

March 2010

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

Re: Annual Report for Fiscal Year 2009

This letter is meant to serve as both a summary and an introduction to the Annual Report for fiscal year 2009. Our human service managers have also provided more detailed information on the programs for which they are responsible. Their reports are available for review on the counties web site. (www.co.ozaukee.wi.us) At the web site click "County Government Departments" and then click "Human Services", then "2009 Annual Report".

ACHIEVEMENTS FOR 2009

- Our year end fiscal report (unaudited) noted a \$493,703 positive fund balance compared to a negative fund balance of \$207,372 for 2008
- We increased our revenue from client fees by almost \$700,000 compared to fiscal year 2008.
- The employees who are contracted out to manage the Family Care Program are meeting expected outcomes without requiring any county levy.
- By the end of 2009 we were able to send out invoices for services provided within the month service was provided.
- We continue to reduce the number of written records we must store by scanning documents and posting them in an electronic record.
- The ADRC staff enrolled 120 individuals into the Family Care Program from our wait list.
- In an effort to make children available for adoption our Child Protective Service Staff have petitioned the courts to terminate the parental rights on behalf of seven children.
- The Birth to Three Case Managers employed by Lutheran Social Services have moved into vacant office space in the Administration building in order to reduce our cost and enhance treatment planning.
- We have been able to obtain 60% funding for some developmentally disabled children and severely emotionally disturbed children by expanding the Children's Waiver Program.
- A County sponsored Supported Employment Program has recently been developed for a few of our Behavioral Health clients at less cost than a program previously purchased.
- The number of days clients have resided in either the Winnebago or Mendota Mental Health Institute was at a five year low.
- The number of clients placed in a group home with a severe and persistent mental illness was at a five year low in 2009.
- During this past year most human service employees and many non profit human service agencies have registered themselves as emergency responders on an electronic Emergency Management software program.

IDENTIFIED TRENDS

- Involuntary hospitalizations of persons thought to be dangerous to themselves or others dropped from 231 to 208 individuals. This was still higher than the low of 149 in 2005.
- The number of persons placed in state mental health facilities (Winnebago and Mendota) dropped from 12 to 3 in 2009. The total number of days in care in these facilities dropped from 704 to 62. At almost \$1,000 a day this represents a significant savings.
- Nine individuals with severe and persistent mental illness spent a total of 2,460 days in a Community Based Residential Facility this past year compared to fourteen individuals who spent 4002 days in care in 2005.
- Juvenile offenders spent a total of 1141 days placed in a Correctional Facility in 2009 compared to only 509 days in care in 2007. The cost for these placements exceeded our annual budget by \$172,000.
- Juvenile offenders spent a total of 605 days in secure detention in 2009 compared to 918 in 2006. The cost for this service was almost \$30,000 less than our annual budget.
- Juvenile offenders resided in residential placements for a total of 1245 days in 2009 as compared to 2095 days in care for 2005. The cost for purchasing this resource was therefore almost \$80,000 under our budget.
- There were 221 Child Protective Service referrals assigned for investigation compared to 261 assigned in 2007.
- There were 83 Child Protective Service referrals open for ongoing services compared to 60 families in 2005.
- Seventy six children who were victims of abuse or neglect spent some time in an alternate care placement in 2009 compared to only 32 in 2005. Twelve of these children were placed in residential facilities as compared to only 3 in 2005. This represents almost a \$200,000 increase from the \$163,000 expense incurred in 2005.
- During 2009 there were 6,208 individuals on Medicaid compared to 3,727 individuals in 2005 and 4,736 individuals in 2008.
- The average monthly caseload of families on the FoodShare Program rose from 632 in 2005 to 1266 in 2009.
- The annual FoodShare benefits rose from \$1,128,754 in 2005 to \$3,429,740 in 2009. This increase was caused by higher numbers of eligible families with lower family income.
- The total number of Developmentally Disabled Clients served in our Long Term Support Division dropped from 708 to 402 individuals. However there are 420 individuals enrolled in the Family Care Program whose cases are managed by Ozaukee County case managers. (Contracted to Community Care Inc.) There were 106 new members enrolled in this program this past year.
- Our Adult Protective Service staff conducted 111 investigations this past year which compares to a 2005 total of 105.
- There were 277 children receiving services through our Birth to Three Program in 2009 compared to 282 children who were eligible in 2008.
- There were 21 developmentally disabled children involved in the four week Summer Recreation Program this past year compared to the 25 participating in 2008.

CHALLENGES

- The most sustained recession since the Great Depression is certainly impacting us in every human service program but none more than our Economic Support Program. Just in the last year alone we estimate a 30% increase in workload. It will be difficult to live within deadlines and to avoid mistakes in processing applications. We will continue to see an increase in the number of grievances and or appeals. If there are Economic Support Workers who leave their current position it is estimated it will take almost a year before a replacement will be able to match the productivity of our current employees.
- It appears as if it is becoming more and more difficult to locate facilities that will accept developmentally disabled adults who occasionally assault their caregivers. If these individuals are placed in a hospital or one of the Mental Health Institutes through the Emergency Detention process this inability to locate less restrictive placements could have 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 us to exceed our budget and threaten other vital human service programs. The federal and state governments should also have some fiscal responsibility for these placements.
- There is currently a bill in the state legislature which seeks to return the jurisdiction for 17 year old juvenile offenders to Juvenile Court. It is estimated that the fiscal impact of this potential change underestimates the fiscal impact to counties by almost seventy million dollars. If this bill becomes law without adequate funding it will be detrimental to all the target groups we serve as well as to the property tax payers.
- During the past two years we have exceeded our Correctional Institution Budget by about 80% a year. The youth who are sentenced to these facilities are thought to be dangerous to the community and Juvenile Court judges are not limited by our budget. A continuation of this trend will have a significant negative impact to our budget
- It appears as if there are an increasing number of parents who have abused or neglected their children who have serious mental health problems, drug addictions or criminal behavior. This has resulted in more cases open for services, more alternate care placements, less permanency for children and the inability to live within a budget based on a five year average.

The challenges noted above are long standing. 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

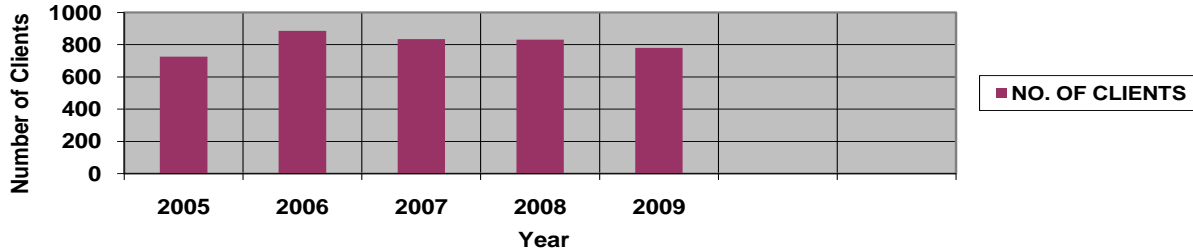
Robert J. Haupt Director

BEHAVIORAL HEALTH PROGRAMS

COUNSELING CENTER STATISTICS

YEAR	2005	2006	2007	2008	2009
NO. OF CLIENTS	726	886	834	832	780

Counseling Center Statistics

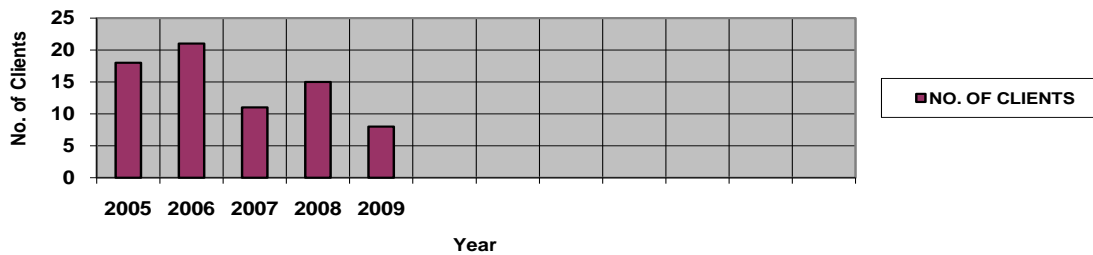


VOLUNTARY HOSPITALIZATIONS

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.

	2005	2006	2007	2008	2009
NO. OF CLIENTS	18	21	11	15	8

Voluntary Hospitalizations

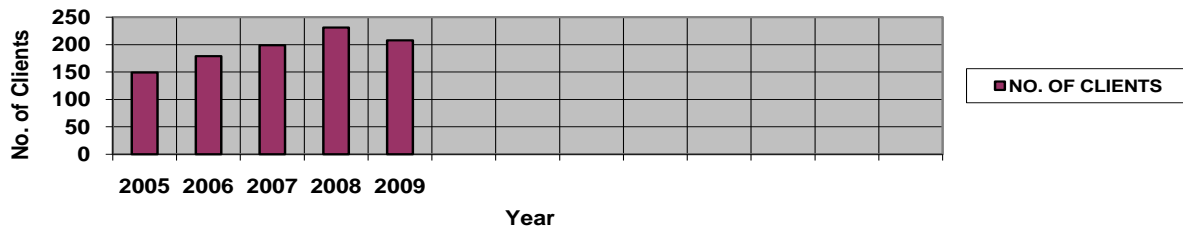


INVOLUNTARY HOSPITALIZATIONS (CHAPTER 51)

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.

	2005	2006	2007	2008	2009
NO. OF CLIENTS	149	179	199	231	208

Involuntary Hospitalizations

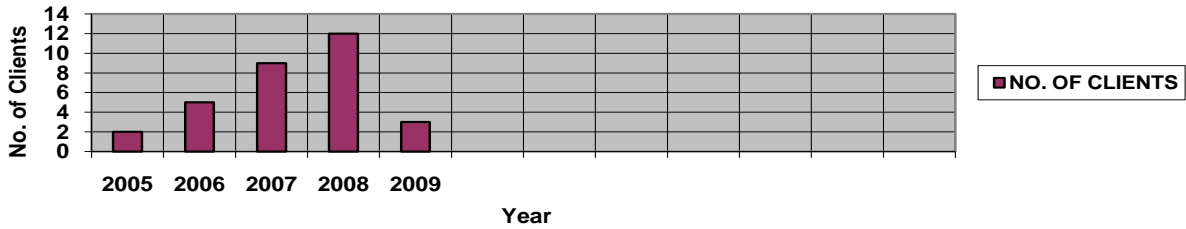


PLACEMENTS AT STATE HOSPITALS

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.

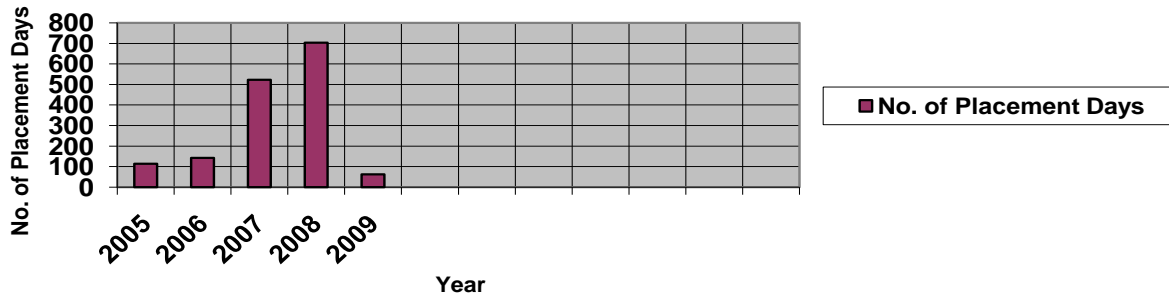
	2005	2006	2007	2008	2009
NO. OF CLIENTS	2	5	9	12	3

Placements at State Hospitals



	2005	2006	2007	2008	2009
NO. OF PLACEMENT DAYS	114	142	523	704	62

Placements at State Hospitals

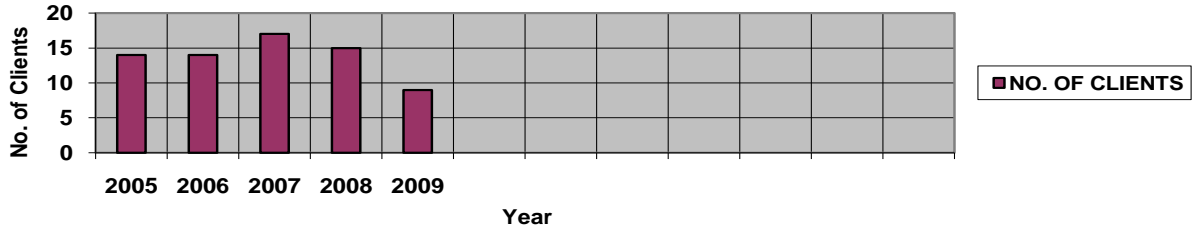


COMMUNITY BASED RESIDENTIAL FACILITIES

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.

