



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, October 8, 2014 – 4:30 p.m.

Rock County Health 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 September 24, 2014 *
4. Citizen Participation
5. Approval of Contracts, Transfers, and/or Encumbrances * – Ms. Mooren
6. Approval of Bills * – Mr. Zuehlke
7. Awarding the Contract for Electronic Monitoring Equipment and Services * – Mr. Horozewski
8. Discussion About Drug Court and Approval of Interagency Agreement – Ms. Flanagan
9. Resolution Creating One Master Social Worker and Two Case Manager Positions to Provide Treatment Services for Rock County Drug Court * – Ms. Flanagan
10. Director's Report *
12. Committee Requests for Future Agenda Items
13. Next Meeting: Wednesday, **October 22, 2014 at 4:30 p.m.** at the **Rock County Health Care Center, 3rd Floor Conference Room**, in **Janesville, Wisconsin**.
14. Adjourn

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

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

918

9/15/14

Rock County Human Services Contract Review Cover Sheet

Date: 8/13/14

Contract with: Functional Family Therapy, LLC

Contract Start Date: 10/1/14 Expiration Date: 9/30/15

Executive Summary: This contract with FFT LLC will implement phase 2 of consultation activities (supervisor training) for the Functional Family Therapy model used to provide evidence-based, cost effective services to youth and families on community supervision.

Contract Amount: \$18,000 plus \$42 per diem travel for FFT Trainers

Contract # 14-0044 New Contract: Yes Amendment/Addendum:

E-Contract Location: Year: 2014 Program: CYF Folder Name: FFT, LLC Phase 2 supervisor training
(If different from above)

Expenditure/ Revenue Account Numbers:
36-3646-0000-62119 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?

Replacement

Rock County Human Services Contract Review Cover Sheet

Date: September 16, 2014

Contract with: Hope Haven (Catholic Charities)

Contract Start Date: 9/1/2014 Expiration Date: 12/31/2015

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

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Residential Primary AODA Treatment	\$154.00	Day	New
Residential Transitional AODA Treatment	\$100.00	Day	New

Contract #
HSD_2014_0143 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2014 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? _____

08

9/26/14

Rock County Human Services Contract Review Cover Sheet

Date: 9/26/2014

Contract with: KSMS Our House, LLC

Contract Start Date: 1/1/2013 Expiration Date: 12/31/2014

Executive Summary: 'Rock County Human Services Department is amending this contract to include a client specific rate. The Department has developed contracts with several providers for Community Based Residential Facility services. This is one of several providers from which Rock County clients may choose for such services

Contract Amount: Rate x Approved Clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Janesville Assisted Care – Base	\$3,300.00	Month	NA
Janesville Assisted Care - High	\$3,780.00	Month	NA
Janesville Memory Care - Base	\$3,484.00	Month	NA
Janesville Memory Care - High	\$4,143.00	Month	NA
Cambridge Assisted Care – Base	\$3,100.00	Month	NA
Cambridge Assisted Care – High	\$3,580.00	Month	NA
Whitewater Memory Care – Base	\$3,575.00	Month	NA
Whitewater Memory Care – High (client specific)	\$3,910.50	Month	New

Contract # HSD 2013 0063 A1 New Contract: No Amendment/Addendum: _____

E-Contract Location: Year: 2013 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: 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: 09/16/14

Contract with: Orion Family Services Inc.

