

Richland County  
Health & Human Services

2009

# ANNUAL REPORT

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

On behalf of Richland County Health and Human Services Board and staff, I am proud to present our 2009 Annual Report. This past year marked our ninth full year since the creation of the Health and Human Services Agency in August of 2000. Several highlights of 2009 include:

- **The Expansion of the Community Services Building.** The highlight of 2009 was the expansion and remodeling of the Community Services Building. This project began in April 2009 with the razing of the adjacent building known as Arnie's Shoe Shop. By September 2009, this 8,704 square foot \$1.5 million addition was complete and allowed for the consolidation of all three Health and Human Services office locations into one combined building offering more efficient and cost effective operations. In addition, the former West Building of Health and Human Services has now been leased to the University of Wisconsin – Richland for a much needed addition to their campus (now referred to as the East Hall). Our vacating of the offices located in the lower level of the Richland County Courthouse has also resulted in much needed space for Emergency Management and the Sheriff's Department.
- **Health and Human Services Funding.** 2009 was a very challenging year for Health and Human Services programs both here and across the State. Over the last several years State and Federal funds, which supported Human Service Programs in the past, have significantly diminished resulting in difficult decisions needing to be made in terms of programs and staffing. Richland County Health and Human Services like many others had to make reductions in various aspects of our services - we have chosen not to refill some positions and have laid off others. We tried to make those decisions so that the impact to the general public would be as minimal as possible; however, despite those efforts some services can no longer be offered and some services have longer wait times to access workers.

Due to the general economy and the State finances, lack of funding will be a challenge that Human Service Programs will continue to have over the next couple of years. As a result of these challenges, more and more efforts are being made to work cooperatively with other counties as evident by the Southwest Family Care Alliance, the Aging & Disability Resource Center of Southwest Wisconsin, the Mississippi Valley Health Services Commission, and other efforts in the areas of Mental Health, Public Health, Economic Support and Children & Families.

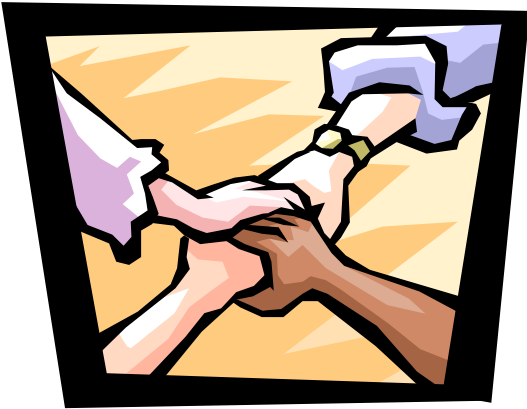
As you look through this report, feel free to contact me with any questions. This annual report, along with Health and Human Services Board minutes, contact information, and program information can be viewed on-line on the Health and Human Services webpage located at [www.co.richland.wi.us](http://www.co.richland.wi.us).

Sincerely,

Randy Jacquet, LCSW  
Director

# Richland County Health & Human Services

## 2009 Annual Report



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# Richland County Health and Human Services

## MISSION STATEMENT

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### **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

Jeanetta Kirkpatrick, Chairman

Betty Havlik

Dr. Jenny Myskowski

Fred Clary (as of May 2009)

Marilyn Rinehart

Paul Kinney

Ray Schmitz

Robert Holets

Walter Gust

Daniel Carroll (until April 2009)

## **Aging & Disability Resource Center Advisory Committee \***

### Committee Members

Bonnie Richardson, Chairman

Asenath LaRue

Laura Poindexter

Paul Kinney

Twyla Kepler

\* Merged into the Commission on Aging & Disability as of May 2009.

## **Commission on Aging \***

### Commission Members

John Allen Halink, Chairman

Bette Cook

Lawrence Sowle

Leonard Gobin

Pat Marshall

Paul Kinney

Robert Smith

Ron Curtis

\* Merged into the Commission on Aging & Disability as of May 2009.

## **Commission on Aging & Disability \***

### Commission Members

Bette Cook, Chairman

Bonnie Richardson

Carol Clausius

Gary Peters

James Cox

John Allen Halink

Laura Poindexter

Lawrence Sowle

Paul Kinney

Ron Curtis

\* Commission began in May of 2009.

**Comprehensive Community Services (CCS)  
Coordination Committee**

Committee Members

Martha White, Chairman

Bonnie Rosas

Lisa Willis

Mary Jane Honer

Ricki Bishop

Tracy Thorsen

Faye Burghagen

Mary Chris Walling

Paul Kinney

Lori Thuli

**Coordinated Services Team (CST)  
Coordination Committee**

Committee Members

Will Buros, Chairman

Darrell Berglin

Heather Fitzloff

Leslie Lewison

Pam Schieldt

Ricki Bishop

Karee Gander (non-voting)

Tracy Thorsen (non-voting)

Faye Burghagen

John Annear

Martha White

Paul Kinney

Randy Jacquet

Lori Thuli (non-voting)

**Nutrition Advisory Council**

Committee Members

Marlene Curtis, Chairman

Harriett Hendricks

Scott Banker

Janine Parduhn

Shannon Trebus

Mike Shields

**Regional Aging and Disability Resource Center of Southwest  
Wisconsin – North Board**

Board Members

Walter Gust, Chairman

Jackie Maier

Janice Clevon

Lane Poulin

Mary Anderson

Sandra Roemer – Rutter

Tom Brounacker

Janet Pearson

June Leirno

Marjory Sheckler

Robert Neal Smith

Steven Bach

## **Richland County KIDS Council**

### Council Members

Connie Vlasak, Chairman

Amanda Miller  
Kay Cunningham  
Laurie Schuman  
Marilyn Rinehart  
Rachel McGlynn

Jeff Bethke  
LaVonne Bekkum  
Linda Peterson  
Lori Thuli  
Michelle Parr

## **Transportation Coordinating Committee**

### Committee Members

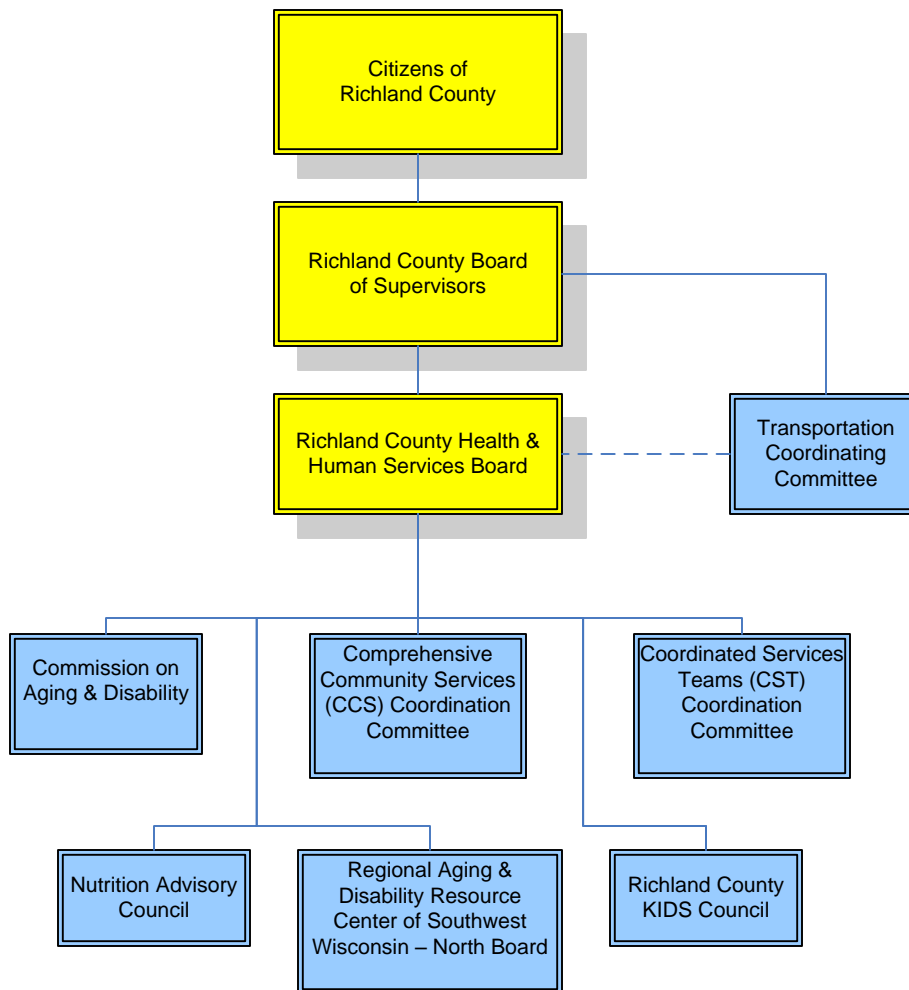
Fred Clary, Chairman

Bette Cooke  
Dick Lee  
Kathleen Cianci  
Marie Rakow  
Robert Smith

Betty Havlik  
Dick Pavlak  
Linda Symons  
Paul Kinney  
Tracy Hanson

# RICHLAND COUNTY HEALTH & HUMAN SERVICES

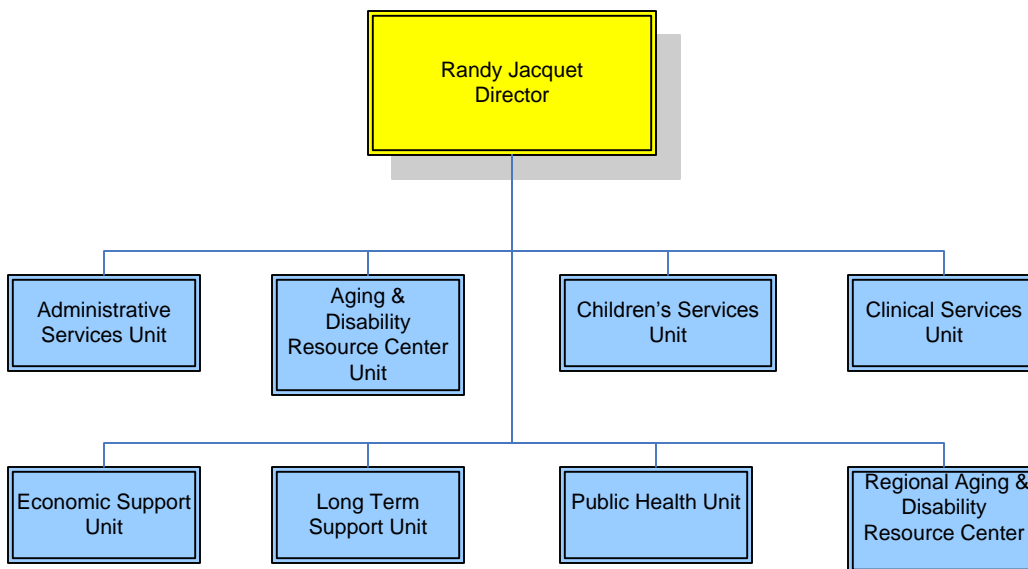
BOARD ORGANIZATIONAL STRUCTURE (MAY-DECEMBER 2009)





# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## UNIT ORGANIZATIONAL STRUCTURE



# ADMINISTRATIVE SERVICES UNIT

## 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.

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

Accounts Payable	HIPAA Compliance
Accounts Receivable	Human Services Reporting System (HSRS)
Civil Rights	Information technology (IT)
Claims processing	Office management
Clerical services	Payroll
Client record keeping	Reception and Information
Clients Rights	Representative Payee Services
Community Aids Reporting System (CARS)	SAMS Databases
Database management	Transcription
Fiscal reporting	WiSACWIS Database

While maintaining these varied areas of responsibilities on a day-to-day basis, the Administrative Services Unit works to institute and/or develop changes that will improve efficiency and comply with all local, State, and Federal mandates.

The Administrative Services Unit underwent significant changes in 2009. Due to budget cuts, the Administrative Services Unit lost four (4) full-time support staff positions. The work performed by these four full-time staff transitioned onto the remaining support staff and forced a reorganization of the Administrative Services Unit, as well as a reprioritization of staff duties and responsibilities.

In the fall of 2009, Health and Human Services remodeled and expanded its Community Services Building and merged all three office locations into one location. The Administrative Services Unit played an instrumental role in the expansion and merger of these offices. The merging of office locations has dramatically improved communication and client services, as well as realized efficiencies by eliminating duplicative costs to the agency.



### **Expanded Community Services Building**

**Previous Square Footage:** 17,680

**Additional Square Footage:** 8,704

**Total Square Footage:** 26,384

**Estimated Project Cost Prior to Bids:** \$1,813,592

**Approved Cost After Bids:** \$1,530,953.00

**Funding Source:** Richland County Borrowed Money Fund

**Engineer & Project Coordinator:** Larry Fowler, Woodland Consultants

**General Contractor:** Ideal Builders, Inc.

**Local Vendors:** Bailey's Paint & Decorating, Fastenal, Hiltbrand's Floor Coverings, Jim Greeley Signs, Pro-Build, Sears, Strang's Telecom, Walsh's Ace Hardware, Wanless Excavating, and Woodland Consultants

#### **Highlights of the Addition:**

- Improved accessibility for the public
- Centralized facility
- Additional meeting rooms
- Expanded waiting areas
- Additional Loan Closet space
- Wireless Internet throughout the facility

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For a summary of Health and Human Services financial data for the year 2009, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

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).

# AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN – RICHLAND CENTER

## Mission Statements

In the Aging and Disability Resource Center 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.

We also uphold the provisions under the Older Americans Act of 1965 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.

## OVERVIEW

The Aging and Disability Resource Center (ADRC) is a satellite of the ADRC of Southwest Wisconsin – North who provides information and assistance service designed to inform and connect county residents to programming, services and public benefits. We serve adults who are elderly (60 years and older), physically disabled, developmentally disabled, disabled due to substance abuse or mental health, or disabled youth who are transitioning from children services into adult services.

Staff at the ADRC 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 the elderly, as well as disabled adults between the ages of 18 and 59 years through two benefit specialists; an elderly benefit specialist and a disability benefit specialist.

Through the ADRC one can also access health-related information and services that focus on early intervention/prevention. We also provide intake and eligibility determination for the Family Care Program, and a second publicly-funded long-term care program called IRIS (Include, Respect, I Self-Direct). The ADRC also provides low vision support services, transportation assistance services, and adult protective services.

# 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.

In 2009, the Information and Assistance staff (I&A) had 1,987 new contacts from consumers. New contacts are defined as first-time consumers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

### **2009 Information & Assistance Consumers**

44% were 60 years and older;  
21% were consumers with physical disabilities;  
7% were consumers with developmental disabilities;  
14% were consumers with mental health or substance use disorders; and  
14% were unknown.

*Consumers are not required to provide identifying information unless it is necessary.  
Remaining anonymous is respected.*

Those contacting the ADRC in 2009 had over 3,000 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 previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance and support; health/medical care; home health/home supportive care; and housing/residential needs. While many consumers simply need information, others need various kinds of assistance getting connected to programs or services. The Information and Assistance staff provide a wide range of assistance, from contacting a service provider on the consumer's behalf; to helping the consumer complete an application; to advocating on behalf of a consumer to help solve a problem related to accessing a program or service; to providing in-depth counseling about long-term care options; to providing short-term case management to assist a consumer with multiple or complex needs.

## **PUBLICLY FUNDED LONG-TERM CARE PROGRAMS**

Since 2001, the ADRC has been the intake point for the Family Care benefit. In 2008, a new public program called IRIS was developed to provide consumers with an additional choice for publicly-funded long term care programs and services. IRIS is an acronym that stands for Include, Respect, I Self-Direct.

Eligibility determination and enrollment into both Family Care and IRIS is a complex process that actually occurs through the coordinated efforts of Economic Support; the Family Care/Care Management Organization or IRIS Independent Consultant Agency; and the Aging and Disability Resource Center. It is the Information and Assistance staff who shepherd consumers through the eligibility determination and enrollment process, including:

- conducting the Long-Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;
- providing enrollment counseling and answering questions about Family Care and IRIS, including comparing and contrasting the two programs in relation to eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, etc.;
- completing Family Care enrollments or making referrals to the Independent Consultant Agency;
- helping to transition consumers into Family Care or IRIS;
- after enrollment, providing advocacy for consumers who are having issues or concerns with their chosen long-term care program; and
- for IRIS participants conducting a new Functional Screen as part of the annual recertification process, or at any time an IRIS participant has a significant change in condition.

As indicated above, the ADRC's role in eligibility determination includes administration of the Long-Term Care Functional Screen. During 2009, our Information and Assistance staff completed 129 Functional Screens. This compares to 75 Functional Screens completed in 2008, 85 completed in 2007, 99 completed in 2006, 84 completed in 2005, 93 completed in 2004, and 88 completed in 2003.

In 2009, our Information and Assistance staff assisted a total of 73 consumers to enroll in the Family Care/Care Management Organization. This compares to 59 consumers in 2008, 80 consumers in 2007, 77 consumers in 2006, 65 consumers in 2005, 68 consumers in 2004, and 67 consumers in 2003. Four consumers enrolled in IRIS in 2009.

## **DISABILITY BENEFIT SPECIALIST**

Disability Benefit Specialist services are available to Richland County residents ages 18 through 59 years with physical disabilities, developmental disabilities, mental illness and/or substance abuse disorders. The Disability Benefit Specialist provides information on public and private benefits and assists with applications, appeals, and advocacy. Typical areas of assistance include programs, such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other ADRC staff to provide referrals for community resources and services, Options Counseling, and information and assistance related to the Family Care benefit. The Disability Benefit Specialist position is co-supervised by the Aging and Disability Resource Center Supervisor and a Staff Attorney located at Disability Rights Wisconsin in Madison. Office hours are Mondays-Thursdays between the hours of 8:30am and 4:30pm and Friday between the hours of 8:30am and 11:30am.

In just its 7th year of operation, the Disability Benefit Specialist program assisted 140 Richland County residents in receiving over \$1,399,197.00 in Federal, State or private benefits for which they qualified.

The program also assisted another 50 county residents in providing general information about benefits and programs for which they might be entitled. Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$5,099,197. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

The Disability Benefit Specialist Program now provides services for Wisconsin residents who use sign language as their primary means of communication. The Deaf Disability Benefit Specialist can be reached at (866) 796-9725 TTY, (800) 947-6644 TTY Relay, (608) 266-1000 video phone, or (866) 327-8877 video phone Relay.

