

# 2004 ANNUAL REPORT

RICHLAND COUNTY  
HEALTH & HUMAN SERVICES

**TO: Honorable Supervisors of the Richland County Board  
Citizens of Richland County**

On behalf of the Richland County Health & Human Services Board and staff, I am proud to present our 2004 Annual Report.

This past year marked our fourth full year since the development of the Health & Human Services agency. The highlights of 2004 include:

- The development of new systems of care and new funding sources. This effort resulted in us receiving notification at the end of 2004 of Coordinated Services Team (CST) funding, as well as certification for the Comprehensive Community Services Program (CCS) that will allow us to access Medical Assistance dollars for a variety of mental health services. Both of these programs should show major benefits to the agency and to the county as they are developed in 2005.
- The decision to put the operation of the Production Services facility, which has been our sheltered workshop, and the operation of our Supportive Employment Program up for competitive bid. Several companies submitted bids, and a bid from VARC, Inc. headquartered in Viroqua was selected to operate both the Production Services Program and the Supportive Employment Program as of January 1, 2005. We are confident that this change will result in increased work opportunities for people with disabilities.
- The fact that agency revenues are not keeping pace with escalating costs. In order to manage this, the agency took some cost saving measures in 2004 including not refilling several vacant positions and eliminating several programs. This of course has made it all the more challenging to provide state mandated services at the quality level that our citizens have come to expect. Fiscally, we were able to overcome these expenses, as well as unbudgeted institutional costs, and ended the year in the black. The Care Management Organization (CMO) rebounded from their first deficit in 2003 with a modest surplus in 2004 through a lot of effort, dedication, and planning by the CMO staff.

As you look through this report, please feel free to contact me if you have any questions or feel free to stop by one of our offices at any time. This annual report can now also be viewed on-line at the Health & Human Services webpage located at [www.co.richland.wi.us](http://www.co.richland.wi.us).

Sincerely,

Randy Jacquet, LCSW  
Director

# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## 2004 ANNUAL REPORT

	PAGE
TABLE OF CONTENTS .....	1
AGENCY MISSION STATEMENT .....	2
BOARD AND COMMITTEE MEMBER LISTING .....	3
BOARD ORGANIZATIONAL STRUCTURE .....	5
HEALTH & HUMAN SERVICES UNIT ORGANIZATIONAL STRUCTURE ....	6
CHILDREN AND FAMILIES UNIT .....	7
CLINICAL SERVICES UNIT .....	13
ECONOMIC SUPPORT UNIT .....	21
HEALTH, AGING & DISABILITY RESOURCE CENTER ELDERLY SERVICES UNIT .....	26
PUBLIC HEALTH UNIT .....	33
RESOURCE CENTER.....	48
LONG TERM SUPPORT UNIT .....	55
ADMINISTRATIVE SERVICES .....	69
FISCAL .....	71
APPENDIX .....	76
OFFICE LOCATIONS .....	79



# Richland County Health and Human Services

## MISSION STATEMENT

---

### **PROMOTE THE HEALTH, WELL-BEING, AND SELF SUFFICIENCY FOR ALL PEOPLE OF RICHLAND COUNTY**

In carrying out the mission of the agency, all staff and programs shall:

- Treat others fairly and with respect in a friendly, courteous, responsive and confidential manner.
- Demonstrate integrity and commitment in all actions.
- Create an environment of hope and positive expectation.
- Recognize and respect the uniqueness of individuals and families, as well as foster collaborative decision-making.
- Value diversity.
- Provide individualized services in the least intrusive and least restrictive manner possible.
- Promote collaboration within the agency and with community partners.
- Provide quality services through continuous improvement and outcome measurement.
- Manage public resources responsibly.

# BOARDS AND COMMITTEES

## **RICHLAND COUNTY HEALTH AND HUMAN SERVICES BOARD** BOARD MEMBERS

ANN GREENHECK, CHAIRMAN

ARIEL FERGUSON  
DANIEL CARROLL  
DR. RICHARD EDWARDS  
JARRETT McDONALD

GAYLORD DEETS  
GLENN FERGUSON  
WILLIAM SEEP  
EARL MELLEN

## **LONG TERM CARE COUNCIL** COUNCIL MEMBERS

WILLIAM SEEP, CHAIRMAN

CAROL CLAUSIUS  
MARILYN MARSHALL  
LINDA KOHN  
RON BINGHAM (UNTIL JULY 2004)  
PHILOMENA POOLE  
CHERYL TYO (UNTIL MARCH 2004)  
MARY MILLER  
JEAN GHASTIN (AS OF MAY 2004)

VIRGINIA BRADFORD  
GRETCHEN CAMPBELL  
ORLEN RICHARDS  
HARRIET HENDRICKS  
ED UHLENHAKE  
MARY M. ALLEN  
NORA MIDLASH  
ASENATH LARUE

## **CMO ADVISORY COMMITTEE** COMMITTEE MEMBERS

RAY SCHMITZ, CHAIRMAN

VERNA MARY GILLINGHAM  
PHILOMENA POOLE

GLENN FERGUSON  
JOE SIMON

## **RICHLAND COUNTY COMMISSION ON AGING** COMMISSION MEMBERS

GLENN FERGUSON, CHAIRMAN

GERALD PERKINS  
PAT MARSHALL  
ROBERT NEAL SMITH

ALLAN HALINK  
BETTE COOK  
LEONARD GOBIN

**COMPREHENSIVE COMMUNITY SERVICES (CCS)  
COORDINATION COMMITTEE  
COMMITTEE MEMBERS**

DR. RICHARD EDWARDS, CHAIRMAN  
FAYE BURGHAGEN  
KIM MOEN  
TRACY THORSEN  
KELLEY PHILLIPS  
MARGARET ARMSTRONG

**RESOURCE CENTER ADVISORY COMMITTEE  
COMMITTEE MEMBERS**

PAMELA HARNESSE-HANSON, CHAIRMAN (AS OF JANUARY 2004)  
EARL MELLEN (UNTIL MAY 2004)  
GAYLORD DEETS (AS OF MAY 2004)  
BONNIE RICHARDSON  
TWYLA KEPLER  
GRETCHEN CAMPBELL

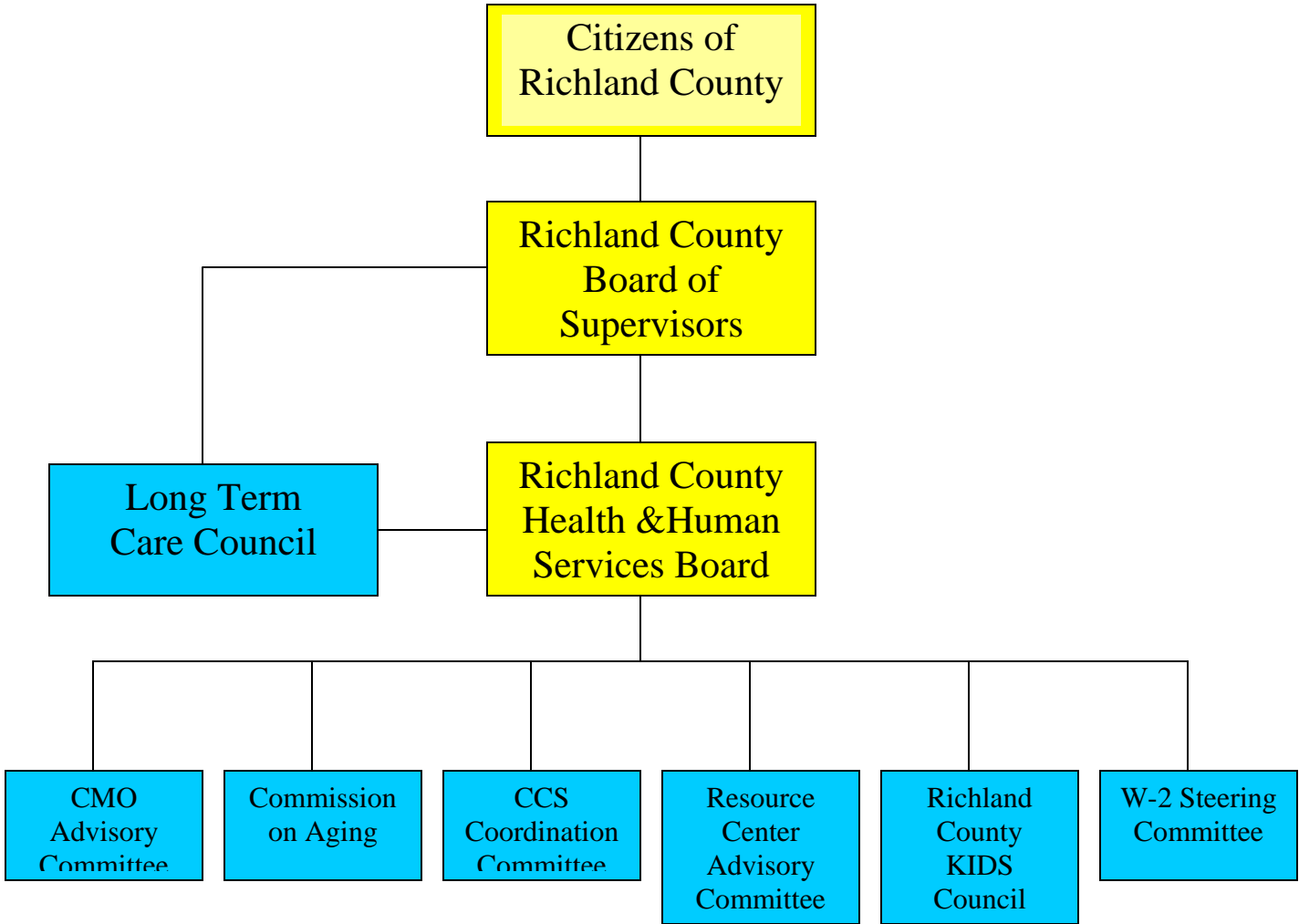
**RICHLAND COUNTY KIDS COUNCIL  
COUNCIL MEMBERS**

DEB LYNCH, CHAIRMAN  
NAOMI DAVIS (FEB - OCT 2004)  
LAVONNE BEKKUM (AS OF AUGUST 2004)  
THELMA PHILLIPS (UNTIL JULY 2004)  
EMILY SUE ANDERSON (UNTIL JULY 2004)  
AMY FENSKE  
VICKI FABER  
LAURIE RICHTER  
GAYLORD DEETS  
KAY CUNNINGHAM

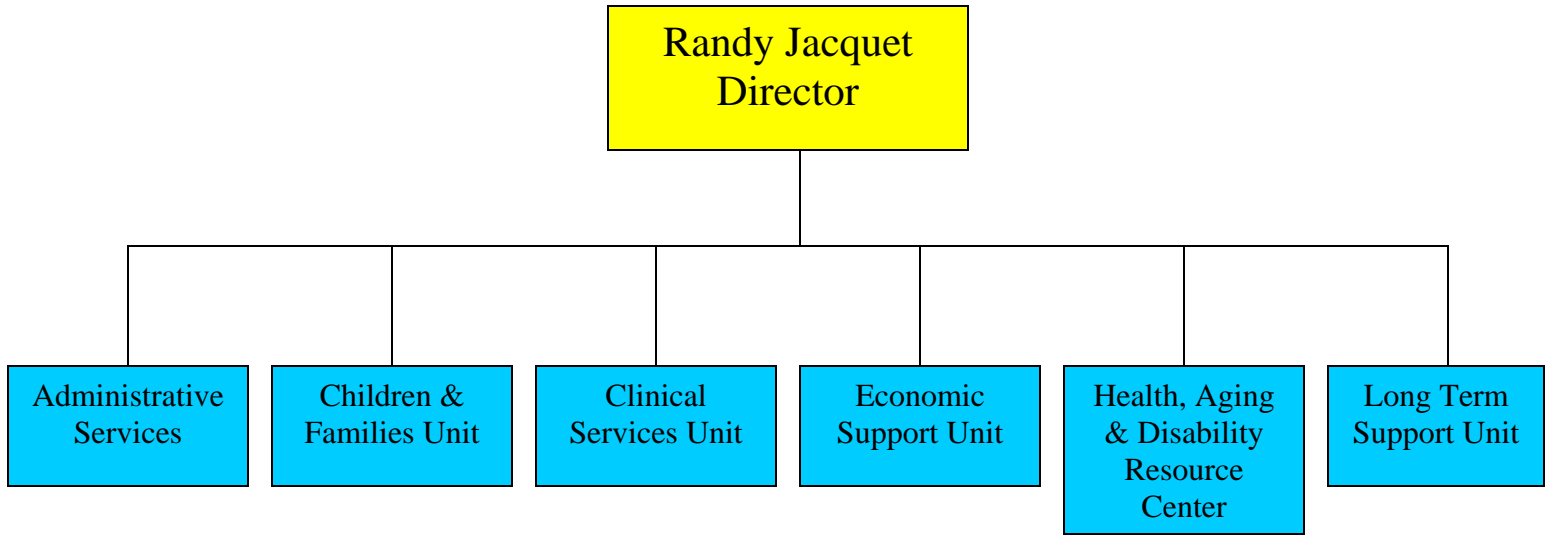
**W-2 STEERING COMMITTEE  
COMMITTEE MEMBERS**

FRED CLARY  
SUE PATCH  
REV. CRAIG PEACH  
JOAN KILIAN-IKELER  
RANDY JACQUET  
JOANN KRULATZ  
DAVE UNBEHAUN  
CHRISTY DUHR  
KELLE McCLARY  
RITA SMITH

**RICHLAND COUNTY HEALTH & HUMAN SERVICES**  
BOARD ORGANIZATIONAL STRUCTURE



**RICHLAND COUNTY HEALTH & HUMAN SERVICES**  
UNIT ORGANIZATIONAL STRUCTURE





# CHILDREN AND FAMILIES UNIT

## Mission Statement

The Children and Families Unit of Richland County Health and Human Services, a public child welfare unit including child protection and delinquency, believes children have a right to be free from harm and have families and communities that will provide care, protection, and promote healthy growth and development.

We are committed to preserving families whenever possible by respecting the rights of the family and supporting their efforts to provide safe and permanent homes for their children.

We are committed to providing services that will support and encourage juveniles to make responsible choices that will keep our community safe.

In partnership with families and the community, we will fulfill our mission by providing and/or purchasing a wide range of culturally appropriate services in an effort to keep children free from abuse and neglect and teach socially responsible behavior.

## PROGRAMS ADMINISTERED

### *Child Welfare* *Juvenile Justice*

The Children and Families Unit has continued in 2004 in its restructuring to meet new Federal and State child welfare standards. This restructuring has led to significant cost savings while at the same time enabling more focused and proactive family interventions.

Four major trends may be noted in 2004:

- New standards and statutes require new ways of tracking performance.
- Unit restructuring leads to cost containment.
- New procedures for parent involvement lead to enhanced revenues.
- Proactive intervention reduces institutional costs.

## NEW STANDARDS AND STATUTES REQUIRE NEW WAYS OF TRACKING PERFORMANCE

Overall standards for the unit indicate a continuing downward trend in after-hours crises with a higher percentage of intakes that are formally investigated as child abuse/neglect. This reflects the impact of new investigative standards as well as federal laws requiring closer tracking of children in out-of-home placement.

<b>CHILDREN AND FAMILIES STATISTICS</b>							
	1998	1999	2000	2001	2002	2003	2004
Intake/Pager Responses	524	367	262	327	300	400	195
Child Abuse/Neglect Investigations	65	35	51	74	55	86	98
Children in Foster Home Care	24	27	25	30	24	26	25
Children in Kinship	16	22	24	27	25	22	21

Child Welfare Indicator	Children & Families Attained Percentage	Federal Percentage Guideline
Time to Reunification	63% reunified within 12 months	76.2% or more
Re-Entry to Out-of-Home Care (OHC)	6%	8.6% or less
Placement Stability	91.4%	86.7% or more
Time to Adoption	50%	32% or more
Recurrence of Child Abuse/Neglect	5.7%	6.1% or less
Recurrence of Child Abuse/Neglect in OHC	0%	.57% or less

**Note: Richland County's performance is within federal guidelines in all but one indicator.**

Juvenile justice statistics show a moderate uptick in referrals from law enforcement. Repeat offenses continue to drop. A new option, waiver to adult court, is now being utilized in collaboration with the District Attorney's Office. This option allows youth with repeat serious offenses, who have not benefited from juvenile justice supervision, to be tried as adults.

<b>JUVENILE COURT INTAKE STATISTICS</b>						
Referrals by Type and Number	1999	2000	2001	2002	2003	2004
Disorderly Conduct	22	11	12	21	20	19
Possession THC/Drug Paraphernalia	n/a	n/a	n/a	n/a	n/a	15
Criminal Damage to Property	20	14	13	12	4	14
Theft/Burglary	32	13	15	20	14	12
Battery/Assault	14	11	16	15	18	11
Habitual Truancy	42	7	4	6	2	6
Operating Motor Vehicle Without Consent	4	5	3	1	6	6
Sexual Assault	5	2	5	2	0	5
Shoplifting	3	6	3	4	2	0
Criminal Trespass	n/a	n/a	n/a	n/a	1	1
Others	41	20	22	18	23	7
<b>TOTALS</b>	<b>183</b>	<b>89</b>	<b>93</b>	<b>99</b>	<b>90</b>	<b>96</b>

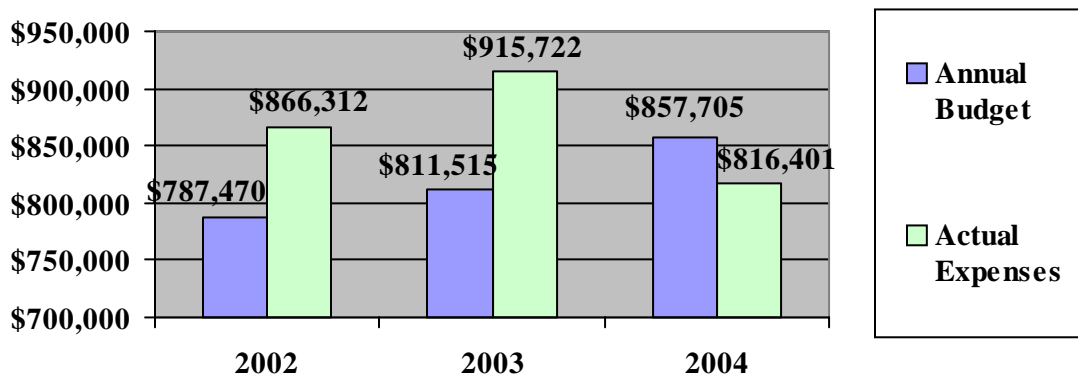
<b>DISPOSITION OF REFERRALS</b>			
	2002	2003	2004
Court Action	51 (30 repeat offenders)	52 (26 repeat offenders)	52 (24 repeat offenders)
Deferred Prosecution Agreement	25	22	14
Referrals to Other Counties	12	4	10
Waived to Adult Court	n/a	n/a	8
Dismissed/Lack of Juris	4	8	6
Ordinance Violations	2	1	4
Closed and Counseled	4	3	1
Closed/Other	1	0	1
<b>TOTALS</b>	<b>99</b>	<b>90</b>	<b>96</b>

## UNIT RESTRUCTURING LEADS TO COST CONTAINMENT

The Children and Families Unit continues to explore new ways for serving at-risk families. The key word here is “proactive”. If services can be provided early on to challenged families, expensive out of home placements and institutional placements (such as juvenile corrections, child care institutions, and secure/non-secure detention) can be avoided. New tools in our toolbox include:

- Focused parenting assistance.
- Enhanced family involvement in case planning.
- Expanded crisis response and respite services.
- Greater inter-agency coordination.

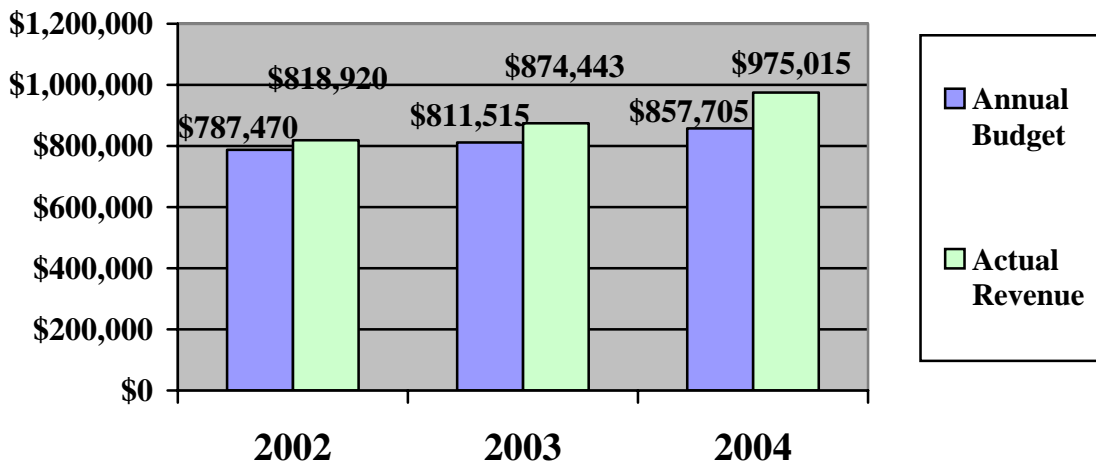
In addition, the Children and Families Unit has restructured to better meet the needs of today’s families. To this end, job descriptions have been reformulated and there has been a shift in resources from office-based to home and field-based family interventions. These changes have resulted in significant cost savings from 2003:



## NEW PROCEDURES FOR PARENT INVOLVEMENT LEAD TO ENHANCED REVENUES

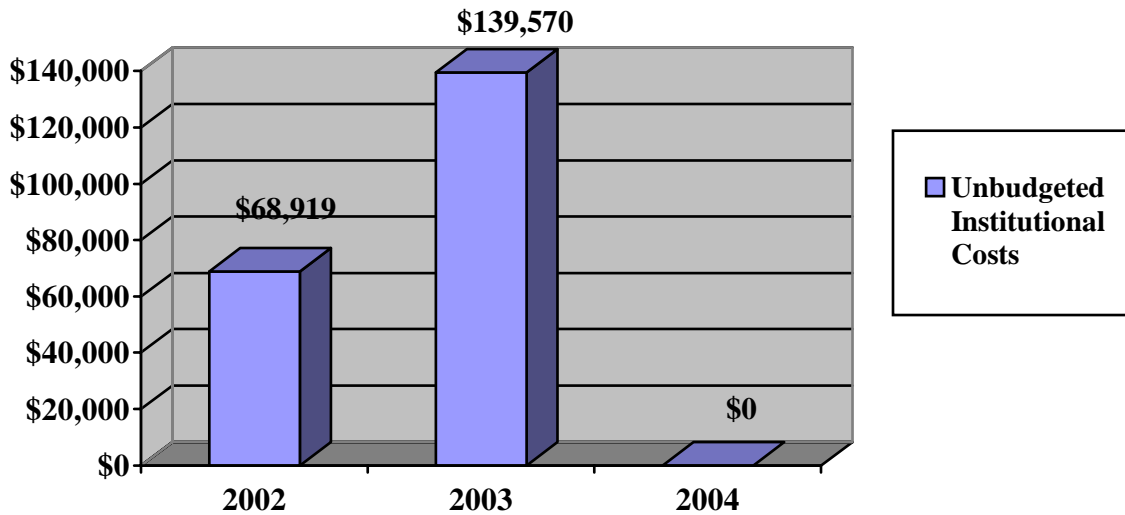
The Coordinated Services Team Initiative is a new approach that the Children and Families Unit is using to deal with families needing intensive services, coordination of services, and frequent case planning meetings (i.e., one to two times per month). It involves the family's extended family, schools, mental health providers, child protection and/or juvenile justice case managers, and informal supports such as neighbors, friends and other providers in case planning to reduce duplication of services and enhance communication among all parties. Greater involvement of parents has also led to enhanced revenues, as parents contribute to the cost of services provided to their families.