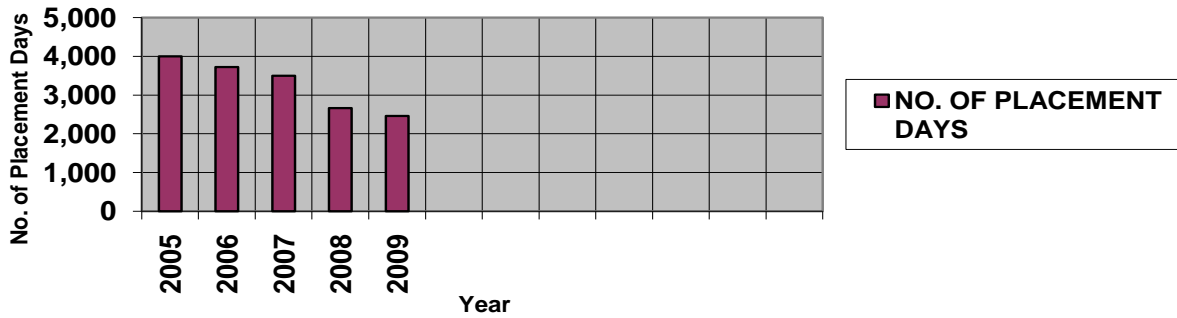
	2005	2006	2007	2008	2009
NO. OF CLIENTS	14	14	17	15	9

Community Based Residential Facilities



	2005	2006	2007	2008	2009
NO. OF PLACEMENT DAYS	4,002	3,720	3,500	2,661	2,460

Community Based Residential Facilities

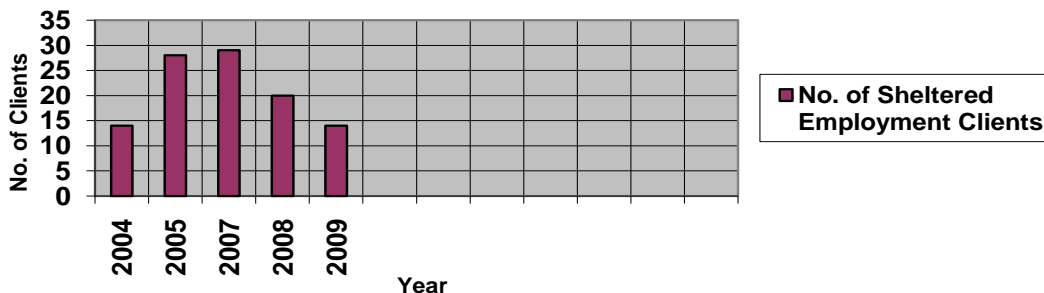


EMPLOYMENT SERVICES

Portal Industries, Inc. (Grafton), can provide sheltered workshop services (and transportation), recreation/leisure activities (and transportation) and supported employment services to mentally ill clients.

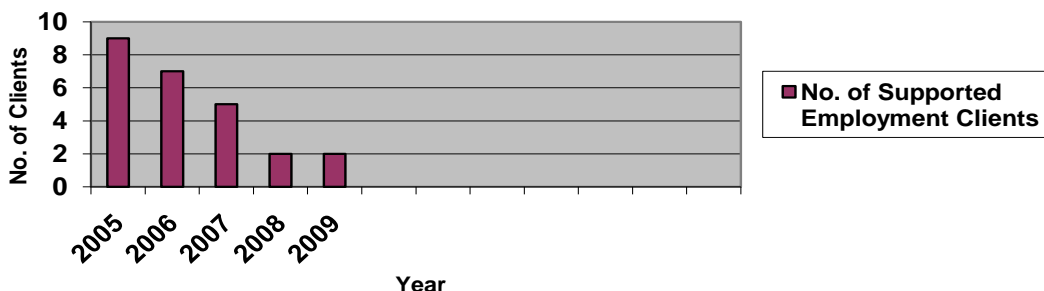
	2004	2005	2007	2008	2009
NO. OF SHELTERED EMPLOYMENT CLIENTS	14	28	29	20	14

Sheltered Employment



	2005	2006	2007	2008	2009
NO. OF SUPPORTED EMPLOYMENT CLIENTS	9	7	5	2	2

Supported Employment

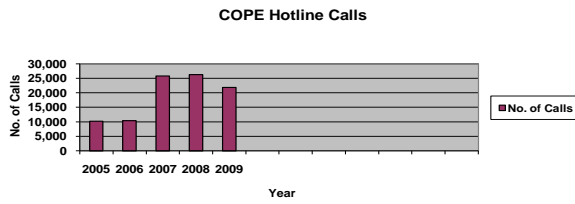


HOTLINE SERVICES

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.

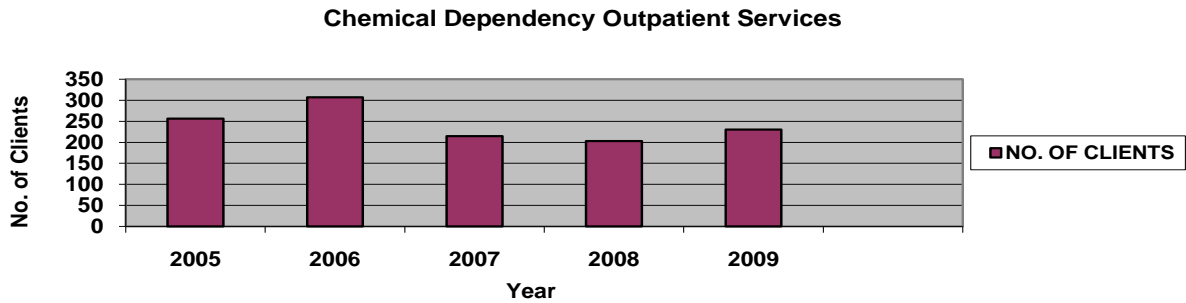
	2005	2006	2007	2008	2009
NO. OF CALLS	10,246	10,435	25,780*	26,241	21,865



CHEMICAL DEPENDENCY SERVICES

Outpatient Services (Counseling Center)

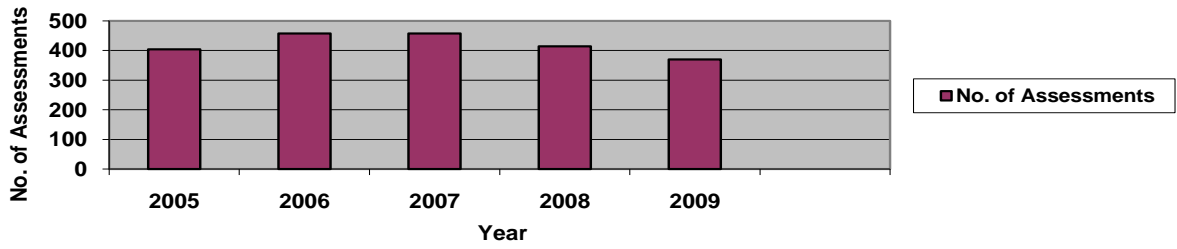
	2005	2006	2007	2008	2009
NO. OF CLIENTS	256	307	215	203	230



Intoxicated Driver Program

	2005	2006	2007	2008	2009
NO. OF ASSESSMENTS	404	458	458	414	370

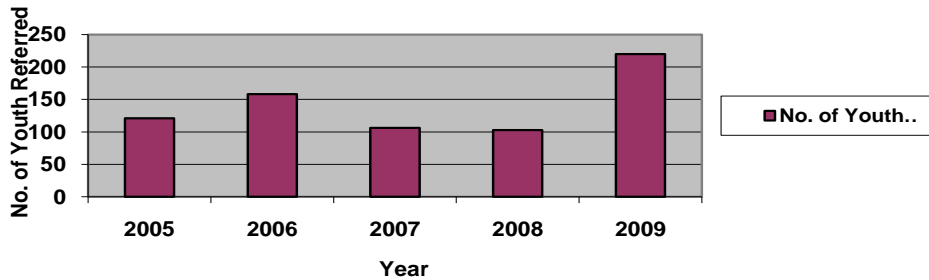
Intoxicated Driver Program



Underage Drinking Assessments: (completed by the Ozaukee Council)

	2005	2006	2007	2008	2009
NO. OF YOUTH REFERRED	121	158	106	103	220

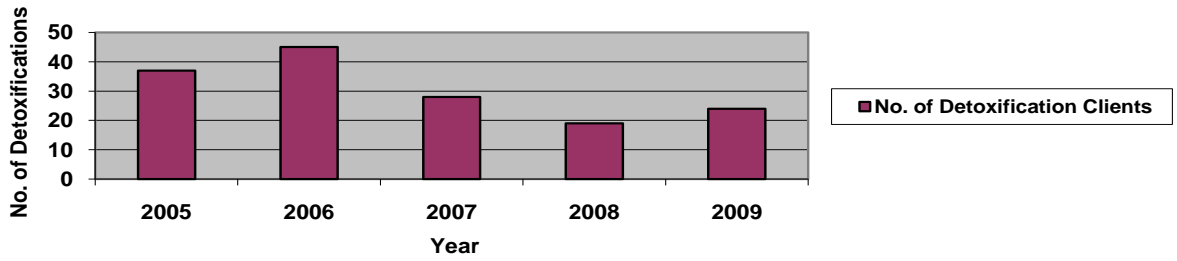
Underage Drinking Assessments



INPATIENT CARE

	2005	2006	2007	2008	2009
NO. OF DETOXIFICATION CLIENTS	37	45	28	19	24

Detoxifications

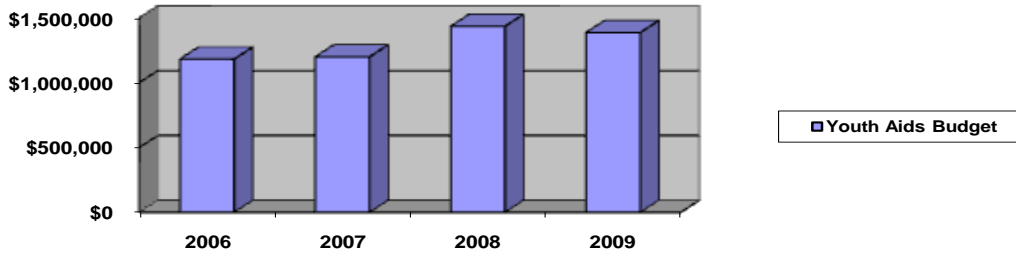


CHILDREN AND FAMILIES DIVISION

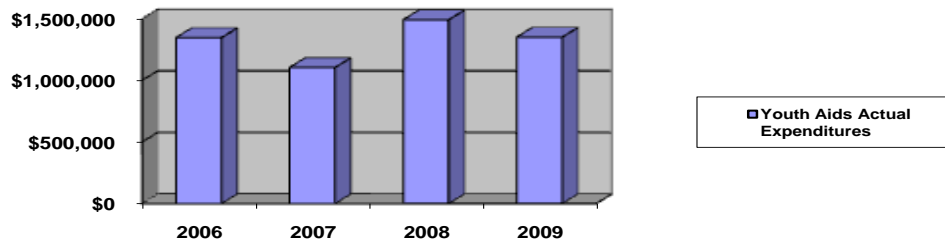
JUVENILE JUSTICE UNIT STATISTICS

BUDGET

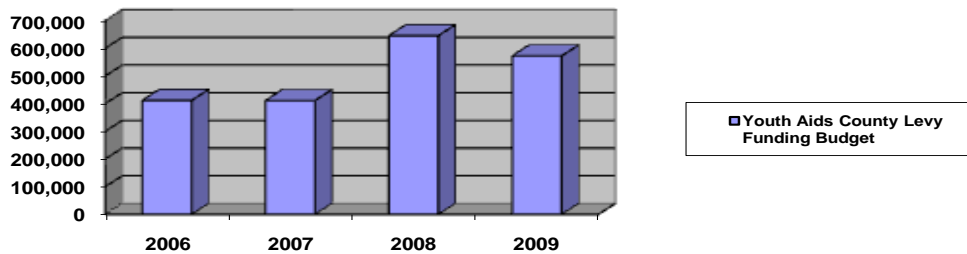
	2006	2007	2008	2009
Youth Aids Budget	\$1,180,658	\$1,198,430	\$1,433,554	\$1,385,623



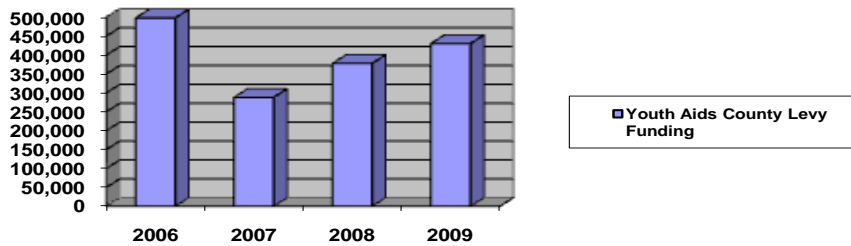
	2006	2007	2008	2009
Youth Aids Actual Expenditures	\$1,346,872	\$1,104,646	\$1,491,287	\$1,350,716



	2006	2007	2008	2009
Youth Aids County Levy Funding Budget	411,364	\$411,017	\$645,292	\$572,272



