



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, March 26, 2014 – 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 March 12, 2014 *
4. Citizen Participation
5. Approval of Contracts, Transfers, and/or Encumbrances * – Ms. Mooren
6. Approval of Bills * – Mr. Zuehlke
7. Introduction of New Program Managers
8. Update on IHSS Grant and New Post-Reunification Support Grant – Mr. Horozewski
9. Resolution Amending the 2014 Human Services Department Budget to Accept In-Home Safety Services Initiative Grant Funds * – Ms. Mooren
10. Resolution Amending the 2014 Human Services Department Budget to Accept Funding for Post Reunification Support Program * – Ms. Mooren
11. Update on the ADRC – One Year Anniversary – Ms. Thompson
12. Director's Report *
13. Committee Requests for Future Agenda Items
14. Next Meeting: Wednesday, **March 26, 2014 at 4:30 p.m.** at the **Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.**
15. 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.

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_2014_0085

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

Human Services Sara Mooren 8431
Originating Department Contact Person Phone

Contract with: Mercy Health System Corporation
(Name of entity)

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

Contract Amount: Rate x number of approved clients.

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>% Increase/Decrease</u>
Mental Health Inpatient Services	\$945	Day	-0-
Inpatient Detoxification Services	\$1,145	Day	New
Physician Testimony for probable cause hearings	\$200	Hour	-0-

Expenditure/ Revenue Account Numbers: 36-3689-0000-62119 Crisis-Other Contracted Services
(Provide 5-digit object codes)

Executive Summary: Inpatient hospital services are a necessity for County clients who are experiencing a severe mental health crisis beyond the scope of our treatment capabilities. This contract with Mercy Health System Corporation will provide another (and more local) option for these needed services.

- Is an Electronic Signature Required? Yes No
- 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

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_2014_0041 (ADM)

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: Southern Wisconsin Interpreting & Translation Services, Ltd. (SWITS)
(Name of entity)

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

Contract Amount: \$ Rate x Number of approved clients

On-Site Rates	Service	Rate	Unit	Change from prior year		
		Laguages of Lesser				
		Spanish	Diffusion	ASL		
	Non-Legal	\$45.00	\$50.00	\$70.00	Hour	New
	Legal	\$55.00	\$65.00	\$80.00	Hour	New
	After Hours Non-Legal	\$50.00	\$55.00	\$75.00	Hour	New
	After Hours Legal	\$65.00	\$75.00	\$90.00	Hour	New
Telephone Interpreting Rates						
	Non-Legal		\$2.00		Minute	New
	Legal		\$2.50		Minute	New
Video Relay Interpreting Rates						
		Spoken		ASL		
		Languages				
	Non-Legal	\$2.00	\$3.00		Minute	New
	Legal	\$2.50	\$3.50		Minute	New

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

- 36-3634-0000-62503 Child Protective Services – Interpreter Fees
- 36-3690-0000-62503 Mental Health/AODA Services – Interpreter Fees
- 36-3706-0000-62503 Community Support Program –Interpreter Fees

Executive Summary:

SWITS will provide interpreter services to facilitate accurate communication between non-English speakers and Departmental staff.

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

Encumbrance

Rock County HSD

COMMITTEE APPROVAL REPORT

03/17/2014

Pre-Approved Encumbrances

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3639-0000-62119 ENC 36-3639-0000	OTHER SERVICES	R1401636	03/10/2014	ORION FAMILY SERVICES	216,294.33
IN-HOME SAFETY	Budget 0.00	YTD Exp 0.00	YTD Enc (0.00)	Pending 216,294.33	Closing Balance (216,294.33)

I have examined the preceding bills and encumbrances in the total amount of **\$216,294.33**
Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
B. Bills under \$10,000 to be paid.
C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date:

Dept Head



Committee Chair

OAD40201

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3700-0000-62119	OTHER SERVICES				
46 36-3700-1331			02/28/2014	CROSSROADS COUNSELING CENTER	2,487.50
36-3700-1331			02/28/2014	LUTHERAN SOCIAL SERVICES	1,201.75
	Budget		YTD Exp	YTD Enc	Pending
AODA BLOCK GRANT	280,508.00		17,638.20	0.00	3,689.25
					Closing Balance
					259,180.55
36-3704-0000-62119	OTHER SERVICES				
48 36-3704-1331			02/28/2014	BELOIT AREA	262.50
36-3704-1331			02/28/2014	CROSSROADS COUNSELING CENTER	995.00
36-3704-1331			02/28/2014	LUTHERAN SOCIAL SERVICES	2,078.50
	Budget		YTD Exp	YTD Enc	Pending
IDP	161,655.00		3,673.75	33.00	3,336.00
					Closing Balance
					154,612.25

