



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, February 25, 2015 – 4:30 p.m.

Rock County Health Care Center, 3rd Floor Conference Room, Janesville

AGENDA

1. Call Meeting to Order
2. Approval of Agenda
3. Approval of Minutes of Human Services Board Meeting of February 11, 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 Health Net Services, Including Dental – Ms. Randles
9. Report on Community Health Services, Including Dental – Ms. Sprecher
10. Director's Report *
11. Next Meeting: Wednesday, **March 11, 2015 at 4:30 p.m.** at **Rock County Health Care Center, 3rd 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.

NRD

Rock County Human Services Contract Review Cover Sheet

Date: January 10, 2015

Contract with: Meal Magic, Inc.

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

Executive Summary: Rock County Human Services is amending this contract to include an additional fee for meals that require additional slicing or pureeing. The Department has developed contracts with a few providers for meal services. This is one of those providers from which Rock County clients may choose for such services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Meal Preparation	\$9.65	Meal	NA
Service Charge for Parital Orders - Orders less than 30 meals	\$20.00	Order	NA
Service fee for slicing or pureeing	\$1.00	Meal	New

Contract # HSD_2015_0019_A1 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? _____

NRD

Rock County Human Services Contract Review Cover Sheet

Date: January 10, 2015

Contract with: Productive Living Systems, Inc.

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

Executive Summary: Rock County Human Services is amending this contract to include a rate for the Palladium CBRF. This is one of several providers from which Rock County clients may choose for such services. These service rates fall on the high end of the average of other contracted providers providing similar services due to the clients placed having a higher level of needs.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
CBRF - Sapphire	\$5,844.35	Month	NA
CBRF - Emerald	\$5,844.53	Month	NA
AFH - Howard Hill	\$7,760.86	Month	NA
CBRF - Jade	\$4,535.16	Month	NA
CBRF - Palladium	\$9,277.13	Month	0.0%

Contract # HSD_2015_0023_A1 New Contract: Yes Amendment/Addendum: No

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

Expenditure/ Revenue Account Numbers:

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

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

npp

Rock County Human Services Contract Review Cover Sheet

Date: February 10, 2015

Contract with: SaintA, Inc.

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

Executive Summary: This is an amendment to add Neurosequential Model of Therapeutic (NMT) evaluations to an existing agreement with this substitute care provider. NMT evaluations integrate neurodevelopment and traumatology principles when looking at the past and current experience and functioning of children and families. Rock County Human Services Department has contracts with several substitute care providers. The number of children approved for services at each facility will determine the actual amount of each contract. The State rather than the County now negotiates the rates with each agency based on a universal standard.

Contract Amount: \$ Rate x Number of approved clients

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

Contract # HSD-2015-0135-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

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? _____

CRC, Inc, LLC

Rock County Human Services Contract Review Cover Sheet

Date: January 28, 2015

Contract with: Trempealeau County Health Care Center

Contract Start Date: 1/1/14 Expiration Date: 12/31/15

Executive Summary: This contract provides a necessary option for individuals with serious and persistent mental illness who require long term institutional level care. This contract with Trempealeau County Health Care Center provides an option for these needed services when they meet client needs.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Institute for Mental Disease (1/1/14 -12/31/14)	\$305	Day	NA
Institute for Mental Disease (1/1/15 -12/31/15)	\$310	Day	1.6%

Contract # HSD-2014-0083 New Contract: Yes Amendment/Addendum:

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

Expenditure/ Revenue Account Numbers: 36-3689-0000-64604 Crisis 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?

