

Dane County Contract Cover Sheet

BAF#_20053__

Dept./Division	Human Services / HAA
Vendor Name	Focus Counseling, Inc.
Vendor MUNIS #	27641
Brief Contract Title/Description	Increasing contract by \$411,054 to reflect additional COVID-19 funding and additional FTE staff.
Contract Term	4/1/2020 – 12/31/2020
Total Contract Amount	\$411,054

Contract # <small>Admin will assign</small>	13981A
Addendum	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of Contract	
<input checked="" type="checkbox"/>	Dane County Contract
<input type="checkbox"/>	Grant
<input type="checkbox"/>	County Lessee
<input type="checkbox"/>	County Lessor
<input type="checkbox"/>	Intergovernmental
<input type="checkbox"/>	Purchase of Property
<input type="checkbox"/>	Property Sale
<input type="checkbox"/>	Other

Purchasing Authority	<input type="checkbox"/> \$11,000 or under – Best Judgment (1 quote required)	
	<input type="checkbox"/> Between \$11,000 – \$37,000 (\$0 – \$25,000 Public Works) (3 quotes required)	
	<input type="checkbox"/> Over \$37,000 (\$25,000 Public Works) (Formal RFB/RFP required)	RFB/RFP #
	<input type="checkbox"/> Bid Waiver – \$37,000 or under (\$25,000 or under Public Works)	
	<input checked="" type="checkbox"/> Bid Waiver – Over \$37,000 (N/A to Public Works)	
	<input type="checkbox"/> N/A – Grants, Leases, Intergovernmental, Property Purchase/Sale, Other	

MUNIS Req.	Org Code	39000	Obj Code	20025	Amount	\$411,054
Req #	Org Code		Obj Code		Amount	\$
Year	Org Code		Obj Code		Amount	\$

Resolution /Addendum Form	A resolution is required if the contract exceeds \$100,000 (\$40,000 Public Works). A copy of the Resolution must be attached to the contract cover sheet.					
	<input type="checkbox"/> Contract does not exceed \$100,000 (\$40,000 Public Works) – a resolution is not required.					
	<input type="checkbox"/> Resolution required and a copy is attached.				Res #	
	<input type="checkbox"/> Addendum Form required.				Year	

Contract Review/Approvals				
Initials	Dept.	Date In	Date Out	Comments
mg	Received by DOA	4/10/20	4/13/20	
ch	Controller		4/10/20	approval via email
cac	Purchasing		4/10/20	approval via email
N/A	Corporation Counsel			See "I" below
dl	Risk Management		4/10/20	approval via email
	County Executive	4/13/20	4/13/20	

Dane County Dept. Contact Info		Vendor Contact Info	
Name	Spring Larson, Contract Coord. Assistant	Name	Calvin Brace
Phone #	(608) 242-6391	Phone #	6083358093
Email	larson.spring@countyofdane.com	Email	brace.calvin@gmail.com
Address	1202 Northport Drive, RM Gr42A, Madison WI 53704	Address	2901 International Ln Ste 100, Madison WI 53704

Human Services Only	a. Dane County Res. #	N/A	Approvals	Initials	Date
	b. Budget/Personnel Required	YES	g. Accountant	DX	4/9/20
	c. Program Manager Name	Becker	h. Supervisor	CW 100	4/9/20
	d. Current Contract Amount	\$134,000	i. Corporation Counsel	MAM	04/09/2020
	e. Adjustment Amount	\$411,054	j. To Provider	CW	4/9/2020
	f. Revised Contract Amount	\$545,054	k. From Provider	CW	4/10/2020


Certification: The attached contract is a:	
<input type="checkbox"/>	Dane County Contract <u>without</u> any modifications.
<input type="checkbox"/>	Dane County Contract <u>with</u> modifications. The modifications have been reviewed by:
<input checked="" type="checkbox"/>	Non-standard contract.

