



Rock County Human Services Department  
P. O. Box 1649, 3530 N. County Trunk F  
Janesville, Wisconsin 53547-1649  
Phone: 608/757-5271  
Fax: 608/757-5374

## ROCK COUNTY HUMAN SERVICES BOARD

Monday, December 20, 2010 – 4:30 p.m.

Rock County Health Care Center – 3<sup>rd</sup> Floor Conference Room, Janesville

### AGENDA

1. Call Meeting to Order
2. Approval of Agenda
3. Approval of Minutes of Human Services Board Meeting of December 8, 2010 \*
4. Citizen Participation
5. Resolution to Recognize Ms. Bernice Kedrowski For Service To Rock County Human Services \* - Ms. Sutton
6. Questions and Answers on Draft ADRC Report – Ms. Thompson
7. Status of Juvenile Justice Report – Mr. Horozewski
8. Approval of Contracts, Transfers, and/or Encumbrances – Ms. Mooren
9. Approval of Bills – Mr. Zuehlke
10. Director's Report \*
  - W2 / ES Caseload
11. Committee Requests for Future Agenda Items
12. Next Meeting: Wednesday, January 12, 2011 at 4:30 p.m. at the Rock County Health Care Center, 3<sup>rd</sup> Floor Conference Room, Janesville, Wisconsin.
13. Adjourn

NOTE TO COMMITTEE MEMBERS: To ensure a quorum, please call the Administrative Secretary at 757-5271 if you are unable to attend the meeting

\* Attachment    \*\* These items may be handed out at the meeting if not available for the mailing



RESOLUTION NO. \_\_\_\_\_

AGENDA NO. \_\_\_\_\_

RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS

Charmian J. Klyve, Director  
INITIATED BY

Cindy Sutton  
DRAFTED BY

Human Services Board  
SUBMITTED BY

December 2, 2010  
DATE DRAFTED



**TO RECOGNIZE MS. BERNICE KEDROWSKI FOR SERVICE  
TO ROCK COUNTY HUMAN SERVICES**

1 **WHEREAS**, Ms. Bernice Kedrowski has served the citizens of Rock County for more than  
2 thirty (30) years, as a dedicated and valued employee of Rock County; and,  
3

4 **WHEREAS**, Ms. Kedrowski began her career in August of 1980 as a Clerk/Receptionist for  
5 the Rock County Health Care Center and Rock Haven. In March of 1987, Ms Kedrowski was  
6 promoted to communications clerk with Rock County Human Services. Ms Kedrowski  
7 moved to the Job Center when it opened in 1998 and assumed the duties of Job Center  
8 receptionist/switchboard operator. Her position was upgraded to Job Center Specialist on  
9 January 1, 2001. Ms Kedrowski has served in this position until her retirement on December  
10 3, 2010; and,  
11

12 **WHEREAS**, Ms. Kedrowski has been performing duties as a receptionist, greeting and  
13 directing customers to the appropriate program agencies. She also monitored the switchboard,  
14 answering customer calls and inquiries from the general public and directing those to the  
15 appropriate staff. She has also served a critical role for Economic Support staff by  
16 maintaining intake logs and reporting to staff when appointments arrive. Ms Kedrowski has  
17 always been respectful when greeting customers and visitors. This has been especially  
18 important over the last few years when the Job Center became exceedingly busy due to the  
19 economic situation; and,  
20

21 **WHEREAS**, the Rock County Human Services Board wishes to recognize Ms. Bernice  
22 Kedrowski for her significant contributions to the citizens of Rock County and her 30 years of  
23 service.  
24

25 **NOW THEREFORE BE IT RESOLVED** that the Rock County Board of Supervisors, duly  
26 assembled this \_\_\_\_\_ day of \_\_\_\_\_, 2010, does hereby recognize Ms. Bernice  
27 Kedrowski for her many years of service and extend their best wishes to her in her future  
28 endeavors; and,  
29

30 **BE IT FURTHER RESOLVED** that the County Clerk be authorized and directed to furnish  
31 a copy of this resolution to Ms. Bernice Kedrowski.

