC Lead agency have assumed responsibility for taking all required steps to recover the missing child and are fully engaged.

C. The Provider shall instruct relative and non-relative caregivers, and all other staff that might be required to report a child as missing to local law enforcement to immediately undertake the following activities, as applicable, and document all actions and activities related to any efforts made to report and/or locate any child who is determined to be missing from their care or supervision:

1. If exigent circumstances exist the caregiver, family services counselor, or until the family services counselor is engaged, the Provider employee, who has identified a child is missing from their care or supervision shall immediately call local law enforcement upon determination a child is missing and request the responding officer:
   - Take a report of the missing child.
   - Assign a case number to the missing child report and provide the case number to the caregiver or person who is reporting the child missing.
   - Receive and distribute a high quality photo of the child, or high quality photo when one becomes available that is provided by the reporting party.
   - Request a copy of the police report be provided to the family services counselor once a police report becomes available.
2. If the responding law enforcement officer refuses to take a missing child report, for any reason, the individual attempting to report the child as missing shall document the officer's name and specific local law enforcement agency name and request to speak to the law enforcement agency Watch/Shift Commander. If the law enforcement agency Watch/Shift Commander refuses to take a missing child report and it is a caregiver that is attempting to report the child as missing, the

caregiver will immediately contact the family services counselor or on-call staff and provide them with all information related to local law enforcement not issuing a missing child report. Once the family services counselor or on-call staff have learned that a local law enforcement agency will not issue a missing child report they will immediately seek assistance from the local Community Based Care (CBC) Child Location Specialist or the DCF Regional Criminal Justice Services Coordinator on resolving any issue related to reporting the child as missing to local law enforcement.

D. If it is a caregiver who reported the child as missing to local law enforcement or attempted to report a child as missing to local law enforcement, they shall immediately notify the child's family services counselor or emergency on-call staff and provide them with the following information:

- The law enforcement agency name that the child was reported as missing to or attempted to be reported as missing to;
- The law enforcement missing child case number if one was issued by local law enforcement;
- A copy of the law enforcement report when one is made available;
- Detailed information on the child's overall state of mind and behavior prior to the child going missing;
- Detailed description of what the child was last seen wearing;
- Detailed information on possible locations that the child might be going to; and
- Detailed information on any individuals that the child might be traveling with.

E. If exigent circumstances do not exist, the caregiver , family services counselor, or other Provider staff will within the first four (4) hours of learning that a child might be missing check to see what, if any, of the child's personal belongings are missing or if the child left a note; and, the caregiver , family services counselor, or other staff (if the family services counselor is not yet engaged), will:

1. Contact the following persons as appropriate to ascertain if the child has been seen, or has given any indications that may explain the child's missing status:
   - School/child's teachers and school resource officer;

- The child's relatives/parents, both local and non-local, if appropriate, and the caregiver has the means for such contact;
- Any friends or places that the child generally frequents, the local runaway shelter, if there is one in the community; and,
- The child's employer, if applicable.

F. Write down any information gathered that might help locate the child.

G. Provide telephone/beeper numbers and ask for the individuals above to call back and share information if they have further information or see the child.

1. If at any time during the initial four (4) hour search for the child, if the caregiver, family services counselor, or any other Provider employee (if the family services counselor is not yet engaged), becomes concerned about the immediate safety and well-being of the child, or the child's location remains unknown after four (4) hours from the time that the caregiver, family services counselor, or Provider employee learned that the location of the child was unknown, they shall immediately call local law enforcement and they shall follow the steps outlined in Section 2.a., above.
2. If at any time, the child is located or returns to the caregivers home after law enforcement has been notified of the missing child case, all law enforcement agencies and other agencies that were notified of the missing child episode must be contacted immediately by the caregiver, family services counselor, or other Provider employee who made the report. If at any time new information is obtained on a possible location of the missing child, the caregiver, family services counselor, or any other employee of the Provider shall immediately contact all law enforcement agencies and other agencies that were notified of the missing child episode as to the possible location of the child. If the Family Services Counselor has been engaged, the Provider shall also inform them and the legal guardian of the new information once law enforcement has been notified.
3. All of DCF documentation related to the missing child episode shall be completed and entered into DCF's approved missing child reporting system within one working day of the family services counselor, on-call staff, or Community Based Care (CBC) Child

Location Specialist learning of a missing child episode regardless of whether local law enforcement has issued a missing child report number. This includes the uploading of a recent high quality photograph of the child into DCF's approved missing child reporting system. If local law enforcement has refused to issue a missing child report a dummy local law enforcement case number of 00000 and the name of the local law agency that refused to issue the missing child report shall be used to complete and enter the missing child episode into the DCF's approved missing child reporting system.

