



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 22, 2014 – 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 January 8, 2014 \*
4. Citizen Participation
5. Approval of Contracts, Transfers, and/or Encumbrances \* – Ms. Mooren
6. Approval of Bills \* – Mr. Zuehlke
7. Praise and Recognition – Holiday Committee
8. Report on Detention Assessment Instrument 2013 Data – Mr. Horozewski
9. Director's Report \*
10. Committee Requests for Future Agenda Items
11. Next Meeting: Wednesday, February 12, 2014 at 4:30 p.m. at the Rock County Health Care Center, 3<sup>rd</sup> Floor Conference Room, in Janesville, Wisconsin.
12. Adjourn

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

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





# Contract Review Cover Sheet

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

G:\BUSINESS\CONTRACT\2014 Contracts\ACS\CBRF\Collinwood

New Contract:  or, HSD\_2014\_0005\_A\ or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

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

Contract with: Disch Enterprises LTD dba Collinwood Elderly Care  
(Name of entity)

Contract Period: Start Date: 1/1/2014 Expiration Date: 12/31/2015

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
CBRF	\$2,751.43	Month	0%
CBRF- Client specific	\$3,001.43	Month	NA

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

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 36-3706-0000-64604 Community Support Program (CSP)

### Executive Summary:

Rock County Human Services Department (RCHSD) is amending this contract to include a general CBRF rate that has been used by RCHSD clients. The Department 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.

Were Bids or Quotations Solicited?  Yes  No

Covered by State Contract?  Yes  No

State Contract #

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

### Contract Review Cover Sheet

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

HSD\_2014\_0029

G:\BUSINESS\CONTRACT\2014 Contracts\AODA\Janesville Psychiatric

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

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

Contract with: Janesville Psychiatric Clinic  
(Name of entity)

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

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Group Counseling	\$25.00	Hour	0%
Individual Counseling	\$35.00	Hour	0%
Urinalysis	\$10.00	Each	0%
Initial Psychiatric Assessment	\$155.00	Each	0%
Medication Follow-up	\$85.00	Each	0%

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

<u>36-3700-0000-62119</u>	<u>AODA Block Grant - Other Contracted Services</u>
<u>36-3704-0000-62119</u>	<u>Intoxicated Driver Program - Other Contracted Services</u>

Executive Summary:

The Human Services Department's Adopted 2014 Budget includes Federal, State, and Intoxicated Driver Program (IDP) funds to purchase AODA treatment services. This provider is one of many providers available for eligible clients to choose from. AODA treatment services are provided within the limits of available Federal, State, and IDP revenues. Waiting lists are established if necessary. Standard rates are set for all outpatient AODA treatment providers.

Were Bids or Quotations Solicited?  Yes  No

Covered by State Contract?  Yes  No

State Contract #

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

# Contract Review Cover Sheet

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

HSD\_2014\_0106

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

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

Contract with: Lutheran Social Services of Wisconsin and Upper Michigan  
(Name of entity)

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

Contract Amount: \$ Rate x Number of approved clients

Service	Rate	Unit	Change from prior year
Residential Care Centers (Homme Youth)	\$315.00	Day	2.7%
Treatment Foster Care - Administrative Rate	\$60.50	Day	-5%
Respite Care*	\$90.00	Day	0%
Crisis Respite Care*	\$145.00	Day	0%

\*Indicates services requiring special approval

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

<u>36-3638-0000-64604</u>	<u>Child Protective Services – Substitute Care</u>
<u>36-3654-0000-64604</u>	<u>Juvenile Justice Services – Substitute Care</u>

### Executive Summary:

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

The 2014 County Adopted Budget includes the following funds for substitute care:

<u>Child Protective Services</u>		<u>Juvenile Justice Services</u>	
\$1,521,786	Foster Homes I-V	\$472,054	Foster Homes I-V
\$176,852	Group Homes	\$214,916	Group Homes
<u>\$1,926,933</u>	<u>Residential Care Centers</u>	<u>\$817,416</u>	<u>Residential Care Centers</u>
\$3,625,571	Total	\$1,504,386	Total