## **EARLY INTERVENTION/PREVENTION SERVICES**

During 2009, the ADRC provided the second year of the Falls Prevention Program, Stepping On. The evidence-based program consisted of two seven-week Stepping On workshops which offered information on specific fall risk factors and encouraged the participants to apply practical safety measures that

would, in turn, reduce their risk of falling. Fourteen participants successfully completed the sessions.

The ADRC RN saw 380 clients for blood pressure checks in 2009. The RN visited the Richland Center, Rockbridge, and Viola meal sites. The service included taking and evaluating blood pressures, helping consumers understand what the reading means and how it relates to the results of their previous screens, and how antihypertensive medications may be affecting their blood pressures. Informational brochures and fact sheets on high blood pressure are placed out for consumers to read or take home with them at every blood pressure clinic. In addition, the nurse spends time with each person to discuss what is going on in his/her life in order to identify other health or personal concerns, and offer information, referral and assistance.

The ADRC sponsored its fifth annual health fair for residents of Richland Center in 2009. Twenty people had their blood pressure and blood glucose levels checked. Information was also available on several health-related issues for consumers to review and take home.



## **TRANSITION SERVICES FOR YOUTH**

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to help young adults who are physically or developmentally disabled, or who have mental health or substance abuse disorders and are in need of long-term care to successfully transition from school to the adult service system. Transition services help students and their families to receive information, Options Counseling, and connections to needed services.

An Information and Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2008-2009 school year included:

- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
- Provision of specialized options counseling to youth and their families when transitioning from children's disability services to disability services and benefits in adulthood.



- Monthly participation at Transition Advisory Council meetings. The Council members 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 and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.
- Joint planning and participation in a "Mentoring Day" where high school students with disabilities visited various job sites to job shadow and learn about different careers.
- Participation and leadership in CESA #3 coordinated meetings.
- Participation in the 'Get Real Fair' at the UW-Richland Campus to help educate and support students understanding of life problem solving and proactive planning.

Activities, such as those described above, help to educate schools about the role of the ADRC, continue to develop important relationships with key school personnel, and reach students and their families in need of transition services. The strong school relationship continues to ensure that students with disabilities who are turning 18 years old have the information and connections to begin a quality adult life.

## **ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)**

The Alzheimer's Family Caregiver Support Program was established by Legislature in 1985 under Wisconsin Statutes and is implemented in accordance with administrative rule HFS 68. The program funding supports the entire family of a person with irreversible dementia so that caregivers can continue to provide home and community-based care. There is required financial eligibility determination and a maximum household ability to pay determination.

In 2009, Richland County Health and Human Services received \$3,565. The funding was used to provide information and assistance and supportive services to Richland County families and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's Association Southwest Wisconsin Richland County contributed to the further development of a local Dementia Network and participated in the 2009 Memory Walk.



## ELDERLY BENEFIT SPECIALIST PROGRAM

The Elderly Benefit Specialist Program is a free service for residents 60 and over provided through State, Federal, and County funding but is also made possible through donations from the consumers the program assists. In 2009, the Benefit Specialist Program continued as a reliable and trusted source of information for the residents of Richland County.

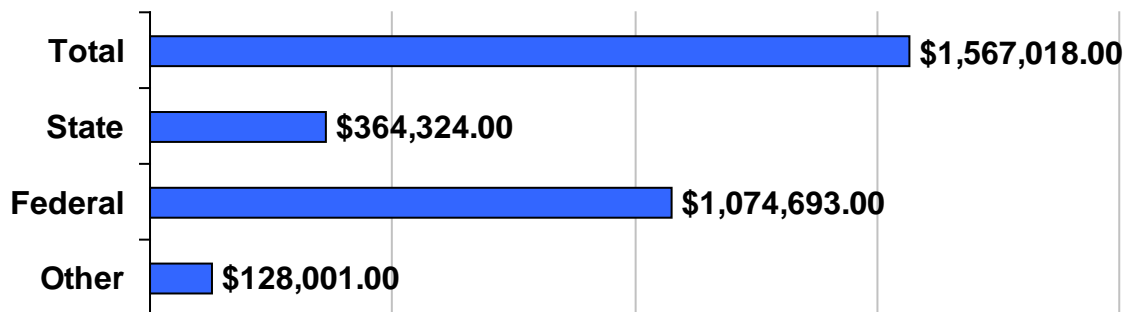
The Elderly Benefit Specialist provided **1,523 hours** of direct casework and assistance. This assistance benefited **324 residents** of Richland County.

In 2009, the Elderly Benefit Specialist provided assistance with **561 Information and Assistance contacts**. Information and assistance is calculated as brief contact with consumers where a formal case is not opened and provides quick answers to questions over the telephone.

The Elderly Benefit Specialist Program continued outreach campaigns through appearances on cable TV, radio, newspaper, and presentations throughout the county.

The Elderly Benefit Specialist Program provided a **savings of \$1,567,018** to Richland County residents. This monetary impact is broken down into State, Federal, and other funding based on the type of program the savings originate from. An example is SeniorCare; it has monetary impacts in all three categories while Medicare programs have only Federal savings.

Amount of money the Elderly Benefit Specialist program saved the residents of Richland County in 2009



## THE DRIVER ESCORT PROGRAM



The Driver Escort Program provides door-to-door service to the elderly (60 years and older) and disabled residents of Richland County to medical appointments within an 85 mile radius of Richland Center.

In 2009, the Driver Escort Program had 21 volunteer drivers and 2 temporary casual county drivers providing a total of **1,389 trips** for **1,711 passengers** traveling **153,841 miles**. The volunteer drivers donated **6,455 hours** of their time and the temporary casual Drivers drove for **1,907 county van 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, Veterans Affairs, and co-pays collected from passengers. In an effort to keep the cost of our trips down, we place multiple passengers in a vehicle when possible.

## NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2009 totaled \$10,703 to provide five basic components under the program:

- Information to caregivers about available services
- Assistance in gaining access to support services
- Individual counseling, advice on organization of support groups, and caregiver training
- Respite care
- Supplemental services to complement the care provided by caregivers

Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2009, the funds supported 5 families, provided funded support for information and assistance through the ADRC, and subsidized some transportation needs for caretaking families.

## **LOW VISION SUPPORT PROGRAM**

The Low Vision Support Program is funded through the Older Americans Act prevention funding to provide ongoing support and transition group for adults who are visually impaired. On a monthly basis 18 – 20 people gather to learn about services and resources that help them to remain active and independent citizens. The group supports anyone with a visual challenge and assures that they are not alone. This is a well-known and long-term group that continues to gain in popularity, especially for people who experience new vision loss. Transportation is provided for this group.

## **ADULT PROTECTIVE SERVICES ACTIVITIES**

The Adult Protective Service (APS) system is designed to protect Richland County vulnerable adults (18 years of age and over) from treatment or circumstances defined as abuse, neglect or financial exploitation. The 2008 integration of the program into the Aging and Disability Resource Center continues to show a very real benefit for adults at-risk and their guardians, as additional services and assistance are provided to support the adult at-risk.

Through the Wisconsin Incident Tracking System (WITS), a web-based reporting tool, the table below reflects the numbers for all vulnerable adults over 18 years old.

### **Adult-At-Risk/Elder Abuse and Neglect Reporting**

Total number of reports:	100
Self Neglect	59
Neglect by Other (s)	15
Financial Exploitation	10
Emotional Abuse	6
Physical Abuse	4
Sexual Abuse	2
Other	4

### **Elder Abuse and Neglect Funds**

Richland County receives a limited amount of State funding to provide specific services and assistance to person aged 60 and over who meet abuse and neglect criteria outlined by the State. In 2009, the State allocation of \$10,661 served 19 county residents.

## **Adult Protective Services Court Action**

The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2009, 95 court actions were completed for 45 people. Court action can include creating guardianship of estate and person, protectively placing an individual, creating successor guardianships, terminating guardians of estate, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews.

## **ADVISORY COMMITTEE**

In 2009, the two advisory committees, the Commission on Aging and the Aging and Disability Resource Center Advisory Committee, combined their missions and responsibilities to form a new commission called the Commission on Aging and Disability. The newly formed eleven member board includes County Board Supervisors and consumer representatives who advise on program operations, budget, and plans. More importantly this group serves as an advocate voice for Aging and Disability Resource Center consumers.

# AGING & DISABILITY RESOURCE CENTER OF SOUTHWEST WI – NORTH

## Mission Statement

To support adults and their families by providing useful information to promote independence and to enhance their quality of life.

## HISTORY

The Aging and Disability Resource Center (ADRC) of Southwest Wisconsin is one of a new generation of regional ADRCs established in Wisconsin. The organization includes eight counties: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk. These eight counties in southwestern Wisconsin have been divided into two regional ADRC offices. The Regional ADRC - South includes Iowa, Grant, Green, and Lafayette Counties and their management office is housed at Green County Human Services. The Regional ADRC - North includes Crawford, Juneau, Richland, and Sauk Counties and is housed at Richland County Health and Human Services.



The county governments of these eight counties have joined with the State of Wisconsin Department of Health Services to establish a network of ADRC satellite locations around the region to provide information, advocacy counseling and support for individuals in the community regarding access to publicly funded long-term care options, Medicaid, Family Care, Medicare, SSI, nutrition programs, transportation, housing, health care services available and much more. ADRC services are provided at no charge and are informational only—no clinical services are delivered at ADRC locations.

# PROGRESS REPORT



*ADRC staff celebrates the Grand Opening of the satellite office in Prairie du Chien.*

The year began with the region reaching full strength as the fourth of its four local offices opened in Prairie du Chien in January. With that important milestone, the North region had operational satellite offices in Crawford, Juneau, Richland, and Sauk counties.

A number of key operational milestones were reached during the year:

***Resource Database:*** Deployment of the regional resource database system called Beacon IR began in January. There have been a number of technical operating system problems with this program, including loss of connectivity, poor operating speed and instances of data loss. The region continues to work with Harmony®, the system's manufacturer and the Wisconsin Office of Resource Center Development to resolve those issues.

***Toll-free phone number:*** Deployment of a regional, toll-free number—877-794-2372 or 877-SWI-ADRC—with advanced prefix call routing began in February. The system, which is available through a state-wide contract the Wisconsin Department of Health Services has with AT&T, detects the telephone number prefix code for the area the call is originating from and automatically routes the call to the nearest local ADRC office.

In all, 1,019 calls have been directed to the various local offices using the toll-free number between March and October.

***Teams:*** Leadership and roles of regional function teams continued to develop in 2009. Each function team includes representation from eight counties. The function teams include:

- Database and IT System
- Disability Benefit Specialist
- Information and Assistance
- Long-term Care Functional Screen Quality and Eligibility
- Staff Development

Function teams have proven to be very helpful in providing technical support, assisting with policy development and helping to identify training needs.

Local office managers/directors comprise the North Regional Management Team and the Joint Regional Management Team, which includes all eight county office managers. The management teams provide a collaborative venue for problem-solving, policy and procedure development, strategic planning and a range of other functions.

***Operating agreements:*** Contract and memoranda of understanding (MOU) drafting and management was carried out through the regional office, including:

- Grant agreements with each local office
- The regional Grant Agreement with the Wisconsin DHS
- Inter-regional Shared Services Agreement (with the South Region)
- Marketing consulting services Agreement.

***Marketing:*** In April, both regional governing boards endorsed issuing a joint request for proposals (RFP) for marketing consultant services. Development of the RFP was coordinated in the north regional office, as was evaluation of the responses, in collaboration with the south region.

In June, the boards approved Krasnowski Strategic Communications as the contractor for development of a comprehensive marketing strategy, budget and materials. Finished products included designs for brochures, brochure inserts, posters, comment cards, book marks, outreach post cards, print media advertisement layouts, and radio advertisement scripts. A coordinated advertising campaign for early 2010 was also included and is underway.

The work began in July and through the summer and autumn, development and approval of the work products continued. The work has been completed and marketing materials have been ordered, advertisements have been placed and the region is positioned to assume full implementation of the marketing plan in 2010.

***Looking ahead:*** The region faces significant challenges in 2010; perhaps most important of which is sustaining core ADRC functions and staffing in the face of financial constraints. Careful planning, continued training and close management of 100 percent time reporting, increased use of shared services and group purchasing, and reduction or elimination of non-core service related expenditures are possible strategic responses. Leadership and advocacy by the governing board has been important to the region's success and will be critical in the coming years, as has been the skill and collaborative spirit of the local office managers/directors and regional management teams.



# CHILDREN'S SERVICES UNIT

There are seven programs in the Children's Services Unit. They are:

- Birth to Three
- Child Protective Services
- Independent Living
- Children with Disabilities
- Comprehensive Community Services for Children
- Juvenile Justice Services and
- Foster Care/Kinship Care

In addition to the seven programs, the Children's Services Unit collaborates with other agency units and outside organizations to provide short-term assistance to homeless families.

## KEY PROGRAM CHANGES

Like many community agencies, there was less money available in 2009 to fund the Children's Services Unit. As part of budget reductions, we laid off a full-time staff person in Child Protective Services and the Foster Care/Kinship Coordinator. These job duties were absorbed by the remaining Child Protective Services staff.

## BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program (BTT) is a State-mandated program for eligible children ages 0 – 3 years. It is open to all Richland County residents and is free to many families. Some families may have a cost share, depending on their income. There is a no-wait policy, which means that all eligible children will be served regardless of the number of children already being served in the program. The main criterion for eligibility is that a child must show a 25% delay in one or more areas of development in either social-emotional, physical, cognitive, adaptive and/or communication areas, or have a diagnosed condition which is likely to result in a developmental delay or have atypical development.

### Services Provided

- Therapies: occupational, physical, speech
- Developmental evaluations
- Referral services
- Case management
- Education

### Funding Sources

- State Basic County Allocation (BCA)
- Private Pay (third party insurance)
- Medical Assistance
- Grants (e.g., United Givers)
- Parental Cost Share

Each BTT Team is a combination (depending on child's needs) of:

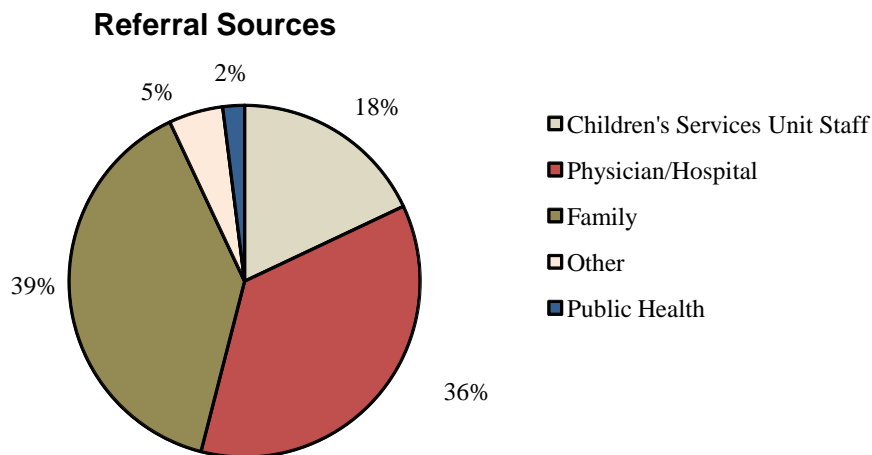
- Parents
- Speech Therapist
- Physical Therapist
- Other services, including medical providers (e.g., visual or hearing specialists, family counseling)
- Early Intervention Specialist
- Occupational Therapist

## Outreach Efforts

In 2009, the Richland County Birth to Three Program served 35 children in 31 families. Fifteen of these children became enrolled in the program in 2009. In addition, the program processed 62 referrals. In 2009, 19 children disenrolled from the program. Disenrollment reasons varied; two common reasons are: the child turning three, and levels of delays changing.

## Birth to Three Referrals for 2009

Of the 39 referrals, 15 came directly from parents, 14 from physicians and/or hospitals, 7 from Children's Services Unit Staff, 1 from Public Health, and 2 from other referral sources (not school districts). Referral sources were as follows:



Of the 35 children who received services, the following services were utilized in any combination:

- Occupational therapy: 22 children
- Physical therapy: 1 child
- Speech therapy: 23 children
- Case management: 35 children

## CHILD PROTECTIVE SERVICES



Child Protective Services (CPS) is a State-mandated program within Children's Services that has very specific laws and regulations governing the program. This program is structured to:

- Protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect;
- Assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm;
- Provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect; and
- Promote the well being of the child in his or her home setting, whenever possible, or in another safe and stable placement.

### **WISCONSIN LAW DEFINES ABUSE AND NEGLECT AS:**

**Physical Abuse:** Physical injury inflicted on a child by other than accidental means. Physical injury includes, but is not limited to: lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm.

**Sexual Abuse:** Sexual intercourse or sexual touching of a child, sexual exploitation, forced viewing of sexual activity, or permitting, allowing or encouraging a child to engage in prostitution.

**Emotional Damage:** Harm to a child's psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal or aggression.

Emotional damage may be demonstrated by observable changes in behavior, emotional response or learning which are incompatible with the child's age or stage of development.

**Neglect:** When a parent...or caretaker...fails, refuses or is unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical or dental care so as to seriously endanger the physical health of the child.

*Wisconsin law has clear definitions of abuse or neglect and conditions that they permit CPS to become involved in a family. CPS gets many calls each year requesting intervention that CPS knows to be outside our legal authority to act. In those situations, CPS provides information to the caller about the state laws.*

## Safety for Children

Child Protective Services (CPS) Staff:

- Investigates allegations of child abuse or neglect;
- Responds to emergency child abuse or neglect calls 24 hour/day, 365 days/year;
- Places children in foster care homes or residential homes if the family circumstances deem it necessary, monitors the placement, and reunifies when appropriate;
- Provides ongoing case management services which include: monitoring court orders, conducting surprise visits to families preparing for child reunification, supervising parent/child visits, arranging or providing transportation, monitoring court-ordered counseling, and monitoring other court-ordered services; and
- Conducts some drug testing and breathalyzer services for parents and/or youth who are court-ordered.

