



# 2021 Annual Report





## Helping Others with comPassion and Empathy - H.O.P.E.

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### **To: Honorable Richland County Board Supervisors and Citizens of Richland County**

On behalf of the Health and Human Services Board and agency staff, I am pleased to present the 2021 Annual Report. This document contains program and statistical information related to services; listings of our associated committees, boards, and contract providers; and financial data related to our budget.

COVID-19 overshadowed everything in 2021. As the pandemic moved into its second year, Health and Human Services continued to adapt to the best ways of making services available and providing them as safely as possible both for our consumers and our staff. The year began with the Community Services Building having been closed since November 2020 due to the high percentage of positive cases. Many services were provided virtually or with social distancing in place. Once vaccines became available, Public Health expanded our staffing with the addition of limited-term employees and reassignment of existing staff from other units in order to provide mass clinics to the community. In May, as cases in the county declined, the Community Services Building reopened to the public and more in-person services were provided. Then as cases increased again with the onset of the Delta variant in September and October, additional staff were once again hired and reassigned to meet the disease investigation needs for the community. All throughout, Health and Human Services adhered to recommendations for social distancing, masking, and other safety precautions as they were regularly updated by Centers for Disease Control.

Many program improvements and projects were carried out regardless of the pandemic. The Three-Year Aging Plan for the County was completed and approved. Program certifications were renewed. The Senior Nutrition Program meal sites reopened after being closed for more than a year. Child and Youth Services began preparing for the changes that will be necessary as a result of the Federal Family First legislation. There were leadership changes with new managers overseeing the Business and Financial Services and the Economic Support Services Units. In the midst of everything else, the Community Services Building underwent a major roof replacement for damage that had occurred a few years earlier.

National trends impacted Health and Human Services and we were not immune to the "Great Resignation." Eighteen employees left the agency during the year creating a major staffing crisis, a level of turnover that was unprecedented in Health and Human Services history. Being unable to fill critical positions placed significant stress on those remaining who took on the additional workload. I am grateful and proud to say that our dedicated staff stepped up to assure that vital services remained available and accessible.

As you review this report, I hope you won't hesitate to reach out with your questions. This, as well as past reports, program information, staff contacts, and meeting minutes are available on our website at [www.co.richland.wi.us](http://www.co.richland.wi.us).

Respectfully,

A handwritten signature in blue ink that reads "Tracy Thorsen".

Tracy Thorsen, Director

# Richland County Health & Human Services



## 2021 Annual Report

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# BOARDS AND COMMITTEES

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

Board Members

Kerry Severson, Chair

Ingrid Glasbrenner, Vice Chair

Timothy Gottschall (as of May 2021)

Diane Cox (as of May 2021)

Bradley Wegner (until April 2021)

Cindy Chicker, Secretary

Dr. Jerel Berres

Van Nelson

Debra Kyser (until April 2021)

## **Commission on Aging & Disability Board**

Commission Members

David Scribbins, Chair

Virginia Wiedenfeld

Belinda Granger (until April 2021)

Carolyn Denman

Sandra Kramer

Patrick Manning

Julie Cervantes (as of December 2021)

Cindy Riley

Gary Peters

Van Nelson

Sharyn Knudson

Linda Symons

## **Comprehensive Community Services (CCS)**

### **Coordination Committee**

Committee Members

Joy Burnham

Faye Burghagen

Van Nelson

Ashley Furgeson

Myranda Culver

Mary Chris Walling

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

Shari Johnson  
Amanda Miller  
Betsy Wiedenfeld  
Marjorie Fillyaw  
Stacy Smith  
Cheryl Hoppe  
Jinita Larson  
Katherine Burrow

Cindy Chicker  
Cindy Robinson  
Myranda Culver  
Faith Peckham  
Stephanie Ronnfeldt  
Laurie Couey  
Rose Kohout

**Nutrition Advisory Council**  
Committee Members

Don P. Roseberry, Chair

Bradley Wegner (until April 2021)  
Christine Storer

Sue Roseberry  
Janet Jasper

**Mississippi Valley Health Services Commission**

Dr. Jerel Berres

Kerry Severson (alternate)

**Transportation Coordinating Committee**  
Committee Members

Sandra Kramer, Chair

Cole Pyfferon (as of May 2021)  
Sandra McKittrick  
Robert Shiere  
Aaron Gray  
Cindy Riley

Ingrid Glasbrenner  
Richard McKee  
Darin Steinmetz  
Linda Symons

## **MISSION STATEMENT**

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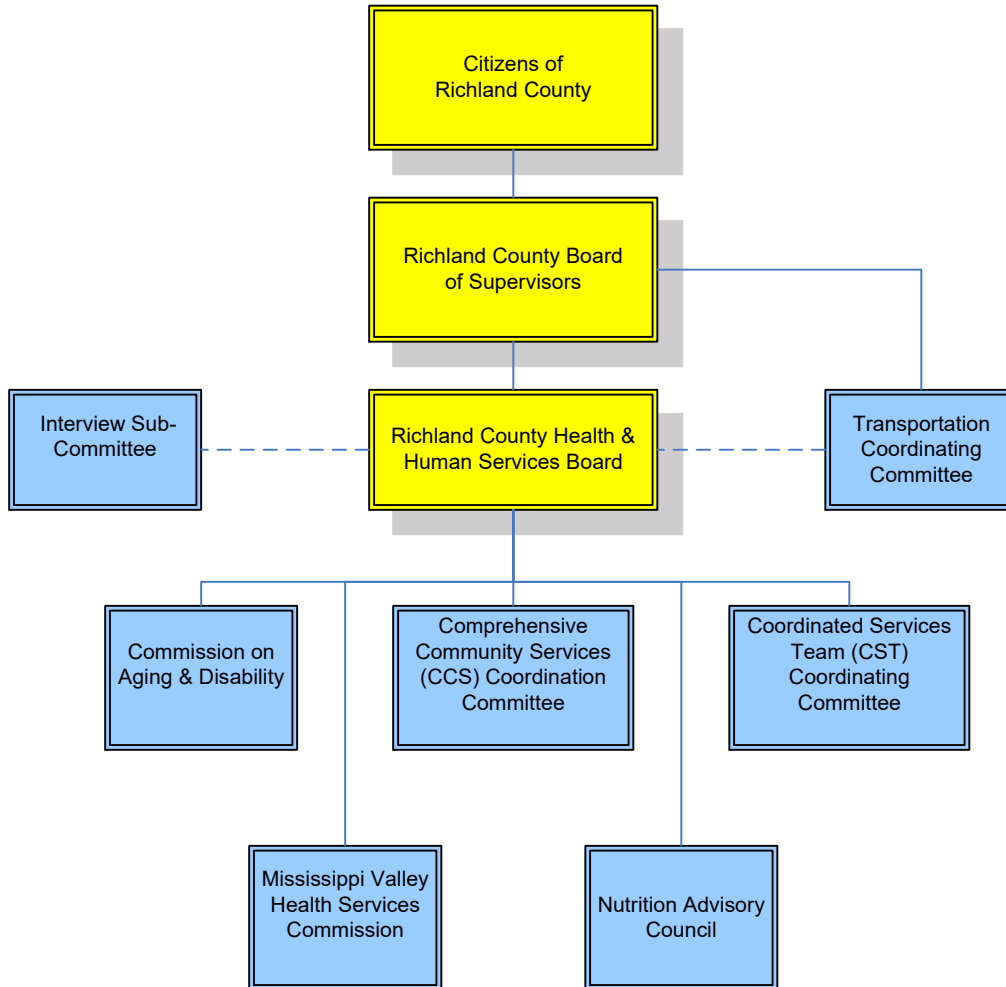
### **PROMOTE THE HEALTH, WELL-BEING, AND SELF SUFFICIENCY FOR ALL PEOPLE OF RICHLAND COUNTY**

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.

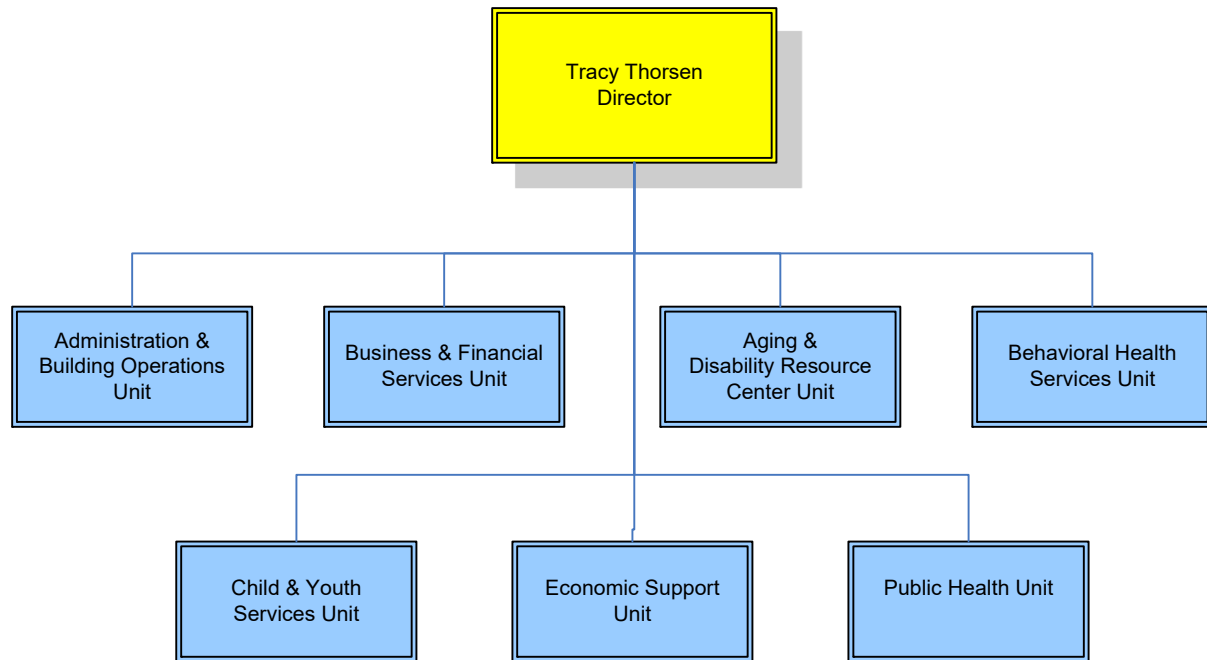
# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## BOARD ORGANIZATIONAL STRUCTURE



# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## UNIT ORGANIZATIONAL STRUCTURE





# PUBLIC HEALTH UNIT

## Mission Statement

The Public Health Units 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

### Environmental Health

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

### Preparedness & Response

Preparedness & Response Highlights

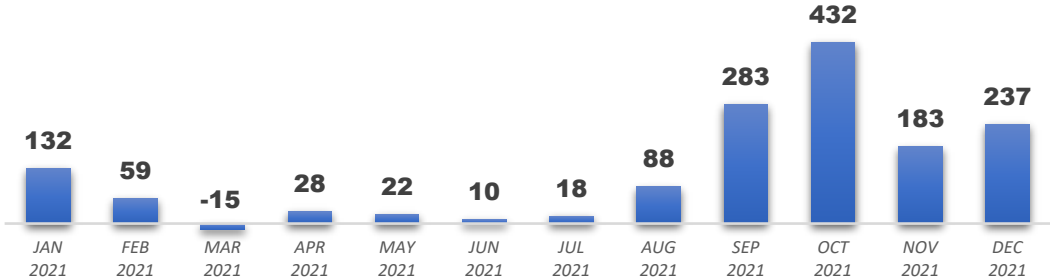


**Public Health**  
Prevent. Promote. Protect.

# The Year 2021 in Review

In a "Tale of Two Cities" Dickens wrote, "It was the best of times, it was the worst of times..." This was an apt description of Richland County's COVID response in 2021. The best of times occurred when vaccines became available to Richland County residents, when COVID-19 cases numbers dipped noticeably during the spring and summer, and when lengths of isolation and quarantine were shortened due to emerging scientific data. The worst of times included the tsunami of disease transmission experienced with both the Delta and Omicron variants, the public's waning interest in embracing preventive measures and isolation and quarantine recommendations, and the ever-increasing length of the pandemic. Richland County Public Health's sole mission throughout 2021 was to ensure the health and safety of county residents and staff worked tirelessly in order to do so. This commitment has been unwavering throughout the pandemic and will remain the cornerstone of all interactions Public Health staff has with our clients.

