

AMENDMENT #0016

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 #0013 restated Contract #IH611 with the revised Attachment I, Exhibits A-E, and Attachments II through IV.

Amendment #0014 updated language to include CSU database requirements, removed Most Favored Party Status requirement, and added EOG/OPB reporting requirements.

Amendment #0015 amended in the Schedule of Funds for FY 15-16 dated 9/17/15.

The purpose of Amendment #0016 is to update Exhibit C, Performance Measures to include the target numbers for the network service provider output measures.

1. Page 48, Exhibit C, Table 3 Network Service Provider Output Measures – Persons Served For Fiscal Year 2015-2016 is hereby deleted in its entirety and revised page 48, Table 3 Network Service Provider Output Measures – Persons Served For Fiscal year 2015-2016 dated October 26, 2015 is inserted in lieu thereof.

This amendment shall begin on November 1, 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 3 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: 12/15/2015

DATE: 12-15-15

FEDERAL ID NUMBER: 271871869

Table 3 Network Service Provider Output Measures – Persons Served For Fiscal Year <u>15-16</u>		
	Service Category	FY Target
Adult Mental Health	Residential Care	266
	Outpatient Care	9950
	Crisis Care	4704
	State Hospital Discharges	122
	Peer Support Services	250
Children's Mental Health	Residential Care	15
	Outpatient Care	2785
	Crisis Care	810
	SIPP Discharge	5
Adult Substance Abuse	Residential Care	1121
	Outpatient Care	6566
	Detoxification	2322
	Women's Specific Services	756
	Injecting Drug Users	1011
Children's Substance Abuse	Residential Care	164
	Outpatient Care	1264
	Detoxification	5
	Prevention	21867