Contract Cover Sheet

Res 548

Department: HUMAN SERVICES	or County Executive	Contract/Addendum_#:
1,		S3689 B
1. This contract, grant or addendum: AWARDS A	CCEPTS	If Addendum, please include original contract number
2. This contract is discretionary ✓ Yes No		POS Grant
3. Term of Contract or Addendum: 1/1/17 - 12/3	31/17	Co Lease Co Lessor
4. Amount of Contract or Addendum: \$ 79,24	58	Intergovernmental Purchase of Property
5. Purpose: NA – Not required when Human Services sign	S.	Property Sale Other
6. Vendor or Funding Source: Journey Mento	il Health Cente	ER.
7. MUNIS Vendor Code: 万万分		
8. Bid/RFP Number:		
9. Requisition Number:10. If grant: Funds Positions? Yes No Will require	on-going or matching fund	ds? ☐ Yes ☐ No
11. Are funds included in the budget? Yes No	on going of matering rand	25: [] 163 [] 116
40. 4		
12. Account No. & Amount, Org & ObjAccount No. & Amount, Org & Obj	Am	ount \$ ount \$
Account No. & Amount, Org & Obj.	Amo	ount \$
13. If this contract awards funds, a purchase requisition is n	ecessary. Enter requisition	# & year
14. Is a resolution needed? ☐ Yes ☐ No If yes, plea	se attach a copy of the Res	solution, 548
If Resolution has already been approved by the County	Board, Resolution No. & da	ate of adoption
15. Does Domestic Partner equal benefits requirement appl	y? 🗌 Yes 🔲 No	
16. Director's Approval:	These	
a. Dane County Res. #	Approvals	Initials Date
b. HSD Res. ID#	g. Accountant	84 2917
	h. Supervisor	2-13-17
c. Program Manager Name ("AM NEU" d. Current Contract Amount 1,270,059 e. Adjustment Amount 79,258 f. Revised Contract Amount 1,349,347	i. To Provider	SL 2.13.17
e. Adjustment Amount 79, 258	j. From Provider	L. 2.24.17
f. Revised Contract Amount 349, 317	k. Corporation Counsel	2086-17
Contract Review/Approvals	Vendor	W/ 1224 1/
	ate Out Vendor Na	ame/Address
M Received 2-28-17		
	Contact Pe	erson
N/A Corporation Counsel See "k" above		
Risk Management 3/3/17 3	Phone No.	
(ic Purchasing32143	<u>ネルチ</u> E-mail Add	Irace
County Executive	L-Mail Add	11033
Footnotes		
Footnotes: 1. budget reguested		
Return to: (\ Name/Title: Spring Larson, CCA		

Phone: 608-242-6391
E-mail Address:Larson.spring@countyofdane.com

Dept.: Human Services Mail Address:1202 Northport Drive

Certif	fication
The att	tached contract: [check as many as apply]
\square	conforms to Dane County's standard Purchase of Services Agreement form in all respects
	conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy ¹
	is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
	is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy ¹
	is a non-standard contract not previously reviewed by corporation counsel, it is accompanied by a revision copy
	contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
	contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
	contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
	contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy ¹
Date: _	3-27-17 Signed: 34-22-
Telepho	one Number 142-6469 Print Name:
Major	Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both \$100,000 in disbursements or receipts and which require county board review and approval.
Execu	tive Summary (attach additional pages, if needed).
1.	Department Head
	Date: 3-27-17 Signature: 200
2.	Director of Administration Comments:
0	Date: Signature:
3.	Comments: Date: 2 111 Signature: Signature: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

APPROVED \$3689 B CORPORATION COUNSEL

Page 1

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **Journey Mental Health Center**, **Inc.** (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. 83689 (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of two (2) pages.

Current Cost <u>for 2017</u> \$11,270,059

Addendum Amount

Revised Maximum
Cost for 2017
\$11,349,317

\$79,258

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this addendum and its attachments, if any, to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

	FOR PROVIDER:
Date Signed: 02 17 2017	17115mily
But officer	Signature A. Brady
	Print Name and Title of Signer
Date Signed:	
	Signature
	Print Name and Title of Signer
Date Circuid	FOR COUNTY:
Date Signed:	JOE PARISI, County Executive (when applicable)
Date Signed: 3-27-17	Symon Joseph
	LYNN GREEN, Director,
	Department of Human Services

(when applicable)