**TO RECOGNIZE MS. BERNICE KEDROWSKI FOR SERVICE TO ROCK  
COUNTY HUMAN SERVICES**

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Respectfully Submitted,

**Rock County Human Services Board**

\_\_\_\_\_  
Brian Knudson, Chair

\_\_\_\_\_  
Jennifer Bishop, Vice Chair

\_\_\_\_\_  
Phillip Owens

\_\_\_\_\_  
Minnie Murry

\_\_\_\_\_  
Sally Jean Weaver-Landers

\_\_\_\_\_  
Terry Thomas

\_\_\_\_\_  
Robert Fizzell

\_\_\_\_\_  
Marv Wopat

\_\_\_\_\_  
Kathy Kelm

**County Board Staff Committee**

\_\_\_\_\_  
J. Russell Podzilni, Chair

\_\_\_\_\_  
Sandra Kraft, Vice Chair

\_\_\_\_\_  
Eva Arnold

\_\_\_\_\_  
Henry Brill

\_\_\_\_\_  
Betty Jo Bussie

\_\_\_\_\_  
Ivan Collins

\_\_\_\_\_  
Marilynn Jensen

\_\_\_\_\_  
Louis Peer

\_\_\_\_\_  
Kurtis L. Yankee

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

11-053

New Contract:  or, \_\_\_\_\_ or, \_\_\_\_\_  
 (check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Department Sara Mooren x8431  
 Originating Department Contact Person Phone

Contract with: Maria Amador  
 (Name of entity)

Contract Period: Start Date: 1/01/2011 Expiration Date: 12/31/2011

Contract Amount: Rate x number of approved clients

Description	Rate	Change
Spanish Language Interpretation	\$20.00/hr	0%
Minimum Trip Charge	\$10.00/hr	0%
Mileage	Prevailing Federal Rate	
Document Translation	\$20.00/page	0%

Expenditure/ Revenue Account Numbers: \_\_\_\_\_

(provide 9-digit object codes)

- 36-3634-0000-62503 Child Protective Services
- 36-3646-0000-62503 Juvenile Justice Services
- 36-3689-0000-62503 Crisis Intervention
- 36-3690-0000-62503 Mental Health/AODA
- 36-3704-0000-62503 Intoxicated Driver Program
- 36-3706-0000-62503 Community Support Program

Executive Summary: Rock County Human Services Department has developed contracts with several providers for interpretation services. This is one of several providers from which Rock County clients may choose for such services.

Rate is the same as 2010.

NEW  11-053 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS689

Contract between Rock Co. Human Services Dept. and Maria Amador for interpretation services for period of 1/1/11 - 12/31/11.

Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

Total Fiscal Impact & Source of Funds:

[Signature] 12/14/10  
 Signature Date

[Signature]  
 \_\_\_\_\_

[Signature] 12/14/10  
 Finance Director Date

Reviewed by Purchasing for compliance:

[Signature] 12/13/10

12/1

## Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

**10-044**

New Contract:  or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services    Sara Mooren    X8431  
Originating Department    Contact Person    Phone

Contract with: Beloit Meals on Wheels, Inc.  
(Name of entity)

Contract Period:                          Start Date: 01/01/10    Expiration Date: 12/31/10

Contract Amount: Rate x number of approved clients

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):

- 36-3666-0000-64604    Long Term Support
- 36-3668-0000-64604    Community Options Program (COP)
- 36-3674-0000-64604    COP Waiver
- 36-3678-0000-64604    Community Integration Program (CIP-II)
- 36-3706-0000-64604    Community Support Program (CSP)

Executive Summary:

Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  10-044    AMENDMENT TO: \_\_\_\_\_    ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW    NO. SS671

Contract between Rock Co. Human Services Dept. and Beloit Meals on Wheels Inc. for supportive home care services for period of 1/1/10 - 12/31/10.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this document and finds it to be proper, as to form.  
[Signature]    12/10/10  
Signature    Date

