



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 13, 2016 – 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 December 21, 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. Report on Dual Reporting of Child Abuse & Neglect 2015 Senate Bill 326 – DA David O’Leary
9. Resolution Creating Two Master Level Social Worker Positions and Amending the 2016 Budget – Ms. Flanagan (Resolution will be provided at the meeting.)
10. Resolution Authorizing Five Month Overlap of One CPS Case Manager Position – Mr. Horozewski (Resolution will be provided at the meeting.)
11. Resolution Awarding Contract to Lutheran Social Services for a Clinical Case Manager for Substance Abuse* - Ms. Flanagan
12. Presentation on Nursing Home Consortium – Ms. Thompson
13. Director’s Report *
14. **Next Meeting: Wednesday, January 27, 2016 at 4:30 p.m. at the Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.**
15. Adjourn

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

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

WIP

12119110

Rock County Human Services Contract Review Cover Sheet

Date: December 14, 2015

Contract with: Beloit Health System, Counseling Care Center

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

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	\$55.00	Hour	57%
Urinalysis	\$10.00	Each	0%

Contract # HSD 2016 0028 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2016 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? _____

001 - 12/21/15

**Rock County Human Services
Contract Review Cover Sheet**

Date: 12/21/15

Contract with: Murray Kapell, M.D.

Contract Start Date: 9/15/14 Expiration Date: 12/31/15

Executive Summary: This agreement amends an existing professional services agreement to increase the hours of psychiatry time per week from 16 to 24 hours for the Behavioral Health Division. HSD pays the hourly rate plus the employee share of FICA.

Contract Amount: _____

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Contracted Psychiatrist	\$140.00	Hour	N/A

Contract # HSD_2014_0141_A1 New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2014 Program: MED Folder Name: Kapell
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3690-0000-61100

Contact Person: Sara Mooren Phone: 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? _____

101-

12/22/15

Rock County Human Services Contract Review Cover Sheet

Date: 11/24/15

Contract with: St. John's Evangelical Lutheran Church, Inc.

Contract Start Date: 01/01/2016 Expiration Date: 12/31/2017

Executive Summary: This space agreement allows the Department to utilize rooms of a facility in Beloit owned by St. John's Evangelical Lutheran Church for Juvenile Justice Diversion Programming. This also includes use of the Congregation's internet signal.

Contract Amount: _____

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Rent	\$535	Monthly	0%

Contract # HSD_2016_0061 New Contract: Yes Amendment/Addendum: No

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

Expenditure/ Revenue Account Numbers:

36-3697-0000-62119 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? _____

Rock County Human Services Contract Review Cover Sheet

Date: 12/15/15

Contract with: Walworth County Human Services

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

Executive Summary: Walworth County has requested to contract with Rock County for possible placements of youth in both secure and shelter at the Youth Services Center. Walworth County will pay RCHSD \$180 per day for each youth that is placed at YSC.

Contract Amount: \$39,960

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
YSC Shelter/Secure Placements	\$180	Day	9%
<u>Revenue</u>			

Contract # HSD_2016_0124 New Contract: Yes Amendment/Addendum:

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

Expenditure/ Revenue Account Numbers:
36-3664-0000-45500

Contact Person: Sara Mooren Phone: 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?

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	253.20
SPECIAL HSD	Budget 6,500.00	YTD Exp 3,332.83	YTD Enc 0.00	Pending 253.20	Closing Balance 2,913.97
36-3603-0000-64908 36-3603-3009	CONTRIBUTIONS		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	342.55
SPECIAL HSD	Budget 8,000.00	YTD Exp 9,825.85	YTD Enc 200.00	Pending 342.55	Closing Balance (2,368.40)
36-3634-0000-64604 36-3634-1803	PROGRAM EXPENSE		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	92.00
CPS	Budget 179,748.00	YTD Exp 163,350.28	YTD Enc 312.51	Pending 92.00	Closing Balance 15,993.21
36-3671-0000-64604 36-3671-1606	PROGRAM EXPENSE		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	95.00
ELDER ABUSE/NEG	Budget 40,400.00	YTD Exp 27,793.91	YTD Enc 0.00	Pending 95.00	Closing Balance 12,511.09
36-3703-0000-64604 36-3703-2015	PROGRAM EXPENSE		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	17.50
IDP ENHAN GRANT	Budget 24,090.00	YTD Exp 26,585.89	YTD Enc 0.00	Pending 17.50	Closing Balance (2,513.39)
36-3706-0000-64604 36-3706-0000	PROGRAM EXPENSE		12/31/2015	ROCK COUNTY HUMAN SERVICES DEP	320.00
CSP	Budget 755,674.00	YTD Exp 764,236.83	YTD Enc 0.00	Pending 320.00	Closing Balance (8,882.83)