0AD41401 (2014)

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3700-0000-62119 36-3700-0000	OTHER SERVICES		12/31/2014	KEALEY PHARMACY	1,670.65	
ODA BLOCK GRANT	Budget 276,508.00		YTD Exp 276,001.53	YTD Enc 5,398.49	Pending 1,670.65	Closing Balance (6,562.67)
36-3704-0000-62119	OTHER SERVICES					
36-3704-1331		P1402718	12/31/2014	LUTHERAN SOCIAL SERVICES	35.00	
36-3704-1331		P1402720	12/31/2014	BELOIT AREA	50.00	
IDP	Budget 161,655.00		YTD Exp 90,118.79	YTD Enc 7,481.24	Pending 85.00	Closing Balance 63,969.97

I have examined the preceding bills and encumbrances in the total amount of **\$1,755.65**
 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 _____

05541407

(2014)

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-64926 36-3602-0000	BANK SERV.CHGS.		12/31/2014	ROCK COUNTY HUMAN SERVICES DEP	112.43
OVERHEAD	Budget 8,000.00	YTD Exp 8,989.87	YTD Enc 0.00	Pending 112.43	Closing Balance (1,102.30)

I have examined the preceding bills and encumbrances in the total amount of **\$112.43**

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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OADS0101 (2015)

Rock County HSD

COMMITTEE APPROVAL REPORT

02/18/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3700-0000-62119	OTHER SERVICES					
36-3700-1326		P1500585	01/31/2015	TELLURIAN UCAN INC	38,080.00	
36-3700-1326		P1500589	01/31/2015	HOPE HAVEN REBOS UNITED INC	17,860.00	
36-3700-1331		P1500549	01/31/2015	JANESVILLE PSYCHIATRIC CLINIC	2,135.00	
36-3700-1331		P1500554	01/31/2015	LUTHERAN SOCIAL SERVICES	570.00	
AODA BLOCK GRANT		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		224,912.00	0.00	3,015.00	58,645.00	163,252.00
36-3704-0000-62119	OTHER SERVICES					
36-3704-1331		P1500549	01/31/2015	JANESVILLE PSYCHIATRIC CLINIC	150.00	
36-3704-1331		P1500554	01/31/2015	LUTHERAN SOCIAL SERVICES	245.00	
IDP		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		151,700.00	0.00	0.00	395.00	151,305.00

I have examined the preceding bills and encumbrances in the total amount of **\$59,040.00**
 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 _____

0550205 (2015)

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3634-0000-64604 36-3634-1803	PROGRAM EXPENSE		02/16/2015	ROCK COUNTY HUMAN SERVICES DEP	507.73
CPS	Budget 107,748.00	YTD Exp 11,672.69	YTD Enc 38,827.07	Pending 507.73	Closing Balance 56,740.51
36-3636-0000-64604 36-3636-0000	PROGRAM EXPENSE		02/16/2015	ROCK COUNTY HUMAN SERVICES DEP	15.00
INDEPEND LIVING	Budget 8,150.00	YTD Exp 0.00	YTD Enc 0.00	Pending 15.00	Closing Balance 8,135.00
36-3642-0000-64604 36-3642-0000	PROGRAM EXPENSE		02/16/2015	ROCK COUNTY HUMAN SERVICES DEP	25.94
REUN SUPPORT	Budget 148,896.00	YTD Exp 1,647.00	YTD Enc 3,379.99	Pending 25.94	Closing Balance 143,843.07
36-3689-0000-64604 36-3689-0001	PROGRAM EXPENSE		02/16/2015	ROCK COUNTY HUMAN SERVICES DEP	1,528.50
CRISIS	Budget 421,300.00	YTD Exp 4,550.96	YTD Enc 1,307.53	Pending 1,528.50	Closing Balance 413,913.01
36-3702-0000-64604 36-3702-0000	PROGRAM EXPENSE		02/16/2015	ROCK COUNTY HUMAN SERVICES DEP	60.00
DRUG COURT	Budget 35,723.00	YTD Exp 1,476.03	YTD Enc 5,726.65	Pending 60.00	Closing Balance 28,460.32

I have examined the preceding bills and encumbrances in the total amount of **\$2,137.17**
 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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OSS41410

