



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, January 14, 2015 – 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 22, 2014 \*
4. Citizen Participation
5. Submission of Committee Requests
6. Approval of Contracts, Transfers, and/or Encumbrances \* – Ms. Mooren
7. Approval of Bills \* – Mr. Zuehlke
8. Update on CST Participant – Ms. Day
9. Resolution Amending the 2015 Budget to Accept Juvenile Justice Alcohol and Other Drug Abuse Funding\*  
– Ms. Flanagan
10. Report on Functional Family Case Management (FFCM) – Mr. Horozewski, Mr. Evans
11. Resolution Amending the 2015 Budget to Accept FoodShare Employment and Training (FSET) Funding\*  
– Mr. Boutwell
12. Director's Report \*
  - List of Supportive Home Care and Meal Delivery Agencies \*\*
13. Next Meeting: Wednesday, **January 28, 2015** at **4:30 p.m.** at **Rock County Health Care Center, 3<sup>rd</sup> Floor Conference Room**, in Janesville, Wisconsin.
14. 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.

# Rock County Human Services Contract Review Cover Sheet

Date: 12/10/14

Contract with: Advanced Correctional Healthcare, Inc.

Contract Start Date: 01/01/2015 Expiration Date: 12/31/2015

Executive Summary: The Human Services Department is contracting with Advanced Correctional Healthcare, Inc. to provide required healthcare services at the Youth Services Center.

Contract Amount: \$61,256.36

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD\_2015\_0142      New Contract: Yes      Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: YSC      Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3664-0000-62119 Other Contracted Services

Contact Person: Sara Mooren      Phone: x 8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

03/PL

11/6/14

NRD

12/31/14

# Rock County Human Services Contract Review Cover Sheet

Date: 12/22/2014

Contract with: The Allendale Association

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$335.52	Day	4.4%

Contract # HSD-2015-0108 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/P

12/30/14

NPO

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Anu Family Services, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care Admin Level 2	\$34.49	Day	New
Treatment Foster Care Admin Levels 3 & 4	\$64.90	Day	0.3%

Contract # HSD-2015-0109 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

# Rock County Human Services Contract Review Cover Sheet

Re-entered  
12/29/14

Date: December 11, 2014

Contract with: Deborah Arter, MD

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

Executive Summary: This contract is for Psychiatry services for the Department's Community Support Program for 2015. Expenses are included in HSD's 2015 Adopted Budget.

Contract Amount: \$247,311 (30 hours/week)

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Psychiatry services*	\$142.10	Hour	1.5%

\* Includes the following benefits:

- County is paying 7.65% of wages to cover one half of the contracted psychiatrist's FICA
- County is paying 6.8% of wages as employer's contribution to the Wisconsin Retirement System.
- The contracted psychiatrist is eligible for participation in the Wisconsin Deferred Compensation Fund and/or Nationwide Retirement Solutions Deferred Compensation Program. The contracted psychiatrist is responsible for all payments to this fund.
- Contracted psychiatrist may participate in the group health and/or dental plan of the County in which case 100% of the cost will be deducted from the contracted psychiatrist's bi-weekly pay.
- Mileage reimbursement at IRS rate for travel incurred within regular working hours while on official authorized business.

Contract # HSD-2015-0098 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: MED Folder Name: Arter  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3706-0000-61100, 36-3706-0000-61400, 36-3706-0000-61510

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NPO

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Beloit Meals on Wheels, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Hot Meal (Delivered)	\$10.00	Meal	0%
Cold Meal (Delivered)	\$4.00	Meal	0%

Contract # HSD\_2015\_0004 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

Lic.  
Ins.

# Rock County Human Services Contract Review Cover Sheet

Date: December 17, 2014

Contract with: James Black, Ph.D.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

Executive Summary: This contract with Dr. Black is for Chapter 51 and Chapter 55 psychological evaluations which include interview time, report preparation, testimony preparation, testimony time and travel. Dr. Black will also provide psychological testing as needed.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Psychiatric services	\$140	Hour	0%

Contract # HSD-2015-0100 New Contract: Yes Amendment/Addendum:       

E-Contract Location: Year: 2015 Program: MED Folder Name: Black  
(If different from above)

Expenditure/ Revenue Account Numbers: 36-3690-0000-62170

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #       

Covered by State Contract? No State Contract #       

Was a Resolution Required No Resolution #       

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

OB/NSL

12/17/14

# Rock County Human Services Contract Review Cover Sheet

Re-entered  
12/29/14

Date: December 11, 2014

Contract with: Beth Blakeslee, MD

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

Executive Summary: This contract is for Psychiatry services for the Department's outpatient mental health operations. Funds are included in HSD's 2015 Adopted Budget.

Contract Amount: \$151,325 (18 hours/week)

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Psychiatry services*	\$142.10	Hour	1.5%

\* Includes the following benefits:

- County is paying 7.65% of wages to cover one half of the contracted psychiatrist's FICA
- County is paying 6.8% of wages as employer's contribution to the Wisconsin Retirement System.
- The contracted psychiatrist is eligible for participation in the Wisconsin Deferred Compensation Fund and/or Nationwide Retirement Solutions Deferred Compensation Program. The contracted psychiatrist is responsible for all payments to this fund.
- Contracted psychiatrist may participate in the group health and/or dental plan of the County in which case 100% of the cost will be deducted from the contracted psychiatrist's bi-weekly pay.
- Mileage reimbursement at IRS rate for travel incurred within regular working hours while on official authorized business.

Contract # HSD-2015-0101 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: MED Folder Name: Blakeslee  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3690-0000-61100, 36-3690-0000-61400, 36-3690-0000-61510

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?



OB/P2  
NPD

12/31/14

# Rock County Human Services Contract Review Cover Sheet

Date: December 3, 2014

Contract with: Brotoloc South, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities. This is one of several providers from which Rock County clients may choose for such services. These service rates fall on the high end of the average of other contracted providers providing similiar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Strawberry Hill	\$5,838.53	Month	0%
Prairie Village North	\$5,671.37	Month	0%
Prairie Village South	\$5,676.36	Month	0%
Rolling Meadows	\$5,535.83	Month	0%

Contract # HSD\_2015\_0005 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

# Rock County Human Services Contract Review Cover Sheet

Date: 12/31/2014

Contract with: Campbell Properties

Contract Start Date: 01/01/2015 Expiration Date: 12/31/2018

Executive Summary: This is the lease agreement for office space at 303 W. Court Street. HSD will be using this location for AODA staff for Drug Court, Treatment Alternative Programming, and OWI Court. The lease would automatically renew for for an additional three years.

Special Note: This has already been reviewed once by Corp Counsel and all changes were made based upon recommendations. Due to the timeframe to get the lease signed it has already been signed by both the Human Services Board Chair and Campbell Properties.