transfer coming
Closing Balance
(2,513.39)

I have examined the preceding bills and encumbrances in the total amount of **\$1,120.25**
 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 _____

00001302

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1500670	12/15/2015	OFFICE PRO INC	20.21
OVERHEAD	Budget 32,037.00	YTD Exp 15,947.72	YTD Enc 267.80	Pending 20.21	Closing Balance 15,801.27
36-3602-0000-63100 36-3602-0000	OFC SUPP & EXP	P1500558	12/23/2015	MOORE MEDICAL CORP	277.02
OVERHEAD	Budget 74,288.00	YTD Exp 74,248.74	YTD Enc 0.00	Pending 277.02	Closing Balance (237.76)
36-3603-0000-64605 36-3603-0000 36-3603-0000 36-3603-0000	NON-REIMB EXP	P1503916	12/30/2015 12/29/2015 12/30/2015 12/17/2015	HARE,STEPHEN THOMPSON,JENNIFER MUNIZ,TONI JIMMY JOHNS	141.25 285.00 15.06 257.10
SPECIAL HSD	Budget 6,500.00	YTD Exp 2,887.62	YTD Enc 0.00	Pending 698.41	Closing Balance 2,913.97
36-3603-0000-64908 36-3603-3012 36-3603-3025	CONTRIBUTIONS	P1503897	12/30/2015 12/17/2015	AMACHER,ARTHUR KATH,KRISTIN	94.84 34.13
SPECIAL HSD	Budget 8,000.00	YTD Exp 10,039.43	YTD Enc 200.00	Pending 128.97	Closing Balance (2,368.40)
36-3610-0000-62119 36-3610-5025	OTHER SERVICES	P1503875	12/14/2015	COMMUNITY COORDINATED CHILD CA	7,037.22
CHILD CARE	Budget 54,176.00	YTD Exp 7,516.86	YTD Enc 6,768.18	Pending 7,037.22	Closing Balance 32,853.74
36-3614-0000-62119 36-3614-0000	OTHER SERVICES	P1503920	11/30/2015	ENERGY SERVICES INC	6,850.80
LIHEAP	Budget 424,217.00	YTD Exp 389,217.00	YTD Enc 0.00	Pending 6,850.80	Closing Balance 28,149.20
36-3634-0000-62119 36-3634-5015	OTHER SERVICES	P1500566	07/31/2015	ORION FAMILY SERVICES	95.00
CPS	Budget 259,990.00	YTD Exp 239,023.64	YTD Enc 2,000.00	Pending 95.00	Closing Balance 18,871.36
36-3634-0000-62176 36-3634-0000	LABORATORY	P1500574	11/30/2015	REDWOOD TOXICOLOGY LABORATORY	2,403.36
CPS	Budget 22,750.00	YTD Exp 20,333.14	YTD Enc (0.00)	Pending 2,403.36	Closing Balance 13.50
36-3634-0000-62503 36-3634-0000	INTERPRETER FEES	P1500641	12/09/2015	SWITS LTD	408.75

