

2012 Annual Report

Richland County
Health and Human Services

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

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2012 Annual Report. This past year marked our twelfth full year since the creation of the Health and Human Services Agency in August of 2000. Several highlights of 2012 include:

- **The Implementation of the Capital Consortium for Income Maintenance.** On January 1, 2012 Richland County joined with Adams, Columbia, Dane, Dodge, Juneau, and Sauk Counties to create a regional Economic Support Consortium for the delivery of Income Maintenance Programs. This regional collaboration resulted in the development of an Income Maintenance Call Center. The intent of the customer call center is to increase staff efficiencies and offer clients the ability to get resolutions to their questions and concerns much quicker than in the old model. As we look forward to 2013, we anticipate an even more efficient and friendly customer call center.
- **The Richland County Transportation Program.** In 2012, the ADRC was able to obtain a large public transportation bus and establish bus routes along major roads throughout the county. There are six routes established and public transportation has been made available to everyone in the county.
- **Richland FIT Program.** The Public Health Unit was successful in its application for a Wisconsin Partnership Program Grant late in 2012. This grant will offer funding for a three year implementation grant that will focus on healthy eating and nutrition for the citizens of Richland County.
- **Implementation of an Electronic Health Records System.** Our Clinical Services Unit, along with our Administrative Unit, implemented an electronic health records system in October 2012. Transferring to an electronic health record system was a major undertaking for not only clinical care, but also for billing and other business office functions.
- **2012 Health and Human Services Budget.** As has been the case the last number of years, we were fortunate to end the year with a modest surplus.

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, staff contact information, and program information can now be viewed online on the Health and Human Services webpage located at www.co.richland.wi.us.

Sincerely,



Randy Jacquet, LCSW
Director



Richland County Health and Human Services

MISSION STATEMENT

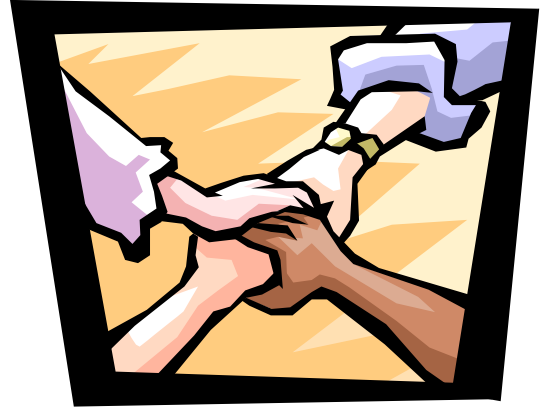
PROMOTE THE HEALTH, WELL-BEING, AND SELF SUFFICIENCY FOR ALL PEOPLE OF RICHLAND COUNTY

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

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

Richland County Health & Human Services

2012 Annual Report



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MISSION STATEMENT

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Robert Holets, Chair (as of May 2012)
Jeanetta Kirkpatrick, Chair (until April 2012)

Dr. Louis Williams (as of February 2012)	Fred Clary
Betty Havlik (until April 2012)	Marilyn Rinehart
Walter Gust (until April 2012)	Ray Schmitz
Larry Jewell (as of May 2012)	Paul Kinney
Robert Bellman (as of May 2012)	
Virginia Wiedenfeld (as of May 2012)	

Commission on Aging & Disability

Commission Members

Laura Poindexter, Chair

Bonnie Richardson	Carol Clausius
David Scribbins	James Cox
Donna Simonson (until May 2012)	Marie Rakow
Larry Jewell (as of April 2012)	Paul Kinney
Lawrence Sowle (until April 2012)	Floyd Bartow (until Nov 2012)

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

Paul Kinney, Chair

Bonnie Rosas	Cathy Krulatz
Faye Burghagen	Ricki Bishop
Amanda Coorough	Tracy Thorsen

Nutrition Advisory Council

Committee Members

Scott Banker, Chair

Harriett Hendricks
Kim L'Hote

Janine Parduhn
Mike Shields

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

Board Members

Robert Neal Smith, Chair (as of May 2012)

Walter Gust, Chair (until April 2012)

Art Carlson (as of April 2012)
Donald Seep (as of April 2012)
Janet Pearson
June Leirmo
Marjorie Sheckler
Phyllis Johnson (until October 2012)

Diane M. Brown
Jackie Maier
Janice Clevon
Lane Poulin
Peter Murray (until April 2012)
Tom Brounacker

Richland County KIDS Council

Council Members

Connie Vlasak, Chair

Amanda Miller
Faith Peckham
Hallie Wiertzema
Marilyn Rinehart
Laurie Couey
Kay Cunningham

Belinda Granger
LaVonne Bekkum
Rachel Schultz
Amanda Coorough
Michelle Parr

Transportation Coordinating Committee

Committee Members

Marie Rakow, Chair

Angela Metz
Bette Cook
Carol Clausius
Linda Symons
Tracy Hanson

Angela Young
Betty Havlik
Dan Carroll
Paul Kinney
Ursula Straight

BOARD ORGANIZATIONAL STRUCTURE

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)	Transcription
Database management	
Fiscal reporting	

While maintaining these varied areas of responsibilities on a day-to-day basis, the Administrative Services Unit continues to look for ways to improve our business practices and create efficiencies within the agency.

The Administrative Services Unit has continued to experience significant changes in 2012. The transition to electronic health records for our Mental Health Clinic clients is a project that required much involvement from the Administrative Services Unit in 2012, and will continue into 2013-2014. Each year the Administrative Services Unit manages to rise to any challenge that is presented.

For a summary of Health and Human Services financial data for the year 2012, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WI – RICHLAND CENTER

(Renamed ADRC of Eagle Country in 2013)

Mission Statement

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 the local office of the ADRC of Southwest Wisconsin – North serving Crawford, Richland, Juneau and Sauk Counties. The ADRC provides information and assistance service designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves adults who are elderly, or have physical, developmental, substance abuse, or mental health disabilities, or youth with disabilities who are transitioning from children services into adult services.

Staff at the ADRC assist customers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. The ADRC also provides benefits-related counseling and services to the elderly, as well as adults with disabilities 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. Staff also provide intake and eligibility determination for publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. 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 customers with accessing programs and services.

In 2012, the Information and Assistance staff (I&A) received 3,542 contacts from customers. Contacts are defined as first-time customers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

2012 Information & Assistance Customers

Of the self-identified:

54% were 60 years and older;

21% were customers with physical disabilities;

10% were customers with developmental disabilities;

15% were customers with mental health or substance use disorders; and

30% were unknown.

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

Those contacting the ADRC in 2012 had over 4,900 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 customers simply need information, others need various kinds of assistance getting connected to programs or services. Staff provide a wide range of assistance which can include, contacting a service provider on the customer's behalf; helping the customer complete an application; advocating on behalf of a customer to help solve a problem related to accessing a program or service; providing in-depth counseling about long-term care options; and providing short-term case management to assist a customer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

The ADRC is the intake point for State Long-Term Care Programs. In Richland County, those programs are Family Care and IRIS (Include, Respect, I Self-Direct).

Eligibility determination and enrollment into both Family Care and IRIS is a complex process that occurs through the coordinated efforts of Economic Support; the Family Care Organization or IRIS Independent Consultant Agency; and the Aging and Disability Resource Center. It is the Information and Assistance staff who shepherd customers 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;
- completing Family Care enrollments or making referrals to the IRIS Independent Consultant Agency;
- helping to transition customers into Family Care or IRIS; and
- providing advocacy for customers who are having issues or concerns with their chosen long-term care program after enrollment.

In 2012, staff completed 71 Functional Screens and enrolled **63** customers into long-term care publicly funded programming.

DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to Richland County residents ages 18 through 59 years with physical disabilities, developmental disabilities, and/or disabilities due to 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 long-term care benefit. The Disability Benefit Specialist position consults with a Staff Attorney located at Disability Rights Wisconsin in Madison.

The Disability Benefit Specialist program assisted 139 Richland County residents in receiving over **\$1,268,622** in Federal, State or private benefits for which they qualified.

Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$8,798,330. 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.

ELDER BENEFIT SPECIALIST

Through the Elder Benefit Specialist Program, Richland County residents aged 60 or older can receive free advocacy and assistance with issues related to public and private benefits to which they are entitled due to age, disability, or financial factors. In order to ensure high-quality advocacy and representation of program participants, the Elder Benefit Specialist receives in-depth, on-going legal training and supervision from attorneys through the Greater Wisconsin Agency on Aging Resources.

The Elder Benefit Specialist works closely with Information and Assistance Specialists to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elder Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance. In an effort to address the growing need for pre-retirement information and assistance, 4 new Medicare workshops were offered. Over **100** people attended to learn how to navigate all the Medicare Programs.

In 2012, the Elder Benefit Specialist Program provided a savings to 247 county residents totaling **\$1,323,959** in Federal, State, and other funding based on the type of program.

These savings benefit the community as elders use the funds locally to purchase food, clothes, medication and pay for housing.

EARLY INTERVENTION/PREVENTION SERVICES

2012 was the fourth year the ADRC participated in the Senior Farmers Market Program through collaboration with the Public Health Unit of Health and Human Services, the University of Wisconsin Extension office, and Second Harvest. 101 sets of Farmers Market vouchers each worth \$25 were distributed to seniors in Richland County to purchase local, fresh, homegrown produce. The program promotes healthy food purchasing options and brings \$2,525 in revenue to local producers.



The Low Vision Support program provides an ongoing support and transition group for adults who have a visual impairment. On a monthly basis up to 20 people gather to learn about services and resources that can help them to remain active and independent. The group supports anyone with a visual challenge through opportunities to meet other with similar concerns. The group shares experiences and expertise, enjoys visiting with guest speakers, and share potlucks. This group is a well-known and long-term group that continues in popularity. Transportation is provided as needed.

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 have physical or developmental disabilities, or who have mental health or substance abuse disorders and are in need of long-term care. 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 2011-2012 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.

- Leadership and participation in monthly 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 in the 'Get Real Fair' at the UW-Richland to help educate and support student's understanding of life problem solving and proactive planning.

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 2012, Richland County Health and Human Services received \$3,565. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's and Dementia Alliance, Richland County contributed to the further development of a local Dementia Network and participated in the 2012 Alzheimer's Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

In 2012, Richland County expanded the transportation program to include the Richland County Public Transportation bus routes into the rural communities. The theme of the Richland County Transportation program is Connecting Our Communities. The program is dedicated to helping the rural residents and border communities connect with Richland Center and surrounding counties. Richland County continues to coordinate the Driver Escort Program which provides door-to-door transportation service to the elderly (60 years and older) and disabled residents of Richland County to primarily medical appointments within an 85 mile radius. In addition, the lift vehicles are available to Richland County residents for wheel chair transportation to medical appointments.

Richland County Public Transportation & Lift Vehicle Transportation

In 2012, the Richland County Public Transportation program established bus routes along the major roads through the county. There are six routes with four of the routes having an assigned day Monday through Thursday and two of the routes alternating every other Friday. This program is public transportation and is available to everyone. There was a marketing campaign in the fall to raise awareness of the routes throughout the communities.

Additionally, Richland County residents were able to coordinate wheel chair transportation to medical appointments within 85 miles of Richland County.

In 2012, the Richland County Public Transportation and Lift Vehicle Transportation programs had three temporary casual drivers providing a total of 81 trips for **114** passengers traveling 8,297 miles.



The Driver Escort Program

In 2012, the Driver Escort Program had 26 volunteer drivers providing a total of **1,314 trips** for **1,551 passengers** traveling **146,900 miles**. The volunteer drivers donated **7,152 hours** of their time.

The program is primarily funded through the s.85.21 Department of Transportation grant for Specialized Transportation which requires a 20% county levy match, as well as receiving reimbursement through Veterans Affairs, Southwest Family Care Alliance and co-pays collected from passengers. In an effort to be fiscally responsible 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 2012 totaled \$10,173 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 2012, the funds supported **189** families, provided funded support for information and assistance through the ADRC, and subsidized some transportation needs for caretaking families.

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. 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:	113
Self Neglect	69
Financial Exploitation	16
Neglect by Other (s)	13
Physical Abuse	3
Sexual Abuse	1
Emotional Abuse	0
Sexual Abuse	1
Other	11

The total number of reports increased by 36% in 2012.
Self neglect continues to be the largest incidence of reporting.

Elder Abuse and Neglect Funds

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the State. In 2012, the State allocation of \$10,544 served **40** 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 2012, 47 court actions were completed for 27 people. Court action can include creating guardianship of estate and person, protective services and placement of an individual, creating successor guardianships, terminating guardians of person and estate, emergency protective placement, 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. In 2012, 59 people received annual protective placement reviews.

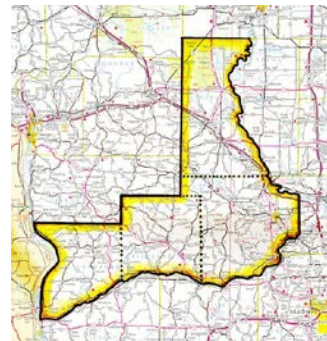
AGING & DISABILITY RESOURCE CENTER OF SOUTHWEST WI – NORTH

(Renamed ADRC of Eagle Country in 2013)

Serving: Crawford, Juneau, Richland, & Sauk Counties

Mission Statement

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



REGIONAL MODEL

The regional model provides seamless cross border service to customers. The region has shown outcomes in areas of consistent, standardized, quality, and cost-effective service deliveries. In 2012, the region continued to partner on two research projects that will have a significant role in shaping our health care system. ADRCs across the state are playing a large role in piloting many research projects with a large aim of finding ways to assist people in remaining in the community longer which brings cost efficiencies to the state of Wisconsin's health care system.

ADRC of SW WI – NORTH GOVERNING BOARD

The Governing Board is a twelve member board whose membership is equally represented by each county. Board make-up includes county board members and consumers or consumer advocates representing; the elderly, adults with physical disabilities, developmental disabilities, mental health and/or substance use disorder needs and young adults with disabilities. The board meets on a monthly basis to provide input on issues of policy and assist in identifying unmet needs of consumers. They are ambassadors of the ADRC mission and advocates for the needs of all target populations served by the ADRC.

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Richland Center
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Fax: 608-647-6611

Baraboo
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608-355-3289
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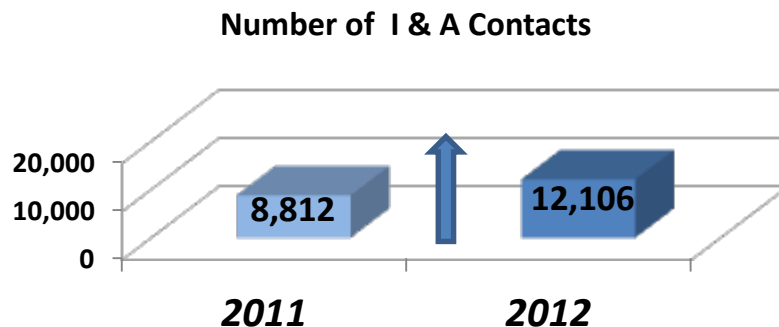
ADRC's LINKED TO COST EFFICIENCIES IN OUR HEALTH CARE SYSTEMS



The ADRC of Southwest WI - North supports people to live longer and safer at home through the support of ADRC core services, Wellness and Prevention Programs, Support Groups for Caregivers and our research grants. Our work also reaches out to assist people in relocating from nursing homes and intermediate care facilities for the mentally retarded (ICF MR) back into our communities.

INFORMATION & ASSISTANCE SPECIALISTS

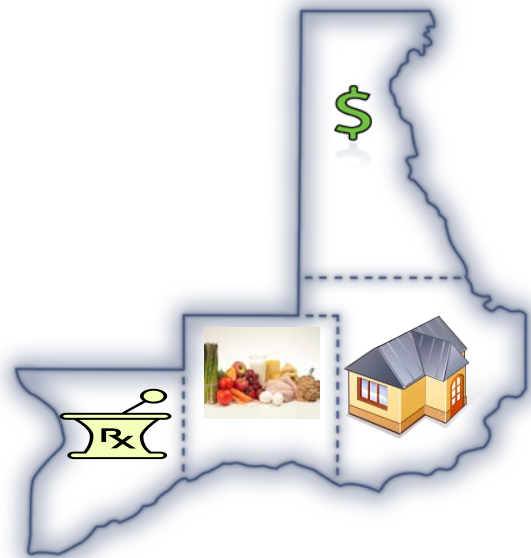
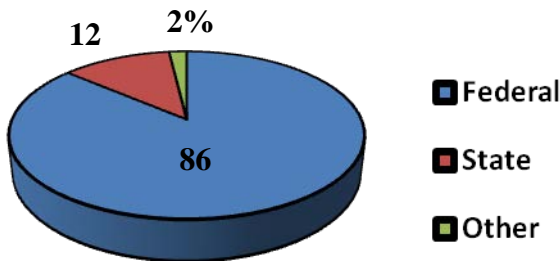
Information and Assistance Specialists serve our elderly population as well as customers 17 years old and older with a variety of disability types. Together they explore options for meeting long term care needs, review resources, and offer guidance to enable people to make choices that allow the customer to live a rewarding, and meaningful life, now and in the future. Through our marketing and outreach efforts we strive to educate people on what services the ADRC offers. As a result the Information and Assistance Specialists saw a 37 % increase from 2011 in the number of contacts they had with customers. People are finding the ADRC to be a valuable resource for support and guidance in meeting their needs, and are spreading the word!



Disability Benefit Specialists (DBS) provide services to people ages 18-59 with physical or developmental disabilities, mental illness and substance abuse disorders. The Disability Benefit Specialists provide reliable and accurate information and assistance on public and private benefit programs. They have access to an attorney from Disability Rights of Wisconsin for ongoing training, support, and guidance in complex matters of appeals and advocacy.