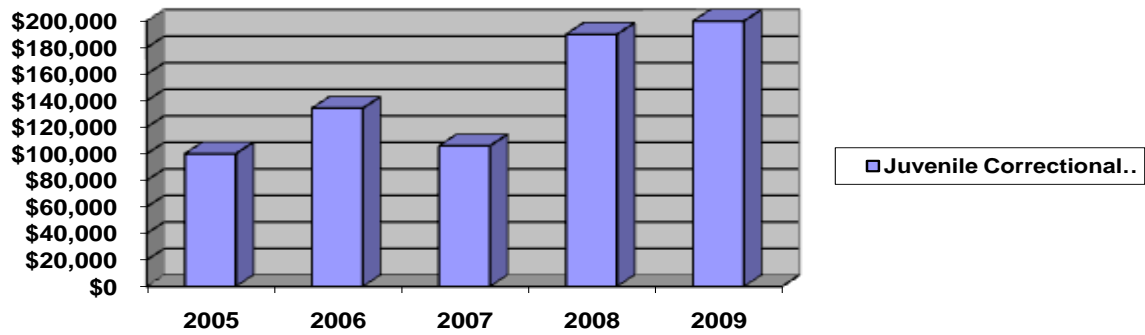
	2006	2007	2008	2009
Youth Aids County Levy Funding Actual	498,047	\$288,071	\$377,799	\$430,201



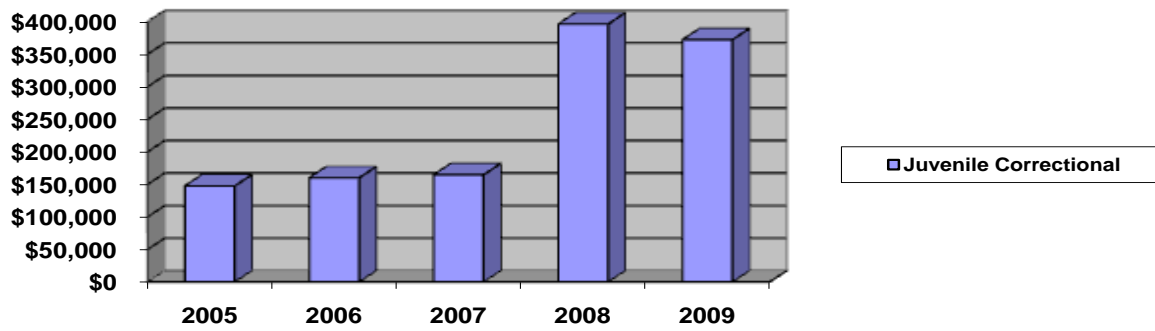
CORRECTIONS

	2005	2006	2007	2008	2009
Juvenile Correctional	\$100,000	\$134,282	\$105,907	\$189,956	\$200,000

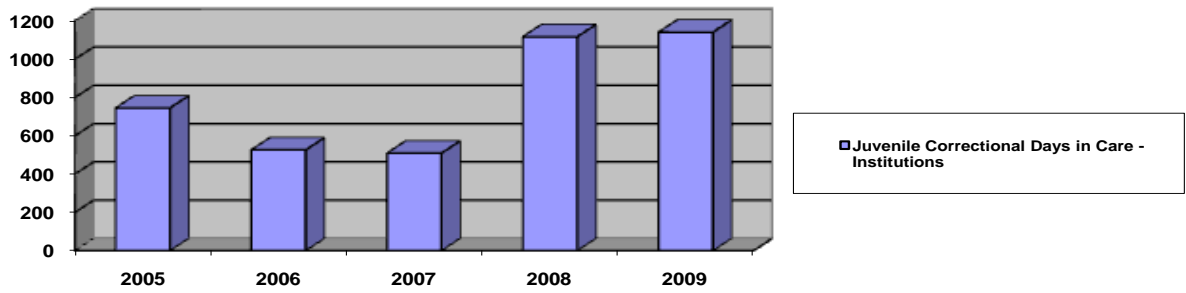
Budget					
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	2005	2006	2007	2008	2009
Juvenile Correctional Cost of Care	\$147,423	\$159,902	164,558	\$396,045	372,138

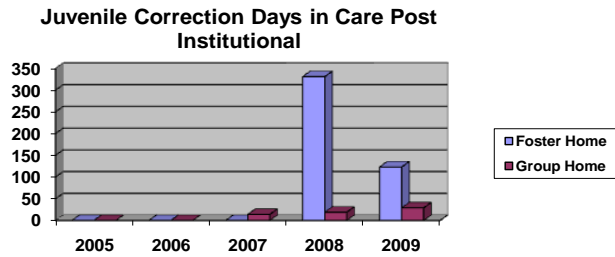


	2005	2006	2007	2008	2009
Juvenile Correctional Days in Care - Institutions	745	526	509	1117	1141

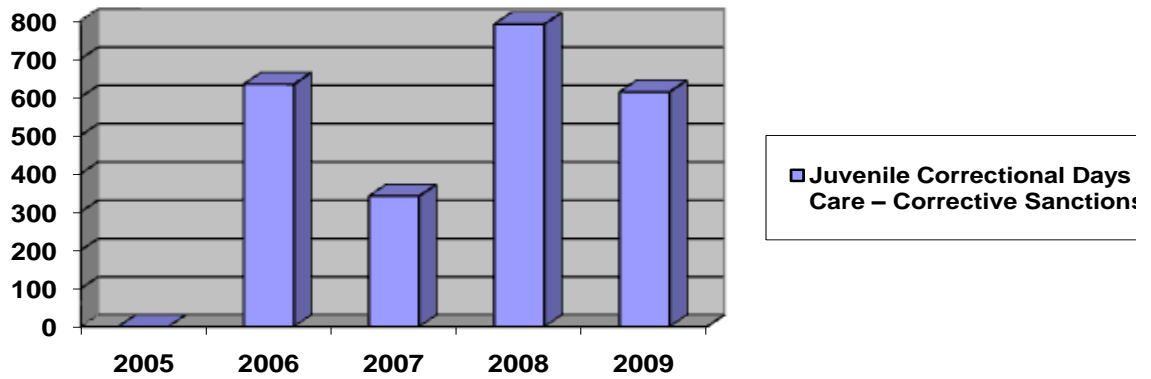


Juvenile Corrections Days in Care Post Institutional Care:

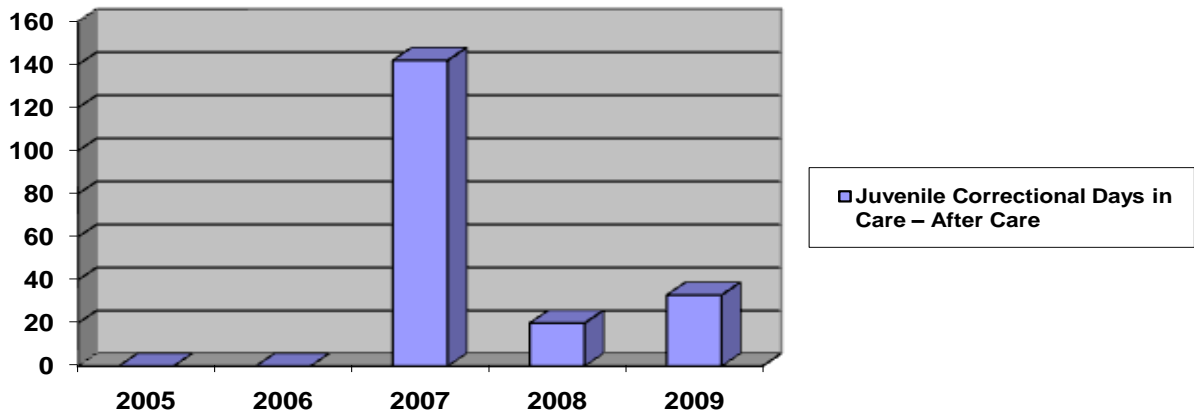
	2005	2006	2007	2008	2009
Foster Home	0	0	0	331	123
Group Home	0	0	14	19	29



	2005	2006	2007	2008	2009
Juvenile Correctional Days In Care - Corrective Sanctions	0	633	341	790	613

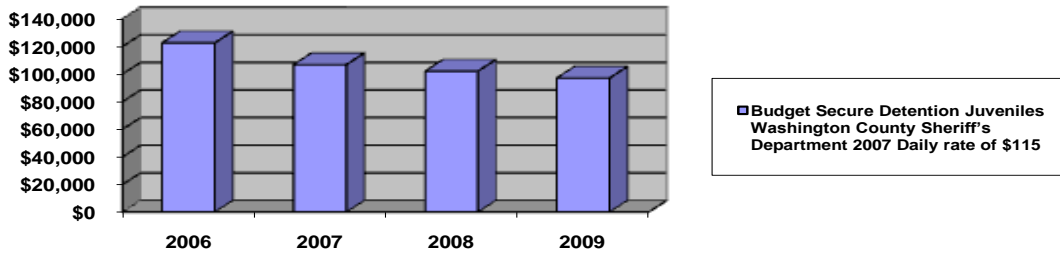


	2005	2006	2007	2008	2009
Juvenile Correctional Days in Care – After Care	0	0	142	20	33

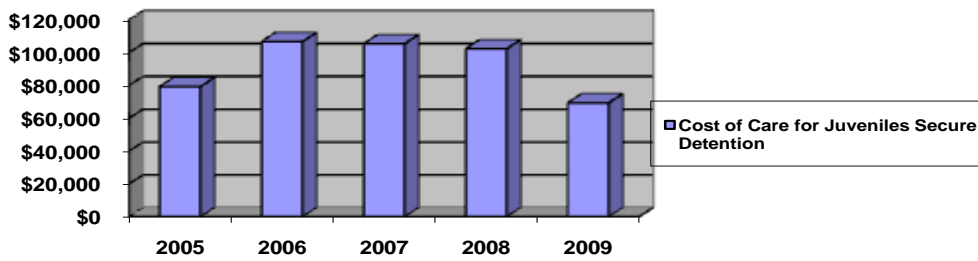


SECURE DETENTION

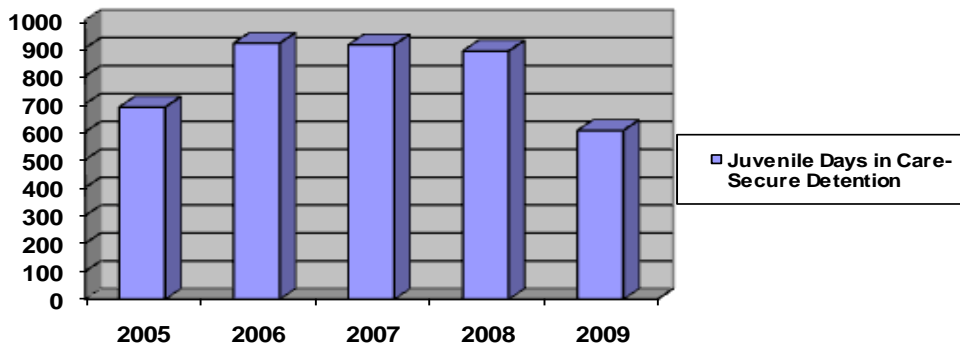
	2006	2007	2008	2009
Budget Secure Detention Juveniles Washington County Sheriff's Department 2009 Daily rate of \$115	\$122,500	\$106,700	\$102,000	\$97,000



	2005	2006	2007	2008	2009
Cost of Care for Juveniles Secure Detention	\$79,235	\$106,683	\$105,360	102,270	69,350

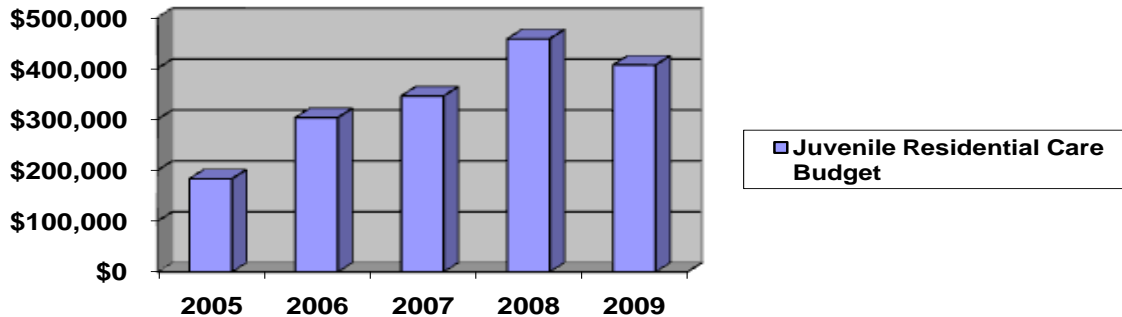


	2005	2006	2007	2008	2009
Juvenile Days in Care-Secure Detention	689	918	912	890	605

