

**FOURTH AMENDMENT TO AGREEMENT
BETWEEN ALACHUA COUNTY AND MERIDIAN BEHAVIORAL HEALTHCARE, INC.
TO BENEFIT HOMELESS INDIVIDUALS
PROGRAM SERVICES**

THIS FOURTH AMENDMENT TO AGREEMENT, made and entered into this _____ day of _____ A.D. 20____, by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as "County", and Meridian Behavioral Healthcare, hereinafter referred to as "Meridian", and collectively the County and Meridian are hereinafter referred to as the "Parties".

WITNESSETH:

WHEREAS, on September 13, 2017 the County was awarded a Cooperative Agreement to Benefit Homeless Individuals (CABHI) Grant (the "Grant")) in response to an application submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA); and,

WHEREAS, the Parties hereto previously entered into the *Cooperative Agreement between Alachua County and Meridian Behavioral Healthcare, Inc.*, dated December 12, 2017 (the "Agreement") utilizing funds from the Grant for the provision of provision of providing benefit to Homeless Individuals; and,

WHEREAS, the Parties hereto previously entered into the First Amendment to the Agreement (the "First Amendment") dated September 25, 2018, through which the parties agreed to adjust the reimbursement unit rates for the services provided to ensure compliance with the Grant and to extend the term of the Agreement through September 30, 2019; and,

WHEREAS, the Parties hereto previously entered into the Second Amendment to the Agreement (the "Second Amendment"), dated December 11, 2018, through which the County agreed to reimburse Meridian for allowable administrative and startup activities; and,

WHEREAS, the Parties hereto previously entered into a Third Amendment to the Agreement (the ("Third Amendment") dated September 24, 2019, which extended the term of the Agreement through September 29, 2020 and to permit Meridian to utilize Licensed Practical Nurses (LPNs) in lieu of Registered Nurses as allowed by license,

WHEREAS, the Parties desire to further amend the Agreement, extending the term through April 30, 2021, to coincide with the expiration of the County's CABI Grant and to establish the Not to Exceed payment for the extension period.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged

by the Parties, the Parties hereby agree to further amend the Agreement as follows:

A. SECTION #4 of the Agreement, (**Term**) is amended in its entirety to read:

This Amendment extends the term of the Agreement through April 30, 2021 unless earlier terminated as provided herein.

B. SECTION #6.1 of the Agreement, as previously amendment, is further amended in its entirety to read:

6.1. MERIDIAN shall be paid for those services rendered during the extension of this Agreement a sum not to exceed the s \$209,788.00 . Payment shall be made based on units of service as follows:

Assessment	\$175.00 per assessment
Case Management	\$ 59.31 per hour
Case Staffing	\$200.00 if over an hour \$100.00 if 30 to 60 minutes \$ 50.00 if 15 to 30 minutes
Medical Services	\$406.50 per hour if provided by MD/DO \$389.47 per hour if provided by ARNP/PA \$ 26.75 per fifteen minute unit, if provided by RN
Outpatient Therapy	
Individual	\$ 79.60 per session
Family	\$ 79.60 per session
Group	\$ 19.90 per hour
Outreach	\$ 45.72 per hour
Recovery Support	
Individual	\$ 35.18 per hour
Group	\$ 8.80 per hour
Supportive Housing	\$ 65.10 per hour
Residential Treatment	\$224.49 per day
Detoxification	
Outpatient	\$ 78.45 per hour
Crisis Support	
Outpatient	\$ 47.58 per hour

C. This Fourth amendment shall take effect upon execution by both

SAVE and EXCEPT as expressly amended herein, all other terms and provisions of the original Agreement, as previously amended, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Fourth Amendment to Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

ALACHUA COUNTY, FLORIDA

By: _____

Chair Board of County Commissioners

Date: _____

ATTEST:

J.K. "Jess" Irby, Esq. Clerk
(SEAL)

APPROVED AS TO FORM

DocuSigned by:

Robert C Swain

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Alachua County Attorney's Office

ATTEST

By: Elena Johnson

Print: Elena Johnson

Title: Assistant to CEO

Meridian

By: 

Print: Donald P. Savoie
President/CEO

Title: _____

Date: 10/1/2022