I have examined the preceding bills and encumbrances in the total amount of **\$7,025.25**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 Committee Chair _____

05540311

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP		03/20/2014	ROCK COUNTY HUMAN SERVICES DEP	204.16	
3 SPECIAL HSD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	6,993.00		0.00	159.80	204.16	6,629.04
36-3604-0000-64604 36-3604-0000 36-3604-0000	PROGRAM EXPENSE		03/20/2014 03/20/2014	BELOIT TRANSIT SYSTEM JANESVILLE TRANSIT SYSTEM	540.00 677.50	
4 ECONOMIC SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	3,000.00		252.53	0.00	1,217.50	1,529.97
36-3634-0000-64604 36-3634-1731 36-3634-1814	PROGRAM EXPENSE		03/20/2014 03/20/2014	ROCK COUNTY HUMAN SERVICES DEP ROCK COUNTY HUMAN SERVICES DEP	64.00 20.00	
11 CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		11,270.98	35,223.33	84.00	59,343.69
36-3638-0000-64604 36-3638-0000	PROGRAM EXPENSE		03/20/2014	ROCK COUNTY HUMAN SERVICES DEP	7.00	
13 CPS SUB CARE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	3,716,746.00		703,661.59	0.00	7.00	3,013,077.41
36-3646-0000-64604 36-3646-5016 36-3646-5017	PROGRAM EXPENSE		03/20/2014 03/20/2014	ROCK COUNTY HUMAN SERVICES DEP ROCK COUNTY HUMAN SERVICES DEP	25.81 80.00	
18 JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	8,450.00		2,388.05	396.81	105.81	5,559.33
36-3655-0000-64604 36-3655-0000	PROGRAM EXPENSE		03/20/2014	ROCK COUNTY HUMAN SERVICES DEP	34.00	
17 KINSHIP CARE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,000.00		280.00	0.00	34.00	1,686.00
36-3689-0000-44176 36-3689-0000	TAX INTERCEPT		03/20/2014	ROCK COUNTY HUMAN SERVICES DEP	180.00	
40 CRISIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,000.00		(320.00)	0.00	180.00	1,160.00
36-3706-0000-64604 36-3706-1206	PROGRAM EXPENSE		03/20/2014	ROCK COUNTY HUMAN SERVICES DEP	200.00	
50 GSP	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	640,500.00		120,468.45	0.00	200.00	519,831.55

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
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I have examined the preceding bills and encumbrances in the total amount of **\$2,012.47**
Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
B. Bills under \$10,000 to be paid.
C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____
Dept Head _____
Committee Chair _____

OSS40312

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
00-0000-0000-21900	UNALLOCATED REVE				
00-0000-0010		P1401487	02/14/2014	CASE WESTERN RESERVE UNIVERSIT	675.00
	Budget		YTD Exp	YTD Enc	Pending
	0.00		(1,847,955.33)	0.00	675.00
					Closing Balance
					1,847,280.33

I have examined the preceding bills and encumbrances in the total amount of **\$675.00**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 _____ Committee Chair _____

