

AGREEMENT FOR HEALTHY START BEHAVIORAL HEALTH SERVICES

between

GENESEE COUNTY HEALTH DEPARTMENT
(the "Department") for the County of Genesee, a Michigan municipal corporation.

And

GLOBAL CLINICAL, LLC
(the "Subrecipient") a human service agency at 34505 West 12 Mile Road, Suite 210,
Farmington Hills, Michigan, 48331
Commencing November 1, 2024 through October 31, 2025

RECITALS

WHEREAS, there is evidence that behavioral health services decreases the prevalence of poor perinatal outcomes;

WHEREAS, the Subrecipient has demonstrated its interest and ability to assist the Department in decreasing poor perinatal outcomes in Genesee County residents; and

WHEREAS, the Department has entered into an Agreement with the federal awarding agency, the Health Resources and Services Administration (HRSA), which authorizes the Department to subcontract for the provision of behavioral health services to reduce poor perinatal outcomes are available and accessible to Genesee County Healthy Start participants; and

WHEREAS, the Department can obtain funds from HRSA to support Behavioral health services; and

WHEREAS, the Federal Award Date is May 1, 2024; and

WHEREAS, the Federal Award Identification Number (FAIN) is H4900148; and

WHEREAS, the CFDA Number is 93.926; and

WHEREAS, the Subrecipient, understands and acknowledges that this is a subrecipient award pursuant to 2 CFR § 200.332 and that Subrecipient must comply all federal regulations in relation to this Agreement; and

WHEREAS, the Parties agree that this is not a research and development project; and

WHEREAS, the Subrecipient's Unique Entity Identifier is X8LJB9JCXR78

NOW, THEREFORE, the Department and the Subrecipient agree as follows:

ARTICLE I TERMS

A. Purpose

The Department desires to contract with the Subrecipient to assist the Department in providing behavioral health services to Genesee County Healthy Start participants.

B. Period of Agreement

This Agreement shall commence on November 1, 2024 and continue through October 31, 2025.

B.1 Extension Terms

The Department has the option to extend this Contract for up to four (4) additional one- year terms (the “Extension Terms”).

C. Behavioral Health Services

Allowable costs for providing Behavioral health services include: salaries/wages, participant intakes, counseling appointments, case conference meetings, trainings, and travel costs.

Indirect cost is allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Sub-Recipients with a negotiated cost rate agreement that desire to charge indirect costs to an award must provide a fully executed copy of their negotiated indirect cost rate agreement at the time of application. Sub-Recipients that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon an agreement or proposal submission.

Exhibit A: Healthy Start NOFO Guidance

D. Statement of Work

In accordance with the U.S. Department of Health and Human Services HRSA Notice of Funding Opportunity for fiscal year 2024, HRSA-24-033 HS, the Subrecipient agrees to provide behavioral health services to enrolled Healthy Start participants.

EXHIBIT A – Healthy Start fiscal year 2024 NOFO guidance for clinical services.

1. The Subrecipient agrees to:
 - a. Provide Behavioral Health Services to Healthy Start clients. In that regard, the Subrecipient will:
 - (i) Provide clinical services including mental health screenings and assessments.
 - (ii) Provide home-visits that will evaluate needs and goals based on mental health screenings and assessments.
 - (iii) Facilitate monthly mental health support groups for program participants.
 - (iv) Visits should primarily occur in the home, but due to program participants' work and school schedules, visits may sometimes be scheduled virtually, via phone, at worksites, schools, or other locations.
 - (v) Assist in facilitating professional development opportunities for the program staff.
 - (vi) Participation in case conferences with Genesee County Healthy Start staff. Behavioral health consultant(s) will prepare notes from all program participant visits and will brief the following for each program participant at case conference: date and location of visit(s) since last case conference, goals worked, referrals, and date of next planned visit.

- b. Provide project oversight for behavioral health service activities related to the Healthy Start project. In that regard, the Subrecipient will:
 - (i) Designate a program coordinator to work directly with the Healthy Start Coordination Team, oversee Healthy Start staff activities, prepare required reports, and oversee proper completion of required paperwork.
- c. Participate in Healthy Start Team activities. In that regard, the subrecipient will:
 - (i) Participate in Healthy Start All Staff meetings.
 - (ii) Participate in Healthy Start Director/Coordinator meetings.
 - (iii) Participate in required Healthy Start trainings and activities.
- d. Prepare and submit Behavioral Health Service reports and FSRs to the Department by the 15th of the following month. Reports will incorporate the Subrecipient's Healthy Start program activities and expenditures for each month.

Exhibit B: Description of Services

- 2. The Department agrees to:
 - a. Make payments to the Subrecipient within sixty (60) days of Department's receipt of monthly Behavioral Health Service FSR and approval of the Subrecipient's completed and signed invoice(s) with supporting documentation.
 - b. Identify a Department employee to act as program liaison for issues pertaining to this Agreement.
 - c. Provide consultation and technical assistance to the Subrecipient as resources allow.
 - d. Conduct annual site visits to review adherence to the requirements of this Agreement. This may include:
 - (i) Financial evaluation (that is, FSR monitoring, site review, of information/data that supports the items in the FSR, etc.
 - (ii) Contract evaluation (that is report monitoring, compliance checklist, records review, etc.).

E. Method of Payment

- 1. The reimbursement to the Subrecipient for services rendered through this Agreement will consist of expenses incurred by the Subrecipient in the performance of this Contract. Said reimbursement will be further reduced by the Department's annual indirect cost allocation. Final reconciled reimbursement is not to exceed **\$119,690 per year** during the term of this Agreement. The Subrecipient may utilize funds received from local or private foundations, local contributors or donors, and other non- state/non-federal grant Agreements as the allowable source for Behavioral health services.