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
CPS	Budget 25,500.00		YTD Exp 28,752.50	YTD Enc 0.00	Pending 408.75	<i>transfer coming</i> Closing Balance (3,661.25)
36-3634-0000-63300 36-3634-0000	TRAVEL		12/21/2015	DALLMAN, BRIANNA	71.88	
CPS	Budget 185,000.00		YTD Exp 214,700.52	YTD Enc 0.00	Pending 71.88	Closing Balance (29,772.40)
36-3634-0000-64200	TRAINING EXP					
36-3634-0000	P1503843	12/17/2015	WISCONSIN CHILD WELFARE PROFES	120.00		
36-3634-0000	P1503844	12/17/2015	WISCONSIN CHILD WELFARE PROFES	60.00		
36-3634-0000	P1503845	12/17/2015	WISCONSIN CHILD WELFARE PROFES	40.00		
36-3634-0000	P1503846	12/17/2015	WISCONSIN CHILD WELFARE PROFES	100.00		
36-3634-0000	P1503847	12/17/2015	WISCONSIN CHILD WELFARE PROFES	100.00		
36-3634-0000	P1503848	12/17/2015	WISCONSIN CHILD WELFARE PROFES	100.00		
36-3634-0000	P1503857	12/01/2015	INTERTRIBAL CHILD WELFARE TRAI	40.00		
36-3634-0000	P1503858	12/17/2015	WISCONSIN CHILD WELFARE PROFES	80.00		
CPS	Budget 17,691.00		YTD Exp 16,419.24	YTD Enc 120.00	Pending 640.00	Closing Balance 511.76
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1731	P1503891	12/30/2015	MANPOWER GROUP US INC	4,443.93		
36-3634-1814	P1500548	12/05/2015	JANESVILLE GAZETTE INC	31.47		
36-3634-1814	P1503893	12/10/2015	DANE COUNTY SHERIFFS OFFICE	59.55		
36-3634-1822	P1503896	12/30/2015	RUSSELL, JOSEPH	574.95		
36-3634-5000	P1500587	11/30/2015	WISCONSIN DEPARTMENT OF JUSTIC	148.25		
CPS	Budget 179,748.00		YTD Exp 158,184.13	YTD Enc 312.51	Pending 5,258.15	Closing Balance 15,993.21
36-3637-0000-62119	OTHER SERVICES					
36-3637-2016	P1503898	12/14/2015	ADECCO EMPLOYMENT SERVICES	638.40		
36-3637-2016	P1503922	11/11/2015	MC COY PHD, SALLY	201.00		
HOME VISITATION	Budget 210,924.00		YTD Exp 227,409.64	YTD Enc 31,724.61	Pending 839.40	<i>transfer coming</i> Closing Balance (49,049.65)
36-3646-0000-62119	OTHER SERVICES					
36-3646-5015	P1500566	07/31/2015	ORION FAMILY SERVICES	620.00		
36-3646-5015	P1503895	11/30/2015	HOPE CHILD AND FAMILY COUNSEL	240.00		
JUVENILE JUSTICE	Budget 185,613.00		YTD Exp 195,214.76	YTD Enc 6,951.90	Pending 860.00	<i>transfer coming</i> Closing Balance (17,413.66)
36-3646-0000-62176	LABORATORY					
36-3646-0000	P1500574	11/30/2015	REDWOOD TOXICOLOGY LABORATORY	200.77		
JUVENILE JUSTICE	Budget 2,500.00		YTD Exp 2,605.68	YTD Enc 0.00	Pending 200.77	Closing Balance (306.45)
36-3664-0000-63400	OPERATING SUPPLI					
36-3664-0000	P1503890	12/13/2015	CHARTER COMMUNICATIONS	144.31		
36-3664-0000	P1503894	12/16/2015	HEDBERG PUBLIC LIBRARY	30.49		

