

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

ROCK COUNTY HUMAN SERVICES BOARD
Wednesday, December 9, 2015 – 4:30 p.m.
Rock County Health Care Center, 3rd Floor Conference Room

AGENDA

1. Call Meeting to Order
2. Approval of Agenda
3. Approval of Minutes of Human Services Board Meeting of November 23, 2015 *
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. Brief Report on Holiday Committee – Ms. Day
9. Brief Report on Health Net – Mr. Hedges, Executive Director
10. Resolution Amending the 2015 Budget for the Wisconsin Home Energy Assistance Program * – Ms. Mooren
11. Resolution Opposing SB326/AB429 Affecting Child Welfare Practice * – Ms. Klyve, Mr. Horozewski
12. Update on 2015 HSD Budget – Ms. Klyve, Ms. Mooren
13. Director's Report *
14. **Next Meeting: Monday, December 21, 2015 at 9:00 a.m. at the Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.**
15. Adjourn

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

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

Rock County Human Services Contract Review Cover Sheet

11/24/15

Date: 11/23/15

Contract with: The Allendale Association

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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. Allendale is an Illinois agency that serves children with emotional disturbances and negative behaviors; it specializes in older adolescents and its programs include a strong family component and good after-care.

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	\$340.80	Day	1.6%

Contract # HSD-2016-0092 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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? _____

#15-011

Rock County Human Services Contract Review Cover Sheet

Date: 11/24/15

Contract with: Carmelite Home, Inc.

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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. Carmelite Home serves delinquent boys and boys who are mildly or moderately ED, and/or mentally disabled.

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	\$340.80	Day	5.8%

Contract # HSD-2016-0095 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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? _____

W/M/17
11/20/15

Rock County Human Services Contract Review Cover Sheet

15-013 -2015#

Date: November 24, 2015

Contract with: Chileda Institute

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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	\$469.56	Day	3.5%

Contract # HSD-2016-0097 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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

Date: 11/24/15

Contract with: City of Beloit

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

Executive Summary: This contract is with the City of Beloit and other members of the Beloit-Janesville Express (BJE) consortium for the BJE bus service. The contract authorizes payment for Rock County's 2016 share of the cost of the Beloit portion of the BJE. The service includes regular trips to the Job Center, including service from the Beloit and Janesville Transfer Centers and the County Institutions at highways 14 and 51.

Contract Amount: \$26,910 total
\$19,714 = RCHSD Share
\$7,196 = Courthouse Share

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD_2016_0063 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2016 Program: ESS Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3604-0000-62119 HSD Portion
19-1940-0000-62119 (Courthouse Portion)

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? _____

Rock County Human Services Contract Review Cover Sheet

Date: 11/24/15

Contract with: City of Janesville

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

Executive Summary: This contract is with the City of Janesville and other members of the Beloit-Janesville Express (BJE) consortium for the BJE bus service. The contract authorizes payment for Rock County's 2015 share of the cost of the Janesville portion of the BJE. The service includes regular trips to the Job Center, including service from the Beloit and Janesville Transfer Centers and the County Institutions at highways 14 and 51.

Contract Amount: \$26,910 total
\$19,714 = RCHSD Share
\$7,196 = Courthouse Share

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
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Contract # HSD_2016_0064 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2016 Program: ESS Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3604-0000-62119 HSD Portion
19-1940-0000-62119 (Courthouse Portion)

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? _____

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Rock County Human Services Contract Review Cover Sheet

Date: November 25, 2015

Contract with: Family and Children's Center

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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	\$60.70	Day	9.1%
Residential Care Center	\$327.73	Day	6.8%
Group Home	\$198.39	Day	4.3%

Contract # HSD-2016-0102 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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? _____

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Rock County Human Services Contract Review Cover Sheet

Date: November 25, 2015

Contract with: Family Works Programs, Inc.

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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	\$65.50	Day	1.8%
Respite Care	\$105.00	Day	0%
Emergency Respite Care	\$140.00	Day	0%

Contract # HSD-2016-0103 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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? _____

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Rock County Human Services Contract Review Cover Sheet

Date: November 16, 2015

Contract with: Goodwill Industries of Northern Wisconsin and Upper Michigan Inc.

Contract Start Date: 11/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services Department has developed contracts with a small number of providers for prevocational services. This is one of the providers from which Rock County clients may choose for such services. Rates for this service fall on the low end of the average of other contracted providers providing this service.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Prevocational Services	\$6.00	Hour	New

Contract # HSD_2015_0156 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? _____

20/12/15

Rock County Human Services Contract Review Cover Sheet

Date: November 24, 2015

Contract with: Goshen Children's Home, Inc.

