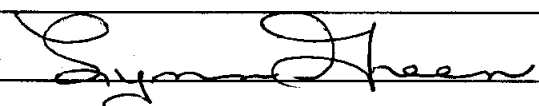


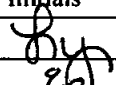
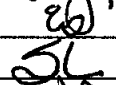
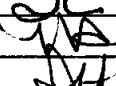
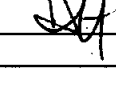
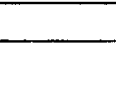
202




Contract Cover Sheet

Res 395

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES	Contract/Addendum #: 82596B															
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS	<table style="margin: 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: 11/1/14 - 12/31/14																
4. Amount of Contract or Addendum: \$ 25,060																
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 checked="" 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#		g. Accountant		10/22/14
	c. Program Manager Name	Campbell	h. Supervisor		10/27/14
	d. Current Contract Amount	11,365,535	i. To Provider		10-27-14
	e. Adjustment Amount	25,060	j. From Provider		11/7/14
	f. Revised Contract Amount	11,390,595	k. Corporation Counsel		11/6/14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
 Received	_____	11-19-14	_____		Contact Person Phone No. E-mail Address
 Controller	_____	_____	11/20/14		
NA Corporation Counsel	See "k" above	_____	_____		
<input checked="" type="checkbox"/> Risk Management	_____	11/20/14	11/21/14		
<input checked="" type="checkbox"/> ADA Coordinator	_____	11/20/14	11/21/14		
 Purchasing Agent	_____	11/21/14	11/21/14		
_____ 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

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: 11-16-14

Signed: _____

Telephone Number 242-6469

Print Name: _____

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: 11-16-14

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: 11/10/14

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).



**Dane County
Department of Human Services**

Lynn Green, Director
1202 Northport Drive, Madison, WI 53704-2092

JOE PARISI
DANE COUNTY EXECUTIVE

Date: October 27, 2014

To: Joe Parisi
County Executive

From: Laura Yundt
Accountant

Re: Contract # 82596

Description:

This addendum amends the professional service contract with Journey Mental Health Center for an extension of the OJA Jail Opiate Treatment funding grant. This additional funding will allow this program to continue through 12/31/14.

Amount: \$25,060

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. **82596** (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

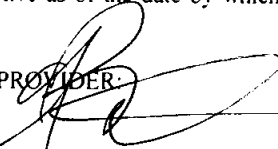
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

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 2014</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2014</u>
\$11,365,535	\$25,060	\$11,390,595

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: 11.5.14

FOR PROVIDER:


Signature
G. Brew, Chief Financial & Administrator Officer
Print Name and Title of Signer

Date Signed: _____

Signature

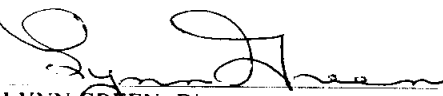
Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

JOE PARISI, County Executive
(when applicable)

Date Signed: 11-16-14



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

Program Summary Form

Created: 10/16/2013		Contract # 82596		Provider: Journey Mental Health Center, Inc.									
Revised: 5/1/2014; 10/1/2014		Division: Adult Community Services		Funding Period: January 1, 2014 - December 31, 2014									
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	CAU Drug Treatment Court	603	119	67	171.83	959	\$ 164,807		\$ 164,807	600/610
b	3646	ACIASSMT	IZATAA	CAU TAP	603	153	76	293.87	760	\$ 223,249		\$ 223,249	600/610
c	3651	ACICTMHC	CZATAA	TAP CTR	507.00	102	N/A	73.07	754	\$ 55,107		\$ 55,107	600/610
d	3652	ACICTMHC	CMATAA	TAP Case Management	604	72	N/A	73.07	200	\$ 14,615		\$ 14,615	600/610
e	3653	ACICTMHC	CZDCAA	Drug Court	507.00	54	N/A	79.74	489	\$ 38,978		\$ 38,978	600/610
f	3654	ACICTMHC	CMDCAA	Drug Court Case Management	604	54	N/A	79.74	241	\$ 19,199		\$ 19,199	600/610
g	10870	ACICTMHC	IZOWAA	CAU OWI Court	603	60	N/A	135.38	1,181	\$ 159,904		\$ 159,904	600/610
h	9190	ACICTRMT	CZOJAA	Jail Opiate Project	507.00	40	40	117.56	992	\$ 116,572		\$ 116,572	N/A
Total										\$ 792,430	\$	\$ 792,430	

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

- a Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Capacity of Drug Court Treatment Program reduced to accommodate higher risk target population.
- b Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Amount adjusted to increase capacity of TAP/Drug Court Diversion Program with funds available from DART program, which phased out in 2014.
- c Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Amount adjusted to increase treatment capacity for the Drug Court Diversion Program with funds available from DART program, which phased out in 2014.
- d Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Amount adjusted to increase treatment capacity for the Drug Court Diversion Program with funds available from DART program, which phased out in 2014.
- e Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Amount adjusted to increase treatment capacity for the Drug Court Treatment Program with funds available from DART program, which phased out in 2014.
- f Unit Quantity equal to amount of available funds divided by Unit Cost. Unit = direct client service hour. **5/1/2014 Revision:** Amount adjusted to increase treatment capacity for the Drug Court Treatment Program with funds available from DART program, which phased out in 2014.
- 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. **5/1/2014 Revision:** Amount adjusted to match grant amount. Vacancy savings make up for reduction.
- h Funding available only through March 31, 2014. 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. **5/1/2014 Revision:** Continuation of six-month grant awarded by WI Department of Justice to continue these services. **10/1/2014 Revision:** Another six-month continuation of grant awarded by WI Department of Justice to continue these services.

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

Standard Program Category (SPC) Code Description:	a Intake Assessment	b Intake Assessment	c Outpatient, regular	d Case Management	e Outpatient, regular	f Case Management	g Intake Assessment	h Outpatient, regular

Contract Manager(s)/Programs: Todd Campbell

Accountant(s)/Programs: Laura Yundt