Elder Benefit Specialists (EBS) provide services to people 60 years of age and older who are having problems with their private or government benefits, consumer problems, or age discrimination. Elder Benefit Specialists receive ongoing training and are monitored by attorneys knowledgeable in elder law. These attorneys are also available to assist older persons in need of legal representation on benefit matters.

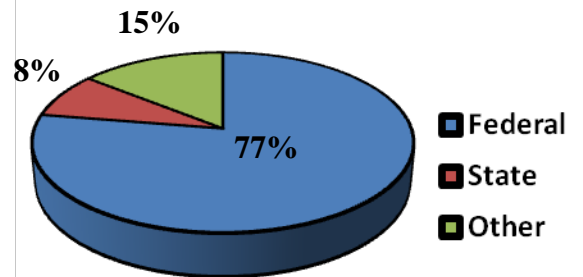
Disability Benefit Specialist Monetary Impact 2012
\$5,448,558



Monetary Impact

Monetary Impact is an estimate of the value of benefits obtained or retained with the help of a Benefit Specialist. These benefits are crucial in meeting the individual's basic needs and medical care. The Benefit Specialist's work must also be valued when considering the monetary impact these benefits have on the local economy.

Elder Benefit Specialist Monetary Impact 2012
\$3,921,166.89



EVIDENCE BASED PROGRAMS

The ADRC local offices have provided access to many evidence prevention programs throughout the region through the development of partnerships with local hospitals, clinics, senior centers and fitness centers. The listed prevention programs are evidence based in that they reduce emergency room visits, hospitalizations and overall health care costs. The caregiver support groups provide a critical role in keeping people home longer and healthier as well as care for the caregiver. Since programs are offered at different locations throughout the four counties, contact any of our offices for a listing of evidence based programs or support groups in your area. Stopping into your local ADRC office to have a conversation with an Information and Assistance Specialist will provide options on the program that best meets the needs and desires of you or your loved one.

Stepping On

Stepping On is a program proven to reduce falls and build confidence in older people. Participants gain specific knowledge and skills to prevent falls in community settings. It is designed specifically for people who are: 1) at risk of falling, 2) have a fear of falling 3) have fallen one or more times. Workshops are facilitated by trained leaders and provide a safe and positive learning experience.



Living Well is an evidence-based workshop for people who have one or more chronic conditions. A chronic condition is an on-going health problem or disease such as diabetes, heart disease, arthritis, and other long-term problems. Classes are highly participative, where mutual support and success build participants' confidence in their ability to manage their health condition to maintain active and fulfilling lives. It is facilitated by two trained leaders in a classroom style, but most of the learning comes from sharing and helping others with similar challenges.

Better Bones and Balance

Better Bones & Balance (BBB) is based on research from Oregon State University's Bone Research Laboratory. Study participants who performed balance and strength exercises using weighted vests reduced their rate of hip bone loss and reduced their risk of falls. All of the study participants were post menopausal women. The BBB classes are designed to gradually improve balance and strength to avoid falls and maintain independence. Most fractures occur from a fall. If you avoid the fall, chances are you won't experience a fracture. Because this program targets strength and balance, it has an immediate impact on reducing the risk for falls.

WALK WITH EASE

Walk With Ease (WWE), by the Arthritis Foundation, is designed for people with or without arthritis – young and old, male and female, fit and not-so-fit. It is a program to help people living with arthritis better manage their pain and is also ideal for people without arthritis who want to make walking a regular habit. Shown to reduce pain and increase balance and walking pace, Walk with Ease provides participants with the information and tools they need to develop a safe exercise routine that fits their unique needs and goals.



Eat Better & Move More

Eat Better & Move More (EBMM) is a community-based program designed to improve diets and increase physical activity among older Americans. The program was developed specifically for local OAA Nutrition Program sites and the Administration on Aging's national "You Can!" campaign. The latter, part of the Steps to a Healthier US initiative, encourages all Americans, including older adults, to live longer, healthier lives by being physically active, eating nutritious diets, obtaining preventive screenings, and making healthful choices such as not smoking.

Memories...

Free Memory Screening



Memory Screening is a free service provided by trained ADRC Information and Assistance staff. As our bodies age our brains age too, but normal memory loss that comes with aging shouldn't interfere with the activities of a person's daily life. If you or someone you know is experiencing symptoms of forgetfulness, confusion, disorientation, changes in mood or behavior it might be time to consider a memory screening. A memory screening gives a clear understanding of whether or not it is time to talk to your doctor about these concerns. Screening takes 15 minutes and you will know what to do next.



SENIORDRIVING.AAA.COM
HELPING SENIORS DRIVE SAFER & LONGER



AARP Driver Safety Programs help older drivers improve skills, avoid accidents and traffic violations. It is the nation's first and largest classroom driver refresher course specially designed for motorist age 50 and older. The course helps refine existing skills and develop safe, defensive driving techniques. There are no tests.



Powerful Tools for Caregivers is an evidence-based education program offering a unique combination of elements. The scripted curriculum and the intricately detailed training material, have guaranteed its consistency and quality. The program utilizes a train-the-trainer method of dissemination.



Alzheimer's Support Groups give a unique opportunity for caregiver to share their joys challenges. Caring for a person with Alzheimer's disease is often a series of grief experiences as you watch memories disappear and skills erode. Initially, this process can go unnoticed until difficulties impact more areas of daily life and the disease can no longer be denied. For both caretakers and their loved ones, this often produces an emotional wallop of confusion, anger and sadness. If left unchecked, these feelings can last throughout a caregiver's long journey. Exploring common Alzheimer's experiences can shift your perspective and show you that you are not alone.

CULTURAL COMPETENCY TRAININGS **Strengthens the Delivery of Services for ALL PEOPLE**



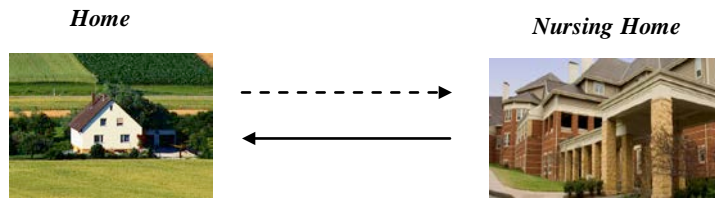
The ADRC of Southwest WI - North will strive to continue building stronger cultural competency in understanding the needs and challenges of individuals and their caregivers in the Lesbian Gay Bi-Sexual Transgender (LGBT) community.



HO-CHUNK NATION
PEOPLE OF THE BIG VOICE

Memorandum of Understanding was signed in 2012 between the Ho Chunk Nation and ADRC of Southwest WI - North. The region is looking forward to the Ho Chunk Nation providing a cultural competency training in 2013.

Money Follows the Person Rebalancing Demonstration Grant



The Department of Health Services was awarded a Money Follows the Person (MFP) Rebalancing Demonstration grant. The MFP Demonstration, per federal law, supports State efforts to rebalance long term support systems while supporting individual choice of living situation; (that is, move away from the use of institutions towards greater choice for community cares.)

Under the demonstration, Wisconsin receives enhanced federal match for each qualifying person. The demonstration will continue through 2016. The ADRC plays a significant role in relocating people from institutional settings to the community. ADRCs market and provide outreach to nursing homes, respond to referrals, discuss options for community placement, payment, and enroll people in long-term care programs that might be needed to relocate. The ADRC of Southwest WI - North receives additional federal funding for their work in MFP.

ACTIVE AGING RESEARCH GRANT



The Active Aging Research Center (AARC) has been very active in the past year. We've conducted the following activities and research studies in 2012:

Asset-Based Community Development (ABCD) - This community team, now called Richland Together Let's Connected (RTLCC) talked with **150** older adults about their assets & challenges. RTLCC shared the assets and stories that were found at a "Community Celebration" in May and 150 people attended. This brought together community members and generated many ideas. RTLCC helped generate and promote the Richland Middle School Technology Expo for seniors. We are continuing to find ways to teach older adults technology, disseminate the Little Free Library, and work amongst other community groups such as Richland FIT. A video of our work can be found at: http://youtu.be/q_YqXXew7cM.

Driving - The UW-Madison Driving team conducted a one-of-a-kind research study. It equipped 20 drivers in Richland County with a video and GPS

monitoring device for a 2 week period. The purpose was to see what unique or difficult situations older drivers face in rural Richland County. The UW team is in the process of writing a journal article, looking at the data, and developing technology.

The Elder Tree (ET) - ET is a website where all of our interventions will be implemented. It is a safe, secure, and easy-to-use website that approximately 25 Richland County residents have tried and had input in its development. Participants were provided with either a laptop, tablet, or desktop and internet connection, all free of charge. Older adults can send public and private messages, receive healthy living tips, use a community calendar, and medication help on ET. The site is continuing to be developed and tested with multiple older adults.

ADRC of Southwest WI - North Materials - AARC has learned a lot about accessibility, design, and simplicity for promotional & website materials pertaining to older adults. This knowledge has been shared with ADRC of Southwest WI - North to ensure their new materials are *elder friendly*. Collaboration continues as the ADRC promotes its new name.

Richland County Advisory Committee - This committee was formed to gather input from local professionals in the field of health and aging for AARC initiatives. The committee meets quarterly and receives updates on projects, provides feedback, and often helps in recruitment efforts.

Randomized Control Trial - AARC is preparing for a Randomized Control Trial (RCT) starting in August of 2013. It is a trial where half of the participants will receive the intervention, The Elder Tree and proper hardware, and half will be in the control group, not receiving the technology but asked to fill out surveys. The RCT will require 100 participants. Due to the extensive criteria for eligibility, recruitment will be broadened to all the counties of ADRC of Southwest WI - North (Crawford, Juneau, Richland, and Sauk). This study will last through years 3 & 4 of the grant. It will determine the cost effectiveness and helpfulness of our tools. Year 5 will be devoted to disseminating our technology to 20 counties in Wisconsin.



LANGUAGE ENRICHED EXERCISE PLUS SOCIALITZATION

LEEPS partners dedicated volunteers with people who are experiencing early to moderate memory loss to provide exercise and social outings, along with cognitive stimulation. Or goal is to improve physical fitness, improve moods, and to enrich the lives of participants and caregivers. The ADRC of Southwest WI - North has played an important role in dementia awareness and providing information on resources that are available in our communities. As a partner in the LEEPS research study, referrals from ADRC offices continue to make up the majority of our participants.

As of February 2013, **55** potential participants and their caregivers have been interviewed in Crawford, Juneau, Richland, and Sauk Counties. Of those, **20** have been enrolled in LEEPS, and some of those have already completed their one-year follow up interviews. Similar results have occurred in the two other regions participating in the study. What we are observing is improved physical fitness in the participant and improved mood in both the participant and the caregiver.



With the assistance of local ADRC offices the LEEPS Volunteer Coordinator has developed a presentation for "Brain & Body Fitness" which has streamlined community outreach and awareness. It combines LEEPS, ADRC, local hospitals, Alzheimer's Association or Alzheimer's and Dementia Alliance, and other organizations with similar objectives, to provide a cooperative presentation to the community. Participant enrollment and volunteer recruitment increase substantially following a "Brain & Body Fitness" presentation.

Over the past two years, even before our research has been completed, LEEPS has evolved into a program that is now being disseminated to other counties throughout the state of Wisconsin. LEEPS is a research study funded by a Federal Grant. Our partners include:



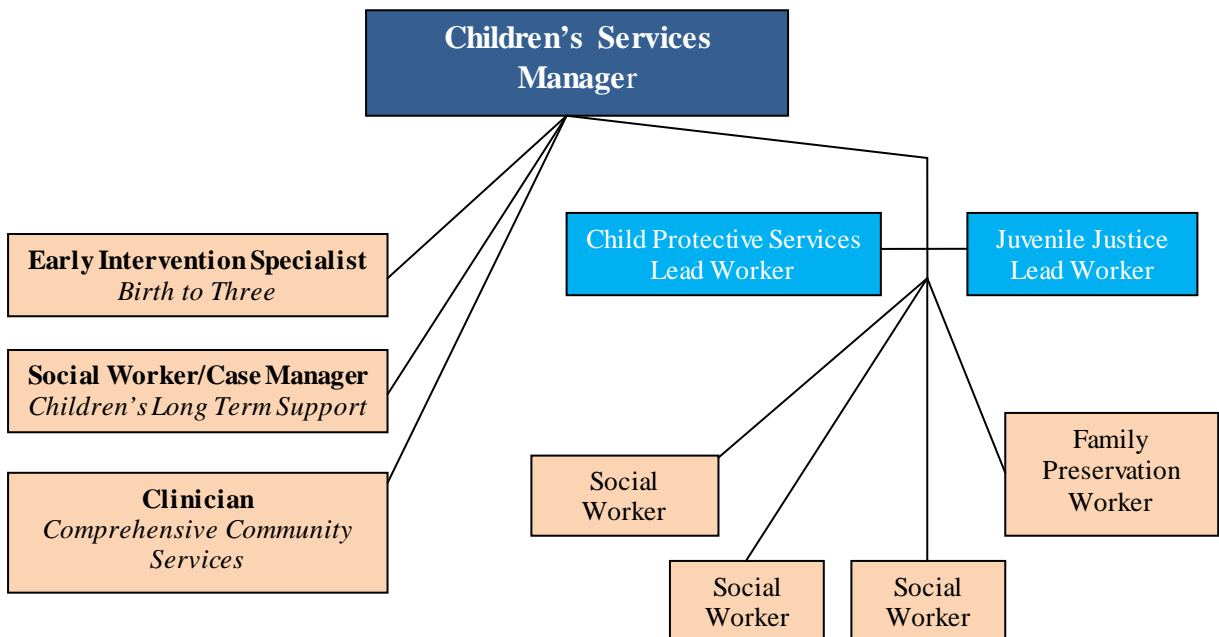
CHILDREN'S SERVICES UNIT

Richland County Children's Services works with local children ranging in age from birth to at least eighteen years of age, in some circumstances it may be longer. We interact and support families through seven individual program initiatives, all mandated through the State departments of Children & Families, Health Services, and Corrections.

Those seven programs are as follows:

- Birth to Three
- Children's Long Term Support
- Comprehensive Community Services for Children
- Child Protective Services
- Foster Care and Kinship Care
- Juvenile Justice and
- Independent Living

The Children's Services Unit (CSU) is structurally organized as follows according to the programs outlined above:



BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is eligible to children ages 0 to three years, who are county residents. The program is free to many families; however there is a cost share to those who can financially manage, depending on their income. The program operates a no wait-list policy, which means that all eligible children will be served regardless of how many are already being served within the program. The main criteria for program eligibility is that the child must show a 25% delay in one or more of the key areas of development (social-emotional, physical, cognitive, adaptive and/or communicative) or have a diagnosed condition which is likely to result in a developmental delay or have atypical development.

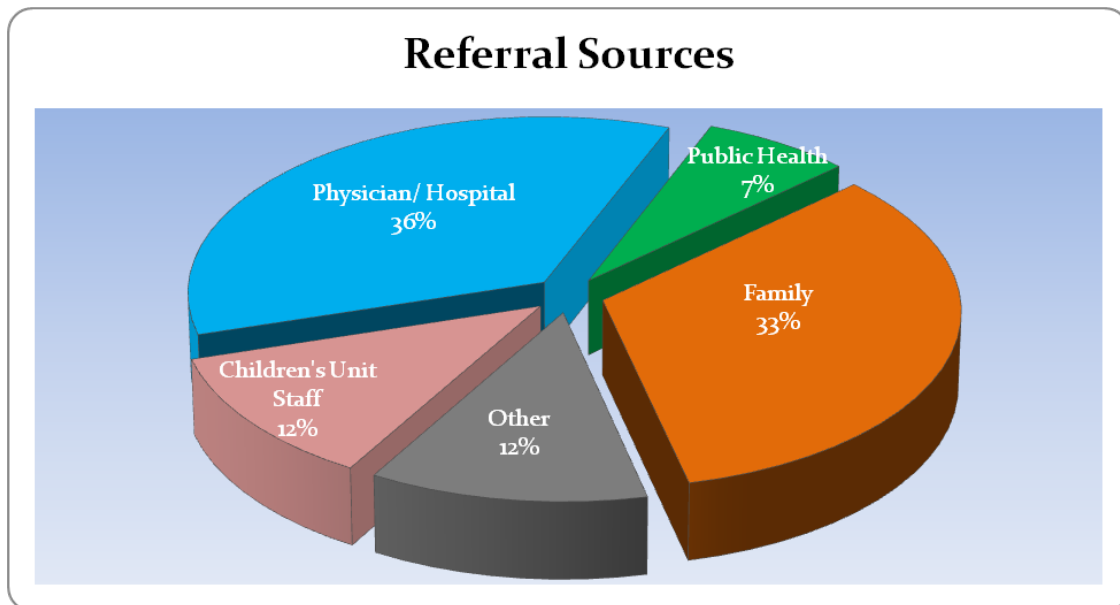
Services Provided

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

Funding Sources

- *Basic County Allocation (State)*
- *Private Pay (Third Party Insurance)*
- *Medical Assistance (State)*
- *Grants (United Givers, etc.)*
- *Parental Cost Share (Individual)*

In 2012, the Richland County Birth to Three Program served **30** children in 29 families. Of the 42 new referrals processed, 20 became enrolled in the program. During 2012, 16 children became dis-enrolled in the program for reasons ranging from the child turning three and transitioning to early childhood, to levels of delay changing over time, and through parent choice to terminate services. Referrals come from a variety of sources. In 2012, the distribution of referrals is demonstrated in the graph below.



These figures are comparable to the previous year indicating continued low enrollment levels. The program meets its commitments for child find activities to address program census.

