

March 7, 2011

The Honorable Board of Supervisors and Interested Citizens
Ozaukee County Administration Center
Port Washington, WI 53074

Re: Annual Report for Fiscal Year 2010

This letter is meant to serve as both a summary and an introduction to the Annual Report for fiscal year 2010. Our human service managers have also provided more detailed information on the programs for which they are responsible. Their reports are accessible by clicking on the following link [HumanServices](#).

ACHIEVEMENTS FOR 2010

- Our unaudited expenses were \$186,690 less than in 2009. However, we project that the reduced revenue received from state government and other payers will result in the need to transfer \$57,574 from our undesignated fund balance to cover our cost. This action will reduce our undesignated fund balance to \$310,712.
- The employees who have been contracted out to manage clients in the Family Care Program continued to meet expected outcomes and once again earned income in excess of our actual cost.
- Those employees completing fiscal tasks on behalf of our department have continued their efforts to improve our billing practices by sending out claims or statements within 30 days of the date a service was provided. They are also able to correct billing errors within a week of receiving the error notice.
- During this past year we have been able to accept credit cards for assessments completed for persons referred as a result of being convicted of “driving while under the influence of alcohol.” We support policies that will expand our ability to accept credit cards.
- We continue to reduce the number of written records we must store by scanning documents and posting them in an electronic record. By the end of 2011 we have a goal of maintaining only those written records that are required by law.
- The Aging and Disability Resource Center staff determined eligibility and enrolled 106 individuals into Family Care, IRIS, and/or Partnership from the Ozaukee County Long Term Care Waiting List.
- In an effort to make children available for adoption our Child Protective Service Staff have petitioned the courts to terminate parental rights on behalf of six children.
- The number of days juvenile offenders resided in a correctional facility was at a five year low. These youth spent 240 days in a correctional facility in 2010 compared to 1,141 days in 2009. This represents a \$170,000 reduction in expenses.
- We have reduced our cost and enhanced our ability to team the services provided to mutual clients by having four employees of Lutheran Social Services move into vacant office space in our department. Three of these employees are case managers for the Birth to Three Program and the other is a case manager for the Family Partnership Program.
- Our cost for purchasing services on behalf of children eligible for the Birth to Three Program have been reduced by \$70,000 compared to the 2009 fiscal year.

- We are now serving 45 disabled or severely emotionally disturbed children through federal waiver programs. Involvement in these programs allows us to obtain 60% reimbursement for the services we provide or purchase.
- In October of 2010 we established a contract with Ozaukee Family Services to administer a grant for the purpose of establishing a Coordinated Services Team Program. Other counties have found this program effective in working with emotionally disturbed youth.
- Balance, Inc., a nonprofit agency with whom we contract, was able to obtain a \$10,000 grant this past year to expand the Summer Recreational Program for Developmentally Disabled Youth.
- A county sponsored Supported Employment Program has been developed for three Behavioral Health Clients at less cost than a previously purchased service. One of these persons has now been hired by the County Maintenance Department.
- The County Board approved the creation of a county employed psychiatrist to provide medication management services for a number of the clients of our Behavioral Health Program. This has saved us more than \$100,000 a year compared to our having to contract with private psychiatrist to provide this service.
- There were nine clients placed in a group home with a severe and persistent mental illness in 2010 for a total of 2,213 days compared to 17 individuals in 2007 for a total of 3,500 days in care.
- We have continued to work with the Emergency Management and Public Health Departments in an effort to enhance a county plan for responding to a community disaster. We are striving to maintain an up to date list of vulnerable persons in order to help first responders establish priorities during an emergency event.

IDENTIFIED TRENDS

- The cost for placing children in need of protection and services in foster homes and shelter care has risen from \$206,603 in 2006 to \$597,808 in 2010.
- The cost for placing children in need of protection and services in child caring institutions has risen from \$231,117 in 2007 to \$553,449 in 2010.
- The number of children placed outside of their own homes in order to keep them safe has risen from 50 in 2006 to 90 in 2010.
- The number of days juvenile offenders have spent in child caring institutions has risen from 1019 in 2007 to 1561 in 2010.
- Nine individuals with severe and persistent mental illness spent a total of 2,213 days in a Community Based Residential Facility this past year compared to fourteen individuals who spent 4002 days in care in 2005.
- Seventeen persons required inpatient detoxification in 2010 compared to 45 individuals in 2006.
- As of December 2010 there were a total of 6,666 recipients on the Medicaid Program compared to at total of 3,833 recipients in 2006.
- There were a total of 1325 households who received energy assistance in 2010 compared to 634 in 2007.
- The average monthly caseload of families on the FoodShare Program rose from 718 in 2006 to 1427 in 2010.

- The rate we have been paid to provide case management services for clients eligible for the Family Care Program has declined for the past three years. The number of staff contracted to Community Care Inc will be reduced from eight to only one employee.
- The number of Adult Protective Service investigations we have conducted has risen from 105 in 2005 to 127 in 2010.
- The number of children in our Birth to Three Program has decreased from 282 children in 2008 to 270 children in 2010.

CHALLENGES

- When the Federal and State Governments address their budget deficits by making fewer persons eligible for the programs they have established they increase the likelihood that additional county levy will be needed to provide assistance to county residents. We have been able to bill Medicaid for case management, counseling and medication management services provided to persons currently on Medicaid. We will be required to provide or purchase services to those persons who become ineligible for Medicaid and who are protectively placed by the court. It will be necessary to use County Levy for this purpose. The demand for services will likely increase at the same time our revenues decrease.
- Neither Medicaid insurance or private insurance companies cover the cost of county residents being placed in State Mental Health Institutes. This past year we have had to pay almost \$400,000 for one local resident placed in a mental health institute through a court process. One or more additional placements in a mental health institute will cause us to greatly exceed our annual budget.
- More than 20 homeless individuals have been referred to our department since September of 2010. We will need to develop guidelines for responding to this problem.
- In the past five years the number of children placed in foster care has almost doubled and the number of children placed in child caring institutions has almost doubled in the past two years. We must examine all of our protocols in this regard to determine if there is anything that can be done to reverse this trend.
- Given the pending cuts in state revenue I suspect the program prioritization process previously completed by the county board will be used to make some very difficult decisions as to where reduced revenue should be allocated. We have been cutting staff for a number of years and I am very concerned that additional cuts may result in our inability to abide by administrative rules or state statutes. A few years ago a similar scenario resulted in a court order to transfer the administration of Child Welfare Services from Milwaukee County to the State of Wisconsin.

Our program managers and direct service staff routinely seek to employ the most cost effective and least restrictive interventions available to them. They do difficult jobs under very trying circumstances but continue to be dedicated to their clients and the mission of our agency!

Respectfully Submitted

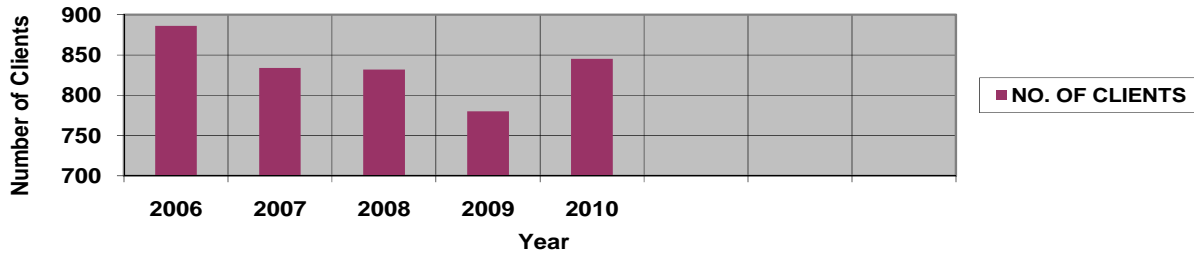
Robert J. Haupt, Director

BEHAVIORAL HEALTH PROGRAMS

COUNSELING CENTER STATISTICS

YEAR	2006	2007	2008	2009	2010
NO. OF CLIENTS	886	834	832	780	845

Counseling Center Statistics



PROGRAM ENROLLMENTS

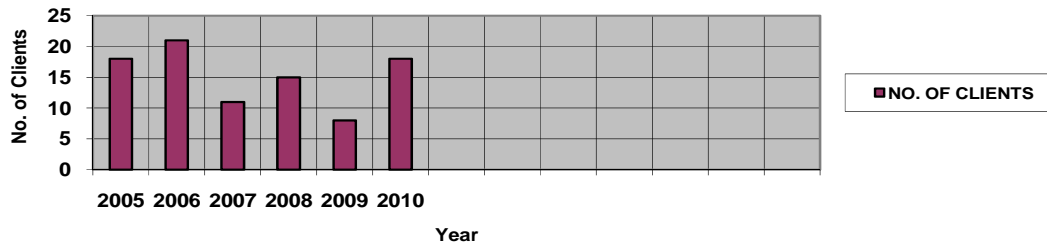
PROGRAM	2010	2011	2012	2013	2014
CASE MANANGEMENT	89				
COMMUNITY SUPPORT PROGRAM	55				
OUTPATIENT COUNSELING	316				
MEDICATION MANAGEMENT	649				
AODA	216				
CRISIS	186				
TOTAL	1512				

VOLUNTARY HOSPITALIZATIONS

Short term voluntary hospitalizations occur when a person is exhibiting serious mental health problems and/or some degree of dangerousness to themselves or others, and are willing to obtain help (sign themselves in to an inpatient facility) for these problems.

	2006	2007	2008	2009	2010
NO. OF CLIENTS	21	11	15	8	18

Voluntary Hospitalizations

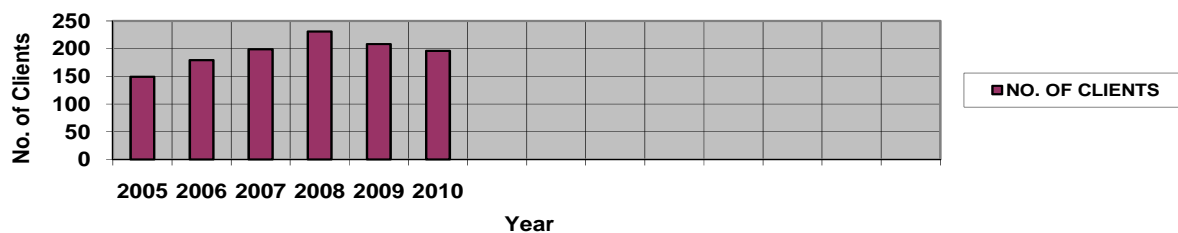


INVOLUNTARY HOSPITALIZATIONS (CHAPTER 51)

An involuntary hospitalization occurs when an individual is exhibiting threatening behavior to themselves or another person as a result of a serious mental illness. Law enforcement officers are the only ones who can do these types of detentions.

	2006	2007	2008	2009	2010
NO. OF CLIENTS	179	199	231	208	196

Involuntary Hospitalizations

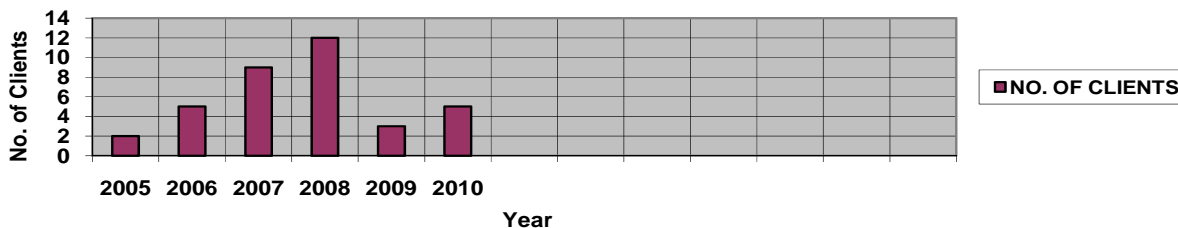


PLACEMENTS AT STATE HOSPITALS

Placements occur when individuals with very severe mental illness do not respond to short term acute care or present problems that are too severe to be dealt with by the staff of an inpatient unit. Usually there is an issue of safety. Winnebago or Mendota are better equipped to handle these types of problems.

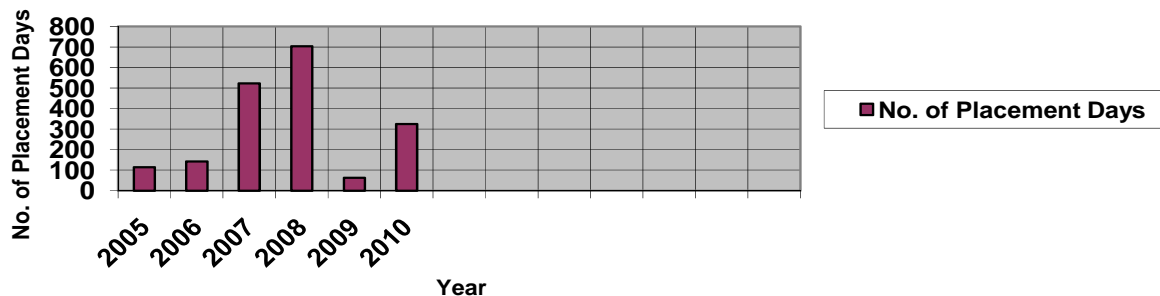
	2006	2007	2008	2009	2010
NO. OF CLIENTS	5	9	12	3	5

Placements at State Hospitals



	2006	2007	2008	2009	2010
NO. OF PLACEMENT DAYS	142	523	704	62	325

Placements at State Hospitals

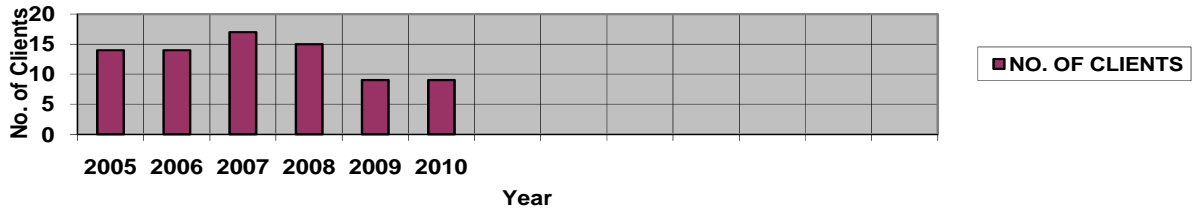


COMMUNITY BASED RESIDENTIAL FACILITIES

Clients who have severe and persistent mental illness may need to reside in a group home environment for several months to a year in order to achieve psychosocial rehabilitation.