Program Summary Form

Created: 10/19/2016			Contract #: 83689	83689				Provider:	Provider: Journey Mental Health Center, Inc.	ealth Center, Inc.			
Revised: 11/18/2016; 2/6/2017	; 2/6/2017 🗸		Division:	Adult Comm	Division: Adult Community Services		됴	inding Period:	January 1, 2017 -	Funding Period: January 1, 2017 - December 31, 2017	7		
Contract Maximum Service	Costs: Subject to the	e provisions specifie	Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.	g summarize	s and sets forth	the rates a	nd maximum p	ayments availab	le for services unde	er this contract.			
Program Program Number Group	Org.	Obj.	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*		Total Cost	Reporting
a. 3645 3645	ACICTMHC	IZDCAA	DCTP Intake & Coordination	603	110	62	178.43	850	\$ 151,593		€9	151,593 6	600/610
b. 3646 3646	ACIASSMT	IZATAA	DCDP Intake & Coordination	603	187	92	305.15	894	\$ 272,828		ક	272,828 6	600/610
c. 3651 6064	ACICTMHC	CZATAA	DCDP Counseling	507.00	74	A/A	77.39	832	\$ 64,354		€	64,354 6	600/610
d. 3652 6064	ACICTMHC	CMATAA	DCDP Clinical Case Managemen	604	55	A/N	77.39	221	\$ 17,072		↔	17,072 6	600/610
e. 3653 6065	ACICTMHC	CZDCAA	Drug Court Counseling	507.00	30	A/N	84.46	580	\$ 48,960		↔	48,960 6	600/610
f. 3654 6065	ACICTMHC	CMDCAA	DCTP Clinical Case Managemen	604	30	A/N	84.46	286	\$ 24,114		ь	24,114 6	600/610
g. 10670 10670	ACICTMHC	IZOWAA	OWI Court Intake & Coordination	603	9	A/A	138.36	1,187	\$ 164,243		s	164,243 6	600/610
h. 9190 9190	ACICLMHC	CZOPAA	Jail Opiate Project	507.00	20	20	V 117.56	067 /	\$ 92,860	>	€9	92,860 N	N/A
								Total	\$ 836,024.00	\$	\$ 83	836,024.00	
The section below is to be used to further define the information above.	be used to further c	efine the information	n above.					•	*Other Revenue-I	Other Revenue-Include here the source and related amount for each program:	urce and	related amoi	unt for
a. Unit Quantity equal to amount of avail total cost of living adjustment to 2.0%	mount of available	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%	iour. 11/18/2	016 Revision	: Funds ac	Ided to bring						
b. Unit Quantity equal to amount of avail total cost of living adjustment to 2.0%	mount of available iment to 2.0%.	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	iour. 11/18/2	016 Revision	: Funds ac	Ided to bring						
c. Unit Quantity equal to amount of avail total cost of living adjustment to 2.0%	mount of available iment to 2.0%.	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	iour. 11/18/2	016 Revision	: Funds ac	ided to bring						
d. Unit Quantity equal to amount of avail total cost of living adjustment to 2.0%	mount of available iment to 2.0%.	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	our. 11/18/2	016 Revision	: Funds ac	Ided to bring						
e. Unit Quantity equal to amount of avail: total cost of living adjustment to 2.0%.	mount of available iment to 2.0%.	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	our. 11/18/2	016 Revision	: Funds ac	lded to bring						
f. Unit Quantity equal to amount of avail: total cost of living adjustment to 2.0%.	mount of available iment to 2.0%.	unds divided by Ur	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	iour. 11/18/2	016 Revision	: Funds ac	lded to bring						
g. CAU Assessment and C hour. 11/18/2016 Revision	coordination service ion: Funds added t	is for the OWI Cour o bring total cost of	CAU Assessment and Coordination services for the OWI Court. Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.	available fun	ids divided by	Unit Cost.	Unit = direct c	lient service					
h. Contract line added to p equal to amount of avail	rovide medication a lable funds divided	ssisted therapy to by Unit Cost. Unit =	Contract line added to provide medication assisted therapy to opioid-dependent individuals directly upon their release from the Dane County Jail. Unit equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 2/6/2017 Revision: Increase to reflect grant revenue received.	ly upon their Revision: Ir	directly upon their release from the Dane County Jail. Unit Quantity 3/2017 Revision: Increase to reflect grant revenue received.	the Dane (ect grant r	Sounty Jail. Ur evenue receiv	nit Quantity ed.					
Standard Program Category (SPC) Code Description:	gory (SPC) Code D	escription:			:								
a. Intake Assessment b. Intake Assessment	ment ment		c. Outpatient, regular d. Case Management	e. Outpatient, regular f. Case Management	egular ement		க் <i>ட்</i>	g. Intake Assessment h. Outpatient, regular	 ,				
Contract Manager(s)/Programs:	ograms:	Todd Campbell					Accountant(s)/Programs:	Programs:	Laura Yundt				