

**SECOND AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND
HENDERSON BEHAVIORAL HEALTH, INC. FOR MOBILE CRISIS RESPONSE TEAMS**

Agreement #: 25-CP-HCS-0375-01

This Second Amendment ("Amendment") is entered into between Broward County, a political subdivision of the State of Florida ("County"), and Henderson Behavioral Health, Inc., an active Florida nonprofit corporation ("Provider"), each a "Party" and collectively referred to as the "Parties."

RECITALS

A. The Parties entered into the original Funding Agreement on February 12, 2025, for Mobile Crisis Response Teams (the "Original Agreement").

B. The Original Agreement was amended by a First Amendment, executed on February 27, 2025, to update Exhibit A, Agreement Specifications. The Original Agreement, as amended by the First Amendment, is referred to as the "Agreement."

C. The Parties now desire to further amend the Agreement to (i) revise and replace Section 11.1; (ii) revise and replace Exhibit C, Scope of Services; and (iii) revise and replace Exhibit D, Required Reports and Submissions Dates.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. The above Recitals are true and correct and are incorporated herein by reference. All capitalized terms not expressly defined within this Amendment will retain the meaning ascribed to such terms in the Agreement.

2. Except as modified herein, all remaining terms and conditions of the Agreement remain in full force and effect.

3. Section 11.1 is hereby revised and replaced in its entirety as follows:

No Party may discriminate on the basis of race, color, sex, religion, national origin, disability, age, marital status, political affiliation, pregnancy, or any other basis prohibited by Applicable Law in the performance of the Funding Agreement. Provider must include the foregoing or similar language in its contracts with all Subcontractors, except that any project assisted by U.S. Department of Transportation funds must comply with the nondiscrimination requirements in 49 C.F.R. Parts 23 and 26.

4. Exhibit C, Scope of Services, of the Agreement is revised and replaced in its entirety with the attached Exhibit C, Scope of Services (Revision #1).

5. Exhibit D, Required Reports and Submission Dates, of the Agreement is revised and replaced in its entirety with the attached Exhibit D, Required Reports and Submission Dates (Revision #1).

6. In the event of any conflict or ambiguity between this Amendment and the Agreement, the Parties agree that this Amendment will control. The Agreement, as amended herein by this Amendment, incorporates and includes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein, and the Parties agree that there are no commitments, agreements, or understandings concerning the subject matter hereof that are not contained in the Agreement as amended in this Amendment. Accordingly, the Parties agree that no deviation from the terms hereof will be predicated upon any prior representations or agreements, whether oral or written.

7. Preparation of this Amendment has been a joint effort of the Parties, and the resulting document will not, solely as a matter of judicial construction, be construed more severely against one of the Parties than any other.

8. Provider acknowledges that through the date this Amendment is executed by Provider, Provider has no claims or disputes against County with respect to any of the matters covered by the Agreement.

9. This Amendment is effective October 1, 2025.

10. This Amendment may be executed in multiple originals or in counterparts, whether signed physically or electronically; each of which will be deemed to be an original, and all of which, taken together, will constitute one and the same agreement.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the Parties hereto have made and executed this Amendment: Broward County, through its Board of County Commissioners, signing by and through its Mayor or Vice-Mayor, authorized to execute same by Board action on the 13th day of November 2025; and Provider, signing by and through its duly authorized representative.

COUNTY

ATTEST:

BROWARD COUNTY, by and through
its Board of County Commissioners

By: _____
Mayor

By: _____
Broward County Administrator, as
ex officio Clerk of the Broward County
Board of County Commissioners

_____ day of _____, 2025

Approved as to form by
Andrew J. Meyers
Broward County Attorney
115 South Andrews Avenue, Suite 423
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600

Ronald Honick Digitally signed by Ronald Honick
Date: 2025.10.24 10:12:47 -04'00'
By: _____
Ronald J. Honick, III (Date)
Assistant County Attorney

KAREN GORDON Digitally signed by KAREN
GORDON
Date: 2025.10.24 11:45:25 -04'00'
By: _____
Karen S. Gordon (Date)
Senior Assistant County Attorney

RJH/bh
HBH-25-CP-HCS-0375-01-Am02
10/23/2025
#60070

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HENDERSON BEHAVIORAL HEALTH, INC.,
FOR MOBILE CRISIS RESPONSE TEAMS**
Agreement #: 25-CP-HCS-0375-01

PROVIDER

Henderson Behavioral Health, Inc.