Lastly, of the **30** children served in 2012, **22** children received occupational and physical therapy, **14** received speech therapy, **1** received education services, and **30** received case management.

CHILDREN'S LONG TERM SUPPORT PROGRAM **Formerly Children with Disabilities Program**

The Children's Long Term Support (CLTS) program is designed to support the needs of families that have a child with developmental, physical, severe emotional disabilities and/ or autism. The purpose of the program is twofold; 1) to assist families in meeting the needs of their children within the home and, 2) to support children who have disabilities/ delays to have the same quality life experiences as their non-disabled peers within the economic possibilities of their family. Unfortunately, there are often more children eligible for services than the County and/ or State can provide service. In order to keep track of families in need of services and ensure that services are offered in a regulated manner the State requires Counties to maintain wait-lists.

The program is operated by a full-time Case Manager who serves as both a liaison between families and State representatives to determine the child's eligibility and also as a coordinator for service provision directly to families.

Case Management Services

- *Coordinate in-home autism therapy*
- *Coordinate daily living skills training*
- *Arrange respite provisions*
- *Purchase adaptive aides*
- *Coordinate home modifications*
- *Conduct case management*
- *Provide information and access to community based resources*

Funding Sources

- *Medicaid (Federal)*
- *Family Support (State)*
- *Taxes (Local)*
- *Parental Cost Share (Individual)*
- *Private Pay (Third Party Insurance)*

In 2012, there were **20** children placed on the Richland County wait-list which is up slightly from the previous year. There were **23** referrals to the Children's Long Term Support Program. The program served a total of **39** children during the year, of which **30** received Waivers Support; a funding source which indicates full time enrollment in the program, and **23** children received Family Support; a funding source that both meets the crisis needs of families in the program, and those currently on the wait list.

COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN



Comprehensive Community Services (CCS) is a Medicaid supported mental health and substance abuse program that services both adults and children. Children up to the age of 18 years are served through the Children's CCS Program, while adult clients receive support from the Clinical Services Unit. The primary goal of CCS is to provide services through a single coordinated system of care where the young person is an active partner in their recovery.

The program is managed by a Clinician skilled in the development of children and who works closely with the adult CCS programming. The Clinician utilizes a team approach to assist young people in developing and achieving their identified goals, which is called a Recovery Plan. These plans focus primarily on stability and independence and are based on an individualized assessment of the young person. The team supporting the young person and their family are self identified and work together to play an active role in supporting the young person's progress towards their goals. The overall intent of the program is to reduce the effects of mental health and substance misuse disorders, restore consumers to the best possible level of functioning, and facilitate recovery.

Case Management Services

- *Service planning & facilitation*
- *Interpersonal & Community skills development*
- *Pre-vocational & employment related skills training*
- *Rehabilitative support, recovery education, illness management*
- *Respite*

Funding Sources

- *Community Options Program (Medicaid/ Federal)*
- *Community Recovery Services (Medicaid/ Federal)*
- *Parental Cost Share (Individual)*

In 2012, the program served **30** children, which is up slightly from the previous year. The program had 18 new referrals and 10 of those children were enrolled in the program. The remaining 8 referrals did not receive services either because they were not interested in the program, or they were not Medicaid eligible. There were 13 children disenrolled from the program.

CHILD PROTECTIVE SERVICES

Children's Protective Services (CPS) is one of the programs of the Child and Adolescent Services Team (CAST) that directs intervention into family life where abuse and neglect is suspected, or where children are deemed to be "at risk" by their primary caregivers. The focus of protective services intervention is to maintain the child safely in the least restrictive environment and within their natural family homes where possible. This can involve a variety of activities including making referrals to community services that can carry out detailed and focused interventions to meet the specialized needs of the child or family.



Children's Protective Services are structured to:

- Prioritize the health and welfare of children by encouraging the reporting of suspected abuse and neglect.
- Promote safe and stable family homes for children, whether this is with biological caregivers or in other caring environments.
- Assure that the right protective services are provided at the right time in the right way.
- Increase parent education of child development to build long-lasting, caring relationships between children and their parents.
- Identify support, counseling, and other services to empower families to survive the effects of child abuse and neglect.

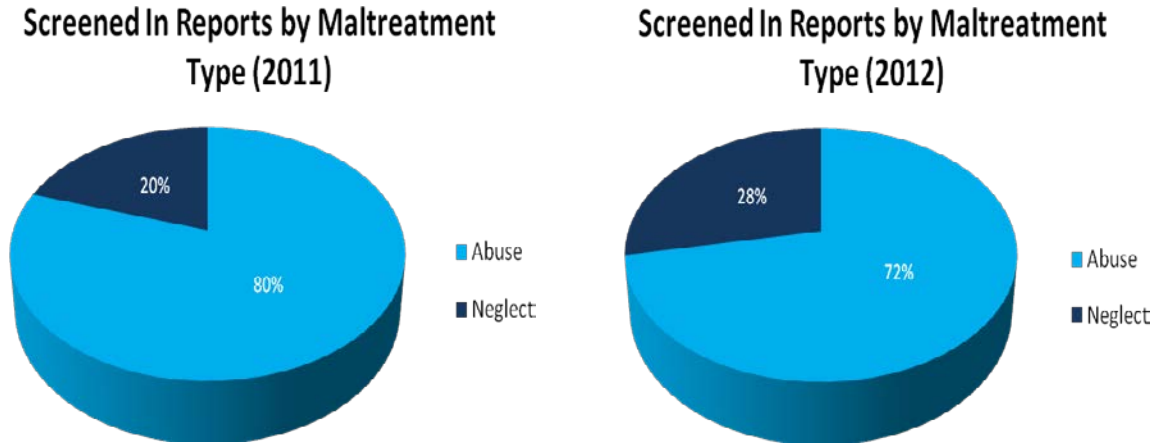
Wisconsin law has clear definitions of abuse and neglect and conditions where they permit protective service intervention in family life. CPS gets many calls each year requesting intervention that often times is outside the legal authority to act. In those situations, service aims to try to find solutions to getting the right information to the right people to ensure that local families have access to supportive frameworks in the community. We work in conjunction with many other services that can help families when we do not have jurisdiction. It is an expectation that all County agencies seriously consider the legal authority they

have to intervene in family life, and to keep intervention timely and focused and above all to do no further harm.

The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County we have seen an increase in reporting during this period which may follow local and national trends relating to low employment.

<i>SERVICE</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>
<i>Total CPS Reports</i>	137	121	94	98	133
<i>Total Alleged Victims</i>	176	143	114	113	167
<i>Screened In Services Reports</i>	78	60	49	60	96

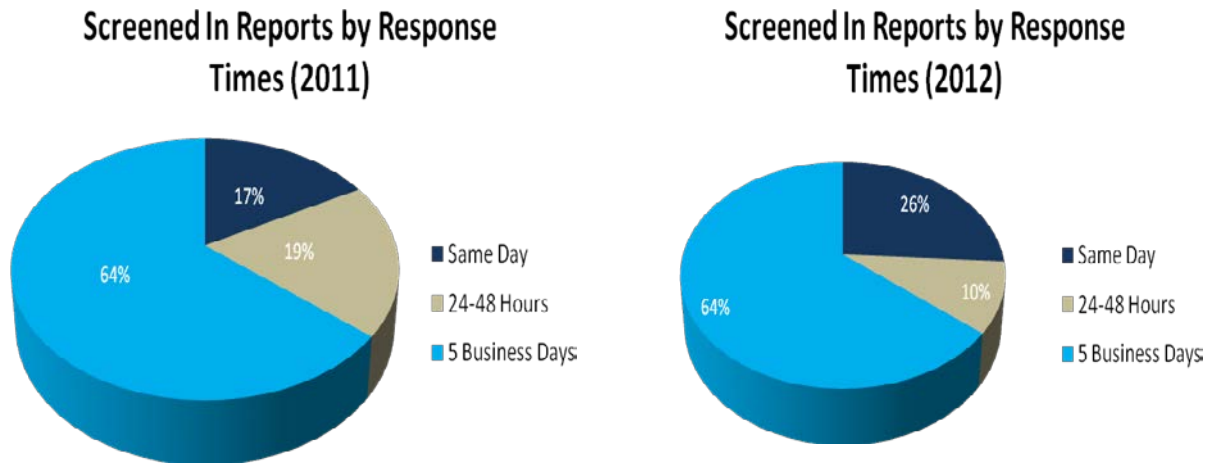
Drawing further on these comparisons, we have focused on the types of reports that CPS is receiving and screening in for response by a Social Worker. The first two charts below compare the reports screened in for investigation by maltreatment types for 2011 and 2012.



Overall, physical and sexual abuse continues to make up the largest percentage of child maltreatment. CAST developed several parenting support courses to assist with the education and support of parents locally, and continues to build on its safe and stable families modules.

The second set of charts below reflects the response times by the agency, as defined by State statues. Similar to 2011, a response of 5 business days was the

most typical type of response in 2012. This response time reflects a lower incidence of urgent or emergency reports involving imminent danger.



JUVENILE JUSTICE

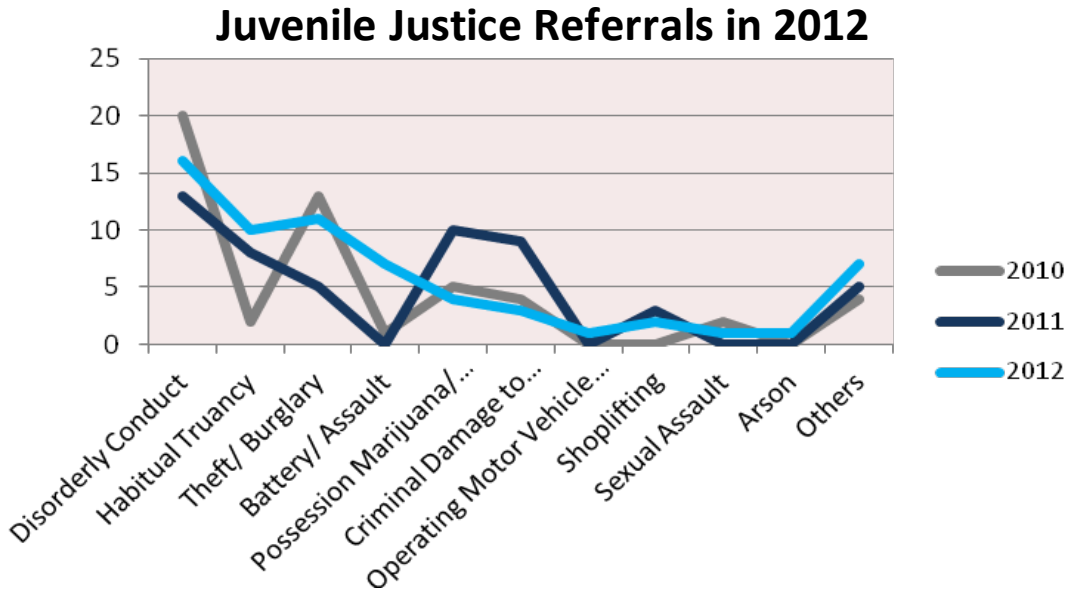
Juvenile Justice is the second program of Child and Adolescent Services Team (CAST). Juveniles served by this program are 17 years of age or younger, have been alleged to have violated a State or Federal law and/ or they are habitually truant from school (as defined by Wisconsin law). The program does not accept referrals for civil ordinance violations that are subject to local County enforcement. The focus of the program is to address juvenile delinquency in ways that prevent young people from ending up within the prison system in the future. This may involve stipulating corrective actions to unlawful behavior, incorporating the young person's family in actions to reduce offending behavior, and pursuing referrals to services that will address the root causes of offending behavior in juveniles. By working with young people separately from the adult criminal system it allows the program to work from a supportive systems perspective while maintaining individual responsibility.

Services Provided:

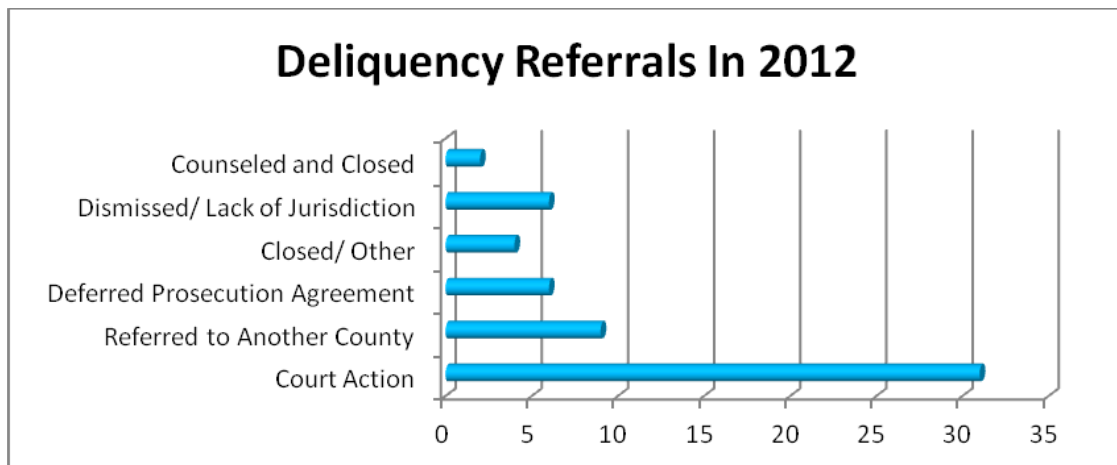
- Processing juvenile referrals.
- Making recommendations to the Court.
- Attendance and representation of the County at Court hearings.
- Case management and service coordination of juveniles.
- Collection and distribution of restitution monies.
- Provide electronic monitoring.
- Reunification for juveniles maintained out of home.

The type of referrals that the program sees in terms of juvenile offending behavior has largely stayed the same over a three year period. Statistics show

increased referrals for possession of marijuana/drug paraphernalia and criminal damage to property; two issues that will have to be addressed when considering program planning for 2013 service provision. The County has seen a decrease in theft/burglary and breaking and entering.



The disposition or legal processing of a juvenile delinquency case can take many forms dependent on the nature of the offense, the history of the offender, and the support system in place around the offender to reduce recidivism. Of those referrals made in 2012, the disposition is reflected by specific action in the chart below.



There were **58** referrals in total for 2012; of those, 31 referrals saw case action and 12 of these are repeat offenders, which is consistent with the previous five years.

FOSTER CARE and KINSHIP CARE

Foster Care is the third program of the Child and Adolescent Services Team (CAST). Having caring, responsive foster parents to envelope the child and work closely with the family to overcome these traumatic experiences is key to the safe reunification of children back to stable family homes. Foster parents receive payment towards the direct costs of caring for County children in need of out of home care. The rates are established by the State and implemented by the County.



The Foster Care Program has been largely responsible for the licensing of Level 1 and Level 2 homes locally. The program underwent major changes in 2012 when the Foster Care Coordinator resigned from Richland County employment. After review of the program activities, the County decided to pursue an external contract to provide more growth and development in the supportive activities of the program.

In 2012, there were 13 children in foster care. This compares to 11 children in 2011.

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 journey of healing and transformation enabling a person coping with mental illness or addiction to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. There are effective treatments for mental illnesses and addiction. **Recovery is possible for everyone!**

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

Every county in Wisconsin is required to provide emergency mental health and substance abuse services. The types of services that may be provided include:

- Evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Response to outpatient emergencies related to substance abuse including the provision for examination of a person’s need for detox.
- Arranging for emergency hospitalization and detox when appropriate.

The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

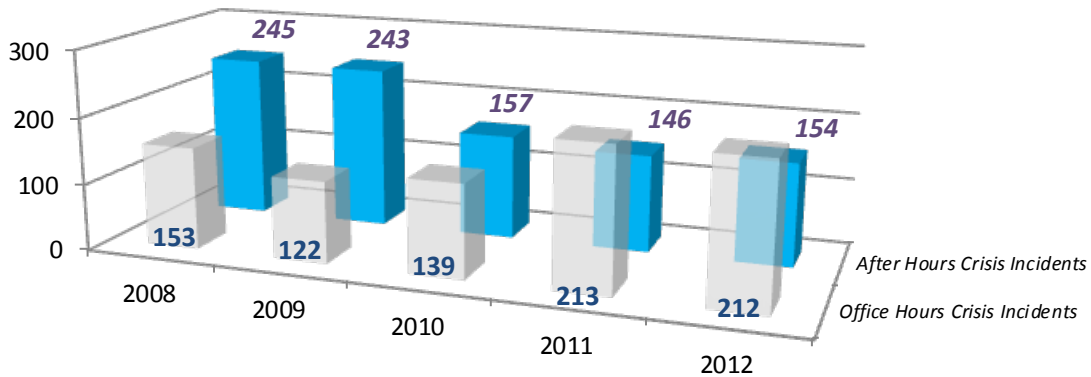
In 2011, as part of a quality improvement plan, Health and Human Services began contracting with Northwest Connections to provide the afterhours crisis services. The purpose of using a contract agency was to provide increased on-site interventions (also called mobile response) and provide an improved telephone service.

Northwest Connections provided crisis telephone services through their “Call Center” which has a toll-free number and a mobile crisis response through locally hired crisis intervention workers. The Call Center provides callers with information, support, crisis counseling & intervention, service coordination, and referral for additional, alternative or ongoing services. The Call Center has a direct link to the mobile crisis service, which can provide an onsite response to an emergency situation. The mobile crisis service has the capacity for making home visits and for seeing clients at other locations in the community. Law enforcement may accompany the mobile crisis worker.

Crisis Contacts: Northwest Connections handled **154** afterhours crisis contacts in 2012. During office hours, Clinical Services staff handled **212** crisis contacts.