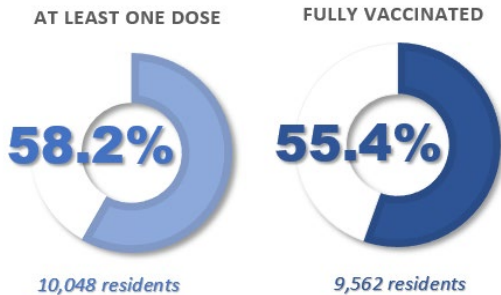
## POSITIVE CONFIRMED COVID-19 CASES BY MONTH\*\*



*\*\* DHS also made adjustments to the positive case counts for Richland County which caused a negative total positive cases for the month of March 2021. There were actually 19 positive cases in the month of March 2021, but DHS adjusted Richland County's positive case count down by -34 leaving a total of -15 for the month.*

## VACCINES

Public Health coordinated with local providers in order to assure that the community had access to receive a vaccine. The chart below shows the number of Richland County residents who received at least one dose of the series or were fully vaccinated by the end of 2021.



**COVID-19 Vaccination Clinics** (January 27, 2021 – ongoing)

- Rotated 7 Administrative Unit staff and 5 Economic Support Unit staff to offer registration desk support to an average of 200 patient appointments per day 1-2 days per week at a variety of offsite vaccine clinic locations:  
*Richland Center Community/Senior Center (1/27/2021-5/26/2021)*  
*Richland Center High School (6/2/2021-8/25/2021)*
- In April 2021, we hired a full-time Confidential Administrative Secretary to oversee all registration desk activities, triage incoming calls, maintain the integrity of the appointment schedule, and eventually transition the clinics to the Community Services Building to ease the offsite staffing burden.  
*Richland County Health & Human Services (9/1/2021-ongoing)*
- While in full Personal Protective Equipment (PPE), registration desk support staff assisted Public Health & Emergency Management personnel with collecting patient information, explaining vaccination documents, processing vaccination records, and maintaining the clinic schedule.

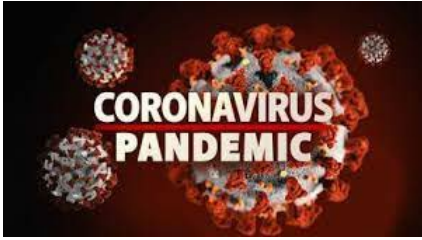
**Public Information Officer** (March 17, 2020 – ongoing)

- In 2021, prepared 80 Press Releases for Richland County and 53 additional Press Releases for Health & Human Services.
- Prepared numerous articles for local newspapers, offered content for county COVID-19 webpage and HHS Facebook page, generated NIXLE posts announcing local vaccine clinics and testing sites, created local informational poster, and responded to media requests for information to keep the public updated on the pandemic response.
- Attended Emergency Operations Briefings 1-2 days per week and other related meetings as needed. Took notes for the After Action Report.
- Attended weekly COVID-19 Vaccine Inventory meetings with our local community partners to assist with developing our vaccine distribution plan and announce the vaccine clinic options available to the public.
- Attended weekly COVID-19 Joint Information Center (JIC) meetings with our regional partner PIOs; including UW-Platteville, regional hospitals, and surrounding county representatives, to ensure consistent messaging.

**COVID-19 Testing Site** (September 21, 2020 – March 1, 2021)

- Rotated 4 Administrative Unit staff and 4 Economic Support Unit staff at the testing site for approximately 4 hours every Monday at the Richland County Fairgrounds.
- While in full Personal Protective Equipment (PPE), support staff assisted Emergency Management personnel with collecting patient information and processing COVID-19 test kits.

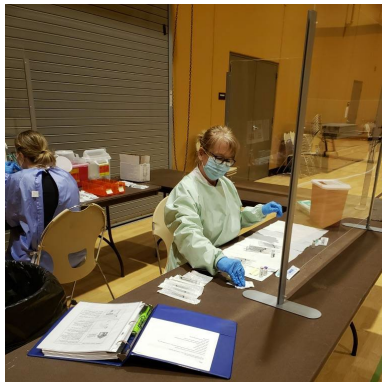
# RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



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



Rose Kohout, Public Health Manager/Local Health Officer



Carlene Shaw, Public Health RN



COVID-19 Vaccine Site at the  
Richland Center Community/Senior Center



Brandie Anderson, Public Health RN



Teresa Landes, LTE Public Health Clinic RN



Darin Gudgeon, Amber Morris, Brandie Anderson, Rose Kohout, Carlene Shaw, Teri Richards & Teresa Landes.

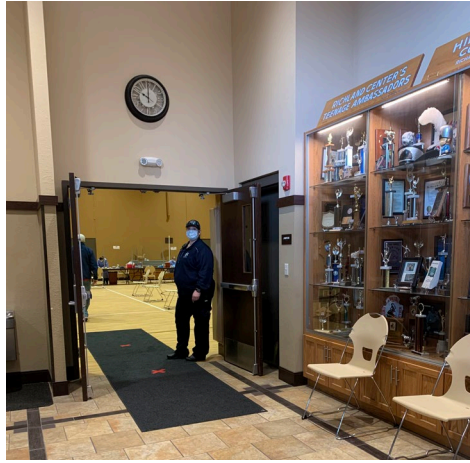


Teri Richards, LTE Public Health Clinic RN

# RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



Vaccine Site Registration: Aubrey Bruckner,  
Economic Support Unit



Vaccine Site Monitor: Amber Morris,  
Economic Support Unit



Vaccine Site Coordinator: Meghan Rohn,  
Administration



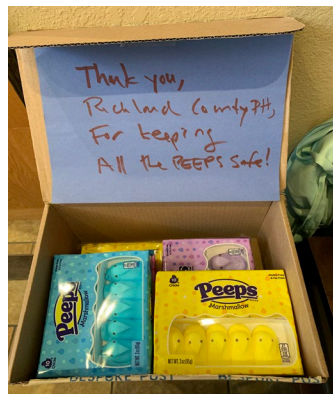
Vaccine Site Registration: Savanah Tydrich,  
Economic Support Unit



Vaccine Site Registration: Toni Cabrera &  
Tammy Newberry-Wheelock, Administration



Vaccine Site Registration: Kathy Dobbs,  
Tammy Newberry-Wheelock & Meghan Rohn,  
Administration



Thank You from the Public



Tracy Thorsen, HHS Director, Clinton Langreck,  
County Administrator, and Angie Rizner, Public  
Information Officer & HHS Administration

# RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



Emergency Management: Darin Gudgeon & Amber Burch



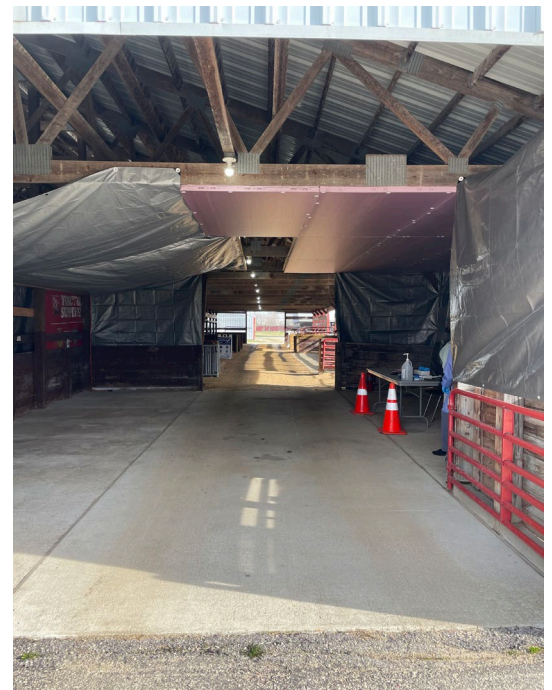
Richland County Command Post



Testing Site Workers: Meghan Rohn, Tammy Newberry-Wheelock, & Jaymie Bruckner, Administration



Public Health RNs: Brandie Anderson, Rose Kohout, & Carlene Shaw



Drive-thru Testing Site: Richland County Fairgrounds Livestock Barn

# RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



## Contact Tracers

(from left to right - front row): Nichole Gaudette, Child & Youth Services Unit; Carlene Shaw, Becky Dahl & Teri Richards, Public Health Unit.  
(front left to right - back row): Tanya Van Risseghem-Webster, Public Health Unit; Deb Dittmer, Administration; and Rose Kohout, Public Health Unit.



## Contact Tracers

(from left to right): Carlene Shaw, Public Health Unit; Nichole Gaudette, Child & Youth Services Unit; Deb Dittmer, Administration; Brandie Anderson & Teri Richards, Public Health Unit.

Contact Tracers missing from photos: Bradi Donahoe, Child & Youth Services Unit; Amber Morris, Economic Support Unit; Tiffany Olson, Behavioral Health Services Unit; and Jaide Johnson & Teresa Landes, Public Health Unit.

**YOU  
STOP  
THE  
SPREAD**



## 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. Systems must also be in place regarding outbreak investigation and control, and the monitoring of 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 Health and Human Services Public Health provides immunizations under the Vaccines for Children Program for children who are Medicaid eligible, uninsured, American Indian, or an Alaska Native. Additionally, we provide influenza immunization each fall and provide adult tetanus and hepatitis vaccines.

Immunization Statistics:

Immunization	2013	2014	2015	2016	2017	2018	2019	2020	2021
DtaP	13	12	13	12	15	17	12	1	9
Hepatitis A	43	39	36	23	11	10	15	1	0
Hepatitis B	6	13	9	6	11	6	7	5	1
Adult Hepatitis B	9	12	11	13	33	19	0	1	0
Hib	1	1	7	6	4	2	1	0	1
Influenza	602	1036	978	659	643	762	726	603	336
MMR	10	23	23	13	11	15	19	2	2
Pneumonia	19	26	3	0	0	0	0	0	0
Polio	15	24	9	9	7	12	14	4	5
Prevnar	4	16	15	7	9	5	5	2	3
Td	1	2	1	6	15	14	21	3	3
Varicella	17	24	20	11	11	14	12	4	4
Menactra	19	24	53	11	3	3	11	0	0
Td-Pertussis (Tdap)	134	70	61	31	23	24	25	8	8
COVID-19	-	-	-	-	-	-	-	-	4,537
HPV (Gardasil)	28	26	22	19	9	4	9	0	1
Rota Teq	2	8	4	2	1	1	2	0	2
Twinrix (HepA-B)	2	2	0	0	0	0	0	0	0
DTPaP-Hib-Polio (Pentacel)	4	14	10	8	11	6	7	4	3
DTPaP-Polio (KINRIX)	0	n/a	n/a	3	0	0	0	0	0
Proquad (MMRV)	-	-	-	-	-	-	-	-	5
TOTAL	929	1372	1275	839	819	914	886	638	4,920

