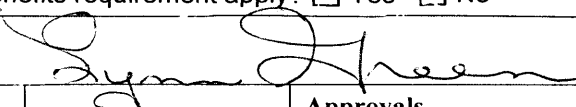






324

Contract Cover Sheet

Res 240

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES				Contract/Addendum #: 83690A	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS				<div style="display: flex; justify-content: space-between;"> Contract Addendum </div>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<small>If Addendum, please include original contract number</small>	
3. Term of Contract or Addendum: Jan 1, 2017 to 12-31-2017				<input type="checkbox"/> POS <input checked="" type="checkbox"/>	
4. Amount of Contract or Addendum: 59,333.				<input type="checkbox"/> Grant <input type="checkbox"/>	
5. Purpose: NA – Not required when Human Services signs.				<input type="checkbox"/> Co Lease <input type="checkbox"/>	
				<input type="checkbox"/> Co Lessor <input type="checkbox"/>	
				<input type="checkbox"/> Intergovernmental <input type="checkbox"/>	
				<input type="checkbox"/> Purchase of Property <input type="checkbox"/>	
				<input type="checkbox"/> Property Sale <input type="checkbox"/>	
				<input type="checkbox"/> Other <input type="checkbox"/>	
6. Vendor or Funding Source: Journey Mental Health					
7. MUNIS Vendor Code: 5152					
8. Bid/RFP Number:					
9. Requisition Number:					
10. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Are funds included in the budget? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Account No. & Amount, Org & Obj. _____ Amount \$ _____					
Account No. & Amount, Org & Obj. _____ Amount \$ _____					
Account No. & Amount, Org & Obj. _____ Amount \$ _____					
13. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year _____					
14. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. If Resolution has already been approved by the County Board, Resolution No. & date of adoption 240					
15. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Director's Approval: 					
Human Services Only	a. Dane County Res. #		Approvals		Initials
	b. HSD Res. ID#		g. Accountant		kc
	c. Program Manager Name	Campbell	h. Supervisor		JN
	d. Current Contract Amount	3,004,036.	i. To Provider		SL
	e. Adjustment Amount	59,333.	j. From Provider		SL
	f. Revised Contract Amount	3,063,359.	k. Corporation Counsel		MWZ
Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name/Address	
 Received		9/26/17			
 Controller			9/28/17		
N/A Corporation Counsel	See "k" above				
 Risk Management		9/28/17	9/29/17		
 Purchasing		9/29/17	9/29/17		
County Executive				Contact Person	
				Phone No.	
				E-mail Address	

Footnotes: **BAF 17118**1. **Budget requested**

Return to: Name/Title: Spring Larson, CCA
 Phone: 608-242-6391
 E-mail Address: Larson.spring@countyofdane.com

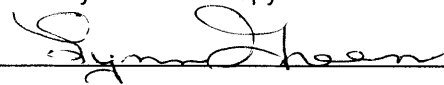
Dept.: Human Services
 Mail Address: 1202 Northport Drive

Certification

The attached contract: *[check as many as apply]*

- ☒ 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 copy¹
- ☐ 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 copy¹
- ☐ 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 copy¹

Date: 9-20-17

Signed: 

Telephone Number 242-6469

Print Name: Lynn Green

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

1. **Department Head** ☒ Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 9-20-17

Signature: 

2. **Director of Administration** ☐ Contract is in the best interest of the County.
Comments:

Date: _____

Signature: _____

3. **Corporation Counsel** ☐ Contract is in the best interest of the County.
Comments:

Date: 9/21/17

Signature: 

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).

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. 83690 (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 seven (7) pages.

Current Cost for 2017	Addendum Amount	Revised Maximum Cost for 2017
\$3,004,026	\$59,333	\$3,063,359

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: 09/15/2017

Signature

Print Name and Title of Signer

Lynn A. Brady, CEO

Date Signed: _____

Signature

Print Name and Title of Signer

FOR COUNTY:

Date Signed: _____

JOE PARISI, County Executive
(when applicable)

Date Signed: 9-21-17

Lynn Green
LYNN GREEN, Director,
Department of Human Services
(when applicable)