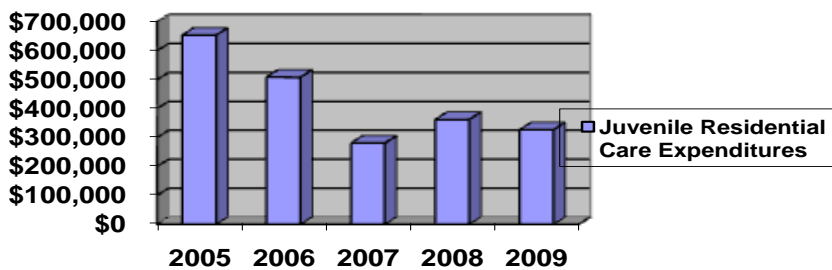


RESIDENTIAL CARE CENTER

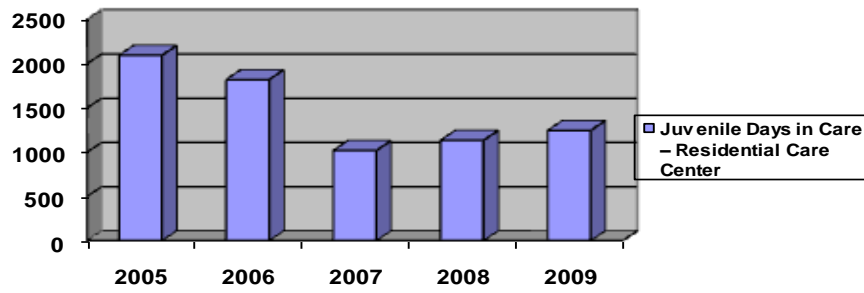
	2005	2006	2007	2008	2009
Juvenile Residential Care Budget	\$183,000	\$303,175	\$345,736	\$457,700	406,445



	2005	2006	2007	2008	2009
Juvenile Residential Care Expenditures	\$653,826	\$508,592	\$280,698	\$362,292	\$327,154

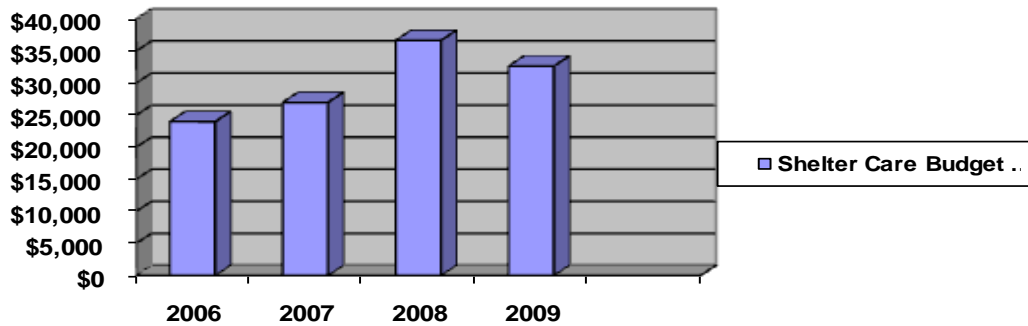


	2005	2006	2007	2008	2009
Juvenile Days in Care – Residential Care Center	2095	1820	1019	1134	1245

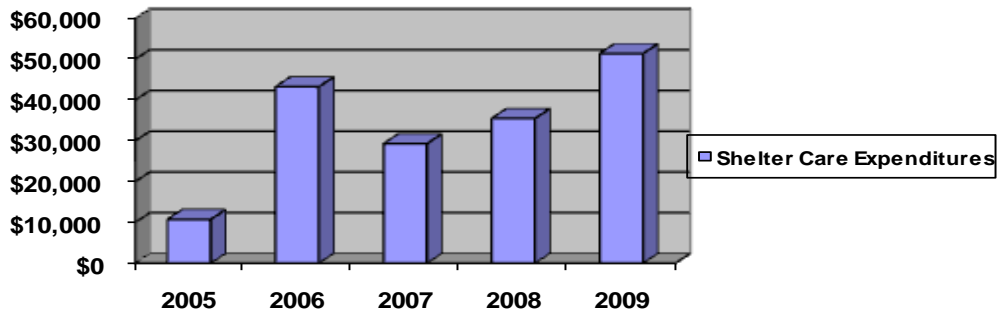


SHELTER

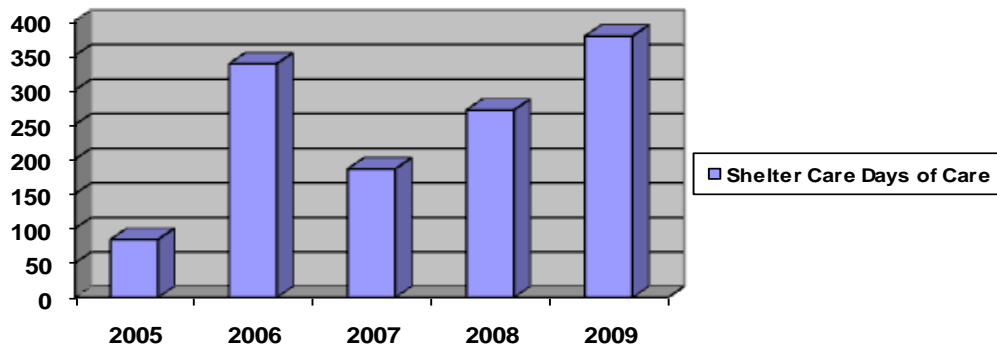
	2006	2007	2008	2009
Shelter Care Budget Washington County Youth Treatment Center 2009 daily rate \$136	\$24,000	\$27,000	\$36,660	\$32,660



	2005	2006	2007	2008	2009
Shelter Care Expenditures	\$10,752	\$43,264	\$29,315	35,501	\$51,408

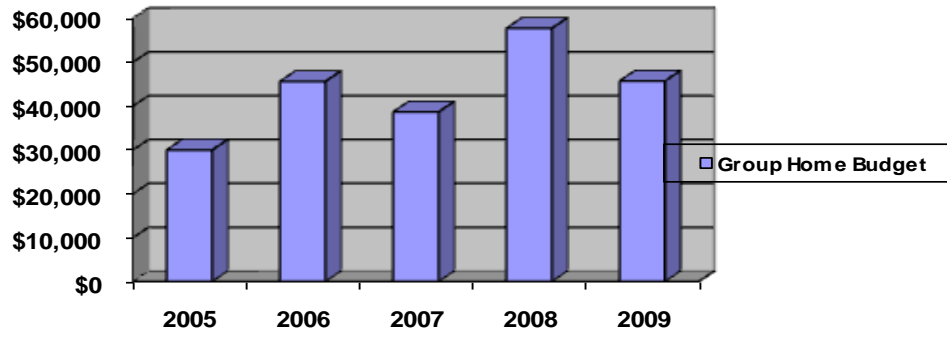


	2005	2006	2007	2008	2009
Shelter Care Days of Care	84	338	186	271	378

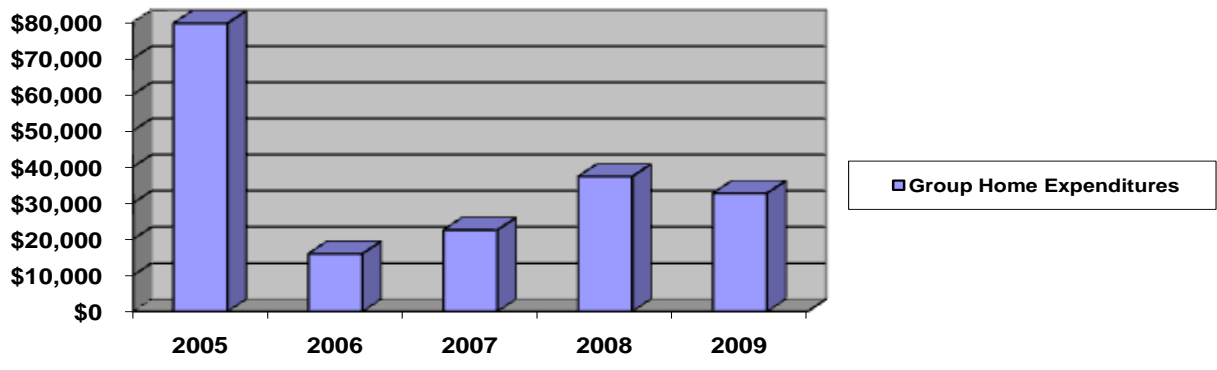


GROUP HOME

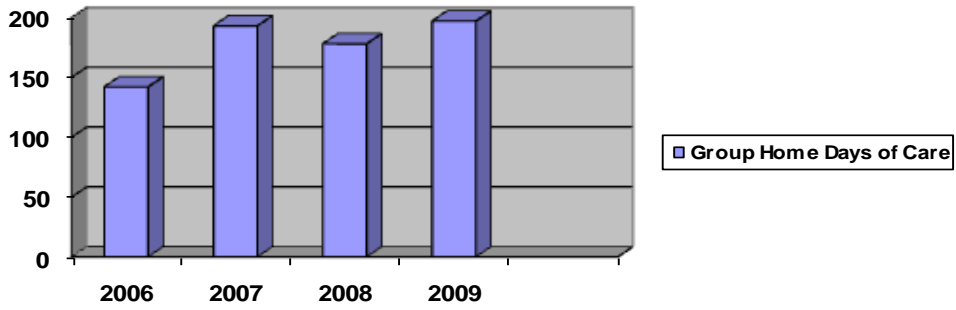
	2005	2006	2007	2008	2009
Group Home Budget	\$30,000	\$45,625	\$38,650	\$57,713	\$45,713



	2005	2006	2007	2008	2009
Group Home Expenditures	\$79,697	\$15,985	\$22,538	\$37,336	\$32,732

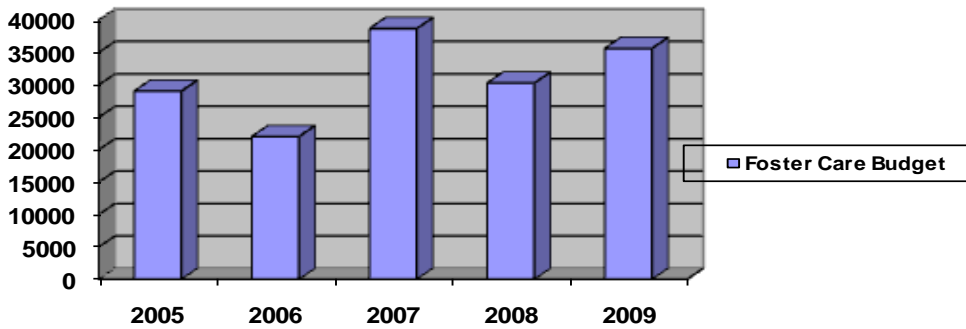


	2006	2007	2008	2009
Group Home Days of Care	142	193	178	197



FOSTER CARE

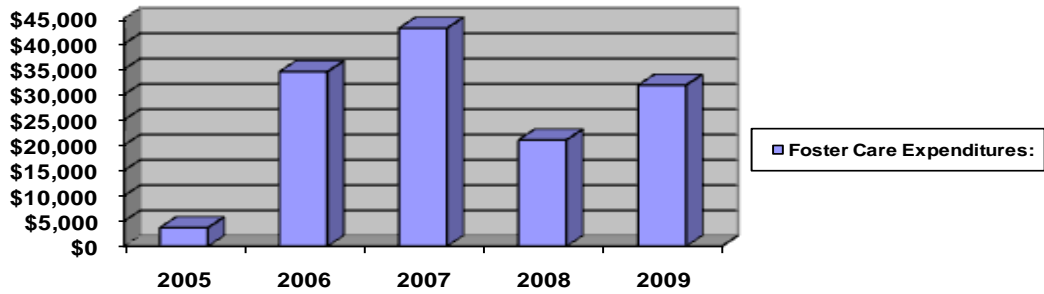
	2005	2006	2007	2008	2009
Foster Care Budget	\$29,000	\$22,000	\$38,650	\$30,250	\$35,600



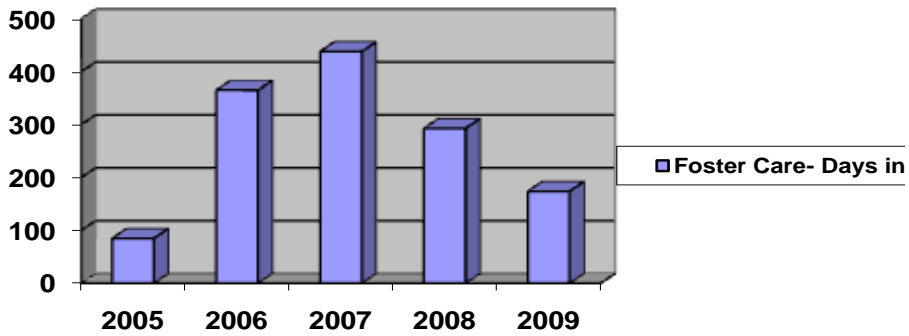
	2005	2006	2007	2008	2009
Foster Care Expenditures:	\$3,650	34,480	\$43,075	\$21,005	\$31,824

he foster care expenditures include:

- \$14,600 payment for the two receiving home providers,
- \$500 to those providers for actual emergency placements at @ \$50 per episode
- 174 days of care for one juvenile

