

### SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

**SUBJECT:** Seminole Community Mental Health Agreement

**DEPARTMENT:** Community Services    **DIVISION:** Community Assistance

**AUTHORIZED BY:** Phillip C. Stalvey    **CONTACT:** David Medley    **EXT.** 3363

<b>Agenda Date</b> <u>01-10-06</u> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Work Session <input type="checkbox"/> Briefing <input type="checkbox"/> Public Hearing – 1:30 <input type="checkbox"/> Public Hearing – 7:00 <input type="checkbox"/>
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**MOTION/RECOMMENDATION:** Authorization for the chairman to execute the agreement between Seminole County and The Seminole Community Mental Health Center.

**BACKGROUND:** On August 4, 2005, during the Budget Work Session, the Board of County Commissioners awarded The Seminole Community Mental Health Center \$50,000.00, in addition to the already budgeted \$200,000.00, to provide state mandated mental health services for some of Seminole County's most vulnerable citizens. The attached contract includes the additional funding appropriation and will go to fund the most critical mental health services, as identified by the Seminole Community Mental Health Center.

Attachment

Reviewed by: _____ Co Atty: <u>J. W. Smith</u> 12.27.05 DFS: _____ Other: _____ DCM: _____ CM: _____  File No. <u>CCS05</u>
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SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.AGREEMENT

**THIS AGREEMENT** is made and entered this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as the "COUNTY," and **SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.** a Florida not-for-profit corporation, whose address is 237 Fernwood Boulevard, Fern Park, Florida 32730, hereinafter referred to as the "CENTER".

**W I T N E S S E T H :**

**WHEREAS**, Chapter 394, Part IV, Florida Statutes, known as "The Community Alcohol, Drug Abuse, and Mental Health Services Act," provides for a program of comprehensive community mental health services and authorizes counties within the State of Florida to participate in the funding thereof; and

**WHEREAS**, the CENTER provides comprehensive mental health services to residents of Seminole County, Florida; and

**WHEREAS**, the COUNTY has authorized funding of the CENTER, whose programs and services are deemed to serve a COUNTY purpose; and

**WHEREAS**, the COUNTY has appropriated funds to assist in furtherance of the aforementioned COUNTY purpose,

**NOW, THEREFORE**, in consideration of the mutual covenants, promises and representations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**Section 1. Recitals.** The above recitals are true and correct and form a material part of the Agreement upon which the parties have relied.

**Section 2. Term.** This Agreement shall take effect on October 1, 2005, the date of signature by the parties notwithstanding and shall remain in effect for a period of five (5) years, unless earlier terminated as provided herein.

**Section 3. Termination.** This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days written notice delivered to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that the CENTER fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by the CENTER after the CENTER has received notice of termination. In the event there are any unused COUNTY funds, the CENTER shall promptly refund those funds to the COUNTY or otherwise utilize such funds as the COUNTY directs. Any requirements set forth in Sections 7, 8, 9 and 12 hereunder shall survive the term of this Agreement as a whole.

**Services 4. Services.** The CENTER shall use funds from this Agreement in conjunction with monies granted by the State of Florida, the Federal government, or any public or private agency to provide comprehensive mental health services in accordance with *Chapter 394, Part IV, Florida Statutes*, to residents of Seminole County, Florida, as described in Exhibit "A" attached hereto and incorporated herein by reference.

**Section 5. Revenue From Other Sources.** CENTER agrees to furnish the COUNTY with information regarding all revenues relating to the programs or services that are the subject of this Agreement received by CENTER during the term of this Agreement. It is understood that CENTER has not previously entered into, and shall not enter into, an agreement with any other party, including service recipients hereunder, whereby

CENTER would be paid for providing the above services except as specified in Section 4 herein.

**Section 6. Indemnification.** The CENTER agrees to hold harmless, indemnify and defend the COUNTY, its commissioners, officers, employees and agents from and against any and all liability, claims for damages, and suits for any injury to any person or persons, or damages to any property of any kind whatsoever arising from, allegedly arising from, or in any way related to the provision of services hereunder by the CENTER. This Agreement by the CENTER to indemnify and hold the COUNTY harmless shall include all charges, expenses and costs, including attorneys' fees, incurred by the COUNTY on account of or by reason of such injuries, damages, liability claims, suits or losses and on damages growing out of same.

