Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES			Contract/Addendur	
1. This contract, grant or addendum: AWARDS ACCE	PTS			Addendum
2. This contract is discretionary ▼Yes □ No		1	POS Grant	
3. Term of Contract or Addendum: 1115-123	115		Lease 🗍 Other 🗍	_
4. Amount of Contract or Addendum: \$75,180)			
5. Purpose: NA – Not required when Human Services signs.				
6. Vendor or Funding Source: Journey Mental	Health	center		
Vendor #: 5152-8		•		
7. If grant: Funds Positions? Yes No Will require	on-going or ma	tching funds?	☐ Yes ☐ No	
8. Are funds included in the budget? Yes No. Ple	ase give account	t codes and relat	ed \$ amounts.	,
Code:\$	_; Code:		\$	
			tted? Yes	No
10. Does Domestic Partner Equal Benefits requirement apply?	ich a copy of th			
10. Does Bonieste Future Equal Boneries requirement apply			·	
11. Director's Approval:	heen	<u>.</u>		
a. Dane County Res. #	Approvals		Initials	Date
	g. Accounta	ent	Kun	5/12/15
b. HSD Res. ID# c. Program Manager Name d. Current Contract Amount e. Adjustment Amount f. Revised Contract Amount 11,312,753 15,180	h. Superviso	or	TIP	21812
d. Current Contract Amount 11,312,753	i. To Provid	der	3L	5-15-15
e. Adjustment Amount 75,180	j. From Pro	vider	SL	6-2-15
f. Revised Contract Amount 11,387,933 k. Corporation Counsel MAV 13-574				12-571
Contract Review/Approvals		Vendor	· · · · · · · · · · · · · · · · · · ·	
	ate Out	Vendor Name		
MQ Received UISUS				
	18/18	Contact Person		
NA Corporation Counsel See "k" above				
Risk Management	0/18/15	Phone No.		
	11/15	D		
Purchasing Agent6	1(8/15	E-mail Address	S	
County Executive				
Footnotes:				
	*			
Return to: Name/Title: Spring Larson, CCA	Dept.: Human	Services 1202 Northpor	t Drive	
Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Ivian Address.	1202 1401thp01		

Celtii	ication
The atta	ched contract: [check as many as apply]
\Box	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!
	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
Date: _\	0-10-15 Signed: Dyn Treen
Telepho	ne Number 242-6469 Print Name: Lynn Green
	하는 사람들이 있다. 그는 그는 그는 그는 그는 그는 그는 가는 바꾸게 되는 것도 되는 그를 꾸게 살아 먹는 그를 가는 것이다.
	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.
exceed	
exceed	\$100,000 in disbursements or receipts and which require county board review and approval.
exceed Execu	\$100,000 in disbursements or receipts and which require county board review and approval. tive Summary (attach additional pages, if needed). 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
exceed Execu	\$100,000 in disbursements or receipts and which require county board review and approval. tive Summary (attach additional pages, if needed). 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
exceed Execu	\$100,000 in disbursements or receipts and which require county board review and approval. tive Summary (attach additional pages, if needed). 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
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exceed Execu	\$100,000 in disbursements or receipts and which require county board review and approval. **tive Summary* (attach additional pages, if needed). **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:
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exceed Execu 1.	\$100,000 in disbursements or receipts and which require county board review and approval. **tive Summary* (attach additional pages, if needed). **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:

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 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. 82929 (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 for 2015 \$11,312,753 Addendum Amount

Revised Maximum Cost for 2015 \$11,387,933

\$75,180

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.

Date Signed: 05 28 2015	FOR PROVIDER: MYDA Cy Signature LYNN A. Brady COD Print Name and Title of Signer
Date Signed:	Signature
	Print Name and Title of Signer FOR COUNTY:
Date Signed:	JOE PARISI, County Executive (when applicable)
Date Signed: <u>6-10-15</u>	LYNN GREEN, Director, Department of Human Services (when applicable)

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Program Summary Form

Revised: S442015 Division: Adult	Obj. IZDCAA IZATAA CZATAA CZATAA CZDCAA CZDCAA CZDCAA CZDCAA CZDCAA CZDCAA CZDCAA CZDCAA CZDUAA CZOUNAA CZOUNA CZO	Elewhere in this contract, the following a Program Name CAU Drug Treatment Court CAU Drug Treatment Court TAP Case Management Drug Court Case Management CAU OWI Court CAU OWI Court Jail Opiate Project If Cost. Unit = direct client service ho It Cost. Unit = direct client service ho	Division: Adult Community Services Funding Period: January 1, 2015 - December 31	N/A	Fund maximum in the cost 171.63 174.53 174.53 175.38 11.33 135.38 11.75.56 177.56 177.56	Devined: payments availated Unit Quantity 841 859 865 223 2896 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181 7 1.181	January 1, 2015 - January 1, 2015 - Substitute of the services under County Cost S 147,588 S 16,621 S 16,621 S 15,904 S 159,904 S	Funding Period: January 1, 2015 - December 31, 2015 Unit Ouantity Courty Cost Other Revenue* Total Cost Report 2 and 17,588 Goods 1 and 17,588 Go	Total Cost \$ 147.588 \$ 265,619 \$ 62,653 \$ 16,621 \$ 47,666 \$ 23,477 \$ 159,904 \$ 100,240 Inc. and related am	Reportir 19 600/610 21 600/610 22 600/610 35 600/610 36 600/610 37 600/610 39 600/610 40 N/A
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h. Funding available only through March 31, 2015. Contract line added to provide medication assisted therapy to opioid-dependent individuals directly upon their release from the Dane County Jail. Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 5/4/2015 Revision: Contract expanded as grant supporting the project awarded by WI Department of Justice was renewed to continue these services.	15. Contract line in this equal to amone per project award	added to provide medication assisted out of available funds divided by United by WI Department of Justice w	d therapy to opioid-de it Cost. Unit = direct c has renewed to conti	pendent in lient service In ue these	dividuals directe bour. 5/4/20*	tty upon their 15 Revision:				

Standard Program Category (SPC) Code Description:	scription:									
e. Inlake Assessment b. Inlake Assessment	·	c. Outpatient, regular d. Case Management	e. Outpatient, regular f. Case Management		ப் <i>ட்</i>	g. Intake Assessment h. Outpatient, regular	ent tar	enti entic		
Contract Manager(s)/Programs:	Todd Campbell	and the second s			Accountant(s)/Programs:	/Programs:	Laura Yundt			

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