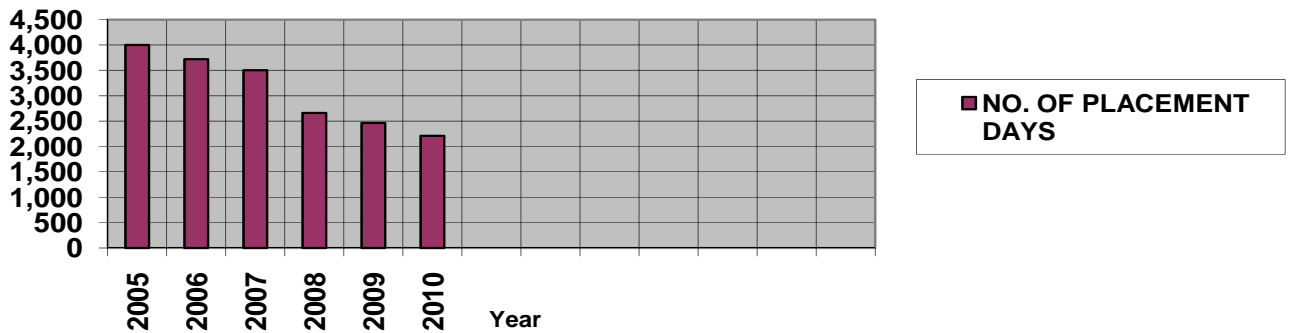
	2006	2007	2008	2009	2010
NO. OF CLIENTS	14	17	15	9	9

Community Based Residential Facilities



	2006	2007	2008	2009	2010
NO. OF PLACEMENT DAYS	3,720	3,500	2,661	2,460	2,213

Community Based Residential Facilities



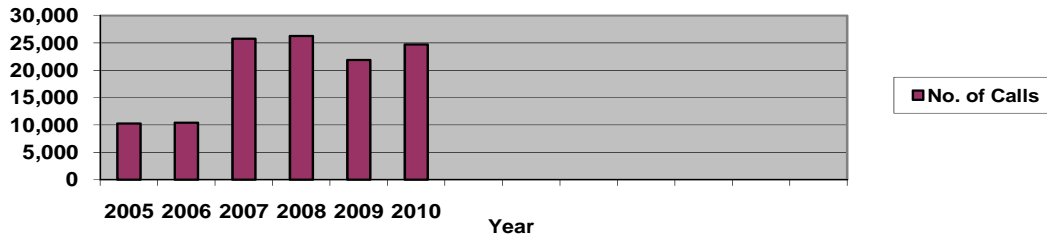
HOTLINE SERVICES

COPE Services, as it has for many years, continued to provide around the clock hotline services to county residents. A published 24 hour hotline is a requirement of our certification. It is also a very important part of the safety for citizens of the county who are experiencing emotional difficulties and/or mental illnesses, as well as chemical dependency problems. The Department provides training and backup to the many volunteers who make this service available to the County.

*2007 numbers reflect a change in how calls are logged. They now include ALL calls.

	2006	2007	2008	2009	2010
NO. OF CALLS	10,435	25,780*	26,241	21,865	24,713

COPE Hotline Calls

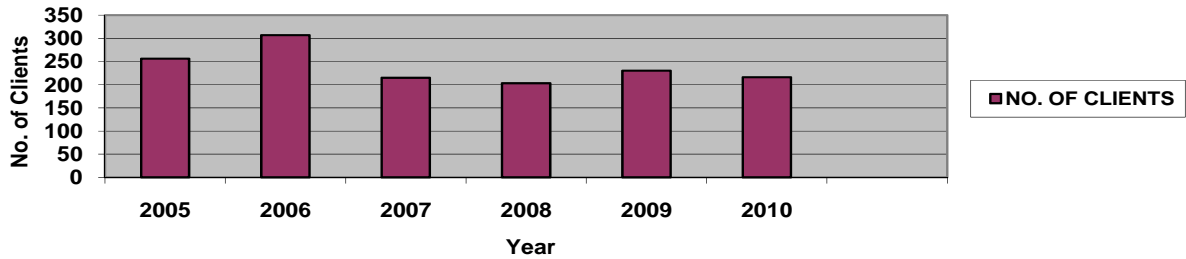


CHEMICAL DEPENDENCY SERVICES

Outpatient Services (Counseling Center)

	2006	2007	2008	2009	2010
NO. OF CLIENTS	307	215	203	230	216

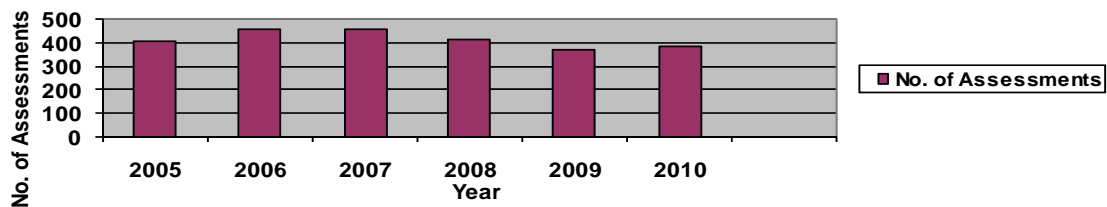
Chemical Dependency Outpatient Services



Intoxicated Driver Program

	2006	2007	2008	2009	2010
NO. OF ASSESSMENTS	458	458	414	370	386

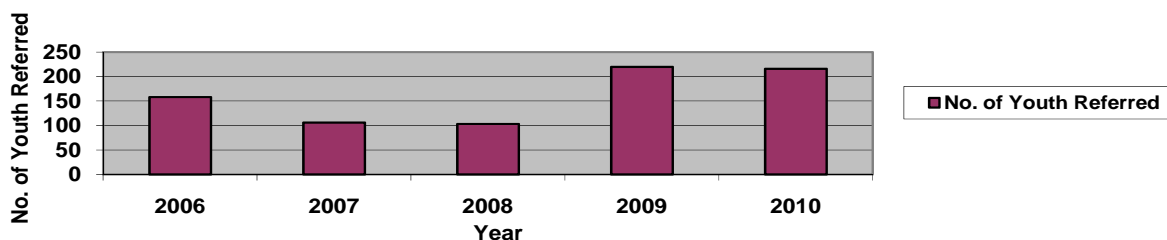
Intoxicated Driver Program



Underage Drinking Assessments: (completed by the Ozaukee Council)

	2006	2007	2008	2009	2010
NO. OF YOUTH REFERRED	158	106	103	220	216

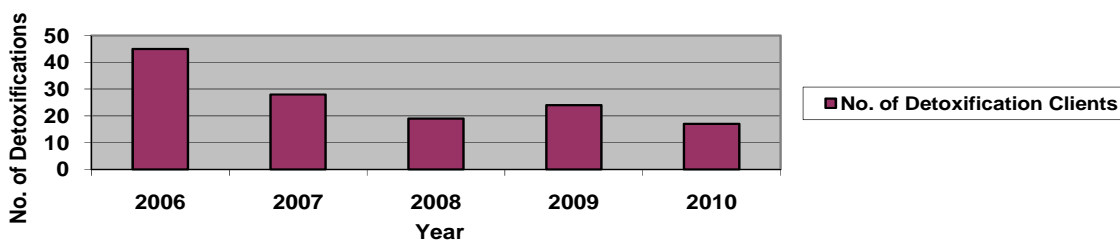
Underage Drinking Assessments



INPATIENT CARE

	2006	2007	2008	2009	2010
NO. OF DETOXIFICATION CLIENTS	45	28	19	24	17

Detoxifications

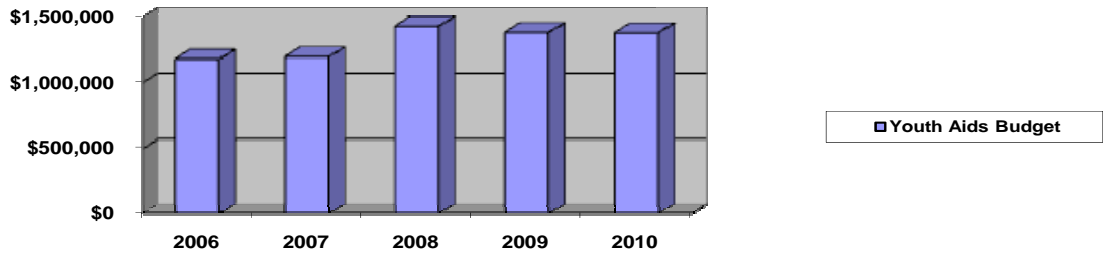


CHILDREN AND FAMILIES DIVISION

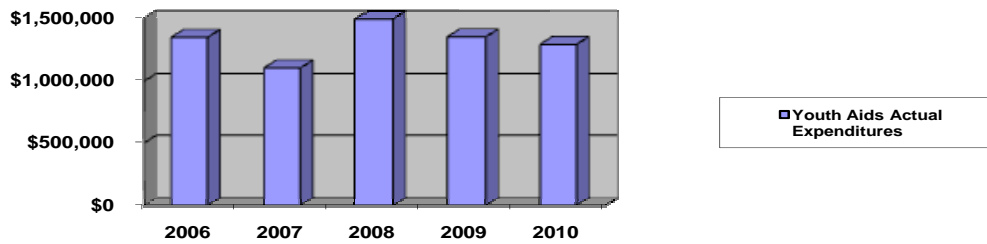
JUVENILE JUSTICE UNIT STATISTICS

BUDGET

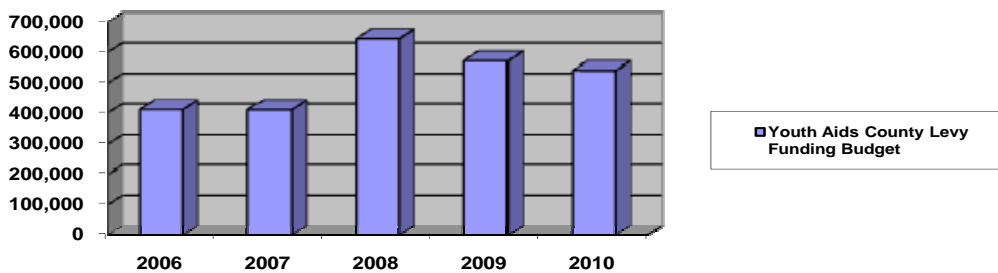
	2007	2008	2009	2010
Youth Aids Budget	\$1,198,430	\$1,433,554	\$1,385,623	\$1,382,615



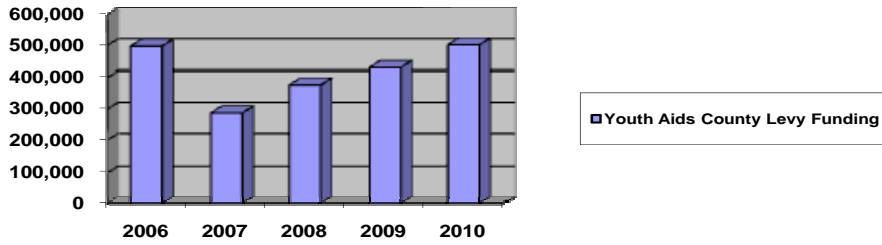
	2007	2008	2009	2010
Youth Aids Actual Expenditures	\$1,104,646	\$1,491,287	\$1,350,716	\$1,291,662



	2007	2008	2009	2010
Youth Aids County Levy Funding Budget	\$411,017	\$645,292	\$572,272	\$541,425

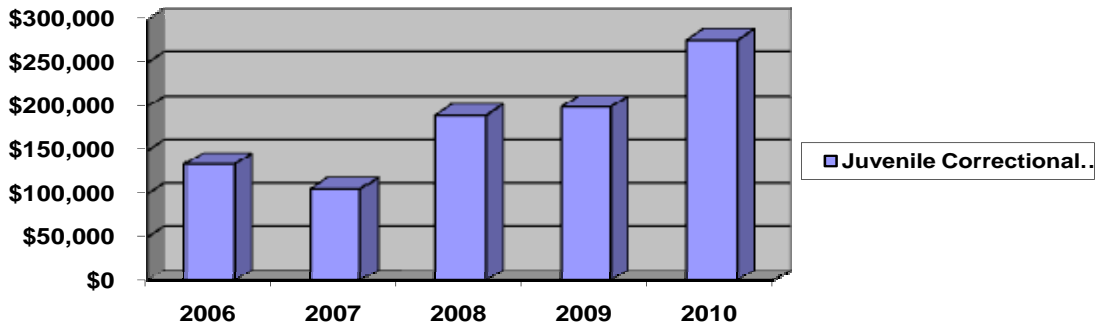


	2007	2008	2009	2010
Youth Aids County Levy Funding Actual	\$288,071	\$377,799	\$430,201	\$502,071

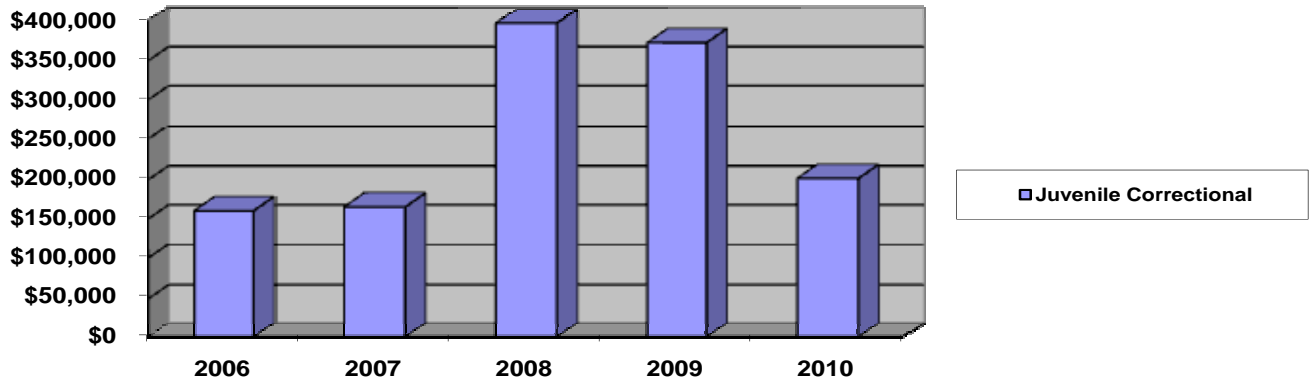


CORRECTIONS

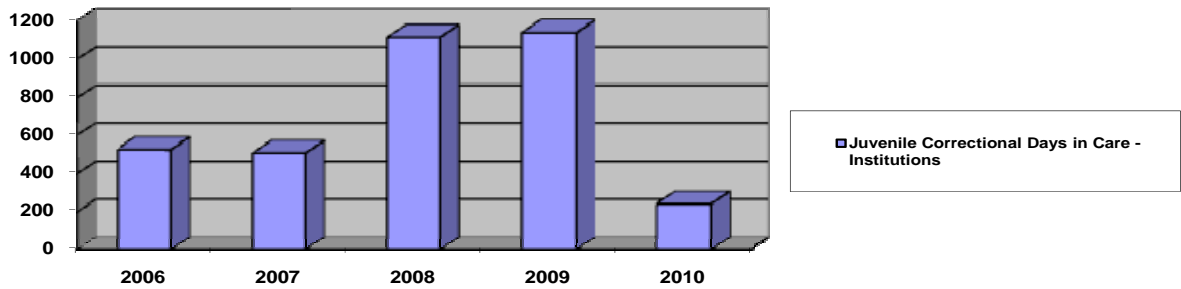
	2006	2007	2008	2009	2010
Juvenile Correctional Budget	\$134,282	\$105,907	\$189,956	\$200,000	\$277,258



	2006	2007	2008	2009	2010
Juvenile Correctional Cost of Care	\$159,902	164,558	\$396,045	372,138	\$201,655