**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.

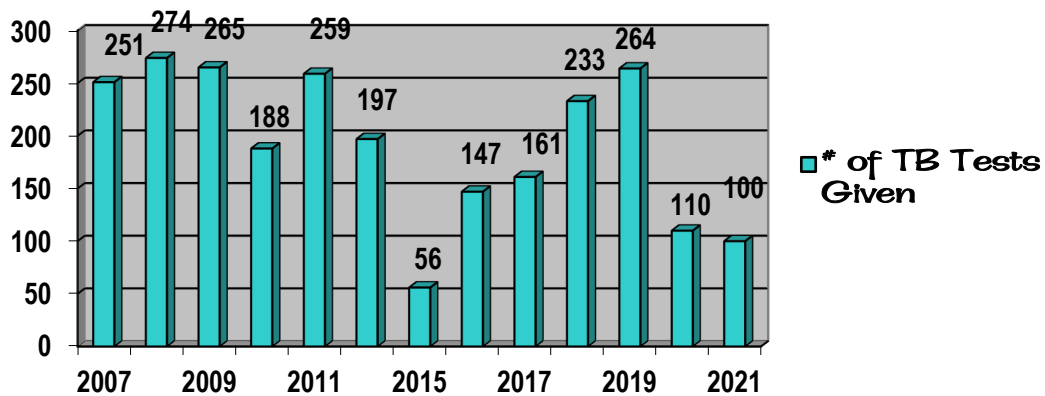
Communicable Disease Statistics:

Reportable Disease	2014	2015	2016	2017	2018	2019	2020	2021
Active Tuberculosis	1	0	0	0	0	0	0	0
Arbovirus Illness	1	1	3	1	2	0	0	0
Babesiosis	0	1	2	0	1	2	1	0
Blastomycosis	1	2	1	1	0	0	0	1
Brucellosis	1	0	0	0	0	0	0	0
Campylobacter	5	10	24	15	9	14	8	4
Carbon Monoxide Poisoning	-	-	-	-	1	5	4	11
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae	-	-	-	-	1	1	0	2
Chlamydia	43	24	29	38	57	31	35	49
Coronavirus, Novel 2019	-	-	-	-	-	-	8,962	7,550
Coronavirus, Novel 2019 Reinfection	-	-	-	-	-	-	1	16
Cryptosporidium	2	2	2	13	2	10	1	3
E.Coli	0	2	2	1	5	3	2	3
Ehrlichiosis/Anaplasmosis	2	2	13	12	15	14	8	9
Giardia	0	1	3	0	0	2	0	1
Gonorrhea	2	5	0	4	10	9	12	12
Hepatitis A	1	3	1	1	1	2	1	0
Hepatitis B	3	6	2	6	3	5	1	3
Hepatitis C	16	12	13	19	12	16	7	12
Herpes	0	0	0	0	0	0	0	0
Histoplasmosis	1	1	0	1	0	0	0	1
Influenza Hospitalizations	4	15	4	26	41	10	24	25
Influenza Laboratory Report	-	-	-	-	-	-	3	1
Invasive Haemophilus Influenza	1	0	0	0	0	1	0	0

LaCrosse Encephalitis	3	0	0	0	1	0	0	0
Legionella	0	1	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	1
Lyme Disease	36	67	73	117	77	79	44	40
Lyme Laboratory Report	-	-	-	-	-	-	-	44
Measles	0	2	1	1	1	2	0	1
Meningitis (Bacterial)	0	0	2	1	1	0	0	1
Meningitis (Viral)	0	0	0	0	0	0	0	0
Metal Poisoning, Nonlead	-	-	-	-	-	2	0	0
Methicillin Oxacillin resistant Staphylococcus Aureus (MRSA/ORSA)	-	-	-	-	11	2	6	6
Multisystem Inflammatory Syndrome in Children	-	-	-	-	-	-	-	1
Mumps	0	1	1	2	3	2	2	0
Mycobacterial Disease	1	2	2	0	2	0	1	4
Norovirus Infection	-	-	-	-	3	0	0	1
Parapertussis	-	-	-	-	-	-	-	6
Pertussis	16	23	24	30	19	11	2	7
Poliomyelitis	-	-	-	-	-	-	1	0
Rubella	-	-	-	-	-	-	-	1
Salmonella	5	3	3	2	5	6	2	5
Shigella	0	1	0	0	0	3	0	0
Streptococcus Disease Invasive Group A	-	-	-	-	-	4	1	0
Streptococcus Disease Invasive Group B	-	-	-	-	1	0	5	2
Streptococcal Infection, Other Invasive	-	-	-	-	-	-	1	0
Streptococcus Pneumoniae	0	2	1	0	4	3	1	2
Staphylococcus Aureus	-	-	-	-	5	6	8	3
Syphilis	0	2	1	0	2	4	2	2
Syphilis Reactor	-	-	-	-	-	-	-	4
Tuberculosis	-	-	-	-	-	-	4	2
Q Fever	1	1	0	2	3	1	0	2
Toxoplasmosis	2	1	0	1	4	0	0	2
Toxic Shock Syndrome	1	0	0	0	0	0	0	0
Transmissible Spongiform Encephalopathy (TSE)	-	-	-	-	-	-	1	0
Tuberculosis/Latent Infection (LTBI)	29	1	3	0	3	3	1	3
Tuberculosis LTBI – Laboratory Results Only	-	-	-	-	-	-	-	2

Tuleremia	-	-	-	-	-	-	0	0
Vancomycin – Intermediate Staphylococcus Aureus (VISA)	-	-	-	-	-	-	-	2
West Nile	0	2	0	0	0	0	0	0
Varicella	Non Reported	5	4	1	4	5	1	3
Psittacosis	0	1	0	0	2	0	0	0
Rocky Mt. Spotted Fever	0	2	1	0	0	0	0	0

**TB Skin Tests:** Public Health provides a comprehensive tuberculosis (TB) 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 2020, 110 skin tests were provided by Public Health

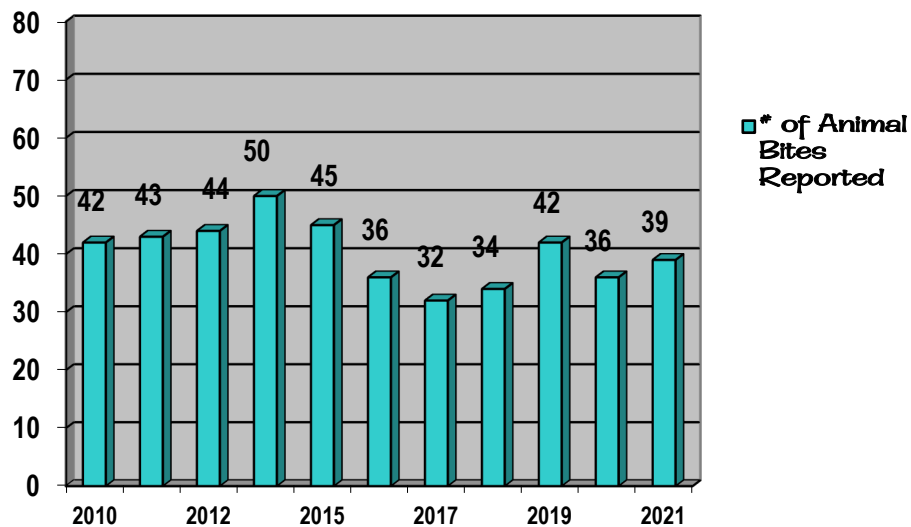


**TB Dispensary:** The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed 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 **39** animal bites in 2021 and there were 5 cases where fee-exempt Rabies testing occurred.

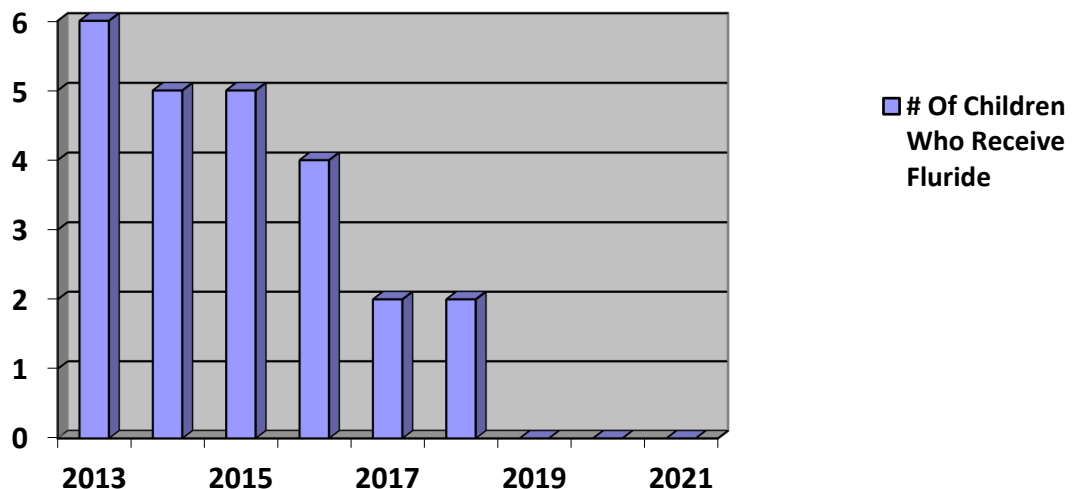


## MATERNAL CHILD HEALTH PROGRAMS

**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. Maternal Child Health home visits were provided by Public Health nurses to new parents who request a visit or when referred by a health care provider. In 2021, **2** 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. In 2021, **0** 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 2021, **0** children received supplemental oral Fluoride.



## 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 2021, 208 Richland County Residents borrowed 330 pieces of 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 has been 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

Since 2020, Ana Karina Burton, a patient navigator working at the University of Wisconsin Hospital and Clinics, has attended the Richland Community Free Clinic monthly to consult with patients regarding their eligibility for WWWP and to assist them with enrolling in the program.

There were **14** Richland County women screened in 2021 and **23** women on the active caseload; there were **7** new enrollments and **13** women who were re-enrolled in the program.

**Richland Community Free Clinic:** The Richland Community Free Clinic resumed operations on June 22, 2021 after a 15-month hiatus. 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 Hospital Clinic. 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

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

The Free Clinic logged **165** visits in 2021.

## 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.

### **2021 Environmental Health Statistics:**

<u>Home Visits</u>	<u>31</u>	<u>Contacts (EH Consultant)</u>	<u>260</u>
Lead	2	Lead	24
Radon	0	Radon	27
Water	1	Water	22
Asbestos	0	Asbestos	20
Solid Waste	14	Solid Waste	33
Housing	6	Housing	53
Indoor Air	3	Indoor Air	36
Sewage	0	Sewage	24
Animal/Vector	1	Animal/Vector	21
Hazard	2		
Fit Testing	2		

**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

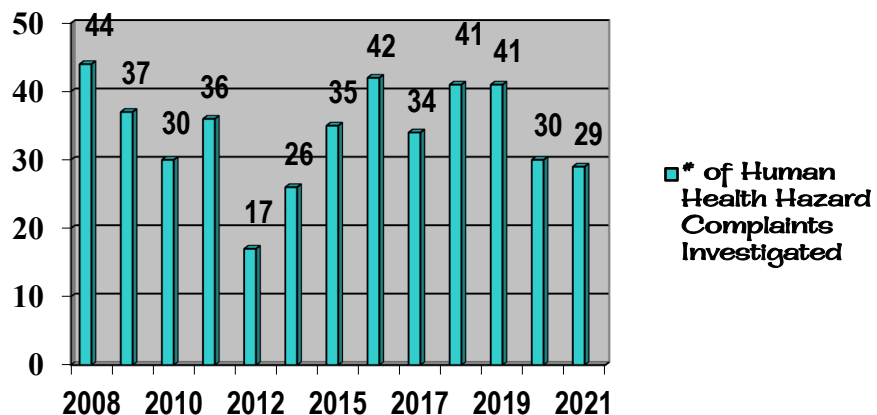


to eliminate radon gas can be simple and affordable. In Richland County, **26** kits were distributed and **22** were returned for testing. This would result in a 85% return rate. **6** kits had results between **4-8 pCi/L** and **1** kit had measured above **8 pCi/L**.