*CPS strives to keep children in their homes whenever possible, and works to provide services to support children's safety in home. On the occasion that for safety purposes the child must be removed from home, CPS works with the family to return the child home as quickly as possible. However, there are some situations where that cannot occur. In those situations, CPS works with the family and the court to find a permanent home for the child. Sometimes that results in arranging a legal guardian for the child. In rare situations, it results in a parent's rights being legally terminated.*

CHILDREN'S SERVICES STATISTICS					
	2005	2006	2007	2008	2009
Intake/Pager Responses	376	328	395	384*	254
Child Abuse/Neglect Investigations	144	111	80	78	60

*\*Number does not include all pager calls.*

## **INDEPENDENT LIVING**

This program, or service, is available for youths who at one time or another were in out of home placements, and are currently between the ages of 15 – 21. Through our Independent Living Coordinator, we provide independent living skills for youths who have been placed out of the home for at least six months and have reached the age of 15 years, to enhance their transition to living independently as young adults. We also help connect youths to post-secondary education and training.

## **CHILDREN WITH DISABILITIES PROGRAM**

The Children with Disabilities Program is a State-mandated program designed to support the needs of families that have a child with developmental disabilities, physical disabilities, severe emotional disabilities, and/or autism. The purpose of the program is to provide services to the families so they can meet their child's needs in their home.

The County has one full-time staff person, a "case manager" who works with families and the State to determine a child's eligibility, and who coordinates services or supports to help the child. Unfortunately, there are more children eligible for services than the County and/or State could provide services to, so those eligible children are placed on a wait list. In 2009, the program served 31 children and 16 children were on the wait list.

### **Services and Products Provided**

Some of the work the case manager does is:

- Coordinate in-home autism therapy;
- Coordinate daily living skills training;
- Arrange respite;
- Purchase adoptive aids;
- Coordinate home modifications;
- Conduct case management; and
- Provide information and assistance in finding services for families and maximizing community resources.

Funding Sources

- Federal governments (e.g., Medicaid);
- State government (e.g., "Family Support Program");
- Local government (e.g., taxes); and
- Parental cost shares.

## **COMPREHENSIVE COMMUNITY SERVICES** **FOR CHILDREN**

Comprehensive Community Services (CCS) is a State certified Medicaid mental health and substance abuse program that serves adults and children. Eligible children up to age 18 in BadgerCare+ (not including BadgerCare+ Benchmark) are served through the Children's Services Unit, and adults are served through the Clinical Services Unit. A primary goal of CCS is to provide services through a single coordinated system of care and support the youths to participate as equal partners.

The CCS Program uses a team approach to assist youth in his or her goals ("service plan") for independent functioning, stability, and independence. This plan is based on an individualized assessment of the youth. With a team identified by the youth and his or her parents, the youth develops goals for him or herself, and all team members (including the parents) play an active role in supporting the youth's progress towards his or her goals.

The intent of the CCS services and supports is to:

- Provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders;
- Restore consumers to the best possible level of functioning; and
- Facilitate their recovery.

### **Services Offered**

Although a small program, we strive to make a big impact. In 2009, we served 23 children, including 10 who disenrolled.

The program offers services that have research-based evidence showing that those services make a positive impact in improving the outcomes of a specific mental illness or substance abuse problem. These services may include, but aren't limited to:

- Service planning;
- Service facilitation;
- Community skills development
- Interpersonal skills training;
- Employment related skills training;
- Pre-vocational skills training;
- Psychoeducation;
- Rehabilitative support, recovery education, and illness management; and
- Respite.



## JUVENILE JUSTICE SERVICES

The Juvenile Justice Program is a State-mandated county service. State laws (Ch. 938) govern the enforcement of Wisconsin juveniles. Juveniles served by this program are under the age of 17 who have allegedly violated a State or Federal law. They are also children under 18 who are habitually truant from school as defined by Wisconsin law (Ch. 118.16).

The primary services provided in this program are:

- Receive and process juvenile referrals from law enforcement agencies for criminal acts and from schools for habitual truancy referrals;
- Prepare legal documents, make recommendations to the court, and represent the County for matters relating to juveniles, including: initial appearances, status hearings, plea hearings, dispositional hearings, fact-finding hearings, extension hearings, and waiver hearings; and
- Case manage juveniles with open court cases, including coordinate services necessary for youth to complete court orders, collect restitution payments, provide electronic monitoring ("bracelet"), collect urine samples for drug testing, and implement plans for juveniles who are out of home but planning to reunify.

<b>JUVENILE COURT INTAKE STATISTICS</b>					
Referrals by Type and Number	2005	2006	2007	2008	2009
Battery/Assault	3	9	6	12	14
Disorderly Conduct	9	12	8	12	12
Habitual Truancy	8	4	3	1	9
Theft/Burglary	10	9	15	5	7
Possession THC/Drug Paraphernalia	2	2	6	5	3
Criminal Damage to Property	21	5	5	9	2
Criminal Trespass	0	0	0	1	2
Operating Motor Vehicle Without Consent	3	5	2	0	2
Shoplifting	0	3	0	2	2
Breaking and Entering	n/a	2	4	0	0
Sexual Assault	5	1	2	2	0
Others	11	15	9	9	3
<b>TOTALS</b>	<b>72</b>	<b>67</b>	<b>60</b>	<b>58</b>	<b>56</b>

Services utilized in juvenile justice cases are typically counseling; e.g., anger management counseling, alcohol and other drug counseling (AODA), or sex offender counseling. Other services include: random urine screens (which can be interpreted on-site or can be sent into the laboratory for more specific

readings), electronic monitoring, foster care, non-secure/secure detention, or juvenile corrections.

<b>DISPOSITION OF REFERRALS</b>					
	2005	2006	2007	2008	2009
Court Action	25 (10 repeat offenders)	48 (22 repeat offenders)	38 (17 repeat offenders)	35 (11 repeat offenders)	33 (14 repeat offenders)
Deferred Prosecution Agreement	21	12	14	14	10
Dismissed/Lack of Jurisdiction	8	2	4	0	7
Referrals to Other Counties	10	2	1	4	3
Ordinance Violations	5	0	0	2	2
Waived to Adult Court	3	1	1	1	0
Closed and Counseled	0	0	0	0	0
Closed/Other	0	2	2	2	1
<b>TOTALS</b>	<b>72</b>	<b>67</b>	<b>60</b>	<b>58</b>	<b>56</b>

We had 33 juvenile offenders in 2009; 14 of which were repeat offenders.

### **FOSTER CARE/KINSHIP CARE IN RICHLAND COUNTY**

The Children's Services Unit administers the Foster Care and Kinship Care Programs for Richland County. The coordinator works closely with the Child Protective Services Program on placing children with foster parents or treatment foster parents. Foster parents receive payment towards the direct costs of caring for the children, according to State established rates. Funding is provided partially from the State, and partially from local taxes.

Foster/Kinship Coordinator responsibilities include:

- Recruit new foster parents;
- Train new and current foster parents according to applicable Federal, State, and local laws and regulations;
- License foster and treatment foster homes; and
- Promote collaboration between foster and biological parents.



When children are placed in foster care, the primary goal is reunification with their biological family. However, there are situations where a child cannot safely return home, so social workers work closely with the Foster/Kinship Care Coordinator to achieve a permanent alternative home for the child.

Through this program, children are placed in a County licensed foster home, or in a County licensed treatment foster home. Potential reasons for placing a child in a treatment foster home include: the child has a diagnosed mental health issue, a developmental disability, there is a child protection and/or juvenile justice issue, or a physical disability that cannot be maintained in a regular foster home setting. Children are also sometimes placed in State-licensed homes as well. At various points in time in 2009, 13 children were placed in foster homes, 2 children were placed in treatment foster homes, 2 children were placed in group homes, 1 child was placed in a residential setting, and 1 child was in a correctional facility.



**Kinship Care** is an alternative placement option for children that need to be placed out of home. This program, like foster care, is also mandated by the State to be offered by counties. Through kinship, children who are removed from home are legally placed with a relative. The Foster/Kinship Care Coordinator administers this program and ensures that the relatives meet the State criteria. The Foster/Kinship Care Coordinator makes the arrangements for kinship providers to receive monthly State-funded support funds for the child. In 2009, 20 children were in kinship care.

# CLINICAL SERVICES UNIT

## Mission Statement

*To individuals and families...*

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

*To the community...*

Clinical Services endeavors to serve as a resource to the community on mental health and addiction in the areas of education, intervention, and treatment in order to promote an environment that is supportive to individuals seeking and obtaining assistance.

## SERVICES

Clinical Services provides a continuum of behavioral health services to Richland County residents that range from brief crisis intervention to intensive long-term treatment services. Clinical Services helps individuals and families who are experiencing acute emotional crises, addiction, short-term mental health issues, or persistent mental illnesses and substance use disorders.

## RECOVERY

*Recovery is a complex and multidimensional concept. It is a process and a journey, never static, always in flux. It is highly individual, unique, and resistant to any attempt at standardization. It is something that emerges from within, not something that can be imposed from outside. It takes place over time—a lifetime, perhaps. It is absolutely practical, but also somewhat mysterious. (Recovery Wisconsin, Inc.)*

All programs in Clinical Services strive to promote a recovery philosophy so that individuals and families can pursue their hopes and dreams and minimize the impact of mental illness, addiction and trauma on their lives.

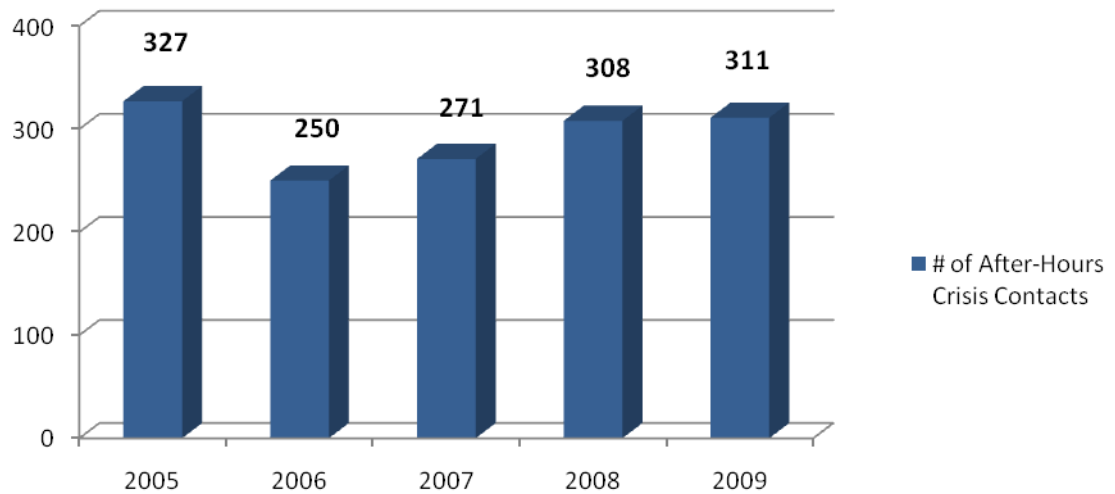
## **CRISIS INTERVENTION SERVICES**

Crisis Intervention Services provides an emergency telephone service and on-site crisis intervention during and after office hours in order to:

- Provide immediate evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Deal with all outpatient emergencies related to substance abuse including the provision for examination of a person's need for detox.
- Make arrangements for emergency hospitalization and detox when appropriate.



Professional staff from three program areas of Health and Human Services (Clinical Services, Long-Term Support, and Aging & Disability Resource Center) who are trained in crisis intervention and suicide assessment provided the after-hours service on a rotating schedule.

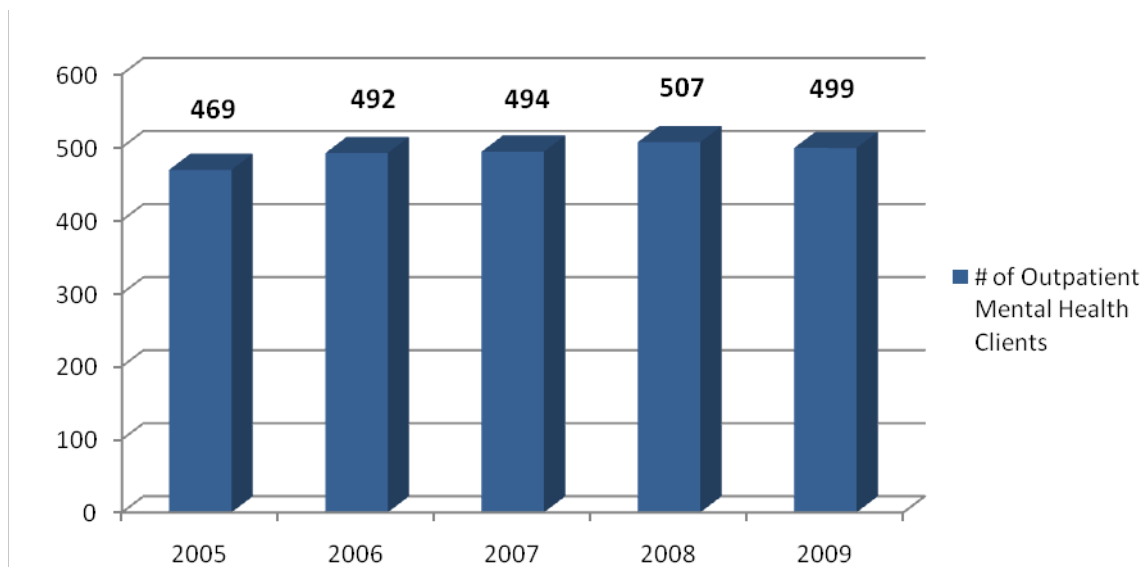


## OUTPATIENT CLINIC

The Outpatient Clinic provides mental health and substance abuse treatment services for people who encounter mental health problems, stressful life situations, or addiction that cause emotional distress or difficulty coping. The clinic is certified by the Wisconsin Department of Health Services.

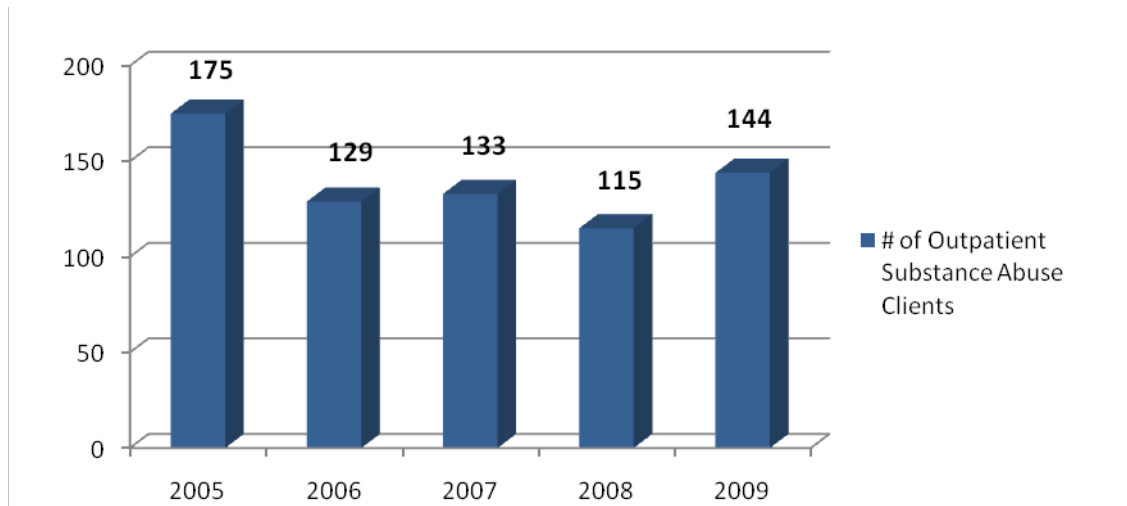
**Mental Health Services:** Licensed professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life situations, or coping with mental illness.

In 2009, Clinical Services provided psychotherapy to 314 individuals, psychiatric care/medication management to 263 people and conducted 36 psychological evaluations. Many people received more than one of these services. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health services each year.



**Addiction Services:** Addiction counseling is a very specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2009, certified substance abuse counselors provided assessment, referral, and treatment to 144 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group and dual diagnosis group was offered on an ongoing basis throughout the year.

The chart below shows the number of individuals who received assessment and treatment services each year.



## **COMMUNITY TREATMENT PROGRAMS**

Clinical Services provides treatment in the community to people with mental illness and/or substance abuse which impacts their ability to function. Two Medicaid programs, Comprehensive Community Services (CCS) and the Community Support Program (CSP) provide psychosocial rehabilitation in the community to assist individuals in reducing the effects of mental or substance use disorders and return to their best possible level of functioning. Consumers must qualify for Medicaid and meet eligibility for services based upon the State approved functional screen for mental health and substance abuse in order to receive these services.

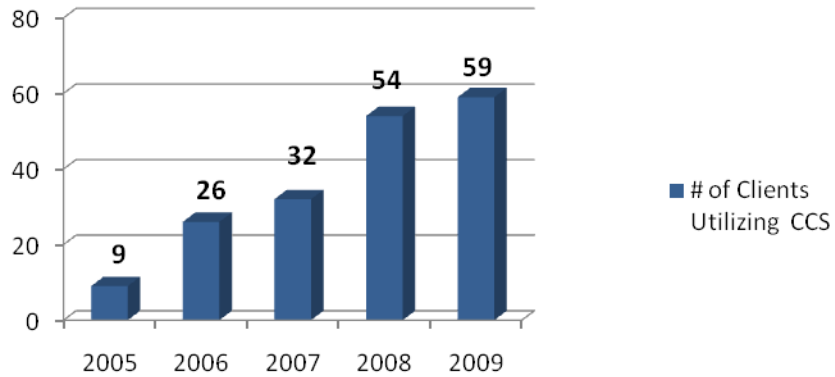
Both programs are certified by the Wisconsin Department of Health Services and focus on recovery and supporting individuals to overcome barriers caused by mental health symptoms so they can improve functioning and live their lives.

In 2008, a program decision was made that Richland County Health and Human Services would serve consumers needing community mental health treatment through one primary program. Comprehensive Community Services was identified as the primary service because of being available to a broader population and having greater flexibility for consumers. As a result, individuals with community treatment needs are predominately served in CCS.