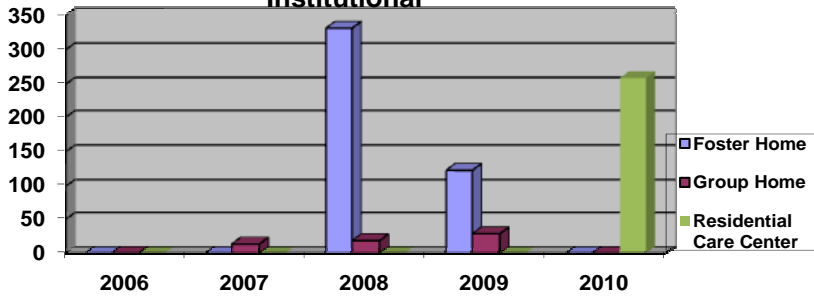
	2006	2007	2008	2009	2010
Juvenile Correctional Days in Care – Institutions-Lincoln Hills or Ethan Allen	526	509	1117	1141	240



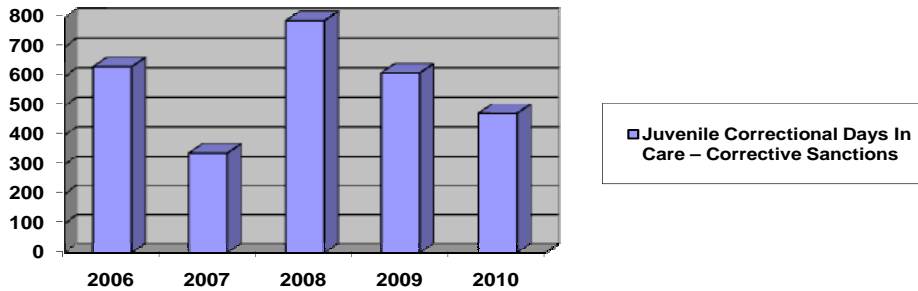
Juvenile Corrections Days in Care Post Institutional Care:

	2006	2007	2008	2009	2010
Foster Home	0	0	331	123	0
Group Home	0	14	19	29	0
Residential Care Center	0	0	0	0	259

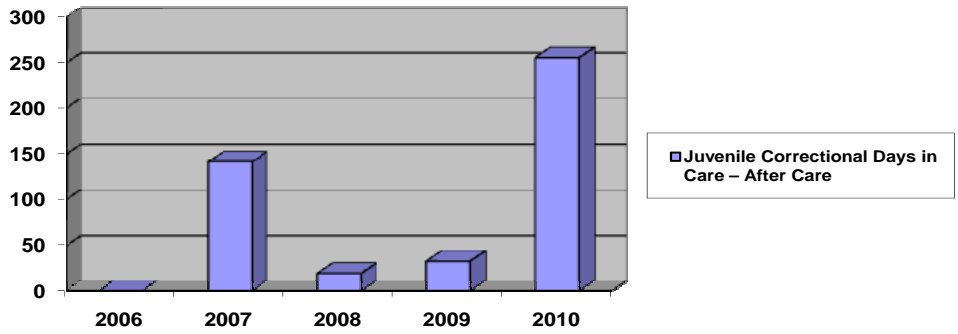
Juvenile Correction Days in Care Post Institutional



	2006	2007	2008	2009	2010
Juvenile Correctional Days In Care – Corrective Sanctions	633	341	790	613	474

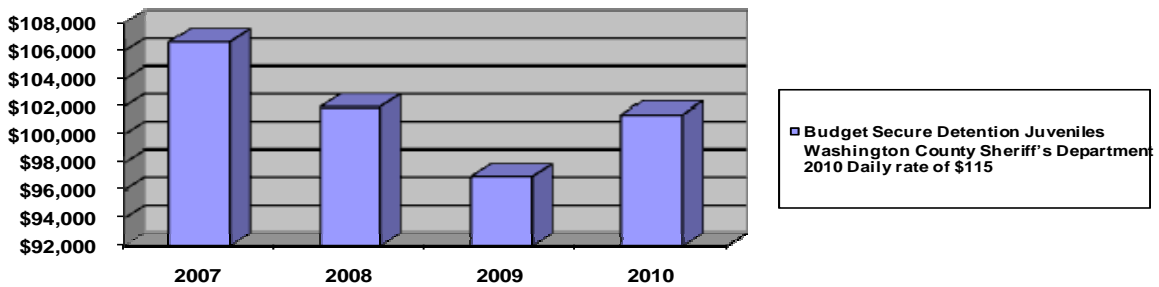


	2006	2007	2008	2009	2010
Juvenile Correctional Days in Care – After Care Community Supervision	0	142	20	33	256

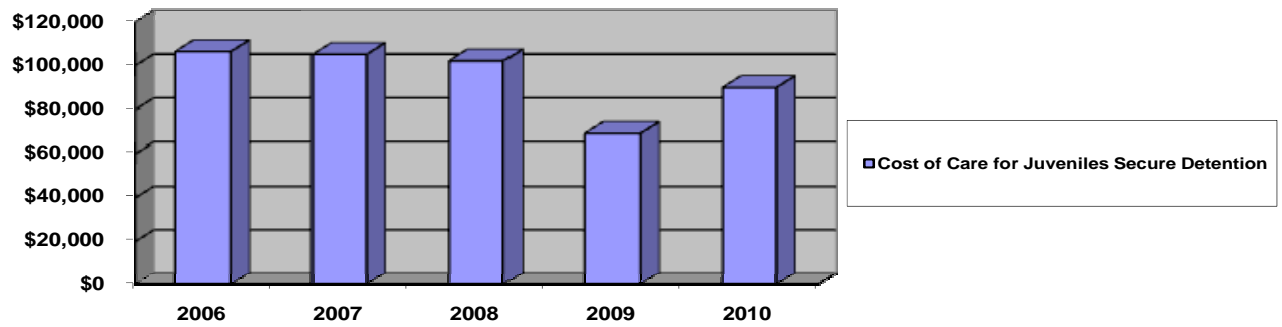


SECURE DETENTION

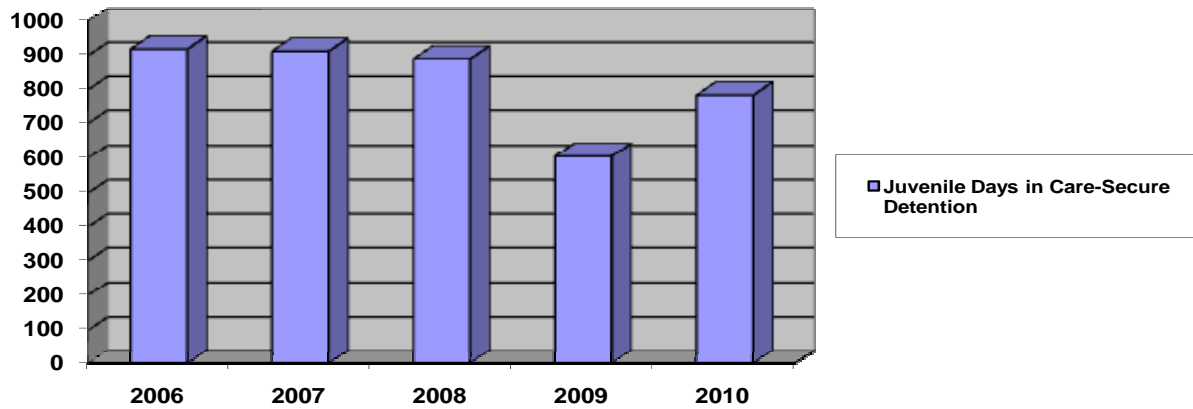
	2007	2008	2009	2010
Budget Secure Detention Juveniles Washington County Sheriff's Department 2010 Daily rate of \$115	\$106,700	\$102,000	\$97,000	\$101,465



	2006	2007	2008	2009	2010
Cost of Care for Juveniles Secure Detention	\$106,683	\$105,360	\$102,270	\$69,350	\$90,417



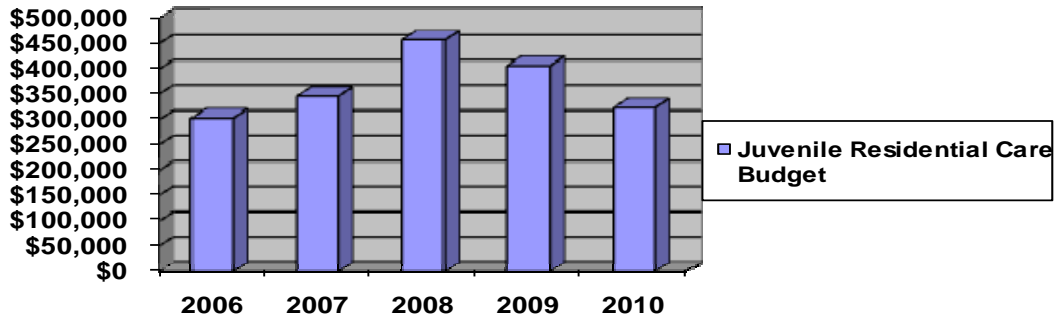
	2006	2007	2008	2009	2010
Juvenile Days in Care-Secure Detention	918	912	890	605	784



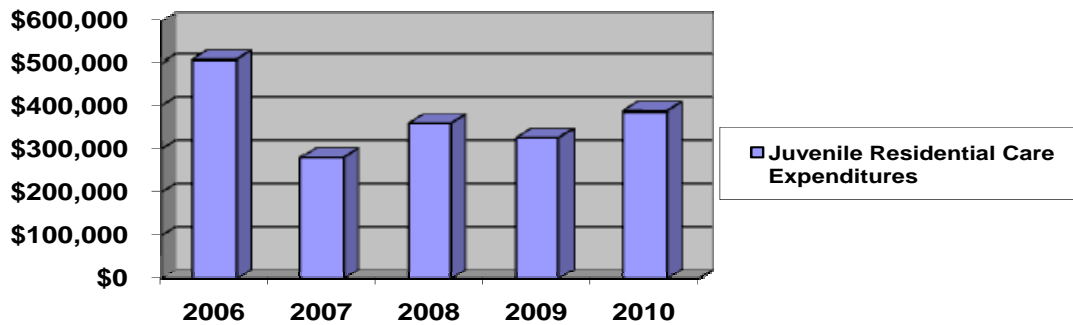
RESIDENTIAL CARE CENTER

	2006	2007	2008	2009	2010
Juvenile	\$303,175	\$345,736	\$457,700	\$406,445	\$323,146

Residential Care Budget					
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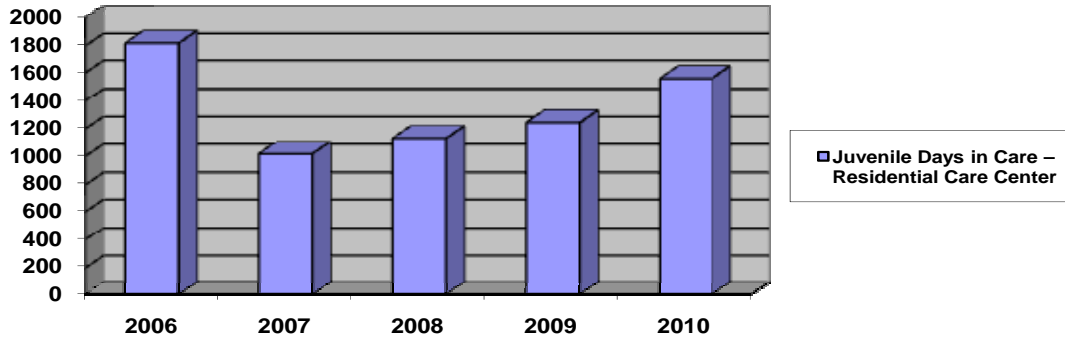


	2006	2007	2008	2009	2010
Juvenile Residential Care Expenditures	\$508,592	\$280,698	\$362,292	\$327,154	\$388,701



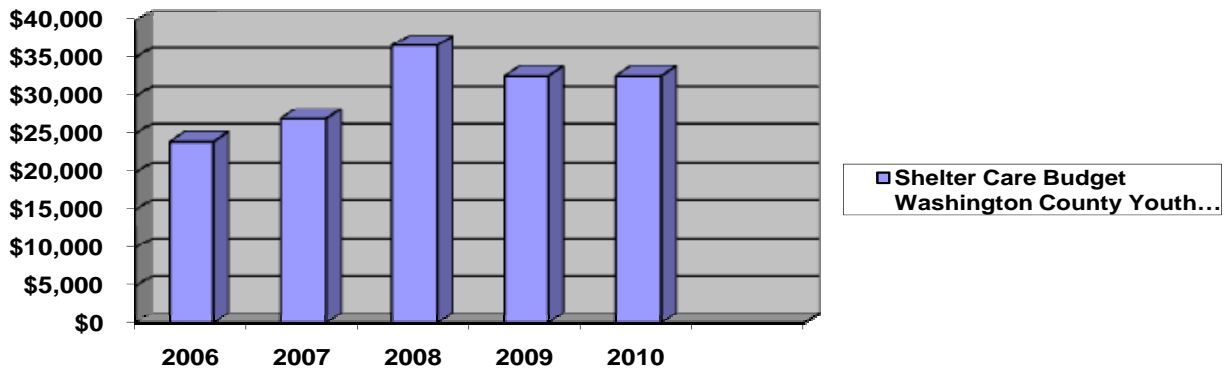
	2006	2007	2008	2009	2010
Juvenile Days in Care – Residential	1820	1019	1134	1245	1561

Care Center					
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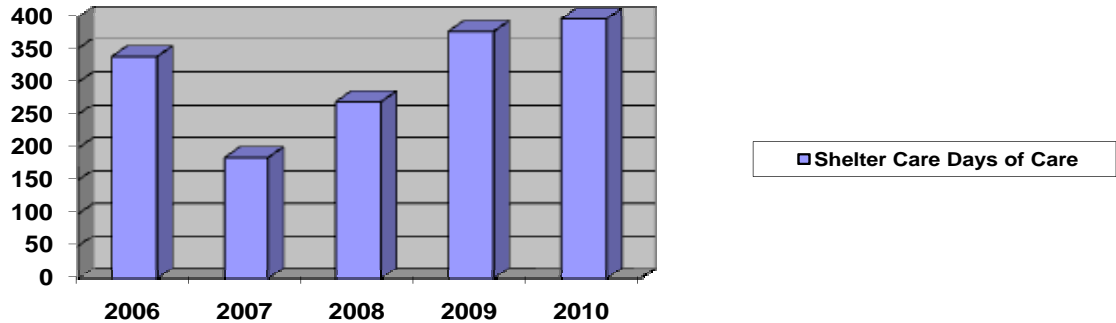
SHELTER

	2007	2008	2009	2010
Shelter Care Budget Washington County Youth Treatment Center 2010 daily rate \$131	\$27,000	\$36,660	\$32,660	\$32,660



