



NETWORK PROVIDER ORGANIZATIONAL PROFILE

The Network provider shall prepare and submit the following organizational profile to Central Florida Cares Health System (CFCHS) for approval prior to the start of the contract period. Once a contract has been signed, the contractor shall prepare and submit a final version of the organizational profile to CFCHS.

This includes the total operations of the organization providing the services. If the entity is the same as the provider/organization this will encompass the total agency. If the organization is a subdivision of a governmental or other umbrella organization, this will only include the subdivision/department that is administering the services.

A. ORGANIZATION NAME:

(The legal name of the provider that will assume/sign the contract)

Mental Health Resource Center, Inc.

Subdivision/Department Administering Services (as appropriate):

Osceola

B. ADMINISTRATIVE ADDRESS:

P.O. Box 19249

Jacksonville, Florida 32245-9249

(physical address: 10550 Deerwood Park Boulevard, Suite 600, Jacksonville, Florida 32256)

Phone Number: (904) 743-1883, ext. 7103 Fax Number: (904) 743-5109

Website Address: NA

Federal ID Number: 59-1905344 National Provider 1851407365

C. ORGANIZATIONAL OFFICIALS AND OFFICERS

	NAME	EMAIL	PHONE NO/ EXTENSION
Board President/Chairperson:	Richard Brew	rbrew@greenehazel.com	904-743-1883 ext 7301
Chief Executive Officer:	Robert Sommers, Ph.D.	bsommers@rbhsinc.com	904-743-1883 ext 7103
Chief Operating Officer:	Not applicable		
Chief Financial Officer:	Clyde Brumfield	cbrumfield@rbhsinc.com	904-743-1883 ext 7301
Data Security Officer:	John Peed	jpeed@rbhsinc.com	904-743-1883 ext 7701

D. ORGANIZATIONAL CAPACITY

- 1. Annual Operating Budget:
(Include all revenue sources) \$ 31,859,666
- 2. Annual CFCHS Contract Amount: \$1,177,560
- 3. Number of Employees 385 (FTEs)
- 4. Geographic area(s) served: *Duval, Clay, Nassau, and St. Johns Counties, and FACT programs in Alachua, Pinellas, Hillsborough, Brevard, Collier, Martin, Osceola/South Orange, and Polk/Highlands Counties.*
- 5. Accreditations: *Joint Commission on Accreditation of Healthcare Organizations (all programs)*

6. Other Funding Sources:

Funder	Amount
See attached Fiscal Reports.	\$

7. Year of Incorporation: *May 23, 1977*

8. Corporate Mission Statement: *It is the mission of Renaissance Behavioral Health Systems and its Affiliates, Mental Health Resource Center and Mental Health Center of Jacksonville, to improve the quality of life of persons suffering from emotional distress, behavioral problems, mental illness and substance abuse disorders. This goal will be achieved through the provision of comprehensive services aimed at assessment, intervention, treatment, rehabilitation, education and advocacy. Our services will be delivered in the most appropriate, least restrictive setting and in the most cost effective manner utilizing caring, professional staff. We view Renaissance Behavioral Health Systems and Affiliates as a leader in behavioral health care and continuously strive to provide services of the highest possible quality.*

8. Summary Description of Organization's Services:
Mental Health Resource Center, Inc. (MHRC) is a not-for-profit Florida corporation that provides a wide range of mental health and behavioral health care services to the community. Included in MHRC's service array are 24-hour emergency services; inpatient psychiatric services for children, adolescents and adults; and numerous outpatient services, including medication management,

case management, counseling, supported housing, psychosocial rehabilitation, two programs for the homeless, a therapeutic family program, Juvenile Justice overlay services, ten Florida Assertive Community Treatment (FACT) programs for adults with severe and persistent mental illness located in Rockledge, Stuart, Naples, Clearwater, Tampa, Kissimmee, Winter Haven, Gainesville, and Jacksonville, a "Full Service School" school-based program, and a Child Protective Services program that participates in the State of Florida privatization of foster care, adoption and other child welfare services.

- 9. Chart of major organizational units: *(Attach as an exhibit to the Organizational Profile)*
See attached.
- 10. Not-For-Profit Incorporation: *(Attach documentation of Not-for-Profit status)*
See Attached.

E. Service Delivery Sites for This Contract:

Site Address	Program Area: <small>(AMH, CMH, ASA, CSA)</small>	Cost Center(s)	Facility Licenses <small>Type and Number (AHCA, DCF)</small>	Number of Licensed Beds <small>(if applicable)</small>	Number of CFCHS Funded Beds
Osceola FACT Program (C-9) 1617 E. Vine St., Kissimmee, FL 34744	Adult Mental Health	34-FACT 28-Incidentals	N/A	N/A	N/A

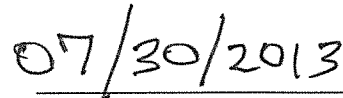
Individual Completing the Document:

Name: Robert Sommers
 Title: President/CEO
 Phone: (904) 743-1883, ext. 7103 Fax : (904) 743-5109
 Email Address: rbhsadmin@rbhsinc.com

UPDATES TO THE PROGRAM DESCRIPTION MUST BE SUBMITTED TO CFCHS WITHIN TEN (10) CALENDAR DAYS PRIOR TO THE END OF ANY QUARTER IN WHICH ANY CHANGE IN THE PROGRAM OCCURS.



Network Provider



Date

Central Florida Cares Health System

Date