Procedure Number: BBHCOP 13-11 (formerly Exhibit R)

Title: Children's Mental Health Services, including services for Severely Emotionally Disturbed Children, Emotionally Disturbed Children and their Families, if services to such consumers are offered.

Objective: The key strategic objectives and strategies that support DCF's mission and direct the provision of services to Florida's residents are detailed in the Substance Abuse and Mental Health Services Plan 2014-2016, or the latest revision thereof, which is incorporated herein by reference, and available at the following website:http://www.dcf.state.fl.us/programs/samh/publications/2014-2016%20SAMH%20Services%20Plan.pdf and represent the primary focus of the Substance Abuse and Mental Health programs and adopted by Broward Behavioral Health Coalition.

Overview: In addition to the requirements of the Contract, the DCF Substance Abuse and Mental Health Plan, Broward Behavioral Health related policies, procedures and initiatives the Provider shall ensure the following are factored as part of services delivered to children receiving mental health services:

1. The Provider shall ensure families and youth are full partners in the development and implementation of individual recovery plans and have a prominent voice in designing supports and services.
2. The Provider shall prioritize services and supports for youth who are involved in the child welfare and/or juvenile justice system. Within these priority groups, children birth to five years of age; youth transitioning to adulthood; and children at-risk of residential treatment are the focus of specific activities and initiatives.

System transformation is the driving force for current and future activities, with an emphasis on evidence based practices that are culturally competent; focus on prevention; early identification and intervention; and family-centered.

3. The Provider shall ensure services and supports for youth and families are sensitive to the impact of trauma, and are designed to address treatment issues and minimize system elements that might produce further trauma.
4. The Provider shall address the critical need for better information; planning; and assistance for eligible youth transitioning into the adult mental health system.
5. The Provider shall develop coordinated systems of care for youth that provide services and supports that promote recovery and resiliency by being:
   - **a.** Community-based;
   - **b.** Culturally competent;
   - **c.** Strength-based;
   - **d.** Evidenced-based practices for youth – such as Multi-Systemic Therapy© (MST©) for delinquent or at-risk for delinquency; Therapeutic Foster Care; Cognitive Behavioral Therapy (CBT) / Trauma Focused CBT; Dyadic Therapy for infants and toddlers; and the Wraparound Approach;
   - **e.** Individualized, child focused, and family directed;
   - **f.** Inclusive of early intervention with the child and family; and
   - **g.** Coordinated across agencies and time lines
6. The Provider shall provide a full continuum of services to address the needs of Severely Emotionally Disturbed youth; Emotionally Disturbed youth; and the families of these youth. These services must include but not be limited to:
   - **a.** Dyadic Therapy for youth under the age of 5;
   - **b.** Behavior Analysis services for youth with behavior problems; and
   - **c.** Life skills and Wellness Recovery Action Plan® (WRAP®) services to youth transitioning to the adult system.

Procedure Number: BBHCOP 13-12 (formerly Exhibit S)

Title: Youth Emergency Services/Youth Emergency Services-Extended

Objective: This procedure details the minimum requirements of Broward Behavioral Health Coalition in delivering the Youth Emergency Services – Extended to eligible clients.

Overview: Youth Emergency Services (YES) responds to mental health emergencies (such as threats of harm to self or others) of children 18 years and younger in Broward County. These services provide a critical single point of access and information for people concerned about the safety or welfare of a child experiencing a behavioral health emergency in Broward County.

Procedures:

The YES team shall be staffed by experienced licensed and master's level clinicians successfully trained in 1) crisis intervention; 2) community resources; 3) and evidence-based practices (EBP) such as Wraparound, Motivational Interviewing® and Trauma Informed Care.

The YES team plays a vital role in preventing hospitalization and out-of-home residential placement; supporting families, caregivers, schools and other child serving systems or agencies; and ensuring access to a community-based support system that will remain in place after the crises. The goal of YES is to keep children safe in the least restrictive environment.

