

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 25, 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 11, 2012 *
- 4. Citizen Participation
- 5. Approval of Contracts, Transfers, and/or Encumbrances * -- Ms. Mooren
- 6. Approval of Bills Mr. Zuehlke
- 7. Holiday Committee Update Ms. Day
- 8. Resolution Amending the 2011 Human Services Department Budget to Accept Additional Funding for the Wisconsin Works (W-2) Program *-Ms. Mooren
- Resolution Authorizing 2012 Southern Income Maintenance Consortium Contract and Addenda to the Southern Consortium Contract and Amending the 2012 Human Services Department Budget * - Ms. Klyve and Mr. Boutwell
- 10. Director's Report *
 - W2 / ES Caseload
 - Semi-Annual Report on Conventions/Conferences
- 11. Committee Requests for Future Agenda Items
- 12. Next meeting: Wednesday, February 8, 2012 at 4:30 p.m. at the Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.
- 13. 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,

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. 12-011 New Contract: or. or. (check box if yes) Amendment to Contract # Addendum to Contract# **Human Services** Sara Mooren X8431 Originating Department Contact Person Phone Contract with: Alternative Home Care, Inc. (Name of entity) Contract Period: Start Date: 01/01/12 Expiration Date: 12/31/13 Contract Amount: Rate x number of approved clients Service Rate Unit % Increase/Decrease Supportive Home Care \$18.00 Hour 20.00% 1000105 Expenditure/ Revenue Account Numbers (provide 9-digit object codes): 36-3666-0000-64604 Long Term Support 36-3668-0000-64604 Community Options Program (COP) 36-3674-0000-64604 COP Waiver 36-3678-0000-64604 Community Integration Program (CIP-II) 36-3706-0000-64604 Community Support Program (CSP) Executive Summary: Rock County Human Services Department has developed contracts with several providers For supportive home care services. This is one of several providers from which Rock County clients may choose for such services. ADDENDUM TO: AMENDMENT TO: NEW SS 1408 NO. ADMINISTRATION CONTRACT REVIEW Between RC Human Services and Alternative Home Care Inc. for supportive home care. Cost: Rate times number of clients 1/1/2012 - 12/31/2013Total Fiscal Impact & Source of Funds: Corporation.Counsel has reviewed this Document and finds It to be proper, as to form. Date Signature

No Central Purchasing Involvement

Purchasing Procedure Followed

ellow - Issuing Dept.

Date

Pink - County Clerk

Date

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.

12-075 New Contract: ⊠ (Check box if yes)	or, Amen	dment to	Contract #	or,	Addendum to	Contract#
Human Services	Denartment		Sara	ı Mooren		V0/104
Originating De				ict Person	_	x8431 Phone
Contract with: (Name of entity)	BEGINNING	GS GR	OUP FOSTER	HOME, INC.	,	
Contract Period:	Start Date: _	1/1/20	012	Expira	tion Date:	12/31/2012
Contract Amount: \$ R	ate x Number of	approve	d clients			
SERVICE		RATE	<u>UNIT</u>	CHANGE	FROM PRIO	R YEAR
Group Ho	me	\$187.2	22 Day	0%		
Respite C	are	\$139.0	00 Day	0%		
Expenditure/ Revenue Account Numbers: 36-3638-0000-64604						
Executive Summary:						
providers. The number	of children appr	oved for	placement at ea	ch facility will de	termine the a	octual amount
of each contract. The	State rather than	the Cou	unty now negotial	tes the rates wit	<u>n each agend</u>	y based on a
universal standard. Be		al group	home that speci	alizes in serving	youth with m	<u>rental health</u>
and behavioral disorde	•					
The 2012 County Ado	oted Budget Inclu	<u>ides the</u>	following funds f	or substitute car	<u>θ;</u>	
391,563 G <u>1,842,764</u> R	ervices: oster homes II-V roup homes esidential Care C otal	enters		Juvenile Justic \$241,310 \$255,334 \$979,472 \$1,478,756	Foster home	
Were Blds or 0	Quotations Solici	ted?	Yes	Ē	⊠ No	
Covered by St	ate Contract?		☐ Yes		⊠ No	
State Contract	#		•			
Contract will be	e signed by:		County Board C	Chair		
		\boxtimes	Other? Who?	Chair, Human	Services Boa	ard

1430144 PER 1411 1421 PER 1411 1421	harmonia de la constanta de la	MODERIO!
ADMINISTRATION CONTRACT REVIEW Between RC Ruman Services and	Beginnings Group	NO. SS 1406 Proster Home Inc. for substitute care.
1/1/2012 - 12/31/2012		Cost: Rate X Number of Clients
Signature Purchasing Manager	n. //2//2 Date	Total Fiscal Impact & Source of Funds: Sufficient funds are available MSD'S 2012 below Finance Director Date
No Central Purchasing Involvement		Purchasing Procedure Followed
White - General Services	:'ellow - Issuing Dep	ot. 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.

12-076 New Contract: ⊠ (Check box if yes)	or,	·		or,	
(Onock box ii you)	Amer	idment to	Contract #		Addendum to Contract#
Human Service Originating I	es Department	,		ara Mooren	x8431
Originating t	Jepan mem		Co	ntact Person	Phone
Contract with: (Name of entity)	Choices to C	hange			
Contract Period:	Start Date: _	1/1/20	12	Ехрі	ration Date: <u>12/31/2012</u>
Contract Amount: \$	Rate x Number of	approve	d clients		
<u>SERVICE</u> Group Home		<u>RATE</u> \$192.1			FROM PRIOR YEAR
Expenditure/ Reven	ue Account Numbe	ors: <u>36-3</u>	638-0000-6	1604 Child Pr	otective Services — Substitute Care
		36-36	554-0000-64	604 Juvenile	<u> Justice Services – Substituțe Care</u>
providers. The numb	<u>er of children appr</u>	oved for	placement at	each facility will c	with several substitute care etermine the actual amount
universal standard.	<u>16 State rather tha</u>	n the Cou	inty now nego	otlates the rates w	rith each agency based on a
·	llent reputation, ef	fective wi	th behavioral	issues use corre	ctive thinking methodology.
The 2012 County Ad					
391,563 <u>1,842,764</u>	<u>Services</u> : Foster homes II-V Group homes Residential Care O Total	enters		<u>Juvenile Justi</u> \$241,310 \$255,334 <u>\$979,472</u> \$1,478,756	Foster homes II-V Group homes Residential Care Centers
Were Bids or	Quotations Solicit	ed?	Yes		⊠ No
Covered by 8	State Contract?		☐ Yes		⊠ No
State Contra	ct #				
Contract will	be signed by:		County Board	d Chair	
		\boxtimes	Other? Who	? Chair, Humai	n Services Board

