

Rock County Human Services Department P. O. Box 1649, 3530 N. County Trunk F Janesville, Wisconsin 53547-1649

> Phone: 608/757-5271 Fax: 608/757-5374

ROCK COUNTY HUMAN SERVICES BOARD Wednesday, January 22, 2014 – 4:30 p.m.

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

HSD_2014_0046 (JJS/Pro-tech)	
New Contract: Or, or,	
(check box if yes)	
Amendment to Contract #	Addendum to Contract#
Human Services Department Sara Mooren	x8431
Originating Department Contact Person	Phone
Contract with: 3M Electronic Monitoring (Pro-Tech)	
(Name of entity)	
Contract Period: Start Date:1/1/2014	12/31/2014
Contract Amount: \$ Rate x number of approved clients	
SERVICE RATE UN	IT
Home Curfew RF Monitoring System \$2.05 Da	
Two-Piece GPS Offender Tracking Device/Unit/System \$7.50 Da	y 0%
One-Piece GPS Offender Tracking - Active \$5.50 Da	y 0%
One-Piece GPS Offender Tracking - Passive \$4.50 Da	y 0%
Remote Alcohol Monitoring System \$5.25 Day	/ 0%
	·
Expenditure/ Revenue Account Numbers: 36-3646-0000-62119 JJS Other C	Contracted Services
Executive Summary: This contract with 3M Electronic Monitoring (Pro-Tech)	is for active and passive electronic
monitoring of juvenile offenders who are on supervision. We previously had a	two year contract. This is a one yea
renewal. After this year, the service will be re-bid per County purchasing regu	lations. Pursuant to RFP 2012-02.
Pro-Tech Monitoring (a 3M company) was the successful proposer.	
F10-1ect Montolitid (a ow company) was the successit, proposer-	
Were Bids or Quotations Solicited?	∏ No
Were Bids or Quotations Solicited? Yes #2012-02	
Covered by State Contract?	⊠ No
State Contract #	
Contract will be signed by: County Board Chair	•
Contract will be signed by.	
Other? Who? Chair, Human	Services Board

HSD_2014_008			G:\BUSINES	SS\CON	TRACT\20	14 Contrac	ts\MED\Cl	earview
New Contract:	or,			or,				
(check box if yes)	Amendment	to Cor	ntract#		. Ac	ldendum to	Contract #	‡
Human Services D	Department		Sara Mo			<u> </u>		
Originating Depa	artment		Contact P	erson	:	Pho	ne	
Contract with: (Name of entity)			Cle	arview		andania de la como de	a emegarina a escapa escapa escab <mark>a esca</mark>	
Contract Period:	Start Date: 1/1/201	4		Expirat	ion Date:		12/31/2014	·
Contract Amount:	\$ Rate x Number of	approv	ved clients					
	Service		Rate	<u>Unit</u>	Change	from prior	year	• *
Standard R	ate		\$315.00	Day		1.9%		
1:2 Staffing	+ Standard Rate		\$437.00	Day		2.1%		
1:1 Staffing	+ Standard Rate		\$555.00	Day		2.0%		
Expenditure/ Reven	ue Account Numbers (prov	vide 9-	digit object co	des):		,	•	
	36-3689-0000-62119		Crisis - Other	r Contrac	ted Servic	es		
Executive Summary	!			•				
	ith services are a necessi	he for /	التقلقات عاتقانات	ubo ara	Avnarianai		a mantal h	aalth
crisis beyond the sc	ope of our treatment capa me and the 1:1 and 1:2 m	bilities.	. This contrac	t is for th	e Behavio			
Were Bids	or Quotations Solicited?			Yes	. [7	No		
Covered by	/ State Contract?			Yes	V] No		
State Cont	ract#							
Contract w	ill be signed by:		County Boar	d Chair				
		V	Other? Who?	?	Human 3	Services B	oard Chair	

		G:\E	BUSINESS/CON	TRACTV	2014 Cont	racts/ACS/CBR	F\Collinwood
New Contract:	or, <u>HSD_2</u>	014_0005_	<u>A</u> I	or,	Mark Napagaran Araga Araba		
(check box if yes)	. Ar	nendment to	Contract#		Ad	dendum to Conf	tract #
Human Services	s Department	Sara	a Mooren		x 8431		
Originating De			act Person	Phone			
Contract with:		Diech Ento	erprises LTD db	a Collins	wood Eld	arly Cara	•
(Name of entity)	April 1997 Committee of the Committee of	DISCH LINE	rprises LTD ub	a Comm	VOOG LIG	Gily Ouic	
Contract Period:	Start Date:1	/1/2014	·	Expiration	on Date:	12/31/	/2015
Contract Amount:	\$ Rate x Num	ber of approved clients		•			
	Service	_	<u>Rate</u>	<u>Unit</u>	Change	from prior year	
CBRF			\$2,751.43	Month		0%	
CBRF- C	lient specific		\$3,001.43	Month		NA	
Expenditure/ Reve	enue Account Numbers	(provide 9-c	digit object codes	s):			
	36-3666-0000-64604	Long Tern	n Support				
	36-3668-0000-64604	Communit	ty Options Progr	am (COF	')		
	36-3674-0000-64604	COP Waix	/er				
	36-3675-0000-64604	Communit	ty Relocation Init	tiative			
	36-3678-0000-64604	Communit	ty Integration Pro	ogram (C	IP II)		
	36-3681-0000-64604	Nursing H	ome Diversion				
	36-3706-0000-64604	Communit	ty Support Progr	am (CSP	')		
Executive Summa	ry:						
has been used by	an Services Departme RCHSD clients. The I Facilities. This is one	Department h	nas developed c	ontracts v	with sever	al providers for	Community
Were Bid	s or Quotations Solicite	ed?	general g	Yes	77	No	
Covered	by State Contract?		- Jaco	Yes	ls.	No	
State Cor	ntract#						
Contract	will be signed by:	James.	County Board	Chair			
		833	Other? Who?	ı	Human 9	Services Board C	thair