Contract Cover Sheet Signature

Dept. Head / Authorized Designee	Signature	Date
	Printed Name	
	Shawn Tessmann, Director of Human Services	

Contracts Exceeding \$100,000

Major Contracts Review – DCO Sect. 25.11(3)

Director of Administration	Signature	Date
	Comments	
Corporation Counsel	Signature	Date
	Electronically Signed by Marcia A. MacKenz 	04/09/2020
	Comments	

Goldade, Michelle

From: Hicklin, Charles
Sent: Friday, April 10, 2020 1:48 PM
To: Goldade, Michelle
Subject: Approve: Contract #13981A

Goldade, Michelle

From: Lowndes, Daniel
Sent: Friday, April 10, 2020 1:09 PM
To: Goldade, Michelle
Subject: Approve: Contract #13981A

Goldade, Michelle

From: Clow, Carolyn
Sent: Friday, April 10, 2020 1:25 PM
To: Goldade, Michelle
Subject: Approve: Contract #13981A



Dane County Department of Human Services

Shawn Tessmann, Director
1202 Northport Drive, Madison, WI 53704-2092

JOE PARISI
DANE COUNTY EXECUTIVE

Date: April 10, 2020

To: Joe Parisi
County Executive

From: Der Xiong
Accountant

Re: Addendum to Focus Counseling, Inc. Contract

Description:

This addendum is to increase COVID-19 funding by \$411,054. The additional funding is to provide additional staff to provide case management, housing assistance, on-site programming, referrals to services and other housing support and services to individuals experiencing homelessness who are residing in hotels funded by the COUNTY and are considered at higher risk for contracting COVID-19 as determined by the Centers for Disease Control and Prevention.

Revised Contract amount: \$545,054

13981A

APPROVED
CORPORATION COUNSEL
MAM 04/09/2020

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Focus Counseling, 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. 13981 (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.

<u>Current Cost</u> <u>for 2020</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2020</u>
\$134,000	\$411,054	\$545,054

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: 04/10/2020

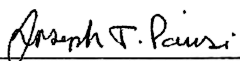

Signature
Calvin J. Brace, Owner
Print Name and Title of Signer

Date Signed: _____

Signature

Print Name and Title of Signer

Date Signed: 4/13/20

FOR COUNTY: 

JOE PARISI, County Executive
(when applicable)

Date Signed: _____

SHAWN TESSMANN, Director,
Department of Human Services
(when applicable)

Program Summary Form

Created: 3/27/2020	Revised: 4/3/2020	Contract #: 13981	Provider: Focus Counseling, Inc.										
		Division: HAA	Funding Period: April 1, 2020 - December 31, 2020										
<p><small>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.</small></p>													
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.	3153	39000	20025	Community Emergency Response	106	varies	varies	\$44.72	12,189	\$ 545,054		\$ 545,054	See Sch A
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
Total										\$ 545,054.00	\$ -	\$ 545,054.00	

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

a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	
j.	

Standard Program Category (SPC) Code Description:

a. 106: Housing/Energy	c.	g.
b.	d.	h.
	e.	i.
	f.	k.

Contract Manager(s)/Programs:
 Casey Becker - becker.casey@countyofdane.com - 608.286.1446

Accountant(s)/Programs:
 Der Xiong xiong.der@countyofdane.com - 608.242.6314

**Schedule A
Focus Counseling
Community Emergency Response Program
Program # 8163
2020**

Service Description:

Staffing to provide case management, housing assistance, on-site programming, referrals to services and other housing support and services to individuals experiencing homelessness who are residing in hotels funded by the COUNTY and are considered at higher risk for contracting COVID-19 as determined by the Centers for Disease Control and Prevention.

(SPC: 106 Housing)

I. PROVIDER shall:

- a. Provide on-site and mobile services at various hotels in Dane County where individuals experiencing homelessness who are at higher risk for contracting COVID-19 are temporarily lodging.
- b. Various services will generally be available at the sites from 8am – 5pm, with some safety services available in the evening and overnight hours.
- c. Provide services for guests that include, but may not be limited to:
 - i. Assistance accessing basic needs such as food, laundry, transportation, and other supports.
 - ii. Case management.
 - iii. Connections to behavioral health supports.
 - iv. Psychoeducational programming.
 - v. Housing support.
 - vi. Benefits assistance.
 - vii. Crisis stabilization as needed.
- d. Provide services at the following locations:
 - i. The Howard Johnson Plaza by Wyndam, located at 3841 E Washington Ave, Madison.
 - ii. The Clarion Suites at The Alliant Energy Center, located at 2110 Rimrock Rd., Madison.
 - iii. Country Inn and Suites, located at 400 River Pl, Madison.
 - iv. Baymont by Wyndham, located at 904 E Main St, Waunakee.