NEW 🕱 AMENDMENT TO: _		ADDENDUM TO:
ADMINISTRATION CONTRACT REVIEW		NO. <u>SS 1414</u>
Between RC Human Services and C	hoices to Chan	ge for abstitute care.
1/1/2012 - 12/31/2012		Cost: Rate X Number of Clients
Corporation Counsel has reviewed this Dodument and finds it to be proper, as to form.	12/12	Sufficient funds are available
Signature (Spaid Millis 1/12/12	Date	MC 1/3:12
Purchasing Manager	Date	Finance Director Date
No Central Purchasing Involvement		☐ Purchasing Procedure Followed
White - General Services	fellow - Issuing De	ept. Pink - County Clerk
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Addendum to Contract #

Contract Review Cover Sheet

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.

Amendment to Contract #

or,

New Contract: 12-052

Human Service	9\$	Sara Mooren	<u>X8431</u>
Originatin	g Department	Contact Person	Phone
Contract with:	Crossroads Mental Healti	<u> Services, Inc.</u>	
Contract Period:	Start Date: 01/01/12	Expiration Date	: 12/31/12
Contract Amount	: AODA Outpatient Treatment Times the contracted rates.	is based upon the number of	referrals
	Individual Counseling \$30	Rates: ,00/Hour ,00/Hour ,,00/Each	NC)
Expenditure/ Rev (provide 9-digit o	renue Account Numbers: bject codes)		
	0-0000-62119 AODA 4-0000-62119 Intoxica	Block Grant <i>-</i> Other Con Ited Driver Program <i>-</i> Ot	tracted Services ther Contracted Services
Intoxicated Dr	ervices Department's Ad iver Program (IDP) funds v providers available for	s to purchase AODA trea eligible clients to choose	from. AODA treatment services
established if	within the limits of availat necessary	ole Federal, State, and I	OP revenues. Walting lists are
established if	necessary.	ble Federal, State, and IL	op revenues. Waning lists are
established if	within the limits of available necessary. AMENDMENT TO:	ole Federal, State, and IL	DENDUM TO:
established if NEW ADMINISTRATION	AMENDMENT TO:	ole Federal, State, and IL ADD NO.	DENDUM TO: SS 1415
established if NEW ADMINISTRATION Between RC 1	AMENDMENT TO: CONTRACT REVIEW duman Services and Cro	ADE NO. BSTOAGS Mental Health	DENDUM TO: SS 1415 Services Inc. for AODA services.
established if NEW ADMINISTRATION	AMENDMENT TO: CONTRACT REVIEW duman Services and Cro	ADE NO. BSTOAGS Mental Health	DENDUM TO: SS 1415
established if NEW ADMINISTRATION Between RC I 1/1/2012 - 1 Gorporation Counse	AMENDMENT TO: CONTRACT REVIEW luman Services and Cro	ADD NO. Baroada Mental Health	DENDUM TO: SS 1415 Services Inc. for AODA services.
established if NEW ADMINISTRATION Between RC I 1/1/2012 - 1 Gorporation Counse	AMENDMENT TO: CONTRACT REVIEW tuman Services and Cross 12/31/2012	ADE Servade Mental Health Total Fiscal II	DENDUM TO: SS 1415 Services Inc. for AODA services. Sost: Number X contracted rates mpact & Source of Funds:
established if NEW ADMINISTRATION Between RC I 1/1/2012 - 1 Gorporation Counse	AMENDMENT TO: CONTRACT REVIEW Ruman Services and Cross 12/31/2012 I has reviewed this it to be proper; as to form.	ADD NO. Baroada Mental Health	DENDUM TO: SS 1415 Services Inc. for AODA services. Sost: Number X contracted rates mpact & Source of Funds: A for a contracted for a con
established if NEW ADMINISTRATION Between RC I 1/1/2012	AMENDMENT TO: CONTRACT REVIEW Ruman Services and Cross 12/31/2012 I has reviewed this it to be proper; as to form.	ADD NO. Baroads Mental Health Total Fiscal II Date Finance Direct	DENDUM TO: SS 1415 Services Inc. for AODA services. Sost: Number X contracted rates mpact & Source of Funds: A for a contracted for a con

