

The Honorable Board of Supervisors and Interested Citizens

Ozaukee County Administration Center

Port Washington, WI 53074

Dear Ladies and Gentlemen:

This past year has certainly been one of the most challenging we have experienced in my 25 years as an Ozaukee County employee. In February of 2004, Fred Hesselbein the Director of Community Programs resigned his position after almost 29 years of distinguished service to his staff, the clients served by his department and the county board.

I was given the responsibility of becoming the Interim Director of Community Programs in addition to my responsibility as the Director of Social Services. The program managers for both departments have also assumed additional responsibilities and worked diligently to assess the potential benefits or consequences of combining our two departments into an Ozaukee County Human Services Department. Indeed the County Board has recently provided formal approval for our merger and asked that we complete an implementation plan.

While this has been a very challenging experience, the managers have identified efficiencies and have also identified specific ways in which we can increase our revenue and provide more services to persons on waiting lists. I am extremely impressed with the manager's dedication to their staff and the clients they serve. Their unselfishness and creativity will allow us to provide services to more clients while obtaining more federal reimbursement for the cost of services currently purchased with county levy. We have also enhanced our ability to charge fees for provided services. I can assure you that as tax payers you have every reason to be grateful to these managers.

By next year at this time, we hope to be able to assess our efforts in regard to the following initiatives:

- Increase the federal reimbursement for services provided to clients eligible for the Community Integration Program by at least \$170,000.
- Assess the impact of charging fees to parents of juvenile offenders based on their ability to pay.
- Triple the size of our Medical Assistance Personal Care Program in order to enhance federal reimbursement and use local levy to help provide services to persons on the waiting lists.
- Assess the financial impact of increasing fees to those persons convicted of driving while intoxicated and who are ordered to participate in a drug and alcohol screening program.

- Assess the financial impact of developing alternative resources (alternatives to hospitalizations) for persons police believe are in need of being placed in emergency detention.
- Assess the benefits of assigning high risk clients to a case management unit.
- Assess the benefits of developing a consortium along with Washington and Waukesha Counties to improve our Child Welfare outcomes.
- Assess the benefits of having established a Uniform Data Collection System.

Again this year we are providing both a summary Annual Report and one which provides more detail. When completed, the more detailed Annual Report can be found on the Ozaukee County website under the topic of Combined Community Programs and Social Services Annual Report. The following is an example of information available within these reports:

- Although the economy seems to have improved during the past year, the Social Services Economic Support Unit notes a 12% increase in the number of people eligible for Medicaid. By the end of the year there were 3479 persons eligible for this program. The Food Stamp Program has been renamed the Food Share Program and the monthly caseload has risen from 404 to 522.
- The unaudited fiscal expense for the Department of Social Services for 2004 is \$6,591,038. Although this only represents a one half percent increase over 2003 expenses, we are left with only a \$4,400 fund balance. (We began the year with over a \$400,000 year fund balance)
- By the end of 2004, Social Services employed 37 full-time and 8 part-time staff which compares favorably to our 1992 total of 36 full-time and 8 part-time staff.
- The unaudited expense of providing Community Programs direct services to our clients was \$2,338,394. This compares to the cost of purchasing services on behalf of our clients for a total of \$9,243,312.
- The unaudited fund balance for Community Programs at the end of 2004 was estimated at \$230,968 compared to a fund balance of \$297,387 at the end of 2003.
- Although our correctional costs for juvenile offenders as well as our shelter care cost are at a four year low, the cost of placing juvenile offenders in residential facilities is at an all time high.
- The total number of children removed from their home for safety reasons and placed in an alternate care arrangement rose from 22 in 2003 to 28 in 2004. Children in need of child protective services spent 209 days in residential care compared to 513 days in 2003.

- There were 16 new referrals to our Community Support Program which enables severe and persistently mental ill individuals to live within the community.
- Three Community Support Program clients worked full-time, 21 worked part-time, 6 were employed by Portal Industries and a number of clients did volunteer work for nonprofit organizations.
- The Community Programs Mental Health/AODA Program provided 7130 hours of therapy to 901 clients from the ages of 5 to 80.
- Two hundred and eleven residents were detained at least one day at a hospital as a result of a law enforcement officer assessing them to be a threat to either themselves or others.
- Developmental Disabilities case managers provided 6542 hours of service to 567 clients.
- The hiring of two new Developmental Disabilities case managers will allow the county to increase its net federal revenue by about \$177,000. Developmental Disabilities case managers are responsible for generating over \$4,000,000 in revenue from Medical Assistance, CIP and Brain Injury Waiver Programs.
- Seventeen residents of the former Mequon Care Center Nursing Home were relocated to community settings as a result of the extensive work of our Adult Services Staff.
- We investigated 116 cases of alleged elder abuse/neglect and five individuals required immediate placement.