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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	\$219.53	Day	2%
Respite Care	\$219.53	Day	2%

Contract #HSD-2016-0105 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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

Date: November 9, 2015

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. This amendment adds mentoring and daily living skills to the current contract.

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	n/a
Group Homes	\$197.55	Day	n/a
Residential Respite	\$197.55	Day	n/a
Group Home Crisis Respite	\$197.55	Day	n/a
School	\$111.35	Day	n/a
Mentoring	\$37.00	Hour	New
Daily Living Skills	\$37.00	Hour	New

Contract # HSD-2015-0123-A1 New Contract: No Amendment/Addendum: Yes

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
36-3642-0000-64604	Post Reunification Support Program Expense
36-3691-0000-64604	Children's Long Term Support Program Expense

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? _____

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Rock County Human Services Contract Review Cover Sheet

Date: 11/16/2015

Contract with: Madison United Healthcare Linen Ltd.

Contract Start Date: 01/01/2016 Expiration Date: 12/31/2016

Executive Summary: This contract is for laundry services at the Youth Services Center. Madison United Healthcare Linen Ltd. was chosen as the vendor based upon their response to RFP #2016-05. This RFP was for 3 years with the option for 2 additional 1 year contracts.

Contract Amount: _____

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
General	\$0.34	Pound	New
Scrubs	\$0.40	Pound	New
Laundry Bags	\$0.34	Pound	New

Contract # HSD_2016_0121 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2016 Program: YSC Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3664-0000-62163

Contact Person: Sara Mooren Phone: x 8431

Were Bids or Quotations Solicited? Yes RFP # 2016-05

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: 11/25/15

Contract with: NeedyMeds, Inc.

Contract Start Date: 3/1/15 Expiration Date: 2/28/17

Executive Summary: This contract is for a software solution for the patient assistance program utilized by the Oupatient Clinics.

Contract Amount: Rate x Number of active Clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Rate Per Active Client	\$2.00	Month	0%

Contract # HSD_2015_0145 New Contract: Yes Amendment/Addendum: _____

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

Expenditure/ Revenue Account Numbers:

36-3690-0000-62119

Contact Person: Patrick Singer Phone: 5269

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? _____

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Rock County Human Services Contract Review Cover Sheet

Date: November 25, 2015

Contract with: Norris Adolescent Center

Contract Start Date: 1/1/16 Expiration Date: 12/31/16

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	\$340.80	Day	1.6%
Berman Group Home	\$198.39	Day	0.4%
Schroeder Group Home	\$198.39	Day	0.4%
Fannie Wells Group Home	\$198.39	Day	0.4%

Contract # HSD-2016-0110 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2016 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? _____

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Jns.

Rock County Human Services Contract Review Cover Sheet

Date: November 20, 2015

Contract with: Paragon Community Services LLC
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 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 Respite	\$16.00	Hour	New
Group Respite with Activity Fee	\$17.00	Hour	New
1:1 Respite	\$26.61	Hour	New
1:1 Respite with Activity Fee	\$27.61	Hour	New
Transportation	\$13.75	1-10 miles	New
Transportation	\$18.75	11-20 miles	New
Transportation	\$23.75	21-30 miles	New

Contract # HSD-2015-0157 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? _____

Rock County Human Services Contract Review Cover Sheet

Date: November 19, 2015

Contract with: SAEE, INC. d.b.a. Kelly House

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

Executive Summary: Rock County Human Services Department (RCHSD) is amending this contract to add a client specific rate. All other rates and terms of the original contract will remain the same.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Kelly House CBRF	\$2,610.00	Month	NA
Kelly House Efficiency	\$2,500.00	Month	NA
Kelly House 1 Bedroom	\$2,525.00	Month	NA
Kelly House Efficiency Client Specific	\$3,281.07	Month	New

Contract # HSD_2014_0011_A1 New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2014 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?

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_0020_A1 G:\BUSINESS\CONTRACT\2014 Contracts\ACS\SHC\Society's Assets

or, HSD-2014-0020 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: Society's Assets, Inc.
 (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>
Supportive Home Care	\$17.25	Hour	0%
Personal Care	\$19.00	Hour	0%
Respite	\$19.00	Hour	0%
Independent Evaluations for Home Modifications	\$85.00	Hour	New

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)
- 36-3691-0000-64604 Children's Long Term Support (CLTS)

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. This amendment adds independent evaluations for home modifications to the list of available 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