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: 12-029 or, Amendme	ent to Contract #	Addendum to Contract #
Human Services Originating Department	Sara Mooren Contact Person	X8431 Phone
Contract with: Community Health Systems, Inc.	3311,313311	7.1.5.1.5
Contract Period: Start Date: 01/01/12	Expiration Date	e: <u>12/31/12</u>
Contract Amount; AODA Outpatient Treatment is to Times the contracted rates.	pased upon the number o	f referrals
Standard AODA Outpatient Rate Group Counseling \$25,00/ Individual Counseling \$30,00/ Urinalysis \$10.00/	Hour CX	ingl
Expenditure/ Revenue Account Numbers: (provide 9-digit object codes)		
\$\$ \$\display \text{\$\}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	ck Grant - Other Con I Driver Program - Ot	ntracted Services ther Contracted Services
Executive Summary: The Human Services Department's Adopt Intoxicated Driver Program (IDP) funds to is one of many providers available for eligare provided within the limits of available established if necessary.	purchase AODA trea ible clients to choose	tment services. This provider from. AODA treatment services
EW 🗹 AMENDMENT TO:	ADD	ENDUM TO:
DMINISTRATION CONTRACT REVIEW Between RC Human Services and Communi		SS 1413 Inc. for AODA treatment services.
1/1/2012 - 12/31/2012	Cost: Number	of referrals X the contracted rates.
proporation Counsel has reviewed this pourment and finds it to be proper, as to form. W	5.16.05 10 A	mpact & Source of Funds; 1 to face of a are: 1.16 12 2012 b. lg: t. 1 13 12 or Date
No Central Purchasing Involvement		ing Procedure Followed
Hith Conned Cardina 616	ow - 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. 12-114 New Contract: or. or, (check box if yes) Amendment to Contract # Addendum to Contract # **HUMAN SERVICES** Originating Department Contact Person Phone Contract with: E. Rackley Ivey, M.D. (Name of entity) Contract Period: Start Date: 01/01/2012 Expiration Date: 6/30/12 Contract Amount: \$ \$190.00 per hour - NEW Expenditure/ Revenue Account Numbers: 36-3689-0000-62170, 36-3690-0000-62170 (provide 9-digit object codes) Executive Summary: Dr. Ivey is a Psychiatrist who will be filling the role of Crisis Medical Director. Crisis Stabilization Psychiatrist, and Outpatient Psychiatrist at the Beloit Counseling Center on a temporary basis. Dr. Ivey is willing to contract with us while HSD works on filling the vacancy left by Dr. Steven Singer, Dr. Singer had been serving in these roles but will not be contracting for 2012. Recrultment for the permanent replacement is ongoing. This Psychiatrist position is critical to our Mental Health service delivery system. AMENDMENT TO: ADDENDUM TO: ADMINISTRATION CONTRACT REVIEW Between RC Human Services and E.Rackley Ivey, MD for psychiatric services at BCC. 1/1/2012 - 6/30/2012 \$190.00 per hour Corporation Counsel has reviewed this Total Fiscal Impact & Source of Funds: Document and finds it to be proper, as to form. Purchasing Manager Date Date Finance Director No Gentral Purchasing Involvement Purchasing Procedure Followed White - General Services Yellow - Issuing Dept. 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.

12-032					
New Contract: 🔀 (Check box if yes)	or,			or,	
(Grieda box ii yes)	Am	endment to Co	ntract #		Addendum to Contract #
Human Services	Department		Sara	Mooren	×8431
Originating De		**************************************		ct Person	Phone
Contract with:(Name of entity)	Lutheran S	ocial Services	deministrative and head with the wind to perfect		
Contract Period:	Start Date:	1/1/2012	tological and the state of the	Expi	ration Date: <u>12/31/2012</u>
Contract Amount: \$ R	ate x Number	of approved cit	lents		
<u>SERVICE</u> Foster Care II Adminis	tration	<u>RATE</u> \$1,490.42	<u>UNIT</u> Month	CHANGE 0%	FROM PRIOR YEAR
Foster Care III-Admini	stration	\$1,825.00	Month	0%	
Foster Care IV-Admini	stration	\$1,931.46	Month	0%	
Respite Care*		\$90,00	Day	0%	
Crisis Respite Care*		\$145.00	Day	0%	
*Indicates services rec	juiring special	approval			
Expenditure/ Revenue	Account Num	bers: <u>36-363</u>	8-0000-6460	4 Child Pr	rotective Services – Substitute Care
		36-3654	-0000-6460 _'	1 Juvenile	Justice Services – Substitute Care
Executive Summary:	Rock County F	luman Service	s Department	has contracts	s with several substitute care
providers. The number	of children ap	proved for plac	cement at eac	h facility will o	determine the actual amount
of each contract. The	State rather t	han the County	/ now negotia	tes the rates v	vith each agency based on a
universal standard. Ti	ne 2012 Count	y Adopted Bud	iget includes t	the following f	unds for substitute care:
391,563 G <u>1,842,764</u> R	ervices: oster homes II roup homes esidential Care otal			Juvenile Just \$241,310 \$255,334 \$979,472 \$1,478,756	O Foster homes II-V Group homes Residential Care Centers
Were Bids or 9	Quotations Sol	licited?	☐ Yes		⊠ No
Covered by St	ate Contract?		Yes		⊠ No
State Contract	#				
Contract will b	e signed by:		ounty Board C	hair	
		⊠ Ot	her? Who?	Chair, Huma	an Services Board

NEW 🖔	AMENDMÉNT TO:		ADDE	NDUM TO:	
=	ION CONTRACT REVIEW C human Services and Luth	heran Social		SS1405 r substitue car	'e.
1/1/2012	- 12/31/2012		Cost	: Rate X Number	of Clients.
	R Mellia 1/2/1	Date	Total Fiscal Im) <u>6106 21</u>	by 1513-12-
No Centra	l Purchasing Involvement		· Purchasin	g Procedure Follo	wed
White - General S	ervices	ellow - issuing D	ept.	Pink - Gour	nty 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:	or,	12-089/SS1269	o	r,	
(Check box if yes)	Amen	dment to Contract #	-	Addendum t	o Contract#
Human Service Originating De			Sara Mooren ontact Person	-	x8431 Phone
Contract with: (Name of entity)	Norris Adoles	scent Center	1,17		
Contract Period:	Start Date: _	1/1/2012	Е	xpiration Date:	12/31/2012
Contract Amount: \$	Rate x Number of	approved clients			
<u>SERVICE</u>		RATE U	NIT CHAI	GE FROM OR	<u>GINAL</u>
3 Group Hom	ies	\$192.10 D	ay -4	4%	
RCCs		\$305.83 ' D	ay +4	.4%	
Expenditure/ Revenu	e Account Numb∈	ers: 36-3638-0000-	64604 Chile	i Protective Sei	vices – Substitute Care
		36-3654-0000-	54604 Juve	nile Justice Sen	vices – Substitute Care
Executive Summary:	Rock County Hu	man Services Depar	tment has contr	acts with several	l substitute care
providers. The number					
of each contract. Th					
universal standard.					
County Adopted Bud					
Child Protective 1,928,255 391,563 1,842,764	-		<u>Juvenile .</u> \$241 \$255	Justice Services: ,310 Foster ho ,334 Group ho ,472 Residenti ,756 Total	mes II-V mes al Care Centers
manufacture and the second	- Commence of the second secon	يدود سيدود المتحدد والمتحدد والمتحدد المتحدد ا	- Carlotte Control of the Control of	Andreas and Angel and	н
NEW 🖾 🤚	AMENDMENT T	o: <u>12-089/881269</u>	ADI	DENDUM TO: _	,
ADMINISTRATION CO	NTRACT REVIEW	٧	NO	88 1411	
Between RC Hume	n Services an	d Norrie Adoles	cent Center	tor substi	tute care.
1/1/2012 - 12/3	1/2012	•	Cost: Rat	a X Number o	f Clients
Corporation Counsel has Document and finds it to Signature August Manager	reviewed this be proper, as to f	orm. ///2//2 Date ///2//2 Date	5-14,	Impact & Source	Geravellah
No Central Purcha	sing involvemer	nt	☐ Purcha	sing Procedure	Followed
White - General Services		:ellow - Issul	ng Dept.	Pin	k - 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.