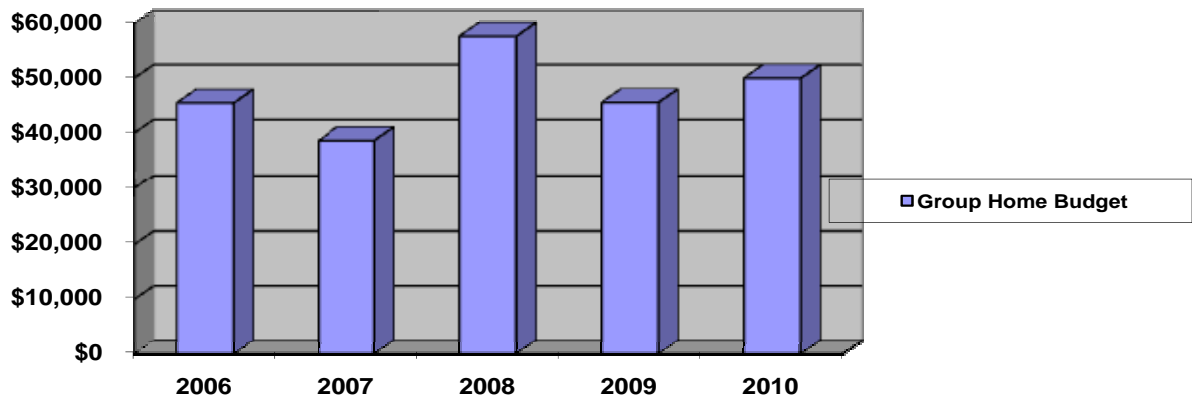
	2006	2007	2008	2009	2010
Shelter Care Expenditures	\$43,264	\$29,315	35,501	\$51,408	\$25,307 Youth Aids \$25,676 CPS \$50,983 Total

	2006	2007	2008	2009	2010
Shelter Care Days of Care	338	186	271	125 Youth Aids <u>253</u> CPS 378 Total	193 Youth Aids <u>204</u> CPS 397 Total

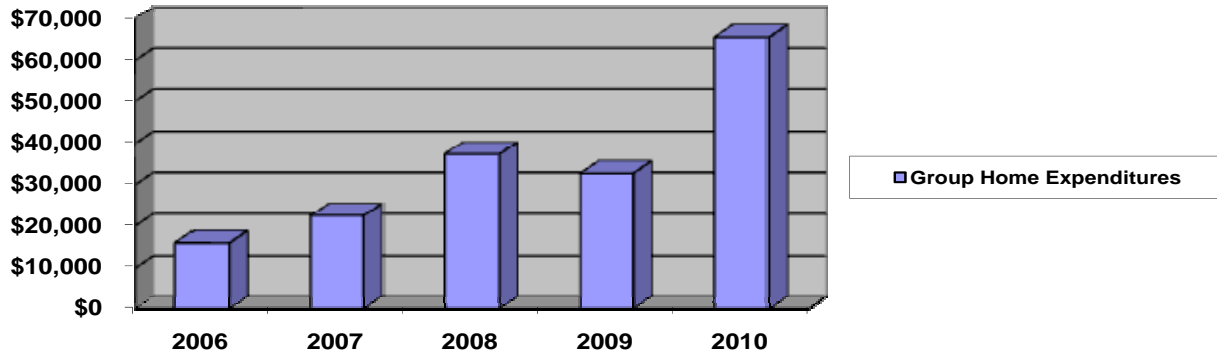


GROUP HOME

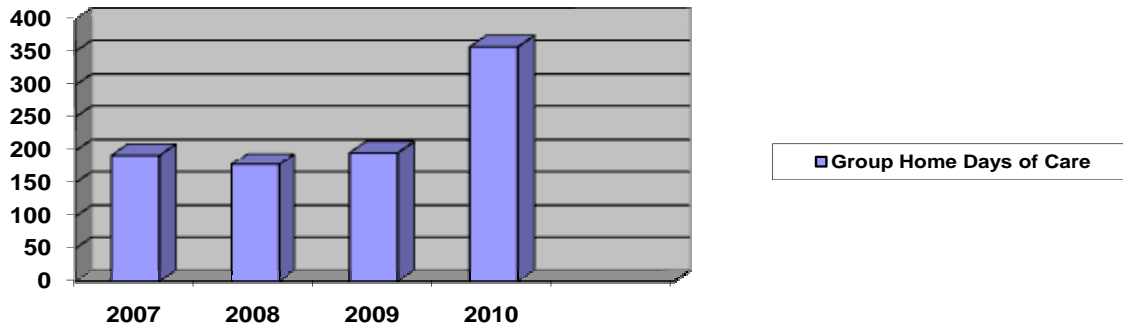
	2006	2007	2008	2009	2010
Group Home Budget	\$45,625	\$38,650	\$57,713	\$45,713	\$50,000



	2006	2007	2008	2009	2010
Group Home Expenditures	\$15,985	\$22,538	\$37,336	\$32,732	\$65,522

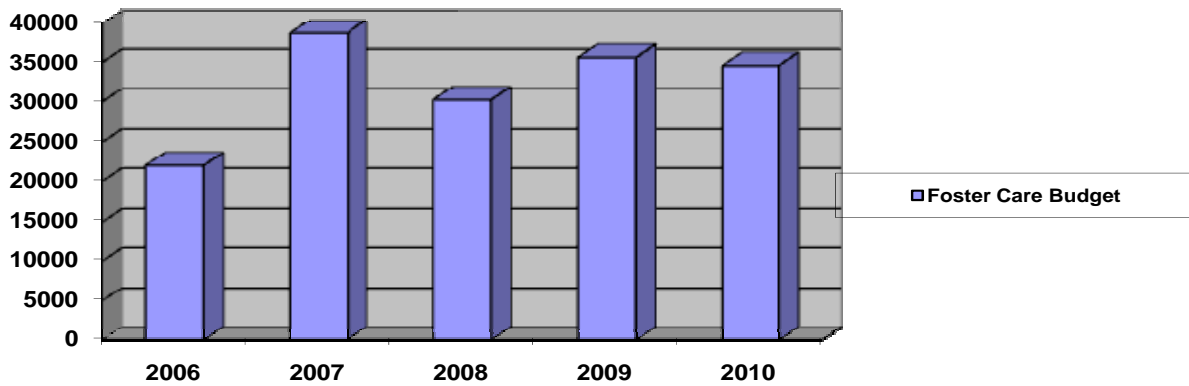


	2007	2008	2009	2010
Group Home Days of Care	193	178	197	357



FOSTER CARE

	2006	2007	2008	2009	2010
Foster Care Budget	\$22,000	\$38,650	\$30,250	\$35,600	\$34,601

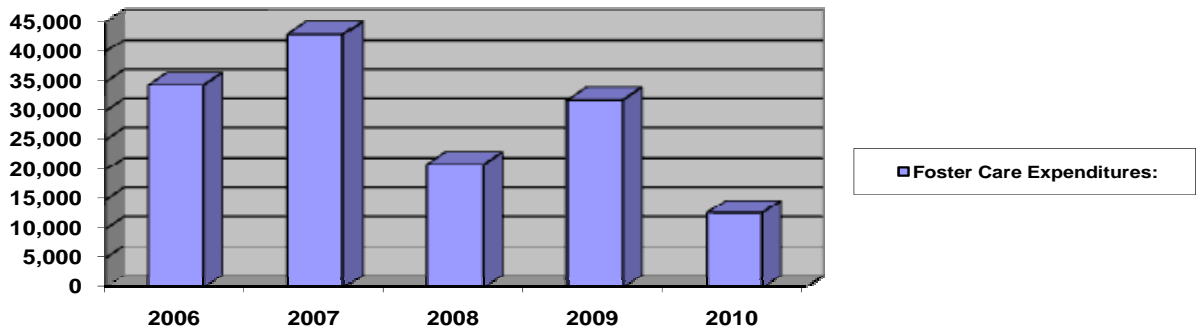


	2006	2007	2008	2009	2010
Foster Care Expenditures:	34,480	\$43,075	\$21,005	\$31,824	\$12,730

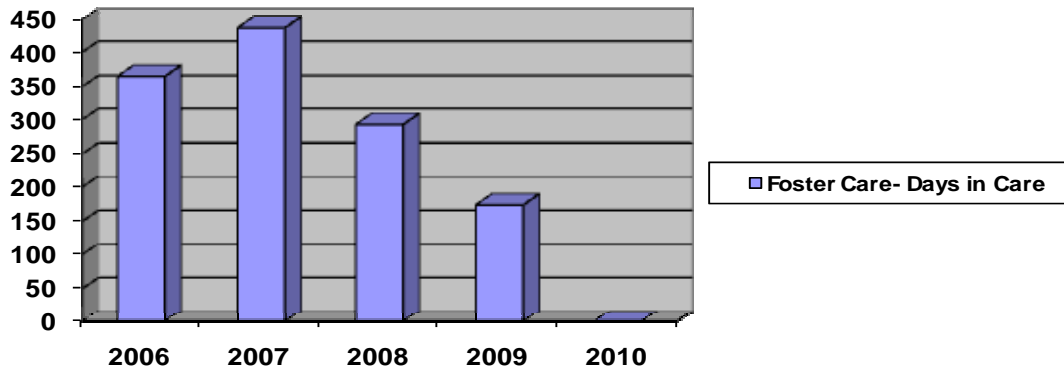
he foster care expenditures include:

\$12,480 payment for the two receiving home providers,

\$450 to those providers for actual emergency placements at @ \$50 per episode



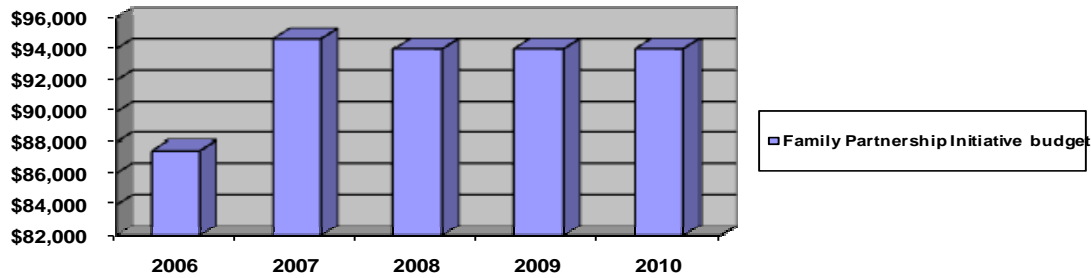
	2006	2007	2008	2009	2010
Foster Care- Days in Care	365	438	293	174	0



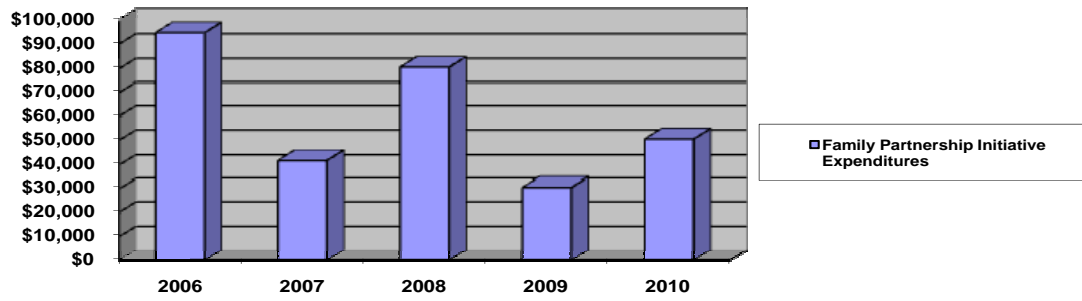
FAMI

FAMILY PARTNERSHIP INITIATIVE

	2007	2008	2009	2010
Family Partnership Initiative budget	\$94,664	\$94,000	\$94,000	\$94,000



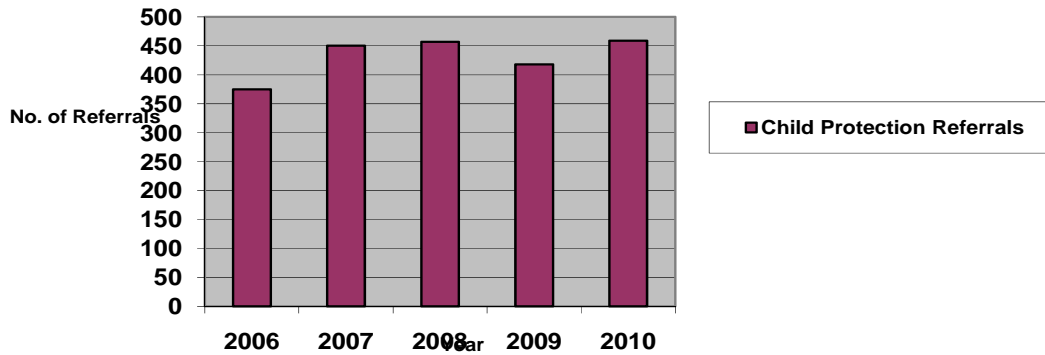
	2007	2008	2009	2010
Family Partnership Initiative Expenditures	\$41,969	\$80,679	\$30,683	\$50,614



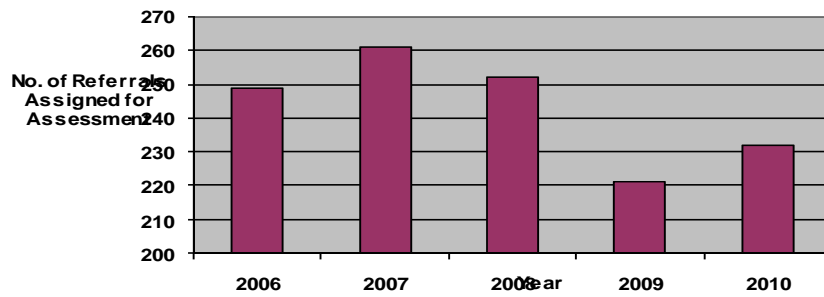
CHILD PROTECTIVE SERVICE STATISTICS

	2006	2007	2008	2009	2010
Child Welfare/Protection Referrals	375	450	457	418	459

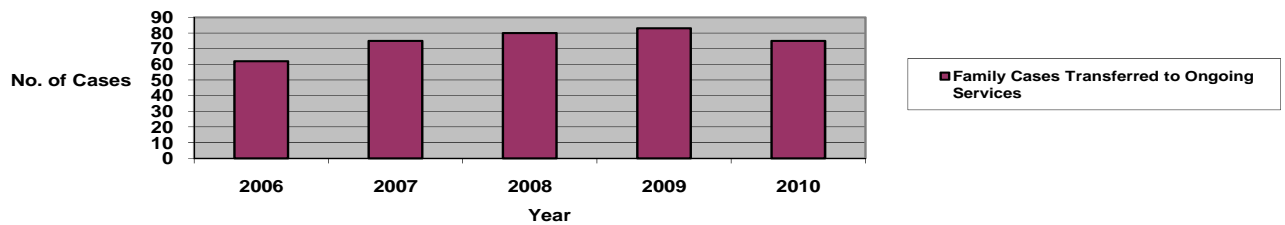
No. of Child Protection Referrals



	2006	2007	2008	2009	2010
Referrals Assigned for Assessment	249	261	252	221	232



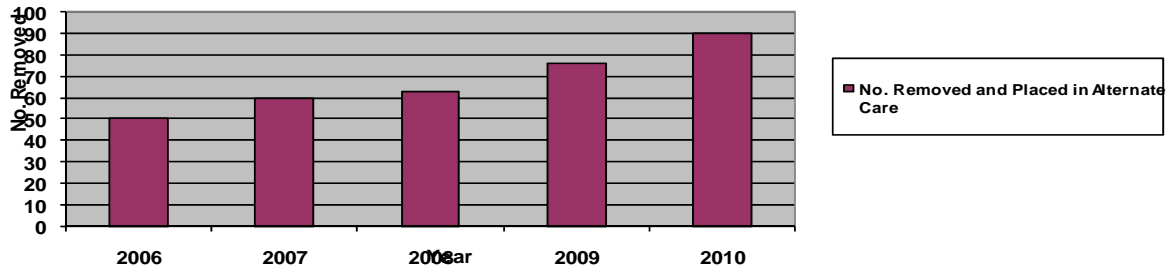
	2006	2007	2008	2009	2010
Family Cases Opened to Ongoing Services	62	75	80	83	75