Total Fiscal Impact & Source of Funds:  
[Signature]    669  
[Signature]    12/10/10  
Finance Director    Date

Reviewed by Purchasing for compliance:

[Signature]    12/7/10

White - General Services  
Yellow - Originating Department

12/7

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-013 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren X8431  
Originating Department Contact Person Phone

Contract with: CSCo  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP-II)
- 36-3706-0000-64604 Community Support Program (CSP)

### Executive Summary:

Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-013 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. 88664

Contract between Rock Co. Human Services Dept. and CSCo for Supportive Home Care Services  
for period of 1/1/11 - 12/31/12.  
Contract Amount: Rate x no. of approved clients

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

[Signature] 12/5/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature] 663

[Signature] 12/9/10  
Finance Director Date

Reviewed by Purchasing for compliance:

[Signature] 12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

11/30

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

11-027  
New Contract  or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes)                      Amendment to Contract #                      Addendum to Contract #

Human Services Department                      Sara Mooren                      x8431  
Originating Department                      Contact Person                      Phone

Contract with: Edgerton Coalition for a Healthy Community  
(Name of entity)

Contract Period:                      Start Date: 1/01/2011                      Expiration Date: 12/31/2011

Contract Amount: \$7,580

Expenditure/ Revenue Account Numbers: 36-3634-0000-46002 Other Grants and Contracts \_\_\_\_\_  
(provide 9-digit object codes)

Executive Summary: This memorandum of understanding provides approximately 4 hours a week of support by the Prevention Specialist to the Edgerton Coalition for a Healthy Community (ECHC). The Prevention Specialist will provide technical assistance on substance abuse issues along with helping to build capacity and sustainability for ECHC. ECHC will compensate RCHSD for this time.

Were Bids or Quotations Solicited?                       Yes                       No

NEW  11-027                      AMENDMENT TO: \_\_\_\_\_                      ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW                      NO. SS674

Contract between Rock Co. Human Services Dept. and Edgerton Coalition for a Healthy Community for Memorandum of Understanding to provide 4-hrs./wk of support the the Prevention Specialist to the Edgerton Coalition for a Health Community for period of 1/1/11 - 12/31/11.

Contract Amount: \$7,580.00  
Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

### Total Fiscal Impact & Source of Funds:

Included in 2011 Budget as amended  
Revs. used to offset wage costs  
[Signature]                      12/10/10  
Finance Director                      Date

[Signature]                      12/10/10  
Signature                      Date

Reviewed by Purchasing for compliance:  
[Signature]                      12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk



12/10

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

11-054

New Contract  or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Department Sara Mooren x8431  
Originating Department Contact Person Phone

Contract with: HealthNet of Janesville, INC.  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2011

Contract Amount: \$57,867(0% from 2010)

Expenditure/ Revenue Account Numbers: \_\_\_\_\_  
(provide 9-digit object codes)  
36-3624-0000-62119 Interim Assistance

Executive Summary: Rock County Human Services Department has contracts with two agencies in Rock County to provide free clinic services and medical documentation services. The amount of the contracts is not intended to cover the full cost of these services, but rather serves as a partial offset to their operating costs. The intent is to provide services to the former General Relief population, which is primarily single adults without children, who are unable to obtain medical care through other established programs.

NEW  11-054 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS690

Contract between Rock Co. Human Services Dept. and HealthNet of Janesville Inc. to provide free clinic services & medical documentation services for period of 1/1/11 - 12/31/11.  
Contract Amount: \$57,867.00

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature] 12/14/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature]

[Signature] 12/13/10  
Finance Director Date

Reviewed by Purchasing for compliance:  
[Signature] 12/13/10

12/1

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-012 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren X8431  
Originating Department Contact Person Phone

Contract with: Independent Disability Services  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP-II)
- 36-3706-0000-64604 Community Support Program (CSP)

### Executive Summary:

Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-012 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS665