ew Contract:	or,			or,			
check box if yes)		nent to	Contract #			dendum to Contra	act#
Human Services De	epartment		Sara Mo			x 8431	
Originating Depar	rtment		Contact Person Phone				
ontract with:			Janesville P	sychiatri	c Clinic		
lame of entity)							•
ontract Period:	Start Date: 1/1/20	14	<u>.</u> .	Expirati	on Date:	12/31/2	014
ontract Amount:	\$ Rate x Number of	appro	ved clients	-	·		
	Service		Rate	<u>Unit</u>	Change	from prior year .	
Group Coun	seling		\$25.00	Hour		0%	
Individual Co	ounseling		\$35.00	Hour		0%	
Urinalysis			\$10.00	Each		0%	
Initial Psychiatric Assessment			\$155.00	Each		0%	
Medication Follow-up			\$85.00	Each		0%	
	36-3700-0000-62119 36-3704-0000-62119		AODA Block Intoxicated [acted Services er Contracted Se	rvices
Executive Summary:	36-3704-0000-62119						ervices
Program (IDP) funds	36-3704-0000-62119 Department's Adopted to purchase AODA treatmose from. AODA treatmose. Waiting lists are es	ment se	Intoxicated Intoxi	Priver Prod s Federal, provider i	gram - Oth State, and s one of m n the limits	er Contracted Se d Intoxicated Driv nany providers av s of available Fed	er ailable f
he Human Services trogram (IDP) funds ligible clients to cho tate, and IDP reven ODA treatment pro	36-3704-0000-62119 Department's Adopted to purchase AODA treatmose from. AODA treatmose. Waiting lists are es	ment se	Intoxicated Intoxi	Priver Prod s Federal, provider i	gram - Oth State, and s one of m n the limits	er Contracted Se d Intoxicated Driv nany providers av s of available Fed	er ailable f
he Human Services rogram (IDP) funds ligible clients to cho tate, and IDP reven ODA treatment pro Were Bids o	36-3704-0000-62119 Department's Adopted to purchase AODA treatmose from. AODA treatmoses. Waiting lists are esviders.	ment se	Intoxicated Intoxicated Intoxicated Intoxicated Includes Services are provined if necessal	Priver Progress Federal, provider i rided withi ry. Stand	gram - Oth State, and s one of m n the limits ard rates a	er Contracted Se d Intoxicated Driv nany providers av s of available Fed are set for all outp	er ailable f
The Human Services Program (IDP) funds eligible clients to cho Etate, and IDP reven AODA treatment pro Were Bids o	36-3704-0000-62119 Department's Adopted to purchase AODA treatmose from. AODA treatmose. Waiting lists are esviders. Or Quotations Solicited? State Contract?	ment se	Intoxicated Intoxicated Intoxicated Includes services. This rvices are provided if necessations.	Priver Progress Federal, provider inded withing. Stand	State, and some of min the limits and rates a	er Contracted Se d Intoxicated Driv nany providers av s of available Fed are set for all outp	er ailable fo leral,
The Human Services Program (IDP) funds Rigible clients to cho State, and IDP reven CODA treatment pro Were Blds of Covered by State Contre	36-3704-0000-62119 Department's Adopted to purchase AODA treatmose from. AODA treatmose. Waiting lists are esviders. Or Quotations Solicited? State Contract?	ment se	Intoxicated Intoxicated Intoxicated Includes services. This rvices are provided if necessations.	oriver Productions Federal, provider inded with ry. Stand	State, and some of min the limits and rates a	er Contracted Se d Intoxicated Driv nany providers av s of available Fed are set for all outp	er ailable f

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

HSD_2014_0106			G:\BU	SINESS'	CONTRAC	CT\2014	Contracts\SUB\LSS
New Contract:	or,			or	1		
(check box if yes)	-	Amendment to	Contract #	-			to Contract #
Human Services De	partment	Sara	Mooren		x 8431		
Originating Depar			ct Person		Phone		
Contract with:	L	utheran Social	Services of	Wiscon	sin and U	pper Mic	chigan
(Name of entity)							
Contract Period:	Start Date:	1/1/2014		Expirat	ion Date:		12/31/2014
Contract Amount:	\$ Rate x Nu	mber of approv	ed clients				
	Service		Rate	<u>Unit</u>	Change	from pr	ior vear
Residential C	are Centers (H	omme Youth)	\$315.00			2.7%	
Treatment Fo Administrativ			\$60.50	Day		-5%	
Respite Care	*		\$90.00	Day		0%	
Crisis Respite	e Care*		\$145.00	Day		0%	
Expenditure/ Revenue	services requirir Account Numb 36-3638-0000-	pers (provide 9-		,	Suhstitute	Care	
	36-3654-0000-		le Justice Se				
Executive Summary: Rock County Human S children approved for	Services Depari placement at ea	iment has contr ach facility will d	acts with sev	eral subs actual a	stitute care mount of e	provide ach con	tract. The State
rather than the County	y now negotiate	s the rates with	each agency	based o	n a univer	sal stand	dard.
The 2014 County Ado	pted Budget ind	dudes the follow	ving funds fo	substitu	te care:		
\$1,521,786 \$176,852	d Protective Se Foster Homes I Group Homes Residential Car Total	- V	\$ \$ \$	472,054 214,916	lustice Ser Foster Ho Group Ho Residenti Total	mes I-V mes	Centers
Were Bids or	Quotations Sol	icited?	r .	Yes	ŢŸ.	No	
Covered by S	State Contract?			Yes	!	No	
State Contrac	et#						
Contract will i	pe signed by:	you .	County Board	d Chair			

V

Other? Who?