Services are available 24 hours a day, 7 days a week, and 365 days a year.

YES Program Elements:

- Telephone consultation and support;
- In- the- moment mobile crisis intervention;
- Strength- based assessment;
- Short term counseling;
- Clinical consultation to wraparound teams;
- Debriefing following traumatic events;
- Collaboration with community partners;
- Non-emergent outreach to assist with access to services;
- Referrals to traditional and non-traditional community resources;
- Evaluation and arrangement of in-patient hospitalization, if needed; and
- Follow-up to ensure continuity of care.

YES Team – Extended Services

For children referred to or stepped down from residential treatment, the Broward Behavioral Health Coalition Utilization Management (UM) Program will request an assessment by the extended YES team to determine whether the child can be successfully maintained in the community or whether interim services for children pending admission to residential programs are appropriate. A Care Plan is developed that includes an intense array of services until the child and family environment is stabilized and functioning well; or until the placement becomes available. The YES team is multidisciplinary and includes case managers, licensed family and individual therapists, certified behavioral analyst, and family coach / peer specialist and additional ancillary services based on need.

Broward Behavioral Health Coalition will ensure the following:

❖ YES team responds to children and their families in the community who are experiencing a crisis because of their mental health issues.

❖ Indigent children receive services in the least restrictive level possible to meet their needs.

❖ Residential treatment for indigent children remains with the allowed Purchased Residential Treatment Services ("PRTS") budget.

Procedure Number: BBHCOP 13-13 (formerly Exhibit T)

Title: Baker Act Receiving Facilities – Community Mental Health Centers

Objective: The Broward Behavioral Health Coalition (BBHC) is committed to ensuring continuity of care. Clients discharged from receiving facilities are among a priority, high-risk, population, it is imperative they are expeditiously linked to community based services. This procedure defines the criteria required of Baker Act Receiving Facilities – Community Mental Health Centers funded by BBHC related to the discharge of clients.

Overview:

Procedures:

1. All receiving facilities funded by BBHC shall provide clients with a minimum of three (3) weeks/21 days of all prescribed psychotropic medications at discharge. BBHC encourages those receiving facilities not receiving State funding to follow the same protocol to ensure all discharged clients have a sufficient medication supply to maintain prescribed treatment until outpatient appointment with a prescribing provider is available.
2. All receiving facilities funded by BBHC are required to refer clients to a community mental health center, which shall include scheduling the initial intake within seven (7) calendar days of discharge and the initial appointment with a prescriber within 21 calendar days of discharge to ensure no interruption in prescribed treatment. Appointment information shall be provided to client at discharge.
3. All BBHC funded community mental health centers shall guarantee an appointment for intake, if indicated (i.e. new clients) within seven (7) calendar days of discharge from any public or private receiving facility. The mental health center shall also guarantee it provides an appointment with a prescriber within 21 calendar days of discharge. The appointment for the prescriber shall not require the intake appointment. These appointments shall both be scheduled upon request by the receiving facility.
4. All BBHC funded community mental health centers shall conduct due diligence in assisting clients in keeping scheduled appointments. This may include reminder calls and outreach efforts as indicated.

Procedure Number: BBHCOP 13-14 (formerly Exhibit U)

Title: Utilization Management (UM) Program

Objective: This procedure defines the Broward Behavioral Health Coalition (BBHC) UM Program elements. BBHC requires its subcontracted providers to participate in the BBHC UM Program, including data, financial, and referrals and authorization requirements.

Overview: The UM Program includes processes for receiving and reviewing requests for authorization and/or re-authorization; data reporting and Wait List management; instruments, tools and forms to ensure consistency; and procedures to ensure and evaluate compliance to the UM Program.