Rock County Human Services Contract Review Cover Sheet

Date: November 24, 2015

Contract with: The Heights at Evansville Manor

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

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with providers for Residential Care Apartment Complexes. The Department is amending this contract to add a client specific rate for two clients sharing a room.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
RCAC (basic rate)	\$4,187.08	Month	NA
RCAC (client specific IS)	\$2,983.36	Month	NA
RCAC (client specific LL)	\$2,999.61	Month	NA
RCAC (client specific AR)	\$1,850.00	Month	NA
RCAC (client specific IM and CM)	\$2,430.00	Month	New

Contract # HSD_2014_0021_A2

New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2014 Program: ACS RCAC

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 Transfer Request - Over \$1,000

TO: FINANCE DIRECTOR Date 11/18/15 Transfer No. 15-111
 Requested By Human Services Department Charmian Klyve Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 36-3664-0000-61610 Description: YSC Health Insurance Current Balance: \$130,192	\$9,250	Account #: 36-3634-0000-62176 Description: CPS Laboratory	\$9,250
Account #: 36-3666-0000-61100 Description: LTS Regular Wages Current Balance: \$265,700	\$3,500	Account #: 36-3666-0000-61108 Description: LTS Seasonal	\$3,500
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC

- YSC Health Insurance - Funds are trending under budget to due turnover and staff selecting a lower level of coverage than anticipated.
 - LTS Regular Wages - had vacant staff positions during the year

REASON TRANSFER IS NECESSARY - BE SPECIFIC

- CPS Lab - The need and use of laboratory services has increased in 2015 due to higher caseloads.
 - LTS Seasonal - used some seasonal staff time due to vacancies and workload.

FISCAL NOTE:

Sufficient funds are available for transfer. *11/20/15*

ADMINISTRATIVE NOTE:

Recommended *[Signature]* *11/20/15*
COMMITTEE CHAIR

REQUIRED APPROVAL

DATE

- Governing Committee _____
- Finance Committee _____

Distribution: **EMAIL** Sherry Oja and Susan Balog

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COMMITTEE APPROVAL REPORT

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3634-0000-64604	PROGRAM EXPENSE				
36-3634-1803			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	62.00
36-3634-1814			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	59.00
CPS	Budget		YTD Exp	YTD Enc	Pending
	179,748.00		151,486.80	6,118.51	121.00
					Closing Balance
					22,021.69
36-3642-0000-64604	PROGRAM EXPENSE				
36-3642-0000			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	25.00
REUN SUPPORT	Budget		YTD Exp	YTD Enc	Pending
	148,896.00		10,951.63	0.00	25.00
					Closing Balance
					137,919.37
36-3689-0000-64604	PROGRAM EXPENSE				
36-3689-0000			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	220.00
CRISIS	Budget		YTD Exp	YTD Enc	Pending
	421,300.00		230,017.14	6,463.40	220.00
					Closing Balance
					184,599.46
36-3703-0000-64604	PROGRAM EXPENSE				
36-3703-2015			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	175.00
IDP ENHAN GRANT	Budget		YTD Exp	YTD Enc	Pending
	24,090.00		26,760.89	0.00	175.00
					Closing Balance
					175.00
					<i>transfer coming</i>
					(2,845.89)
36-3706-0000-64604	PROGRAM EXPENSE				
36-3706-0000			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	372.00
36-3706-1206			11/30/2015	ROCK COUNTY HUMAN SERVICES DEP	130.00
CSP	Budget		YTD Exp	YTD Enc	Pending
	755,674.00		680,201.85	0.00	502.00
					Closing Balance
					74,970.15

I have examined the preceding bills and encumbrances in the total amount of **\$1,043.00**
 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 _____

0000117

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1500670	11/03/2015	OFFICE PRO INC	146.26	
OVERHEAD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	32,037.00		15,397.17	665.91	146.26	15,827.66
36-3602-0000-63100 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1500587 P1503480	10/01/2015 11/05/2015	WISCONSIN DEPARTMENT OF JUSTIC UNITED AD LABEL	20.00 78.13	
OVERHEAD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	74,288.00		56,834.02	2,433.64	98.13	14,922.21
36-3602-0000-63200 36-3602-0000	PUBL/SUBCR/DUES	P1503666	11/24/2015	AHIMA	185.00	
OVERHEAD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	3,159.00		3,875.09	185.00	185.00	1,086.09
36-3603-0000-64605 36-3603-0000 36-3603-0000	NON-REIMB EXP		11/24/2015 11/24/2015	PARSON, JODI ANSELM, JENNIFER	3.17 17.30	
SPECIAL HSD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	6,500.00		2,318.04	69.90	20.47	4,091.59
36-3603-0000-64908 36-3603-3022	CONTRIBUTIONS	P1503688	11/24/2015	KABLAM DIGITAL PRINTING	100.00	
SPECIAL HSD	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	8,000.00		8,622.93	900.00	100.00	(1,622.93)
36-3604-0000-62176 36-3604-0000	LABORATORY	P1500574	10/31/2015	REDWOOD TOXICOLOGY LABORATORY	114.88	
ECONOMIC SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,200.00		1,060.20	114.88	114.88	(89.96)
36-3604-0000-67160 36-3604-0000	CA \$500-\$4,999	P1503448	11/06/2015	HENRICKSEN	440.17	
ECONOMIC SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	68,496.00		59,210.45	440.17	440.17	8,405.21
36-3634-0000-62176 36-3634-0000 36-3634-0000	LABORATORY	P1500572 P1500574	11/10/2015 10/31/2015	REDWOOD BIOTECH REDWOOD TOXICOLOGY LABORATORY	422.36 2,784.50	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	13,500.00		17,063.48	3,206.86	3,206.86	(9,977.20)
36-3634-0000-62503 36-3634-0000	INTERPRETER FEES	P1500641	10/26/2015	SWITS LTD	5,000.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	25,500.00		23,552.50	5,000.00	5,000.00	(8,052.50)