Human Services Board Chair

HSD_2014_001	3		G:\BUSINESS\CONTRACT\2014 Contracts\ACS\SHC\Maxim						
(check box if yes)	ỡ or, Amendme	ent to C	Contract #	o	r,Ad	dendum to Con	tract #		
Human Services Originating Dep				ara Mooren atact Person.	_	x 8431 Phone	<u>.</u>		
Contract with: (Name of entity)			Maxim H	ealthcare Service	es, Inc.				
Contract Period:	Start Date: 1/1/201	4		Expiration Date:		12/31.	/2015		
Contract Amount:	\$ Rate x Number of a	pprove	d clients		,				
	Service		_Rate_	<u>Unit</u>	Change	from prior year			
Hon	nemaker/Companion		\$17.50	Hour		0%			
Personal Care Attendant			\$17.50	Hour		0%			
Expenditure/ Rever	nue Account Numbers (pro 36-3666-0000-64604 36-3668-0000-64604 36-3674-0000-64604 36-3678-0000-64604 36-3706-0000-64604	vide 9-	Long Term Community COP Walve Community	Support Options Program	am (CIP-II)				
Executive Summa Rock County Huma services. This is o	ry: an Services Department han ne of several providers from	ıs deve n whic	eloped contr h Rock Cou	acts with several p nty clients may ch	roviders for cose for suc	supportive hom h services.	ie care		
Were Bids	or Quotations Solicited?		2º	Yes	T	No			
Covered b	y State Contract?		f**	Yes		No ·			
State Con	tract #		•						
Contract v	will be signed by:	r"	County Bo	ard Chair					
		p	Human Se	rvices <u>Board Chai</u>	<u>r</u> .				

	s. Review the C		I send with two copies of the cedure Manual for specifics
New Contract: or, (check box if yes)	HSD 2012 Amendment to Co	2 0005 _A\ or, ntract#	Addendum to Contract#
Human Services Originating Department		Sara Mooren Contact Person	X8431 Phone
Contract with: Morning Sur (Name of entity)	n Care Home		
Contract Period: Start Da	ate: <u>01/01/12</u>	Expiration Date	: 06/30/14
Contract Amount: Rate x nur	nber of approve	ed clients	
Service	Rate %	Increase/Decrease	
CBRF	\$2,268.83	NA	
Expenditure/ Revenue Account N 36-3666-0000-64604			
36-3668-0000-64604	4 Community	Options Program (CC	DP)
36-3674-0000-64604	4 COP Waive	r	
36-3678-0000-64604 36-3706-0000-64604	•	Integration Program (CS	•
Executive Summary: Rock County Human Servic contract period an additiona several providers for Comm several providers from whic	al six months. T nunity Based Re	he Department has desidential Facility serv	eveloped contracts with ices. This is one of
Were Bids or Quotations	Solicited?	Yes	⊠ No
Covered by State Contra	ect?	Yes	⊠ No
State Contract #			
Contract will be signed b		nty Board Chair	
oomaas wiii oo digilaa b			
	∠ Othe	er <u>HSD Board Chair</u>	A STATE OF THE STA

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

HSD_2014_0111		G:\BUSINESS\CONTRACT\2014 Contracts\SUB\Northwest Passage							
New Contract:	or,			or,					
(check box if yes)		Amendment to C	ontract#	-	Addend	um to Contract#			
Human Services [A		Sara Mooren		x 8431				
Originating Depart	artment	Contact Person			Phone				
Contract with:		Northwest Passage							
(Name of entity)									
Contract Period:	Start Date:	1/1/2014		Explrati	ation Date:	12/31/2014	+4		
Contract Amount:	\$ Rate x N	lumber of approve	d clients	.		. •			
	Service		Rate	<u>Unit</u>	Change from	prior year			
Residential	Care Center (F	(CC)	\$318.45	Day	3.8%	6			
RCC-Girls	(Passages 3)		\$311.60	Day	1.6%	6			
RCC - 30-1	Day Assessmer	it	\$342.00	Day	11.59	%			
Intensified	Residential Can	ə*	\$317.88	Day	3.6%	6			
	avior Stabilizati Intervention*	on	\$275.00	Day [.]	12%	5			
*Indicates servic	es requiring spe	cial approval							
Expenditure/ Reven	ue Account Nur	nbers (provide 9-di	git object cod	des):					
	36-3638-000	0-64604 Child P	rotective Ser	rvices – S	Substitute Care	-			
	36-3654-000	0-64604 Juvenile	a Justice Ser	rvices	Substitute Care				

Executive Summary:

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

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

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

HSD_2014_0062_A1	G:\BUSINE	SS/CO1	NTRACT\2014	4 Contrac	ts\ESS\O'I	Brien		
New Contract:	or, HSD_2014	_0062		or,				
(check box if yes)	The second secon		Contract #		Add	dendum	to Contrac	#
Human Services Departn			Mooren		x 8431			
Originating Department		Conta	ct Person		Phone			
Contract with: (Name of entity)			O'Brien ar	nd Assoc	iates		William To the Control of the Contro	
Contract Period: Start	Date: 1/1/20	14		Expiration	on Date:		12/31/201	4
Contract Amount: \$ Ra	ite x Number of ap	proved	investigations	· <u>•</u>				
Servic			<u>Rate</u>	<u>Unit</u>	Change	from pric	or <u>year</u>	
Child Care Recipie Investigation	ent & Provider Fra	bı	\$350.00	Case		0%		
Expenditure/ Revenue Acc	ount Numbers (pro	vide 9-	digit object co	des):				
36-3	610-0000-62119							
Executive Summary: O'Brien and Associates wil and provider child care frau	l provide investiga ud. This amendme	tions for ent is to	cases referre	ed by Ecc rovider na	nomic Sup ame on Pa	oport sus ge 2 of th	pected of notice contract	ecipient
Were Bids or Quo	tations Solicited?		-	Yes	া	No		
Covered by State	Contract?)	Yes	⊽	No		
State Contract #						•		
Contract will be si	gned by:	٣	County Boar	d Chair				
		V	Other? Who'	?	Human S	ervices l	Board Cha	r

HSD_2014_0051		G:\BUSINESS\CONTRACT\2014 Contracts\JJS\Oregon MH							
New Contract: ☑	or,			or,					
(check box if yes)		Amendment to	Contract#	•	Ad	dendum	to Contract	:#	
Human Services D	epartment	Sara	a Mooren		x 8431	:		•	
Originating Depar	tment	Conta	act Person	u	Phone				
Contract with:		Ore	egon Mental H	ealth Se	ervices, LL	.c			
(Name of entity)							•.		
Contract Period:	Start Date:	1/1/2014	- -	Expirat	iation Date);	12/31/201	4	
Contract Amount:	\$ Rate x N	lumber of appro	ved clients	•	· .	: :		•	
	Service		<u>Rate</u>	<u>Unit</u>	Change fi	om prior	year		
In-Home Th	erapy		\$69.00	Hour		+ 5%			
Travel			\$69.00	Hour		+ 5%			
In-Home Th	erapy (non-cer	tified)	\$28.88	Hour		+ 5%			
Travel (non-	certified)		\$28.88	Hour		+ 5%			
Expenditure/ Revenu			-digit object cod Brighter Futures		ome Thera	⊇Υ			
	36-3634-000	0-62119 Child	Protective Ser	<u>vices - I</u>	<u>n-Home Ti</u>	nerapy			
	36-3646-000	0-62119 Juve	nile Justice Ser	vices – J	n-Home T	nerapy		•	
Executive Summary: Oregon Mental Healt and prevent the unne	h Services will					te youth	and family	stability	
Were Bids o	or Quotations S	olicited?	and i	Yes	Z	No			
Covered by	State Contract	?		Yes	Ø	No			
State Contra	act#	•			•			•	
Contract wil	I be signed by:		County Board	l Chair					
		1 .7.3	Other? Who?	Mark to the same of the same o	Human S	Services	Board Chai		

HSD_2014_0075 (Adm/Package	Pro)							
New Contract: or,	or,		r,					
(check box if yes)	Amendment to Cor	ntract #	Adde	ndum to Contract#				
Human Services Department	ori de elitricologico de la companio de companio de companio de companio de companio de companio de companio d	Tim Zuehlke		x <u>5152</u>				
Originating Department		Contact Person	Contact Person Phone					
Contract with: Package Pro Ex (Name of entity)	press Delivery							
Contract Period: Start Dat	e: <u>1/01/2014</u>	E	xpiration	Date: <u>12/31/2014</u>				
Contract Amount: \$35,822	6.4% increase							
Expenditure/Revenue Account No 36-3602-0000-62119	umbers: provide 9	-digit object codes						
Executive Summary: This contra Departments. The contract will b Departments that utilize the servi-	e overseen by the							
Were Bids or Quotations	Solicited?	⊠ Yes RFP 2013-05		No				
Covered by State Contra	ct?	Yes	\boxtimes	No				
State Contract #	specificans on the maintain which a market market market and the specific							
Contract will be signed by	y: 🔲 Coun	ity Board Chair						
		? Who? Chair, Human	Services	Board				

HSD_2014_0004	1	G	:\BUSINESS\C	CONTRACT\20	014 Contracts\AC	S/SHC/S&J	Brightstar
george george	or,			_ or			
(check box if yes)		Amendment to	Contract #		Addend	ım to Contra	ct#
Human Services D	epartment		Sara	Mooren		x 8431	
Originating Depa			Landard Control of the Control of th	t Person	Phone		
Contract with:		Sand I W	omo Cara II C	dha Brights	Star Health Care		
(Name of entity)		Sanu 5 m	ome Care LLC	, and Dilgitte	Jai Health Care		- A-AL-RANGE
			•		,	10101100	4.5
Contract Period:	Start Date:	1/1/2014		Expiration D	ate:	12/31/20	115
Contract Amount:	\$ Rate x N	umber of approv	ed clients				
	Service		Rate	<u>Unit</u>	Change from	prior year	
Certified Nu	rsing Assistant –	CNA	\$38.00	Visit	5.6%		
	ırsing Assistant –		\$22.00	Hour	7.9%		
Live in CNA			\$275.00	Day	0%		•
	ractical Nurse – L	PN	\$60.00	Hour	0%		
Registered	Nurse – RN		\$75.00	Hour	0%		
Registered Nurse – RN Skilled Assessment			\$150.00	Assessmen	t 0%		
Blood Draw			\$45.00	Draw	0%		
Expenditure/Reven	pers (provide 9-di 34604 34604 34604 34604 34604	Long Term S Community C COP Waiver Community I	Support Options Progra	ogram (CIP-II)	·		
Executive Summary Rock County Human services. This is on services outlined ab The provider has re- than the rate charge	— n Services Depar e of several provi ove are on the hig quested a rate inc	ders from which i gh end of the ave crease for the CN	Rock County cl rage when cor A rates. These	lients may cho npared to othe e rates have no	ose for such ser er providers provi ot increased sinc	vices. Rates ding similiar	for the services.
Were Bids	or Quotations Sol	icited?	· •	Yes	₽ No		
Covered by	/ State Contract?	•		Yes	₽ No	•	
State Contr	ract#						
Contract w	ill be signed by:	f***	County Boa	rd Chair			•
,		7	Other? Who	?	Human Services	Board Chair	