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Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1400648	03/06/2014	OFFICE PRO	121.15	
OVERHEAD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	31,249.00		6,346.26	17,122.62	121.15	7,658.97
36-3602-0000-63100 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1400646 P1401417	03/04/2014 03/04/2014	WISCONSIN DEPARTMENT OF JUSTIC MOORE MEDICAL CORP	250.00 140.37	
OVERHEAD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	101,080.00		15,281.37	31,476.73	390.37	53,931.53
36-3634-0000-62176 36-3634-0000	LABORATORY	P1400626	02/28/2014	REDWOOD TOXICOLOGY LABORATORY	75.67	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	9,300.00		3.67	0.00	75.67	9,220.66
36-3634-0000-63300 36-3634-0000	TRAVEL		03/17/2014	HINRICHS,HANNAH	57.68	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	168,000.00		29,281.86	0.00	57.68	138,660.46
36-3634-0000-64604 36-3634-1803 36-3634-1814	PROGRAM EXPENSE	P1400646 P1400674	03/04/2014 02/19/2014	WISCONSIN DEPARTMENT OF JUSTIC GREGG INVESTIGATIONS INC	84.00 220.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		10,091.87	35,893.45	304.00	59,632.68
36-3646-0000-61915 36-3646-0000 36-3646-0000	CERT/LIC/OTHER	P1401474 P1401475	03/06/2014 02/24/2014	WISCONSIN DEPARTMENT OF FINANC TRICOR INC	20.00 30.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	144.00		50.00	0.00	50.00	44.00
36-3646-0000-62119 36-3646-5009	OTHER SERVICES	P1401526	02/24/2014	FFT LLC	4,000.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	176,741.00		12,775.69	46,049.40	4,000.00	113,915.91
36-3646-0000-62176 36-3646-0000	LABORATORY	P1400626	02/28/2014	REDWOOD TOXICOLOGY LABORATORY	2,829.28	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	7,000.00		2,750.85	0.00	2,829.28	1,419.87
36-3646-0000-64604 36-3646-0000 36-3646-5016 36-3646-5016 36-3646-5016 36-3646-5016 36-3646-5016	PROGRAM EXPENSE		03/11/2014 03/06/2014 03/03/2014 03/03/2014 03/14/2014	MINEAU,HOLLY GERUE,LEA SENTRY FOOD STORE SHOPKO INC #130 PIZZA HUT	15.00 67.99 98.23 23.66 33.00	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3646-5016		P1401569	03/14/2014	DIAMOND LANES	30.00	
JUVENILE JUSTICE	Budget 8,450.00		YTD Exp 2,060.18	YTD Enc 70.97	Pending 267.88	Closing Balance 6,050.97
36-3655-0000-64604	PROGRAM EXPENSE					
36-3655-0000		P1400646	03/04/2014	WISCONSIN DEPARTMENT OF JUSTIC	105.00	
KINSHIP CARE	Budget 2,000.00		YTD Exp 175.00	YTD Enc 0.00	Pending 105.00	Closing Balance 1,720.00
36-3664-0000-62119	OTHER SERVICES					
36-3664-0000		P1400661	02/21/2014	COUNTRY NURSES	644.50	
YOUTH SERVICES	Budget 15,000.00		YTD Exp 1,322.00	YTD Enc 0.00	Pending 644.50	Closing Balance 13,033.50
36-3664-0000-63400	OPERATING SUPPLI					
36-3664-0000		P1401417	01/20/2014	MOORE MEDICAL CORP	542.56	
YOUTH SERVICES	Budget 40,820.00		YTD Exp 3,749.38	YTD Enc 11,048.54	Pending 542.56	Closing Balance 25,479.52
36-3664-0000-64200	TRAINING EXP					
36-3664-0000		P1401388	02/06/2014	BLACKHAWK TECHNICAL COLLEGE	685.00	
YOUTH SERVICES	Budget 3,600.00		YTD Exp 1,365.00	YTD Enc 1,910.61	Pending 685.00	Closing Balance (360.61)
