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Contract Cover Sheet

Res 260 SAF16108

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 83324F	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS		Contract Addendum	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Addendum, please include original contract number	
3. Term of Contract or Addendum: 11/1/16 - 12/31/16		<input type="checkbox"/> POS	<input checked="" type="checkbox"/>
4. Amount of Contract or Addendum: \$ 14,286		<input type="checkbox"/> Grant	<input type="checkbox"/>
5. Purpose: NA - Not required when Human Services signs.		<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"/>

6. Vendor or Funding Source: Journey Mental Health Center

7. MUNIS Vendor Code: 5152

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.
 If Resolution has already been approved by the County Board, Resolution No. & date of adoption 260 attached

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

16. Director's Approval: *Synn Sheen*

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant	<i>JS</i>	9/21/16
	c. Program Manager Name	h. Supervisor	<i>JA</i>	9/8/16
	d. Current Contract Amount	i. To Provider	<i>SL</i>	9.8.16
	e. Adjustment Amount	j. From Provider	<i>SL</i>	9.23.16
	f. Revised Contract Amount	k. Corporation Counsel	<i>DL</i>	9-23-16

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name/Address	
<i>mg</i>	Received	9.28.16		Contact Person Phone No. E-mail Address	
<i>ca</i>	Controller		9/29/16		
N/A	Corporation Counsel	See "k" above			
<i>sl</i>	Risk Management	9/29/16	9/29/16		
<i>ca</i>	Purchasing	9/29/16	9/29/16		
	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 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: 9-26-16

Signed: 

Telephone Number 242-6469

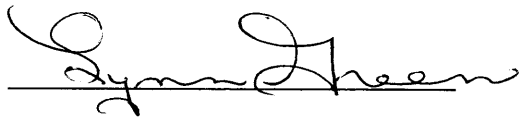
Print Name: Lynn Green

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: 9-26-16

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: 9-23-16

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. 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,

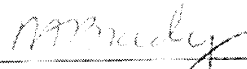
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter 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>
\$11,414,219	\$14,286	\$11,428,505

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: 9-21-2016



 Signature
 Erin A. Priddy, COO
 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: 9-26-16



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

Created: 10/16/15
 Revised: 11/28/2015: 2-25-16 - 8-26-16 ✓
 Contract #: 83324
 Division: Adult Community Services
 Provider: Journey Mental Health Center
 Funding Period: January 1, 2016 through December 31, 2016

Contract Maximum Service Costs Subject to the Provider: Specified elsewhere in this contract. The following summarizes and sets forth the rates and maximum payments available for services under this contract.	Contract #	Division	Provider	Funding Period								
	83324	Adult Community Services	Journey Mental Health Center	January 1, 2016 through December 31, 2016								
Program Number	Program Group	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a. 10070	ACFCRSDN	CVIPAA	Recovery House	205	114	4	227.01	904	\$ 205,216		\$ 205,216	600/610
b. 10071	ACFCRSDN	IPCHAA	Crisis Home Program	205	25	15	133.01	4540	\$ 603,885		\$ 603,885	600/610
c. 6357	ACFCRSDN	IPCHAA	Crisis Stabilization Program	702	1100	N/A	73.12	6534	\$ 477,802		\$ 477,802	600/610
d. 9220	ACFCRSDN	IPCHAA	Crisis Stab Emergency Fund	702	60	N/A	100.00	120	\$ 12,000		\$ 12,000	Itemized Report
e. 10591	ACFCRMHC	BCMHAA	Bayside Place	506.64	40	7	381.01	2,044	\$ 778,780		\$ 778,780	600/610
f. 1303	ACFCRMHC	CVEUAA	ESU-Crisis Intervention	501	1,419	0	120.76	14,422	\$ 1,741,620		\$ 1,741,620	600/610
g.												
h.												
									Total	\$ 3,819,303	\$	\$ 3,819,303

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. Unit is a day of service. Units estimated at 904 days (4 beds @ 62% occupancy). 12/8/15 Added .2% coln.
- 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. 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. 2-25-16 - contract increased by \$4997 to adjust for expenses. MG
- c. Funding includes payment for staff to monitor the entire ACS MH MA CICS program, clinical supervision oversight, and Outreach Workers. MA Crisis is billed for all eligible services. Service units are measured in hours. 12/8/15 Added .2% coln. 2-25-16 - contract reduced by \$4997 to adjust for expenses. 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.
- e. Unit of service is a one day. Units estimated at 2044 (7 beds x 365 days x 80% occupancy= 2044). 12/8/15 Added .2% coln.
- f. Service unit is a client hour. Inpatient Diversion Specialist is part of this program. 12/8/15 Added .2% coln. 8-26-16 - \$14,286 added as MH Block Grant was increased. MG ✓
- g.
- h.
- i.
- j.

Standard Program Category (SPC) Code Description:
 a. 705 - Shelter Care
 b. 706 - Shelter Care
 c. 702 - Systems Management
 d. 702 - Systems Management
 e. 506.64 - Crisis
 f. 501 - Crisis Intervention
 g. 601 - Outreach
 h.
 k.

Contract Manager(s)/Programs: Grace@journeymh.com Accountant(s)/Programs: Laura Yundt