Were Bids or Quotations Solicited?  Yes  No

Covered by State Contract?  Yes  No

State Contract #

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



### Contract Review Cover Sheet

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

New Contract: (check box if yes) or, HSD 2012 0005 -A or, \_\_\_\_\_  
Amendment to Contract # Addendum to Contract #

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

Contract with: Morning Sun Care Home  
(Name of entity)

Contract Period: Start Date: 01/01/12 Expiration Date: 06/30/14

Contract Amount: Rate x number of approved clients

Service	Rate	% Increase/Decrease
CBRF	\$2,268.83	NA

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

Executive Summary:  
Rock County Human Services Department is amending this contract to extend the contract period an additional six months. The Department has developed contracts with several providers for Community Based Residential Facility services. This is one of several providers from which Rock County clients may choose for such services.

Were Bids or Quotations Solicited?  Yes  No

Covered by State Contract?  Yes  No

State Contract # \_\_\_\_\_

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



# Contract Review Cover Sheet

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

HSD\_2014\_0111

G:\BUSINESS\CONTRACT\2014 Contracts\SUB\Northwest Passage

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

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

Contract with: \_\_\_\_\_ Northwest Passage  
(Name of entity)

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

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Residential Care Center (RCC)	\$318.45	Day	3.8%
RCC-Girls (Passages 3)	\$311.60	Day	1.6%
RCC – 30-Day Assessment	\$342.00	Day	11.5%
Intensified Residential Care*	\$317.88	Day	3.6%
RCC – Behavior Stabilization and Intervention*	\$275.00	Day	12%

\*Indicates services requiring special approval

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

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

Executive Summary:

Rock County Human Services Department has contracts with several substitute care providers. The number of children approved for placement at each facility will determine the actual amount of each contract. The State rather than the County now negotiates the rates with each agency based on a universal standard. Northwest Passage specializes in serving 10-17 year old youth with severe and persistent mental health and emotional disturbance issues.

The 2014 County Adopted Budget includes the following funds for substitute care:

<u>Child Protective Services</u>		<u>Juvenile Justice Services</u>	
\$1,521,786	Foster Homes I-V	\$472,054	Foster Homes I-V
\$176,852	Group Homes	\$214,916	Group Homes
<u>\$1,926,933</u>	<u>Residential Care Centers</u>	<u>\$817,416</u>	<u>Residential Care Centers</u>
\$3,625,571	Total	\$1,504,386	Total

### Contract Review Cover Sheet

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

HSD\_2014\_0062\_A1

G:\BUSINESS\CONTRACT\2014 Contracts\ESS\O'Brien

New Contract:  or, HSD\_2014\_0062 or, \_\_\_\_\_  
(check box if yes) Amendment to Contract # Addendum to Contract #

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

Contract with: O'Brien and Associates  
(Name of entity)

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

Contract Amount: \$ Rate x Number of approved investigations

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change from prior year</u>
Child Care Recipient & Provider Fraud Investigation	\$350.00	Case	0%

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

36-3610-0000-62119

Executive Summary:

O'Brien and Associates will provide investigations for cases referred by Economic Support suspected of recipient and provider child care fraud. This amendment is to correct the Provider name on Page 2 of the contract.