Partnerships with the County Child Support Agencies, Federal, State, and local Benefits Specialists, and local job programs have also enhanced parents' accountability for their children's actions and placements. Parents, as a result, are more involved in the case planning and motivated to participate in services that will alleviate challenging family conditions. Revenues for the unit, as a result, continue their improved trend as indicated in the graph below:



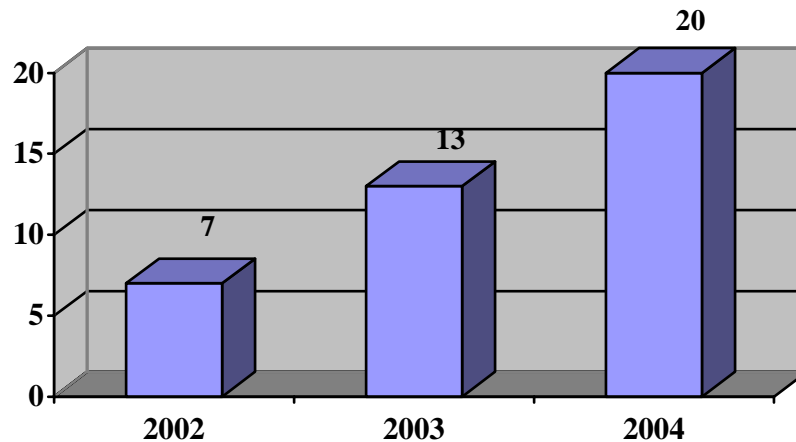
## PROACTIVE INTERVENTION REDUCES INSTITUTIONAL COSTS

Keeping respite and crisis response services close to home helps to keep families involved and youth engaged in getting back home. Youth programming (i.e., Independent Living, summer supported work programs, electronic monitoring, deferred prosecution agreements, community service, mentoring, and voluntary youth services) all contribute to this trend toward community-based versus institutional solutions. This has led to a plummet in institutional costs:



A continued increase in foster homes willing to provide short-term respite and co-parenting assistance to stressed families extends the formal and informal support networks for families who are isolated from other support systems.

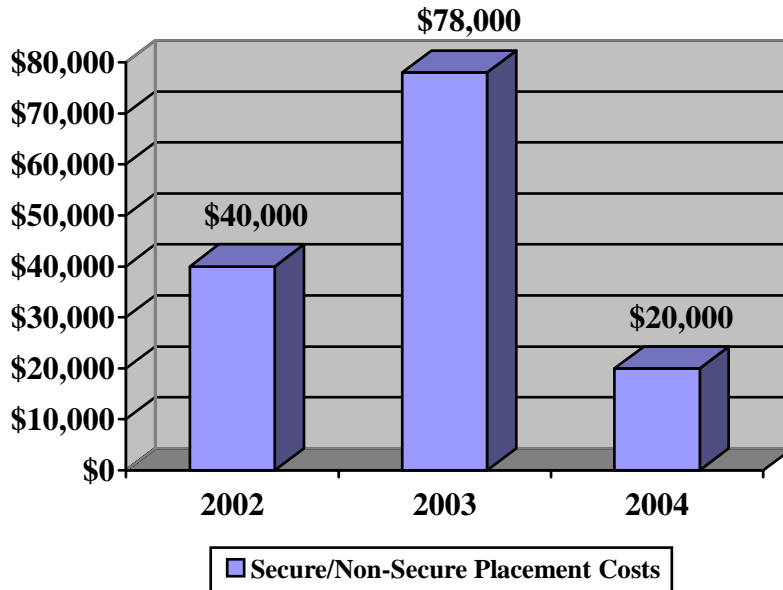
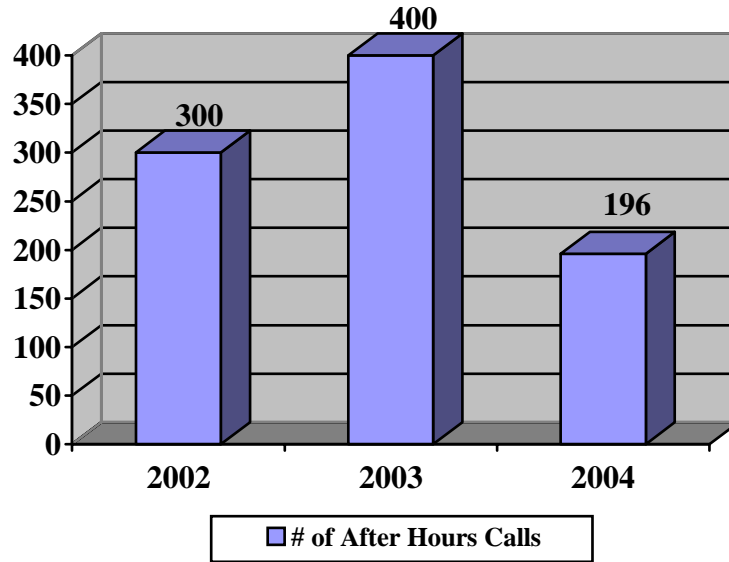
#### FOSTER HOMES IN RICHLAND COUNTY



Parents are now assisted through hands-on parenting courses aimed at providing skills for dealing with challenging teens and/or special needs children. The Children and Families Unit has adopted two evidence-based parenting programs - *Parenting Out-of-Control Teens* and *Parenting Wisely* - to facilitate focused family intervention.

In addition to case planning meetings with parents, the Children and Families Unit instituted biweekly or monthly meetings with the Richland School guidance counselors, AODA and other mental health counselors from Richland County Health & Human Services' West Office, and mental health providers at other counseling facilities who serve our youth. Also, weekly meetings are held with the District Attorney to coordinate issues relating to court-ordered cases.

We are very proud that this mix of services continues to directly impact, in a positive manner, the number of after-hours crisis calls and the number of emergency youth detentions:



# CLINICAL SERVICES UNIT

## **Community Support Program**

### **Outpatient Program**

Outpatient Mental Health Therapy, Psychiatric and Psychological Services  
Outpatient Substance Abuse and Addiction Treatment Services  
Crisis Intervention Services  
Intoxicated Drivers Program  
Choices Program  
Richland Anti-Violence Program

## **Other Services**

Inpatient Psychiatric Hospitalization  
Detox Services  
Residential Treatment Services for Substance Abuse

## **Prevention, Education, Consultation and Outreach**

## **Court Related Services**

Clinical Services provides a variety of behavioral health programs to Richland County residents who are coping with emotional, mental health and addiction issue. The specific programs are outlined below with a brief description and statistics on services provided for recent years.

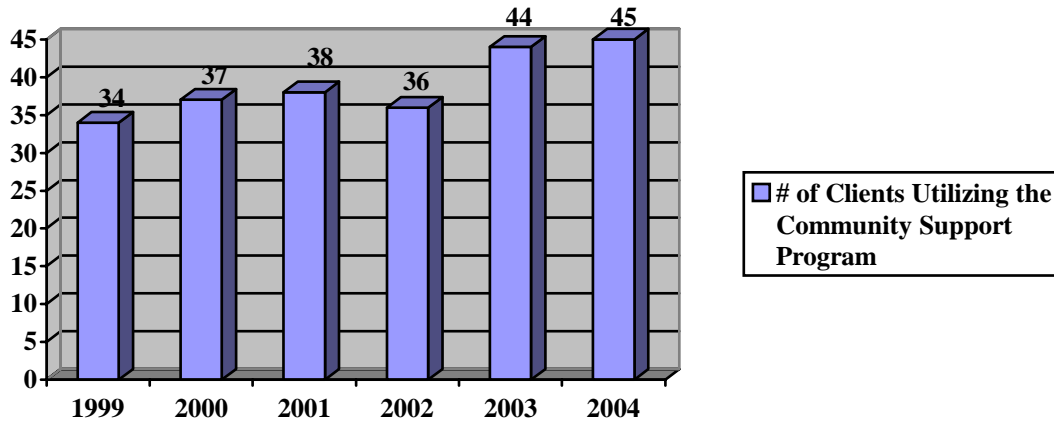
---

## COMMUNITY SUPPORT PROGRAM

### **Mission Statement**

The Richland County Community Support Program provides easily accessible and affordable treatment, rehabilitation, and support services to County residents with a severe and persistent mental illness. We provide creative, community-based services to promote community living, minimize institutional placements, and enhance the health and quality of clients' lives according to their unique needs and circumstances.

The Community Support Program (CSP) is a state certified long-term treatment and rehabilitation service for adults with severe and persistent mental illness. With support, people with serious mental illnesses can live very productive lives. The goal of CSP is to provide comprehensive services including supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation. The number of consumers in CSP for 2004 is the highest in agency history.




---

## OUTPATIENT PROGRAM

### Mission Statement

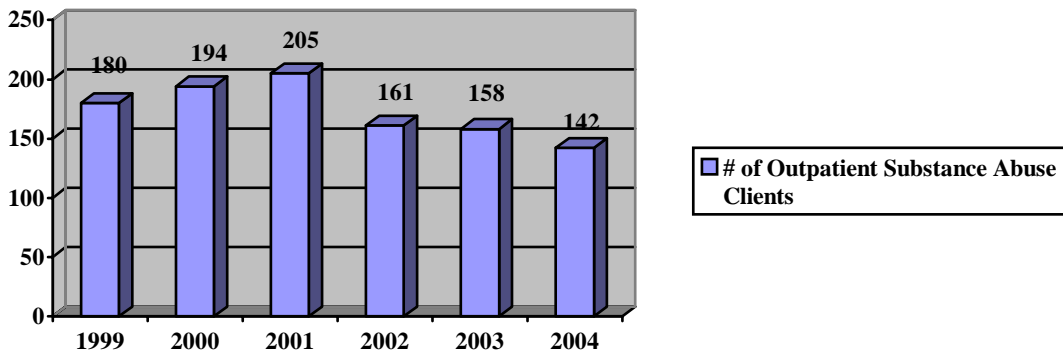
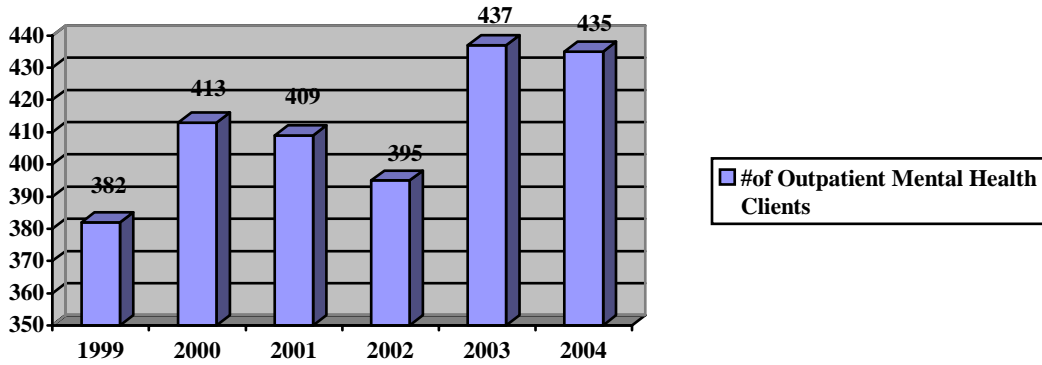
Counseling and Clinical Services strives to enhance the emotional well being of individuals and families based upon their identified needs by providing accessible, high quality assessment, treatment, education, and support in areas of mental health and addiction services.

Counseling and Clinical Services endeavors to serve as a resource to the community on mental health and addiction in the areas of prevention, education, intervention, and community awareness so as to foster an environment that is supportive to individuals seeking and obtaining assistance.

## OUTPATIENT MENTAL HEALTH SERVICES

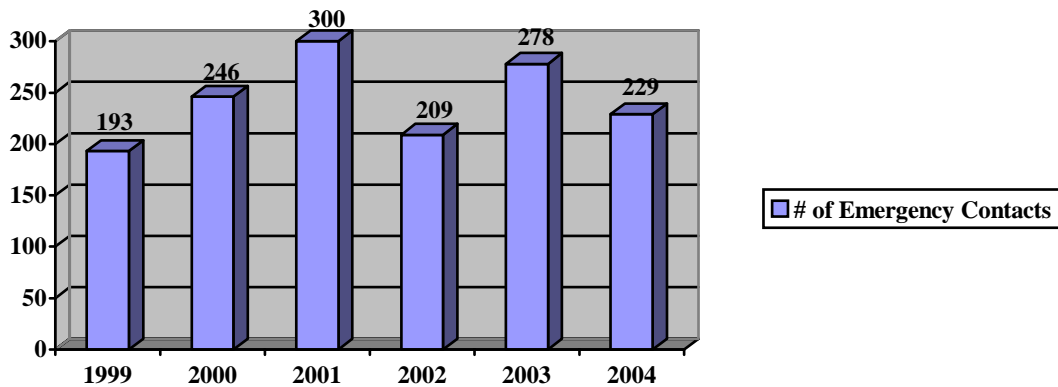
People may encounter problems, life situations, or addiction that cause emotional distress or difficulty coping. The Outpatient Program holds state certifications for outpatient mental health and outpatient substance abuse treatment services. Assistance may be offered to individuals experiencing a problem through psychotherapy, addiction counseling, psychiatric care, psychological evaluation, or educational programs. While the number of people receiving outpatient substance abuse treatment services is on the decline, the need for these services is clearly demonstrated when compared with the record number of intoxicated drivers program assessments that were also completed in 2004.





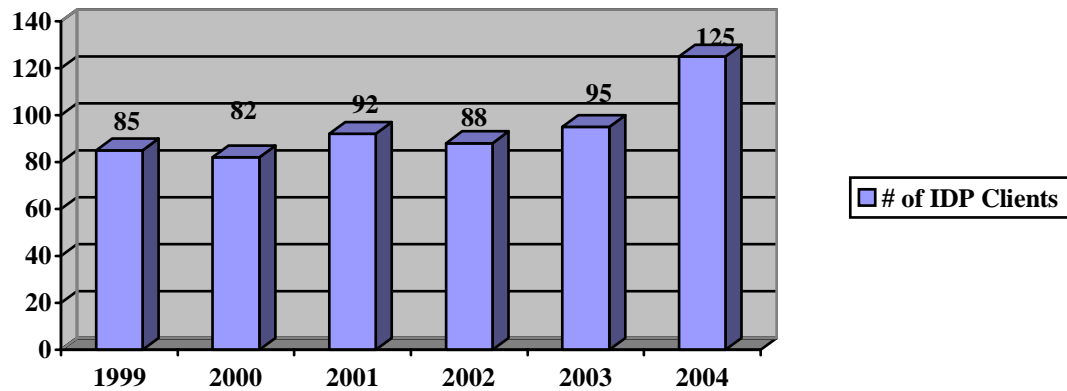
## CRISIS INTERVENTION SERVICES

Twenty-four hour emergency services are provided by Crisis Intervention Services, which is certified by the state. Professional staff are on-call to provide immediate assistance to persons experiencing a personal or family crisis. Services provided include crisis intervention and assessment for acute psychiatric hospitalization or detoxification services.



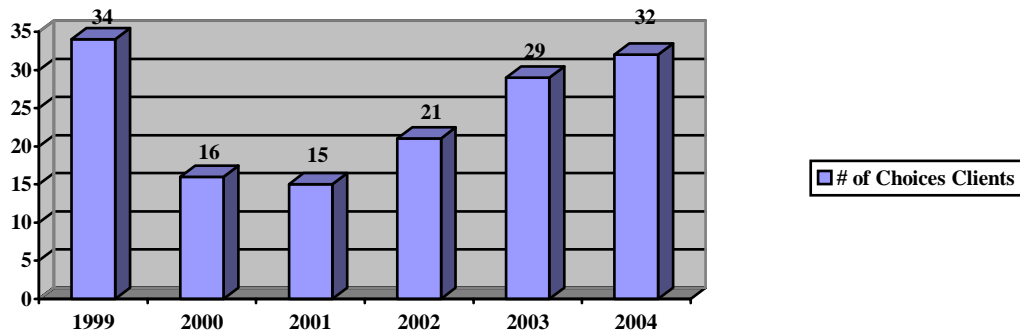
## INTOXICATED DRIVERS PROGRAM

Alcohol and other drug abuse are a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves and the community. In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Clinical Services conducted the highest number of IDP Assessments in the Community Programs – Health and Human Services agency’s seventeen-year history.



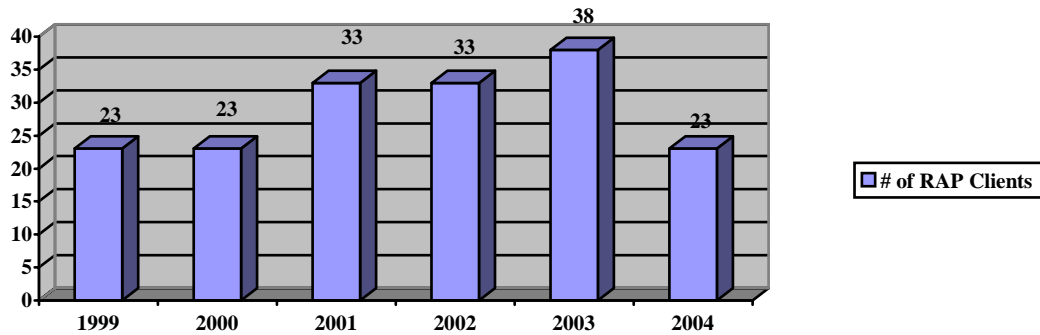
## CHOICES

Choices is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver’s license, and as a result of the conviction, increased insurance rates. The Choices option allows first offenders an opportunity to keep his or her drivers license and avoid a conviction record. The four-week educational group is intended to get participants to look at how the use of alcohol and other substances affects their lives.



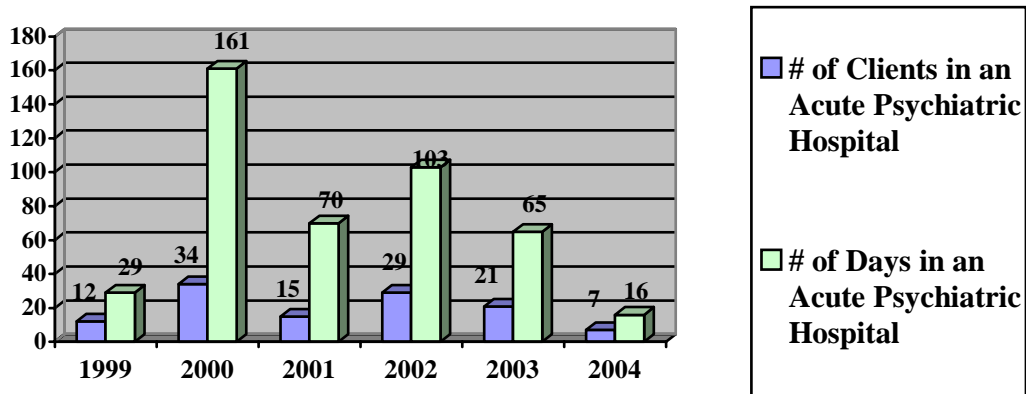
## RICHLAND ANTI-VIOLENCE PROGRAM

The Richland Anti-violence Program (RAP) ended in July 2004. Beginning in 1989, RAP provided education/treatment services to domestic violence offenders by teaching participants to use non-violent alternatives. The program ended when its primary funding contract was lost to a lower bidding provider. The program provided 15 years of services in the effort to stop domestic violence in our community. Although the program has ended, the agency still provides representation on the Richland Community Coordinated Response Interdisciplinary Team, which is a group of local individuals and agencies that work collaboratively to stop abuse and violence in our community.

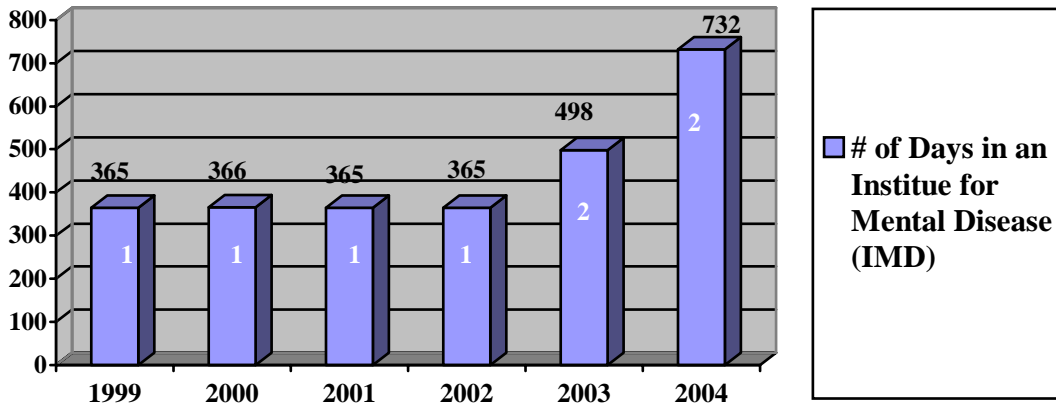


## INPATIENT PSYCHIATRIC SERVICES

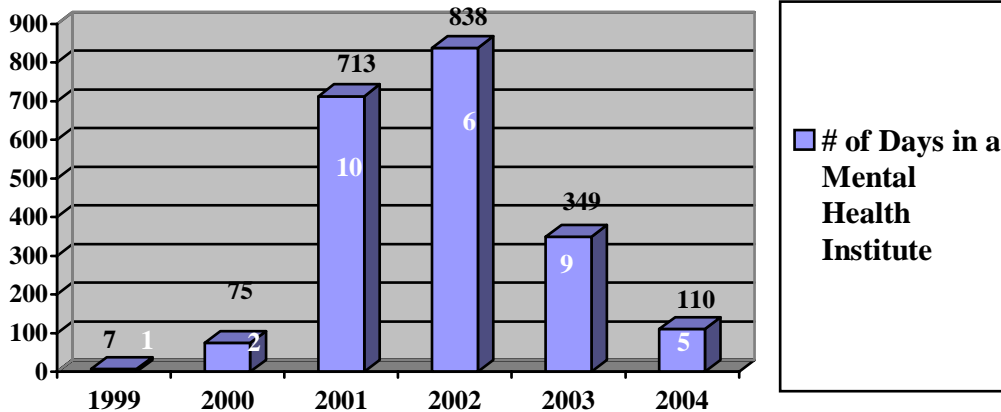
Health And Human Services contracted with Boscobel Area Health Care and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. There was a significant decrease in the number of hospitalizations that were paid by the county. This was in part due to an overall decrease in hospitalizations in 2004, but was also likely due to more individuals being covered by insurance, Medicare, and Medicaid for their hospital stays.



For long-term care and treatment needs, Richland County placed individuals at Trempealeau County Health Care Center, Institutes for Mental Disease (IMD), and at two mental health institutions: Mendota Mental Health Institute and Brown County Mental Health. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring longer-term treatment. Some years, few individuals require this level of care and other years, several people may have this need.



The number listed in the column is the number of clients utilizing the service.



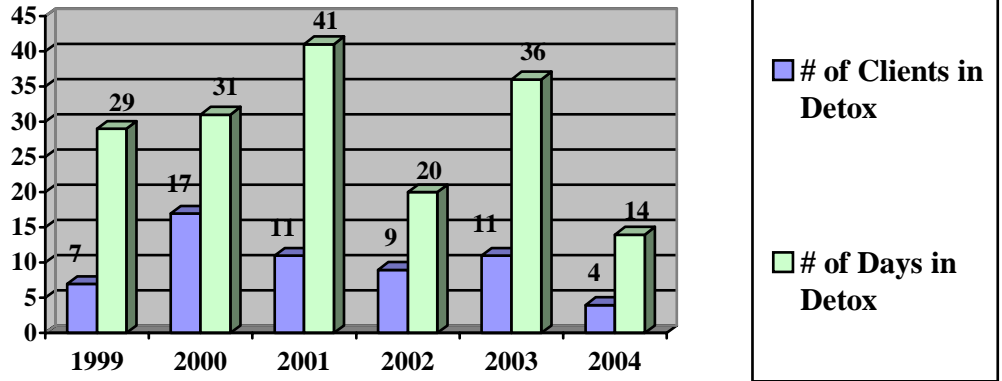
The number listed in the column is the number of clients utilizing the service.