transfer coming
Closing Balance
(1,086.09)

transfer coming
Closing Balance
(9,977.20)

transfer coming
Closing Balance
(8,052.50)

Page 2 of 7

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64200	TRAINING EXP					
36-3634-0000		P1502408	11/05/2015	UNIVERSITY OF WISCONSIN MADISO	80.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	17,691.00		15,851.59	140.00	80.00	1,619.41
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1731		P1500534	11/18/2015	BELOIT TRANSIT SYSTEM	290.00	
36-3634-1731		P1500637	11/18/2015	JANESVILLE TRANSIT SYSTEM	145.00	
36-3634-1731		P1503708	11/25/2015	MANPOWER GROUP US INC	4,263.48	
36-3634-1814		P1500544	11/11/2015	GREGG INVESTIGATIONS INC	30.00	
36-3634-1814		P1500545	11/09/2015	HARRIS REPORTING LLC	676.50	
36-3634-1814		P1503682	10/31/2015	JOURNAL SENTINEL INC	138.86	
36-3634-1814		P1503686	11/01/2015	GANNETT WISCONSIN NEWSPAPERS	55.66	
36-3634-5000		P1500587	11/02/2015	WISCONSIN DEPARTMENT OF JUSTIC	206.50	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	179,748.00		145,801.80	6,118.51	5,806.00	22,021.69
36-3646-0000-62119	OTHER SERVICES					
36-3646-5015			11/24/2015	HOPE CHILD AND FAMILY COUNSELI	120.00	
36-3646-5015		P1500542	10/31/2015	FOUNDATIONS COUNSELING CENTER	879.75	
36-3646-5015		P1503700	11/18/2015	HEALING HEARTS FAMILY COUNSELI	210.00	
36-3646-5015		P1503702	11/24/2015	HOPE CHILD AND FAMILY COUNSELI	600.00	
36-3646-5015		P1503703	10/30/2015	SAINTA INC	105.00	
36-3646-5015		P1503704	07/03/2015	ABA OF WISCONSIN LLC	1,275.00	
36-3646-5018		P1500631	11/09/2015	CROSSROADS COUNSELING CENTER	336.00	
36-3646-5018		P1503701	08/31/2015	COUNSELING RESOURCES NEUROPSYC	2,000.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	185,613.00		172,119.98	19,017.15	5,525.75	(11,049.88)
36-3646-0000-62176	LABORATORY					
36-3646-0000		P1500572	11/10/2015	REDWOOD BIOTECH	61.92	
36-3646-0000		P1500574	10/31/2015	REDWOOD TOXICOLOGY LABORATORY	42.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,500.00		2,501.76	103.92	103.92	(209.60)
36-3655-0000-64604	PROGRAM EXPENSE					
36-3655-0000		P1500587	11/01/2015	WISCONSIN DEPARTMENT OF JUSTIC	252.00	
KINSHIP CARE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,000.00		1,765.00	252.00	252.00	(269.00)
36-3656-0000-64604	PROGRAM EXPENSE					
36-3656-0000		P1500534	11/23/2015	BELOIT TRANSIT SYSTEM	110.00	
36-3656-0000		P1500637	11/23/2015	JANESVILLE TRANSIT SYSTEM	145.00	
36-3656-0000		P1503681	11/24/2015	CORRECTIONAL COUNSELING INC	404.02	
36-3656-0000		P1503693	11/24/2015	SPEEDWAY LLC	150.00	
36-3656-0000		P1503694	11/24/2015	KWIK TRIP STORES	150.00	
COMM INTERV PRGM	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0.00		86.38	1,366.84	959.02	(2,412.24)

transfer coming
Closing Balance
(11,049.88)

transfer coming
Closing Balance
(2,412.24)