2. The amount of federal funds obligated by this action is \$119,690.00 per year. The Department has not committed any additional funds from this federal award to this Subrecipient.
3. The Department will issue monthly payments to the Subrecipient in the amount of 100% of the FSR submitted by the Subrecipient for each month.
4. The Subrecipient shall prepare and submit an FSR to the Department on a monthly basis for the full cost of Behavioral health services with allowable expenditures.
5. Submit invoices requesting reimbursement to:

Healthy Start Project Director
Porsha Black
pblack@geneseecountymi.gov

Exhibit C: Negotiated Cost Proposal
Exhibit D: Subrecipient Budget

F. Reporting Requirements

1. The Subrecipient shall provide the following records and reports to Department:

EXHIBIT H: Reporting Requirements

- a. Financial Reports
 - Monthly Report 15th of each month with FSR
 - Request for Amendment, as soon as possible when any budget change of more than \$500 is needed
 - Financial Status Report 15th of each month
 - Staff Change Notification within 10 business days of staff change
- b. Genesee County Healthy Start forms:
 - Consent to Participate
 - Authorization for Use/Disclosure of Information, submit with consent form
 - Healthy Start Progress Notes preferred weekly; no later than the 1st of the following month
 - Healthy Start Screenings and assessments
 - Discharge Forms
 - Personal Activity Form 15th of each month with FSR
 - Monthly Report form 15th of each month with FSR
- c. In addition to the reports required above, the Subrecipient shall prepare and submit to the Department reports containing such information as requested by the Department.

ARTICLE II GENERAL PROVISIONS

A. Responsibilities - The Subrecipient

1. Publication Rights

Any copyrighted materials (for example, brochure, film, book) issued by the Subrecipient and supported by this Agreement shall reserve HRSA and the Department a right to royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such materials, and authorize others to use and reproduce such materials. Copyrighted materials must be pre-approved by HRSA and the Department prior to reproduction and use.

2. Program Operation

Provide the necessary administrative, professional, technical staff and materials (e.g., equipment, supplies) for the provision of services under this Agreement.

3. Reporting

Utilize all report forms and reporting formats required by the Department at the effective date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for future use.

4. Record Maintenance/Retention

Maintain adequate program and fiscal records and files including source documentation to support program activities and all expenditures made under the terms of this Agreement, as required by the Department and law. Subrecipient will adhere to all terms of this Agreement; including maintaining detailed documentation for the Behavioral health services provided under this Agreement for a period of not less than six (6) years from the date of termination of this Agreement or until the date of submission of the final expenditure report or litigation or audit findings have been resolved, whichever is later. The subrecipient's record maintenance and retention must at all times comply with the requirements of 2 CFR § 200.332 and all other federal regulations related to this award.

5. Authorized Access

Permit, upon reasonable notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, files, and documentation related to this Agreement, to the extent authorized by applicable state or federal law, rule or regulation. Access to the Subrecipient's records, as required by this Agreement, shall be permitted to the Department and any auditors as necessary for the Department to meet the requirements of 2 CFR § 200.332.

6. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by the Subrecipient or its governing board, or any funding source matter which would require or result in significant modification in the provision of services under this Agreement.

7. Terms

Abide by the terms of this Agreement including any attachments.

8. Minimum Program Requirements

Where applicable, the Subrecipient will comply with Department's "Minimum Program Requirements" for scope, quality and administration of the delivery of required and allowable health services, promulgated in accordance with 1978 P.A. 368, as amended.

B. Responsibilities – the Department

1. Report Forms

Provide the Subrecipient with any report forms and reporting formats required by the Department at the effective date of this Agreement, and to provide the Subrecipient with any new report forms and reporting formats proposed for issuance thereafter at least thirty (30) days prior to required usage to afford the Subrecipient an opportunity for review and commentary.

2. Terms

Abide by the terms of this Agreement including any attachments.

3. Notification of Modifications

Notify the Subrecipient in writing of modifications to Federal or State laws, rules and regulations affecting this Agreement.

4. Modification of Funding

Notify the Subrecipient in writing within thirty (30) calendar days of becoming aware of the need for any modification of the funding commitments under this Agreement that are made necessary by action of the Federal Government, the Governor, the Legislature or the Department of Management and Budget on behalf of the Governor or the Legislature. Implementation of the modifications will be determined jointly by the Subrecipient and the Department.

5. Monitor Compliance

Monitor compliance with all applicable provisions contained in federal and state grant awards and their attendant rules, regulations, and requirements pertaining to this Agreement.

6. Technical Assistance

Make technical assistance available to the Subrecipient for the implementation of this Agreement, as resources allow.

ARTICLE III MISCELLANEOUS

A. Termination

This Agreement is in full force and effect for the period specified in the heading of this Agreement.

1. This Agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating the reasons for termination and the effective date.
2. This Agreement may be terminated immediately without further liability to the State or the Department if the Subrecipient, or an official of the Subrecipient, is convicted of any activity referenced in the Assurances related to debarment and suspension.
3. This Agreement may be terminated as provided in Section 3 AVAILABILITY OF FUNDS.

B. Final Reporting

Should either party terminate this Agreement, within thirty (30) days after the termination, the Subrecipient shall provide the Department with all reports required as a condition of this Agreement. The Department will make payments to the Subrecipient for allowable reimbursable costs not covered by previous payments. The Subrecipient shall immediately refund to the Department funds not authorized for use and any payments made to the Subrecipient in excess of allowable reimbursable expenditures. Any dispute arising as a result of this Agreement shall be resolved in the State of Michigan.