Contract Start Date: 01/01/2014 Expiration Date: 12/31/2014

Executive Summary: Orion Family Services Inc. will provide intensive in-home family therapy, outpatient therapy, and daily living skills training to promote youth and family stability and prevent the unnecessary removal of youth from their home and community. This amendment adds the CLTS Daily Living rate.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Licensed Clinician In-Home Therapy	\$65.72	Hour	0%
Licensed Clinician In-Home Travel	\$65.71	Hour	0%
Master Level Clinician In-Home Therapy	\$65.72	Hour	0%
Master Level Clinician In-Home Travel	\$65.71	Hour	0%
Service Related to Reunification or IHSS	\$50.00	Hour	New
Licensed Clinician Outpatient Therapy	\$83.33	Hour	New
Master Level Clinician Outpatient Therapy	\$66.66	Hour	New
Parent Skill Builder Assessment	\$750.00	Each	New
CLTS Daily Living Skills	\$50.00	Hour	New

Contract # HSD_2014_0052_A1

New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2014 Program: JJS

Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3634-0000-62119
- 36-3641-0000-64604
- 36-3646-0000-62119
- 36-3690-0000-62119

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 10/2/14 Transfer No. 14-81
 Requested By Human Services Department Charmian Klyve
 Department Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 36-3689-0000-62609 Description: State Institutes Current Balance: \$1,392,685	\$28,500	Account #: 36-3664-0000-64200 Description: YSC Training Expenses	\$4,000
Account #: Description: Current Balance:		Account #: 36-3664-0000-62119 Description: YSC Contracted Services	\$20,000
Account #: Description: Current Balance:		Account #: 36-3690-0000-62503 Description: Outpatient Interpreter Fees	\$3,000
Account #: Description: Current Balance:		Account #: 36-3634-0000-62503 Description: CYF Interpreter Fees	\$1,500

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC

State Institute expenditures are determined by the number of clients admitted to the State Institutes and the net daily rate. HSD pays the net cost after it is adjusted due to Medicaid and other client billing. The average daily cost is trending lower than anticipated in 2014.

REASON TRANSFER IS NECESSARY - BE SPECIFIC

YSC Training Expenses - training needs have been above what was anticipated - including a required CPR/AED training for YSC staff.
 YSC Contracted Services - The YSC nurse position has been vacant since 5/21. Contracted nursing services are being utilized more than anticipated due to this vacancy.
 Outpatient Interpreter Fees - the need for interpreter services has been higher than expected this year due to client need.
 CYF Interpreter Fees - the need for interpreter services has been higher than expected this year due to client need.

FISCAL NOTE:

Sufficient funds are available for transfer. *95 10-2-14*

ADMINISTRATIVE NOTE:

Recommended *AKA 10-2-14*

REQUIRED APPROVAL

DATE

COMMITTEE CHAIR

Governing Committee _____

Finance Committee _____

05541003

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP		10/01/2014	ROCK COUNTY HUMAN SERVICES DEP	65.80
SPECIAL HSD	Budget 6,993.00	YTD Exp 1,499.67	YTD Enc 0.00	Pending 65.80	Closing Balance 5,427.53
36-3603-0000-64908 36-3603-3015 36-3603-3025	CONTRIBUTIONS		10/01/2014 10/01/2014	ROCK COUNTY HUMAN SERVICES DEP ROCK COUNTY HUMAN SERVICES DEP	626.00 100.00
SPECIAL HSD	Budget 8,000.00	YTD Exp 5,208.35	YTD Enc 0.00	Pending 726.00	Closing Balance 2,065.65
36-3634-0000-64604 36-3634-1803 36-3634-1814	PROGRAM EXPENSE		10/01/2014 10/01/2014	ROCK COUNTY HUMAN SERVICES DEP ROCK COUNTY HUMAN SERVICES DEP	15.00 95.00
CPS	Budget 105,922.00	YTD Exp 57,667.00	YTD Enc 13,021.98	Pending 110.00	Closing Balance 35,123.02
36-3703-0000-64604 36-3703-0000	PROGRAM EXPENSE		10/01/2014	ROCK COUNTY HUMAN SERVICES DEP	517.00
IDP ENHAN GRANT	Budget 5,205.00	YTD Exp 1,858.00	YTD Enc 512.49	Pending 517.00	Closing Balance 2,317.51
36-3706-0000-64604 36-3706-0000	PROGRAM EXPENSE		10/01/2014	ROCK COUNTY HUMAN SERVICES DEP	105.00
CSP	Budget 635,920.00	YTD Exp 441,645.57	YTD Enc 0.00	Pending 105.00	Closing Balance 194,169.43
36-3713-0000-64604 36-3713-2014	PROGRAM EXPENSE		10/01/2014	ROCK COUNTY HUMAN SERVICES DEP	1,118.00
SHELTER PLUS	Budget 8,100.00	YTD Exp 6,467.50	YTD Enc 0.00	Pending 1,118.00	Closing Balance 514.50