- v. Rodeway Inn and Suites, located at 4845 Hayes Rd, Madison.
- iv. Quality Inn, located at 1754 Thierer Rd., Madison.
- iiiv. Other hotel locations as agreed upon by the COUNTY and PROVIDER, dependent on program capacity and resources.
- e. Provide on-site staffing for each hotel site, supervised by a 1.0 FTE Director of Operations.
 - i. One-site staffing shall consist of seven On-Site support specialists (up to two per site with more than 40 guests) 7 days a week, for up to 24 hours at each location, for up to three sites.
 - ii. On-site staffing shall also consist of two on-site Safety Workers for up to three sites, 7 days a week, with up to 24 hour on-call coverage.
- f. Provide a mobile team of individuals consisting of one (1) .5 FTE Housing Resource Specialist, one (1) .5 FTE Benefits Specialist, one (1) 1.0 FTE Social Worker/Clinician, and one (1) .25 FTE Substance Abuse Counselor who will divide time among the Howard Johnson, Clarion, and Country Inn hotel sites.
- g. Provide one (1) 1.0 FTE Outreach Worker to provide tele-outreach services to guests at the Quality Inn, including but limited to welfare checks, needs assessment, and connections to community resources as needed.
- h. Ensure the health and safety of each hotel resident enrolled in the program through staff employed by PROVIDER and where applicable, in partnership with vended security funded by COUNTY.
- i. Work on-site with hotel staff to minimize conflict, diffuse potential crises, and monitor symptoms and behaviors of residents.
- j. Aid in the transfer of guests from their hotel to a medical isolation location in the event guests become symptomatic or ill and can no longer stay in their room, including transportation.
- k. Work with vended meal provider, funded by COUNTY, to distribute meals to guests and modify meals if necessary.
- l. Partner with shelter providers and outreach workers to identify appropriate guest referrals for room vacancies or new program openings.

- m. Provide orientation to guests before check-in to review guest responsibility agreement.
- n. Coordinate when appropriate with the Homeless Services Consortium (HSC) to communicate information about the program and connect guests to services as needed.

II. PROVIDER'S performance will be assessed using the following goals:

- a. One hundred percent (100%) of participants will be assisted with accessing and supporting basic needs.
- b. Up to a twenty five percent (25%) increase in the number of hotel rooms made available to COUNTY to serve guests due to positive collaboration between program staff, participants, and hotel management.
- c. Up to twenty five percent (25%) of participants will be placed into stable housing.
- d. Up to twenty five percent (25%) of participants will be connected to long-term case management services.
- e. Up to thirty percent (30%) of participants will be engaged with on-site psychoeducational programming.
- f. Up to twenty five percent (25%) of participants will be enrolled in eligible benefits programs.

III. Reporting

- a. PROVIDER shall report every two weeks via e-mail to its COUNTY contract manager with the following agency data:
 - i. Individuals served.
 - ii. Demographics of individuals served.
 - iii. Number of participants placed in stable housing.
 - iv. Number of participants actively engaged with on-site psychoeducational programming.
 - v. Number of participants connected to long-term case management services.
 - vi. Number of participants enrolled in eligible benefits program, broken down by program type.
 - vii. Number of individuals who left the program voluntarily.
 - viii. Number of individuals who left the program due to hotel rule violations.
 - viiii. Number of new individuals who entered the program.
 - vv. Number of new hotel rooms provided by hotels.

IV. Miscellaneous

- a. Services will begin on April 1, 2020 and continue until June 1, 2020. Contract will be renewed monthly thereafter. Contract will sunset when guests are no longer lodging in hotels as a result of COUNTY's contract by hotels being cancelled, or other events that could lead to the program ceasing operations.
- b. COUNTY will negotiate with its hotel partners to secure office space/lodging space for PROVIDER at each service location.

Schedule B
Focus Counseling
Community Emergency Response Program
Program # 8163
2020

1. XXVI. Financial Provisions, B. Method of Payment, 3.:

Provider shall be advanced \$272,527 for the month of April and \$272,527 for the month of May.

2. XXVI. Financial Provisions, G. Budgets and Personnel Schedules, 2.:

PROVIDER shall prepare a program budget and supporting personnel schedule and submit it to COUNTY for approval within thirty (30) days after the effective date of this Agreement.

3. XXVI. Financial Provisions, M. Expense Reports:

Expense reports shall be submitted on a monthly basis on the form provided by the County. Expense reports are due no later than the 15th of the following month and should report actual expenses.