

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 8, 2012 – 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 25, 2012 \*
- 4. Citizen Participation
- 5. Approval of Contracts, Transfers, and/or Encumbrances \* Ms. Mooren
- 6. Approval of Bills Mr. Zuehlke
- 7. Overview/Update on Interim Assistance Ms. Klyve and Mr. Boutwell
- 8. Director's Report \*
  - W2 / ES Caseload
- 9. Committee Requests for Future Agenda Items
- 10. Next meeting: Wednesday, February 22, 2012 at 4:30 p.m. at the Rock County Health Care Center, 3<sup>rd</sup> Floor Conference Room, in Janesville, Wisconsin.
- 11. Adjourn

Rock County - Production 01/27/12

COMMITTEE APPROVAL REPORT

Page 1

Account Number	Name App	Yearly Pro propriation Spe		YTD enditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Tota1
3636370000-62119 ENC 3636370000 ENC 3636370000 ENC 3636370000	R1201000- R1201001-	0.00 100 -PO# 01/26/12 - -PO# 01/26/12 - -PO# 01/26/12 -	VN#05174 VN#03450		F REGENTS	0.00 EHENSIVE FA OCIETY	57.468.00 48.397.00 97.845.00	203,710.00
*** OVERDRAFT ***				CLOSING BALANC	E	-203,710.00		
3637300000-62119 ENC 3637300000	OTHER SERVICES R1201012-	100,744.00 46 PO# 01/26/12 -	.7% VN#03251!	0.0 9 SOUTHWE	47.076.62 ST WISCONSIN	53,667.38 WORKFORCE	47,000,00	47,000.00
				CLOSING BALANC	E	6,667.38		
		JOB CENTER	•	PROG~TOTAL-PO			250,710.00	
I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$250,710.00 INCURRED BY JOB CENTER. 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 COUNTY BOARD. B. BILLS UNDER \$10,000 TO BE PAID. C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD. HUMAN SERVICES  COMMITTEE APPROVES THE ABOVE. COM-APPROVAL  DEPT-HEAD								

DATE

\_\_\_\_\_\_CHAIR

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.

12-100 New Contract: ⊠ (Check box if yes)	or,				or,			_
Amendment to 6				t#		Addendum to	Contract #	-
Human Service Originating D		<del></del>			Mooren ct Person		x8431 Phone	_
Contract with: (Name of entity)	ANU FAMILY	SERVIC	ES, INC	•				
Contract Period:	Start Date: _	1/1/20	012	uma	Expir	ation Date:	12/31/20	12
Contract Amount: \$	Rate x Number of	approve	d clients					
<u>SERVICE</u> Foster Care Admin.	(Level III)	<u>RATE</u> \$1,931	<u>≡</u> 1.42	<u>UNIT</u> Month	<u>CHANGE</u> +2%	FROM PRIO	R YEAR	
Foster Care Admin.	(Level IV)	\$1,931	1.42	Month	-13%	ı		
Expenditure/ Revenu		36-3	654 <b>-0</b> 00	0-64604	1 Juvenile	Justice Servi	vices – Substit ices – Substit	ute Care
Executive Summary:								
providers. The numb								<u>of</u>
each contract. The S	State rather than th	e Count	y now ne	gotiates	the rates with	each agency	based on a	
universal standard.								
Treatment Families a								ļ
and behavioral challe							disabilities	
The 2012 County Ad		ides the	ionowing	·				
391,563 <u>1,842,764</u>	<u>Services:</u> Foster homes II-V Group homes Residential Care C Total	enters			Juvenile Justi \$241,310 \$255,334 \$979,472 \$1,478,756	Foster hom Group hom Residential		
Were Bids or	· Quotations Solici	ed?		/es		⊠ No		
Covered by S	State Contract?			Yes		⊠ No		
State Contra	ct #							
Contract will	be signed by:		County	Board C	hair			
		$\boxtimes$	Other?	Who? _	Chair, Huma	n Services Bo	ard	

NEW E 12-100 AMENDMENT	*O:	ADDENDUM TO:
ADMINISTRATION CONTRACT REVIE	W	NO. SS1465
	Services and Juvenile J	u Family Services Inc. for Substitute Car Justice Services, for period of 1/1/12 - Lents.
Corporation Counsel has reviewed this Document and finds it to be proper as to Signature  Signature  A Mullis  Purchasing Manager	form. $\frac{1/30/12}{1/30/12}$ Date $\frac{50}{1/30/12}$	Fiscal Impact & Source of Funds:  1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
No Central Purchasing Involvement	at De	archasing Procedure Followed
White - General Services	ellow - Issuing Dept.	Pink - County Clerk

garage and a minimage are an open graph of the state of the specific of the state o

<u>Instructions:</u> 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.