Procedures:

The Provider agrees to participate in all of the requirements of ME Utilization Management ("UM) Program: Financial; Network and Data system requirements, and shall maintain the capacity to perform the following functions including, but not limited to:

1. Utilize ME-approved automated, standardized, and evidence-based screening and assessment instruments to improve appropriate evaluation and placement of individuals;
2. Automated referral and electronic consent for release of confidential information with ME, and other providers, to the extent permitted by law;
3. Integrate processes for intake, admission, discharge and follow-up;
4. Develop and maintain encounter and progress notes to support all services provided under this Contract and automatically generate State and Medicaid billing and payment in the event Medicaid compensable services are provided to individuals eligible for Medicaid;
5. Provide wait lists and capacity management;
6. Determine financial and clinical eligibility of Individuals Served;
7. Develop and adhere to processes to ensure DCF is the payor of last resort;
8. Develop and maintain the electronic capability for billing; invoice payment; and claims adjudication; and/or Medicaid billing and payment (HIPAA 837 and 835 Transactions);
9. Automate processes for State and federal data analysis and reporting; and
10. Maintain full compliance with federal and State laws, rules and regulations pertaining to security and privacy of protected health information.

Review Compliance with Utilization Management Criteria

As part of the utilization management program, BBHC will provide and/or coordinate reviews of service compliance with criteria and practice guidelines, such as retrospective reviews to ensure the level of placement of clients is appropriate. BBHC will take corrective action to resolve situations in which the subcontracted network provider is not following the guidelines or working to help the system meet its utilization goals.

Authorization of Services

1. BBHC's designee will provide authorizations and re-authorizations for appropriate levels of care as described in BBHC's UM Protocol to ensure timely access to behavioral health services and minimize wait times for accessing needed care. The authorization processes includes:
    - Timeliness standards for authorization review must adhere to timeliness standards referenced in the UM protocol for the services provided, and statutory requirements.
    - Processes for making the criteria on which decisions are made

available to practitioners, including any standardized tools and assessments for use in determining placement and/or level of care.

- Provisions for providing timely appeals, or second opinions, when a request for authorization for a particular service is denied. (An appeal differs from a grievance in that grievances are used when a recipient or member of the covered population believes he or she has been treated improperly, where as an appeal is a request to review a judgment.) The second opinion shall be obtained according to the timeliness standards for the service in question.

2. Upon request, BBHC will assist with the development and implementation of client admission, continued stay, discharge criteria specific to each level of care, diagnosis, presenting problems, and the establishment of review dates.

Utilization Management Program

The Provider shall assist BBHC in the reporting and managing the Substance Abuse and Mental Health Waiting List for all levels of care.

1. The Provider agrees to adhere to the utilization management protocols pursuant to the ME Utilization Management Protocol, herein incorporated by reference and available upon request from the ME.
2. The Provider will have a data system in place that adequately supports the collection, tracking, and analysis of data necessary to perform utilization management activities, reviews of clinical/administrative performance related to levels of care, clinical outcomes, and adherence to clinical/administrative standards.
3. The goals of utilization management include elimination/management of wait lists, the maximum utilization of treatment resources, and the delivery of clinically appropriate services in the least restrictive setting and most cost effective manner. Utilization management systems include preauthorization for some services as well as retrospective reviews and focused reviews of individuals receiving services and subcontractors whose utilization of services is outside of expected parameters. Utilization management includes methods used to manage the system of care to ensure access to the appropriate level of care, at the right frequency and for the appropriate duration. It also includes financial screening to ensure maximization of fiscal resources including other third party payers such as, but not limited to KidCare, Medicaid, Medicare, and other HMOs. These methods may include programs of intervention and/or diversion. Utilization management includes not only managerial and supervisory strategies, methods and tools to ensure timely access to care, but also includes processes to promote continuous improvement to manage resources.
4. The Provider will offer clients a multi-level continuum of care services for treatment of behavioral health services. Each level of care as identified below

has durations or length of stay as specified in the Utilization Management Protocol.

5. The Provider shall obtain written authorization from ME prior to providing the services as specified in the Utilization Management Protocol. A written authorization will also be required, prior to the expiration of the initial length of stay, in order to extend services. The request for an extension must be justified in accordance with the ME approved consumer assessment and placement tool and in accordance with the Utilization Management Protocol.
6. When a client has been provided residential services as a non-ME funded client (e.g. paid by insurance), that stay is subtracted from the prescribed length of stay should the client become eligible to receive network provider-funded services.
7. The Provider agrees to:
   - Utilize a transmittal system, which may be a computerized management information system, for submitting/receiving and recording information and documentation required as part of the Utilization Management Program.
   - Request and receive an authorization number from the ME for all clients requiring admission into a substance abuse and/or mental health service as specified in the Utilization Management Protocol prior to the client being admitted to the program for treatment.
   - Complete all required assessment components outlined in the Utilization Management Protocol for all consumers requiring substance abuse and/or mental health treatment services. The information will be submitted to the ME prior to the authorization request.
   - Participate and cooperate in the centralized waiting list in accordance with the waiting list policies and procedures outlined in the Utilization Management Protocol.