2014

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-63100 36-3602-0000	OFC SUPP & EXP	P1401417	08/28/2014	MOORE MEDICAL CORP	27.50
OVERHEAD	Budget 106,080.00	YTD Exp 88,395.97	YTD Enc 27.50	Pending 27.50	Closing Balance 17,629.03
36-3634-0000-62119 36-3634-5014 36-3634-5014 36-3634-5014	OTHER SERVICES	P1404070 P1404072 P1404073	12/17/2014 12/31/2014 12/31/2014	ABA OF WISCONSIN ILLINOIS LLC HOPE CHILD AND FAMILY COUNSELI HOPE CHILD AND FAMILY COUNSELI	1,300.00 2,277.00 264.00
CPS	Budget 132,400.00	YTD Exp 153,118.47	YTD Enc 5,564.85	Pending 3,841.00	Closing Balance (30,124.32)
36-3639-0000-62119 36-3639-0000	OTHER SERVICES	P1404071	12/31/2014	GREEN COUNTY HUMAN SERVICES	975.50
IN-HOME SAFETY	Budget 242,028.00	YTD Exp 238,343.61	YTD Enc 0.00	Pending 975.50	Closing Balance 2,708.89
36-3664-0000-61915 36-3664-0000	CERT/LIC/OTHER	P1404060	12/31/2014	OCCUPATIONAL HEALTH CENTER	135.00
YOUTH SERVICES	Budget 2,850.00	YTD Exp 2,934.00	YTD Enc 0.00	Pending 135.00	Closing Balance (219.00)
36-3671-0000-64604 36-3671-0000	PROGRAM EXPENSE	P1404075	12/31/2014	YWCA ALTERNATIVES TO VIOLENCE	1,250.00
ELDER ABUSE/NEG	Budget 40,400.00	YTD Exp 35,701.15	YTD Enc 0.00	Pending 1,250.00	Closing Balance 3,448.85
36-3689-0000-62170 36-3689-0000	PHYSICIAN/OTHER	P1404076	12/31/2014	PSYCHOLOGY CLINIC INC,THE	655.50
CRISIS	Budget 0.00	YTD Exp 0.00	YTD Enc 0.00	Pending 655.50	Closing Balance (655.50)
36-3689-0000-64604 36-3689-0002 36-3689-0002 36-3689-0004	PROGRAM EXPENSE	P1400964 P1400968 P1400965	07/24/2014 12/30/2014 12/19/2014	NAMAN LLC NORTHERN TOWN MOTEL HOMECARE PHARMACY LLC	50.00 165.00 75.00
CRISIS	Budget 306,325.00	YTD Exp 308,024.82	YTD Enc 6,246.07	Pending 290.00	Closing Balance (8,235.89)
36-3690-0000-62170 36-3690-0000	PHYSICIAN/OTHER	P1400653	11/08/2014	PSYCHOLOGY CLINIC INC,THE	448.00
OUTPATIENT SER	Budget 172,620.00	YTD Exp 179,174.41	YTD Enc 448.00	Pending 448.00	Closing Balance (7,450.41)
36-3690-0000-62200 36-3690-0000	UTILITIES	P1404074	12/31/2014	SARA INVESTMENT REAL ESTATE LL	334.25

COMMITTEE APPROVAL REPORT

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
OUTPATIENT SER	Budget 2,100.00		YTD Exp 1,892.48	YTD Enc 0.00	Pending 334.25	Closing Balance (126.73)
36-3690-0000-62503 36-3690-0000	INTERPRETER FEES	P1404069	12/31/2014	BOYCE, MALA K		1,663.75
OUTPATIENT SER	Budget 15,500.00		YTD Exp 16,936.74	YTD Enc (0.00)	Pending 1,663.75	Closing Balance (3,100.49)
36-3691-0000-64604 36-3691-0000	PROGRAM EXPENSE	P1404077	12/31/2014	CATHOLIC CHARITIES		4,798.23
CLTS	Budget 1,662,374.00		YTD Exp 70,578.96	YTD Enc 0.00	Pending 4,798.23	Closing Balance 1,586,996.81

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 **\$14,418.73**
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 _____

