

Contract Cover Sheet

Res. 213

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES	Contract/Addendum #: 82285B															
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Contract</td> <td style="text-align: center;">Addendum</td> </tr> <tr> <td>POS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Grant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		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"/>
		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: 11/13 - 12/31/13																
4. Amount of Contract or Addendum: \$ 25,222																
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? <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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution																
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No																
11. Director's Approval:																

Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#	22	g. Accountant	SL	2/21/14
	c. Program Manager Name	GRABOT	h. Supervisor	SL	2-26-14
	d. Current Contract Amount	11,225,137	i. To Provider	SL	2-26-14
	e. Adjustment Amount	25,222	j. From Provider	SL	3-5-14
	f. Revised Contract Amount	11,250,359	k. Corporation Counsel	SL	3-5-14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
Mg	Received	3-12-14		Contact Person Phone No. E-mail Address	
SL	Controller		3/17/14		
NA	Corporation Counsel	See "k" above			
SL	Risk Management	3/17/14	3/17/14		
REG	ADA Coordinator	3/17/14	3/17/14		
CS	Purchasing Agent	3/18/14	3/18/14		
NA	County Executive	Human Services signs			

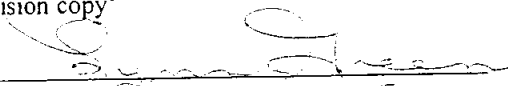
Footnotes: 1. AD budget requested

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 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: 3-7-14 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).

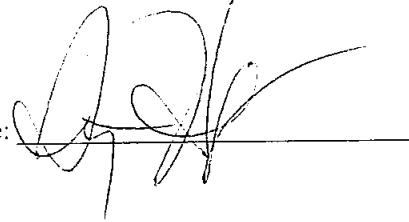
1. Department Head Contract is in the best interest of the County.
 Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 3-7-14 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: 3/5/14 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. **82285** (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 five (5) pages.

<u>Current Cost</u> <u>for 2013</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2013</u>
\$11,225,137	\$25,222	\$11,250,359

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.

Date Signed: 12/03/14

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: 3-7-14

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

Created: 10/8/12 Revised: 11/22/2012; 2-3-14	Contract #: 82285 Division: Adult Community Services		Provider: Journey Mental Health Center Funding Period: January 1, 2013 through December 31, 2013										
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.	4563	6116	ACFCSMHC	CSCPAA	Gateway/Fordern Connections	509	0	71.87	36,144	\$ 2,597,641	\$ 27,000	\$ 2,624,641	600/610
b.	3659	3659	ACICSMHC	CSCTAA	Community Treatment Alternativ	509	0	94.48	6,245	\$ 590,033	\$ 8,640	\$ 598,673	600/610
c.	4564	4564	ACFCSMHC	CSCPAA	JMHC-CSP (waitlist)	509	0	70.93	4,939	\$ 350,309		\$ 350,309	600/610
d.	10798	6116	ACFCSMHC	CSCPAA	CSP CRS	511	0	71.87	170	12,242		12,242	600/610
e.										\$ -	\$ -	\$ -	
f.										\$ -	\$ -	\$ -	
									Total	\$ 3,550,225	\$ 35,640	\$ 3,585,865	

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

a.	Service hour is a client hour. Includes consolidated base for Gateway, Cornerstone, Blacksmith House. 11-22-12 revision made due to CRS funding needing more time to develop. \$ 86,953 returned to this line. MG	Individual and insurance collections
b.	Service hour is a client hour.	Individual and insurance collections
c.	Service hour is a client hour.	Individual and insurance collections
d.	Service hour is a client hour. CRS added to capture certified peer specialist services and billing. 11-22-12 \$96,953 put back into program 4563 to give time for CRS funding to develop. MG 2-3-14 - contract increased \$11,242 due to increased earnings. MG	Individual and insurance collections
e.		
f.		
g.		
h.		
i.		
j.		

Standard Program Category (SPC) Code Description:

- a. 509=Community Support
- b. 509=Community Support
- c. 509=Community Support
- d. 511 = CRS
- e.
- f.
- g.
- h.
- i.
- k.

