

232

### Contract Cover Sheet

Res 543

**Note: Shaded areas are for County Executive review.**

Department: HUMAN SERVICES	Contract/Addendum #: <b>83324D</b>																				
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Contract</th> <th style="width: 50%;">Addendum</th> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">If Addendum, please include original contract number</td> </tr> <tr> <td><input type="checkbox"/> POS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lease</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lessor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Intergovernmental</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Purchase of Property</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Property Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>	Contract	Addendum	If Addendum, please include original contract number		<input type="checkbox"/> POS	<input checked="" type="checkbox"/>	<input type="checkbox"/> Grant	<input type="checkbox"/>	<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"/>
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<input type="checkbox"/> Other	<input type="checkbox"/>																				
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
3. Term of Contract or Addendum: <b>1/1/16 - 12/31/16</b>																					
4. Amount of Contract or Addendum: <b>\$ 58,000</b>																					
5. Purpose: NA – Not required when Human Services signs.																					

6. Vendor or Funding Source: **Journey mental Health Center**

7. MUNIS Vendor Code: **5152-8**

8. Bid/RFP Number:

9. Requisition Number:

10. If grant: Funds Positions?  Yes  No Will require on-going or matching funds?  Yes  No

11. Are funds included in the budget?  Yes  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?  Yes  No If yes, please attach a copy of the Resolution. **Res 543**  
 If Resolution has already been approved by the County Board, Resolution No. & date of adoption \_\_\_\_\_

15. Does Domestic Partner equal benefits requirement apply?  Yes  No

16. Director's Approval: *Sydney Green*

	Dane County Res. #	Approvals	Initials	Date
Human Services Only	b. HSD Res. ID#	g. Accountant	<i>[Signature]</i>	4/4/16
	c. Program Manager Name	h. Supervisor	<i>[Signature]</i>	4/5/16
	d. Current Contract Amount	i. To Provider	<i>[Signature]</i>	4-5-16
	e. Adjustment Amount	j. From Provider	<i>[Signature]</i>	4-6-16
	f. Revised Contract Amount	k. Corporation Counsel	<i>[Signature]</i>	4-7-16

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name/Address	
<i>[Signature]</i> Received	_____	<b>4-4-16</b>	_____	Contact Person  Phone No.  E-mail Address	
<i>[Signature]</i> Controller	_____	_____	<b>4/20/16</b>		
N/A Corporation Counsel	See "k" above	_____	<b>4/25/16</b>		
<i>[Signature]</i> Risk Management	_____	<b>4/20/16</b>	<b>4/24/16</b>		
<i>[Signature]</i> Purchasing	_____	_____	<b>4/20/16</b>		
_____ 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: 4-7-16

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: 4-7-16

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: 4-7-16

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).

83324D

Approved Corp. Counsel  
JH 4/7/16

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. 83324 (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.

<u>Current Cost</u> <u>for 2016</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2016</u>
\$11,256,219	\$58,000	\$11,314,219

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: 04/05/2016

Lynn Brady  
Signature  
Chief Operating Officer  
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: 4-7-16

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

### Program Summary Form

Created/Revised	10/15/2015 12/7/2015, 4/4/2016	Contract #	83324	Division	Adult Community Services	Provider	Journey Mental Health Center, Inc	Funding Period	January 1, 2016 - December 31, 2016				
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	3645	ACICTMHC	IZDCAA	DCTP Intake & Coordination	603	107	60	174.93	850	\$ 148,621	\$	\$ 148,621	600/610
b	3646	ACIASSMT	IZATAA	DGDP Intake & Coordination	603	183	91	299.17	894	\$ 267,478	\$	\$ 267,478	600/610
c	3651	ACICTMHC	CZATAA	DCDP Counseling	507.00	74	N/A	75.87	832	\$ 63,092	\$	\$ 63,092	600/610
d	3652	ACICTMHC	CMATAA	DCDP Clinical Case Management	604	52	N/A	75.87	221	\$ 16,737	\$	\$ 16,737	600/610
e	3653	ACICTMHC	CZDCAA	Drug Court Counseling	507.00	30	N/A	82.80	580	\$ 48,000	\$	\$ 48,000	600/610
f	3654	ACICTMHC	CMDCAA	DCTP Clinical Case Management	604	30	N/A	82.80	286	\$ 23,641	\$	\$ 23,641	600/610
g	10670	ACICTMHC	IZOWAA	OWI Court Intake & Coordination	603	60	N/A	135.65	1,179	\$ 159,904	\$	\$ 159,904	600/610
h	9190	ACICTMHC	CZOPAA	Jail Opiate Project	507.00	20	20	117.56	✓ 609	\$ 71,602	✓	\$ 71,602	N/A
Total										\$ 799,075.00	\$	\$ 799,075.00	

\*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.														
b	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 12/7/2015 Revision: Addition of 0.2% COLA														
c	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 12/7/2015 Revision: Addition of 0.2% COLA														
d	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 12/7/2015 Revision: Addition of 0.2% COLA														
e	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 12/7/2015 Revision: Addition of 0.2% COLA														
f	Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. 12/7/2015 Revision: Addition of 0.2% COLA														
g	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. 12/7/2015 Revision: Reducing line amount to remove 0.5% COLA mistakenly added in original contract to this fully grant-supported program.														
h	Funding available only through January 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. 4/4/2016 Revision: Contract expanded as grant supporting the project awarded by WI Department of Justice was renewed to continue these services. ✓														
Standard Program Category (SPC) Code Description:															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a Intake Assessment</td> <td style="width: 33%;">e Outpatient regular</td> <td style="width: 33%;">g Intake Assessment</td> </tr> <tr> <td>b Intake Assessment</td> <td>c Case Management</td> <td>h Outpatient regular</td> </tr> </table>										a Intake Assessment	e Outpatient regular	g Intake Assessment	b Intake Assessment	c Case Management	h Outpatient regular
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Contract Manager(s)/Programs: Todd Campbell															
Accountant(s)/Programs: Laura Yundt															