12-090 New Contract: ⊠ (Check box if yes)	or,			or,		***************************************
,	Amend	lment to (Contract #	Α	ddendum i	to Contract#
Human Services	Department			Mooren		x8431
Originating Dep	artment		Conta	ct Person		Phone
Contract with: (Name of entity)	NORTHWEST	PASSAC	BE, LTD		- N	
Contract Period:	Start Date: _	1/1/201	2	Expirat	lion Date:	12/31/2012
Contract Amount: \$ Ra	ate x Number of	approved	clients			
SERVICE Residential Care Cente RCC-Girls (Passage 3) RCC – 30-Day Assess RCC – Behavior Stabil and Interventio) ment Ization	RATE \$285.00 \$290.00 \$300.00	Day Day	<u>CHANGE F</u> 0% +2% +3%	FROM PRI	<u>OR YEAR</u>
Intensified Residential	Care*	\$350.00) Day	0%		
* Indicates services r	equiring special	approval				
Expenditure/ Revenue Account Numbers: 36-3638-0000-64604 Child Protective Services - Substitute Care 36-3654-0000-64604 Juvenile Justice Services - Substitute Care						
Executive Summary:!	Rock County Hui	man Serv	ices Departmen	t has contracts v	with severa	substitute care
providers. The number						
of each contract. The						
universal standard. No						
persistent mental healt				•		
The 2012 County Ador	oted Budget incl	ides the f	ollowing funds f	or substitute car	<u>e:</u>	
391,563 G <u>1,842,764</u> R	ervices; oster homes II-V roup homes esidential Care (otal			Juvenile Justic \$241,310 \$255,334 \$979,472 \$1,478,756	Foster ho Group ho	omes II-V
Were Blds or (Quotations Solic	ited?	Yes	İ	⊠ No	
Covered by St	ate Contract?		Yes]	⊠ No	
State Contract	:#					
Contract will b	e signed by:		County Board	Chalr		
		\boxtimes	Other? Who?	Chair, Human	Services	Board

EW 🔼 AMENDMENT TO:		ADDENDUM TO:
DMINISTRATION CONTRACT REVIEW		NO88_1407
Between RC Human Services and No	orthwest Pass	age LTD for substitute care.
1/1/2012 - 12/31/2012		Cost: Rate X Number of Clientse
proporation Counsel has reviewed this coment and finds it to be proper, as to form. Why have the proper of the pr	Date	Total Fiscal Impact & Source of Funds: Sufficient funds on available IN HOD'S 2012 by (3th Finance Director) Date
No Central Purchasing Involvement		☐ Purchasing Procedure Followed
hite - General Services	'ellow - Issuing D	ept. 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.

12-091								
New Contract: 🛛	or,			C	or,			
(Check box if yes)	B-NU							
	Amen	dment to	Contract	#		Addendum	to Contract #	
Human Service				Sara M	looren		x8431	
Originating D	epartment			Contact	Person		Phone	
Contract with: (Name of entity)	Oconomowo	c Develo	pmental	Training	Center			
Contract Period:	Start Date: _	1/1/20)12	<u>.</u>	Expir	alion Date:	12/31/2012	
Contract Amount: \$	Rate x Number of	approve	d clients					
SERVICE		RATE	•	UNIT	CHANGE	FROM PRI	IOR YEAR	
Residential Care Cer	iters	\$339.		Day	0%			
RCC-Intensive*		\$433.		Day	0%			
Group Homes Day School – Reg*		\$339. \$195.		Day Day	0%			
Day School - Intensiv	/⊖*	\$260.		Day	new new		,	
Respite - Regular Ho		\$21.		Hour	new			
Respite - Reg Dally*	•	\$186.		Day	new		1	
Respite - Intensive H		\$31.		Haur	new			
Respite - Intensive D	aily*	\$216.		Day	new			
1-on-1 School Aide* *Requires Sn	ecial Approval	\$123.	00	Day	0%			
Expenditure/ Revenu		rs: 36-3	3638-000	0-64604	Child Pro	otective Se	rvices – Substitute	e Care
		36-36	554-0000	L64604		······	vices – Substitute	
Executive Summary:	Rock County His							Calc
providers. The number							•	t.
								<u>eacn</u>
contract. The State r								
standard. ODTC spe							ntal disabilities.	
The 2012 County Add	pted Budget inclu	ides the t	following i	unds for	substitute ca	<u>re:</u>		
391,563 C <u>1,842,764</u> F	<u>Services;</u> foster homes II-V Proup homes Residential Care C fotal	enters		<u>7</u> 1	<u>rvenile Justi</u> \$241,310 \$255,334 <u>\$979,472</u> \$1 ,478,756	Foster ho Group ho Residenti	mes II-V	
Were Bids or	Quotations Solicit	ed?		es		⊠ No		
Covered by S	tate Contract?			es		⊠ No		
State Contrac	et #							
Contract will t	e signed by:		County E	Board Cha	ıir			
		\boxtimes	Other? \		hair, Humai	n Services F	Soard	
•			1.01					

NEW B		WENT TO:		DENDUM TO:	هم عدد گمره سازه رسیدن ده قدیمه همایت که عدد و افت و آن دارد و آن درد و آن دارد
	TRATION CONTRACT			SS 1409	
Betw	en RC Human Serv	ices and Oconomowo	c Developmental	Training Center	for
aubs	titute care.	1/1/2012 - 12	/31/2012	Cost: Rate	K Number of Clients.
Gorporation Document Signature Purghasing	en Counsel has reviewed and finds it to be prope A Mullia Manager	d this or, as to form. ///2//2 Date Date	South co	05 2012	nds: 2001/26 1-13/12 Date
No Ce	ntral Purchasing Invo	olvement	☐ Purchasi	ng Procedure Folio	wed
White - Gen	aral Services	- wolle:	ssuing Dept.	Pink - Cou	•

<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.