Contract Manager(s)/Programs: Grabot
 Accountant(s)/Programs: Laura Yundt

Created: 10/8/12
 Revised: 4/8/2013; 5-16-13; 2-14-14
 Contract #: 82285
 Division: Adult Community Services
 Provider: Journey Mental Health Center
 Funding Period: January 1, 2013 through December 31, 2013

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.	10070	ACFCRSDN	CVIPAA	Recovery House	205	114	4	225.43	986	\$ 222,369		\$ 222,369	600/610
b.	10071	ACFCRSDN	IPCHAA	Crisis Home Program	205	25	15	131.90	4,376	\$ 577,199		\$ 577,199	600/610
c.	6357	ACFCRSDN	IPCHAA	Crisis Stabilization Program	702	1100	N/A	72.30	6573	\$ 475,196		\$ 475,196	600/610
d.	6357	ACFCRSDN	IPCHAA	Crisis Stabilization Emergency Fund	702	60	N/A	100.00	104	\$ 10,420		\$ 10,420	Itemized Report
e.	10591	ACFCRMHC	BCMHAA	Bayside Place	506.6	40	8	352.47	2,359	\$ 831,416		\$ 831,416	600/610
f.	1303	ACFCRMHC	CVEUAA	ESU-Crisis Intervention	501	1,419	0	116.20	12,620	\$ 1,466,394	\$ 65,318	\$ 1,531,712	600/610
g.	10839	ACFCRMHC	CVEUAA	Inpatient Diversion Specialist	601	N/A	N/A	45.45	1320	\$ 60,000		\$ 60,000	600/610
h.													
i.													
j.													
Total										\$ 3,642,984	\$ 65,318	\$ 3,708,312	

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

- a. The section below is to be used to further define the information above.
 Unit is a day of service. Units estimated at 905 days (4 beds @ 62% occupancy). 2-14-14 - contract increased by \$18,580 due to actual earned revenue. MG
- b. Funding includes payments to crisis home and AFH sponsors. All homes are either certified or licensed as Adult Family Homes or Community Based Residential Facilities. Cost of each placement is individually determined. Crisis Homes shall not exceed \$100 per day unless approved by County. Adult Family Home rates shall be determined by County and Rate setting tool. See attached. Any deviations from rate-setting tool shall be approved by County. Lengths of stay vary from one day to several months. Any crisis leading to placement shall be as defined in DHS 34. MA Crisis shall be billed for all eligible services. Service units are measured in days. 4-8-13 - \$41,400 transfer to program 6357 for supervision costs. MG Clarification, \$41,400 was transferred from program 10071 to program 6357 as described in 4-8-13 note. MG 2-14-14 - contract reduced by \$21,689 due to actual costs. MG
- c. Funding includes payment for staff to monitor the entire ACS MH MA CI/CS program, clinical supervision oversight, and Outreach Workers. MA Crisis is billed for all eligible services. Service units are measured in hours. 4-8-13 - \$41,400 added to program for supervision costs. MG
- d. Service unit is one person receiving emergency funding from this account. Quarterly, the Provider will provide a detailed report showing how these funds were used. Refer to Schedule A for specification of use. Will reconcile at years end based on actual expenses. 2-3-14 - increase of \$4420 due to actual costs. MG
- e. Unit of service is a one day. Units estimated at 2336 (8 beds x 365 days x 80% occupancy= 2336). 2-3-14 - contract increased by \$8050 due to increased earnings. MG
- f. Service unit is a client hour.
 \$65,318 is private collections
- g. This is a new program. The annual budget will be pro-rated based on start up date. Service unit is a staff hour. 5-16-13 - unit quantity numbers and cost are now added to this program. MG
- h.
- i.
- j.
- Standard Program Category (SPC) Code Description:
 a. 205 - Shelter care
 b. 205 - Shelter Care
 c. 702 Systems Management
 d. 702 - Systems Management
 e. 506.64 = CBRF
 f. 501 = Crisis Intervention
 g. 601 = Outreach
 h. 601 = Crisis Intervention
 i. j. k.
- Contract Manager(s)/Programs: Grabot
 Accountant(s)/Programs: Laura Yundt

Created: 10/8/12
 Revised: 2/3/14
 Contract #: 82285
 Division: Adult Community Services
 Provider: Journey Mental Health Center
 Funding Period: January 1, 2013 through December 31, 2013

