

THIS AMENDMENT, entered into between the State of Florida, Department of Children and Families, hereinafter referred to as the “**Department**” and **Southeast Florida Behavioral Health Network, Inc.**, hereinafter referred to as the “**Provider**,” amends **Contract # IH611**.

Amendment #0001 revised the method of payment and added an additional \$798,121.00.

Amendment #0002 added an additional \$458,274.00 due to realignment of the Central Region Budget.

Amendment #0003 added an additional \$691,807.00 due to the realignment of the Southeast Region Budget.

Amendment #0004 changed the Method of Payment Section C. 8 pages 59-61 of Attachment 1 and added \$689,867.00 to the Fiscal Year contracted amount.

Amendment #0005 added a special provision incorporating those provisions required by 45 CFR s.164.504(e) and added the five (5) page HIPPA Attachment changing the number of pages in the contract to 114.

Amendment # 0006 added \$1,272,924.00 to the current fiscal year of the IH611 contract, amended the Standard Contract, amended page 59, Section C., Method of Payment, 1. Payment Clauses, and Page 63, Section C. Method of Payment, 8. Advance Payment.

Amendment #0007 added language to the contract to comply with the National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), sections 97.021 and .058 F.S., and ch.2.048, F.A.C.

Amendment #0008 added \$97,090.00 to FY 2013-2014 for Children’s Mental Health from the Federal Grants Trust Funds due to a technical adjustment.

Amendment #0009 updated the contract manager information, incorporated the Standard Contract dated 05/2014, and incorporated Attachment I, with Exhibits A-F dated May 16, 2014.

Amendment #0010 added \$273,689.00 to the current fiscal year of the IH611 contract; amended Attachment I, Section C, Performance Measures and Method of Payment; and amended Exhibit E, Schedule of funds, dated November 4, 2014.

Amendment #0011 updated the language to Attachment I, Section C., Method of Payment and Exhibit F, Region-Specific Provisions.

The purpose of Amendment # **0012** is to revise contact information in the **Standard Contract, Section 6., Official Payee and Party Representatives**; reduce the current contract amount for FY 14-15 by \$107,975.00; revise language in **Attachment I, Section C., Method of Payment, Table 1: Contract Funding, Managing Entity Operational Cost** to read Maximum System of Care Administrative Cost; and amend **Exhibit E, Schedule of Funds**, dated April 8, 2015.

1. **Page 1, Standard Contract, Section 3., dated 05/2014, Payment for Services** is

hereby amended to read:

3. Payment for Services. The Department shall pay for contracted services according to the terms and conditions of this contract in an amount not to exceed **\$189,291,067.00** or the rate schedule, subject to the availability of funds and satisfactory performance of all terms by the Provider. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this Contract.

2. Page 1, Standard Contract, Section 6., dated 05/2014, Official Payee and Party Representatives is hereby amended to read:

a. The name, mailing address and e-mail address of the Provider's official payee to whom the payment shall be made are:
 Name: Southeast Florida Behavioral Health Network, Inc.
 Address: 140 Intracoastal Pointe
 Suite 211
 City: Jupiter State: FL Zip Code: 33477
 Phone: 561-203-2485
 ext:
 e-mail:

c. The name, address, telephone number and e-mail address of the Contract Manager for the Department for this Contract is:
 Name: Debbye Schindler, MA
 Address: 111 South Sapodilla Avenue
 Room 317-O
 City: West Palm Beach State: FL Zip Code: 33401
 Phone: 561-227-6838
 ext:
 e-mail: Debora.Schindler@myflfamilies.com

b. The name of the contact person and address, telephone, and e-mail address where the Provider's financial and administrative records are maintained are::
 Name: Terri Mills
 Address: 140 Intracoastal Pointe
 Suite 211
 City: Jupiter State: FL Zip Code: 33477
 Phone: 561-203-2485
 ext:
 e-mail: Terri_Mills@sefbhn.org

d. The name, address, telephone number and e-mail of the Provider's representative responsible for administration of the program under this Contract (and primary point of contact) are:
 Name: Ann Berner
 Address: 140 Intracoastal Pointe
 Suite 211
 City: Jupiter State: FL Zip Code: 33477
 Phone: 561-203-2485
 ext:
 e-mail: Ann_Berner@sefbhn.org

3. Page 28, Section C., Method of Payment, 1.c. and Table 1: Contract Funding, are hereby amended to read:

C. Method of Payment

1. Payment Clause

c. The contract total dollar amount shall not exceed **\$189,291,067.00**, subject to the availability of funds, as outlined below:

Table 1: Contract Funding

| State Fiscal Year | Maximum System of Care Administrative Cost | Direct Services Cost | Total Value of Contract |
|-------------------|--|----------------------|-------------------------|
| 2012-2013 | \$ 9,034,641 | \$ 29,574,934 | \$ 38,609,575 |

| | | | |
|------------------|----------------------|-----------------------|-----------------------|
| 2013-2014 | \$ 9,706,825 | \$ 41,381,729 | \$ 51,088,554 |
| 2014-2015 | \$ 7,550,111 | \$ 43,464,154 | \$ 51,014,265 |
| 2015-2016 | \$ 6,898,171 | \$ 41,680,502 | \$ 48,578,673 |
| Total | \$ 33,189,749 | \$ 156,101,318 | \$ 189,291,067 |

4. **Page 51, Exhibit E, Schedule of Funds, dated November 4, 2014**, is hereby deleted and revised **Page 51, Exhibit E, Schedule of Funds, dated April 8, 2015** is inserted in lieu thereof, and attached hereto.

