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# Contract Cover Sheet

Res 609 BAF# 15072

Note: Shaded areas are for County Executive review.

Significant

Department: HUMAN SERVICES		Contract/Addendum #: 82930A		
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract    Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Term of Contract or Addendum: 1/1 - 12/31/15				
4. Amount of Contract or Addendum: \$150,000.-				
5. Purpose: NA - Not required when Human Services signs. Adds Trauma Focused program to Journey's CTF contract.				
6. Vendor or Funding Source: Journey Mental Health Center Vendor #: 5152				
7. 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				
8. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.      Please give account codes and related \$ amounts. Code: _____ \$ _____; Code: _____ \$ _____				
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If yes, has a resolution been prepared/submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Res 609      Please attach a copy of the Resolution				
10. Does Domestic Partner Equal Benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11. Director's Approval: <i>[Signature]</i>				

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant	<i>[Signature]</i>	3-17-15
	c. Program Manager Name	h. Supervisor	<i>[Signature]</i>	3/17/15
	d. Current Contract Amount	i. To Provider	<i>[Signature]</i>	3-17-15
	e. Adjustment Amount	j. From Provider	<i>[Signature]</i>	4-6-15
	f. Revised Contract Amount	k. Corporation Counsel	<i>[Signature]</i>	4-7-15

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>MG</i>	Received	4-10-15		Contact Person  Phone No.  E-mail Address	
<i>CA</i>	Controller		4/13/15		
NA	Corporation Counsel	See "k" above			
<i>Y</i>	Risk Management	4/13/15	4/14/15		
<i>Y</i>	ADA Coordinator	4/13/15	4/14/15		
<i>CA</i>	Purchasing Agent	4/14/15	4/14/15		
	County Executive				

Footnotes: 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
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## 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 copy<sup>1</sup>
- 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<sup>1</sup>
- 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<sup>1</sup>

Date: 4-8-15

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: 4-8-15

Signature: 

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

Date: 4/21/15

Signature: 

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

Date: April 7, 2015

Signature: 

<sup>1</sup> 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. 82930 (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 six (6) pages.

Current Cost  
for 2015  
\$2,828,645

Addendum Amount  
\$150,000

Revised Maximum  
Cost for 2015  
\$2,978,645

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: 3/25/15

FOR PROVIDER:

William Green  
Signature  
WILLIAM GREEN, C.E.O.  
Print Name and Title of Signer

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name and Title of Signer

Date Signed: \_\_\_\_\_

FOR COUNTY:

\_\_\_\_\_  
JOE PARISI, County Executive  
(when applicable)

Date Signed: 4-8-15

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

# Program Summary Form

Created: 15-Oct-14	Contract #: 82930	Provider: Journey Mental Health Center	Funding Period: January 1, 2015 - December 31, 2015
Revised: 3-Mar-15	Division: Children Youth & Families		

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	County Cost	Other Revenue*	Total Cost	Reporting
									Quantity				
a.	1533	CYFCTMHC	CVSCAA	Youth Crisis Intervention	501	300	160	125.71	2376	\$ 298,699	\$	\$ 298,699	600/610
b.	1543	CYFCTMHC	CZFBAA	Family Based Services	507	517	89	73.68	4357	\$ 321,054	\$	\$ 321,054	600/610
c.	1544	CYFCTMHC	CMFBAA	Family Based Services-Case Mgt	604	517	89	36.71	5143	\$ 188,822	\$	\$ 188,822	600/610
d.	4402	CYFCTMHC	CFMPAA	CAF (Family preservation)Case	604	165	10	41.69	3920	\$ 163,443	\$	\$ 163,443	600/610
e.	4413	CYFCTMHC	CZEPAA	CAF (Family Preservation)-C/TR	507	165	10	42.03	2940	\$ 123,585	\$	\$ 123,585	600/610
f.	11794	CYFCTMHC	CZTFAA	Trauma Focused CBT	507	130	35	125.00	1200	\$ 150,000	\$	\$ 150,000	600/610
g.										\$	\$	\$	

**Total** \$ 1,245,603 \$ 1,245,603

\*Other Revenue-Include here the source and related amount for each program:  
 MA/CI Revenue Paid to COUNTY and passed onto PROVIDER as it is earned.