Children Removed from their home and placed in Alternate Care due to Safety (FH/TXFC/ Group Home/RCC/Shelter)

	2006	2007	2008	2009	2010
No. Removed and Placed in Alternate Care	50	60	63	76	90

No. of Children Removed and Placed in Alternate Care

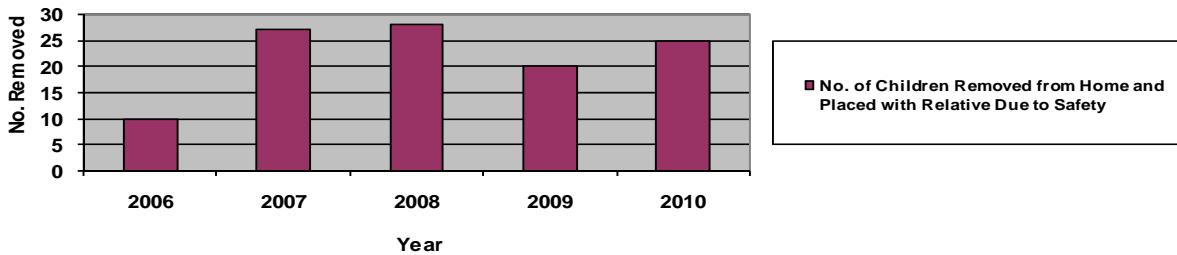


The number of children entering alternate care exhibiting behaviors associated with severe trauma, mental health problems and/or developmental disabilities.

Children removed from their home and placed with a relative due to Safety

	2006	2007	2008	2009	2010
No. of Children Removed from Home and Placed with Relative Due to Safety	10	27	28	20	25

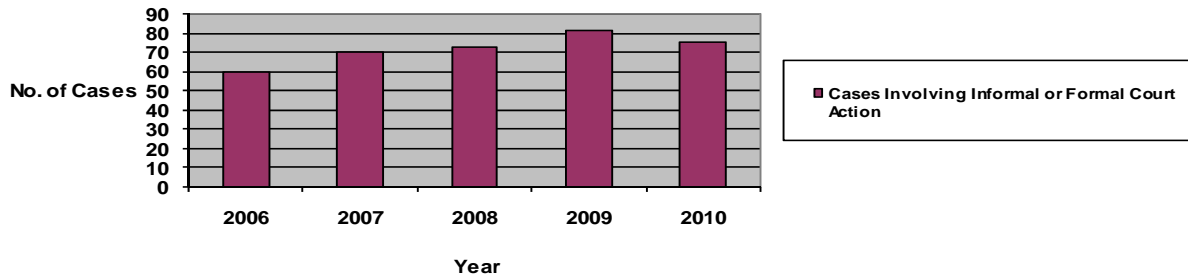
No. of Children Removed and Placed with Relative



CPS cases that involved informal or formal court action

	2006	2007	2008	2009	2010
Cases Involving Informal or Formal Court Action	60	70	73	81	75

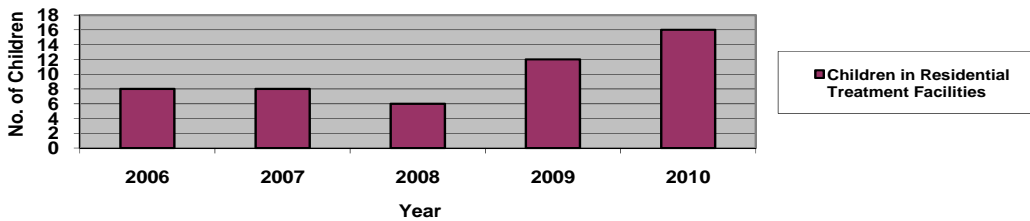
Cases Involving Informal or Formal Court Action



Children placed in Residential Treatment Facilities

	2006	2007	2008	2009	2010
Children in Residential Treatment Facilities	8	8	6	12	16

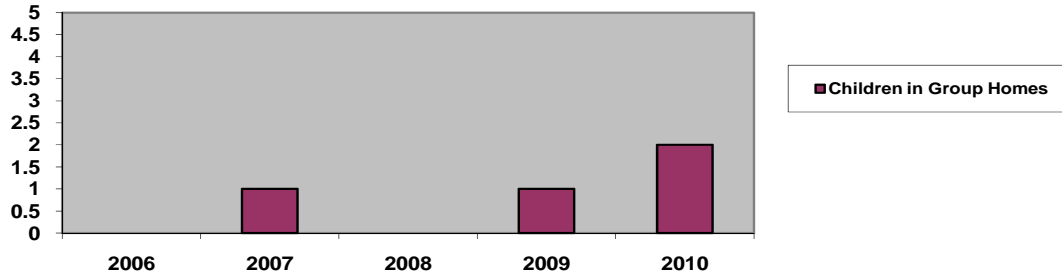
Children Placed in Residential Treatment Facilities



Children placed in Group Home

	2006	2007	2008	2009	2010
Children in Group Homes	0	1	0	1	2

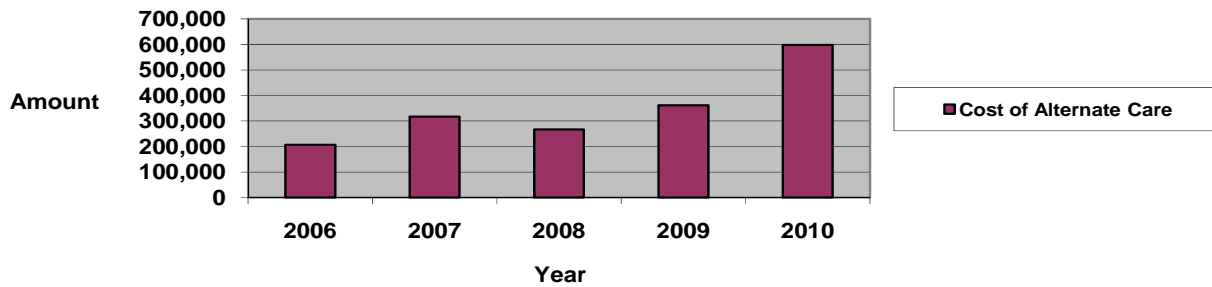
Children Placed in Group Homes



Cost of Alternate Care (FH, TXFC, Shelter)

	2006	2007	2008	2009	2010
Cost of Alternate Care	206,603	317,728	267,165	\$361,660	597,808

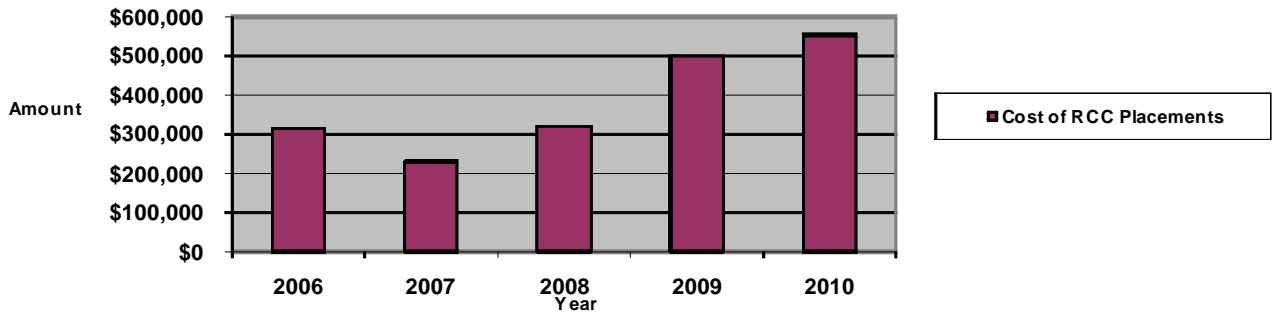
Cost of Alternate Care



Cost of RCC Placements

	2006	2007	2008	2009	2010
Cost of RCC Placements	\$314,976	\$231,117	\$319,687	\$501,984	553,459

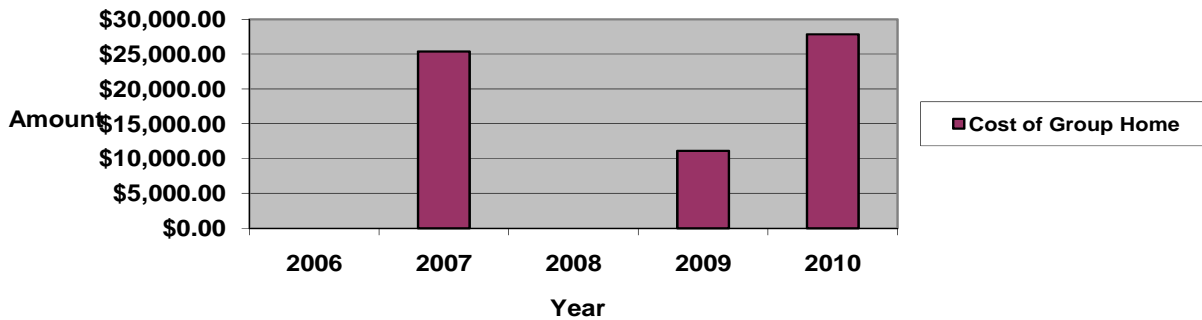
Cost of Residential Care Center Placements



Cost of Group Home

	2006	2007	2008	2009	2010
Cost of Group Home	0	\$25,375	0	\$11,131	27,829

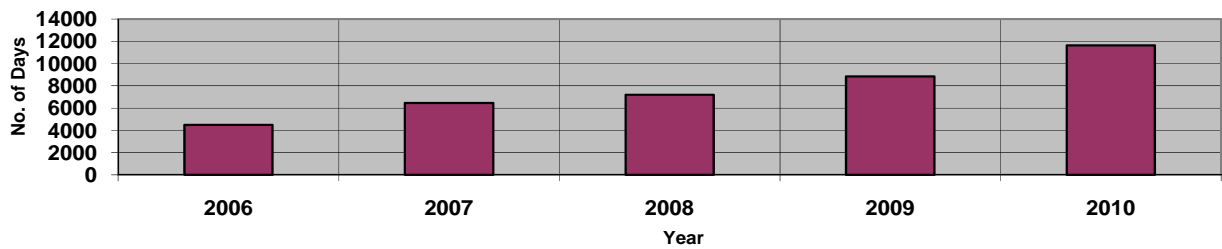
Cost of Group Homes



Number of days in Alternate Care (FH/TXFC)

	2006	2007	2008	2009	2010
No. of Days in Alternate Care	4488	6,447	7,194	8,851	11,625

No. of Days in Alternate Care



Number of days in RCC Placements

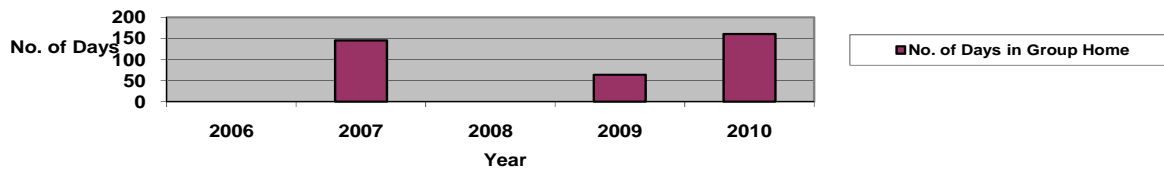
	2006	2007	2008	2009	2010
No. of Days in RCC Placements	1192	931	1,192	1,742	1,976

save

Number of days in Group Home

	2006	2007	2008	2009	2010
No. of Days in Group Home	0	145	0	64	160

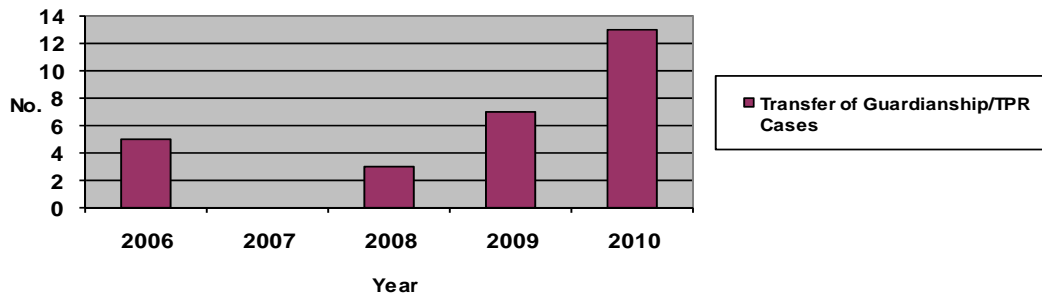
No. of Days in Group Home



Transfer of Guardianship/TPR Per Child

	2006	2007	2008	2009	2010
Transfer of Guardianship/TPR Cases	5	0	3	7	13

No. of Transfers of Guardianship/Termination of Parental Rights



Findings of Maltreatment per child (substantiated, unsubstantiated)

Neglect	Physical	Emotional	Sexual
Sub: 7	Sub: 5	Sub: 0	Sub: 6
Unsub: 150	UnSub: 83	Unsub: 24	Unsub; 25

ECONOMIC SUPPORT PROGRAM

OVERVIEW OF ECONOMIC SUPPORT PROGRAMS FOR 2010

Child Care

Our unit administers the Child Care Program also know as Wisconsin Shares. Benefits are paid to regulated day care providers while parents are employed. Most eligible families pay a portion or co-pay based upon their income. The caseload increased by 17% in 2007 to an average monthly caseload of 253 cases. This trend continued into 2008 when the average caseload increased by 18% to 299. In May 2008, the monthly caseload exceeded 300 for the first time. There was a very small decline of 1% in 2009 with the average caseload dropping to 296. From a peak caseload of 309 in January 2009, it has steadily declined to 222 families in December 2010 which is just a few cases more than we had at the end of 2006.

This reduction over the course of the last two years has been supported by anecdotes of lost or reduced employment hours. In some cases, parents have found alternate unregulated care to reduce their costs. We know that some day care centers are struggling with reduced enrollments.