36-3664-0000-63400 OPERATING SUPPLI

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3664-0000			11/16/2015	BOYLAN,REBECCA	4.99
36-3664-0000		P1500558	11/10/2015	MOORE MEDICAL CORP	308.87
36-3664-0000		P1500633	11/11/2015	DE VERE COMPANY INC	533.47
36-3664-0000		P1501286	11/13/2015	CHARTER COMMUNICATIONS	144.31
36-3664-0000		P1503691	11/09/2015	HEDBERG PUBLIC LIBRARY	27.99
36-3664-5029		P1500639	11/17/2015	SHOPKO INC #130	149.91
36-3664-5029		P1503688	11/24/2015	KABLAM DIGITAL PRINTING	103.59
36-3664-5029		P1503689	11/24/2015	KWIK TRIP STORES	60.00
YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	44,734.00	32,652.18	2,136.00	1,333.13	8,612.69
36-3683-0000-64604	PROGRAM EXPENSE				
36-3683-5032		P1503449	10/30/2015	MIDLAND PAPER	140.15
ADRC	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	29,325.00	19,086.10	598.07	140.15	9,500.68
36-3689-0000-62503	INTERPRETER FEES				
36-3689-0000		P1500641	10/26/2015	SWITS LTD	180.00
CRISIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	500.00	0.00	179.99	180.00	140.01
36-3689-0000-63200	PUBL/SUBCR/DUES				
36-3689-0000		P1503650	11/17/2015	CRISIS PREVENTION INSTITUTE IN	150.00
CRISIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	250.00	0.00	150.00	150.00	(50.00)
36-3689-0000-64604	PROGRAM EXPENSE				
36-3689-0002		P1500552	10/23/2015	LANNON STONE MOTEL	372.00
36-3689-0002		P1500561	10/29/2015	NORTHERN TOWN MOTEL	425.00
36-3689-0002		P1500640	11/13/2015	SRB PROPERTY MANAGEMENT LLC	150.00
36-3689-0002		P1502409	10/28/2015	MOTEL 6	1,616.58
36-3689-0002		P1502411	10/30/2015	NEIGHBORHOOD HOUSING SERVICES	25.00
36-3689-0004		P1500551	10/05/2015	KEALEY PHARMACY	250.45
36-3689-1226		P1503683	11/01/2015	HEARTWARMING HOUSE	3,624.37
CRISIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	421,300.00	223,773.74	6,463.40	6,463.40	184,599.46
36-3690-0000-62119	OTHER SERVICES				
36-3690-0000		P1500559	11/18/2015	NEEDY MEDS INC	52.00
36-3690-0000		P1500575	11/20/2015	SAFEBAY PEST CONTROL	11.55
OUTPATIENT SER	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	66,127.00	57,619.81	5,904.74	63.55	2,538.90
36-3690-0000-62170	PHYSICIAN/OTHER				
36-3690-0000		P1500570	11/03/2015	PSYCHOLOGY CLINIC INC,THE	2,310.00
36-3690-0000		P1503684	11/24/2015	MARCUS,JEFFREY A	70.00
OUTPATIENT SER	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	139,540.00	127,355.50	13,085.00	2,380.00	(3,280.50)

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3690-0000-62503 36-3690-0000	INTERPRETER FEES	P1500641	10/26/2015	SWITS LTD	270.00
OUTPATIENT SER	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	11,000.00	4,908.91	270.00	270.00	5,551.09
36-3691-0000-64604 36-3691-0000 36-3691-0000	PROGRAM EXPENSE	P1500587	11/23/2015 11/02/2015	FEARN,KELLEY WISCONSIN DEPARTMENT OF JUSTIC	52.00 40.00
CLTS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	1,541,921.00	55,132.80	1,049.83	92.00	1,485,646.37
36-3696-0000-62176 36-3696-0000	LABORATORY	P1500572	11/09/2015	REDWOOD BIOTECH	385.46
TAP	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	24,000.00	10,072.85	385.46	385.46	13,158.23
36-3697-0000-62503 36-3697-0000	INTERPRETER FEES	P1500641	10/26/2015	SWITS LTD	673.75
CFIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	2,500.00	2,362.75	673.75	673.75	(1,210.25)
36-3697-0000-64200 36-3697-0000	TRAINING EXP	P1503597	11/13/2015	WISCONSIN FAMILY TIES	925.00
CFIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	3,825.00	1,247.56	1,005.00	925.00	647.44
36-3697-0000-64604 36-3697-0000 36-3697-5038 36-3697-5038	PROGRAM EXPENSE	P1503690 P1503677 P1503678	11/16/2015 11/24/2015 11/24/2015	SHOPKO INC #130 SUBWAY SANDWICHES & SALADS SUBWAY SANDWICHES & SALADS	19.17 120.00 175.00
CFIS	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	6,000.00	2,927.78	597.01	314.17	2,161.04
36-3701-0000-64604 36-3701-0000 36-3701-0000 36-3701-0000 36-3701-0000	PROGRAM EXPENSE	P1500551 P1500640	10/23/2015 11/20/2015 11/11/2015 11/04/2015	DONAHUE,RICHARD MEBOE,MELISSA KEALEY PHARMACY SRB PROPERTY MANAGEMENT LLC	500.00 202.96 26.15 480.00
JUSTICE&MH COLLA	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	0.00	9,381.18	506.15	1,209.11	(11,096.44)
36-3702-0000-62176 36-3702-0000	LABORATORY	P1500572	11/09/2015	REDWOOD BIOTECH	1,133.71
DRUG COURT	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	64,000.00	30,626.28	1,133.71	1,133.71	31,106.30
36-3702-0000-64604 36-3702-0000	PROGRAM EXPENSE	P1500551	11/03/2015	KEALEY PHARMACY	94.95