Anyone having questions or suggestions pertaining to these Annual Reports are encouraged to contact me through telephone or email. Indeed if you have any questions or concerns throughout the course of this next year pertaining to the services we provide to the community, I also urge you to contact me.

Sincerely,

Robert J. Haupt
Director of Social Services
Interim Director of Community Program
(262) 238-8203

DEPARTMENT OF SOCIAL SERVICES

AND
DEPARTMENT OF COMMUNITY PROGRAMS
OVERVIEW OF 2004 ANNUAL REPORT

ADULT SERVICES – Frank Peterson, Supervisor

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THE ADULT SERVICE UNIT IS RESPONSIBLE FOR THE FOLLOWING PROGRAMS:

Elder Abuse/Adult Protective Services including Court Guardianships and Protective Placements for the elderly

Long Term Support (LTS) Programs for the Elderly and Physically Disabled

Medical Assistance-Personal Care Program and Home Care Worker Program

ELDER ABUSE

The Elder Abuse Interdisciplinary Team was established in 2002. The focus of the I-Team in 2004 was to promote community awareness of elder abuse issues and training of bank tellers to recognize warning signs of financial abuse in the elderly. In addition, the I-Team worked with Advocates Inc. to increase awareness for professionals on Domestic Violence and Seniors. A training session was held in December 2004.

Elder abuse investigations were needed for 116 individuals in 2004 compared to 103 investigations in 2003. This is a 12.6% increase over 2003 investigations. The largest increase was for self neglect situations—persons living alone who are unsafe.

5 individuals required immediate Protective Placements or Emergency Detentions through Court intervention because of imminent danger.

LONG TERM SUPPORT (LTS) FUNDING

The Aging Services Department continues to handle LTS intake for physically disabled persons under the age of 60 as well as LTS intake for elderly persons. In addition, Aging Services staff completed 36 Community Options Program (COP) assessments before persons were admitted to Community Based Residential Facilities (CBRF).

In 2004 this department administered \$502,944 of state funds from the Community Options Program (COP) and \$1,612,018 of state and federal Waiver funds serving a total of 150 persons.

This is an increase of 14 persons (12%) served in 2004. 96 persons were in their own home or small community setting, 54 were funded in a CBRF (group home).

Due to Mequon Health Care Center nursing home closing, 17 persons were relocated to community settings and Ozaukee County received additional funding for their care. \$180,000 additional funding was received in 2004. \$550,000 of additional funding will be received in 2005 to cover expenses for the entire year. 16 of the 17 persons were placed into CBRF's.

60 persons were found to be eligible for services in 2004, but couldn't be served immediately. 45 elderly and 15 physically disabled individuals were added to the waiting list in 2004. The Department of Community Programs keeps waiting list information on the persons with developmental disabilities, and mental health needs.

There are 63 persons are on the Long Term Support Waiting List as of 12/31/04:

36 Elderly needing community services

12 Elderly needing CFRF funding

15 Physically Disabled

PERSONAL CARE PROGRAM

Social Services is a certified Medical Assistance provider for Personal Care. The Medical Assistance program pays for hands on care given to eligible elderly and disabled individuals at home. Home Health agencies have been unwilling to take on new clients because of the low reimbursement from M.A. Now that Social Services has it's own M.A.-PCW Program, we can expand the participation in our Long Term Support Programs and provide funding to new clients with the funds previously spent on personal care.

At the end of 2004, the MA-PCW program expanded into the first two CBRF's. The expansion will save COP-Waiver funds and allow additional persons to be served from the waiting list.

Social Services contracts for Nursing time from the Public Health Department. In 2003 the amount of nurse time continued at 1 FTE.

Revenue of \$630,000 will be received for 2004 for the care are delivered to the 34 clients active in 2004. This is an increase of 6% over the \$595,000 collected in 2003. 24 clients remain active as of 12/31/04.