12-082 New Contract: 🔯 (Check box if yes)	or,	ndment to	Contract #	or,	Addendum to Contra	ant #
		idinion (o				
Human Services   Originating Dep		<del></del>	*	ntact Person	x8431 Phon	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (101)	
Contract with:(Name of entity)	Carmelite Ho	me, Inc.		****		- / N. WARA
Contract Period:	Start Date:	1/1/20	12	Expira	ation Date:1	2/31/2012
Contract Amount: \$ F	Rate x Number	of approv	ed clients			
SERVICE Residential Care Cente	r	<u>RATE</u> \$318.1		<u>CHANGE</u> -9%	FROM PRIOR YEAR	3
Expenditure/ Revenue	Account Number	ers: <u>36-3</u>	638-0000-64	604 Child Pro	tective Services –	Substitute Care
		36-36	<u>554-0000-64</u>	504 Juvenile 3	lustice Services – S	<u>Substitute Care</u>
Executive Summary:_ providers. The number contract. The State rat	of children app	roved for	placement at o	each facility will de	etermine the actual a	mount of each
standard.						
Carmelite Home serves	boys who are	mildly or r	noderately ED	and/or mentally o	<u>disabled. Also serve</u>	<u>≀many</u>
<u>delinguent boys.</u>						
The 2012 County Adopt	ed Budget incl	udes the t	following funds	s for substitute car	<u>'e:</u>	
Child Protective Se 1,928,255 Fo 391,563 Gro 1,842,764 Re \$4,162,582 To	ster homes II-V oup homes sidential Care (			<u>Juveníle Justic</u> \$241,310 \$255,334 <u>\$979,472</u> \$1,478,756	e Services: Foster homes If-V Group homes Residential Care C Total	Centers
Were Bids or Q	uotations Solic	ited?	☐ Yes		⊠ No	
Covered by Sta	te Contract?		Yes	[	⊠ No	
State Contract	#					
Contract will be	signed by:		County Board	d Chair		
		$\boxtimes$	Other? Who	? Chair, Human	Services Board	ua.

NEW 🖾 12-083 AMENDMENT TO:	and the state of t	ADDENDUM TO:	
ADMINISTRATION CONTRACT REVIEW		NO. <u>\$\$1463</u>	
Contract between Rock Co. Human S	ervices Dept. and Ca	rmalite Home Inc f	for Substitute Care
provider for Child Protective Ser 12/31/12. Contract Amount: Rate	vices and Juvenile J	natica Sarvicas fo	or period of 1/1/12 -
Comporation Counsel has reviewed this		iscal Impact & Source of	Funds:
Document and finds it to be proper, as to form.	30/12 Su	ffunt fo	reling ayarlelit
Signature O Millis	30/12 /	1. Cli	12 Budget 1-39-12
Purchasing Manager	Date Finance	Director	Date
No Central Purchasing Involvement	□ Pur	rchasing Procedure Fo	ollowed
White - General Services	ellow - Issuing Dept,	Pink - Č	County Clerk

.. ------

<u>Instructions:</u> 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.

12-102							
New Contract: X (Check box if yes)	or,		······	or,			
(Check box ii yes)		Amendment to Contract#		et#		Addendum to Con	tract#
Human Servic		ent		Sara M	looren	x84:	31
Orlginating [	epartment		•	Contact	Person	Pho	
Contract with:(Name of entity)	FAMILY	& CHILDRE	N'S CEN	TER, INC.	<u> </u>		- Company
Contract Period:	Start Da	te: <u>1/1/2</u>	2012	<del></del>	Expir	ation Date:	12/31/2012
Contract Amount: \$	Rate x Num	ber of approv	ed clients				
<u>SERVICE</u> Residential Care Ce Group Home Foster Care Adminis	nter	RAT \$312 \$192 \$1,93	<u>`E</u> .53 .10	<u>UNIT</u> Day Day Month	<u>CHANGE</u> +5% 0% -7%	FROM PRIOR YE	<u>AR</u>
Expenditure/ Revent	ie Account N	lumbers: <u>36</u> -	-3638-00	00-64604	Child Pro	otective Services	- Substitute Care
		<u> 36-</u> :	3654-000	0-64604	Juvenile .	Justice Services -	- Substitute Care
Executive Summary providers. The numb contract. The State standard.  Family & Children's (	er of childrer rather than th	n approved fo ne County no	r placeme w negotia	ent at each tes the rate	facility will d	etermine the actual agency based on a	amount of each universal
placement. Offer 30					omidien. Fit	ovide tratisportation	I to & Irom
The 2012 County Ad					substitute ca	re:	
Child Protective 1,928,255	<u>Services</u> : Foster home Group home Residential (	s II-V s			<u>venile Justic</u> \$241,310 \$255,334	ce Services: Foster homes II- Group homes Residential Care	
Were Bids or	Quotations	Solicited?		/es		⊠ No	
Covered by S	State Contrac	ct?		Yes		⊠ No	
State Contra	ct #						
Contract will	be signed by	r: 🗆	County	Board Cha	ilr		
		$\boxtimes$	Other? 1.01	Who?C	chair, Humar	Services Board	enezas.