By: 

Authorized Representative

CEO

Print/Type Name and Title

10/24/2025 | 9:15:04 AM EDT

____ day of _____, 2025

Exhibit C
Scope of Services (Revision #1)

Funding Agreement #: 25-CP-HCS-0375-01
Provider: Henderson Behavioral Health, Inc.
Program: Mobile Crisis Response Teams
Program #: 1

I. Scope of Services:

- A. Program Description: As described in Chapter III, Section E, Advertised Service: Mobile Crisis Response Teams, of the Fiscal Year 2025 General Funds Request for Proposals Information Package and Application (RFP).
- B. Population of Focus: An individual who meets the eligibility criteria listed below (“Client”):
 - 1. Eligibility Criteria: To be eligible to receive Services, an individual must meet the following criteria:
 - a. Be eighteen (18) years of age or older; and
 - b. Be located in Broward County, west of University Drive, during any of the following situations:
 - i. Experiencing a mental or behavioral health crisis;
 - ii. Experiencing acute emotional distress;
 - iii. Perceiving themselves as being in a life-threatening situation;
 - iv. Being a danger to oneself or others; or
 - v. Being unable to cope with a mental or behavioral health situation that requires immediate action.
 - 2. Documentation of Eligibility: Provider must screen all prospective Clients for the following:
 - a. Verification of location in Broward County, west of University Drive;
 - b. Age; and
 - c. Completed assessment from an individual employed by Provider and who is either (i) licensed by the State of Florida to conduct mental and behavioral health assessments, diagnose and treat mental disorders, and prescribe a range of therapeutic interventions (“Licensed Practitioner”); or (ii) qualified to conduct behavioral health or crisis assessments under Florida law (“Credentialed Professional”).
- C. A minimum of 228 unduplicated Clients must be provided Services under this Funding Agreement annually.

D. Standards and Other Requirements:

1. Standards:

- a. Provider must utilize a multidisciplinary team comprised of:
 - i. At least one Licensed Practitioner or Credentialed Professional;
 - ii. At least one care navigator who is responsible for helping Clients manage healthcare needs by coordinating Client referrals with community providers, assisting with healthcare system navigation, and facilitating access to necessary services and resources; and
 - iii. At least one individual who has experienced a mental health crisis or behavioral health disorder, was trained by Provider in peer support and crisis intervention skills, and uses personal stories to support Clients (Peer).
- b. In addition to the Licensed Practitioner or Credentialed Professional, Provider must employ a Florida-licensed on-call psychiatrist or psychiatric nurse practitioner to address each Client's needs based on the Licensed Practitioner or Credentialed Professional's crisis assessment.
- c. Provider must ensure that a member of its multidisciplinary team immediately triages incoming communications, including crisis calls, electronic messages, and chats (each a "Contact") based on level of urgency and prioritizes responding to Contacts that meet the clinical threshold required for an in-person response ("Clinical Threshold"). Provider must ensure its staff consider the following factors in determining whether a Contact meets the Clinical Threshold:
 - i. aggressive behaviors;
 - ii. suicide attempt or ideation;
 - iii. drug and/or alcohol overdose or abuse;
 - iv. disruptive symptoms related to thought, mood, and anxiety disorders, such as panic, hopelessness, anger, or depression; and
 - v. escalating emotional or behavioral reactions and symptoms that impact the individual's ability to function within their family, living situation, or community environment.
- d. Provider must dispatch a staff person or team to complete an in-person response to Contacts meeting the Clinical Threshold ("Response"). Unless otherwise requested by the individual initiating the Contact, Provider's Response must occur within sixty (60) minutes after triaging the Contact.
- e. If requested by the individual initiating Contact, Provider may defer the Response for no more than twenty-four (24) hours after the Contact.