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3664-5029		P1500639	12/22/2015	SHOPKO INC #130	128.75	
YOUTH SERVICES	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	44,734.00		35,265.66	131.35	303.55	9,033.44
36-3664-0000-64200	TRAINING EXP					
36-3664-0000		P1500577	12/17/2015	SENTRY FOOD STORE	14.02	
YOUTH SERVICES	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	3,735.00		1,961.29	135.00	14.02	1,624.69
36-3666-0000-64200	TRAINING EXP					
36-3666-0000		P1503887	12/30/2015	WISCONSIN CHILD WELFARE PROFES	810.00	
LTS - ACS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,505.00		1,948.97	0.00	810.00	(253.97)
36-3683-0000-64200	TRAINING EXP					
36-3683-0000		P1503888	12/30/2015	WISCONSIN CHILD WELFARE PROFES	405.00	
ADRC	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	4,665.00		3,448.97	0.00	405.00	811.03
36-3683-0000-64604	PROGRAM EXPENSE					
36-3683-0000		P1503577	12/11/2015	HENRICKSEN	457.92	
ADRC	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	29,325.00		19,499.41	0.00	457.92	9,367.67
36-3683-0000-67160	CA \$500-\$4,999					
36-3683-0000		P1503577	12/11/2015	HENRICKSEN	504.14	
ADRC	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	505.00		0.00	0.00	504.14	0.86
36-3689-0000-62119	OTHER SERVICES					
36-3689-0500		P1503921	12/03/2015	CLEARVIEW NORTH	75.00	
CRISIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,626,011.00		999,103.98	321,819.44	75.00	305,012.58
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0002			11/24/2015	RIECHERS,STACEY	750.00	
36-3689-0002		P1500552	11/24/2015	LANNON STONE MOTEL	407.00	
36-3689-0002		P1500555	12/22/2015	NAMAN LLC	300.00	
36-3689-0002		P1500561	10/22/2015	NORTHERN TOWN MOTEL	215.00	
36-3689-0002		P1502409	12/04/2015	MOTEL 6	251.93	
36-3689-0004		P1500546	12/21/2015	HOMECARE PHARMACY LLC	306.53	
36-3689-0004		P1500551	06/02/2015	KEALEY PHARMACY	32.95	
CRISIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	421,300.00		238,773.39	3,624.37	2,263.41	176,638.83
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1500559	12/17/2015	NEEDY MEDS INC	30.00	
36-3690-0000		P1500575	12/18/2015	SAFEWAY PEST CONTROL	11.55	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
OUTPATIENT SER	66,127.00		62,967.61	0.00	41.55	3,117.84
36-3690-0000-64200	TRAINING EXP					
36-3690-6033		P1503889	12/29/2015	WILGOCKI MS SC,JENNIFER		250.00
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
OUTPATIENT SER	48,170.00		39,864.52	0.00	250.00	8,055.48
36-3691-0000-64604	PROGRAM EXPENSE					
36-3691-0000			12/31/2015	KATH,KRISTIN		13.40
36-3691-1207			12/31/2015	KREUTER,STEPHEN		13.45
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CLTS	1,541,921.00		59,555.29	728.00	26.85	1,481,610.86
36-3696-0000-62176	LABORATORY					
36-3696-0000		P1500572	11/30/2015	REDWOOD BIOTECH		828.20
36-3696-0000		P1500574	11/30/2015	REDWOOD TOXICOLOGY LABORATORY		61.29
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
TAP	24,000.00		10,976.84	0.00	889.49	12,133.67
36-3697-0000-64200	TRAINING EXP					
36-3697-0000		P1503858	12/17/2015	WISCONSIN CHILD WELFARE PROFES		40.00
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CFIS	3,825.00		2,373.25	80.00	40.00	1,331.75
36-3697-0000-64604	PROGRAM EXPENSE					
36-3697-0000		P1500639	12/16/2015	SHOPKO INC #130		135.84
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CFIS	6,000.00		3,650.77	0.00	135.84	2,213.39
36-3701-0000-64604	PROGRAM EXPENSE					
36-3701-0000		P1500551	12/09/2015	KEALEY PHARMACY		127.20
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
JUSTICE&MH COLLA	0.00		16,576.51	0.00	127.20	(16,703.71)
36-3702-0000-62176	LABORATORY					
36-3702-0000		P1500572	11/30/2015	REDWOOD BIOTECH		2,435.89
36-3702-0000		P1500574	11/30/2015	REDWOOD TOXICOLOGY LABORATORY		180.28
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
DRUG COURT	64,000.00		33,285.10	0.00	2,616.17	28,098.73
36-3702-0000-64604	PROGRAM EXPENSE					
36-3702-0000		P1500551	12/14/2015	KEALEY PHARMACY		163.85
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
DRUG COURT	31,223.00		36,387.80	1,936.50	163.85	(7,265.15)
36-3704-0000-62176	LABORATORY					
36-3704-0000		P1500572	11/30/2015	REDWOOD BIOTECH		1,607.68