I have examined the preceding bills and encumbrances in the total amount of **\$2,641.80**
 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 _____

OSS40916

Rock County HSD

COMMITTEE APPROVAL REPORT

10/01/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1400648	09/24/2014	OFFICE PRO	18.86
OVERHEAD	Budget 31,249.00	YTD Exp 19,922.04	YTD Enc 7,312.00	Pending 18.86	Closing Balance 3,996.10
36-3602-0000-62400 36-3602-0000	R & M SERV	P1400707	09/13/2014	PITNEY BOWES INC	1,279.56
OVERHEAD	Budget 20,415.00	YTD Exp 9,319.27	YTD Enc 0.00	Pending 1,279.56	Closing Balance 9,816.17
36-3602-0000-63100 36-3602-0000 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1400629 P1400646 P1402538	09/23/2014 09/02/2014 09/12/2014	E AND D WATER WORKS INC WISCONSIN DEPARTMENT OF JUSTIC STORAGE SYSTEMS MIDWEST INC	46.00 20.00 4,542.47
OVERHEAD	Budget 101,080.00	YTD Exp 49,889.96	YTD Enc 20,053.20	Pending 4,608.47	Closing Balance 26,528.37
36-3603-0000-64908 36-3603-3009	CONTRIBUTIONS		09/22/2014	MILLS, SHAWNA	303.84
SPECIAL HSD	Budget 8,000.00	YTD Exp 4,904.51	YTD Enc 0.00	Pending 303.84	Closing Balance 2,791.65
36-3604-0000-62119 36-3604-0000 36-3604-0000	OTHER SERVICES	P1403252 P1403253	09/17/2014 09/17/2014	CITY OF BELOIT CITY OF BELOIT	2,643.87 7,236.86
ECONOMIC SUPPORT	Budget 22,113.00	YTD Exp 0.00	YTD Enc 0.00	Pending 9,880.73	Closing Balance 12,232.27
36-3605-0000-62119 36-3605-0000	OTHER SERVICES	P1403249	08/31/2014	LANGUAGE LINE SERVICES	170.41
IM CONSORTIUM	Budget 3,972,153.00	YTD Exp 1,751,651.67	YTD Enc 23,354.00	Pending 170.41	Closing Balance 2,196,976.92
36-3634-0000-62119 36-3634-5014 36-3634-5014 36-3634-5014 36-3634-5014 36-3634-5015 36-3634-5015 36-3634-5015	OTHER SERVICES	P1400641 P1403184 P1403269 P1403270 P1400641 P1403269 P1403272	09/16/2014 08/31/2014 09/04/2014 09/02/2014 08/31/2014 09/04/2014 09/15/2014	ORION FAMILY SERVICES SAINA INC HOPE CHILD AND FAMILY COUNSEL CHILDRENS THERAPY NETWORK ORION FAMILY SERVICES HOPE CHILD AND FAMILY COUNSEL ABA OF WISCONSIN ILLINOIS LLC	1,774.27 717.50 396.00 105.00 112.50 462.00 1,550.00
CPS	Budget 102,400.00	YTD Exp 45,294.05	YTD Enc 179.99	Pending 5,117.27	Closing Balance 51,808.69
36-3634-0000-64200 36-3634-0000	TRAINING EXP	P1403085	09/10/2014	COALITION FOR CHILDREN YOUTH A	120.00
CPS	Budget 17,736.00	YTD Exp 9,995.50	YTD Enc 4,230.00	Pending 120.00	Closing Balance 3,390.50