Count these will adjust

Page 507

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
					<i>transfer coming</i>
DRUG COURT	Budget		YTD Exp	YTD Enc	Pending
	31,223.00		34,739.01	2,031.45	94.95
					Closing Balance (5,642.41)
36-3704-0000-62176	LABORATORY				
36-3704-0000		P1500572	11/09/2015	REDWOOD BIOTECH	748.24
36-3704-0000		P1500574	10/31/2015	REDWOOD TOXICOLOGY LABORATORY	409.67
IDP	Budget		YTD Exp	YTD Enc	Pending
	40,000.00		19,553.27	1,157.91	1,157.91
					Closing Balance 18,130.91
36-3704-0000-62503	INTERPRETER FEES				
36-3704-0000		P1500530	11/18/2015	GONZALEZ,BELEM	375.00
IDP	Budget		YTD Exp	YTD Enc	Pending
	1,000.00		1,050.00	375.00	375.00
					Closing Balance (800.00)
36-3706-0000-62119	OTHER SERVICES				
36-3706-0000		P1500575	11/20/2015	SAFEWAY PEST CONTROL	23.45
CSP	Budget		YTD Exp	YTD Enc	Pending
	9,302.00		7,969.55	23.45	23.45
					Closing Balance 1,285.55
36-3706-0000-62503	INTERPRETER FEES				
36-3706-0000		P1500641	10/26/2015	SWITS LTD	140.00
CSP	Budget		YTD Exp	YTD Enc	Pending
	500.00		0.00	140.00	140.00
					Closing Balance 220.00
36-3730-0000-62119	OTHER SERVICES				
36-3730-1000		P1503685	10/26/2015	SOUTHWEST WISCONSIN WORKFORCE	451.32
JOB CENTER	Budget		YTD Exp	YTD Enc	Pending
	128,734.00		58,762.55	3,694.74	451.32
					Closing Balance 65,825.39
36-3730-0000-62400	R & M SERV				
36-3730-1000		P1500526	10/31/2015	ADVANCED DISPOSAL SERVICES	129.95
36-3730-1000		P1500578	11/17/2015	TRI COR MECHANICAL INC	1,288.00
JOB CENTER	Budget		YTD Exp	YTD Enc	Pending
	137,291.00		11,813.97	1,417.95	1,417.95
					Closing Balance 122,641.13

I have examined the preceding bills and encumbrances in the total amount of **\$41,412.47**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____

Committee Chair _____

855 5116

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1724			12/01/2015	RYNES, KAREN	200.00	
36-3634-1724			12/01/2015	LUBKE, KATIE J	150.00	
36-3634-1724			12/01/2015	VETTER, JOAN	250.00	
36-3634-1724			12/01/2015	ZIELKE, LAURIE L	250.00	
36-3634-1803			12/01/2015	OCONOMOWOC DEVELOPMENT	3,240.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	179,748.00		147,517.80	312.51	4,090.00	27,827.69

I have examined the preceding bills and encumbrances in the total amount of **\$4,090.00**
 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 _____