**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 built 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, the effects of elevated blood lead levels may not be noticeable until the child experiences difficulty in school. Lead poisoning screening and prevention activities provide essential tools to identify risk and eliminate exposure. **90** Richland County children were screened in 2021 by their healthcare providers.

**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 **29** complaints reported in 2021 that required investigation through our environmental health program.



## PREPAREDNESS AND RESPONSE

**Emergency Preparedness Capabilities:** In response to the COVID-19 pandemic, Richland County Public Health had the opportunity to operationalize the majority of our Emergency Preparedness Capabilities.

In response to the COVID-19 pandemic, Richland County Public Health had the opportunity to operationalize the majority of our Emergency Preparedness Capabilities.

The following capabilities, as defined below, were selected for exercise in the year 2021:

### Capability 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to

- Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness
- Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health
- Identify at-risk individuals with access and functional needs that may be disproportionately impacted by an incident or event
- Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals
- Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors
- Convene or participate with community partners to identify and implement additional ways to strengthen community resilience
- Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster

### Capability 2: Community Recovery

Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health

care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.

#### Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

#### Capability 6: Information Sharing

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

#### Capability 8: Medical Countermeasure Dispensing and Administration

Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.

#### Capability 13: Public Health Surveillance & Epidemiologic Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

#### Capability 14: Responder Safety and Health

The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

#### Capability 15: Volunteer Management

Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage

volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post deployment.

## NUTRITION

### Senior Dining



Fellowship, Food & Fun

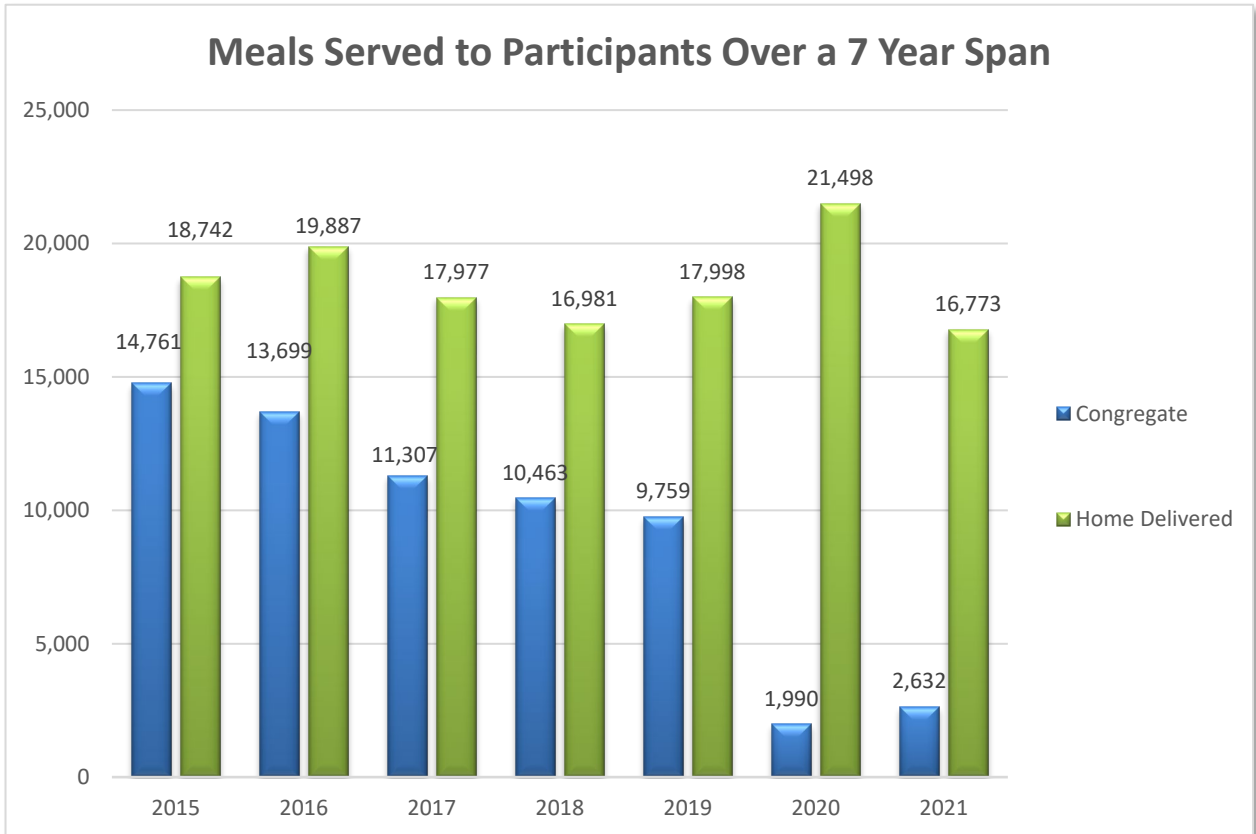
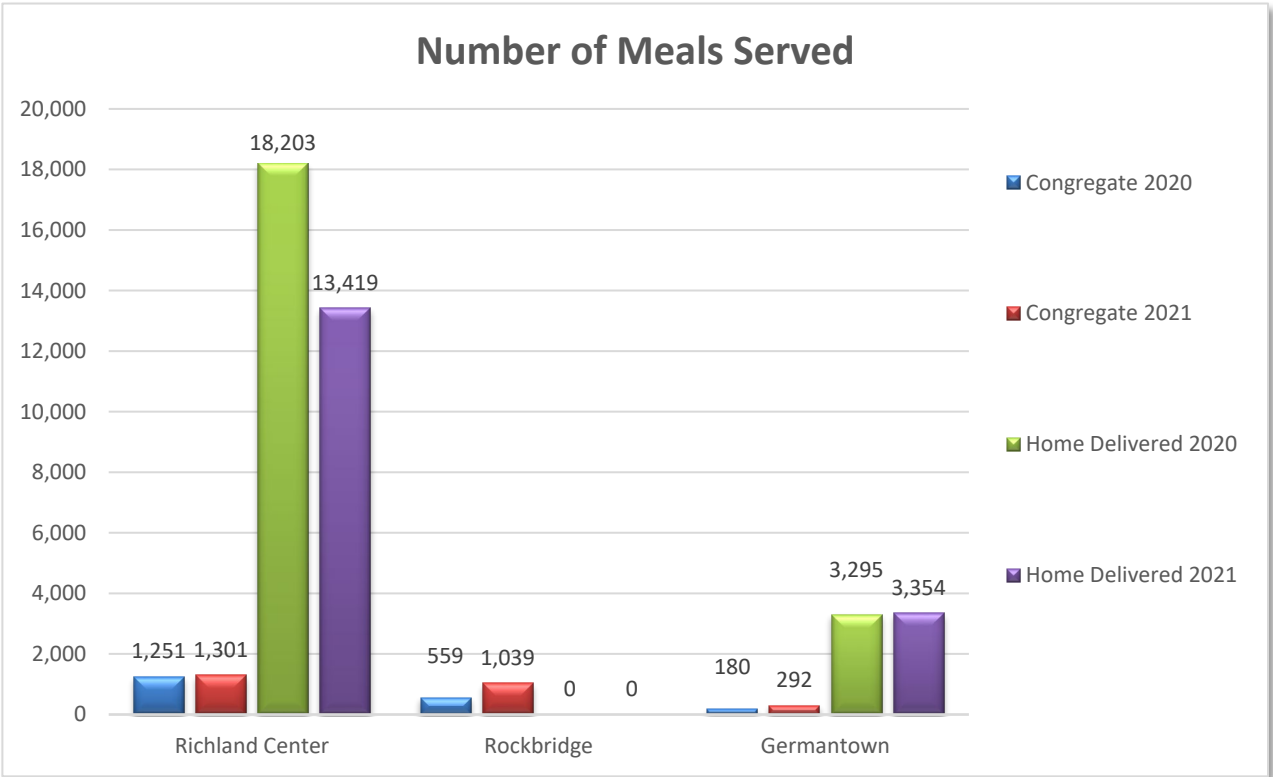
**2021 NUTRITION REPORT:** Richland County's Senior Nutrition Program has provided healthy, delicious meals to area seniors since 1977. Goals of the senior nutrition program are to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older 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
- Providing 1/3 of the daily food requirement for seniors of a wholesome, safe, nutritionally balanced meal through the promotion of high food safety and sanitation standards
- Targeting older adults who have the greatest economic or social need
- Promoting social interaction through both Dining Centers and the Home Delivered Meal settings enabling people to feel cared for, valued, and part of a network which helps combat stress and improve overall sense of well-being and increasing social connectedness

Richland County has three active meal sites and delivers meals to homebound individuals from two of those three sites. Volunteers are priceless, lending their time, compassion, and dedication to making a difference in our communities through the Richland County Nutrition Program and Meals on Wheels Richland County. Volunteers supplement paid staff by assisting at all of the meals sites as well as delivering Meals on Wheels to homebound individuals within our local communities.

The year 2021 came with its challenges once again as we continued to face the COVID-19 pandemic. You will see in the remainder of the report that those same challenges from 2020 were carried over into 2021 and how we adapted to meet the needs of our Older Adult population those aged 60 and beyond.

## Nutrition Statistics

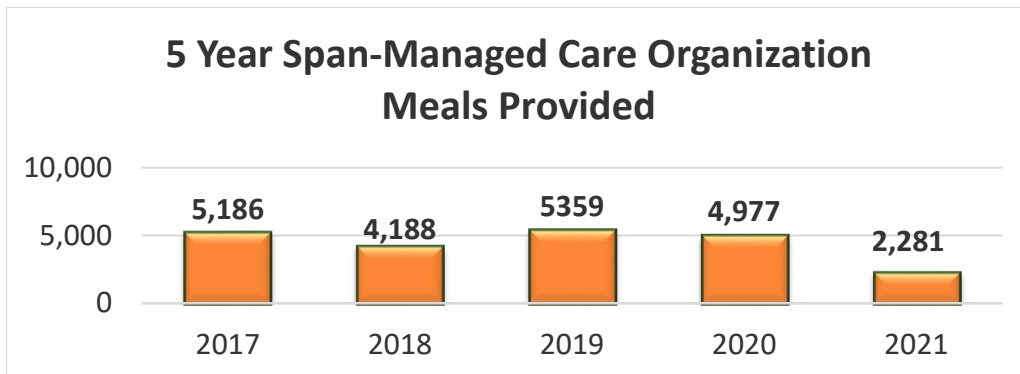


Richland County Senior Nutrition Program provided a total of 19,405 meals in 2021, which is a decrease of 4,083 meals, in comparison to 23,488 meals served in 2020. This is a 15.38% decrease from the 2020-year end totals to the 2021-year end totals.

The breakdown for each meal site:

- Richland Center with a decrease of 4,685 meals which is 24.14% less from the previous year 2020
- Rockbridge with an increase of 480 meals which is 46.20% increase from the previous year 2020, as we were able to reopen congregate dining July 7, 2021 through December 31, 2021.
- Germantown with an increase of 171 meals which is a 4.92% increase from the previous year 2020.

Of the total meals served, the request for meals from Managed Care Organizations (MCOs) decreased in 2021 by 2,696 meals, which is an 54.17% decrease compared to the prior year 2020. We have noticed a loss of individuals due to Long Term Care Facilities and/or death we see the decreases in meals across the board caused by the COVID-19 pandemic and the need to close dining centers as well as limited availability to provide hot meals, offering frozen only. We also see a decrease due to cost increase and contract changes.