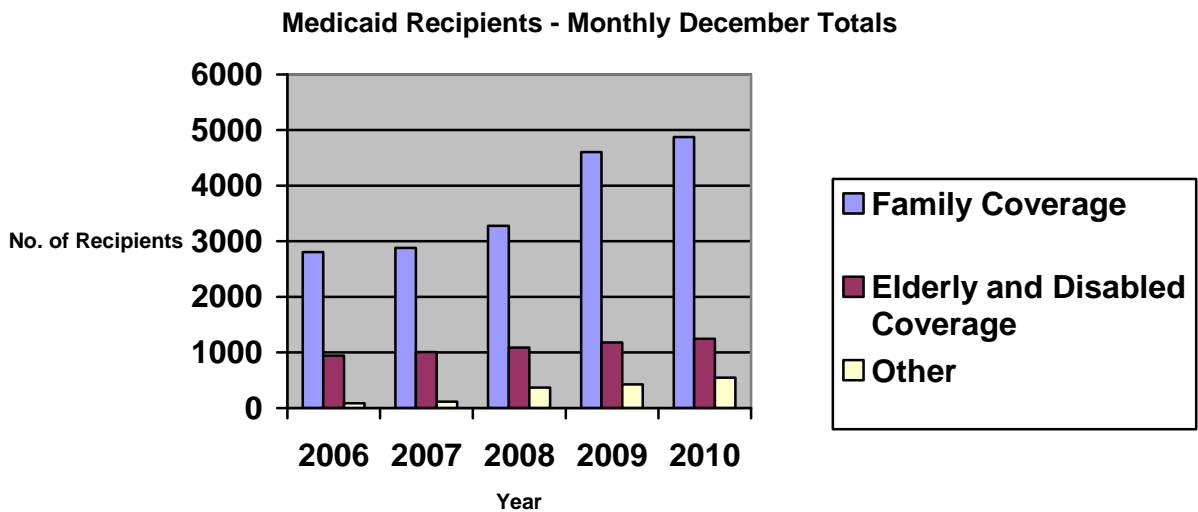
2010 was the first year of a new process that had us directly contracting with the State to administer the Child Care Program. In prior years, we administered the program under a subcontract with the W2 administrative agency for Ozaukee County, ResCare Workforce Services. ResCare provides operates the W2 Program from our Ozaukee Works location in Grafton.

Medicaid/BadgerCare Plus

The Medicaid/BadgerCare Plus Program continued to grow in 2010 but at a much slower rate than the last several years. There has been no expansion of eligibility rules for more than two years. That leaves us to conclude that most of the increase is likely due to people whose income has decreased and/or they have lost private insurance coverage.

Medicaid Recipients – Monthly Totals for December

	2006	2007	2008	2009	2010
Family Coverage	2804	2878	3278	4602	4875
Elderly and Disabled Coverage	945	1008	1088	1178	1245
Other	84	113	370	428	546
Total	3833	3999	4736	6208	6666



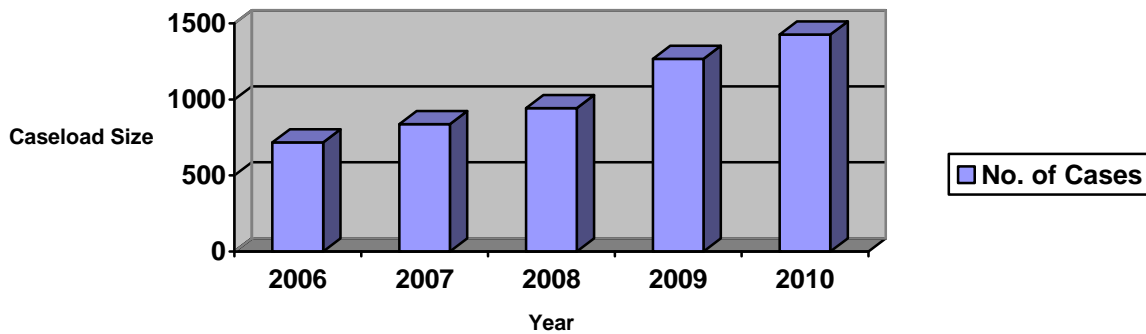
FoodShare

FoodShare caseloads and benefits increased again in 2010. The caseload increased by 13% over 2009 and annual benefits paid increased by 25%. Usually benefit allotments increase annually October 1 with the start of the Federal budget year. With the passage of the Federal Economic Stimulus Package, the allotment levels increased 13.6% effective April 1, 2009 and that helped to push a portion of a big increase in 2009. However, the increasing number of eligible households and the increase in the average benefit per household would indicate that our low income population has grown in size and their income is reduced. This has been a three year trend.

FoodShare – Average Monthly Caseload

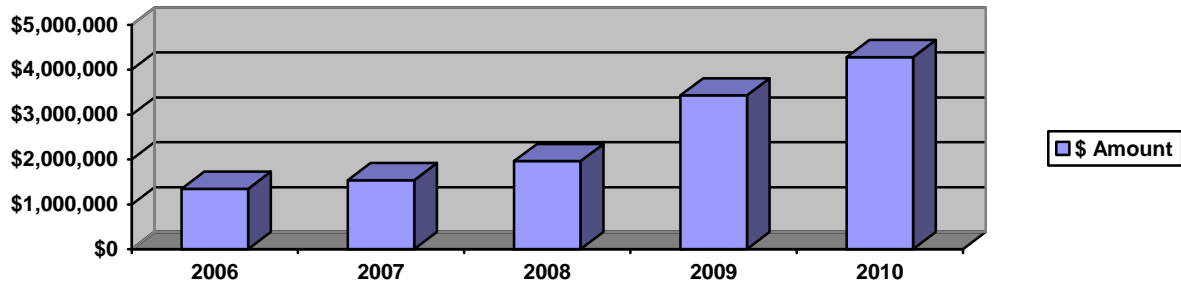
	2006	2007	2008	2009	2010
No. of Cases	718	837	943	1266	1427

Foodshare - Average Monthly Caseload



Annual Benefits

	2006	2007	2008	2009	2010
\$ Amount	\$1,348,500	\$1,535,892	\$1,962,293	\$3,429,740	\$4,277,508



Energy Assistance

This seasonal program operates from October 1st to May 15th of each year. The statistics are from federal fiscal year end reports as of September 30, 2010 for the program that ended the preceding May. While the eligibility standards have not changed very much from year to year, the block grant which funds Energy Assistance may change substantially so that the payment formula may vary significantly. That was especially true of the 2007-2008 program where we provided 104% more assistance to 11% more households. The block grant was not substantially increased for the last program year so that for 2008-2009, we provided 29% more assistance to 21% more households. The income eligibility limits for the 2010 program were increased substantially and we were told to expect more eligible households. Statewide, program participation increased by 24%. In Ozaukee County, we paid 54% more households than in the prior program year.

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Households applied	774	870	1067	1498
Households paid	634	711	862	1325
Payment totals	\$187,257	\$387,698	\$501,198	
	\$678,732			
Payment averages	\$295	\$545	\$581	\$512
Median Annualize household income	\$11,616	\$12,552	\$13,158	\$15,863

Staffing and Organization

The rate of growth in program participation slowed in 2010 except for the Energy Assistance Program which had a dramatic increase of 54%. We met that increased demand by suspending scanning documents into electronic case files, by suspending ongoing destruction of paper records and redeploying staff from those responsibilities to taking Energy Assistance Applications. We would probably still have a backlog in those deferred project areas but a support staff person was transferred from another department to assist with scanning and record destruction.

We are still struggling with the implementation of Family Care. Our automated eligibility system has still not been redesigned to truly automate eligibility processing and the cases are labor intensive. Inadequate staffing levels for state policy experts make it difficult to resolve problems in these cases. Changing Family Care to an entitlement program has been a significant workload challenge for us.

As the state has continued efforts to make our systems easier for the public to utilize, they create a more complicated working environment for us. This year the state introduced "scan first" which allows our program participants to submit electronically scanned documents to our agency, going directly to the electronic case file. While this is a convenience for some customers

with access to scanners, it just adds another location for us to search for incoming documents so that we need to adapt and expand our systems to incorporate this additional process.

It is impossible to predict what the future holds for economic support programs in Ozaukee County. The economy appears to be stagnant and, even if it starts to recover in 2010, we likely would not see a significant decline in our business until it was well under way or unless it was extremely rapid.

We will also face a huge challenge with the retirement of our two most experienced staff in 2011. With a combination of over 50 years of experience, this will be a huge loss in terms of talent, leadership and productivity. We will face difficult decisions in terms of future staffing until the state and federal government approve legislation that may change the direction of public assistance programs. Currently, pending federal legislation may reduce FoodShare participation and would substantially reduce the block grants to states for the Energy Assistance Program. On the state level, pending legislation is proposing severe cuts to Medicaid and BadgerCare Plus eligibility. There has probably not been a time in the last several decades when the future for Economic Support Programs has been so unclear.

LONG TERM SUPPORT DIVISION

The programs that fall under Long Term Support Division are each mentioned below. The highlights in 2010 are reported below as well. You will notice a significant decrease in numbers throughout the Long Term Support section. This is due to our implementation of Family Care. For specific details please refer to the sections below.

CASE MANAGEMENT SERVICES:

Case managers are responsible for:

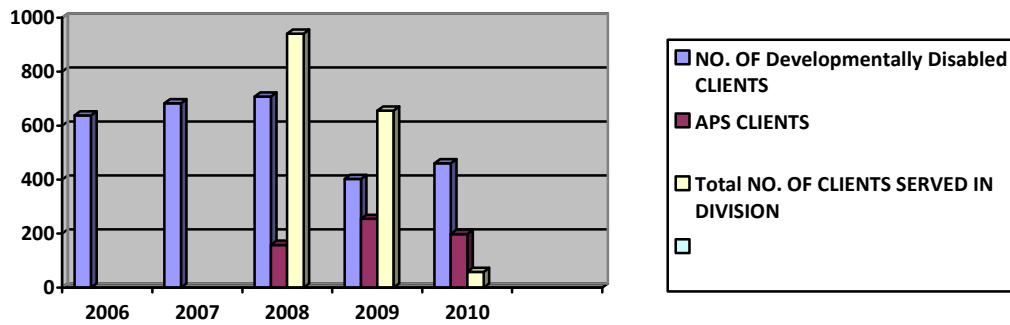
- Completing specific program assessments.
- Securing funding for allowable services.
- Ensuring ongoing compliance with program regulations to maintain the funding.
- The development of individualized case plans.
- Creating needed resources.
- Coordinating and monitoring services.
- Developing and presenting reports to the court.
- Providing Information and Referral services, etc.

Please Note throughout the Long Term Support Division section the Decline in Numbers starting in 2008 is due to the implementation of Family Care.

Number of people served in the Long Term Support Division:

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
NO. OF DISABLED CLIENTS *Developmentally Disabled Only	638*	683*	708*	402	460

APS CLIENTS			158	254	198
Total NO. OF CLIENTS SERVED IN DIVISION			941	656	658



ADULT FAMILY HOMES AND THEIR CERTIFICATION:

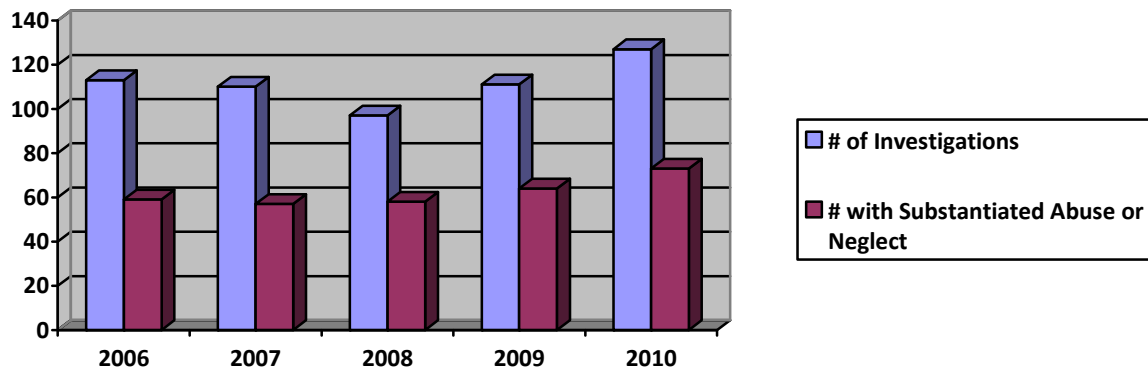
- In 2010, the Adult Family Care Home certification responsibilities for 1-2 bed Adult Family Care Homes shifted from the county to Community Care, the Care Management Organization (CMO) that serves Ozaukee County residents enrolled in the Family Care Program.

ADULT PROTECTIVE SERVICES:

- The Adult Protective Services (APS) team is responsible for investigating allegations of abuse and/or neglect of those that are considered At Risk Adults ages 18-59 or Elders age 60 and older. The APS Social Workers rotate intake weeks and the social worker who is assigned to cover intake takes any reports of Abuse and Neglect that come in from the community.

Elders and Adult at Risk Investigations:

	2006	2007	2008	2009	2010
# of Investigations	113	110	97	111	127
# with Substantiated Abuse or Neglect	59	57	58	64	73



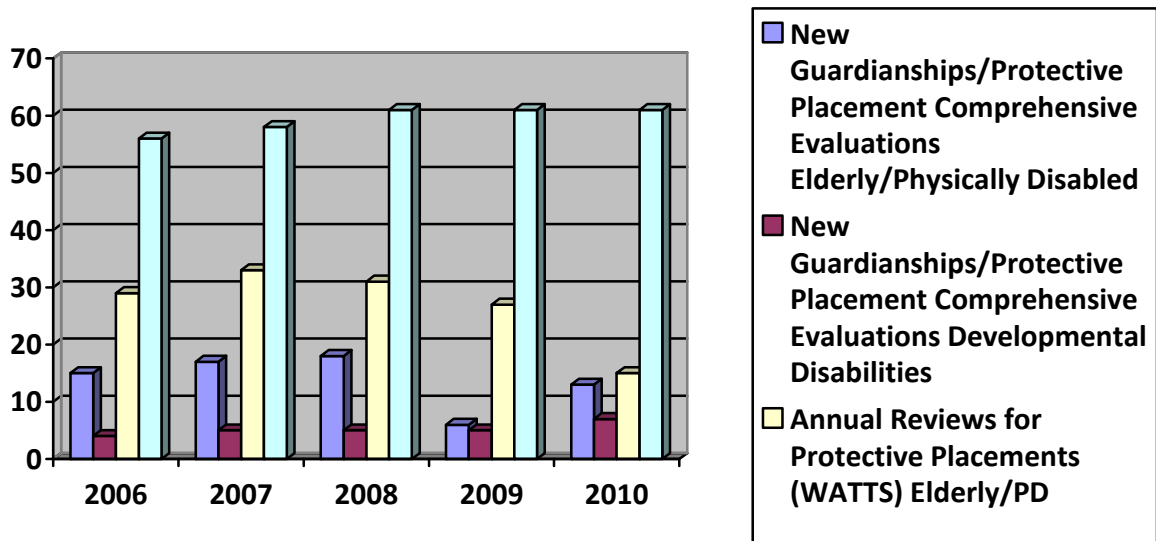
- In 2010, the top four reasons for investigations were:
The number one reason was Self Neglect. The number two reason was Financial Exploitation. The number three reason was Neglect by Others and the number four reason was Emotional Abuse.
- As part of our dedication to protecting Elders and Adults at Risk, an I-Team was developed in 2002. In 2010, our I Team continued meeting in Cedarburg every other month. The purpose of this team is not only to educate members on the team as it relates to Elder Abuse, but the team may also “staff” certain cases that need an interdisciplinary approach without providing any identifying information to the I Team. The I Team meetings have proven to be beneficial as members of the team bring experiences from their positions which can help shed new light on a particular case. Our I-Team also discusses systems issues and the areas where we feel the system can improve.
- The I Team determined that they would like to offer more community education as well as education to the public on the new Power of Attorney document. A subgroup of the I Team has been meeting with members of the bar association to plan a community Power of Attorney (POA) training event for February of next year.
- In 2010, we developed materials for the public including two new APS brochures one for the community and one for health care workers. We also taught 2 classes about abuse and neglect of elders and adults at risk at Concordia College to students in the nursing program. We also focused on recruiting a few new I Team members in 2010.
- On the I Team we have social workers from Lasata Campus, Comfort Keepers, Advocates of Ozaukee County, Ozaukee County Human Services Behavioral Health Division, Ozaukee County Human Services Adult Protective Services unit, Ozaukee County Department of Human Services Long Term Support Division Community Care’s Family Care Administrator, and an attorney that often is appointed by the court to serve as the court appointed Guardian ad Litem. We also have a representative from the District Attorney’s office, several representatives from law enforcement, financial institution representatives and a representative from the Corporation Counsel’s office etc. The individual from the DA’s office also serves as a liaison between the local I- Team and the District Attorney’s office. Since this appointment, the District Attorney’s office

is definitely working closer with our Elder Abuse and Adults at Risk social work team so that they gather what is needed to successfully prosecute our Financial Exploitation, Abuse and Neglect cases etc.