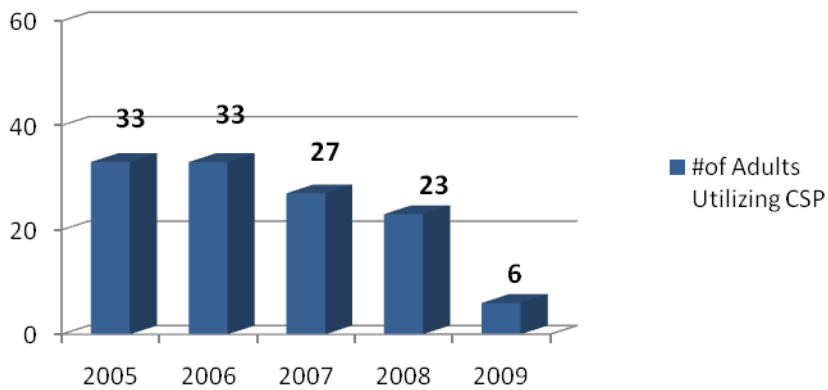
**Comprehensive Community Services:** CCS began in Richland County in 2005. The program provides psychosocial rehabilitation services to children and adults (including older adults) with mental health or substance use disorders.

CCS uses a team model that is flexible, consumer directed, recovery oriented, strength and outcome based.

CCS services for children are provided in the Children's Services Unit while services to adults are provided in Clinical Services. The chart below shows the number of adult CCS consumers served each year since Richland County started this program.



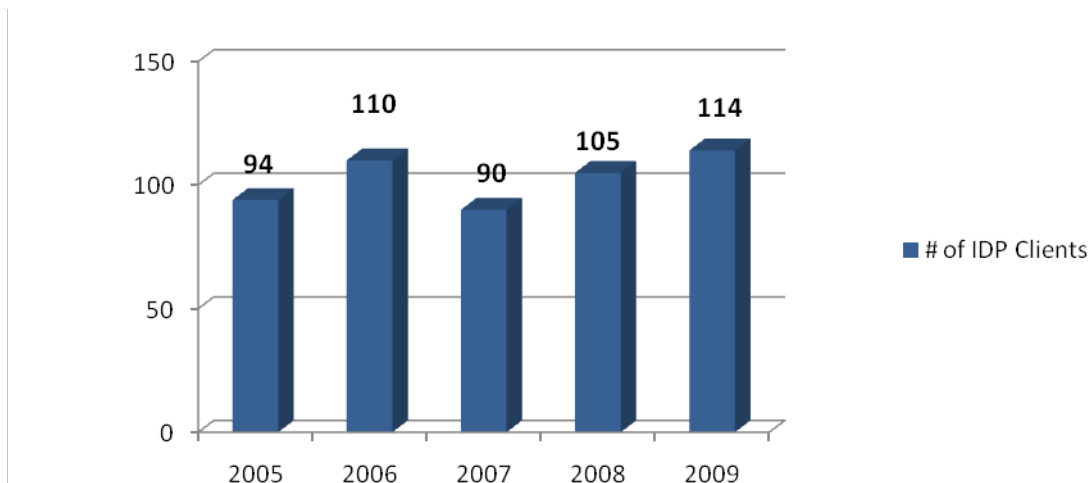
**Community Support Program:** CSP is a long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. CSP uses an assertive treatment model which includes supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation. CSP, like CCS is also strength-based and recovery focused. The chart below shows the number of consumers who have been served in CSP each year. The number of consumers served in CSP has substantially decreased over the years because many individuals were transferred to CCS and are getting their service needs by that program.



## **INTOXICATED DRIVERS PROGRAM**

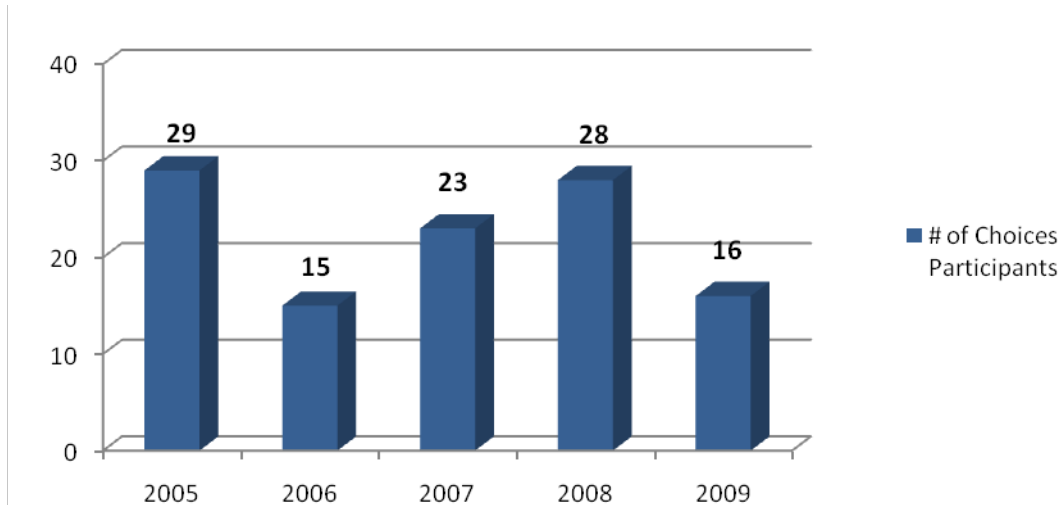
Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves 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.



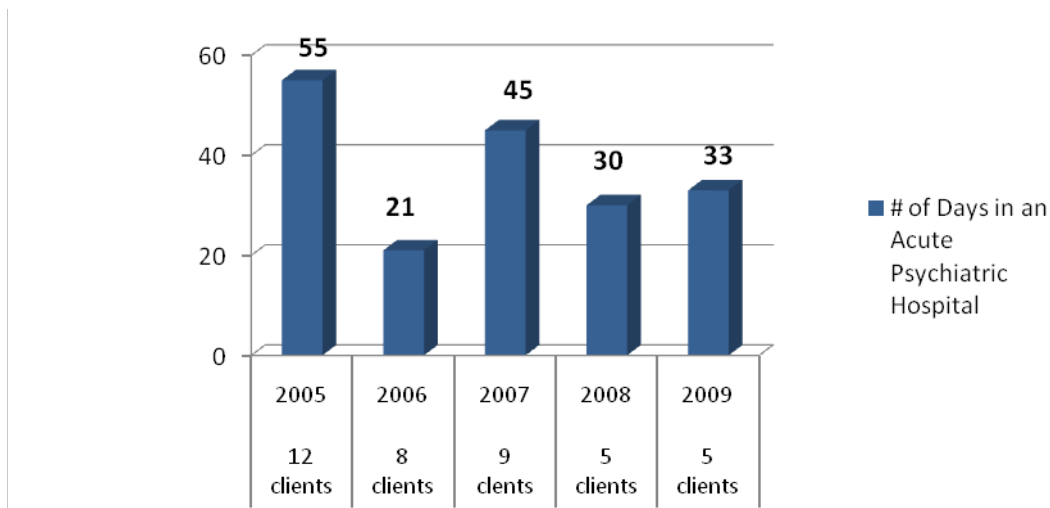
## **CHOICES**

Choices is a program that 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 is offered by the court and allows a first offender an opportunity to keep his or her driver's license and avoid a conviction record. Each Choices educational series consists of a four-week group program that focuses on helping participants understand how the use of alcohol and other substances affects their lives.



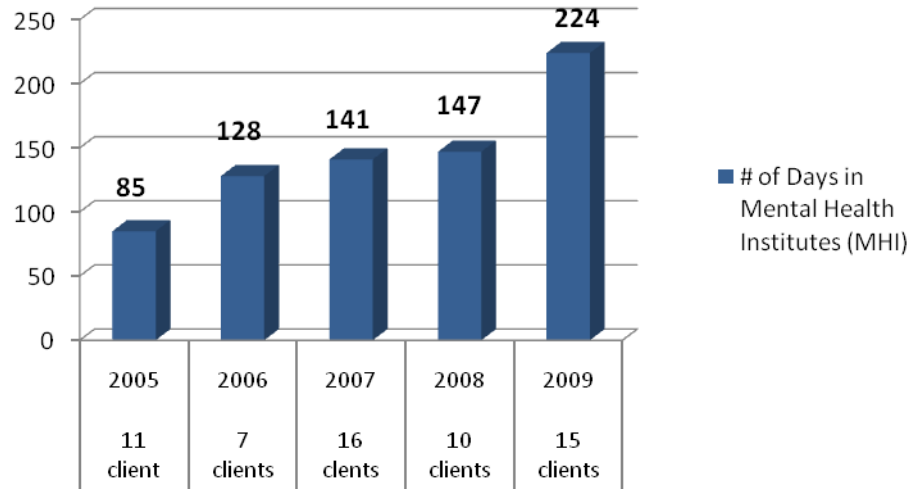
## INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

Clinical Services facilitates voluntary and involuntary hospitalizations for numerous individuals who need this service. Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds emergency hospitalizations when an individual requires it, but does not have insurance coverage or ability to pay for it. In 2009, Health And Human Services contracted with Gundersen Lutheran Medical Center and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. The chart below shows the hospitalization days funded by Health and Human Services over the last five years.

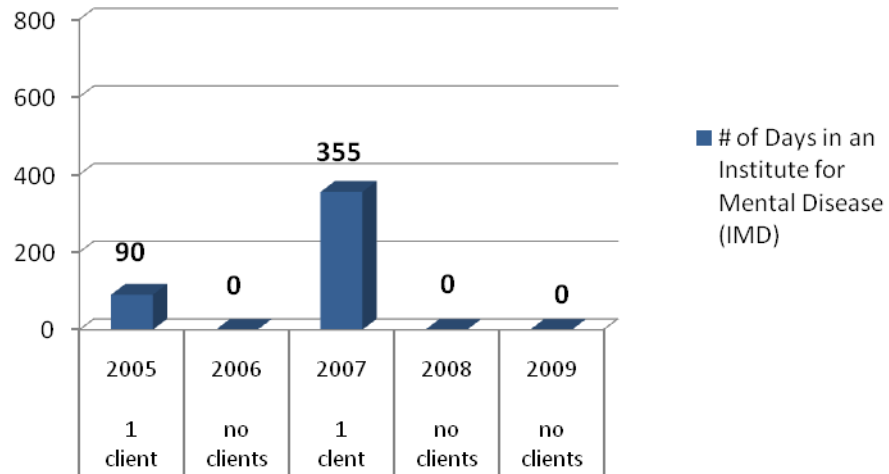




For long-term inpatient mental health treatment needs, Richland County has placed individuals at the three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. These facilities may also be used as a last resort placement when an acute psychiatric unit is not available for short-term hospitalizations.



Richland County has also placed individuals at Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. 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. This service was not needed in 2008 or 2009.



## DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. Withdrawal from alcohol can be very dangerous for individuals who heavily abuse it. In these situations, a person requires medical intervention. Richland County contracted with Gundersen Lutheran Medical Center and Tellurian UCAN, Inc. for detox services in 2009. Below are the number of patients and days of stay funded by Health and Human Services.

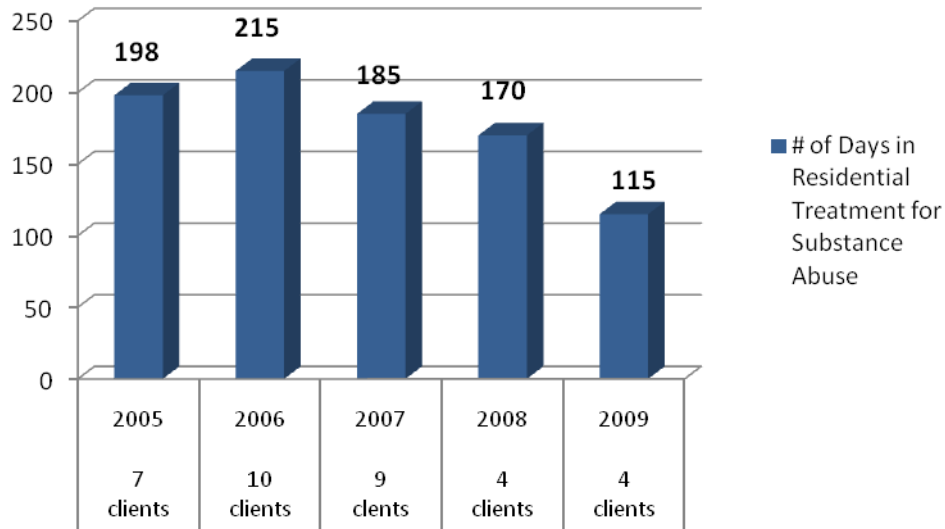


## RESIDENTIAL TREATMENT FOR SUBSTANCE USE

Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable to attain recovery using outpatient or other less intensive treatment services. A thorough substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. With limited county funding, this service is not always an available option for those without financial means.

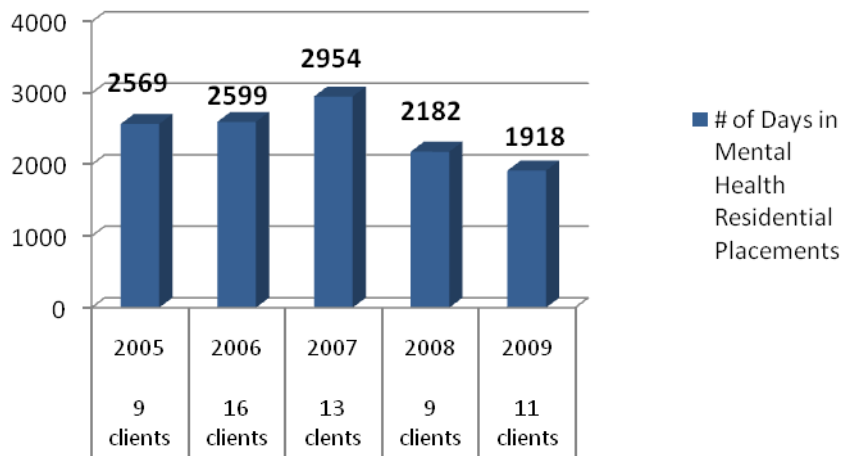
Health and Human Services contracted with Gundersen Lutheran Healthcare, AlcoCare, and the Teresa McGovern Center for residential treatment services to fund treatment for four individuals in 2009.





## MENTAL HEALTH RESIDENTIAL SERVICES

Residential services are provided when individuals require supervised living services in order to cope with their mental health symptoms. These services are provided in Adult Family Homes (AFH) or Community-Based Residential Facilities (CBRF). Some individuals need temporary residential services to assist with successfully transitioning from an inpatient psychiatric hospital stay back to living independently in their own homes. Others require long-term placements in order to remain in the community and avoid institutionalization. In addition to residential services, individuals receive other community treatment so that they may reach their highest possible level of functioning. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served. In 2009, 4 of the 12 clients placed in a residential setting required placement for the entire year.



# 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 the appropriate agencies.

## PROGRAMS ADMINISTERED

Badger Care Plus  
Caretaker Supplement (CTS)  
Day Care Assistance  
Emergency Assistance  
FoodShare  
FoodShare Employment & Training  
Medicaid Purchase Plan (MAPP)

Medical Assistance  
Medicare Premium Assistance (QMB/SLMB)  
Well Woman  
WI Funeral & Cemetery Aids  
WI Home Energy Assistance  
Wisconsin Works (W-2)

## The Role of the Economic Support Unit

The job of the Economic Support Specialist is to determine eligibility and provide income maintenance services to the residents of Richland County. In performing that job, they interview clients, verify information, interpret regulations, conduct employability assessments, develop employability plans, track and maintain their caseload, process changes, and navigate the computer systems. In addition, there is daily contact with other professionals both locally and at the State level to ensure accuracy of benefits. There is also collaboration with staff within the agency and other resources in the community to facilitate the well-being of our clients.



## **BADGER CARE PLUS**

BadgerCare Plus (BC+) is a State/Federal program that provides health coverage for Wisconsin families. BC+ replaces the former AFDC-Medicaid, Healthy Start and BadgerCare. Potential BC+ members include:

- Children under 19 years of age;
- Pregnant women;
- Parents and caretakers of children under 19;
- Young adults leaving out of home care (such as foster care);
- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care;
- Documented and undocumented immigrants who are children, parents or caretakers, and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services;
- Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program;
- Women ages 15-45 may be eligible for limited benefits under the BC+ Family Planning Services program;
- Women ages 35-65 diagnosed with cervical or breast cancer may be eligible for Well Woman Care; and
- A person is eligible if s/he meets all BC+ non-financial and financial requirements. Individuals who are elderly, blind or disabled may be eligible for Medicaid.

**Enrollment in BC+ at the end of 2009 was 2,869 individuals.**

*This compares to 2,295 individuals at the end of 2008.*

## **DAY CARE ASSISTANCE**

Working together to make  
Child Care costs affordable



Steps toward receiving child care assistance are:

- 1) You must be income eligible.
- 2) You must be in a job search or working.
- 3) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the W-2 agency determines the course would facilitate employment.
- 4) You must have a County certified or State licensed provider.

- 1) An application and appointment with an Economic Support Specialist is required.
- 2) You may be required to pay a co-payment to the provider based on your income and the number of children in care.

If eligible for assistance, payments are made to the provider directly. A review of the applicant's income and day care costs is necessary to continue receiving assistance.

The Economic Support Unit is also responsible for certifying Day Care facilities. To be certified, a provider will have a home visit, background check, and other qualifying information is compiled. Packets are available, as needed, for providers wishing to become certified.

## **EMERGENCY ASSISTANCE**



Emergency Assistance (EA) is designed to meet the immediate needs of eligible persons facing a current emergency. The emergency must be due to fire, flood, natural disaster, energy crisis, and homelessness or impending homelessness. EA is intended to avoid destitution of a child and provide living arrangements for the child in a home.

EA is not linked to the receipt of any other public assistance, and should not be used to pay for temporary shelter for homeless and impending homelessness. It can be used to pay for temporary shelter in cases of fire, flood, or natural disaster. If there are additional needs beyond obtaining or retaining housing for homelessness and impending homelessness, EA can pay for those.

## **FOODSHARE**

A Recipe for Good Health

FoodShare Wisconsin helps people with little or no income to buy food. Clients are able to apply online to establish a filing date for their eligibility. In cases of hardship they are also able to complete their application process by telephone. If eligible a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to then access those benefits.

FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health. FoodShare helps people with limited money buy the food they need for good health.

