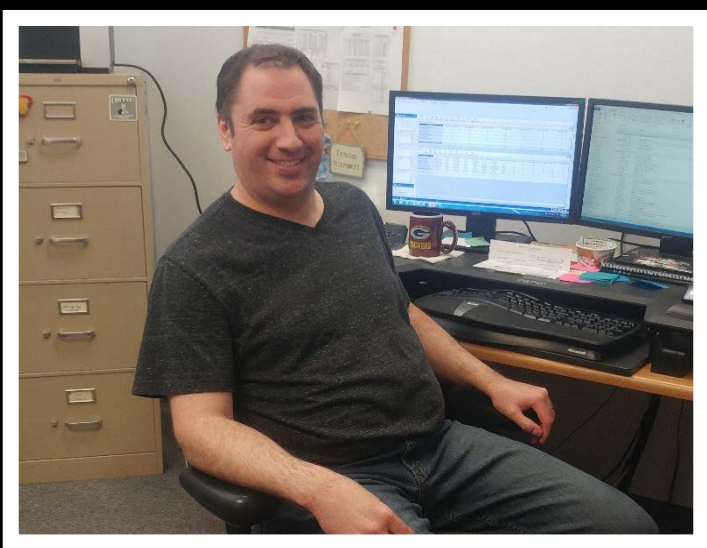
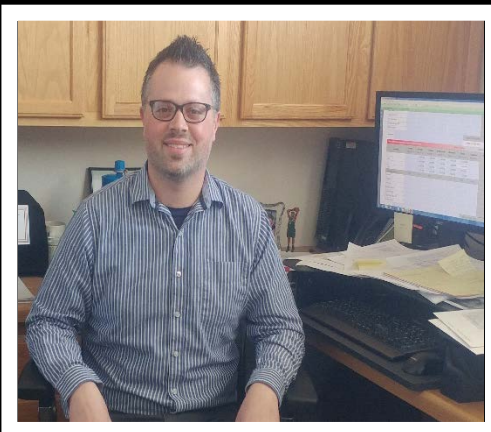


# Richland County Health and Human Services



## 2017 Annual Report

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, it is with great honor that we present our 17<sup>th</sup> Annual Report since Health and Human Services was formed in August of 2000. In 2017 there were many noteworthy items, some of the highlights include:

**Many changes in staffing** – In 2017 the Management Team within Health and Human Services devised an Administrative Reorganization, which reassigned the management responsibilities of most units. This was ultimately adopted and implemented on January 1, 2018, and resulted in a savings in excess of \$100,000. Many new faces continued to join our Agency. They brought with them the challenges of less institutional knowledge, but also many positive fresh ideas and dynamic new ways to accomplish our mission.

**Increased demand for services continues** – Nearly every program experienced a significant increase in service delivery for the second year running. The Aging and Disability Resource Center (ADRC) had a significant increase in client contacts; Birth to 3 and Children Long Term Support participants increased significantly through the continued implementation of child finding efforts; also there was a continued increase in Agency-wide services due to augmented access through new legislation and societal demand.

**2017 was a year of transition** – As I look back holistically at 2017, there is one reoccurring theme: Change. As we approached 2018, we were forced to take an internal inventory of ourselves as an Agency. New constraints abounded – whether fiscally, staff related, or the changing complexity of our cases. However one thing remained the same – our resolve to carry out the mandate of this Agency’s programs. I look forward to the future with great optimism because of this exercise.

As you look through this report, please feel free to contact the staff at Health and Human Services with any questions you may have regarding the information provided. You can find this information and more on our website at [www.co.richland.wi.us](http://www.co.richland.wi.us).

Best Regards,

Timothy J. Gottschall, MPS

# Richland County Health & Human Services



## 2017 Annual Report

	Page
Table of contents.....	1
Agency Mission Statement .....	2
Board and Committee Member Listing .....	3
Board Organizational Structure .....	6
Health & Human Services Unit Organizational Structure .....	7
Administrative Services Unit.....	8
Aging & Disability Resource Center of Eagle Country – Richland Center.....	10
Aging & Disability Resource Center of Eagle Country.....	18
Children’s Services Unit.....	25
Clinical Services Unit .....	31
Economic Support Unit .....	45
Public Health Unit .....	55
Fiscal .....	73
Appendix.....	78

# BOARDS AND COMMITTEES

## **Richland County Health and Human Services Board**

Board Members

Robert Bellman, Chair (until January 2017)  
Dr. Bryan Myers, Chair (as of February 2017)

Kerry Severson (as of March 2017)	Dr. Louis Williams
Lynne Eichinger (until June 2017)	Donald Seep
Ingrid Glasbrenner (as of October 2017)	Marty Brewer
Larry Jewell	Debra Kyser
Linda Gentes	

## **Aging and Disability Resource Center of Eagle Country Governing Board**

Board Members

Vern Demers, Chair

Bette Smart, Vice Chair	Marie Rakow
Lane Delaney	Donald Seep
Becky Hovde	Don Stirling
Ken Schneider	Donna McGinley
Elling Jones	Belinda Granger
Andrea Lombard (until April 2017)	
Teresa Wolkowski (as of July 2017)	

## **Commission on Aging & Disability**

Commission Members

David Scribbins, Chair

Virginia Wiedenfeld	Cindy Riley
Belinda Granger	Larry Jewell
David Scribbins (as of October 2017)	Paul Kinney (as of May 2016)
Sandra Kramer (as of August 2016)	Sharyn Knudson
Marilyn Marshall (as of May 2016)	Richard Rasmussen
Carolyn Denman (as of October 2016)	

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

Joy Burnham (as of January 2017)  
Betty Collins (as of January 2017)  
Joseph Collins (as of January 2017)  
Kerry Severson (as of May 2017)

Ashley Houman  
Myranda Culver  
Faye Burghagen  
Mary Chris Walling

**Coordinated Services Team (CST)  
Coordinating Committee  
Committee Members**

Amy Richardson  
Tawny Hardyman  
Jeff Van Den Berg  
Amanda Miller  
Linda Gentes  
Faith Peckham

Barbara Fullmer (until January 2017)  
Cindy Robinson (as of January 2017)  
Myranda Culver  
Amanda Coorough (until July 2017)  
Stephanie Ronnfeldt  
Shelly Anders

**Nutrition Advisory Council  
Committee Members**

Eva Jo Putz, Chair

Donald Seep (as of June 2017)  
Rita Smith (until November 2017)  
Janet Jasper (as of November 2017)

Don P. Roseberry  
Chris Storer  
Marlene Curtis

**Mississippi Valley Health Services Commission**

Linda Gentes

Dr. Byan Myers (alternate)

**Transportation Coordinating Committee**  
Committee Members

David Scribbins, Chair

Angela Metz

Carol Clausius (until April 2017)

Don Adelman

Melissa Burke (as of April 2017)

Robert Shiere

Lydia Metz (as of June 2017)

Eric Rynes

Linda Gentes

Paul Kinney

Richard McKee

Stephanie Ronnfeldt



# Richland County Health and Human Services

## MISSION STATEMENT

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

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

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

**Richland County Health & Human Services  
2017 Annual Report Timeline**

April 2, 2018	Managers/Supervisors submit information to Meghan.
May 10, 2018	Annual Report distributed to Health & Human Services Board.
June 14, 2018	Annual Report approved by Health & Human Services Board
June 19, 2018	Annual Report distributed to County Board.
July 17, 2018	County Board Presentation.

**Richland County Health & Human Services  
2017 Annual Report Timeline**

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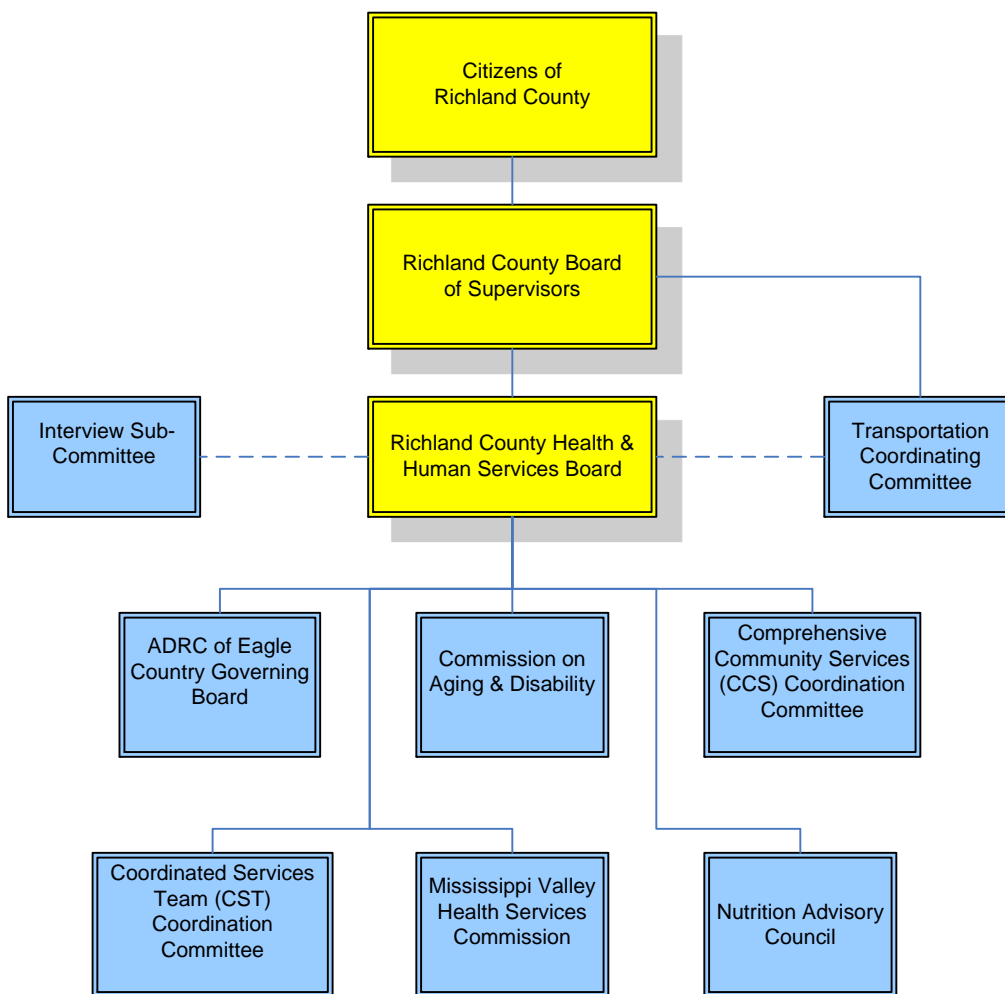
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2017 Annual Report Timeline**

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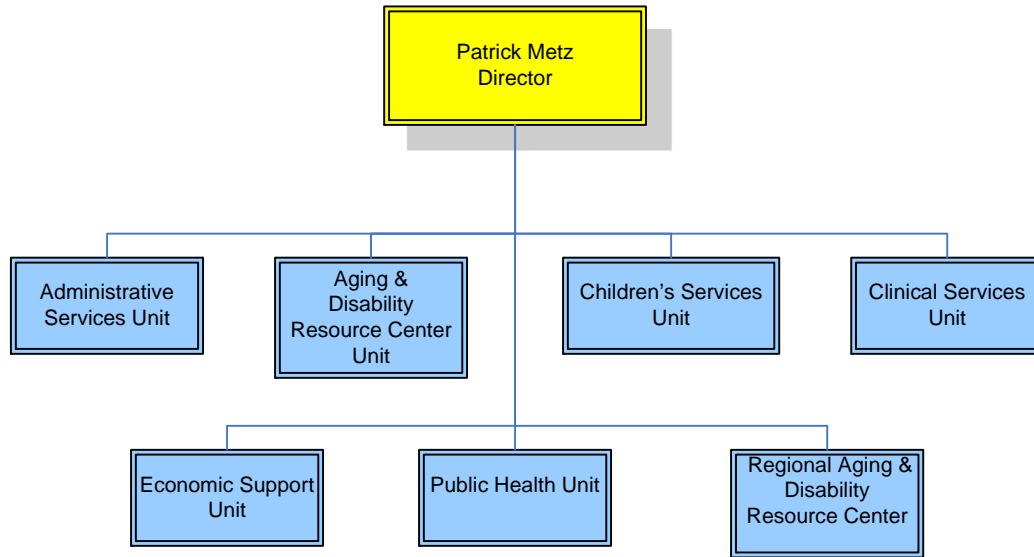
# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## BOARD ORGANIZATIONAL STRUCTURE



# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## UNIT ORGANIZATIONAL STRUCTURE



# ADMINISTRATIVE SERVICES UNIT

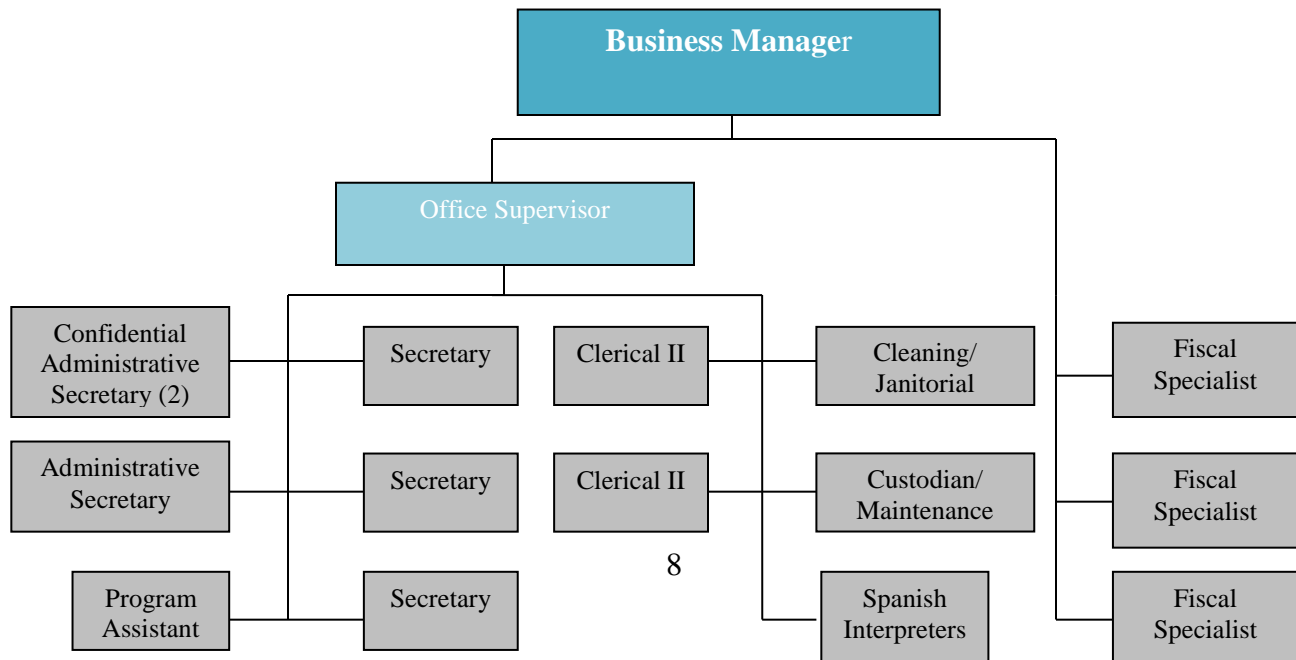
## Mission Statement

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

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

- |                                 |  |
|---------------------------------|--|
| Accounts Payable                | HIPAA Compliance                       |
| Accounts Receivable             | Human Resources                        |
| Board & Committee Support       | Human Services Reporting System        |
| Civil Rights                    | Income Maintenance                     |
| Claims Processing               | Low Income Heating & Energy Assistance |
| Cleaning & Building Maintenance | Office Management                      |
| Clerical Services               | Payroll                                |
| Client Record Keeping           | Program Participation System           |
| Clients Rights & Complaints     | Public Health Immunization Clinics     |
| Community Aids Reporting System | Reception and Information              |
| Contracts Management            | Representative Payee Services          |
| Database Management             | Spanish Interpretation                 |
| Fiscal Reporting                | Transcription                          |

In 2017, the Administrative Services Unit performed these responsibilities under the following organizational structure:



Here are just a few of the 2017 highlights for the Administrative Services Unit:

- Improvements to Building Security & Staff Safety: In the first half of 2017, Health & Human Services contacted law enforcement for assistance six times due to seriously threatening or intimidating behavior by clients and/or visitors. Health & Human Services management reacted proactively to the influx of incidents by sending relevant staff to Active Shooter Training at the Richland County Courthouse, offering De-escalation Training to all staff, and participating in the Courthouse Security and Facilities Committee meetings. Additionally, Community Services Building access badges have been made available to Richland Center Police Department and Richland County Sheriff Department officers to expedite their access into the building in the event of an emergency.

Health & Human Services management reviewed their internal policies regarding staff safety and threatening situations, and determined that a more secure area needs to be offered for those staff working at the Main Front Desk. In September 2017, the Health & Human Services Board approved the addition of tempered glass at the Main Front Desk to eliminate the physical access clients and/or visitors have to staff and create a barrier from violent acts of aggression. Our number one priority over the years has shifted from a warm, welcoming customer service environment to protecting staff and ensuring their safety.

The Health & Human Services Board also approved the purchase of a wireless wrist watch panic system for staff to wear who work at a reception desk or are responding to crisis situations within the Community Services Building. This new panic button system sends a request for assistance directly to law enforcement.

- Richland County Wage & Compensation Study: The Administrative Services Unit was instrumental in updating county position descriptions for all Health & Human Services staff and assisting with the Carlson Dettmann Job Description Questionnaire project, which was assigned to all county departments as part of the Richland County Wage & Compensation Study.
- Electronic Health Record (EHR) System: The implementation of the Kareo EHR system in 2016 continued to make claiming easier and more successful in 2017. However, psychiatrist and Clinical Services Unit staff turnover continued to be an issue for the Administrative Services Unit staff who support these activities and clients. Management has developed a plan to further support the EHR system in 2018 to ensure its success.

# AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

## 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 Eagle Country serving Crawford, Richland, Juneau and Sauk Counties. The ADRC provides information and assistance services designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves:

- Adults who are elderly
- Adults with physical and/or developmental disabilities
- Adults with substance abuse issues
- Adults with mental health issues
- Youth with disabilities transitioning from children to adult services

The ADRC's Elder Benefit Specialist and a Disability Benefit Specialist provide benefits-related counseling and services to the elderly, as well as adults with disabilities between the ages of 18 and 59 years.

Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services and transportation assistance services. In 2017, the Richland Center Office of the ADRC of Eagle Country processed over 17,000 incoming contacts (phone calls or walk-in customers).

# KEY AREAS OF ACTIVITY

## INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

Services in this key area range from providing simple information, to providing short-term case management. These services are often provided by phone or by making home visits, when more in-depth counseling is needed to discuss all care and service options, to address more complex situations and assist customers with accessing programs and services.

In 2017, the Information and Assistance staff (I&A) received 6,702 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.

### **2017 Information & Assistance Customers**

Of the self-identified:

54% were elderly (60 years and older);

32% were customers with physical disabilities;

5% were customers with developmental disabilities; and

9% were customers with mental health or substance use disorders.

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

In 2017, I&A staff responded to over 6,700 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 to connect 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.

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 guide 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 2017, staff completed 101 Functional Screens and enrolled 70 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 Technical Advisor who is an attorney at Disability Rights Wisconsin.

In 2017, the Disability Benefit Specialist program assisted 157 Richland County residents in receiving over **\$1,090,155** 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 \$13,629,841. 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 age 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, 9 Medicare workshops were offered. A total of 119 people attended to learn how to navigate all the Medicare Programs, and an additional 317 seniors received other assistance.

In 2017, the Elder Benefit Specialist Program provided a savings to 317 Richland County residents totaling **\$1,626,585** 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**

In partnership with the Symons Recreation Center, the ADRC provided the funding and technical support to initiate and run 1 Stepping On program. Stepping On is an evidence based program that significantly reduces falls for seniors. A total of 14 seniors participated in the class.

The Low Vision Support program provided an ongoing support and transition group for adults who have a visual impairment. On a monthly basis up until June of 2017, up to 20 people gathered to learn about services and resources that helped them to remain active and independent. The group supported anyone with a visual challenge by offering opportunities to meet others with similar concerns. The group shared experiences and expertise, enjoyed visiting with guest speakers, and shared potlucks. Transportation was also provided as needed. Unfortunately due to funding issues, the Low Vision Support program ended in June of 2017.

## **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 access information, options counseling, and connections to needed services.

An Information and Assistant Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in 2016-2017 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.
- Leadership and participation in monthly County Communities on Transitioning (CCOT) 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 “National Mentoring Day” at the Southwest Technical College where high school students with disabilities practiced job skills and learned about different job responsibilities.
- Participation in the ‘Get Real Fair’ at 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 the 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 2017, Richland County Health and Human Services received \$11,088. 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 2017 Alzheimer’s Walk.



## **THE RICHLAND COUNTY TRANSPORTATION PROGRAM**

The Richland County Transportation Program has been growing slowly but steadily throughout 2017 with a focus on connecting our communities. There are three services provided by the transportation program: Driver Escort Program, public bus routes and on-demand wheelchair transportation to medical appointments. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly and disabled residents of Richland County to medical appointments within an 85 mile radius. Richland County provides residents with wheel chair transportation to medical appointments.

### **Richland County Public Transportation & Lift Vehicle Transportation**

The Richland County Public Transportation program bus routes travel along the major roads through the county Monday through Friday.

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

In 2017, the Richland County Public Transportation and Lift Vehicle Transportation programs had four temporary casual drivers providing a total of 1490 trips for 742 passengers traveling 22,577 miles.



## **The Driver Escort Program**

In 2017, the Driver Escort Program had 23 volunteer drivers providing a total of 4,447 one-way trips for 2,231 passengers traveling 222,789 miles. The volunteer drivers donated 9,521 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 tax levy match to receive the funding. In addition, the transportation program receives reimbursement through Veterans Affairs, Community Link, Care WI and co-pays collected from passengers. In an effort to be fiscally responsible we schedule 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 2017 totaled \$10,046 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 2017, the funds supported numerous local families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

# AGING & DISABILITY RESOURCE CENTER OF EAGLE COUNTRY

Serving: Crawford, Juneau, Richland, & Sauk Counties

## Mission Statement

To provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.



## 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

ADRCs across the state are playing a large role in finding ways to assist people in remaining in the community longer which brings cost efficiencies to the state of Wisconsin's health care system.

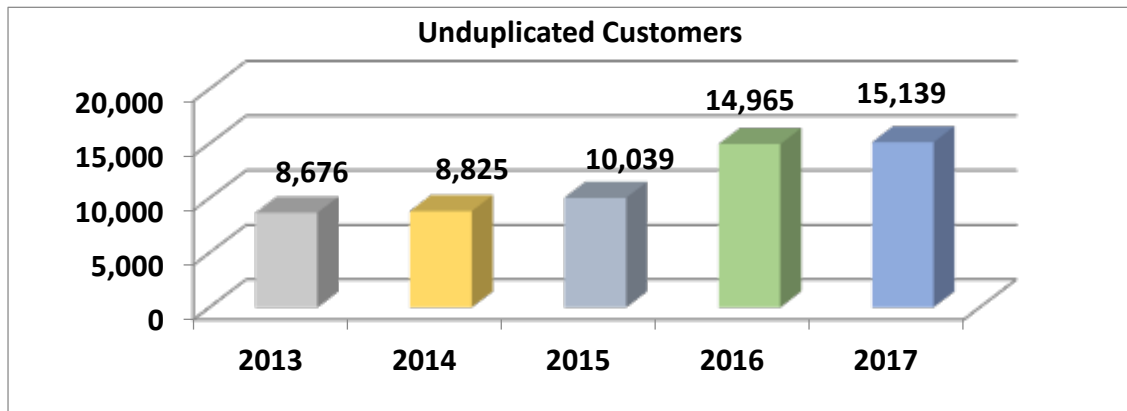
Every county in Wisconsin has a locally based ADRC office. Some ADRCs are organized in a regional model like the ADRC of Eagle Country and some are single county ADRCs.

## ADRC of EAGLE COUNTRY 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.

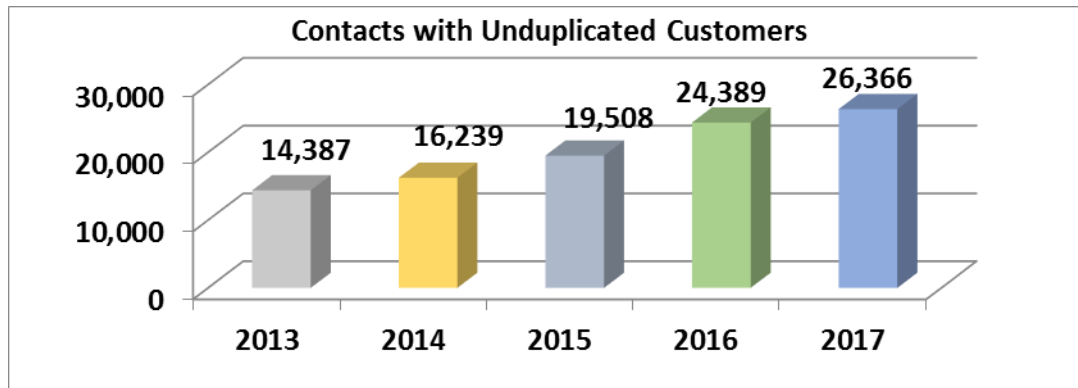
## INFORMATION & ASSISTANCE SPECIALISTS

The ADRC of Eagle Country has 13 Information and Assistance Specialists that 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. People are finding the ADRC to be a valuable resource for support and guidance in meeting their needs, and are *spreading the word!*

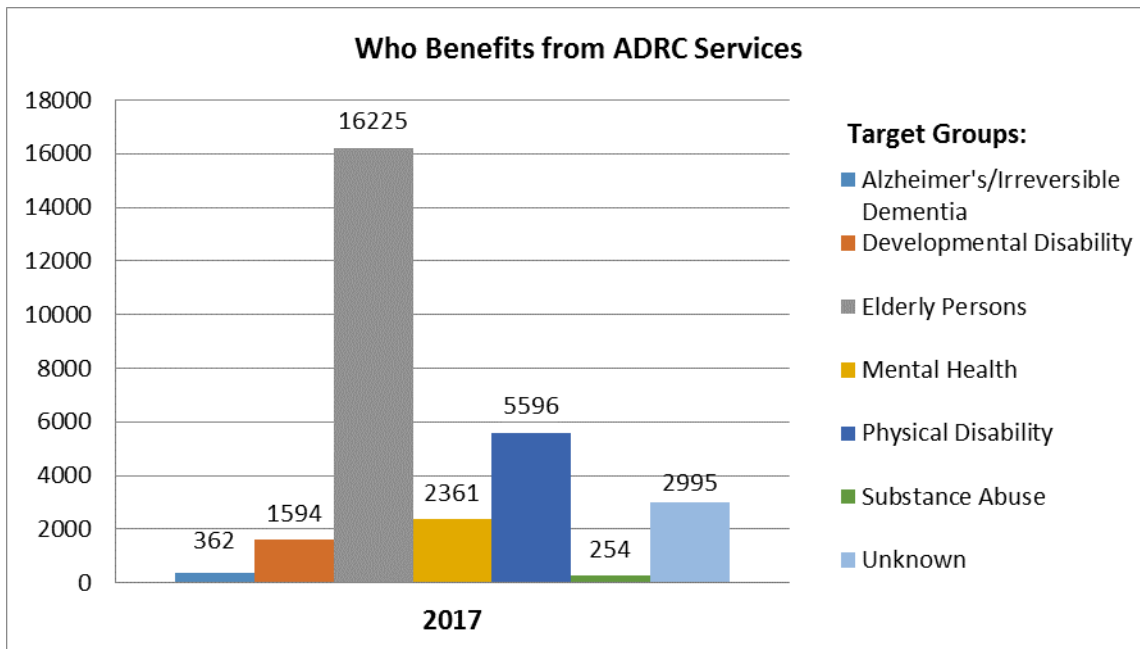


The number of unduplicated customers (above) is the actual number of customers who have been in contact with the Information and Assistance Specialists.

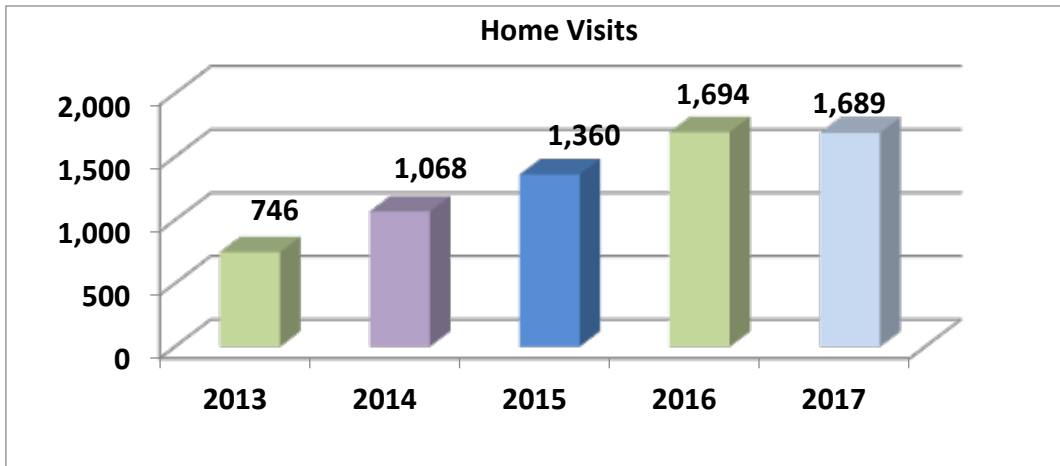
The number of contacts (below) is the number of times Information and Assistance Specialists have had conversations with customers.



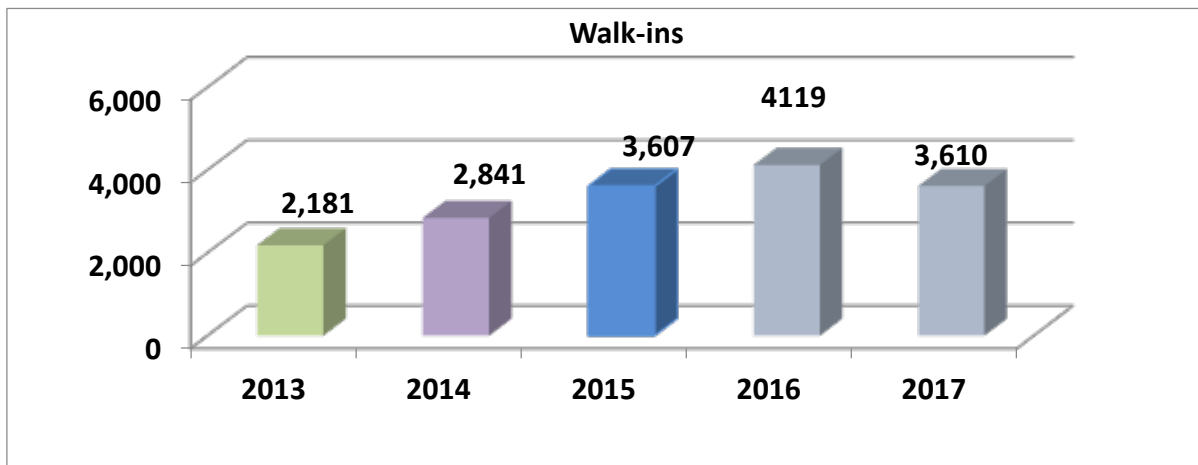
Information and Assistance Specialists provided support/assistance to customers in the following target groups with some customers falling into more than one target group.



Home Visits have been shown to significantly increase customer satisfaction, and are a more accurate and personal method to assess customer needs.

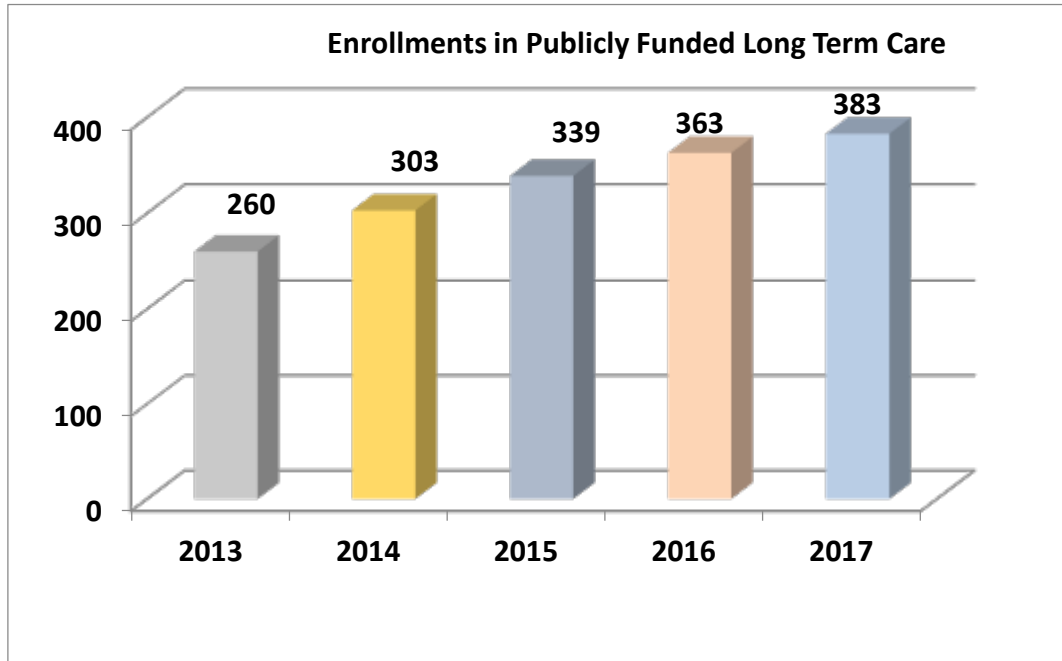


Often customers come to the ADRC for immediate assistance. Our offices are open from 8:00a.m.-4:30p.m. Monday through Friday. Information and Assistance Specialists are available to meet with customers who walk in without appointments.





Information and Assistance Specialists assess for functional eligibility and provide unbiased enrollment counseling into publicly funded Long Term Care Programs such as IRIS, Family Care and Partnership.



**Of the 14,965 unduplicated customers in 2017 only 386 or 2.5% enrolled into publicly funded long term care programs. This percentage was consistent from 2013 through 2017 as well.**

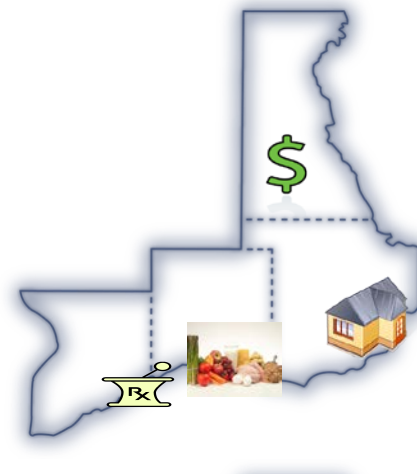
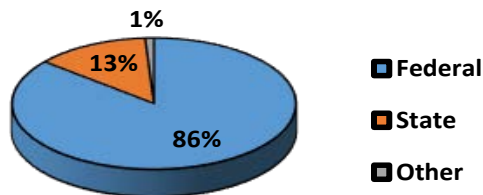
**This data shows that the majority of our customers are being diverted or delayed from entering publicly funded long term care programs such as IRIS, Family Care and Partnership.**

## DISABILITY & ELDER BENEFIT SPECIALISTS

The 5 **Disability Benefit Specialists (DBS)** across the region 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. The DBSs assisted 1,095 people in 2017. They have access to an attorney from Disability Rights of Wisconsin for ongoing training, support, and guidance in complex matters of appeals and advocacy.