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.	10804	10804/ACFCTMHC	CTRBA	Resource Bridge	507.03	130	75	100.00	3,000	\$ 300,000	\$	\$ 300,000	600/610
b.	1308	6059/ACFCTMHC	DMDSAA	Yahara House Day Service	704	152	0	11.45	57,516	\$ 658,554	\$ 315,545	\$ 974,099	600/610
c.	1309	6059/ACFCLMHC	CMYHAA	Yahara House Case Mgmt.	604	142	0	72.88	1,786	\$ 130,156	\$	\$ 130,156	600/610
d.	1310	6059/ACFSEMHC	SEYHAA	Yahara House Supp. Employ.	615	20	20	98.41	364	\$ 35,820	\$	\$ 35,820	600/610
e.	10647	6059/ACFSEMHC	SEYHAA	Yahara House CRS	511	13	13	105.04	238	\$ 25,000	\$	\$ 25,000	600/610
f.	10736	6115/ACFCLMHC	CZMUAA	Prescriber Services	507.03	965	900	121.66	3,609	\$ 439,164	\$ 194,048	\$ 633,212	600/610
g.	10735	10735/ACFCTMHC	CMMUAA	Outpatient Services	604	1120	900	78.64	5,397	\$ 424,427	\$	\$ 424,427	600/610
h.	10827	6115/ACFCLMHC	CZMUAA	TEAM	507.03	30	15	121.66	460	\$ 56,000	\$	\$ 56,000	600/610
i.										\$	\$	\$	
j.										\$	\$	\$	
Total										\$ 2,069,121	\$ 509,593	\$ 2,578,714	

The section below is to be used to further define the information above.
 Service unit is a staff hour.
 *Other Revenue-include here the source and related amount for each program:

a.	Service unit is a staff hour.												
b.	Service unit is a client hour. Includes \$60,000 in billable MA Crisis services- revenue will be passed thru only if earned. 2-3-14 - contract reduced by \$33,181 due to reduced earnings. MG									\$315,545 is MA Day Service Revenue			
c.	Service unit is a staff hour.												
d.	Service unit is a staff hour. This includes TE and other vocational services.												
e.	Service unit is a staff hour. This program is exclusively for consumers receiving I.P.S. Supported Employment services funded by Community Recovery Services (CRS).												
f.	Service unit is a staff hour of physician and nurse time specific to prescribing medications.												
g.	Service unit is a staff hour and may include both direct and indirect services.									\$194,048 is MA revenue			
h.	TEAM was added in 2007 but never given its own program details. Split off of Prescriber services in 2013. Service unit is a staff hour.												
i.													
j.													

Standard Program Category (SPC) Code Description:
 a. 507.03=Counseling/therapeutic Re
 b. 704 = Day Service
 c. 604 = Case Management
 d. 615 = Supported Employment
 e. 511 = Community Recovery Se
 f. 507.03=Counseling/therapeutic
 g. 604= Case Management
 h. 507.03=Counseling/therapeutic Res
 i.
 k

Contract Manager(s)/Programs: Grabot
 Accountant(s)/Programs: Laura Yundt

Created: 10/8/12
 Revised: 4/11/2013; 2-21-14
 Contract #: 82285
 Division: Adult Community Services
 Provider: Journey Mental Health Center
 Funding Period: January 1, 2013 through December 31, 2013

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. 3979	6124	ACFCLMHC	AMKAAA	Kajsiab House-MA rev.	507.03	80	na	68.52	7,996	\$ 547,856		\$ 547,856	600/610
b. 1290	6057	ACFACMHC	AMAPAA	SEA-C/IR	507.03	100	0	34.57	2,924	\$ 101,091	\$ 13,980	\$ 115,071	600/610
c. 1291	6057	ACFACMHC	AMAPAA	SEA-Case Mgmt.	604	30	0	9.11	1,073	\$ 9,777		\$ 9,777	600/610
d.													
e.													
f.													
g.													
h.													
i.													
j.													
Total										\$ 658,724	\$ 13,980	\$ 672,704	

The section below is to be used to further define the information above.
 *Other Revenue-Include here the source and related amount for each program:

a. \$510,056 Medicaid revenue will be passed through if earned. 2-21-14 - contract increased by \$37,800 due to increased earnings. MG	
b. Service hour is a client hour.	
c. Service hour is a client hour.	\$13,980 is private collections
d.	
e.	
f.	
g.	
h.	
i.	
j.	

Standard Program Category (SPC) Code Description:

a. 507.03 = counseling and therapeutic r	e.
b. 507.03 = counseling and therapeutic r	f.
c. 604 = Case Management	g.
d.	h.
	i.
	j.
	k.

Contract Manager(s)/Programs: Grabot
 Accountant(s)/Programs: Laura Yundt