



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
Wednesday, December 26, 2012 – 4:30 p.m.

Rock County Health Care Center – 3rd 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 14, 2012 *
4. Citizen Participation
5. Approval of Contracts, Transfers, and/or Encumbrances * – Mr. Boutwell
6. Approval of Bills – Mr. Hegg
7. Resolution Recognizing Merry Evans' Retirement * – Ms. Haigh (Blackcoon)
8. Resolution Recognizing Lorraine Halverson's Retirement * – Ms. Haigh (Blackcoon)
9. Director's Report *
 - W2 / ES Caseload
 - Semi-Annual Report – Conventions/Conferences Exceeding \$1,000
10. Committee Requests for Future Agenda Items
11. Next Meeting: Wednesday January 9, 2012 at 4:30 p.m. at the Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.
12. 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.

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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.

HSD_2013_0074

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Beloit Meals

New Contract:
(check box if yes)

or, _____
Amendment to Contract #

or, _____
Addendum to Contract #

Human Services Department
Originating Department

Sara Mooren
Contact Person

x 8431
Phone

Contract with: _____
(Name of entity) **Beloit Meals On Wheels, Inc.**

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Hot Meal	\$10.00	Meal	0%
Cold Meal	\$4.00	Meal	0%

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

- 36-3666-0000-64604 Long Term Support
- 36-3688-0000-64604 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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for this service fall within the average of other contracted providers providing this service.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0009

G:\BUSINESS\CONTRACT\2013 Contracts\SUB\Clinicare Corp

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: _____ **Clinicare Corporation** _____
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2013

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Eau Claire Academy RCC	\$306.80	Day	-3.0%
Eau Claire Academy STOP	\$306.80	Day	-3.7%
St. Louis House/Annex	\$266.69	Day	-4.1%
Wyalusing Academy RCC	\$306.80	Day	-0.5%
Wyalusing Academy STOP	\$306.80	Day	-2.1%
Milwaukee Academy RCC	\$313.18	Day	-2.1%
*Eau Claire Academy Respite	\$159.15	Day	3.0%
*Eau Claire Academy School	\$93.75	Day	0.0%
*Wyalusing Day School	\$95.00	Day	0.0%
*Wyalusing Respite Care	\$143.38	Day	3.0%
*Milwaukee Respite Care	\$143.38	Day	3.0%

*REQUIRES SPECIAL APPROVAL

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

36-3638-0000-64604 Child Protective Services -- Substitute Care
36-3654-0000-64604 Juvenile Justice Services -- Substitute Care

Executive Summary: Rock County Human Services Department has contracts with several substitute care providers. The number of children approved for placement at each facility will determine the actual amount of providers. The State rather than the County now negotiates the rates with each agency based on a universal standard. Clinicare operates several sites all over the state. They provide independent living programs, a cognitive-behavioral focus in working with most mental health issues, and STOP, which is a sexual offender program.

HSD_2013_0009

The 2013 County Adopted Budget includes the following funds for substitute care:

<u>Child Protective Services</u>		<u>Juvenile Justice Services</u>	
\$1,890,412	Foster Homes I-V	\$397,144	Foster Homes I-V
\$167,998	Group Homes	\$254,322	Group Homes
\$1,688,261	Residential Care Centers	\$916,812	Residential Care Centers
<u>\$3,746,671</u>	Total	<u>\$1,568,278</u>	Total

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0050

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\CSCo

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: _____ **CSCo** _____
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Cleaning Services	\$15.00	Hour/per cleaner	7.1%
Carpet Cleaning	\$0.22	Square foot	0%
Sofa with 3 cushions	\$45.00	Sofa	0%
Love Seat	\$30.00	Love Seat	0%
Chair	\$25.00	Chair	0%
Recliner	\$35.00	Recliner	0%
Ottoman	\$15.00	Ottoman	0%
Door Mats	\$12.00	Mat	0%
Sectional with 6 cushions	\$75.00	Sectional	0%
Floor Strip and Wax	\$0.22	Square foot	0%
Shower Scrub	\$0.11	Square foot	0%
Shower Spray Buff	\$0.06	Square foot	0%

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

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3874-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3878-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. These rates are significantly lower than the average of other similar services offered by contracted providers.

Were Bids or Quotations Solicited? Yes No
Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

Done 12/7/12
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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.

