

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 Contract #	. €err	Addendum to Contract #
Hur	man Services Depa	rtment	M	chael B. Jones	x5286
	Originating De	partment	1	Contact Person	Phone
	ntract with: <u>Aram</u> me of entity)	ark Unifo	m Services, Inc.		· · · · · · · · · · · · · · · · · · ·
Con	tract Period:	Start Da	ate: <u>1/01/2010</u>	Exp	iration Date: <u>12/31/2010</u>
	Service General Scrubs Laundry Bags	Rate \$0.338 \$0.338 \$0.314	Pound - Pound -	nange 2.31% 2.31% 2.45%	
(prov	vide 9-digit object o	odes) This cont	Numbers: 36-3664-0000-62 tract is for laundry service en as the vendor based upo	s at the Juvenile	Detention Center. Aramark
	Were Bids or Q Covered by Sta State Contract	te Contra	· · · · · · · · · · · · · · · · · · ·		□ No □ No
-	Contract will be	signed by			
		\$ x	☑ Other? Who?	Chair, Human Ser	vices Board (2/10/10)
NEW X] 10-063 AMI	ENDMEN	T TO :	ADDENI	DUM TO:
Contract	RATION CONTR	Co. Hu	man Services Dept. a	nd Aramark Un	SS380
Contract	Amount: Rate	ile Det x no.	ention Center for per of pounds	riod of	0 - 12/31/10.
Signature Revi	ewed by Purchasir	g for com	to form. 2 3 10 Date	Total Fiscal Impact	Ct & Source of Funds: 100 Colombia 200 Colombia 200 Colombia 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. 10-086 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 # Contract will be signed by: County Board Chair 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 Corporation Counsel has reviewed this Total Fiscal Impact & Source of Funds: Document and finds it to be proper, as to form. Reviewed by Purchasing for compliance: **Finance Director**

> 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: 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** Month 0.0% Name Change \$5,566 Moonstone Apartment \$3.012 Month 0.0% Expenditure/ Revenue Account Numbers (provide 9-digit object codes): 36-3666-0000-64604 Long Term Support Community Options Program (COP) 36-3668-0000-64604 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. Yes No Negotiated in 2009 Were Bids or Quotations Solicited? Covered by State Contract? ☐ Yes **ADDENDUM TO:** ADMINISTRATION CONTRACT REVIEW Amendment to contract between Rock Co. Human Services Dept. and Productive Living Systems for name change of one contracted facility Sapphire House to Emerald House. Contract Amount: Rates stay the same 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

NEW

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.

Addendum to Contract #	New Contract: or,	, or,
Contract with:Southwest Wisconsin Workforce Development Board	(check box if yes)	
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 Contract for all Leased Employee Contracts Were Bids or Quotations Solicited?		
Expenditure/ Revenue Account Numbers: (provide 9-digit object codes) Executive Summary:Master Leased Employee Contract for all Leased Employee Contracts Were Bids or Quotations Solicited?	Contract with:Southwest Wisconsin Workforce (Name of entity)	e Development Board
Expenditure/ Revenue Account Numbers: (provide 9-digit object codes) Executive Summary:Master Leased Employee Contract for all Leased Employee Contracts Were Bids or Quotations Solicited?	Contract Period: Start Date:01/01/2010_	Expiration Date:12/31/2010
(provide 9-digit object codes) Executive Summary:Master Leased Employee Contract for all Leased Employee Contracts Were Bids or Quotations Solicited?	Contract Amount: \$0	·
Were Bids or Quotations Solicited?	Expenditure/ Revenue Account Numbers:(provide 9-digit object codes)	
Were Bids or Quotations Solicited? Yes No Covered by State Contract? Yes No State Contract # AMENDMENT TO: ADDENDUM TO:	Executive Summary:Master Leased Employee (Contract for all Leased Employee Contracts
Were Bids or Quotations Solicited? Yes No Covered by State Contract? Yes No State Contract # AMENDMENT TO: ADDENDUM TO:		
Were Bids or Quotations Solicited? Yes No Covered by State Contract? Yes No State Contract # AMENDMENT TO: ADDENDUM TO:	· · · · · · · · · · · · · · · · · · ·	
State Contract #	Were Bids or Quotations Solicited? □ \	
AMENDMENT TO: ADDENDUM TO:	Covered by State Contract?	Yes No
w 図 AMENDMENT TO: ADDENDUM TO:		
MINISTRATION CONTRACT REVIEW NO. SS393	W 🖫 AMENDMENT TO:	ADDENDUM TO:
	MINISTRATION CONTRACT REVIEW	NO. <u>88393</u>
	ard for 2010 Master Leased Employee Contra 1/10 - 12/31/10. Contract Amount: Rock Co.	act for all leased employee contracts for perio . to pay wages, benefits, expenses & other costs
ard for 2010 Master Leased Employee Contract for all leased employee contracts for perio 1/10 - 12/31/10. Contract Amount: Rock Co. to pay wages,benefits,expenses & other costs	gotiated between Rock County and SWWDB.	Total Fiscal Impact & Source of Funds:
1/10 - 12/31/10. Contract Amount: Rock Co. to pay wages, benefits, expenses & other cests	cument and finds it to be proper, as to form.	SAM 2008 Sf392
gotiated between Rock County and SWWDB. reporation Counsel has reviewed this cument and finds it to be proper, as to form.	Dallio IV. Numay	
1/10 - 12/31/10. Contract Amount: Rock Co. to pay wages, benefits, expenses & other sests gotiated between Rock County and SWWDB. reporation Counsel has reviewed this cument and finds it to be proper, as to form. Total Fiscal Impact & Source of Funds: William A.	nature Date	100
1/10 - 12/31/10. Contract Amount: Rock Co. to pay wages, benefits, expenses & other costs gotiated between Rock County and SWWDB. poration Counsel has reviewed this cument and finds it to be proper, as to form. Total Fiscal Impact & Source of Funds:	Reviewed by Purchasing for compliance:	Finance Director Date
and SWWDB. Total Fiscal Impact & Source of Funds: Summer Date 1/10 - 12/31/10. Contract Amount: Rock Co., to pay wages, benefits, expenses & other costs of portation counsel has reviewed this Total Fiscal Impact & Source of Funds: When the summer Date Date	and of Miller History	
1/10 - 12/31/10. Contract Amount: Rock Co. to pay wages, benefits, expenses & other costs gotiated between Rock County and SWWDB. poration Counsel has reviewed this cument and finds it to be proper, as to form. Date Date Total Fiscal Impact & Source of Funds: All pice 4/392	AUTAN III TOUR	WhiteGeneral 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:	, or,
(Check box if yes)	Addendum to Contract #
Human ServicesCindy	Schultz5152
Originating Department	Contact Person Phone
Contract with:Southwest Wisconsin Workforce De (Name of entity)	velopment Board
Contract Period: Start Date:01/01/2010	Expiration Date:12/31/2010
Contract Amount: \$26,535.01	
Expenditure/ Revenue Account Numbers:36 373 (provide 9-digit object codes)	0 0000 62119
Executive Summary:Leased Employee Contract for	a .5 Job Center Facilities Manager
Were Bids or Quotations Solicited?	No
Covered by State Contract?	No
State Contract #	
4. 4. 6	
NEW 🗵 AMENDMENT TO:	ADDENDUM TO:
ADMINISTRATION CONTRACT REVIEW	NO. <u>\$\$392</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:	t for a .5 Job Center Facilities Manager for \$26,535.01
Corporation Counsel has reviewed this	Total Fiscal Impact & Source of Funds:
Document and finds it to be proper, as to form.	Silhwent had Coulable in
Euseine William 2/2/10	Alle 2010 Telles
Signature / Date	The Thirty
Reviewed by Purchasing for compliance:	Finance Director Date
and of Milles 2/12/10	
()	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.