In home workers are screened by Social Services and if found acceptable, are available to be hired by the client or family. There are 120 active providers as of December 2004. A great amount of effort goes into matching workers to clients requiring care. This is an ongoing process due to worker turnover and changing client needs.

CHILD PROTECTIVE SERVICES – Marian Ballos, Supervisor

- Total number of Child Protection referrals for 2004 was 329 of which 181 were assigned for initial assessment. In comparison, the department had 322 referrals for 2003 and 181 cases were assigned for initial assessment.
- The number of families served in ongoing services for 2004 was 56 in comparison to 62 families served in 2003.
- The total number of children removed from their home due to safety reasons and placed in alternate care (foster care, treatment foster care, residential and shelter) in 2004 was 28 compared to 22 children in 2003.
- The total number of children that were removed from their home due to safety reasons and placed with a relative was 13 compared to 17 children in 2003.
- The total number of days spent in foster care for children in need of protection and services was 2817 days compared to 2913 days in 2003.
- Children requiring residential treatment services spent 209 days in care in 2004 compared to 513 days in 2003.
- The number of child protection cases that involved either formal or informal court action was 44 cases compared to 31 cases in 2003.
- The cost of care for 25 children placed in Foster Care (includes Treatment Foster Care) was \$169,846 in 2004 compared to 17 children at a cost of \$119,492 in 2003.
- The cost of care for 2 children placed in Residential Care for 2004 was \$45,570 compared to 4 children who were placed at a cost of \$125,336 in 2003.
- The number of children who were victims of abuse or neglect that were adopted after their parent's rights were terminated in 2004 was 1 compared to 0 cases in 2003.
- The number of children who were victims of abuse or neglect whose relative assumed guardianship remained the same as it was in 2003, 1 case was transferred.

COMMUNITY SUPPORT PROGRAM – Michael A. Lappen, MS, Supervisor

Chapter HSS 63 of the Wisconsin Administrative Code states that a Community Support Program (CSP) must provide treatment, rehabilitation, and support services for individuals who suffer a long-term, severe and persistent mental illness, and live in the community. The objectives of CSP treatment interventions are to help these persons function with a better quality of life and to prevent, or at least to reduce placements in more costly and restrictive settings. The CSP relies on a coordinated case management system to provide a broad spectrum of services and clinical interventions. A distinguishing feature of CSP services is that the majority of these

services, including therapy and symptom management, occur in the community where the person lives. Because many psychiatrically impaired persons resist treatment, our interventions are characterized by an assertive approach. To enable CSP staff to provide the needed level of services, and because of the frequent contacts required by this population, the Administrative Code has set specific maximum staff to client ratios.

In the year 2004, the Ozaukee County CSP served a total of 66 individuals. There were nine new admissions to the program and four discharges. With help, recovery can occur in terms of clients gaining control over the symptoms, which have prevented them from leading more normal lives. The recovery model we follow helps many clients to focus on their personal strengths versus the limitations imposed by their illness. Clients, over time, can learn to manage their illness independently. In some cases this means that a client no longer needs CSP. Prior to discharge, we focus our efforts toward helping the person to develop the skills and community resources they need to be independent of the intensive level of CSP services.

Sixteen persons were referred to the CSP during 2004. A detailed screening process was conducted on each referral by the CSP clinical coordinator. If the person was more appropriate for other community services, a referral was made to that service. Several CSP referrals were found to be appropriate for admission but were receiving or able to receive adequate and appropriate services elsewhere. These alternatives included mental health outpatient services, AODA outpatient services, inpatient care, and long-term intensive residential care. There are times when an individual referred to CSP rejects treatment from our program because it is defined as being for the long-term severely mentally ill, even though that may be what they need. When this happens, the CSP Clinical Coordinator stays in contact with the person and/or their family to continue to offer support, provide education about how to deal with the illness and its symptoms, and to hopefully engage the individual so they do become open to involvement with the program. Often this familiarity leads the client to accepting treatment in a time of crisis and quickens recovery time. This proactive work limits hospital stays and minimizes treatment costs.