36-3666-0000-64200	TRAINING EXP					
36-3666-0000		P1401479	03/06/2014	AZURA MEMORY CARE	50.00	
LTS - ACS	Budget 2,505.00		YTD Exp 1,143.99	YTD Enc 100.00	Pending 50.00	Closing Balance 1,211.01
36-3689-0000-62119	OTHER SERVICES					
36-3689-0000		P1401528	03/12/2014	MILLARD,LORI D	1,471.50	
CRISIS	Budget 1,522,214.00		YTD Exp 181,918.50	YTD Enc 1,272,591.09	Pending 1,471.50	Closing Balance 66,232.91
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0000		P1401527	01/31/2014	COMMUNITY HEALTH SYSTEMS INC	43.24	
36-3689-0002		P1400966	02/26/2014	LANNON STONE MOTEL	181.00	
36-3689-0002		P1400967	02/28/2014	NEIGHBORHOOD HOUSING SERVICES	50.00	
36-3689-0002		P1400968	02/12/2014	NORTHERN TOWN MOTEL	795.00	
36-3689-0004			02/28/2014	ROCK MED LTC PHARMACY	63.49	
36-3689-0004		P1400965	02/19/2014	HOMECARE PHARMACY LLC	51.69	
36-3689-0004		P1400973	02/25/2014	KEALEY PHARMACY	243.34	
36-3689-1614		P1401484	03/06/2014	MARCUS,JEFFREY A	2,400.00	
CRISIS	Budget 306,325.00		YTD Exp 8,762.07	YTD Enc 98.56	Pending 3,827.76	Closing Balance 293,636.61
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1400835	03/01/2014	CLIENTTELL INC	100.00	
36-3690-0000		P1400705	02/28/2014	ADVANCED DISPOSAL SERVICES	21.45	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3690-0000		P1401416	02/12/2014	NEEDY MEDS INC	406.00	
OUTPATIENT SER	Budget 65,966.00		YTD Exp 954.01	YTD Enc 60,918.30	Pending 527.45	Closing Balance 3,566.24
36-3690-0000-62170	PHYSICIAN/OTHER					
36-3690-0000		P1400628	03/05/2014	KAYE PHD,DR MICHAEL	520.20	
36-3690-0000		P1400653	02/28/2014	PSYCHOLOGY CLINIC INC,THE	2,687.50	
36-3690-0000		P1400655	01/18/2014	MARCUS,JEFFREY A	5,076.00	
OUTPATIENT SER	Budget 145,620.00		YTD Exp 24,609.38	YTD Enc 15,390.62	Pending 8,283.70	Closing Balance 97,336.30
36-3690-0000-64200	TRAINING EXP					
36-3690-0000		P1401465	03/05/2014	PESI	189.99	
OUTPATIENT SER	Budget 13,170.00		YTD Exp 1,889.97	YTD Enc 0.00	Pending 189.99	Closing Balance 11,090.04
36-3706-0000-61915	CERT/LIC/OTHER					
36-3706-0000		P1401530	03/12/2014	DIVISION OF QUALITY ASSURANCE	550.00	
CSP	Budget 1,708.00		YTD Exp 86.00	YTD Enc 0.00	Pending 550.00	Closing Balance 1,072.00
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1400705	02/28/2014	ADVANCED DISPOSAL SERVICES	43.55	
CSP	Budget 13,121.00		YTD Exp 1,884.10	YTD Enc 5,917.49	Pending 43.55	Closing Balance 5,275.86
36-3706-0000-63300	TRAVEL					
36-3706-0000			03/04/2014	LACEY.ASHLEY	78.40	
CSP	Budget 90,000.00		YTD Exp 14,691.87	YTD Enc 0.00	Pending 78.40	Closing Balance 75,229.73
36-3706-0000-64604	PROGRAM EXPENSE					
36-3706-0000		P1401417	01/31/2014	MOORE MEDICAL CORP	129.64	
CSP	Budget 640,500.00		YTD Exp 120,166.31	YTD Enc 0.00	Pending 129.64	Closing Balance 520,204.05
36-3730-0000-62400	R & M SERV					
36-3730-0000		P1400666	03/07/2014	MENARDS	12.73	
36-3730-0000		P1400705	02/28/2014	ADVANCED DISPOSAL SERVICES	109.00	
36-3730-0000		P1401525	02/26/2014	PIEPER ELECTRIC INC	255.50	
36-3730-0000		P1401529	02/27/2014	LLOYDS PLUMBING AND HEATING	558.15	
JOB CENTER	Budget 73,422.00		YTD Exp 8,858.95	YTD Enc 33,365.84	Pending 935.38	Closing Balance 30,261.83