In 2021, we struggled to keep numbers up due to the continued pandemic. We coordinated with each meal site and Rose Kohout, Health Officer to determine if we could explore plans for a slow reopening. It was decided we could safely reopen at the end of June and into July. By the end of July 2021, we were open a minimum of 3 days per week and continued to slowly spreading the word. We were fully open at 5 days per week at the Richland Center location by end of August 2021. We struggle to bring numbers up to pre-pandemic attendance. At the end of 2021 year we were running at full capacity short of the Home Delivered Meals as they have remained 3 days per week at the Richland Center location.

When meal sites reopened, we began offering hot meals 3 days per week. We now have a few volunteers assisting but still need more in order to be at full capacity. We continue delivering 3 meals per week and offer frozen meals as an option supplementing for those who would like meals for days we don't deliver or for those participants who prefer frozen meals. When we reopened, many participants stated that they missed the dining experience for the socialization that it offers. We continued to not see the pre-pandemic numbers due to some still being nervous about resuming activities and participants having family assistance in place. Staff were trained to practice COVID-19 safety protocol and social distancing as it pertained to the safe delivery of meals to homebound seniors and to the provision of meals at dining center locations.

### **2021 Nutrition Highlights:**

This year continued to give us challenges. The Richland County Nutrition Program was required to close dining centers and change our way of delivery. We closed mid- March 2020 and resumed delivery of hot meals and reopening of meal sites late in June 2021.

**Volunteers donated 1,060 hours of service** at the congregate meal sites from June 30, 2021 through December 31, 2021. Volunteer drivers used their own vehicles and gas to deliver noon meals to homebound seniors from November through December.

We continued monthly Nutrition Education, with March being identified as National Nutrition Month®. National Nutrition Month® is an annual nutrition education and information campaign created by the Academy of Nutrition and Dietetics. The campaign, celebrated each year during the month of March, focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits. This year's theme for National Nutrition Month® was Personalize Your Plate, which supports the philosophy that there is no one-size-fits-all approach to nutrition and health. We are all unique with different bodies, goals, backgrounds and tastes!

This year's objectives:

1. Educate on the benefits of a healthy eating routine.
2. Describe how to personalize your plate at each meal.
3. Find creative ways to make healthier food and beverage choices.

Richland County Food Service and the Richland County Senior Nutrition Program continue to experience a strong partnership through preparation of meals, the sharing of ideas for growth and menu planning for Richland Center and Rockbridge. 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.

May is when we would have held the annual Volunteer Appreciation Breakfast. Unfortunately, due to COVID-19, we were unable to hold this event.

In June, with collaboration with Rose Kohout, Health Officer, as well as each location's management, a plan was established to re-open meal sites. "Grab N' Go" continued to be offered Monday-Wednesday-Friday and by the end of the year "Grab N' Go" was offered 5 days per week, providing hot meals to those interested in driving to pick them up. Richland County Food Service and Richland County Health and Human Services Senior Nutrition Program continued practicing COVID-19 safety protocol and social distancing.

May through September 2021, the Senior Farmers' Market Nutrition Program (SFMNP) vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. We had 124 sets of vouchers, which was the same as the previous year. Each valued at \$25.00 – making \$3,100.00 available to local farmers within Wisconsin and providing Wisconsin grown fresh fruits, vegetables and herbs to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by supporting local farmers markets. The year 2021 was different in the way of distribution as all vouchers went out via mail with a phone call or with quick in person masked visits by the Nutrition Program Coordinator in order to provide nutrition education and explanation to each participant. We continued our partnership with others to provide information regarding programs available to individuals by working closely with the Benefits Specialist of the ADRC, Second Harvest local representative, and the Local Farmers' Market Coordinator. We strategically provide information that focuses on the area of fresh fruits, vegetables and herbs.

The required **regional site manager training** was unable to be held in person with necessary training being offered online and was completed by staff by December 31, 2021. This was online training facilitated by the counties within the parameters of Region 3 as set by the State. See below:

- Crawford, Grant, Green, Iowa/Lafayette, Juneau, Richland, and Sauk Counties are a part of Region 3

*Topics were provided by GWAAR/BADR.*



# ADMINISTRATION & BUILDING OPERATIONS UNIT AND BUSINESS & FINANCIAL SERVICES UNIT

## Mission Statement

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

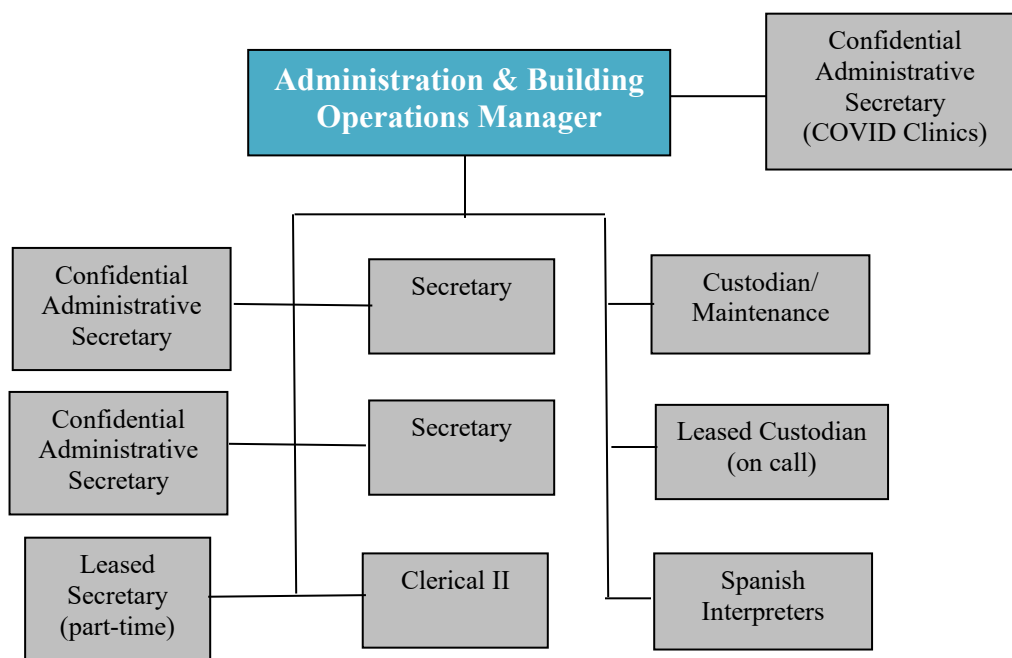
The Administration & Building Operations Unit and the Business & Financial Services Unit support all the units and staff within Health and Human Services. Some of the areas of responsibility are listed below:

Accounts Payable	Human Resources
Accounts Receivable	Income Maintenance
Annual Budget Preparation	Office Management
Board & Committee Support	Outpatient Mental Health Clinic Billing
Civil Rights	Payroll
Claims Processing	Program Participation System
Cleaning & Building Maintenance	Public Health Immunization Clinics
Client Record Keeping	Public Information
Clients Rights & Complaints	Reception and Information
Community Aids Reporting System	Representative Payee Services
Contracts Management	Social Media – HHS Facebook Page
Emergency Management	Spanish Interpretation
Fiscal Reporting	Transcription
Grant and Program Claiming	

When the COVID-19 Public Health Emergency Disaster Proclamation was issued on March 17, 2020, the Administration & Building Operations Unit and the Business & Financial Services Unit staff supported numerous activities related to Richland County's response. Many of our staff had to put their daily work duties and responsibilities on hold to offer immediate, emergency assistance.

# ADMINISTRATION & BUILDING OPERATIONS

In 2021, the Administration & Building Operations Unit performed responsibilities under the following organizational structure:



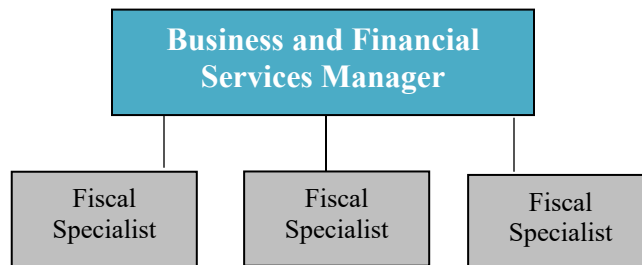
Here are just a few of the accomplishments of the Administration & Building Operations Unit in 2021:

- Critical to the Public Health Pandemic Emergency Response; including providing and supervising staff to coordinate and support the COVID-19 vaccination clinics and testing sites, supplying information to the public through a variety of print and online media options and social media sites, and offering the most up-to-date local information to our callers/visitors.
- Continued sanitation procedures to keep the Community Services Building safe for clients, visitors and staff. *The building was closed to the public November 2020 – May 2021 due to the pandemic.*
- Successful in transitioning COVID-19 vaccination clinics into the daily operations of the Main Front Desk to eliminate staff having to work offsite.
- Implemented the utilization of DocuSign to securely process nearly 100 annual provider contracts for 2022 totaling \$6.7m. DocuSign saves on paper and postage costs, improves the turnaround time, and expands the overall efficiency of the contracting process.

Here are just a few goals for Administration & Building Operations Unit in 2022:

- Continue participation in the Public Health Pandemic Emergency Response; including COVID-19 vaccination clinic coordination and support, and supplying information to the public. As the pandemic gets under control, administrative staff should be able to return to a more routine work schedule and manageable level of work duties or responsibilities.
- Continue updating information and policies to the agency Intranet called HHS Workplace. This is essential as some staff continue to work remotely.
- Continue expanding on the overall efficiencies offered by DocuSign; attend DocuSign University sessions to research additional efficiencies and options for utilization by other units for their client documentation.
- Human Resources: Research additional options to improve our recruitment process. Create an expanded process for tracking our recruitment efforts. Expand upon our new hire orientation process. Improve internal payroll and time-tracking processes. Consider options to improve staff retention.
- Participate in the continued study of the Behavioral Health Services Electronic Health Record (EHR) system Kareo to improve efficiencies related to Main Front Desk support and document storage/filing.
- Continue cross-training staff to ensure the ongoing completion of tasks if/when turnover occurs.

## **BUSINESS & FINANCIAL SERVICES**



The Business and Financial Services Unit is in place to provide support to the agency in fiscal matters. The Fiscal Specialists, in addition to embracing the shared mission statement, work hard to ensure that revenues are received and bills are paid timely. The agency thanks each of them for their dedication to this important role.

To highlight the work they do, accomplishments in 2021 included:

- Remained solid and stable through changes in leadership.
- Improved processes in keeping with their commitment to maximize revenues as well as started to put many of those processes in writing.
- Built efficiencies in billing practices with the growth of Comprehensive Community Services (CCS) and other programs.
- Continued to cross-train each other to prevent lapses in completing the work required to accomplish the mission.
- In partnership with Administrative staff, achieved success in WIMCR reporting that guaranteed a positive revenue adjustment.

There is no doubt that the accomplishments of 2021 will continue as the unit sets the following goals for 2022:

- Fully implement paperless EHR billing in order to complete more real-time billing as well as study the EHR program and how we can use it for other operational efficiencies which could include adding more providers to Kareo.
- In addition to billing practices, improve other programmatic claiming processes along with how reporting requirements are met.
- Continue to cross-train in the department in addition to ensure fiscal staff remain proficient by attending training as needed.
- As part of cross-training carry on with putting procedures, instructions and/or processes in writing.

# 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 2021, the Richland Center Office of the ADRC of Eagle Country processed over 14,035 incoming contacts (phone calls or walk-in customers).

In order to protect the health and safety of customers and staff during the COVID-19 pandemic, the ADRC provided limited in-person services in 2020. Provision of services were completed over the phone, virtually, and on occasion in person. Through these alternative methods the ADRC continued to provide community members with information, assistance, options and enrollment counseling, access to Benefit Specialist programs, and Aging programs.