HSD_2013_0037

G:\BUSINESS\CONTRACT\2013 Contracts\AODA\Genesis

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

Human Services Department
Originating Department

Sara Mooren
Contact Person

x 8431
Phone

Contract with: _____
(Name of entity) **Genesis Behavioral Services, Inc.**

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2013

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Medically Monitored Residential Detox	\$319.00	Day	0%

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

36-3686-0000-62119 Detox Services

Executive Summary:

Rock County Human Services Department has developed contracts with two providers for the provision of alcohol detoxification services for County clients. Genesis Behavioral Services, Inc. is one of those providers. Funds for this service are included in the approved 2013 HSD budget. No additional county funds are required.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0049

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Independent Disability

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

Human Services Department
Originating Department

Sara Mooren
Contact Person

x 8431
Phone

Contract with: _____
(Name of entity) **Independent Disability Services, Inc.**

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Supportive Home Care	\$18.00	Hour	0%
Representative Payee	\$37.00	Month	0%
Background Checks	\$10.00	Query	0%

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 Walver
36-3675-0000-64604 Community Relocation Initiative
36-3678-0000-64604 Community Integration Program (CIP II)
36-3681-0000-64604 Nursing Home Diversion
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. Rates for this service fall within the average of other contracted providers providing this service.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0105 (Med/Kaye)

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: Michael Kaye, Ph.D
(Name of entity)

Contract Period: Start Date: 01/01/2013 Expiration Date: 12/31/13

Contract Amount: \$ \$104.00 per Hour (same as 2012)

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

36-3634-0000-62170
36-3690-0000-62170

Executive Summary:

The Rock County Human Services Department (RCHSD) includes funds in each year's budget to purchase psychological consulting services rendered to RCHSD on behalf of RCHSD patients/clients. Psychological consulting services provided under this contract are at the request of RCHSD at times or periods mutually agreed upon. The actual amount of the contract will be determined by the number of hours of service performed.

Were Bids or Quotations Solicited? Yes No
Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair
 Other? Who? HSD Board Chair

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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.

HSD_2013_0048 G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Opportunities Inc

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: Lutheran Social Services
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Guardian Services	\$110.00	Month	0%

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
- 36-3676-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for this service fall on the low end of the average of other contracted providers providing this service.

Were Bids or Quotations Solicited? Yes No
Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0043 G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Meal Magic

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

Human Services Department Sara Mooren x 8431
 Originating Department Contact Person Phone

Contract with: _____ **Meal Magic, Inc.** _____
 (Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Meal Preparation and Delivery	\$9.65	Meal	0%

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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for this service fall within the average of other contracted providers providing this service.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair

 Other? Who? Human Services Board Chair

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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.

HSD_2013_0032 G:\BUSINESS\CONTRACT\2013 Contracts\SUB\Nexus Indian Oaks

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

Human Services Department Sara Mooren x 8431
 Originating Department Contact Person Phone

Contract with: _____ **Nexus dba Indian Oaks Academy** _____
 (Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2013

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Residential Care Center	\$463.00	Day	0.3%

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

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Juvenile Justice Services – Substitute Care

Executive Summary:

This contract is for the placement of a particular child with intensive behavioral and mental health needs. This provider (located in Manteno, IL) works with hard-to-place boys and girls in a safe environment to address their behavioral and emotional problems and specializes in treatment for these types of behaviors.

The 2013 County Adopted Budget includes the following funds for substitute care:

<u>Child Protective Services</u>		<u>Juvenile Justice Services</u>	
\$1,890,412	Foster Homes I-V	\$397,144	Foster Homes I-V
\$167,998	Group Homes	\$254,322	Group Homes
\$1,688,261	Residential Care Centers	\$916,812	Residential Care Centers
<u>\$3,746,671</u>	Total	<u>\$1,568,278</u>	Total

Were Bids or Quotations Solicited? Yes No
 Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

Contract Review Cover Sheet

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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.