**Section 7. Insurance.**

(a) The CENTER shall provide, pay for, and maintain in force at all times during the term of this Agreement, such insurance, including Workers' Compensation Insurance, General Liability Insurance, and Property Damage Insurance, as will provide the COUNTY with the protection contained in the foregoing Indemnification provision.

(b) Such policy or policies shall be issued by companies authorized to do business in the State of Florida. The CENTER shall specifically protect the COUNTY by either naming the COUNTY as a named insured under such policies, or, in the alternative, by providing an endorsement in accordance with the Indemnification provision herein. Such policies shall contain, as a minimum, the following provisions, coverages and policy limits of liability:

(1) General Liability Insurance. The CENTER shall carry limits of not less than ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) for injuries, including accidental or wrongful death to

any one person and subject to the same limit for each person, in an amount not less than TWO HUNDRED THOUSAND AND NO/100 DOLLARS (\$200,000.00) on account of one occurrence.

(2) Property Damage Insurance. The CENTER shall carry limits in an amount not less than ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) for property damage on account of any one claim and in an amount not less than TWO HUNDRED THOUSAND AND NO/100 DOLLARS (\$200,000.00) for property damages on account of any one occurrence.

(c) Prior to the commencement of services hereunder, the CENTER shall furnish to the COUNTY a certificate or written statement of the above required insurance. The policies evidencing the required insurance shall contain an endorsement to the effect that cancellation or any material change in the policies adversely affecting the interests of the COUNTY in such insurance shall not be effective until thirty (30) days after written notice thereof is received by the COUNTY. A certified copy(ies) of the required policies is/are attached hereto and incorporated herein as Exhibit "B".

(d) The maintenance of the insurance coverage set forth herein shall not be construed to limit the CENTER'S liability under the Indemnification provision set forth hereinabove.

(e) The CENTER agrees to insert the substance of this section, including this paragraph (e) in all subcontracts hereunder.

**Section 8. Billing and Payment.** The COUNTY hereby agrees to provide financial assistance to the CENTER up to a maximum sum of TWO HUNDRED FIFTY THOUSAND AND NO/100 DOLLARS (\$250,000.00) annually for all services provided hereunder by the CENTER during the term of this Agreement. Said sum is payable in monthly installments upon:

(a) Receipt by the COUNTY of a payment request. Such request for payment shall only be for services specifically provided for herein; and

(b) Verification by the Manager of the COUNTY's Community Assistance Division that the services for which reimbursement is sought are in accordance with service projections as described in Exhibit "A" and that the CENTER has complied with the reporting requirements contained hereinafter.

(c) Payment requests shall be sent to:

Original and one copy to:

Principal Analyst  
Community Assistance Division  
400 West Airport Boulevard  
Sanford, Florida 32773

**Section 9. Reporting Requirements.** The CENTER shall submit to the COUNTY by the 30th day of each month:

(a) A report in the format attached hereto and incorporated herein as Exhibit "C" delineating for the preceding month the following:

(1) A listing of objectives and projected service levels to benefit the COUNTY during the term of this Agreement;

(2) Statistics representing the month's achievements and services provided to the COUNTY including, if applicable, the number of clients served, the number of lectures given and the number of volunteers trained;

(3) Statistics showing the cumulative achievements and services provided to the COUNTY to date;

(4) The percent of projections achieved to date;

(5) A narrative assessment of progress toward accomplishing goals and objectives for service to the COUNTY. This assessment shall be in paragraph form and include such information as the general progress of the agency, any problems that might exist for the agency and special comments on particular program components;

(b) Such additional information as required by the COUNTY to assess program effectiveness; and

(c) Notwithstanding the above, the CENTER shall submit on a quarterly basis, a financial report reflecting total agency receipts and expenditures as set forth in a profit and loss statement acceptable to the COUNTY.

(d) Notwithstanding the above, the CENTER shall submit on a quarterly basis a quarterly logic model report in the format attached hereto and incorporated herein as Exhibit "D".

**Section 10. Unavailability of Funds.** If the COUNTY shall learn that funding from the State of Florida or the Federal government cannot be obtained, or continued on a matching basis, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to the CENTER as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by the CENTER after the CENTER has received such notice of termination. In the event there are any unused COUNTY funds, the CENTER shall promptly refund those funds to the COUNTY or otherwise use such funds as the COUNTY directs.