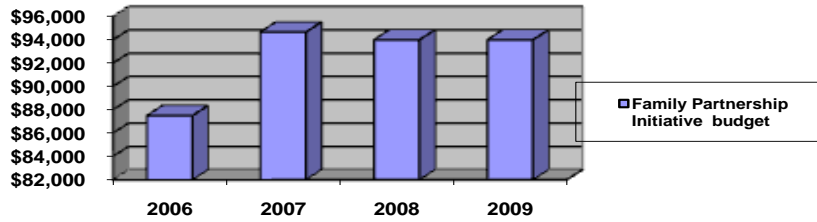


	2005	2006	2007	2008	2009
Foster Care- Days in Care	85	365	438	293	174

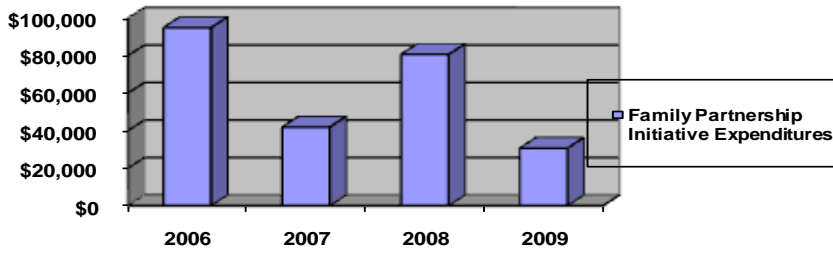


FAMILY PARTNERSHIP INITIATIVE

	2006	2007	2008	2009
Family Partnership Initiative budget	\$87,500	\$94,664	\$94,000	\$94,000



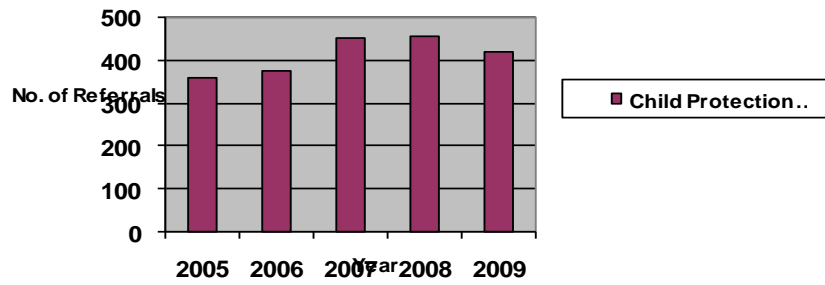
	2006	2007	2008	2009
Family Partnership Initiative Expenditures	\$94,943	\$41,969	\$80,679	\$30,683



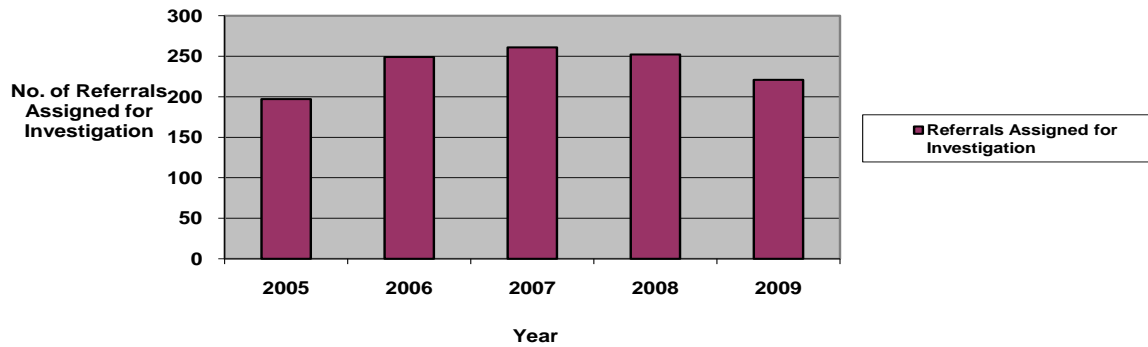
CHILD PROTECTIVE SERVICE STATISTICS

	2005	2006	2007	2008	2009
Child Protection Referrals	357	375	450	457	418

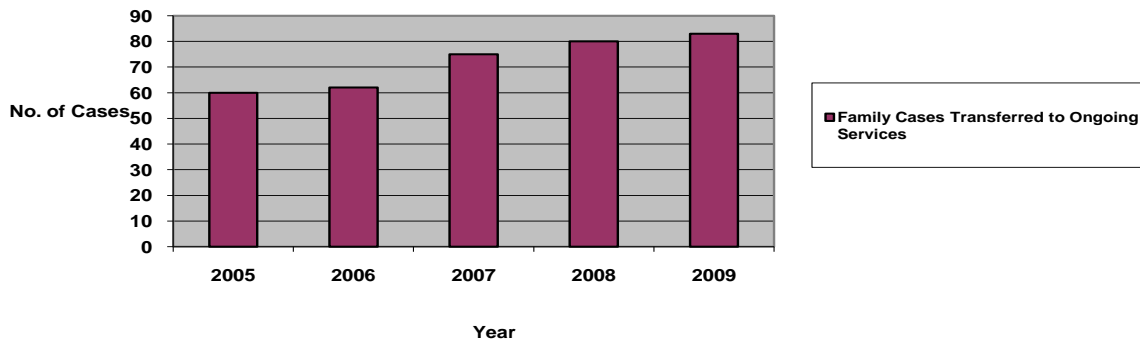
No. of Child Protection Referrals



	2005	2006	2007	2008	2009
Referrals Assigned for Investigation	197	249	261	252	221



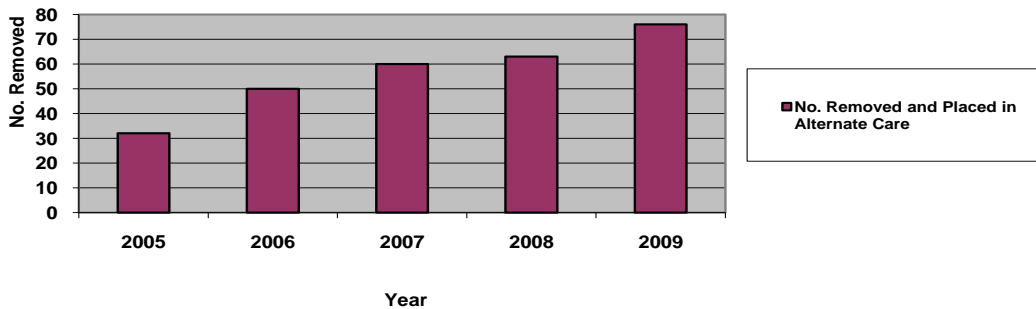
	2005	2006	2007	2008	2009
Family Cases Transferred to Ongoing Services	60	62	75	80	83



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

	2005	2006	2007	2008	2009
No. Removed and Placed in Alternate Care	32	50	60	63	76

No. of Children Removed and Placed in Alternate Care

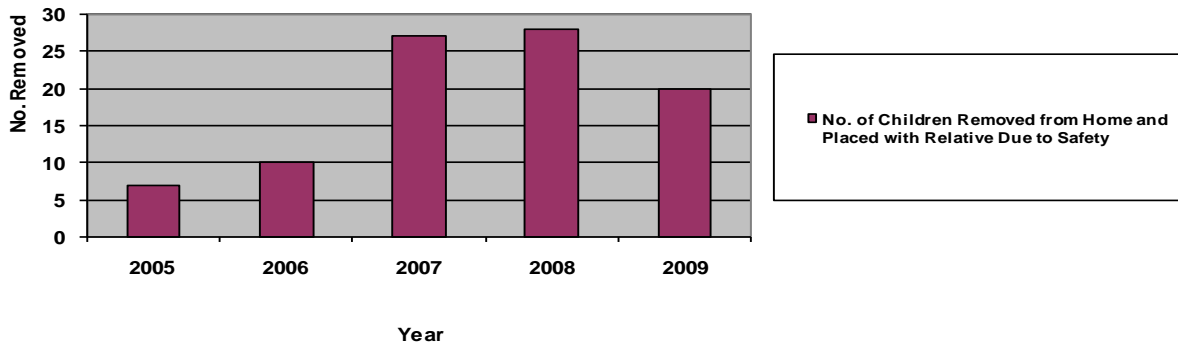


The number of children entering alternate exhibit behaviors associated with severe trauma, mental health problems and/or developmental disabilities.

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

	2005	2006	2007	2008	2009
No. of Children Removed from Home and Placed with Relative Due to Safety	7	10	27	28	20

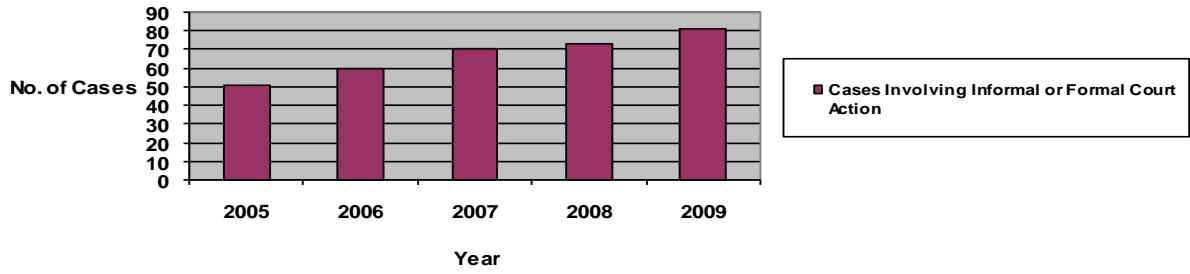
No. of Children Removed and Placed with Relative



CPS cases that involved informal or formal court action

	2005	2006	2007	2008	2009
Cases Involving Informal or Formal Court Action	51	60	70	73	81

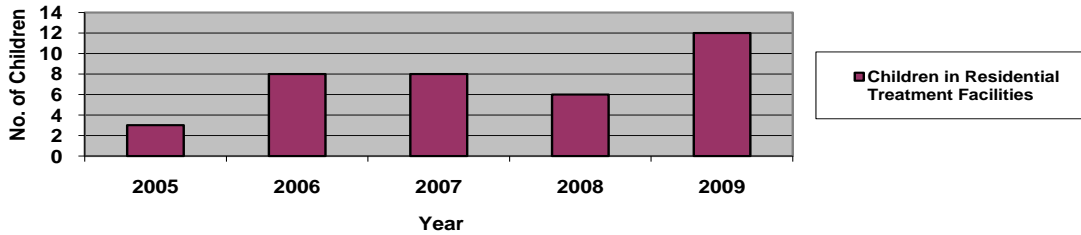
Cases Involving Informal or Formal Court Action



Children placed in Residential Treatment Facilities

	2005	2006	2007	2008	2009
Children in Residential Treatment Facilities	3	8	8	6	12

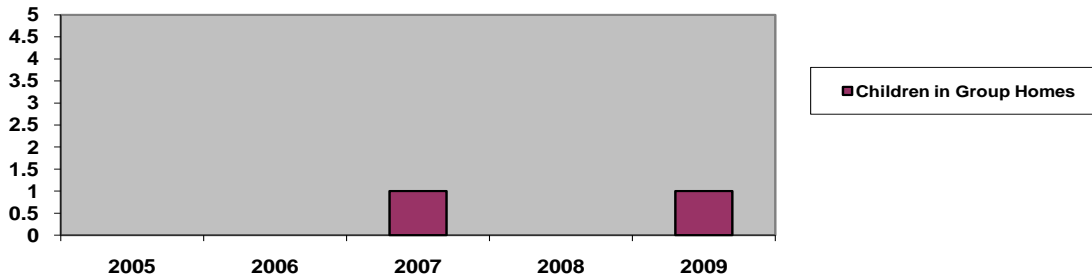
Children Placed in Residential Treatment Facilities



Children placed in Group Home

	2005	2006	2007	2008	2009
Children in Group Homes	0	0	1	0	1

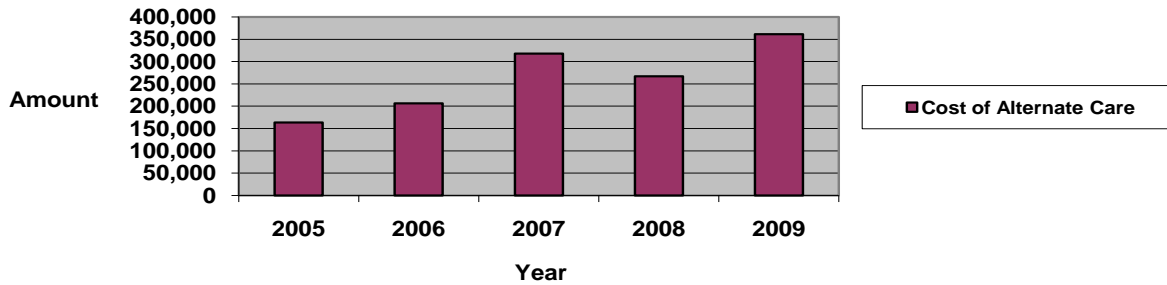
Children Placed in Group Homes



Cost of Alternate Care (FH, TXFC)

	2005	2006	2007	2008	2009
Cost of Alternate Care	163,366	206,603	317,728	267,165	\$361,660