	2010	2011	2012
Afterhours Crisis Incidents	157	146	154
Office Hours Crisis Incidents	139	213	212
TOTAL CRISIS INCIDENTS	296	359	366

Crisis Incidents



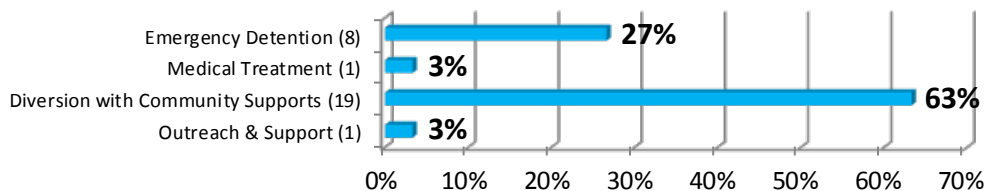
Emergency Hospitalizations: Emergency hospitalizations increased by 14% compared to the previous year; however, the five-year average for emergency hospitalizations continues to drop since establishing the new afterhours crisis system with Northwest Connections.

	2010	2011	2012
Afterhours Hospitalizations	30	16	20
Office hours Hospitalizations	28	21	22
TOTAL HOSPITALIZATIONS	58	37	42

Northwest Connections Mobile Response Outcomes: The mobile response system is activated when there is a need for onsite intervention/assistance or there is a concern that an emergency hospitalization may occur. The role of the Mobile Crisis Worker is to conduct an assessment and try to resolve the crisis by using community supports thereby avoiding the need for hospitalization. Mobile Crisis Workers responded to **29** crisis situations in 2012. The amount of time spent providing mobile interventions averaged 172 minutes per response. Northwest’s mobile response services were able to divert the need for nineteen (19) hospitalizations by implementing community supports, follow-up, and service linkage.

Outcomes of Mobile Response Crisis Incidents

(total = 29)



Diversion Cost Savings Estimates: It is difficult to make a direct connection between the afterhours diversions and the County's inpatient and institution expenses. Decreased emergency hospital admissions do not automatically translate into decreased county costs. Whether inpatient psychiatric or institutional expenses are incurred by the County is dependent upon if the individual hospitalized lacks insurance coverage. The length of stay during an admission is dependent upon the severity of the individual's mental health condition. One high severity hospitalization in which the person does not have insurance coverage can have a large impact on the County's costs.

The Northwest Mobile Crisis Service diverted nineteen hospitalizations 2012. The average County cost in 2012 of one hospitalization was approximately \$5,185 in an acute care psychiatric hospital or \$6,600 in a Mental Health Institute. Although nineteen individuals were diverted from going to the hospital, this does not mean that Richland County would have incurred all of the costs of those individuals.

Roughly 25% of individuals who were hospitalized in the last two years did not have insurance that covered the costs of their stays. Assuming the same ratio applied to the nineteen individuals who were diverted from being hospitalized, that would mean between four or five of the hospital stays would have required County funding. If the five individuals experienced an average length of stay (5 days) during their hospitalizations, then the total cost to the County would have been between \$25,925 and \$33,000.

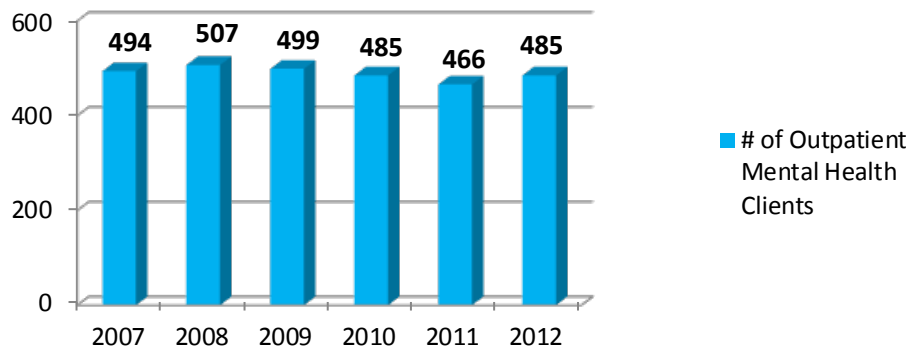
Estimated Annual Cost Savings from Northwest Diversions	
Assumption that 25% of Diversions Require County Funding	5
Average Cost of Inpatient Psychiatric Admission	\$5,185.00
Average Cost of Institution Admission	\$6,600.00
Range of Estimated Savings	\$25,925 to \$33,000

OUTPATIENT CLINIC

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

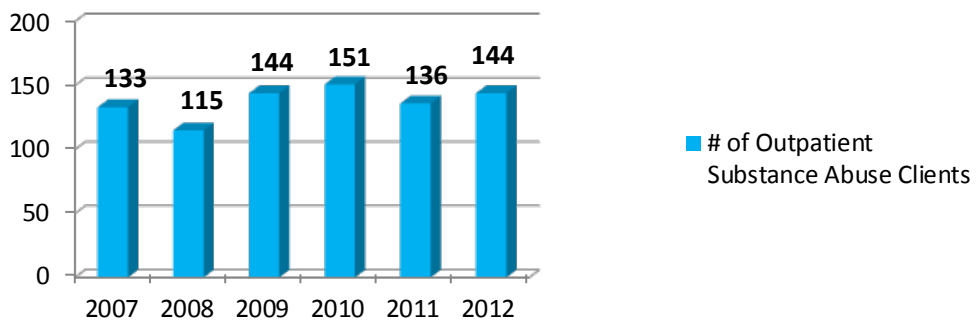
Mental Health Treatment Services: Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment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

In 2012, Clinical Services provided psychotherapy to **264** individuals, psychiatric care/medication management to **307** people and conducted **35** psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.



Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2012, the Clinical Services a certified substance abuse counselor provided assessment, referral, and treatment to **144** adults and teens struggling with substance use disorders.

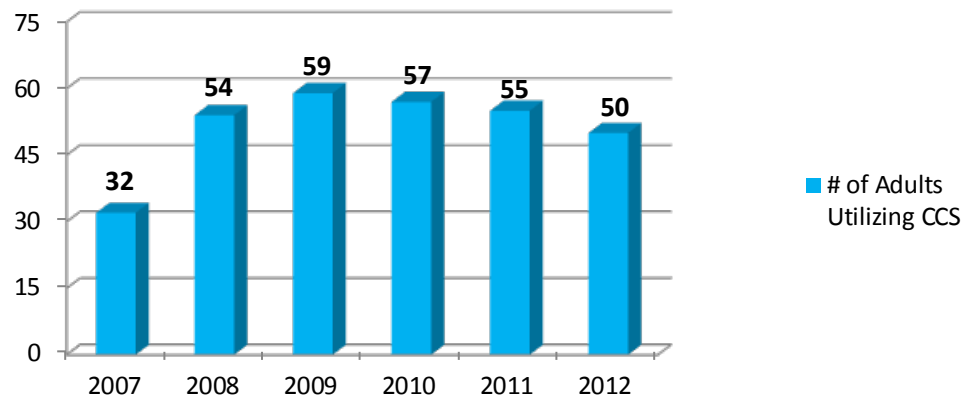
In addition to individual outpatient counseling, group programs were also provided including a dual diagnosis group for individuals coping with a mental illness as well as a substance use disorder. New programming was also implemented in 2012 utilizing evidence-based curriculum called PRIME for Life and PRIME Solutions. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows the number of individuals who received substance abuse assessment and outpatient treatment services each year.



COMPREHENSIVE COMMUNITY SERVICES

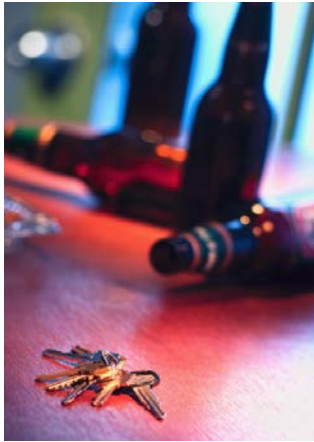
Clinical Services provides treatment in the community to people who cope with serious mental illness and/or substance abuse that impacts their ability to function. Comprehensive Community Services (CCS) provides psychosocial rehabilitation in the community to assist individuals in reducing the effects of a mental illness or substance use disorder. CCS is certified by the State Department of Health Services.

CCS provides psychosocial rehabilitation services to children, adolescents and adults with mental health or substance use disorders. CCS uses a team model that is flexible, person-centered, recovery focused, strength-based and outcome oriented. Services focus on recovery and supporting individuals to overcome barriers caused by their symptoms so they can improve functioning and pursue their hopes and dreams. CCS services for children are provided by the Children's Services Unit while services to adults are provided by Clinical Services. The chart below shows the number of adult CCS consumers served annually.

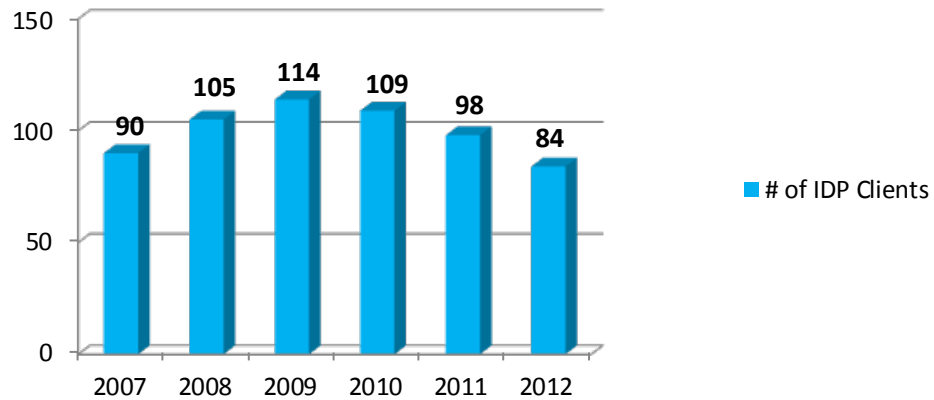


INTOXICATED DRIVERS PROGRAM

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.



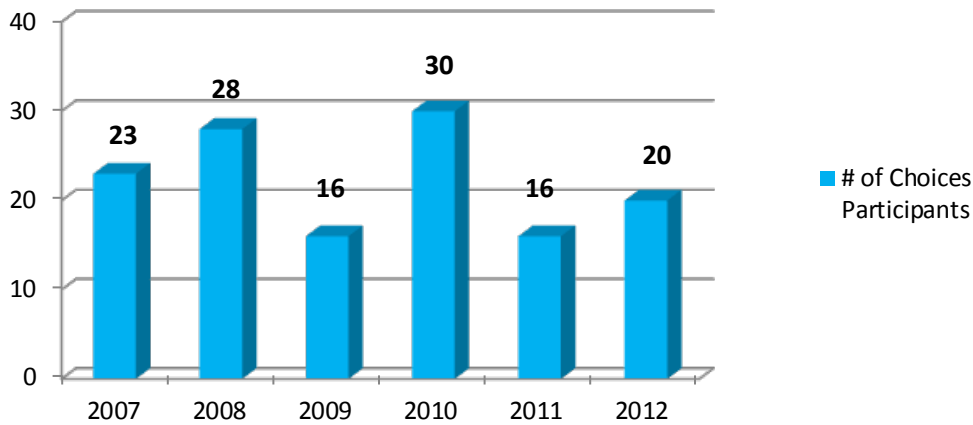
In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Approximately half of those assessed in 2012 were referred to a treatment program.



CHOICES

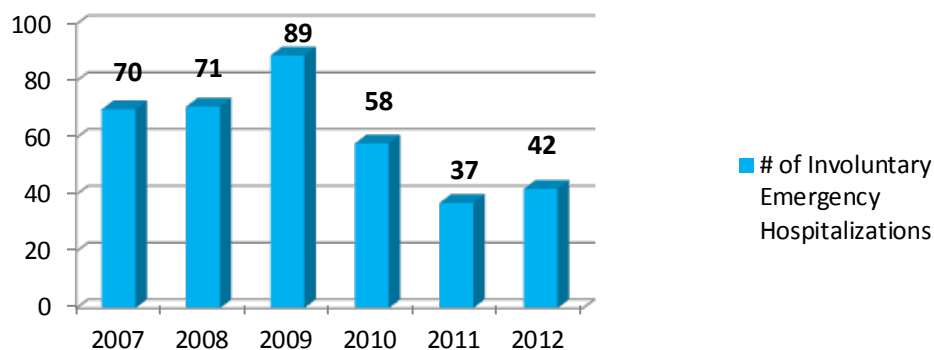
Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants.





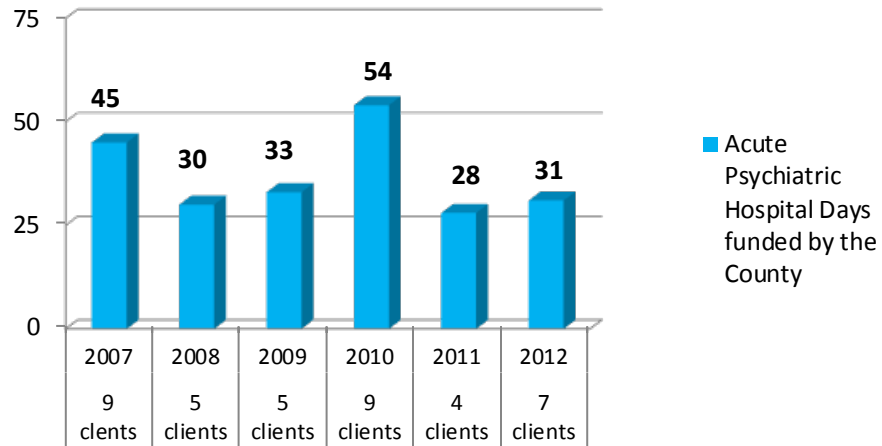
INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

Clinical Services facilitates voluntary and involuntary hospitalizations for individuals who need this inpatient psychiatric service. Involuntary hospitalizations (*sometimes called emergency detentions*) occur when a person is determined to present a substantial risk of harm to him/herself or to others due to a suspected mental illness. The person is detained by law enforcement or the court at a psychiatric facility in order to be evaluated. If the person is determined to pose an ongoing risk to him/herself or to others, a civil commitment process may be pursued to assure that person gets necessary treatment. The chart below shows the number of involuntary hospitalizations for the last six years.

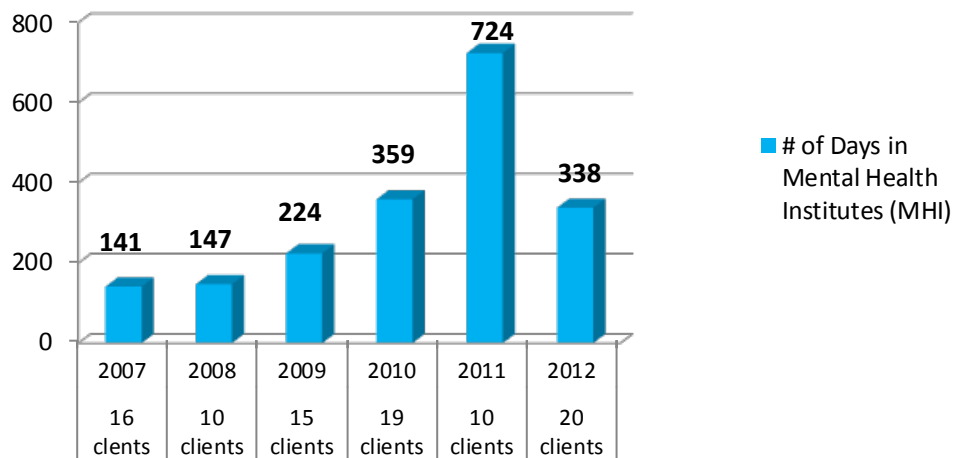


Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does

not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2012. The chart below shows the number of hospital days funded by Health and Human Services each year.

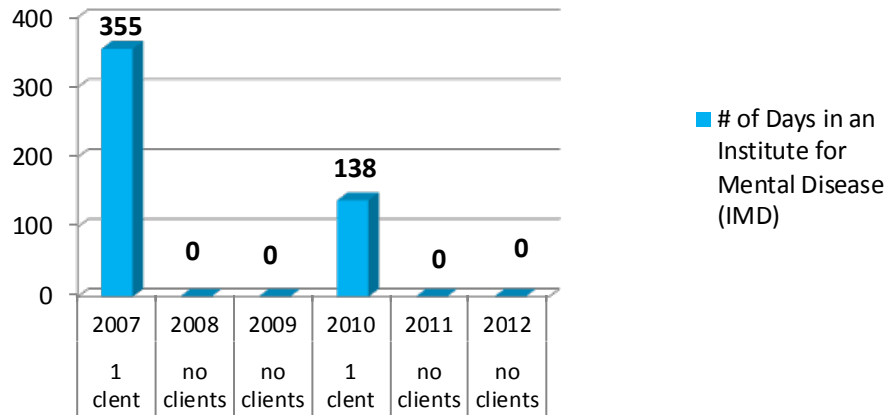


Mental Health Institutional Placements: For long-term care and treatment needs in 2012, Richland County placed individuals at Mendota and Winnebago Mental Health Institutes. These facilities were also used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalizations. The chart below shows the total number of days of institutional care funded annually by Richland.



