

RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS

Charnian Klyve
INITIATED BY

Human Services Board
SUBMITTED BY



Charnian Klyve
DRAFTED BY

July 23, 2015
DATE DRAFTED

Amending the 2015 HSD Budget to Accept the Transfer of County General Funds

WHEREAS, over the past several years, Human Services has worked to improve substance abuse treatment services to Rock County citizens; and,

WHEREAS, examples of efforts to improve the AODA system include: creating a walk in clinic to screen and assess citizens immediately; expanding the number of dually certified MH and AODA treatment providers in our outpatient clinics; instituting an AODA Coordinating Committee to work in collaboration with the County established Behavioral Health Steering Committee; and,

WHEREAS, Human Services is now the treatment provider for the specialty courts: OWI; Drug; and Treatment Alternatives; and,

WHEREAS, with the onset of the heroin epidemic, Human Services began a contract with Janesville Psychiatric Services to provide medically assisted suboxone treatment for those addicted to heroin; and,

WHEREAS, suboxone treatment programs is at capacity and there is need for short term stabilization and treatment services for people waiting for suboxone or residential treatment; and,

WHEREAS, the Human Services Department has responded to the increasing identified needs from the broader community and Criminal Justice Coordinating Committee and Behavioral Health Redesign Steering Committee members; and,

WHEREAS, the increased demand for AODA treatment, better identification of community need and increased access to care, Human Services will fully expend the 2015 AODA Block Grant of \$224,912 by the end of August 2015; and,

WHEREAS, Human Services is requesting the transfer of \$89,508 from the County General Fund to the Human Services 2015 budget to continue funding for clients in need of necessary AODA treatment; and,

WHEREAS, we are requesting these funds for the balance of 2015, HSD also acknowledges that resources are finite and the need will always exceed the available resources.

NOW, THEREFORE, BE IT RESOLVED that the Rock County Board of Supervisors duly assembled this 13th day of August, 2015, does hereby authorize the transfer of County General Funds.

BE IT FURTHER RESOLVED, that the Human Services Department budget for 2015 be amended as follows:

Account/Description	Budget 8/1/15	Increase (Decrease)	Amended Budget
Source of Funds			
19-1921-0000-47010	\$54,875	\$89,508	\$144,383
General Fund Application			

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Page 2

<u>Account/Description</u>	<u>Budget 8/1/15</u>	<u>Increase (Decrease)</u>	<u>Amended Budget</u>
Use of Funds			
36-3700-0000-62119 AODA Contracted Services	\$224,912	\$176,751	\$401,663
36-3700-0000-68208 Allocated MH/AODA	\$96,984	(\$16,257)	\$80,727
36-3704-0000-62119 IDP Contracted Services	\$151,700	(\$70,986)	\$80,714

Respectfully submitted,

HUMAN SERVICES BOARD


Brian Knudson, Chair


Sally Jean Weaver-Landers, Vice Chair

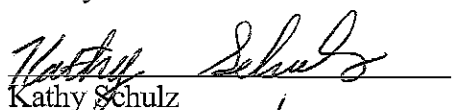

Terry Fell

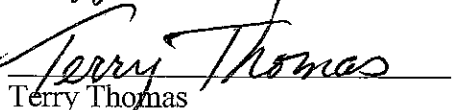

Linda Garrett


Billy Bob Grahm

Absent

Ashley Kleven


Kathy Schulz


Terry Thomas

Absent

Shirley Williams

FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of

3-0

Mary Mawhinney, Chair

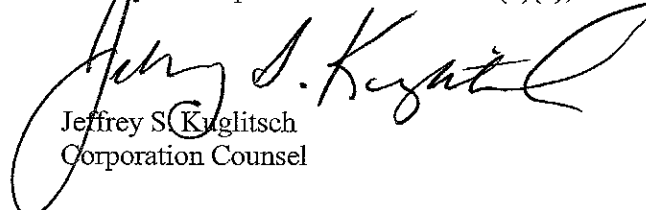
FISCAL NOTE:

This resolution authorizes the use of \$89,508 in General Fund fund balance by HSD for the AODA program. The total General Fund unassigned fund balance at 12/31/14 is \$28,388,334.


Sherry Oja
Finance Director

LEGAL NOTE:

As an amendment to the adopted 2015 County Budget, this resolution requires a 2/3 vote of the entire membership of the County Board pursuant to Sec. 65.90(5)(a), Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended


Josh Smith
County Administrator

EXECUTIVE SUMMARY

In recent years, there has been an increased demand for drug and alcohol addiction treatment services. Rock County Human Services is part of a community based treatment system that includes hospitals and clinics. All entities within this system have responded by treating more individuals who need AODA services.

There is also a more organized public advocacy for treatment. For example, the Behavioral Health Steering Committee works in collaboration with the AODA Coordinating Committee to increase community awareness and greater treatment capacity. The CJCC recognizes the need for treatment alternatives to incarceration and created specialty court such as OWI, Drug and Treatment Alternatives. Law enforcement utilizes community policing techniques to steer those who have addictions to treatment programs.

Human Services has worked to improve substance abuse treatment services for Rock County citizens in response to advocacy and community need. Examples of efforts to improve the AODA system include: creating a walk in clinic to screen and assess citizens immediately; expanding the number of dually certified MH and AODA treatment providers in our outpatient clinics; and, participating in the expansion of treatment alternative programs in cooperation with the judicial system and law enforcement.

The increased demand for AODA treatment, better identification of community need and increased access to care means Human Services will exhaust its quarter million dollar AODA treatment budget by August. Human Services is requesting the transfer of \$89,508 from the County General Fund to the Human Services 2015 budget to continue funding for clients in need of necessary AODA treatment. The Department requests these funds to pay for treatment services through the balance of 2015. HSD also acknowledges that public resources are finite and the need will always exceed the available resources.

With the onset of the heroin epidemic, The HSD began a contract with Janesville Psychiatric Services to provide a medically monitored suboxone treatment program. This program is at capacity. With part of this fund balance request, HSD will contract with a community agency for an AODA case manager to provide short term stabilization and treatment services for clients waiting for residential or suboxone treatment.

The contracted case manager would provide immediate support, treatment and stabilization services; link the client with local recovery support groups; keep the client "treatment ready"; assist in managing the wait list and linking clients with a payer source, such as Medicaid or other insurance.