Each month, individuals and families across Wisconsin get help from FoodShare. They are people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, retired, or are disabled and are not able to work.

**1,208 unduplicated households received FoodShare in 2009,  
totaling \$2,414,131.**

*This compares to 980 unduplicated households in 2008.*

## **MEDICAL ASSISTANCE PROGRAM**

Medicaid, also known as Medical Assistance, MA, and Title 19, is a State/Federal funded program that helps low income people pay their medical bills. A person is eligible if he or she meets all non-financial and financial requirements.

Medicaid is a State/Federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD). There are different subprograms of Medicaid:

- SSI -related Medicaid
- MAPP
- Institutional Long Term Care
- Home and Community Based Waivers Long Term Care
- Family Care Long Term Care
- Partnership Long Term Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Katie Beckett
- Tuberculosis (TB) - related
- Medicare Premium Assistance (MPA ): QMB , SLMB , SLMB+, QDWI
- Emergency Medicaid
- SeniorCare

A person may fit into one (or more) of the above subprograms based on non-financial factors. A person is eligible if s/he meets all Medicaid non-financial and financial requirements. Individuals who are not elderly, blind or disabled (EBD) may be eligible for BadgerCare+ (BC+).

**990 individuals met the above eligibility requirements in 2009.**

*This compares to 909 individuals in 2008.*



## **WISCONSIN FUNERAL & CEMETERY AIDS PROGRAM (WFCAP)**

County/Tribal (Human and Social Service) agencies administer the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health and Family Services (DHFS). Local administration includes reimbursing funeral and cemetery service providers in accordance with the DHFS approved reimbursement policies. DHFS authorizes the disbursement of program funding to County/Tribal agencies. The local funeral home contacts the Economic Support Manager to verify that the person was certified for Medical Assistance and had insufficient assets to pay for the funeral and/or cemetery expenses. Once this is verified, the funeral home provider works with the family in approving allowable expenses.

**In 2009, 14 Funeral/Cemetery applications were approved totaling \$38,475.**

## **WISCONSIN WORKS (W-2)**

Wisconsin Works (W-2) was implemented statewide in 1997, the result of 10 years of successful innovation in welfare reform and a tradition of leadership in social policy. The W-2 Program builds and strengthens the connection between work and self-sufficiency, helping families become productive members of their communities.

The goal of the W-2 Program is to provide necessary and appropriate services to prepare individuals to work, and to obtain and maintain viable, self-sustaining employment, which will promote economic growth.

Richland County is a member of the Southwest Consortium that administers the W-2 Program. The other counties in the Southwest Consortium are Grant (the Administrative Agency), Green, Lafayette, and Iowa. In order to administer the program, each county is responsible for meeting performance standards set by the Department of Workforce Development.

## **WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)**

The Wisconsin Home Energy Assistance Program (WHEAP) administers the Federally funded Low Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. LIHEAP and its related services help



over 100,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

- Emergency fuel assistance;
- Counseling for energy conservation and energy budgets;
- Pro-active co-payment plans;
- Targeted outreach services; and
- Emergency furnace repair and replacement.

**In Federal Fiscal Year 2009, 700 households received Energy Assistance in Richland County for a total of \$511,287.**

*In 2008, 635 households received Energy Assistance for a total of \$375,748.*

**In 2009, 175 households received Crisis Assistance, totaling \$109,403.**

*In 2008, 151 households which received Crisis Assistance for a total of \$71,542.*



## Websites of Interest

Access: [www.access.wisconsin.gov](http://www.access.wisconsin.gov)

Department of Health Services: <http://dhs.wisconsin.gov/>

Nutrition/Hunger Program: <http://dhs.wisconsin.gov/programs/nutrition.htm>

Wisconsin Department of Workforce Development:

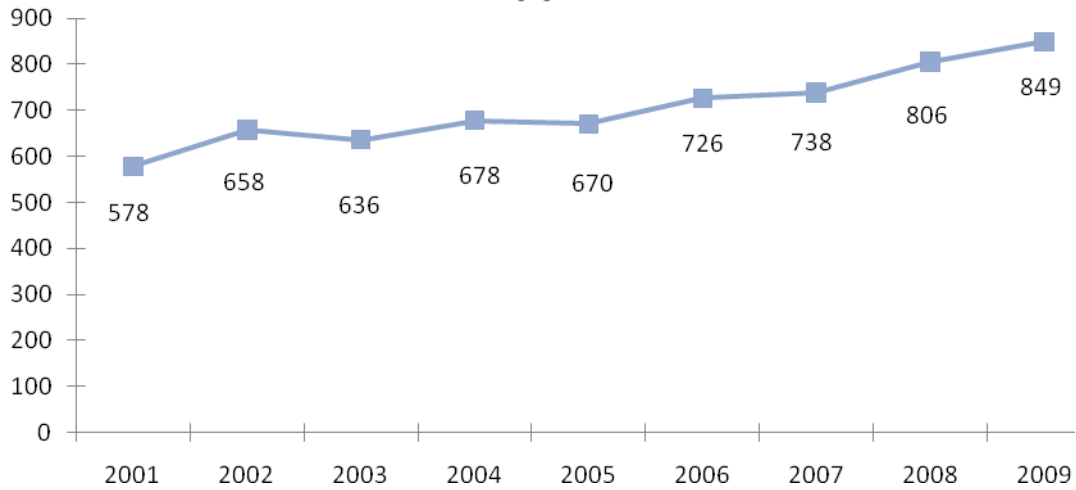
<http://www.dwd.state.wi.us/default.htm>

Wisconsin Department of Children & Families: <http://dcf.wisconsin.gov/>

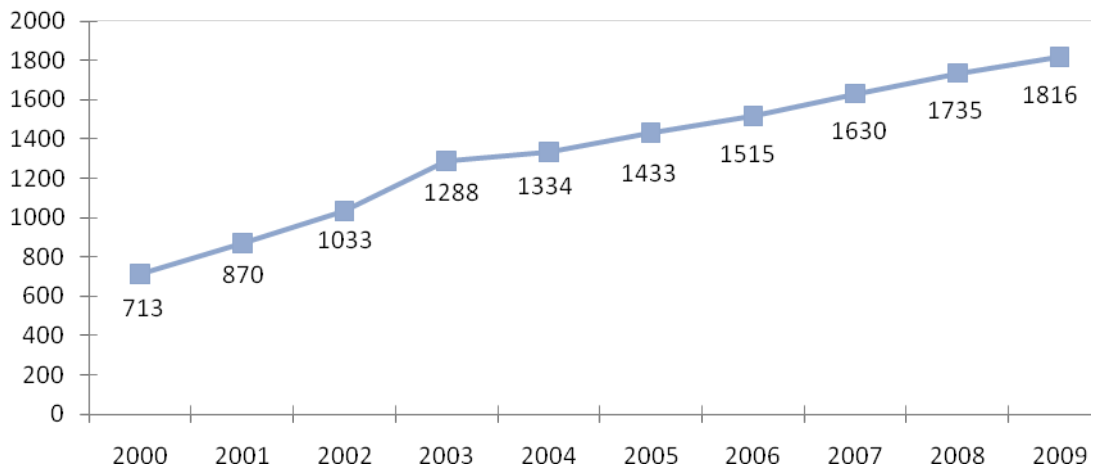
Wisconsin Home Energy Assistance Program: <http://www.homeenergyplus.wi.gov>

# Statistics for Richland County

## Economic Support Unit Intakes



## Economic Support Unit Staff Caseloads



# LONG TERM SUPPORT UNIT

## Mission Statement

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

The Wisconsin Department of Health Services continues to expand managed long-term care options for elders and people with disabilities in Wisconsin. Long-term care consists of services and supports that people need to meet their daily needs. Family Care is an innovative program that provides a full range of long-term care services, all through one flexible program. Long-term care is any service or support that a person may need as a result of a disability, getting older, or having a chronic illness that limits the ability to do the things that people need to do throughout the course of their day. This includes things such as bathing, getting dressed, making meals, nurse visits at home, going to work, paying bills, nursing home care, and case management. There are a variety of services and supports available in Family Care that can help people do these things independently or with the support of someone else.

Eligibility is based on State-determined financial and functional eligibility criteria. A functional screen is performed. In order to be eligible, a person must have serious, long-term health problems, or a disability that significantly affects their ability to function, 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.

Collaborative work continues with Southwest Family Care Alliance to develop strategies for improving:

- Cost-effectiveness – by building a cost-effective long-term care system that is sustainable into the future;
- Access – by assuring people get services they need, when they need them;
- Choice – by giving people meaningful choices about where they receive their care and how they live their lives; and

- Quality – by making sure long-term care services wo good quality of life for each consumer.



## **Southwest Family Care Alliance - Family Care Expansion**

Who is *Southwest Family Care Alliance*? In 2005, what was then the Department of Health and Family Services, requested proposals from counties/private entities around the State to plan toward Family Care expansion. Richland County joined with seven other counties to form the Southwest Wisconsin Care Management Coalition. The Coalition applied for a planning grant in 2005, and was awarded \$100,000 in 2006. The eight counties worked together to create Aging and Disability Resource Centers and a regional care management organization. The eight counties include: Crawford, Iowa, Grant, Green, Juneau, Lafayette, Richland, and Sauk.

This entity is now called *Southwest Family Care Alliance (SFCA)*. The eight counties partner with SFCA to create one system in which care management and administrative services are dependent on each other for the successful delivery of services to the citizens of each county. SFCA holds the administrative function and contracts with the State. Each county sub-contracts to carry out the care management function in serving the members and is called a Care Management Unit (CMU).

Planning for the expansion of Family Care into seven other counties is continuing with cooperative efforts between SFCA staff and each county's care management unit. Transition activities occurred in 2009 for planning Aging and Disability Resource Centers in Grant and Iowa Counties. Richland and Sauk County CMUs transitioned in 2008. Green County CMU joined SFCA on January 1, 2009 with Juneau, Crawford and Lafayette County CMUs joining on July 1, 2009. Iowa and Grant County CMUs are scheduled to join SFCA on April 1, 2010.

Ongoing efforts to bring care under management, operate in a cost effective manner, and promote cohesive planning among all departments/CMUs involved workgroups including:

- Director Meetings: Members include the Directors of the eight Human/Social/Unified Services and SFCA administrative staff who discuss contract issues with the State and the eight CMUs; discuss mechanisms to bring care under management; and provide suggestions regarding CMU management.
- Governance: The SFCA Board of Directors includes members from all eight Human/Social/Unified Services County Boards, advocates from the target groups served by SFCA, and members at large. They make recommendations on the continued operation of SFCA; changes to the SFCA contract with the State; and are the receiver of regular reports on

enrollment figures, grievance and appeals, critical incidents, and the financial status of SFCA. Due to Federal and State budget cuts, a tremendous effort has been placed on bringing overall cost efficiency to the MCO and bringing care for our members under management.

- Care Management and Quality: Members include SFCA quality and provider network staff, the Director of Care Management, and the eight CMU managers and supervisors. This workgroup is charged with creating tools, reviewing established policies, and developing new policies and procedures to implement requirements of the MCOs contract with the State that are carried out by the CMUs.
- Enrollment Workgroup: Members include SFCA quality staff and CMU managers and supervisors who develop and review policies/procedures surrounding enrollment, disenrollment, and continued eligibility of SFCA members.
- MIDAS User Group: Members include SFCA quality, provider network, fiscal, information technology, and administrative staff and CMU managers and supervisors. This workgroup has the task of developing care manager tools to maximize efficient use of the electronic record for Family Care enrollment information and fiscal tracking of services authorized/purchased for Family Care members.
- Various short term workgroups have been established to develop and revise forms and procedures related to a specific issue, such as member centered plans, self-directed supports, and comprehensive assessments. Members of these workgroups vary depending on the focus of the workgroup. Since much of this directly impacts the work of our care managers at each CMU, it is vital to have their participation at these workgroups.

## **CARE MANAGEMENT**

The Family Care Program provides managed long-term care services and supports to elders and adults with physical disabilities or developmental disabilities through the provision of care management. The Care Management Units arrange for the most cost effective services to meet a person's outcomes/goals.

A key component of bringing care under management in a cost effective way is the professional management of services by a team of Care Managers. Every person who enrolls has a care manager with a Social Work or Human Services background, and a care manager who is a Registered Nurse. The care management team works together with the member to identify the member's outcomes. They then facilitate the development of a member-centered plan to support the meeting of the member's priorities and goals. The care managers assist members in determining if unpaid informal supports are present to assist

in meeting outcomes/goals. In addition, the care management team arranges for services with provider agencies, sees to it that the services are delivered as planned, coordinates care with health care providers, and provides member advocacy.

Care managers meet weekly as a group to staff and implement solutions to examine and improve ways of serving our members. They also hold regular meetings with key area providers to discuss questions and issues of mutual interest and concern.



## **PROVIDER NETWORK**

Contracts for services are arranged by SFCA with approximately 700 providers within the eight county SFCA region. Roles of the provider network staff are contract procurement, negotiations, and credentialing. This includes quality monitoring and program integrity. SFCA depends on them to act as a liaison for conflict management with providers and work through billing questions and issues. They assure enough providers are available to meet the needs of our members and adequate geographic access.

## **ADULT FAMILY HOME CERTIFICATION**

The Long Term Support Unit certifies 1-2 bed Adult Family Homes in accordance to Medical Assistance Waiver standards, assists with placements, and monitors for quality. We provide information, guidance and education materials for them as well. In 2010, we will begin charging these 1-2 bed Adult Family Homes for material we provide for them to meet their continuing education requirements for certification.

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

The focus of the Quality Assurance/Quality Improvement Program and the 2009 (QA/QI) Work Plan was to improve processes that directly affect member care. Our Quality Program vision statement is:

*Continuously improve organizational practices to support members in meeting their outcomes by setting quality standards and monitoring them through the use of sound information analysis.*

The Quality Assurance/Quality Improvement Program is extensive to assure a quality system impacts the way services are experienced by our members. Quality activities are in partnership with members, their families, providers, our employees, and the community.

**Program Structure and 2009 Goals:**

1. Unintended Events/ Critical Incident Reporting, Investigation and Review
2. Grievance and Appeals/ Member Rights and Responsibilities
3. Quality Indicators:
  - Assure members receive influenza and pneumonia immunizations, as appropriate.

Flu and Pneumonia Vaccinations for the past four years:

	2006		2007		2008		2009	
	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo
Elders	47%	68%	86%	70%	89%	72%	75%	65%
Physically Disabled	33%	53%	72%	55%	67%	60%	62%	41%
Developmentally Disabled	29%	32%	69%	38%	71%	39%	66%	39%
All Target Groups	38%	52%	77%	55%	77%	56%	68%	50%

- Assure members experience continuity of care management services.

Care Management Turnover Rates:

2003	2004	2005	2006	2007	2008	2009*
RN/SW	RN/SW	RN/SW	RN/SW	RN/SW	RN/SW	RN/SW
25%/25%	50%/10%	25%/17%	14%/29%	0%/29%	0%/0%	11%/11%

*\*RN turnover was not due to turnover, but staff resignation and position was not refilled in order to meet 2010 care management rate requirements.*

4. File integrity provided by a formal internal file review
5. Monitor the contact frequency by Care Managers with their members
  - *1<sup>st</sup> Quarter-99%; 2<sup>nd</sup> quarter-99%; 3<sup>rd</sup> quarter-99%; 4<sup>th</sup> quarter-99%*  
*Reasons for missed contacts are documented and tracked.*
6. Quality Improvement Plan/ State Annual Quality Review Process
7. Diabetic Performance Improvement Project
  - In 2009, the SFCA received \$75,816 for the efforts the Richland County CMU completed on this 2008 project.
8. Depression Best Practice Project

- 9. Satisfaction Survey/ Member Input about Services and Care
- 10. Self-Directed Supports
  - 6.02% participation rate in 2009 for the Richland County CMU.

**Outreach and Resource Materials**

The Member Handbook and Family Care brochure were reviewed and revised with significant input from members and stakeholders.

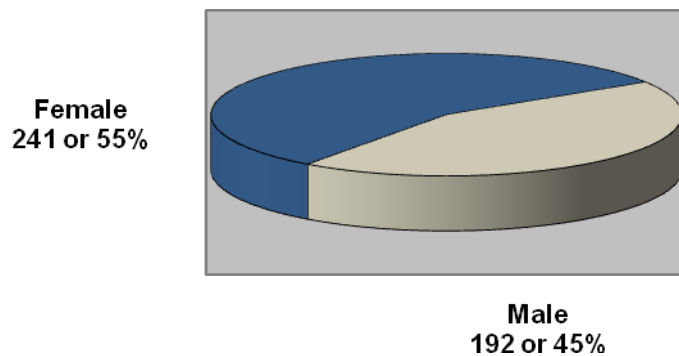
**Prevention and Wellness Activities**

The work group selects activities they thought would contribute to the health and safety of our members. Due to expansion efforts, limited time was spent in this area. Prevention and wellness activities will increase in 2010.

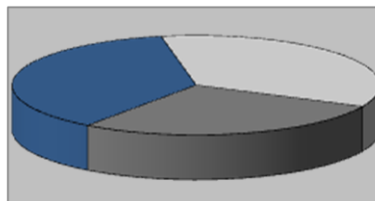
**ENROLLMENT & DEMOGRAPHICS**

Calendar year 2009 began with 367 members enrolled in Richland County's Care Management Unit and ended with 385 members. 433 total members were served in the CMU.

**Comparison of Genders Served:**



**Comparison of Target Groups Served:** As the graph shows, Family Care has 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.