NEW 3 12-102 AMENDMENT TO:	ADDENDUM TO:
ADMINISTRATION CONTRACT REVIEW	NO. <u>\$\$1467</u>
Contract between Rock Co. Human Services I Substitute Care Provider for Child Protect of 1/1/12 - 12/31/12. Contract Amount: Re	lept. and Family & Children's Center Inc. for tive Services and Juvenile Justice Services for periodic x no. of approved clients.
Corporation Counsel has reviewed this Document and finds it to be proper, as to form.  Signature  Date  Purchasing Manager  Date	Total Fiscal Impact & Source of Funds:  In HDD'S 2012 Burly +  Finance Director Date
No Central Purchasing Involvement	☐ Purchasing Procedure Followed
White - General Services ellow - 1	ssuing Dept. Pink - County Clerk

•

•

•

•

nstructions: Departments a contract to General Service on the Contract Review Pro	es. Review the					
12-003 ☐ New Contract: or,			W.C			
New Contract: Or, check box if yes)	Amendment to	Contract #	or,	Addendu	m to Contract	#
Shock Box ii yooy	7 Wilding Inc.	001,1120,11		110001100		"
Human Services		Sara M	ooron		X8431	
Originating Department			ct Person	-	Phone	
Contract with: Five Star C Name of entity)	Quality Care - NS	Operator, LLC	Huntington	Place		
Contract Period: Start D	ate: 01/01/12	Ex	piration Dat	e: <u>12/31/13</u>		
Contract Amount: Rate x nul	mber of appro	ved clients				
Service	Rate	% Increase/De	ecr <del>e</del> ase			
CBRF- Regular Care	\$4,324.00	+1.7%				
CBRF- High Need Care	\$4,824.00	+1.6%				
CONTROL TIGHT TOOL COTO	1 41/02 1100	111070			•• •	6
Expenditure/ Revenue Account i 36-3666-0000-6460	**	e 9-digit object o n Support	codes):			
36-3668-0000-6460	4 Communi	ty Options Pi	ogram (C	OP)		
36-3674-0000-6460	4 COP Wai	ver				
36-3678-0000-6460- 36-3706-0000-6460-		ty Integration ty Support P	•	•		
Executive Summary: Rock County Human Servicior Community Based Resion Nock County clients the facilities standard rate to Division and the provider.	dential Facility may choose f hat has been	/ (CBRF) ser or such servi negotiated b	vices. Thi ces. The y the Hum	is is one o rates outli an Servic	f several pro ned above r es Long Ter	oviders fro eflect m Suppor
Were Bids or Quotations	s Solicited?	Yes		⊠ No	)	
Covered by State Contra	act?	Yes		⊠ No	5	
State Contract #		)				
Contract will be signed t	ру: 🔲 Со	ounty Board Cha	air			
	⊠ o	ther <u>HSD Boa</u>	d Chair 2/0	8/12		

NEW E 12-003 AMENDMENT TO		ADDENDUM TO	D:	
ADMINISTRATION CONTRACT REVIEW		NO. <u>88146</u>		
Contract between Rock Co. Human			ty Care for Community Base	:d
Residential Facility Services fo - Contract Amount: Rate x no of ap	r period of 1/1/12 - 12 proved cidents.	2/31/13.		
Oprporation Counsel has reviewed this	w.,	cal Impact & So	- 1	
Document and finds it to be proper, as to for	m. /2 / 5 Sun f	·f _ , _ +	furling overlibe	
July D. Kughter	//39//2-	143,015	bulnt.	
Signature	Date	0		
1 Jule Millia	1/30/12 21/		/ 30 /2 Date	
Furchasing Manager	Date Finance I	Imector	pate	
No Central Purchasing Involvement	☐ Puro	hasing Proced	lure Followed	
White - General Services	ellow - Issuing Dept.		Pink - County Clerk	

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.