## DETOX AND RESIDENTIAL TREATMENT SERVICES FOR SUBSTANCE USE

### DETOX SERVICES

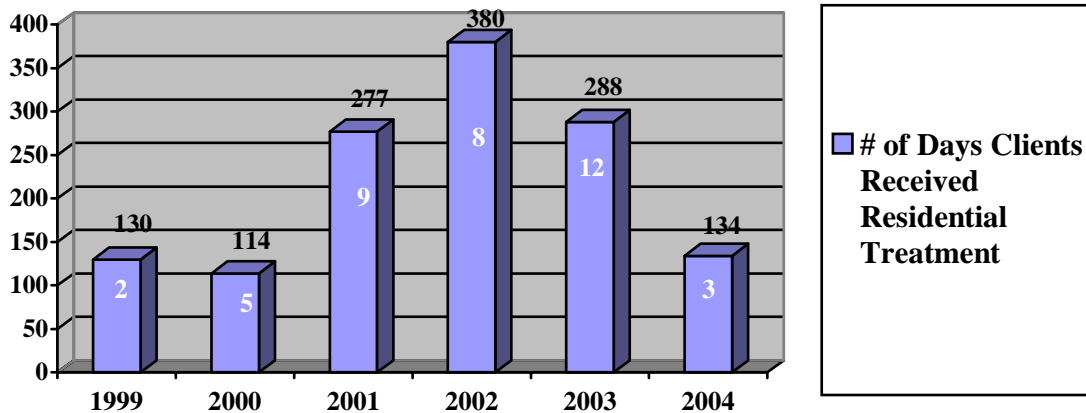
Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous and requires medical attention for individuals who heavily abuse alcohol.

Richland County contracted with Boscobel Area Health Care and Tellurian, UCAN, Inc for detox services in 2004. There was an extreme decrease in county-paid detox services for the year. As with inpatient psychiatric services, this was partially due to more individuals being covered by insurance, Medicare, and Medicaid for their hospital stays.



### RESIDENTIAL TREATMENT SERVICES

Residential treatment is an intense form of substance abuse treatment where an individual lives at the facility while receiving treatment services. A thorough outpatient substance abuse assessment is completed in order to determine the individual’s need for this more intensive level of treatment. Health and Human Services contracted with Gundersen Lutheran Healthcare and Tellurian, UCAN, Inc. for residential treatment services in 2004. Fewer individuals received this residential treatment in 2004 because an administrative decision was made to restrict funding for these services during the second half of the year when Health and Human Services anticipated potential budget shortfalls for the agency as a whole.



The number listed in the column is the number of clients utilizing the service.

## PREVENTION, EDUCATION, CONSULTATION AND OUTREACH

Clinical Services professional staff are active throughout the year in providing prevention and education talks to community groups and consultation and outreach to agencies and people who could benefit from services. Perhaps the most popular and well known of these efforts is Dr. Schmidt's regular appearance on WRCO's Morning Show. Once a month, Clemens S. Schmidt, Medical Director for Clinical Services, discusses relevant mental health issues with host, Ron Fruit.

Clinical Services staff were also active in 2004 planning prevention and wellness activities as part of the Richland County Professionals for the Prevention of Child Abuse and the Richland County Council on Drugs and Alcohol. Clinical Services also provided a Student Assistance Program (SAP) to UW- Richland for students experiencing emotional difficulties.

## COURT RELATED SERVICES

A variety of court related services were provided in 2004 including provision of court ordered evaluations for Chapter 51 Mental Health Commitment hearings, Chapter 55/800 Guardianship/Protective Placement hearings and Chapter 48 and 938 Child Protection and Juvenile Justice hearings.

# ECONOMIC SUPPORT UNIT

## Mission Statement

The Richland County Health and Human Services Economic Support Unit believes that all persons applying for assistance have the right to be treated with respect, dignity and confidentiality.

Our mission is to provide families, and individuals who are elderly, blind, or disabled with services needed to achieve economic independence, including referrals to appropriate agencies.

## PROGRAMS ADMINISTERED



Medical Assistance Program	Food Share
Family Planning Waiver	W-2 Program
Badger Care	Day Care Assistance
Healthy Start	Job Access Loans
Medical Assistance Transportation	Family Care
Emergency Assistance	General Relief
Caretaker Supplement (CTS)	Well Woman
QMB/SLMB	Burial Assistance
MAPP	
Food Stamp Employment & Training Program	
Low Income Heating Energy Assistance Program	
Fraud/Front End Verification Program	

## WORK AND ECONOMIC SUPPORT

When the federal government enacted the Personal Responsibility and Work Opportunity Reconciliation Act in 1996, Aid to Families with Dependent Children (AFDC) was replaced with Temporary Assistance to Needy Families (TANF). TANF is a block grant program that allowed each state to develop its own system of delivering welfare service. Federal law imposes work requirements on recipients and requires that benefits be time-limited. It also eliminated the federal entitlement to benefits.

Wisconsin's welfare program is known as Wisconsin Works, or W-2. The program exhibits a "work first" approach, emphasizing placement in unsubsidized employment or community service jobs--rather than education and training--to promote self-sufficiency and reduction of the welfare rolls.

Richland County is one of 5 counties participating in the Southwest Consortium. Other counties in the consortium are Green, Iowa, Lafayette and Grant (lead agency). The consortium has a two-year contract with the State of Wisconsin, which ends December 31, 2005.

Richland County Health & Human Services has two Financial Employment Planners who primarily take the lead in case managing the W-2 caseload. The W-2 Program offers families an opportunity to obtain skills and support to become or stay employed.

**IN 2004, W-2 CLIENTS RECEIVED \$50,257 IN CASH PAYMENTS.**

-----

### DAY CARE ASSISTANCE

High quality childcare and early education support and promote the healthy development of children. High quality childcare and early education should be affordable to families.

Parents, the child's first teachers, and primary caregivers are supported in their work by high quality care and early education services. A key ingredient in quality childcare and early education is an appropriately trained and compensated, stable work force.



**IN 2004, AN AVERAGE OF 71 FAMILIES WERE ASSISTED MONTHLY WITH THEIR DAY CARE COSTS, TOTTALLING \$400,661.**

-----

### WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP) (Also known as LIHEAP)

Wisconsin's Home Energy Assistance Program provides assistance for heating costs, electric costs, and energy crisis situations. It is a one-time payment each heating season (October 1 through May 15). It is intended to help pay a portion of heating costs and is not intended to pay the total annual heating cost. The amount of the heating assistance benefit varies according to household size, income level, and household heating costs.

For most families, the Heating Assistance payment will be sent directly to the fuel supplier. Payments average \$290 per household.

**FEDERAL FISCAL YEAR 2004, 555 HOUSEHOLDS RECEIVED ASSISTANCE FOR A TOTAL OF \$160,880.**

-----



## FOOD SHARE

The Food Share (formerly called Food Stamps) Program helps people who have limited money buy the food they need for good health. The United States Department of Agriculture is responsible for setting the basic program rules of the program and the Wisconsin Department of Health and Family Services administers the program. According to research conducted, for every \$5.00 in Federal Food benefits results in \$9.20 in economic activity.

Food Share benefits can be used to buy foods such as:

- Breads and cereals; Fruits and vegetables; Meats, fish and poultry; dairy products; and
- Seeds and plants, which produce food for the household to eat.

**678 HOUSEHOLDS RECEIVED FOOD SHARE IN 2004, TOTALING  
\$752,658. RICHLAND COUNTY PAID AN AVERAGE OF  
\$62,722 IN BENEFITS PER MONTH.**

-----

## MEDICAL ASSISTANCE PROGRAM

**On any one-day, how many people in Wisconsin are uninsured?** Overall, 9% of Wisconsin residents were uninsured at any one point in time during 1995-1997. This percent is continuing to increase every year. “Based on an article in the Wisconsin State Journal in January of 2005 it is estimated that for every dollar we spend on Medical Assistance it will bring \$1.40 to Wisconsin from the Federal government. Every dollar spent on the State Children’s Health Insurance Program will bring \$2.43 to Wisconsin from the Federal government. But, it does not stop there – it generates new business activity, increases out-put of goods and services, creates new jobs and increases state income.” (Quote from 1-16-05 Russell King) Medical Assistance is important to our community and the customers we serve.

Receiving and paying for Health Care services continues to be a growing concern for the residents of Richland County. The Medical Assistance program has many categories that fall under its program such as:

- Family Coverage; which may include Healthy Start, Badger Care, W-2; (AFDC related); Foster Care, and Family Planning Waiver;
- Persons with disabilities and elderly coverage; which may include SSI, Nursing Home, Family Care, Medicare Beneficiaries and Senior Care.

**IN DECEMBER, RICHLAND COUNTY RECEIVED \$1,039,608 AND 2,774  
INDIVIDUALS RECEIVED SERVICES FOR THE MONTH.**

-----

## MEDICAL ASSISTANCE TRANSPORTATION

Medical Assistance transportation reimbursement provides assistance for individuals traveling for medically covered services. Clients are required to be seen at a local facility if the service can be provided. If the service is not available locally then a referral is requested to verify this. Drivers are compensated based on the Medical Assistance guidelines. In order to receive this service the client has to qualify for some type of Medical Assistance, receive prior approval for the trip, obtain a referral from the local physician and have the trip documented by the facility.

**\$48,486.99 WAS REIMBURSED TO DRIVERS FOR 2004.**

-----

## FRAUD/FRONT END VERIFICATION PROGRAM

The Economic Support Unit refers clients to the Front End Verification program based on these criteria:

1. Residence – Recent move to Richland County, or using a P.O. Box for residence.
2. Household Composition – recent separation, or claiming separate food unit.
3. Income – zero income reported, expenses exceed income, or self-employment losses.
4. Assets – questionable assets and/or divestment concerns.
5. Miscellaneous- prior Fraud, worker suspicion, or conflicting information.

**THERE WERE 58 REFERRALS IN 2004.**  
**NO CASES RESULTED IN REFERRALS TO THE DISTRICT ATTORNEY.**  
**RESULT: \$777.20 IN INCENTIVE DOLLARS TO RICHLAND COUNTY.**

-----

## GENERAL RELIEF PROGRAM

General Relief is intended for short-term temporary assistance. The primary responsibility of the program is to meet immediate and critical needs of the recipient. Referrals are made to other agencies to assist individuals. Clients are asked if possible to repay the General Relief program if they become eligible for SSI, or obtain other sources of income.

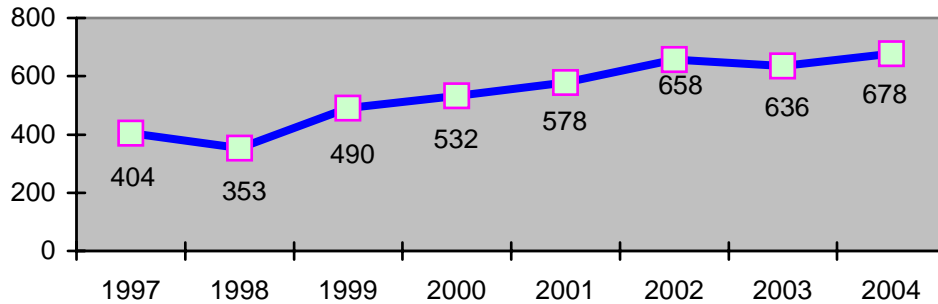
**IN 2004, \$29,990 WAS EXPENDED TO ASSIST 23 INDIVIDUALS.**

-----

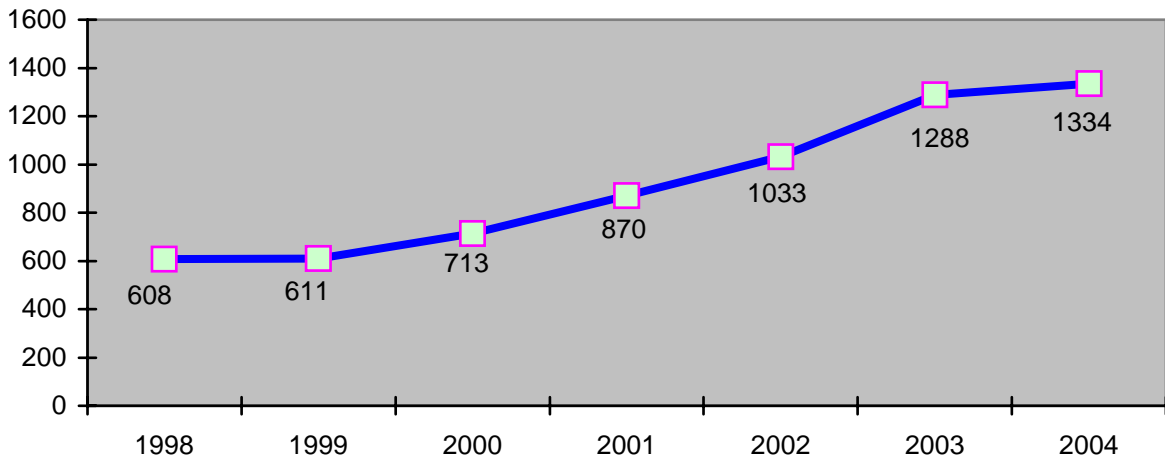
## REVIEW OF 2004

- Due to budget concerns, the Economic Support Lead Worker position was not refilled.
- The Economic Support Unit began administering the Food Stamp Employment and Training program, which had previously been contracted with the Job Center.
- The Economic Support Unit began administering the Wisconsin Home Energy Assistance Program, which had previously been contracted with the Southwest Community Action Program (SW CAP).
- The State decreased revenues for Income Maintenance Programs.
- Economic Support Unit staff continue to experience an increase in caseloads.

**ECONOMIC SUPPORT UNIT INTAKES**



**ECONOMIC SUPPORT UNIT STAFF CASELOADS**



# HEALTH, AGING & DISABILITY RESOURCE CENTER

## ELDERLY SERVICES UNIT

### **Mission Statement**

The mission of Elderly Services is to enable Richland County elderly residents to lead dignified and healthful lives by providing a staff and volunteer network that seeks to provide timely, friendly assistance to the elderly as they cope with various health issues and difficulties in living independently.

### PROGRAMS ADMINISTERED

Alzheimer's Family Caregiver Support Program (AFCSP)  
Benefit Specialist Program  
Driver Escort Program  
Home Chore Program (Closed July 2004)  
National Family Caregiver Support Program (NFCSP)  
Nutrition Program  
Volunteer Services

### CLOSINGS AND RESTRUCTURING IN 2004

The Elderly Services unit experienced many changes in 2004. As you will see in this annual report, our funding in the Older Americans Act programming was dramatically cut. These cuts forced the Elderly Services unit to make some very difficult changes in its programming. Some of these reductions left many seniors without much needed services and other cuts just streamlined our services while retaining the necessary levels of service.

The largest cut occurred in July 2004 with the end of the Home Chore program. This program provided light housekeeping services for seniors thus allowing them to stay in their homes longer. This cut forced the lay off of 6 part-time Home Chore workers and the loss of service to 59 seniors. Most of the 59 seniors were transitioned to other local providers.

In the Nutrition Program we experienced many changes. Some services were cut and others streamlined. The Gotham meal site was closed at the end of July. This site was formed in 1980 by Clifford and Leona Fry and remained a strong site for 20+ years. At the time of its closing, there were still 4-5 fairly regular participants along with 12-15

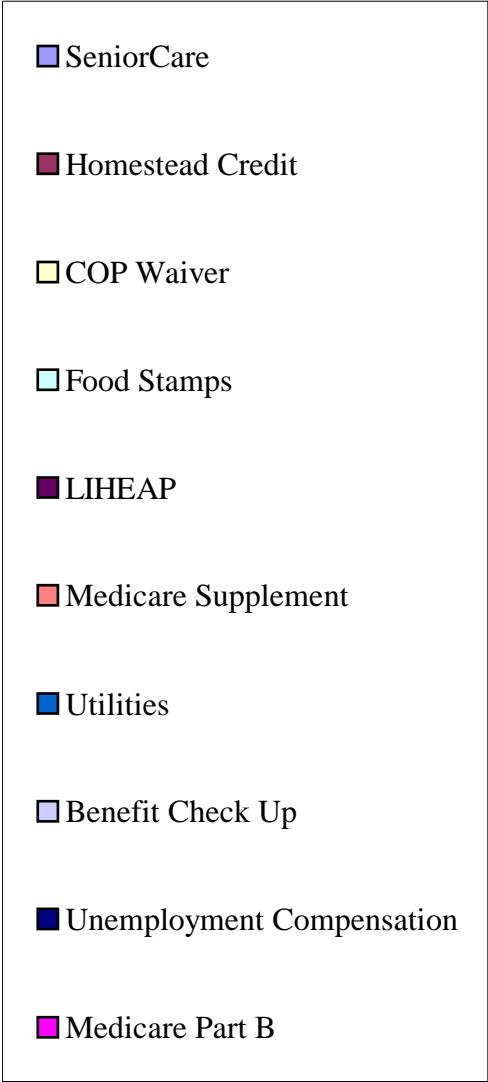
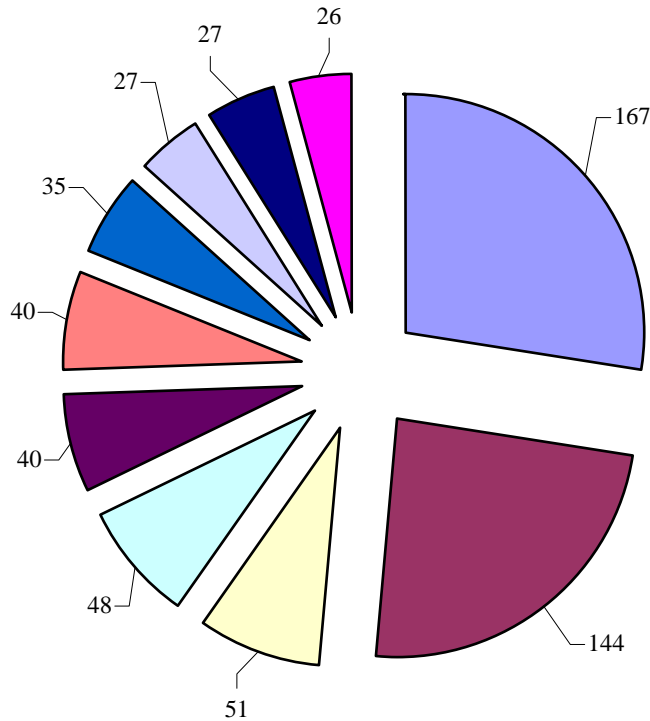
home delivered meals. A few of those participants now receive Home Delivered meals and others occasionally frequent our Richland Center site, which also moved to the Towne and Country Presbyterian Church from the Richland Hills apartments in May. This move has given us a larger site with easier access and has resulted in increased participation. With this move we developed accessible van transportation from the local senior housing facilities to the meal site. The Elderly Services staff provides this transportation. In August, the Viola meal site was restructured to a part-time site manager with catered meals from a local restaurant. This change has dramatically reduced the costs at that site while actually providing a much more consistent meal. The St. Anthony's School in Germantown closed during the summer of 2004 thus putting that site on uncertain ground. That site still functions as usual despite the closing of the school.

Our funding continues to be cut as expenses continue to rise. With the coming of the Baby Boomer's it is uncertain what the demand on our services will be, but without additional funding any increase will be difficult to serve. The following table shows the funding trend 2000-2005.

### TRENDS IN PROGRAM REVENUE 2000 – 2005

<b>GRANT SOURCE</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>III-B</b>	\$31,033	\$33,021	\$33,021	\$32,876	\$31,362	\$29,167
<b>III-C1 (CONGREGATE MEALS)</b>	\$85,579	\$87,505	\$87,944	\$87,797	\$83,547	\$79,370
<b>III-C2 (HOME DELIVERED MEALS)</b>	\$14,105	\$15,252	\$17,159	\$17,512	\$16,301	\$15,323
<b>III-D (PREVENTIVE HEALTH)</b>	\$1,988	\$1,988	\$2,721	\$2,823	\$2,585	\$2,404
<b>III-E (FAMILY CAREGIVER PROGRAM)</b>	\$0	\$0	\$10,902	\$11,971	\$10,405	\$11,141
<b>SSCS (VOLUNTEER PROGRAM &amp; LOW VISION)</b>	\$6,143	\$6,143	\$6,143	\$6,143	\$6,143	\$6,143.00
<b>BENEFIT SPECIALIST</b>	\$28,215	\$28,215	\$28,215	\$28,215	\$28,215	\$34,882
<b>USDA/NUTRITION SERVICES INCENTIVE PROGRAM</b>	\$17,240	\$19,144	\$28,176	\$25,858	\$19,046	\$22,388
<b>s.85.21 – DRIVER/ESCORT PROGRAM</b>	\$32,198	\$37,208	\$38,337	\$39,626	\$40,732	\$41,865
<b>TOTAL</b>	<b>\$216,501</b>	<b>\$228,476</b>	<b>\$252,618</b>	<b>\$252,821</b>	<b>\$238,336</b>	<b>\$242,683</b>

TOP 10 CATEGORIES OF CLIENT ASSISTANCE IN 2004



**BENEFIT SPECIALIST PROGRAM**

Elderly Benefit Specialists provided **1,102.25 hours** of direct casework and a wide variety of services to **340 people** in Richland County in 2004. This program provided a **savings of \$2,221,177.89** to our county's area residents.

In 2004, the Benefit Specialist Program continued as the primary contact for the SeniorCare Prescription Drug program and began to address the roll out of the Federal Medicare Part D Prescription Drug Program. The new Medicare Part D program has provided us with a much-needed increase in the Benefit Specialist program funding for 2005. Starting in April 2005, the Federal government is providing an additional \$10,000 for an 18-month period to help educate seniors on this new program.

The Benefit Specialist program is a free service to those 60 and over but donations are always encouraged, as there is limited Federal, State, and County funding.

<u>Elderly Benefit Specialist</u>	
<u>CLIENT PROFILE</u>	The client is always the older Richland County resident and possibly a spouse, never a family member, concerned neighbor, medical provider or another professional in the community.
<i>SERVICES PROVIDED</i>	<ul style="list-style-type: none"> <li>• Social Security disability/retirement applications, overpayments and denials</li> <li>• SeniorCare applications and reviews</li> <li>• Homestead Credit applications</li> <li>• Other areas of public &amp; private benefits as needed</li> </ul>
<i>OTHER COMMENTS</i>	<ul style="list-style-type: none"> <li>• EBS program is classified as a legal advocacy program so certain restrictions apply (e.g., attorney/client rules, conflict of interest)</li> <li>• EBS must be contacted directly by the elderly client</li> <li>• Client acceptance based on EBS program's merit considerations</li> </ul>
<i>COST FOR SERVICES</i>	<u>No charge, but donations are accepted</u>
<i>HOURS</i>	Monday-Thursday 8:30 a.m. to 4:30 p.m. <b>[best to call for appointment]</b>

## THE NUTRITION PROGRAM

The Nutrition Program is a five-day per week noon meal program that provides one-third (not 100%) of the elderly citizen's daily nutrition requirements and allows an opportunity for fellowship, socialization, and education. The program is for those over the age of 60, their spouses (of any age), and younger handicapped people (as funding permits) on a donation only basis. All others are welcomed to attend the meal sites but must pay the \$5.60/meal charge.