The 5 **Elder Benefit Specialists (EBS)** across the region provides services to people 60 years of age and older who are having problems with their private or government benefits, consumer problems, or age discrimination. The EBSs assisted 2,708 people in 2017. 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.

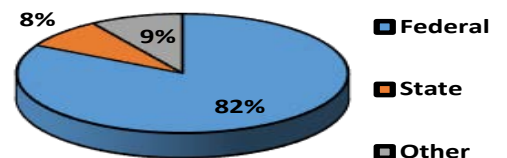
**Disability Benefit Specialist Monetary Impact  
2017  
\$7,428,648**



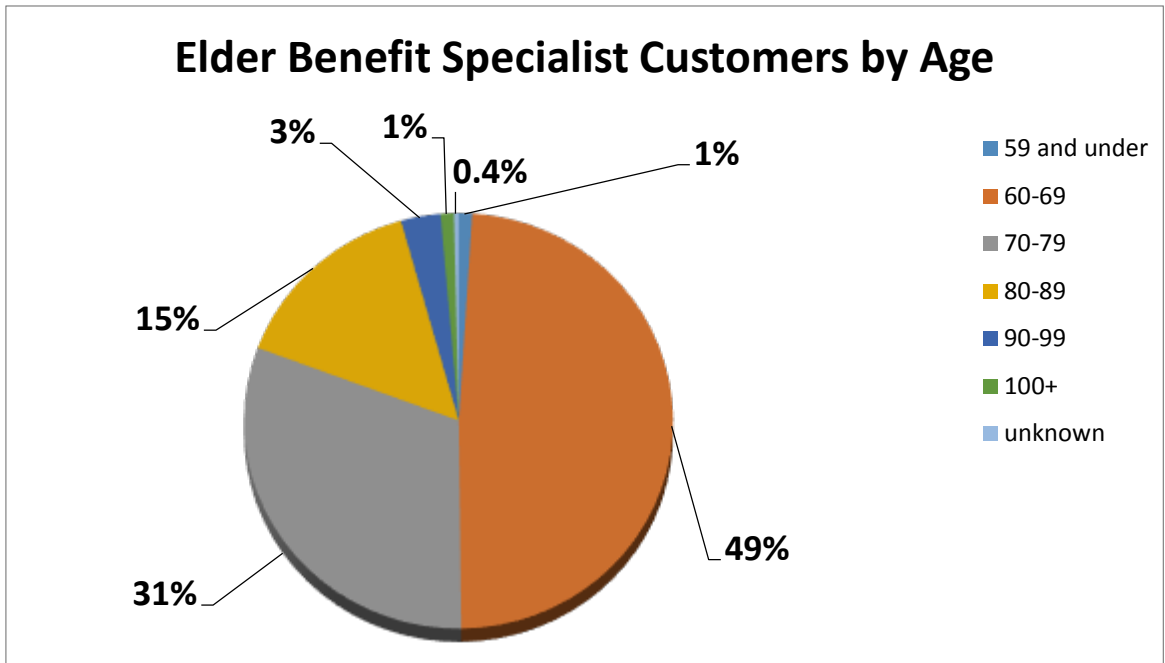
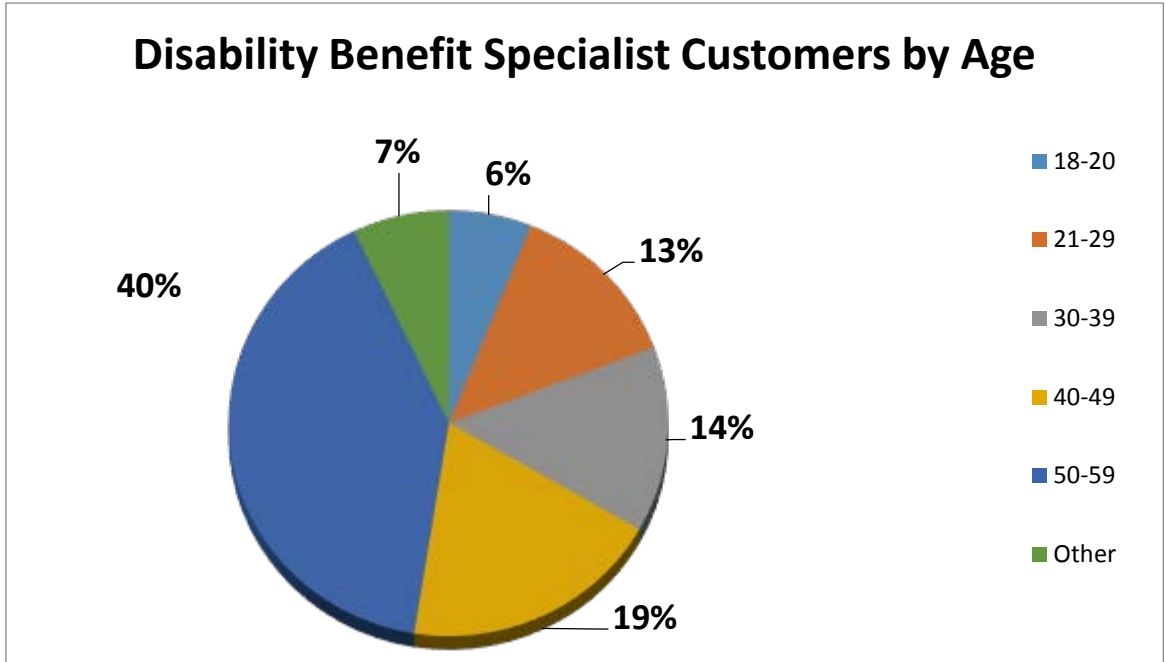
### Monetary Impact

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  
2017  
\$18,871,219**



## DISABILITY & ELDER BENEFIT SPECIALISTS



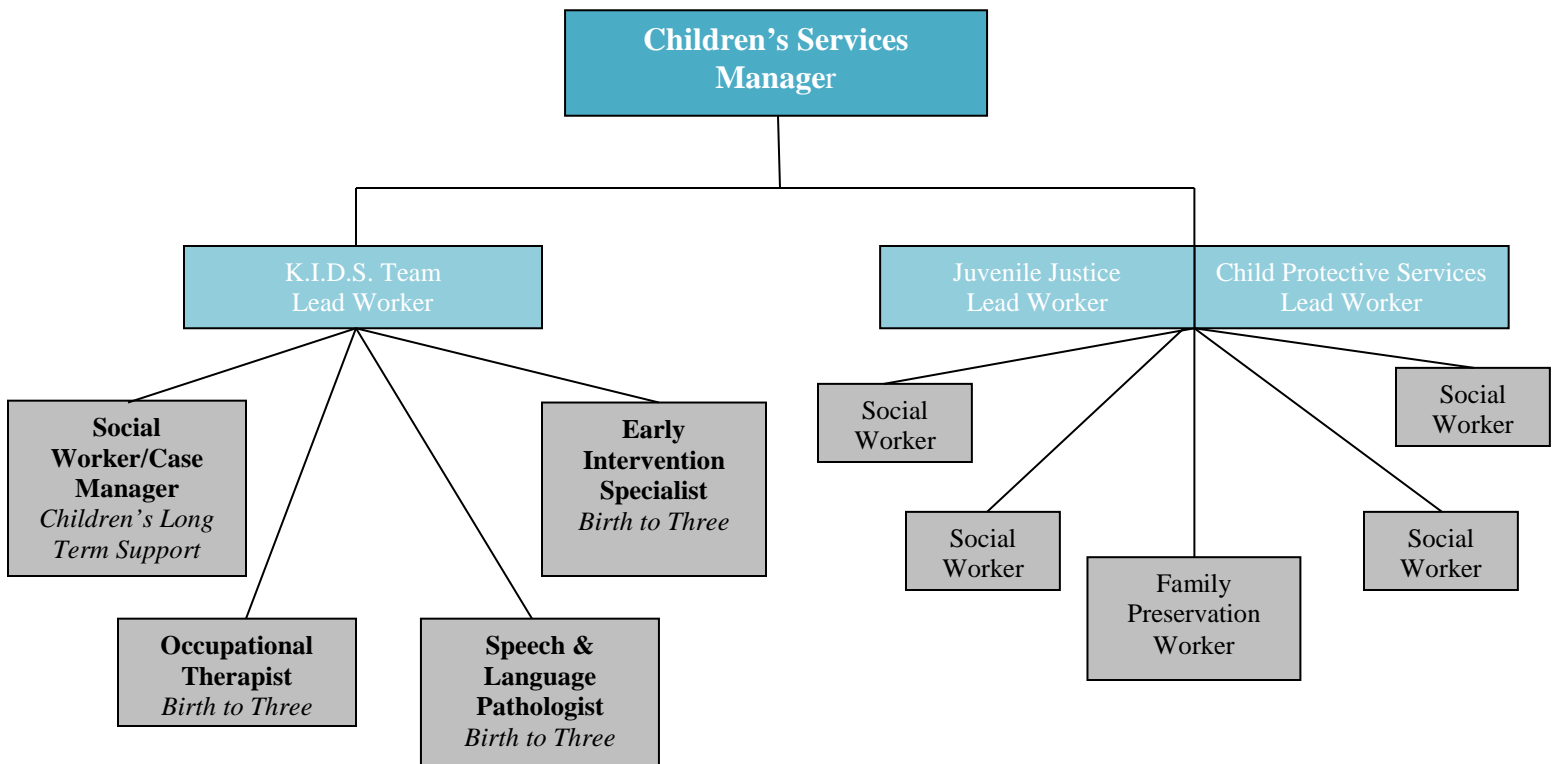
# CHILDREN'S SERVICES UNIT

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 six programs are as follows:

- Birth to Three
- Children's Long Term Support
- Child Protective Services
- Juvenile Justice
- Foster Care and Kinship Care
- 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 an early intervention program for children ages 1 to 3 years of age that reside in the county. To be eligible for the Birth to Three Program, a child must show a 25% delay in one or more of the key areas of development (social-emotional, physical, cognitive, adaptive and/or communicative), have a diagnosed condition that is likely to result in a developmental delay or have atypical development. The early intervention team works with the family providing ideas and techniques to help family members enhance their child's development and learning potential. The program is mandated by the state and operates on a no waitlist policy. This means that all eligible children will be served regardless of the number already being served. The program is free to families, however there may be an income-based cost share.

### ***Services Provided***

- *Therapies: occupational, physical, speech*
- *Developmental Evaluations*
- *Service Coordination*
- *Family Support and Education*

### ***Funding Sources***

- *Basic County Allocation (State)*
- *Private Pay (Third Party Insurance)*
- *Medical Assistance (State)*
- *Parental Cost Share (Individual)*

In 2017 the Birth to Three Program received **67** referrals and served **48** children. The county has continued to extend its child find efforts in partnership with the local school districts, hospitals and community.



## CHILDREN'S LONG TERM SUPPORT PROGRAMS

### Formerly Children with Disabilities Program

The Children's Long Term Support (CLTS) Waiver Program and Children's Community Options Program (CCOP) are designed to support the needs of families that have a child/children with severe developmental, physical, or emotional disabilities. The purpose of these programs is to assist families in meeting the needs of their children within their home and community.

#### *Services Provided*

- *Assessments*
- *Respite Care*
- *Daily Living Skills Training*
- *Mentoring*
- *Supportive Home Care*
- *Home Modification/Adaptive and Communication Aids/Recreation Activities*
- *Support and Service Coordination*
- *Provide information and access to Community based resources*

#### *Funding Sources*

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

In 2017, the program served a total of **38** children in both the Waiver and CCOP programs.

## CHILD PROTECTIVE SERVICES

Children's Protective Services (CPS) is a key component of the Child Welfare system in Richland County. CPS involvement is warranted when there is a referral indicating a child may be unsafe, abused or neglected, or at risk of maltreatment. CPS identifies and addresses underlying family conditions that make children unsafe or at risk of maltreatment and implements a variety of safety plans with families in attempts of mitigating concerns by the least restrictive means possible.



**Child Protective Services Model for Practice:**

1. **Trust** – CPS workers approach complex family situations with honesty and integrity to support positive change.
2. **Engagement** – CPS established relationships with families through collaboration, empathy and partnership. The voices of families are included and welcomed in planning.
3. **Accountability** – We are accountable for the children, youth, and families in our community and are responsible for providing trauma-informed, culturally sensitive services. It is our job to learn, self-correct, innovate, and work towards positive outcomes.
4. **Trauma-Informed Practices** – CPS workers understand the impact of trauma on children and families and recognizes that practice is most effective when trauma is considered.
5. **Respect** – We acknowledge the worth, ideas and experience of every person and family system.

CPS workers in Richland County are required to follow strict laws and standards when determining if CPS intervention is warranted. Similar to state-wide data, the county screens out approximately two-thirds of the referrals received, as many reports received fall outside the legal authority to intervene.

<b>2017</b>	
Reports Received	178
Alleged Victims	253
Screened in Services Reports	116

**YOUTH JUSTICE (JUVENILE JUSTICE)**

Youth Justice (also known as Juvenile Justice) is the second component of the local Child Welfare system, which serves children who are 17 years of age or younger, who have been alleged to have violated laws. The focus of interventions is to interrupt destructive, delinquent behavior and also prevent youth from ending up in the adult prison system in the future. Services traditionally provided include: processing juvenile referrals, making recommendations to the court, case management and service coordination,

collection and distribution of restitution, electronic monitoring, and reunification for youth who have been placed out of the home.

**In 2017, there were 20 screened in, supervised youth justice cases in Richland County**

There is a new vision for Youth Justice being implemented at the state level which encompasses a vision for accountability of youth rather than on punishment. This movement stems from recent research that indicates traditional sanctions such as sending youth to secure detention, often increases recidivism and pulls them deeper into the system. Under the new vision, the needs of victims are taken into account and clearly addressed, and stakeholders such as social workers and judges share an understanding of accountability that truly allows youth to take account for, and learn from their mistakes. Accountability for youth includes: repairing harm, opportunity to learn and grow, engagement in the process rather than simply the outcome, building youth support systems. In 2017 the state introduced this vision to counties and in the coming year, the County will have opportunities to use new documentation and assessment materials to support this vision.

**THRIVE**

One particular effort in Richland County to support youth and provide restorative justice opportunities is our THRIVE program. THRIVE provides youth with opportunities to develop life skills and supportive relationships with peers and adults. Participating youth share their collective energy and creativity in completing projects that benefit our community and explore topics such as self-esteem, citizenship, and cooperation.

**FOSTER CARE and KINSHIP CARE**

CPS tries to keep families together whenever possible and works hard to make in-home safety plans. When it is not possible to do so however, children need sensitive and caring alternate caregivers to support the family through transitions, separations and reunifications. The CPS unit in Richland County licenses Level 1 and level 2 foster homes and supports an array of relative or kinships homes. We support these alternate caregivers with the training and support from our Foster and Kinship Coordinator.





## **INDEPENDENT LIVING SERVICES**

Richland County receives a small stipend to help youth who age out of care to achieve independence post 18 years. In 2015, the state began assuming responsibilities for this activity statewide by regions. In 2016, Richland County relinquished activity and funding to the State and no longer provides this service locally. Our regional services are delivered out of Platteville through a private partnership contracted by the state.

# 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.

In 2017, Clinical Services staff assisted **428** individuals in one or more of its programs. Please note the number of patients served decreased from 2016 to 2017 based on fewer outpatient staff.

## 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.

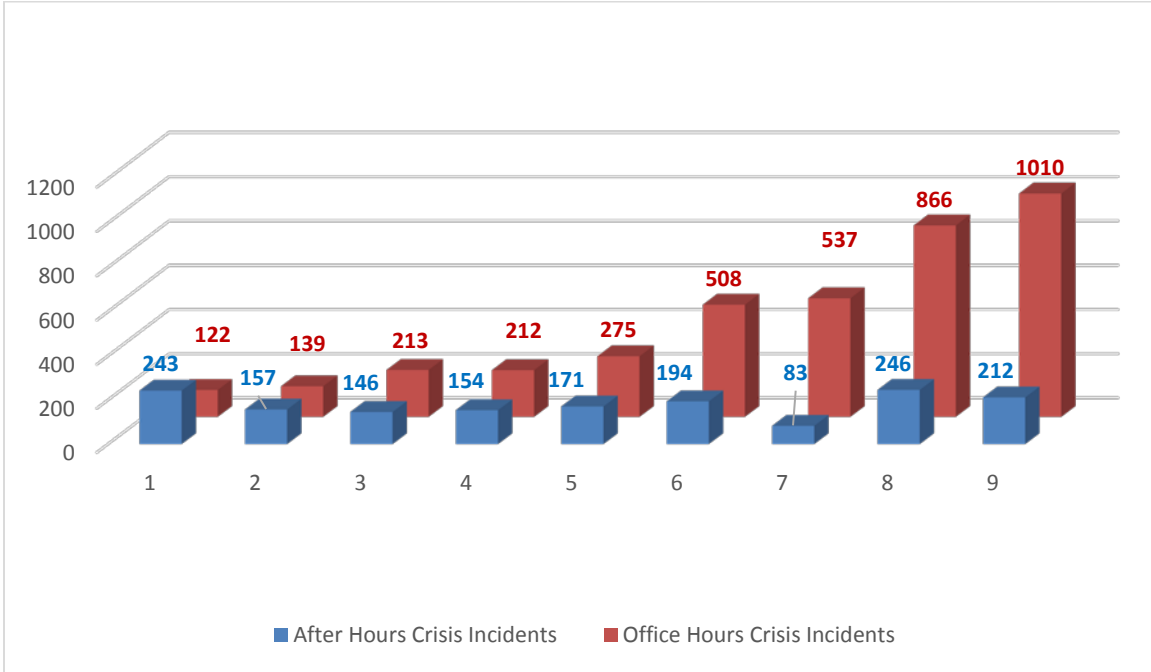
The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

Clinical Services professional staff provided emergency telephone services, walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services.

