AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT

(Community Resource Court Behavioral Health Program)

This Amendment to Cooperative Endeavor Agreement (the "Amended Agreement") is made and entered into effective as of the date of full execution by the parties hereto, 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, Parish President, duly authorized by law (hereinafter referred to as "Parish"); and

THE 22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY, a political subdivision of the State of Louisiana, whose mailing address is 701 North Columbia Street, Covington, Louisiana 70433, herein appearing by and through the Honorable Allison Penzato, Chief Judge, 22nd Judicial District Court for the Parish of St. Tammany (hereinafter referred to as "the 22nd JDC"); 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, 2016, Parish, 22nd JDC and NAMI entered into that Cooperative Endeavor Agreement (the "Original CEA"), wherein NAMI agreed to provide mental health and/or substance abuse case management services to the Behavioral Health Court, 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 provide for an extension of the Term and additional funding; and

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

- 1. The foregoing recitals are hereby incorporated into the body of this Amended Agreement as if fully rewritten and restated herein.
- 2. Section 4.1 of the Original CEA is amended to read as follows:

- 4.1 Reimbursement. Parish will fund this project in the maximum amount of fifty thousand and no/100 (\$50,000.00) Dollars for the Term. Costs eligible for reimbursement under this Agreement are limited to salary, employment taxes, mileage, cell phone, supplies and 8% administrative fees. Eligible reimbursements are those directly attributable to the Case Manager and administrative fees necessary for project activities. Additional compensation (bonuses, incentives, etc.) cannot be paid from this funding. Monthly invoices shall have supporting documentation attached evidencing costs, proofs of payment and, along with supporting measure/deliverable reports, shall be submitted to Parish's Department of Health and Human Services and approved by Parish before reimbursement will be made. Reimbursement will be made only from approved documentation, in Parish's reasonable discretion.
 - 4.1.1. Payment Schedule; Limitations. Notwithstanding anything in this Agreement to the contrary, no drawdown for any calendar month shall exceed one-twelfth (1/12) of the funds to be contributed by Parish for a calendar year. However, in the event that NAMI does not obtain contribution for a full one-twelfth (1/12) of funds reimbursable in any calendar month, such amount can be applied forward for reimbursement in a future calendar month.
- 3. Section 5.1 of the Original CEA is amended and restated so that the Term of the Original CEA is extended for one (1) additional calendar year, with said Term beginning on January 1, 2017 and having a new end date of December 31, 2017.
- 4. This Amended Agreement supersedes the Original CEA only where there exists any conflict. This Amended Agreement controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.
- 5. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.
- 6. Exhibit "A" to the Original Agreement is hereby replaced with the new Exhibit "A," attached hereto and made a part hereof.
- 7. This Amended Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be duly executed in multiple originals by the hereunder signed officers, each in the presence of the undersigned two (2) competent witnesses in St. Tammany Parish, State of Louisiana, as of the dates set forth, below after diligent reading of the whole, in various counterparts.

(Signature page follows.)

| THUS DONE AND SIGNED on the presence of the undersigned witnesses. | day of Felry, 2017 in the |
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| WITNESSES: | ST. TAMMANY PARISH GOVERNMENT |
| any weekerele | By: Muca f. Briter Patricia P. Brister Parish President |
| THUS DONE AND SIGNED on the presence of the undersigned witnesses. | day of ebruary, 2017 in the |
| WITNESSES: | 22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY |
| Witny Gleman | BY: Allison Penzato Richard Swartz Chief Judge |
| THUS DONE AND SIGNED on the presence of the undersigned witnesses. | day of January, 2017 in the |
| WITNESSES: Grina Delse | NAMI ST. TAMMANY, INC. BY: David J. Mancina, Treasurer Date: /-5-/7 |

EXHIBIT "A"



NAMI 2017 - The 22nd Judicial District Behavioral Health Court Program Client Reporting Form

| Program Name: | | | | | | MM/YTTY | |
|-------------------------------|----------|--------------------|---------------------|-------------------|------------------------------|---|------|
| New STP Client or Existing | Client # | Client Zip Code | STP Resident Y/N | Client Status | Reason for Discharge | Goal - Maintain 25 clients per month | Tota |
| New | | | 417 | Continued service | Reeded a Lower Level of Care | & of Chents for the Month | |
| Disting | | | HO | Hew to program | Noncempliant | a of Clients Dismissed | |
| | | | | Discharged | New Charges | Client Monthly Total | |
| | | | | | fransferred to Drug Court | | |
| = | | | | | Needed a Lower Level of Care | 1 | |
| | | | | | Probation Transfer | 7 | |
| | | | 1 | | | 7 | |
| | | | | | | 7 | |
| | | | | | | Total Program | |
| | | | | | | Expenses | |
| | | | | | | Salary/Taxes | |
| | | | | | | Materials/Supplies | |
| | | | | | | Administrative/Indirect | |
| | | _ | | | | "Total | |
| | | | | | | **No other compensation w received for the services being theiged to STP Government INITIAL HERE | |
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