05550207

2015

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3600-0000-64200 36-3600-0000	TRAINING EXP	P1501137	02/12/2015	RWCFS INC	30.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
AGENCY MGT & SUP	12,295.00		0.00	0.00	30.00	12,265.00
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1500670	02/04/2015	OFFICE PRO	45.36	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
OVERHEAD	32,037.00		68.26	3,045.36	45.36	28,878.02
36-3602-0000-63100 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1500524 P1500540	01/30/2015 02/04/2015	AARONS LOCK AND SAFE INC E AND D WATER WORKS INC	204.23 23.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
OVERHEAD	69,288.00		4,070.09	335.11	227.23	64,655.57
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP	P1500577	02/05/2015	SENTRY FOOD STORE	17.27	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
SPECIAL HSD	6,500.00		290.90	52.93	17.27	6,138.90
36-3603-0000-64908 36-3603-3015	CONTRIBUTIONS		01/29/2015	WILSON,JENNIFER	84.49	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
SPECIAL HSD	8,000.00		0.00	0.00	84.49	7,915.51
36-3634-0000-62119 36-3634-5014 36-3634-5014 36-3634-5015 36-3634-5015	OTHER SERVICES	P1500565 P1500630 P1500527 P1500542	12/31/2015 01/31/2015 02/03/2015 01/31/2015	OREGON MENTAL HEALTH SERVICES COMMUNITY CARE PROGRAMS INC ANU FAMILY SERVICES FOUNDATIONS COUNSELING CENTER	1,209.06 1,785.00 1,500.00 672.75	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	109,990.00		53.55	25,166.77	5,166.81	79,602.87
36-3634-0000-64200 36-3634-0000	TRAINING EXP	P1501137	02/12/2015	RWCFS INC	30.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	17,691.00		8,087.58	520.00	30.00	9,053.42
36-3634-0000-64604 36-3634-1731 36-3634-1803 36-3634-1803 36-3634-1814	PROGRAM EXPENSE	P1500637 P1500557 P1501120 P1500544	02/10/2015 02/09/2015 02/11/2015 02/03/2015	JANESVILLE TRANSIT SYSTEM MENARDS SCHOOL DISTRICT OF JANESVILLE GREGG INVESTIGATIONS INC	217.50 39.98 340.00 40.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	107,748.00		12,180.42	38,784.53	637.48	56,145.57
36-3637-0000-64604 36-3637-2015	PROGRAM EXPENSE	P1501059	01/01/2015	WISCONSIN HEAD START ASSOCIATI	6,200.00	