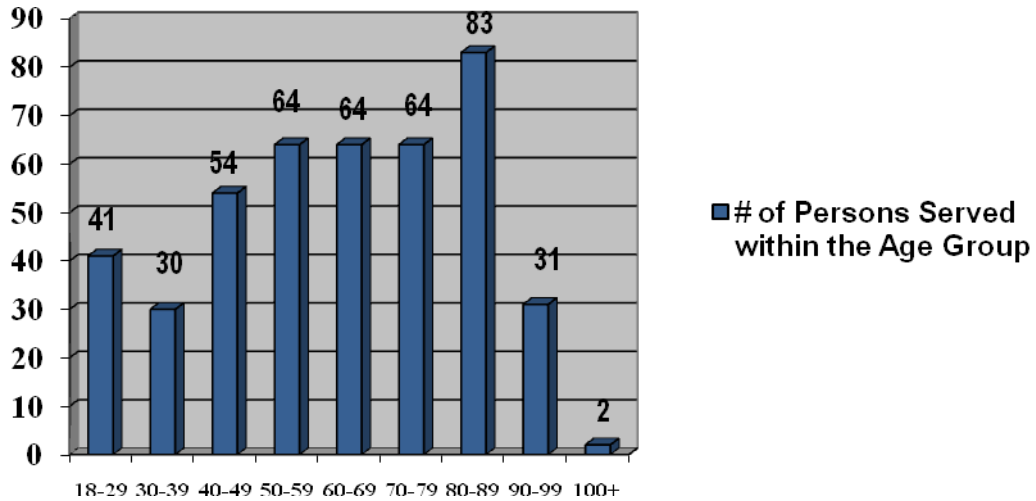


The largest growth in target populations served is people with physical disabilities, although it diminished slightly in 2009.

2001	2003	2006	2007	2008	2009
12%	22%	25%	32%	34%	28%

The percentage of elders ranged from 41% in 2006, 44% in 2007, 42% in 2008, and 37% in 2009. The percentage of persons with developmental disabilities ranged from 34% in 2006, 32% in 2007, 34% in 2008, and 35% in 2009.

**Comparison of Age Groups Served:**



**Where People Are Served:** We serve all eligible Richland County residents who chose to enroll. These numbers indicate people’s current mailing address locations. Seventy percent of people served have a Richland Center mailing address. Richland Center and the surrounding area have the most significant population density in Richland County. In addition, contracts with several providers of residential care are located in the city of Richland Center or have a Richland Center mailing address. These numbers do indicate that we serve people in the rural areas as well. The people served “out-of-county” are Richland County residents who are placed either by the Court system or by the Long Term Support Unit in residential settings outside of Richland County. The out-of-county placements may be made because a person needs specialized care that is not available within Richland County, or because it better meets a member’s personal preferences or outcomes in a cost-effective manner.

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**WHERE PEOPLE ARE SERVED**

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Richland Center	307	70%
Lone Rock	35	8%
Out of County	32	7%
Muscoda	26	6%
Cazenovia	12	3%
Blue River	9	2%
Viola	8	2%
Hillsboro	3	1%
Gotham	1	1%
<b>TOTALS</b>	<b>433</b>	<b>100%</b>

**SFCA Claims Paid by Service Type in 2009 for Richland County Members:**

Adaptive Aids	1%
Adult Family Home	2%
Alternative Therapy	2%
Care Management	19%
Community Based Residential Facility (CBRF)	2%
Daily Living Skills	1%
Day Services	1%
Disposable Medical Supplies	8%
Financial Services	4%
Home Health Care	5%
Meals	3%
Mental Health Care	1%
Miscellaneous Housing Costs	<1%
Miscellaneous CMO Services	<1%
Nursing Home	4%
Occupational Therapy	2%
Personal Care	<1%
Personal Emergency Response System	4%
Physical Therapy	3%
Pre-Vocational Services	3%
Residential Care Apartment Complex	1%
Recreational Activity	<1%
Residential Services	<1%
Self-Directed Supports	2%
Skilled Nursing Care	<1%
Speech Therapy	<1%
Supported Employment	<1%
Supportive Home Care	10%
Therapy	<1%
Transportation	7%
<b>Total</b>	<b>100%</b>

# PUBLIC HEALTH UNIT

## Mission Statement

The Public Health Unit's mission 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.

## PROGRAMS AND SERVICES

### Communicable Disease

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

### General Public Health Programs

Loan Closet  
Public Health Home Visits  
Wisconsin Well Woman Program  
Wisconsin WINS  
School Health  
Jail Health  
Ronald McDonald Care Mobile  
Richland Community Free Clinic

### Preparedness & Response

Preparedness & Response Highlights  
Public Health Emergency Response

### Nutrition

Senior Congregate & Home Delivered Meals

### Maternal Child Health Programs

Postpartum Home Visits  
Prenatal Care Coordination  
HealthCheck  
Fluoride  
Child Passenger Safety

### Environmental Health

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



## COMMUNICABLE DISEASE

**Immunizations:** Public Health provides all routine childhood immunizations without cost to the recipient. Most vaccines are purchased by the Bureau of Public Health and provided without restriction by Public Health. Some vaccines are purchased by the Bureau of Public Health through the “Vaccines for Children” (VFC) Program.



The use of these vaccines is more restrictive in that there are eligibility requirements (recipients must be un/under insured or on Medicaid or BadgerCare eligible). Adult Td (Tetanus-diphtheria) and Tdap (Tetanus-diphtheria-acellular pertussis) is also purchased by the Bureau of Public Health and provided without charge by Public Health.

Some vaccines, including Hepatitis B for adults and Influenza and Pneumonia vaccine for adults are purchased by Public Health and administered fee for service. Hepatitis A and Hepatitis B vaccines are provided free of charge to persons diagnosed with Hepatitis C and their close contacts. The Bureau of Public Health provides this vaccine.

### **Immunization Statistics:**

Immunization	2004	2005	2006	2007	2008	2009
Comvax	74	57	74	38	23	33
DtaP	194	148	188	105	90	101
Hepatitis A	0	0	1	39	40	38
Hepatitis B	52	31	32	15	14	31
Adult Hepatitis B	110	62	48	36	14	44
Hib	33	27	24	14	14	14
Influenza	1580	1708	1274	1177	1146	1171
MMR	107	86	126	62	60	69
Pneumonia	85	63	54	43	41	27
Polio	138	120	162	82	76	82
Prenar	96	107	123	73	55	60
Td	133	117	52	128	102	26
Varicella	95	65	80	101	186	195
Menactra	n/a	11	19	61	84	109
Td-Pertussis	n/a	n/a	44	87	449	407
HPV (Gardasil)	n/a	n/a	n/a	49	79	89

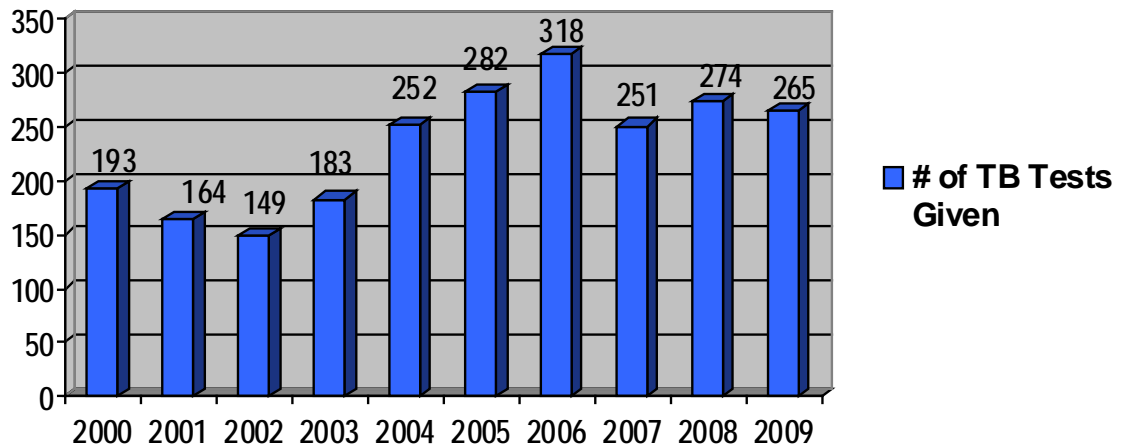
Immunization	2004	2005	2006	2007	2008	2009
Rota Teq	n/a	n/a	n/a	n/a	21	34
Twinrix	n/a	n/a	n/a	n/a	8	6
H1N1 Influenza A	n/a	n/a	n/a	n/a	n/a	1909
<b>TOTAL</b>	<b>2697</b>	<b>2603</b>	<b>2274</b>	<b>2110</b>	<b>2502</b>	<b>4445</b>

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

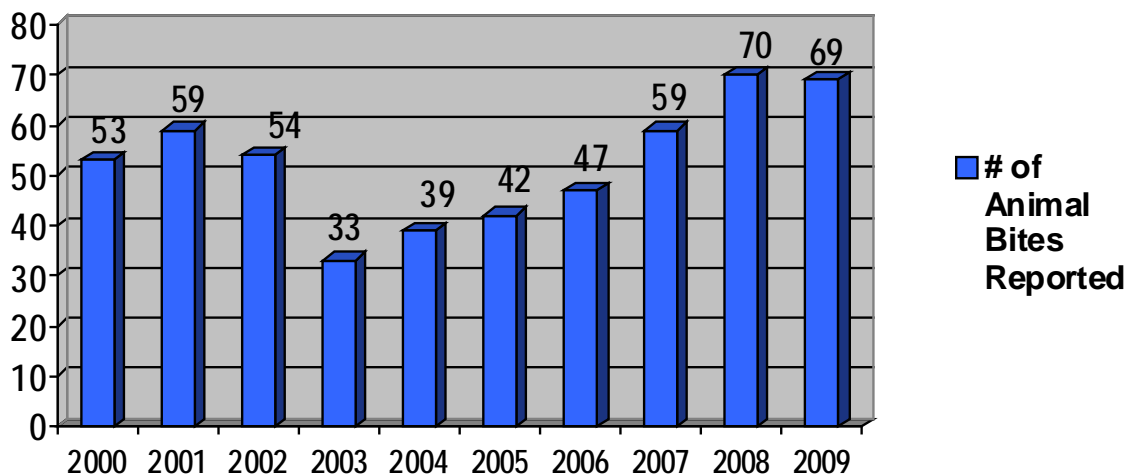
**Communicable Disease Statistics:**

Reportable Disease	2004	2005	2006	2007	2008	2009
Campylobacter	6	8	9	5	6	5
Chlamydia	21	22	24	25	23	27
Cryptosporidium	5	7	6	3	6	4
E.Coli 0157:H7	0	2	2	0	6	0
Ehrlichosis/Anaplasmosis	0	0	0	0	0	2
Giardia	4	5	1	5	0	2
Gonorrhea	0	1	0	1	0	1
Hepatitis A	0	0	1	0	0	0
Hepatitis B	0	1	2	2	2	0
Hepatitis C	3	6	2	3	4	2
Herpes	2	7	4	1	n/a	n/a
Histoplasmosis	1	0	0	0	0	0
Influenza A–Novel H1N1	0	0	0	0	0	35
LaCrosse Encephalitis	2	0	2	0	1	0
Legionella	0	0	0	0	0	0
Lyme Disease	52	46	59	81	60	75
Measles	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0
Meningitis (Viral)	0	1	0	1	0	0
Mumps	0	0	0	8	0	0
Mycobacterial Disease	0	0	0	0	0	1
Pertussis	20	3	0	2	1	0
Salmonella	2	3	2	3	2	3
Shigella	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	0	0	1
Syphilis	0	1	0	0	0	0
Tuberculosis Latent Infection (LTBI)	0	0	0	0	0	1
West Nile	0	0	0	0	0	0
Varicella	0	0	0	0	0	3

**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. Public Health Registered Nurses (PHNs) provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2009 and 265 persons received skin tests.

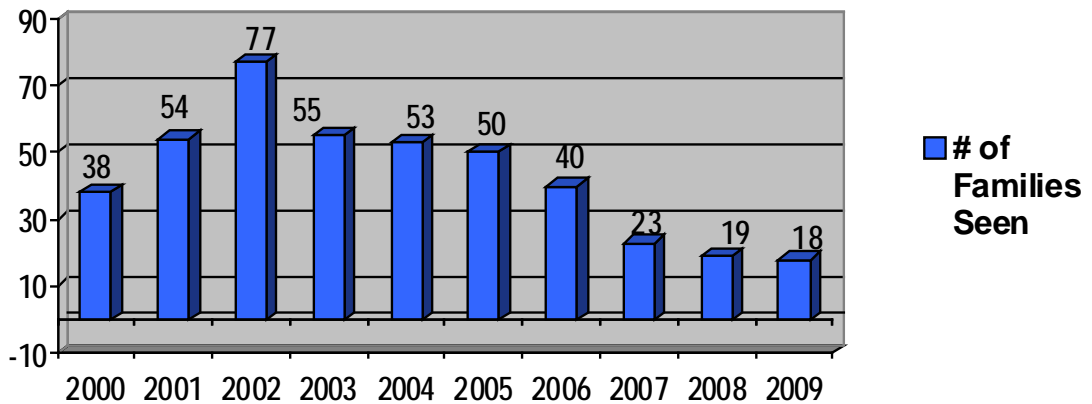


**Rabies Prevention and Control:** The County's Rabies Control Policy provides the procedures for law enforcement and Public Health follow-up of animal bites/potential rabies exposure to humans. Investigation and follow-up were provided on 69 animal bites/human exposures in 2009.

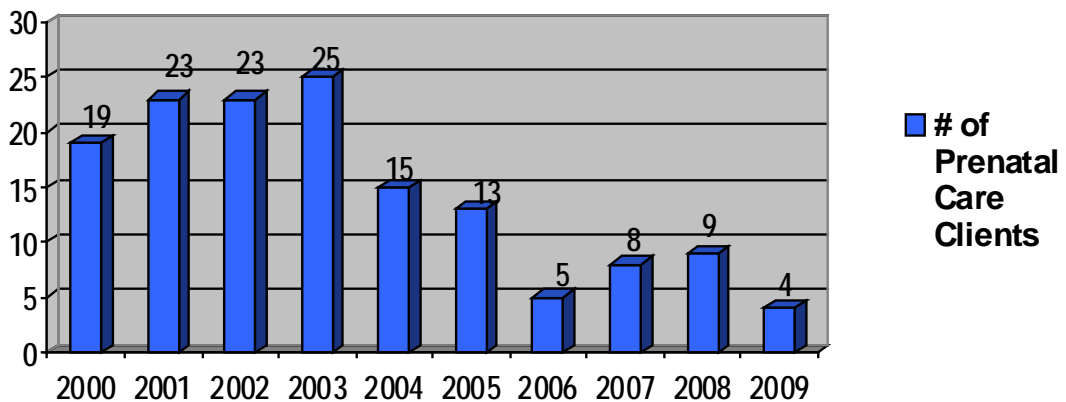


# MATERNAL CHILD HEALTH PROGRAMS

**Postpartum Home Visits:** Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Eighteen families were seen in 2009.

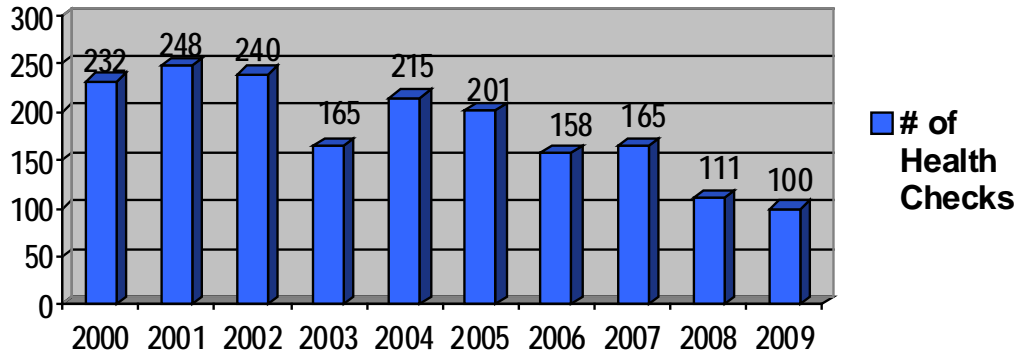


**Prenatal Care Coordination:** PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Four women received prenatal care coordination services in 2009.

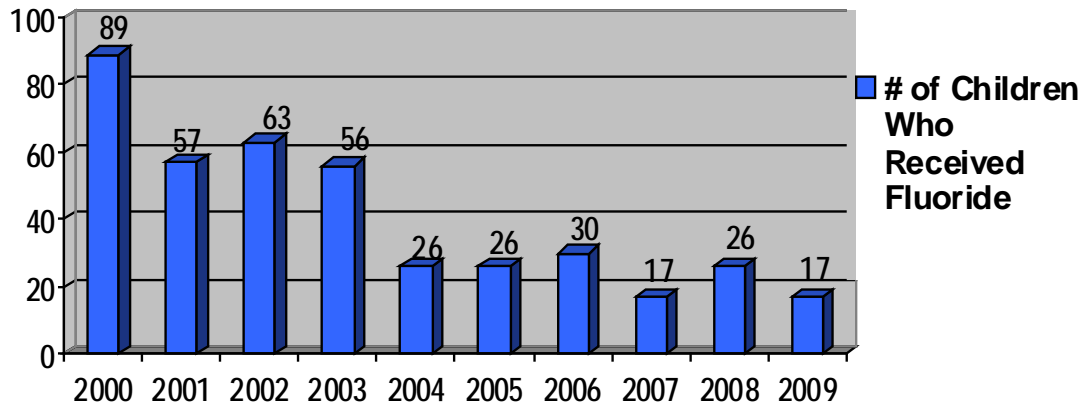


**HealthCheck:** Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy

Start/Badger Care eligible children ages birth to 21 years. Through cooperation with the Wisconsin Nutrition Education Program, a Registered Dietician also provides nutrition counseling to HealthCheck families. Medicaid provides reimbursement on a per client basis. One hundred HealthCheck assessments were completed in 2009.



**Fluoride:** Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2009, 17 children received supplemental oral Fluoride.



**Child Passenger Safety:** Public Health received a \$2,500.00 Department of Transportation Child Passenger Safety Grant for the purchase and distribution of child passenger safety seats (car seats) for infants and children whose families cannot afford to purchase them. Public Health works with the Richland Hospital Birth Center to coordinate the Child Passenger Safety Program in Richland County. Prior to receiving a car seat from the program, families are referred to the Hospital's certified child passenger safety technicians for proper car seat selection and fitting, and education. Fifty-five children received car seats from the Child Passenger Safety Program in 2009.