- Financial abuse certainly has been more prevalent than it has been in the past years. Perhaps, the increase in reporting of financial abuse is related to the specific training the I Team has offered to local financial institutions. We are now seeing more of Financial Exploitation cases prosecuted than we ever saw before. Our Adult Protective Services, APS Unit often receives calls of concern from various financial institutions.
- The APS team and Long Term Support Case Managers continue to work closely with the Ozaukee County Courts. They also work with other staff in the County Department of Human Services such as Aging and Disability Resource Center (ADRC) staff, and staff from the Behavioral Health Division. In addition, they work with the Family Care teams when situations come up that need attention.
- The APS social workers and the Long Term Support case managers that work with people with disabilities also complete Comprehensive Evaluations Reports for the court. These same staff also completed the Annual Watts Reviews for those adults that are Protectively Placed by the court and are frail elders, and/or have physical disabilities, and/or have disabilities similar to the needs of someone with a developmental disability. The APS staff completed over twice as many Guardianships and Comprehensive Evaluations as they did the previous year. In 2010, the Long Term Support case managers completed 61 Annual Watts Reviews for adults with disabilities that were under a court ordered Protective Placement. This is the same number of Annual Watts review reports that they completed in 2009.
- The APS Social Workers and the Long Term Support Case Managers also conducted 127 investigations of abuse, neglect, and financial exploitation for elders, and adults with physical and or developmental disabilities and adults at risk.

Comprehensive Evaluations and Annual Reviews for the Court:

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
New Guardianships/Protective Placement Comprehensive Evaluations Elderly/Physically Disabled	15	17	18	6	13
New Guardianships/Protective Placement Comprehensive Evaluations Developmental Disabilities	4	5	5	5	7
Annual Reviews for Protective Placements (WATTS) Elderly/PD	29	33	31	27	15
Annual Reviews for Protective Placements (WATTS) Developmentally Disabled	56	58	61	61	61



BIRTH TO THREE PROGRAM:

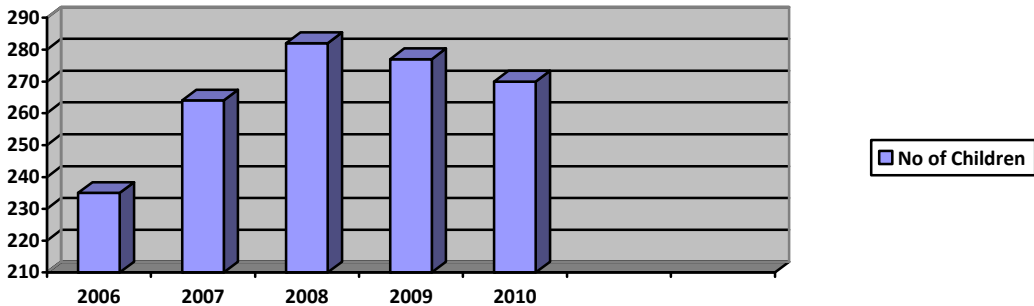
- This program provides early intervention services to children under age 3 who have developmental delays or disabilities. Professional therapists are encouraged to do as much as they can to teach parents how to address their child's developmental needs within the child's daily environment and daily routines.
- In 2010, we offered Parent Language Facilitation groups as an option to meet the needs of children with speech delays. Groups were led by a speech therapist and were designed to empower parents to become language facilitators for their child during their daily routines. The parents and caregivers participating in the Parent Facilitation sessions come with just their delayed child. Therefore, caregivers and parents continue to not bring any other children to these group sessions so then the parents and caregivers can focus on learning instead of calming their child down. Session attendance in these groups has decreased significantly over the last two years. Lutheran Social Services is exploring the idea of trying to set up a class that would meet these outcomes in the future.
- We continue our regular discussions with Lutheran Social Services (LSS) about how the Birth to Three Program is working and we continue to meet regularly as a team to discuss integrating the Primary Service Provider, (PSP) model in to our Birth to Three Program. We are currently piloting 7 children using the PSP model. Existing Birth to Three families as well as new Birth to Three families continue to be informed of the differences between the Birth to Three philosophy, where a therapist models techniques and coaches the caregiver to provide learning activities in the child 's daily routine and the medical model of service delivery. When families are definitely more interested in the medical model for service delivery we explain that this is not the philosophy of the Birth to Three Program. Then we advise them that they may want to seek services for their child in this specific area outside of Birth to Three.
- Lutheran Social Services full time early education teacher has assisted with children's assessments and she has also done teaching. She is also learning about the Primary Service Provider, PSP philosophy with the rest of the team; including the staff working at the Birth to Three Program's contracted agencies.
- The Birth to Three Case Managers employed by Lutheran Social Services (LSS) continue to be located within the same office space as our Birth to Three Program Coordinator and

our Long Term Support Division Manager, who is responsible for overseeing the Birth to Three Program, (B-3 Program). This continues to work very well for both the county staff involved in this program as well as the LSS B-3 Service Coordinators. This has definitely enhanced our ability to communicate and has significantly improved our efficiency.

- In the fall, we were notified that our Birth to Three Program Coordinator, Ellen Zonka would be retiring in mid January 2011, after performing 30 years of dedicated county service. The job description was updated to more accurately reflect the duties of the position as the B-3 program has undergone many changes over the years. The position was posted internally within the county. Interviews were conducted. One of the contracted case managers working in the Family Care Program, Diane Riedl was hired. After she gave her notice to the Family Care Program administrator she planned to be able to start in this position in January 2011. We received approval from the Health and Human Services Committee and the Administrative Committee to have days of training approved so the B-3 Coordinator that has held this position for many years would be able to do some training with the newly hired B-3 Coordinator.
- This year the purchased services from LSS and our Birth to Three contracted therapy providers were \$70,000 less than budgeted.
- In December, we were notified that our application to the state requesting to participate in the intensive training on the PSP model had been accepted. The state would be paying for 7 of our Birth to Three staff to participate in an intensive 2 day training in Madison to study the role of the Primary Service Provider and to learn how to incorporate this model into our Birth to Three Program. This training is scheduled in January 2011.
- In 2010, we collected \$50,890.64 from Parental Cost Share. This is over \$20,000 more than we collected in 2009.
- We billed Medicaid (Title 19) for Birth to Three Targeted Case Management/Service Coordination whenever possible to obtain as much revenue as we could.

Number of children that received Birth to Three Services over the last five years:

	2006	2007	2008	2009	2010
NO. OF CHILDREN	235	264	282	277	270



INFORMATION AND REFERRAL SERVICES FOR CHILDREN WITH SPECIAL NEEDS:

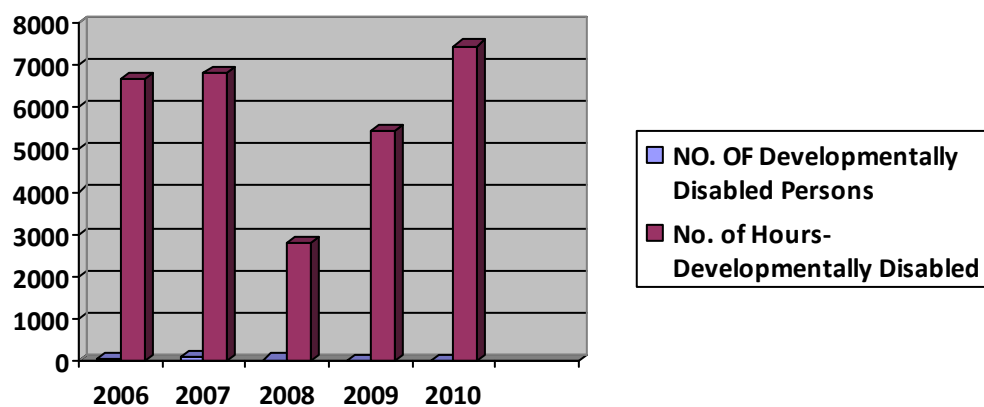
- The Long Term Support case managers rotate providing telephone and in person information and referral assistance services about children with special needs. The number of calls they receive and the number of walk in's has decreased since the implementation of Family Care in Ozaukee County because the calls and walk in's for adults with disabilities are now managed by the staff in the Ozaukee County Aging and Disability Resource Center.
- The Long Term Support case managers also take reports of Abuse and Neglect concerning adults with developmental disabilities and adults at risk from citizens in our community. For further information on this, please refer to the Adult Protective Services Section of this report.

RESPITE CARE SERVICES:

- When the natural family is no longer able to provide care, the person with the disability often requires a very costly alternate care arrangement. The family is less afraid to commit to the long-term care responsibility for the child with disabilities if help is available.
- Respite care services allow the primary care giver to take a temporary break from their care giving responsibilities by providing a qualified and caring person to provide care for their child.
- In 2010, 36 children received Respite Care Services compared to the thirty three children that were served in the Respite Care Program in 2009. Some children were closed out of the Respite Care Program sometime in 2010 because they aged out (turned eighteen years of age) and then moved over to the Family Care Program or the IRIS Program.
- Please note prior to 2008 the Respite Care Program served both children and adults.

Number of children that received Respite Care Services over the last five years and the corresponding hours:

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
No. of Disabled Persons *Developmentally Disabled	87	104	47	33	36
No. of Hours of Service	6,650	6,784	2,804	5,455	7,436



CHILDREN’S LONG TERM SUPPORT WAIVER PROGRAM:

- The Children's Long-Term Support (CLTS) Waiver Program permits Ozaukee County flexibly to use Medicaid funds for community supports and services to children. These waivers are called home and community-based service waivers (HCBS). This concept is very similar to the Community Integration Program Waivers (CIP) that Ozaukee County Administered for over twenty years including just prior to the implementation of Family Care. The CLTS Waiver also gives the county flexibility to develop and implement creative alternatives to placing Medicaid-eligible children in hospitals, nursing facilities or intermediate care facilities for persons with developmental disabilities. The CLTS program recognizes that many individuals at risk of being placed in these facilities can be cared for in their homes and communities, preserving their independence and relationships with family and friends at a cost no higher than that of institutional care.
- With State approval counties have the flexibility to individually design each waiver program and select the mix of allowable waiver services that will best meet the needs of the child that they need to serve.
- An application that averages 25 pages in length and a proposed Individual Services Case Plan gets completed and is submitted to the state for each person that we request CLTS Funding for. There are also intensive on-going requirements that must be met to keep this funding coming in every month. A recertification must be submitted to the state every 6 months for each child in the program.
- In 2010, we served 45 children in the Children’s Waiver Programs compared to the 38 children served in 2009. Many of these children were already receiving county services so this transferred the funding 100 % from county to our receiving an average of 60% reimbursement from the state for the child’s waiver allowable costs. In 2008 we had 15 children on the CLTS Waiver Program.
- The children we serve with the CLTS Waiver can be developmentally disabled, severely emotionally disturbed, physical disabled or have a severe medical condition causing significant delays in development. The Long Term Support case managers work very closely with the staff from our Child Welfare Division to serve children with severe emotional disturbance.
- The case management hours that were billed to the CLTS Waiver Program brought in a significant amount of revenue to the Department of Human Services to help off- set the

costs of the County staff positions devoted to serve this population. In 2009, our staff earned \$458,680 in revenue through the CLTS program. The revenue amount for 2010 will not be available until June 2011.

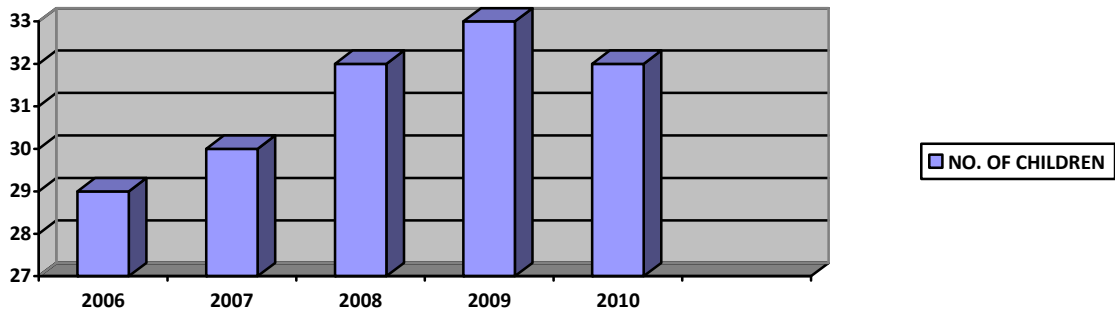
- Children residing in Children’s Foster Care Treatment Homes need care, supervision and services beyond room and board but not as much, if any, nursing care. Each Treatment Foster home provides individualized services based upon the identified needs of the child. We apply for Children’s Waiver Program Funding whenever possible to help offset the costs of Treatment Foster Care. In 2010, we served four children in Foster Care through the CLTS Waiver Program. We collaborated with the Child Welfare Division to accomplish this.

FAMILY SUPPORT PROGRAM:

- Family Support Program is a state funded program to assist families with a severely disabled child living in the family home, 21 years of age or younger.
- It allows families to obtain the help they need to care for their disabled child at home by providing limited funding to purchase specific categories of authorized services and/or goods the family needs but cannot obtain through other sources.