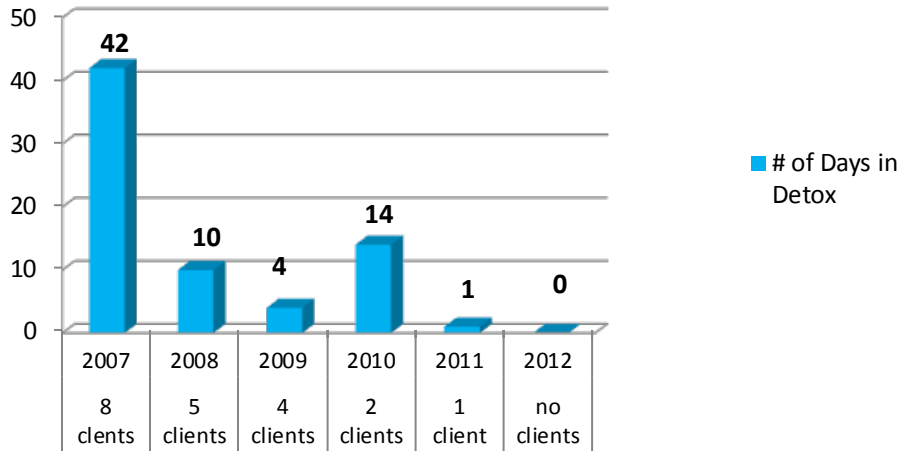
In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25%*) from state to county governments. Seven of the twenty individuals shown in the chart above for 2012 were under the age of 21 and accounted for 232 days of care.

Institutes for Mental Disease: Richland County may also use 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 this type of longer-term treatment. Some years, no individuals require this level of care. There were no IMD placements in 2012.



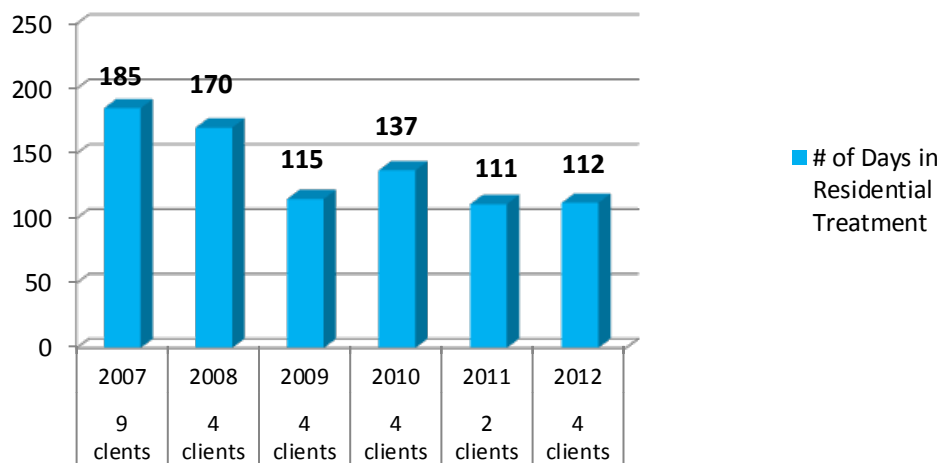
DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs however the service was not used in 2012. Detox in Richland County was primarily managed on the general medical unit at the Richland Hospital. The chart below shows the county-funded detox services at certified detox facilities.



RESIDENTIAL TREATMENT FOR SUBSTANCE USE

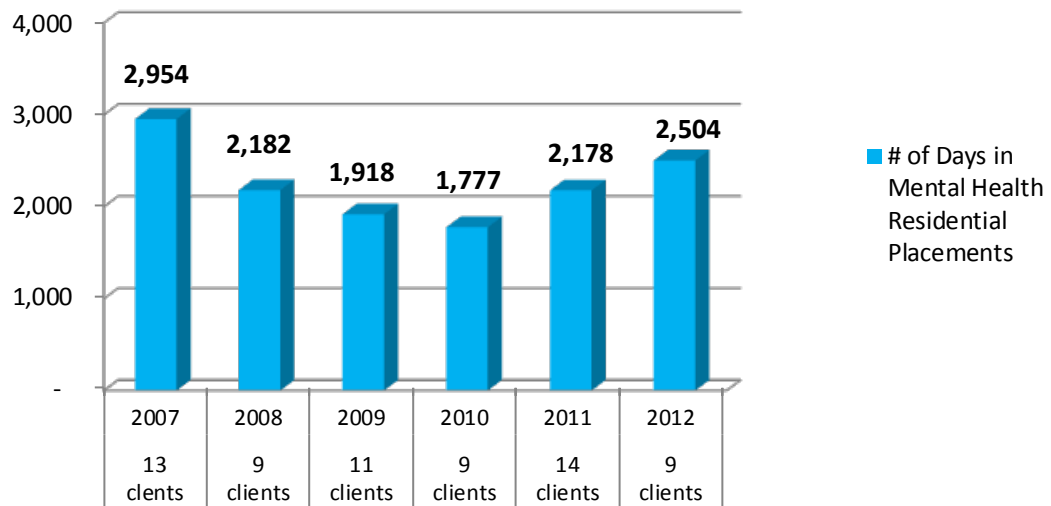
Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable attain recovery using outpatient or other less intensive treatment services. A comprehensive substance abuse assessment is completed in order to determine the individual's need for this more intensive treatment. The funding for Residential Treatment is very limited and therefore this service is not always an available option. Health and Human Services contracted with Gundersen Lutheran Healthcare and Mayo Health Systems for these services. In 2012, 4 individuals were funded averaging 28 days of treatment for each.



MENTAL HEALTH RESIDENTIAL SERVICES

Mental Health 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.

Nine individuals received residential services in 2012. All of individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



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.

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus
Caretaker Supplement (CTS)
Day Care Assistance
Emergency Assistance
FoodShare

FoodShare Employment & Training
Fraud and Front-End Investigations
Medical Assistance
WI Home Energy Assistance
Wisconsin Works (W-2)

The Role of the Economic Support Unit

The job of the Economic Support staff remained very challenging in 2012 due to its ever changing nature. 2012 changes varied greatly - from continuous policy changes to an entire service-delivery model that now includes a regional call center. While some believe the Economic Support Specialist merely enters data into the computer to determine a customer's eligibility, they would be wrong. While they do interview clients to determine eligibility and enter data submitted, they must also verify the information submitted, process changes, and navigate a variety of computer systems. All the while, they continue to interpret policy and in 2012 administered 72 policy changes or clarifications while case managing an even higher caseload than the year before going from approximately 500 cases per worker to over 700 cases. This ever-growing caseload remained manageable with the activation of the Capital Call Center on January 1, 2012. Joining the Capital Consortium allowed for workload sharing across seven counties (Adams, Columbia, Dane, Dodge, Juneau, Richland and Sauk) providing for increased efficiencies and better customer service for the citizens of Richland County.

In addition to client contacts, Economic Support Specialists also have daily interaction with both agency staff and other professionals in the community. The Economic Support Specialist is many times viewed by their clients as their "Social Worker" because of their helping and caring attitudes. The agency thanks each one of them for their commitment to the families they serve by handling all the changes with a positive demeanor and a never-give-up attitude.

The Role of the Capital Consortium

2012 was the first year as part of the Capital Consortium for Income Maintenance programs. There are seven counties that make up this consortium: Adams, Columbia, Dane, Dodge, Juneau, Richland, and Sauk. Throughout the year, there was continuous communication, coordination and cooperation on almost a weekly basis to ensure that delivery of services remained consistent and in keeping with the Economic Support mission. This communication has been key as it is very difficult for workers to give up "ownership" of their cases. These are people they've worked with, in some cases, for years and they needed to know that everyone is capable of helping and has the desire to help. Because of workload changes at the local level, the relief that came from consolidation has helped immensely.

Another key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants can now call a toll free number and speak to someone in regards to questions, changes, and scheduling appointments. Every county has agents on the phone and in 2012, we had one full-time worker assigned to the call center at all times. An agent is an Economic Support worker and they have to be fully trained in all Economic Support programs. Because this is such a new process, 2012 proved challenging in handling call flow - the Capital Call Center accepted 197,600 calls - and finding the right staffing levels. Our staffing model is already being changed for 2013 and we anticipate an even more efficient and customer friendly call center. We have found that part of our success came from gaining client confidence. The client needed to know they were in very capable hands and that call center workers have the ability to provide resolutions to questions and concerns much quicker than the old process which resulted in several days wait for a return call due to workload increases.

BADGER CARE PLUS **(Family, CORE, Basic)**

BadgerCare Plus (BC+) is a State/Federal program that provides health coverage for Wisconsin families as well as single individuals with the implementation of the CORE Plan in 2009. 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 Family Planning Services program (FPOS);
- Women ages 35-65 diagnosed with cervical or breast cancer may be eligible for Well Woman Care;
- Single individuals between the ages of 19 and 64 who are not pregnant; single is defined as not caring for a child under age 19 who is living with him/her.

These persons are eligible if they meet all BC+ non-financial and financial requirements. Currently, applicants for the CORE plan are automatically put on a waiting list. However, we still have to process these applications when they come through our agency which affects our workload. In addition, we have to process the reviews annually of individuals who were lucky enough to be enrolled in the program at the onset. Keeping these individuals eligible is highly important because if they don't remain eligible, they have no option but to go back on the waiting list.

**Enrollment in BC+, FPOS, & Well Woman
at the end of 2012 was 2,894 individuals.**
This compares to 2,950 individuals at the end of 2011.

Regarding the slight decrease in individuals: In 2012, there was a significant eligibility change that affected the adult population – the parents and caretakers of children under 19. Effective July 1, 2012, the premium income limit dropped to 133% Federal Poverty Level (FPL) from 150% FPL and the restrictive

reenrollment period for non-payment was extended to 12 months from six months. When looking at a month-by-month report, there has been a steady decline since July. For the most part, this was due to the non-payment of premiums that had never been required in the past as well as those families that had been eligible through an extension period that now ended.

CARETAKER SUPPLEMENT (CTS)

Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments. CTS is not a Medicaid benefit; it pays cash only to eligible parents. CTS benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child. Parents who receive SSI who are living with and caring for their minor children apply for CTS at their local human services or social services agency. The children must meet income and asset requirements to be eligible and the children must not be on SSI themselves.

In 2012, 10 families received \$32,800 in assistance.

DAY CARE ASSISTANCE

Wisconsin Shares - Working together
to make
child care costs affordable



Steps toward receiving day care assistance are:

- 1) An application and appointment with an Economic Support Specialist is required.
- 2) You must be income eligible.
- 3) You must be in an approved activity such as working, or
- 4) 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.
- 5) You must use a County certified or State licensed provider.
- 6) 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, every six months, of the applicant's income and activities is necessary to continue receiving assistance.

The Economic Support Unit is also responsible for certifying Day Care facilities. Currently, there are 18 certified providers in Richland County. To be certified, a provider will have a home visit, background check, and must comply with other qualifying requirements. Packets are available, as needed, for individuals wishing to become certified.

**In 2012, 102 families received assistance with day care.
\$232,703.98 was paid to providers on behalf of those families.**

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 a stable living arrangement 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 homelessness 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 may pay for those if the circumstance warrants.

In 2012, we expended over \$2,500 to help families in a rent crisis.

Note: As of January 1, 2013, this program is now administered by a private, not-for-profit agency. The State of Wisconsin chose to no longer offer the opportunity to contract with individual counties to provide this assistance. When individuals request help of this type, we refer them to the new provider as well as to other resources such as Salvation Army or Catholic Charities.

FOODSHARE

A Recipe for Good Health

FoodShare Wisconsin, administered by the United State Department of Agriculture, helps people with little or no income to buy food. Recipients are people of all ages who may have a job but the wages are low, are living on a fixed income, have lost their job, are retired, or are disabled and are not able to work. FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health for those with limited means

Clients are able to apply online to establish a filing date for their eligibility or by stopping by the agency. In cases of hardship, they are also able to complete the 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 access those benefits.

**4,053 unduplicated individuals
received FoodShare in 2012,
totaling \$3,497,738.**

This compares to 3,572 unduplicated individuals in 2011.



FOODSHARE EMPLOYMENT AND TRAINING

The federally legislated purpose of the FoodShare Employment and Training Program (FSET) is to utilize the strengths, needs and preferences of the job seeker, who is a recipient of FoodShare, to provide services that will result in successful competitive employment, while promoting economic self-sufficiency. This is currently a volunteer program that does offer supportive services that include, but are not limited to, child care assistance as well as mileage reimbursement. This is different than W-2 in that there is no cash assistance tied to the program.

FRAUD & FRONT-END INVESTIGATIONS

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support worker investigates all reports of potential fraud, follows-up on wage discrepancy reports received quarterly from the state as well as reviews reports received

from the state OIG submitted through the Fraud hotline. Following an investigation, if substantiated, individuals must repay any benefits they were not entitled to and sometimes the consequences result in sanctions from future benefit and possibly even referrals to the District Attorney for prosecution. Significant effort, however, is put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

In 2012, 381 cases were looked at for potential fraud. Of these cases, the majority were unsubstantiated as they were the result of wage reports through unemployment that needed clarification. Two cases, not related to wages, did result in recovery efforts of overpayments totaling \$61,516.

MEDICAL ASSISTANCE PROGRAM

Medicaid, also known as Medical Assistance, MA, and Title 19, is a State and Federally funded program that helps low-income people, including residents who are elderly, blind, or disabled (EBD), pay their medical bills. A person is eligible if he or she meets all non-financial and financial requirements. If eligible, they may fit into one (or more) of the sub-programs listed below:

- SSI-related Medicaid
- Medicaid Purchase Plan (MAPP)
- Institutional Long Term Care
- Home and Community Based Waivers Long Term Care
- Family Care Long Term Care
- Katie Beckett
- Tuberculosis-related
- Medicare Premium Assistance
- Emergency Medicaid
- SeniorCare

At the end of 2012, 967 individuals were eligible for medical assistance (including SSI-eligible individuals) and long-term care programs.
This compares to 949 individuals in 2011.

Note: While 2012 total benefit amounts were not available at the time of this report due to delayed provider billing by the State, in 2011, \$25,938,530 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

WISCONSIN WORKS (W-2)

Wisconsin Works (W-2) was implemented statewide in 1997. 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. At one point, in 2012, we were helping as many as **7** families in a given month with employment services and cash payments. While the number may seem low, this is a program that involves a significant amount of time invested by the Economic Support Worker and the customer with weekly, if not daily, contact. At times, an entire day can be spent aiding and assisting a family to connect with all appropriate resources.

Richland County was a member of the Southwest Consortium that administered the W-2 Program. The other counties in the Southwest Consortium were 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.

In 2012, 15 families in Richland County received \$39,755 in cash assistance up until the point where they became eligible for disability payments through social security or found employment. All performance standards were met.

Note: As of January 1, 2013, this program is now administered by a private, not-for-profit agency. The State of Wisconsin chose to no longer offer the opportunity to contract with individual counties to provide this assistance. When individuals request help of this type, we refer them to the new provider for assistance with reaching employment goals.

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. WHEAP 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 2012, 867 households received Energy Assistance in Richland County for a total of \$493,785.

In 2011, 914 households received Energy Assistance for a total of \$591,762.

In 2012, 319 households received Crisis Assistance, totaling \$57,577.

In 2011, 198 households which received Crisis Assistance for a total of \$55,286.

Websites of Interest

Access: <http://access.wisconsin.gov>

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

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

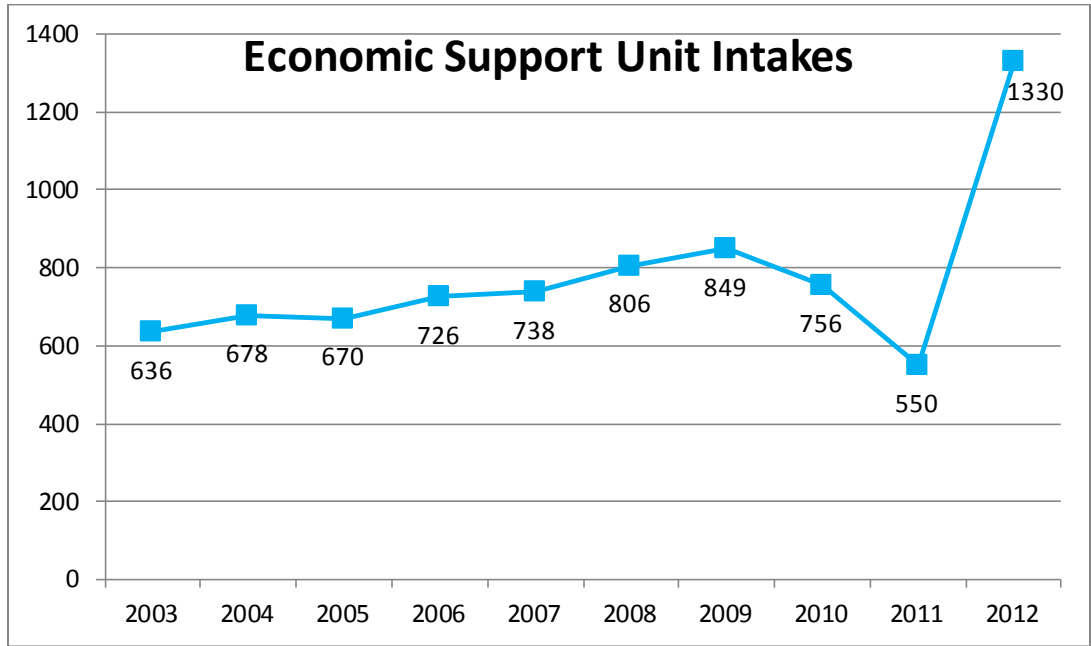
Wisconsin Department of Workforce Development:

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

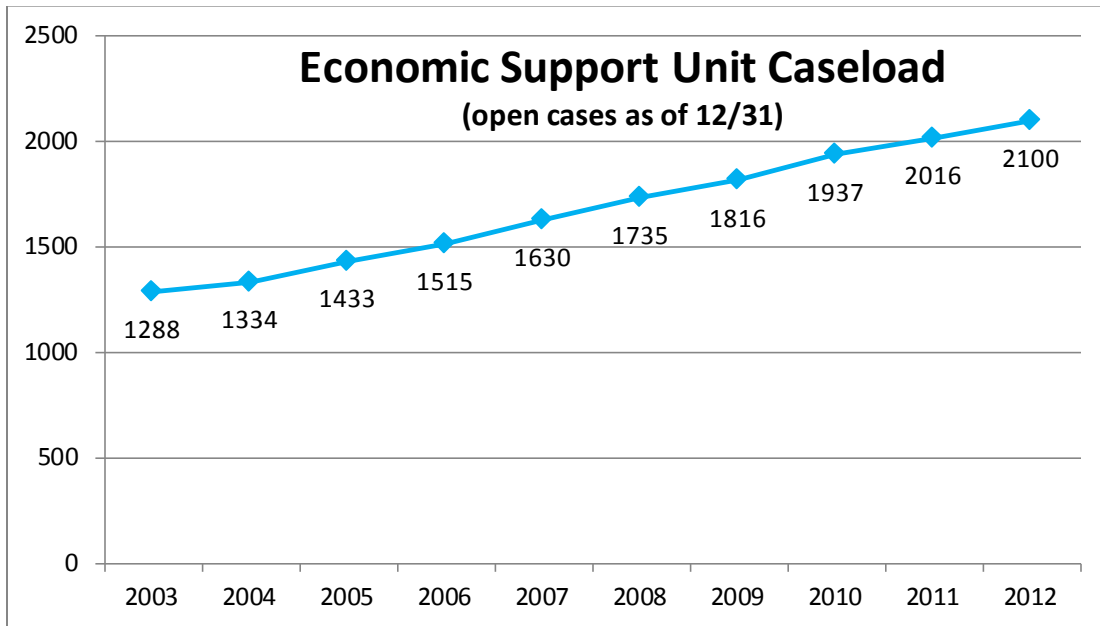
Wisconsin Department of Children & Families: <http://dcf.wisconsin.gov/>

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

Statistics for Richland County



**Note regarding the high intake numbers: In 2012, with workload sharing throughout the consortium, Richland County assisted with additional intake processing. We are also now responsible for the processing of all single individuals previously served by the State Enrollment Services Center.