Contract between Rock Co. Human Services Dept. and Independent Disability Services for Supportive Home Care Services for period of 1/1/11 - 12/31/12.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

Total Fiscal Impact & Source of Funds:

[Signature] 12/8/10  
Signature Date

[Signature] 12/6/10

Reviewed by Purchasing for compliance:

[Signature] 12/9/10  
Finance Director Date

[Signature] 12/7/10

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-040 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services  
Originating Department

Sara Mooren  
Contact Person

X8431  
Phone

Contract with: Janesville Meals on Wheels  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):

36-3666-0000-64604 Long Term Support  
36-3668-0000-64604 Community Options Program (COP)  
36-3674-0000-64604 COP Waiver  
36-3678-0000-64604 Community Integration Program (CIP-II)  
36-3706-0000-64604 Community Support Program (CSP)

### Executive Summary:

Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-027 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS669

Contract between Rock Co. Human Services Dept. and Janesville Meals on Wheels for supportive home care services for period of 1/1/11 - 12/31/12.

Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this document and finds it to be proper, as to form.

Signature

Date

Total Fiscal Impact & Source of Funds:

Insufficient funds available

INTA 50's 2011 budget

[Signature] 12/10/10  
Finance Director Date

Reviewed by Purchasing for compliance:

Jodi R Miller 12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

17

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-048 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren X8431  
Originating Department Contact Person Phone

Contract with: Kandu Industries, Inc.  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3678-0000-64604 Community Integration Program (CIP-II)
- 36-3706-0000-64604 Community Support Program (CSP)

### Executive Summary:

Rock County Human Services Department has developed this contract for adult daycare, prevocational, and supported employment services for persons with disabilities and other vocational barriers.

Were Bids or Quotations Solicited?  Yes  No

NEW  11-048 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS680

Contract between Rock Co. Human Services Dept. and Kandu Industries Inc. for adult daycare, prevocational and supported employment services for persons with disabilities and other vocational barriers. Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

Total Fiscal Impact & Source of Funds:

Judith A. Kuykendall 12/9/10  
Signature Date

Sufficient funds are  
available in ASO's 2011 Budget

Reviewed by Purchasing for compliance:  
Jodi R. Miller 12/9/10

[Signature] 12-9-10  
Asst. to Finance Director Date

12/1

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract:  or, \_\_\_\_\_ OR \_\_\_\_\_  
11-014 Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren X8431  
Originating Department Contact Person Phone

Contract with: Lutheran Social Services of Wisconsin and Upper Michigan, Inc.

Contract Period: Start Date: 01/01/11 Expiration Date: 12/31/11

Contract Amount \$ Based upon the number of referrals, times the contracted rate.

Expenditure/ Revenue Account Numbers:  
(provide 9-digit object codes)

36-3692-0000-62119 IV Drug  
36-3700-0000-62119 AODA Block Grant  
36-3704-0000-62119 IDP

Standard AODA Outpatient Rates:		
Group Counseling	\$25.00/Hour	+25.0%
Individual Counseling	\$30.00/Hour	+20.0%
Urinalysis	\$10.00/Each	+0.0%

### Executive Summary:

Rock County Human Services Department's Annual Budgets include Federal, State, and IDP Program funds to purchase AODA treatment services. This provider is one of many providers available for eligible clients to choose from. AODA treatment services are provided within the limits of available Federal, State, and IDP revenues. Waiting lists are established if necessary.

NEW  11-014 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS666

Contract between Rock Co. Human Services Dept. and Lutheran Social Services of WI & Upper MI Inc AODA Treatment services for period of 1/1/11 - 12/31/11.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature] 12/8/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature] 12/6/10

Reviewed by Purchasing for compliance.  
[Signature] 12/7/10

[Signature] 12/9/10  
Finance Director Date

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-042 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes)                      Amendment to Contract #                      Addendum to Contract #

Human Services                      Sara Mooren                      X8431  
Originating Department                      Contact Person                      Phone

Contract with: Merry Maids  
(Name of entity)