05531304

Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO# Inv Date	Vendor Name		Inv/Enc Amt
36-3634-0000-64604 36-3634-5013	PROGRAM EXPENSE	12/31/2013	ROCK COUNTY HUMA	AN SERVICES DEP	(50.00)
CPS	Budget 95,922.00	YTD Exp 53,234,63	YTD Enc 6,423.58	Pending (50.00)	Closing Balance 36,313.79
36-3641-0000-64604 36-3641-5015	PROGRAM EXPENSE	12/31/2013	ROCK COUNTY HUMA	AN SERVICES DEP	16.00
15 BRIGHTER FUTURES	Budget 294,864.00	YTD Exp 268,679,99	YTD Enc 33,789.05	Pending 16.00	Closing Balance (7,621.04)
36-3706-0000-64604 36-3706-1206 50	PROGRAM EXPENSE Budget	12/31/2013 YTD Exp	ROCK COUNTY HUMA	AN SERVICES DEP	550.00 Transtrium Closing Balance
CSP	300,000.00	591,588.63	528.81	550.00	(292,667.44)
36-3713-0000-64604 49 36-3713-2014	PROGRAM EXPENSE	12/31/2013	ROCK COUNTY HUMA	AN SERVICES DEP	530,00
SHELTER PLUS	Budget 14,134.00	YTD Exp 12,426.27	YTD Enc 857.99	Pending 530.00	Closing Balance 319.74
36-3730-0000-62400 36-3730-0000	R & M SERV	12/31/2013	ROCK COUNTY HUMA	N SERVICES DEP	47.25
JOB CENTER	Budget 71,297.00	YTD Exp 54,815.97	YTD Enc 13,996.24	Pending 47.25	Closing Balance 2,437,54

I have examined the preceding bills and encumbrances in the total amount of \$1,093.25

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

A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.

B. Bills under \$10,000 to be paid.

C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date:	Dept Head	,
	Committee Chair	_

COMMITTEE APPROVAL REPORT

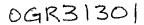
01/16/2014

Acc	ount Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-37	00-0000-62119	OTHER SERVICES					
111	36-3700-133 1			12/31/2013	BELOIT AREA		200.00
46	36-3700-1331			12/31/2013	CROSSROADS COUN	SELING CENTER	2,300.00
	36-3700-1331			12/31/2013	LUTHERAN SOCIAL SI	ERVICES	1,260.00
	36-3700-133 1			12/31/2013	BELOIT MEMORIAL HO	OSPITAL,	7,632.50
	36-3700-1331			12/31/2013	JANESVILLE PSYCHIA	TRIC CLINIC	4,630.00
		Budget		YTD Exp	YTD Enc	Pending	Closing Balance
AOE	DA BLOCK GRANT			248,505.86	0.00	16,022.50	11,965,64
36-37	04-0000-62119	OTHER SERVICES	,				-
	36-3704-0000			12/31/2013	CROSSROADS COUN	SELING CENTER	180.00
48	36-3704-1331			12/31/2013	BELOIT AREA		300.00
•	36-3704-1331			12/31/2013	CROSSROADS COUN	SELING CENTER	3,830,00
	36-3704-1331			12/31/2013	LUTHERAN SOCIAL SI	ERVICES	1,180.00
	36-3704-1331			12/31/2013	BELOIT MEMORIAL HO	OSPITAL	3,975.00
	36-3704-1331			12/31/2013	JANESVILLE PSYCHIA	TRIC CLINIC	250.00
		Budget		YTD Exp	YTD Enc	Pending	Closing Balance
IDP		183,655.00		80,998.10	0.00	9,715.00	92,941.90

I have examined the preceding bills and encumbrances in the total amount of \$25,737.50 Claims covering the items are proper and have been previously funded. These items are to be treated as follows: A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.

- B. Bills under \$10,000 to be paid.
- C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date:	Dept Head	_
	Committee Chair	_



COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	and the second s	Inv/Enc Amt
36-3624-0000-64604 1D 36-3624-3604	PROGRAM EXPENSE		12/31/2013	BROOKENS,NATHAN		150.00
INTERIM ASSIST	Budget 35,000.00		YTD Exp 17,967,20	YTD Enc (0.01)	Pending 150.00	Closing Balance 16,882.81

I have examined the preceding bills and encumbrances in the total amount of \$150.00 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.