10-082 New Contract: ⊠ or, (check box if yes) —			or,	
• •	Amendment to Contr	act#	Adden	dum to Contract#
Human Services Department		Michael B.	Jones	x5286
Originating Department		Contact P	erson	Phone
Contract with: <u>THRIVE TREATI</u> (Name of entity)	MENT SERVICES, L	LLC		
Contract Period: Start Date	e: <u>1/01/2010</u>	THE PART OF THE PA	Expiration Da	ate: <u>12/31/2010</u>
Contract Amount: \$ Rate x number	per of approved clier	nts		
SERVICE	RATE	<u>UNIT</u>	CHANGE FF	ROM PRIOR YEAR
Treatment Foster Care	\$3,025.	00 Month	+	0%
Specialized Treatment For	ster Care * \$3,650.0	00 Month	+	0%
* Indicates services requi	ring special approva	ıl ,	•	
Expenditure/ Revenue Account Nu (provide 9-digit object codes)	mbers: <u>36-3638-000</u> <u>36-3654-000</u>			vices – Substitute Care vices – Substitute Care
Executive Summary: Rock County	Human Services De	epartment has	contracts with sev	eral substitute care
providers. The number of children a	approved for placem	ent at each fac	ility will determine	the actual amount of
each contract. The 2010 County A				
<u>Child Protective Services:</u> \$2,060,386 Foster homes, homes, treatme homes	family group	<u>Juve</u>	nile Justice Servic \$179,393 Foster	ces: homes, family group treatment foster
665,119 Group homes <u>1,091,803</u> Residential Car \$3,817,308 Total	re Centers	\$1,		homes ential Care Centers
Were Bids or Quotations So	licited?	Yes	⊠ No	,
Covered by State Contract?		Yes	⊠ No	
State Contract #	-			
Contract will be signed by:	County Bo	oard Chair		
	Other? Wh	no? Chair, Hum	nan Services Boar	⁻ d (2/10/10)

NEW X 10-082 AMENDMENT TO:	ADDENDUM TO:
ADMINISTRATION CONTRACT REVIEW	NO. <u>SS385</u>
	and Thrive Treatment Services LLC for Treatment
Foster Care services for period of 1/1/10 - 12. Contract Amount: Rate x no. of approved clients	/31/10.
Corporation Counsel has reviewed this Document and finds it to be proper, as to form. Signature Date	Total Fiscal Impact & Source of Funds: Stirrit for few falls 150'5 2010 Curry 50'5 20'5 20'5 20'5 20'5 20'5 20'5 20'5
Reviewed by Purchasing for compliance:	Finance Director Date
Jode K Millis 2/4/10	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	s790.00
INCREASE FROM \$ 1883	TO\$ 2673°°
ACCOUNT BALANCE AVAILAB	LE \$ 28,293 2-12-18
REASON FOR AMENDMENT	requesting twice a week
trash pick-up ir	requesting twice a week
·	APPROVALS
GOVERNING COMMITTEE	
Chair	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