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

a.	A unit equals one hour of direct service	804-Case Management	g.
b.	An hour equals one hour of direct service		
c.	A unit equals one hour of direct service.		
d.	A unit equals one hour of direct service.		
e.	A unit equals one hour of direct service		
f.	3/15/2015 addendum adds program. A unit equals one hour of direct service. Term of program is 4/1/2015 - 12/31/2015.		
g.			
h.			
i.			
j.			

**Standard Program Category (SPC) Code Description:**

a. 301=Court Intake & Studies	c. 507=Counseling/Therapeutic Resources	e. 804-Case Management	g.
b. 501=Crisis Intervention	d. 507=Counseling/Therapeutic Resources	f. 804-Case Management	h.
			j.
			k.

**Contract Manager(s)/Programs:** Wills Accountant(s)/Programs: Patty Hillebrand

**JOURNEY MENTAL HEALTH CENTER INC.  
OUTPATIENT SERVICES UNIT  
TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY**

**APRIL 1, 2015 – DECEMBER 31, 2015**

**2015 SCHEDULE A**

**A. Description of services to be purchased:**

**The first service to be purchased is SPC 507 Counseling and Therapeutic Resources.**

*Counseling/Therapeutic Resources is defined as the provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or natural setting. Services may include but are not limited to: assessment/diagnosis, case planning, monitoring and review, counseling/psychotherapy; therapy services; physical health services and medical support services.*

The Outpatient Services program provides mental health and/or AODA assessment and treatment services to families who are experiencing serious problems related to mental health and/or chemical abuse. Trauma Focused Cognitive Behavioral Therapy is a Trauma a well established, evidenced based treatment modality that combines elements of Cognitive Therapy, Behavioral therapy and Family Therapy in an effort to reduce negative emotional and behavioral responses to trauma in children and adolescents and corrects maladaptive beliefs related to traumatic events. TF-CBT also assists caregivers in effectively supporting children who have been exposed to traumatic events. It is a treatment modality that is well tested and an applicable to a significant percentage of CYF clients.

**1. Service location:**

Services will be provided in PROVIDER's offices or other site approved as clinic settings that are accessible to CYF clients on Madison's south side and greater Sun Prairie area.

**2. Persons to be served:**

**a. Target population:**

Children ages 5-17 (along with their caregivers) who are receiving services from Dane County Department of Human Services Children, Youth and Families Division Child Protection (CPS) and Juvenile Justice (JJ) who have experienced trauma and are demonstrating functional challenges related to this trauma exposure. Children who are placed out of home will be given priority for services. Children and families who reside on Madison's south and southwest sides along or the greater Sun Prairie area will also be prioritized for services.

**b. Eligibility requirements:**

Clients must be Dane County Department of Human Services CYF clients between the ages of 5-17 at the time of referral, have a parent or caregiver who is available to participate in treatment and are experiencing functional challenges most likely related to exposure to a traumatic event (s). A limited number of families referred from Joining Forces for Families Offices serving the south and

southwest sides of Madison and the greater Sun Prairie area are also eligible for this service with permission of the COUNTY CYF Mental Health and Alternate Care Manager.

## **B. Program evaluation**

### **1. Goals:**

The overall goal of the Outpatient Services TF-CBT Program is to provide therapeutic intervention that ameliorates symptoms related to acute or prolonged trauma exposure in children and improve the child's day to day functioning within his/her community. TF-CBT also seeks to provide needed strategies to the child's parents/caregivers so that they can assist their child in understanding and managing how their exposure to trauma may impact their reactions to other life events over time. Other goals include:

- a. Improve behavioral regulation of children on CPS and JJ caseloads who have been exposed to significant traumatic events and are struggling to manage or understanding of these reactions.
- b. Improve client achievement of case plan goals in both Child Protection and Juvenile Justice Services owing to improvement in behavioral functioning and emotional regulation at the conclusion of TF-CBT treatment.