HSD_2013_0046

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Opportunties Inc

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: _____ **Opportunities, Inc., of Jefferson County** _____
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Guardian of PERSON Only:			
Nursing Home	\$95.00	Month	0%
Alternate Care	\$115.00	Month	0%
Own Home	\$135.00	Month	0%
Guardian of PERSON and ESTATE:			
Nursing Home	\$125.00	Month	0%
Alternate Care	\$185.00	Month	0%
Own Home	\$225.00	Month	0%
Representative Payee	\$90.00	Month	0%

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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for these services fall within the average rates of other contracted providers providing these services.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0055

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Kathy Papa

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: _____ Kathy Papa, Inc.
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Supportive Home Care	\$16.00	Hour	0%
Personal Care	\$16.04	Hour	0%

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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for these services fall on the low end of the average rates of other contracted providers providing these services.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0052

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Riverfront

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: Riverfront Activity Center, Inc.
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Supportive Employment Services	\$14.12	Hour	3%
Job Coaching	\$33.73	Hour	3%

- 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)
 - 36-3681-0000-64604 Nursing Home Diversion
 - 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. These rates fall within the average of other similar services offered by contracted providers.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract # _____

Contract will be signed by: County Board Chair

Other? Who? Human Services Board Chair

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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.

HSD_2013_0061

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Rock County Advocacy

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: _____ Rock County Advocacy Services
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: Rate x number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Representative Payee	\$37.00	Month	0%
Guardianship	\$150.00	Month	0%

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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for representative payee service fall within the average of other contracted providers providing this service and the guardianship rate falls on the high end.

Were Bids or Quotations Solicited?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Covered by State Contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Contract #	<input type="checkbox"/>	
Contract will be signed by:	<input type="checkbox"/> County Board Chair	<input checked="" type="checkbox"/> <u>Other? Who? Human Services Board Chair</u>

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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.

HSD_2013_0067

G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Sarah's Cleaning

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: Sarah's Cleaning Service
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2014

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Cleaning Services	\$25.00	Hour	0.0%

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)
- 36-3681-0000-64604 Nursing Home Diversion
- 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. Rates for this service fall on the high end of the average of other contracted providers providing this service.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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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.

HSD_2013_0031

G:\BUSINESS\CONTRACT\2013 Contracts\SUB\Willoglen

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: Willoglen Academy Wisconsin, Inc.
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2013

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Residential Care Center	\$264.66	Day	0.0%
Heln Foster Care Group Home	\$165.00	Day	0.0%
Willoglen School*	\$115.01	Day	0.0%

*Indicates services requiring special approval

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

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Juvenile Justice Services – Substitute Care

Executive Summary: Rock County Human Services Department has contracts with several substitute care providers. The number of children approved for placement at each facility will determine the actual amount of each contract. The State rather than the County now negotiates the rates with each agency based on a universal standard.

The 2013 County Adopted Budget includes the following funds for substitute care:

Child Protective Services		Juvenile Justice Services	
\$1,890,412	Foster Homes I-V	\$397,144	Foster Homes I-V
\$167,998	Group Homes	\$254,322	Group Homes
\$1,688,261	Residential Care Centers	\$916,812	Residential Care Centers
\$3,746,671	Total	\$1,568,278	Total

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

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In Index

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.

HSD_2013_0073 G:\BUSINESS\CONTRACT\2013 Contracts\ACS\YWCA Elder Abuse

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

Human Services Department Sara Mooren x 8431
Originating Department Contact Person Phone

Contract with: YWCA of Rock County
(Name of entity)

Contract Period: Start Date: 1/1/2013 Expiration Date: 12/31/2013

Contract Amount: \$2500

Expenditure/ Revenue Account Numbers (provide 9-digit object codes):
36-3671-0000-84604 Elder Abuse Program Expense

Executive Summary:

This contract with YWCA of Rock County provides funding towards case management and other support services for Elder Adult victims of family violence and elder abuse. Funding is included in the Human Service Department's 2013 Adopted Budget.

Were Bids or Quotations Solicited? Yes No

Covered by State Contract? Yes No

State Contract #

Contract will be signed by: County Board Chair
 Other? Who? Human Services Board Chair

RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Charmian Klyve
INITIATED BY