CSP clients who are stable on medications and are able to manage their symptoms are encouraged to find suitable structure for their day. Referrals to programming are facilitated by CSP staff. In 2004, six CSP clients were employed through Portal Industries both in the sheltered workshop and in Supported Employment. Twenty-one clients were competitively employed working part-time in the private sector, three full-time. Types of jobs held included custodial, food service, retail, and laborer. Many clients volunteer for local non-profit organizations. Three of our clients raise children under eighteen years of age, two as a single parent. Three of the parents share custody with a divorced partner.

Complicating factors such as severe physical illnesses and drug and alcohol abuse result in treatment challenges and highly specialized needs. CSP staff work to address co-morbid issues with support from the CSP Psychiatrists, registered nurse, AODA and Mental Health staff. We also work with our clients' physicians in the community and other specialists as referred. Currently, 20% of our client population experience serious medical issues.

Our drop in center—"The On Center", continues to function in Cedarburg. It is well used by the CSP clients, with midweek lunches and group activities such as the music group, cards, and

movie nights being especially well attended. This center provides social and educational opportunities for our clients in a supportive, healthy environment, seven days a week. The center is a vital tool for our program and has been instrumental in keeping several clients with lengthy histories of institutionalization living in the community. Many consumers that use the On Center have formed relationships outside the center and have developed a peer support network. These individuals go on weekly outings in the community and encourage and assist others who might need such prompting to take part in social opportunities. The center has also led to the development of peer led support groups that address issues such as smoking cessation, healthy living, and symptom management.

Overall, 2004 was a challenging year for the CSP program. We served fifteen more consumers than in 2003, and had four consumers referred from CBRF placements that required intensive services to make the transition to community living. CSP services included daily contacts, medication monitoring, household management, prompting activities of daily living, representative payeeship, and advocacy with landlords, Social Security, and other community resources. All but one of these referrals resulted in the consumer being successful in a private apartment, improving the individual's quality of life and eliminating the cost of long-term CBRF placement at more than \$35,000 per year. During the next year, we will be implementing a new electronic database for managing billing and client records. This system should increase staff productivity and add capacity to serve even more consumers in the years to come. Recognizing the challenges of such an implementation in the context of our other responsibilities, we look forward to a new tool that promises to increase the effectiveness of the program and help our staff devote more time to foster successful outcomes.

DEVELOPMENTAL DISABILITIES PROGRAM – Eileen Engl, Developmental Disabilities Coordinator

Developmental disabilities case managers offer support to persons with developmental disabilities and are responsible for completing specific program assessments, and ensuring ongoing compliance with program regulations to secure and keep funding. During 2004, 6,542 hours of case management services were provided to 567 people through the Developmental Disabilities Program.

The State has implemented a Medical Assistance Waiver Program titled the "Community Integration Program" (CIP) to assist counties with the cost of relocating people from institutional settings into the community, and providing allowable community services to individuals with specific level of care needs. This year, 26 people to whom the county is already providing services to through County Levy funds, were identified that would be eligible for CIP funding if we had the necessary case management staff time to complete the many required tasks necessary to claim CIP funding. If these tasks were completed we could claim reimbursement of 59% of our cost (plus 7% administration) for these clients.

After contacting 19 other counties, we found that Ozaukee County's developmental disabilities caseload size is over double the size of the of the other counties. During this past year the Ozaukee County Board of Supervisors authorized two additional developmental disabilities case

management positions. These staff positions, will allow us to claim a substantial increase in our federal revenue which will offset current and future county expenses, enhance our ability to keep up with the ongoing case management tasks required by the federal government, reduce our dependency on county levy and reduce the average caseload of our developmental disabilities case managers. The two new case managers were hired in October and November of 2004. We estimate that by the end of 2005 we will be able to increase our net revenue for this program area by \$177,000.

"Consumer Satisfaction Surveys" were mailed to all consumers receiving services in the Special Summer Recreation Program, the Birth to Three Program, and the Family Support Program. Completion of these surveys is voluntary. Overall, the survey respondents were very satisfied with the services that they had received.

The Birth To Three Program provides early intervention services to children under age 3 who have developmental delays or disabilities. Professional therapists are encouraged to do as much as they can to teach parents how to address their child's developmental needs within the child's daily environment. We continue to experience a steady growth in this program from year to year. We were able to collect approximately \$36,876 from the Parental Cost Share System in 2004.