Contract Period:                      Start Date: 1/1/2011                      Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

- Expenditure/ Revenue Account Numbers (provide 9-digit object codes):
- 36-3666-0000-64604      Long Term Support
  - 36-3668-0000-64604      Community Options Program (COP)
  - 36-3674-0000-64604      COP Waiver
  - 36-3678-0000-64604      Community Integration Program (CIP-II)
  - 36-3706-0000-64604      Community Support Program (CSP)

Executive Summary:  
Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-042      AMENDMENT TO: \_\_\_\_\_                      ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW                      NO. SS679

Contract between Rock Co. Human Services Dept. and Merry Maids for supportive home care services for period of 1/1/11 - 12/31/12.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature]                      12/9/10  
Signature                      Date

Total Fiscal Impact & Source of Funds:  
Sufficient funds are available  
in ASD's 2011 budget  
[Signature]                      12-9-10  
Ass't. Finance Director                      Date

Reviewed by Purchasing for compliance:  
[Signature]                      12/9/10

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract:  or, 09-056 (10993) or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Department Sara Mooren x8431  
Originating Department Contact Person Phone

Contract with: Pro Tech Monitoring Inc.  
(Name of entity)

Contract Period: Start Date: 01/01/2009 Expiration Date: 12/31/2011

Contract Amount: \$ Based on number of units activated and number of service days:

<u>Smart One Piece (WMTD)</u>	<u>Price</u>
Active	\$7.50/Day
Passive	\$5.50/Day
<u>Smart Two Piece (MTD)</u>	<u>Price</u>
Active	\$7.95/Day
Passive	\$4.50/Day

Expenditure/ Revenue Account Numbers: 36-3646-0000-62119 Other Contracted Services - JJS  
(provide 9-digit object codes)

Executive Summary: This amendment extends the contract period with Pro Tech Monitoring Inc for one additional year. This contract is for active and passive electronic monitoring of juvenile offenders who are on supervision. The initial term of the contract was for two years with an option to renew with a negotiated price increase prior to year three. Pro Tech has agreed to maintain current rates for 2011. After the third year, the service will be re-bid per County purchasing regulations. Pursuant to RFP 2009-06, Pro Tech Monitoring was the successful proposer.

NEW  AMENDMENT TO: 10993 09-056 ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. 55670

Amendment to contract between Rock Co. Human Services Dept. and Pro Tech Monitoring Inc. to extend contract period one additional year for period of 1/1/09 - 12/31/11.  
Contract Amount: \$ based on no. of units activated and no. of service days.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

[Signature] 12/10/10  
Signature Date

Total Fiscal Impact & Source of Funds:

[Signature]

[Signature] [Signature]  
Finance Director Date

Reviewed by Purchasing for compliance:

Bid # 2009-06

12/10

### Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: **11-043** or, \_\_\_\_\_ OR \_\_\_\_\_  
Amendment to Contract # Addendum to Contract #

Human Services \_\_\_\_\_ Sara Mooren \_\_\_\_\_ X8431  
Originating Department Contact Person Phone

Contract with: Rock Valley Community Programs.

Contract Period: Start Date: 01/01/11 Expiration Date: 12/31/11

Contract Amount: \$ Based upon the number of referrals, times the contracted rate.

Expenditure/ Revenue Account Numbers:  
(provide 9-digit object codes)

36-3692-0000-62119 IV Drug  
36-3700-0000-62119 AODA Block Grant  
36-3704-0000-62119 IDP

Standard AODA Outpatient Rates:		
Group Counseling	\$25.00/Hour	+25.0%
Individual Counseling	\$30.00/Hour	+20.0%
Urinalysis	\$10.00/Each	+0.0%

#### Executive Summary:

Rock County Human Services Department's Annual Budgets include Federal, State, and IDP Program funds to purchase AODA treatment services. This provider is one of many providers available for eligible clients to choose from. AODA treatment services are provided within the limits of available Federal, State, and IDP revenues. Waiting lists are established if necessary.