Waiting List and Interim Services

1. In the event that waiting lists develop, the Provider will collaborate with the ME to implement procedures for managing the substance abuse and mental health waiting list for all applicable levels of care including provision of interim services through utilization management strategies.
2. For children and parents not Medicaid eligible or who need services that are not covered by Medicaid, and who are in or placed from households the Broward Sheriff's Office Child Protective Unit investigators determine "unsafe" without additional services, will have priority for substance abuse and mental health services provided by the network provider. Per section 394.674(a) (2), F.S., eligibility for adult mental health services for the parents is based upon the emotional crisis experienced from the potential removal of children. Substance abuse eligibility is based on parents who put children at risk due to a substance

abuse disorder, pursuant to section 394.674(c) 3, F.S. These individuals may not be placed on a wait list without receiving interim services for longer than seven (7) calendar days.

Procedure Number: BBHCOP 13-15 (formerly Exhibit V)

Title: Special Provisions for Forensic Services

Objective: In addition to adherence to chapter 916, Florida Statute; Rule 65E-15. F.A.C.; Broward Behavioral Health Coalition (BBHC) contract requirements, policies and procedures; and applicable Florida Department of Children and Families and Department of Corrections operating procedures, providers delivering services to forensic clients shall adhere to the procedures detailed herein.

Overview: The Provider shall ensure the provision of mental health, substance abuse and ancillary services to individuals charged with felony offenses and have been committed or may be at risk of commitment to the Department of Children and Families ("DCF"), pursuant to chapter 916, Florida Statute. The Provider will participate in a comprehensive forensic program that meets all requirements of chapter 916, F.S., Forensic Client Services Act; and established forensic performance measures.

Procedures:

1. The Provider shall comply with the Broward Sheriff's Office (BSO) Jail Training and related procedures, and obtain the authorization from BSO to access clients in the jail.
2. The Provider shall conduct an onsite face-to-face interview within seventy-two (72) hours of the client's referral for admission to a short-term residential treatment facility ("SRT") by BBHC's Forensic Coordinator and/or Forensic Specialist(s) and prepare a report of findings and recommendations to the referral source and the regional forensic coordinator.
3. The Provider shall coordinate an interview date with the Forensic Specialist and /or the BBHC Forensic Coordinator for referred individuals who do not reside in Broward County and prepare written findings and recommendations to the referral source and the BBHC Forensic Coordinator within forty-eight (48) hours of interview.
4. The Provider's case manager shall coordinate services and provide the Court with routine progress reports at each Hearing as required by the conditional release order Rule 65E-15.051(14), F.A.C., using the BBHC-approved format.
5. The Provider's case manager shall notify the BBHC Forensic Coordinator/Specialist within twenty-four hours of any apparent Conditional Release violation. Provider staff shall notify the Court and the BBHC Forensic Coordinator/Specialist of any conditional release violations via the completion and submission of an Affidavit or sworn statement per s. 916.17(2), Florida Statute.
6. The Provider shall not return individuals on conditional release to Court prior to consultation with the BBHC Forensic Coordinator and/or assigned Forensic Specialist, except in cases of physical aggression by the individual in question.
7. The Provider must maintain the capacity to deliver services to clients in English, Spanish and Creole.