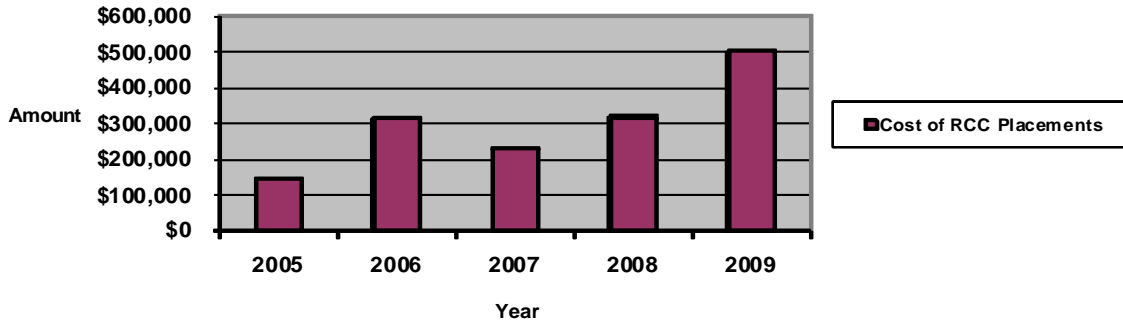
Cost of Alternate Care



Cost of RCC Placements

	2005	2006	2007	2008	2009
Cost of RCC Placements	\$145,985	\$314,976	\$231,117	\$319,687	\$501,984

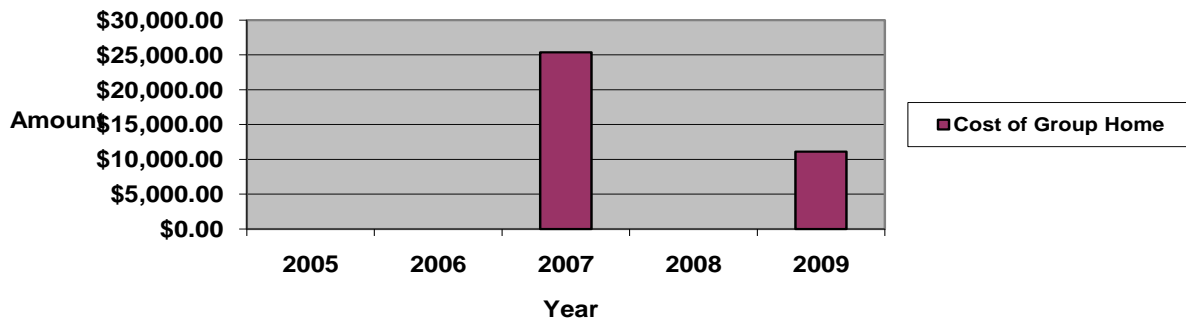
Cost of Residential Care Center Placements



Cost of Group Home

	2005	2006	2007	2008	2009
Cost of Group Home	0	0	\$25,375	0	\$11,131

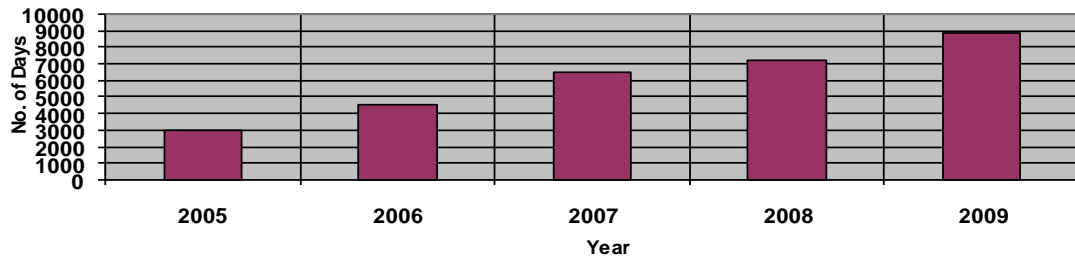
Cost of Group Homes



Number of days in Alternate Care (FH/TXFC)

	2005	2006	2007	2008	2009
No. of Days in Alternate Care	2940	4488	6,447	7,194	8,851

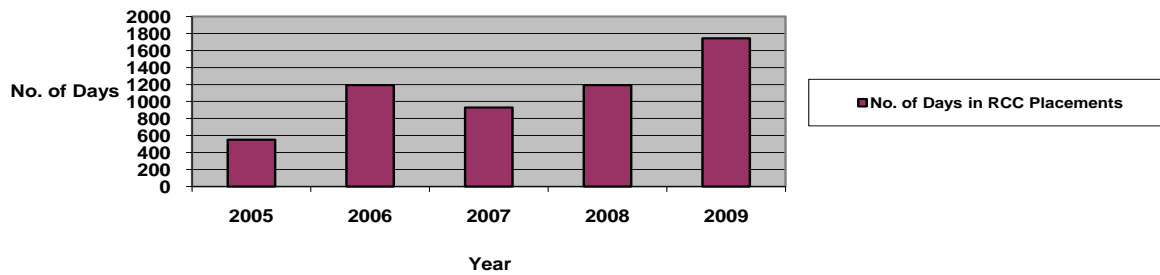
No. of Days in Alternate Care



Number of days in RCC Placements

	2005	2006	2007	2008	2009
No. of Days in RCC Placements	551	1192	931	1,192	1,742

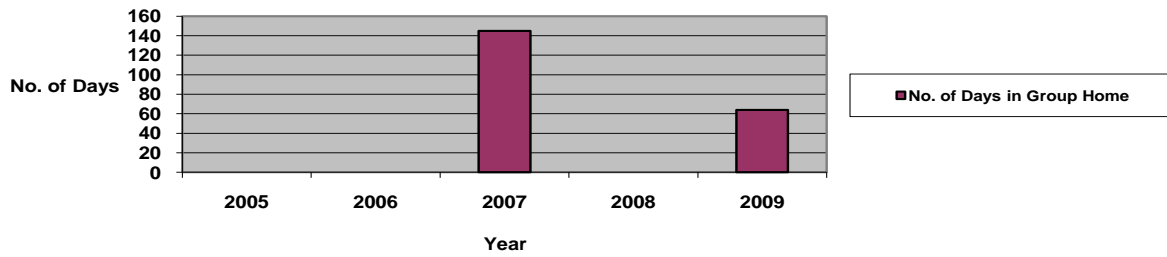
No. of Days in Residential Placement



Number of days in Group Home

	2005	2006	2007	2008	2009
No. of Days in Group Home	0	0	145	0	64

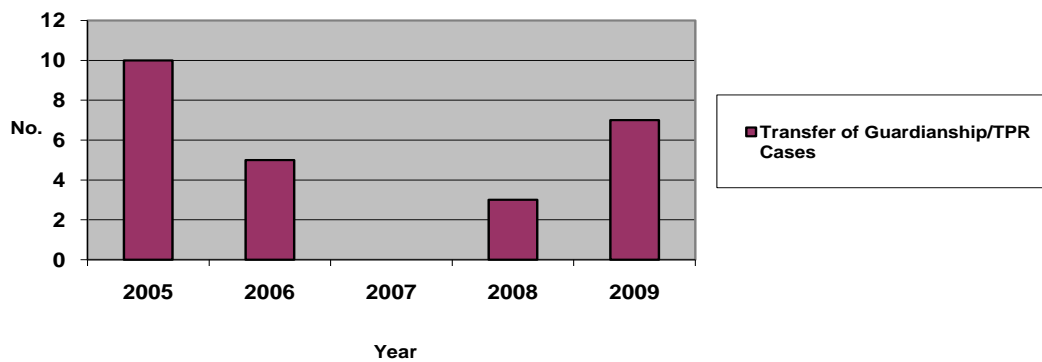
No. of Days in Group Home



Transfer of Guardianship/TPR Per Child

	2005	2006	2007	2008	2009
Transfer of Guardianship/TPR Cases	10	5	0	3	7

No. of Transfers of Guardianship/Termination of Parental Rights



Findings of Maltreatment per child (substantiated, unsubstantiated)

Neglect	Physical	Emotional	Sexual
Sub: 8	Sub: 4	Sub: 0	Sub: 6
Unsub: 152	UnSub: 64	Unsub: 37	Unsub; 28

ECONOMIC SUPPORT PROGRAM

OVERVIEW OF ECONOMIC SUPPORT PROGRAMS FOR 2009

Child Care

Our unit administers the Child Care Program under a subcontract with Ozaukee County's W-2 Program provider, Arbor E&T. 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, it fell to 285 in December.

This reduction over the course of the year was 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.

The State has changed the administrative process of the Child Care Program for 2010 and will contract directly with our county agency outside of the W-2 Program.

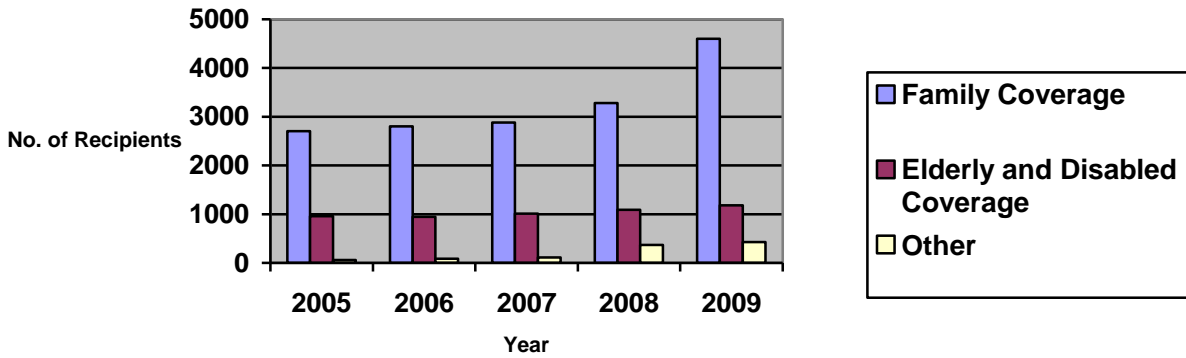
Medicaid

The Medicaid Program continued to grow in 2009 with a caseload increase of 31%. Most of this significant caseload and workload increase in the Medicaid Program was in the family coverage area. Since there was no expansion of eligibility rules for families, it would seem that more families have become eligible because their income has decreased and they have lost private insurance coverage.

Medicaid Recipients – Monthly Totals for December

	2005	2006	2007	2008	2009
Family Coverage	2706	2804	2878	3278	4602
Elderly and Disabled Coverage	960	945	1008	1088	1178
Other	61	84	113	370	428
Total	3727	3833	3999	4736	6208

Medicaid Recipients - Monthly December Totals



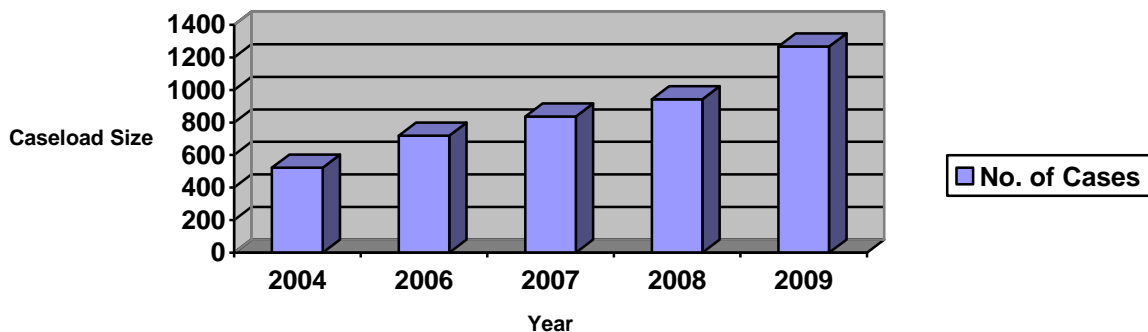
FoodShare

FoodShare caseloads and benefits increased again in 2009. The caseload increased by 34% over 2008 and annual benefits paid increased by 75%. 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. However, this would account for only a portion of the great variance between the increase in participation and the annual benefit increase. The substantially greater increase in benefits indicates that we are serving more families with substantially lower average household income. This has been a two year trend.

FoodShare – Average Monthly Caseload

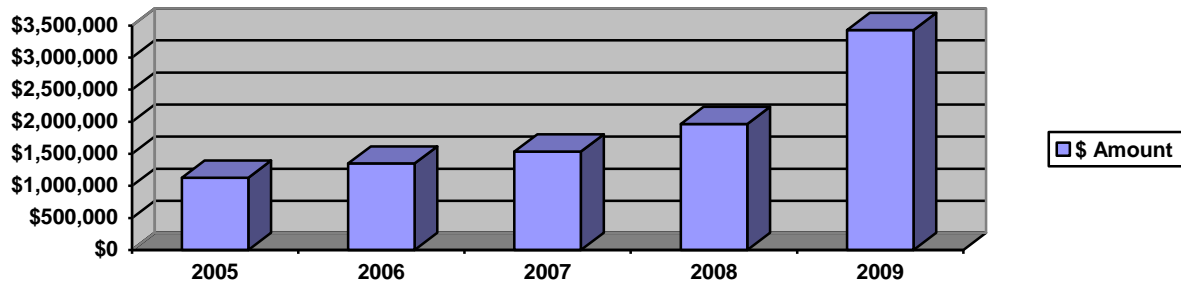
	2005	2006	2007	2008	2009
No. of Cases	632	718	837	943	1266

Foodshare - Average Monthly Caseload



Annual Benefits

	2005	2006	2007	2008	2009
\$ Amount	\$1,128,754	\$1,348,500	\$1,535,892	\$1,962,293	\$3,429,740



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, 2009 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.

