

**COMMUNITY AND PRIMARY CARE SERVICES
WITH BAYCARE BEHAVIORAL HEALTH, INC.
Amendment 1**

THIS AGREEMENT (Agreement), effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and BayCare Behavioral Health, Inc., a non-profit Florida corporation, whose address is 7809 Massachusetts Ave., New Port Richey, FL 34656, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** desires to utilize a portion of the funds available out of Pinellas County's General Fund to assist social service agencies within Pinellas County; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** is providing an essential service within the community; and

WHEREAS, the **COUNTY** recognizes that the **AGENCY** provides essential behavioral health services within the community and has experience providing diversion and behavioral health interventions.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. Section 1, "Scope of Services" is hereby amended to add:
 - i. **AGENCY** will work with **COUNTY**, Personal Enrichment Mental Health Services (PEMHS) and other system partners to align services with the PEMHS Recovery Room model and community case management coordination services. The **AGENCY** will coordinate cases according to PEMHS guidance.
 - j. **AGENCY** will participate in operational meetings with the **COUNTY** to collaborate on diversion opportunities, development of shared client outcomes,

discharge planning, and service connection.

k. The **AGENCY** will provide staff at co-locations with PEMHS personnel.

2. Section 2, "Term of Agreement", is hereby amended as follows:

The services of the **AGENCY** shall commence retroactive to October 1, 2017, and the agreement shall expire on June 30, 2018.

3. Section 3a, under "Compensation", is hereby amended as follows:

a. The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **ONE HUNDRED FIFTY THOUSAND and NO/00 DOLLARS (\$150,000.00)** in the period of October 1, 2017, through March 31, 2018, for behavioral health services. The **COUNTY** agrees to pay the **AGENCY** an additional amount not to exceed **SEVENTY FIVE THOUSAND and NO/00 DOLLARS (\$75,000.00)** in the period of April 1, 2018, through June 30, 2018, for continued behavioral health services.

4. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

PINELLAS COUNTY, FLORIDA, Acting
by and through its County Administrator

By: Mark Woodard
Mark Woodard

Date: 5/10, 2018

BAYCARE BEHAVIORAL HEALTH, INC.

By: Gail Ryder
Gail Ryder

Date: April 23, 2018

WITNESS:

By: Beth Trepanier
Beth Trepanier

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: [Signature]
Assistant County Attorney