Were Bids or Quotations Solicited?  Yes  No

NEW  AMENDMENT TO: 11-043 ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS688

Contract between Rock Co. Human Services Dept. and Rock Valley Community Programs for AODA Treatment services for period of 1/1/11 - 12/31/11.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

[Signature] \_\_\_\_\_ 12/14/10  
Signature Date

Total Fiscal Impact & Source of Funds:

Sufficient funds available  
HSD's 2011 budget  
[Signature] \_\_\_\_\_ 12/13/10  
Finance Director Date

Reviewed by Purchasing for compliance:  
Jodi M. Miller 12/13/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk



12/1

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-041 or, \_\_\_\_\_ OR \_\_\_\_\_  
Amendment to Contract # Addendum to Contract #

\_\_\_\_\_  
Human Services  
Originating Department

\_\_\_\_\_  
Sara Mooren  
Contact Person

\_\_\_\_\_  
X8431  
Phone

Contract with: Rock Valley Community Programs.

Contract Period: Start Date: 01/01/11 Expiration Date: 12/31/11

Contract Amount: \$ 306,435

Expenditure/ Revenue Account Numbers:  
(provide 9-digit object codes)

36-3696-0000-42100 Treatment Alternative Program – Federal Aid  
36-3696-0000-62119 Treatment Alternative Program – Other Contracted Services

### Executive Summary:

This contract is for the provision of the Treatment Alternative Program, which has historically been administered by Rock Valley Community Programs. The Treatment Alternative Program serves as an alternative to prison for a Rock County citizens who are involved in the criminal justice system either as a defendant or a party to a diversion agreement; or a person who is or has previously been drug dependent.

Were Bids or Quotations Solicited?  Yes  No

NEW  11-041 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS670

Contract between Rock Co. Human Services Dept. and Rock Valley Community Programs for the Treatment Alternative Program for period of 1/1/11 - 12/31/11.  
Contract Amount: \$306,435.00

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature] 12/10/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature]  
\_\_\_\_\_  
[Signature] 12/10/10  
Finance Director Date

Reviewed by Purchasing for compliance:  
[Signature] 12/7/10

White – General Services  
Yellow- Originating Department  
Pink - County Clerk

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

11-017

New Contract  or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Department Sara Mooren x8431  
Originating Department Contact Person Phone

Contract with: Sebastian Mendez  
(Name of entity)

Contract Period: Start Date: 1/01/2011 Expiration Date: 12/31/2011

Contract Amount Rate x number of approved clients

Expenditure/ Revenue Account Numbers: \_\_\_\_\_

- (provide 9-digit object codes)
- 36-3634-0000-62503 Child Protective Services
- 36-3646-0000-62503 Juvenile Justice Services
- 36-3689-0000-62503 Crisis Intervention
- 36-3690-0000-62503 Mental Health/AODA
- 36-3704-0000-62503 Intoxicated Driver Program
- 36-3706-0000-62503 Community Support Program

Executive Summary: Rock County Human Services Department has developed contracts with several providers for interpretation services. This is one of several providers from which Rock County clients may choose for such services. Rate is the same as 2010.

NEW  11-017 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS663

Contract between Rock Co. Human Services Dept. and Sebastian Mendez to provide interpretation services for period of 1/1/11 - 12/31/11.  
Contract Amount: Rate x no. of approved clients

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
Jerry S. Kuziak 12/6/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
Sufficient funds available  
inst 1/15 2011 budget  
[Signature] 12/9/10  
Finance Director Date

Reviewed by Purchasing for compliance.  
Jodi R. Miller 12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

12/7

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: **11-049** or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services \_\_\_\_\_ Sara Mooren \_\_\_\_\_ X8431  
Originating Department Contact Person Phone

Contract with: Swifthaven Community Assisted Living -Edgerton  
(Name of entity)