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
TB Dispensary
Rabies Prevention and Control

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination
HealthCheck
Fluoride
Seal-A-Smile
Child Passenger Safety

General Public Health Programs

Loan Closet
Public Health Home Visits
Wisconsin Well Woman Program
Richland FIT
Tobacco Control/Wisconsin WINS
School Health
Jail Health
Richland Community Free Clinic

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights

Nutrition

Senior Congregate & Home Delivered Meals



COMMUNICABLE DISEASE



Immunizations: Perhaps the greatest success story in public health is the reduction of infectious diseases resulting from the use of vaccines. Routine immunization has eradicated smallpox from the globe and led to the near elimination of wild polio virus. Vaccines have reduced some preventable infectious diseases to an all-time low, and now few people experience the devastating effects of measles, diphtheria, and other illnesses.

Some vaccine-preventable diseases, like pertussis (whooping cough) and chickenpox, remain common in the United States. In 2012, Wisconsin saw a threefold increase in the number of Pertussis cases. Locally, **28** cases of Pertussis were confirmed in Richland County. On the other hand, other diseases prevented by vaccines are no longer common in this country because of vaccines. However, if we stopped vaccinating, even the few cases we have in the United States could very quickly become tens or hundreds of thousands of cases. Even though many serious vaccine-preventable diseases are uncommon in the United States, some are common in other parts of the world. Even if we do not travel internationally, we could come into contact with international travelers anywhere in our state or community. Kids that are not fully vaccinated and are exposed to a disease can become seriously ill and spread the disease through a community.

A major change in Wisconsin's Immunization Program in 2012 was the Public Health Service Act Section 317 Vaccine Policy change. In order to understand this change and what it means to local public health, it is important to understand how vaccines are funded in Wisconsin.

Funding for the purchase of vaccine comes from a combination of funds from the "Vaccine for Children Program" (VFC) fund and the Public Health Service Act Section 317 (PHSAS317—"317") fund. VFC vaccine is intended for individuals that are 18 years of age and younger that have no insurance, are on Medical Assistance, or are Native American or Alaska Natives. The funds for all vaccine administered to all other is through the 317 funding. The primary focus of the 317 vaccine is for individuals that are un- or underinsured.

In the past, it has been Wisconsin's policy that state supplied vaccine could be used on individuals that were insured, as to not miss an opportunity to vaccinate. We were to then advocate insured clients return to their primary health care

provider for future immunizations. As of October 1, 2012, we are no longer able to immunize anyone that has private insurance that includes vaccine coverage. Even if a person's insurance has high deductibles and/or co-pays they are considered insured and therefore not eligible to receive State supplied vaccine from local health departments. Local health departments across Wisconsin have seen decreased numbers at immunization clinics, and this is likely to continue to be the case. A statewide workgroup is looking at the possibility of local health departments becoming providers for insurance companies—which would allow us to bill private insurances for immunizations, but that is a complicated proposition for many reasons (the number of private insurers in Wisconsin, the requiring that Counties purchase vaccine, keeping State supplied and County inventory separate, etc).

Public Health provides all routine childhood immunizations at regularly scheduled immunization clinics throughout the year, and influenza and pneumonia immunization clinics are offered each autumn.

Immunization Statistics:

Immunization	2006	2007	2008	2009	2010	2011	2012
Comvax (Hib & HepB)	74	38	23	33	n/a	n/a	n/a
DtaP	188	105	90	101	27	10	24
Hepatitis A	1	39	40	38	58	43	87
Hepatitis B	32	15	14	31	32	18	16
Adult Hepatitis B	48	36	14	44	53	45	29
Hib	24	14	14	14	20	13	7
Influenza	1274	1177	1146	1171	916	771	647
MMR	126	62	60	69	71	35	33
Pneumonia	54	43	41	27	60	26	14
Polio	162	82	76	82	28	18	8
Prevnar	123	73	55	60	76	31	16
Td	52	128	102	26	26	5	5
Varicella	80	101	186	195	156	99	73
Menactra	19	61	84	109	48	47	31
Td-Pertussis (Tdap)	44	87	449	407	372	272	260
HPV (Gardasil)	n/a	49	79	89	67	39	44
Rota Teq	n/a	n/a	21	34	18	10	5
Twinrix (HepA-B)	n/a	n/a	8	6	3	9	0

H1N1 Influenza A	n/a	n/a	n/a	1909	495	n/a	n/a
Immunization	2006	2007	2008	2009	2010	2011	2012
DTPaP-Hib-Polio (Pentacil)	n/a	n/a	n/a	n/a	30	19	13
DTPaP-Polio (KINRIX)	n/a	n/a	n/a	n/a	22	13	15
TOTAL	2274	2110	2502	4445	2578	1523	1327

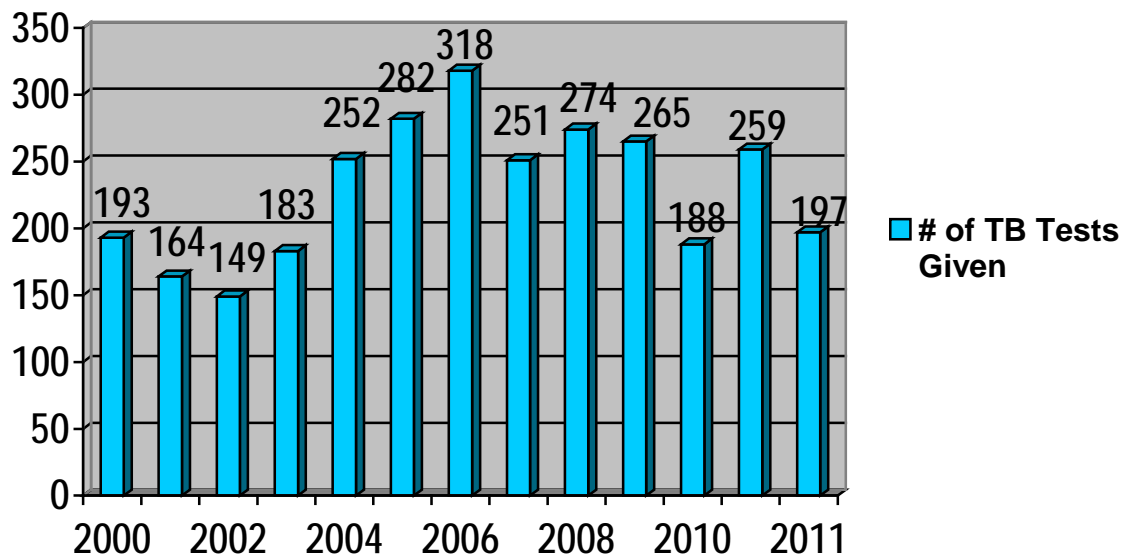
Communicable Disease Investigation and Follow Up: Local Public Health uses WEDSS (Wisconsin Electronic Disease Surveillance System) for investigation and follow up of communicable disease. WEDSS is a secure, web-based system designed to facilitate communicable disease reporting, investigation, and surveillance in Wisconsin. Public Health, infection control, laboratories, and healthcare providers use WEDSS daily to fulfill their statutory communicable disease reporting, investigation and follow-up responsibilities.

Communicable Disease Statistics:

Reportable Disease	2006	2007	2008	2009	2010	2011	2012
Campylobacter	9	5	6	5	15	19	8
Chlamydia	24	25	23	27	22	30	28
Cryptosporidium	6	3	6	4	2	7	1
E.Coli	2	0	6	0	0	4	0
Ehrlichiosis/Anaplasmosis	0	0	0	2	5	5	3
Giardia	1	5	0	2	2	3	2
Gonorrhea	0	1	0	1	0	0	3
Hepatitis A	1	0	0	0	0	1	0
Hepatitis B	2	2	2	0	2	2	2
Hepatitis C	2	3	4	2	7	6	10
Herpes	4	1	n/a	n/a	n/a	n/a	1
Histoplasmosis	0	0	0	0	0	0	0
Influenza	0	0	0	35	0	5	4
LaCrosse Encephalitis	2	0	1	0	0	0	0
Legionella	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	1	0
Lyme Disease	59	81	60	75	54	41	35
Measles	0	0	0	0	0	0	1
Meningitis (Bacterial)	0	0	0	0	0	0	0
Meningitis (Viral)	0	1	0	0	0	0	1
Mumps	0	8	0	0	0	0	0
Mycobacterial Disease	0	0	0	1	1	2	0
Pertussis	0	2	1	0	6	6	28
Salmonella	2	3	2	3	4	7	6

Shigella	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	1	3	2	2
Reportable Disease	2006	2007	2008	2009	2010	2011	2012
Syphilis	0	0	0	0	0	0	3
Q Fever	0	0	0	0	0	1	0
Tuberculosis/Latent Infection (LTBI)	0	0	0	1	0	5	5
West Nile	0	0	0	0	0	0	2
Varicella	0	0	0	3	0	3	3
Toxoplasmosis	0	0	0	0	1	0	0

Tuberculosis (TB) 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 2012 and 197 persons received skin tests.

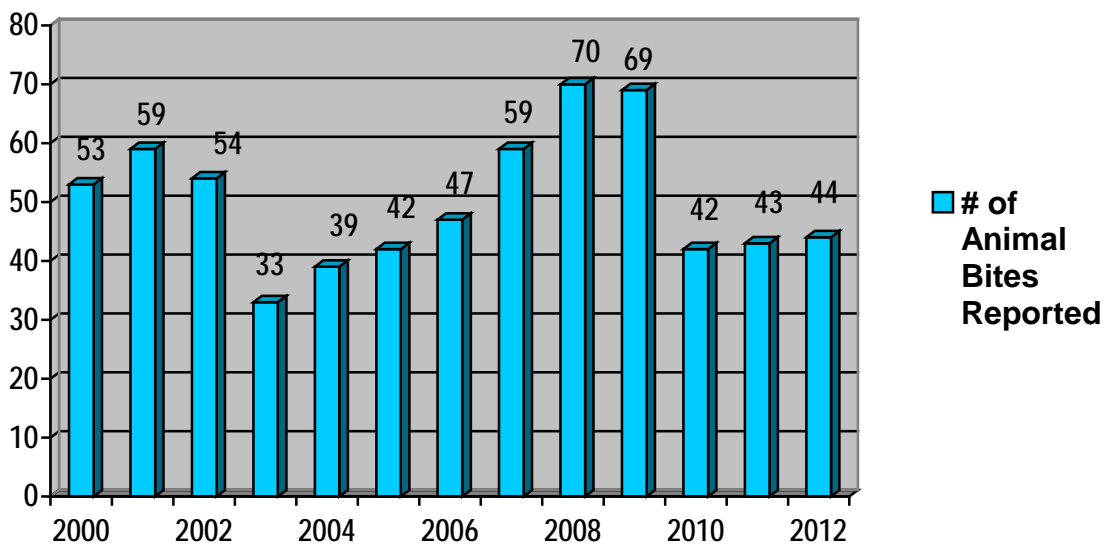


TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed with TB infection or disease, regardless of ability to pay.

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health

has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that public health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate. In 2012, 3 persons received care under the TB Dispensary Program.

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 44 animal bites/human exposures in 2012. Those included 28 bites/human exposures from dogs, 9 from bats, 5 from cats, and 2 from bovine.



MATERNAL CHILD HEALTH PROGRAMS

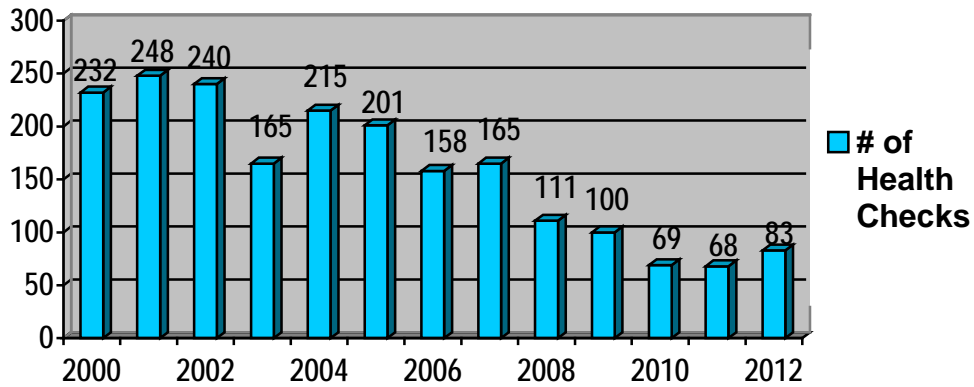
Maternal Child Health Systems Initiative: The Maternal Child Health (MCH) needs assessment completed by the State Department of Public Health identified eight priority areas to improve the health and promote success of all Wisconsin women, infants, and children. In order to address these priorities, the MCH Program has shifted its focus from the provision of individual services (i.e. MCH home visits) to a systems building approach using the Life Course Framework. This framework is research-based on how each stage of life influences the next. Early childhood is a critical developmental period with lifelong health implications. Public Health is working on developing a system of early childhood services addressing family supports and safety and injury prevention.

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

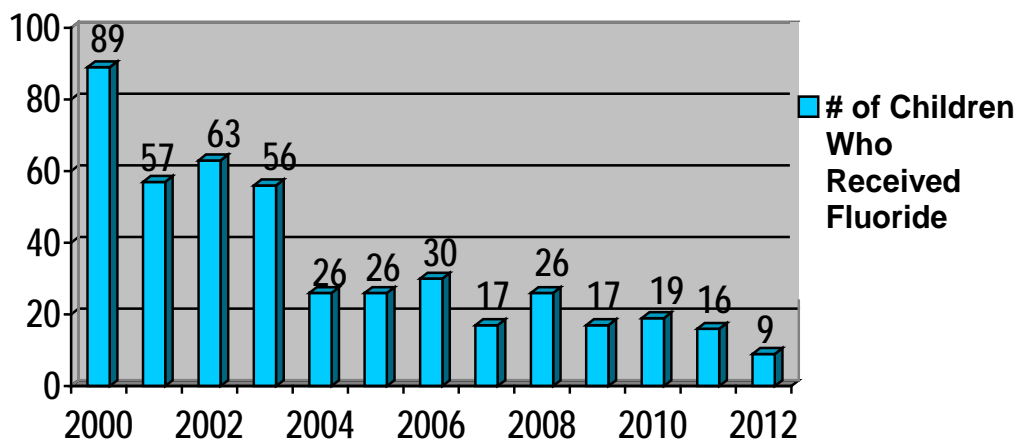


sement for services provided. Five women received

HealthCheck: Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/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. In 2012, **83** HealthCheck assessments were completed.



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 2012, **9** children received supplemental oral Fluoride.



Seal-A-Smile: The Wisconsin Seal-A-Smile (SAS) Program is a statewide sealant program that offers grants to local school-based programs targeting underserved children. These community efforts involve a variety of health care professionals including public health, school nurses, dentists, dental hygienists and dental assistants.

The program includes dental cleanings, dental sealants, retention checks of dental sealants, and topical fluoride applications. The Seal-A-Smile Program is managed by the Children's Health Alliance of Wisconsin and the Wisconsin Division of Public Health.



Public Health contracts with a Registered Dental Hygienist for the provision of the exams, cleanings, fluoride application and sealant placement, and the activity takes place in the schools. The program is available to 2nd through 6th Grade children regardless of insurance status. During the 2011-2012 school year, **232** children received oral health services through Seal-A-Smile.

Child Passenger Safety: In 2012, Public Health received a \$3,500.00 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 and Early Head Start to coordinate the Child Passenger Safety Program in Richland County. Prior to receiving a car seat from the program, families are referred to certified child passenger safety technicians for proper car seat selection and fitting, and education. In 2012, **40** children received car seats from the Child Passenger Safety Program.