Contract Amount: \$2,000 per month 2015  
\$2020 per month 2016  
\$2050 per month 2017  
\$2100 per month 2018

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD\_2015\_0047 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: Admin Folder Name: Campbell Properties  
(If different from above)

Expenditure/ Revenue Account Numbers:  
36-3702-0000-65321

Contact Person: Phil Boutwell Phone:     

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

NPD

# Rock County Human Services Contract Review Cover Sheet

Date: 12/02/14

Contract with: Children's Service Society of Wisconsin/Exchange Family Resource Center

Contract Start Date: 10/01/2014 Expiration Date: 09/30/2015

Executive Summary: CSSW/Exchange Family Resource Center will provide assessment and home visitation services to families using funds provided by the State of Wisconsin, Department of Children and Families for Comprehensive Home Visitation Services.

Contract Amount: \$180,040

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD\_2014\_0153      New Contract: Yes      Amendment/Addendum: No

E-Contract Location: Year: 2014 Program: CPS      Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:  
36-3637-0000-62119

Contact Person: Sara Mooren      Phone: x.8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required? No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Chileda Institute

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$453.56	Day	3.2%

Contract # HSD-2015-0113 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NPD

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: Clinicare Corporation

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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. Clinicare provides independent living programs, a cognitive-behavioral focus in working with most mental health issues, and STOP, which is a sexual offender program.

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	\$326.38	Day	3.7%
Eau Claire Academy STOP Program	\$335.52	Day	1.9%
Eau Claire Academy Day School	\$103.64	Day	4.0%
Eau Claire Academy Respite Care	\$168.84	Day	3.0%
St. Louis House/Annex	\$305.46	Day	3.8%
Milwaukee Academy RCC	\$325.00	Day	1.2%
Milwaukee Academy Respite Care	\$152.11	Day	3.0%

Contract # HSD-2015-0115      New Contract: Yes      Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB      Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604      Child Protective Services – Substitute Care
- 36-3654-0000-64604      Youth Aids – Substitute Care

Contact Person: Sara Mooren      Phone: x8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NRO

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Community Care Resources, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care - Admin Rate	\$64.90	Day	0.3%

Contract # HSD-2015-0117 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

03/9L

12/31/14

LCC

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: Crossroads Counseling Center

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2015

Executive Summary: 'The Human Services Department's Budget includes Federal, State, and Intoxicated Driver Program (IDP) funds to purchase AODA treatment services. AODA treatment services are provided within the limits of available Federal, State, and IDP revenues. Waiting lists are established if necessary.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Group Counseling	\$25.00	Hour	0%
Individual Counseling	\$35.00	Hour	0%
Urinalysis	\$10.00	Each	0%

Contract # HSD 2015 0043 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: AODA Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3700-0000-62119	AODA Block Grant - Other Contracted Services
36-3704-0000-62119	Intoxicated Driver Program - Other Contracted Services

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

ORC  
Send Copy

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: CSCo  
Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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 below the average of other contracted providers providing this service.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Cleaning Services	\$15.75	Hour/per cleaner	5%
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%

Contract # HSD\_2015\_0009 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required? No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_



DB/PL

12/30/14

NAD

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Family and Children's Center

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care Admin Rate	\$55.65	Day	0%
Residential Care Center	\$306.80	Day	0%
Group Home	\$190.28	Day	0%

Contract # HSD-2015-0118 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

Jns.

# Rock County Human Services Contract Review Cover Sheet

Date: 12/22/2014

Contract with: Family Works Programs, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care – Admin Rate	\$64.34	Day	0%
Respite Care	\$105.00	Day	0%
Emergency Respite Care	\$140.00	Day	0%

Contract # HSD-2015-0119 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604 Child Protective Services – Substitute Care  
36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NRO

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Goshen Children's Home

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Group Home	\$215.30	Day	13.1%
Respite Care	\$215.30	Day	13.1%

Contract # HSD-2015-0121 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

03/PL  
NRD

12/30/14

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Harmony Living Centers LLC

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities. This is one of several providers from which Rock County clients may choose for such services. These service rates fall within the average of other contracted providers providing similar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Harmony Living Centers - CBRF	\$3,443.01	Month	0%

Contract # HSD\_2015\_0011 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/A

11/6/14

NO

Re-enter 12/30/14

# Rock County Human Services Contract Review Cover Sheet

Date: 12/22/2014

Contract with: House of Love Youth Homes, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Group Home	\$197.55	Day	3.8%

Contract # HSD-2015-0122 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

OB/APL

12/31/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: Infinite Ability Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities and Adult Family Homes. This is a client specific contract. These service rates fall higher than the average of other contracted providers providing similar services due to the high needs of the client.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Infinite Ability - AFH (client specific)	\$7,927.50	Month	0%

Contract # HSD\_2015\_0013 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS AFH Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/Revenue Account Numbers:

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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/A

12/31/14

NPO

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: Janesville Meals on Wheels

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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 below the average of other contracted providers providing this service.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Meal (Delivered)	\$3.65	Meal	4.2%

Contract # HSD\_2015\_0014 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

nPD

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: Lad Lake, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$335.52	Day	4.4%
Group Homes	\$197.55	Day	3.8%
Residential Respite	\$197.55	Day	7.4%
Group Home Crisis Respite	\$197.55	Day	3.8%
School	\$111.35	Day	0%

Contract # HSD-2015-0123 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604 Child Protective Services – Substitute Care  
36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_



DB/PL

12/31/14

NPO

# Rock County Human Services Contract Review Cover Sheet

Date: 12/29/2014

Contract with: Lund Van Dyke, LLC

Contract Start Date: 01/01/2015 Expiration Date: 12/31/2015

Executive Summary: Rock County Human Services Department has developed contracts with several providers for CLTS services. This is one provider that clients may choose for such services.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Intensive Autism Services	\$22.50	Hour	0%
On-going Autism Services	\$42.00	Hour	0%

Contract # HSD-2015-0050 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: CLTS Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3691-0000-64604 Children's Long Term Support

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NRO

# Rock County Human Services Contract Review Cover Sheet

Date: December 26, 2014

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

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Homme Youth & Family Residential Care Centers	\$327.11	Day	3.8%
Treatment Foster Care Admin Rate	\$60.50	Day	0%
Terrapin House - TFC Level 5 Admin Rate	\$31.75	Day	0%
Respite Care	\$90.00	Day	0%
Crisis Respite Care	\$145.00	Day	0%

Contract # HSD-2015-0125      New Contract: Yes      Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB      Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604      Child Protective Services – Substitute Care
- 36-3654-0000-64604      Youth Aids – Substitute Care
- 36-3691-0000-64604      Children's Long Term Support

Contact Person: Sara Mooren      Phone: x8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

Ins./CRC

# Rock County Human Services Contract Review Cover Sheet

Date: 12/01/2014

Contract with: Manpower, Inc.

Contract Start Date: 01/01/2015 Expiration Date: 12/31/2015

Executive Summary: The Human Services Department has developed this contract to purchase the services of drivers to transport children and families that are opened in the Children, Youth and Families Division to visits or needed appointments.