Number of children served in the Family Support Program over the last five years:

	2006	2007	2008	2009	2010
NO. OF CHILDREN	29	30	32	33	32



SPECIAL SUMMER RECREATION PROGRAM FOR CHILDREN:

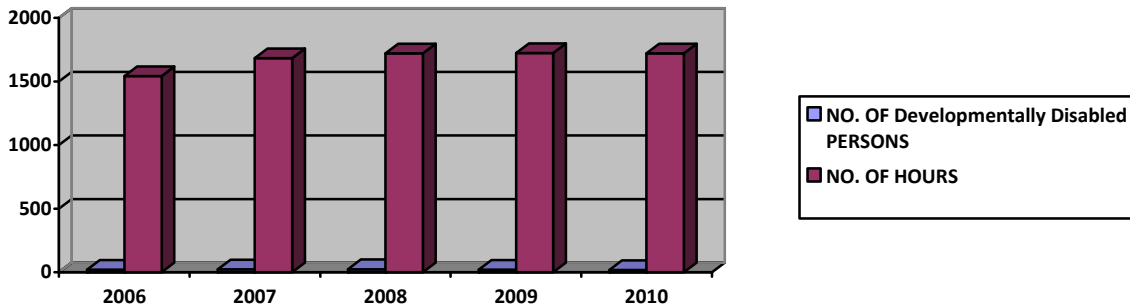
- To bring enjoyment to the children and relief to their family, a four week afternoon program was developed 31 years ago.
- 2010 was the 5th year that Balance Inc. took over the operation of the Special Summer Recreation Program. The program continued to be focused on providing the children community based program activities by offering numerous field trips. 1,304 volunteer hours and over 849 staff hours through Balance, Inc. were devoted to this program.
- In addition to Ozaukee County, the program is also sponsored by Ozaukee County ARC, Port Washington School District, Cedarburg Woman’s Club and the Grafton School District.
- This year in addition to Blue Harbor Water Resort and the Milwaukee County Zoo there were a couple of new activities that went over very well. Activities were held at

Woodview Elementary School each week including a softball game and Olympics events. Each of the children was assisted to assure their full participation and enjoyed all of the events. On the final day of the program Balance hosted a family picnic at Upper Lake Park in Port Washington near the Possibility Playground. The Department of Human Services staff that work with Balance on referring children to this program were also invited. This was a very successful event.

- This year Balance was also able to raise enough money to hold an Expansion Summer Recreation Program that served adolescents over the age of 15 years. 14 teens were served every Tuesday and Thursday beginning on June 22 and running through August 12, 2010. Most of the events began at 10:30 in the morning and ended at 3:30 pm. The favorite activities of the older adolescents were attending a Brewers game, Blue Harbor Water Resort, the Milwaukee County Zoo and Blue Lotus Retreat Center.

Number of children ages 5 through 15 years old that received Special Summer Recreation Services over the last five years and corresponding hours of programming:

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
NO. OF Disabled Children	22	23	25	21	18
NO. OF HOURS	1,542	1,682	1,720	1,723	1,721



STATE INSTITUTIONAL CARE

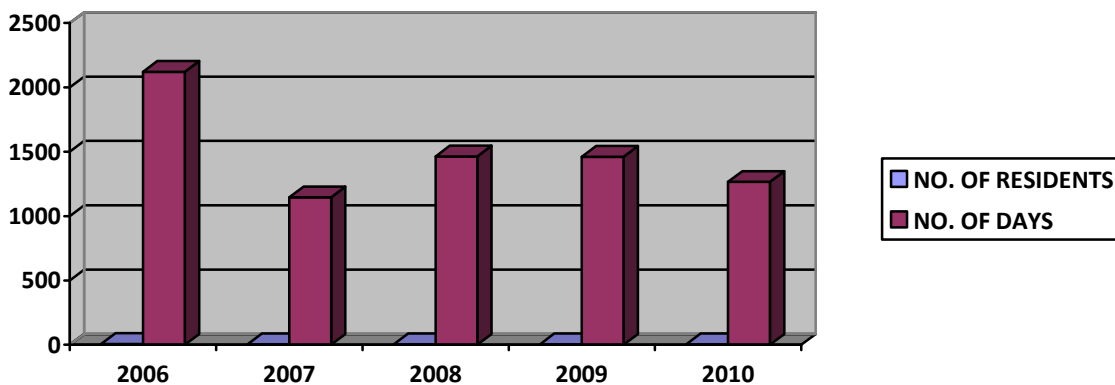
- The Ozaukee County residents currently residing within state institutions have been placed there because of extreme medical problems and or significant behavioral challenges.
- The two State Centers are being downsized as the result of the ICF-MR Initiative. Wisconsin State Statutes and the courts are ordering that counties relocate people from the centers and other ICF-MR facilities into the community.
- Currently the Federal/State Medical Assistance Program, known as Title XIX, pays for the care given to Ozaukee County residents at the Wisconsin State Centers for the Developmentally Disabled.
- Individuals that want to be a part of the ICF-MR relocation are referred to the Family Care Program.
- An essential component of the relocation of adults living in institutions with severe disabilities is the development of new community resources. It is now the responsibility

of the Care Management Organization (CMO), Community Care to enter into these new contracts.

- It is nearly impossible to have anyone admitted as a new long-term admission to any of the State Centers for the Developmentally Disabled. The Long Term Support Division Manager functions as the county QMRP (Qualified Mental Retardation Professional) and must review and or approve or disapprove each admission to the State Centers and Nursing Homes even if a family has arranged a short respite stay.
- The Department of Human Services Long Term Support case managers monitor the care of the individuals from Ozaukee County that live in the Wisconsin State Centers for the Developmentally Disabled and at this time two other ICF-MR facilities in the state. The case managers participate in these people’s individual staffings and care conferences. They also meet with their families and discuss what would be needed to serve the person in the community. They also provide education to the guardians by describing various community living arrangements and day program options. They also will make an attempt to take the family/guardian to see various community residential living arrangements.
- In June, 2010 a long time resident at Southern Wisconsin Center for the Developmentally Disabled relocated into the community and now resides in a small group home.

The numbers below include long term care recipients living at Central and Southern Wisconsin Centers for the Developmentally Disabled.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
NO. OF RESIDENTS	6	4	4	4	4
NO. OF DAYS	2,121	1,145	1,464	1,460	1,266



CORPORATE GUARDIANSHIP

- Corporate guardians are corporations or individuals that are set up to provide legal guardianship services for individuals who have no close family or other support systems and who need legal protection.

- At the end of 2010, Ozaukee County was responsible for a portion of the cost of two individual's corporate guardianship fees compared to eight individual's corporate guardianship fees in 2009. The Long Term Support division's case managers have been requesting that the court make an order whenever possible for the costs for corporate guardianship services to be paid out of the client's funds.

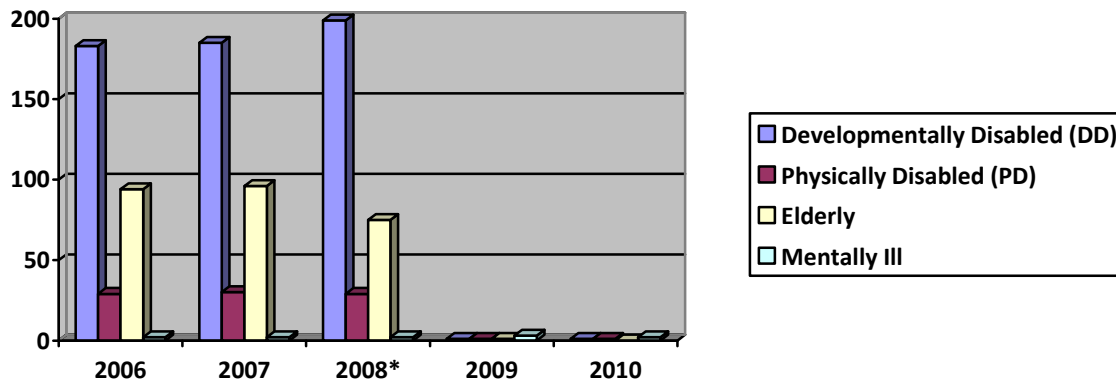
COMMUNITY OPTINS PROGRAM (COP)

Prior to Family Care, many adults that received services through the Department of Human Services Long Term Support Division were funded through the state Community Options Program (COP Program).

- The number of individuals served in the COP Program has reduced dramatically as most of these people are now enrolled in the Family Care Program.

The number of people that were served under the COP (Community Options Program) Program:

	2006	2007	2008	2009	2010
Developmentally Disabled (DD)	183	185	199	1	1
Physically Disabled (PD)	29	30	29	1	1
Elderly	94	96	75	1	0
Mentally Ill	2	2	2	3	2



FAMILY CARE PROGRAM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, PHYSICAL DISABILITIES AND FRAIL ELDERS:

- Family Care continued in Ozaukee County serving adults 18 and older with developmental disabilities and adults with physical disabilities along with frail elders 60 and older. There were 442 individuals enrolled in the Family Care Program at the end of December, 2010. These cases were managed by the Ozaukee County case managers and RN's and the staff from Community Care. 247 or 56% of these clients have developmental disabilities. 27% are frail elders and 17% have physical disabilities.
- The county employees who are contracted out to manage the Family Care Program continued to meet the expected outcomes of the State and the Care Management Organization, Community Care. Since the implementation of Family Care no County

Levy has been needed to sustain the contracted social work care management and RN care management staff positions.

- The Ozaukee County Contracted Case Management Team and Community Care, the Managed Care Organization (MCO) that administers Family Care in Ozaukee County continued to house the Family Care staff and the contracted county staff in one office location in Mequon. This promoted the teams to be able to collaborate more freely which enhances communication about the members (clients) that are served. In 2010, there were 6 Social Work Care Managers and 3 RN's contracted to provide care management services.
- In the fall, Community Care notified the Department of Human Services Director that they would be lowering the rate that was established for our provision of case management services. This rate has decreased every year for the past three years. The most recently proposed rate will no longer cover the cost of our contracted employees providing this service. In December we had 9 employees who are contracted to Community Care to do this work. In order to provide more time for these employees to make employment decisions, Mr. Meaux, County Administrator has approved continuing these positions until May 31, 2011. At the end of 2010, there were 442 members receiving services under the Family Care Program compared to 420 in the previous year.

PERSONAL CARE PROGRAMS:

- In 2010, we continued to operate our Medical Assistance (MA)-Personal Care Program. Staff time to complete specific personal care tasks were billed to Medical Assistance (MA) for a small number of clients. The hours billed to MA reflect the fact that Family Care covers this service as part of the Family Care Benefit Package.
- The County Certified Nursing Assistants (CNA's) were able to provide Personal Care Work (PCW) services to over 26 individuals in 2010 which was very comparable to last year. Many of the people they serve have severe physical disabilities. These people's disabilities are so severe that they physically are not unable to perform their own personal care tasks.
- A few of the people that received PCW services have both physical disabilities and cognitive disabilities. These individuals are residing with their elderly parents however their parents are no longer able to physically complete some of their son's or daughter's personal care tasks safely, i.e. bathing.
- The department is able to bill the Family Care Program's Care Management Organization, Community Care for the vast majority of the Personal Care Services that are provided.
- This has allowed for continuity of care for the clients served but also has provided additional revenue for our staff costs.

HOMEMAKER SERVICES PROGRAM:

- The Long Term Support Division employs one homemaker that assists clients throughout the week. Many of these clients receive homemaking services more than once per week.

- If we had no homemaker services coming in to these individual's homes to clean and organize their space, these individuals would all be evicted because they are not able to keep their home clean and safe.
- The Department bills the Family Care Program's Care Management Organization, Community Care for the homemaking services that are provided to the clients enrolled in Family Care.
- Our homemaker also frequently serves the most vulnerable elderly and disabled citizens in Ozaukee County. Many of these individuals are found to be in need of Adult Protective Services.

GENERAL HIGHLIGHTS:

- Waiting lists for some services to persons with developmental disabilities continued in 2010. At the end of December there were 13 people waiting for children's Family Support Program services, 9 people waiting for Children's Long Term Support Waiver funding and 5 children waiting for Special Summer Recreation Program services. Due to the implementation of Family Care; the adult waiting lists are no longer the responsibility of the Long Term Support Division.
- Staff in the Long Term Support Division continues to use the automated clinical case management system that Ozaukee County has developed called Harmony. The goals of this system are to allow staff to work more efficiently, to better track trends and to measure the cost of achieving specific client and program outcomes.
- Staff from the Long Term Support Division continued to meet with staff from the Public Health Department and many other community partners to continue our emergency planning for our citizens that may need a special needs shelter in the event of a disaster. Individual client plans have also been updated.
- We completed a grant application request for Elder Abuse /Neglect funding for 2011.
- We continue to be challenged each day to meet the needs of the people we serve with significant behavioral challenges dementia, and severe medical conditions.
- Whenever possible, we use the funding from our Children's Waiver Programs, the Family Support Program, Community Options Program and State Basic County Allocation instead of using county money to purchase services and case management for children with disabilities.
- It is becoming more and more difficult to locate facilities that will accept adults with dementia who display physical aggression toward others and property destruction on a regular basis. When these individuals are placed in a hospital or one of the Mental Health Institutes through the Emergency Detention process the inability to locate a less restrictive placement for them has a significant impact on our budget. Federal and State laws have made counties liable for the almost \$1,000 a day cost at the Mental Health Institutes. Two lengthy placements will cause the Department of Human Services to exceed our budget and threaten other vital human service programs that our agency is responsible for. The federal and state governments should also have some fiscal responsibility for these placements.
- In 2010, several calls have come in to Adult Protective Services (APS) social workers about homeless people in need. A summary of each call is provided to the Human Services Director. The Human Services Director in turn shares this information with the Health and Human Services Board as they are currently discussing this topic. No one agency is

responsible to assist people that are homeless. Our APS social workers provide resource information to these callers. However, the resources for this group in our county are limited.

- We are serving more severely emotionally disturbed children in the Long Term Support Division than ever before. Our Long Term Support case managers are now serving children with all kinds of disabilities and not just children with developmental disabilities. This is because the statewide Children’s Functional Screen looks at each child, their disability and their level of care needs to determine eligibility for the children’s programs such as the Long Term Support Waiver Program, the Family Support Program and the Community Options Program. The work requirements for the programs that fall under the Long Term Support Division are extremely demanding. The clients that are served are increasingly complicated and present more challenges than they did before. Despite this, the staff working within the Long Term Support Division remains dedicated to providing excellent services to the eligible citizens of Ozaukee County. The staff worked extremely hard to serve as many people as possible with the resources we have. They are also committed to keeping our vulnerable elders and Adults at Risk as safe as possible from abuse, neglect and financial exploitation.

FINANCIAL SUMMARY (2010 UNAUDITED)

	2008	2009	2010
Beginning Fund Balance	274,133	(207,372)	368,286
Revenue			
County Levy	5,785,393	5,158,170	5,367,262
General Fund	207,372	0	0
Federal / State Aid	9,680,867	5,716,955	5,376,531
Client Fees	1,269,389	2,025,639	1,869,702
Designated Fund Balance	9,000	0	46,000
Undesignated Fund Balance	265,133	0	57,574
Total Revenue	\$17,217,154	\$12,900,764	\$12,717,069
Expenditures			
Staff Provided Services	6,158,185	6,048,491	5,872,646
Purchased Services	11,058,969	6,852,273	6,844,423
Total Expenditures	\$17,217,154	\$12,900,764	\$12,717,069
Ending Fund Balance	(207,372)	368,286	310,712