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
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I have examined the preceding bills and encumbrances in the total amount of **\$26,160.46**
Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
B. Bills under \$10,000 to be paid.
C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____

Committee Chair _____

05540313

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
00-0000-0000-25233 00-0000-0010	HUM SER SUB CARE		03/01/2014	CHAMBERLAIN,GARY	617.00
	Budget		YTD Exp	YTD Enc	Pending
	0.00		(8,304.18)	0.00	617.00
					Closing Balance
					7,687.18

I have examined the preceding bills and encumbrances in the total amount of **\$617.00**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 _____ Committee Chair _____

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Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604 36-3634-1803	PROGRAM EXPENSE		03/01/2014	LANNON STONE MOTEL	205.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		10,395.87	35,893.44	205.00	59,427.69
36-3646-0000-64604	PROGRAM EXPENSE					
36-3646-0000		P1400670	03/01/2014	SHOPKO INC #130	39.99	
36-3646-0000		P1400972	03/01/2014	DAVIS CITGO SERVICE INC	20.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	8,450.00		2,328.06	365.81	59.99	5,696.14

I have examined the preceding bills and encumbrances in the total amount of **\$264.99**

Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

- A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
- B. Bills under \$10,000 to be paid.
- C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 Committee Chair _____

RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board
INITIATED BY



Sara Mooren
DRAFTED BY

Human Services Board
SUBMITTED BY

March 13, 2014
DATE DRAFTED

**Amending the 2014 Human Services Department Budget
to Accept In-Home Safety Services Initiative Grant Funds**

1 **WHEREAS**, the Wisconsin Department of Children and Families awarded a third year of grant
 2 funding for \$254,129 through the In-Home Safety Services Initiative; and,
 3
 4 **WHEREAS**, the Human Services Department, as part of a consortium with Jefferson and Green
 5 Counties, is continuing to develop and manage a comprehensive, family centered safety services and
 6 monitoring program; and,
 7
 8 **WHEREAS**, the program is designed to monitor and support safety plans, train and support Child
 9 Protective Services (CPS) staff in safety management, develop informal supports within family systems,
 10 enhance protective factors, and provide 24/7 coverage for safety management, monitoring and crisis
 11 response and support to families; and,
 12
 13 **WHEREAS**, the target population served by this project are families involved with CPS who have been
 14 determined to be unsafe based on a standardized safety assessment; and,
 15
 16 **WHEREAS**, the long term goals of the initiative are to improve child safety outcomes, increase the
 17 availability of safety service resources, enhance family protective factors, decrease the need for CPS
 18 involvement, and increase the ability of CPS workers to assess safety and develop effective safety plans.
 19
 20 **NOW, THEREFORE, BE IT RESOLVED** by the Rock County Board of Supervisors duly assembled
 21 this _____ day of _____, 2014, does hereby authorize the acceptance of the In-Home
 22 Safety Services Initiative grant; and,
 23
 24 **BE IT FURTHER RESOLVED**, that the Human Services Department budget for 2014 be amended
 25 as follows:

Account/Description	Budget 3/13/14	Increase (Decrease)	Amended Budget
<u>Source of Funds</u>			
36-3639-0000-42100 Federal Aid	\$0	\$254,129	\$254,129
<u>Use of Funds</u>			
36-3639-0000-62119 Other Contracted Services	\$0	\$242,028	\$242,028
36-3639-0000-68204 Allocated CPS	\$0	\$12,101	\$12,101

Amending the 2014 Human Services Department Budget to Accept In-Home Safety
Services Initiative Grant Funds
Page 2

Respectfully submitted,

Human Services Board

Brian Knudson, Chair

Sally Jean Weaver-Landers, Vice Chair

Terry Fell

Billy Bob Grahn

Ashley Kleven

Phillip Owens

Terry Thomas

Shirley Williams

Marvin Wopat

FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of
_____.

Mary Mawhinney, Chair

ADMINISTRATIVE NOTE:

Recommended.


Craig Knutson
County Administrator

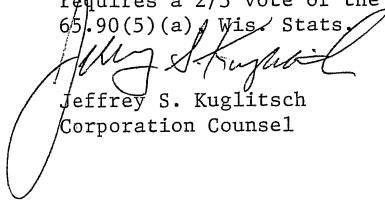
FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of \$254,129 in Federal Aid for In-Home Safety Services. No additional County funds are required.


Sherry Oja
Finance Director

LEGAL NOTE:

The County Board is authorized to accept grant funds pursuant to sec. 59.52(19), Wis. Stats. As an amendment to the adopted 2014 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a) Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

Executive Summary

Amending the 2014 Human Services Department Budget to Accept In-Home Safety Services Initiative Grant Funds

This resolution authorizes acceptance of \$254,129 through the In-Home Safety Services Initiative grant administered by the Wisconsin Department of Children and Families. The resolution also amends the 2014 HSD Budget. This is the third year of funding.

The Human Services Department, as part of a consortium with Jefferson and Green Counties, will continue to develop and manage a comprehensive, family centered safety services and monitoring program. Programming is designed to monitor and support safety plans, train and support Child Protective Services (CPS) staff in safety management, develop informal supports within family systems, enhance protective factors, and provide 24/7 coverage for safety management, monitoring and crisis response and support to families.

The target population served by this project are families involved with CPS who have been determined to be unsafe based on a standardized safety assessment. The long term goals of the initiative are to improve child safety outcomes, increase the availability of safety service resources, enhance family protective factors, decrease the need for CPS involvement, and increase the ability of CPS workers to assess safety and develop effective safety plans.