8. Individuals charged with felonies in Judicial Circuit 17, Broward County who are at-risk of commitment to DCF, but who may be diverted to the community by the Forensic Team shall receive the following services from the Provider:
   - Facilitation and coordination of the provision of mental health treatment; competency restoration training; residential care or housing with supervision; medical and auxiliary services, when appropriate; case management; and monitoring of individuals as required in chapter 916, Florida Statutes.
   - Facilitation and support the activities of the BBHC Forensic Team by providing accommodations for the provision of competency restoration training at the Provider's facility(ies).
   - Attend Court hearings for each of its clients; obtain conditional release orders; and monitor client activities in the community in accordance with the terms of the conditional release order.
9. The Provider shall develop and coordinate a Discharge Plan for each forensic client committed to a State treatment facility in collaboration with the BBHC Forensic Coordinator/Specialist(s) by:
   - At the request of the BBHC Forensic Coordinator/Specialist(s), participating in Treatment Team and Discharge Planning meetings;
   - Assisting the Forensic Team in the development and submission of Conditional Release and Discharge plans to State treatment facilities and to the committing Court.
   - Attending Court hearings in the cases of individuals being discharged from State treatment facilities and ensure effective linkage to their service continuum.
10. The Provider will ensure individuals on conditional release order in Judicial Circuit 17, Broward County, including individuals transferred to another judicial circuit are monitored via the completion of a case management plan and in accordance with the requirements of Rule 65E-15. F.A.C., Continuity of Care Case Management and the court order. The Provider shall maintain a current copy of Conditional Release Order in the client file.
11. The Provider will ensure the committing Court is immediately notified by phone and in writing of any violation of the Conditional Release Order. The Provider will ensure the BBHC Forensic Coordinator is copied on written correspondence to the Court.
12. The Provider shall review the monthly Monitoring Report to identify and intervene in barriers to supervision/treatment/monitoring; identify alternative treatment modalities, when necessary; and to identify trends and issues that illustrate opportunities for improvement in service delivery. The Provider shall advise the BBHC Forensic Coordinator of its analysis of monthly reports.

13. The Provider shall provide the Forensic Specialist information required to access placement for clients in residential treatment beds funded by the BBHC forensic funds and the statewide community forensic beds. This includes a short -term residential treatment facility and residential level 2 beds.

Procedure Number: BBHCOP 13-16 (formerly Exhibit X)

Title: Special Provisions for Projects for Assistance in Transition from Homelessness ("PATH") Services

Objective: This procedure details the requirements for Broward Behavioral Health Coalition providers who receive PATH funds in the delivery of services and the completion of applications/reports.

Overview: The Projects for Assistance in Transition from Homelessness (PATH) program is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), which is one of eight Public Health Service agencies within the U.S. Department of Health and Human Services. The PATH program was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH is a formula grant to the 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. There are nearly 600 local organizations that provide PATH services. The Homeless and Housing Resource Network (HHRN) assists SAMHSA in providing support to the states and local providers.

PATH provides services to people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless. Services may include:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services;
- Case management services;
- Supportive and supervisory services in residential settings;

- Referrals for primary health services, job training, educational services, and relevant housing services; and
- Assistance with identifying and securing appropriate housing.

Procedures:
The Provider shall:

1. Submit an annual PATH application to the DCF through the ME; as requested;
2. Provide support services for individuals who have a serious mental illness and/or substance abuse disorder and are homeless or at imminent risk of becoming homeless;
3. Implement services and provide deliverables as set forth and described in each approved and signed Local Intended Use Application which is a requirement of the PATH grant application;
4. Submit Annual Data Report to Substance Abuse and Mental Health Services Administration ("SAMHSA"); and
5. Submit the Annual re-application for the PATH Grant.

Eligible PATH local matching funds must be expended in the provision of PATH eligible services to PATH eligible persons. The expenditures must match the types of services outlined in the Local Intended Use Plan. The formula to be followed is cited in Section 524 of the Public Health Services Act, as amended by Public Law 101-645.

Procedure Number: BBHCOP 13-17 (formerly Exhibit XX)

Title: Continuous Quality Improvement Programs

Objective: Broward Behavioral Health Coalition (BBHC) requires its providers maintain a continuous quality improvement ("CQI") program to objectively and systematically monitor and evaluate the appropriateness and quality of care; to ensure services are rendered consistent with prevailing professional standards; and to identify and resolve problems. Additionally, the program must support activities to ensure that fraud, waste and abuse do not occur.

Overview: BBHC requires a minimum of 80% of services delivered by its subcontracted providers utilize and maintain fidelity to an evidence-based practice (EBP); cultural and linguistic needs are factored in service delivery; services are consumer and family-driven; and the individualized strengths, risks and needs are factored. These elements increase the likelihood of a quality program. Formalized processes will aid the provider in achieving goals, identifying barriers, and replicating best practices.