During non business hours, Northwest Connections is a contracted service that responds to crises in Richland County. Northwest Connections provides crisis telephone services through their "Call Center" 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:** In 2017, Health and Human Services provided Crisis services to a total of 196 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 212 afterhours crisis contacts. Clinical Services staff completed a total of 1010 daytime crisis contacts, with a total of 1222 crisis contacts altogether in 2017. The total number of crisis contacts include all full crisis assessments completed by staff and the total number of linkage and follow-up contacts after a crisis has occurred. During 2017 there was a full time staff member dedicated to doing crisis contacts along with other clinical services staff members. Linkage and follow up services

are completed after an initial crisis assessment in order to provide or coordinate services to allow the crisis patients to return to more stable functioning OHS 34.23(6).

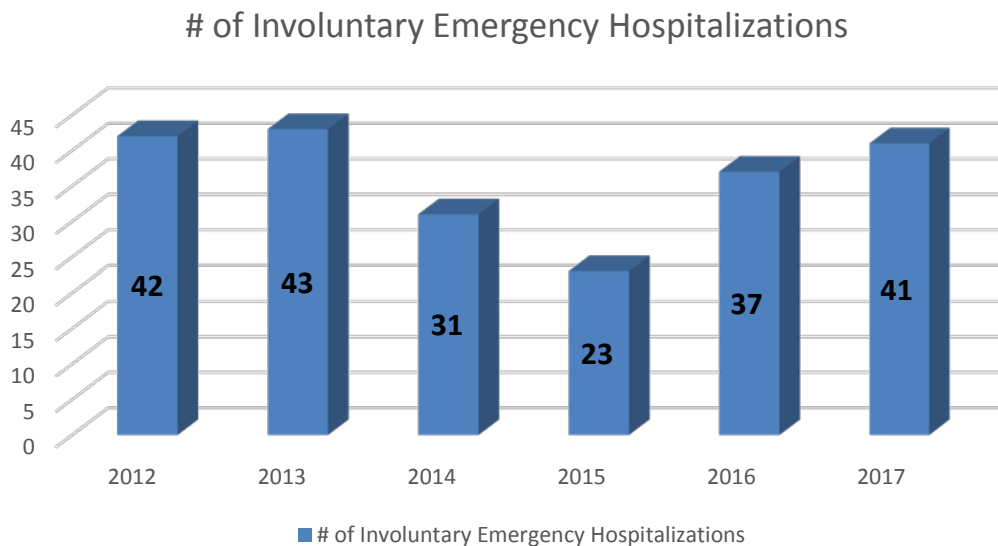


**Emergency Hospitalizations:** During 2017, a total of 41 emergency detentions occurred. 19 of these occurred during office hours and 22 occurred after office hours. 18 of the emergency hospitalizations were able to be diverted to private pay hospitals.

	2013	2014	2015	2016	2017
Afterhours Hospitalizations	26	11	11	12	22
Office hours Hospitalizations	17	20	12	26	19
<b>TOTAL HOSPITALIZATIONS</b>	<b>43</b>	<b>31</b>	<b>23</b>	<b>38</b>	<b>41</b>

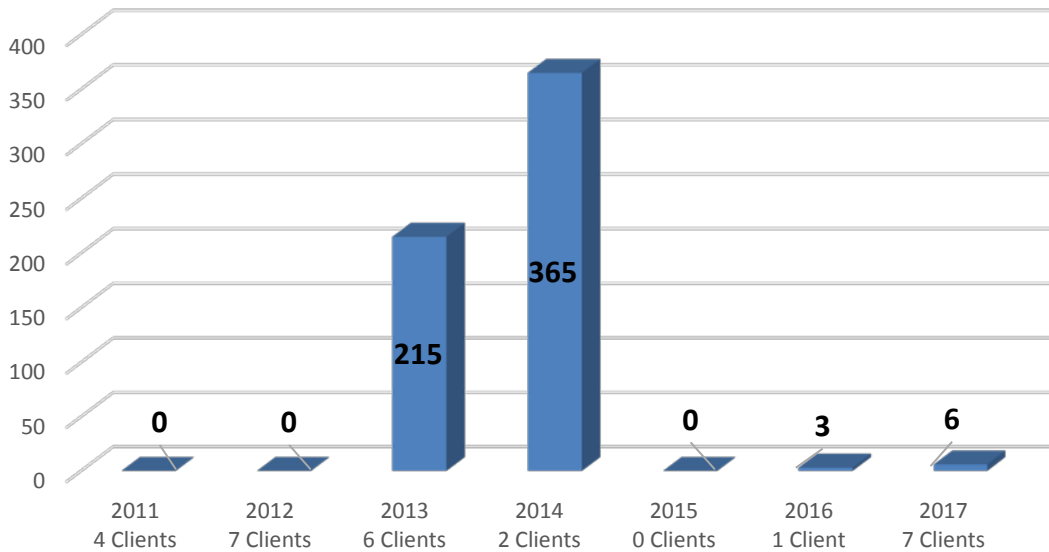
## INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

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 and placed 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 the person gets necessary treatment. The chart below shows the number of involuntary hospitalizations for the last six years.



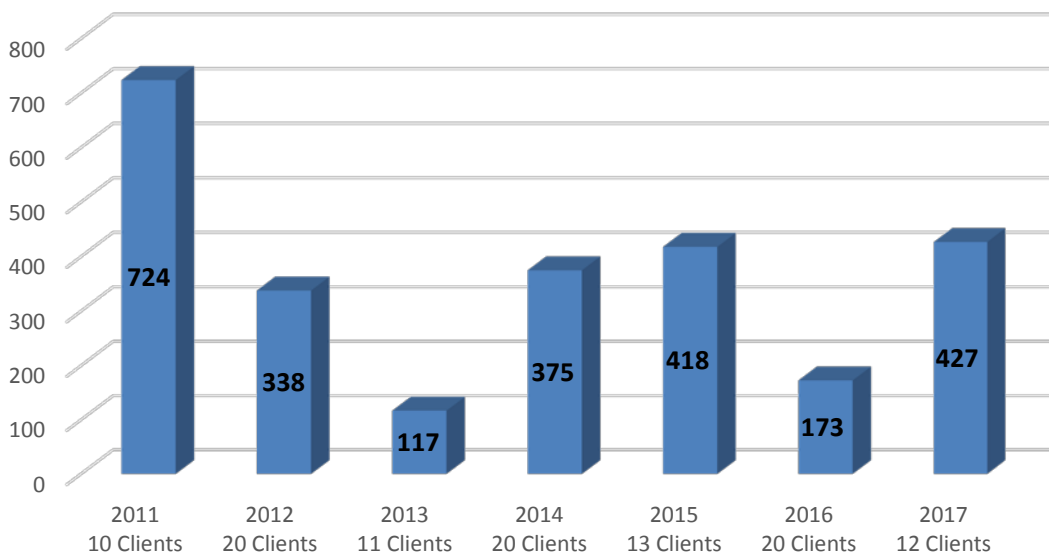
**Inpatient Psychiatric Hospitalization:** Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2017. The chart below shows the number of hospital days funded by Health and Human Services each year.

### Acute Psychiatric Hospital Days Funded by the County



**Mental Health Institutional Placements:** For long-term care and treatment needs in 2017, Richland County placed individuals at the Winnebago Mental Health Institute or Mendota for geriatric patients. This facility was used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalization. The chart below shows the total number of days of institutional care funded annually by Richland County.

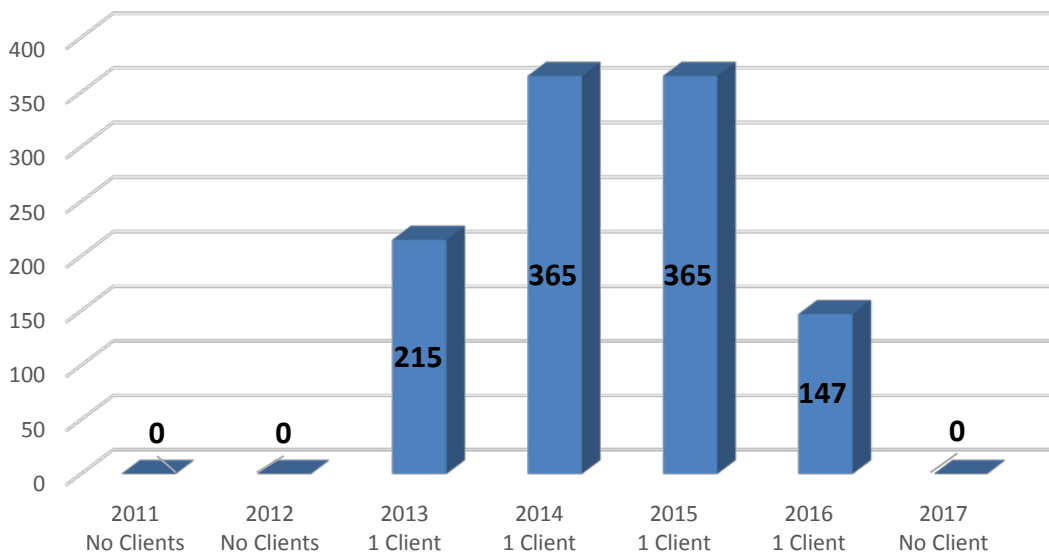
### Number of Days in Mental Health Institutes (MHI)



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. Five of the 12 individuals shown in the chart above for 2017 were under the age of 21 and accounted for 22 days of care.

**Institutes for Mental Disease:** Richland County uses 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 clients placed in an IMD in 2017.

**Number of Days in an Institute for Mental Disease (IMD)**



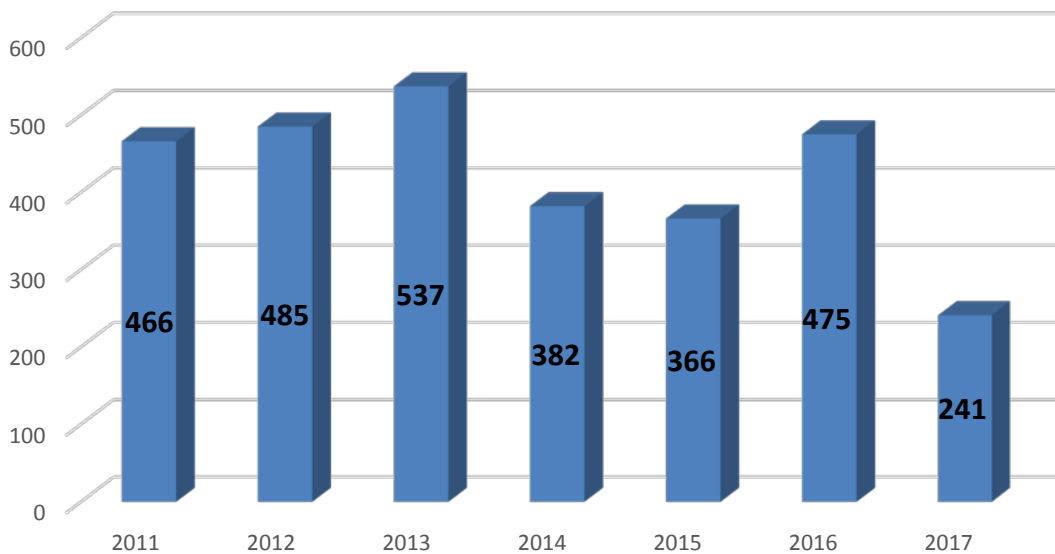
## **OUTPATIENT CLINIC**

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 functioning. 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.

During 2017, Clinical Services provided psychotherapy to 117 individuals, psychiatric care/medication management to 109 people and conducted 15 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.

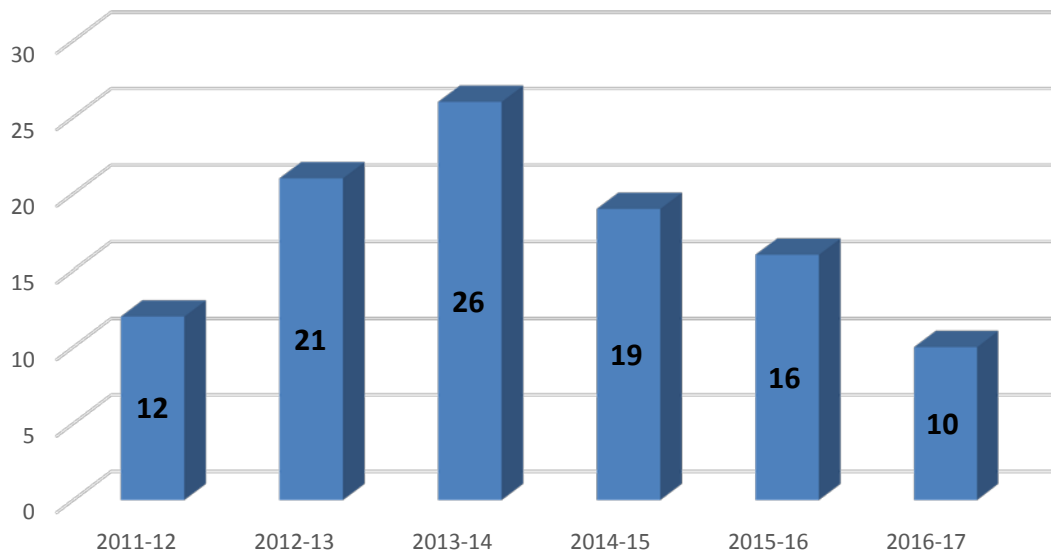
**Number of Outpatient Mental Health Clients**



**UW-Richland Campus Counseling Services:** Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are feeling stressed, depressed, or have other emotional concerns. Services are provided at no cost to the student. In addition to counseling services, Health and Human Services provides training and consultation to residence hall and other campus staff; consults with the campus Threat Assessment Group; provides mental health and substance abuse in-services and screenings to the student body; and is also available to provide assistance in any type of mental health emergency. Over the course of 2017, a total of 10 UW Richland Students were seen for mental health services. Through the contract with UW-Richland, a staff member is able to provide support services at the campus two half days per week.



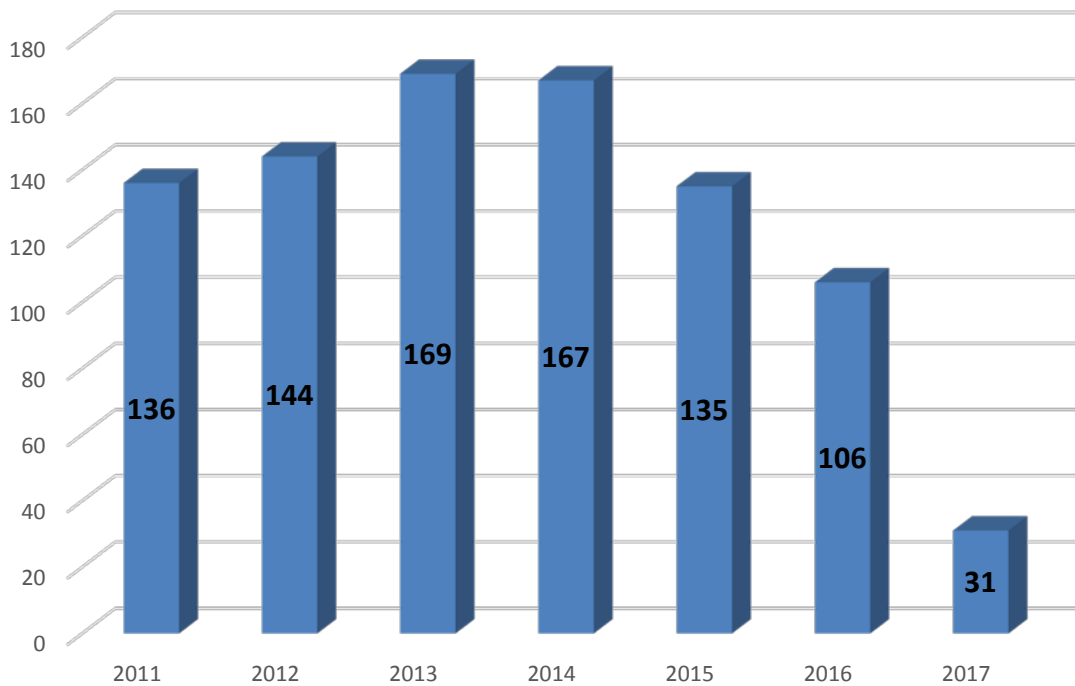
Number of UW Richland Students



**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 2017, the Clinical Services substance abuse counselor provided assessment, referral, and treatment to 31 adults and teens struggling with substance use disorders. This number is significantly lower than the previous year due to staff turnover and the inability to recruit a new staff member until September of 2017.

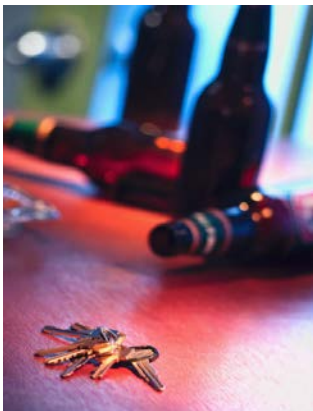
In addition to individual outpatient counseling, group programs were also provided utilizing the evidence-based curriculum called PRIME for Life. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows the number of individuals who received substance abuse assessment and outpatient treatment services each year.