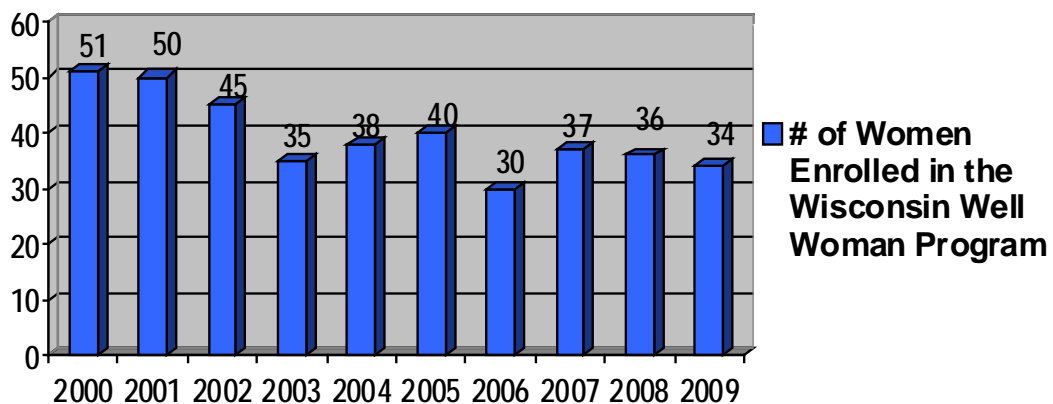
## GENERAL PUBLIC HEALTH PROGRAMS



**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 is returned if the equipment is returned within one month. In 2009, 301 Richland County residents borrowed equipment from the Loan Closet.

**Public Health Home Visits:** Public Health makes home visits to area residents when a health related concern is reported about a homebound individual. These reports are often at the request of relatives and/or friends who are concerned about someone's health or welfare. It might be that the person is ill and doesn't realize how sick they are, or that the person simply won't ask for help. Most times the person is responsive to the PHN visit and often the nurse can assist the person to seek the health care they need.

**Wisconsin Well Woman Program:** The Well Woman program provides breast and cervical cancer 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-four women received screening through the Well Woman Program in 2009.



**Wisconsin Wins:** Public Health works with area youth to conduct the Wisconsin Wins program. The goal of Wisconsin Wins is to reduce youth tobacco access and use. Wisconsin Wins focuses on retailers and their efforts to prevent

sales of tobacco products to minors. In order to evaluate how successful retailers are in preventing sales, compliance checks are made at all businesses that are licensed to sell tobacco in Richland County.

The compliance checks involve teens who attempt to purchase tobacco products. Clerks who refuse to sell tobacco are recognized and rewarded for their efforts. Those who do proceed with a sale are reminded about the law and may receive a citation from the Sheriff's Department for permitting the sale to minors. In 2009, 37 compliance checks were completed with no sales.



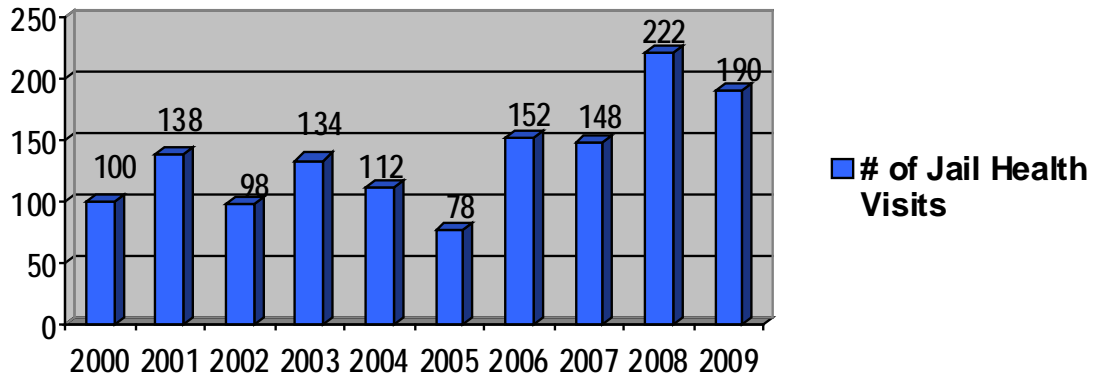
**School Health:** Public Health contracts with the Ithaca and Weston School Districts to provide mandated school nursing services. Public schools in Wisconsin must provide for emergency nursing services under written policy; which must be written by a licensed registered nurse. These policies must include protocols for illness, injury, and medication administration; must identify a medical advisor; and must provide for emergency services during the school day and at all school sponsored events. The school district must maintain student health information cards and provide space and supplies for school nursing services and the district must evaluate school nursing services annually.

In addition to the mandated services, vision and hearing screening, and immunization record assessment, some student related health services are provided. Vision and hearing screening and immunization record assessment are also provided for the parochial schools in Richland County. In 2009, Public Health nurses provided 39.75 hours of nursing time.

**Jail Health:** Public Health provides non-emergency health care and telephone consultation for the Richland County Jail.

Since February of 2008, Dr. Richard Edwards has visited the jail weekly to provide medical care including physical assessment and writing medication orders for the inmates. Dr. Richard Edwards is also available to Public Health for telephone consultation regarding jail inmate health issues. Dr. Richard Edwards accompanied a Public Health nurse to visit the Richland County Jail 190 times in 2009.

In addition to nursing visits/assessments, Public Health reviews intake screenings to assure that health needs are being met, makes appropriate referrals for other necessary care, and assists with medication management.



**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. UWCH has the dental bus approximately half of the time.



Thirteen children received dental care through the Ronald McDonald Care Mobile in 2009 including, 48 fillings and 12 oral surgeries. The average value of dental work per child was \$742.

Type of dental care provided:

Restorative (fillings, crowns)	48	29%
Preventive (cleaning, fluoride treatment, sealants)	23	14%
Adjunct Services (local anesthesia)	37	23%
Diagnostic (exams, evaluations, x-rays)	44	27%
Oral Surgery (extractions)	12	7%
Endodontics (pulpectomies)	0	0%
Other	0	0%

TOTAL 164

Number of Children receiving MA/Badger Care 13 100%

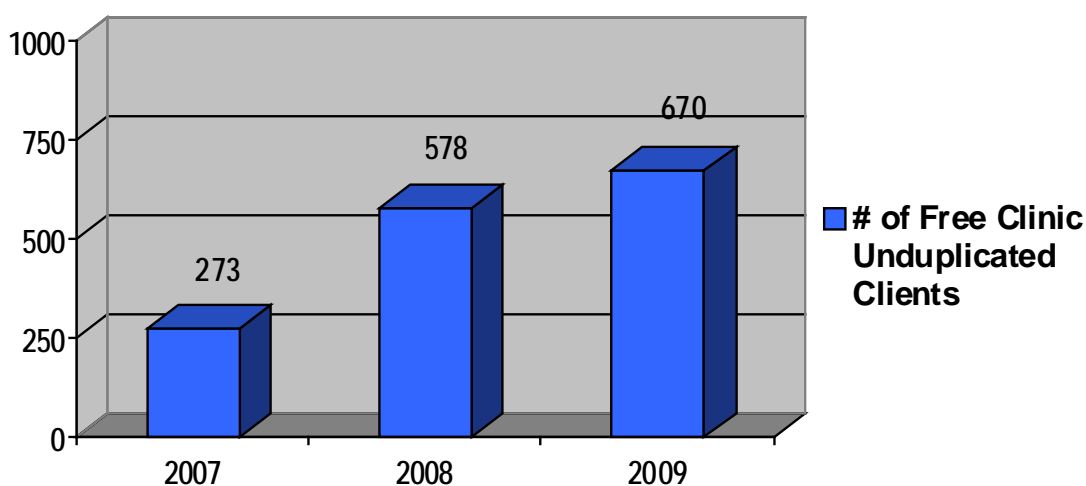
## **RICHLAND COMMUNITY FREE CLINIC**

**Richland Community Free Clinic:** Access to health care continues to be an issue across the nation and the Richland Community Free Clinic is an example of how local communities are organizing to address the issue locally. The Richland Hospital, Richland Medical Center, Richland County Health & Human Services, and local pharmacies are working to meet the needs of local individuals without health insurance or the financial means to obtain insurance or health care.

The Richland Medical Center supplies the space for the clinic, reception staff, and supplies. The Richland Hospital provides laboratory and x-ray services. Health and Human Services provides financial assistance, as well as Public Health nursing services at the Free Clinic. The Southwest Community Action Program (SWCAP) assisted with the organizational aspects (development of structure, by-laws, procurement of insurance, etc.) of the Free Clinic and continues to provide a valuable link to other free clinics in the area. The Richland Family Prescription Center and Thrifty White Drug provide medications for clinic clients.

The Free Clinic is open every Tuesday morning from 8 a.m. until noon and is located in the Urgent Care area of the Richland Medical Center. The Free Clinic provides primary health care to persons who do not have health insurance or the financial means necessary to access the health care system, and is staffed by medical professionals and community volunteers.

In 2009, Public Health staff provided over 208 clinic hours at the Richland Community Free Clinic.



Age of unduplicated patients seen at the Free Clinic:

Age	2007	2008	2009
0-10 years	4	18	12
11-20 years	39	81	54
21-39 years	105	241	311
40-64 years	125	230	283
65-74 years	0	7	7
Over 75 years	0	1	3

## ENVIRONMENTAL HEALTH

Richland County has been part of a five county environmental health consortium since the mid-1980s. The consortium pools Federal prevention block grant dollars to employ a Registered Sanitarian as an Environmental Health (EH) Consultant to assist with investigation and resolution of environmental health issues. The EH Consultant assists with investigation and follow up of human health hazard complaints, as well as coordinating several other environmental health programs provided by Public Health.

### **2009 Environmental Health Statistics:**

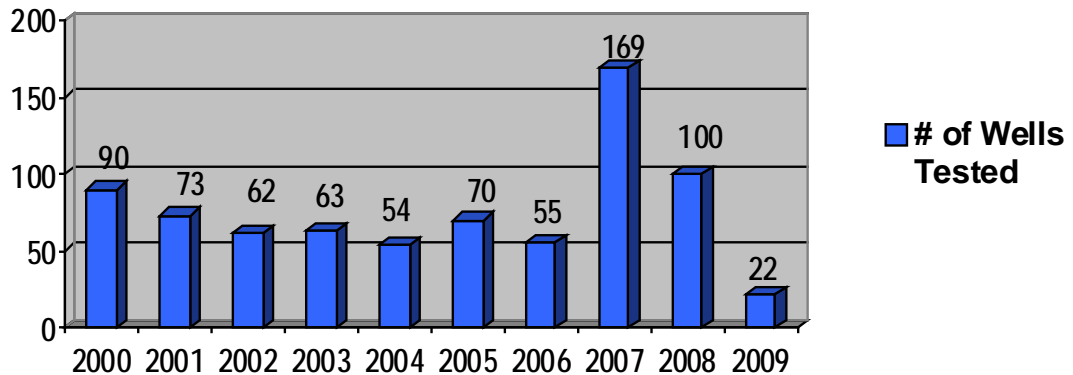
Home Visits	38	Contacts (EH Consultant)	404
Lead	6	Lead	39
Radon	1	Radon	40
Water	2	Water	42
Asbestos	1	Asbestos	41
Solid Waste	6	Solid Waste	50
Housing	11	Housing	56
Indoor Air	10	Indoor Air	45
Sewage	1	Sewage	44
Animal Vector	0	Animal/Vector	47

**Private Well Water Testing:** Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply—Public Health has the test kits and the fees are sent directly to the Wisconsin State Laboratory of Hygiene with the sample.

The majority of the water testing that was done through Public Health in 2007 and 2008 was flood related. Public Health worked with the State Lab and the

State Division of Public Health to provide fee exempt water testing for wells that may have been adversely affected by the flooding.

The Environmental Health Consultant is available for consultation for problems related to water quality. Twenty-two private wells were tested through Public Health in 2009.



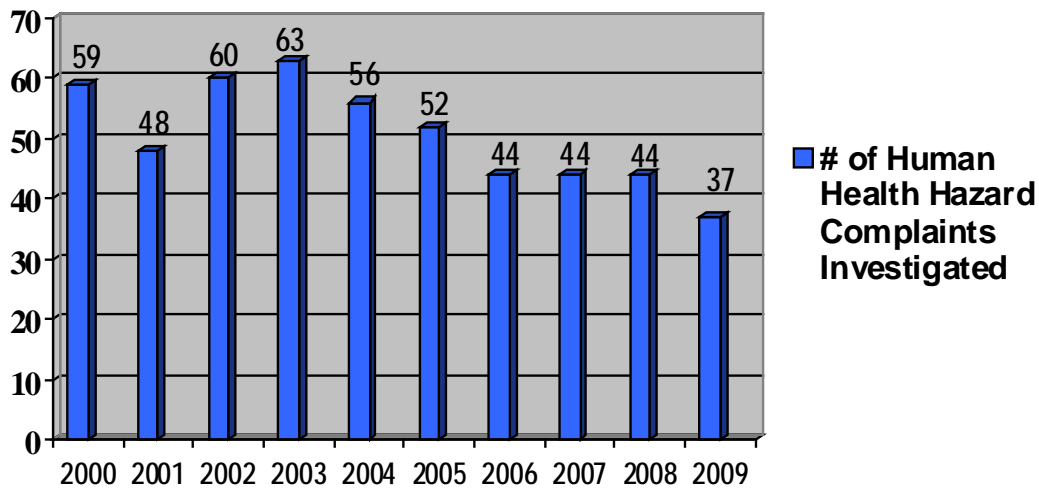
**Radon:** Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Seventeen short-term home radon test kits were distributed in 2009.

**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 169 children were screened in 2009. 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 2009, investigation and follow-up were provided in regard to 37 complaints and ordered the abatement of 4 health hazards.

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. Often working with the property owners is enough to get the hazard removed or abated but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time (usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement and the cost is then assessed as an additional tax on the property by the municipality.



**Mercury Collection:** In 2009, Richland County Health and Human Services Public Health held a week-long mercury thermometer collection. 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, lung and kidney damage, skin rashes, and a burning sensation in the feet. 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, and odorless vapors.

## **PREPAREDNESS AND RESPONSE**

### Preparedness and Response Highlights of 2009:

- Engaged in a continuous planning process with local and regional partners to respond to Public Health emergencies.
- Met the competencies appropriate for each staffs' assigned emergency preparedness role.
- Developed and participated in a mass clinic tabletop exercise with regional partners that met the requirements set by the Centers for Disease Control and Prevention (CDC).
- Completed 14 of 14 performance measures set by the CDC to measure local preparedness to a Public Health emergency.
- Worked with community and regional partners to develop an integrated Public Health response addressing at-risk populations during Public Health emergencies.
- Participated in the mandatory preparedness consortia restructuring process which realigned the consortia to the Department of Health Services (DHS) geographic regional boundaries.

### 2009 Public Health Emergency Response:



- Developed and provided leadership to the local response to the novel Influenza A virus (later identified as H1N1 novel Influenza A).
- Provided 13 community immunization clinics in October, November, and December to immunize target populations against H1N1.
- Provided school based clinics at 10 school buildings and a clinic at UW-Richland in December to immunize target populations against H1N1.
- Administered 1,909 doses of H1N1 Influenza A vaccine.

The emergency and spread of the 2009 pandemic Influenza A (H1N1) virus (2009 H1N1) resulted in extraordinary Influenza activity in the United States throughout the summer and fall months of 2009. During this period, Influenza activity reached its highest level in the week ending October 24, 2009, with 49 of 50 states reporting geographically widespread disease.

The 2009 H1N1 Influenza virus was first detected in people in the United States in April 2009. This virus was originally referred to as "swine flu" because laboratory testing showed that its gene segments were similar to Influenza viruses that were most recently identified in and known to circulate among pigs. It is likely that this virus resulted from reassortment, a process through which



two or more Influenza viruses can swap genetic information by infecting a single human or animal host. When reassortment does occur, the virus that emerges will have some gene segments from each of the infecting parent viruses and may have different characteristics than either of the parental viruses, just as children may exhibit unique characteristics that are like both of their parents. Reassortment of Influenza viruses can result in abrupt, major changes in Influenza viruses, also known as “antigenic shift.” When such an antigenic shift happens, most people have little or no protection against the new Influenza virus that results.

Since this was a new virus and there was not vaccine available, Public Health focused on prevention and control measures in the early stages of the pandemic (late spring 2009). There was a significant amount of Influenza activity in the fall of 2009, and the majority of cases were the novel H1N1 Influenza A. Public Health worked with the State Department of Health Services and local partners to educate the public about infection control and prevention of Influenza, and utilized Public Health’s Mass Clinic Plan to make preparations for clinics.

Stakeholders were invited to a meeting in the fall of 2009 so that plans for H1N1 Immunization could be reviewed and input could be obtained from community partners. These Community partners included healthcare providers, school administrators, media, and emergency management personnel. Plans for school based clinics were reviewed. The current vaccine situation and the current level of Influenza like illness were discussed, and plans were made for community notification of school and public clinic dates.

Prior to holding the clinics, vaccine information statements and permission forms were distributed to area schools and other clinic sites. The vaccine information statements and permission forms were uploaded to the County’s web site and clinic information was posted on [www.211wisconsin.org](http://www.211wisconsin.org).

In the early stages of vaccine availability, vaccine was targeted to persons who were determined to be at highest risk for infection with the novel H1N1 Influenza virus. In mid-November, as vaccine became available, Public Health held clinics for persons in the target populations. By December 2009, Public Health had adequate vaccine to begin school based immunization clinics, and was able to offer H1N1 immunizations to all school age children (children under 10 years of age would need an additional dose in 1 month) and UW Richland students prior to Christmas Break.

Parents had the information ahead of time and were notified of the date their children would be immunized. WRCO radio provided many PSAs regarding the clinics and the number to call with questions was included in all media releases

and on the website. School staff was very helpful in organizing students and school clinics went without incident.

Using the Community Services Building as the primary location for the community clinics worked well for administration of H1N1 vaccine, but alternate locations might be necessary in another situation depending on the target groups, type of clinic, numbers needing immunization, etc.