## **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 2021, the Information and Assistance staff (I&A) received 4,565 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.

#### **2021 Information & Assistance Customers**

Of the self-identified:

61% were elderly (60 years and older);

16% were customers with physical disabilities;

5% were customers with developmental disabilities; and

13% were customers with mental health or substance use disorders.

5% were customers with Alzheimer's/irreversible dementia.

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

In 2021, I&A staff responded to 4,565 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 78% of the needs expressed fell into 5 broad categories: financial assistance and support; long term care programs; home health/home supportive care; and housing/residential needs; and transportation. 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 2021, staff completed 65 Functional Screens and enrolled 57 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 2021, the Disability Benefit Specialist program assisted 147 Richland County residents in receiving over **\$590,073.00** in Federal, State or private benefits for which they qualified. Due to the COVID pandemic this was significantly less in 2020 and 2021 compared to other years.

Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$16,852,084. 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, 6 Medicare workshops were offered. A total of 34 people attended to learn how to navigate all the Medicare Programs, and an additional 333 seniors received other assistance. Due to the COVID pandemic individual education was provided over the phone or virtually relating to Medicare for the first part of 2021. The Elder Benefit Specialist resumed in person workshops the last half of 2021 with limited seating.



In 2021, the Elder Benefit Specialist Program provided a savings to 333 Richland County residents totaling **\$1,569,862** in Federal, State, and other funding based on the type of program.

## **EARLY INTERVENTION/PREVENTION SERVICES**

In partnership with the Symons Recreation Center, the ADRC provided the funding and technical support to hold 3 Tai Chi classes and 1 Strong Bodies class which are evidence based programs that significantly reduce falls for seniors. A total of 51 seniors participated in the classes.

In 2021, the ADRC provided a virtual Powerful Tools for Caregivers class in partnership with the Regional Dementia Care Specialist.

## **TRANSITION SERVICES FOR YOUTH**

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to assist young adults/students who have physical or developmental disabilities, have mental health or substance abuse disorders and are in need of long-term care. Transition services assist students and their families in accessing 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 the 2020-2021 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.

## **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.

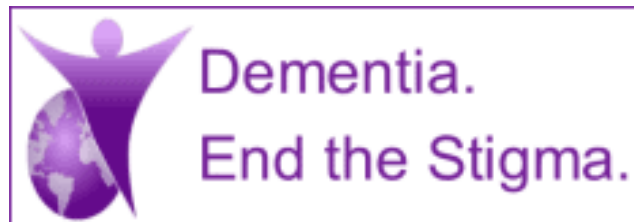
In 2021, Richland County Health and Human Services received \$6,098. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community.



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## **DEMENTIA CARE SPECIALIST**

The Dementia Care Specialist (DCS) is a person employed by the Aging & Disability Resource Center (ADRC) of Eagle Country's Regional office who is responsible for assisting individuals and families living with dementia to continue to be active in their community and remain in their homes for as long as they are able. The DCS also ensures the ADRC staff are knowledgeable about dementia and are prepared to meet the needs of the people they serve in a supportive, helpful manner.



The ADRC of Eagle Country serving Richland, Crawford, Juneau and Sauk Counties employs one Regional Dementia Care Specialist. In 2021 the DCS provided numerous services in partnership with local ADRC staff in Richland County. Below are some of the highlights from the program:

**Individual consultations** - Individuals and their families plan for their future by being provided information on what to expect, decisions they may want to consider in advance and resources available to support individuals living with these changes.

**Dementia Live** - The Dementia Live™ experience gives participants an idea of what it is like to have dementia. This is done by altering their senses and providing them with tasks to do in a controlled setting. In just 15 minutes participants gain greater awareness and understanding of the daily struggles affecting persons with dementia. Due to COVID this offering was decreased. In 2021, 3 Dementia Live Sessions were facilitated by the Dementia Care Specialist and Information and Assistance specialists. This included a Dementia Live training for staff at Richland County Health and Human Services as well.

## **THE RICHLAND COUNTY TRANSPORTATION PROGRAM**

The Richland County Transportation Program had been growing slowly but steadily prior to 2020. With the COVID-19 pandemic throughout 2020 and 2021 there was a decrease in services provided by the Transportation Program. The focus was placed primarily on trips that were medically necessary and food security trips. In non-COVID years, there are three main services provided by the Transportation Program including the 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 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 2021, the Richland County Public Transportation and Lift Vehicle Transportation programs had three temporary casual drivers providing a total of 709 trips, traveling 18,249 miles.

## The Driver Escort Program



In 2021, the Driver Escort Program had 20 volunteer drivers providing a total of 3,319 one-way trips traveling 134,928 miles. The volunteer drivers donated a total of 6,180 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, Inclusive, My Choice WI, and co-pays collected from passengers.

## 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 2021 totaled \$12,337 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 restrictive 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 2021, the funds supported 20 local families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

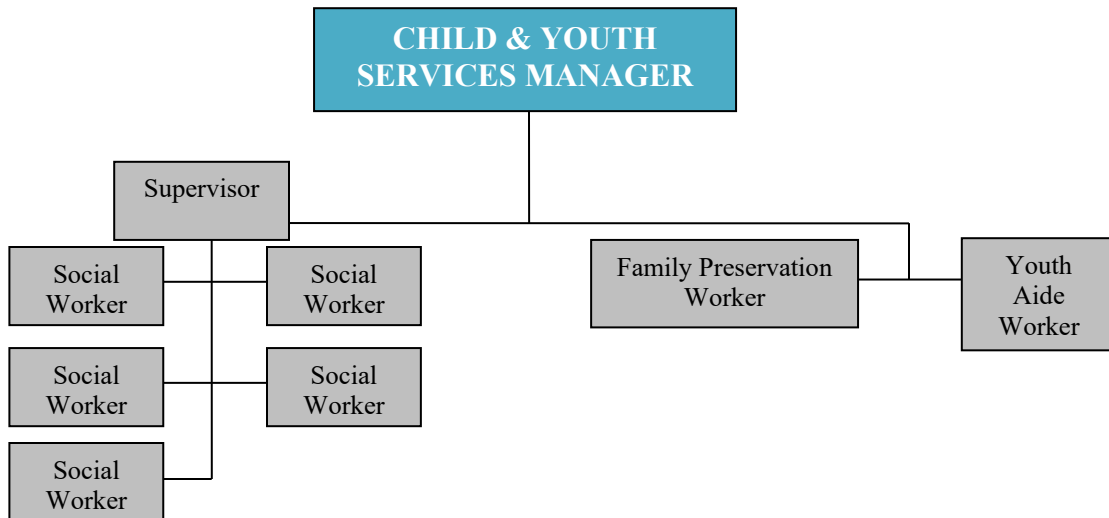
# CHILD & YOUTH SERVICES UNIT

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 four individual program initiatives, all mandated through the State departments of Children & Families, Health Services, and Corrections.

Those four programs are as follows:

- Child Protective Services
- Youth Justice
- Foster Care and Kinship Care
- Independent Living

The Child and Youth Services Unit (CYS) is structurally organized as follows according to the programs outlined above:



## **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 Welfare 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.
6. **Culturally Responsible** – We seek to reduce all biases and disparities at the individual, agency, and system level and treat clients with fairness and equity and serve them within the context of their identity, family, community, tribe, history, culture and traditions.
7. **Workforce Support** – The system promotes teaming amongst workers, supports professional development and seeks to ensure the safety of all workers and provides support to address secondary trauma.

- 8. **Family Centered** – Workers engage with families with a strengths-based perspective, supports teaming and advocate for appropriate services and supports to meet the needs of families, youth, and caregivers. Families and youth are the drivers for change and are empowered to make decisions with the recognition that they are the experts on their needs.

CPS workers in Richland County are required to follow strict laws and standards when determining if CPS intervention is warranted

<b>2021 CPS Reports</b>	
Reports Received	230
Alleged Victims	324
Initial Assessments	46
Child Welfare Reports	86
Child Welfare Cases Opened	60

## **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 2021, there were 18 Youth Justice Referrals, 14 cases ended up with Supervision and Services**

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. As part of this program Child and Youth Services staff have begun to be trained in an evidence based assessment and planning tool (YASI-Youth Assessment Screening Instrument). The department is further working with ADA Amy Forehand and Attorney Lisa McDougal with the Public Defender’s

office to develop a protocol and procedure to utilize this tool to assess recidivism risk of youth and develop case planning that addresses specific identified needs of the youth involved in the Youth Justice System.

## **YES (Youth Empowerment Services)**

One particular effort in Richland County to support youth and provide restorative justice opportunities is our YES program. YES 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.



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.



## **IMPACT OF COVID-19 ON CYS SERVICES**

Due to COVID-19 protocols and procedures, CYS services and contacts have been done through a combination of in person, virtual, and phone contacts. Staff have utilized more frequent contacts with youth and families when in person contacts have not been permitted or there are household members who are demonstrating symptoms associated to COVID-19. Staff have continued to be required to conduct in person contacts to assess homes for safety and complete state mandated contact with youth who are placed in out of home care. The YES program was unable to facilitate in person group sessions during periods of time. With this population, staff again increased virtual contact with youth involved in the system and worked with each youth to identify and document efforts to complete their required community service hours on an individual basis. Supplies, incentives and rewards that are associated to this program were dropped off with youth and/or mailed to them to continue to engage them in completion of projects, community service, and development of life skills that have historically been offered during the group sessions.

# BEHAVIORAL HEALTH UNIT

## Mission Statement

*To individuals and families...*

Behavioral Health 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...*

Behavioral Health 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

Behavioral Health Services provides a continuum of services to Richland County residents that range from brief crisis intervention to intensive long-term treatment services. Behavioral Health 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 2021, Behavioral Health Services staff assisted **473** individuals in one or more of its programs.

During 2021 Behavioral Health Services continued to be impacted by the pandemic, with spans of time when the agency remained closed to the public, except by appointment. Behavioral Health staff continued to work with clients, through close COVID Screening Procedures and COVID Safety Measures put in place. Staff remained innovative in ways to continue to provide best practice services to clients. 2021, as with previous years, was a year of a true commitment to the clients that were served by the Behavioral Health staff. Staff put forth extreme effort to utilize lower levels of care for clients to reduce inpatient hospitalization costs. Staff pursued and were successful in gaining increased funding for both treatment/drug court initiatives and for individuals diagnosed with opioid or stimulant use disorders.

Comprehensive Community Services staff continued to grow the available services to clients locally and pursued increased trauma awareness training through the calendar year. Birth to Three and Children's Long Term Support staff had a record

number of referrals, while maintaining Comprehensive Community Services Caseloads for the entire calendar year. All Behavioral Health staff embraced and fulfilled the need for increased Adult Protective Services support during the year. 2021 was a year of gratitude for the wonderful work continued by the Behavioral Health Team, the Administrative Team and other unit supports that made the year successful.