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1731		P1400664	09/18/2014	BELOIT TRANSIT SYSTEM	70.00	
36-3634-1803			09/02/2014	WISCONSIN DEPARTMENT OF JUSTIC	21.00	
36-3634-1803		P1400666	09/18/2014	MENARDS	121.00	
36-3634-1814		P1400674	09/03/2014	GREGG INVESTIGATIONS INC	60.00	
36-3634-1814		P1403276	09/17/2014	HOTT CIVIL PROCESS SERVING	50.00	
36-3634-1822		P1403185	09/18/2014	KNOWLES,VICKIE & WILLIAM*	75.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		56,864.09	13,427.89	397.00	35,233.02
36-3636-0000-64604	PROGRAM EXPENSE					
36-3636-0000		P1403216	09/24/2014	KWIK TRIP STORES	100.00	
INDEPEND LIVING	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	7,969.00		2,302.90	45.00	100.00	5,521.10
36-3637-0000-64200	TRAINING EXP					
36-3637-0000		P1403126	09/15/2014	BETHEL A M E CHURCH	120.00	
HOME VISITATION	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,000.00		660.00	0.00	120.00	220.00
36-3641-0000-64604	PROGRAM EXPENSE					
36-3641-5013		P1403275	09/18/2014	COMMUNITY ACTION INC OF ROCK &	2,234.00	
BRIGHTER FUTURES	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	297,969.00		201,646.59	83,820.10	2,234.00	10,268.31
36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000		P1400641	08/31/2014	ORION FAMILY SERVICES	2,170.00	
REUN SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	74,200.00		8,106.33	0.00	2,170.00	63,923.67
36-3646-0000-62119	OTHER SERVICES					
36-3646-5009		P1403271	09/15/2014	FFT LLC	2,027.27	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	176,741.00		164,565.70	23,911.40	2,027.27	2,027.27 <i>transfer coming</i> (13,763.37)
36-3646-0000-62176	LABORATORY					
36-3646-0000		P1400626	08/31/2014	REDWOOD TOXICOLOGY LABORATORY	3,441.41	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	7,000.00		10,101.79	0.00	3,441.41	3,441.41 <i>transfer coming</i> (6,543.20)
36-3646-0000-64200	TRAINING EXP					
36-3646-0000		P1403274	09/19/2014	ORBIS PARTNERS INC	400.00	
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,895.00		770.94	0.00	400.00	1,724.06
36-3646-0000-64604	PROGRAM EXPENSE					
36-3646-5016		P1400689	08/26/2014	SENTRY FOOD STORE	5.67	
36-3646-5016		P1402540	06/24/2014	UNIVERSITY OF WISCONSIN MADISO	52.00	
36-3646-5016		P1402541	09/04/2014	UNIVERSITY OF WISCONSIN MADISO	52.00	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt												
<table border="0" style="width:100%"> <tr> <td style="width:20%">JUVENILE JUSTICE</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>8,450.00</td> <td>6,118.16</td> <td>0.00</td> <td>109.87</td> <td>2,222.17</td> </tr> </table>						JUVENILE JUSTICE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		8,450.00	6,118.16	0.00	109.87	2,222.17
JUVENILE JUSTICE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	8,450.00	6,118.16	0.00	109.87	2,222.17												
36-3655-0000-64604	PROGRAM EXPENSE																
36-3655-0000		P1400646	09/02/2014	WISCONSIN DEPARTMENT OF JUSTIC	182.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">KINSHIP CARE</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>2,000.00</td> <td>1,285.00</td> <td>0.00</td> <td>182.00</td> <td>533.00</td> </tr> </table>						KINSHIP CARE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		2,000.00	1,285.00	0.00	182.00	533.00
KINSHIP CARE	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	2,000.00	1,285.00	0.00	182.00	533.00												
36-3656-0000-64604	PROGRAM EXPENSE																
36-3656-0000		P1402540	06/24/2014	UNIVERSITY OF WISCONSIN MADISO	13.00												
36-3656-0000		P1402542	09/04/2014	UNIVERSITY OF WISCONSIN MADISO	45.50												
36-3656-0000		P1403273	09/30/2014	CHILDRENS SERVICE SOCIETY OF W	1,438.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">COMM INTERV PRGM</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>12,415.00</td> <td>2,073.12</td> <td>6,332.82</td> <td>1,496.50</td> <td>2,512.56</td> </tr> </table>						COMM INTERV PRGM	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		12,415.00	2,073.12	6,332.82	1,496.50	2,512.56