Procedures:

1. The Provider shall develop an annual CQI Plan, with a copy made available upon request to the ME, which addresses the minimum guidelines for the network provider's continuous quality improvement program, as below. The Plan shall include the minimum elements:

    - Individual care and services standards to include transfers and referrals, co-occurring supportive services, and trauma informed services.
    - Individual records maintenance and compliance.
    - Staff development standards.
    - Service-environment safety and infection control standards.
    - Peer review and utilization management review procedures.

- Incident reporting policies and procedures that include verification of corrective action and a provision that specifies that a person who files an incident report, in good faith, may not be subjected to any civil action by virtue of that incident report.
- Fraud, waste, abuse and other potential wrongdoing auditing, monitoring, and remediation procedures.
- Evidence-based practices (EBPs) utilized by the agency and how these EBPs are monitored to ensure fidelity to the model.
- The CQI Plan must be reviewed and approved by the governing board of the service Provider.

2. The Provider's CQI program shall include:
   - Be composed of quality assurance review committees and subcommittees, purpose, scope, and objectives of the continuous quality assurance committee and each subcommittee, frequency of meetings, minutes of meetings, and documentation of meetings.
   - Provide a framework for evaluating outcomes, including:
     - Output measures, such as capacities, technologies, and infrastructure that make up the system of care.
     - Process measures, such as administrative and clinical components of treatment.
     - Outcome measures pertaining to the outcomes of services.
   - Provide for a system of analyzing those factors which have an effect on performance;
   - Provide for a system of reporting the results of continuous quality improvement reviews; and,
   - Incorporate evidence-based best practice models for use in improving performance in those areas which are deficient.
   - For agencies utilizing seclusion and restraint procedures and as required by law (65E-5.180), establishment and utilization of a Seclusion and Restraint Oversight Committee responsible for the timely review of each use of seclusion and restraint to include:
     - Circumstances that lead to the event.
     - Nature of the de-escalation efforts and alternatives to seclusion and restraint are attempted.
     - Staff response to the incident.
     - Ways to effectively support the person's constructive coping in the future and avoid the need for future seclusion and restraint.

3. The Provider shall adhere to its CQI Plan submitted in its Application for Pre-Qualification and prepare a minimum of a quarterly report of the provider's achievement in meeting goals and other elements required in the Plan. The reports shall be made available to BBHC upon request.

Procedure Number: BBHCOP 13-18 (formerly Exhibit Z)

Title: Cultural and Linguistic Competence

Objective: To ensure all Broward Behavioral Health (BBHC) providers deliver services to staff and clients in consideration of cultural and linguistic needs and preferences.

Overview: BBHC is committed to the delivery of services that are sensitive to diverse cultural and linguistic needs of clients and family members of clients. To ensure its providers successfully address such needs, BBHC requires the submission of a Cultural and Linguistic Plan prior to the award of a contract that meets the minimum elements contained herein.

Procedures:
The Provider will implement a Cultural and Linguistic Competence Action Plan ("Plan") for developing strategies to increase cultural competence among board members, staff, and family members where appropriate. The Plan will be based on an agency self-assessment and require the Provider meeting the following:

1. Implement standards and document specific strategies, tools and other resources focused on how to improve culturally and linguistically competent service delivery, coaching and training, and evaluation and assessment in a way that can enhance the system of care and achieve positive outcomes for consumers.

2. Collaborate with the ME to identify and utilize the network provider's data to (1) identify sub-populations (i.e., racial, ethnic, LGBTQI-2S, minority groups) vulnerable to disparities and (2) implement strategies to decrease the differences in access, service use, and outcomes among sub-populations. These strategies should include the use of the enhanced National Standards for Culturally and Linguistically Appropriate Services ("CLAS") in Health and Health Care.

3. Implement its BBHC approved Plan and demonstrate adherence to the Plan to be detailed in the Provider's quarterly Quality Assurance/Quality Improvement Plan.

4. Participate in training activities targeted to enhance cultural and/or linguistic competency.

5. Ensure client access that address cultural and linguistic needs and preferences, including but not limited to sign language, Spanish, Creole, translation, and interpretive services.

