# FIRST AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND HENDERSON BEHAVIORAL HEALTH, INC. FOR MENTAL HEALTH SERVICES – OUTPATIENT AND MOBILE CRISIS RESPONSE TEAM Agreement # 22-CP-HCS-0375-01

This is a first amendment ("First Amendment") to an agreement between Broward County, a political subdivision of the State of Florida ("County"), and Henderson Behavioral Health, Inc., an active Florida nonprofit corporation ("Provider") for Mental Health Services – Outpatient and Mobile Crisis Response Team (the "Agreement"). County and Provider are each a "Party" and collectively referred to as the "Parties."

## RECITALS

- A. The Parties entered into the original Agreement on June 7, 2022.
- B. The Parties then executed Contract Adjustment #1 on August 2, 2022, to reduce funding and the number of unduplicated Clients to be served for Program 1 during the Initial Term.
- C. The Parties now desire to amend the Agreement to (i) replace Exhibit D-2, Outcomes and (ii) update the contact information for County's Custodian of Public Records.

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

- 1. Exhibit D-2, Outcomes, is revised and replaced in its entirety with the attached Exhibit D-2, Outcomes, Revision #1.
- 2. The last paragraph of Section 15.2., Public Records, of the Agreement is amended as follows:

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IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (954) 357-6396 6398, <u>SBEEBE@BROWARD.ORG</u> ECRENSHAW@BROWARD.ORG, 115 SOUTH ANDREWS AVENUE, SUITE A-360, FORT LAUDERDALE, FLORIDA 33301.

- 3. This First Amendment is effective upon full execution. Except as expressly amended, all terms and conditions of the Agreement remain in full force and effect.
- 4. The Parties have jointly prepared this First Amendment.

Coding: Words in struck through type are deletions from existing text. Words in <u>underscored</u> type are additions. IN WITNESS WHEREOF, the Parties have made and executed this First Amendment to the Agreement: 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 \_\_\_\_\_ day of \_\_\_\_\_2023, and Henderson Behavioral Health, Inc. signing by and through its Chief Executive Officer, duly authorized to execute same.

#### <u>COUNTY</u>

ATTEST:

Broward County, by and through its Board of County Commissioners

Ву: \_\_\_\_\_

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

By:	

Mayor

\_\_\_\_\_ day of \_\_\_\_\_\_, 2023

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: 2023.05.02 15:47:41 -04'00'			
Ronald J. Honick, III	(Date)			
Assistant County Attorney				
Karen S. Gordon	Digitally signed by Karen S. Gordon Date: 2023.05.03 14:46:24 -04'00'			
Karen S. Gordon	(Date)			
Conton Assistant County				

Senior Assistant County Attorney

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### PROVIDER

Henderson Behavioral Health, Inc.

By: \_\_\_\_\_ Steve Ronik

Authorized Signator

Steve Ronik

Print/Type Name and Title above

<sup>27</sup>\_\_\_\_day of \_\_\_\_\_, 2023

CEO

WITNESS and/or CORPORATE SEAL:

Rence Burkel

Signature

Renee Burkel

Print/Type Name of Witness

CORPORATE SEAL

Program	Outcomes	Indicators	Data Source	Data Collection Method
Name			(Where the data used to complete the quarterly report is found, verified, and kept)	(Who collects data, when, how; special calculation instructions, if needed)
Program #1 Mental Health Services – Outpatient	Clients improve their overall mental health.	90% of Clients improve their assessment rating scale score, as measured at the start of treatment and again on the date designated as the completion date for treatment plan goals.	Assessment rating tool	Client completes an assessment rating scale with the assistance of a licensed practitioner at the beginning of treatment and again on the date designated as the completion date for treatment plan goals. Calculation: Number of Clients with improved assessment score from start of treatment to designated target date/Total Number of Clients who completed assessment
Program #1 Mental Health Services – Outpatient	Clients improve their overall mental health.	90% of Clients achieve one or more treatment plan goals by the date designated as the completion date for treatment plan goals.	Treatment plan	Provider documents information about the status of treatment plan goals. Calculation: Number of Clients who achieve one or more treatment plan goals by designated target date/Total Number of Clients with a treatment plan.
Program #1 Mental Health Services – Outpatient	Clients improve ability to function in the community.	85% of Clients will not be admitted to the emergency department, crisis stabilization services, or hospital inpatient department within ninety (90) days following discharge from the program.	Client self-report	Provider documents information about Client's status in progress note documentation.
Program #2 Mobile Crisis Response Team	Clients receive immediate and accessible crisis intervention services	90% of calls received for crisis interventions are documented and staff is dispatched to the location or Client is assisted via telephone within 60 minutes of the call.	Mobile Crisis Contact Log	Information from Mobile Crisis Contact Log will be entered into a management information system on a weekly basis and analyzed on a monthly and quarterly basis.

## EXHIBIT D-2 – OUTCOMES Revision #1