B. Bills under \$10,000 to be paid

C. Encumbrances under	\$10,000 to be paid upon acceptance b	y the Department Head.
Date:	Dept Head _	
	Committee Chair _	

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Rock County HSD

COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-3600-0000-64200 36-3600-0000	TRAINING EXP	P1303445	11/05/2013	AHIMA		160,00
AGENCY MGT & SUP	Budget 22,340.00		YTD Exp 8,773.05	YTD Enc 4,082.00	Pending 160.00	Closing Balance 9,324.95
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1300589	12/23/2013	PAPER RECOVERY SERV	/ICE CORPORA	348.95
OVERHEAD	Budget 35,990.00		YTD Exp 38,258.38	YTD Enc 462,25	Pending 348.95	Closing Balance (3,079.58)
36-3602-0000-63100 36-3602-0000 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1300569 P1300578 P1300617	12/10/2013 12/23/2013 12/31/2013	AARONS LOCK AND SAFI E AND D WATER WORKS WISCONSIN DEPARTMEN	INC	9,95 23.00 150.00
OVERHEAD	Budget 96,917.00		YTD Exp 77,747.66	YTD Enc 1,613.23	Pending 182.95	Closing Balance 17,373.16
36-3604-0000-62119 36-3604-5021	OTHER SERVICES	P1303753	12/26/2013	PIEPER ELECTRIC INC		892.01
ECONOMIC SUPPOR	Budget r 20,876.00		YTD Exp 18,994.00	YTD Enc 0.00	Pending 892,01	Closing Balance 989.99
36-3605-0000-62119 36-3605-0000	OTHER SERVICES	P1303946	12/31/2013	LANGUAGE LINE SERVIC	ES	1,462.96
IM CONSORTIUM	Budget 3,018,894.00	2,	YTD Exp 354,196.18	YTD Enc 0.00	Pending 1,462.96	Closing Balance 663,234.86
36-3634-0000-62119 36-3634-5014	OTHER SERVICES	P1303884	12/18/2013	VERLO MATTRESS FACT	ORY	267.00
CPS	Budget 93,423.00		YTD Exp 5,457.18	YTD Enc 0.00	Pending 267.00	Closing Balance 87,698.82
36-3634-0000-64604 36-3634-1731	PROGRAM EXPEN	SE	12/30/2013	KATH,KRISTIN		18.18
CPS	Budget 95,922.00		YTD Exp 53,216.45	YTD Enc 16,101.92	Pending 18.18	Closing Balance 26,585,45
36-3639-0000-62119 36-3639-0000	OTHER SERVICES	P1303952	12/31/2013	GREEN COUNTY HUMAN	SERVICES	594.15
IN-HOME SAFETY	Budget 242,028.00		YTD Exp 224,847.37	YTD Enc 13,763.41	Pending 594.15	Closing Balance 2,823.07
36-3641-0000-64604 36-3641-2570 36-3641-5015 36-3641-5015	PROGRAM EXPEN	SE P1303951 P1303939 P1303940		PARTNERS IN PREVENTI OCONOMOWOC DEVELO OCONOMOWOC DEVELO	PMENTAL	5,349.20 385.00 935.00

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
BRIGHTER FUTURES	Budget 294,864.00		YTD Exp 262,010.79	YTD Enc 6,126.80	Pending 6,669.20	Closing Balance 20,057.21
36-3646-0000-62119 36-3646-5013	OTHER SERVICES	P1303929	12/13/2013	CHILDRENS THERAPY I	NETWORK	405.00
JUVENILE JUSTICE	Budget 211,240.00		YTD Exp 186,847.50	YTD Enc 12,669.10	Pending 405.00	Closing Balance 11,318.40
36-3646-0000-64200 36-3646-0000	TRAINING EXP	P1302847	08/28/2013	UNIVERSITY OF WISCO	NSIN EXTENS	500,00
JUVENILE JUSTICE	Budget 4,140.00		YTD Exp 2,704.98	YTD Enc 0.00	Pending 500.00	Closing Balance 935.02
36-3646-0000-64604 36-3646-5016 36-3646-5016	PROGRAM EXPEN	SE P1303925	12/26/2013 12/18/2013	GERUE,LEA PIZZA HUT OF SOUTHE	RN WISCONSI	97,75 75.26
JUVENILE JUSTICE	Budget 21,950.00		YTD Exp 18,378.04	YTD Enc 208,24	Pending 173.01	Closing Balance 3,190.71
36-3664-0000-61915 36-3664-0000	CERT/LIC/OTHER	P1303923	12/28/2013	DEAN HEALTH SYSTEM	IS	114.00
YOUTH SERVICES	Budget 1,870.00		YTD Exp 1,573.00	YTD Enc 0.00	Pending 114.00	Closing Balance 183,00
36-3664-0000-62105 36-3664-0000	FOOD SERVICES	P1303629	12/27/2013	ARAMARK CORRECTIO	NAL SERVICES	6,503.95 Vanske comin
YOUTH SERVICES	Budget 65,058.00		YTD Exp 70,506.79	YTD Enc 0,00	Pending 6,503.95	Closing Balance (11,952,74)
36-3664-0000-62119 36-3664-0000 36-3664-0000	OTHER SERVICES	P1300576 P1303924	12/20/2013 12/18/2013	COUNTRY NURSES WISCONSIN COUNCIL (ON CHILDREN	472.00 10,095.00
YOUTH SERVICES	Budget 20,000.00		YTD Exp 15,901.50	YTD Enc 0.00	Pending 10,567,00	Vanifu (only Closing Balance (6,468.50)
36-3664-0000-62400 36-3664-0000	R & M SERV	P1300570	10/24/2013	BANDT COMMUNICATION	ONS INC	420.00
YOUTH SERVICES	Budget 5,100.00		YTD Exp 4,177.43	YTD Enc 0.00	Pending 420,00	Closing Balance 502.57
36-3664-0000-63400 36-3664-0000 36-3664-0000	OPERATING SUPP	LI P1300574 P1300577	12/27/2013 12/26/2013	BOB BARKER COMPAN DE VERE COMPANY IN	,	159.13 188.28
YOUTH SERVICES	Budget 32,145.00		YTD Exp 27,276.28	YTD Enc 33.40	Pending 347,41	Closing Balance 4,487.91
36-3664-0000-67200 36-3664-0000	CAPITAL IMPROV	P1303926	12/10/2013	CGC INC		3,418.00