C. Availability of Funds

Each payment obligation of Department is conditioned upon the availability of appropriated or allocated funding for the payment of this obligation. If funds are not allocated by HRSA, this Agreement may be terminated by either party at the end of the period for which funds are available. The Department shall notify the Subrecipient at the earliest possible time of the services that will or may be affected by the shortage of funds. No penalty shall accrue to either party in the event this provision is exercised, and neither party shall be obligated or liable for any further payments due or for any damages as a result of termination under this section.

D. Severability

If any provision of this Agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this Agreement.

E. Amendments

Any modification of this Agreement or additional obligation assumed by either party in connection with this Agreement shall be binding only if evidenced in writing and signed by each party or an authorized representative of each party.

F. Indemnification and Hold Harmless

The Subrecipient agrees to indemnify, defend, and hold harmless the Department, Genesee County, its officials, officers, agents, and employees from any and all claims, damages, or liability, including defense costs, arising out of the Subrecipient's performance of the Services or presence on the Department's and Genesee County's property or worksite.

G. Insurance

The Subrecipient agrees to procure and maintain general liability, errors and omissions, and professional liability insurance, worker's compensation and employer's liability providing coverage for its actions of its officers, employees, agents and the Subrecipients, during the term of this Agreement. The Subrecipient

shall name Genesee County, all employees, elected and appointed officials and volunteers as additional insured and supply the correct endorsements for each policy. Coverage must be primary and non-contributory and provide a waiver of subrogation in favor of Genesee County. This insurance policy shall contain a clause requiring the insurer to notify the Department thirty (30) days before it cancels. The insurance policies shall carry policy limits of not less than \$1,000,000 per occurrence/\$2,000,000 aggregate. The Subrecipient agrees to furnish a binder or certificate of the insurance, with proper coverage endorsements upon the Subrecipient's execution of this Agreement.

Exhibit E: Subrecipient Insurance

H. Confidentiality

Both the Department and the Subrecipient shall assure that the health services to and information contained in medical records of persons served under this Agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be otherwise required by applicable law, or regulation. Such information may be disclosed in summary, statistical or other form which does not directly or indirectly identify particular individuals.

To the extent that the Department and the Subrecipient are HIPAA Covered Entities and/or Programs under 42 CFR Part 2, as amended, each agrees that it will comply with HIPAA's Privacy Rule, Security Rule, Transaction and Code Set Rule and Breach Notification Rule and 42 CFR Part 2 (as now existing and as may be later amended) with respect to all Protected Health Information and substance use disorder treatment information that it generates, receives, maintains, uses, discloses or transmits in the performance of its functions pursuant to this Agreement. To the extent that the Subrecipient determines that it is a HIPAA Business Associate and/or a Qualified Service Organization of the Department then the Department and the Subrecipient shall enter into a HIPAA Business Associate Agreement and a Qualified Service Organization Agreement that complies with applicable laws and is in a form acceptable to both the Department and the Subrecipient as attached hereto as Exhibit G.

The Department and the Subrecipient shall maintain the confidentiality, security and integrity of any individual's information that is used in connection with the performance of this Agreement to the extent and under the conditions specified in HIPAA, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 CFR Part 2.

I. Waiver

Any clause or condition of this Agreement found to be an impediment to the intended and effective operation of this Agreement may be waived in writing by the Department or the Subrecipient, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of this Agreement and may affect any or all program elements covered by this Agreement.

The failure of either party to insist on the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of such terms and conditions, shall not be construed as thereafter waiving such terms and conditions, which shall continue and remain in full force and effect as if no such forbearance or waiver has occurred.

J. Relationship of Parties

The parties agree that the Subrecipient is an independent contractor for the purposes of this Agreement. The Subrecipient shall not be considered an agent, employee, or partner of the Department for any purpose, and neither the Subrecipient nor its employees are entitled to any of the benefits that the Department provides for its employees. The Subrecipient shall not be subject to or covered by any of the Department's employee handbooks, collective bargaining agreements, or personnel policies.

1. The Department shall not be responsible for covering the Subrecipient under any worker's compensation insurance or unemployment compensation insurance plans. The Subrecipient represents and warrants that it: (a) is covered by a worker's compensation insurance policy procured and paid for by it; or (b) has a valid Notice of Exclusion on file with the Michigan Bureau of Workers' Disability Compensation; or (c) is a "sole proprietor" within the meaning of the Michigan Workers' Disability Compensation Act and has no employees. The Subrecipient shall notify the Department immediately if the status of said coverage, notice or sole proprietorship changes.
2. The Subrecipient shall have no authority or right to obligate the Department in any way whatsoever. The Subrecipient shall identify itself as an independent contractor and shall not hold itself out as an employee or agent of the Department.
3. Department does not agree to use the Subrecipient exclusively and remains free to enter into contracts for similar or other services with other individuals or entities during the course of this Agreement.

K. Conflict of Interest

The Department is subject to the provisions of Public Act No. 317 of 1968, as amended (MCL 15.321 et seq., MSA 4.1700 (51) et seq.); and Public Act No. 196 of 1973, as amended (MCL 15.341 et seq., MSA 4.1700(71) et seq.).

L. Contacts

The Federal Awarding Official is as follows:

U.S. Department of Health and Human Services HRSA
Mary Emanuele
MEmanuele@hrsa.gov

The Genesee County Health Department Authorizing Official is as follows:

Genesee County Board of Commissioners
James Avery, Chairperson
javery@geneseecountymi.gov

The Genesee County Health Department Project Director is as follows:

Porsha Black
Director of Community Health Promotion & Education
pblack@geneseecountymi.gov

M. Entire Agreement

This Agreement, together with any affixed schedules and exhibits, shall constitute the entire Agreement between the parties. Any prior understanding, representation or negotiation of any kind preceding the date of the Agreement shall not be binding upon either party except to the extent incorporated in this Agreement.

