

AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT
(SELH Group Homes Operation)

This Amendment to Cooperative Endeavor Agreement (the "Amended CEA") is made and entered into as of the dates hereinafter set forth, by and between the following parties:

ST. TAMMANY PARISH GOVERNMENT, a political subdivision of the State of Louisiana, whose mailing address is P.O. Box 628, Covington, Louisiana, 70434, herein appearing by and through Patricia P. Brister, its Parish President, duly authorized by law (hereinafter referred to as "Parish"); and

NAMI ST. TAMMANY, INC., a Louisiana non-profit corporation and autonomous 501(c)(3) chartered affiliate of the National Alliance on Mental Illness, whose mailing address is P.O. Box 2055, Mandeville, Louisiana 70470, herein represented by its Treasurer, David J. Mancina (hereinafter referred to as "NAMI"); and

WHEREAS, effective as of January 1, 2014, Parish and NAMI entered into that Cooperative Endeavor Agreement (the "Original CEA") wherein NAMI agreed to operate the Group Homes on the former campus of Southeast Louisiana Hospital, plus other obligations as more fully described in the Original CEA; and

WHEREAS, the parties have identified a need to amend the Original CEA to extend the Term into and provide funding for calendar year 2015.

AND NOW THEREFORE, the parties desire to enter into this Amended CEA in order to amend and/or add the following provisions. This Amended CEA is not intended to release any party from the obligations stated in the Original CEA, but is intended only to amend certain provisions to that Agreement:

1. The foregoing recitals are hereby incorporated into the body of this Amended CEA as if fully rewritten and restated herein.
2. Section 2.1.4 of the Original CEA is deleted in its entirety.
3. Section 3.1 of the Original CEA is amended and restated to reflect that Parish shall contribute an additional eighty thousand (\$80,000.00) dollars for services performed by NAMI in calendar year 2015 pursuant to the Original CEA.
4. Section 3.2 of the Original CEA is amended and restated to read as follows:

3.2 Reimbursement. NAMI will provide a comprehensive breakdown of operational costs including utilities, salary/benefits, equipment purchases, resident's transportation, facilities maintenance and other direct costs eligible for reimbursement under this Agreement. Personnel paid from this funding will require identifying the person, providing a job description including the percentage of time allocated to the group home program. Additional compensation (bonuses, incentives, etc.) cannot be paid from this funding. Monthly invoices shall have supporting documentation attached evidencing costs and proofs of payment. In addition, NAMI shall provide the following information monthly in the form attached hereto as Exhibit "A": (a) the number of clients in program; (b) the number of new clients; (c) the client status (i.e.: new, continuing or discharged with reason for discharge); (d) client zip code and (e) St. Tammany Parish residency or otherwise. The monthly Exhibit "A" report shall be submitted to Parish's Department of Health and Human Services and approved by Parish before reimbursement will be made. A statement shall be included with the request for reimbursement that no other compensation was received for the services being reimbursed by Parish. Reimbursement will be made only from approved documentation, in Parish's reasonable discretion.

5. The Original CEA is amended to add a new section 3.2.1, as follows:

3.2.1 Process and Outcome Monitoring. Process monitoring will focus on program implementation and operations. Monitoring will be conducted twice during the program funding term.

6. Section 4.1 of the Original CEA is amended and restated so that the Term of the Original CEA is extended for one (1) additional calendar year, having a new expiration date of December 31, 2015.
7. This Amended CEA supersedes the Original CEA only where there exists any conflict. This Amended CEA controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.
8. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.

(Signature page follows.)

THUS DONE AND SIGNED on the 30th day of January 2015 in the presence of the undersigned witnesses.

WITNESSES:

Melvin M. M. M.
Genei Roberts

ST. TAMMANY PARISH GOVERNMENT

BY: Patricia P. Brister
Patricia P. Brister, Parish President

THUS DONE AND SIGNED on the 29 day of January, 2015 in the presence of the undersigned witnesses.

WITNESSES:

[Signature]
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NAMI ST. TAMMANY, INC.

BY: [Signature]
David J. Mancina, Treasurer

Exhibit "A"



NAMI St. Tammany 2015 - Group Home Operation Client Reporting Form

Program Name: **NAMI Group Home Operation**

MM/YYYY

	New STP Client or Existing	Client #	Clients prior zip code	STP Resident Y/N	Client Status	Discharge Outcomes
1	New			Yes	New to program	Required Lower Level of Care
2	Existing			No	Continued service	Discharged to Less Restrictive Setting
3					Discharged	Noncompliant
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Residents	Total
# of Residents in ALL homes	
# of STP Residents	
# of NEW Residents	
# of referrals for services	

Total Program Expenses	
Salary/Benefits/Taxes	
Utilities	
Transportation/Vehicle Maintenance	
Equipment Purchases	
Repairs/Maintenance	
Other	
Administrative/Indirect	
**Total	\$0.00

**No other compensation was received for the services being charged to STP Government.
INITIAL HERE _____