COMM INTERV PRGM	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	12,415.00	2,073.12	6,332.82	1,496.50	2,512.56												
36-3664-0000-61915	CERT/LIC/OTHER																
36-3664-0000		P1403222	08/31/2014	OCCUPATIONAL HEALTH CENTER	90.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">YOUTH SERVICES</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>2,850.00</td> <td>1,265.50</td> <td>0.00</td> <td>90.00</td> <td>1,494.50</td> </tr> </table>						YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		2,850.00	1,265.50	0.00	90.00	1,494.50
YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	2,850.00	1,265.50	0.00	90.00	1,494.50												
36-3664-0000-62119	OTHER SERVICES																
36-3664-0000		P1402637	09/05/2014	INTERIM HEALTHCARE OF WISCONSI	2,193.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">YOUTH SERVICES</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>15,000.00</td> <td>27,640.75</td> <td>0.00</td> <td>2,193.00</td> <td>(14,833.75)</td> </tr> </table>						YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		15,000.00	27,640.75	0.00	2,193.00	(14,833.75)
YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	15,000.00	27,640.75	0.00	2,193.00	(14,833.75)												
36-3664-0000-63400	OPERATING SUPPLI																
36-3664-0000		P1400631	08/27/2014	DE VERE COMPANY INC	188.73												
36-3664-0000		P1402224	07/31/2014	OFFICE PRO	760.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">YOUTH SERVICES</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>42,080.00</td> <td>23,651.09</td> <td>1,864.53</td> <td>948.73</td> <td>15,615.65</td> </tr> </table>						YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		42,080.00	23,651.09	1,864.53	948.73	15,615.65
YOUTH SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	42,080.00	23,651.09	1,864.53	948.73	15,615.65												
36-3683-0000-64200	TRAINING EXP																
36-3683-0000		P1403083	09/10/2014	INCONTROL WISCONSIN	215.00												
36-3683-0000		P1403084	09/10/2014	KALAHARI RESORT CONVENTION CEN	140.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">ADRC</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>1,665.00</td> <td>2,047.50</td> <td>0.00</td> <td>355.00</td> <td>(737.50)</td> </tr> </table>						ADRC	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		1,665.00	2,047.50	0.00	355.00	(737.50)
ADRC	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	1,665.00	2,047.50	0.00	355.00	(737.50)												
36-3686-0000-62119	OTHER SERVICES																
36-3686-0000		P1400649	08/30/2014	GENESIS BEHAVIORAL SERVICES IN	2,871.00												
<table border="0" style="width:100%"> <tr> <td style="width:20%">DETOX SERVICES</td> <td style="width:15%">Budget</td> <td style="width:15%">YTD Exp</td> <td style="width:15%">YTD Enc</td> <td style="width:15%">Pending</td> <td style="width:20%">Closing Balance</td> </tr> <tr> <td></td> <td>237,108.00</td> <td>170,962.00</td> <td>51,777.00</td> <td>2,871.00</td> <td>11,498.00</td> </tr> </table>						DETOX SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		237,108.00	170,962.00	51,777.00	2,871.00	11,498.00
DETOX SERVICES	Budget	YTD Exp	YTD Enc	Pending	Closing Balance												
	237,108.00	170,962.00	51,777.00	2,871.00	11,498.00												
36-3689-0000-64604	PROGRAM EXPENSE																
36-3689-0000		P1403250	09/02/2014	ROCK MED LTC PHARMACY	74.82												
36-3689-0002		P1400965	08/28/2014	HOMECARE PHARMACY LLC	31.54												
36-3689-0002		P1402980	09/11/2014	DRIFTWOOD MOTEL	195.00												
36-3689-0004		P1400973	09/02/2014	KEALEY PHARMACY	43.90												
36-3689-1226		P1403248	09/01/2014	HEARTWARMING HOUSE	6,603.37												