Exhibit G: Business Associate Agreement

N. Assignment of Rights

The rights and obligations of each party under this Agreement are personal to that party and may not be assigned or transferred to any other person, firm, corporation or other entity without the prior, express and written consent of the other party. In the event of a proper assignment, this Agreement will be binding upon and inure to the benefit of the parties' successors and assigns.

ARTICLE IV ASSURANCES

The Subrecipient assures the Department that:

A. Non-Discrimination

The Subrecipient agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs, and services provided or any manner directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, gender, sexual orientation, gender identity, gender expression, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services.

The Subrecipient further agrees that every subcontract entered into for the performance of any contract or purchase order contain a provision requiring non- discrimination in employment, service delivery and access, as herein specified binding upon each Subrecipient.

B. Business Subcontracts

The Subrecipient assures that efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and handicapped owned businesses in contract solicitations.

C. Debarment and Suspension

The Subrecipient assures that it will comply with federal regulations 45 C.F.R., Part 76 and certifies to the best of its knowledge and belief it:

1. Is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Has not within the three-year period preceding this Agreement been convicted of or had a civil judgement rendered against it for commission of a fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
3. Is not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in (b) above; and
4. Has not within the three-year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.

This Agreement may be terminated immediately without further liability to Department if the Subrecipient or an official or employee of the Subrecipient is convicted of any activity referenced in this Section during the term of this Agreement or any extension thereof.

Exhibit F: SAM.gov Entity Active Registration

D. Return of Disallowed Funds

In the event the Health Resource and Services Administration (HRSA) disallows any costs already

reimbursed by the Department to the Subrecipient, the Subrecipient will be solely liable for the return of those funds to HRSA.

E. Smoke-Free Environment/Clean Air Act

The Subrecipient also assures that any service or activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment.

Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Subrecipient. If activities or services are delivered in facilities or areas that are not under the control of the Subrecipient (e.g., a mall, restaurant, or private site), the activities or services shall be smoke-free.

F. Master Agreement

The Subrecipient will be subject to the Master Agreement (Comprehensive Planning, Budgeting and Contract Agreement) between the Health Resource and Services Administration (HRSA). In the event of a conflict between this Agreement and provisions of the Master Agreement, the provisions of the Master Agreement shall prevail. A copy of the Master Agreement shall be provided to the Subrecipient prior to the Subrecipient signing this Agreement.

G. Promotion of Funding Source

The Subrecipient agrees to include the following statement and the Genesee County Healthy Start logo in all printed materials, newsletter, program and registration materials, special events, center's website, advertisements, program presentations, surveys, etc. funded in whole or in part with Healthy Start grant funding: "This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$997,416 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

CERTIFICATION

The persons signing below certify that they are duly authorized to sign this Agreement.

IN WITNESS WHEREOF, the parties hereto have fully executed this Agreement on the day and year first above written.

GLOBAL CLINICAL, LLC

By _____

Zach Donisch
Director of Operations and Strategy

COUNTY OF GENESEE

By _____

James Avery, Chairperson
Board of Commissioners

Date _____

Date _____

EXHIBIT A

Healthy Start FY 2024 NOFO Guidance for Case Management / Care Coordination

Ensure HS Participants Have Access to Preventive Health Services, Behavioral Health Care, and Other Specialty Services ²⁵

²⁵ Examples

HS projects are expected to deliver prenatal care and other preventive health services and/or have partnerships and referral procedures for ensuring participants receive clinical and behavioral health services from other entities within the project area. If services are unavailable within the project area, HS recipients should have plans for transportation and other supports to ensure services are delivered. Prenatal and preventive health services should be operational within 90 days of award.

It is expected that all recipients provide clinical services to HS participants. ²⁶ Successful applicants will be expected to dedicate 10 percent of their award to support nurse practitioners, certified nurse midwives, physician assistants, behavioral health specialists, and other maternal-child advanced practice health professionals dedicated to HS projects. As part of the 10 percent, funds may also be used to support health educators by having clinical staff conduct trainings on associated topics, such as [Urgent Maternal Early Warning Signs](#).

HRSA understands the vital role doulas play in reducing disparities in infant mortality, maternal mortality, and other adverse perinatal outcomes. You are strongly encouraged to consider community-based doulas as members of HS participant care teams and to connect participants to doula services during pregnancy, birth, and for at least 3 months post-partum.²⁷

Exhibit B - Description of Services

Behavior Health Supportive Services

1A. Our clinicians are trained in providing mental health screenings and assessments and would utilize clinical mental health and behavior health assessments, along with a needs assessment and significant consumer input, to help evaluate the initial presentation of each consumer.

1B. As explained in depth in our project statement and shown in Exhibit A, Global Clinical clinicians are adept at providing timely and detailed documentation of treatment. We plan to address documentation accuracy and submission deadlines on a structural level, creating a documentation system known to any team member assisting with Genesee County consumers that will help organize and expedite the creation and filing of our documentation with Genesee County.

1C. Our clinicians will commit to regular home visits to support program participants that will evaluate needs and goals using the above-mentioned assessments. Subsequent home visits, paired appropriately with virtual meetings, will allow us to build relationships and rapport with program participants and track progress, provide timely and relevant resources, eventually producing positive outcomes for children and families.

2. Global Clinical staff will facilitate monthly mental health support groups for program participants and their families. Internally, our social work team can assist in developing topics and resources for families among our shared network of clinicians, and a portion of our monthly social work team meetings can be set aside to share resources that will benefit Genesee County consumers in a HIPAA compliant and deidentified manner.

3. Global Clinical staff will commit to attending all required team meetings and case conferences. We understand through our attendance at IEP meetings how important it is to not only show support for families and the treatment plan overall, but that the best and most cohesive treatment plan involves a multidisciplinary approach.