Were Bids or Quotations Solicited?  Yes  No

Covered by State Contract?  Yes  No

State Contract #

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







05531304

Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604 36-3634-5013	PROGRAM EXPENSE		12/31/2013	ROCK COUNTY HUMAN SERVICES DEP	(50.00)	
<b>11</b> CPS	Budget 95,922.00		YTD Exp 53,234.63	YTD Enc 6,423.58	Pending (50.00)	Closing Balance 36,313.79
36-3641-0000-64604 36-3641-5015	PROGRAM EXPENSE		12/31/2013	ROCK COUNTY HUMAN SERVICES DEP	16.00	
<b>15</b> BRIGHTER FUTURES	Budget 294,864.00		YTD Exp 268,679.99	YTD Enc 33,789.05	Pending 16.00	Closing Balance (7,621.04)
36-3706-0000-64604 36-3706-1206	PROGRAM EXPENSE		12/31/2013	ROCK COUNTY HUMAN SERVICES DEP	550.00	
<b>50</b> CSP	Budget 300,000.00		YTD Exp 591,588.63	YTD Enc 528.81	Pending 550.00	<i>transfer coming</i> Closing Balance (292,667.44)
36-3713-0000-64604 36-3713-2014	PROGRAM EXPENSE		12/31/2013	ROCK COUNTY HUMAN SERVICES DEP	530.00	
<b>49</b> SHELTER PLUS	Budget 14,134.00		YTD Exp 12,426.27	YTD Enc 857.99	Pending 530.00	Closing Balance 319.74
36-3730-0000-62400 36-3730-0000	R & M SERV		12/31/2013	ROCK COUNTY HUMAN SERVICES DEP	47.25	
<b>55</b> JOB CENTER	Budget 71,297.00		YTD Exp 54,815.97	YTD Enc 13,996.24	Pending 47.25	Closing Balance 2,437.54

I have examined the preceding bills and encumbrances in the total amount of **\$1,093.25**  
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:  
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.  
 B. Bills under \$10,000 to be paid.  
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

OAD31301

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3700-0000-62119	OTHER SERVICES					
46 36-3700-1331			12/31/2013	BELOIT AREA	200.00	
36-3700-1331			12/31/2013	CROSSROADS COUNSELING CENTER	2,300.00	
36-3700-1331			12/31/2013	LUTHERAN SOCIAL SERVICES	1,260.00	
36-3700-1331			12/31/2013	BELOIT MEMORIAL HOSPITAL	7,632.50	
36-3700-1331			12/31/2013	JANESVILLE PSYCHIATRIC CLINIC	4,830.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
<b>AODA BLOCK GRANT</b>	276,494.00		248,505.86	0.00	16,022.50	11,965.64

36-3704-0000-62119	OTHER SERVICES					
48 36-3704-0000			12/31/2013	CROSSROADS COUNSELING CENTER	180.00	
36-3704-1331			12/31/2013	BELOIT AREA	300.00	
36-3704-1331			12/31/2013	CROSSROADS COUNSELING CENTER	3,830.00	
36-3704-1331			12/31/2013	LUTHERAN SOCIAL SERVICES	1,180.00	
36-3704-1331			12/31/2013	BELOIT MEMORIAL HOSPITAL	3,975.00	
36-3704-1331			12/31/2013	JANESVILLE PSYCHIATRIC CLINIC	250.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
<b>IDP</b>	183,655.00		80,998.10	0.00	9,715.00	92,941.90

I have examined the preceding bills and encumbrances in the total amount of **\$25,737.50**  
 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 \_\_\_\_\_

0GR31301

Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3624-0000-64604 ID 36-3624-3604	PROGRAM EXPENSE		12/31/2013	BROOKENS,NATHAN	150.00	
INTERIM ASSIST	Budget 35,000.00		YTD Exp 17,967.20	YTD Enc (0.01)	Pending 150.00	Closing Balance 16,882.81

I have examined the preceding bills and encumbrances in the total amount of **\$150.00**  
 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 \_\_\_\_\_