COMMITTEE: SS - HUMAN SERVICES

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Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
HOME VISITATION		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,000.00	1,665.00	150.00	6,200.00	(6,015.00)
36-3641-0000-64604	PROGRAM EXPENSE					
36-3641-5013		P1500534	02/12/2015	BELOIT TRANSIT SYSTEM	110.00	
36-3641-5013		P1500637	02/12/2015	JANESVILLE TRANSIT SYSTEM	145.00	
36-3641-5014		P1500630	01/31/2015	COMMUNITY CARE PROGRAMS INC	1,590.00	
BRIGHTER FUTURES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		147,644.00	0.00	58,947.97	1,845.00	86,851.03
36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000		P1501119	01/27/2015	ROCK VALLEY HVAC INC	2,700.00	
REUN SUPPORT		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		148,896.00	1,672.94	679.99	2,700.00	143,843.07
36-3646-0000-62119	OTHER SERVICES					
36-3646-3041		P1500630	01/31/2015	COMMUNITY CARE PROGRAMS INC	2,185.00	
36-3646-5019		P1500630	01/31/2015	COMMUNITY CARE PROGRAMS INC	2,538.06	
JUVENILE JUSTICE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		185,613.00	443.62	30,223.04	4,723.06	150,223.28
36-3646-0000-64200	TRAINING EXP					
36-3646-0000		P1501137	02/12/2015	RWCFS INC	30.00	
JUVENILE JUSTICE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,775.00	174.19	90.00	30.00	2,480.81
36-3659-0000-62119	OTHER SERVICES					
36-3659-0000		P1501123	01/31/2015	MARTYNA, BRYN L	1,300.00	
DMC		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		0.00	800.00	0.00	1,300.00	(2,100.00)
36-3664-0000-61915	CERT/LIC/OTHER					
36-3664-0000		P1500563	01/31/2015	OCCUPATIONAL HEALTH CENTER	92.00	
YOUTH SERVICES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		5,169.00	0.00	91.99	92.00	4,985.01
36-3664-0000-62119	OTHER SERVICES					
36-3664-0000		P1500547	02/06/2015	INTERIM HEALTHCARE OF WISCONSI	971.00	
YOUTH SERVICES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		25,000.00	3,884.63	9,960.32	971.00	10,184.05
36-3666-0000-64200	TRAINING EXP					
36-3666-0000		P1500998	02/05/2015	SKILLPATH SEMINARS INC	199.00	
LTS - ACS		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,505.00	199.99	189.99	199.00	1,916.02
36-3683-0000-64604	PROGRAM EXPENSE					
36-3683-0000		P1500540	02/13/2015	E AND D WATER WORKS INC	41.25	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3683-5032			02/11/2015	AUSTIN,JAMIE	35.33	
36-3683-5032			02/12/2015	THOMPSON,JENNIFER	23.36	
ADRC	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	30,000.00		17.25	41.25	99.94	29,841.56
36-3689-0000-62119	OTHER SERVICES					
36-3689-0000		P1501164	02/07/2015	WOODLAND ENHANCED HEALTH SERVI	1,988.03	
36-3689-0300		P1501125	01/31/2015	TELLURIAN UCAN INC	870.00	
CRISIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,650,011.00		0.00	1,291,688.00	2,858.03	355,464.97
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0000		P1501126	02/02/2015	ROCK MED LTC PHARMACY	76.53	
36-3689-0002		P1500561	01/30/2015	NORTHERN TOWN MOTEL	90.00	
36-3689-1221		P1500525	02/10/2015	ABILITIES INC	2,189.00	
36-3689-1221		P1501169	02/16/2015	CUNNINGHAM,LORI D	1,231.00	
CRISIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	421,300.00		6,079.46	2,878.92	3,586.53	408,755.09
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1500526	01/31/2015	ADVANCED DISPOSAL SERVICES	22.44	
36-3690-0000		P1500559	02/15/2015	NEEDY MEDS INC	28.00	
36-3690-0000		P1500575	02/06/2015	SAFEWAY PEST CONTROL	11.55	
OUTPATIENT SER	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	66,127.00		356.06	61,584.63	61.99	4,124.32
36-3690-0000-62170	PHYSICIAN/OTHER					
36-3690-0000		P1500638	01/31/2015	MARCUS,JEFFREY A	3,290.00	
OUTPATIENT SER	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	139,540.00		5,560.00	93,290.00	3,290.00	37,400.00
36-3697-0000-64200	TRAINING EXP					
36-3697-0000		P1501137	02/12/2015	RWCFS INC	300.00	
CFIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	3,825.00		180.00	0.00	300.00	3,345.00
36-3697-0000-64604	PROGRAM EXPENSE					
36-3697-0000		P1501072	02/05/2015	MC DONALDS	75.00	
36-3697-0000		P1501073	02/05/2015	SUBWAY SANDWICHES & SALADS	187.50	
36-3697-0000		P1501139	02/12/2015	FAMILY DEVELOPMENT RESOURCES	500.00	
CFIS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	6,000.00		200.00	0.00	762.50	5,037.50
36-3702-0000-62176	LABORATORY					
36-3702-0000		P1500572	01/28/2015	REDWOOD BIOTECH	1,560.20	
DRUG COURT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	64,000.00		0.00	1,560.19	1,560.20	60,879.61
36-3702-0000-64604	PROGRAM EXPENSE					