4. Global Clinical staff will assist in facilitating professional development for the program staff. Our social work team meets monthly, and often prepares professional development opportunities and updates that the team learns and benefits from. We are happy to lend some of our knowledge, as applicable, to the Genesee Healthy Start team in any way, as well as learn as much as we can from the group.

Deliverables

Please see Exhibit A for examples of deliverables mentioned. We are happy to adjust our standard templates to meet any additional reporting or formatting needs.

EXHIBIT C - Subrecipient Negotiated Cost, November 1, 2024 through October 31, 2025

COST PROPOSAL FORM

PROJECT: RFP #24-384

Vendors are required to complete this form that represents the cost to provide services as requested in this RFP from a period of award date to March 31, 2029:

Cost:

Year	Work Performed	Proposed Cost
Board approval through 03.31.2025	Social Work	\$ 58/hr
04.01.25 – 03.31.26	Social Work	\$ 58/hr
04.01.26 – 03.31.27	Social Work	\$ 61/hr
04.01.27 – 03.31.28	Social Work	\$ 63/hr
04.01.28 – 03.31.29	Social Work	\$ 65/hr

NAME OF PROPOSER: Global Clinical, LLC

SERVICE ADDRESS: 34505 W. 12 Mile Rd., Ste 210

CITY, STATE, ZIP: Farmington Hills, MI, 48331

CONTACT PHONE: 248-254-3445 x1004

CONTACT EMAIL: z.donisch@globalpsychological.com

The undersigned proposer, having received specifications, addenda, and examined all conditions affecting the work, hereby submits the following proposal:

EXHIBIT D - Subrecipient Budget November 1, 2024 through October 31, 2025

Genesee County Healthy Start
Financial Status Report
08/01/2022-03/31/2023

Agency Global Clinical, LLC

Report Month

Address 34505 W. 12 Mile Rd., Ste 2 City: Farmington Hills State: MI Zip: 48331

Date Prepared 9/30/2024

	Category	Month To Date	Year To Date	Total Budget
1	Salaries & Wages	0.00	\$0.00	\$72,000.00
2	Fringe Benefits	0.00	\$0.00	\$15,800.00
3	Travel (Local Mileage)	0.00	\$0.00	6,000.00
4	Equipment	0.00	\$0.00	2,500.00
5	Contractual (Sub-Contracts)	0.00	\$0.00	0.00
	Intakes	0.00	\$0.00	
	Home Visits	0.00	\$0.00	
	Assessments	0.00	\$0.00	0.00
	Case conference/Management	0.00	\$0.00	
6	Office Supplies	0.00	\$0.00	2,000.00
7	Patient Transportation	0.00	\$0.00	0.00
8	Other	0.00	\$0.00	2,000.00
	Training	0.00	\$0.00	2,000.00
			\$0.00	
			\$0.00	
			\$0.00	
9	TOTAL DIRECT		\$0.00	102,300.00
10	Facilities & Administration Costs	0.00	\$0.00	17,250.00
11	TOTAL	0.00	\$0.00	119,550.00
12	Less: Fees, Collections		\$0.00	750.00
	Less: In-Kind		\$0.00	
13	Total Expenditures for Month	\$0.00	\$0.00	
14	Total Expenditures YTD		\$0.00	
15	Funds Received YTD			
16	Balance Due			
17	Working Advance *			
18	TOTAL Amount Requested			

*Not to exceed two months Budgets (2/12 of yearly budget)

*****For County Use Only*****

Approval	Fund	Organization	Account

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is a true and correct statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period of time.

Signature

Title

EXHIBIT E - Subrecipient Insurance



GLOBCLI-01

JROBINSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER General Agency Company 525 E. Broadway Mount Pleasant, MI 48858		CONTACT NAME: Jennifer Robinson PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-1855 E-MAIL ADDRESS: jrobinson@ga-ins.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company	NAIC # 42374
INSURED Global Clinical LLC 34505 West 12 Mile Road, Ste 210 Farmington Hills, MI 48331		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		H24MSS2310600	9/30/2024	9/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		H24MSS2310600	9/30/2024	9/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional		H24MSS2310600	9/30/2024	9/30/2025	Each Claim 1,000,000
A	Liability		H24MSS2310600	9/30/2024	9/30/2025	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Sexual Abuse coverage with a limit of \$1,000,000 is provided by the General Liability policy #H24MSS2310600.

CERTIFICATE HOLDER

CANCELLATION

Genesee County Attn: Risk Management 1101 Beach St Flint, MI 48502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Jeff B. Reinhardt</i>
---	--

EXHIBIT F – SAM.gov Registration

Last updated by Zach Donisch on Sep 30, 2024 at 02:08 PM

GLOBAL CLINICAL LLC



GLOBAL CLINICAL LLC

Unique Entity ID X8LJB9JCKR78	CAGE / NCAGE 04V01	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Sep 30, 2025	
Physical Address 34505 W 12 Mile RD STE 210 Farmington Hills, Michigan 48331-3286 United States	Mailing Address 34505 W 12 Mile RD STE 210 Farmington Hills, Michigan 48331-3286 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Michigan 11	State / Country of Incorporation Michigan / United States	URL (blank)

Registration Dates

Activation Date Oct 2, 2024	Submission Date Sep 30, 2024	Initial Registration Date Sep 30, 2024
--------------------------------	---------------------------------	---

Entity Dates

Entity Start Date Mar 25, 2024	Fiscal Year End Close Date Dec 31
-----------------------------------	--------------------------------------

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
-----------------	--------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
-----------------	--------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Other	Entity Type Business or Organization	Organization Factors (blank)
Profit Structure For Profit Organization		

EXHIBIT F – SAM.gov Registration

Last updated by Zach Donisch on Sep 30, 2024 at 02:08 PM

GLOBAL CLINICAL LLC

Socio-Economic Types

Minority-Owned Business

Black American Owned

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
04V01

Points of Contact

Electronic Business

🔗
Zach Donisch

34505 W. 12 Mile RD., STE 210
Farmington Hills, Michigan 48331
United States

Government Business

🔗
Zach Donisch

34505 W. 12 Mile RD., STE 210
Farmington Hills, Michigan 48331
United States

Service Classifications

NAICS Codes

Primary
Yes

NAICS Codes
621330
621340
621420
621610

NAICS Title
Offices Of Mental Health Practitioners (Except Physicians)
Offices Of Physical, Occupational And Speech Therapists, And Audiologists
Outpatient Mental Health And Substance Abuse Centers
Home Health Care Services

Disaster Response

This entity does not appear in the disaster response registry.