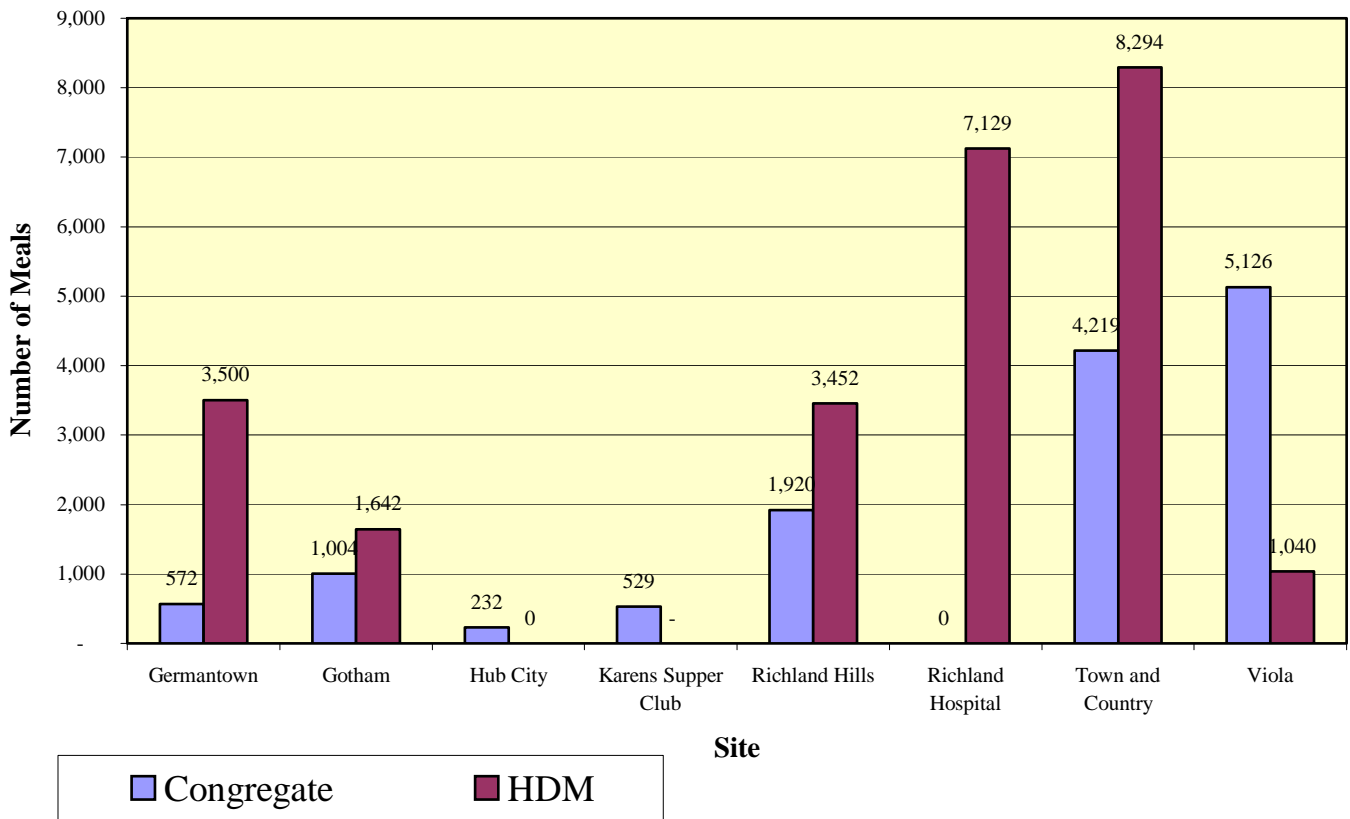
Home Delivered Meals are available in Richland Center on the weekends.

In 2004, the meal sites collected **\$61,883.93 in donations**, which covered 23% of the their costs. There was also **\$63,301.80 in Family Care revenue**, which covers the cost of delivering those meals. The remaining revenue was received from State and Federal funding, which includes Nutrition Services Incentive Program funds (previously U.S.D.A.). There were **11,155 meals** served to Family Care members at \$5.60/meal

reimbursement and **27,504 meals** served to non-Family Care members with an average donation of \$2.25/meal. The average cost per meal was \$6.42.

The chart below shows the meals provided by type and by site in 2004. The Gotham and Richland Hills sites were both closed in 2004 and the meals are now provided through the Town and Country site. The Hub City and Karen's sites are congregate only sites that serve one day per week and the Richland Hospital provides our Home Delivered Specialized Diet meals and does not include a congregate site. Our Viola site is the only site that provides more Congregate than Home Delivered meals. This is due to being a close-knit community that ensures the Home Bound seniors in Viola have a ride to the site. Overall we are providing more and more Home Delivered meals each year with growth in congregate meals only at the new Town and Country site.

**MEALS DELIVERED IN 2004 BY TYPE AND BY SITE**



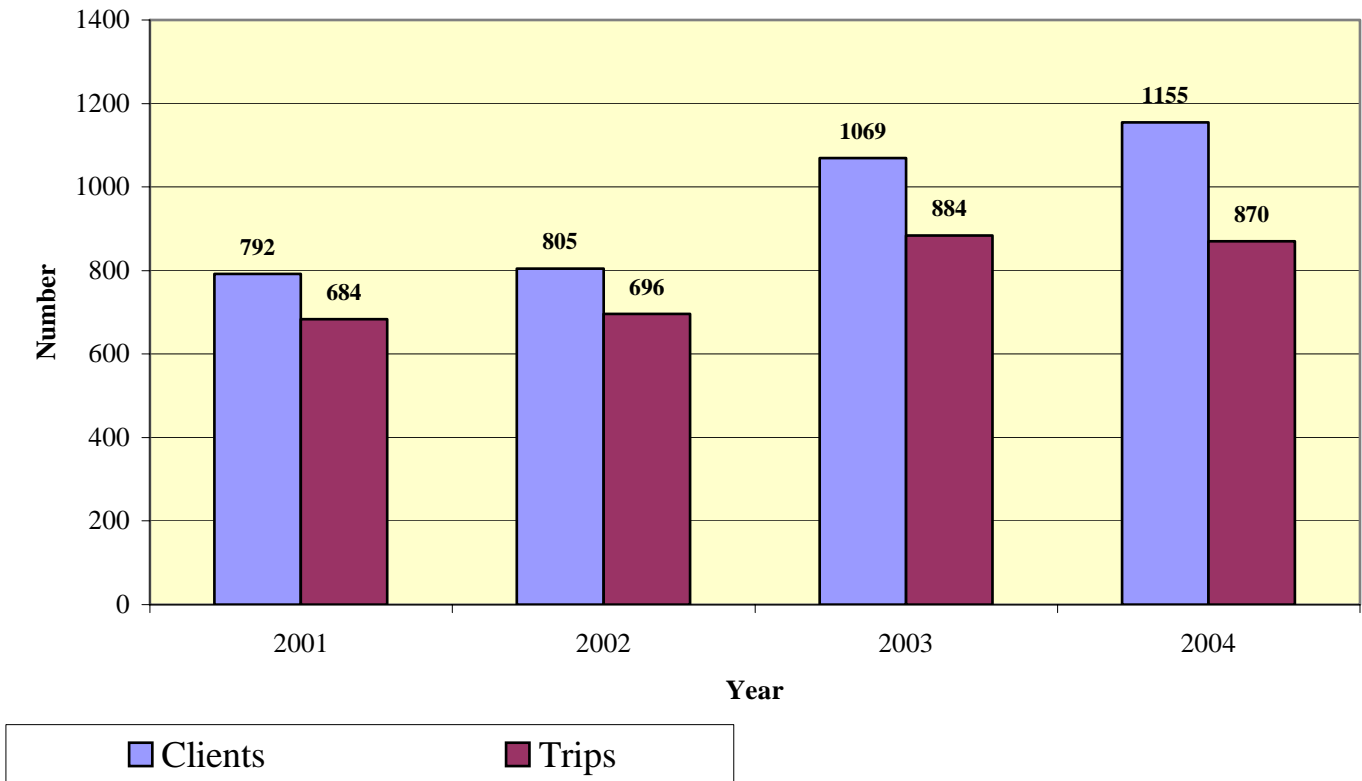


## THE DRIVER ESCORT PROGRAM

The Driver Escort Program provides door-to-door service throughout Richland County for elderly (60 years and older) and disabled residents to medical appointments (including dental and vision). Volunteer drivers transport people to appointments locally as well as Madison, LaCrosse, Reedsburg, Viroqua and other surrounding areas.

In 2004, the Driver/ Escort program had on average 16 volunteer drivers that provided a total of **870 trips** to **1,155 clients** traveling **103,058 miles** and taking **4,756.75 volunteer hours**. This program is primarily funded through the s.85.21 Department of Transportation Grant for Specialized Transportation as well as receiving reimbursement through Medical Assistance, Family Care and fees collected from private pay clients. Since this is not an Older Americans Act program we charge set fees for each trip. As you can see from the chart below, the number of clients has risen dramatically in the past couple of years yet we manage to keep our trips down by placing more people into our volunteers' vehicles thus keeping down expenses and co-pays.

### TREND OF CLIENTS AND TRIPS 2001 - 2004



## ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM

(AFCSP) – This program has been run through the Elderly Services Unit for a couple of years now and in 2004 saw the first annual “Memory Walk” in Richland County. This walk is designed to raise awareness and funding for people with dementia. In 2004 the Elderly Services Unit also collaborated with the Alzheimer’s Association to provide other public informational presentations and trainings.

## NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

(NFCSP) – A program based on the AFCSP provides caregivers with short term, emergency services to support them in their care-giving situation. This assistance is usually in the form of respite, which can be either institutional or in-home. In 2004 we also provided some transportation assistance and homemaker services. The demand for these services has steadily increased since it’s beginning in 2001. This remains the only Title III program that continues to receive funding increases each year.

# HEALTH, AGING & DISABILITY RESOURCE CENTER

## PUBLIC HEALTH UNIT

### Mission Statement

The mission of Richland County Health and Human Services Public Health is to promote health and improve the quality of life for Richland County residents through the provision of a variety of public health programs based on primary prevention, early intervention, and health promotion.

### PUBLIC HEALTH PROGRAMS AND SERVICES

Communicable Disease  
Immunizations  
Investigation and Follow Up  
Tuberculosis Prevention and Control  
Rabies Prevention and Control

Maternal Child Health Programs  
Postpartum Home Visits  
Prenatal Care Coordination  
HealthCheck  
Fluoride

#### General Public Health Programs

Foot Care  
Loan Closet  
Public Health Home Visits  
Wisconsin Well Woman Program  
Wisconsin WINS  
High Blood Pressure Control  
School Health  
Jail Health  
Safe Communities  
Ronald Mc Donald Care Mobile

#### Environmental Health

Private Well Water Testing  
Radon  
Childhood Lead Poisoning Prevention  
Human Health Hazards  
Mercury Collection

#### Preparedness and Response

---

### COMMUNICABLE DISEASE

**Immunizations:** All routine childhood immunizations are available at no charge to the general public. Public Health receives its vaccine from the Bureau of Public Health and provides immunization clinics in Richland Center and Lone Rock and two evening clinics each month.

Adult Td is provided free of charge at all clinics and after injuries as needed.

Adult Hepatitis B and Meningitis vaccine is purchased by Public Health and provided at a nominal fee.

Hepatitis A vaccine is provided free of charge to close contacts of persons with Hepatitis C. The Bureau of Public Health provides this vaccine.

Influenza and Pneumonia vaccine is purchased and provided at a nominal fee at clinics throughout the County each fall. The 2004-05 flu season presented many challenges both in Richland County and throughout the nation due to the vaccine shortage.

Officials from the Richland Medical Center, The Richland Hospital, Pine Valley Healthcare and Rehabilitation Center, Schmitt Woodland Hills, and Public Health worked together to assure our citizens at highest risk for complications related to influenza received priority status for influenza immunization, and that as additional vaccine became available, others wanting to be immunized had opportunities to receive the vaccine as well. Redistribution of vaccine was necessary and continued throughout the flu season.

Since the vaccine was received in smaller allotments over several weeks and months, we were not able to schedule clinics very far in advance and were unable to provide clinics in the outlying areas as usual. The Richland Center Parks Department and the Wisconsin National Guard should be recognized for their cooperation in allowing us to use the Community Center and the National Guard Armory at no charge and with very little notice for flu clinics.

The 2004-05 Influenza season will be remembered by most of us for its challenges, but should also be remembered for the cooperation demonstrated by healthcare providers in Richland County.

2004 Immunization Statistics:

<b>Immunization</b>	2004	2003	2002	2001	2000	1999	1998
Comvax	74	89	74	94	64	5	n/a
DtaP	194	210	217	238	204	275	353
Hepatitis A	0	1	0	0	0	0	0
Hepatitis B	52	125	421	29	711	848	1245
Hepatitis B (Adult)	110	82	n/a	n/a	n/a	n/a	n/a
Hib	33	18	21	143	69	177	243
Influenza	1580	1480	1650	1160	1289	1632	1289
MMR	107	131	125	238	137	171	215
Pneumonia	85	97	66	96	128	175	100
Polio	138	166	170	208	163	224	295
Prevnar	96	107	65	639	n/a	n/a	n/a
Td	133	127	185	208	169	245	234
Varicella	95	63	93	70	69	80	132
<b>Total</b>	<b>2697</b>	<b>2696</b>	<b>1371</b>	<b>1682</b>	<b>1586</b>	<b>2025</b>	<b>2717</b>

**Communicable Disease Investigation and Follow Up:** Public Health provides education about communicable disease, and investigation and follow up of reportable communicable disease.

There were 52 cases of Lyme disease reported to Public Health in 2004, compared to 25 in 2003. Lyme disease is an illness caused by a bacteria that is transmitted by a tick. Lyme disease is not communicable, but it is reportable in Wisconsin, and Public Health is responsible to investigate and follow up on all reported cases. Lyme disease usually starts as a red, circular rash around the site of the tick bite that expands in size over a period of days or weeks. The rash is sometimes accompanied by fever, headache, fatigue, stiff neck, and muscle or joint pain. If untreated, Lyme disease can lead to complications of arthritis, meningitis, facial palsy, and heart abnormalities.

Lyme disease is treated with oral or injectable antibiotics.

Public Health provides public education on prevention of Lyme disease through media releases each spring and has informational pamphlets that instruct people on how to protect themselves from Lyme disease.

In summer of 2004, Wisconsin began to experience a sustained outbreak of Pertussis (whooping cough). Cases were first noted in Southeast Wisconsin and as time progressed, extended east and north. Increased Pertussis activity was first noted in Richland County in September and continued throughout 2004. In a “normal” year we may see 1-2 cases of Pertussis, in 2004 there were 20.

Pertussis is a contagious disease that affects the respiratory tract. It can affect persons of all ages, but is most serious in infants and young children. In infants and young children, the disease begins much like a cold with a runny nose, sometimes a low-grade fever, and a mild but irritating cough for 1-2 weeks. The illness progresses to spells of explosive coughing that can interrupt breathing, eating, and sleeping and is commonly followed by vomiting and exhaustion. Following the cough patients may make a loud crowing or “whooping” sound as they struggle to inhale air. In older children, adolescents, and adults the symptoms are usually milder and without the typical whoop.

Confirmation of the diagnosis of Pertussis is made by laboratory culture of a nasal swab obtained during the early stages of the disease.

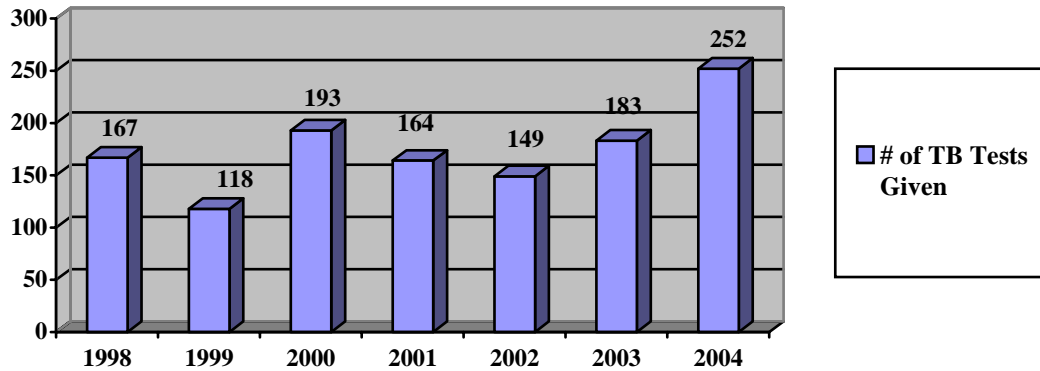
Treatment of Pertussis involves antibiotics and isolation for 5 days of antibiotic therapy. Close contacts are treated prophylactically, but only require isolation if experiencing symptoms. In 2004 it was necessary to prophylactically treat many individual contacts, groups of contacts, and entire classrooms. Investigation and follow up of Pertussis is quite involved since it requires investigation of the source of the infection, elicitation of contacts, investigation of contacts to determine the need for preventive therapy, follow up with cases and contacts, and cooperation of healthcare providers, school officials, etc. to assure that public health recommendations are followed.

Pertussis is considered a vaccine preventable disease, but many persons who developed Pertussis in the last year had been immunized in the past. The current thinking is that immunity may wane and a booster is probably required. This booster is currently in the developmental stages.

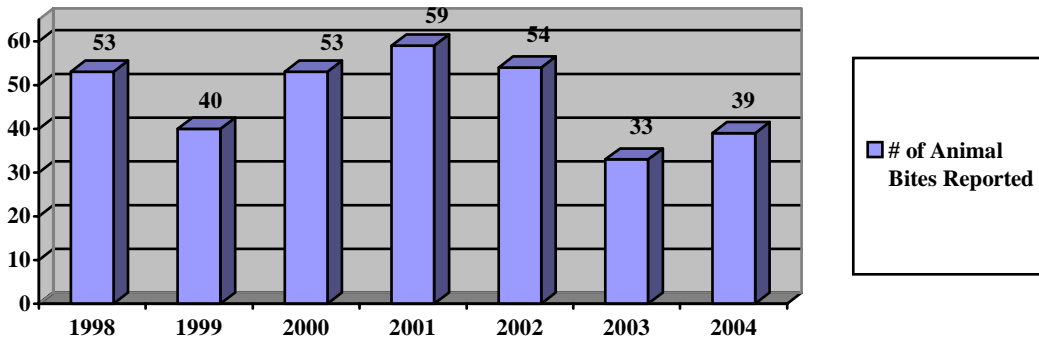
2004 Communicable Disease Statistics:

Reportable Disease	2004	2003	2002	2001	2000	1999	1998
Camphylobacter	6	3	3	2	3	4	2
Chlamydia	21	31	21	14	11	8	11
Cryptosporidium	5	7	5	6	7	8	6
E.Coli 0157:H7	0	4	0	0	0	0	0
Giardia	4	3	1	6	7	2	2
Gonorrhea	0	1	0	1	1	1	0
Hepatitis A	0	0	0	0	0	0	0
Hepatitis B	0	1	0	0	0	1	0
Hepatitis C	3	4	5	3	2	1	2
Herpes	2	5	4	0	1	0	0
Histoplasmosis	1	1	0	0	0	0	0
LaCrosse Encephalitis	2	0	1	0	0	1	0
Legionella	0	0	0	0	1	1	1
Lyme Disease (reported)	n/a	n/a	39	15	17	5	9
Lyme Disease (verified)	52	25	37	13	8	3	8
Measles	0	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	1	0
Meningitis (Viral)	0	0	0	0	2	1	1
Mumps	0	0	0	0	0	0	0
Pertussis	20	1	2	2	1	0	2
Salmonella	2	4	2	3	5	6	10
Shigella	0	1	0	0	0	0	0
Syphilis	0	1	0	0	0	0	0
West Nile	0	1	1	0	0	0	0

**Tuberculosis Prevention and Control:** Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. PHNs provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2004, three persons were on preventive medication and 252 persons received skin tests.

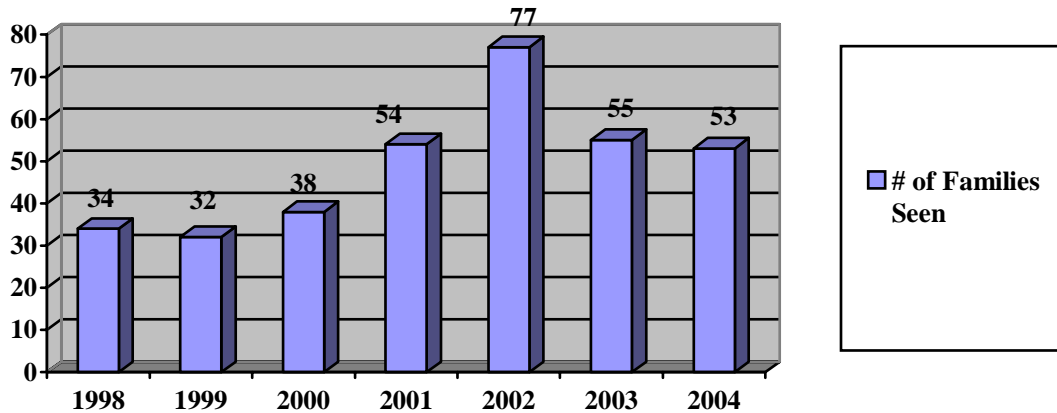


**Rabies Prevention and Control:** The County’s Rabies Control Policy provides the procedures for law enforcement and public health follow up of animal bites/potential rabies exposure to humans. Investigation and follow up was provided on 39 animal bites in 2004.

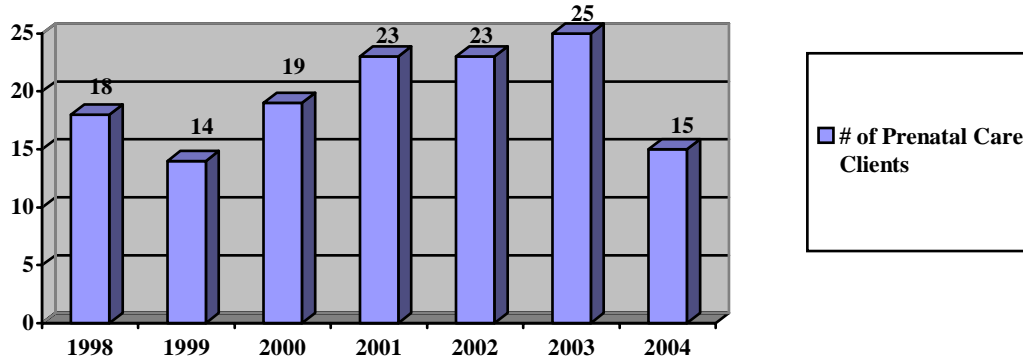


## MATERNAL CHILD HEALTH

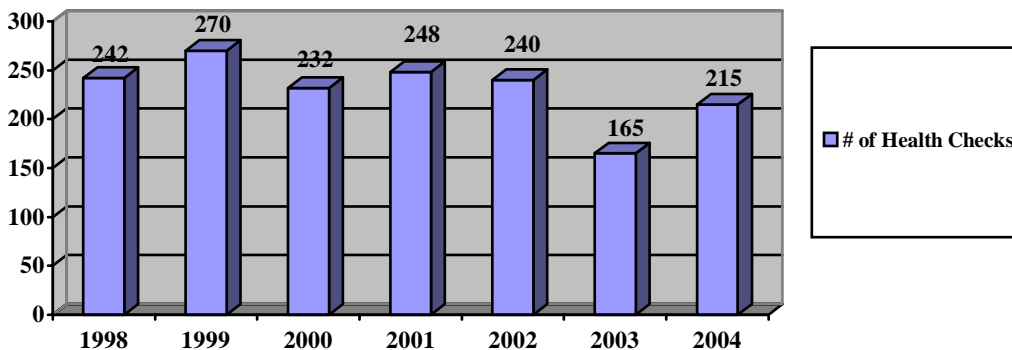
**Postpartum Home Visits:** Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Fifty-three families were seen in 2004.



