

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 24, 2010 – 4:30 p.m.

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

AGENDA

- 1. Call Meeting to Order
- 2. Approval of Agenda
- 3. Approval of Minutes of Human Services Board Meeting of February 10, 2010 *
- 4. Citizen Participation
- 5. Discussion of Juvenile Justice Report Mr. Witt
- 6. Discussion of Lobby Day Ms. Klyve
- 7. Approval of Contracts, Transfers, and/or Encumbrances * Mr. Witt
- 8. Approval of Bills * Ms. Schultz
- 9. Director's Report *
 - W2 / ES Caseload
- 10. Committee Requests for Future Agenda Items
- 11. Next Meeting: Wednesday, March 10, 2010 at **4:30 p.m.** at the **Rock County Health Care Center**, 3rd Floor Conference Room, Janesville, Wisconsin.
- 12. Adjourn

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.

| Nev | 063 w Contract: | or, | | | or, | | |
|-----------------|--|-------------------------------------|--|--|---|--|----------------|
| (cn | eck box if yes) | | Amendment to Contra | ect# | Addendı | um to Contract # | |
| Hur | man Services Depa | rtment | | Michael B. Jone | es | ×5286 | _ |
| | Originating De | partment | | Contact Perso | on | Phone | |
| | tract with: Aram me of entity) | ark Unifor | rm Services, Inc. | | | | |
| Con | tract Period: | Start Da | ate: <u>1/01/2010</u> | | Expiration Date | e: <u>12/31/2010</u> | - |
| | Service General Scrubs Laundry Bags | Rate \$0.338 \$0.338 \$0.314 | Unit Pound Pound Pound | Change - 2.31% - 2.31% +2.45% | | | |
| (prov | vide 9-digit object country | odes) This cont | Numbers: 36-3664-000 tract is for laundry ser en as the vendor based | vices at the Juve | | | |
| | Were Bids or Q Covered by Sta State Contract # | te Contra | ct? | Yes Yes pard Chair | □ No ⊠ Ño | en i Printes. | |
| w. | | | ◯ Other? W | ho? Chair, Human | Services Boar | rd (2/10/10) | |
| NEW 🖾 | 10-063 AMI | ENDMEN | т то: | ADD | ENDUM TO: | | |
| | RATION CONTR | | | NO. | | | |
| services | between Rock at the Juven: Amount: Rate | ile Det | man Services Dept ention Center for of pounds | and Aramark | Uniform Set 1/10 - 12/3 | rvices Inc. for 1/10. | <u>laundry</u> |
| Signature Revie | ewed by Purchasin | g for com | to form. 2 3 10 Date | Total Fiscal In | mpact & Source 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Grands: Surffer Sur | ~ |

White -General Services Yellow- Originating Department

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. 10-086 New Contract: or, (check box if yes) Amendment to Contract # Addendum to Contract # Human Services Michael Jones X5286 Originating Department Contact Person Phone Contract with: Blackhawk Technical College (Name of entity) Contract Period: Start Date: 2/01/2010 -Expiration Date: 1/31/2015 Contract Amount: \$ -0-Expenditure/ Revenue Account Numbers: N/A (provide 9-digit object codes) Executive Summary: The Human Services Department frequently collaborates with Blackhawk Technical College to provide internship experiences for Criminal Justice Program students. Through this arrangement, students are able to receive practical, hands-on training in their area of study. There is no cost to the Department or Rock County for these internships. All interns are supervised by experienced Rock County staff members. Were Bids or Quotations Solicited? Covered by State Contract? ☐ Yes State Contract # ☐ County Board Chair Contract will be signed by: ADDENDUM TO: **AMENDMENT TO:** 10-086 **ADMINISTRATION CONTRACT REVIEW** Contract between Rock Co. Human Services Dept. and Blackhawk Technical College for Rock Co. Staff Mambers to provide Criminal Justice Program students practical & hands-on training for period of 2/1/10 - 1/31/15. No cost **Total Fiscal Impact & Source of Funds:** Corporation Counsel has reviewed this Document and finds it to be proper, as to form. Reviewed by Purchasing for compliance:

> White -- General Services Yellow- Originating Department

Finance Director

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: 09-23 (11291, 11049) or. or. (check box if yes) Amendment to Contract # Addendum to Contract # Human Services Michael Jones X5286 Originating Department Contact Person Phone Contract with: Productive Living Systems, Inc. (Name of entity) Contract Period: Start Date: 01/01/09 Expiration Date: 12/31/10 Contract Amount: Rate x number of approved clients RATE UNIT CHANGE Jade House \$4,197 Month 0.0% **Emerald House** Name Change \$5,566 Month 0.0% Moonstone Apartment \$3.012 Month 0.0% 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:** The purpose of this amendment is to change the address for PLS' contract administration office, and to change the name of one of the contracted facilities from "Sapphire House" to "Emerald House", leaving all other rates and attributes the same. No Negotiated in 2009 ☐ Yes Were Bids or Quotations Solicited? Covered by State Contract? □ Yes **ADDENDUM TO:** AMENDMENT TO: ADMINISTRATION CONTRACT REVIEW SS384 Amendment to contract between Rock Co. Human Services Dent. and Productive Living Systems for name change of one contracted facility Sapphire House to Emerald House. Contract Amount: Rates stav the sam Corporation Counsel has reviewed this Document and finds it to be proper, as to form. Signature Reviewed by Purchasing for compliance: Finance Director

White -General Services

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: v or, | , or, |
|--|--|
| (check box if yes) | Addendum to Contract # |
| Human Services Cin Originating Department | ndy Schultz5152 Contact Person Phone |
| Contract with:Southwest Wisconsin Workforce E (Name of entity) | Development Board |
| Contract Period: Start Date:01/01/2010 | Expiration Date:12/31/2010 |
| Contract Amount: \$0 | |
| Expenditure/ Revenue Account Numbers:(provide 9-digit object codes) | |
| Executive Summary:Master Leased Employee Co | ontract for all Leased Employee Contracts |
| | |
| | |
| Were Bids or Quotations Solicited? ☐ Ye | es 🗀 No |
| Covered by State Contract? | es No |
| State Contract # | |
| EW X AMENDMENT TO: | ADDENDUM TO: |
| DMINISTRATION CONTRACT REVIEW | NO. <u>\$\$393</u> |
| · | t. and Southwest Wisconsin Workforce Developme |
| /1/10 - 12/31/10. Contract Amount. Rock Co. | ct for all leased employee contracts for perio to pay wages, benefits, expenses & other costs |
| egotiated between Rock County and SWWDB. orporation Counsel has reviewed this ocument and finds it to be proper, as to form. | Total Fiscal Impact & Source of Funds: |
| gnature Date | 200 |
| Reviewed by Purchasing for compliance: | Finance Director Date |
| Indi & Milles 7/12/10 | |
| | White General Services |

White -General Services Yellow- Originating Department

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: V or. | |
|---|---|
| New Contract: or, (check box if yes) | , or,Addendum to Contract # |
| Human ServicesCindy Originating Department | Schultz5152 Contact Person Phone |
| Contract with:Southwest Wisconsin Workforce Dev (Name of entity) | elopment Board |
| Contract Period: Start Date:01/01/2010 = | Expiration Date:12/31/2010 |
| Contract Amount: \$26,535.01 | |
| Expenditure/ Revenue Account Numbers:36 3730 (provide 9-digit object codes) | 0000 62119 |
| Executive Summary:Leased Employee Contract for a | a .5 Job Center Facilities Manager |
| | |
| | |
| Were Bids or Quotations Solicited? | No No |
| Covered by State Contract? | No |
| State Contract # | |
| | · · · · · · · · · · · · · · · · · · · |
| NEW AMENDMENT TO: | ADDENDUM TO: |
| ADMINISTRATION CONTRACT REVIEW | NO. <u>SS392</u> |
| Contract between Rock Co. Human Services Dept. | |
| Board for 2010 Leased Employee Service contract period of 1/1/10 - 12/31/10. Contract Amount: | \$26,535.01 |
| Corporation Counsel has reviewed this Document and finds it to be proper, as to form. Date Date | Total Fiscal Impact & Source of Funds: Show the Scholable in 41808 2010 leader. |
| Reviewed by Purchasing for compliance: | Finance Director Date |

White –General Services Yellow- Originating Department

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.