EXHIBIT G – Business Associate Agreement

Recital of Defined Terms

"Business Associate" shall mean Global Clinical, LLC.

"Electronic PHI" shall have the same meaning found in the Security Rule, 45 C.F.R., 160.103.

"Privacy Rule" shall mean the standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

"Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of the Department.

"Required by law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.

"Security Rule" shall mean the Security Standards for the Protection of Electronic Health Information at 45 C.F.R., Part 160 and Part 164, Subparts, A and C.

Whereas, Business Associate has, is, and does perform various services for or on behalf of the Department that may or do in fact contain individually identifiable protected health information ("PHI") as defined by § 164.501 of the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 through 164.

Whereas, the Department, in order to meet its obligations to comply with the privacy and security regulations promulgated under Title II, Subtitle F, §§ 261-264 of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the administrative regulations issued by the Department of Health and Human Services ("DHHS") as found in 45 C.F.R. Parts 160 through 164 (hereafter the Privacy and Security Rules) seeks reasonable assurances from Business Associate that Business Associate will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information it receives or possesses from the Department.

Whereas, Business Associate, in order to meet the Department's HIPAA, Privacy and Security Rules requirements, agrees to and will provide such reasonable assurances and further asserts that it has or will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information that it receives or possesses from the Department.

Whereas, Business Associate further agrees to and will protect all protected health information against reasonably anticipated threats or hazards to the security or integrity of the information and unauthorized uses or disclosures of the information.

NOW, THEREFORE, the parties agree as follows:

1. BUSINESS ASSOCIATE does hereby assure the Department that BUSINESS ASSOCIATE will appropriately safeguard protected health information made available to or obtained by BUSINESS ASSOCIATE.
2. BUSINESS ASSOCIATE shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Department as required by the Security Rule.
3. In implementation of such assurance and without limiting the obligations of BUSINESS ASSOCIATE otherwise set forth in this Agreement or imposed by applicable law, BUSINESS

ASSOCIATE hereby agrees to comply with applicable requirements of law relating to protected health information and with respect to any task or other activity that BUSINESS ASSOCIATE performs on behalf of the Department to the extent the Department would be required to comply with such requirements.

4. The agreement of BUSINESS ASSOCIATE set forth in items 1 and 2 above, and the additional provisions relating to permitted and required uses and disclosures thereof that shall be from time to time provided to BUSINESS ASSOCIATE by the Department in accordance with applicable law constitute a contract between the Department and BUSINESS ASSOCIATE establishing the permitted and required uses and disclosures of such protected health information by BUSINESS ASSOCIATE.
5. In amplification and not in limitation of the provisions of this Agreement, including this Section of this Agreement, BUSINESS ASSOCIATE agrees that it will--
 - a. Not use or further disclose such information other than as permitted or required by this Agreement.
 - b. Not, except as necessary for the proper management and administration of the BUSINESS ASSOCIATE and for the performance of BUSINESS ASSOCIATE's duties under this Agreement use, reproduce, disclose, or provide to third parties any confidential documents or information relating to the Department or patients of the Department without the prior written consent or authorization of the Department or of the Department's patients. If BUSINESS ASSOCIATE uses such information for the purposes set forth above, it will do so only if the disclosure is required by law or if BUSINESS ASSOCIATE obtains reasonable assurances from the person(s) to whom the information is disclosed that the information disclosed will be held confidential and will be used or further disclosed only as required by law or for the purpose for which BUSINESS ASSOCIATE disclosed it to the person(s). BUSINESS ASSOCIATE shall also ensure that the person(s) to whom BUSINESS ASSOCIATE so discloses information notifies the Department of any instances of breach of confidentiality of which such person is aware.
6. BUSINESS ASSOCIATE shall ensure that its personnel, employees, affiliates, and agents maintain the confidentiality of patient health information and business information of the Department. BUSINESS ASSOCIATE shall secure confidentiality agreements from its personnel on forms approved by the Department and shall provide such agreements to the Department upon request.
7. BUSINESS ASSOCIATE shall not use or further disclose the information in a manner that would violate the requirements of applicable law if done by the Department.
 - a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Health Department as specified in the Sexually Transmitted Disease work plan, provided that such use or disclosure would not violate the Privacy Rule if done by the Health Department or the minimum necessary policies and procedures of the Health Department.
8. BUSINESS ASSOCIATE shall use appropriate safeguards to prevent use or disclosure of such information other than as provided for by this Agreement.
9. BUSINESS ASSOCIATE shall report to the Department any use or disclosure of such information not provided for by this Agreement of which BUSINESS ASSOCIATE becomes aware.
10. BUSINESS ASSOCIATE shall report to the Department any security incident of which it becomes aware.
11. BUSINESS ASSOCIATE shall ensure that any subcontractors or agents to whom BUSINESS ASSOCIATE provides protected health information received from the Department agree to the same restrictions and conditions that apply to BUSINESS ASSOCIATE with respect to such information. BUSINESS ASSOCIATE shall provide copies of such agreements to the Department upon request.