Transfer coming
Closing Balance
(14,833.75)

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
CRISIS	Budget 306,325.00		YTD Exp 191,424.74	YTD Enc 1,700.00	Pending 6,948.63	Closing Balance 106,251.63
36-3690-0000-62119	OTHER SERVICES					
36-3690-0000		P1400652	09/26/2014	SAFEWAY PEST CONTROL		11.55
36-3890-0000		P1401416	09/15/2014	NEEDY MEDS INC		60.00
OUTPATIENT SER	Budget 66,966.00		YTD Exp 48,726.63	YTD Enc 16,147.95	Pending 71.55	Closing Balance 1,019.87
36-3690-0000-62170	PHYSICIAN/OTHER					
36-3690-0000		P1400655	09/13/2014	MARCUS,JEFFREY A		5,880.00
OUTPATIENT SER	Budget 145,620.00		YTD Exp 125,930.61	YTD Enc 33,000.00	Pending 5,880.00	Closing Balance (19,190.61)
36-3690-0000-67200	CAPITAL IMPROV					
36-3690-0000		P1403180	09/24/2014	PIEPER ELECTRIC INC		683.00
OUTPATIENT SER	Budget 1,000.00		YTD Exp 0.00	YTD Enc 0.00	Pending 683.00	Closing Balance 317.00
36-3701-0000-64604	PROGRAM EXPENSE					
36-3701-0000		P1400970	08/29/2014	REDWOOD MOTEL		224.00
JUSTICE&MH COLLA	Budget 0.00		YTD Exp 3,754.72	YTD Enc 1,928.23	Pending 224.00	Closing Balance 224.00 <i>transfer coming</i> (5,906.95)
36-3703-0000-64200	TRAINING EXP					
36-3703-2014			09/23/2014	RUDOLPH,REBECCA		140.00
IDP ENHAN GRANT	Budget 0.00		YTD Exp 4,913.53	YTD Enc 180.00	Pending 140.00	Closing Balance (5,233.53)
36-3706-0000-62119	OTHER SERVICES					
36-3706-0000		P1400652	09/26/2014	SAFEWAY PEST CONTROL		23.45
CSP	Budget 13,121.00		YTD Exp 7,187.31	YTD Enc 3,135.71	Pending 23.45	Closing Balance 2,774.53
36-3730-0000-62119	OTHER SERVICES					
36-3730-0000		P1400652	09/26/2014	SAFEWAY PEST CONTROL		38.00
JOB CENTER	Budget 100,738.00		YTD Exp 58,041.25	YTD Enc 42,568.75	Pending 38.00	Closing Balance 90.00
36-3730-0000-62400	R & M SERV					
36-3730-0000		P1400644	09/17/2014	TRI COR MECHANICAL INC		370.00
36-3730-0000		P1400666	09/23/2014	MENARDS		59.99
36-3730-0000		P1403179	08/20/2014	TRI COR MECHANICAL INC		235.00
JOB CENTER	Budget 73,422.00		YTD Exp 45,614.99	YTD Enc 11.80	Pending 664.99	Closing Balance 27,130.22

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
----------------	--------------	-----	----------	-------------	-------------

I have examined the preceding bills and encumbrances in the total amount of **\$55,308.34**
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 6009

OSS40915 (over \$10,000)

Rock County HSD

COMMITTEE APPROVAL REPORT

10/01/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3683-0000-62119 36-3683-0000	OTHER SERVICES	P1403224	09/17/2014	ALZHEIMERS ASSOCIATION	11,007.91
ADRC	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	50,630.00	2,661.13	33,893.00	11,007.91	3,067.96