## Number of Outpatient Substance Abuse Clients



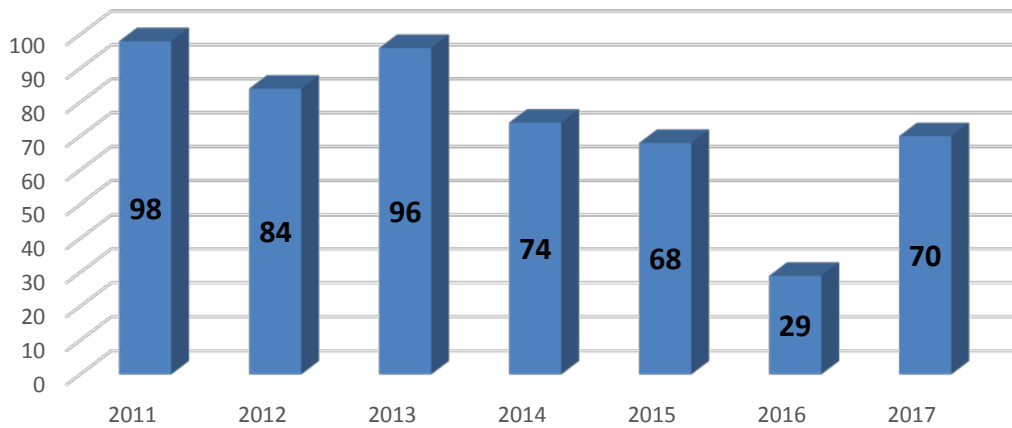
## INTOXICATED DRIVERS PROGRAM

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.

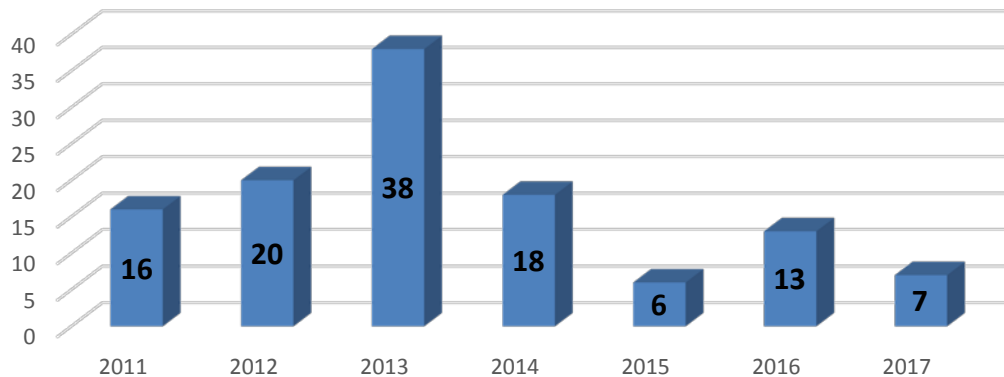
### Number of IDP Clients



## 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. A total of 7 people participated in the Choices Program in 2017.

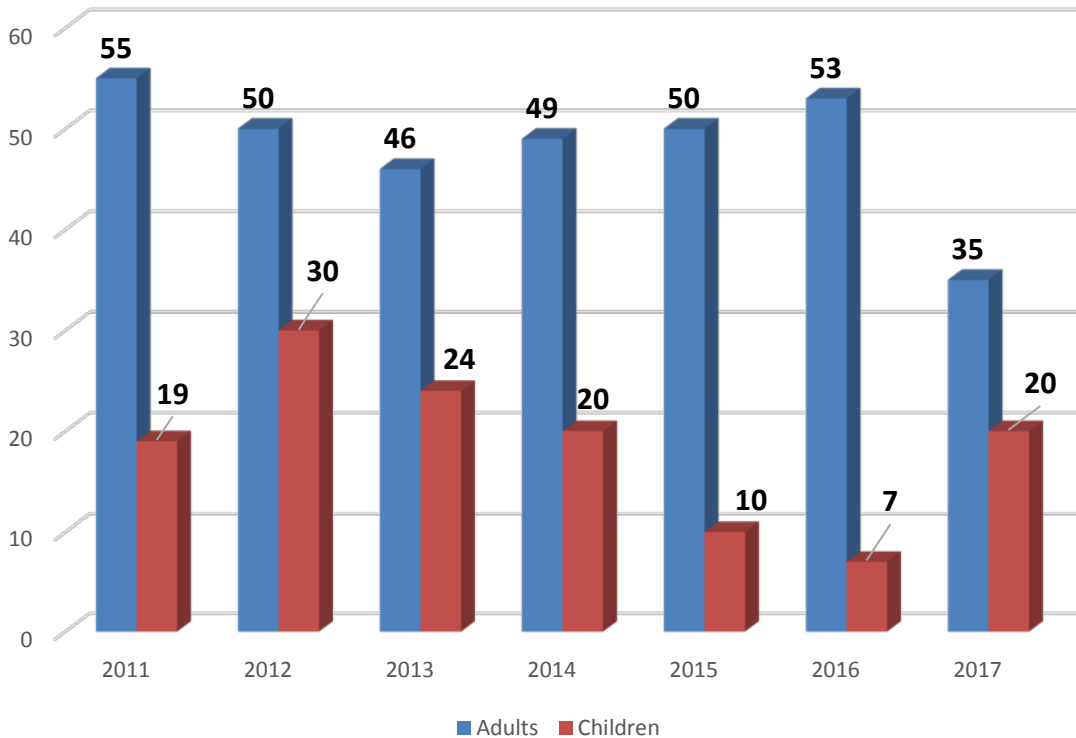
### Number of Choices Participants



# 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.



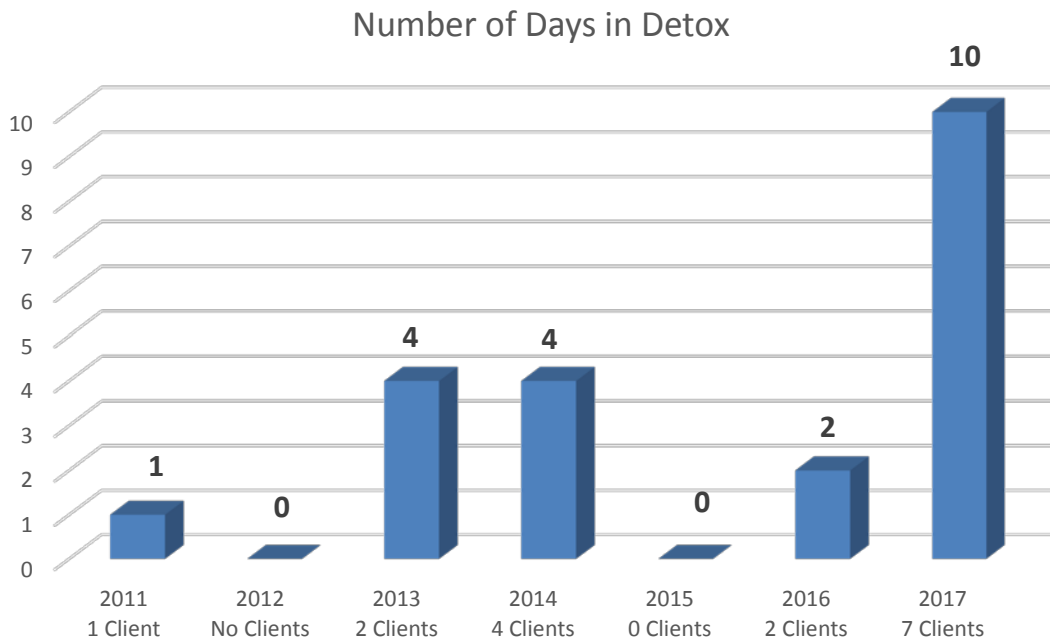
## COORDINATED SERVICES TEAM INITIATIVE

The Coordinated Services Team or CST Program serves children who are involved in multiple systems of care. These children are considered to be at risk of out of home or institutional placement. The CST process involves both natural and formal supports for a child in wraparound services. During 2017, 5 children were enrolled. Through participation in CST it is hoped that children and their families will be able to utilize natural supports to meet their highest potential in the community.



## DETOX SERVICES

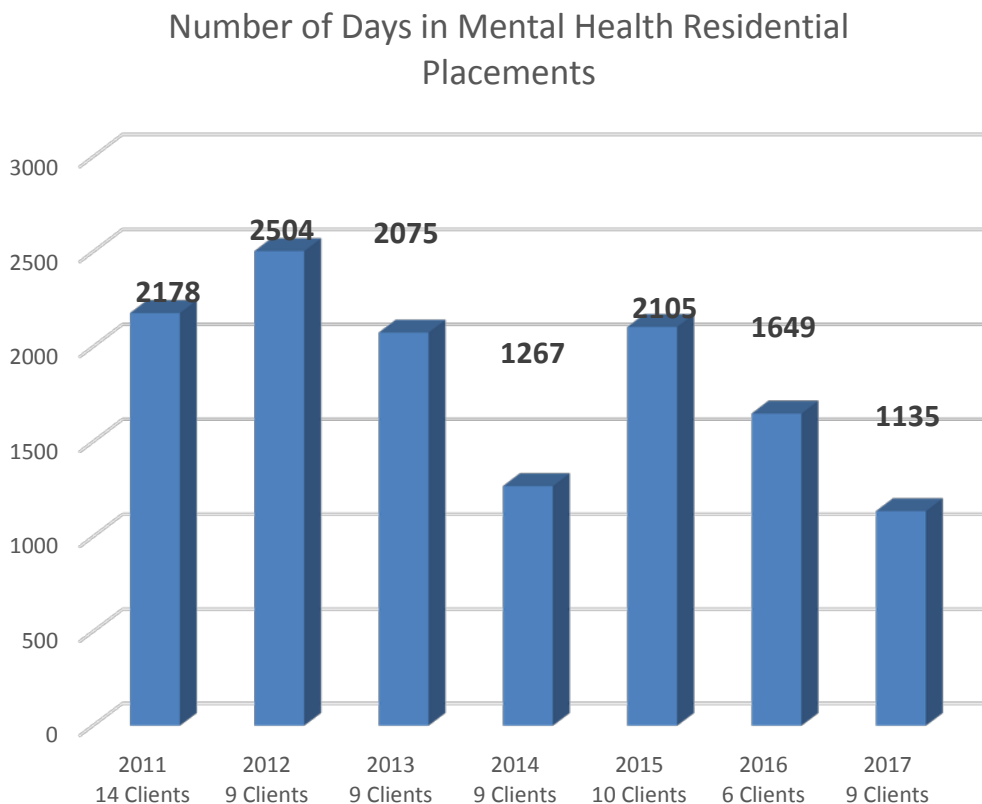
Detox refers to the process the body goes through to rid itself from alcohol. Detox services are mandated services that the county must provide per state statute 51.40 and state statute 51.45. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. Seven individuals were sent to certified detox facilities in 2017. The chart below shows the county-funded detox services at certified detox facilities.



## 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 2017. Four of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). Five individuals required transitional placements as a “step down” from inpatient psychiatric hospitalizations. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



## **ADULT PROTECTIVE SERVICES ACTIVITIES**

The Adult Protective Service (APS) system is designed to protect Richland County's 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 number of all vulnerable adults over 18 years old, reported as an Adult at Risk or an Elder Abuse and Neglect to the APS Program.

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

	Under 59	Over 60
Total number of reports:	39	70
Self Neglect	17	39
Financial Exploitation	6	15
Neglect by Other (s)	8	14
Physical Abuse	1	2
Sexual Abuse	2	0
Emotional Abuse	2	3

### **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 2017, the State allocation of \$10,544 served **82** county residents.

### **Adult Protective Services Court Action**

The role of APS in court actions involving guardianships and the protective services process is another way that HHS assures the health, safety and protection of our most vulnerable citizen's rights. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2017, 61 court actions were completed for 24 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 2017, 64 people received annual protective placement reviews.

# 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  
Day Care Assistance  
FoodShare

Fraud and Front-End Investigations  
Marketplace Assistance  
Medical Assistance  
WI Home Energy Assistance

## The Role of the Economic Support Unit

To emphasize the Economic Support Unit Mission, Economic Support Specialists (ESS) and support staff provided services needed to achieve economic independence to over 22% of Richland County Residents, including referrals to the appropriate agencies. In 2017, as they do every year, the ESS and support staff provided this service by treating all persons with respect, dignity and confidentiality. Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling. The goal is to serve customers in a way which enhances their lifestyle so that they may see satisfactory results now and later in life.

To achieve this, ESS and support staff process changes on a daily basis by navigating a variety of computer systems in order to verify information while at the same time providing excellent customer service as Call Center Agents. In addition to client contacts, they continue to interpret program policy and in 2017 administered 63 policy changes or clarifications. They remained proficient in applying these policies while also managing approximately 600 cases per family worker and 800 cases per EBD worker. These significantly high caseloads remain



manageable with the assistance of the Capital Consortium which we joined in 2012.

**The agency THANKS each one of them for their commitment to the families and individuals they serve.**

## **The Role of the Capital Consortium**

2017 was Richland County's sixth year as part of the Capital Consortium for Income Maintenance programs. In the current economic climate it is important to continually explore creative approaches to efficiently deliver Economic Support Services. Throughout the years, there has been continuous communication, coordination and cooperation on a daily basis between Adams, Columbia, Dane, Dodge, Juneau, Richland, Sauk, and Sheboygan counties to ensure that the assistance provided remains consistent and in keeping with the Economic Support Mission. The ability to share the work across these eight counties through this continued partnership provides for the sought out increased efficiencies and better customer service for the citizens of Richland County.

A key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants call a toll free number and speak to someone immediately with questions (general or case specific), to report changes, to complete renewals or to apply for benefits. In 2017, each ESS dedicated over three-fourths of each work day to the Call Center. In 2017, the Capital Call Center accepted 323,776 phone calls. As a consortium we exceeded the State Performance Standard requirement as a Call Center by answering 87.75% of the calls offered. Richland County ESS are an integral part of the call center and accepted over 27,000 of those calls making a significant contribution to achieving excellent performance.

In addition to call center standards, the State also sets a Performance Standard benchmark that requires 95% of all applications for BadgerCare Plus, Medicaid, and FoodShare to be processed timely. In 2017, the consortium processed 78,074 applications with a timely processing rate of 97.82%. Of those, Richland County ESS processed 5,802 applications and had a timely processing rate of 98.16%.

### **BADGER CARE PLUS**

BadgerCare Plus (BC+) and Family Planning Services (FPOS) are State/Federal programs that provide health coverage for Wisconsin families as well as single

individuals. The persons listed below are eligible if they meet all other BC+ non-financial and financial requirements. Potential BC+/FPOS members include:

- Children under 19 years of age;
- Pregnant women;
- Parents and caretakers of children under 19;
- Young adults leaving out of home care (such as foster care);
- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care;
- Documented and undocumented immigrants who are children, parents or caretakers, and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services;
- Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program;
- Women ages 15-45 may be eligible for limited benefits under the BC+ Family Planning Services program (FPOS);
- 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.

**In 2017, as many as 8,430 individuals were enrolled in BC+ & FPOS by Richland County Economic Support Specialists in a given month. Of those 8,430 individuals, approximately 2,821 were Richland County residents.**

### **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 2017, 19 children received \$39,950 in assistance.**

## CHILD CARE ASSISTANCE

Wisconsin Shares Child Care Subsidy supports low-income working families by subsidizing a portion of the cost of quality child care while the parents or caregivers are working or participating in another approved activity.



Steps toward receiving day care assistance are:

- 1) You must complete an application including a required appointment (phone or face-to-face) with an Economic Support Specialist.
- 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 agency determines the course would facilitate employment.
- 5) You must use a County certified or State licensed provider who is also Youngstar approved.
- 6) You may be required to pay a “parent’s share” to the provider based on your income and the number of children in care.

New in 2017, the MyWICChildCare initiative was implemented. Families now have the ability to pay for child care using approved Wisconsin Shares Child Care Subsidy funds utilizing an EBT card. If eligible for assistance and an authorization, funds are deposited directly to the EBT card on a monthly basis. This method gives parents the responsibility of paying the provider which in turn assists them in developing a relationship with their child care provider.

Support Staff in the Economic Support Unit are also responsible for certifying Day Care facilities. Currently, there are 5 certified providers in Richland County. To be certified, a provider must have a home visit, submit to a background check, and comply with other qualifying requirements. Once certified, a provider must complete a bi-annual renewal as well. Packets are available for providers wishing to become certified.

**In 2017, as many as 19 families and 23 children at one time received assistance with day care.  
\$63,691.85 was paid to providers of behalf of those families.**

## **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 establish a filing date by applying online, calling the Capital Consortium Call Center or by stopping by the agency and signing a paper request. This is followed up by a required interview (phone or face-to-face). They are asked about their income and household composition among other questions. If found to be 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.

**In 2017, Richland County had 3,455 unduplicated FoodShare recipients.**

**Benefits paid totaled \$2,636,825. This compares to 3,555 unduplicated recipients in 2016.**

## **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 unit 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 benefits and possibly even referrals to the district attorney for prosecution. We were fortunate in 2017 as we did not discover any significant fraud being committed in Richland County that resulted in large benefit recovery claims. This is, in part, due to the significant effort put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

## **MARKETPLACE ASSISTANCE**

In 2017, our unit continued with efforts to provide families and individuals with assistance as they navigated the health insurance requirements associated with the Affordable Care Act. The Patient Protection and Affordable Care Act, as of January 1, 2014, required all individuals be insured. With this requirement, insurance was made available through the Federally-facilitated Marketplace during an Open-enrollment period.

To help the Richland County community through this process, in 2014, Richland County Health and Human Services became a *Certified Application Counselor Organization*. This designation allows our agency to certify staff and volunteers as individual *Certified Application Counselors (CACs)*. With a CAC on staff, and through a collaboration with community partners, Richland County Health and Human Services provides assistance on an "as needed" basis.