OSS31305

2013

Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3600-0000-64200 36-3600-0000	TRAINING EXP	P1303445	11/05/2013	AHIMA	160.00	
<b>AGENCY MGT &amp; SUP</b>	Budget 22,340.00		YTD Exp 8,773.05	YTD Enc 4,082.00	Pending 160.00	Closing Balance 9,324.95
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1300589	12/23/2013	PAPER RECOVERY SERVICE CORPORA	348.95	
<b>OVERHEAD</b>	Budget 35,990.00		YTD Exp 38,258.38	YTD Enc 462.25	Pending 348.95	Closing Balance <i>transferring</i> (3,079.58)
36-3602-0000-63100 36-3602-0000 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1300569 P1300578 P1300617	12/10/2013 12/23/2013 12/31/2013	AARONS LOCK AND SAFE INC E AND D WATER WORKS INC WISCONSIN DEPARTMENT OF JUSTIC	9.95 23.00 150.00	
<b>OVERHEAD</b>	Budget 96,917.00		YTD Exp 77,747.66	YTD Enc 1,613.23	Pending 182.95	Closing Balance 17,373.16
36-3604-0000-62119 36-3604-5021	OTHER SERVICES	P1303753	12/26/2013	PIEPER ELECTRIC INC	892.01	
<b>ECONOMIC SUPPORT</b>	Budget 20,876.00		YTD Exp 18,994.00	YTD Enc 0.00	Pending 892.01	Closing Balance 989.99
36-3605-0000-62119 36-3605-0000	OTHER SERVICES	P1303946	12/31/2013	LANGUAGE LINE SERVICES	1,462.96	
<b>IM CONSORTIUM</b>	Budget 3,018,894.00		YTD Exp 2,354,196.18	YTD Enc 0.00	Pending 1,462.96	Closing Balance 663,234.86
36-3634-0000-62119 36-3634-5014	OTHER SERVICES	P1303884	12/18/2013	VERLO MATTRESS FACTORY	267.00	
<b>CPS</b>	Budget 93,423.00		YTD Exp 5,457.18	YTD Enc 0.00	Pending 267.00	Closing Balance 87,698.82
36-3634-0000-64604 36-3634-1731	PROGRAM EXPENSE		12/30/2013	KATH, KRISTIN	18.18	
<b>CPS</b>	Budget 95,922.00		YTD Exp 53,216.45	YTD Enc 16,101.92	Pending 18.18	Closing Balance 26,585.45
36-3639-0000-62119 36-3639-0000	OTHER SERVICES	P1303952	12/31/2013	GREEN COUNTY HUMAN SERVICES	594.15	
<b>IN-HOME SAFETY</b>	Budget 242,028.00		YTD Exp 224,847.37	YTD Enc 13,763.41	Pending 594.15	Closing Balance 2,823.07
36-3641-0000-64604 36-3641-2570 36-3641-5015 36-3641-5015	PROGRAM EXPENSE	P1303951 P1303939 P1303940	12/12/2013 12/31/2013 12/31/2013	PARTNERS IN PREVENTION OCOMOWOC DEVELOPMENTAL OCOMOWOC DEVELOPMENTAL	5,349.20 385.00 935.00	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
<b>BRIGHTER FUTURES</b>	Budget 294,864.00		YTD Exp 262,010.79	YTD Enc 6,126.80	Pending 6,669.20	Closing Balance 20,057.21
36-3646-0000-82119 36-3646-5013	OTHER SERVICES	P1303929	12/13/2013	CHILDRENS THERAPY NETWORK		405.00
<b>JUVENILE JUSTICE</b>	Budget 211,240.00		YTD Exp 186,847.50	YTD Enc 12,669.10	Pending 405.00	Closing Balance 11,318.40
36-3646-0000-64200 36-3646-0000	TRAINING EXP	P1302847	08/28/2013	UNIVERSITY OF WISCONSIN EXTENS		500.00
<b>JUVENILE JUSTICE</b>	Budget 4,140.00		YTD Exp 2,704.98	YTD Enc 0.00	Pending 500.00	Closing Balance 935.02
36-3646-0000-64604 36-3646-5016 36-3646-5016	PROGRAM EXPENSE		12/26/2013	GERUE, LEA		97.75
		P1303925	12/18/2013	PIZZA HUT OF SOUTHERN WISCONSI		75.26
<b>JUVENILE JUSTICE</b>	Budget 21,950.00		YTD Exp 18,378.04	YTD Enc 208.24	Pending 173.01	Closing Balance 3,190.71
36-3664-0000-61915 36-3664-0000	CERT/LIC/OTHER	P1303923	12/28/2013	DEAN HEALTH SYSTEMS		114.00
<b>YOUTH SERVICES</b>	Budget 1,870.00		YTD Exp 1,573.00	YTD Enc 0.00	Pending 114.00	Closing Balance 183.00
36-3664-0000-62105 36-3664-0000	FOOD SERVICES	P1303629	12/27/2013	ARAMARK CORRECTIONAL SERVICES		6,503.95
<b>YOUTH SERVICES</b>	Budget 65,058.00		YTD Exp 70,506.79	YTD Enc 0.00	Pending 6,503.95	Closing Balance (11,952.74) <i>transfer coming</i>
36-3664-0000-62119 36-3664-0000 36-3664-0000	OTHER SERVICES	P1300576 P1303924	12/20/2013 12/18/2013	COUNTRY NURSES WISCONSIN COUNCIL ON CHILDREN		472.00 10,095.00
<b>YOUTH SERVICES</b>	Budget 20,000.00		YTD Exp 15,901.50	YTD Enc 0.00	Pending 10,567.00	Closing Balance (6,468.50) <i>transfer coming</i>
36-3664-0000-62400 36-3664-0000	R & M SERV	P1300570	10/24/2013	BANDT COMMUNICATIONS INC		420.00
<b>YOUTH SERVICES</b>	Budget 5,100.00		YTD Exp 4,177.43	YTD Enc 0.00	Pending 420.00	Closing Balance 502.57
36-3664-0000-63400 36-3664-0000 36-3664-0000	OPERATING SUPPLI	P1300574 P1300577	12/27/2013 12/26/2013	BOB BARKER COMPANY INC DE VERE COMPANY INC		159.13 188.28
<b>YOUTH SERVICES</b>	Budget 32,145.00		YTD Exp 27,276.28	YTD Enc 33.40	Pending 347.41	Closing Balance 4,487.91
36-3664-0000-67200 36-3664-0000	CAPITAL IMPROV	P1303926	12/10/2013	CGC INC		3,418.00