Carla Blackcoon
DRAFTED BY



Human Service Board
SUBMITTED BY

December 17, 2012
DATE DRAFTED

RECOGNIZING MERRY EVANS

- 1 **WHEREAS**, Merry Evans has served the citizens of Rock County over the past 21 years as a
- 2 dedicated and valued employee of Rock County; and,
- 3
- 4 **WHEREAS**, Merry Evans began her career with the county on May 28, 1991 for the Rock
- 5 County Sheriff's Department as an Administrative Assistant. She served in this position until
- 6 2005 when she then became the Administrative Assistant to the Division Manager of the
- 7 Economic Support Division of the Human Services Department; and,
- 8
- 9 **WHEREAS**, Merry Evans has proven herself to be a reliable, caring, and committed
- 10 employee, always looking ahead to the needs of the staff and the department overall; and,
- 11
- 12 **WHEREAS**, the Rock County Board of Supervisors, representing the citizens of Rock
- 13 County, wishes to recognize Merry Evans for her achievements and long and faithful service
- 14 to the Department and citizens of Rock County.
- 15
- 16 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors,
- 17 duly assembled this ____ day of _____, 2013, does hereby recognize Merry Evans for
- 18 her 28 years of service and extend best wishes to her in her future endeavors; and,
- 19
- 20 **BE IT FURTHER RESOLVED** that the County Clerk be authorized and directed to furnish
- 21 a copy of this resolution to Merry Evans.

Respectfully Submitted,

Rock County Human Services Board

Brian Knudson, Chair

Phillip Owens

Sally Jean Weaver-Landers, Vice Chair

Terry Thomas

Terry Fell

Shirley Williams

Billy Bob Grahn

Marvin Wopat

Ashley Kleven

RECOGNIZING MERRY EVANS

Page 2

COUNTY BOARD STAFF COMMITTEE

J. Russell Podzilni, Chair

Sandra Kraft, Vice Chair

Eva Arnold

Henry Brill

Betty Jo Bussie

Mary Mawhinney

Marilynn Jensen

Louis Peer

Kurtis L. Yankee

RESOLUTION NO. _____

AGENDA NO. _____

RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS

Charmian Klyve
INITIATED BY



Carla Blackcoon
DRAFTED BY

Human Service Board
SUBMITTED BY

December 17, 2012
DATE DRAFTED

RECOGNIZING LORRAINE HALVERSON

- 1 **WHEREAS**, Lorraine Halverson has served the citizens of Rock County over the past 28
- 2 years as a dedicated and valued employee of Rock County; and,
- 3
- 4 **WHEREAS**, Lorraine Halverson began her career with the county on July 9, 1984 for the
- 5 Human Services Department, and has diligently worked in the capacity of Economic Support
- 6 Specialist until her retirement on January 2, 2013 from the Human Services Department; and,
- 7
- 8 **WHEREAS**, Lorraine Halverson has proven herself to be a compassionate, caring, and
- 9 committed Economic Support Specialist, always advocating for Economic Support program
- 10 participants, specializing in SSI Advocacy for our W-2 participants for the past years; and,
- 11
- 12 **WHEREAS**, the Rock County Board of Supervisors, representing the citizens of Rock
- 13 County, wishes to recognize Lorraine Halverson for her achievements and long and faithful
- 14 service to the Human Services Department and citizens of Rock County.
- 15
- 16 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors,
- 17 duly assembled this _____ day of _____, 2013, does hereby recognize Lorraine Halverson
- 18 for her 28 years of service and extend best wishes to her in her future endeavors; and,
- 19
- 20 **BE IT FURTHER RESOLVED** that the County Clerk be authorized and directed to furnish
- 21 a copy of this resolution to Lorraine Halverson.

Respectfully Submitted,

Rock County Human Services Board

Brian Knudson, Chair

Phillip Owens

Sally Jean Weaver-Landers, Vice Chair

Terry Thomas

Terry Fell

Shirley Williams

Billy Bob Grahn

Marvin Wopat

Ashley Kleven

COUNTY BOARD STAFF COMMITTEE

J. Russell Podzilni, Chair

Sandra Kraft, Vice Chair

Eva Arnold

Henry Brill

Betty Jo Bussie

Mary Mawhinney

Marilynn Jensen

Louis Peer

Kurtis L. Yankee

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, December 26, 2012**

HSD MANAGEMENT TEAM MEETING – December 11, 2012

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **Urine Collection Guidelines**
- **Rehab Panel**
- **Discussion Items For First Reunion Mgmt Ldrship**
- **Admin Policy 0100**

INFORMATION ITEMS

- **HSD Board Agenda**
- MEETING WRAP-UP
-

HSD MANAGEMENT TEAM MEETING – December 18, 2012

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **Reminder to Certified Staff to Register Hours**
- **Admin Policy 0100**

INFORMATION ITEMS

- **HSD Board Agenda**
- MEETING WRAP-UP
-

HSD MANAGEMENT TEAM MEETING – December 25, 2012

Meeting Cancelled.