## **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 (QMB, SLMB , SLMB+, QDWI)
- Emergency Medicaid
- SeniorCare

**In 2017, as many as 1135 individuals were enrolled by our ES staff in medical assistance (including SSI-eligible individuals) and long-term care programs.**

**Of those 1,135 individuals, approximately 809 were Richland County residents.**

## 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.

Of particular note in 2017, in an effort to remain pro-active as to the needs of our Propane (LP) households, many of Richland County's most vulnerable residents were selected to receive *Summer Fill* benefits. This program allowed Wisconsin to increase their LP supply allotments thereby keeping prices low and preventing a future crisis as was experienced in 2014.

In addition, a Spring Pro-active initiative continued in 2017. In Wisconsin, state law prevents a disconnection from November 1 to April 15 if the utility service directly or indirectly affects the primary heat source of the home. The purpose of this program was to prevent disconnections that would have occurred due to the end of the moratorium on April 15.

**In Federal Fiscal Year 2017, 795 households received Energy Assistance in Richland County for a total of \$456,061.**

*In 2016, 810 households received Energy Assistance for a total of \$468,881.*

**In Federal Fiscal Year 2017, 287 households received Crisis Assistance totaling \$63,183.**

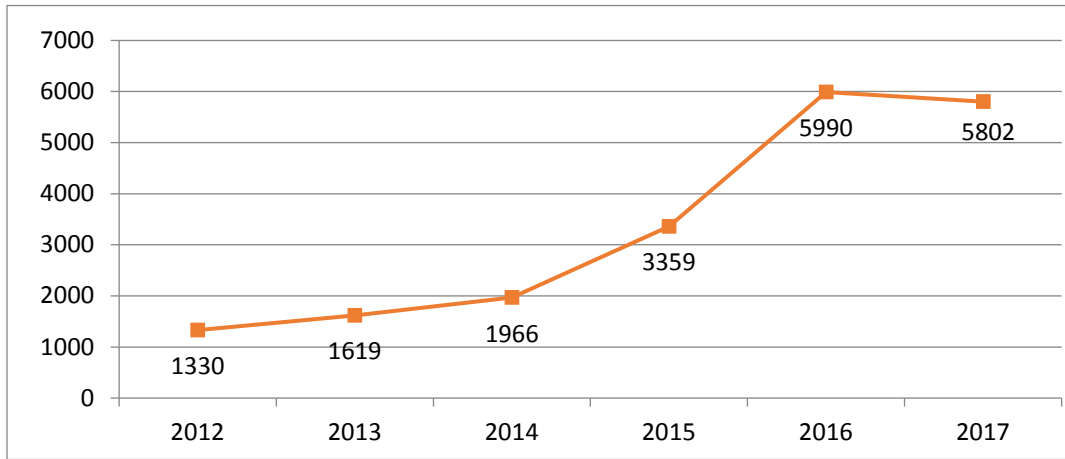
*In 2016, 270 households which received Crisis Assistance for a total of \$62,407.*

**In Federal Fiscal Year 2017, 26 households received Furnace Repair/Replacement Assistance totaling \$23,760.**

*In 2016, 24 households received Furnace Repair/Replacement Assistance for a total of \$29,218.*

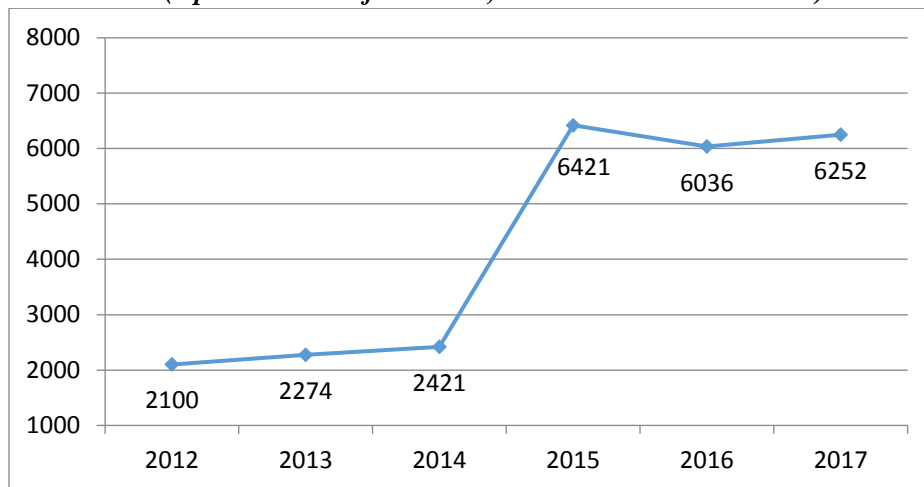
# Intake/Caseload Statistics

## Economic Support Unit Intakes



\*\*Prior to 2012, Intake tracking was done manually and therefore not indicative of the current operational model. Starting in 2012, when we joined the Consortium, data was able to be collected systematically regarding Intake counts to assist in monitoring Performance Measure requirements. Part of our "Intake" requirements include the timely processing of ALL new program requests for assistance – not just initial applications. For example, a family could apply for BadgerCare Plus in February and then apply in July for FoodShare. These are considered TWO "Intake" applications. As you can see, if we had remained county run, we would not have been able to physically handle the increases in applications.

## Economic Support Unit Caseload (Open cases as of 12/31/16; does not include WHEAP)



\*\*Please note that both charts, starting in 2015, represent the Intakes and Caseloads we manage as a partner in the Capital Consortium and are not reflective of the number of families that are Richland County residents. See individual program sections for those details.

## **Websites of Interest**

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

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

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

Wisconsin Department of Workforce

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

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

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



# 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

### General Public Health Programs

Loan Closet  
Wisconsin Partnership Program Grant  
Wisconsin Well Woman Program  
Tobacco Control/Wisconsin WINS  
School Health  
Richland Community Free Clinic

### Nutrition

Senior Congregate & Home Delivered Meals

### Maternal Child Health Programs

MCH Systems Initiative  
Prenatal Care Coordination  
HealthCheck  
Fluoride  
Child Passenger Safety

### Environmental Health

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

### Preparedness & Response

Preparedness & Response Highlights



**Public Health**  
Prevent. Promote. Protect.

## COMMUNICABLE DISEASE



**Immunization:** Life-saving vaccinations have had an impact on everyone in the nation. Today there are vaccines to protect us from 17 infectious diseases that were once common in the United States and immunizations are one of the most successful and cost effective Public Health strategies in history.

The provision of immunizations may seem to be a simple process, but at every step--from manufacture to administration, there are systems in place to assure that safe, effective vaccines are accessible and available to the public.

Effective immunization programs require infrastructure at the federal, state, and local level—both in the private and public sector, to assess the impact of immunizations through disease surveillance, assure that providers have the most up-to-date information and guidance related to vaccine storage and administration, to provide credible evidence based information to consumers, and to assure a high standard of vaccination practice. A system must also be in place to assure outbreak investigation and control and to monitor vaccine coverage, effectiveness, and safety.

Once a vaccine is licensed in the United States, Public Health experts review epidemiologic data to ensure that vaccines are working properly and safely. The Vaccine Adverse Event Reporting System (VAERS) is a national database that collects information about adverse events that occur in U.S. licensed vaccines. If a problem is identified, Public Health will issue measures to respond.

Vaccines must be stored at correct temperatures and handled safely to ensure the best protection. Technical assistance is provided by the Wisconsin Division of Public Health Immunization Program to support vaccination programs in the state. Clinical site visits are conducted to assure appropriate vaccine storage and handling practices and that policies and procedures are accurate and current.

Richland County's Immunization Program follows the State of Wisconsin Immunization Program Policies and Procedures and immunizations are provided under standing orders from Dr. Thomas Richardson who is our Medical Director.

The United States will continue to face issues in immunizations and emerging infectious disease, and the Public Health system must be able to respond with

modern technology and skilled professionals to control and prevent infectious disease.

Currently Richland County HHS Public Health provides immunizations under the Vaccines for Children Program for children who are Medicaid eligible, uninsured, America Indian, or an Alaska Native. Additionally, we provide influenza immunization each fall and provide adult tetanus and hepatitis vaccines.

Immunization Statistics:

Immunization	2010	2011	2012	2013	2014	2015	2016	2017
Comvax (Hib & HepB)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DtaP	27	10	24	13	12	13	12	15
Hepatitis A	58	43	87	43	39	36	23	11
Hepatitis B	32	18	16	6	13	9	6	11
Adult Hepatitis B	53	45	29	9	12	11	13	33
Hib	20	13	7	1	1	7	6	4
Influenza	916	771	647	602	1036	978	659	643
MMR	71	35	33	10	23	23	13	11
Pneumonia	60	26	14	19	26	3	0	0
Polio	28	18	8	15	24	9	9	7
Pevnar	76	31	16	4	16	15	7	9
Td	26	5	5	1	2	1	6	15
Varicella	156	99	73	17	24	20	11	11
Menactra	48	47	31	19	24	53	11	3
Td-Pertussis (Tdap)	372	272	260	134	70	61	31	23
HPV (Gardasil)	67	39	44	28	26	22	19	9
Rota Teq	18	10	5	2	8	4	2	1
Twinrix (HepA-B)	3	9	0	2	2	0	0	0
H1N1 Influenza A	495	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DTPaP-Hib-Polio (Pentacil)	30	19	13	4	14	10	8	11
DTPaP-Polio (KINRIX)	22	13	15	0	n/a	n/a	3	0
TOTAL	2578	1523	1327	929	1372	1275	839	819

**Communicable Disease Investigation and Follow Up:** In Wisconsin reportable diseases are divided into three categories. Category I diseases are

considered to be of urgent Public Health importance and are to be reported immediately to local Public Health by telephone or fax; Category II diseases must be reported to local Public Health either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by mail or fax within 72 hours of the identification of a case or suspected case; and Category III disease (HIV and AIDS) is to be reported to the state epidemiologist within 72 hours of identification of a case or suspected case.

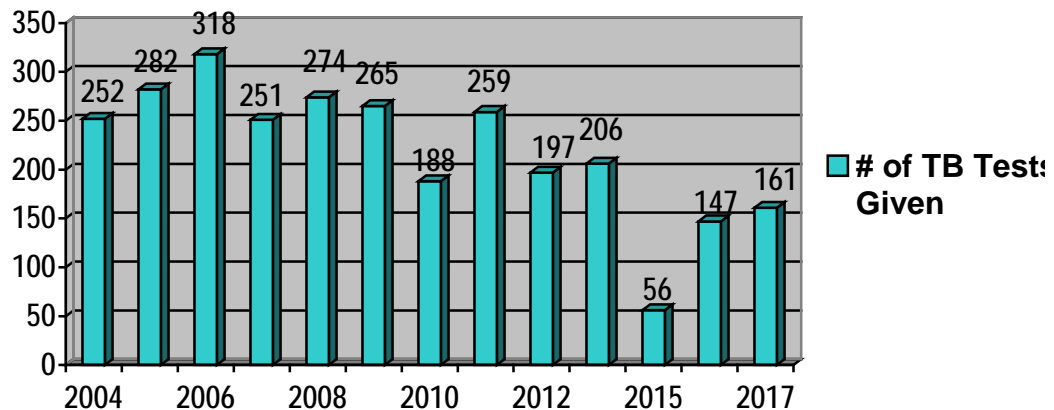
Specific infection control measures such as isolation, quarantine, and personal protection are common methods utilized to prevent the spread of communicable disease. Public Health Nurses provide investigation and follow up on communicable disease reports on Richland County residents.

Communicable Disease Statistics:

Reportable Disease	2010	2011	2012	2013	2014	2015	2016	2017
Active Tuberculosis	0	0	0	0	1	0	0	0
Arbovirus Illness	0	0	0	1	1	1	3	1
Babesiosis	0	0	0	2	0	1	2	0
Blastomycosis	0	0	0	0	1	2	1	1
Brucellosis	0	0	0	0	1	0	0	0
Campylobacter	15	19	8	13	5	10	24	15
Chlamydia	22	30	28	21	43	24	29	38
Cryptosporidium	2	7	1	4	2	2	2	13
E.Coli	0	4	0	0	0	2	2	1
Ehrlichiosis/Anaplasmosis	5	5	3	4	2	2	13	12
Giardia	2	3	2	2	0	1	3	0
Gonorrhea	0	0	3	1	2	5	0	4
Hepatitis A	0	1	0	0	1	3	1	1
Hepatitis B	2	2	2	1	3	6	2	6
Hepatitis C	7	6	10	4	16	12	13	19
Herpes	n/a	n/a	1	0	0	0	0	0
Histoplasmosis	0	0	0	0	1	1	0	1
Influenza Hospitalizations	0	5	4	10	4	15	4	26
Invasive Haemophilus Influenza	0	0	0	0	1	0	0	0
LaCrosse Encephalitis	0	0	0	0	3	0	0	0
Legionella	0	0	0	0	0	1	0	0
Listeriosis	0	1	0	0	0	0	0	0
Lyme Disease	54	41	35	45	36	67	73	117
Measles	0	0	1	4	0	2	1	1
Meningitis (Bacterial)	0	0	0	0	0	0	2	1
Meningitis (Viral)	0	0	1	0	0	0	0	0
Mumps	0	0	0	0	0	1	1	2

Mycobacterial Disease	1	2	0	5	1	2	2	0
Pertussis	6	6	28	18	16	23	24	30
Salmonella	4	7	6	5	5	3	3	2
<b>Reportable Disease</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Shigella	0	0	0	0	0	1	0	0
Streptococcus Pneumoniae	3	2	2	1	0	2	1	0
Syphilis	0	0	3	0	0	2	1	0
Q Fever	0	1	0	1	1	1	0	2
Toxic Shock Syndrome	0	0	0	0	1	0	0	0
Tuberculosis/Latent Infection (LTBI)	0	5	5	1	29	1	3	0
West Nile	0	0	2	0	0	2	0	0
Varicella	0	3	3	5	Non reported	5	4	1
Toxoplasmosis	1	0	0	1	2	1	0	1
Psittacosis	0	0	0	0	0	1	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	2	1	0

**TB Skin Tests:** Public Health provides a comprehensive tuberculosis prevention and control program including TB skin testing. TB skin tests are most often completed as a pre-employment requirement, but may be requested or recommended as follow-up to a potential exposure. The Mantoux Tuberculin Skin Test is the worldwide standard used to screen for tuberculosis, and Public Health uses the Mantoux method for tuberculosis screening. In 2017, 161 skin tests were provided by Public Health.



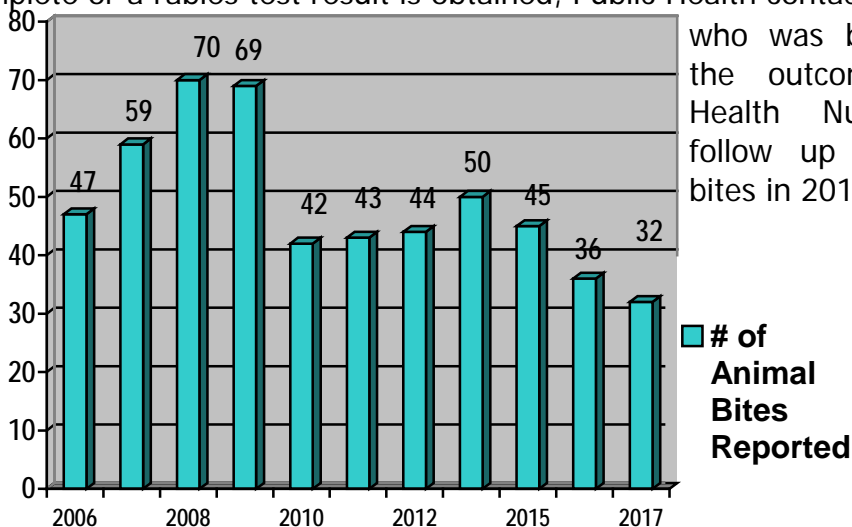
**TB Dispensary:** The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects,

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.

**Rabies Prevention and Control:** Public Health works with the Richland County Sheriff's Department, the Richland Center Police Department, the Richland County District Attorney and the Corporation Counsel to assure that procedures outlined in the Rabies Prevention and Control Policy are followed when there is an animal bite to a human. Wisconsin Rabies Control Law requires that a dog or cat which has bitten a human must be delivered to a veterinarian for initial examination within 24 hours of the bite or receiving notice of the bite. The animal must be quarantined for no less than 10 days. If the animal's rabies vaccination is current, the animal may be quarantined on the premises of the owner following the initial examination of the veterinarian. The animal must be brought back to the veterinarian on the last day of the 10 day period and on one intervening day (the animal must be examined three times in the 10 day period). Once the quarantine period is complete, the veterinarian signs the release from quarantine.

When Public Health receives a bite order from Law Enforcement, a Public Health Nurse contacts both the animal owner to assure the owner understands the requirements for quarantine and vaccination of the biting animal and the victim to assure understanding of potential consequences of an animal bite and the importance of medical attention after an animal bite. Once the quarantine is complete or a rabies test result is obtained, Public Health contacts the person



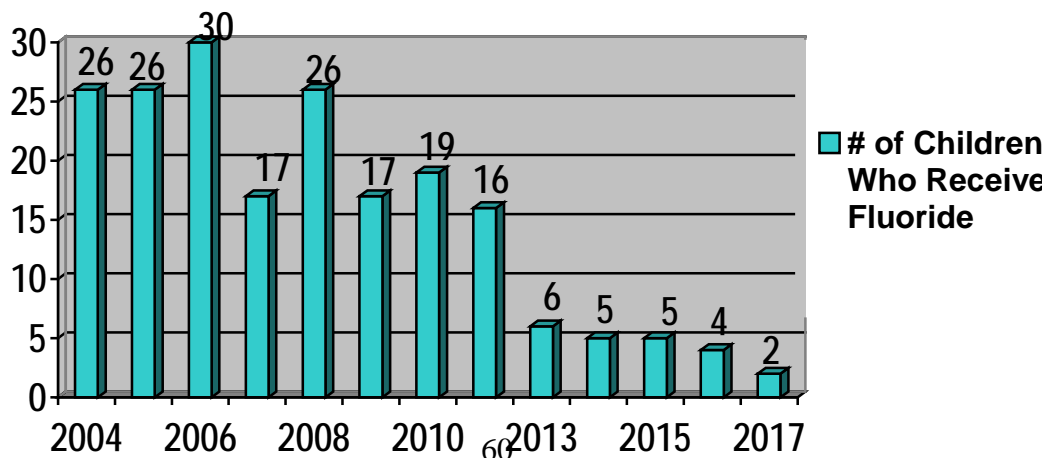
who was bitten to report the outcome. Public Health Nurses provided follow up on 32 animal bites in 2017.