**Section 11. Access to Records.** The CENTER shall allow the COUNTY, its duly authorized agent and the public access to such of the CENTER'S records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with *Chapter 119, Florida Statutes*.

**Section 12. Audit.** The CENTER shall submit to the COUNTY an annual audit report during the term of this Agreement on or before December 31<sup>st</sup> of each year, or within ninety (90) days following the termination of this Agreement, whichever occurs earlier.

**Section 13. Records and Reports.** The CENTER shall maintain detailed records available to the COUNTY in accordance with *Chapter 119, Florida Statutes*, of all services provided pursuant to the Baker Act

including, the number of admissions for mental health treatment, cost to the COUNTY of treatment and such other records ordinarily maintained when performing mental health services.

**Section 14. Notices.** Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

**FOR COUNTY**

Manager, Community Assistance Division  
400 West Airport Boulevard  
Sanford, Florida 32773

**FOR CENTER**

Wes Newsome, Director  
Seminole Community Mental Health Center, Inc.  
237 Fernwood Boulevard  
Fern Park, Florida 32730

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

**Section 15. Assignments.** Neither party to this Agreement shall assign this Agreement, nor any interest arising herein, without the written consent of the other.

**Section 16. Compliance with Laws and Regulations.** In providing all services pursuant to this Agreement, CENTER shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to CENTER as provided hereinabove.

**Section 17. Equal Opportunity.** The CENTER agrees that it will not discriminate against any eligible person receiving services under this Agreement because of race, color, religion, sex, age, national origin,



or disability and will take steps to ensure an eligible person receives such services without regard to race, color, religion, sex, age, national origin, or disability.

**Section 18. Independent Contractor.**

(a) It is agreed by the parties that at all times and for all purposes within the scope of this Agreement, the relationship of the CENTER to the COUNTY is that of independent contractor and not that of employee.

(b) No statement contained in this Agreement shall be construed so as to find the CENTER, including its officers, employees and agents, an employee of the COUNTY, and the CENTER, its officers, employees and agents shall not be entitled to the rights, privileges or benefits of COUNTY employees.

**Section 19. Conflict of Interest.**

(a) CENTER agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with the COUNTY or which would violate or cause others to violate the provisions of *Part III, Chapter 112, Florida Statutes*, relating to ethics in government.

(b) CENTER hereby certifies that no officer, agent or employee of the COUNTY has any material interest (as defined in *Section 112.312(15), Florida Statutes*, as over 5%) either directly or indirectly, in the business of CENTER to be conducted here, and that no such person shall have any such interest at any time during the term of this Agreement.

(c) Pursuant to *Section 216.347, Florida Statutes*, CENTER hereby agrees that monies received from the COUNTY pursuant to this Agreement shall not be used for the purpose of lobbying the Legislature or any other Federal or State agency.

**Section 20. Entire Agreement.**

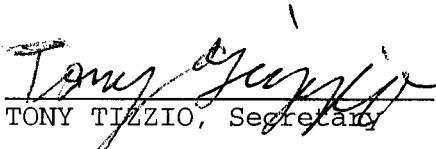
(a) It is understood and agreed that the entire Agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

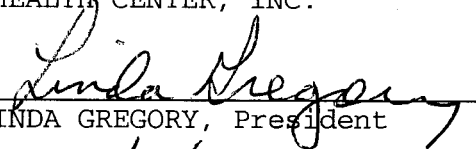
(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

**IN WITNESS WHEREOF,** the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed.

ATTEST:

SEMINOLE COMMUNITY MENTAL  
HEALTH CENTER, INC.

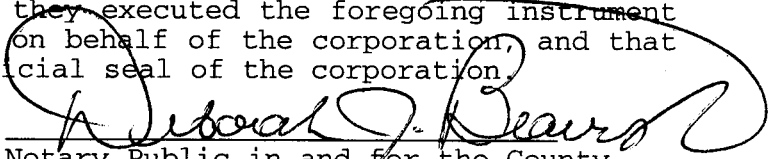
  
TONY TIZZIO, Secretary  
(Corporate Seal)

By:   
LINDA GREGORY, President  
Date: 11/17/2005

STATE OF FLORIDA )  
COUNTY OF Seminole )

I HEREBY CERTIFY that, on this 17<sup>th</sup> day of November, 2005, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared LINDA GREGORY and TONY TIZZIO, as President and Secretary, respectively, of SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC., a non profit corporation organized under the laws of the State of Florida, who are personally known to me or who have produced \_\_\_\_\_ as identification and did take an oath. They acknowledged before me that they executed the foregoing instrument as such officers in the name and on behalf of the corporation, and that they also affixed thereto the official seal of the corporation.