**Prenatal Care Coordination:** PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Fifteen women received prenatal care coordination services in 2004.

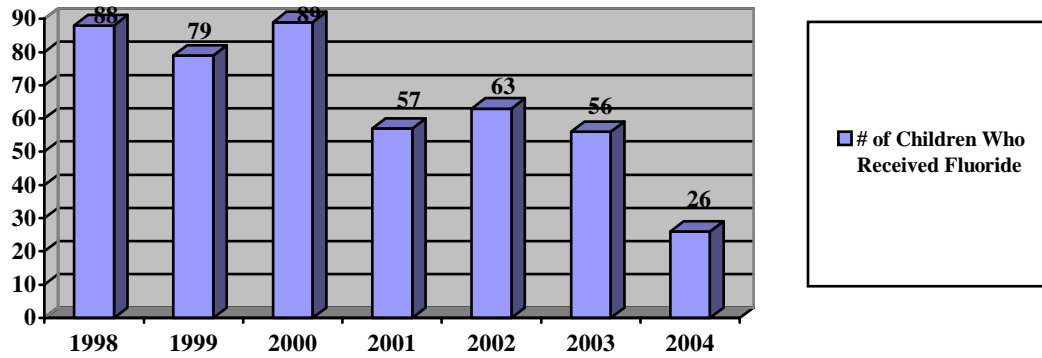


**HealthCheck:** Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages' birth to 21 years. Medicaid provides reimbursement on a per client basis. Two hundred fifteen HealthCheck assessments were completed in 2004.



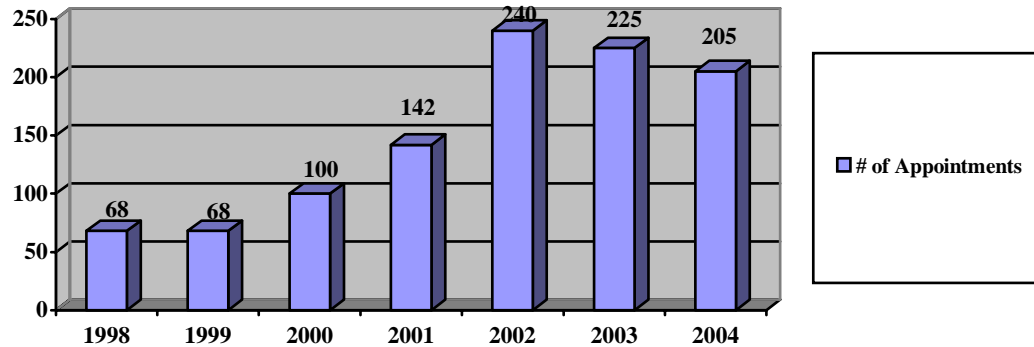
**Fluoride:** Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are provided free of charge to residents with private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2004, 26 children received supplemental oral Fluoride.





## GENERAL PUBLIC HEALTH PROGRAMS

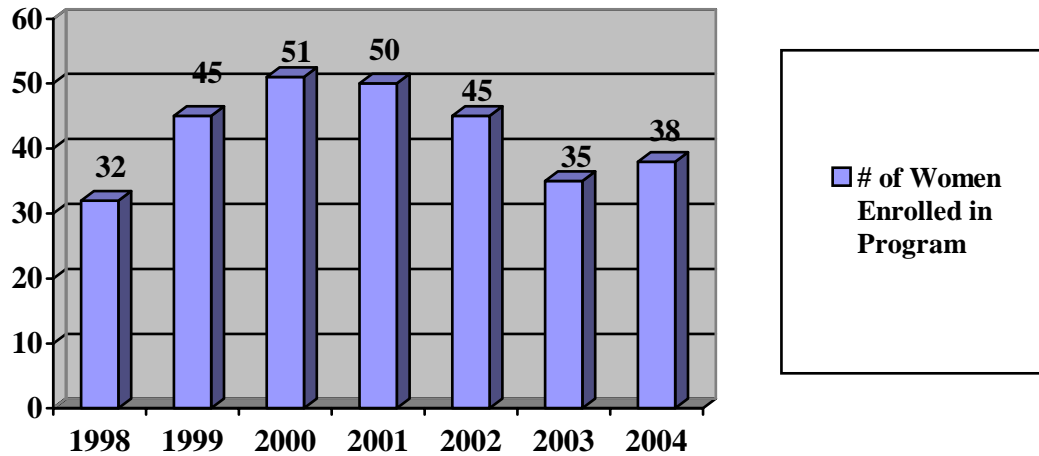
**Foot Care:** Foot and nail care are provided at a nominal fee for older or disabled adults who are unable to complete independent routine foot care. Two hundred five foot care clinic appointments were completed in 2004.



**Loan Closet:** The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but returned if the equipment is returned within one month. In 2004, 202 Richland County residents borrowed equipment from the Loan Closet.

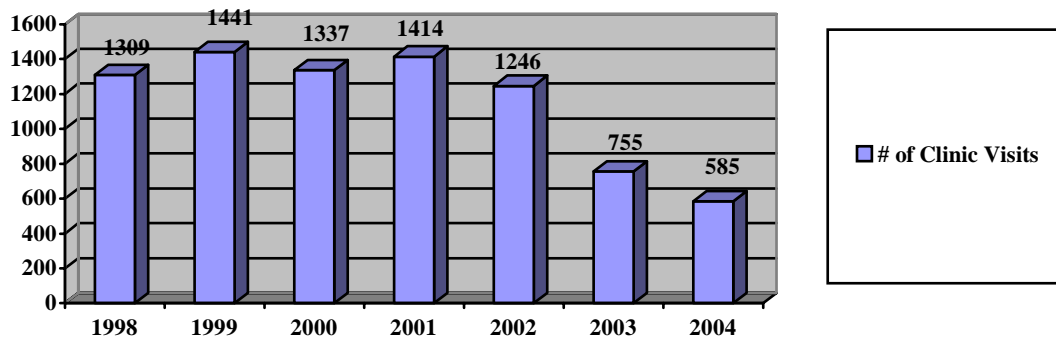
**Public Health Home Visits:** Occasionally Public Health receives requests for home visits to evaluate a health concern that cannot be evaluated in any other way. Often times these visits are at the request of family members who are not present or cannot convince the person that they need help. Reasons for these visits vary, but most often are made to elderly residents.

**Wisconsin Well Woman Program:** The Well Woman program provides screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Thirty-eight women received screening through the Well Woman Program in 2004.



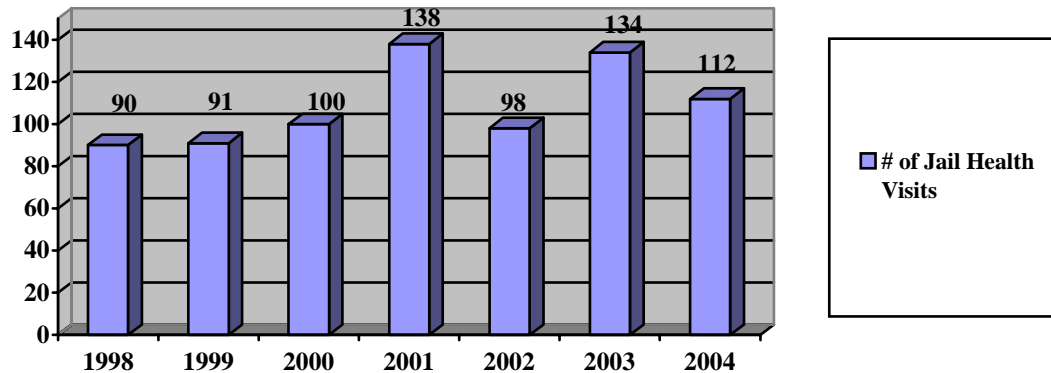
**Wisconsin Wins:** The Wisconsin Wins program involves coordination with the Sheriff’s Department in conducting tobacco sales compliance checks. The program involves conducting compliance investigations at retail outlets to determine the prevalence of sales to minors and intervention activities directed at retailers to reduce such sales. Sixty-eight compliance checks were conducted in 2004.

**High Blood Pressure Control:** Blood pressure screening was provided free of charge one day per week at the Community Services Building. The High Blood Pressure Control Program provided professional assessment of blood pressure as an alternative to a medical or hospital clinic visit. Five hundred eighty-five clinic visits were made in 2004. The program was discontinued at the end of 2004 to accommodate a required 5% budget decrease for 2005 budgets.



**School Health:** Public Health provides school nursing service for Ithaca and Weston and five parochial schools in Richland County. Service provided include vision and hearing screening, immunization record assessment, investigation and follow up on all reports of communicable disease, and assistance with issues related to student health. Public Health has a contractual arrangement with the Ithaca and Weston Districts and is reimbursed for nursing time.

**Jail Health:** Non-emergency health care for inmates of the Richland County Jail is provided by Public Health. The management of medical care in county jails has become increasingly complex; inmates have more medical issues and typically require intervention by public health staff for issues related to medication or other health problems. Public Health is reimbursed by the Sheriff’s Department for nursing time spent on jail health issues. One hundred twelve actual jail health visits were made in 2004. Additional time for telephone consultation with jailers and healthcare professionals is a common occurrence.



**Safe Communities:** The Safe Communities Coalition is made up of representatives from public health, local businesses, organizations, law enforcement and the community. A Bureau of Transportation Safety Grant funds the Coordinator position. Safe Communities works to promote and protect the safety of Richland County residents by reducing injuries and safety hazards through community collaboration, education, and prevention activities centered around speed reduction and safe driving behavior.

**Ronald McDonald Care Mobile:** The Care Mobile is a healthcare initiative for uninsured and underserved children established by Ronald McDonald House Charities-Global (RMHC-Global), the charitable foundation of the McDonald Cooperation. The project’s clinical partner is the University of Wisconsin Children’s Hospital (UWCH) and UWCH leases a fully equipped dental clinic bus from the foundation to provide dental health care access in underserved areas. UWCH provides dental health staff including a dentist, a dental hygienist, and a dental assistant and receives support from the local RMHC, RMHC-Madison for operation of the dental bus. RMHC-Madison works within a 16 county region in Wisconsin and northern Illinois, and Rockford Memorial Hospital is partnering to provide dental health staff for the Illinois counties. UW has the dental bus approximately half of the time.

The original plan was that the dental bus would serve Columbia, Sauk, and Iowa counties and then expand to serve another three to four counties in a second phase, and full counties in a third phase.

Since the implementation of the first several counties, UW has determined some counties including Richland are too far from Madison for the bus and staff to travel to, requiring Richland County residents travel to Iowa County to receive services. While we dispute

the notion that we are too far from Madison, we participated in the project coordinating the examination and dental work of 14 Richland County children in 2004. The children were seen in Dodgeville while the bus was in Iowa County, and transportation was an issue.

According to the UW's statistics, 14 Richland County children were seen over 4 clinic days requiring an average of 2.9 appointments. 50% of the required dental work was completed and 50% of the work was left to be done. The value of the dental work completed for Richland County children was \$12, 212, and the average value per child was \$872.

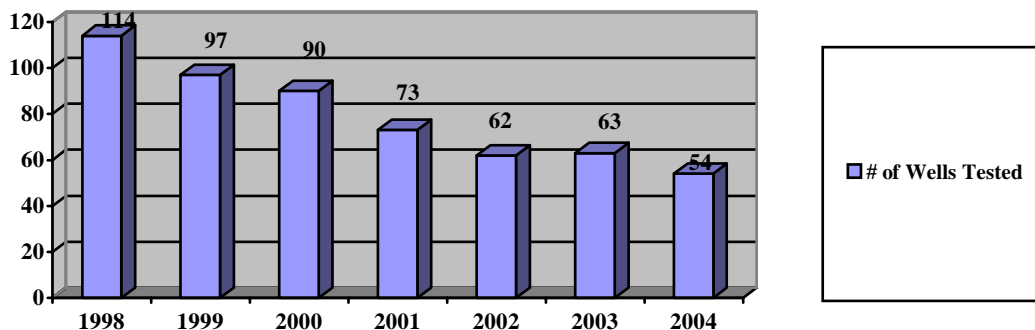
The following provides a summary of the type of dental care provided and also is documentation of the need for improved access to dental care.

Restorative (fillings, crowns)	66	35%
Preventive (cleaning, fluoride treatment, sealants)	31	16%
Adjunct Services (local anesthesia)	27	14%
Diagnostic (exams, evaluations, x-rays)	47	25%
Oral Surgery (extractions)	7	4%
Endodontics (pulpectomies)	13	7%

## ENVIRONMENTAL HEALTH

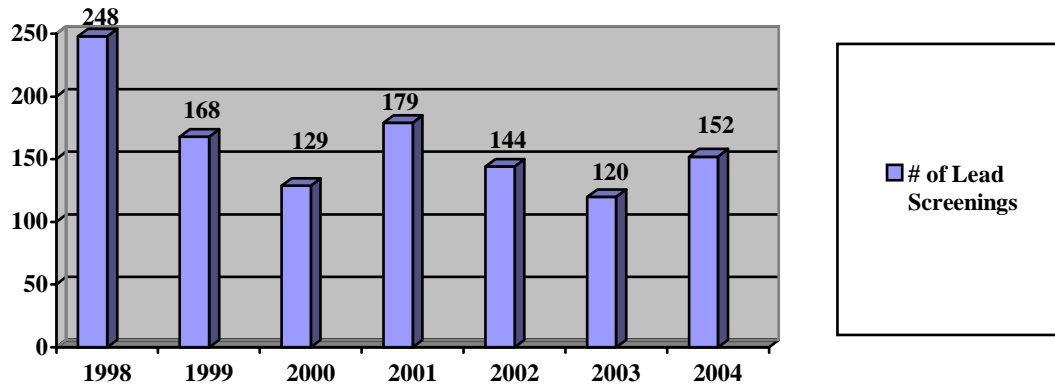
Richland County is part of a five county environmental health consortium. The consortium employs a contracted Environmental Health Consultant to assist with investigation and resolution of environmental health issues. Prevention Block Grant funding from the five counties is pooled to fund the position, and the consultant is available in Richland County each Wednesday morning, and at other times, if needed.

**Private Well Water Testing:** Water sampling kits are available for testing private wells for bacteria, nitrates and fluoride. The test can be completed free of charge if the testing is done for health reasons. The Environmental Health Consultant is available for consultation for problems related to water quality.

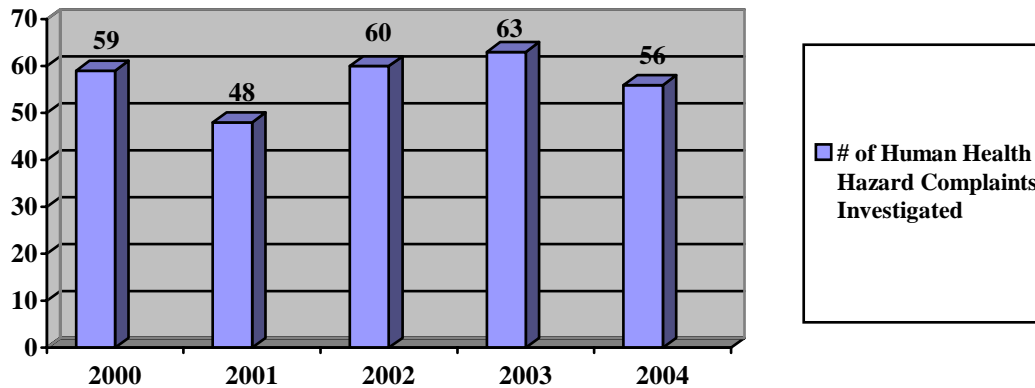


**Radon:** Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year, and making repairs to eliminate radon gas can be simple and affordable. One hundred eleven home radon test kits were distributed in 2004.

**Childhood Lead Poisoning Prevention:** Lead poisoning occurs when a large dose or small amounts of lead over time are ingested or inhaled. Prevention is still the best solution for lead poisoning and finding and removing sources of lead are effective methods to accomplish this. The Environmental Health Consultant can evaluate a building for lead base paint and offer consultation on remediation of lead base paint hazards. Childhood blood lead screening is provided by Public Health, and in 2004, one hundred fifty-two children were screened. Treatment for an elevated blood lead level depends on the degree of elevation, and involves removing the hazard.



**Human Health Hazards:** According to Wisconsin State Statute 254.59(1) the local health officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health provides investigation and follow-up of complaints of human health hazards in Richland County. In 2004, investigation and follow-up was provided for 56 complaints. There continue to be ongoing issues, requiring orders issued, monitoring of progress, and coordination with the legal system to accomplish clean up. Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste.



**Mercury Collection:** In cooperation with the Wisconsin Department of Natural Resources, Richland County Health and Human Services Public Health held a weeklong mercury thermometer collection the week on June 7-11, 2004. Brochures and posters were created to explain the dangers of mercury and advertise the collection. Brochures were sent to area schools. The collection was also advertised in the Richland Observer and the Shopping News as well as on WRCO Radio. Box ads were placed in the papers and WRCO advertised the collection via a prepared release. An article explaining the collection and the hazards of mercury was placed in the Richland Observer.

Mercury thermometers can be easily broken if dropped during use and there are newer safer alternatives.

Mercury is a naturally occurring metal that is a liquid at normal room temperatures. Mercury has many useful properties and is used in many household and industrial products. Mercury can be found in thermometers, barometers, thermostats, dental fillings, blood pressure devices, fluorescent light bulbs, electrical switches and even in some tennis shoes that light up.

Exposure to mercury can be harmful to human health. While metallic mercury generally does not absorb very well if it is swallowed, breathing its vapors is very dangerous. When metallic mercury is touched it can slowly pass through the skin. Short term exposure to high levels of mercury can cause neurological effects such as confusion, hand tremors, chills, chest tightness, bronchitis, pneumonia, abdominal pain, nausea, vomiting, loss of appetite, bleeding gums, leg pain, a burning sensation in the feet, lung and kidney damage, and skin rashes. Even more serious effects can occur with continued exposure to mercury.

Mercury is a fast-moving liquid and spreads quickly, so promptly containing and controlling both the liquid and its vapors are very important. Liquid mercury evaporates at room temperature and gives off harmful, invisible, odorless vapors.

Thermometers were collected from local school personnel, and from the citizens of Richland Center and rural Richland County. Seventy thermometers were collected by Public Health and disposed of by a contractor hired by the DNR.

## PREPAREDNESS AND RESPONSE

Richland County is part of the Southwest Wisconsin Public Health Preparedness and Response Consortia. There are 12 such consortia throughout the State. Each consortia or region is responsible for developing a preparedness plan containing several key elements aimed at improving our readiness for acts of terrorism and other man made or natural disasters. The consortia receive grant funding from the CDC to assist with the completion of the preparedness requirements. Consortia staff funded by the grant includes a program coordinator, a health education/training specialist, and a program assistant, and are housed at the Grant County Health Department. In 2004, Richland County Health and Human Services Public Health received \$24,544 to assist with preparedness efforts. This funding was used to provide staff time and pay expenses for preparedness activities and trainings.

During 2004, the Southwest Wisconsin Public Health Preparedness and Response Consortium (SWPHP&R) was again able to meet all of the objectives of its contract in a timely manner. This Consortium consists of six counties that include Crawford, Vernon, Richland, Lafayette, Iowa, and Grant.

There were eight objectives in three focus areas:

### Focus Area A

1. **Operational Strategic National Stockpile (SNS) plans will be completed for each Consortium member agency with coordination through the SWPHP&R.** The plan was tested through a tabletop exercise held in Lancaster on October 13, 2004.
2. **A trained voluntary Post Event Response Team (PERT) will be maintained for each SWPHP&R member agency. Select individuals from each of the 6 counties had to complete an on-line smallpox awareness program.** Even with the program's transitional status in October from the UW DOIT Center to the Univ. of Minnesota, the standards were met. This included 3 personnel from Crawford County, 6 from Vernon County, 5 from Richland County, 11 from Lafayette County, 4 from Iowa County, and 8 from Grant County.
3. **Emergency Management (EM) Directors for each agency's jurisdiction within SWPHP&R will receive an Operational Public Health Preparedness and Response Plan as developed by the Consortium.** Each County was able to complete this project following a joint HRSA/CDC exercise on October 1, 2004. County Plans determined by the exercise to need adjustment were amended. A signed statement documenting delivery of the plan to the individual EM Director was received and placed in the permanent files in the Consortium office. Completion date for the final document was December 30, 2004.
4. **A Mass Vaccination Exercise that incorporates applicable SNS Plans and involves all agency members will be completed by SWPHP&R.** A well-

attended tabletop exercise was held October 13 to exercise each county's plan. Each county was able to evaluate the plan that they had written and was then able to implement any changes in the plan that would enhance the effectiveness of the plan.

5. **There will be a successful off-business hours test of the Consortium's 24 hours a day, 7 days per week (24/7) Response Plan in each member jurisdiction.** This objective was accomplished twice during the past year, with the standard being met by all of the 6 counties by having verbal contact and then relaying specific information to others in their Calling Tree. The counties did not know the timing of the test until the actual test, which was held on Saturday 21 February 2004. A second test of the 24/7 was held on 30 April utilizing the Command Caller system with the assistance of the State HAN Administrator. See attachment 2 for documentation of test #1.
6. **A statement, Consortia Mutual Aid Agreement referenced in the Consortium's Preparedness Plan will be signed by all agency members.** This was accomplished by the enactment of Public Law 186, which provides for standards of mutual aid that extends out of the area where the counties would conduct their usual business. The form prescribed by DHFS for requesting mutual aid was completed during the October 1 exercise.

#### Focus Area B

1. **All member agencies will complete the required year one training identified with the SWPHP&R three-year training plan.** This required any new hires to the counties to complete the recommended training from 2003 and for all to complete the requirement for 2004, which included the Forensic Epidemiology Seminar that was held on September 8, 2004 in Richland Center.

#### Focus Area E

1. **An appropriate capacity of core public health preparedness related competencies would be met for each member agency jurisdiction with coordination provided by SWPHP&R Consortium.** A competency checklist was created by the consortium office, which required Health Department staff members from all 6 counties to do a self-evaluation of his or her skills in the recognized 9 core competency areas. This included 5 from Crawford County, 9 from Vernon County, 6 from Richland County, 20 from Lafayette County, 5 from Iowa County and 29 from Grant County. This competency checklist was then used to determine how competencies were shared within the agencies so that more effective services could be provided or planned for. The results were also used to construct a 3-year Training Plan for the Consortium.

Public Health personnel participated in many preparedness related activities. Locally, we have developed a Local Preparedness Committee consisting of staff from Public Health, The Richland Hospital, and Emergency Management. Preparedness staff and the HRSA



(Hospital Resource Services Area) Regional Coordinator, and Richland Medical Center participate as able.

Training funded through the CDC Bio-terrorism Preparedness funding included:

- Disaster Preparedness for Nurses
- Multihazard Planning for Schools with officials from the Richland District, the Richland Center Fire Department, the Richland County Sheriff's Department, the Richland Center Police Department, and Richland County Emergency Management.
- The National Disaster Medical System Conference
- Public Information
- Public Health Law Conference
- Amish Awareness Symposium
- Forensic Epidemiology
- Joint CDC/HRSA tabletop exercise
- Self Defense (made available to all Health & Human Services staff)
- Preparedness Awareness for Day Care staff
- Mass Vaccination Tabletop Exercise

Local project accomplishments include:

- Development of an Isolation and Quarantine Plan
- Development of a Respiratory Protection Plan
- Development of a Smallpox Control Plan
- Development of a Mass Clinic Plan
- Completion of the Special Populations Report
- Day Care needs assessment related to concerns regarding emergency preparedness
- A bio-terrorism tabletop exercise held in Richland County in cooperation with the Local Preparedness Committee and the LEPC

# HEALTH, AGING & DISABILITY RESOURCE CENTER

## RESOURCE CENTER

### Mission Statement

We are dedicated to working with adults and their families who are impacted by disability or aging. We will strive to enhance their self-sufficiency and quality of life by providing information, assistance and education. In doing so we will at all times promote the rights, dignity and preferences of the individual.