COMMITTEE: SS - HUMAN SERVICES

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COMMITTEE APPROVAL REPORT

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
YOUTH SERVICES	Budget 75,000.00		YTD Exp 94,969.50	YTD Enc 5,575.00	Pending 3,418,00	Transturiona Closing Balance (28,962.50)
36-3683-0000-64604 36-3683-0000	PROGRAM EXPEN	SE P1300578	11/26/2013	E AND D WATER WORKS INC	;	18,00
ADRC	Budget 0.00		YTD Exp 0,00	YTD Enc 0.00	Pending 18.00	Closing Balance (18,00)
36-3689-0000-62119 36-3689-1226	OTHER SERVICES	P1303945	12/31/2013	ST ELIZABETH MANOR		8,937.18
CRISIS	Budget 1,396,908.00	1,	YTD Exp 279,192.70	YTD Enc 187,458.26	Pending 8,937.18	Closing Balance (78,680.14)
36-3689-0000-64604 36-3689-0000 36-3689-0002 36-3689-0004 36-3689-0004	PROGRAM EXPEN:	SE P1303943	12/31/2013 12/19/2013 12/31/2013 12/18/2013	KEALEY PHARMACY SRB PROPERTY MANAGEME KEALEY PHARMACY HOMECARE PHARMACY LLC		93.75 150.00 131.75 227.40 Yearns ody by low
CRISIS	Budget 250,000.00	:	YTD Exp 213,201.02	YTD Enc 71,265.18	Pending 602,90	Closing Balance (35,069.10)
36-3690-0000-62119 36-3690-0000	OTHER SERVICES	P1300594	12/20/2013	SAFEWAY PEST CONTROL		11.55
OUTPATIENT SER	Budget 66,024.00		YTD Exp 66,055.84	YTD Enc 0,00	Pending 11.55	Closing Balance (43.39)
36-3690-0000-62170 36-3690-0000	PHYSICIAN/OTHER	P1303947	11/30/2013	COMMUNITY HEALTH SYSTE	EMS INC	125,00
OUTPATIENT SER	Budget 130,920.00		YTD Exp 122,757.87	YTD Enc 125.00	Pending 125.00	Closing Balance 7,912.13
36-3690-0000-62503 36-3690-0000	INTERPRETER FEE	ES P1300598	06/14/2013	SWITS LTD		30.00
OUTPATIENT SER	Budget 7,000.00		YTD Exp 3,005.00	YTD Enc 0,00	Pending 30,00	Closing Balance 3,965.00
36-3694-0000-62119 36-3694-0000	OTHER SERVICES	P1303883	12/12/2013	PARTNERS IN PREVENTION		3,850.72
AODA INNER CITY	Budget 46,500.00		YTD Exp 27,281.04	YTD Enc 0.00	Pending 3,850.72	-
36-3706-0000-62119 36-3706-0000	OTHER SERVICES	P1300594	12/20/2013 YTD Exp	SAFEWAY PEST CONTROL YTD Enc	Pending	23,45 Tousto comins Closing Balance
CSP	Budget 11,066.00		22,904.39	0,00	23.45	-
36-3706-0000-62400 36-3706-0000	R & M SERV	P1300569	11/14/2013	AARONS LOCK AND SAFE IN	IC	55.00
COMMITTEE: SQ - HIIN	AAN SEDVICES					Page: 3

COMMITTEE; SS - HUMAN SERVICES

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COMMITTEE APPROVAL REPORT

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Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-3706-0000		P1303944	12/09/2013	BELOIT FIRE PROTECTION	COMPANY	40.00
CSP	Budget 1,487.00		YTD Exp 1,000.00	YTD Enc 0.00	Pending 95.00	Closing Balance 392,00
36-3706-0000-63300 36-3706-0000	TRAVEL	,	11/26/2013	LACEY,ASHLEY		76.28 Locas bo como no
CSP	Budget 80,200.00		YTD Exp 90,562.65	YTD Enc 0.00	Pending 76,28	Closing Balance (10,438.93)
36-3730-0000-62119 36-3730-0000	OTHER SERVICES	P1300594	12/20/2013	SAFEWAY PEST CONTROL		38.00
JOB CENTER	Budget 99,672.00		YTD Exp 94,618.45	YTD Enc 0.00	Pending 38.00	Closing Balance 5,015.55
36-3730-0000-62400 36-3730-0000 36-3730-0000	R & M SERV	P1300588 P1300600	12/30/2013 12/17/2013	MENARDS TRI COR MECHANICAL INC		23.96 1,806.00
JOB CENTER	Budget 71,297.00		YTD Exp 52,986.01	YTD Enc 1,806.00	Pending 1,829.96	Closing Balance 14,675.03