Program Summary Form

Created: 10/19/2016 Revised: 11/18/2016; 9/1/2017		Contract # 83690 Division Children, Youth, and Families		Provider: Journey Mental Health Center, Inc Funding Period: January 1, 2017 - December 31, 2017									
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													
Program Number	Program Group	Org.	Obj.	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a	1526	CYFCFMHC	CZIDAA	CH20 IDP Counseling	507 00	312	N/A	116.26	2,348	\$ 272,931		\$ 272,931	600/610
b	10584	CYFCFMHC	CMIDAA	CH20 IDP-Case Mgmt	604	109	N/A	116.26	527	\$ 61,234		\$ 61,234	600/610
c	1536	CYFCFMHC	CZIVAA	IV Drug-C/IR	507 00	42	N/A	99.69	1,049	\$ 104,589		\$ 104,589	600/610
d	1537	CYFCFMHC	CMIVAA	IV Drug Case Management	604	45	N/A	98.71	291	\$ 28,757		\$ 28,757	600/610
e	6953	CYFCFMHC	CZADAA	Alcohol and Drug C/IR	507	631	N/A	89.34	7,323	\$ 654,235		\$ 654,235	600/610
f	6954	CYFCFMHC	CMADAA	Alcohol and Drug Case Mgmt	604	685	N/A	89.34	3,542	\$ 316,418		\$ 316,418	600/610
g	6955	CYFCFMHC	CZUJAA	UJIMA	507	60	N/A	96.92	984	\$ 95,337		\$ 95,337	600/610
h	6956	CYFCFMHC	CMUJAA	UJIMA Case Management	604	60	N/A	96.92	1,142	\$ 110,722		\$ 110,722	600/610
i	11005	CYFCFMHC	CZOWAA	OWI Court Treatment	507 00	51	N/A	114.20	385	\$ 43,967		\$ 43,967	600/610
Total										\$ 1,688,190	\$	\$ 1,688,190	

*Other Revenue-include here the source and related amount for each program

The section below is to be used to further define the information above

a	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%.
b	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services
c	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 9/1/2017 Revision: Funds added from State Targeted Response Grant
d	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services
e	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%
f	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%
g	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%
h	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of services. 11/18/2016 Revision: Funds added to bring total cost of living adjustment to 2.0%
i	Unit Quantity = total County Cost divided by Unit Cost. Unit = direct client hour of service. 11/18/2016 Revision: Reduction of OWI Court Revenue from WI Department of Corrections

Standard Program Category (SPC) Code Description:

a	Outpatient, regular	e	Outpatient, regular	g	Outpatient, regular	i	Counseling and Ther Resources
b	Case Management	d	Case Management	h	Case Management		

Contract Manager(s)/Programs: Todd Campbell

Accountant(s)/Programs: Kathy Clemens

JOURNEY MENTAL HEALTH CENTER, INC.
IV Drug Outpatient Treatment and Case Management
Programs #1536 and 1537

2017 – SCHEDULE A

A. Description of Services to be Purchased

This program is intended to provide:

Program #: 1536 – Outpatient, Regular (SPC 507.00)

Outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis, and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning. Regular outpatient is less than six hours of service per person, per week.

Program #: 1537 – Case Management (SPC 604)

The provision of services to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; advocacy; and referral.

1. Service Location

Services under this contract are provided at 49 Kessel Court, Madison, WI 53711.

2. Persons to Be Served

a. Target Population

PROVIDER shall serve adults who are in need of treatment and case management for a substance use disorder that has caused serious problems in their lives. These programs provide treatment and case management specifically for intravenous drug users.

b. Eligibility

PROVIDER shall find eligible for admission to these programs any individuals who possess the following characteristics:

- i. Adult (at least 18 years old); and
- ii. Dane County resident; and
- iii. Diagnosable Substance Use Disorder; and
- iv. has injected drugs intravenously; and
- v. Not covered or eligible for coverage by any insurance plan with a benefit for a similar program; or
- vi. No other private resources to fund a similar program.

3. Federal and state requirements:

PROVIDER shall comply with all federal and state requirements related to the funding source for this program including the Substance Abuse Prevention and Treatment Block Grant, the Intravenous Drug Enhancement Grant, and the State Targeted Response Grant from the Wisconsin Department of Health Services.

B. Program Evaluation

1. Goals

The primary goal is to reduce/eliminate the spread of HIV/AIDS through needle sharing and sexual activity by IV drug users through the reduction of the incidence of injection drug use and the education of IV drug users about the spread of HIV/AIDS. Objectives include:

- a. To provide education regarding the transmission of the HIV virus and AIDS.
- b. To encourage individuals with a history of IV drug use to seek voluntary testing for HIV.
- c. To actively encouraged IV drug users with positive HIV results to seek voluntary pre and post test counseling; and,
- d. To reduce the incidence of IV drug use.