### OVERVIEW

The Health, Aging & Disability Resource Center is an information and referral service designed to inform County residents about programs, services and public benefits. We are available to the general public, although our primary target groups are adults who are elderly, or who are physically or developmentally disabled. We assist consumers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. We also provide benefits-related counseling and services to physically or developmentally disabled adults between the ages of 18 and 59 years; health-related information and services that focus on early intervention/prevention; and intake and eligibility determination for the Family Care benefit.

### KEY AREAS OF ACTIVITY

#### INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

Services in this key area range from providing simple information, often by phone; to making home visits, where more in-depth counseling on options for care and services can be discussed; to providing short term case management in order to address more complex situations and assist consumers with accessing programs and services.

2004 was the fourth full year of operation for the Resource Center. During this time we had 1,407 new contacts from consumers, an 11% increase over 2003 when we had 1,247 contacts. 536 people, or 38% of those who contacted us were offered Options Counseling. 382 (71%) accepted, while 154 people (29%) declined. Those contacting the Resource Center had nearly 2,000 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case

management or early intervention/prevention services. Consistent with past years, about 82 % of the needs expressed fell into 4 broad categories: financial assistance & support; health/medical care; home health/home supportive care; and housing/residential needs. In the chart that follows, these four categories have been further broken down into subcategories to give a better understanding of the kinds of issues consumers have when contacting the Resource Center:

**ANALYSIS OF MOST FREQUENT AREAS OF NEED EXPRESSED BY CALLERS:**

<u>Financial Assistance &amp; Support</u>	<b>588</b>	<u>Health &amp; Medical Care</u>	<b>563</b>
Family Care	175	Early Intervention/Prevention Information & Services	420
Assistance with Utilities/Phone/Rent	106	Rehabilitation/Therapy	44
Medical Assistance/Medicare	91	Adaptive Aids/Medical Equipment	44
Financial Aid for Drugs/Medical Care	77	Medical/Dental/Eye Care Services	23
Social Security/SSI/SSI-E	43	Other Medical/Health Information	17
Food Stamps	19	Other Medical & Health Care	15
Tax Preparation Assistance	12		
Money Mgt/Budget Counseling	11		
Funding for Long-Term Care	11		
Emergency Financial Aid	10		
Other Financial Assistance & Support	33		
<u>Home Health/Home Care</u>	<b>324</b>	<u>Housing/Residential</u>	<b>160</b>
Chores/Home Supportive Care	96	Community Based Residential Facility	44
Therapy/Rehabilitation Services	83	Nursing Home	37
Home Health Care Services – Nursing/HH Aide/Personal Care	79	Subsidized Housing	34
Respite Care	23	Assisted Living /Apartment	19
Medi-Alert	19	Rental Housing/Apartment	13
Hospice Care	11	Other Housing/Residential	13
Other Home Health/Home Care	13		

In addition to the areas of needs/requests depicted above, the Resource Center was contacted for information on a variety of other issues. For example, we received 50 or more contacts requesting information and assistance in each of these areas: legal concerns, and advocacy (including requests for Benefit Specialist services). We received 20 or more contacts requesting information and assistance in each of these areas: case management, employment, food/meals, transportation and insurance. Additional areas of needs/requests include abuse/neglect, education, tax-related issues, mental/behavioral health, guardianship and several others.

Staff training and professional development is one important aspect in the creation of a high quality Information & Assistance operation. In 2004, our three Resource Center Specialists attended the annual WisconsinAirs (formerly the Information & Referral Providers of Wisconsin) conference, where two of them took the national test to become certified as Information & Referral Specialists. Certification is awarded through the Alliance of Information & Referral Systems (AIRS), the national organization for

information & referral professionals. We were pleased that both staff passed the exam and received the AIRS certification. It should be noted that their colleague obtained the professional certification last year when she successfully completed the requirements in November of 2003. All three of our Resource Center Specialists are now certified as Information & Referral Specialists with an Aging emphasis.

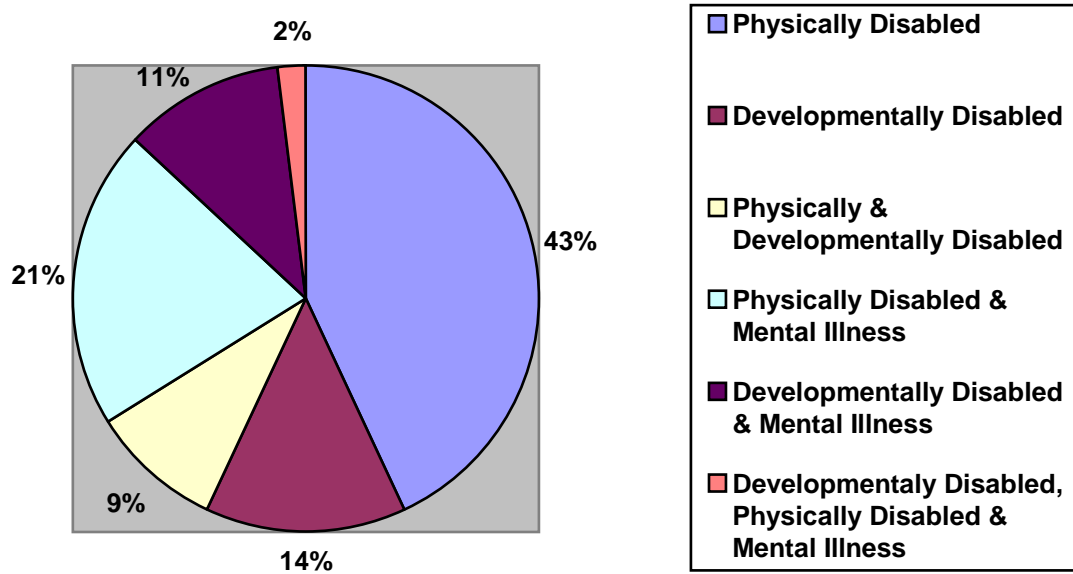
## DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to county residents ages 18 through 59 years who have a physical or developmental disability. The Disability Benefit Specialist provides information on public and private benefits, and assists with benefit applications, problems, appeals and advocacy. Programs such as Social Security-Disability, Supplemental Security Income (SSI), Medical Assistance, low-income tax credits and prescription drug assistance programs are typical areas that the Disability Benefit Specialist may assist with. The Disability Benefit Specialist also works closely with other Resource Center staff to provide referrals for community resources and services. The Disability Benefit Specialist position is co-supervised by the Resource Center Supervisor, and a Program Attorney employed by the State Department of Health & Family Services.

In just its third year of operation, the Disability Benefit Specialist program was able to assist 56 Richland County residents receive over \$479,000 in federal, state or private benefits for which they qualified. In addition, over 43% of the cases closed in 2004 resulted in a positive decision. These good results nonetheless reflect a 28% decrease from the number served in 2003, when the Disability Benefit Specialist assisted 77 individuals to receive over \$530,000 in benefits. The decline is directly related to staff turnover in the Disability Benefit Specialist Position, which resulted in a temporary hold on accepting new referrals, as we recruited and trained a new worker.

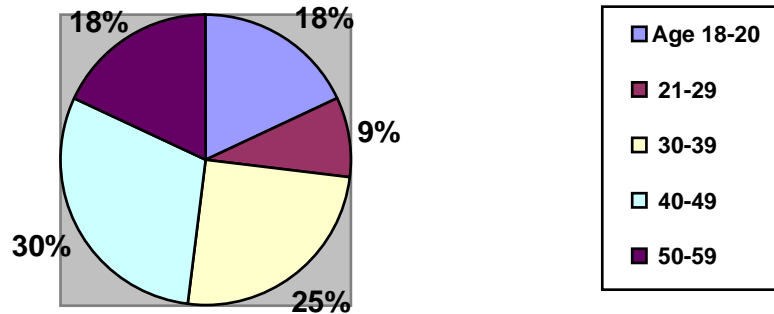
Disability Benefit Specialist services are targeted to adults with either physical or developmental disabilities. However, as the graphic below illustrates, in reality close to half of consumers served are dealing with multiple disabilities in their daily lives.

**TARGET GROUPS SERVED BY THE  
DISABILITY BENEFIT SPECIALIST**



As depicted in the graph below, the majority of consumers served by the Disability Benefit Specialist are between the ages of 30 – 49.

**DISABILITY BENEFIT SPECIALIST  
CONSUMERS SERVED BY AGE GROUP**



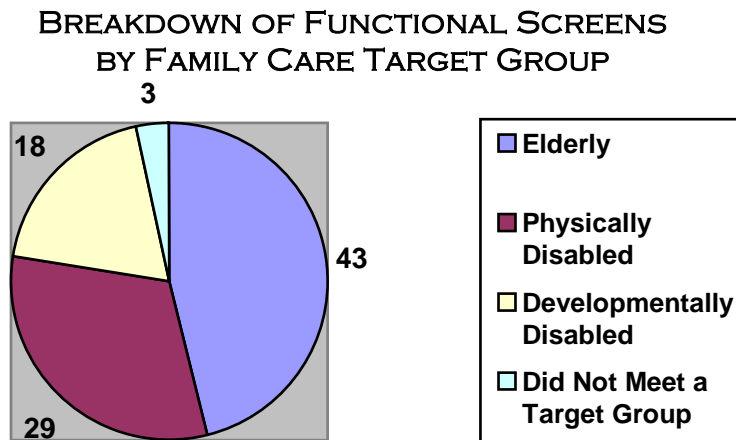
Social Security has numerous work incentive programs available with the goal of helping recipients eventually find employment, and reduce or eliminate their need for benefits. The young age cohort depicted above indicates an opportunity for these individuals to access and make use of work incentive programs. The Disability Benefit Specialist can connect consumers to available information and resources in regards to work incentives.

## FAMILY CARE

The Resource Center is the intake point for the Family Care benefit. Eligibility determination and enrollment into the Family Care/Care Management Organization is a complex process that actually occurs through the coordinated efforts of Economic Support, the Care Management Organization, an Enrollment Consultant, and the Resource Center. It is the Resource Center's role to shepherd consumers through the eligibility determination and enrollment process, including:

- providing detailed information and answering questions about Family Care, including eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, care planning and care management services, etc.
- conducting the Long Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;
- coordinating with the Enrollment Consultant to arrange for final enrollment; and
- helping to transition consumers into the Care Management Organization for ongoing services.

The Resource Center's role in eligibility determination includes administration of the Family Care Functional Screen. During 2004, our staff completed 93 Functional Screens, a 9.5% increase over 2003 when we completed 88 screens. Staff offered an additional 67 screens that were declined by consumers. The following graph shows a breakdown of Functional Screens completed by Family Care target group.



During 2004, Resource Center staff assisted a total of 68 consumers who had received a Functional Screen to get enrolled in the Family Care/Care Management Organization.

## EARLY INTERVENTION/PREVENTION SERVICES

The Resource Center has a Public Health Nurse on staff two days per week. The R.N. provides vital consultation related to the Family Care Functional Screen. In addition, she provides a variety of services aimed at educating the public on health topics and issues, identifying consumers' health concerns early, and linking those at risk to medical care or other services.

Our activities related to Early Intervention/Prevention were slowed during the first half of 2004 when our R.N., Beth Lange, transferred to another fulltime position within Health & Human Services. Her replacement began working in the Resource Center in June. While she was able to "hit the ground running" in some areas, such as providing blood pressure screens, training and mentoring was needed in other areas, including the Long Term Care Functional Screen.

During 2004, the R.N. continued to provide blood pressure screens at two area mealsites - Richland Center and Viola - once each month. In 2003 we had provided these services at four mealsites. However, we had to discontinue our services to Gotham in August when that mealsite closed. We also regrettably discontinued service to Boaz in July, as that mealsite only operates on Wednesday, a day that the R.N. is not available to the Resource Center. Considering these obstacles, we were pleased that the R.N. was able to provide a total of 398 blood pressure screens during the course of the year, taking time to discuss health-related issues with consumers and educate them about the risks associated with high blood pressure and other conditions. This is a 16% increase over 2003 when 336 screens were provided.

The R.N. also offered an age-related macular degeneration screening once at each of the two mealsites; continued to offer home safety assessments to help reduce the risk of falls; and created several public informational displays in the Resource Center on topics such as low vision, the Family Care program, family caregiving, depression and alcohol abuse. In addition, she responded to several requests for information on specific health issues by providing information, consultation and direct services to staff members and/or the general public.

## TRANSITION SERVICES FOR YOUTH

Transition services for youth involve developing collaborative relationships with area schools and community agencies, in order to help teens with physical or developmental disabilities to transition from school to the adult long term care system.

A Resource Center Specialist/Social Worker is assigned to take the lead in developing and promoting transition services. Starting in 2004 we set aside specific days to work exclusively on transition activities. Important activities in which we engaged include the following:

- actively participated in monthly meetings of our local Transition Advisory Council. Other members of this group include high school teachers; representatives of community organizations such as the Vocational Rehabilitation and Independent Living Services; Southwest Technical College; CESA #3; and staff from other areas of Health & Human Services, such as Children with Disabilities staff.
- outreached to all area schools via a promotional letter, followed up by phone calls and some personal visits. She particularly targeted schools in outlying areas that we had had minimal contact with, in order educate teachers and staff about the Resource Center and the services available to Richland County students attending their schools.
- helped plan and participated in a Transition Resource Fair held at Southwest Technical College. 150 students signed up to attend the Fair, including 45 students from Richland County.
- Attended a “Summit” sponsored by CESA #3 which provided area Transition Advisory Council members from five southwest Wisconsin counties the opportunity to come together to discuss goals, share best practices, and network with colleagues.

Activities such as those described above have helped us educate schools about the role of the Resource Center, begin to develop important relationships with key school personnel, and reach students in need of transition services. While we have much more to do in the years to come, our work is beginning to pay off. During the 2003-2004 school year, we received 10 referrals for transition services from five different schools, and thus were able to provide the schools, students and their families with information, options counseling and connections to needed services.



# LONG TERM SUPPORT

## Mission Statement

The Richland County Long Term Support Unit promotes the overall well-being of people we serve by providing high quality, person centered, outcome-based care.

The Long Term Support Unit provides services, and manages multiple funding sources, to assist elders and individuals with disabilities of all ages to remain living at home or in small homelike settings whenever possible. Individuals served would continue to be involved in their community through vocational or social activities, and reach or maintain the highest level of independence possible.

Eligibility criteria for Long Term Support funding varies program to program, but is generally based on state determined financial and functional eligibility criteria for all services except Birth to Three. A functional screen is performed, which would indicate a long-term need for services, as it relates to a person's health and ability to function in everyday activities. Applicants must have serious, long-term health problems or a disability that significantly affects their ability to function, which is equivalent to what might be required for admittance to an institution like a nursing home. Those who are able are required to pay toward the cost of their services.

The Long Term Support Unit's Annual Report for calendar year 2004 is divided into the following three sections:

1. Funding sources managed by the Long Term Support Unit with reports on numbers of individuals served and dollars spent.
2. Programs or services operated by Richland County Health and Human Services.
3. Summary of Care Management Organization (CMO) activities.

# 1. FUNDING SOURCES IN LONG TERM SUPPORT

Family Support Program  
Community Options Program  
Community Integration Program  
Elder Abuse and Neglect

The Long Term Support (LTS) Unit manages multiple funding sources. Each of the funding sources will be described in this section along with information about the number of individuals served by each funding source and the total expenditures in each program in 2004.

## FAMILY SUPPORT PROGRAM (FSP)

The Family Support Program provides funds for supports and services to families that have a child with severe disabilities. Families who have children with severe disabilities face experiences other families rarely encounter. The Family Support Program is designed to relieve some of the stress and preserve the child's place in the family and ensure that parents get the help they need without having to give up parental responsibilities and control. Family Support funds will pay for a vast array of services for the family and the child.

Staff from the Children and Families Unit and staff who work with children with disabilities from the Long Term Support Unit have collaborated in specific situations. This provides better coordination and utilization of funds and specialized services to meet the family's need. In addition, social workers from the Children and Families Unit and the care managers for children with disabilities have provided team care management for several families.

Funding Source	Number Served	Total Service Expenses
Family Support	13	\$18,799

## COMMUNITY OPTIONS PROGRAM (COP)

COP provides funding for people with serious and persistent mental health needs and people with alcohol and other drug abuse issues as well as for children with physical and/or developmental disabilities.

Funding Source	Number Served	Total Service Expenses
COP	4	\$114,825

### COMMUNITY INTEGRATION PROGRAM (CIP)

The CIP Program provides funding for services for individuals with developmental disabilities who have typically been relocated or have been diverted from entering a specialized nursing home type setting called Intermediate Care Facilities for the Mentally Retarded (ICF-MR).

The CIP Program provided \$122,855 in 2004 to pay for services and administration to children in Richland County. The CIP Program pays for a wide array of community-based services. The Federal Government pays approximately 60% of all allowable costs in the waiver programs with the State matching the remaining 40%.

Funding Source	Number Served*	Total Expense
CIP	13	\$122,855

\*The people served on waivers in 2004 were all children, as adults would have enrolled in the Care Management Organization for their services.

### CHILDREN'S LONG TERM SUPPORT WAIVERS

This was the first year for the State to operate the Children's Long Term Support Waiver. A major new service provided under the Children's Waiver is the Intensive In-Home Autism Services. These services, prior to 2004, had been provided as a fee-for-service reimbursed by Medicaid. Counties had the option of whether they would provide the Intensive Autism Services under this waiver. The Richland County Health and Human Services Board authorized the provision of these services in Richland County.

Funding Source	Number Served	Total Expense
Children's Waivers	2	\$18,729

### ELDER ABUSE AND NEGLECT

This program provides limited funding for services to persons age 60+ who meet abuse and neglect criteria as outlined by the State.

Funding Source	Number Served	Total Expense
Elder Abuse & Neglect	28	\$10,661

Elder Abuse Accomplishments in 2004:

- Developed and signed an Memorandum of Understanding with the Richland County Sheriff's Department and Richland Center Police Department
- Informational presentations were made to: Sheriff's Department and Richland Center Police Department, the CMO Advisory Committee, and at the Community Forum at Schmitt Woodland Hills
- Continued participation in the Richland County Coordinated Response Team and County Elder Abuse I-Team

**2. PROGRAMS OR SERVICES OPERATED BY RICHLAND COUNTY HEALTH AND HUMAN SERVICES.**

Adult Protective Services  
Birth to Three  
Care Management  
Employment Services  
Production Services

**ADULT PROTECTIVE SERVICES**

Chapter 55 in Wisconsin Statute states that each county must designate an agency to be responsible for local planning to implement the protective service system for people who need them because of infirmities of aging, serious and persistent mental illness, developmental disabilities, or like incapacities. The Long Term Support Unit is designated as the unit in Health and Human Services to take the lead in overall planning and administration of the Protective Services system and for the County Elder Abuse Reporting System.

<b>PROTECTIVE SERVICES INTAKES</b>	
Requests for information/referrals:	37
Reports of elder abuse/elder neglect:	29
Reports substantiated:	16
Reports unsubstantiated:	13
Requests for Court Services for Guardianship/Protective Placement	14

**BIRTH TO THREE PROGRAM**

The Richland County Birth to Three Program continued to grow in 2004 touching the lives of 58 children, 10 more children than in 2003. This is the highest number of children served in a given calendar year in the history of Birth to Three in Richland County. Of the 58 children served, 41 received on-going Birth to Three services and had

an Individualized Family Service Plan (IFSP). Of the 41 children who received services, the following were utilized in any combination: 18 utilized occupational therapy, 18 utilized physical therapy, 35 utilized speech therapy and 31 utilized special education.

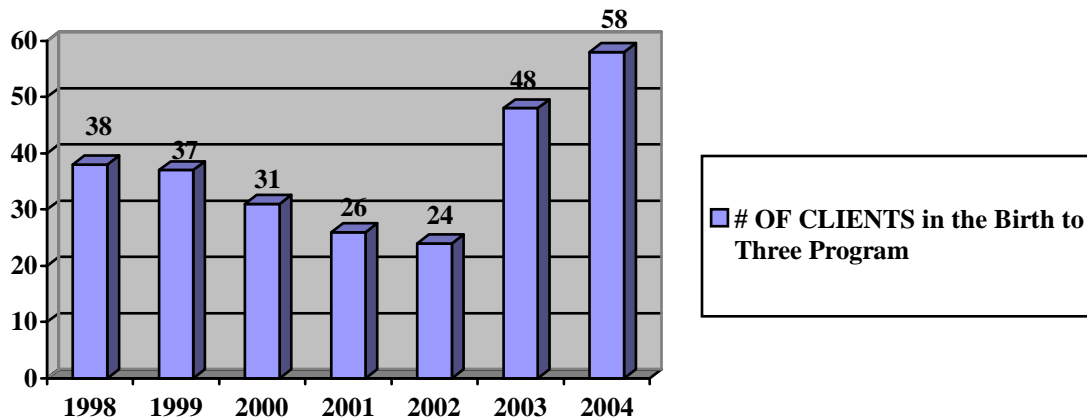
The Richland County Birth to Three Program is mandated by the State and has a no-wait policy for children ages birth to three. While action is taken with every child referred, the criteria to receive on-going services are that a child must show a 25% delay in one or more areas of development in the following areas: social, emotional, physical, cognitive, adaptive and communication.

The Birth to Three Early Intervention Team works very closely to create a plan that is directed by the parents to best serve the child in his/her natural environment. The family's strengths and needs are identified in order to assure that appropriate disciplines, medical providers and public agencies are asked to join the child and family's team to support the child's development. The Early Intervention Specialist is responsible for developmental evaluations, referral services, case management, and regularly scheduled visits to the family for skill building and support services.

**The Birth to Three Program is committed to children under the age of three with developmental delays and disabilities and their families. We value the family's primary relationship with their child and work in partnership with the family. We work to enhance the child's development and support the family's knowledge skills, and abilities as they interact with and raise their child.**

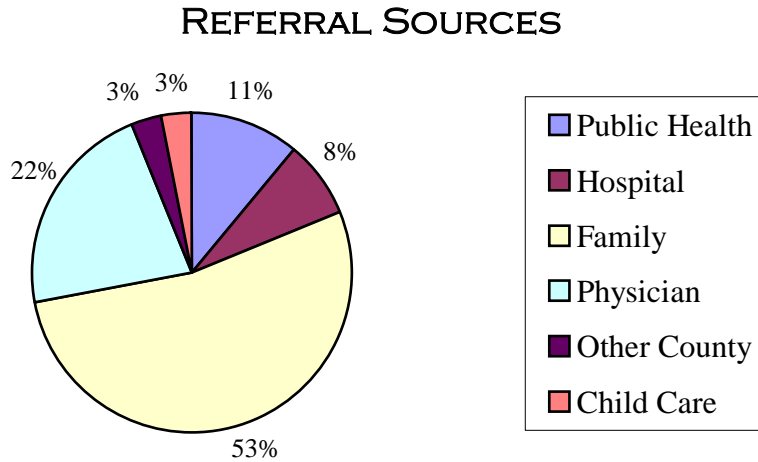
*~ State of Wisconsin Birth to Three Mission*

The year 2004 continued to be a year of transition for Birth to Three in Richland County following the change from Pine Valley Health Care and Rehabilitation in 2003. There were multiple providers of therapy services during the year: Unified Community Services of Grant/Iowa County, Coulee Region, Richland Hospital, Joanna Nicholas, a privately contracted Occupational Therapist, and Aegis Therapies.