(Notary Seal)

  
Notary Public in and for the County  
and State Aforementioned





**EXHIBIT A: SERVICE & COST PROPOSAL**

**AGENCY NAME:** Seminole County Community Mental Health  
**AGENCY ADDRESS:** 237 Fernwood Blvd., Fern Park, FL 32730  
**PRESIDENT/DIRECTOR NAME:** Jim Berko  
**AGENCY PHONE NUMBER:** (407) 831-2411  
**AGENCY FAX NUMBER:** (407)831-0105  
**AGENCY E-MAIL:** scmhc@mindspring.com  
**PRESIDENT/DIRECTOR E-MAIL:** jimberko@earthlink.com

The above agency will provide the following services for the residents of Seminole County during FY 2005-2006:

I. List the service(s) you plan to provide with Seminole County funds.

Service*	Description (Define a unit of service)
1. CSU	One available bed day
2. Med/Clinic	One hour of outpatient medical service

II. How many of each of the above stated service(s) is the County being asked to fund over the contract term (October 2005-September 2006)?

Service*	Number of County funded units
1. CSU	365 units
2. Med/Clinic	415 units

III. What is the cost of providing each of the service(s) defined in question (I.)?

Service*	Unit Cost (If unit cost is greater than \$5.00, round to the nearest dollar.)
1. CSU	\$286.76 per unit
2. Med/Clinic	\$350.00 per unit

IV. How did you determine the unit cost defined in question (III.)?

Service*	How Unit Cost determined
1. CSU	Negotiated rate with District VII SAMH Program Office
2. Med/Clinic	Negotiated rate with District VII SAMH Program Office

**\*Not to exceed \$250,000.00**

# EXHIBIT B:

## ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KH  
SEMIN-1

DATE (MM/DD/YYYY)  
08/18/05

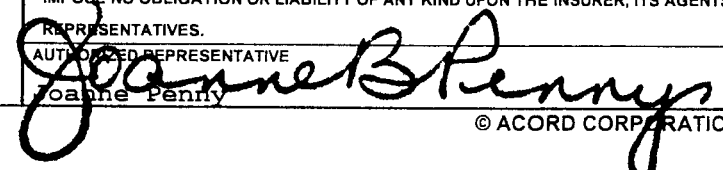
<b>PRODUCER</b> Brown & Brown, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach FL 32115-2412 Phone: 386-252-9601 Fax: 386-239-5729	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  SEMINOLE COMMUNITY MENTAL HEALTH CENTER 237 FERNWOOD BLVD FERN PARK FL 32730	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: ASPEN SPECIALTY INSURANCE</td> <td>10717</td> </tr> <tr> <td>INSURER B: STAR INSURANCE COMPANY</td> <td>18023</td> </tr> <tr> <td>INSURER C: PHILADELPHIA INSURANCE</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: ASPEN SPECIALTY INSURANCE	10717	INSURER B: STAR INSURANCE COMPANY	18023	INSURER C: PHILADELPHIA INSURANCE		INSURER D:		INSURER E:	
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INSURER D:													
INSURER E:													

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	SS000002 02	08/15/05	06/30/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<b>PROFESSIONAL LIAB</b>				PERSONAL & ADV INJURY	\$ 1,000,000
	<b>DED \$5,000</b>	LIMIT \$1,000,000			GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	AGGR \$3,000,000			PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
C	<b>AUTOMOBILE LIABILITY</b>	PHPK133851	08/15/05	06/30/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS	DEDUCTIBLE \$ 1,000					
<input checked="" type="checkbox"/> COMPREHENSIVE	DEDUCTIBLE \$ 1,000					
<input checked="" type="checkbox"/> COLLISION						
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC022561300	06/30/05	06/30/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	<b>CRIME</b>	PHPK133851	08/15/05	06/30/06	EMPL DISH	\$50,000
C	<b>DIRECTORS &amp; OFFICE</b>	PHSD141297	06/30/05	06/30/06	D&O	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 RE: 300 AND 351 S BAY AVE SANFORD FL; 237 FERNWOOD BLVD FERN PARK FL; 919 E 2ND AVE SANFORD.