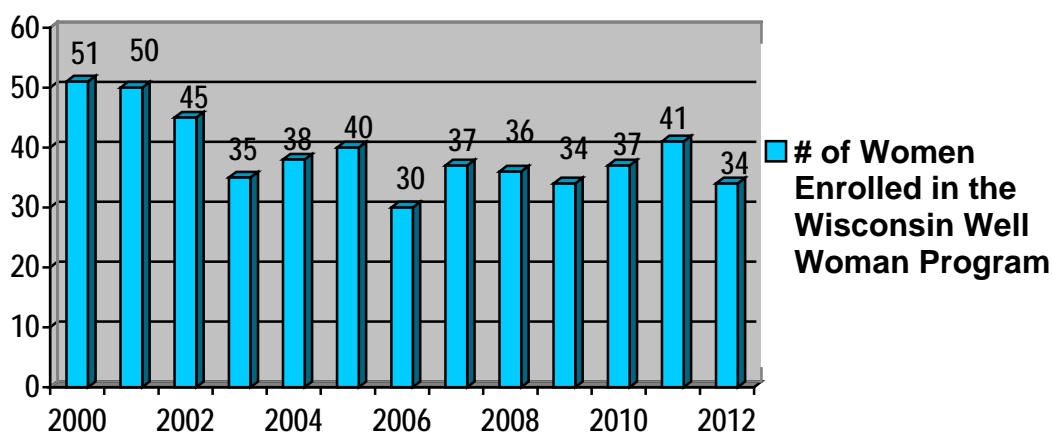
GENERAL PUBLIC HEALTH PROGRAMS



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 2012, **240** 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. In 2012, **34** women received screening through the Well Woman Program.



Richland FIT: Richland FIT is the community collation that evolved out of Richland County's 2011-12 University of Wisconsin Community Academic Partnership for Obesity Prevention Planning Grant (Wisconsin Partnership Program or "WPP").



The coalition completed a community needs assessment, participated in a strategic planning process and developed a written strategic plan. Coalition members learned about the Social Ecological Model, the importance of environment/policy change strategies and evidence based strategies. Within the first year new partners and community sectors have joined the coalition including; The Richland School District, Richland Hospital, Local Businesses, Parks and Recreation, Media, UW Extension Agents, Community Organizations, and Youth. These partners were an integral part in determining which strategies to include in the strategic plan and are committed and were excited to begin implementing the strategies.

Through Richland FIT, Public Health was successful in its application for a Community Transformation Grant for 2 years for \$160,000.00. The Transform Wisconsin Fund seeks to build statewide and local capacity to promote healthy environments that help Wisconsinites make healthy choices and therefore prevent chronic diseases. Public Health was an “Active Community” grantee, and the coalition is working to support environmental and systems changes that support physical activity opportunities. Specifically, Richland FIT is working to increase “joint use” agreements in the County—which make it easier for groups to use school and community facilities for physical activity; has developed “Moving Matters” and a “FITness Champion” campaign; and has developed an activity guide for Richland County that is in both printed and electronic format.

Additionally, since Public Health was the recipient of the original Wisconsin Partnership Program Grant, we were invited to apply for a 3 year (\$378,000.00+) WPP Implementation Grant, which was approved late in December. The implementation grant will allow us to implement the evidenced based strategic plan developed by the coalition as part of the planning grant. The focus of the WPP grant is healthy eating and nutrition.

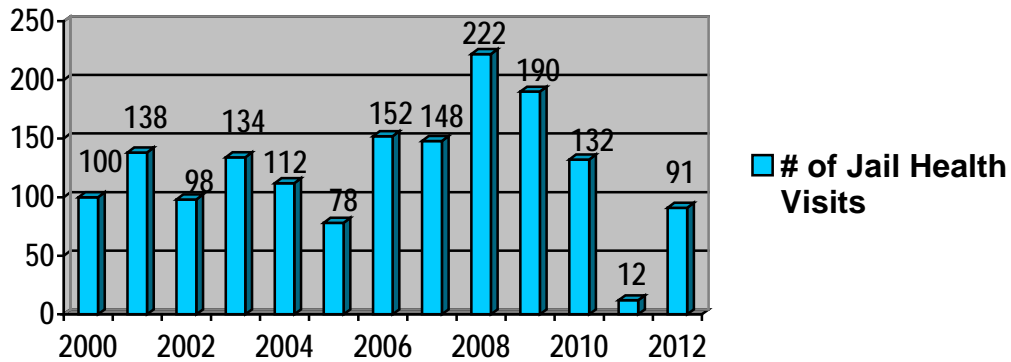


Tobacco Control/Wisconsin Wins: The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. Locally, our tobacco control coalition “South Central Wisconsin Tobacco Free Coalition” works with the Sheriff’s Department to conduct investigations to establish retailer compliance with the law. The Wisconsin Wins campaign also includes retailer education and training, media outreach, and community education. In 2012, there was one sale out of fifteen

compliance investigations—a 6.7% sale rate. This is down from 22% in 2011, but up from no sales in 2009 and 2010.

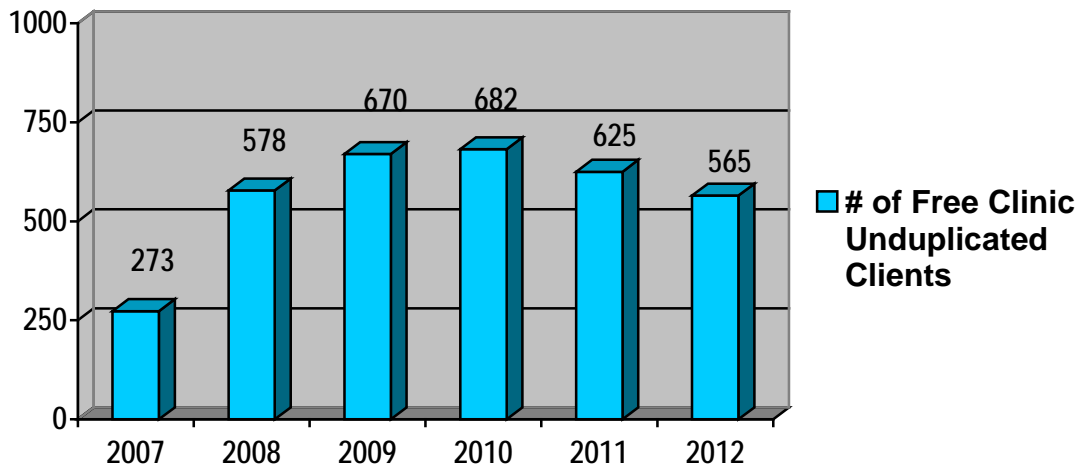
School Health: Public Health contracts with the Ithaca and Weston School Districts to provide mandated school nursing services. Public schools in Wisconsin must provide for emergency nursing services under written policy; which must be written by a licensed registered nurse. These policies must include 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.

Jail Health: Public Health has a long history of assisting the Richland County Sheriff's Department in its legal obligation to make health care available to inmates. Today's jail population includes young adults to aged adults, men and women, healthy people to those with chronic illness, mental health issues, and developmental disabilities. Public Health made **91** jail health visits in 2012.



Richland Community Free Clinic: The Richland Community 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.

Public Health's role at the Free Clinic includes eligibility determination, provision of health related information and community referrals, and the provision of immunizations. The Free Clinic logged **1660** visits in 2012 and saw **565** unduplicated clients



Age of unduplicated patients seen at the Free Clinic:

Age	2007	2008	2009	2010	Age	2011*	2012
0-10 years	4	18	12	13	0-17 years	22	21
11-20 years	39	81	54	57	18-44 years	358	303
21-39 years	105	241	311	324			
40-64 years	125	230	283	276	45-64 years	239	236
65-74 years	0	7	7	8	65-74 years	6	5
Over 75 years	0	1	3	4			

* Age range report was modified in 2011.

ENVIRONMENTAL HEALTH

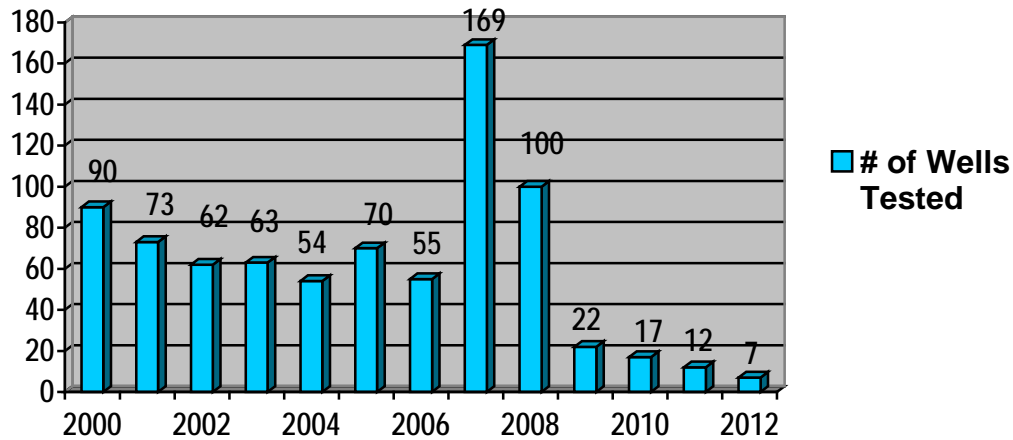
Richland County has been part of a five county environmental health consortium since the mid-1980s. The consortium pools funding from several sources to cover the expenses of the environmental health program and employs a Registered Sanitarian as an Environmental Health (EH) Consultant for the 5 counties. 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.

2012 Environmental Health Statistics:

Home Visits	54	Contacts (EH Consultant)	321
Lead	4	Lead	23
Radon	5	Radon	32
Water	4	Water	49
Asbestos	4	Asbestos	37

Solid Waste	6	Solid Waste	30
Housing	15	Housing	20
Indoor Air	13	Indoor Air	50
Sewage	0	Sewage	45
Animal Vector	0	Animal/Vector	35

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 Environmental Health Consultant is available for consultation for problems related to water quality. In 2012, 7 private wells were tested through Public Health.

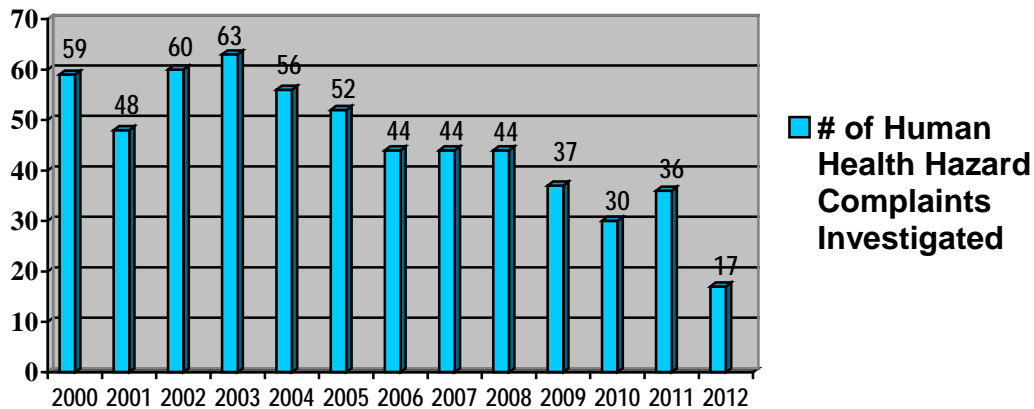


Radon: Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Seven short-term home radon test kits were distributed in 2012.

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 123 children were screened in 2012. 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 2012, investigation and follow-up were provided in regard to **17** complaints and Public Health ordered the abatement of **5** 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.



PREPAREDNESS AND RESPONSE

Preparedness and Response: In 2011, the CDC developed 15 capabilities to serve as national public health preparedness standards. Wisconsin identified three capabilities to be addressed statewide during the first contract year (August 2012-June 2013), and will identify an additional three for the next four years of the Public Health Preparedness Cooperative Agreement. During the 2012-2013 contract year, Wisconsin’s Public Health Agencies are working on capabilities related to emergency operations coordination, public information and warning, and information sharing. The identification of these three capabilities was based on the results of the local capabilities assessment completed by all local health departments in Wisconsin during the 2011-2012 contract year and agencies are working to close gaps identified during that assessment.

Contract deliverables for Public Health include:

1. Completion of the Capabilities Planning Guide.
2. Completion of the CDC Strategic National Stockpile Local Technical Assistance Review (TAR Tool).
3. Participation in a Homeland Security Exercise and Evaluation compliant exercise (scheduled for June 7, 2013).
4. Participation in preparedness reviews, meetings, expert panels, health coalitions and workgroups.
5. Provision of information to meet CDC or State programmatic requirements.
6. Use of the PCA Portal Alerting System (Everbridge).
7. Staff training on Personal Protective Equipment (PPE); National Incident Management System (NIMS) and Incident Command System (ICS) as needed.

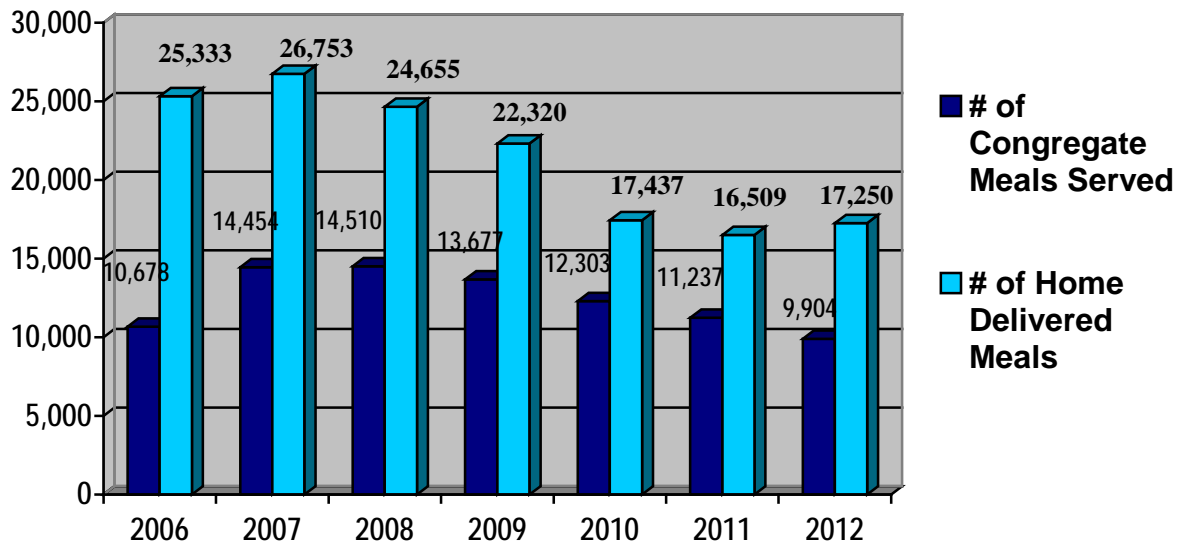
NUTRITION

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.

2012 Nutrition Statistics:

<u>Meal Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	3,667	14,505
Viola	2,157	1,254
Germantown	1,094	1,197
Rockbridge	<u>2,986</u>	<u>294</u>
TOTAL	9,904	17,250



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.

Nutrition Program Highlights:

- Volunteers donated **4,815** hours of service at the congregate meal sites and volunteer drivers donated **760** hours using their own vehicle and gas to deliver noon meals for the Senior Nutrition Program in 2011.
- The Nutrition Advisory Committee meets quarterly and holds meetings at each meal site. Each meal site has a representative on the committee and the committee functions in an advisory role regarding matters related to the delivery of nutrition and nutrition supportive services within the program.
- The Nutrition Education Plan is developed each spring and provides at least 4 educational opportunities for both congregate and home delivered meal recipients.
- The Volunteer Appreciation Breakfast was held May 13, 2011. These dedicated volunteers make the Nutrition Program possible and always enjoy a delicious breakfast and the opportunity for fellowship at the Pippin Conference Center.
- The Senior Farmer's Market vouchers were again distributed to qualifying seniors. These vouchers are used to purchase fresh fruits and vegetables

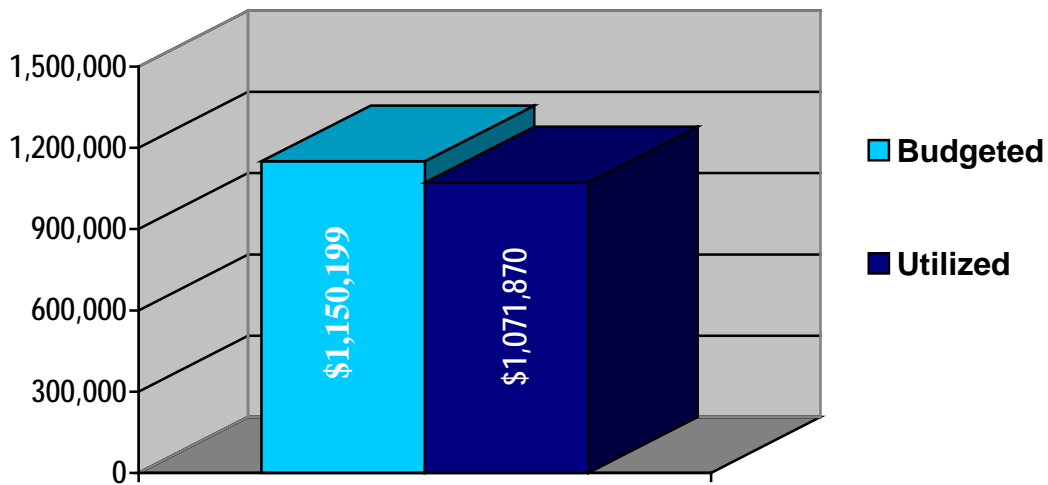
- from local growers. All of Richland County's allotted vouchers were distributed, which not only benefits the seniors nutritionally, but helps the local economy at the same time.
- Local Meal Site Staff Training was held August 23, 2013. Sessions included review of the State Audit; presentations on LEEP by Susan Price, Richland FIT by Dana Churchill, and on services provided by the Elder Benefit Specialist by Joanne Welsh; Meal Site Activity Promotion; Annual Nutrition Surveys; Meal Patterns and Standard Operating Procedures at Meal Sites; and "Nutrition Jeopardy". Programs are required to provide at least 6 hours of training per year for staff—this three hour training and the regional training held each fall meet this requirement for Richland County's Senior Nutrition Program.
 - Regional Site Manager Training was held in Dodgeville September 26, 2012. Sessions included Elder Financial Abuse, "Who Knew" – Lesser Known Policies; Practical Solutions for Alzheimer's and Dementia; Richland County's Active Aging Grant, and Emergency Preparedness.
 - The Richland Center Meal Site was moved from Town and County Presbyterian Church to the Richland Center Senior/Community Center on December 3, 2012.