Page 7 of 7

RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board
INITIATED BY



Sara Mooren
DRAFTED BY

Human Services Board
SUBMITTED BY

November 24, 2015
DATE DRAFTED

Amending the 2015 Budget for the Wisconsin Home Energy Assistance Program

- 1 **WHEREAS**, the Human Services Department annually receives funding from the State of Wisconsin
- 2 Department of Administration (DOA) Wisconsin Home Energy Assistance Program (WHEAP) to assist
- 3 eligible low-income Rock County residents with their utility costs; and,
- 4
- 5 **WHEREAS**, based on current revenue and expenditure projections an additional \$35,000 needs to be
- 6 added to the 2015 Human Services Department Budget; and,
- 7
- 8 **WHEREAS**, WHEAP funding is allocated on a federal fiscal year and additional funds for WHEAP
- 9 services have been provided in the new contract from DOA that began on October 1st, 2015; and,
- 10
- 11 **WHEREAS**, Energy Services, Inc. is the agency that is contracted to administer this program in Rock
- 12 County (RFP #2014-52).
- 13

14 **NOW, THEREFORE, BE IT RESOLVED** by the Rock County Board of Supervisors duly assembled
15 this _____ day of _____, 2015, does hereby accept additional WHEAP funding and
16 amend the 2015 Human Services Department Budget as follows:

	Budget	Increase	Amended
	<u>11/1/15</u>	<u>(Decrease)</u>	<u>Budget</u>
20 Account/Description			
21 <u>Source of Funds</u>			
22 36-3614-0000-42100	\$389,217	\$35,000	\$424,217
23 Federal Aid			
24			
25 <u>Use of Funds</u>			
26 36-3614-0000-62119	\$389,217	\$35,000	\$424,217
27 Contracted Services			

Respectfully submitted,

HUMAN SERVICES BOARD

Brian Knudson, Chair

Kathy Schulz

Sally Jean Weaver-Landers, Vice Chair

Terry Thomas

Terry Fell

Shirley Williams

Linda Garrett

William Grahm

Ashley Kleven

FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of: _____

Mary Mawhinney, Chair Date

FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of an additional \$35,000 in Federal Aid for the Wisconsin Home Energy Assistance Program. No County matching funds are required.



Sherry Oja
Finance Director

LEGAL NOTE:

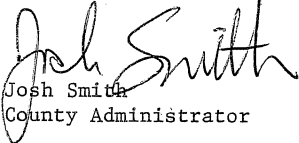
As an amendment to the adopted 2015 County Budget, this resolution requires a 2/3 vote of the entire membership of the County Board pursuant to Sec. 65.90(5)(a), Wis. Stats.



Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith
County Administrator

Executive Summary

Amending the 2015 Budget for the Wisconsin Home Energy Assistance Program

The Human Services Department annually receives funding from the State of Wisconsin Department of Administration (DOA) Wisconsin Home Energy Assistance Program (WHEAP) to assist eligible low-income Rock County residents with their utility costs.

Based on current trending an additional \$35,000 needs to be added to the 2015 HSD Budget. These funds have been provided in the new contract from DOA that began on October 1st, 2015. Funding is allocated on a federal fiscal year that starts on October 1st and ends September 30th.

Energy Services, Inc. is the agency that has been contracted to provide WHEAP services in Rock County (RFP #2014-52). Per state requirements funding is divided between general operations, outreach, public benefits operations, crisis client services, and weatherization operations.

General services provided by Energy Services include:

- Publicizing a telephone number where persons can call for WHEAP information year-round and provide information on transportation to application site (s).
- Publicizing eligibility requirements, information on how to apply, location of application sites, times to apply, the availability of heating assistance, crisis assistance and weatherization.
- Provide outreach services to targeted population groups including high-risk households, the elderly, and the handicapped. This is to include assistance with the preparation and submittal of application by persons who are homebound. Provide an annual written detailed "Outreach Plan and Strategy" and "Coordination Plan" to Rock County Human Services Department.
- Establish a central location for the distribution and receipt of applications.
- Assure that all sites are accessible to all potential applicants including those with physical disabilities and that these sites are physically and geographically located throughout Rock County. Allow for flexible office hours to accommodate clients who cannot apply during normal business hours.
- Verify application information and supporting documents and certify that the application is correct. Enter certified application (s) into the WHEAP System.
- Resolve application and check issuance problems.
- Coordinate with other local agencies serving low-income persons.

No additional county funds are required.