- f. Each Response must include at least one Licensed Practitioner or Credentialed Professional who performs a brief behavioral health and/or crisis assessment ("Assessment").
 - g. Provider must ensure each Assessment is conducted in person and includes the presenting issues, other symptoms and stressors, psychiatric treatment history, substance use history, trauma history, risk of future crises, social and behavioral functioning, strengths, and service needs.
 - h. Provider may utilize telehealth to supplement the Response when Provider's Licensed Practitioner is not present among the team members performing the Response.
 - i. During the Response, Provider must identify appropriate treatment services that are responsive to each Client's needs through screening for admission into a mental health receiving facility, an addiction receiving facility, and/or a detoxification facility.
 - j. Provider must utilize evidence-based practices to de-escalate and respond to mental and behavioral health challenges and to reduce the potential for future crises. When evidence-based practices are not available, Provider must ensure utilization of treatment practices based on clinical judgment and within the scope of the practice.
 - k. Provider's staff must complete a warm handoff by actively connecting each Client to referred services in the community and following up with each Client and referred services provider to ensure that the appropriate linkage is made.
2. Other Requirements:
- a. Provider must register staff to receive alerts regarding revisions to the Provider Handbook and related documents through AccessBROWARD: <https://access.broward.org/About.aspx>.
 - b. Provider must offer each Client and the Client's family resources to enable them to de-escalate crises, respond to mental and behavioral health challenges, and reduce the potential for crises.
 - c. Provider must ensure that Services are provided at the location where the mental or behavioral health crisis occurs while making best efforts to maintain the privacy of each Client.
 - d. Provider must provide each Client with all necessary information related to Services during the Response, after de-escalation of the mental or behavioral health crisis has occurred, including each Client's rights and Provider's grievance procedures.
 - e. Provider must ensure all assistance provided to each Client and progress made toward de-escalating the mental or behavioral health crisis is documented in each Client's file within three (3) business days of meeting with each Client.

E. Provider must provide the following services:

1. Psychiatric Mobile Response Teams (RP-1500.3400-650)
2. Peer Counseling Services (RF-6500)

The Cost per Unit of Service, Required Staff Credentials/Licensure, and Unit Definitions are set forth in the Taxonomy Definitions & Credentials.

F. Subcontracting: ☒ Prohibited ☐ Allowed: The services that may be subcontracted are limited to N/A, not to exceed \$N/A annually.

G. Locations, Telephone, Days, and Hours of Operation:

Location Name	Address	Telephone Number	Days and Hours of Operation
Henderson Behavioral Health, Inc.	300 SW 27th Avenue Fort Lauderdale, Florida 33312	(954) 463-0911	Mobile Crisis Response Teams are available 24 hours a day, 7 days a week, 365 days a year, including holidays

II. Outcomes/Indicators:

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Method (Who collects data, when how; special calculation instructions, if needed)
Clients receive immediate and accessible crisis intervention services.	90% of Contacts triaged and determined to meet the Clinical Threshold have a staff person or team dispatched to the location within sixty (60) minutes of triaging the Contact.	Mobile Crisis Contact Log	Provider enters information from mobile crisis contact log into the HSSS on a weekly basis. Provider analyzes dispatch times based on contact log. Provider submits dispatch time analysis and reports to County on a monthly and quarterly basis. Calculation: Number of Contacts received that meet the Clinical Threshold have a staff person or team dispatched within sixty (60) minutes/total number of Contacts received that meet the Clinical Threshold.

**Exhibit D – Required Reports and Submission Dates
(Revision #1)**

Report	Due Date/Frequency	# Copies
Equal Employment Opportunity Policy	Due prior to execution of the Funding Agreement and upon revision by Provider	1 copy
Americans with Disabilities Act Policy		1 copy
Nondiscrimination Policy, if applicable		1 copy
CBE Policy, if applicable		1 copy
Certificate of Insurance/Self-insured Verification		1 copy
County's Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form, if applicable	Due within ten (10) days after execution of the Funding Agreement and in accordance with Section 16.5.3 of the Standard Terms	1 copy
Continuity Plan (formerly, Continuity of Operations Plan or COOP)	Due upon execution and annually on April 15th	1 copy
Line-Item Budget	Due upon execution and with the submission of the annual final invoice on October 15th	1 copy
Invoice and supporting documentation	10th day of each month Invoices are either emailed to CPD@broward.org with a copy to the Contract Manager or mailed to: Community Partnerships Division 115 S. Andrews Avenue, Suite A-370 Fort Lauderdale, Florida 33301	Original plus 1 copy
Quarterly Demographic/Performance Report	Due quarterly (specifically, on January 10th, April 10th, July 10th, and October 10th)	1 copy
Current Certificate of Insurance	Due prior to expiration; submit to Repository with a copy to the Contract Manager.	1 copy
Audited Financial Statements	Due within 180 days after the close of Provider's fiscal year end; submit to Repository with a copy to the Contract Manager	1 copy
State Financial Assistance Reporting Package, if applicable		1 copy
Monitoring and/or Accreditation Reports from other agencies or funding sources	Due within 30 days after receipt	1 copy
Incident Reports	Due upon request and in accordance with the Provider Handbook	1 copy
Organizational Profile	Due upon request – Send directly to First Call for Help of Broward, Inc., d/b/a 2-1-1 Broward	1 copy

Note: Failure to submit the foregoing reports on or before the due date will result in the suspension of any payments due by County to Provider.