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

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

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

Date:	Dept Head	
	Committee Chair	

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COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-3602-0000-63100 36-3602-0000	OFC SUPP & EXP	P1400629	01/01/2014	E AND D WATER WORK	KS INC	24.00
OVERHEAD	Budget 85,500.00		YTD Exp 0,00	YTD Enc 40,000.00	Pending 24.00	Closing Balance 45,476.00
36-3634-0000-64200 36-3634-0000 36-3634-0000 36-3634-0000	TRAINING EXP	P1400722 P1400724 P1400725	01/01/2014 01/03/2014 01/03/2014	UNIVERSITY OF WISCO KALAHARI RESORT CO WISCONSIN JUVENILE	DNVENTION CEN	6,976.00 258.00 120.00
CPS	Budget 17,736.00		YTD Exp 0.00	YTD Enc 660.00	Pending 7,354.00	Closing Balance 9,722.00
36-3637-0000-64200 36-3637-0000 36-3637-0000	TRAINING EXP	P1400672 P1400763	01/07/2014 01/08/2014	UNIVERSITY OF WISCO	ONSIN EXTENS	200,00 210,00
HOME VISITATION	Budget 1,000,00		YTD Exp 0.00	YTD Enc 0.00	Pending 410.00	Closing Balance 590.00
36-3646-0000-64200 36-3646-0000	TRAINING EXP	P1400762	01/08/2014	JEFFERSON STREET I	NN	109.00
JUVENILE JUSTICE	Budget 2,895.00		YTD Exp 0.00	YTD Enc 0.00	Pending 109.00	Closing Balance 2,786.00
36-3646-0000-64604 36-3646-5016 36-3646-5016	PROGRAM EXPEN	SE P1400666 P1400779	01/07/2014 01/09/2014	MENARDS JANESVILLE JETS HOO	CKEY CLUB	54.84 50.00
JUVENILE JUSTICE	Budget 8,450.00		YTD Exp 0.00	YTD Enc 0.00	Pending 104,84	Closing Balance 8,345.16
36-3689-0000-64604 36-3689-0002 36-3689-0004	PROGRAM EXPEN	ISE	01/02/2014 01/02/2014	SRB PROPERTY MANA KEALEY PHARMACY	AGEMENT LLC	200.00 15.95
CRISIS	Budget 306,325.00		YTD Exp (718.00)	YTD Enc 0.00	Pending 215.95	Closing Balance 306,827,05
36-3713-0000-64604 36-3713-2014	PROGRAM EXPEN	ISE ,	01/02/2014	RED ROAD HOUSE INC	2	450.00
SHELTER PLUS	Bud get 8,100.00		YTD Exp 0.00	YTD Enc 0,00	Pending 450,00	Closing Balance 7,650.00
36-3730-0000-62400 36-3730-0000 36-3730-0000	R & M SERV	P1400666 P1400768	01/03/2014 01/01/2014	MENARDS PER MAR SECURITY S	ERVICES	40.27 571.20
JOB CENTER	Budget 73,422,00		YTD Exp 0.00	YTD Enc 40,373.45	Pending 611.47	Closing Balance 32,437.08

COMMITTEE: SS - HUMAN SERVICES

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COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
Claims covering the A. Bills and encumb B. Bills under \$10,0	orances over \$10,000	have beer referred to	previously fur the Finance C	nded. These items are to be trea ommittee and County Board.	ited as follows:
Date:		D	ept Head		
		Commit	tee Chair		



COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1303955	12/31/2013	PACKAGE PRO EXPRESS D	ELIVERY I	2,957.69 transtrianing
OVERHEAD	Budget 35,990.00		YTD Exp 35,649.64	YTD Enc 10,649.52	Pending 2,957.69	Closing Balance (13,266.85)
36-3634-0000-64604 36-3634-5013	PROGRAM EXPENS	E	12/31/2013	SENTRY FOOD STORE		497,30
CPS	Budget 95,922.00		YTD Exp 52,737.33	YTD Enc 6,423.58	Pending 497.30	Closing Balance 36,263.79
36-3641-0000-64604 36-3641-5014	PROGRAM EXPENS	E	12/31/2013	SENTRY FOOD STORE		198.36 Lando-comeny
BRIGHTER FUTURES	Budget 294,864.00		YTD Exp 268,481.63	YTD Enc 33,789.05	Pending 198,36	Closing Balance (7,605.04)
36-3646-0000-64604 36-3646-0000	PROGRAM EXPENS	ΒE	12/31/2013	DAVIS CITGO SERVICE INC		25.00
JUVENILE JUSTICE	Budget 21,950.00		YTD Exp 18,526.05	YTD Enc 6,789.04	Pending 25.00	Closing Balance (3,390.09)

I have examined the preceding bills and encumbrances in the total amount of \$3,678.35 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.

B. Bills under \$10,000 to be paid.

C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date:	Dept Head
	Committee Chair



COMMITTEE APPROVAL REPORT

01/16/2014

Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
00-0000-0000-25233	HUM SER SUB CARE					
00-0000-0010			01/01/2014	CHAMBERLAIN, GARY		617.00
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0,00		(1,234.00)	0.00	617.00	617.00

I have examined the preceding bills and encumbrances in the total amount of \$617.00 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

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

Date:	Dept Head	
	Committee Chair	

COMMITTEE APPROVAL REPORT

01/16	/2014
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Account Number	Account Name	PO#	Inv Date	Vendor Name		Inv/Enc Amt
36-3634-0000-64604 36-3634-5014	PROGRAM EXPENSE		01/01/2014	JANKE,SANDRA		475.00
CPS	Budget 105,922.00		YTD Exp 0,00	YTD Enc 38,750.00	Pending 475.00	Closing Balance 66,697.00
36-3641-0000-64604 36-3641-5015	PROGRAM EXPENSE		01/01/2014	DONAHUE,RICHARD		1,500.00
BRIGHTER FUTURES	Budget 297,969.00	•	YTD Exp 0.00	YTD Enc 200,356.00	Pending 1,500.00	Closing Balance 96,113.00

I have examined the preceding bills and encumbrances in the total amount of \$1,975.00 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

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

Date:	Dept Head
	Committee Chair

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

HSD MANAGEMENT TEAM MEETING – January 7, 2014

Meeting Canceled

HSD MANAGEMENT TEAM MEETING - January 14, 2014

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

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

INFORMATION ITEMS

HSD Board Agenda