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board
INITIATED BY

Human Services Board
SUBMITTED BY



Charmian Klvve, Director
DRAFTED BY

December 2, 2015
DATE DRAFTED

Opposition to Senate Bill 326/Assembly Bill 429 Affecting Child Welfare Practice

- 1 **WHEREAS**, Senate Bill 326/Assembly Bill 429 proposes changes to when and how cases of suspected
- 2 or threatened child abuse or neglect are referred to law enforcement and significantly modifies the
- 3 requirements for coordination of the investigation with law enforcement of all cases of abuse and neglect
- 4 cases and referral of certain cases to the district attorney for criminal prosecution; and,
- 5
- 6 **WHEREAS**, the bills require more deliberation and discussion with stakeholders to arrive at the desired
- 7 outcome; and,
- 8
- 9 **WHEREAS**, the County Human Services agencies, Wisconsin County Human Services Association,
- 10 Wisconsin Counties Association and the State Department of Children and Families have not had
- 11 sufficient opportunity to work collaboratively with the authors on the proposed legislation; and,
- 12
- 13 **WHEREAS**, in 2014, Rock County Human Services received 3,507 reports of suspected or threatened
- 14 child abuse and neglect, and consequently, the bills have a significant workload impact on the Human
- 15 Services Department, as well as all Rock County law enforcement jurisdictions; and,
- 16
- 17 **WHEREAS**, some of the concerns with the proposed legislation include:
- 18
- 19 Not all referrals of child abuse and neglect are screened in to be investigated by the County
- 20 Human Services Department, therefore, it would be inconsistent to mandate the Human Services
- 21 Department coordinate an investigation with law enforcement when the Human Services
- 22 Department lacks statutory authority to act;
- 23
- 24 The investigation of all reports (including screened out cases) of suspected or threatened child
- 25 abuse by the Human Services Department would violate the Department of Children and Families
- 26 state standards;
- 27
- 28 Law enforcement involvement in all child welfare cases may result in families being less willing
- 29 to accept voluntary services or engage in alternative or community response programs for fear of
- 30 criminal charges;
- 31
- 32 All reports of child abuse and neglect are to be referred to law enforcement as soon as practicable
- 33 but no later than 12 hours after the report is received with no prioritization of these cases;
- 34
- 35 There are complex jurisdictional issues to address when abuse or neglect occurs in multiple
- 36 jurisdictions or across county lines and how coordination of investigations would be handled.
- 37
- 38 **WHEREAS**, concerns relating to this bill appear to have arisen in the more populous counties, namely,
- 39 Milwaukee and Dane, therefore, could be addressed through specific legislation for counties over 500,000
- 40 in population; and,
- 41
- 42 **WHEREAS**, Rock County Human Services and local law enforcement agencies have good working
- 43 relationships and current Memorandums of Understanding with regard to how and when local law
- 44 enforcement and Human Services agencies respond to and coordinate their investigations; and,
- 45
- 46 **WHEREAS**, counties have requested that the authors of the legislation bring the parties impacted by the
- 47 legislation together to arrive at a compromise to this proposed legislation.
- 48

48 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors, duly
49 assembled this _____ day of _____, 2015 does hereby oppose Senate Bill 326/Assembly Bill
50 429 in its current form; and,

51
52 **BE IT FURTHER RESOLVED** that the County Clerk be directed to send a copy of this resolution to
53 Rock County's legislative delegation, the authors of the bill, and the Wisconsin Counties Association.

54

Respectfully submitted,

HUMAN SERVICES BOARD

COUNTY BOARD STAFF COMMITTEE

Brian Knudson, Chair

J. Russell Podzilni

Sally Jean Weaver-Landers, Vice Chair

Sandra Kraft, Vice Chair

Terry Fell

Eva Arnold

Linda Garrett

Henry Brill

William Grahn

Betty Jo Bussie

Ashley Kleven

Mary Mawhinney

Kathy Schulz

Louis Peer

Terry Thomas

Alan Sweeney

Shirley Williams

Terry Thomas

PUBLIC SAFETY & JUSTICE COMMITTEE

Mary Beaver, Chair

Henry Brill, Vice Chair

Terry Fell

Brian Knudson

Larry Wiedenfeld

FISCAL NOTE:

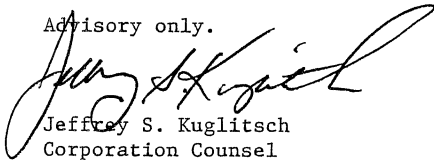
This resolution registers opposition of proposed legislation and has no direct fiscal impact on Rock County operations in and by itself.



Sherry Oja
Finance Director

LEGAL NOTE:

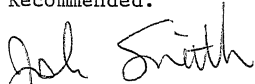
Advisory only.



Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith
County Administrator

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, December 9, 2015**

HSD MANAGEMENT TEAM MEETING – December 1, 2015

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **YWCA Racial Justice Conference Follow Up Meetings**
- **Dress Code**
- **Cell Phones**
- **Preventing Sexual Harassment Training List**
- **High Cost Trainings Approval**
- **Travel for Overnight Trainings**
- **Inclement Weather Policy**
- **Riverfront**
- **HCC Personal Package Deliveries**
- **HR Letters to Staff**
- **Worker Representation**

INFORMATION ITEMS

HSD Board Agenda