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3702-0000		P1501058	01/01/2015	CORRECTIONAL COUNSELING INC	1,250.65	
36-3702-0000		P1501063	01/28/2015	ECONOLOGDE	130.00	
DRUG COURT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	35,723.00		1,536.03	4,605.99	1,380.65	28,200.33
36-3703-0000-64604	PROGRAM EXPENSE					
36-3703-2015		P1501058	01/01/2015	CORRECTIONAL COUNSELING INC	1,250.64	
IDP ENHAN GRANT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	24,090.00		0.00	0.00	1,250.64	22,839.36
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1500526	01/31/2015	ADVANCED DISPOSAL SERVICES	45.56	
36-3706-0000		P1500575	02/06/2015	SAFEWAY PEST CONTROL	23.45	
CSP	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	9,302.00		827.20	4,352.38	69.01	4,053.41
36-3730-0000-62119	OTHER SERVICES					
36-3730-0000		P1501165	02/01/2015	TEUBERT ENTERPRISES LLC	2,000.00	
36-3730-1000		P1500575	02/06/2015	SAFEWAY PEST CONTROL	38.00	
JOB CENTER	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0.00		6,507.42	47,644.58	2,038.00	(56,190.00)
36-3730-0000-62400	R & M SERV					
36-3730-1000		P1500526	01/31/2015	ADVANCED DISPOSAL SERVICES	115.00	
36-3730-1000		P1500578	01/27/2015	TRI COR MECHANICAL INC	405.00	
JOB CENTER	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	137,291.00		2,944.01	731.50	520.00	133,095.49

I have examined the preceding bills and encumbrances in the total amount of **\$42,076.19**
 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 _____

OSS41409 (over \$10,000) 2014

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3691-0000-64604	PROGRAM EXPENSE				
36-3691-0000		P1404078	12/31/2014	CATHOLIC CHARITIES	14,780.70
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
CLTS	1,662,374.00	60,596.49	0.00	14,780.70	1,586,996.81

I have examined the preceding bills and encumbrances in the total amount of **\$14,780.70**

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 _____

05541408

Rock County HSD

COMMITTEE APPROVAL REPORT

02/17/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1803			02/01/2015	JANESVILLE TRANSIT SYSTEM	52.00	
36-3634-1803		P1403806	02/01/2015	SENTRY FOODS INC STORE #375	150.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		89,876.03	150.00	202.00	15,693.97
36-3646-0000-62119	OTHER SERVICES					
36-3646-5014			02/01/2015	LUTHERAN SOCIAL SERVICES OF WI	54.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	231,741.00		261,400.60	15,228.71	54.00	(44,942.31)

I have examined the preceding bills and encumbrances in the total amount of **\$256.00**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 _____ Committee Chair _____

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05550204

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1802			02/01/2015	LUTHERAN SOCIAL SERVICES HOMME	715.00	
36-3634-1803			02/01/2015	SUPER 8 MOTEL	199.96	
36-3634-1803			02/01/2015	GOSHEN GROUP HOME*	680.00	
36-3634-1803		P1500579	02/01/2015	SENTRY FOODS INC STORE #375	222.95	
36-3634-1803		P1500580	02/01/2015	DEWEYS SERVICE INC	52.34	
36-3634-1803		P1500588	02/01/2015	PIGGLY WIGGLY	100.00	
36-3634-1803		P1500632	02/01/2015	DAVIS CITGO SERVICE INC	92.00	
36-3634-1803		P1500639	02/01/2015	SHOPKO INC #130	69.99	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
CPS	107,748.00		10,048.18	38,827.07	2,132.24	56,740.51
36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000			02/01/2015	JANESVILLE TRANSIT SYSTEM	104.00	
36-3642-0000		P1500581	02/01/2015	TRIPP AND ASSOCIATES INC	680.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
REUN SUPPORT	148,896.00		888.94	3,379.99	784.00	143,843.07
36-3646-0000-62119	OTHER SERVICES					
36-3646-5014			02/01/2015	LUTHERAN SOCIAL SERVICES OF WI	216.00	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
JUVENILE JUSTICE	185,613.00		227.62	25,500.00	216.00	159,669.38

I have examined the preceding bills and encumbrances in the total amount of **\$3,132.24**
 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 HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, February 25, 2015**

HSD MANAGEMENT TEAM MEETING – February 10, 2015

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Praise and Recognition**
- **Shredding Documents Policy**
- **Vehicle Policy**
- **2014 Invoices Deadline**
- **Grievance Policy 528**
- **P&Ps**
- **Recognition and Meetings**

INFORMATION ITEMS

HSD Board Agenda