6. Providers shall update/revise its Cultural and Linguistic Plan when requested by BBHC.

Procedure Number: BBHCOP 13-19 (Formerly Exhibit ZZ)

Title: Comprehensive Continuous Integrated System of Care

Objective: Clients in Broward County shall have access to services or referral for services through the implementation of a system-wide "no wrong door"/community access policy that assesses; refers; and/or treats clients with co-occurring disorders thereby increasing access of persons identified as co-occurring to provide services for both disorders regardless of the initial point of contact. As used in conjunction with the CCISC model, "no wrong door" (Seehttp://www.kenminkoff.com/ccisc.html) requires systems develop policies and procedures that mandate a welcoming approach to individuals with co-occurring psychiatric and substance disorders in all system programs, eliminate arbitrary barriers to initial evaluation and engagement, and specify mechanisms for helping each client (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible.

Overview: Broward Behavioral Health Coalition (BBHC) requires each of its subcontracted providers to participate in the Comprehensive Continuous Integrated System of Care (CCISC) Initiative through the BBHC partnership with Broward CARES. CCISC participation will be considered in the allocation of lapse and/or new

funding, subject the availability of funds. Lapse funds and new funds will be allocated in accordance with providers' participation in the CCISC initiative which shall include having signed and committed to the terms of the CCIS Memorandum of Understanding ("MOU").

Procedures:

1. The Provider shall maintain its Memorandum of Understanding with BBHC and its partners formalizing its role and obligations in the CCISC.
2. The Provider shall coordinate services for persons with co-occurring disorders.
3. During the course of the Contract the Provider shall design services based on the recognition of the needs of individuals and families with co-occurring disorders in the population served, and participate with BBHC in a quality improvement process to improve co-occurring disorder service capability in all programs.
4. The Provider shall develop and implements processes to ensure the provision of appropriate services in the least restrictive setting for adults and children with substance abuse, mental health and/or co-occurring disorders. Those services are needed in order to provide a seamless CCISC for this population that will increase access to services and improve outcomes in the most cost effective manner.
5. The Provider shall develop; maintain; and adhere to "no wrong door" policies and procedures required through the CCISC Initiative. The policies and procedures must address the referral and linkage process of clients to local community providers for services not offered by the Provider. Such services include, but are not limited to, linkages with community programs such as housing, employment and parenting supports. The Provider is responsible for tracking and ensuring that the proper linkages are made and documented in accordance with the requirements in the Utilization Management Manual (UM). Network providers are required to submit all required documentation for the initiated referral.
6. The Provider shall perform the following tasks related to the co-occurring disorder service capability initiative as well as any additional tasks and activities initiated by BBHC:

- Complete Provider co-occurring disorder service capability as directed using the COMPASS;
- Following evaluation of each program using the COMPASS, evaluate clinicians'

co-occurring disorder service capabilities as directed by the ME using the CODECAT.

- Develop and submit to BBHC an annual summary report (due June 30) that details the types of Provider involvement in state and local co-occurring planning processes; an overview of the Provider's co-occurring disorder service capabilities with regard to service structure (assessment, stabilization, treatment, support, and other services); networking capacities with local network providers in the community for persons with co- occurring disorders; strategies and activities to develop or improve co-occurring disorder service capability; scope of services and programs to be included in the process; any changes to the co-occurring disorder service structure including new programs, training, or changes in policy and procedures (copies of training guidelines or curricula and co- occurring policies should be included); the number of times the COMPASS was used and the composition of the focus group(s) for each use; the number of clinicians evaluated using the CODECAT; and an Action Plan that details the following:

    - Brief narrative detailing the findings from the COMPASS, the action steps developed, and progress made for each action step;
    - Brief narrative detailing the findings from the CODECAT and action steps developed to enhance clinicians' co-occurring attitudes, knowledge, values and skills; and
    - Overall progress toward co-occurring disorder service capability development in accordance with timeframes specified in the action plan.

Linkage and Referral Process:

The Provider may only refer a client to a provider that offers the service for which the Provider created the referral.

If the Provider is a receiving provider it inform the referring provider that the client was admitted/not admitted within seven (7) calendar days, unless otherwise required by applicable state, federal rules and/or statues.

If the Provider is the receiving provider, it will have seventy-two (72) hours to respond to a new referral, unless otherwise required by applicable state, federal rules and/or statues.

If the Provider is the receiving provider, and if upon assessing a referred consumer on intake, it determines the client requires a service different from the service for which the client has been referred, the Provider will admit the client for the service the client needs if the Provider offers the service and has availability to offer the service. In the event the Provider does not offer the service nor has availability to offer the service, the Provider will create a referral for the client to receive the service at a different provider.