Rock County will be the fiscal agent for the project. Orion Family Services will provide 24/7 safety services to identified Rock, Green and Jefferson Counties' families.

No additional county funds are required.

RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board
INITIATED BY



Sara Mooren
DRAFTED BY

Human Services Board
SUBMITTED BY

March 13, 2014
DATE DRAFTED

**Amending the 2014 Human Services Department Budget
To Accept Funding for Post Reunification Support Program**

1 **WHEREAS**, the Wisconsin Department of Children and Families has awarded the Department \$79,200
 2 in Post Reunification Support Program funds; and,
 3
 4 **WHEREAS**, grant funds will be used to provide post reunification support services to children and their
 5 families who are being reunified after an out of home care placement to promote family stability and
 6 adjustment; and,
 7
 8 **WHEREAS**, other goals of the program include empowering parents to strengthen care-giving, problem-
 9 solving, and coping skills, reducing the likelihood of child maltreatment recurrence and re-entry of a child
 10 to out of home care after reunification, and improving the short and long term well-being of the child and
 11 their family; and,
 12
 13 **WHEREAS**, these funds will provide flexible post reunification support services to approximately six
 14 children and their families at a time.
 15
 16 **NOW, THEREFORE, BE IT RESOLVED** by the Rock County Board of Supervisors duly assembled
 17 this _____ day of _____, 2014, does hereby authorize the acceptance of Post Reunification
 18 Support Program funds.
 19
 20 **BE IT FURTHER RESOLVED**, that the Human Services Department budget for 2014 be amended
 21 as follows:

Account/Description	Budget <u>3/13/14</u>	Increase (Decrease)	Amended Budget
<u>Source of Funds</u>			
36-3642-0000-42100 Federal Aid	\$0	\$79,200	\$79,200
<u>Use of Funds</u>			
36-3642-0000-64604 Program Expense	\$0	\$74,200	\$74,200
36-3642-0000-68204 Allocated CPS	\$0	\$5,000	\$5,000

Amending the 2014 Human Services Department Budget
To Accept Funding for Post Reunification Support Program
Page 2

Respectfully submitted,

Human Services Board

Brian Knudson, Chair

Sally Jean Weaver-Landers, Vice Chair

Terry Fell

Billy Bob Grahn

Ashley Kleven

Phillip Owens

Terry Thomas

Shirley Williams

Marvin Wopat


FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of

Mary Mawhinney, Chair

ADMINISTRATIVE NOTE:

Recommended.


Craig Knutson
County Administrator

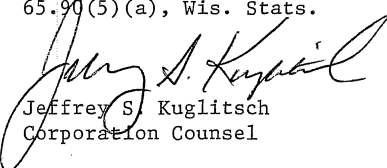
FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of \$79,200 in Federal Aid for the post reunification support program. No additional County funds are required.


Sherry Oja
Finance Director

LEGAL NOTE:

The County Board is authorized to accept grant funds pursuant to sec. 59.52(19), Wis. Stats. As an amendment to the adopted 2014 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

Executive Summary

Amending the 2014 Human Services Department Budget To Accept Funding for Post Reunification Support Program

The Wisconsin Department of Children and Families has awarded the Department \$79,200 in Post Reunification Support Program funds. These funds are part of a state IV-E waiver demonstration project. Funds will be used in Rock County to provide post reunification support services to children and their families who are being reunified after an out of home care placement.

The goals of the program are: 1) Promote family stability and adjustment after reunification; 2) Empower parents to strengthen care-giving, problem-solving, and coping skills; 3) Reduce the likelihood of child maltreatment recurrence and re-entry of a child to out of home care after reunification, and; 4) Improve the short and long term well-being of the child and their family.

These funds will provide flexible post reunification support services to approximately six children and their families at a time.

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, March 26, 2014**

HSD MANAGEMENT TEAM MEETING – March 11, 2014

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **Holiday Time/Incentive Hours**
- **Private Insurance**
- **CSP Billing Requirement**
- **Avatar Billing Issues**
- **Budget Initiatives**
- **Distribution of Admin Policy & Procedures**
- **Annual Report**
- **Presentation of Annual Report to County Board**
- **Solicitation to Join WSSA**
- **Enrollment Event**
- **Latino Community**
- **Human Resources**

INFORMATION ITEMS

HSD Board Agenda