12-101								
New Contract: ⊠ (Check box if yes)	or,	N-C		_	or,	- Automotive		
(Chook box ii yoay	Ame	ndment to	Contract#			Addendum to	Contract#	
Human Services	Department		•	Sara M	looren		x8431	
Originating De				Contact			Phone	
Contract with: (Name of entity)	Orion Family	y Service	s, Inc.			Solt————————————————————————————————————		
Contract Period:	Start Date:	1/1/2	012		Explra	ation Date:	.12/31/2012	
Contract Amount: \$ R	ate x Number c	of approve	ed clients					
<u>SERVICE</u>		RATI	<u> </u>	INIT	CHANGE	FROM PRIO	RYEAR	
Group Home		\$192	.10 D	ay	Same	•		
Treatment Fos	ter Care Admir	ı. \$1,82 4	.96 [.] M	onth	Same	!		
Expenditure/ Revenue	Account Numb				11-11-11		ices – Substitute Ca	
		36-3	3654-0000-	54504	uvenile .	Justice Servi	<u>ces – Substitute Car</u>	ė
Executive Summary: F providers. The number contract. The State rate standard.	of children app ther than the Co	oroved for ounty nov	placement v negotiates	at each the rate	facility will do s with each	atermine the a	ectual amount of each on a universal	ļ
Orion provides quality:					rsystems, C	nuaren attend	public schools, staff	
The 2012 County Adop					subatituta aa	*0.		
Child Protective Se 1,928,255 Fo 391,563 Gr 1,842,764 Re	ervices:	/	isioving (u		uvenile Justic \$241,310 \$255,334 \$979,472 \$1,478,756	ce Services: Foster home Group home		
Were Bids or C	Quotations Solid	ited?	☐ Yes			⊠ No		
Covered by Sta	ate Contract?		Yes	3		⊠ No		
State Contract	#	·· · · · · · · · · · · · · · · · · · ·	_					
Contract will be	signed by:		County Bo	ard Cha	ir			
		\boxtimes	Other? W	ho?	Chair, Humar	Services Boa	ard	

NEW 🏖	AMENDMENT TO:		ADDENDUM	1 TO:
	ON CONTRACT REVIEW		NO. <u>88 14</u>	
x neewjea	C Human Services and	Orion Family S.	arvices Inc. for	substitute care.
1/1/2012	- 12/31/2012		Cost: Rate X Num	per of Clients
	sel has reviewed this ds it to be proper, as to form Mullia	//2//2 Date 2/1 L Date	Total Fiscal Impact & Sufficient for In 1902 Finance Director	Source of Funds: 2012 by 13-12 Date
No Central F	urchasing Involvement		☐ Purchasing Pro	cedure Followed
White - General Ser	vices	ellow - issuing D	ept.	Pink - County Clerk

to Gen Review	tions: Departments a eral Services. Review / Process. 12-009	re required to the County	o complete thi Policy and Pr	s form a ocedure	and send with two copie e Manual for specifics c	es of the contract on the Contract
New Co (check b	ntract: 🔀 or, oox if yes)	Amendment to	Contract #	or,	Addendum to Contract	t#
Huma	nn Services Originating Department		Sara Mooren Contac	t Person	X8431 Phone	
Contrac (Name o		.b.a. Kelly Hous	.	<u> </u>		
Contrac	t Period: Start Da	te: <u>01/01/12</u>	Ex	piration D	Date: 12/31/13	
Contrac	t Amount: Rate x nun	nber of appro	ved clients			
	Service	Rate	% Increase/De	crease		
	CBRF	\$2610.00	0%			
	Efficiency Apartment	\$2500.00	0%			
	1 Bedroom Apartment	\$2525.00	0%			
Rock for Co	mounity Bread Resi	COP Wa Commun Co	ity Integration ity Support P ent has devel ty services. T for such serv	n Programoped co his is or	am (CIP-II) (CSP) ontracts with several pro- ne of several providers nese are licensed facilit	HOIR
miji Zidan albar di ani musheridal pi 199 azi Li		The same of the sa				
NEM 😨	AMENDME	ENT TO:	<u> </u>		DDENDUM TO:	
ADMINIST	RATION CONTRACT R	EVIEW		No	o. <u>\$8 1412</u>	
Betwe	en RC Human Servic	es and SAEE	Inc. d.b.a.	Kelly	House for CBRF servi	ces.
1/1/2	2012 - 12/31/2012		and the second seco	C	ost Rate X Number of	Clients.
Corporation Document Signature Purchasing	n Counsel has reviewed to and finds it to be proper, I A Mullia Manager	as to form. ///2 ///2 ///2/1	1/2 ate :	5150	al Impact & Source of Funds	5: 00 - 1.15 h
No Ce	entral Purchasing Invol	vement	!	Purch	asing Procedure Followe	d

<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.