### **Performance indicators:**

- a. 85 percent of children and youth who are placed at home will remain in their own homes or current placement setting treatment period
- b. 85 percent of children and youth served will not have new juvenile justice referrals during the treatment period.
- c. 80 percent of children and youth who are reunified with their families while participating in TF-CBT will not return to out of home care during the treatment period
- d. 90 percent of children and youth will report decreased trauma symptoms in pre/post symptom screening.

## **C. Contract requirements specific to program:**

### **1. Referral / application process:**

Referrals for service will be accepted directly from the family or a DCDHS social worker.

### **2. Capacity / waiting list:**

The Outpatient Services TF-CBT program shall treat approximately 34 children and their caregivers at any one time. A waiting list may be kept when the service is at capacity. Once the wait for service is 12 weeks or longer PROVIDER shall notify the COUNTY CYF Children's Mental Health Manager to determine if the wait list for Human Services should be closed. If a waiting list exists, clients shall be served on a first come, first served basis. Children who are placed out of home and their plan is to reunify with their family will given automatic prioritization on waiting lists. Other clinical requests for waitlist prioritization should be presented to the COUNTY CYF Mental Health and Alternate Care

Manager for approval. The Outpatient Services TF-CBT Program shall keep the County contract manager informed of the status of the waiting list each month.

### **3. Service methods**

#### **a. Service definition:**

Families will complete a 90 minute intake/assessment session and prior to admission for TF-CBT services. Children and youth who are deemed inappropriate for TF-CBT at the time of the assessment may be recommended for other treatment services within Outpatient Services.

#### **b. Frequency of contact:**

TF-CBT clients will most often receive therapy services once per week, however, slightly greater intensity of contact (up to 2 times per week) or less intensive contact (as little as 2 times per month) may be allowed based on client need..

#### **c. Nature of contact:**

Clients will receive face to face therapy services with PROVIDER.

#### **d. Service hours / days:**

Services shall generally be provided Monday through Thursday, 8:00 am to 8:00 pm, and Friday, 8:00 am to 5:00 pm.

#### **e. Length of service:**

TF-CBT has demonstrated significant treatment effect within 12-18 sessions. Given the high instance of complex trauma seen in CYF client population, it is expected that many of the CYF clients served under this contract will require up to 25 sessions in order to complete the phases of TF-CBT and demonstrate the desired treatment effect.

#### **f. Service area:**

PROVIDER serves CYF clients who reside throughout Dane County however the TF-CBT program will prioritize services to CYF clients who reside on the South side of Madison and the greater Sun Prairie area.

### **4. Transportation:**

PROVIDER does not provide transportation for their services but PROVIDER shall work with clients with fee for service Medicaid and HMO assigned Badgercare to effectively access and utilize Medicaid transportation for their COUNTY clients. PROVIDER clinic locations are also accessible by public transportation.

### **5. Service termination:**

Clients who are not attending scheduled treatment appointments and clients who are not progressing in their treatment goals will be terminated from treatment. Prior to terminating from treatment PROVIDER will contact the client and COUNTY assigned social worker to discuss to outline the non-compliance or lack of treatment progress. Non-compliant clients will be given an opportunity to garner treatment compliance before a final termination of service

**6. Clients to be reported:**

CYF referred clients (children and their caregivers) who are receiving TF-CBT services.

**7. Units of service:**

A unit of service is a direct client contact hour for therapy services and team meetings.

**8. Other features and requirements:**

a. Tuberculosis Screening and Testing Protocol shall be applied via the County approved protocols in substance use disorder cases.

b. Client Restraint: PROVIDER shall not utilize physical restraint as a therapeutic intervention with clients. Any client restraint utilized to protect a client from harm to self or others shall be reported to the COUNTY social worker no later than 2 business days after the event

c. Insurance Revenue: PROVIDER shall work to generate insurance revenue for all clinical and case management services. COUNTY shall be the payer of last resort for clients with any type of health insurance coverage including Medical Assistance/BadgerCare as well as commercial insurance. COUNTY social workers will provide insurance information at the point of referral and advise families that their insurance may be billed for this service. Unexpended COUNTY funds will be remitted to COUNTY in the final settlement

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