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
<b>YOUTH SERVICES</b>		Budget	YTD Exp	YTD Enc	Pending	<i>transfer coming</i> Closing Balance
		75,000.00	94,969.50	5,575.00	3,418.00	(28,962.50)
36-3683-0000-64604	PROGRAM EXPENSE					
36-3683-0000		P1300578	11/26/2013	E AND D WATER WORKS INC		18.00
<b>ADRC</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		0.00	0.00	0.00	18.00	(18.00)
36-3689-0000-62119	OTHER SERVICES					
36-3689-1226		P1303945	12/31/2013	ST ELIZABETH MANOR		8,937.18
<b>CRISIS</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		1,396,908.00	1,279,192.70	187,458.26	8,937.18	(78,680.14)
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0000		P1303943	12/31/2013	KEALEY PHARMACY		93.75
36-3689-0002			12/19/2013	SRB PROPERTY MANAGEMENT LLC		150.00
36-3689-0004			12/31/2013	KEALEY PHARMACY		131.75
36-3689-0004			12/18/2013	HEMOCARE PHARMACY LLC		227.40
<b>CRISIS</b>		Budget	YTD Exp	YTD Enc	Pending	<i>clear and only key count down</i> Closing Balance
		250,000.00	213,201.02	71,265.18	602.90	(35,069.10)
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1300594	12/20/2013	SAFeway PEST CONTROL		11.55
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		66,024.00	66,055.84	0.00	11.55	(43.39)
36-3690-0000-62170	PHYSICIAN/OTHER					
36-3690-0000		P1303947	11/30/2013	COMMUNITY HEALTH SYSTEMS INC		125.00
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		130,920.00	122,757.87	125.00	125.00	7,912.13
36-3690-0000-62503	INTERPRETER FEES					
36-3690-0000		P1300598	06/14/2013	SWITS LTD		30.00
<b>OUTPATIENT SER</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		7,000.00	3,005.00	0.00	30.00	3,965.00
36-3694-0000-62119	OTHER SERVICES					
36-3694-0000		P1303883	12/12/2013	PARTNERS IN PREVENTION		3,850.72
<b>AODA INNER CITY</b>		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		46,500.00	27,281.04	0.00	3,850.72	15,368.24
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1300594	12/20/2013	SAFeway PEST CONTROL		23.45
<b>CSP</b>		Budget	YTD Exp	YTD Enc	Pending	<i>transfer coming</i> Closing Balance
		11,066.00	22,904.39	0.00	23.45	(11,861.84)
36-3706-0000-62400	R & M SERV					
36-3706-0000		P1300569	11/14/2013	AARONS LOCK AND SAFE INC		55.00