I have examined the preceding bills and encumbrances in the total amount of **\$11,007.91**

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 _____

05541001

Rock County HSD

COMMITTEE APPROVAL REPORT

10/01/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
00-0000-0000-25233	HUM SER SUB CARE					
00-0000-0010			10/01/2014	SOCIAL SECURITY ADMINISTRATION	1,362.00	
00-0000-0010			10/01/2014	SOCIAL SECURITY ADMINISTRATION	263.55	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0.00		(4,824.15)	0.00	1,625.55	3,198.60

I have examined the preceding bills and encumbrances in the total amount of **\$1,625.55**
 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 _____

05541001

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-62119	OTHER SERVICES					
36-3634-5015			10/01/2014	JANESVILLE TRANSIT SYSTEM	156.00	
36-3634-5015		P1400670	10/01/2014	SHOPKO INC #130	179.99	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	102,400.00		50,075.33	179.99	335.99	51,808.69
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1724			10/01/2014	CADD,PEG	250.00	
36-3634-1724			10/01/2014	VETTER,JOAN	250.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	105,922.00		56,761.09	13,427.89	500.00	35,233.02
36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000			10/01/2014	JANESVILLE TRANSIT SYSTEM	52.00	
REUN SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	74,200.00		10,224.33	0.00	52.00	63,923.67

I have examined the preceding bills and encumbrances in the total amount of **\$887.99**
 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 _____

PROPOSAL SUMMARY FORM

PROJECT NUMBER: 2015-06
 PROJECT NAME: ELECTRONIC MONITORING EQUIPMENT & SERVICES
 PROPOSAL DUE DATE: SEPTEMBER 8, 2014 – 12:00 NOON
 DEPARTMENT: HUMAN SERVICES

	3M ELECTRONIC MONITORING ODESSA FL	SATELLITE TRACKING OF PEOPLE HOUSTON TX	ALCOHOL MONITORING SYSTEMS LITTLETON CO	OMNILINK ALPHARETTA GA	RECOVERY HEALTHCARE DALLAS TX
DAILY COST RF HOME	3.50 CELLULAR 2.10 LANDLINE	1.50	2.00	2.75	7.00
DAILY COST ACTIVE GPS	4.25	3.40	4.00	3.75	11.00
DAILY COST ACTIVE XT	4.60	2.60	NO BID	NO BID	8.00
RATER 1	95	90	74	63	65
RATER 2	91	81	74	64	53
RATER 3	98	93	64	66	93
RATER 4	90	75	70	75	40
TOTAL SCORE	374	339	282	268	251
AVERAGE SCORE	93.5	84.75	70.5	67	62.75

Proposals were evaluated based on the following criteria:

1. MANDATORY REQUIREMENTS - 5 points maximum

- Provided 5 copies of Proposal
- Meets insurance requirements
- Provided literature of equipment proposed
- Provided 24/7 toll-free phone number

2. EQUIPMENT – 40 points maximum

3. ORGANIZATION, PERSONNEL AND EXPERIENCE – 30 points max

- Qualification of personnel
- Experience of personnel
- Experience of firm
- References

4. PRICING – 25 points maximum

RESOLUTION NO. _____

AGENDA NO. _____

RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS

Kate Flanagan
INITIATED BY

Human Services Board
SUBMITTED BY



Kate Flanagan
DRAFTED BY

October 1, 2014
DATE DRAFTED

Creating One Master's Level Case Manager Position and Two Bachelor's Level Case Manager Positions to Provide Drug Court Treatment Services