12. BUSINESS ASSOCIATE shall make available protected health information in accordance with applicable law.
13. BUSINESS ASSOCIATE shall provide individuals who are the subject of protected health information received from the Department their rights as made applicable to business associates of covered entities.
14. BUSINESS ASSOCIATE shall maintain standard records pursuant to this agreement and to provide such records and other necessary information to the Department as may be requested or required in writing and as permitted by law. BUSINESS ASSOCIATE agrees that all records kept in connection with this Agreement are subject to review and audit by the Department upon reasonable notice and written request by the Department.
15. Make BUSINESS ASSOCIATE's internal practices, books, and records relating to the use and disclosure of protected health information received from the Department available to the Secretary of DHHS for purposes of determining the Department's compliance with applicable law (in all events, BUSINESS ASSOCIATE shall immediately notify the Department upon receipt by BUSINESS ASSOCIATE of any such request and shall provide the Department copies of any such materials).
16. Upon termination of this Agreement by either party for any reason, BUSINESS ASSOCIATE shall return or destroy all protected health information received from the Department that BUSINESS ASSOCIATE still maintains in any form and all copies thereof, shall retain no copies of such information, and shall remain obligated not to use, disclose, or provide such information to third parties unless and until otherwise required to do so by law.
17. BUSINESS ASSOCIATE shall incorporate any amendments or corrections to protected health information when notified pursuant to applicable law.
18. BUSINESS ASSOCIATE agrees to indemnify, defend, and hold harmless the Department, its Board of Directors, officers, agents, employees, and personnel ("Indemnified Party") from and against any and all claims, demands, suits, losses, causes of action, or liability that the Indemnified Party may sustain as a result of the BUSINESS ASSOCIATE's breach of its duties or the indemnifying party's errors or omissions within the terms of this Agreement or vicarious liability of the Department for any act or conduct of the BUSINESS ASSOCIATE adjudged to constitute fraud, misrepresentation, or violation of any law, including violation of any statute or regulation applicable to the conduct of the BUSINESS ASSOCIATE provided pursuant to this Agreement. This indemnification shall include reasonable expenses, including attorney's fees incurred by defending such claims and damages incurred by reason of the indemnifying party's failure to comply with applicable laws, ordinances, and regulations or for damages caused by the indemnifying party.
19. Without limiting the rights and remedies of the Department elsewhere set forth in this Agreement or available under applicable law, the Department may terminate this Agreement without penalty or recourse to the Department if the Department determines that BUSINESS ASSOCIATE has violated a material term of the provisions of this Agreement.
20. BUSINESS ASSOCIATE agrees that this Agreement may be amended from time to time by the Department if and to the extent required by the provisions of 42 U.S.C. 1171 *et seq.* enacted by the HIPAA and regulations promulgated there under in order to assure that this Agreement is consistent therewith.
21. In the event of an inconsistency between the provisions of this agreement and the mandatory provisions of HIPAA and the Privacy and Security Rules, as amended, HIPAA and the Privacy and Security Rules shall control. Where provisions of this agreement are different than those mandated in the HIPAA and the Privacy and Security Rules, but are none the less permitted by HIPAA and the Privacy and Security Rules, the provisions of this agreement shall control.

EXHIBIT H - Reporting Requirements

	Name of Report/Form	Due Date
H.1	Request for Amendment	As soon as possible when any budget change of more than \$500 is needed
H.2	Financial Status Report	15 th of each month
H.3	Staff Change Notification	Within 10 business days of staff change
H.4	Personal Activity Form (PAR)	15 th of each month with FSR
H. 5	Monthly Report	15 th of each month with FSR
H. 6	(Behavioral Health Service Forms)	
	Consent to Participate	Submit with Enrollment form
	Authorization for Use/Disclosure of Information	Submit with Enrollment form
	Client Service Log Client Progress Log Client Progress Report Individualized Service Plan Client Agreement Form	Preferred weekly; no later than the 1 st of the following month
H.7	Signature Certification Form	Upon signature of contract and as need due to organizational changes

Attachment H.1

REQUEST FOR AMENDMENT

Genesee County Health Department
Healthy Start Initiative

Name of Agency: Global Clinical, LLC

Amending Budget:

Date Requested:

Requested by:

Purpose of Amendment:

Expenditures	Current Budget	Proposed Budget	Increase/Decrease
Salaries & Wages			
Fringe Benefits			
Travel			
Supplies/Materials			
Contractual (sub-contracts)			
Equipment			
Other Expenses			
Indirect Costs			
Other Cost Distribution			
TOTAL EXPENDITURES			
Source of Funds			
Fees & Collections			
Local			
Federal			
Other			
State Agreement			
TOTAL FUNDING			

Office Use Only

Authorized By

Date

Attachment H.2

Genesee County Healthy Start Financial Status Report 04/01/2019-03/31/2020

Agency Global Clinical, LLC					Report Month
Address 5445 Ali Drive		City Grand Blanc	State MI	Zip Code 48439	Date Prepared

	Category	Month To Date	Year To Date	Total Budget	Remaining Balance
1	Salaries & Wages				
2	Fringe Benefits				
3	Travel /Local Mileage)				
4	Equipment				
5	Contractual (Sub-Contracts)				
	Intakes				
	Home Visits				
	Case Management				
6	Office Supplies				
7	Patient Transportation Costs				
8	Other - Training				
9	TOTAL DIRECT				
10	Facilities and Administration Costs				
11	TOTAL				
12	Less: Fees, Collections				
	Less: In-Kind				
13	Total Expenditures for Month				
14	Total Expenditures YTD				
15	Funds Received YTD				
16	Balance Due				
17	Working Advance*				
18	TOTAL Amount Requested				

***Not to exceed two months Budgets (2/12 of yearly budget)**

*******For County Use Only*******

Approval	Fund	Organization	Account	Amount

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is a true and correct statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Signature

Title

Date

Attachment H.3

**Genesee County Health Department
Staff Change Notification**

Agency Name: Global Clinical, LLC

Date Submitted: _ _ _ _ _

Fiscal Year: _ _ _ _ _

Staff Changes			
Name of Staff	Position	Type of Change¹	Plan to Meet Staffing Requirements (as stated in contract)

¹Indicate the type of change (i.e. Layoff, Termination, Resignation, New Position Vacancy etc.)

