



# 18

## COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: 10/12/2016

Meeting Date: October 20, 2016

Name: Scott Ward

Department: Bcc Administration

Division Manager's Signature:

### 1. Nature and purpose of agenda item:

2016-2017 Funding Agreement for Mental Health Services

Attach any correspondence information, documents and forms for action i.e., contract agreements, quotes, memorandums, etc.

### 2. Fiscal impact on current budget.

Is this a budgeted item?

☐

N/A

☒

Yes Account No. 001-6300-562.80-69

☐

No Please list the proposed budget amendment to fund this request

Budget Amendment Number:

Fund:

FROM:

TO:

AMOUNT:

### For Use of County Manger Only:

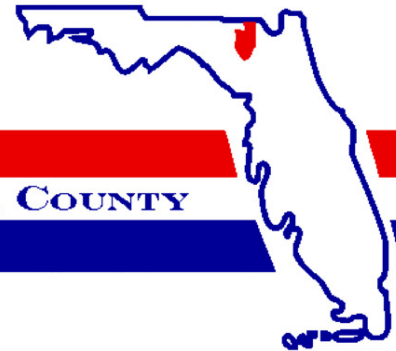
☒

Consent Item

☐

Discussion Item

District No. 1 - Ronald Williams  
District No. 2 - Rusty DePratter  
District No. 3 - Bucky Nash  
District No. 4 - Everett Phillips  
District No. 5 - Scarlet Parnell Frisina



**BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY**

## **Memo**

**Date:** 10/13/2016  
**To:** Board of Commissioners  
**From:** Scott Ward, Assistant County Manager  
**RE:** Funding Agreement for Mental Health Services

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During the budget approval process for the 2016-17 fiscal year, the Board approved to pay \$225,225 to Meridian Behavior Healthcare, Inc. to provide general mental health, and substance abuse services to the citizens of Columbia County. Meridian has provided the Funding Agreement for execution. We are recommending the Board approve the Funding Agreement as presented.

BOARD OF  
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RECEIVED

OCT 11 2016

Board of County Commissioners  
Columbia County



October 4, 2016

Columbia County Board of County Commissioners  
Attn: Penny Stanley  
P.O. Box 1529  
Lake City, FL 32056-1529

RE: 2016 – 2017 Funding Agreement for Mental Health Services

Enclosed please find two (2) originals of the above-referenced agreement signed by Meridian.

Please execute and return one (1) original of the agreement to me in the enclosed self-addressed envelope.

Thank you,

Tammy Davis  
Senior Accountant  
[Tammy\\_Davis@mbhcci.org](mailto:Tammy_Davis@mbhcci.org)  
(352) 374-5600 Ext. 8905

Enc: As above

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Main Office: 4800 S W 13th Street, Gainesville, FL 32608  
352.374.5600 • 800.330.5615 • TTY Area 800.955.8771 • TTY Local 800.955.8770  
[www.mbhcci.org](http://www.mbhcci.org)

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**BOARD OF COUNTY COMMISSIONERS**

**COLUMBIA COUNTY**

**FUNDING AGREEMENT FOR THE PROVISION OF MENTAL HEALTH  
AND ADDICTION SERVICES**

**THIS AGREEMENT** entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by and between the **Board of County Commissioners of Columbia County**, hereinafter referred to as the "Commission," and **Meridian Behavioral Healthcare, Inc.**, an independent contractor, hereinafter referred to as "MBH".

For and in consideration of the mutual undertaking and agreements hereinafter set forth, the Commission and MBH agree as follows:

1. The Commission Agrees:

A. To provide funds to MBH consistent with the requirements of Florida Statute (§394.76) for the provision of general mental health, and substance use services, including Baker Act services to the citizens of Columbia County in the amount of \$225,225.00. This sum is for the fiscal year beginning October 1, 2016, and ending September 30, 2017, and the Commission's allocation to operate the program and facilities for services for citizens of Columbia County.

B. To release such funds in the amount of \$56,306.25 per quarter, upon receipt of an invoice due on the first day of each quarter.

2. MBH Agrees:

A. To provide mental health and substance use services, including Baker Act services to the citizens of Columbia County.

B. To provide services to any person and ensure that no service will be denied and/or delayed to any person because of race, creed, color, national origin, sex, age or ability to pay.

C. To ensure that all information regarding clients be safeguarded in accordance with 45 C.F.R. § 205.50. 42 C.F.R..

D. To comply with the provisions contained in the Civil Rights certificate.

E. To provide, monitor, evaluate, and audit all programs funded under the terms of this agreement according to Federal and C&F guidelines, rules, regulations, instructions, and the approved C&F Plan.

F. Any funds expended in violation of this agreement or in violation of appropriate Federal and State requirements, or any funds claimed by MBH which are determined by the Commission to be in violation of appropriate departmental or federal guidelines shall be

refunded in full to the Commission or if this agreement is still in force, shall be withheld by the Commission from any subsequent compensation request.

G. To retain all fiscal and client books, records, or other documents relative to this agreement for seven (7) years after final payments or until audit or resolution of audit findings by county auditors.

H. To provide an opportunity for recipients of services to present their views about the service program and also establish a system through which clients may present reasonable grievances about the delivery of services under this agreement. Such system shall include provision for fair hearing.

I. To negotiate sub-agreements and be responsible for the execution of sub-agreements pursuant to this agreement. Such sub-agreements may be reviewed by the Commission and if they are found not to be in compliance with the provisions of this agreement, they shall be subject to revision by MBH, or funds may be withheld by the Commission.

3. MBH and the Commission Mutually Agree:

A. This agreement shall begin on October 1, 2016, 12:01 a.m. and end on September 30, 2017, at midnight.

B. This agreement, or any part of this agreement, may be terminated with or without cause, by either party, at any time, upon no less than thirty (30) days notice in writing to the other party. Said notice shall be delivered by certified mail, telegram or in person.

C. Any alterations, variation, modification and/or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed by all parties to the agreement, and attached to the original agreement.

D. This agreement contains all terms and conditions agreed upon by the parties. No other agreements, oral or otherwise regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.

\_\_\_\_\_  
Attest Date

\_\_\_\_\_  
Chairman Date  
Columbia County Board of  
County Commissioners

Tammy Davis 10/4/16  
Attest Date

Margarita Labarta 10/4/2016  
Margarita Labarta, Ph.D. Date  
President  
Meridian Behavioral Healthcare Inc.