- 1 **WHEREAS**, the Treatment Alternatives and Diversion (TAD) program was established in the 2005-2007
2 State Biennial Budget with the intent for counties to develop treatment and diversion programs for non-
3 violent offenders with drug and alcohol problems; and,
4
5 **WHEREAS**, using TAD grant and other funding, Rock County has operated a Drug Court Program as a
6 collaborative effort between the Rock County Sheriff's Office, Rock County Courts, The Rock County
7 District Attorney's Office, the State Public Defender's office, and Rock County Administration since
8 2007; and,
9
10 **WHEREAS**, the Rock County Drug Court published a Request for Proposals seeking treatment and case
11 management services for the Rock County Drug Court participants beginning January 1, 2015 and Rock
12 County Human Services submitted a proposal to provide these services; and,
13
14 **WHEREAS**, the Human Services Department was selected as the provider of treatment and case
15 management services for the Rock County Drug Court beginning January 2015; and,
16
17 **WHEREAS**, one new Master's level and two new Bachelor's level positions are necessary to deliver the
18 proposed services which will include evidence based integrated treatment, flexible community based case
19 management and a variety of supportive services and monitoring activities; and,
20
21 **WHEREAS**, funding for these positions and associated program costs are included in the 2015 Rock
22 County Sheriff's Office budget request and the Sheriff's Office will pay the Human Services Department
23 for costs according to the established Interagency Agreement.
24
25 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled
26 this _____ day of _____, 2014 does hereby approve the creation of one FTE Master's level
27 Case Manager position and two Bachelor's level Case Manager positions.
28
29 **BE IT FURTHER RESOLVED** that the Human Services Department is authorized to fill those
30 positions no earlier than January 1, 2015 subject to adoption of the 2015 budget by the County Board that
31 includes funding for these Case Manager positions.

Respectfully submitted,

HUMAN SERVICES BOARD

COUNTY BOARD STAFF COMMITTEE

Brian Knudson, Chair

J. Russell Podzilni, Chair

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

FISCAL NOTE:

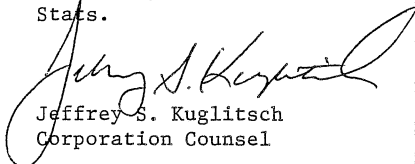
Human Services will be charging the Sheriff's Office for the costs of these positions. The 2015 budget request for the Sheriff's Office contains funding for Drug Court treatment services. These services are funded by a combination of State Aid, participant fees and tax levy.



Sheryy Oja
Finance Director

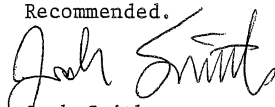
LEGAL NOTE:

The County Board is authorized to take this action pursuant to §59.22(2), Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.


Josh Smith
County Administrator

Executive Summary

The Rock County Drug Court has been operating since 2007 as collaboration between the Rock County Sheriff's Office, Rock County Courts, The Rock County District Attorney's Office, the State Public Defender's office, and Rock County Administration. Drug Court was established to provide treatment and diversion programming for non-violent offenders with drug and alcohol problems. Funding for the services provided in the Drug Court Program comes from a combination of State of Wisconsin Treatment and Alternatives Diversion (TAD) grant funding and tax levy dollars. The Rock County Sheriff's Office maintains the budget for Drug Court services which includes of total of \$304,500.00.

Since its inception, Drug Court has contracted with an outside provider to deliver treatment and case management services to Drug Court Clients. Recently a request for proposals was published to determine the provider of these services beginning in 2015. The Human Services Department (HSD) submitted a proposal and was selected as the new provider beginning in 2015.

This resolution authorizes the creation of three positions (One Master's Level Social Worker and two Bachelor's level case managers) within the Human Services Department to staff the treatment and case management services for Drug Court clients. Funding for the program is included in the RCSO 2015 budget request. The positions will be filled no earlier than January 1, 2015 subject to the adoption of the 2015 budget by the Rock County Board of Supervisors. By proceeding with this resolution at this time, HSD will be able to begin the process of recruitment for these positions in order to avoid a lapse in treatment and programming for Drug Court clients as the transition of providers occurs.

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, October 8, 2014**

HSD MANAGEMENT TEAM MEETING – September 23, 2014
Meeting cancelled.