## 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 Behavioral Health 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:

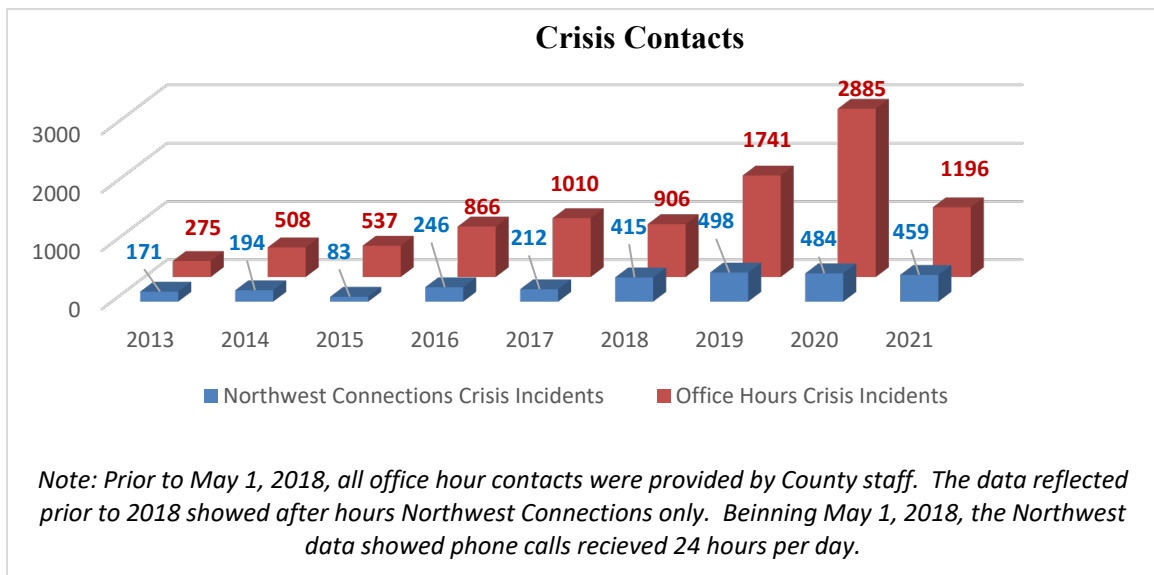
- Evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Response to outpatient emergencies related to substance abuse including the provision for examination of a person's need for detox.
- Arranging for emergency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

Behavioral Health Services professional staff provided walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services. Northwest Connections provides 24-hour coverage for emergency telephone 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 2021, Health and Human Services provided Crisis services to a total of **312** individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled **459** crisis contacts. Behavioral Health staff completed a total of **1196** daytime crisis contacts, with a total of **1655** crisis contacts altogether in 2021. The total number of crisis contacts includes all crisis assessments and follow up contacts completed by staff. During 2021 the entire Behavioral Health Team shared crisis responsibilities during office hours. 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 DHS 34.23(6). During 2021 a staff member continued to provide services through a contract with the Richland School District. The staff provided mental health therapy and crisis services to children in the district.

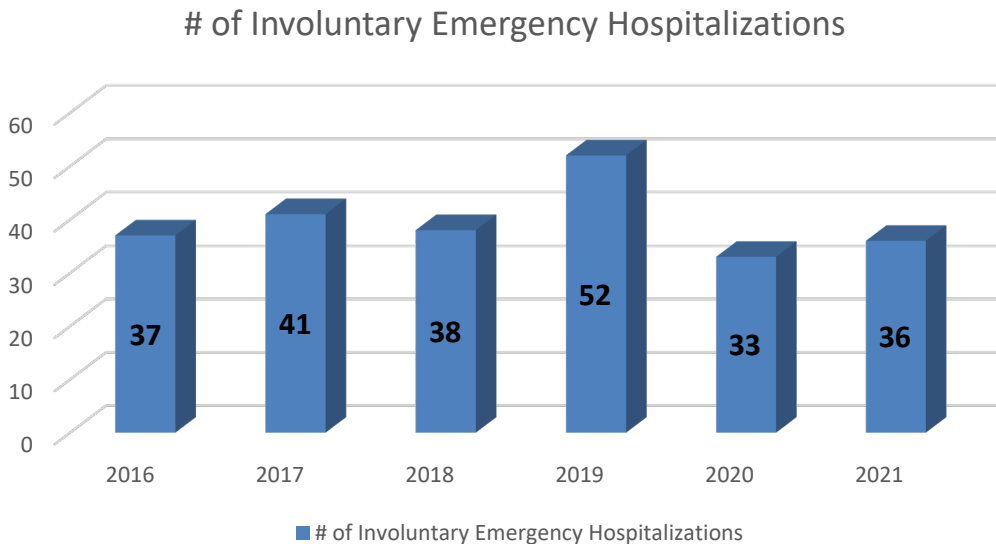


**Emergency Hospitalizations:** During 2021, a total of **36** emergency detentions occurred. **15** of these occurred during office hours and **21** occurred after office hours.

	2016	2017	2018	2019	2020	2021
After-hours Hospitalizations	12	22	25	25	22	21
Office hours Hospitalizations	26	19	13	27	11	15
<b>TOTAL HOSPITALIZATIONS</b>	<b>38</b>	<b>41</b>	<b>38</b>	<b>52</b>	<b>33</b>	<b>36</b>

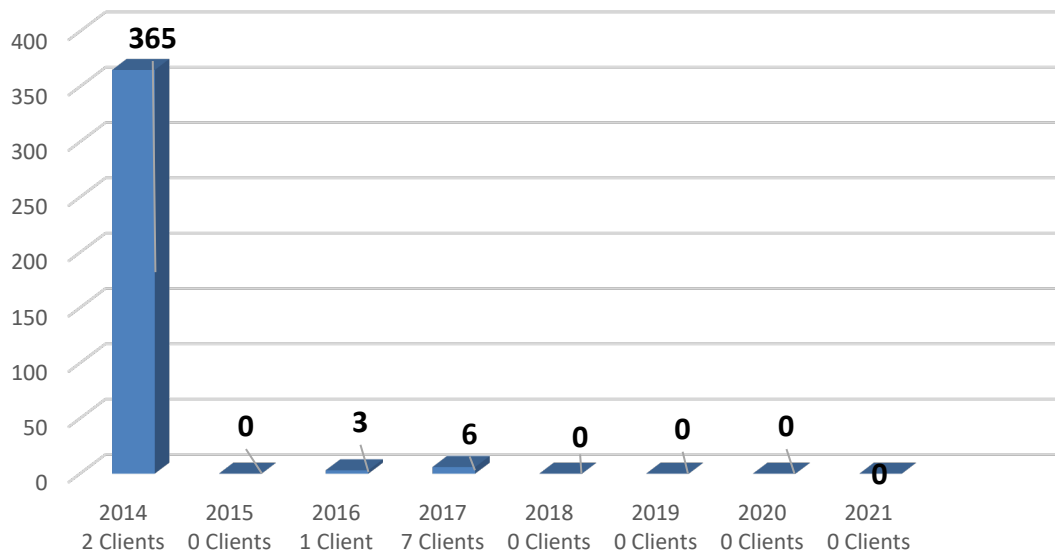
## INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

Behavioral Health 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.



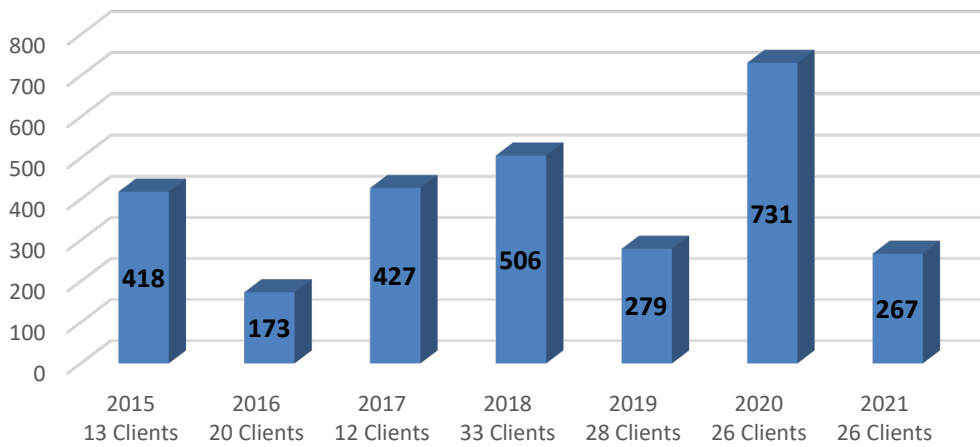
**Inpatient Psychiatric Hospitalization:** Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, Sacred Heart Hospital, and Southwest Healthcare for inpatient services in 2021. 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**



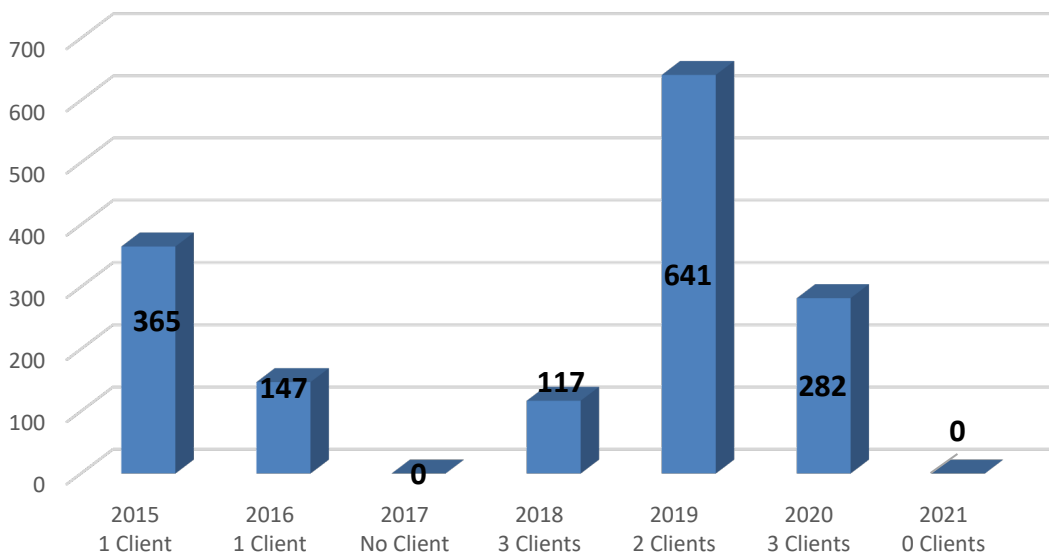
**Mental Health Institutional Placements:** For long-term care and treatment needs in 2021 Richland County placed individuals at Winnebago Mental Health Institute for adults and children. Mendota Mental Health Institute is utilized for geriatric or forensic patients. These facilities were used as a last resort placement when an acute psychiatric unit was not available for emergency hospitalization. The chart below shows the total number of days of institutional care funded annually by Richland County. **5** of the **26** individuals shown in the chart for 2021 were under the age of 21 and accounted for **38** days of care.

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



**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 **0** clients placed in an IMD in 2021.

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

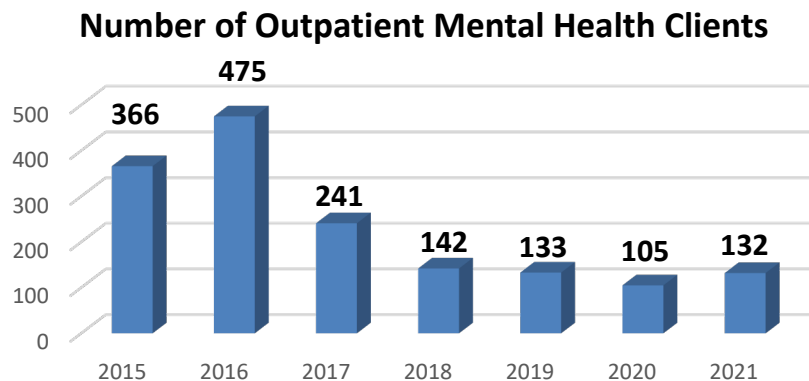


## OUTPATIENT CLINIC

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 2021, Behavioral Health Services provided psychotherapy to **62** individuals. Psychiatric care and medication management was provided to **69** individuals and **29** psychological evaluations were completed during 2021. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.



**School Mental Health:** Richland County Health and Human Services partners in collaboration with the Richland School District to provide mental health support services. Since the fall of 2018 Richland County Health and Human Services has employed a School Mental Health Staff, that is funded by the Richland School District. The staff person provides both crisis services and outpatient mental health services as appropriate to youth enrolled in the Richland School District. During the 2021 the School Mental Health Staff provided services to a total of **33** individual students.