<b>CERTIFICATE HOLDER</b>  SEMIC04  SEMINOLE CNTY, ITS COMMISSIONE OFFICERS EMPLOYEES & AGENTS 200 W COUNTY HOME RD SANFORD FL 32773-6179	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  Joanne Penny
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# EXHIBIT C

## Seminole County Community Service Agency Report Form

**Agency Name:**

Original and One Copy to:

Kelly Metcalf, MSW  
Program Manager  
Division of Community Assistance

Month	
Date Mailed/delivered:	
Reimbursement amount:	\$0.00
Total No. Of Clients served this month:	
Total No. of Seminole Co. clients served this month:	
# of Total (above) receiving Seminole Co. funding:	
Amount Agency contributed to program this month:	
Total no. of volunteer hours contributed this month:	

**NARRATIVE:** *(Narrative must include all three items below to be considered complete)*

**1) Agency accomplishments this month:**

**2) Summary of accomplishments made with Seminole County funding this month:**

**3) Progress to broaden community financial support:**

\*Attach additional page(s) if necessary

Agency Total Units of Service				County Reimbursable Units				
Service	Goal	Current	YTD	Goal	Current	YTD	Unit Cost	Amount
CSU	7665			639				\$0.00
MED/CLINIC	3137			261				\$0.00
								\$0.00
								\$0.00
<b>TOTAL</b>	10802	0	0	900		0		\$0.00

Quarterly financial report of total agency receipts and expenditures, (Profit and Loss) and Quarterly Outcomes and Indicators Reports are due January 31, April 30, July 31 and October 31, 2006. Timely receipt of your agency's complete request will insure compliance with the terms of the funding agreement and will expedite reimbursement.

<b>For County Staff Only</b>	
Received date (original):	
Complete date:	
Processed date:	
No. of corrections:	

\*Client Service Record (breakdown of all billable units & client numbers) must be

Annual audit-date:

attached prior to processing.

# EXHIBIT D

Agency: \_\_\_\_\_  
Name of County Funded Program: \_\_\_\_\_

## OUTCOME MEASUREMENT

\*Quarterly Outcomes Measurement Reports are due January 31, April 30, July 31, and October 31, 2006\*

NOTE: *The following questions related to outcome measurement should refer to this specific program. Use more space if needed but please provide concise responses.*

### DATA ANALYSIS

**Projected Outcome 1:** (As listed in your contract)

**Measurable Objective:** Achieved: \_\_\_\_\_ Projected: \_\_\_\_\_

**Indicators:** Must include the threshold that indicates you are achieving the outcome

(a) **Area(s):** Areas addressed in each outcome

(b) **Population:** Number of clients: \_\_\_\_\_

(c) **Dates:** Please list dates of when data is collected

(d) **Tools:** Measurement tools such as surveys, report cards, assessments, ect....

(e) **Sample Size:** (# out of (b))

(f) **Response Rate:** (% of e who completed)

**Quarterly results for Outcome 1:**

Successes:

Challenges:

**Projected outcome 2:**

**Measurable Objective:** Achieved: \_\_\_\_\_ Projected: \_\_\_\_\_

**Indicators:**

(a) **Area(s):**

(b) **Population:** Number of clients: \_\_\_\_\_

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

**Quarterly results for Outcome 2:**

Successes:

Challenges:

**Projected outcome 3:**

**Measurable Objective:**

**Indicators:**

(a) **Area(s):**

(b) **Population:**

(c) **Dates:**

(d) **Tools:**

(e) **Sample Size:**

(f) **Response Rate:**

**Quarterly results for Outcome 3:**

Successes:

Challenges:



**EXHIBIT D**  
**PROGRAM LOGIC MODEL (Continued)**

*\*This section must be completed by agency's Executive Director or Program Manager*

What insights has staff gained about this program through outcomes based measurement?

What adjustments does staff plan to make to this program based on what has been learned?

Please describe any challenges or success that may have impacted your agency ability to perform.