2. Performance Indicators

- a. 90% of IV drug users served by the PROVIDER will not be using IV drugs upon discharge.
- b. 55% of the clients who successfully complete treatment will not require need re-admission to treatment due to IV drug use in the 24 months following discharge.
- c. 60% of all clients discharged will have successfully completed treatment, in accord with the following criteria:
 - i. Clients will not be using IV drugs;
 - ii. Clients will have stopped or reduced their usage of alcohol and or other drugs to non-problematic usage;
 - iii. Clients will have improved their level of functioning in at least two of the following areas;
 - (a) social and family relations;
 - (b) psychiatric/emotional;
 - (c) legal involvement;
 - (d) financial/vocational; and,
 - (e) health.
 - iv. Clients will have an established involvement with a self-help group or support groups or systems;

C. Contract Requirements Specific to Programs

1. Referrals/Application Process

Referrals are accepted from any source. PROVIDER is the authorizing agent for services provided under this contract. The PROVIDER will manage its own screening and intake process, which shall provide access to service most efficiently.

The PROVIDER shall schedule an initial intake appointment for any client who is currently active with another provider of Alcohol and Other Drug Abuse treatment which is also funded by the COUNTY and is referred by that provider. The PROVIDER must make every reasonable effort to schedule this intake appointment before the identified client is scheduled to complete services with the referring provider. This applies only to clients who are active in a program at a different level of care than the PROVIDER is delivering according to this agreement.

2. Capacity/Wait List

PROVIDER capacity is identified in the contract Program Summary Form. PROVIDER will maintain a waiting list as needed and will communicate this need with the COUNTY. Priority for program admission shall be granted to individuals in the following order:

- a. pregnant women who are intravenous drug users.
- b. pregnant women,
- c. intravenous drug users,
- d. women with dependent children, and
- e. homeless persons with co-occurring disorders (substance use disorder and mental illness)
- f. individuals with a case active to the COUNTY and/or are institutionalized.

3. Service Methods

a. Service Definition

Services provided under the terms of this contract include but are not limited to: screening, assessment/diagnosis; treatment plan development, monitoring and review, individual, group, couple and family counseling, case management, medication assisted therapy, psychiatric, crisis intervention, education, and referral to other needed services.

b. Frequency of Contact

Each individual will have less than twelve hours of contact per week.

c. Nature of Contact

The majority of contact under this contract shall take place in the PROVIDER's office and shall be face-to-face between staff from the PROVIDER and each client admitted to these programs. The PROVIDER may have some contact with and on behalf of admitted clients by telephone, email, fax, and mailed correspondence.

d. Service Hours/Days

Service hours are between 8:00 a.m. and 7:00 p.m. Monday through Thursday and 8:00 a.m. to 5:00 p.m. on Friday. Scheduling accommodations for the individual client's work and family commitments are made whenever possible.

e. Length of Service

The length of a treatment episode is tailored to individual client needs, with discharge based upon completion of client-identified goals.

f. Service Area

Individuals from all of Dane County will be served.

4. Transportation

Transportation is not a covered service under this contract.

5. Service Termination

Services are terminated upon successful completion of the program, or if the client or client and therapist together determine that services should be otherwise terminated.

6. Clients to be Reported

All clients for whom a COUNTY client identification number has been assigned shall be reported. PROVIDER agrees to provide the statistical information to the State for IV Drug Abusers specified in the Wisconsin AODA Primary Treatment Registry Format.

7. Units of Service

One hour represents one unit of service.

8. Other Features and Requirements

a. Program Certification

PROVIDER shall maintain certification under State Community Substance Abuse Services Standards established by Administrative Rule DHS 75 for services provided under this contract.

b. Funding Restrictions

Contract funds shall not be used to purchase inpatient hospital services, purchase and distribute sterile needles or HIV testing.

c. Tuberculosis Services

- i. The PROVIDER shall directly provide or routinely make available the following TB services to each individual receiving treatment for substance abuse:
 - (a) Counseling the individual with respect to TB.
 - (b) Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
 - (c) Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.
- ii. The PROVIDER shall implement the infection control procedures that are consistent with those established by the Wisconsin Department of Health Services to prevent the transmission of TB and that address the following:
 - (a) Screening individuals and identification of those who are at high risk of becoming infected.
 - (b) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements 45 CFR parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR part 2.
 - (c) Case management activities to ensure that individuals receive such services.
- iii. The PROVIDER shall report all individuals with active TB as required by state law and in accordance with federal and state confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

d. Program Improvement

PROVIDER shall conduct a minimum of one walk-through consistent with the Network for the Improvement of Addiction Treatment (NIATx) Process Improvement Guidelines. The goal of the walk-through is to see the program from the client's perspective. PROVIDER shall submit to the COUNTY a written report of the walk-through. At a minimum this report shall include a summary of areas that need improvement, the strengths demonstrated during the walk-through, and one identified process to be changed. This written report shall be submitted on or before October 15.