New Contract: 11-125 or,		or,		
(check box if yes) Amendme	ent to Contract #		Addendum to Contract#	
Human Services Originating Department		ara Mooren entact Persor	X8431 1 Phone	
Contract with: Genesis Behavioral Se (Name of entity)	ervices, Inc.			
Contract Period: Start Date: 01/01/	<u>111</u>	Expiration D	Date: 12/31/12	
Contract Amount: \$ Based upon the num	<u>ber of referrals, tir</u>	mes the cont	racted rate	
Expenditure/ Revenue Account Numbers: (provide 9-digit object codes)				
Service Medically Monitored Residential I	Rate Detox \$319	<u>Unit</u> Day	%increase/decrease New Contract	
36-3686-0000-62119 Detox	Services			
Executive Summary:				
Rock County Human Services Depar provision of alcohol detoxification ser is one of those providers. Funds for t budgets. No additional County funds	vices for Coun this service are	ty clients u	Genesis Rehavioral Continue Inc.	)
W 🗵 11-125 AMENDMENT TO:		IDA	DENDUM TO:	Mangaren artean de Steden Agrilla (1922-1922)
MINISTRATION CONTRACT REVIEW		NO.	<u>881460</u>	
ntract between Rock Co. Human Services for period of 1/1/11 - 12/2 ntract Amount: Rate x no of approv	31/12.	nd Genesi	s Bahavioral Sarvices Inc. for	: Deto
poration Counsel has reviewed this fument and finds it to be proper as to form.  When I have the second of the sec	30/12 Date 0/12	Total Fiscal I	Impact & Source of Funds:  Locat funding 18  Loc	
No Central Purchasing Involvement		☐ Purchas	sing Procedure Followed	
ite - General Services	əllow - Issuing De	ept.	Pink - County Clerk	

<u>Instructions:</u> 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,

12-086 New Contract; ⊠	or,			or,		
(Check box if yes)		Amendme	ent to Contract#		Addendum to Contra	act#
Human Services Originating Dep				ara Mooren ntact Person	<u>x8431</u> Phon	
Contract with: (Name of entity)	LAKE	VIEW SPEC	CIALTY HOSPITAL	AND REHAB	19 <del>1, - 1</del> 1119 11	
Contract Period:	Start E	Date:1	/1/2012	Expirat	tion Date:1	2/31/2012
Contract Amount: \$ 8	Rate x N	lumber of ap	oproved clients			
SERVICE Residential Care Cente	r	<u>RATE</u> \$467.25	<u>UNIT</u> Day	CHANGE FROM +6%	PRIOR YEAR	
Expenditure/ Revenue	Accoun	t Numbers:	36-3638-0000-6	4604 Child Pro	tective Services –	Substitute Care
		ال ا	<u>36-3654-0000-64</u>	604 Juvenile J	ustice Services - :	Substitute Care
Executive Summary:_ providers. The number contract. The State rat standard.  Lakeview specializes in behavior management; The 2012 County Adopt Child Protective Se 1,928,255 Fo 391,563 Gr 1,842,764 Re \$4,162,582 To	of child her than workin early a sted Buc ervices: ster hor roup hor	ren approven the County of with medicutism, spec- liget include: mes II-V mes	d for placement at now negotiates the cally needy and frach therapy, OT and sthe following fund	each facility will de le rates with each a gile children; brain d PT while in schoo ds for substitute car Juvenile Justic \$241,310	termine the actual and injuries, rehab and injuries, rehab and injuries.  Experies:  Services:  Foster homes II-V Group homes	amount of each universal related
NEW 🖫 12-086	AMEN	DMENT TO	1	ADDE	NDUM TO:	The state of the s
ADMINISTRATION CO					851464	
Contract between B Substitute care prof 1/1/12 - 12/31/	ovider	r for Chi	ld Protective	Services and '	Paramandla Inable	oital and Rehab for ce Services for period
Corporation Counsel has Document and finds it to Signature  Signature  Purchasing Manager	s review	ed this		Total Fiscal Imp	oact & Source of Fundament	s available
No Central Purcha	sina In	valvement		□ Purchaein/	n Procedure Falle	wod

### ROCK COUNTY HUMAN SERVICES DEPARTMENT DIRECTOR'S REPORT Wednesday, February 8, 2012

### HSD MANAGEMENT TEAM MEETING - January 24, 2012

Meeting Cancelled

#### HSD MANAGEMENT TEAM MEETING - January 31, 2012

CALL TO ORDER

**AGENDA ADDITIONS** 

MINUTE MODIFICATIONS

**DIVISION MANAGER CHECK-IN** 

**ASSIGNMENTS** 

### ISSUES FOR DISCUSSION AND RESOLUTION

- Budget
- Workgroup Updates
- · Praise and Recognition
- Division and Dept. Goals/Priorities
- Annual Report
- HSD Work Rules
- CPS Substantiation Appeals

#### **INFORMATION ITEMS**

HSD Board Agenda

MEETING WRAP-UP