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3704-0000		P1500574	11/30/2015	REDWOOD TOXICOLOGY LABORATORY	118.98	
IDP	Budget 40,000.00		YTD Exp 21,717.76	YTD Enc 0.00	Pending 1,726.66	Closing Balance 16,555.58
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1500575	12/18/2015	SAFEWAY PEST CONTROL	23.45	
CSP	Budget 9,302.00		YTD Exp 8,633.10	YTD Enc 0.00	Pending 23.45	Closing Balance 645.45
36-3707-0000-64604	PROGRAM EXPENSE					
36-3707-0000		P1500641	12/09/2015	SWITS LTD	596.25	
CCS	Budget 48,735.00		YTD Exp 7,857.31	YTD Enc 0.00	Pending 596.25	Closing Balance 40,281.44
36-3730-0000-62119	OTHER SERVICES					
36-3730-1000		P1500575	12/18/2015	SAFEWAY PEST CONTROL	38.00	
JOB CENTER	Budget 128,734.00		YTD Exp 63,943.58	YTD Enc 52.08	Pending 38.00	Closing Balance 64,700.34

I have examined the preceding bills and encumbrances in the total amount of **\$37,298.29**
 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 _____

055 51304

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1724			12/31/2015	RYNES,KAREN	200.00	
36-3634-1724			12/31/2015	LUBKE,KATIE J	150.00	
36-3634-1724			12/31/2015	VETTER,JOAN	250.00	
36-3634-1724			12/31/2015	ZIELKE,LAURIE L	250.00	
36-3634-1803			12/31/2015	BOYS AND GIRLS CLUB OF JANESVI	10.00	
36-3634-1803			12/31/2015	LANNON STONE MOTEL	100.00	
36-3634-1803			12/31/2015	MATHEWSON,CHARLENE	150.00	
36-3634-1803			12/31/2015	KIDSPACE	75.00	
36-3634-1803		P1500577	12/31/2015	SENTRY FOOD STORE	121.73	
36-3634-1803		P1500639	12/31/2015	SHOPKO INC #130	50.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	179,748.00		162,085.55	312.51	1,356.73	15,993.21

I have examined the preceding bills and encumbrances in the total amount of **\$1,356.73**
 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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RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Human Services Board
INITIATED BY

Human Services Board
SUBMITTED BY



Kate Flanagan, Division Manager
DRAFTED BY

January 5, 2016
DATE DRAFTED

**Awarding Contract to Lutheran Social Services for a Clinical Case Manager for
Substance Abuse**

- 1 **WHEREAS**, there is a significant need identified for immediate treatment and support for individuals
- 2 with substance abuse problems who wish to move forward in their recovery and engage in treatment;
- 3 and
- 4
- 5 **WHEREAS**, limited community substance abuse treatment resources often lead to waiting lists for
- 6 treatment services; and
- 7
- 8 **WHEREAS**, the Human Services Department desires to contract with LSS to collaborate with law
- 9 enforcement and other community partners to provide immediate community based outreach and
- 10 supports, stabilizing case management, and linkage to Substance Abuse treatment for individuals who
- 11 could not otherwise access care; and
- 12
- 13 **WHEREAS**, the Rock County AODA Steering Committee and the Behavioral Health Redesign
- 14 Steering Committee identified the need for access to immediate AODA supports as a gap in the
- 15 continuum of care; and
- 16
- 17 **WHEREAS**, in response to these identified needs, the Human Services Department requested this
- 18 position late in 2015 and the position was included in CY2016 adopted budget; and
- 19
- 20 **WHEREAS**, the successful responder to the RFQ, LSS, will provide a certified substance abuse
- 21 counselor to provide support to individuals seeking to address their substance abuse, and work closely
- 22 with law enforcement, hospitals, treatment providers and Human Services to meet the needs of these
- 23 individuals while waiting for admission to longer term treatment programs.
- 24
- 25 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly
- 26 assembled this _____ day of _____, 2016 does hereby authorize a contract with Lutheran
- 27 Social Services of Wisconsin, not to exceed \$60,000 in CY 2016, for a clinical case manager for
- 28 substance abuse.