Contract Amount: \$ Rate x Number of approved hours of service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Transportation	\$13.22	Hour	1% increase from 2014

Contract # HSD\_2015\_0059 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: CYF Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3634-1731-64604 Child Protective Services - Program Expense

Contact Person: Sara Mooren Phone: x 8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/P  
NPD

12/30/14

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Meal Magic, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Meal Preparation	\$9.65	Meal	0%
Service Charge for Parital Orders - Orders less than 30 meals	\$20.00	Order	0%

Contract # HSD\_2015\_0019 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

081PL

12/31/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: Mercy Assisted Care, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Supportive Home Care	\$17.00	Hour	0%
Personal Care	\$27.00	Hour	0%
Private Pay Nurse Visit	\$31.00	Visit	0%

Contract # HSD\_2015\_0020 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required? No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

03/12

12/31/14

Ins.

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Mercy Health System Corporation

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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 provides a local option for these needed services.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Mental Health Inpatient Services	\$945	Day	0%
Inpatient Detoxification Services	\$1,145	Day	0%
Physician Testimony for Probable Cause Hearings	\$200	Hour	0%

Contract # HSD-2015-0105 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: MED Folder Name: Mercy Health  
(If different from above)

Expenditure/ Revenue Account Numbers: 36-3689-0000-62119 Crisis Contracted Services

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

Lic.  
Ins.

## Rock County Human Services Contract Review Cover Sheet

Date: December 17, 2014Contract with: Michael Kaye, Ph.D.Contract Start Date: 1/1/15 Expiration Date: 12/31/15

Executive Summary: This contract with Dr. Kaye is for Chapter 51 and Chapter 55 psychological evaluations which include interview time, report preparation, testimony preparation, testimony time and travel.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Psychiatric services	\$104	Hour	0%

Contract # HSD-2015-0126 New Contract: Yes Amendment/Addendum: \_\_\_\_\_E-Contract Location: Year: 2015 Program: MED Folder Name: Black  
(If different from above)Expenditure/ Revenue Account Numbers: 36-3690-0000-62170Contact Person: Sara Mooren Phone: x8431Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_Covered by State Contract? No State Contract # \_\_\_\_\_Was a Resolution Required No Resolution # \_\_\_\_\_Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

# Rock County Human Services Contract Review Cover Sheet

Date: 12/30/2014

Contract with: Netsmart Technologies

Contract Start Date: 6/29/2012 Expiration Date: 9/9/9999

Executive Summary: Netsmart has offered a 20% discount for 100 hours of consulting services used between 1/1/2015 and 12/31/2016 if HSD commits to using these hours and signs the attached quote by 12/31/15. This would be a savings of \$3,200. HSD estimates that we will need at least 100 hours over the next two years for the required CD-10 update and the implementation of the Managed Service Organizations (MSO) module & Provider Connect in 2015.

Contract Amount: \$16,000

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD\_2012\_3007\_A3 New Contract No Amendment/Addendum Yes

E-Contract Location: Year: 2012 Program: ADM Folder Name: Netsmart  
(If different from above)

Expenditure/ Revenue Account Numbers:  
3602-0000-64704 - Software Purchase Portion  
3602-0000-62491 - Software Maintenance Portion

Contact Person: Patrick Singer Phone: 5269

Were Bids or Quotations Solicited? No RFP # (Renewal)

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required? No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Director

If "Other" ~ Who?



RPO

# Rock County Human Services Contract Review Cover Sheet

Date: December 26, 2014

Contract with: New Visions Treatment Homes of WI, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care - Admin Rate	\$63.00	Day	0%
Respite Care	\$60.00	Day	0%

Contract # HSD-2015-0127 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

nPD

# Rock County Human Services Contract Review Cover Sheet

Date: December 26, 2014

Contract with: Norris Adolescent Center

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$335.52	Day	4.4%
Berman Group Home	\$197.55	Day	3.8%
Schroeder Group Home	\$197.55	Day	3.8%
Fannie Wells Group Home	\$197.55	Day	3.8%

Contract # HSD-2015-0128 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: Northwest Passage, LTD

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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. Northwest Passage specializes in serving 10-17 year old youth with severe and persistent mental health and emotional disturbance issues.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Passage I (RCC)	\$335.00	Day	5.2%
Passage II (90 day Program)	\$326.00	Day	2.5%
Passage III (Girls' Program)	\$332.00	Day	6.5%
30 Day Assessment	\$360.00	Day	5.3%
Behavior Stabilization	\$290.00	Day	5.4%

Contract # HSD-2015-0129 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604 Child Protective Services – Substitute Care  
36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Opportunities, Inc. of Jefferson County

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Prevocational Services (client specific)	\$54.50	Day	0%
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%

Contract # HSD\_2015\_0022      New Contract: Yes      Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above):

- Expenditure/ Revenue Account Numbers:
- 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)

Contact Person: Sara Mooren      Phone: x8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/P

12/31/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 26, 2014

Contract with: Orion Family Services, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Group Homes	\$197.55	Day	3.8%
Treatment Foster Care Admin Rate	\$62.90	Day	0%

Contract # HSD-2015-0130 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

03/12

12/30/14

NPD

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Productive Living Systems, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities. This is one of several providers from which Rock County clients may choose for such services. These service rates fall on the high end of the average of other contracted providers providing similar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
CBRF - Sapphire	\$5,844.35	Month	4.7%
CBRF - Emerald	\$5,844.53	Month	4.7%
AFH - Howard Hill	\$7,760.86	Month	4.9%
CBRF - Jade	\$4,535.16	Month	5.0%

Contract # HSD\_2015\_0023      New Contract: Yes      Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS CBRF      Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren      Phone: x8431

Were Bids or Quotations Solicited? No      RFP # \_\_\_\_\_

Covered by State Contract? No      State Contract # \_\_\_\_\_

Was a Resolution Required No      Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/PL

12/30/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 23, 2014

Contract with: Rawhide, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$335.52	Day	4.4%
120-Day Program (RCC)	\$335.52	Day	4.4%
Group Home	\$197.55	Day	3.8%
Treatment Foster Care Admin Rate	\$64.90	Day	0.3%
Starr Academy School	\$74.00	Day	34.5%

Contract # HSD-2015-0132 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

Ino  
CRC

# Rock County Human Services Contract Review Cover Sheet

Date: 12/02/2014

Contract with: Rock-Walworth Comprehensive Family Services, Inc.

Contract Start Date: 10/01/2014 Expiration Date: 09/30/2015

Executive Summary: Rock-Walworth Comprehensive Family Services, Inc. (Early Head Start) will provide Home Visitation services to families using funds provided by the State of Wisconsin, Department of Children and Families for Comprehensive Home Visitation Services.

Contract Amount: \$74,141

Contract # HSD\_2014\_0152 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2014 Program: CPS Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:  
36-3637-0000-62119

Contact Person: Sara Mooren Phone: x 8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_



NPD

# Rock County Human Services Contract Review Cover Sheet

Date: December 26, 2014

Contract with: SaintA, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$330.62	Day	2.9%
60-Day Assessment (RCC)	\$330.62	Day	2.9%
Treatment Foster Care Admin Rate	\$63.50	Day	0%
Residential Respite	\$152.00	Day	0%
Academic Day Treatment	\$168.00	Day	0%
Stabilization Programming	\$184.00	Day	0%
Caregiver Support Program	\$70.00	Hour	7.7%

Contract # HSD-2015-0135 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(if different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services – Substitute Care
36-3654-0000-64604	Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

03/12

12/31/14

INS

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: Stone Ridge Estates, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities. This is one of several providers from which Rock County clients may choose for such services. These service rates fall on the low end of the average of other contracted providers providing similar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
CBRF - Hearthside	\$2,411 .01	Month	0%

Contract # HSD\_2015\_0030 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

DB/PL

12/31/14

nro

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: ESH Enterprises, LLC dba:Swifhaven Community.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with a few providers for Residential Care Apartment Complex (RCAC) services. This is one of the providers from which Rock County clients may choose for such services. These service rates fall on the low end of the average of other contracted providers providing similar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
RCAC - Edgerton	\$2,323.12	Month	0%

Contract # HSD\_2015\_0032 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS RCAC Folder Name: Swifhaven  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

0310

12/31/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 29, 2014

Contract with: The Richardson School--Beloit

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2015

Executive Summary: Rock County Human Services Department has developed contracts with several providers for CLTS services. This is one provider that clients may choose for such services.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Group Camp Rate	\$110.00	Day	0%
Intensive Camp Rate	\$248.00	Day	2%
Group Respite Rate	\$30.00	Hour	0%
Intensive Respite Rate	\$38.52	Hour	0%

Contract # HSD-2015-0052 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: CLTS Folder Name: The Richardson School  
(If different from above)

Expenditure/ Revenue Account Numbers:

38-3691-0000-64604 Children's Long Term Support

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

03/22

11/6/14

Ins.

~~Sept 11/13/14~~

12/31/14

# Rock County Human Services Contract Review Cover Sheet

Date: 11/5/2014

Contract with: THRIVE Treatment Services, LLC

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Treatment Foster Care-Admin Rate	\$63.50	Day	0%

Contract # HSD-2015-0137 New Contract: Yes Amendment/Addendum: \_\_\_\_\_

E-Contract Location: Year: 2015 Program: SUB Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3638-0000-64604	Child Protective Services -- Substitute Care
36-3654-0000-64604	Youth Aids -- Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP

Covered by State Contract? No State

Was a Resolution Required No Res

Contract will be signed by: Human Services B

If "Other" ~ Who? \_\_\_\_\_

make note to vendors about replacing contract. Contract was sent accidentally before language change.

NPO

# Rock County Human Services Contract Review Cover Sheet

Date: December 22, 2014

Contract with: Tomorrow's Children, Inc.

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

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.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Care Center	\$295.00	Day	2.4%

Contract # HSD-2015-0138 New Contract: Yes Amendment/Addendum:     

E-Contract Location: Year: 2015 Program: SUB Folder Name:       
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3638-0000-64604 Child Protective Services – Substitute Care
- 36-3654-0000-64604 Youth Aids – Substitute Care

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP #     

Covered by State Contract? No State Contract #     

Was a Resolution Required No Resolution #     

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who?

DB/P

12/31/14

NRD

# Rock County Human Services Contract Review Cover Sheet

Date: December 30, 2014

Contract with: Home Care Assistance Services, LLC dba Visiting Angels, LAS

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

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.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
3 hour or more visit:			
Supportive Home Care	\$19.00	Hour	0%
Supportive Home Care w/ Personal Cares	\$20.00	Hour	0%
Less than 3 hour visit:			
Supportive Home Care	\$23.50	Hour	0%
Supportive Home Care w/ Personal Cares	\$24.50	Hour	0%

Contract # HSD\_2015\_0033 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS SHC Folder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

- 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)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_

Covered by State Contract? No State Contract # \_\_\_\_\_

Was a Resolution Required No Resolution # \_\_\_\_\_

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_

Ins.

## Rock County Human Services Contract Review Cover Sheet

Date: October 1, 2014Contract with: University Health Care Inc.Contract Start Date: 1/1/2015 Expiration Date: 12/13/2015

Executive Summary: This is an amendment to the letter of agreement between HSD and the University of Wisconsin Hospital for inpatient psychiatric services for calendar year 2015. Inpatient hospital services and related physician charges are a necessity for County clients who are experiencing a severe mental health crisis beyond the scope of our treatment capabilities.

Contract Amount: Total contract value will be dependent upon the number of covered billable services billed by provider during the calendar year at the rates specified below. HSD proposed budget for 2015 is \$54,370.

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Per Diem - Hospital Charge	\$1,902.00	Day	4.0%
<u>Physician Charges:</u>			
Psychiatric Diagnostic Evaluation w/ Medical Services	\$339.00	Day	2.7%
Group Psychotherapy per Client	\$105.00	Day	0.0%
Initial Hospital Care Level I	\$260.00	Day	0.0%
Initial Hospital Care Level II	\$350.00	Day	0.0%
Initial Hospital Care Level III	\$430.00	Day	0.0%
Inpatient Day Level I	\$122.00	Day	0.0%
Inpatient Day Level II	\$154.00	Day	0.0%
Inpatient Day Level III	\$256.00	Day	0.0%
Observation/Hospital Care, Level III	\$295.00	Day	0.0%
Observation/Hospital Care, Level IV	\$418.00	Day	0.0%
Observation/Hospital Care, Level V	\$502.00	Day	0.0%
Discharge Day – 30 min or less	\$180.00	Day	0.0%
Discharge Day – more than 30 min.–Physician Charge	\$308.00	Day	0.0%

Contract # HSD\_2002\_0065\_A13New Contract: No Amendment/Addendum: NoE-Contract Location: Year: 2015 Program: MEDFolder Name: \_\_\_\_\_  
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3689-0000-62119 Crisis

Contact Person: Sara Mooren Phone: x8431Were Bids or Quotations Solicited? No RFP # \_\_\_\_\_Covered by State Contract? No State Contract # \_\_\_\_\_Was a Resolution Required No Resolution # \_\_\_\_\_Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? \_\_\_\_\_



OSS41301

2014

Rock County HSD

COMMITTEE APPROVAL REPORT

01/08/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3603-0000-64908	CONTRIBUTIONS				
36-3603-3015			12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	342.50
36-3603-3020			12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	317.00
<b>SPECIAL HSD</b>	<b>Budget</b>	<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	8,000.00	7,561.12	0.00	659.50	(220.62)
36-3604-0000-64604	PROGRAM EXPENSE				
36-3604-0000			12/31/2014	JANESVILLE TRANSIT SYSTEM	145.00
<b>ECONOMIC SUPPORT</b>	<b>Budget</b>	<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	9,651.00	4,094.03	0.00	145.00	5,411.97
36-3634-0000-64604	PROGRAM EXPENSE				
36-3634-1803			12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	40.00
<b>CPS</b>	<b>Budget</b>	<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	105,922.00	87,939.29	5,775.64	40.00	12,167.07
36-3689-0000-64604	PROGRAM EXPENSE				
36-3689-0001			12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	270.00
<b>CRISIS</b>	<b>Budget</b>	<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	306,325.00	300,025.09	959.13	270.00	5,070.78
36-3713-0000-64604	PROGRAM EXPENSE				
36-3713-2015			12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	480.00
<b>SHELTER PLUS</b>	<b>Budget</b>	<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	8,100.00	9,282.50	0.00	480.00	(1,662.50)

*transferred* 480.00

I have examined the preceding bills and encumbrances in the total amount of **\$1,594.50**

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 \_\_\_\_\_

OSS41302

Rock County HSD

COMMITTEE APPROVAL REPORT

01/08/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3600-0000-64200 36-3600-0000	TRAINING EXP	P1403824	12/04/2014	DD NETWORK INC	35.00	
<b>AGENCY MGT &amp; SUP</b>	Budget 16,220.00		YTD Exp 11,804.93	YTD Enc 0.00	Pending 35.00	Closing Balance 4,380.07
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1400648	12/10/2014	OFFICE PRO	41.57	
<b>OVERHEAD</b>	Budget 31,249.00		YTD Exp 24,027.71	YTD Enc 340.62	Pending 41.57	Closing Balance 6,839.10
36-3602-0000-63100 36-3602-0000 36-3602-0000 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1400629 P1400667 P1401417 P1403621 P1403869	12/16/2014 11/05/2014 12/02/2014 12/10/2014 12/10/2014	E AND D WATER WORKS INC AARONS LOCK AND SAFE INC MOORE MEDICAL CORP HENRICKSEN ULINE	23.00 103.93 104.54 181.08 87.53	
<b>OVERHEAD</b>	Budget 106,080.00		YTD Exp 89,029.89	YTD Enc 275.49	Pending 500.08	Closing Balance 16,274.54
36-3602-0000-67200 36-3602-0000 36-3602-0000	CAPITAL IMPROV	P1403638 P1403715	12/04/2014 12/15/2014	HENRICKSEN HENRICKSEN	2,698.10 3,513.02	
<b>OVERHEAD</b>	Budget 22,000.00		YTD Exp 1,512.36	YTD Enc 816.34	Pending 6,211.12	Closing Balance 13,460.18
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP		12/18/2014	HEGBERG, DENISE	47.84	
<b>SPECIAL HSD</b>	Budget 6,993.00		YTD Exp 4,320.71	YTD Enc 0.00	Pending 47.84	Closing Balance 2,624.45
36-3634-0000-62119 36-3634-5014 36-3634-5014 36-3634-5014 36-3634-5015 36-3634-5015	OTHER SERVICES	P1400641 P1403946 P1403949 P1400637 P1400641	11/30/2014 12/15/2014 12/15/2014 11/30/2014 11/30/2014	ORION FAMILY SERVICES HOPE CHILD AND FAMILY COUNSEL CHILDRENS THERAPY NETWORK FOUNDATIONS COUNSELING CENTER ORION FAMILY SERVICES	2,135.74 1,650.00 70.00 1,224.75 19,129.00	
<b>CPS</b>	Budget 102,400.00		YTD Exp 116,033.68	YTD Enc 22,489.49	Pending 24,209.49	Closing Balance (60,332.66) <i>Transk approved</i>
36-3634-0000-63300 36-3634-0000 36-3634-0000	TRAVEL		12/16/2014 12/23/2014	WIZA, AMANDA SPATARO-HAYNES, CIERRENA	155.12 42.56	
<b>CPS</b>	Budget 168,000.00		YTD Exp 183,771.54	YTD Enc 0.00	Pending 197.68	Closing Balance (15,969.22) <i>Transk coming</i>
36-3634-0000-64200 36-3634-0000 36-3634-0000	TRAINING EXP	P1401325 P1401326 P1401516	12/19/2014 12/19/2014 12/19/2014	UNIVERSITY OF WISCONSIN MADISO UNIVERSITY OF WISCONSIN MADISO UNIVERSITY OF WISCONSIN MADISO	40.00 120.00 20.00	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3634-0000		P1401707	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	20.00
36-3634-0000		P1401708	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	60.00
36-3634-0000		P1401881	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	120.00
36-3634-0000		P1401988	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	20.00
36-3634-0000		P1401989	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	60.00
36-3634-0000		P1401991	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	40.00
36-3634-0000		P1402156	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	60.00
36-3634-0000		P1402777	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	40.00
36-3634-0000		P1402778	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	40.00
36-3634-0000		P1402780	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	20.00
36-3634-0000		P1402976	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	40.00
36-3634-0000		P1402977	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	120.00
36-3634-0000		P1403087	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	120.00
36-3634-0000		P1403245	12/19/2014	UNIVERSITY OF WISCONSIN MADISO	20.00
36-3634-0000		P1403666	11/14/2014	UNIVERSITY OF WISCONSIN MADISO	30.00
36-3634-0000		P1403836	12/08/2014	UNIVERSITY OF WISCONSIN MADISO	30.00
36-3634-0000		P1403837	12/08/2014	UNIVERSITY OF WISCONSIN MADISO	80.00
36-3634-0000		P1403838	12/08/2014	UNIVERSITY OF WISCONSIN MADISO	110.00
36-3634-0000		P1403900	12/12/2014	UNIVERSITY OF WISCONSIN MADISO	10.00

CPS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	17,736.00	11,022.66	2,700.00	1,220.00	2,793.34

36-3634-0000-64604	PROGRAM EXPENSE				
36-3634-1803			12/18/2014	KATH,KRISTIN	8.12
36-3634-1803		P1400666	12/29/2014	MENARDS	17.88
36-3634-1814		P1400658	12/08/2014	JANESVILLE GAZETTE INC	43.26

CPS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00	87,910.03	5,775.64	69.26	12,167.07

36-3636-0000-64604	PROGRAM EXPENSE				
36-3636-0000		P1400669	12/12/2014	SENTRY FOOD STORE	88.35
36-3636-0000		P1400670	12/22/2014	SHOPKO INC #130	49.90

INDEPEND LIVING	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	7,969.00	2,496.92	138.25	138.25	5,195.58

36-3646-0000-64200	TRAINING EXP				
36-3646-0000		P1403899	12/12/2014	UNIVERSITY OF WISCONSIN MADISO	30.00
36-3646-0000		P1403900	12/12/2014	UNIVERSITY OF WISCONSIN MADISO	20.00

JUVENILE JUSTICE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	2,895.00	3,292.24	0.00	50.00	(447.24)

36-3646-0000-64604	PROGRAM EXPENSE				
36-3646-5016		P1400669	12/04/2014	SENTRY FOOD STORE	72.06

JUVENILE JUSTICE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	8,450.00	6,150.53	72.06	72.06	2,155.35

36-3659-0000-62119	OTHER SERVICES				
36-3659-0000		P1403945	12/16/2014	MARTYNA,BRYN L	950.00

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
<b>DMC</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	19,800.00		0.00	0.00	950.00	18,850.00
36-3664-0000-61915	CERT/LIC/OTHER					
36-3664-0000		P1403898	10/31/2014	OCCUPATIONAL HEALTH CENTER		90.00
<b>YOUTH SERVICES</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,850.00		2,499.00	0.00	90.00	261.00
36-3664-0000-62119	OTHER SERVICES					
36-3664-0000		P1402637	12/05/2014	INTERIM HEALTHCARE OF WISCONSI		2,943.75
<b>YOUTH SERVICES</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	50,000.00		42,007.25	2,943.75	2,943.75	2,105.25
36-3664-0000-62400	R & M SERV					
36-3664-0000		P1400630	12/10/2014	BANDT COMMUNICATIONS INC		536.83
<b>YOUTH SERVICES</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	4,200.00		3,493.69	536.83	536.83	(367.35)
36-3664-0000-63400	OPERATING SUPPLI					
36-3664-0000		P1400631	12/17/2014	DE VERE COMPANY INC		236.16
36-3664-0000		P1403841	12/08/2014	HEDBERG PUBLIC LIBRARY		17.99
36-3664-0000		P1403968	12/31/2014	HEDBERG PUBLIC LIBRARY		35.98
36-3664-0000		P1403969	12/13/2014	CHARTER BUSINESS NETWORKS		139.80
<b>YOUTH SERVICES</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	42,080.00		30,610.54	11,277.48	429.93	(237.95)
36-3666-0000-64200	TRAINING EXP					
36-3666-0000		P1403824	12/04/2014	DD NETWORK INC		455.00
<b>LTS - ACS</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,505.00		3,154.09	0.00	455.00	(1,104.09)
36-3683-0000-63200	PUBL/SUBCR/DUES					
36-3683-0000		P1403916	12/17/2014	WISCONSIN ASSOCIATION OF BENEF		70.00
<b>ADRC</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,875.00		701.94	0.00	70.00	1,103.06
36-3683-0000-64200	TRAINING EXP					
36-3683-0000		P1403824	12/04/2014	DD NETWORK INC		175.00
<b>ADRC</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,615.00		2,402.50	0.00	175.00	37.50
36-3683-0000-64604	PROGRAM EXPENSE					
36-3683-0000		P1400629	12/19/2014	E AND D WATER WORKS INC		17.25
<b>ADRC</b>	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	20,980.00		19,909.20	17.25	17.25	1,036.30
36-3686-0000-62119	OTHER SERVICES					
36-3686-0000		P1400649	11/30/2014	GENESIS BEHAVIORAL SERVICES IN		638.00

*transfer coming*

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
<b>DETOX SERVICES</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		237,108.00	233,286.00	638.00	638.00	2,566.00
36-3689-0000-62119	OTHER SERVICES					
36-3689-0000		P1403943	12/05/2014	WOODLAND ENHANCED HEALTH SERVI		1,387.50
36-3689-0000		P1403954	12/18/2014	INDEPENDENT LIVING RESOURCES I		7,113.96
36-3689-0000		P1403955	12/18/2014	GRASSROOT EMPOWERMENT PROJECT		1,534.80
<b>CRISIS</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		1,522,214.00	1,236,276.68	262,524.08	10,036.26	13,376.98
36-3689-0000-64200	TRAINING EXP					
36-3689-0000		P1403823	12/04/2014	DD NETWORK INC		280.00
<b>CRISIS</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		3,525.00	1,629.97	0.00	280.00	1,615.03
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0002			07/21/2014	SUPER 8 MOTEL		499.93
36-3689-0002		P1400971	12/17/2014	SRB PROPERTY MANAGEMENT LLC		450.00
36-3689-0004		P1400965	12/19/2014	HOMECARE PHARMACY LLC		136.73
36-3689-0004		P1400973	05/08/2014	KEALEY PHARMACY		372.40
36-3689-1226		P1403947	12/01/2014	HEARTWARMING HOUSE		3,624.37
<b>CRISIS</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		306,325.00	295,211.66	959.13	5,083.43	5,070.78
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1400705	11/30/2014	ADVANCED DISPOSAL SERVICES		21.45
36-3690-0000		P1401416	12/16/2014	NEEDY MEDS INC		36.00
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		65,966.00	64,926.52	57.45	57.45	924.58
36-3690-0000-62400	R & M SERV					
36-3690-0000		P1403967	12/23/2014	PIEPER ELECTRIC INC		182.50
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		400.00	0.00	0.00	182.50	217.50
36-3690-0000-62503	INTERPRETER FEES					
36-3690-0000		P1400634	12/11/2014	GONZALEZ,BELEM		225.00
36-3690-0000		P1403950	11/13/2014	WESLEY,JON T		290.27
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		15,500.00	13,667.72	225.00	515.27	1,092.01
36-3690-0000-64200	TRAINING EXP					
36-3690-0000		P1403822	12/04/2014	DD NETWORK INC		420.00
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		13,170.00	9,353.97	0.00	420.00	3,396.03
36-3690-0000-67160	CA \$500-\$4,999					
36-3690-0000		P1403620	12/04/2014	HENRICKSEN		272.54
36-3690-0000		P1403621	12/10/2014	HENRICKSEN		904.98

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3690-0000		P1403708	12/15/2014	HENRICKSEN	539.62	
<b>OUTPATIENT SER</b>	Budget 6,000.00		YTD Exp 4,091.78	YTD Enc 0.00	Pending 1,717.14	Closing Balance 191.08
36-3694-0000-62119	OTHER SERVICES					
36-3694-0000		P1403948	11/30/2014	COMMUNITY ACTION INC OF ROCK &	6,069.75	
<b>AODA INNER CITY</b>	Budget 46,500.00		YTD Exp 28,198.55	YTD Enc 0.00	Pending 6,069.75	Closing Balance 12,231.70
36-3697-0000-64200	TRAINING EXP					
36-3697-0000		P1403836	12/08/2014	UNIVERSITY OF WISCONSIN MADISO	10.00	
<b>CFIS</b>	Budget 3,660.00		YTD Exp 2,243.00	YTD Enc 0.00	Pending 10.00	Closing Balance 1,407.00
36-3701-0000-64604	PROGRAM EXPENSE					
36-3701-0000		P1400973	12/23/2014	KEALEY PHARMACY	1,181.99	
<b>JUSTICE&amp;MH COLLA</b>	Budget 0.00		YTD Exp 6,481.24	YTD Enc 1,181.99	Pending 1,181.99	Closing Balance (8,845.22)
36-3704-0000-62176	LABORATORY					
36-3704-0000		P1400628	10/31/2014	REDWOOD TOXICOLOGY LABORATORY	3,105.15	
<b>IDP</b>	Budget 21,000.00		YTD Exp 24,598.51	YTD Enc 3,105.15	Pending 3,105.15	Closing Balance (9,808.81)
36-3704-0000-62503	INTERPRETER FEES					
36-3704-0000		P1400634	12/10/2014	GONZALEZ,BELEM	420.00	
<b>IDP</b>	Budget 1,000.00		YTD Exp 1,327.50	YTD Enc 420.00	Pending 420.00	Closing Balance (1,167.50)
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1400705	11/30/2014	ADVANCED DISPOSAL SERVICES	43.55	
<b>CSP</b>	Budget 13,121.00		YTD Exp 10,109.94	YTD Enc 43.55	Pending 43.55	Closing Balance 2,923.96
36-3706-0000-64200	TRAINING EXP					
36-3706-0000		P1403825	12/04/2014	DD NETWORK INC	840.00	
<b>CSP</b>	Budget 3,450.00		YTD Exp 708.18	YTD Enc 0.00	Pending 840.00	Closing Balance 1,901.82
36-3707-0000-64604	PROGRAM EXPENSE					
36-3707-0000			12/22/2014	BAUMEISTER,SARAH	18.49	
<b>CCS</b>	Budget 0.00		YTD Exp 0.00	YTD Enc 0.00	Pending 18.49	Closing Balance (18.49)
36-3730-0000-62400	R & M SERV					
36-3730-0000		P1400644	12/22/2014	TRI COR MECHANICAL INC	481.50	
36-3730-0000		P1400666	12/10/2014	MENARDS	16.36	
36-3730-0000		P1400705	11/30/2014	ADVANCED DISPOSAL SERVICES	115.00	

*Transfer approved*

*Transfer coming*

COMMITTEE APPROVAL REPORT

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3730-0000		P1403944	12/09/2014	PER MAR SECURITY SERVICES	446.05
<b>JOB CENTER</b>	Budget 69,140.00	YTD Exp 51,916.30	YTD Enc 624.66	Pending 1,058.91	Closing Balance 15,540.13

I have examined the preceding bills and encumbrances in the total amount of **\$70,138.00**  
 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 \_\_\_\_\_

OSS41215 (over \$10,000)

Rock County HSD

COMMITTEE APPROVAL REPORT

01/02/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3689-0000-62119 36-3689-0000	OTHER SERVICES	P1403956	09/01/2014	MARSH COUNTY HEALTH ALLIANCE	14,648.50
<b>CRISIS</b>	Budget 1,522,214.00	YTD Exp 1,156,301.87	YTD Enc 337,886.65	Pending 14,648.50	Closing Balance 13,376.98

I have examined the preceding bills and encumbrances in the total amount of **\$14,648.50**

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 \_\_\_\_\_

Page PCB10



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Rock County HSD

COMMITTEE APPROVAL REPORT

01/07/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1803			12/31/2014	DONAHUE,RICHARD		375.00
36-3634-1803		P1403805	12/31/2014	DEWEYS SERVICE INC		155.49
<b>CPS</b>	<b>Budget</b>		<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	105,922.00		87,448.80	13,549.61	530.49	4,393.10
36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000		P1400657	12/31/2014	JANESVILLE TRANSIT SYSTEM		52.00
<b>REUN SUPPORT</b>	<b>Budget</b>		<b>YTD Exp</b>	<b>YTD Enc</b>	<b>Pending</b>	<b>Closing Balance</b>
	74,200.00		15,555.27	9,460.55	52.00	49,132.18

I have examined the preceding bills and encumbrances in the total amount of **\$582.49**  
 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 \_\_\_\_\_

05550101

2015

Rock County HSD

COMMITTEE APPROVAL REPORT

01/07/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1724			01/01/2015	CADD,PEG	250.00	
36-3634-1724			01/01/2015	LUBKE,KATIE J	150.00	
36-3634-1724			01/01/2015	VETTER,JOAN	250.00	
36-3634-1803			01/01/2015	TRIPP AND ASSOCIATES INC	680.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	107,748.00		0.00	40,596.00	1,330.00	65,822.00

I have examined the preceding bills and encumbrances in the total amount of **\$1,330.00**  
 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 \_\_\_\_\_

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

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

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board  
INITIATED BY



Kate Flanagan/Sara Mooren  
DRAFTED BY

Human Services Board  
SUBMITTED BY

January 5, 2015  
DATE DRAFTED

**Amending the 2015 Budget to Accept Juvenile Justice Alcohol and Other Drug Abuse Funding**

1 **WHEREAS**, the Wisconsin Department of Health Services has awarded the Human Services  
2 Department \$40,508 in Juvenile Justice Alcohol and Other Drug Abuse (JJ AODA) funding; and,  
3  
4 **WHEREAS**, the Mental Health/AODA division continues to work to enhance substance abuse  
5 prevention and treatment services across the continuum of care for youth and adults; and,  
6  
7 **WHEREAS**, funding from this grant will be used to support and enhance the work of clinical staff to  
8 provide substance abuse treatment services to youth involved in juvenile justice services at the Youth  
9 Services Center and other Juvenile Justice programs; and,  
10  
11 **WHEREAS**, funding will also be utilized to train staff in the areas of Fetal Alcohol Spectrum Disorders  
12 and Moral Reconciliation Therapy to improve outcomes for at-risk youth; and,  
13  
14 **WHEREAS**, funding from this grant will be combined with funding from the Drug Court program to  
15 hire two .4 FTE psychiatric technicians to assist with transportation to appointments, drug testing and  
16 other flexible supports to aid clients in the JJ AODA program and the Drug Court in their recovery.  
17  
18 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled  
19 this \_\_\_\_\_ day of \_\_\_\_\_, 2015, does hereby approve the creation of two .4 FTE Psychiatric  
20 Technician positions and authorizes the Human Services Department to fill those positions.  
21  
22 **BE IT FURTHER RESOLVED**, that the Rock County Board of Supervisors authorizes the  
23 acceptance of \$40,508 in Juvenile Justice Alcohol and Other Drug Abuse funding and the Human  
24 Services Department budget for 2015 be amended as follows:

Account/Description	Budget <u>1/1/15</u>	Increase <u>(Decrease)</u>	Amended <u>Budget</u>
<u>Source of Funds</u>			
36-3705-0000-42200 State Aid	0	40,508	40,508
<u>Use of Funds</u>			
36-3690-0000-61100 MH/AODA Regular Wages	2,203,838	29,187	2,233,025
36-3690-0000-61108 MH/AODA Seasonal Wages	7,936	(7,936)	0
36-3690-0000-61400 MH/AODA FICA	155,273	1,626	156,899
36-3690-0000-61510 MH/AODA Retirement	138,410	1,445	139,855
36-3690-0000-63300 MH/AODA Travel	21,121	3,052	24,173
36-3690-0000-68393 JJ AODA Allocation	0	(27,374)	(27,374)
36-3705-0000-64604	0	11,134	11,134

Amending the 2015 Budget to Accept Juvenile Justice Alcohol and Other Drug Abuse Funding

Page 2

46	JJ AODA Program Expense			
47	36-3705-0000-67130	0	2,000	2,000
48	JJ AODA Terminals and PCs			
49	36-3705-0000-68208	0	27,374	27,374
50	Allocated MH/AODA			

Respectfully submitted,

Human Services Board

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

\_\_\_\_\_  
Sally Jean Weaver-Landers, Vice-Chair

\_\_\_\_\_  
Terry Fell

\_\_\_\_\_  
Linda Garrett

\_\_\_\_\_  
Billy Bob Grahn

\_\_\_\_\_  
Ashley Kleven

\_\_\_\_\_  
Kathy Schulz

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

\_\_\_\_\_  
Shirley Williams


FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of

\_\_\_\_\_  
Mary Mawhinney, Chair


ADMINISTRATIVE NOTE:

Recommended.

  
Josh Smith  
County Administrator

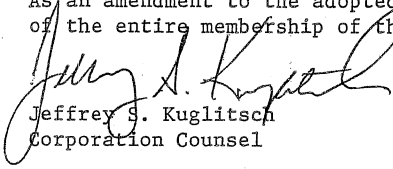
FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of \$40,508 in State Aid for Juvenile Justice Alcohol and Other Drug Abuse program. No County matching funds are required.

  
Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to §59.22(2), Wis. Stats. As an amendment to the adopted 2015 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

**Amending the 2015 Budget to Accept Juvenile Justice Alcohol and Other Drug Abuse Funding**

**Executive Summary**

The Wisconsin Department of Health Services has awarded the Human Services Department \$40,508 in Juvenile Justice Alcohol and Other Drug Abuse (JJ AODA) funding. This is the first year of a five-year grant. HSD expects to receive the same amount in each year.

Funding from this grant will be used to support and enhance the work of clinical staff to provide substance abuse treatment services to youth involved in juvenile justice services at the Youth Services Center and other Juvenile Justice programs. Funding will also be utilized to train staff in the areas of Fetal Alcohol Spectrum Disorders and Moral Reconciliation Therapy to improve outcomes for at-risk youth.

The Mental Health/AODA Division continues to work to enhance substance abuse prevention and treatment services across the continuum of care for youth and adults. Funding from this grant will be combined with funding from the Drug Court program to hire two .4 psychiatric technicians to assist with transportation to appointments, drug testing and other flexible supports to aid clients in the JJ AODA program and the Drug Court in their recovery.

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

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

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board  
INITIATED BY



Sara Mooren/Phil Boutwell  
DRAFTED BY

Human Services Board  
SUBMITTED BY

January 5, 2015  
DATE DRAFTED

**Amending the 2015 Budget to Accept FoodShare Employment and Training (FSET) Funding**

1 **WHEREAS**, the Wisconsin Department of Health Services has requested to contract with the Human  
2 Services Department for operation of the FSET program for the first quarter of 2015; and,  
3

4 **WHEREAS**, the state issued a request for proposals for regionalized FSET services starting in 2015 but  
5 has delayed implementation by three months; and,  
6

7 **WHEREAS**, the Human Services Department has historically provided FSET services through the  
8 Economic Support Division for Rock County; and,  
9

10 **WHEREAS**, the main goal of this program is to enroll FoodShare participants into education and  
11 training activities that will allow them to meet their employment goals and increase their earning abilities;  
12 and,  
13

14 **WHEREAS**, funding will be used to offset Economic Support Specialist staff time associated with  
15 administration of the program and cover other expenses related to the operation of the FSET program;  
16 and,  
17

18 **WHEREAS**, the Southwest Wisconsin Workforce Development Board was awarded the regional  
19 contract for the region that includes Rock County, and will begin operation on April 1, 2015.  
20

21 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled  
22 this \_\_\_\_\_ day of \_\_\_\_\_, 2015, does hereby authorize the acceptance of an additional  
23 \$29,447 for the FSET program; and,  
24

25 **BE IT FURTHER RESOLVED**, that the Human Services Department budget for 2015 be amended  
26 as follows:  
27

Account/Description	Budget <u>1/1/15</u>	Increase (Decrease)	Amended <u>Budget</u>
<u>Source of Funds</u>			
36-3607-0000-42100 Federal Aid	\$0	\$29,447	\$29,447
<u>Use of Funds</u>			
36-3607-0000-64604 Program Expense	\$0	\$3,000	\$3,000
36-3607-0000-68201 Allocated ESS	\$0	\$26,447	\$26,447

Amending the 2015 Budget to Accept of FoodShare Employment and Training (FSET)  
Funds  
Page 2

Respectfully submitted,

Human Services Board

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

\_\_\_\_\_  
Sally Jean Weaver-Landers, Vice-Chair

\_\_\_\_\_  
Terry Fell

\_\_\_\_\_  
Linda Garrett

\_\_\_\_\_  
Billy Bob Grahn

\_\_\_\_\_  
Ashley Kleven

\_\_\_\_\_  
Kathy Schulz

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

\_\_\_\_\_  
Shirley Williams

FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of  
\_\_\_\_\_.

\_\_\_\_\_  
Mary Mawhinney, Chair

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith  
County Administrator

FISCAL NOTE:

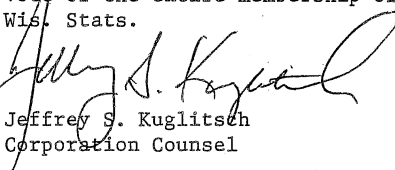
This resolution authorizes the acceptance and expenditure of \$29,447 in Federal Aid for the FoodShare Employment and Training program. No County matching funds are required.



Sherry Oja  
Finance Director

LEGAL NOTE:

As an amendment to the adopted 2015 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

## **Amending the 2015 Budget to Accept FoodShare Employment and Training (FSET) Funding**

### **Executive Summary**

The State has contracted with Rock County Human Services for many years to perform education and training services known as the FSET Program for FoodShare recipients. That arrangement was supposed to end on 12/31/14. The Southwest Wisconsin Workforce Development Board was poised to take over the FSET contract on a regional basis that included Rock County beginning on 1/1/15. For various reasons, the regional roll-out has been delayed by three months. Thus, the State wishes to extend the FSET contract with Rock County Human Services through the first quarter of 2015. The resolution amends the 2015 Budget to accomplish that task.

In recent years, participation in the FSET program by FoodShare recipients has been voluntary. The current State Budget requires all able bodied adults without dependents to participate in the FSET Program. That change goes into effect on 4/1/15 in Rock County. It is estimated the change will affect approximately 2,200 individuals in Rock County. The Southwest Wisconsin Workforce Development Board is presently hiring staff in anticipation of taking over the FSET Program.

The Human Services Department, Economic Support Division remains responsible for the administration of the FoodShare program. The new FSET rules will result in a lot of Food Share case modifications and appeals for the ES Case Workers to process. There is \$4.7 million of new funding statewide that will go to the IM Consortia to offset the cost of the workload increase. The break-out of the award has not been announced. It is anticipated that the Human Services Department will bring another resolution forward at a later date to accept the additional funding and to amend the 2015 Budget.



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**ROCK COUNTY HUMAN SERVICES DEPARTMENT  
DIRECTOR'S REPORT  
Wednesday, January 14, 2015**

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**HSD MANAGEMENT TEAM MEETING – December 30, 2014**  
Meeting Cancelled.

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