FISCAL

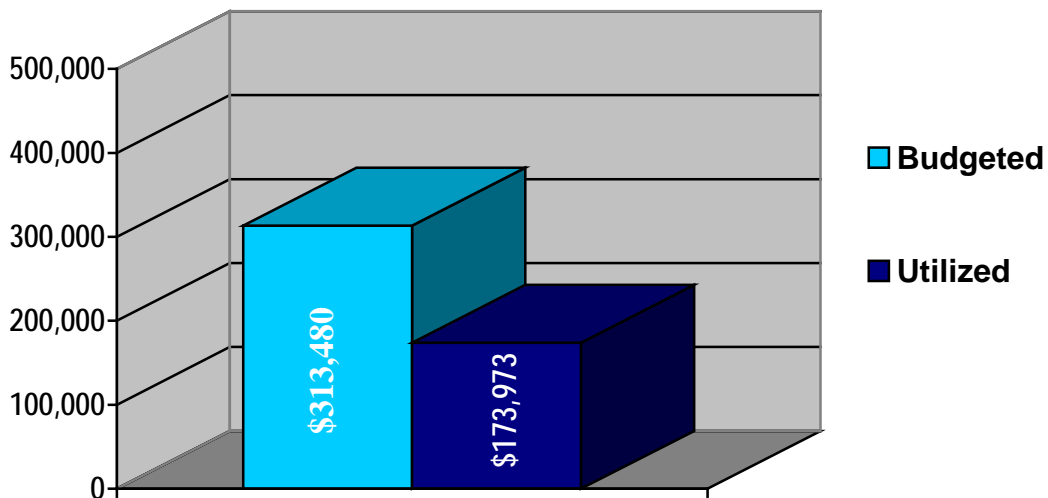
(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

COUNTY TAX LEVY – HHS BUDGETED VS. UTILIZED

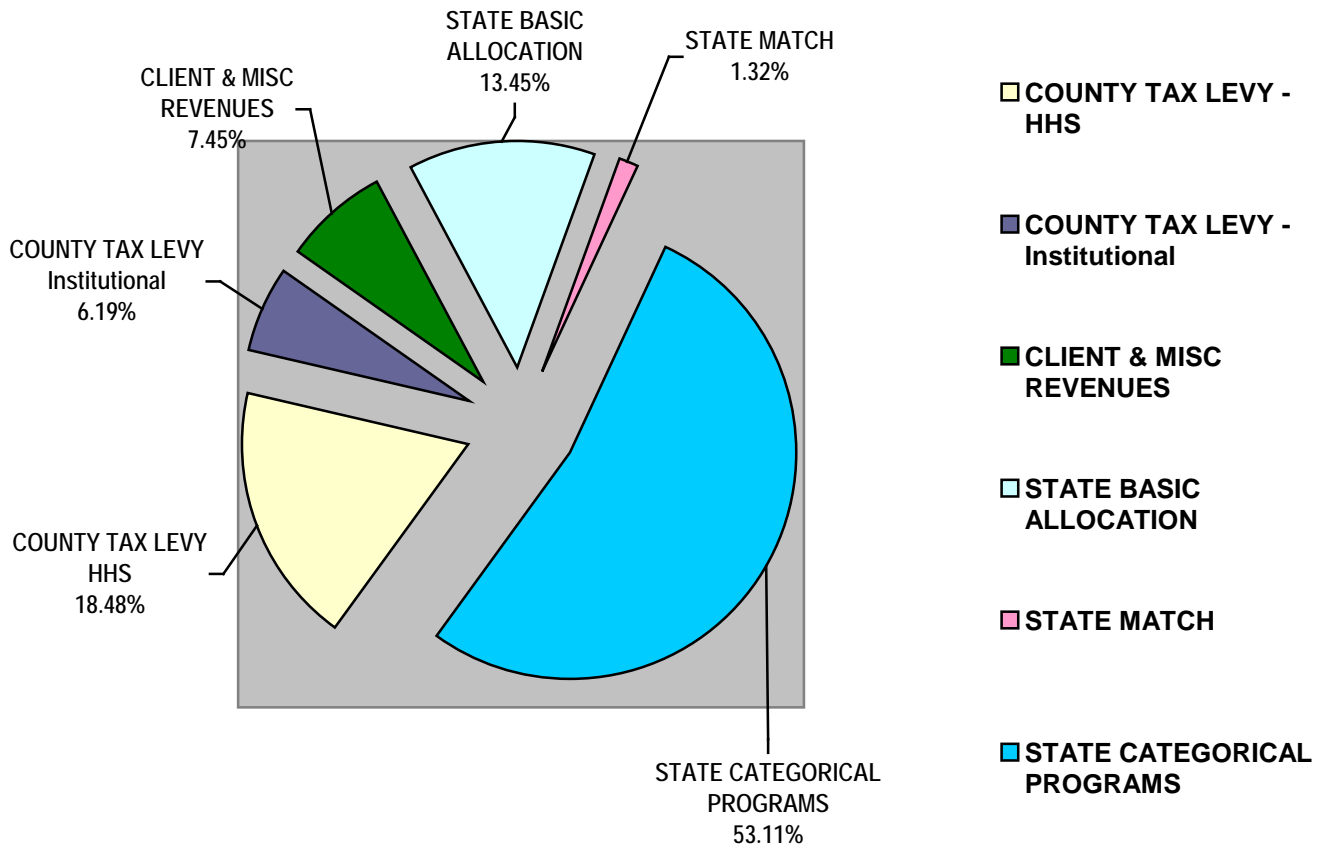


COUNTY TAX LEVY – INSTITUTIONAL FUNDS BUDGETED VS. UTILIZED



RICHLAND COUNTY HEALTH AND HUMAN SERVICES

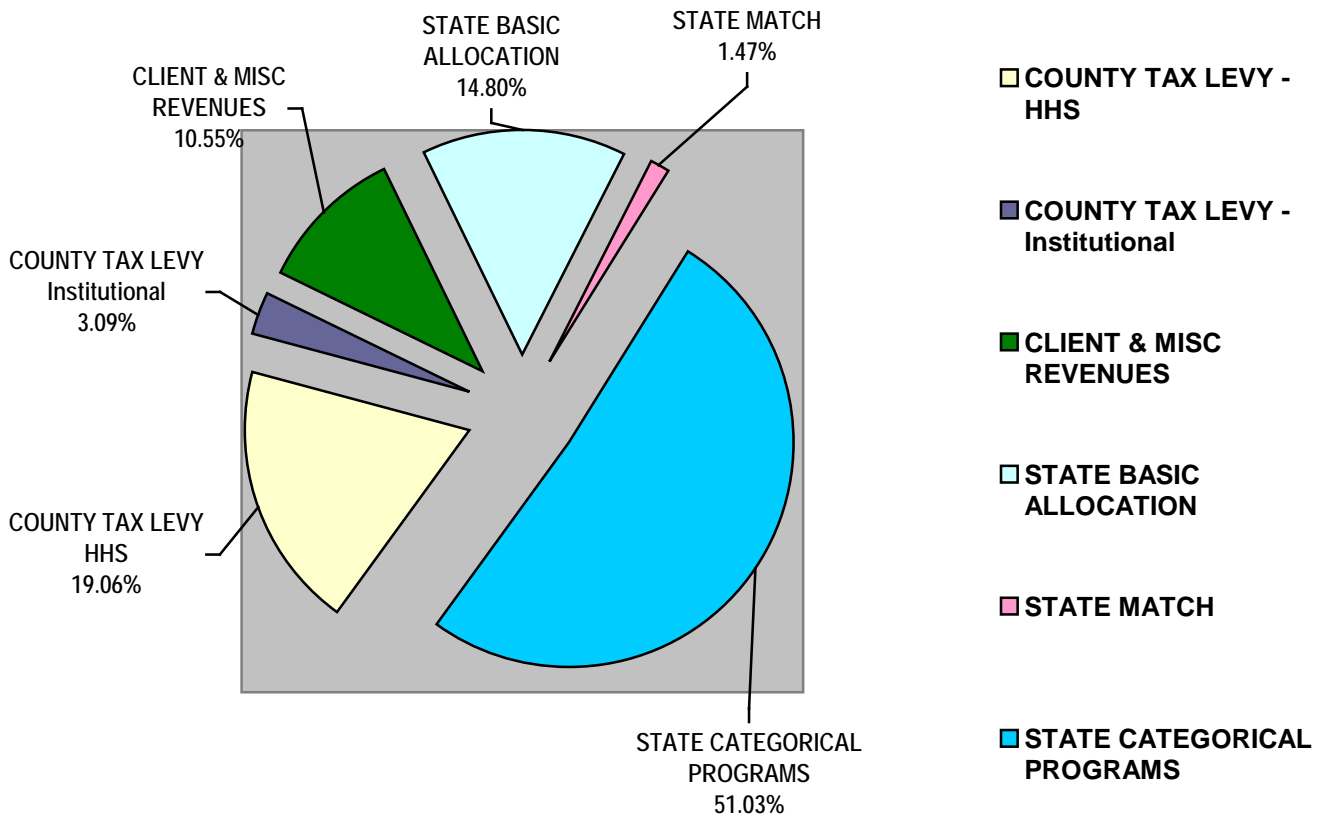
BUDGETED REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 1,150,199
COUNTY TAX LEVY – INSTITUTIONAL	\$ 385,479
CLIENT & MISC REVENUES	\$ 463,777
STATE BASIC ALLOCATION	\$ 837,593
STATE MATCH	\$ 82,417
STATE CATEGORICAL PROGRAMS	\$ 3,306,286
TOTAL	\$ 6,225,751

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

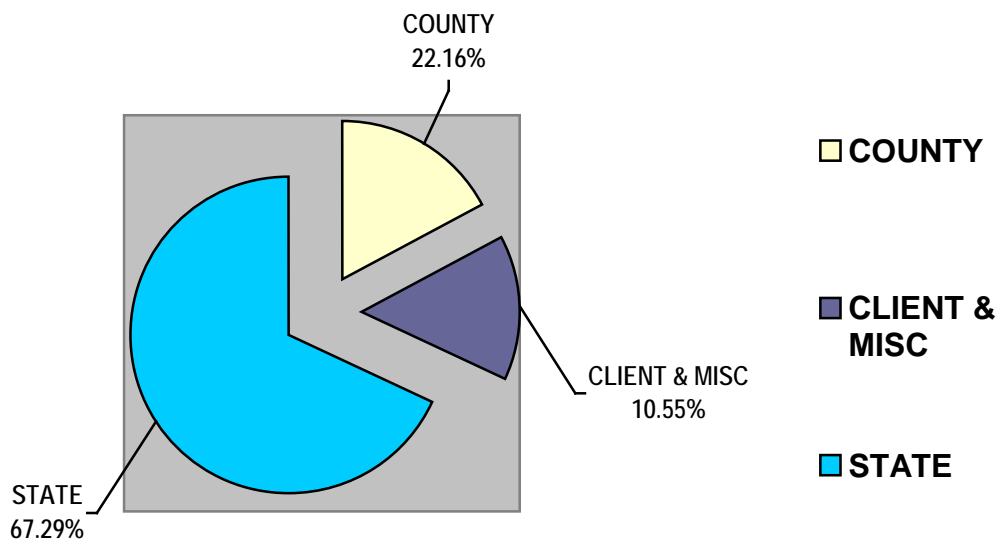
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 1,071,870
COUNTY TAX LEVY – INSTITUTIONAL	\$ 173,973
CLIENT & MISC REVENUES	\$ 593,156
STATE BASIC ALLOCATION	\$ 832,444
STATE MATCH	\$ 82,434
STATE CATEGORICAL PROGRAMS	\$ 2,868,709
TOTAL	\$ 5,622,586

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,245,843
CLIENT & MISC	\$ 593,156
STATE	\$ 3,783,587
TOTAL	\$ 5,622,586

APPENDIX

Richland County Health and Human Services

2012 Health & Human Services Contracts (Over \$10,000)*

ADRC of SW WI – Crawford	\$190,206	Lori Knapp – Richland, Inc.	\$73,012
ADRC of SW WI – Juneau	\$335,910	Lucky Star 3 Corporation	\$33,240
ADRC of SW WI – Sauk	\$629,508	Margaret Fillyaw AFH	\$21,522
Aegis Therapies	\$39,456	Murphy AFH	\$42,833
Attorney Henry Plum	\$51,320	My Innovative Services, Inc.	\$31,924
B-Care Corporation	\$64,440	New Visions Treatment Home	\$11,040
Clemens Schmidt, M.D.	\$124,200	Northwest Counseling & Guidance Clinic	\$39,202
Community Care Resources, Inc.	\$16,028	Northwest Passage	\$94,243
David Dati, LCSW, LMFT	\$52,944	Psychology Center	\$12,222
Family & Children’s Center	\$29,151	Rawhide, Inc.	\$33,786
Family Works Programs, Inc.	\$83,619	Richland Hospital	\$48,175
Fillyaw AFH	\$20,136	Scott Consulting Partners, LLC	\$16,996
Gundersen Lutheran Healthcare	\$10,796	SW WI Workforce Development Board	\$424,704
Hoffman AFH	\$44,632	Streamline Healthcare Solutions, LLC	\$68,401
Irv Balto, LCSW	\$19,319	Tazzee’s Wonder Bar & Restaurant	\$14,191
Jean Warrior, Ph.D.	\$16,636	Trempealeau County Health Care	\$86,376
Kickapoo Valley AFH	\$24,075	VARC, Inc.	\$84,624
LaCrosse County Human Services	\$12,350		

* 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

**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
Public Health Unit*

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

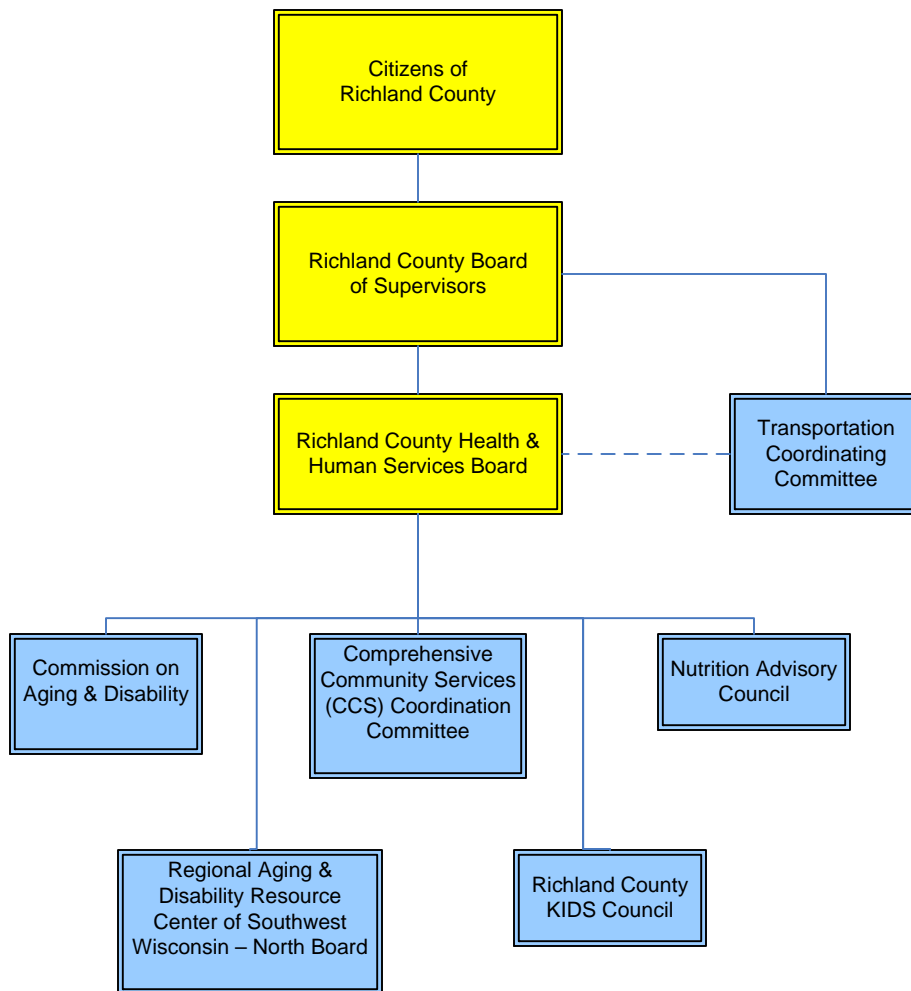
Aging & Disability Resource Center of Southwest WI – Richland Center

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

PLEASE VISIT OUR WEB SITE AT www.co.richland.wi.us

RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE