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
NO. OF CHILDREN	90	122	110	140	170	190	187	215	244
NO. OF HOURS	9,484	11,701	9,763	7,021	6,814	6,829	6,775	6,003	6,500

Waiting lists for some services to persons with developmental disabilities continued in 2004. At the end of December there were 42 people with developmental disabilities waiting for Residential Services, 3 people waiting for Adult Day Services programming, 17 people waiting for Family Support Program services, 169 people waiting for funding through the Community Options Program, 59 people waiting for funding through the Community Integration Program, 9 children are waiting for Special Summer Recreation Program services and 8 people are waiting for Supported Employment Assessment Services.

In the near future, we face the challenge of meeting the residential service needs of many people who are still living with their parents who are in their 60's or older. (At this time, we know of thirty-five individuals who are residing with caregivers over the age of 70). Currently, our service providers are seeing a substantial increase in the number of people with significant health needs and medical conditions related to aging. These factors present numerous residential and support service challenges for us both now and in the future. When these caregivers pass away, by law, it is the county's responsibility to ensure that the person with a developmental disability has a safe and appropriate living arrangement. These placements are very costly.

The Developmental Disabilities staff is responsible for generating over 4 million dollars in revenue from the Medical Assistance Community Integration Program and Brain Injury Waiver Programs. They remain committed to stretching the available resources to serve as many people as possible. Even though the current caseload sizes are very high and will remain substantially above the average when the new case managers are fully up to speed, (they will be approximately 55-60 clients each however, as new cases come in they will continue to grow), the work demands are tremendous and the clients are increasingly more complex; the Developmental Disabilities Case Managers and the Program Coordinator are providing excellent services. It is evident from the extremely positive responses we received to our 2004 Consumer Satisfaction Surveys.

	<u>1996</u>	<u>1997</u>	<u>1997</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
Hours of DD Case Management	4,078	4,917	5,553	6,209	5,914	5,968	6,188	6,336	6542
Information and Referral Requests	274	179	228	210	284	295	292	377	389
Number of DD Clients Served	359	387	413	430	416	472	496	538	567
Number of CIP Clients	13	62	100	121	129	141	145	150	165
CIP Case Management Hours	1,648	1,816	2,520	3,643	3,547	3,730	3,922	4,130	4,358

ECONOMIC SUPPORT – Eileen Newby, Supervisor

January 2004 marked the beginning of a major change in the administration of the W2 Program in Ozaukee. The Waukesha-Ozaukee-Washington Workforce Development Board, Inc. was awarded the contract for 2004-2005 program. As the W2 administrative agency, the WOW-WDB contracted with Ozaukee and Washington Counties to operate as a consortium in the two counties. We have built on our positive relationship with Washington County to develop and operate the W2 program. Under the terms of our agreement, an Ozaukee County W2 staff person works part-time at the Workforce Development Center in West Bend.

It would appear that improvement in the economy has not yet had an impact on low-income families in Ozaukee County. Ozaukee County W2 cases nearly doubled from 27 in 2003 to 42 in 2004. Benefit payments more than doubled from \$55,957 to \$112,548 annually. Compared to other Economic Support Programs, the numbers are really low but the casework and case management is extremely labor intensive. It is possible that current contract funding will be insufficient to carry the program through to the end of 2005.

The Child Day Care Program held steady in 2004 but we again had significant increases in Medicaid and Food Stamps. Medicaid is far and away our most expensive program. Payments to providers increased in 2004 by 21% to \$24,760,203. At the end of 2004, we had 3479 people certified as eligible recipients in the county. This is an increase of 12% over 2003.

The Food Stamp Program was renamed the FoodShare Program during 2004. This program also saw significant increase. Our average monthly caseload increased 29% from 404 to 522. Annual benefits went from \$629,764 in 2003 to \$910,646, which is a 31% increase.

In the last 5 years, the workload of the Economic Support Unit has more than doubled but there has been no increase in staff. In addition, there will be additional and significant workload demands in 2005 and 2006 as we implement two new automated systems. One is the Worker Web, which is an Internet based system that will process the front-end piece of client registration and application entry currently processed in our CARES eligibility system. CARES will not be eliminated, so at this point we are adding a system and not replacing a system. In addition, we will be implementing a new system called the Electronic Case File. Currently, we maintain an extensive paper case record system. With ECF, we will electronically scan and index documents that are now copied and placed in our case files. We will begin scanning new cases and converting existing open cases in mid-2005. In 2006, we will begin to scan closed case records and hope to be fully converted before the end of 2007. This will have a huge positive impact by reducing the need for storage space and reducing the time spent on record destruction.

FINANCIAL – SOCIAL SERVICES – Anne Conners, Business Manager

Overall Expenditures

- 2004: \$6,591,039 .05% increase over 2003
- 2003: \$6,587,720 6.5% increase over 2002
- 2002: \$6,188,030 16.6% increase over 2001
- 2001: \$5,306,255 10.3% increase over 2000

Revenue for 2004 was comprised of 77.9% state and federal funds, 20.8% county funds and 1.3% public charges for services.

Fund Balance as of January 1, 2004, was \$418,766. As of January 1, 2005, the fund balance is \$4,400, because \$414,366 was used to supplement the 2004 budget.

Current agency staff consists of 37 full-time staff and 8 part-time staff. This compares to a 1992 staff of 36 full-time and 8 part-time positions.

JUVENILE JUSTICE – Tom Kopp, Supervisor

JUVENILE COURT SERVICES

Prepared by Tom Kopp, Supervisor

MISSION

The Juvenile Court Services Section derives its mission from the legislature. In the Juvenile Justice Code, Section 938 of the Wisconsin Statutes, legislative intent is stated as follows:

- 1 "to promote a juvenile justice system capable of dealing with the problem of juvenile delinquency,
- 2 a system which will *protect* the community,
- 3 impose *accountability* for violations of the law,
- 4 *equip* juvenile offenders with competencies to live responsibly and productively."

The legislature also specified as an objective that victims will be "treated with dignity, respect, courtesy and sensitivity" and "to be afforded the same rights as victims and witnesses of crimes committed by adults."

PERSONNEL

One full-time supervisor

Four full time court intake and disposition personnel

One full time family therapist

One half time foster care coordinator

Two part-time family support workers

PROGRAMS

Juvenile Court Intake and Disposition Services

Foster Care

Family Support Services

Family Counseling

Family Partnerships Initiative (purchase of service with Lutheran Social Services)

Restitution and Community Service (contract with the Youth and Family Project)

Alternate Care (case by case purchase of service)

Independent Living (State of Wisconsin grant)

SUMMARY

The Integrated Government Services Project (IGSP) progressed through the Requirements Phase. The IGSP is an integrated data base program being implemented initially in Juvenile Justice and Community Programs. The Juvenile Justice implementation date was set for March 1, 2005.

In 2004 we received 201 referrals. The six-year average is 223. No new Correctional placements were made. Eleven new placements were made in Residential Child Care Institutions. Four Group Home placements were made. Shelter care costs continued to decline for the fourth consecutive year to \$22,050 from \$105,000 in the year 2000. The contract for Restitution/Community Service was decreased from \$78,589 in 2002 to \$53,205 in 2004.

MENTAL HEALTH AND AODA SERVICES – Joan Kojis, Ph.D.

The Counseling Center provides individual, couples, family and group therapy for the residents of Ozaukee County who do not have the resources to obtain services elsewhere. Our staff of four drug and alcohol counselors, six therapists, and four psychiatrists is supported by 2.5 clerical staff and two fiscal staff. We are a resource for students and in 2004 had one PhD student, two Masters level students, two nursing students, and a drug and alcohol counselor complete their placements here. Between us we provided 7,130 hours of therapy and services to 901 clients ranging in age from 5 to 80. Of these clients 56 voluntarily entered an inpatient unit for more intensive treatment and 211 were detained and hospitalized by law enforcement as a result of being a threat to themselves or others. A smaller number, 31, needed to reside in a group home facility for further treatment. Some clients (437) completed a drug and alcohol assessment due to receiving a citation for operating while intoxicated. We also had 93 youth referred for an underage drinking incident.

We are supported by several agencies. COPE services provides an around the clock hotline to county residents. In 2004 they averaged 1.197 calls per month. Portal Industries provided sheltered employment to 14 clients and supported employment to 5 clients with severe mental

illness. Ozaukee Council provides our prevention, education and intervention services for alcohol, tobacco and other drug abuse. In 2004 they had 4.453 public or education contacts which included school groups, their Red Ribbon (anti-drug) campaign, Family Fun Nights and a newsletter outreach.