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3706-0000		P1303944	12/09/2013	BELOIT FIRE PROTECTION COMPANY	40.00	
<b>CSP</b>	Budget 1,487.00		YTD Exp 1,000.00	YTD Enc 0.00	Pending 95.00	Closing Balance 392.00
36-3706-0000-63300	TRAVEL					
36-3706-0000			11/26/2013	LACEY.ASHLEY	76.28	
<b>CSP</b>	Budget 80,200.00		YTD Exp 90,562.65	YTD Enc 0.00	Pending 76.28	<i>transfer coming</i> Closing Balance (10,438.93)
36-3730-0000-62119	OTHER SERVICES					
36-3730-0000		P1300594	12/20/2013	SAFEWAY PEST CONTROL	38.00	
<b>JOB CENTER</b>	Budget 99,672.00		YTD Exp 94,618.45	YTD Enc 0.00	Pending 38.00	Closing Balance 5,015.55
36-3730-0000-62400	R & M SERV					
36-3730-0000		P1300588	12/30/2013	MENARDS	23.96	
36-3730-0000		P1300600	12/17/2013	TRI COR MECHANICAL INC	1,806.00	
<b>JOB CENTER</b>	Budget 71,297.00		YTD Exp 52,986.01	YTD Enc 1,806.00	Pending 1,829.96	Closing Balance 14,675.03

I have examined the preceding bills and encumbrances in the total amount of **\$48,681.81**

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

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

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

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2014

Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3602-0000-63100 36-3602-0000	OFC SUPP & EXP	P1400629	01/01/2014	E AND D WATER WORKS INC	24.00	
<b>OVERHEAD</b>	Budget 85,500.00		YTD Exp 0.00	YTD Enc 40,000.00	Pending 24.00	Closing Balance 45,476.00
36-3634-0000-64200 36-3634-0000 36-3634-0000 36-3634-0000	TRAINING EXP	P1400722 P1400724 P1400725	01/01/2014 01/03/2014 01/03/2014	UNIVERSITY OF WISCONSIN MADISO KALAHARI RESORT CONVENTION CEN WISCONSIN JUVENILE COURT INTAK	6,976.00 258.00 120.00	
<b>CPS</b>	Budget 17,736.00		YTD Exp 0.00	YTD Enc 660.00	Pending 7,354.00	Closing Balance 9,722.00
36-3637-0000-64200 36-3637-0000 36-3637-0000	TRAINING EXP	P1400672 P1400763	01/07/2014 01/08/2014	UNIVERSITY OF WISCONSIN EXTENS CHULA VISTA	200.00 210.00	
<b>HOME VISITATION</b>	Budget 1,000.00		YTD Exp 0.00	YTD Enc 0.00	Pending 410.00	Closing Balance 590.00
36-3646-0000-64200 36-3646-0000	TRAINING EXP	P1400762	01/08/2014	JEFFERSON STREET INN	109.00	
<b>JUVENILE JUSTICE</b>	Budget 2,895.00		YTD Exp 0.00	YTD Enc 0.00	Pending 109.00	Closing Balance 2,786.00
36-3646-0000-64604 36-3646-5016 36-3646-5016	PROGRAM EXPENSE	P1400666 P1400779	01/07/2014 01/09/2014	MENARDS JANESVILLE JETS HOCKEY CLUB	54.84 50.00	
<b>JUVENILE JUSTICE</b>	Budget 8,450.00		YTD Exp 0.00	YTD Enc 0.00	Pending 104.84	Closing Balance 8,345.16
36-3689-0000-64604 36-3689-0002 36-3689-0004	PROGRAM EXPENSE		01/02/2014 01/02/2014	SRB PROPERTY MANAGEMENT LLC KEALEY PHARMACY	200.00 15.95	
<b>CRISIS</b>	Budget 306,325.00		YTD Exp (718.00)	YTD Enc 0.00	Pending 215.95	Closing Balance 306,827.05
36-3713-0000-64604 36-3713-2014	PROGRAM EXPENSE		01/02/2014	RED ROAD HOUSE INC	450.00	
<b>SHELTER PLUS</b>	Budget 8,100.00		YTD Exp 0.00	YTD Enc 0.00	Pending 450.00	Closing Balance 7,650.00
36-3730-0000-62400 36-3730-0000 36-3730-0000	R & M SERV	P1400666 P1400768	01/03/2014 01/01/2014	MENARDS PER MAR SECURITY SERVICES	40.27 571.20	
<b>JOB CENTER</b>	Budget 73,422.00		YTD Exp 0.00	YTD Enc 40,373.45	Pending 611.47	Closing Balance 32,437.08