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

Electronic Case File System

The paper to electronic file conversion project began in spring 2006. The process involves scanning and indexing Economic Support case files on a state server. All new files and last 14 months of existing cases were to be scanned. The backfile conversion was completed in 2008. ECF has increased state access to files for reviewing accuracy and compliance by county staff. The number of case reviews by state staff has therefore increased.

While this obviously has dramatically reduced our need for case record storage, our caseload volume makes the scanning process a significant workload issue. Between our two locations, we need to average over 13 hours per day scanning documents in order to keep the electronic files current. We were current with this process until mid-2009 but we have gradually lost ground as application and caseload activity has increased. We closed out 2009 with about a 2 month

scanning backlog. This is a problem for us but processing eligibility and benefits accurately and timely is a higher priority.

Staffing and Organization

We expected our business to continue to grow in 2009 due to economic conditions. We trained a support staff person in the intake pre-screening function and increased our Intake Line availability by about 35% to help handle the volume of calls that we are receiving. This reassignment of job duties increased total staff time attributable to Economic Support operations by approximately 4.5% during 2009. A third of that small gain was lost through mandatory furlough days. At the same time, we experienced an overall workload increase of approximately 30%.

Fortunately, there were no large program initiatives in 2009. We simply do not have the resources to apply to any major program changes or enhancements. In addition to overwhelming caseload volume, we are still struggling with the implementation of Family Care. Budget constraints at the State level resulted in inadequate funding for training for Economic Support staff, inadequate redesign of the automated system necessary to optimally process Family Care cases and inadequate levels of support from State policy experts.

Every effort has been made to economize and streamline our operation but we are steadily losing ground. Due to budgetary constraints, we do not anticipate adding additional staff. We expect that beyond delays in processing, we will begin to experience noticeable declines in payment accuracy unless we see substantial reductions in our caseloads during 2010.

THE LONG TERM SUPPORT DIVISION

The programs that fall under Long Term Support Division are each mentioned below. The highlights in 2009 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.

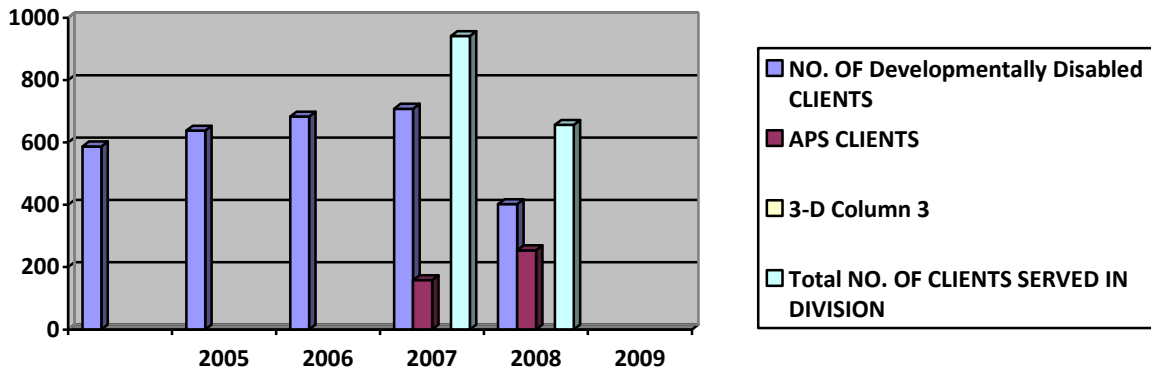
CASE MANAGEMENT SERVICES

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.

Number of people served in the Long Term Support Division:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF Developmentally Disabled CLIENTS	587	638	683	708	402
APS CLIENTS				158	254
Total NO. OF CLIENTS SERVED IN DIVISION				941	656



ADULT FAMILY HOMES AND THEIR CERTIFICATION:

- Adult Family Homes are homes ranging from one to four beds that must meet specific standards and comply with State Adult Family Home regulations and Medical Assistance Standards to be annually certified by the county and or licensed by the state. Adult Family Homes over five beds are licensed by the state.
- The Department of Human Services Long Term Support Unit is responsible for certifying all one to two bed Adult Family Homes in Ozaukee County as well as those one to two bed homes that serve Ozaukee County residents that physically reside outside of Ozaukee County.
- The long term support staff person that serves as the Adult Family Home Coordinator and the Long Term Support Division Manager follow up on complaints or concerns that may arise in regards to the care and services that are provided in those homes.
- In 2009, Ozaukee County Department of Human Services was responsible for certifying nine, one to two bed Adult Family Homes. All of these homes serve people with developmental disabilities. Each home is reviewed at least annually for compliance with meeting the Medical Assistance standards and requirements for Adult Family Home certification.

- Payment for the services provided to the individuals is dependent upon the amount of care and guidance, the significance of challenging behaviors and the degree of supervision needed. All of the people in these homes are now funded through the Family Care Program.
- In 2010, the Adult Family Care Home certification responsibilities for 1-2 bed Adult Family Care Homes will be transferred over to Community Care, the care management organization that serves Ozaukee County.

ADULT DAY CARE:

- Adult day care centers provide a break (respite) to the caregiver while providing health services, therapeutic services, and social activities for people with Alzheimer’s disease and related dementia, chronic illnesses, traumatic brain injuries, developmental disabilities, and other problems that increase their care needs. Some adult day care centers are dementia specific, providing services exclusively to that population. Other centers serve the broader population.
- In 2009, we funded two individuals in to go to Adult Day Care because we learned about these people through our Adult Protective Services Program. Their home situations were deemed unsafe for them. In these two situations we made arrangements for the elder to participate in Adult Day Care while their caregiver(s) were at work. In one situation our Elder Abuse state funding paid for some days at Adult Day Care until the person and family could make arrangements to pay privately for the elder to participate in Adult Day Care programming weekdays Monday Through Friday. For the second person our elder abuse money paid for Adult Day Care while the person was being found eligible for the Family Care Program.

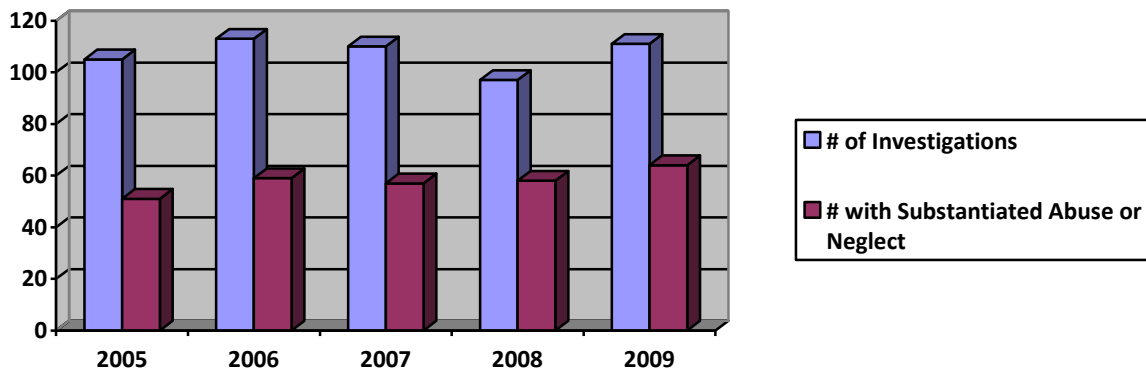
	<u>2008</u>	<u>2009</u>
No. of Persons Elderly	6	2
No. of Days	742	20

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:

	2005	2006	2007	2008	2009
# of Investigations	105	113	110	97	111
# with Substantiated Abuse or Neglect	51	59	57	58	64



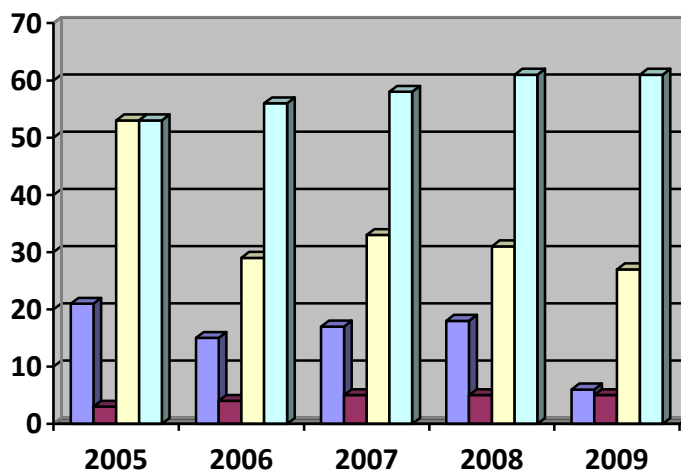
- In 2009, the top reasons for investigations were:
 The number one reason was Self Neglect. The number two reason was Financial Exploitation. The number three reason was Physical Abuse and the number four reason was Neglect by Others.
- As part of our dedication to protecting Elders and Adults at Risk, an I-Team was developed in 2002. In 2009, our I Team met 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 will also “staff” certain cases that need an interdisciplinary approach. These meetings have proven to be beneficial as members of the team will bring experiences from their positions which can help shed new light on a particular case. The I-Team also discusses systems issues and the areas where we feel the system can improve.
- One area that has been identified is in the area of increased financial abuse. The identified area then gets special attention through the development of I –Team sub-committees so the subcommittees and the entire I-Team can work together to improve the system. With financial abuse, the Ozaukee I-Team has been focusing on training bank personnel to better identify cases of financial abuse so that they are better able to work jointly with our county elder abuse and adults at risk staff on these cases.
- We also focused on recruiting several new I Team members in 2009, including 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 and a representative from the Corporation Counsel’s office. 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 seem to be working closer with our local law enforcement and the Elder Abuse and Adults at Risk Team so that they work to gather what is needed to successfully prosecute our Financial Exploitation cases.
- The I Team would like to continue to offer education to the private sector and law enforcement on financial abuse as it seems to be more prevalent recently than it has been in past years. Perhaps, the increase in reporting of financial abuse is related to the specific training we have offered local financial institutions. We are now beginning to see more

of these cases prosecuted then we saw before.

- The APS team and developmental disabilities 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 case managers that work with people with developmental disabilities also complete Comprehensive Evaluations Reports for the court. These same staff also completes Annual Watts Reviews for those adults that are Protectively Placed by the court and are elderly, physically disabled and or developmentally disabled. The developmental disabilities case managers completed 61 Annual Watts Reviews for persons with developmental disabilities that were under a court ordered Protective Placement in 2009.
- The APS Social Workers and the Developmental Disabilities Case Managers also conduct investigations of abuse, neglect, and financial exploitation for elders, and adults with developmental disabilities and adults at risk.

Comprehensive Evaluations and Annual Reviews for the Court:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
New Guardianships/Protective Placement Comprehensive Evaluations Elderly/Physically Disabled	21	15	17	18	6
New Guardianships/Protective Placement Comprehensive Evaluations Developmental Disabilities	3	4	5	5	5
Annual Reviews for Protective Placements (WATTS) Elderly/PD	53	29	33	31	27
Annual Reviews for Protective Placements (WATTS) Developmentally Disabled	53	56	58	61	61

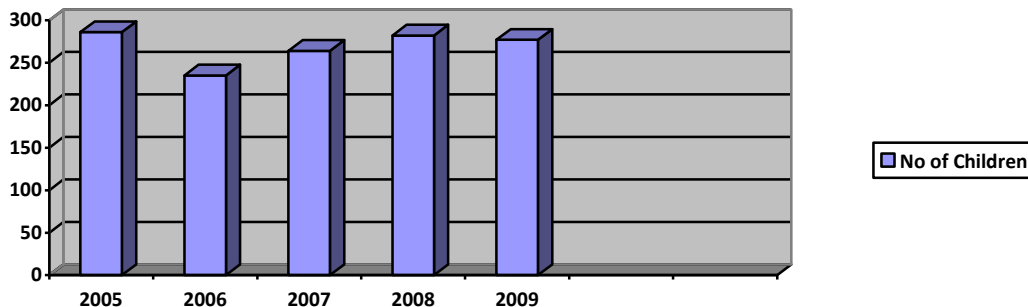


BIRTH TO THREE PROGRAM:

- 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.
- In 2009, we offered several Parent Language Facilitation groups as an option to meet the needs of children with speech delays. Groups are led by a speech therapist and are designed to empower parents to become language facilitators for their child during their daily routines.
- We also modified these sessions by no longer having the caregivers bring their child to the group so the parents could focus on learning instead of calming their child down.
- We also began discussions with Lutheran Social Services about some modifications we want to make to our Birth to Three Program. Families were informed of the differences between Birth to 3 philosophy where a therapist models techniques and coaches the caregiver to provide learning activities and the medical model of service delivery. If a family is more interested in the medical model it is explained that this is not the philosophy of the Birth to Three Program and that they may want to seek services for their child outside of Birth to Three.
- We also did reduce some of the overall program costs by \$65,000.
- We have requested that Lutheran Social Services attempt to hire two part-time early education teachers to primarily assist with children’s assessments and to do teaching.
- In 2009 we collected \$34,000 from Parental Cost Share.
- Plans are in progress to obtain additional revenue for the program by billing Medicaid for service coordination whenever possible next year.