## REFERRALS FOR 2004

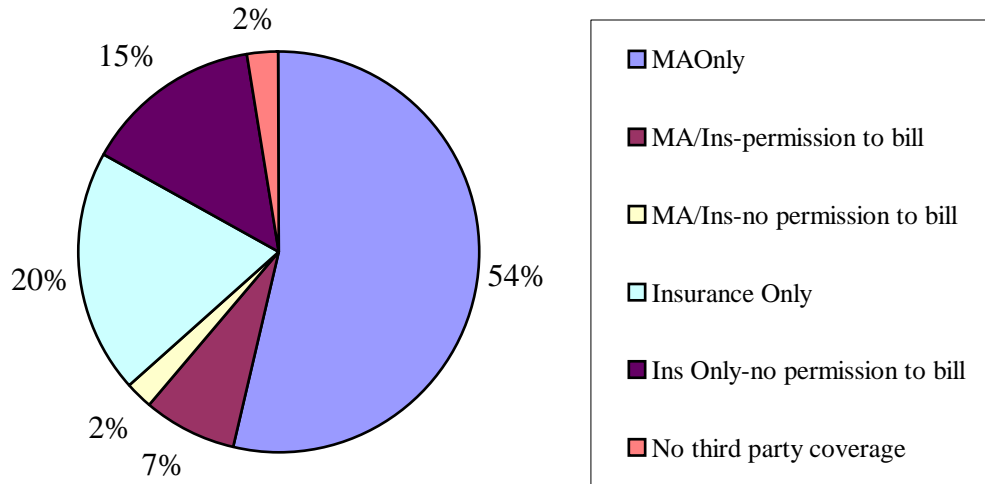
Thirty-six referrals were made to the Birth to Three Program in 2004. Nineteen of the referrals were boys and seventeen were girls. The average age of the child at time of referral was 18 months. Referral sources were as follows:



Of the 36 referrals, 19 children did not require an Individual Family Service Plan to be developed. Reasons include: the child having moved before any determination could be made, not being able to contact the family, child did not qualify for services, parents refused services or the child did not live in our county. If a referral was made and contact was made, but circumstances were such that the family was not able to go forward with the evaluation process the referral was closed and possibly reopened at a later date when the family was able to proceed with the evaluation of their child. Three children are counted twice in our referral numbers.

Nineteen new IFSPs were developed in 2004 resulting in Richland County having a total of 41 children with IFSPs in place at one time or another during the course of the year. Ten children served by the Birth to Three Program were medically fragile with needs that required supports outside of the Birth to Three Program

Funding to provide therapy services include Basic County Allocation (BCA), categorical funds that are available only for Birth to Three services, third party insurance, and Medical Assistance. Richland County bills third party insurance for all Birth to Three services. Billing third party insurance is allowed only with the parent's informed consent. The breakdown of the revenue sources for the children served is shown in the chart below.



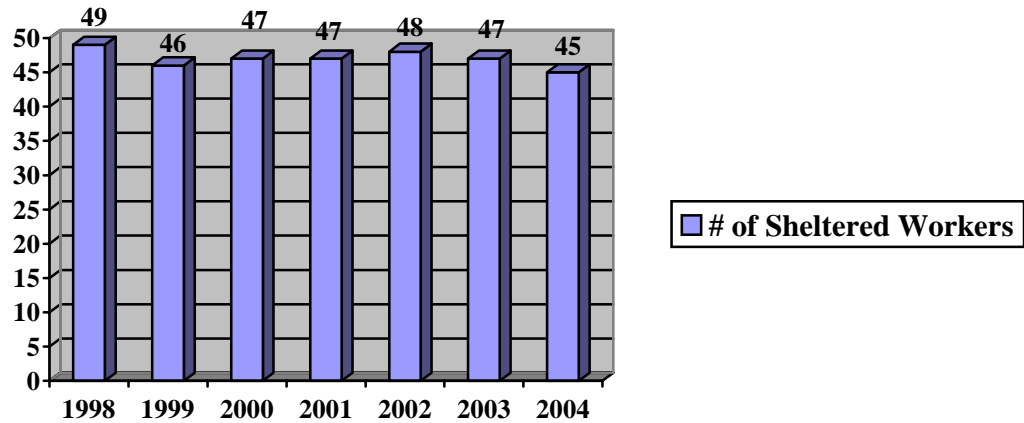
### CARE MANAGEMENT

A key component of every care plan is the professional management of services by one of the Long Term Support Care Managers. The Care Manager explains the programs and the community resources available, helps with eligibility determination and re-determination, works with the individual and his/her family to develop a plan of services that reflects the participant's needs and preferences, arranges for services with provider agencies, sees to it that the services are delivered as planned, coordinates with other services such as health care, provides client advocacy, etc. With the CMO, every person who enrolls has a care manager with a social work background and a care manager who is a Registered Nurse. The interdisciplinary team works together to identify the member's outcomes and facilitates the development of a member-centered plan to support the meeting of the member's priorities and goals.

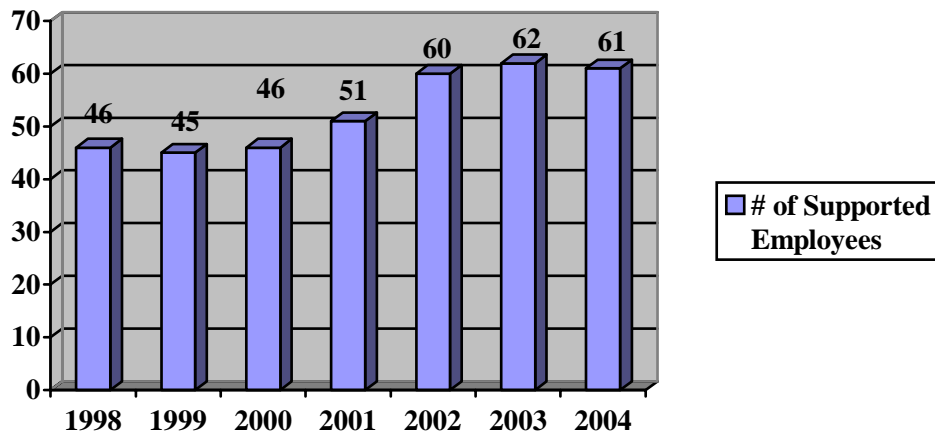
### EMPLOYMENT SERVICES

**Production Services:** Health and Human Services operates a sheltered work program, which includes pre-vocational skill training, work activities, and sheltered employment to individuals with developmental disabilities and mental illness. In 2004, we worked with nine companies including: Allen Bradley, California Amplifier, Chet's Feed and Seed, Indian Hollow Farms, Phillips Advance Transformer, Richland Center Foundry, Richland County Health and Human Services (shredding), Tannenbuam Unlimited, and Walsh's Ace Hardware.

Each employee received wages for work performed on a piece-rate basis usually at a sub-minimum wage. The work is obtained from the local industries listed above. Transportation is provided to and from the workshop from various pick up points throughout the County for people served in the program.



**Employment Services:** Health and Human Services provides the support necessary for people with disabilities to obtain and retain jobs in the community. Supported employment services are designed to meet the specific needs of each person, which include vocational assessment, job development, job placement, on the job training, supervision, and long-term support.



In mid-2004, the decision to solicit bids for an outside provider for vocational services was made by the Health and Human Services Board. A request for proposal was developed and VARC, Inc. from Viroqua, Wisconsin was awarded the bid. They will begin operating the vocational services for Richland County beginning January 1, 2005.



### 3. SUMMARY OF CARE MANAGEMENT ORGANIZATION ACTIVITIES

Revenue and Expense  
Enrollment Demographics  
CMO Advisory Committee  
Long Term Care Council  
Care Management and Care Planning  
Fiscal Management  
Network Development  
Quality Assurance & Quality Improvement

The Family Care Program is a Long Term Care re-design program in the State of Wisconsin. Family Care by design consists of the Resource Center, where people are explained their options that includes enrolling into the CMO, and the CMO, the entity that provides care management and arranges for services and supports to meet a person's outcomes. The Richland County Care Management Organization (CMO) began serving elders and adults with physical disabilities and developmental disabilities on January 1, 2001. The CMO provides funding for services that were paid for by the waivers and many services that traditionally had been paid for by Medicaid. For example, personal care, home health care, nursing home services and durable medical equipment, prior to Family Care, were paid for by Medicaid using the fee-for-service system and are now paid for by the CMO. Family Care has changed the way Wisconsin funds and delivers long term care services to elders and to adults with physical and developmental disabilities in five counties in the State.

At the beginning of the program in 2000, the State was required by the Federal Government to assure that a competitive procurement process would be developed for Care Management Organizations. In 2004, the State of Wisconsin developed a Request for Proposal for the provision of services in the existing Care Management Organization counties. Richland submitted a proposal in June to the State in June of 2004. The State required all interested entities to demonstrate knowledge and expertise in managed care principles: care management, business, and information and technology. Richland County Health and Human Services was the only entity to submit a proposal for Care Management Organization services in Richland County. The County was notified in late summer that they were selected to continue to provide services.

#### **REVENUE & EXPENSES**

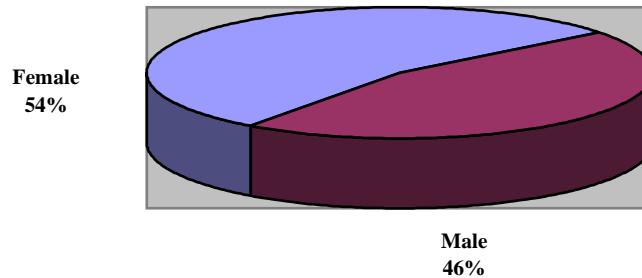
The CMO experienced a surplus in 2004 of \$162,846. In the previous years of 2001 and 2002, there was a combined surplus of approximately \$142,000. For 2003, the CMO experienced a loss of \$170,334.

Funding Source	# Served	Total Expense	Total Revenue	Net Income
2001 CMO Family Care	223	\$4,123,382	\$4,174,121	\$50,738
2002 CMO Family Care	316	\$6,219,914	\$6,311,122	\$91,208
2003 CMO Family Care	343	\$7,502,627	\$7,332,293	(\$170,334)
2004 CMO Family Care	359	\$7,380,258	\$7,543,104	\$162,846

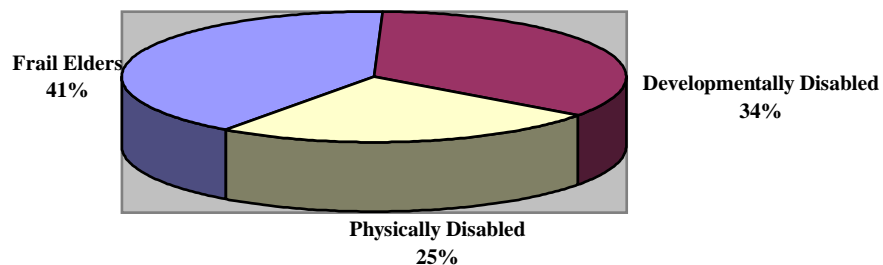
## ENROLLMENT & DEMOGRAPHICS

Calendar year 2004 began with 284 members enrolled in Richland County's Care Management Organization and ended with 304 members. As mentioned earlier in the report, 359 in total were served in the CMO. The CMO enrollment grew steadily by one to three net new members each month.

### COMPARISON OF GENDERS SERVED:



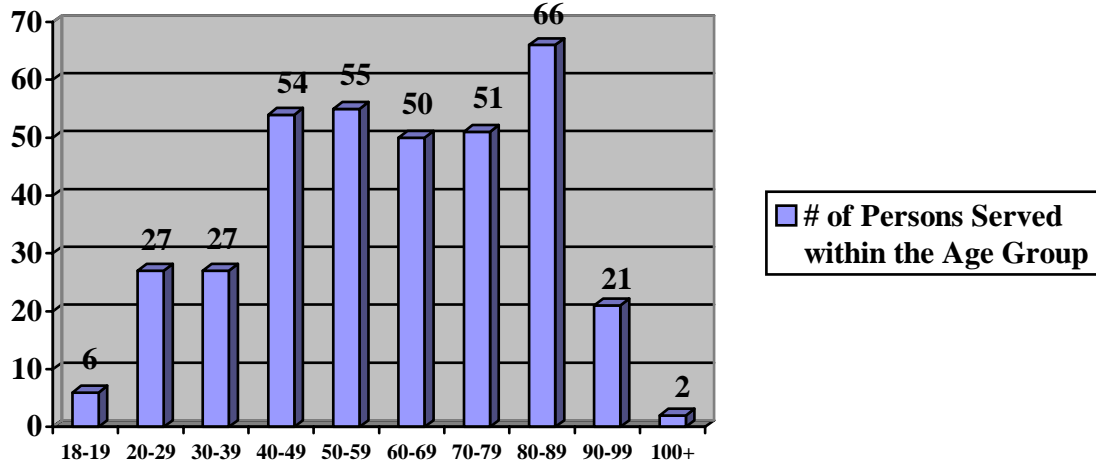
### COMPARISON OF TARGET GROUPS SERVED:



As the graph shows, the CMO three target groups: frail elders, people with developmental disabilities, and people with physical disabilities. The target group with the largest number of people served is frail elders. The State and Counties anticipated this as Family Care was implemented. It is interesting to note, however, that the largest growth in target populations served is people with physical disabilities. In 2001, only 12% of the people served were in the physical disabilities target group. In 2003, 22% of the total served are people with physical disabilities. In 2004, 25% of the total served

are people with physical disabilities. This is typical for the growth that the other CMO pilots have experienced.

**COMPARISON OF AGE GROUPS SERVED:**



The CMO serves adults with developmental disabilities and physical disabilities and elders over the age of 65. The largest number of people served is in the 80-89 year old age range. The data indicates that over 25% of the people served are over the age of 80, and two of the people served were over the age of 100!

<b>WHERE PEOPLE ARE SERVED</b>		
Richland Center	266	74%
Lone Rock	23	6%
Cazenovia	14	4%
Out of County	12	3%
Muscoda	11	3%
Blue River	11	3%
Viola	10	3%
Gotham	5	1%
Hillsboro	3	1%
Sextonville	3	1%
Yuba	1	1%
<b>TOTALS</b>	<b>359</b>	

We serve all eligible Richland County residents who chose to enroll. These numbers indicate people’s current mailing address locations. Seventy-four percent of people served have a Richland Center mailing address. Richland Center and the surrounding area has the most significant population density in Richland County. In addition, the CMO contracts with several providers of residential care who are located in the city of Richland Center or have a Richland Center mailing address. These numbers do indicate that the CMO serves people in the outlying areas as well.

## CMO ADVISORY COMMITTEE

The Advisory Committee for the Care Management Organization met monthly throughout 2004. Each month a specific topic was presented by staff to the committee members. In addition, the Advisory Committee receives regular reports on enrollment figures, grievance and appeals, and critical incidents involving members, as well as on the financial status of the Care Management Organization. The Advisory Committee has reviewed and approved policies and made recommendations to staff and to the Health and Human Services Board concerning the Care Management Organization.

## LONG TERM CARE COUNCIL

The local Long Term Care Council met quarterly in 2004 to consider a variety of issues, to make recommendations to the County Board of Supervisors on continued operation of the county's Family Care Program, to review and make recommendations concerning proposed changes to the Health and Human Services contract with the State, to review and make recommendations concerning the provider network, and to consider and make recommendations concerning the Family Care Program overall.

## NETWORK DEVELOPMENT

The CMO contracted with approximately 107 providers. A complete list of providers can be found in the Appendix section of this report.

## CARE PLANNING AND CARE MANAGEMENT

In a continuing effort to examine improved ways of serving the elderly and the physically and developmentally disabled population of Richland County, the care management staff continued its practice of meeting weekly as a group and in smaller sub-groups to share information, discuss issues, brainstorm problems, etc.

Care management staff also continued a practice of regular meetings with key area providers to discuss questions and issues of mutual interest and concern. Additionally, a number of policies and processes were implemented with an aim toward improved efficiencies and consistencies in care management practice.

## QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)

The Quality Assurance/Quality Improvement Program of the CMO is designed and organized to support its vision, values, and goals. The Continuous Quality Improvement process is utilized to identify areas of concern, develop plans to address those concerns, and monitor the results of any actions taken, particularly as the issues relate to member defined outcomes.

The Continuous Quality Improvement process that was adopted during 2003 by the Department of Health and Family Services for use by the CMOs is called Best Clinical Administrative Practices (BCAP). The CMO is required to have two BCAP projects at

all times. The two projects that Richland County worked on during 2004 were “Flu & Pneumonia Immunizations” and the “Power Attorney for Healthcare.”

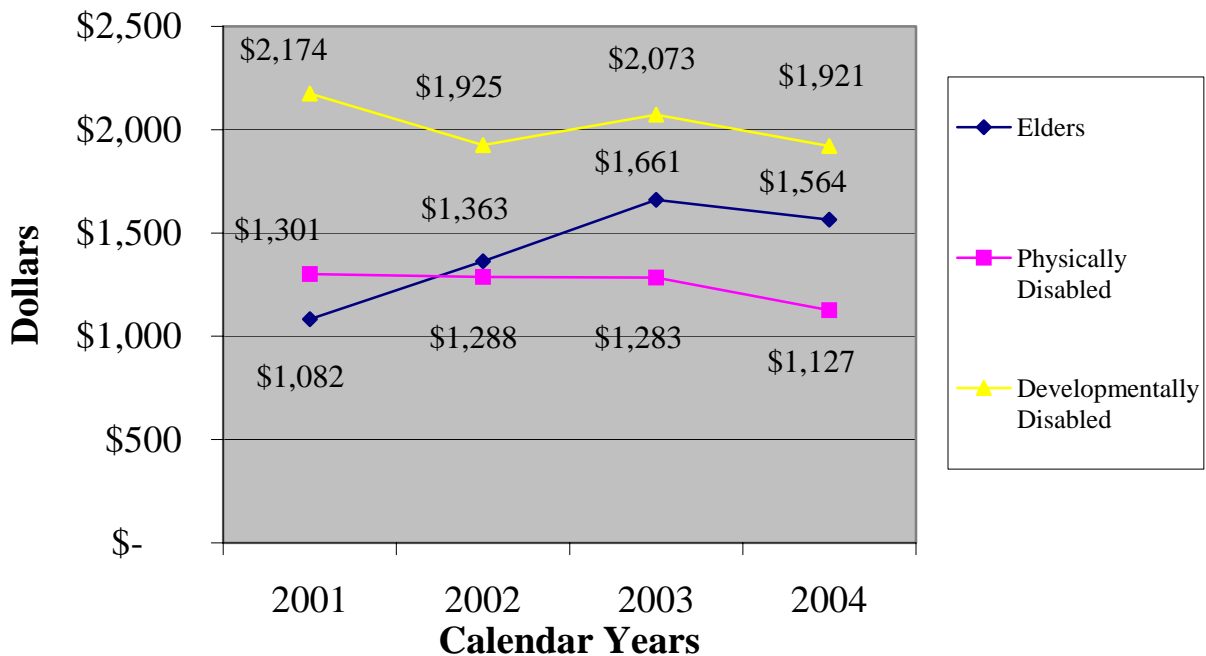
The aim of our “Power of Attorney” project is: *To produce a 50% increase in Power of Attorney for Healthcare for members without guardians by 12/15/05.* We will attain this goal by providing in-service training to care managers and area agency staff who would then be able to assist members in completing the Power of Attorney paperwork. In addition, we will create a Richland County Care Management Organization Power of Attorney packet for use with members. We also will implement a process to systematically ask members about their Power of Attorney documents.

The aim of our “Influenza Vaccination” project is: *To produce a 30% increase in the number of CMO members, identified as high risk and fitting the measurement time period criteria, who receive the influenza vaccination.* The purpose of this project is to put in place a way to consistently identify the number of members who are getting their influenza vaccinations every year. In addition, the plan is to implement a plan to consistently discuss with each member the importance of the flu shot.

### PER MEMBER PER MONTH COSTS

Per member per month is a calculation that takes the total amount of money spent on a target group such as frail elders divided by the total number of months of service for the same group. The resulting number is the average cost of for each member served in a target group in a given time frame. The graph below shows the average cost for each target group served in the CMO over the past four years.

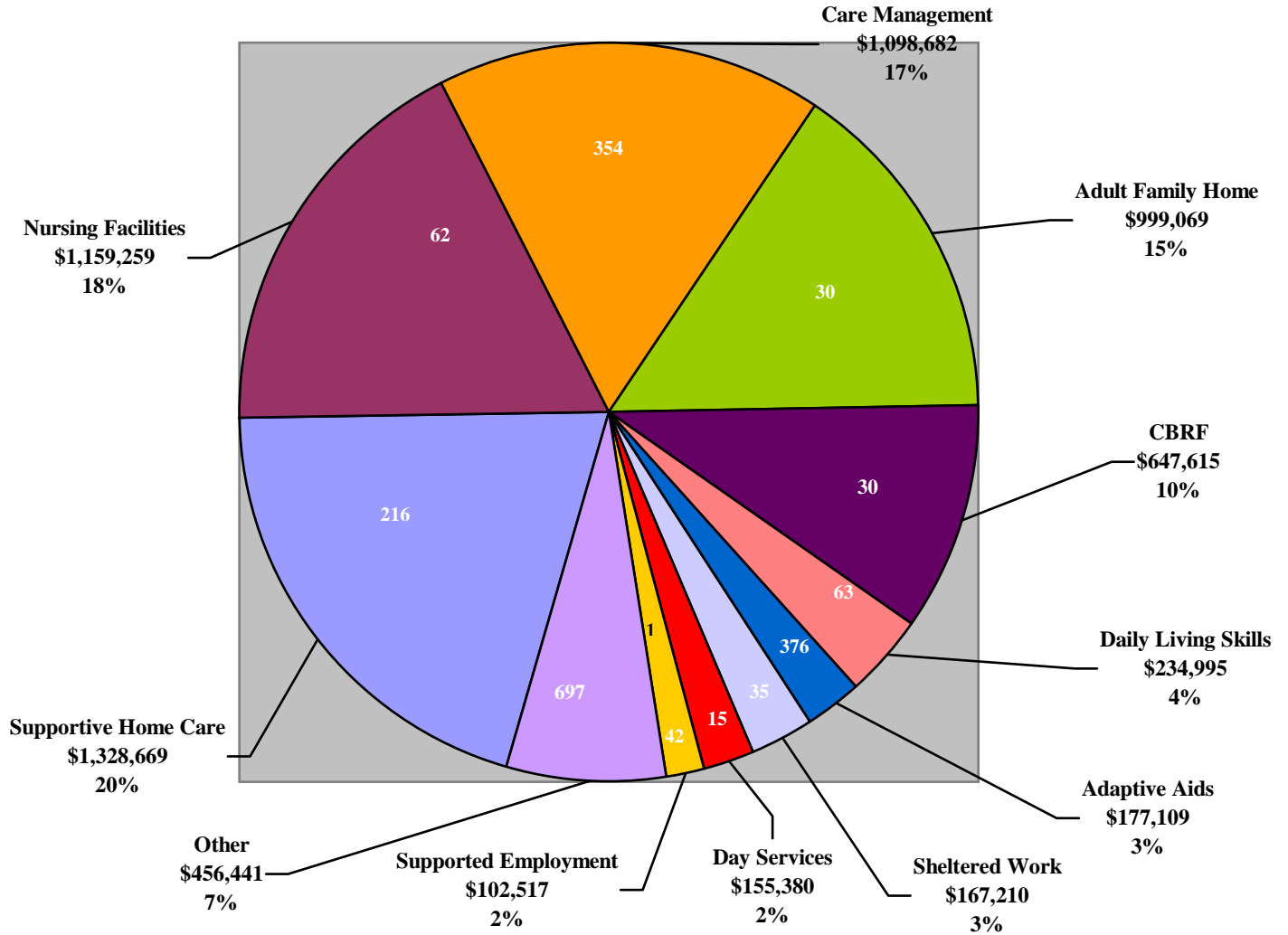
**AVERAGE COST PER MEMBER MONTH - COMPREHENSIVE**



## SERVICES PROVIDED

The CMO provides multiple services to members. The highest cost categories, are listed in the pie chart below.