Contract Period: Start Date: 01/01/11 Expiration Date: 12/31/12

Contract Amount: Rate x number of approved clients

- Expenditure/ Revenue Account Numbers (provide 9-digit object codes):
- 36-3666-0000-64604 Long Term Support
  - 36-3668-0000-64604 Community Options Program (COP)
  - 36-3674-0000-64604 COP Waiver
  - 36-3678-0000-64604 Community Integration Program (CIP-II)
  - 36-3706-0000-64604 Community Support Program (CSP)

Executive Summary:  
Rock County Human Services Department has developed contracts with several providers for Community Based Residential Facility services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-049 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS681

Contract between Rock Co. Human Services Dept. and Swifthaven Community Assisted Living-Edgerton for Community Based Residential Facility services for period of 1/1/11 - 12/31/12.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

Total Fiscal Impact & Source of Funds:

[Signature] 12/9/10  
Signature Date

Sufficient funds are available  
in ASD's 2011 budget

Reviewed by Purchasing for compliance:  
[Signature] 12/9/10

[Signature] 12-9-10  
Asst to Finance Director Date

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract: 11-015 or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren X8431  
Originating Department Contact Person Phone

Contract with: TGPool LLC dba. Anytime Catering  
(Name of entity)

Contract Period: Start Date: 1/1/2011 Expiration Date: 12/31/2012

Contract Amount: Rate x number of approved clients

- Expenditure/ Revenue Account Numbers (provide 9-digit object codes):
- 36-3666-0000-64604 Long Term Support
  - 36-3668-0000-64604 Community Options Program (COP)
  - 36-3674-0000-64604 COP Waiver
  - 36-3678-0000-64604 Community Integration Program (CIP-II)
  - 36-3706-0000-64604 Community Support Program (CSP)

Executive Summary:  
Rock County Human Services Department has developed contracts with several providers for supportive home care services. This is one of several providers from which Rock County clients may choose for such services.

NEW  11-015 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS667

Contract between Rock Co. Human Services Dept. and TGPool LLC dba Anytime Catering for Supportive Home Care Services for period of 1/1/11 - 12/31/12.  
Contract Amount: Rate x no. of approved clients.

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature] 12/5/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature]

Reviewed by Purchasing for compliance:  
[Signature] 12/7/10

[Signature] 12/9/10  
Finance Director Date

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

11/30

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

11-028

New Contract:  or, \_\_\_\_\_ or, \_\_\_\_\_  
(check box if yes)                      Amendment to Contract #                      Addendum to Contract #

Human Services Department                      Sara Mooren                      x8431  
Originating Department                      Contact Person                      Phone

Contract with: Partners in Prevention Rock County, Inc.  
(Name of entity)

Contract Period:              Start Date: 1/01/2011                      Expiration Date: 12/31/2011

Contract Amount: \$9,863

Expenditure/ Revenue Account Numbers: 36-3634-0000-46002 Other Grants and Contracts \_\_\_\_\_  
(provide 9-digit object codes)

Executive Summary: This memorandum of understanding provides approximately 6 hours a week of support by the Prevention Specialist to Partners in Prevention. The Prevention Specialist will provide technical assistance on substance abuse issues, committee work and grant writing. Partners in Prevention will compensate RCHSD for this time.

Were Bids or Quotations Solicited?               Yes                       No

NEW     11-028    AMENDMENT TO: \_\_\_\_\_                      ADDENDUM TO: \_\_\_\_\_  
NO. 88668

### ADMINISTRATION CONTRACT REVIEW

Contract between Rock Co. Human Services Dept. and Partners in Prevention Rock Co. Ind for Memorandum of Understanding to provide 6-hours/wk of support by the prevention specialist to partners in prevention for period of 1/1/11 - 12/31/11. Contract Amount: \$9,863.00

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.