12-095 New Contract: ⊠ (Check box if yes)	or,	dment to Contr	Ol	_	Adamat na ta	,
		umant to Cottin	aci #	۵	ddendum to	Contract #
Human Services Originating Dep		Pituritysis .	Sara Mo			x8431
Onginating Dep	ariment		· Contact F	-erson		Phone
Contract with: (Name of entity)	St.Aemilian-L	akeside			· · · · · · · · · · · · · · · · · · ·	71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Contract Period:	Start Date:	1/1/2012		Expirat	ion Date:	12/31/2012
Contract Amount; \$ Ra	ate x Number of	approved clien	ts			
SERVICE		RATE	<u>UNIT</u>	CHANGE F	ROM PRIC	R YEAR
Foster Care (II)	-IV Admin.	\$1,931.46	Month	-9.7%		
Residential Ca	re Center	\$318.18	Day	+11.25%		
RCC60-day	Assessment*	\$318.18	Day	-2.7%		
Residential Re	spite*	\$152.00	Day	0%		
Academic Day	Treatment*	\$168,00	Day	0%		
Stabilization Pr * * Indicates se	ogramming* ervices requiring	\$184.00 special approv	Day al	0%		•
Expenditure/ Revenue	Account Numbe	rs: 36-3638-0	000-64604	Child Prot	ective Serv	rices – Substitute Care
		36-3654-00	000-64604			ces – Substitute Care
Executive Summary:_F	ock County Hun					
providers. The number					-	
each contract. The Sta						
<u>universal standard.</u>	so runjor mari uj	C COUNTY HOW I	lodoneros file	rickes will ed	aur agency	based on a
St. Aemilian-Lakeside o	offers a broad sn	actrum of carvi	cae enacializ	ee in boboule	ral Inguae	offers travers
informed care services.		Condition Scien	oca, apoliaitz	GO III DONGVIL	ii ai i <u>ssues, t</u>	meis dauma-
The 2012 County Adop		dae tha followir	no funda for a	ubstituto com		
		des the lollowin				
Child Protective Se 1,928,255 Fo			<u>Ju</u>	venile Justice \$241,310	<u>Services</u> : Foster hom	W.IIW
391,563 Gr	oup homes				Group hom	
.	sidential Care C	enters		<u>\$979,472</u>	Residential	Care Centers
\$4,162,582 To	lai			\$1,478,756	Total	
Were Bids or Q	uotations Solicit	ed?	Yes	Σ	₫ No	
Covered by Sta	te Contract?		Yes	\triangleright] No	
State Contract:	¥					
Contract will be	signed by:	☐ Count	y Board Chai	r		
		Other	? Who? Cl	hair, Human S	Services Bo	ard

NEW B AMEN	DMENT TO:	ADDENDUM TO:	
ADMINISTRATION CONTRAC	T REVIEW	NO. 88 1417	
Between RC Human Ser	vices and St. Aemili	an-Lakeside for substitute	lare.
1/1/2012 - 12/31/201	2	Cost: Rate X Number of	Clients.
Corporation Counsel has review Document and finds it to be prop	ed this per as to form.	Total Fiscal Impact & Source of	Funds:
Signature X - Laylice	///2//2 Date	· 1400's 2018	, <u>, , , , , , , , , , , , , , , , , , </u>
Furchasing Manager	///2/12 Date	ho	1.13.12
Grant critishing manager	Date	Finágice Diréctor	Date
No Central Purchasing inv	volvement	☐ Purchasing Procedure Fo	pliowed
White - General Services	/ellow - Iss	uing Dept. Pink -	County Clerk

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ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-01

Requested by -Human Services Department Charmian Klyve Department Head Date Transfer No. 1/16/12

FROM

ğ

ACCOUNT # DESCRIPTION AMOUNT ACCOUNT # DESCRIPTION 36-3602-0000-63100 Office Supplies 1,623 36-3602-0000-67160 Equipment under 36-3689-0000-62170 Equipment under 36-3689-0000-62170 36-3690-0000-61100 Wages - Outpatient 23,940 36-3690-0000-62170 Physician & Oth 97 oth					
s 1,623 36-3602-0000-67160 44,460 36-3689-0000-62170 23,940 36-3690-0000-62170	ACCOUNT #	DESCRIPTION	AMOUNT	ACCOUNT #	DESCRIPTI
ient 23,940 36-3689-0000-62170 36-3690-0000-62170	36-3602-0000-63100	Office Supplies	1,623		Equipment under
23,940 36-3690-0000-62170	36-3689-0000-61100	Wages - Crisis	44,460		Physician & Oth
	36-3690-0000-61100	Wages - Outpatient	23,940		Physician & Oth
					- Scalab (Biblio Chairle Angus)
					друк Поволодоров выподательного согосой

FISCAL NOTE:

Sufficient funds are available in the above object code for the requested transfer.

ADMINISTRATIVE NOTE:

Recommended.

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DATE

COMMITTEE CHAIR

Governing Committee

M

M

Finance Committee

TRANSFER REQUESTS ROCK COUNTY

TO: FINANCE DIRECTOR

REQUESTED BY: Human Services

Department

Department Head Signature

NANCE DIRECTOR

JAN 18 2012

	FROM:	AMOUNT
1)	ACCOUNT #: 36-3602-0000-63100 DESCRIPTION: Office Supplies	\$ 1,623.00
	CURRENT BALANCE: \$ 78,559 1-18-12 PROVIDED BY THE FINANCE DIRECTOR	
2)	ACCOUNT #: 36-3689-0000-61100	\$ 44,460.00
	DESCRIPTION: Regular Wages - Crisis	
	CURRENT BALANCE: $\$/033,355$ $\%$ PROVIDED BY THE FINANCE DIRECTOR	
3)	ACCOUNT #: 36-3690-0000-61100	\$ 23,940.00
	DESCRIPTION: Regular Wages - Outpatient	
	PROVIDED BY THE FINANCE DIRECTOR	
4	ACCOUNT #:	
	DESCRIPTION:	
	CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 36-3602-0000-67160 DESCRIPTION: HSD Equipment < \$5,000	\$ 1,623.00
ACCOUNT#: 36-3689-0000-62170 DESCRIPTION: Physician and Other Services (Crisis)	\$ 44,460.00
ACCOUNT #: 36-3690-0000-62170 DESCRIPTION: Physician and Other Services (Outpatient)	\$ 23,940.00
ACCOUNT #: DESCRIPTION:	

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:

Office Supplies - Funds are needed to purchase a desk for an employee requesting an accommodation for a medical condition (see below)

Regular Wages - Crisis & Outpatient - HSD is requesting to transfer funds from these two accounts to Physician and Other Services

The Psychiatrist that had operating as the Crisis Medical Director, Crisis Stabilization Psychiatrist and Outpatient Psychiatrist at the Beloit Counseling Center chose not to renew

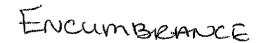
his contract for 2012. This position is critical to our mental health delivery system. HSD has identified another Psychiatrist who is willing to contract on a temporary basis. We are estimating four months of expenses for this temporary contracted Psychiatrist using funds that were included in the HSD budget for Dr. Singer.

