## **Contract Cover Sheet**

Note: Shaded areas are for County Executive review.

Res 1600 51849"

Department: HUMAN SERVICES			C	Contract/Addend	
1. This contract, grant or addendum:	AWARDS ACCE	PTS			
2. This contract is discretionary Yes	□ No		1 1 1 1 1	Contract OS	Addendum
3. Term of Contract or Addendum:	Y 2014		L	Frant	Ü
4. Amount of Contract or Addendum:	132, 283			/aliei 🔲	
5. Purpose: NA - Not required when I	Human Services signs.				and the second s
		Tarana Agaman	in the second se	en e	
6. Vendor or Funding Source: JOHAN	EY MENTAL HEAD	17H CENTE	C INC		
Vendor #: 5152					
7. If grant: Funds Positions?  Yes	☐ No Will require	on-going or ma	tching funds?	Yes No	·
8. Are funds included in the budget?	Yes No. Plea	ase give accoun	t codes and relate	d \$ amounts.	· · · · · · · · · · · · · · · · · · ·
9. Is a resolution needed? X Yes 1	\$	; Code:	· · · · · · · · · · · · · · · · · · ·	\$_	
	No If yes, has a	resolution been	prepared/submitt	ed? Yes [	No
<ul> <li>★ 140de</li> <li>10. Does Domestic Partner Equal Benefit</li> </ul>	Please atta				
•					
11. Director's Approval:	Th	ممع			.,
a. Dane County Res. #		Approvals		Initials	Date
b. HSD Res. ID#		g. Account	ant	Bus	5/21/14
b. HSD Res. ID#  c. Program Manager Name  d. Current Contract Amount  e. Adjustment Amount  f. Revised Contract Amount	CAMPBELL	h. Supervis	or	800	5/27/14
d. Current Contract Amount	11,833,252	i. To Prov	ider	51	52814
e. Adjustment Amount	132,283	j. From Pr	<del> </del>	QL.	6.4-14
f. Revised Contract Amount	11,365,535	k. Corpora	tion Counsel	1	6-9-14
Contract Review/Approvals			Vendor		7
Initials Ftnt	Date In Da	ite Out	Vendor Name		
Received	6-	19-14	Contact Person		
NA Corporation Counsel See "k	" above	1114	Phone No.		
ADA Coordinator	<u> </u>	112717 1123/14			
Purchasing Agent	6-	19-14	E-mail Address		
County Executive					
Footnotes: budget request	ed				
Return to: Name/Title: Spring Lars	on, CCA	Dept.: Huma	an Services	· · · · · · · · · · · · · · · · · · ·	
Phone: (608) 242-6391 E-mail Address: Larson.sp	•		s: 1202 Northport	t Drive	· · · · · · · · · · · · · · · · · · ·

Certifi	cation
The attac	ched contract: [check as many as apply]
図	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!
	is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision
	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:	6-11-14 Signed:
-	one Number 243-6469 Print Name: Lynn Green
excee	r Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both d \$100,000 in disbursements or receipts and which require county board review and approval.
Exec	utive 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: 6-11-14 Signature: Signature:
2.	Director of Administration Comments:  Contract is in the best interest of the County.
	Date: 6/24/14 Signature:
3.	Corporation Counsel Comments:  Contract is in the best interest of the County.
	Date: 6-9-14 Signature

<sup>&</sup>lt;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).

82596P

Approved Corp. Counsel

## **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.

Current Cost for 2014 \$11,233,252

Addendum Amount

Revised Maximum Cost for 2014 \$11,365,535

\$132,283

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: 5/30/14	FOR PROVIDER:    Signature
Date Signed:	Signature
	Print Name and Title of Signer
Date Signed:	FOR COUNTY:
	JOE PARISI, County Executive (when applicable)
Date Signed: 6-11-14	LYNN GREEN, Director, Department of Human Services (when applicable)

## Program Summary Form

	Contract Max										•			
Program   Prog	Contract Maxi	5/1/2014			Division:	Adult Co	mmunity Service	Ses	Fu	nding Period:	January 1, 2014 -	- December 31, 2014	-	
Program   Prog	Program	mum Service	Costs: Subject to the	e provisions specified	elsewhere in this contract, the followin	nemmas gr	rizes and sets for	th the rates	and maximum	payments availa	ble for services und	der this contract.		
3846  5946   ACCITANCE   CIDCAM   CAUD Day Treatment Court   602   119   67   1715   819   710   8   2   22229   8   8   8   8   8   8   8   8   8	Number	Program Group	Org.	Obj.	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*		
3846   3846   ACIONACO   COLTAN   TOP CITY	3645	ਲ	ACICTMHC	IZDCAA	CAU Drug Treatment Court	603	119	29	171.83	959				
\$255   \$654   \$CCTAHC   \$CCATAA		3646	ACIASSMT	IZATAA	CAUTAP	603		9/	293.87	760	٠,	-		249 600/
3655   6054   ACCITIMIC   COND.   Type Case Management   607   617   6		6064	ACICTMHC	CZATAA	TAP C/TR	507.00		A/A	73.07	754			:	
156   156		6064	ACICTMHC	CMATAA	TAP Case Management	<b>604</b>		ΑN	73.07	200	₩.	ş		515 600/
1985   6065   ACCITANT   COLOLAA   CAND COUNT Clase Management   604   604   104   158.34   1,181		6065	ACICTMHC	czdcaa	Drug Court	507.00		A/A	79.74	489	<del>60</del>			978 600/
16670   1667		6065	ACICTMHC	CMDCAA	Drug Court Case Management	604	22	Ϋ́Z	79.74	241				199 600/
19190 9190 Location below is to be used to further define the information above.  The section below is to be used to further defined the information above.  The section below is to be used to further defined the funds of the control of the control of a small set for the control of the control of a small set funds of the control of the control of a small set funds of the control of a small set fund to the control of a small set fund of a small set fund to the control of a small set fund of the control of a small set fund to the control of a small set fund of the control of a small set fund of the control of a small set fund of the control of th		10670	ACICTMHC	IZOWAA	CAU OWI Court	603		A/Z	135.38	1,181				
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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. \$/1/2014 Revision:  Continuation of six-month grant awarded by WI Department of Justice to continue these services.  Continuation of six-month grant awarded by WI Department of Justice to continue these services.  Standard Program Category (SPC) Code Description:  a. Intake Assessment  b. Intake Assessment  c. Outpatient, regular  d. Case Management  f. Case Management  f. Case Management  Accountant(s)/Programs: Laura Yundt		sment and C	oordination service 5/1/2014 Revisio	s for the OWI Cour	rt. Unit Quantity equal to amount of	f available savings n	funds divided nake up for red	by Unit Couching	st. Unit =					
Contract Manager(s)/Programs: Todd Campbell Continue in Secretion of Six-mortin grant awarded by Wil Department of Justice to continue these services.  8. Intake Assessment c. Outpatient, regular c. Outpatient, regular d. Case Management f. Case Management h. Outpatient, regular contract Manager(s)/Programs: Todd Campbell Accountant(s)/Programs: Laura Yundt		ulable only the Lane C	rough March 31, 2 ounty Jail. Unit Qu	014. Contract line and	added to provide medication assiste tunt of available funds divided by UI	led therap	y to opioid-dep Unit = direct clie	endent ind ant service	fividuals direct hour. 5/1/201	tly upon their 4 Revision:				
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	Contract Ma	nager(s)/Pr	ograms:	Todd Campbell					Accountant(s)	/Programs:	Laura Yundt			