[Signature]                      12/16/10  
Signature                      Date

Total Fiscal Impact & Source of Funds:  
[Signature]                      12/16/10  
Reason: credited to offset WAGE COSTS  
Finance Director                      Date

Reviewed by Purchasing for compliance:  
[Signature]                      12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

12/2

# Contract Review Cover Sheet

Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

New Contract:  (11-050) (check box if yes) or, \_\_\_\_\_ or, \_\_\_\_\_  
Amendment to Contract # Addendum to Contract #

Human Services Sara Mooren 8431  
Originating Department Contact Person Phone

Contract with: The River of Life United Methodist Church  
(Name of entity)

Contract Period: Start Date 1/1/2011 Expiration Date: 12/31/2011

Contract Amount: \$490 per month (\$5,880 total for the contract period)

Expenditure/ Revenue Account Numbers:  
36-3646-0000-62119 JJS Other Contracted Services

### Executive Summary:

This is continuation of a space agreement allowing the Department to utilize rooms of a facility in Beloit owned by The River of Life United Methodist Church for Juvenile Justice Diversion Programming.

Were Bids or Quotations Solicited?  Yes  No

NEW  11-050 AMENDMENT TO: \_\_\_\_\_ ADDENDUM TO: \_\_\_\_\_

ADMINISTRATION CONTRACT REVIEW NO. SS672

Contract between Rock Co. Human Services Dept. and The River of Life United Methodist Church for Space Agreement allowing the Dept. to utilize rooms of this facility for Juvenile Justice Diversion Programming for period of 1/1/11 - 12/31/11. Contract Amount: \$5,880.00

Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  
[Signature] 12/10/10  
Signature Date

Total Fiscal Impact & Source of Funds:  
[Signature]  
[Signature] 12/10/10  
Finance Director Date

Reviewed by Purchasing for compliance:  
[Signature] 12/7/10

White - General Services  
Yellow - Originating Department  
Pink - County Clerk

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

10-90  
Transfer No.

Requested by Human Services

Charman Klve

Department

Department Head

12/3/10  
Date

**FROM**

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
36-3700-0000-68208	Allocated MH-AODA	50,000

ACCOUNT #	DESCRIPTION	AMOUNT
36-3700-0000-621119	Other Contracted Svc	50,000

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended.



**REQUIRED APPROVAL:**

- Governing Committee
- Finance Committee

DATE

COMMITTEE CHAIR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
File \_\_\_\_\_

# ROCK COUNTY TRANSFER REQUESTS

FINANCE DIRECTOR  
RECEIVED  
# 10-90  
DEC 6 2010

TO: FINANCE DIRECTOR

REQUESTED BY: Human Services  
Department

*[Signature]*  
Department Head Signature

DATE: 12/3/2010

FROM:	AMOUNT
1) ACCOUNT #: 36-3700-0000-68208 DESCRIPTION: Allocated MH-AODA	\$50,000.00
CURRENT BALANCE: \$ 50,000 PROVIDED BY THE FINANCE DIRECTOR	
2) ACCOUNT #: DESCRIPTION:	
CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION:	
CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION:	
CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 36-3700-0000-62119 DESCRIPTION: Other Contracted Services	\$50,000.00
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	

REASON FOR TRANSFER - BE SPECIFIC:

The Human Services Department is requesting a transfer of \$50,000 out of the AODA Block Grant Allocated MH/AODA line into Other Contracted Services. These funds are needed for AODA contracted services.



**ROCK COUNTY HUMAN SERVICES DEPARTMENT  
DIRECTOR'S REPORT  
MONDAY, DECEMBER 20, 2010**

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**HSD MANAGEMENT TEAM MEETING – December 7, 2010**

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- Budget
- Workgroup Updates
- Safety Committee
- Notification of Staff Changes
- Training Data Base
- Office Space Issues
- Adult Family Home
- Confidential Fax Usage
- Secure Email Deployment
- Inclement Weather

INFORMATION ITEMS

- HSD Board Agenda
- MEETING WRAP-UP
- 

**HSD MANAGEMENT TEAM MEETING – December 14, 2010**

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- Budget
- Workgroup Updates
- County Intranet Update and Discussion
- Staff Change Process
- Cell Phone Stipend Policy

INFORMATION ITEMS

- HSD Board Agenda
- MEETING WRAP-UP
-