Attachment H.4
PERSONAL ACTIVITY REPORT: HEALTHY START INITIATIVE

Name: _____

Agency _____

Pay period ending: _____ From: _____ To: _____

Hours Worked						
Date	Week One	Program Contract	Program Contract	Program Contract	Other*	Total* * Hours
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
Week One Total						

Hours Worked						
Date	Week Two	Program Contract	Program Contract	Program	Other*	Total* * Hours
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
Week Two Total						

*Hours paid but not worked. Examples: Vacation, personal, holiday, funeral leave, etc.

By signing this record, I hereby acknowledge and agree with the information contained therein as it relates to me, including but not limited to the number of hours worked.

Employee Signature

Supervisor Signature

Attachment H.5

Genesee County Healthy Start Monthly Report

AGENCY: Global Clinical, LLC **MONTH:** _____

DATE SUBMITTED: _____ **REPORTED BY:** _____

Activity/Service		Completed Activities/Services	
		This Month	Year-to-Date
1.	Provide Behavioral Health Services to Healthy Start clients: <ul style="list-style-type: none"> o Client Progress Notes o Activity Log *See Reporting Requirements (Exhibit H)	_____ Clients	_____ Clients
2.	Perform screenings and assessment on Healthy Start clients: *See Reporting Requirements (Exhibit H)	_____ Assessments/ Screenings	_____ Assessments/ Screenings
3.	Facilitate Behavioral/Mental Health Support groups for Healthy Start clients: <ul style="list-style-type: none"> o Signed consent form o Signed HIPAA Authorization form o Attendance Sheet o List of Topic(s) discussed *See Reporting Requirements (Exhibit H)	_____ Clients	_____ Clients
4.	Facilitate training/professional development activities for the Healthy Start staff: <ul style="list-style-type: none"> o Training agenda 	_____ Trainings	_____ Trainings
5.	Participate in Healthy Start Team meetings and activities <ul style="list-style-type: none"> o Attend at least 75% scheduled All Healthy Start Team meetings 	_____ Meetings	_____ Meetings

Employee Signature

Supervisor Signature

Attachment H.6



INDIVIDUAL STUDENT SERVICE LOG

Provider/Role:

School:

STUDENT:	GRADE:	DOB:		
REFERRAL DATE:	PLAN DATE:	DURATION:	REVIEW DATE:	
FREQUENCY OF SERVICE TIME:				

ANNUAL GOAL(S) & OBJECTIVE(S)	
1	GOAL: State goal here
2	GOAL: State goal here
3	GOAL: State goal here

Type of Service Key

G- Group **IND-** Individual **PI-** Classroom Intervention / Push In **S-** Suspension
SA- Student Absent **RS-** Refused Service **OTOS-** Other



Global
Psychological

Progress Towards GOAL (PTG) Key

N- None (0%) L- Limited (<40%) M-Moderate (41-60%) C- Considerable (61%-80%) A- Achieved (81%-100%)

[illegible]



School Social Work-General Education Individualized Service Plan

Name:

Plan Date:

DOB:

Grade:

School:

Evaluator:

Present Level of Academic Achievement and Functional Performance (PLAAFP):

Goal #1:
Objective/Benchmark:
Objective/Benchmark:
Objective/Benchmark:

Criteria:	Evaluation Criteria:	Date of Review:
-----------	----------------------	-----------------

Goal #2:
Objective/Benchmark:
Objective/Benchmark:
Objective/Benchmark:

Criteria:	Evaluation Criteria:	Date of Review:

Service Schedule:	
Service Modalities:	



General Education Progress Report

Name of Student:		Date:
Name of Provider:		
Progress Codes:	Progress Toward Objectives 1 = None 2 = Limited 3 = Moderate 4 = Considerable 5 = Achieved NA = Not addressed this period (Example 3/Y in 1 st Quarter Box)	
Status of Objectives:	Y = Expected by ISP expiration date N = Not expected by ISP expiration date NA = Not addressed this period	
Area of Service provided:	<input type="checkbox"/> Social Worker	

Measurable Goals (Short-term Objectives)

Measurable Goals (Short-term Objectives)	Mid-Plan	Final

Additional Comments:	
-----------------------------	--

Provider Signature: _____ Date: _____



We agree to.....

Student

Date

Parent

Date

School Social Worker

Date

Attachment H.7

SIGNATURE CERTIFICATION

Healthy Start Partner Agency Global Clinical, LLC

The purpose of this form is to authorize persons who may sign legal documents related to Healthy Start. This form must be completed each fiscal year, or when necessary to revise during a fiscal year. Signatures may be added or deleted on a new form without duplicating all of the original signatures if it is clearly stated that the form is an addendum to the original.

Please list the persons authorized to sign along with their signature and documents for which each has authority to commit your agency. Only authorized signatures will be accepted on documents indicated on the form. A signature written, then initialed by another, is not acceptable. Examples of documents which require an authorized signature include, but are not limited to: contracts, amendments, financial status reports, quarterly reports, etc.

NAME/POSITION (Print)	SIGNATURE	DOCUMENTS

If necessary, attach an additional sheet in the same format.