REASON TRANSFER IS NECESSARY - BE SPECIFIC:

of desk requested (and signed off on by her doctor) the cost would be \$1,623 (delivered and assembled). HSD Equipment - HSD has a staff member with a request for an accommodation for a medical condition which involves purchasing a new desk that is ergonomically appropriate. For the type

expenses while we work on filling the position with a permanent replacement. Physician and Other - Funds are needed to cover the cost of the contracted Psychiatrist who will be filling the vacancy left by Dr. Singer on a temporary basis. We are estimating four months of

Revised: 12/9/10



HUMAN SERVICES

Rock County - Production 01/11/12 COMMITTEE APPROVAL REPORT Page 1 Account Number Name Yearly Pront YTO Encumb Unencumb Inv/Enc Appropriation Spent Expenditure Amount 8alance Amount Total 3637060000-62119 OTHER SERVICES 11,115.00 0.0% 0.0 0.03 11,114,97 ENC 3637060000 R1200800-P0# 01/09/12 -VN#050486 CLEAN POWER LLC 8.303.76 8.303.76 CLOSING BALANCE 2,811.21 3637300000-62119 OTHER SERVICES 100,744.00 0.0% 0.00.02 100.743.98 ENC 3637300000 R1200801~PO# 01/09/12 -VN#045356 SERVICE MASTER COMMERCIAL CLEA 47.076.60 47,076.60 CLOSING BALANCE 53,667,38 JOB CENTER PROG-TOTAL-PO 55.380.36 I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$55,380.36 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. 8. BILLS UNDER \$10,000 TO 8E PAID. C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

DATE

COMMITTEE APPROVES THE ABOVE, COM-APPROVAL

DEPT-HEAD

CHAIR

RESOLUTION ROCK COUNTY BOARD OF SUPERVISORS

Human Services Board INITIATED BY

Human Services Board SUBMITTED BY



Sara Mooren DRAFTED BY

January 18, 2012 DATE DRAFTED

Amending the 2011 Human Services Department Budget to Accept Additional Funding for the Wisconsin Works (W-2) Program

WHEREAS, the Human Services Department administers the Wisconsin Works (W-2) program in Rock
 County through a contract with the Wisconsin Department of Children and Families; and,

3 4

WHEREAS, the W-2 program provides support services designed to facilitate access to and sustain employment for eligible low-income parents with minor children; and,

6

WHEREAS, the Human Services Department will receive an additional \$293,886 from the Wisconsin Department of Children and Families for program administration, services, and participant benefits in 2011.

9 10

42

W-2 Benefits - Program Expense

8

NOW, THEREFORE, BE IT RESOLVED by the Rock County Board of Supervisors duly assembled this ____ day of _____, 2012, does accept \$293,886 in additional funds and amends the 2011 Human Services Department budget as follows:

13	amonds the zerr manual services separamen	it baaget as iono	W.S.	
14				
15		Budget	Increase	Amended
16	Account/Description	<u>12/31/11</u>	(Decrease)	Budget
17	Source of Funds			
18	36-3720-0000-42100	\$1,056,624	(\$351,024)	\$705,600
19	W-2 - Federal Aid			
20				
21	36-3721-0000-42100	\$672,690	\$644,910	\$1,317,600
22	W-2 Benefits - Federal Aid			
23				
24	II			
25	Use of Funds	₽ /02 217	(P204 (17)	# 20 700
26	36-3720-0000-64604	\$423,317	(\$394,617)	\$28,700
27	W-2 - Program Expense			
28	36-3720-0000-68201	ቀረንን ኃስማ	(ቀማሪ ዕሰማ)	<i>ቀደደረ ደ</i> ሰሰ
29	W-2 – Allocated ESS	\$633,307	(\$76,807)	\$556,500
30	W-2 - Allocated ESS			
31	36-3720-0000-68202	\$0	\$79,000	\$79,000
32 33	W-2 – Allocated AMS - ESS	ΦV	\$79,000	\$79,000
	W-2 - Allocated Alvis - Ess			
34	36-3720-0000-68203	\$0	\$39,700	\$39,700
36	W-2 - Allocated Overhead -ESS	φ∨	φ39,700	\$33,700
	W-Z - Allocated Overhead -1555			
37 38	36-3720-0000-68211	\$0	\$1,700	\$1,700
39	W-2 – Allocated Family Crisis	ΨΟ	φ1,700	Φ1,700
	W-2 - Amoraicu Painny Crisis			
40	36-3721-0000-64604	\$672,690	644,910	\$1,317,600
41	30-3/21-0000-04004	φ012,090	044,710	41,217,000

Amending the 2011 Human Services Department Budget to Accept Additional Funding for the Wisconsin Works (W-2) Program

Page 2				
Respectfully submitted,				
Human Services Board	FINANCE COMMITTEE ENDORSEMENT			
Brian Knudson, Chair	Reviewed and approved on a vote of			
Sally Jean Weaver-Landers, Vice Chair	Mary Mawhinney, Chair			
Terry Fell				
Robert Fizzell				
Kathy Kelm				
Vacant				
Phillip Owens				
Terry Thomas Marvin Wopat	ADMINISTRATIVE NOTE: Recommended. Canbell 9. Cenny			
	Randolph D. Terronez Acting County Administrator			
FISCAL NOTE:				
This resolution authorizes the acceptance of an additional \$293,886 in Federal Aid for Human Services' 2011 W-2 Program. No additional County matching funds are required.				
Sherry Oja Finance Director				
BUDGET: As an amendment to the adopted 2011 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wrs. Stats. Jeffrey S. Kuglitsch Corporation Counsel				

Executive Summary

Amending the 2011 Human Services Department Budget to Accept Additional Funding for the Wisconsin Works (W-2) Program

This resolution amends the 2011 Human Services Department budget to accept \$293,886 in additional funds for the Wisconsin Works (W-2) program. The Human Services Department administers the W-2 program in Rock County through a contract with the Wisconsin Department of Children and Families.

The W-2 program provides support services designed to facilitate access to and sustain employment for eligible low-income parents with minor children. The Department will receive an additional \$293,866 from the Wisconsin Department of Children and Families for program administration, services and participant benefits in 2011.

No additional County dollars are required to accept these funds.

Thank you for your consideration.