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

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF CHILDREN	286	235	264	282	277



INFORMATION AND REFERRAL SERVICES FOR CHILDREN WITH SPECIAL NEEDS:

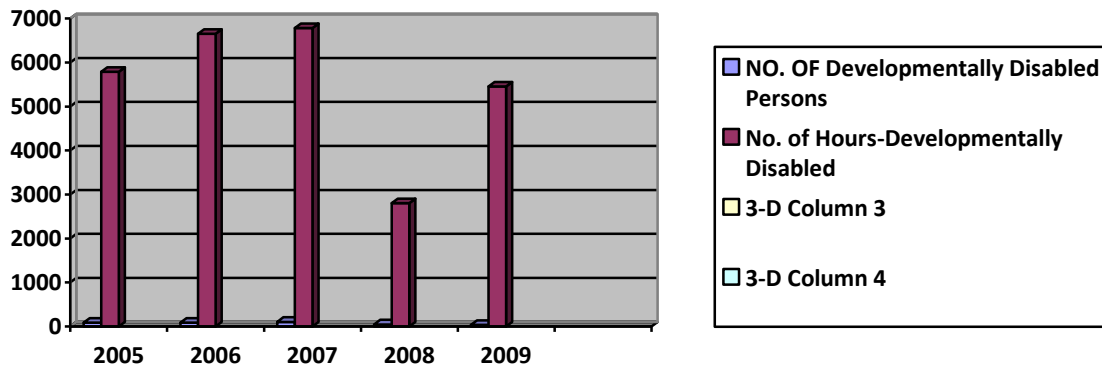
- The developmental disabilities case managers rotate providing telephone and in person information and referral assistance services about children with special needs. The number of calls they get and the number of walk in's has decreased since these same staff stopped providing the information and referral services for adults with developmental disabilities. These calls and walk in's are now managed by the staff in the Ozaukee County Aging and Disability Resource Center. The developmental disabilities 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 2009, there were thirty three children served in our Respite Care Program. Five families were closed out of the Respite Care Program sometime in 2009 because the children aged out (turned eighteen years of age) and then moved over to the Family Care or IRIS Program.

Number of children that received Respite Care Services in 2009 and the corresponding hours.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF Developmentally Disabled Persons	85	87	104	47	33
No. of Hours-Developmentally Disabled	5,788	6,650	6,784	2,804	5,455



CHILDRENS 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) 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 wish to serve.
- An application that averages thirty pages in length and a proposed Individual Service Plan is submitted to the state for each person that we apply for this funding. 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 six months for each child in the program.
- In 2009, we had a total of thirty eight children receiving CLTS Waiver Program services. Many of these children were already receiving county services so this transferred the funding from 100 % from county to our receiving an average of 60% reimbursement from the state for the child's waiver allowable costs. The previous year we had fifteen children on the CLTS Waiver Program.
- Some of the children we serve with the CLTS Waiver are severely emotional disturbed or they may be physical disabled. The vast majority of the children we served in the CLTS Program have developmental disabilities. The developmental disabilities case managers work very closely with the staff in our Child Welfare Division to serve those 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.

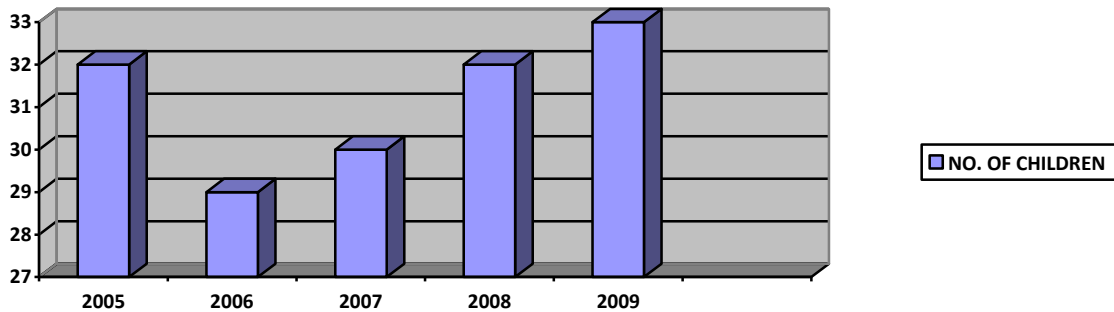
- Children residing in Children’s Foster Care Homes need care, supervision, and services beyond room and board but not as much, if any, nursing care. Each Foster home provides individualized services based upon the identified needs of the child. We apply for Children’s Waiver Program Funding whenever possible to help offset the costs of Foster Care. In 2009, we served three children in Foster Care through the Children’s 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:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF CHILDREN	32	29	30	32	33

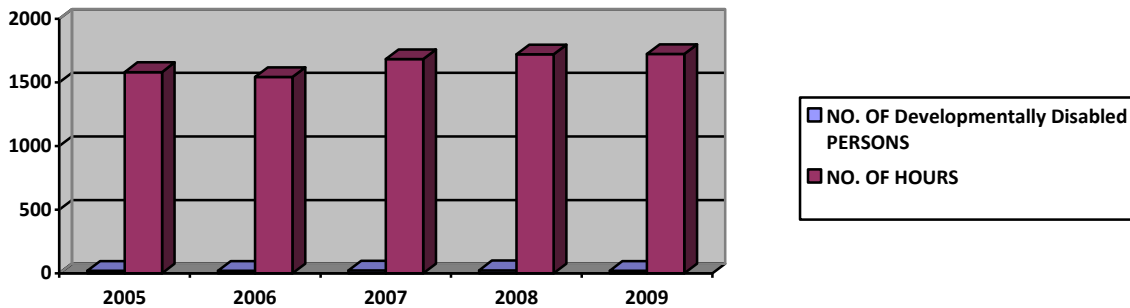


SPECIAL SUMMER RECREATION PROGRAM FOR CHILDREN:

- To bring enjoyment to the children and relief to their family, a four week afternoon program was developed thirty one years ago.
- 2009 was the fourth year that Balance Inc. took over the operation of the Special Summer Recreation Program. The program continued to be focused on providing community based program activities and offered numerous field trips. 1,573 volunteer hours and over 850 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.
- Two other children were supposed to participate but their parents decided at the last minute to not send them. One of these children was unable to participate as he was hospitalized for majority of the program.

Number of children that received Special Summer Recreation Services over the last five years and corresponding hours of programming:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF Developmentally Disabled PERSONS	22	22	23	25	21
NO. OF HOURS	1,581	1,542	1,682	1,720	1,723



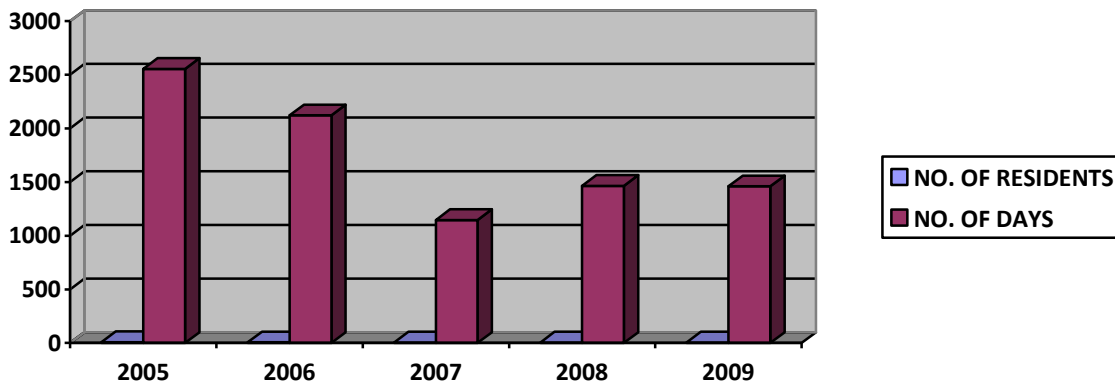
STATE INSTITUTIONAL CARE

- The Ozaukee County residents currently residing within state institutions have been placed there because of extreme medical problems or significant behavioral challenges.
- These 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 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 people 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.
- Currently 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 county QMRP (Qualified Mental Retardation Professional) must approve all admissions to state Centers and Nursing Homes even if a family has arranged a short respite stay.
- The Department of Human Services developmental disabilities 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.

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

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
NO. OF RESIDENTS	7	6	4	4	4
NO. OF DAYS	2,555	2,121	1,145	1,464	1,460



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.
- In 2009, Ozaukee County was responsible for a portion of the cost of eight individual's corporate guardianship fees. Social Workers request that the court order the costs for corporate guardianship services to be paid out of the client's funds. As most people we work with do not have income to fully pay for this service the Department of Human Services then supplements the remaining amount.

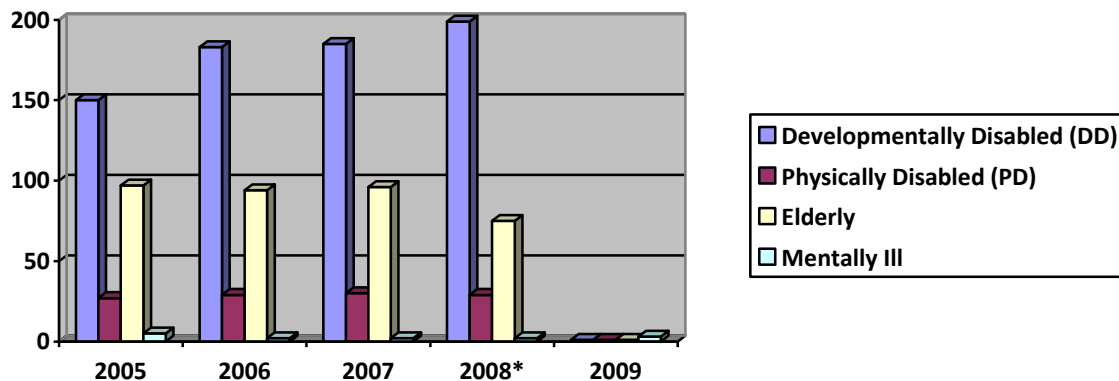
COP PROGRAM

- 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:

	2005	2006	2007	2008*	2009
Developmentally Disabled (DD)	150	183	185	199	1
Physically Disabled (PD)	27	29	30	29	1
Elderly	97	94	96	75	1
Mentally Ill	5	2	2	2	3



PERSONAL CARE PROGRAMS:

- In 2009, 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). This year 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 twenty five clients in 2009. 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:

- 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 2009. At the end of December there were twelve people waiting for children's Family Support Program services, seventeen people waiting for Children's Long Term Support Waiver funding and three 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 from the Long Term Support Division began implementation of the automated clinical case management system that Ozaukee County has been developing for several years. 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.
- We completed a grant application request for Elder Abuse /Neglect funding for the next fiscal year.
- We continue to be challenged each day to meet the needs of the people we serve with significant behavioral challenges and severe medical conditions.
- 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 in the Long Term Support Division 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.

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

Family Care continues to thrive in Ozaukee County serving adults 18 and older with developmental disabilities and physical disabilities along with frail elders 60 and older.

In 2009, there were 106 new members that enrolled in Family Care. Conversely, there were 56 members that disenrolled in Ozaukee County Family Care voluntarily, moved to another program (IRIS or Family Care Partnership), moved out of county or passed away.

In June of 2009, Community Care, the Managed Care Organization (MCO) that administers Family Care in Ozaukee County secured office space in Mequon where the Ozaukee County Contracted Case Management Team and the Community Care staff could be housed in one location. The teams are able to collaborate more freely which enhances communication about the members that are served. There are currently 6 Social Work Care Managers and 3 RN's contracted to provide care management services.

At the end of 2009 there were 420 members receiving services under the Family Care Program. This breaks down to:

		Developmentally Disabled	Frail Elderly	Physically Disabled
Number of Members	of	240	121	59

Case Management Hours Billed to Community Care under Family Care:

	Jan	Feb	March	April	May	June
	1384	1208.75	1549.75	1418.75	1228	1106
July	August	Sept	Oct	Nov	Dec	Total
1217.50	1241.50	1253.50	1391.25	1214.25	1157.25	15370.50

These case management hours brought in a significant amount of revenue to the Department of Human Services to off- set the costs of the county staff positions devoted to the Family Care Program. The total revenue that was earned in 2009 for our work in the Family Care Program was \$1,125,147.96. This amount significantly exceeded the expenses associated with total staff cost due to staff accounting for more than 80% of their allocated time and a 99% collection rate of time billed.

FINANCIAL SUMMARY (UNAUDITED)

	2008	2009
Beginning Fund Balance	274,133	(207,372)
Revenue		
County Levy	5,785,393	5,036,017
General Fund	207,372	0
Federal / State Aid	9,680,867	5,862,373
Client Fees	1,269,389	1,958,191
Designated Fund Balance	9,000	0
Undesignated Fund Balance	265,133	0
Total Revenue	\$17,217,154	\$12,856,581
Expenditures		
Staff Provided Services	6,158,185	6,048,474
Purchased Services	11,058,969	6,808,107
Total Expenditures	\$17,217,154	\$12,856,581
Ending Fund Balance	(207,372)	493,703