This amendment shall begin on **June 01, 2015** or the date on which the amendment has been signed by both parties, whichever is later.

All provisions of the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions of the contract not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

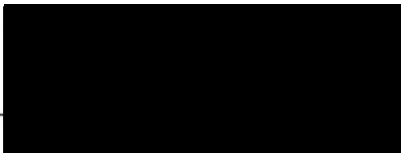
This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this **4** page amendment to be executed by their officials' thereunto duly authorized.

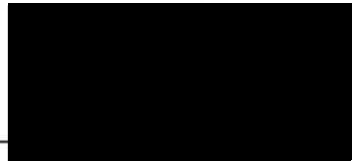
PROVIDER: Southeast Florida Behavioral Health Network, Inc.

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED BY: _____



SIGNED BY: _____



NAME: Ann Berner

NAME: Dennis Miles

TITLE: Chief Executive Officer

TITLE: Regional Managing Director

DATE: _____

4/24/15

DATE: _____

5/7/15

FEDERAL ID NUMBER: 271871869

| ME Schedule of Funds | | | | |
|---|--------------------------------|-------------------|-------------------|-------------------|
| Southeast Florida Behavioral Health Network, Inc. - Contract# IH611 | | | | |
| FY 2014-15 Use Designation - As of 4/8/2015 | | | | |
| Other Cost Accumulators Title | Other Cost Accumulators | Federal | State | Total |
| Mental Health - Adult | | | | |
| ME Services & Supports Provider Activity - Adult Mental Health | MHA00 | 1,210,328 | 20,001,950 | 21,212,278 |
| Evidence Based Prevention and Treatment Approaches | MHA26 | - | - | |
| Community Forensic Beds | MHA72 | - | 154,800 | 154,800 |
| Florida Assertive Community Treatment (FACT) | MHA73 | 1,253,211 | 2,509,851 | 3,763,062 |
| Indigent Psychiatric Medication Program | MHA76 | - | 259,382 | 259,382 |
| Baycare Behavioral Health- Vets | MHA86 | - | - | |
| Guidance Care Center- Key West | MHA88 | - | - | |
| Clay Behavioral Health Center | MHA89 | - | - | |
| Northside Mental Health Center | MHA90 | - | - | |
| Palm Beach Mental Health/ Substance Abuse Treatment | MHA92 | - | 200,000 | 200,000 |
| Camillus House Mental Health/ Substance Abuse Treatment- Homeless | MHA93 | - | - | |
| Citrus Health Network | MHA94 | - | - | |
| Grants PATH | MHAPG | 346,830 | - | 346,830 |
| Temporary Assistance for Needy Families (TANF) | MHATB | 813,437 | - | 813,437 |
| Subtotal Mental Health - Adult | | 3,623,806 | 23,125,983 | 26,749,789 |
| Mental Health - Children | | | | |
| ME Services & Supports Provider Activity - Children's Mental Health | MHC00 | 695,072 | 3,718,984 | 4,414,056 |
| Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth | MHC71 | - | 310,617 | 310,617 |
| Baycare Behavioral Health- Children | MHC87 | - | - | |
| Title XXI Children's Health Insurance Program (Behavioral Health Network) | MHCBN | 862,493 | 345,507 | 1,208,000 |
| Grant Miami-Dade Wraparound FACES | MHCFA | - | - | |
| Grants Miami-Dade County Wraparound | MHCMD | - | - | |
| Grants Project Launch | MHCPL | - | - | |
| Subtotal Mental Health - Children | | 1,557,565 | 4,375,108 | 5,932,673 |
| Substance Abuse - Adult | | | | |
| ME Services & Supports Provider Activity - Adult Substance Abuse | MSA00 | 5,381,397 | 3,934,322 | 9,315,719 |
| HIV Services | MSA23 | 420,011 | - | 420,011 |
| Prevention Services | MSA25 | 420,908 | - | 420,908 |
| Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families | MSA81 | - | 994,374 | 994,374 |
| Strengthen Our Communities | MSA85 | - | - | |
| Family Intensive Treatment (FIT) | MSA91 | - | - | |
| Temporary Assistance for Needy Families (TANF) | MSATB | 539,761 | - | 539,761 |
| Subtotal Substance Abuse - Adult | | 6,762,077 | 4,928,696 | 11,690,773 |
| Substance Abuse - Children | | | | |
| ME Services & Supports Provider Activity - Children's Substance Abuse | MSC00 | 800,737 | 3,827,355 | 4,628,092 |
| HIV Services | MSC23 | 48,807 | - | 48,807 |
| Prevention Services | MSC25 | 1,454,363 | - | 1,454,363 |
| Drug Abuse Comprehensive Coordinating Treatment (DACCO) | MSC95 | - | - | |
| Prevention Partnership Grant (PPG) | MSCPP | 450,000 | - | 450,000 |
| Temporary Assistance for Needy Families (TANF) | MSCTB | 59,768 | - | 59,768 |
| Subtotal Substance Abuse - Children | | 2,813,675 | 3,827,355 | 6,641,030 |
| Total All Fund Sources | | 14,757,123 | 36,257,142 | 51,014,265 |
| Children's Mental Health SED Requirement | | | | |
| Children's Mental Health SED Target (Expenditures in MHC01, MHC09, & MHC18 are eligible cost to meet this requirement) | | 3,216,492 | | |

*Children's Mental Health spending thresholds based on the actual SAMH expenditures from FFY 1994, which is no less than \$39,659,772