RESOLUTION NO	AGENDA NO

RESOLUTION ROCK COUNTY BOARD OF SUPERVISORS

Human Services Board INITIATED BY

<u>Human Services Board</u> SUBMITTED BY



Phil Boutwell, HSD Deputy Director DRAFTED BY

January 18, 2012 DATE DRAFTED

Authorizing 2012 Southern Income Maintenance Consortium Contract and Addenda to the Southern Consortium Contract and Amending the 2012 Human Services Department Budget

WHEREAS, 2011 Wisconsin Act 32 modifies current law relating to the authorization for DHS to enter
 into contracts with individual counties for Income Maintenance (IM) program administration services and
 instead authorizes the formation of ten county-based regional consortia and further authorizes the
 consortia to enter into a contract with DHS related to the provision of services on a multi-county
 consortium basis; and,

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9 10 WHEREAS, on September 14, 2011 the Rock County Human Services Board approved submission of an Application and Letter of Intent to DHS to create and authorize the seven-county Southern Consortium composed of human and/or social services agencies representing Crawford, Grant, Green, Iowa, Jefferson, Lafayette, and Rock Counties, and that the Rock County Human Services Department would act as the lead agency of the said Southern County Consortium; and,

11 12 13

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WHEREAS, on October 28, 2011 DHS certified the Southern Consortium's application to administer IM programs for the participating counties and explained that the organizational and operational details would be defined in the upcoming IM contract, and further in contracts by and between Rock as the lead county agency and the other Southern counties; and,

16 17 18

WHEREAS, on December 15, 2011 the Rock County Board of Supervisors passed Resolution 11-12A-536 that authorized the Agreement between the State of Wisconsin and the Southern Consortium; and,

WHEREAS, this Resolution authorizes the master contract between Rock County and the Southern Consortium member counties for the provision of Income Maintenance services as described in the addenda to the contract between the counties; and,

23 24 25

WHEREAS, Auditors from the contracted accounting firm for Rock County recommend that budgetary authority be created with a budget line for both revenues received and payments made to other counties.

26 27

NOW, THEREFORE, BE IT RESOLVED that the Rock County Human Services Board duly
assembled this ______ day of ______, 2012, does hereby authorize the Rock County Human
Services Director to sign the Southern Consortium Contract and the Addenda to the Southern Consortium
Contract.

32 33

BE IT FURTHER RESOLVED, that the Human Services Department budget for 2012 be amended as follows:

34 35

35				
36		Budget	Increase	Amended
37	Account/Description	<u>1/01/12</u>	(Decrease)	Budget
38	Source of Funds			
39	36-3605-0000-42100	\$0	\$2,400,000	\$2,400,000
40	IM Consortium - Federal Aid			
41				
42	Use of Funds			
43	36-3605-0000-62119	\$0	\$2,400,000	\$2,400,000
44	IM Consortium - Other Contracted Services			

Authorizing 2012 Southern Income Maintenance Consortium Contract and Addenda to the Southern Consortium Contract and Amending the 2012 Human Services Department Budget

Page 2				
Respectfully submitted,	;			
Human Services Board	FINANCE COMMITTEE ENDORSEMENT			
Brian Knudson, Chair	Reviewed and approved on a vote of			
Sally Jean Weaver-Landers, Vice Chair	Mary Mawhinney, Chair			
Terry Fell				
Robert Fizzell				
Kathy Kelm				
Phillip Owens				
Terry Thomas				
Shirley Williams	ADMINISTRATIVE NOTE:			
Marvin Wopat	Recommended. Randles ? Corone Randolph D. Terronez.			
FISCAL NOTE:	Acting County Administrator			
This resolution provides budgetary authority for Rock County, as lead fiscal agent for the Southern Consortium, to accept and pass-through Federal Aid to the other six (6) consortium members. No additional County funds are required.				
Sherry Oja Finance Director				
LEGAL NOTE:				
As an amendment to the adopted 2012 County I vote of the entire membership of the County Wis. Stats. Jeffrey S. Kuglitsch Corporation Counsel				

Executive Summary

Under current law, DHS has delegated certain duties and responsibilities related to the administration of the Income Maintenance Program to ten county consorita. As part of the Governor's budget proposal, responsibility for administration of the IM program would have transferred to DHS effective January 1, 2012, however, counties offered the Legislature an alternative to state takeover of the Income Maintenance duties. The alternative adopted called for counties to work cooperatively in creating ten regional consortia to operate the Income Maintenance Program beginning January 1, 2012.

There are 10-consortia statewide, one of which is the Southern Consortium composed of Crawford, Grant, Green, Iowa, Lafayette, Jefferson and Rock Counties with Rock County as the consortium lead agency. On December 15, 2011, the County Board passed Resolution 11-12A-536 that authorized Rock County to act as the lead agency for the Southern Consortium. In addition, that Resolution authorized Rock County to sign the **Income Maintenance Contract between DHS and the Southern Consortium**.

The attached Resolution authorizes an additional agreement that includes the **Income Maintenance Consortium Contract** and **Addendum to Consortium Contract**. The Income Maintenance Consortium Contract is a 7-party agreement that spells-out the relationship between Rock County acting as the lead agency, and the six member counties outlining issues such as a governance structure and conflict resolution procedures. The Addenda include detail on each member county's resource commitment and specialized services it offers to the Consortium. This Resolution provides that the Director is authorized to sign the Southern Consortium Contract and Addenda.

The Resolution also amends the 2012 Human Services Department Budget to accept revenue on behalf of the six other consortium member counties and to make payments. Although this is simply a pass-through of funds, auditors at the contracted accounting firm for Rock County, Baker Tilly, have recommended that a new special revenue fund and cost center be set up with a budget line for the revenue and one for the payments made to other counties. No additional county funds are required.

ROCK COUNTY HUMAN SERVICES DEPARTMENT DIRECTOR'S REPORT Wednesday, January 25, 2012

HSD MANAGEMENT TEAM MEETING - January 10, 2012

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- · Praise and Recognition
- Space Issues
- Dutter House Probationary License
- LTS Shredder
- · Vacation Advance Requests

INFORMATION ITEMS

HSD Board Agenda MEETING WRAP-UP

HSD MANAGEMENT TEAM MEETING – January 17, 2012 Meeting Cancelled