| 10-082 New Contract: or, (check box if yes) | | | or, | **** |
|---|-----------------------|-----------------------|--------------------|----------------------------|
| | nendment to Contrac | ot# | Addendum | to Contract# |
| Human Services Department | · | Michael B. Jones | <u> </u> | x5286 |
| Originating Department | | Contact Person | n | Phone |
| Contract with: THRIVE TREATMI (Name of entity) | ENT SERVICES, LL | С | | |
| Contract Period: Start Date: | 1/01/2010 | | Expiration Date: | 12/31/2010 |
| Contract Amount: \$ Rate x numbe | r of approved clients | S | | |
| <u>SERVICE</u> | RATE | <u>UNIT</u> | CHANGE FROM | PRIOR YEAR |
| Treatment Foster Care | \$3,025.00 |) Month | +0% | |
| Specialized Treatment Foste | er Care * \$3,650.00 | Month | +0% | |
| * Indicates services requirir | ng special approval | | | |
| Expanditura/ Payanua Account Num | | 64604 Child D | entantiva Camilana | Cubatituta Cana |
| Expenditure/ Revenue Account Num (provide 9-digit object codes) | | | | s – Substitute Care |
| (provide 9-digit object codes) | 36-3654-0000 | -04004 Juvernie | Justice Services | <u> – Substitute C</u> are |
| Executive Summary: Rock County H | luman Services Dep | artment has contr | acts with several | substitute care |
| providers. The number of children ap | proved for placeme | nt at each facility v | vill determine the | actual amount of |
| each contract. The 2010 County Add | pted Budget include | es the following fur | nds for substitute | care: |
| Child Protective Services: | | Juvenile . | Justice Services: | |
| \$2,060,386 Foster homes, fa homes, treatmen | | \$179 | • | nes, family group |
| homes | it iostei | | homes, tre | atment foster |
| 665,119 Group homes | 0 | 225, | • | |
| 1,091,803 Residential Care \$3,817,308 Total | Centers | 664, \$1,069, | | I Care Centers |
| | | , ,,,,,,,,, | | |
| Were Bids or Quotations Solid | cited? Ye | es | ⊠ No | |
| Covered by State Contract? | ☐ Y | es | ⊠ No | |
| State Contract # | | | | |
| Contract will be signed by: | County Boa | rd Chair | | |
| | Other? Who | ? Chair, Human S | Services Board (2 | /10/10) |

| NEW 🗵 10-082 AMENDMENT TO: | ADDENDUM TO: |
|--|---|
| ADMINISTRATION CONTRACT REVIEW Contract between Rock Co. Human Services Dept. | NO. SS385 |
| Foster Care services for period of 1/1/10 - 12 Contract Amount: Rate x no. of approved client | /31/10. |
| Corporation Counsel has reviewed this Document and finds it to be proper, as to form. Signature Reviewed by Purchasing for compliance: | Total Fiscal Impact & Source of Funds: Spring 2010 Cury 50 Finance Director Date |
| Jode & Millis 9/4/10 | White –General Services Yellow- Originating Department Pink - County Clerk |

PURCHASE ORDER NUMBER P1000621 PEID 042015

PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

| DEPARTMENT | Human Services |
|--|----------------------|
| COMMITTEE | Human Services |
| VENDOR NAME | Sherman Sanitation |
| ACCOUNT NUMBER | 36-3730-0000-62400 |
| FUNDS DESCRIPTION | Repair : Maintenance |
| AMOUNT OF INCREASE | <u>s790.00</u> |
| INCREASE FROM \$ 1883° | TO\$ 2673°° |
| ACCOUNT BALANCE AVAILABL | • |
| | |
| trash pick-up in | stead of once/week |
| A | APPROVALS |
| GOVERNING COMMITTEE Chair | D-t- |
| | Date |
| FINANCE COMMITTEE (if over \$10,000) Chair | Date |
| COUNTY BOARD | |
| (if over \$10,000) Resolution # | Adoption Date |
| | |

WHITE - COMMITTEE YELLOW- PURCHASING PINK - DEPARTMENT

AMENDFORM 2/98

ROCK COUNTY HUMAN SERVICES DEPARTMENT DIRECTOR'S REPORT WEDNESDAY, FEBRUARY 24 2010

| HSD MANA | GEMENT TEAM MEET | TNG – February 9, 2010 | |
|-------------|------------------|-------------------------|--|
| Meeting can | elled. | • , | |
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| | | | |
| HSD MANA | GEMENT TEAM MEET | ING – February 16, 2010 | |