D A N E C O U N T Y B O A R D O F S U P E R V I S O R S

HUMAN SERVICES BOARD,
LONG TERM SUPPORT & YOUTH COMMISSION

2011 PROPOSED BUDGET HEARING AGENDA

Date & Time: **WEDNESDAY** **September 1, 2010 – 6:00 PM**

Location: **EXHIBITION HALL** **ALLIANT ENERGY CENTER** **1919 ALLIANT ENERGY CENTER WAY** **MADISON WI**

Item no. Item to be considered

I. CALL TO ORDER

II. PUBLIC TESTIMONY:

- **Child welfare and delinquency programs (including prevention, early intervention & treatment) and children's mental health services**
- **Substance abuse services for children and adults**
- **Adult Mental Health Services**

III. ADJOURNMENT

PLEASE NOTE:

2) If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below at least three business days prior to the meeting.

3) Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese al número de teléfono que figura a continuación tres días hábiles como mínimo antes de la reunión.

4) Yog hais tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntawv ua lwm hom ntawv los sis lwm cov kev pab kom siv tau cov kev pab, cov kev ua ub no (activity) los sis qhov kev pab cuam, thov hu rau tus xov tooj hauv qab yam tsawg peb hnub ua hauj lwm ua ntej yuav tuaj sib tham.

Staff Name	Title	Department/Division/Office	Phone number	TDD Number
Dawn MacFarlane	Administrative Assistant	Human Services Department	608-242-6267	608-242-6356

5) The Committee requests that you limit Public Comments to three minutes or less.
6) This meeting may be attended by other Supervisors and may result in a quorum of another committee being in attendance; however, this notice refers only to action before the Committee(s) mentioned above.

DO5-4(8/91)

Approved by Supervisor/Chair_____