Respectfully submitted,

HUMAN SERVICES BOARD

Brian Knudson, Chair

Ashley Kleven

Sally Jean Weaver-Landers, Vice Chair

Kathy Schulz

Terry Fell

Terry Thomas

Linda Garrett

Shirley Williams

William Grahn

FISCAL NOTE:

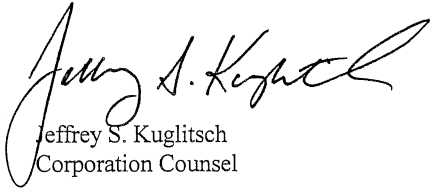
Sufficient funds are available in the 2016 budget for the cost of this contract.



Sherry Oja
Finance Director

LEGAL NOTE:

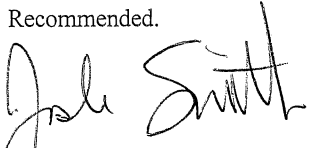
The County Board is authorized to take this action pursuant to secs. 59.01 and 59.51, Wis. Stats. In addition, sec. 59.52(29), Wis. Stats. requires the project to be let to the lowest responsible bidder.



Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith
County Administrator

**Awarding Contract to Lutheran Social Services for a
Clinical Case Manager for Substance Abuse**

Executive Summary

This resolution awards a contract to Lutheran Social Services of Wisconsin for up to \$60,000 to hire and supervise a Clinical Case Manager to work with individuals pending substance abuse treatment. Services provided would include short term care management, short term treatment services and linkage to Medicaid and other benefits and services. The position will act as a liaison to law enforcement, Human Services, detox providers and other community partner providing AODA services. This position was approved late in 2015 and budgeted to continue through CY 2016.



PROPOSAL SUMMARY FORM

PROPOSAL NUMBER 2015-61
 PROPOSAL NAME SUBSTANCE ABUSE CLINICAL CASE MANAGER
 PROPOSAL DUE DATE OCTOBER 28, 2015 – 12 NOON
 DEPARTMENT HUMAN SERVICES

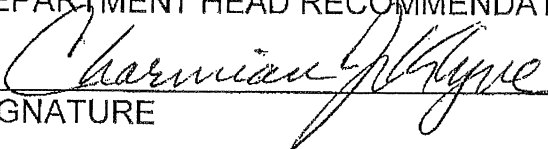
	LUTHERAN SOCIAL SERVICES JANESVILLE WI	ROCK VALLEY JANESVILLE WI
RATER 1	93	90
RATER 2	94	78
RATER 3	87	81
TOTAL SCORE	274	249

Proposals were evaluated based on the following criteria:

1. Analysis of the narrative statement, including clear understanding of services to be provided. **MAXIMUM 25 POINTS**
2. Evaluation of assigned personnel, experience and corporate support to provide the required services. **MAXIMUM 25 POINTS**
3. Respondent's history, financial status, knowledge, experience and qualifications in Substance Abuse Treatment and Community Case Management as demonstrated by current or past services or contracts of a similar size and scope. **MAXIMUM 30 POINTS**
4. Cost Proposal **MAXIMUM 20 POINTS**

Request for Proposals was advertised in the Beloit Daily News and on the Internet. Four additional vendors were solicited that did not respond.

PREPARED BY: JODI MILLIS, PURCHASING MANAGER

DEPARTMENT HEAD RECOMMENDATION: Based upon ratings - LSS

 SIGNATURE _____ DATE 12/16/15

GOVERNING COMMITTEE APPROVAL:

CHAIR _____ VOTE _____ DATE _____

ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, January 13, 2016

HSD MANAGEMENT TEAM MEETING – December 29, 2015
Meeting Cancelled.