## MATERNAL CHILD HEALTH PROGRAMS

**Maternal Child Health (MCH) Systems Initiative:** The Wisconsin Healthiest Families statewide initiative focuses on improving systems to address family supports, child development, mental health, and safety and injury prevention. Public Health has been working with local partners to develop strategies to support breastfeeding in our community by assessing how county employers support breastfeeding in their businesses. Several of the largest employers in Richland County were contacted in 2017, with approximately a quarter of them responding. Of those who responded, only two had policies, practices and facilities in place for employees who wish to breastfeed or express milk at work. The Richland County Breastfeeding Coalition, of which Richland County Public Health participates, is spearheading this initiative. Employers will continue to be contacted and provided with information and support in developing policies and procedures for their employees who are nursing or pumping. In addition, Maternal Child Health home visits are provided by Public Health nurses to new parents who request a visit or when referred by a health care provider. In 2017, 3 MCH visits occurred.

**Prenatal Care Coordination:** Public Health Nurses provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. In 2017, 4 women received PNCC services.

**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 2017, 2 children received supplemental oral Fluoride.



**Child Passenger Safety:** In 2017, Richland County HHS lost its two car seat technicians. There is no data on the number of clients served by these individuals.

## **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 2017, **255** Richland County residents borrowed equipment from the Loan Closet.

**Wisconsin Well Woman Program:** The goals of the Well Woman Program (WWWP) are to improve access to preventive health services for low-income, uninsured, or underinsured women and to eliminate preventable death and disability from breast and cervical cancer, particularly among medically underserved women.

In Wisconsin one of the changes brought about by the Affordable Care Act included regionalization of the WWWP. Since 2015, the coordination of WWWP services for Richland County women is provided out of Juneau County.

The program provides:

- reimbursement for health screenings, diagnosis, and assessment for breast and cervical cancer
- tracking and follow up of women screened
- developing a provider network in which women can receive WWWP services
- Information, education and outreach programs to address known health risks
- Case management

There were **6** Richland County women screened in 2017 and **10** women on the active caseload; there were **2** new enrollments and **3** women who received Well Woman Medicaid services in 2017.



**ADDRESSING TOP HEALTH NEEDS THROUGH PARTNERSHIPS:** During 2017, Richland County Public Health partnered with representatives from The Richland Hospital, Richland Medical Center, Richland School District, and UW Extension to continue addressing the findings from the *2016 Community Health Needs Assessment*. These partnerships and relationships have resulted in a greater potential for influencing future changes in systems, policies and the environments to improve population health. A strategic planning framework has been utilized throughout the process. (assessment, capacity building, planning, implementation and evaluation). The top health needs identified include: obesity prevention, substance abuse prevention/treatment and mental health treatment.



**CHILDHOOD and ADULT OBESITY PREVENTION:** The Richland FIT coalition began in 2012 with this vision to address the high rate of childhood and adult obesity in the county: "Richland FIT is a group of community partners committed to improving health where it starts-- where we work, live, and play!" The work has continued with the following four goals:

- Increase physical activity for all Richland County Residents
- Improve healthy eating for all Richland County Residents
- Promote a holistic concept of "Fitness in Total"
- Strengthen the Richland FIT Coalition

Richland County Public Health continued until March of 2017 to provide full time coordination for the Richland FIT (Fitness In Total) coalition funded by the UW Partnership Program. During the four years of funding, the Mill Pond Community Garden, Food for Life, Point of Purchase, Farm to School and the Farmers' Market (EBT) were implemented.





The coordination of each program is currently being sustained through partner organizations and agencies. These partnerships are continuing to build on earlier successes. For example, the collaboration between G.R.A.C.E (Greater Richland Area Cancer Elimination) to conduct the “Having Fun With Food” event held in March of 2017. The event focused on efforts to improve food choices at

concession stands with an emphasis on those raising funds for G.R.A.C.E. During “Having Fun With Food,” coalition members set up example food stands where G.R.A.C.E team captains and other food vendors could sample healthy food choices and gain ideas. Additionally, they were provided with tips for selling to make a profit. Given the extensive research linking the prevention of cancer through good nutrition, Richland FIT coalition members worked to begin engaging the G.R.A.C.E. Board and Walk for G.R.A.C.E. We worked to help organizers understand their role in the prevention of cancer by not eliminating the poor choices, but instead adding in healthy choices and pricing them to sell as a way to decrease the rate of cancer. Richland FIT had a presence at the annual Walk for G.R.A.C.E. with its own food stand which included educational materials to disseminate to the walkers.

As part of a sustainability plan, Richland FIT members completed the Healthy WI Leadership Institute’s Community Teams Program in June of 2017. Then Richland FIT was accepted into a 3-year COACH program and will continue to focus on policy, system and environmental change in the county. During the next three years, the following five objectives will be strengthened through an expanded Steering Committee and larger coalition.

- Work with school districts on their wellness policy to include a policy about local procurement of food and a policy on junk food availability in local schools.
- Continue to work towards Point of Purchase goals by working with TWO new local restaurants per year to add healthy options to the kids menu and healthy options to their overall menu.
- Continue to work towards Point of Purchase goals by working concession stands to add healthier options to their overall menu.
- Implement an annual harvest and gleaning dinner/event in the community.

- Work with G.R.A.C.E. to implement a policy about food choices in their fundraising spaces.

Richland County Public Health will participate as an equal partner with other key organizations in the county on the rate of obesity. One of those ways will be to play a leadership role in identifying and acquiring needed funding and resources to support the objectives to take the strategies to the next level.



**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 2017, **16** inspections were completed and there was **1** sale. The 2017 compliance rate was 94%.

**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. In addition to the services school districts are mandated to provide, Public Health assists with State Immunization Law compliance, vision and hearing screening, and provides consultation regarding individual student health related concerns.

**Richland Community Free Clinic:** The Richland Community Free Clinic continues to be open every Tuesday and is located in the Urgent Care area of the Richland Medical Center. The Free Clinic provides primary health care to people and is staffed by medical professionals and community volunteers. The Affordable Care Act has allowed many Free Clinic clients to access health insurance, and seek health care through the regular healthcare system, but there is still a need for the Free Clinic for those who do not qualify for coverage.

Public Health provides assistance at the Richland Community Free Clinic each Tuesday morning at the Richland Medical Center. The Public Health Nurse (PHN) assists with eligibility determination and provides information on needed services for the patient and his/her family such as housing, food resources, and fuel and financial assistance. Referrals are made to family planning, WWWP, WIC, Head Start, Clinical Services, the ADRC, and other agencies as needed. Influenza and

Td vaccines are provided on site. There continues to be a great need for dental and vision care for the uninsured.

The Free Clinic logged **349** visits in 2017.

## **ENVIRONMENTAL HEALTH**

Richland County continues to be part of a five county consortium to provide environmental health services. The Grant County Health Department is the lead agency for the Environmental Health Consortia and employs the Registered Sanitarian who acts as the Environmental Health Coordinator for the five counties. The Environmental Health Coordinator assists with investigation and follow up of human health hazard complaints and coordinates environmental health programs in Grant, Iowa, Lafayette, Vernon and Richland Counties.

### **2017 Environmental Health Statistics:**

Home Visits	34	Contacts (EH Consultant)	266
Lead	2	Lead	31
Radon	0	Radon	35
Water	2	Water	30
Asbestos	1	Asbestos	19
Solid Waste	9	Solid Waste	41
Housing	15	Housing	33
Indoor Air	4	Indoor Air	26
Sewage	0	Sewage	22
Animal/Vector	1	Animal/Vector	29

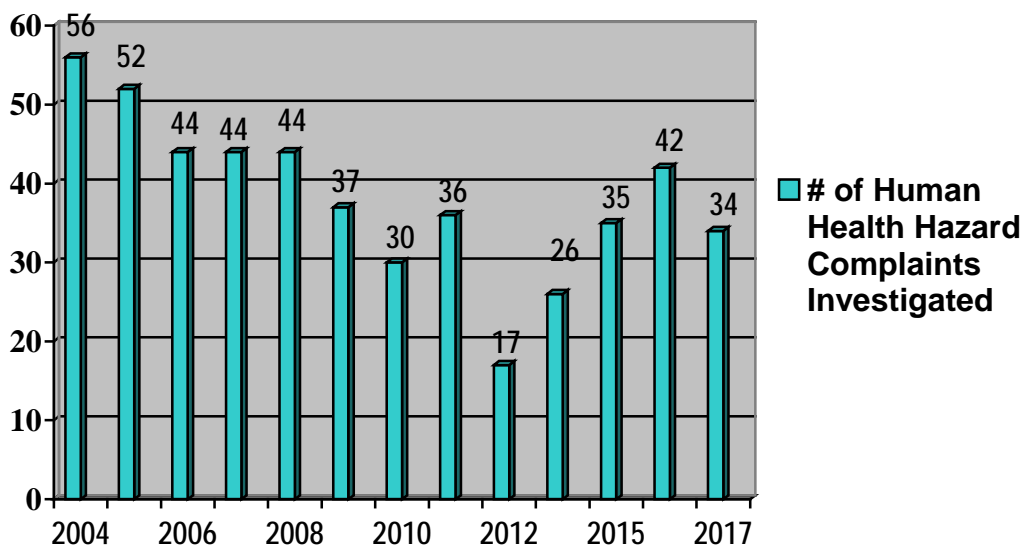
**Private Well Water Testing:** Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply – Public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

**Radon:** Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable.

**Childhood Lead Poisoning Prevention:** Lead exposure in young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and many other health and behavioral issues. Most exposures occur in homes build before 1978, largely due to chipping and peeling lead based paint and the dust created when lead based paint is disturbed (for example during renovation). Preventing exposure requires preventing children from coming into contact with lead hazards by identifying and repairing the hazards.

Children are screened by collection of a capillary blood sample which is sent to the State Laboratory of Hygiene for analysis. Elevations are confirmed by venous samples and Public Health Nurses and the Environmental Health Coordinator make home visits to provide education and assessment of the child's environment for lead hazards. Property owners are responsible to comply with lead hazard reduction measures ordered by Public Health. Unfortunately, sometimes the effects of elevated blood lead levels are not noticeable until the child may be having difficulty in school. Lead poisoning screening and prevention activities provide essential tools to identify risk and eliminate exposure. **82** Richland County children were screened in 2017.

**Human Health Hazards:** Generally, human health hazards are defined as substances, activities, or conditions that are known to have the potential to cause acute or chronic illness, to endanger life, to cause or spread infectious disease, or to harm the health of the public. According to Wisconsin State Statue 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 follows up on reports of potential human health hazards in order to protect the health of the public and/or the environment. There were **34** complaints reported in 2017 that required investigation through our environmental health program.



## **PREPAREDNESS AND RESPONSE**

**Public Health Preparedness:** During 2017, Public Health focused on two capabilities from the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning and the Wisconsin Hazard Vulnerability Assessment. 2017 priorities included:

- Medical Surge-- which is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community, including the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised. Public Health worked on updating the emergency response contact list, implementing WI-Trac (the Wisconsin hospital bed tracking system) which provides an up to date listing of available hospital beds and staffing, and accessing the State's Medical Stockpile.
- Community Resilience—Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand and recover from an adverse situation. In 2017, Public Health focused on two capabilities to support Community Resilience – Community Preparedness and Community Recovery. Preparedness and recovery activities occurred on several levels. Public Health staff completed training (ICS, NIMS) and attended preparedness exercises. Regional hazard vulnerabilities were identified and Richland County continued its partnership with four other health departments in Southwest Wisconsin to improve its response to natural or man-made threats.

## **NUTRITION**

The goals of the Senior Nutrition Program are to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older individuals. Richland County's Senior Nutrition Program focuses on these goals by:

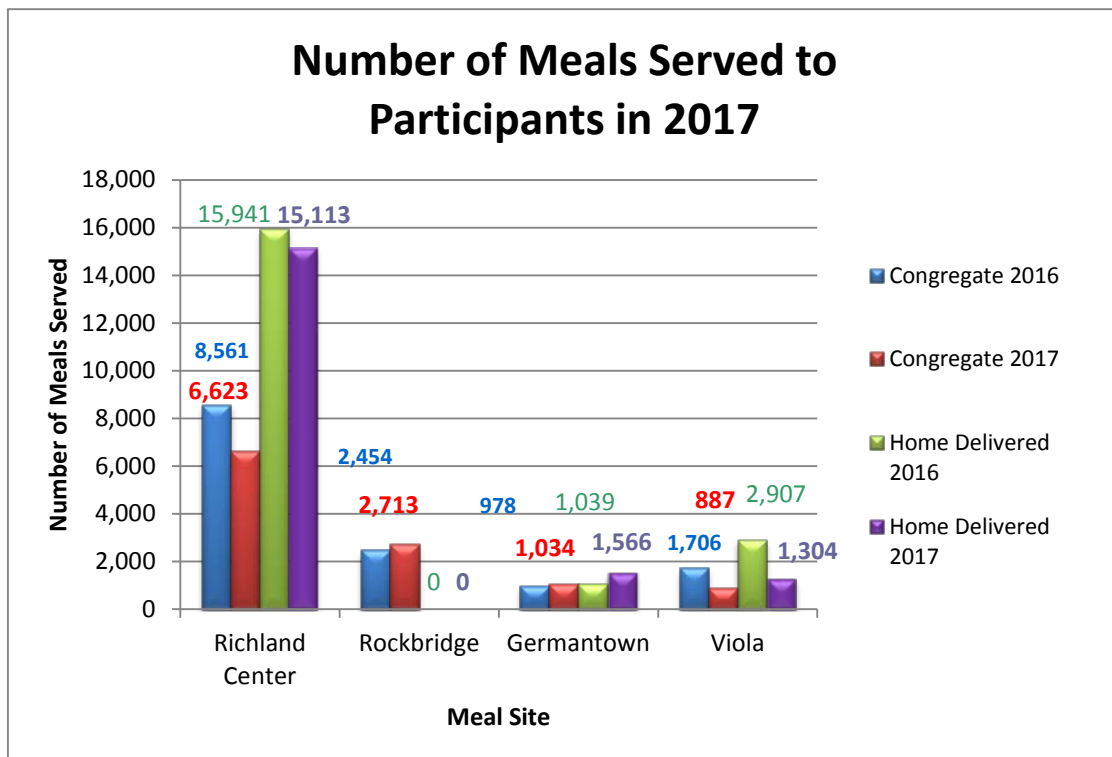
- Promoting good health behaviors through nutrition education, nutrition screening and intervention services.

- Assisting individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions from poor nutritional health or sedentary behavior.
- Serving wholesome, safe, nutritionally balanced meals through the promotion of high food safety and sanitation standards.
- Targeting older adults who have the greatest economic or social need.

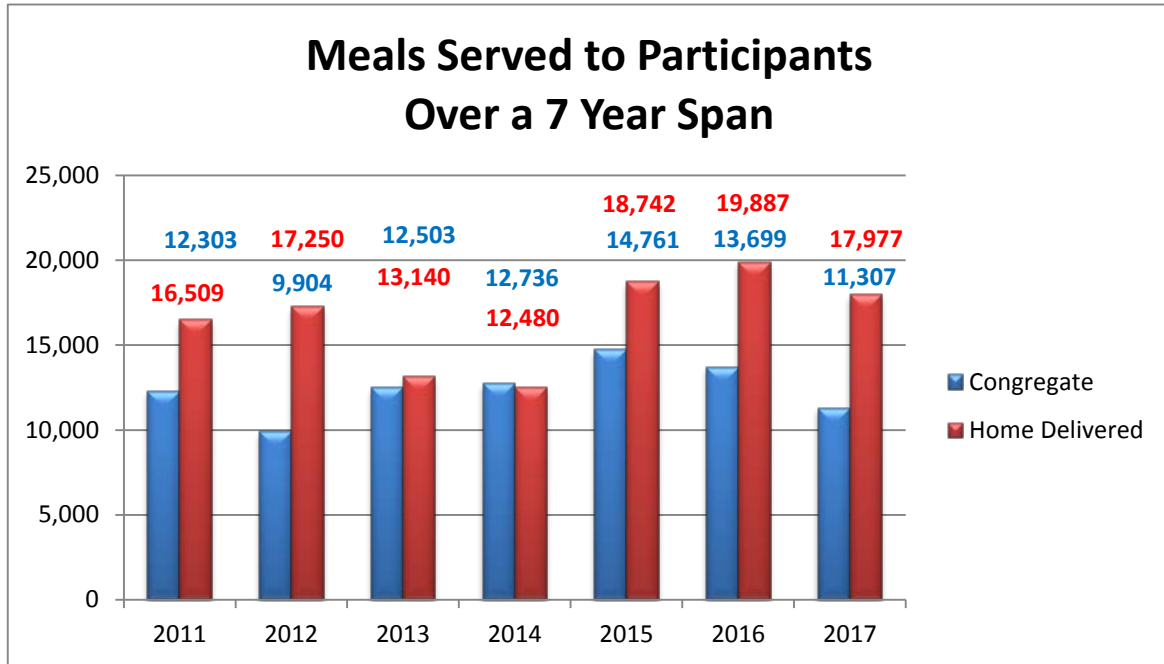
Richland County has four active meal sites and delivers meals to homebound individuals from three of those four sites. Volunteers are priceless and supplement paid staff to assist at all of the meals sites, as well as assist with the delivery of meals to homebound individuals from the Richland Center Meal Site.

