

Modification A to Contract #18-97

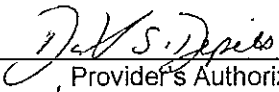
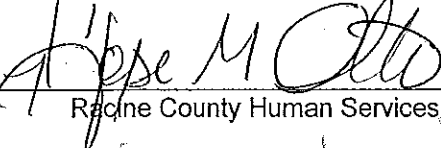


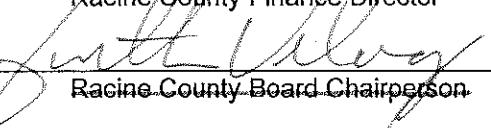
This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., whose principal business address is 5400 S. 60th Street, Greendale, Wisconsin 53129.

The modification to this agreement will be in effect from July 3, 2018 to December 31, 2018. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2018 through December 31, 2018 with addition of the following:

All Behavioral Health Services Staff will be removed from the contract, effective 12:01 am July 3, 2018.

Any modifications to the total amount allocated for provision of the services outlined in this contract are indicated on the attached Budget Sheet (Attachment A).

In accordance with the Contract Administration Manual of Racine County, (Section III. A.1. Contract Modification and Extension), the approval for this change is executed by the Human Services Department Director, Finance Director, Corporation Counsel and County Board Chairperson with signatures affixed.

(signed) <u></u>	<u>9/20/2018</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>10/12/18</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>11-25-18</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>10/17/18</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>12-04-18</u>
Racine County Board Chairperson	Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE



Wendy M. Christensen
Racine County Clerk

12/4/18

XII. COST AND SERVICES TO BE PROVIDED

- A. Provider and Purchaser understand and agree that the eligibility of individuals to receive the services purchased under this agreement will be determined by the Purchaser.
- B. Purchaser agrees to pay Provider for the actual services rendered by Provider and authorized by Purchaser at the contracted amount.
- C. The total amount to be paid to Provider by Purchaser for programs and services as specified in this section will not exceed the total contracted dollar amount.

Account #	Program	Total	Units	Unit Rate	Method of Payment
BEHAVIORAL HEALTH SERVICES STAFF:					
For the Period January 1 - July 2, 2018					
61702.010.990.404500	Operations	85,830			
71729.011.605.404500	Jail AODA	67,032			
71723.003.507.404500	AODA Treatment	123,931			
71731.003.300.404500	IDP	86,190			
71740.002.501.404500	Crisis Intervention	108,250			
71740.002.507.404500	MH Treatment	219,888			
71740.002.509.404500	CSP	183,079			
71740.002.510.404500	CCS	447,571			
71740.002.604.404500	Targeted Case Management	31,183			
71717.008.604.404500	Adult Protective Services	138,593			
71747.002.307.404500	Youth Aids	29,836			
71719.002.604.404500	CST	22,402			
71748.003.507.404500	STR Grant	36,175			
71734.011.606.404500	Alcohol & Drug Treatment Court	1,522			
71750.002.510.404500	MDFT	29,039			
Total Program: \$		1,610,521			
NUTRITION PROGRAM STAFF					
71707.008.401.404500	Congregate	49,000			
71708.008.402.404500	Home Delivered Meals	82,000			
Total Program: \$		131,000			
ADRC Staff					
71701.008.300.404500	Alzheimer's Family Support	38,000			
71703.008.200.404500	ADRC	1,039,643			
71704.008.200.404500	EBS	41,000			
71706.008.300.404500	III B	56,000			
71706.008.200.404500	III B	8,149			
71709.008.300.404500	III D	15,000			
71711.008.300.404500	III E	57,500			
71712.008.200.404500	SPAP	13,000			
71713.008.200.404500	SHIP	1,650			
71715.008.107.404500	New Freedom	80,724			
Total Program: \$		1,350,666			

Approved by HSD Fiscal Manager 
 9/6/18