## **NUTRITION**

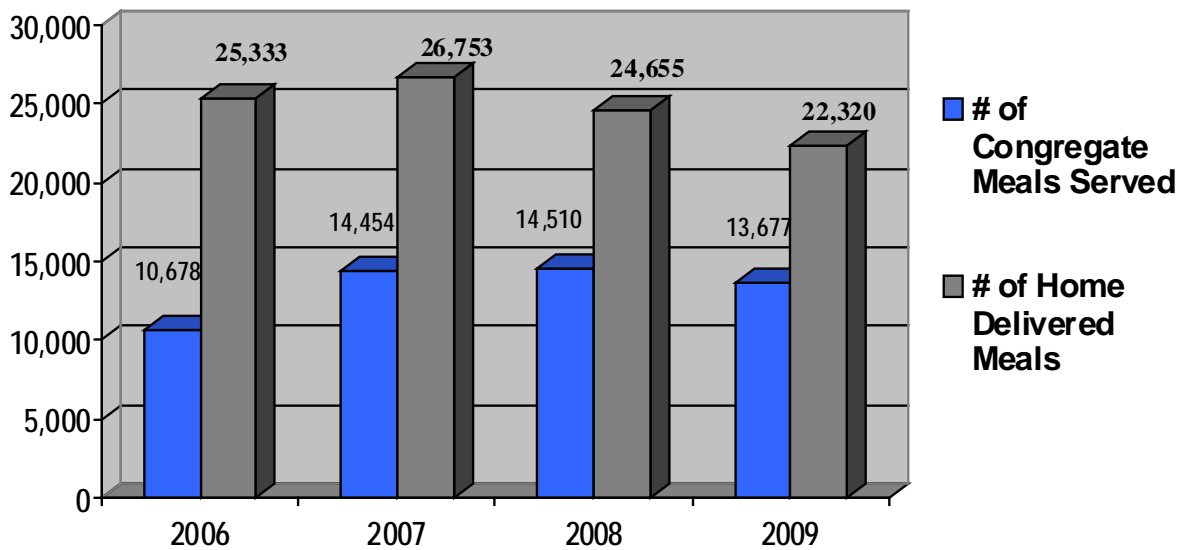
The Older Americans Act was enacted in 1965 to provide assistance in the development of new or improved programs which help older persons. One of the first programs established through the Act was the Senior Nutrition Program.

The purpose of the Senior Nutrition Program is to provide nutrition services to older individuals to assist them to live independently by promoting better health through improved nutrition and related supportive services. Nutrition services include the procurement, preparation, transport, and service of meals, nutrition education, nutrition screening, and nutrition counseling to older individuals at senior dining centers and in their homes.

Richland County has five operating meal sites: Richland Center (Town & County Presbyterian Church); Viola (Viola Village Offices); Germantown (St. Anthony's School); Boaz (Karen's Supper Club) and Rockbridge (Rockbridge Elementary School).

### **2009 Nutrition Statistics:**

<u>Meal Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	5,564	18,377
Viola	3,343	809
Germantown	411	2,936
Boaz	390	0
Rockbridge	<u>3,969</u>	<u>198</u>
<b>TOTAL</b>	<b>13,677</b>	<b>22,320</b>



The Richland Center, Germantown, and Viola Meal Sites operate 5 days per week, and include home deliveries; the Boaz meal site is open on Wednesdays; and the Rockbridge Meal Site is open Monday, Wednesday, and Friday each week. Arrangements can be made for the delivery of home delivered meals five days per week within Richland Center with a prescription from a healthcare provider. Arrangements can also be made for frozen meals on the weekends or weekly for persons who live in more remote areas of the County. Regular 5 day/week delivery of meals also requires a prescription from a healthcare provider.

Persons over 60 may eat at any meal site for a donation; however there is a suggested donation rate. All others must pay the full cost of the meal.

The Senior Nutrition Program menus follow the most current USDA Guidelines for Americans and provides one-third of the recommended daily allowances (RDAs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences (the RDAs are numeric values used to determine the level of intake of essential nutrients that have been determined to meet the known needs of practically all healthy persons). The program's menus are prepared by a dietetic technician to assure that certain nutritional requirements are met.

**Additional Information about Richland County's Senior Nutrition Program:**

- Meal site managers and staff attend yearly site manager trainings.
- All site managers are required to have current Food Manager Certification.
- Meal sites are inspected yearly.

- The Nutrition Advisory Board meets quarterly to review activities and participation at the sites.
- All participants are screened yearly using the Determine Checklist to assess their continued need for the program and the possible need for other services.
- Nutrition education is provided for both congregate and home delivered meal participants. In 2009, this was done four times throughout the year.
- All participants are surveyed at least yearly to assess their satisfaction with the program. In 2009, meal site reviews were completed on all five senior nutrition meal sites.
- Provider contracts and agreements (including rates) are reviewed and renewed yearly.
- Many volunteers assist the program by delivering meals to homebound individuals 5 days per week.
- Many volunteers help at the congregate meal sites.

Additional Features in 2009:

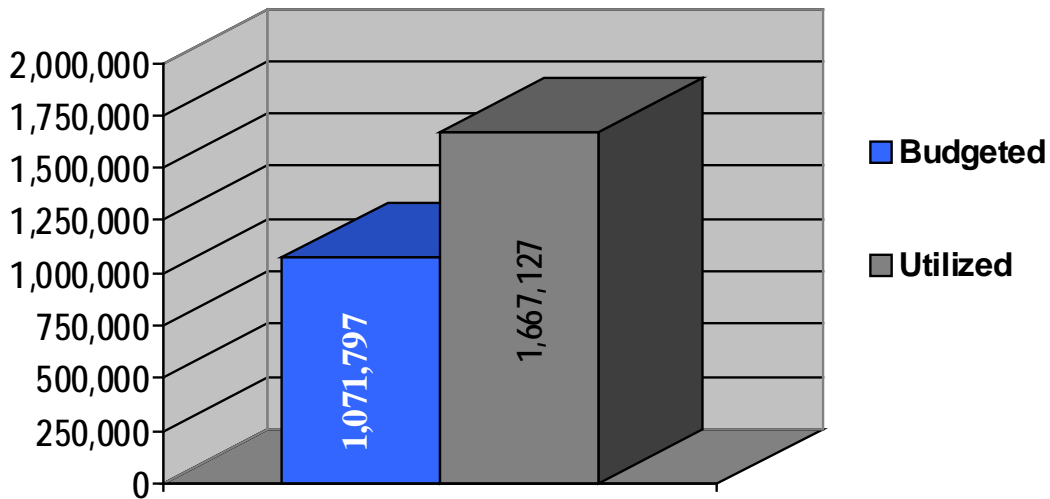
- Honored home delivered meal volunteers at a Volunteer Breakfast on May 15, 2009.
- Assured completion of nutrition assessments on all program participants. These assessments were completed by Public Health nurses and Long Term Support care managers.
- Developed and implemented the Senior Farmer's Market Program to provide vouchers for Richland County Seniors to purchase locally grown fruits and vegetables.

# **FISCAL**

**(Un-audited Figures)**

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

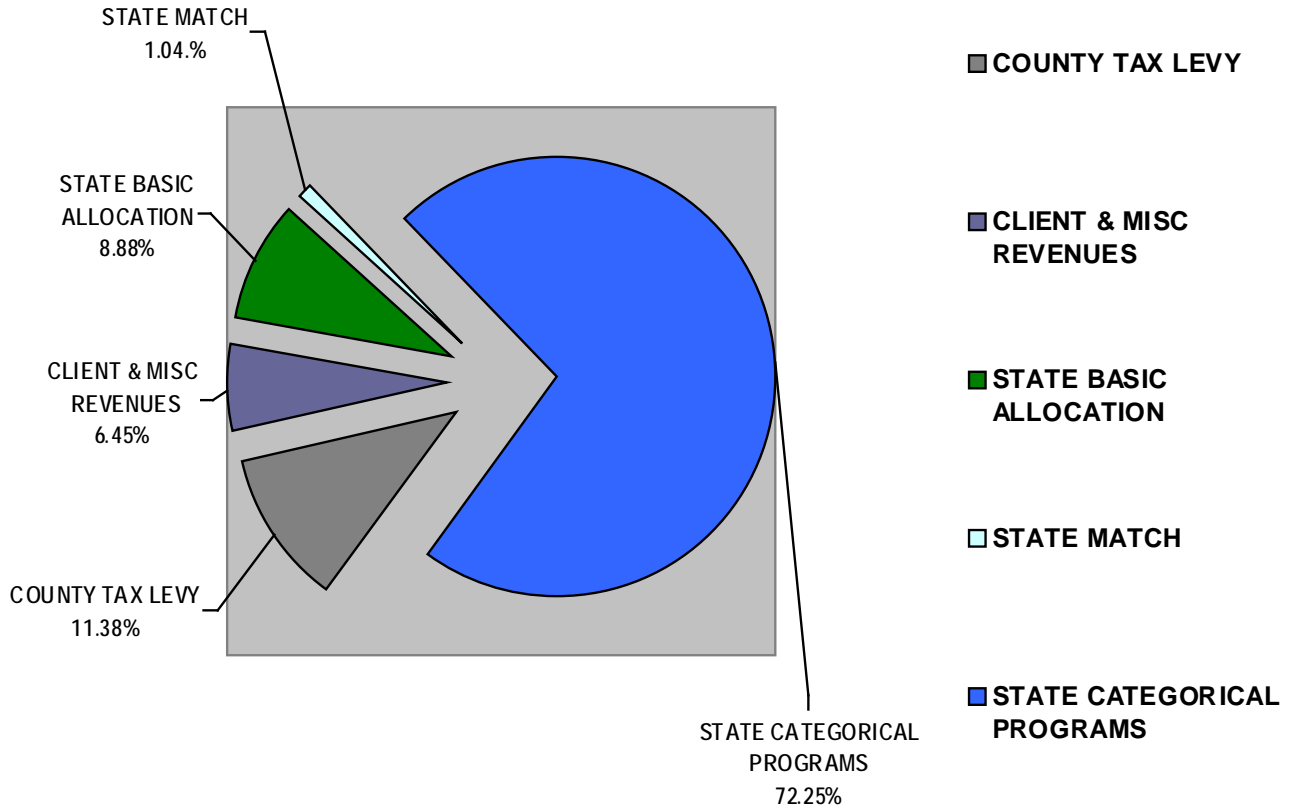
## COUNTY TAX LEVY BUDGETED VS. USED



Budgeted	\$ 1,071,797
Utilized	\$ 1,667,127
Variance [Over Budgeted Amount]	\$ (-595,330)
<b>Unbudgeted Institution Costs (not covered by Fund 54)</b>	<b>\$ 212,479</b>
Amount <b>Over</b> Budget Without Institution Costs	<b>\$ 382,851</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

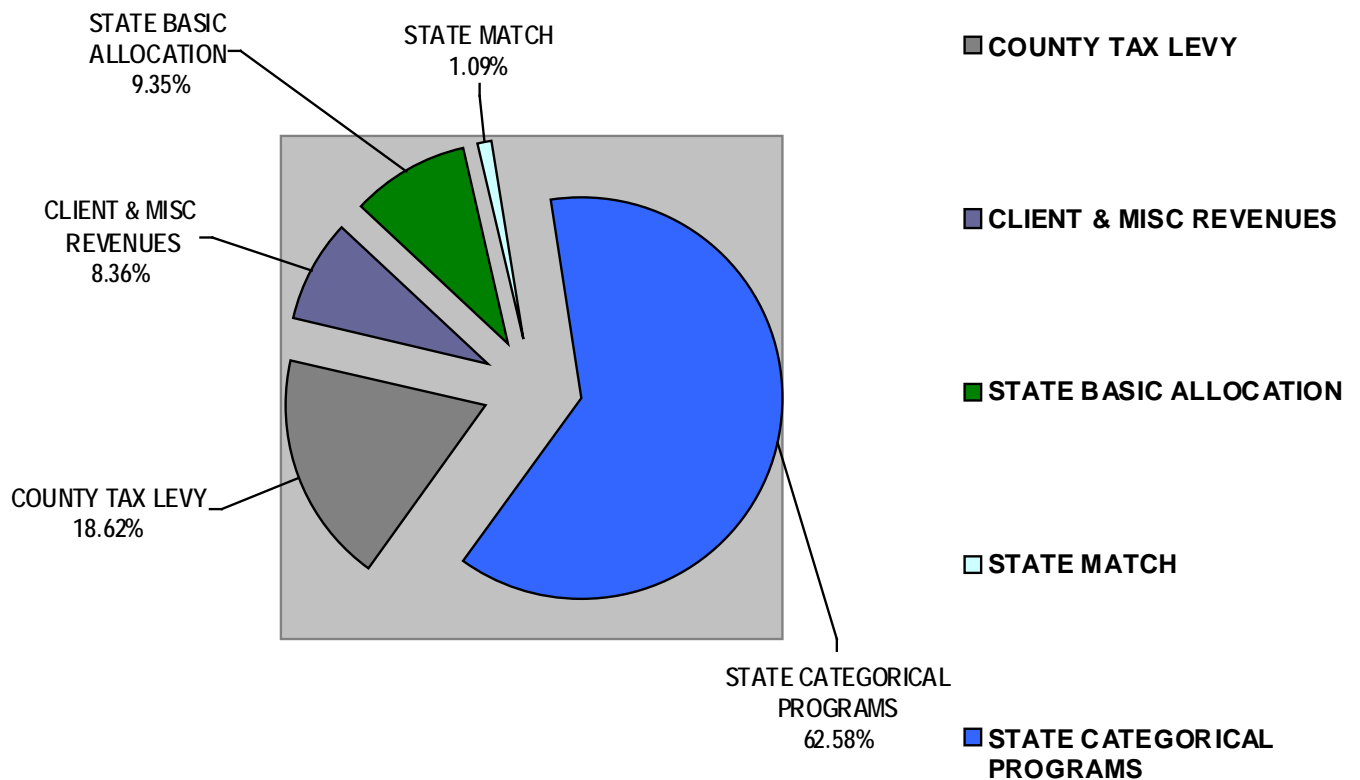
## BUDGETED REVENUE



COUNTY TAX LEVY	\$ 1,071,797
CLIENT & MISC REVENUES	\$ 607,321
STATE BASIC ALLOCATION	\$ 836,948
STATE MATCH	\$ 97,686
STATE CATEGORICAL PROGRAMS	\$ 6,807,351
<b>TOTAL</b>	<b>\$ 9,421,103</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## ACTUAL REVENUE SOURCES

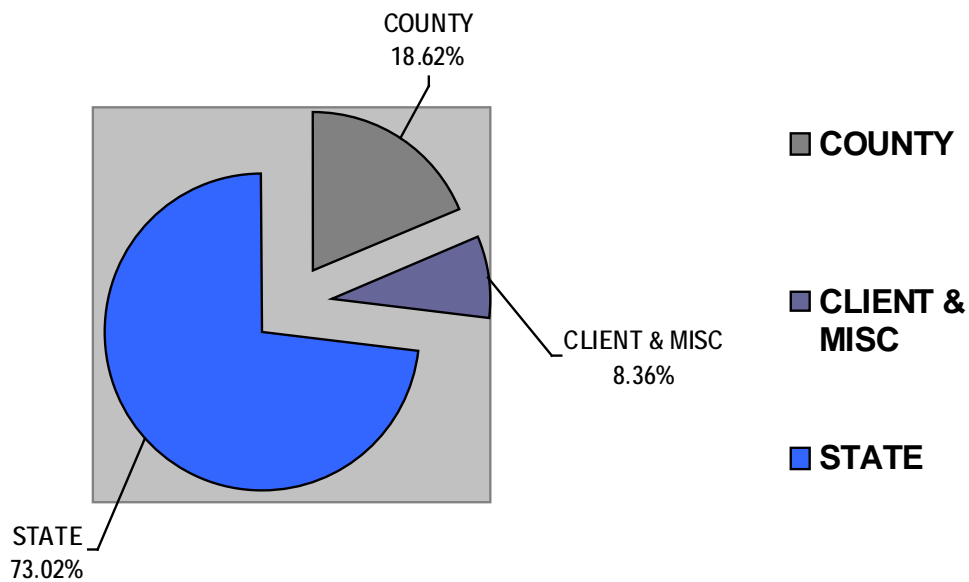


COUNTY TAX LEVY	\$ 1,667,128
CLIENT & MISC REVENUES	\$ 748,681
STATE BASIC ALLOCATION	\$ 836,948
STATE MATCH	\$ 97,686
STATE CATEGORICAL PROGRAMS	\$ 5,603,867
<b>TOTAL</b>	<b>\$ 8,954,310</b>



# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,667,128
CLIENT & MISC	\$ 748,681
STATE	\$ 6,538,501
<b>TOTAL</b>	<b>\$ 8,954,310</b>

# APPENDIX

# Richland County Health and Human Services

## 2009 Health & Human Services Contracts (Over \$10,000)\*

Aegis Therapies	\$74,301	John Hoffman AFH	\$43,188
Attorney Henry Plum	\$16,602	LaCrosse County Human Services	\$17,270
B-Care Corporation	\$81,507	Lori Knapp – Richland, Inc.	\$146,056
Christopher Nevers, O.D.	\$58,934	Neveah Haven AFH	\$44,084
Clemens Schmidt, M.D.	\$62,110	Pavlak AFH	\$31,106
Community Care Resources	\$12,546	Richland Hospital	\$41,257
David Dati, LCSW, LMFT	\$44,693	SW WI Workforce Development Board	\$375,092
Family & Children's Center	\$79,042	Tazzee's Wonder Bar & Restaurant	\$15,943
Fillyaw AFH	\$12,270	Tellurian UCAN, Inc.	\$14,334
Gander's Cleaning Service	\$39,886	Tomorrow's Children, Inc.	\$59,976
Gundersen Lutheran Medical Ctr	\$21,403	Trempealeau County Health Care	\$84,863
Integrated Development Services	\$49,068	VARC, Inc.	\$53,161
Irv Balto, LCSW	\$20,436	Wisconsin Early Autism Project (WEAP)	\$68,636
Jean Warrior, Ph.D.	\$16,512		

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

# Richland County Health and Human Services

One Office Location as of September 8, 2009

**Community Services Building  
221 West Seminary Street  
Richland Center, WI 53581**

*Administrative Services Unit  
Aging & Disability Resource Center of Southwest WI - North  
Children's Services Unit  
Clinical Services Unit  
Economic Support Unit  
Long Term Support Unit  
Public Health Unit*

(608) 647-8821  
Fax: (608) 647-6611

*Aging & Disability Resource Center of Southwest WI – Richland Center*

(608) 647-4616 or  
1 (877) 641-4616  
Fax: (608) 647-6611

PLEASE VISIT OUR WEB SITE AT [www.co.richland.wi.us](http://www.co.richland.wi.us)