**Nutrition Statistics:** Demonstrated in the graphs below and the statistic notes, the program has endured a rough year in 2017 with furlough days, weather related closings and updating or remodeling. However, looking at the Rockbridge and German town meal sites, the overall total meals from these locations should be noted. Meal counts are down and were affected by several events:

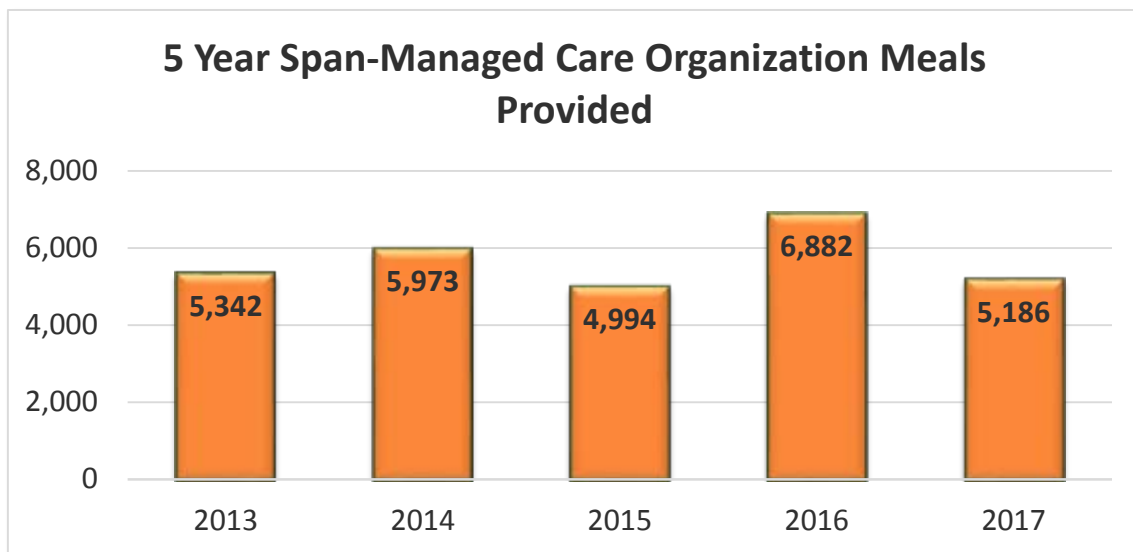
- 5 Furlough days, which affected all meal sites in some way
- Jan 2017 we had 6 weather related closings at all meal sites
- Feb 2017 there was 1 weather related closing at all meal sites
- March 2017 there was 1 weather related closing at all meal sites
- July 28 – Aug 18 the Rockbridge Meal Site was closed 8 days due to parking lot and roof repairs



It is estimated that over 2,000 meals were lost due to furlough days and weather related closings. Other losses were attributed to the closing of the Viola Meal Site. In 2017, Viola's last day of service was September 29, 2017. As a result, there was a loss of 819 congregate meals, and 1,603 home delivered meals. These 2,422 meals will now be provided by Vernon County.



Richland County Senior Nutrition Program had a total of 33,586 meals served in 2016 compared to 29,284 in 2017. Some fluctuation occurs as a result of meals from managed care organizations having stricter guidelines for individuals to qualify for home delivered meals.





## 2017 Nutrition Program Highlights:

**Volunteers:** volunteers donated **4,682** hours of service at the congregate meal sites and volunteer drivers donated **2,295** hours using their own vehicles and gas to deliver noon meals to homebound seniors. That is a total of **6,977** volunteer hours!

**National Nutrition Month:** March is National Nutrition Month. In March of 2017 the Nutrition Program Coordinator went out to each of the meal sites and gave a presentation on the topic of Putting Your Best Fork Forward. National Nutrition Month is a reminder to start making small changes to help improve your nutrition.

**Strong Partnerships:** UW-Richland Food Service and the Richland County Senior Nutrition Program continue to have a strong partnership through preparation of meals, sharing of ideas for growth and menu planning for Richland Center, Rockbridge and Viola. The Nutrition Program Coordinator works with the Food Service Manager to incorporate input from participants and ensure high quality delicious meals while meeting nutrition program requirements.

The Senior Nutrition Program was invited to work with the ADRC at the Senior Expo 2017 this year with the theme "Spring Fling". It was wonderful to work together in creating a great experience and providing resources for our seniors in the community.

**Volunteer Appreciation Breakfast:** The Volunteer Appreciation Breakfast was held Thursday May 18, 2017 at the Phoenix Center. We had 55 of the 65 volunteers in attendance. Door prizes were donated from 30 local businesses and given to the volunteers as a token of appreciation.

**Senior Farmers' Market Nutrition Program (SFMNP):** These vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. In 2017 we had **104** sets of vouchers each valued at \$25.00 – making **\$2,600** worth of fresh fruits and vegetables available to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by supporting the farmers markets.

**Eat Well, Age Well:** In November of 2017, it was confirmed that the Senior Nutrition Program would begin a series called "Eat Well, Age Well," at the start of 2018. This evidence-based series is a nutrition education program which replaces the Food \$ense newsletters that we no longer receive from the UW-Extension.

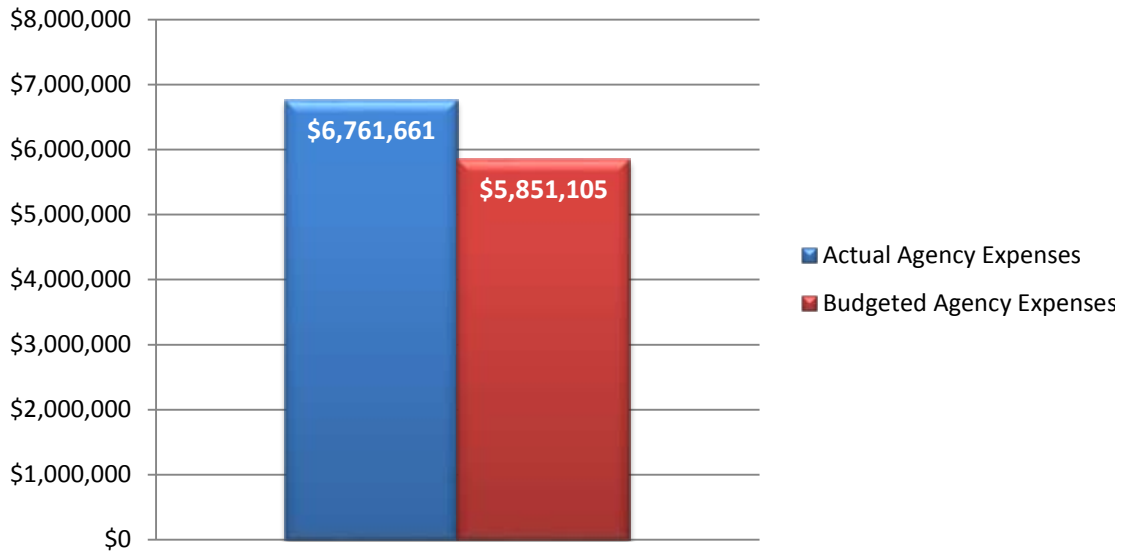
**Budget Strategies:** The nutrition program spent significant time looking for strategies in order to alleviate budget constraints. On June 1, 2017, the Health and Human Services Board decided to decrease days of service at Viola Meal Site from 5 days per week to 3 days per week. At July's Health and Human Services Board meeting a public forum was held and further discussion of Viola Meal Site continued. The decision was made to close the Viola Meal Site in 2017, though this was not an easy decision. The last day of service in Viola was September 29, 2017. The Nutrition Program worked closely with Vernon County in order to make a smooth transition for the participants of the program and Vernon County took over on October 2, 2017.

# FISCAL

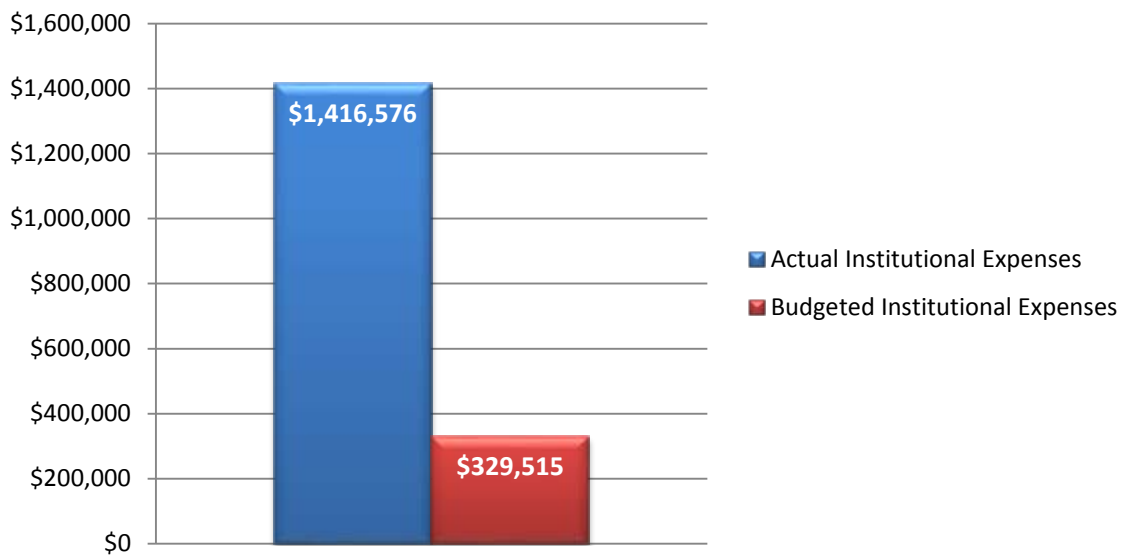
(Un-audited Figures)

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

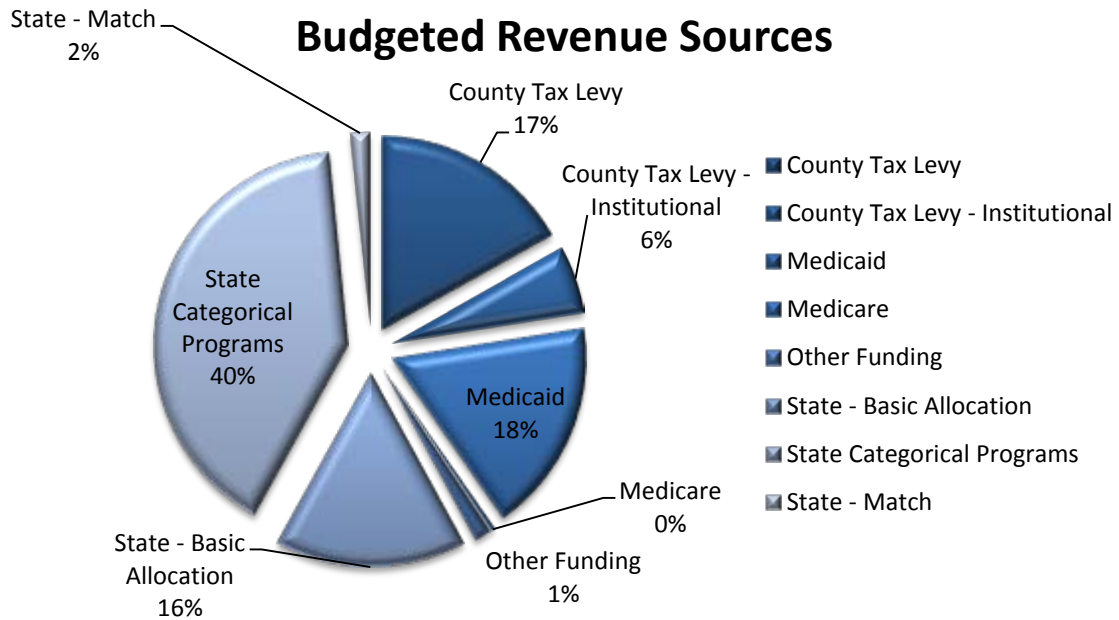
## Agency Expenses



## Institutional Expenses



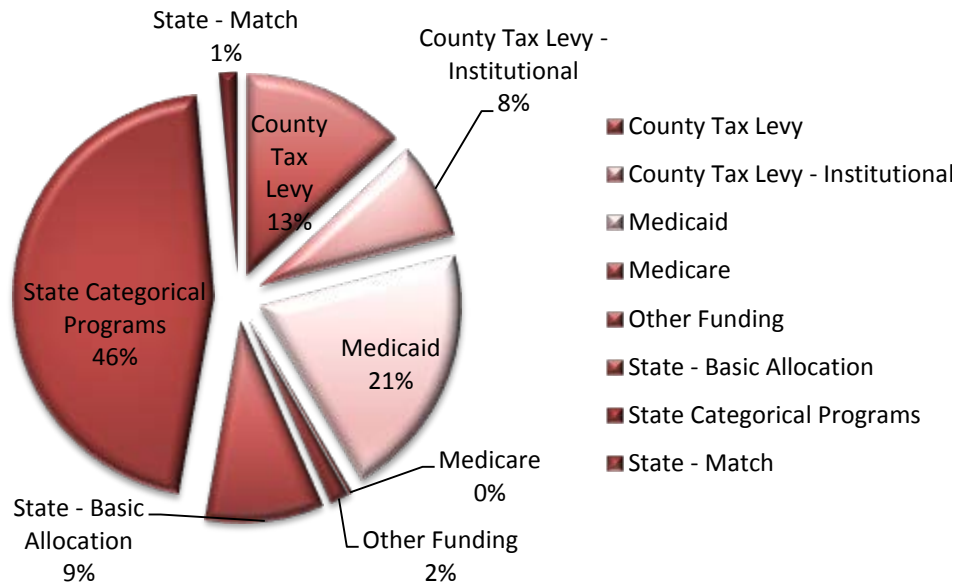
# RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$ 986,819
County Tax Levy - Institutional	\$ 329,515
Medicaid	\$ 1,042,031
Medicare	\$ 20,474
Other Funding	\$ 81,476
State - Basic Allocation	\$ 935,388
State Categorical Programs	\$ 2,362,497
State - Match	\$ 92,904
<b>Total</b>	<b>\$ 5,851,105</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

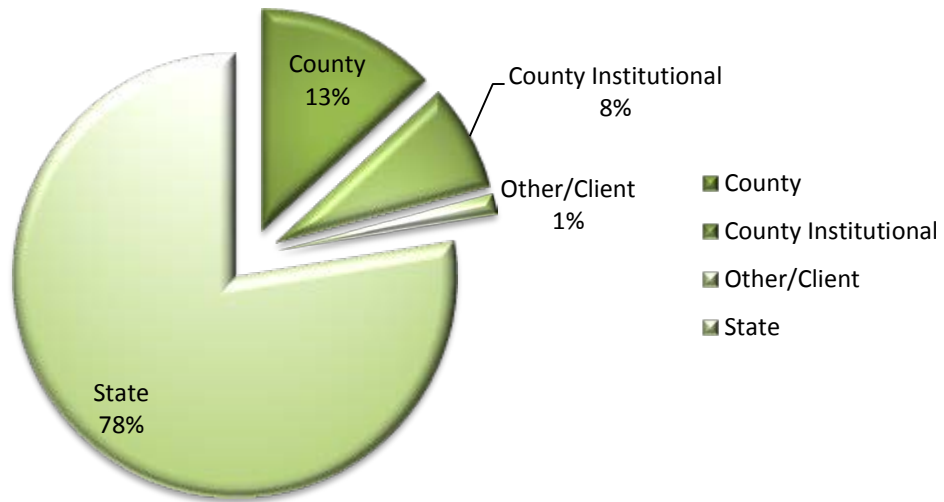
## Actual Revenue Sources



County Tax Levy	\$ 826,629
County Tax Levy - Institutional	\$ 489,705
Medicaid	\$ 1,297,413
Medicare	\$ 18,163
Other Funding	\$ 95,178
State - Basic Allocation	\$ 597,131
State Categorical Programs	\$ 2,878,873
State - Match	\$ 88,379
<b>Total</b>	<b>\$ 6,291,471</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## Total Actual Revenue Sources



County	\$ 826,629
County - Institutional	\$ 489,705
Other/Client	\$ 95,178
State	\$ 4,879,959
<b>Total</b>	<b>\$ 6,291,471</b>

# APPENDIX



# Richland County Health and Human Services

## 2017 Health & Human Services Contracts (Over \$10,000)\*

ADRC of Eagle Country – Crawford	\$233,809	Hidden Spring Clinic	\$11,270
ADRC of Eagle Country – Juneau	\$302,133	Kareo	\$14,220
ADRC of Eagle Country – Sauk	\$865,570	Lori Knapp Crawford, Inc.	\$128,807
Breining Law Office	\$37,138	Lucky Star 3 Corporation	\$58,326
Carley AFH	\$45,881	Lutheran Social Services of WI	\$95,258
Children's Hospital of Wisconsin	\$42,969	Marion's Place	\$40,418
Chileda Institute	\$182,394	New Visions Treatment Homes	\$12,601
Community Service Associates	\$22,607	Northwest Counseling & Guidance Clinic	\$55,937
Coulee Region Psychiatric Services	\$12,300	Orion Family Services	\$31,374
Dane County Juvenile Detention Ctr	\$26,815	Rawhide, Inc.	\$50,292
Driftless Counseling, LLC	\$45,505	Sierra Group Home, Inc.	\$51,497
Experience Wellness	\$16,753	SW WI Workforce Development Board	\$164,515
Family Works Programs, Inc.	\$89,590	The Richland Hospital	\$102,800
Fischer MD Consulting Services	\$52,850	TLC Senior Home Care	\$29,838
Fitness Choices	\$21,495	VARC, Inc.	\$23,922
Forward Home for Boys	\$38,671		

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

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

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Administrative Services Unit  
Aging & Disability Resource Center of Eagle Country  
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 Eagle Country – Richland Center Office  
(608) 647-4616 or 1 (877) 794-2372  
Fax: (608) 647-6611