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
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I have examined the preceding bills and encumbrances in the total amount of **\$9,279.26**  
Claims covering the items are proper and have been previously funded. These items are to be treated as follows:  
A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.  
B. Bills under \$10,000 to be paid.  
C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

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Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1303955	12/31/2013	PACKAGE PRO EXPRESS DELIVERY I	2,957.69
	Budget		YTD Exp	YTD Enc	Pending
<b>OVERHEAD</b>	35,990.00		35,649.64	10,649.52	2,957.69
					<i>transfer coming</i> Closing Balance (13,266.85)
36-3634-0000-64604 36-3634-5013	PROGRAM EXPENSE		12/31/2013	SENTRY FOOD STORE	497.30
	Budget		YTD Exp	YTD Enc	Pending
<b>CPS</b>	95,922.00		52,737.33	6,423.58	497.30
					Closing Balance 36,263.79
36-3641-0000-64604 36-3641-5014	PROGRAM EXPENSE		12/31/2013	SENTRY FOOD STORE	198.36
	Budget		YTD Exp	YTD Enc	Pending
<b>BRIGHTER FUTURES</b>	294,864.00		268,481.63	33,789.05	198.36
					<i>transfer coming</i> Closing Balance (7,605.04)
36-3646-0000-64604 36-3646-0000	PROGRAM EXPENSE		12/31/2013	DAVIS CITGO SERVICE INC	25.00
	Budget		YTD Exp	YTD Enc	Pending
<b>JUVENILE JUSTICE</b>	21,950.00		18,526.05	6,789.04	25.00
					Closing Balance (3,390.09)

I have examined the preceding bills and encumbrances in the total amount of **\$3,678.35**

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

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

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

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Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
00-0000-0000-25233 00-0000-0010	HUM SER SUB CARE		01/01/2014	CHAMBERLAIN,GARY	617.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0.00		(1,234.00)	0.00	617.00	617.00

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

Date: \_\_\_\_\_ Dept Head \_\_\_\_\_  
 \_\_\_\_\_ Committee Chair \_\_\_\_\_



Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604 36-3634-5014	PROGRAM EXPENSE		01/01/2014	JANKE,SANDRA		475.00
<b>CPS</b>	Budget 105,922.00		YTD Exp 0.00	YTD Enc 38,750.00	Pending 475.00	Closing Balance 66,697.00
36-3641-0000-64604 36-3641-5015	PROGRAM EXPENSE		01/01/2014	DONAHUE,RICHARD		1,500.00
<b>BRIGHTER FUTURES</b>	Budget 297,969.00		YTD Exp 0.00	YTD Enc 200,356.00	Pending 1,500.00	Closing Balance 96,113.00

I have examined the preceding bills and encumbrances in the total amount of **\$1,975.00**  
 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 \_\_\_\_\_

**ROCK COUNTY HUMAN SERVICES DEPARTMENT  
DIRECTOR'S REPORT  
Wednesday, January 22, 2014**

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**HSD MANAGEMENT TEAM MEETING – January 7, 2014**  
Meeting Canceled

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**HSD MANAGEMENT TEAM MEETING – January 14, 2014**

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **Mandatory HIPPA Training**
- **HSD Support Staff Operations**
- **Use of Portable Electric Space Heater Policy**

INFORMATION ITEMS

**HSD Board Agenda**

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