### SERVICES COST ANALYSIS



The number placed on the pie slice denotes the number of clients who utilized the service.

<u>Other Services</u>	<u>Cost</u>	<u># of People Served</u>
Respite	\$ 82,483	25
Home Delivered Meals	\$ 72,379	86
Transportation	\$ 68,355	216
Home Health Care	\$ 52,266	80
Occupational, Physical & Speech Therapies	\$ 42,403	103
Mental Health	\$ 36,423	34
Sheltered Work	\$ 27,096	2
Counseling & Therapeutic – Other	\$ 25,364	24
Protective Payment/Guardianship	\$ 22,240	58
Skilled Nursing Services	\$ 16,139	33
All other services	\$ 11,293	36

# ADMINISTRATIVE SERVICES

## Mission Statement

The Administrative Unit of Richland County Health and Human Services continually strives to enhance the provision of accurate and considerate support in a confidential and timely manner to agency staff and clients.

Administrative Services supports all the units and staff within Health and Human Services. Some of the areas of responsibility are listed below:

Office management	Information technology (IT)
Human Services Reporting System (HSRS)	Day Care certification
Reception and information	Clerical services
Transcription	Database management
Claims processing	Client record keeping
Representative Payee services	Payroll
Accounts Payable	Accounts Receivable
Fiscal reporting	CMO business operations
HIPAA Compliance	

While maintaining the varied areas of responsibilities on a day-to-day basis, Administrative Services works to institute and/or develop changes that will improve efficiency and comply with state and federal mandates.

The 2004 Civil Rights Compliance was adopted by the county in March. To comply with the requirement for staff training, the agency conducted consecutive trainings to promote a better understanding of prejudice, as well as successful approaches to promoting tolerance. This was a mandatory training for all Health & Human Services staff.

To assist our users in getting the full potential from their computers, a series of trainings were held. The topics ranged from File Management, E-mail, Beginning and Advanced Word, Experienced and Advanced Excel, scanning, and using the digital camera. While teaching the employees how to make the best use of the tools at their disposal, it also assists the IT staff by making the user more independent.

In 2004, the IT Unit faced many challenging issues and as technology continues to evolve, there are more problems to be battled. Last year alone there were over 28,000 new viruses written, as well as countless spyware programs. The ability to keep the network protected against such threats and running smoothly, becomes increasingly demanding. With E-mail usage on the rise, it was vital to change to a new E-mail server that would help sort out spam and virus laden E-mail.

As the HIPAA Rule went into effect, the billing software that is used at the West Office had to be replaced and all billing to Medicaid and Medicare had to be done electronically. The software had to be set up and thoroughly tested. The new software is also more efficient, and will eliminate the need to double enter data.

Richland County was not alone in making advances in technology. The State of Wisconsin also upgraded from its old mainframe connection for Economic Support Programs to a web based system known as Host on Demand. This system eliminated the costly hardware necessary to connect to their system. Now the connection is made through the Internet with installed software.

The IT staff, along with management, continues to maintain a Health and Human Services web site on the Richland County web site. The web site can be found at: [www.co.richland.wi.us](http://www.co.richland.wi.us).

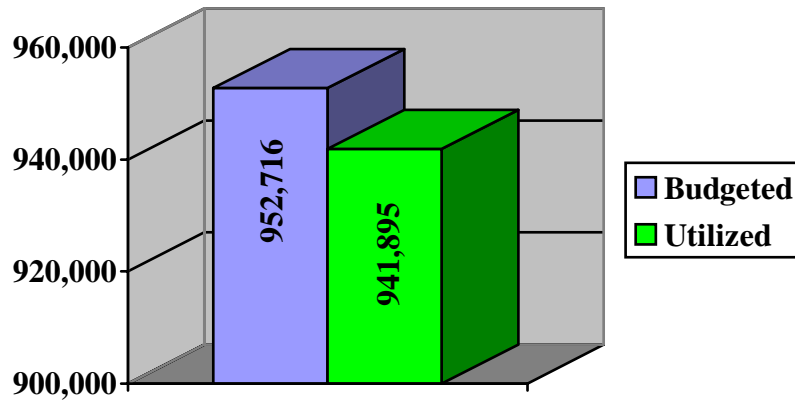
For a summary of Health and Human Services financial data for the year 2004, please refer to the following pages, which reflect the agency's audited financial information.



FISCAL

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

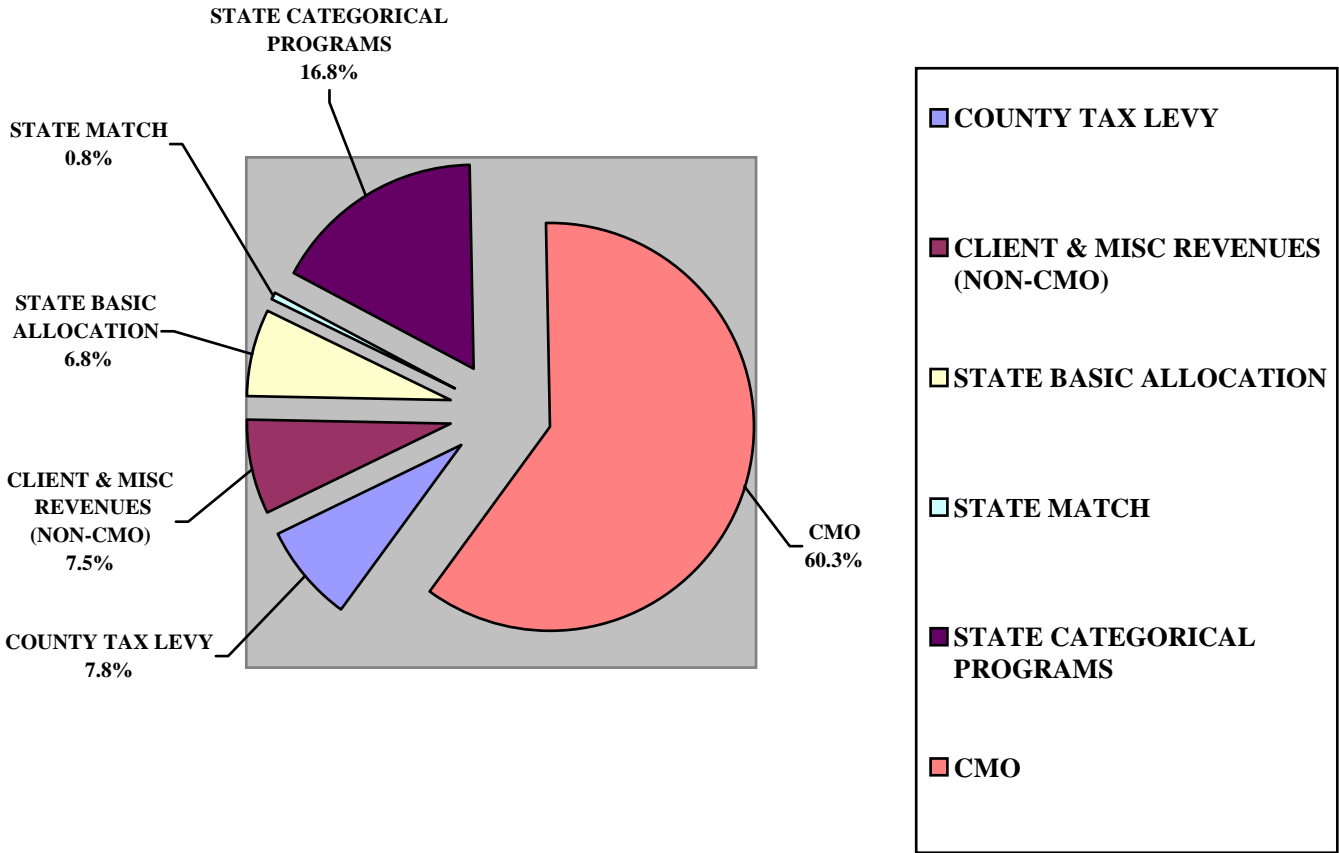
## COUNTY TAX LEVY BUDGETED VS. USED



BUDGETED	\$ 952,716
UTILIZED	\$ 941,895
VARIANCE [UNDER]	\$ 10,821
UNBUDGETED INSTITUTION COSTS	\$ 143,710
AMOUNT <u>UNDER</u> BUDGET WITHOUT INSTITUTION COSTS	\$ 154,531

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

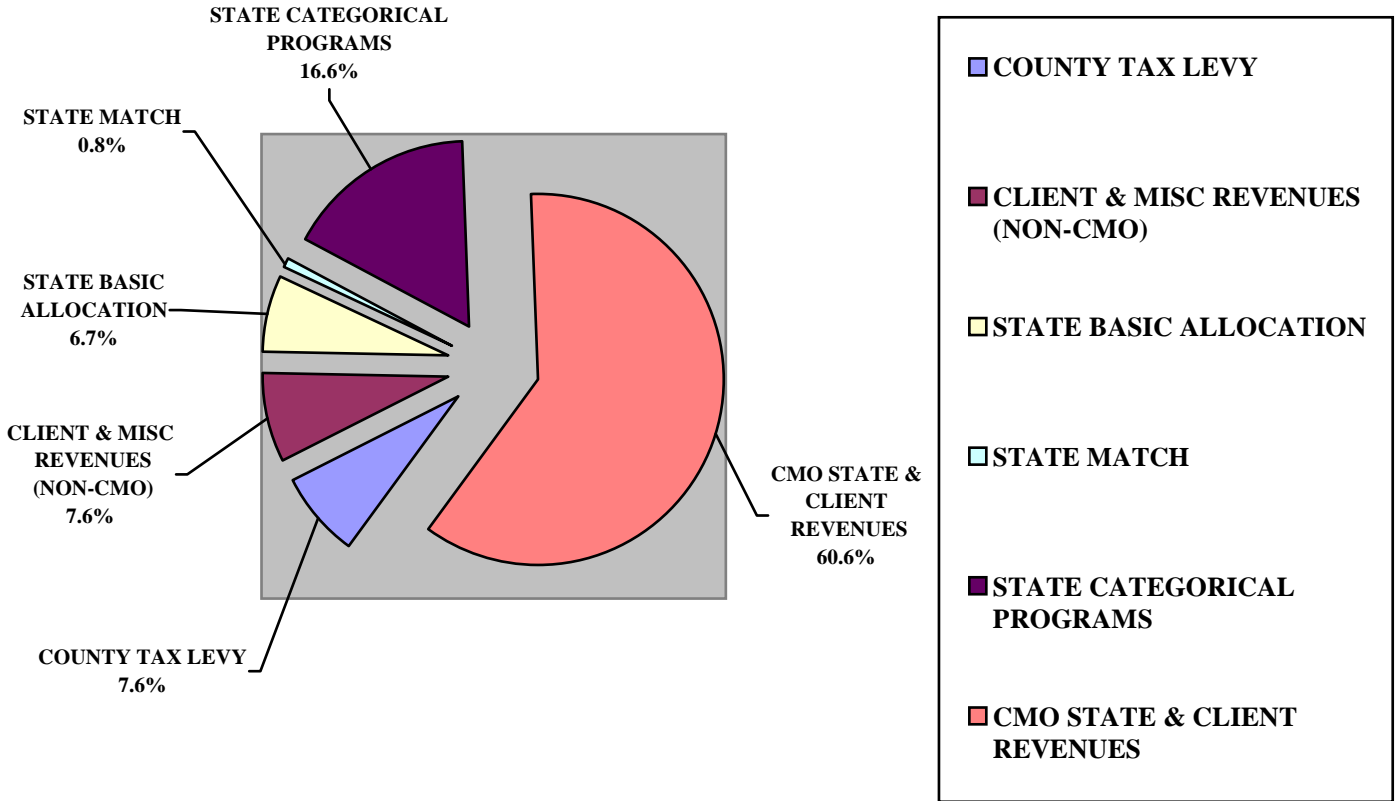
## BUDGETED REVENUE



COUNTY TAX LEVY	\$ 952,716
CLIENT & MISC REVENUES (NON-CMO)	\$ 922,757
STATE BASIC ALLOCATION	\$ 827,380
STATE MATCH	\$ 95,240
STATE CATEGORICAL PROGRAMS	\$ 2,054,929
CARE MANAGEMENT ORGANIZATION (CMO)	\$ 7,372,722
<b>TOTAL</b>	<b>\$ 12,225,744</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

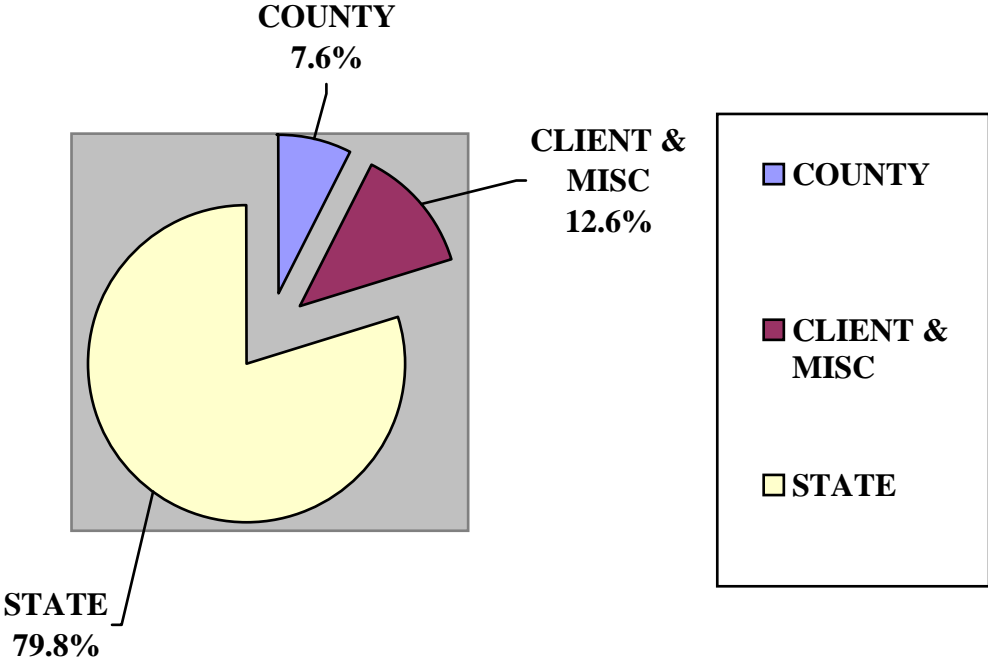
## ACTUAL REVENUE SOURCES



COUNTY TAX LEVY	\$ 941,895
CLIENT & MISC REVENUES (NON-CMO)	\$ 955,971
STATE BASIC ALLOCATION	\$ 827,380
STATE MATCH	\$ 95,240
STATE CATEGORICAL PROGRAMS	\$ 2,067,450
CARE MANAGEMENT ORGRANIZATION (CMO) STATE & CLIENT REVENUES	\$ 7,543,489
<b>TOTAL</b>	<b>\$ 12,431,425</b>

**RICHLAND COUNTY  
HEALTH AND HUMAN SERVICES**

**TOTAL ACTUAL REVENUES  
CLIENT/STATE/COUNTY**



COUNTY	\$ 941,895
CLIENT & MISC	\$ 1,571,197
STATE	\$ 9,918,333
<b>TOTAL</b>	<b>\$ 12,431,425</b>

# APPENDIX

# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## 2004 HEALTH & HUMAN SERVICES CONTRACTS (OVER \$10,000)\*

Aegis Corporation	\$29,379	Hoffman AFH	\$35,244
Attorney Henry Plum	\$43,474	Integrated Development Services	\$11,760
B-Care Corporation	\$51,974	Kaplan, Michael, M.D.	\$24,416
Balto, Irv	\$17,506	Koenecke, Fred M.D.	\$24,956
Boscobel Area Health Care	\$12,943	LaCrosse County Human Services	\$17,900
Burton House	\$11,775	Lori Knapp, Inc. - Richland	\$261,996
Community Care Resources	\$19,367	Matekel's Group Home	\$20,880
Cornerstone Foundation	\$42,685	Molstad, Mary	\$12,820
Family & Children's Center	\$10,261	Richland Hospital	\$76,100
Family Works	\$21,502	Schmidt, Clemens M.D.	\$59,400
Fillyaw AFH	\$28,187	SW WI Workforce Dev. Board, Inc.	\$468,705
Gander's Cleaning Service	\$38,096	St. Anthony's School	\$10,743
Gunderson Lutheran Medical Center	\$13,087	Trempealeau County Health Care	\$140,505
Harris AFH	\$12,636	Warrior, Jean Ph.D.	\$19,520

\* Listings do not include expenses paid to other Richland County Departments or State Institutions where contracts are not required.

## 2004 CMO PROVIDER NETWORK

Aljans	\$1,786.13	Community Home Medical	\$74,266.46
Allison Park Group Home	\$212,453.02	Cooke's Construction	\$300.00
American Home Patient	\$3,034.92	Creative Dimensions in Care	\$210,850.76
Ames, Ron	\$130.00	Crow Hill Builders	\$5,198.88
Anew Health Care Services	Under \$25,000	Custom Lawn Care	\$0.00
Arnsorfer, Ellen	\$1,945.00	Delanna House	\$0.00
Ash Creek Plumbing & Heating	\$8,084.15	Doerfer, Kathy	\$0.00
Assisted Care, Inc.	\$95,550.00	Downtown Corner, LLP	\$5,000.00
Associate Rollx Vans	\$120.00	Dreams Therapeutic Horse Riding	\$725.00
Barliani Adult Family Home	\$10,315.38	Drive Safe, Inc.	\$0.00
Berger Adult Family Home	\$8,158.76	Eagle Enterprises, Inc.	\$1,110.00
Bethel Home	\$522.46	Elderspan Management (Pine Villa)	\$0.00
Bethke Adult Family Home	\$43,920.00	Express Medical Supply	\$1,365.25
Burgette Adult Family Home	\$8,123.10	Family and Children's Center	\$11,957.03
Burghagen, Leo	\$225.00	Family Services	\$1,589.50
Burton House Adult Family Home	\$171,235.00	Foekler Country Home	\$62,646.48
C Meadows Furniture	\$599.00	Greenway Manor	\$43,078.81
Center Massage	\$2,472.50	Gunderson Lutheran Coulee Trails	\$11,647.29
CJ McClary & Company	\$0.00	Harlan's Furniture	\$304.00
Clements, Katherine	\$1,780.00	Harris Adult Family Home	\$8,895.94

Harvest Guest Home	\$109,272.86	Ramsden, Donna	\$905.00
Heidi, Carlette	\$390.00	Reedsburg Area Medical Center	\$833.75
Heritage Builders	\$1,785.00	Richland Electric Cooperative	\$23,497.80
Hoffman Adult Family Home	\$0.00	Richland Family Prescription	\$2,368.71
Home Delivered Incontinence Supply, Inc.	\$11,430.93	Richland Hospital, Inc.	\$53,490.88
Home Health United	\$2,513.16	Riverdale Healthcare & Rehabilitation Ctr	\$83,145.83
Homeward Bound Home Health	\$207,137.25	Schmitt Woodland Hills, Inc.	\$952,906.30
Huebner and Associates	\$5,300.00	Schneider Plumbing & Heating, Inc.	\$0.00
Hyland Adult Family Home	\$57,102.94	Sharp, Donna	\$1,115.00
Improved Living Services	\$191,549.34	Shepard, Jennifer	\$8,595.00
Kaleidoscope Therapies	\$64,630.00	Snyder's Drug Store	\$20,975.61
Kirchnoffer Adult Family Home	\$22,186.92	Southridge Medical Transport	\$261.24
Lampman Adult Family Home	\$2,750.00	Spilde Adult Family Home	\$7,293.90
Lebansky Adult Family Home	\$15,095.46	Spry, Mitchel Adult Family Home	\$3,920.00
Lord, Eric	\$0.00	Spry, Rick Adult Family Home	\$25,964.04
Lori Knapp-Richland, Inc.	\$835,115.45	Strang Heating & Electric	\$0.00
Lunenschloss-Hansen	\$995.00	Streu's Pharmacy, Inc.	\$0.00
Marshall Adult Family Home	\$0.00	Symons Recreational Center	\$3,470.00
McKenzie Carpentry	\$0.00	The Narrows	\$0.00
McKesson Medical Supply	\$467.08	Towne Taxi	\$18,489.50
Medical Arts Pharmacy	\$456.44	Tydrich, Lyle	\$0.00
Medicine Shoppe	\$1,117.68	United Building Centers	\$628.43
Meriter Home Health	\$1,391.75	Upland Hills Home Care	\$30,135.44
Mid-Am	\$40,720.00	UW Hospital & Clinics	\$1,130.97
Midwest Offroad Center	\$23,497.80	Vandenberg, Frank	\$395.00
Mike's Carpentry & Repair	\$0.00	Varc, Inc.	\$41,844.93
MJ Care, Inc.	\$10,778.46	Vernon Manor	\$78,874.51
Nesbit, Susan	\$2,215.00	Wal-Mart Community	\$1,423.29
Newman Adult Family Home	\$44.00	Walsh's Ace Hardware	\$517.10
Orr Adult Family Home	\$15,782.72	Wertz Plumbing & Heating	\$0.00
Our House, LLC	\$0.00	Whispering Pines Construction	\$6,470.00
Pavlak Adult Family Home	\$27,313.51	Wind Ridge Home	\$5,000.00
Pine Valley Healthcare & Rehabilitation Ctr	\$872,777.38	Wood Adult Family Home	\$4,670.00
Private Care Home Health, LLC	\$4,995.00		



**RICHLAND COUNTY  
HEALTH AND HUMAN SERVICES  
OFFICE LOCATIONS**

<p><b>COMMUNITY SERVICES BUILDING</b> 221 West Seminary Street Richland Center, WI 53581</p> <p><i>Children and Families Unit Economic Support Unit Long Term Support Unit Developmental Disabilities Care Management Organization (CMO) Public Health Unit</i></p> <p>(608) 647-8821 Fax: (608) 647-6611 Email: <a href="mailto:rchhs@co.richland.wi.us">rchhs@co.richland.wi.us</a></p>	<p><b>1<sup>ST</sup> FLOOR COURTHOUSE</b> 181 West Seminary Street Richland Center, WI 53581</p> <p><i>Elderly Services Unit</i></p> <p>(608) 647-6226 Fax: (608) 647-8962 Email: <a href="mailto:aging@co.richland.wi.us">aging@co.richland.wi.us</a></p> <p><i>Aging and Disability Resource Center</i></p> <p>(608) 647-4616 Fax: (608) 647-8962 Email: <a href="mailto:resctr@co.richland.wi.us">resctr@co.richland.wi.us</a></p>
<p><b>WEST OFFICE</b> 1000 Highway 14 West Richland Center, WI 53581</p> <p><i>Clinical Services Unit Community Support Program Fiscal Services</i></p> <p>(608) 647-6384 Fax: (608) 647-8867 Email: <a href="mailto:thorsent@co.richland.wi.us">thorsent@co.richland.wi.us</a></p>	<p><b>PRODUCTION SERVICES*</b> 301 Industrial Drive Richland Center, WI 53581</p> <p><i>Employment Services Sheltered Workshop</i></p> <p>(608) 647-6384 Fax: (608) 647-8947</p> <p>* Note: 2004 marked the final year of Health &amp; Human Services operation of Production Services.</p>

PLEASE VISIT OUR WEB SITE AT [WWW.CO.RICHLAND.WI.US](http://WWW.CO.RICHLAND.WI.US)