

**AGREEMENT**

This Agreement ("Agreement") is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2009, effective October 1, 2009, through September 30, 2010, by and between LEON COUNTY, FLORIDA, a political subdivision of the State of Florida (hereafter "County") and STATE OF FLORIDA DEPARTMENT OF HEALTH (hereafter "State").

**WITNESSETH**

Whereas, the County and the State enter into this Agreement as an Addendum to the State's current contract with the County for the provision of Mental Health Services.

Now, therefore, in consideration of the mutual covenants, restrictions, and representations set forth herein, the receipt and sufficiency of which being acknowledged, the County and the State do hereby agree to the following:

- I. The Parties recognize and agree that to assure mental health services are provided, to the uninsured residents of Leon County, the Leon County Health Department shall contract with:
  - a. Bond Community Health in the amount of \$50,000 for 625 adult mental health encounters at \$80 per encounter;
  - b. Neighborhood Health Services in the amount of \$50,000 for 625 adult mental health encounters at \$80 per encounter;
  - c. Apalachee Center, Inc., in the amount of \$157,671 for mental health encounters at the following rates: ARNP hours @ \$53.75 per hour; case manager hours @ \$16.80 per hour; psychiatrist/ARNP quarter hours @ \$68.53; and Comprehensive Community Support Team (CSST) quarter hours @ \$9.47.

- II. This Agreement is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with Florida Law, including Florida provisions for conflict of laws.
- III. Venue for all actions arising out of this Agreement or as a result thereof shall lie in Leon County, Florida.
- IV. If any of the provisions of this Agreement should be declared illegal, void, or unenforceable, the other provisions shall not be affected thereby but shall remain in full force and effect.

IN WITNESS WHEREOF, the parties evidence their agreement through the execution of this Agreement by their duly authorized signatures.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

BY: \_\_\_\_\_  
Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

Date: \_\_\_\_\_

BY: \_\_\_\_\_  
Homer Rice, RS, M.P.H.  
CHD Director/Administrator

Date: \_\_\_\_\_

ATTEST:

LEON COUNTY, FLORIDA

BOZ INZER, CLERK OF COURT  
LEON COUNTY, FLORIDA

BY \_\_\_\_\_  
Parwez Alam, County Administrator

BY: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO FORM:

LEON COUNTY ATTORNEY'S OFFICE

BY: \_\_\_\_\_  
Herbert W.A. Thiele, County Attorney