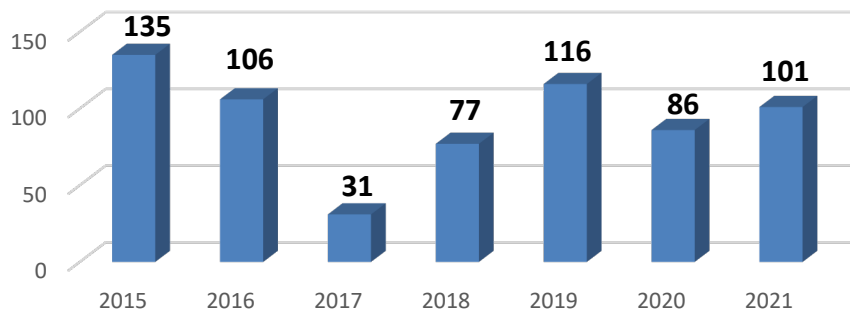
**Substance Abuse Treatment Services:** Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2021, the Behavioral Health Services



substance abuse counselor provided assessment, referral, and treatment to 101 adults and teens struggling with substance use disorders.

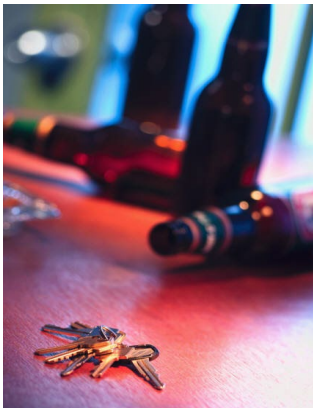
In addition to individual outpatient counseling, group programs were also provided utilizing the evidence-based curriculum called PRIME for Life. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows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

**Number of Outpatient Substance Abuse Clients**



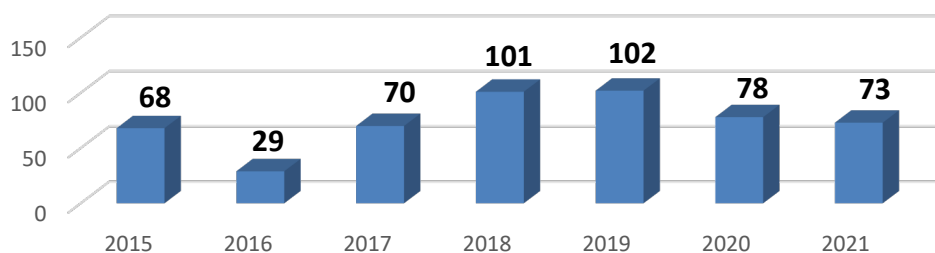
## **INTOXICATED DRIVERS PROGRAM**

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.

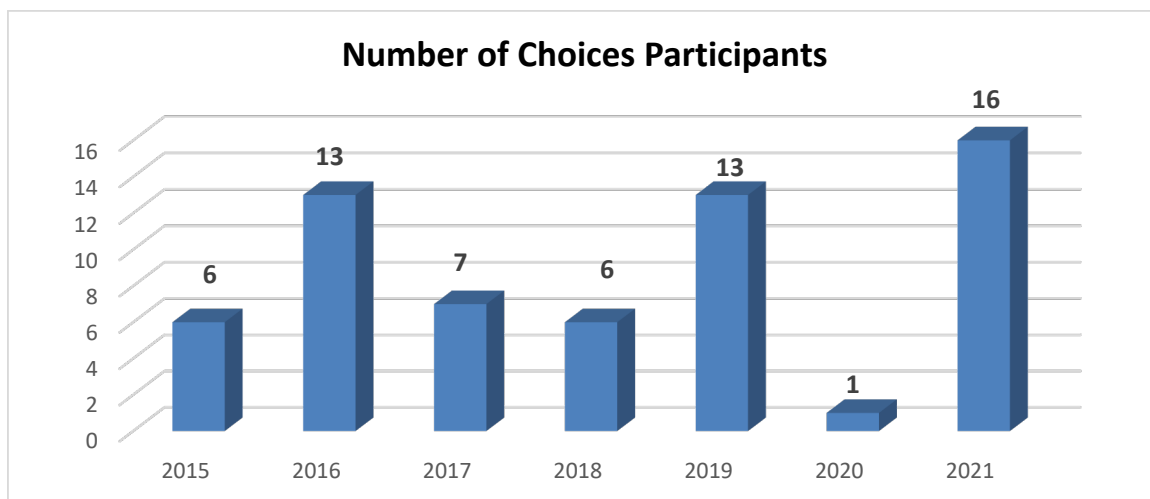
### Number of IDP Clients



## 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. While Choices courses continued to be offered virtually during 2021, **16** clients were served in the program.

### Number of Choices Participants



## **SOBRIETY COURT**

Richland County Sobriety Court provides integrated supervision and evidence-based treatment to moderate or high risk clientele. This program serves Richland County residents that have 3 or more OWI convictions and who suffer from alcohol dependence issues. Some other alcohol related convictions may also be considered. This is a 5 phase, 14 month minimum program. The program works cooperatively with multiple agencies to ensure accountability and to offer rehabilitation services. This program's

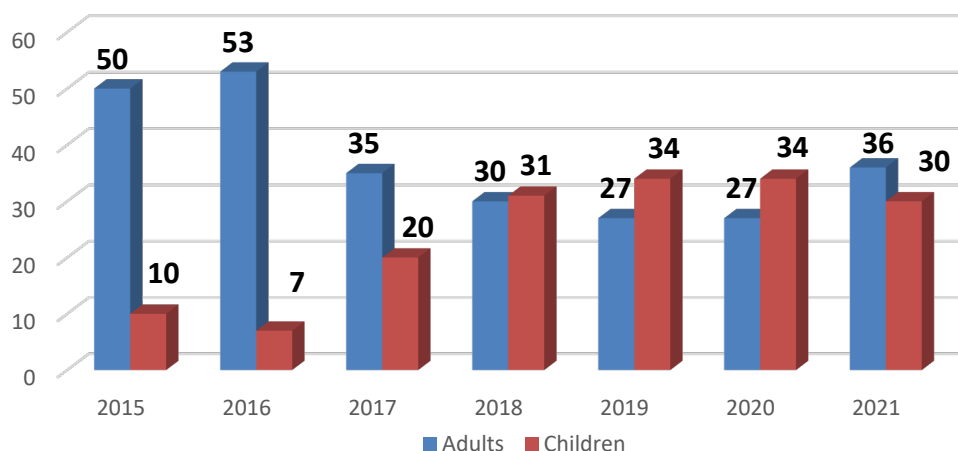
intent is to provide a participant with all the possible tools required to get into recovery, stay in recovery, and lead a productive, crime-free life.

Number of Participants		
2019	2020	2021
21	15	9

## **COMPREHENSIVE COMMUNITY SERVICES**

Behavioral Health 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 2021, **30** 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.



## BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is an early intervention program for children ages birth 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*

In 2021, the Birth to Three Program received **63** 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.

### ***Funding Sources***

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



## CHILDREN’S LONG TERM SUPPORT PROGRAMS

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*

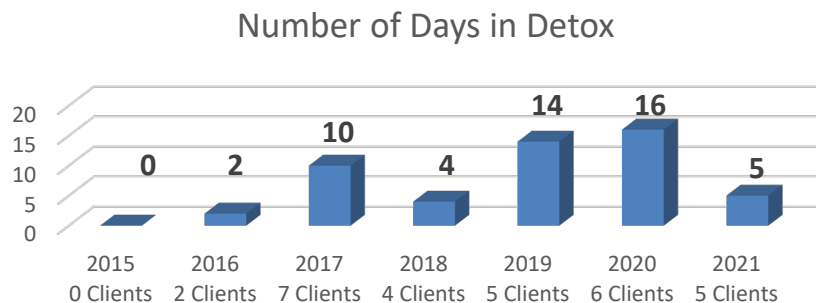
### *Funding Sources*

- *Medicaid (Federal)*
- *CCOP (State)*
- *Taxes (Local)*
- *Parental Cost Share (Individual)*

In 2021, the program served a total of **50** children in both the Waiver and CCOP programs.

## DETOX SERVICES

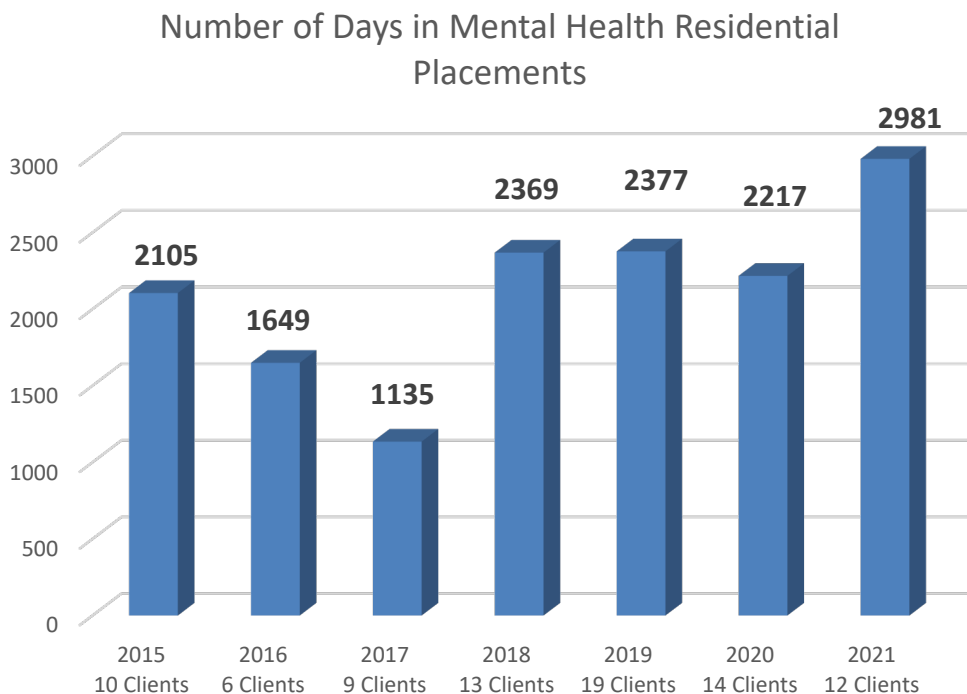
Detox refers to the process the body goes through to rid itself from alcohol. Detox services are mandated services that the county must provide per state statute 51.40 and state statute 51.45. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, and Tellurian UCAN, Inc. for certified detox programs. **5** individuals were sent to certified detox facilities in 2021. 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.

**12** individuals received residential services in 2021. Eleven of the individuals who were placed in residential facilities needed long-term placements (*6 month or longer*). **1** individual 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. During 2021, there were a total of **61** Adult at Risk and Elder Abuse Reports.

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

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

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the

	59 or Under	Over 60
Total number of reports:	17	44
Self-Neglect	9	25
Financial Exploitation	2	10
Neglect by Other (s)	2	1
Physical Abuse	0	0
Sexual Abuse	2	0
Emotional Abuse	2	1
Other	0	7

State. In 2021, the State allocation of \$10,544 served **14** 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 2021, **27** 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 2021, **48** 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 requesting our assistance have the right to be treated with respect, dignity and confidentiality.

Our Mission is to provide all individuals within the Capital Consortium access to services needed to achieve economic stability within the programs we administer, including referrals to other 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 almost **27%** of Richland County Residents, including referrals to the appropriate agencies. In 2021, 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. This was never more important than in 2021 due to the negative economic impact on so many families due to the COVID-19 Public Health Emergency.

In 2021, ESS and support staff processed 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 2021 continue to administer a significant number of policy changes or clarifications including several



significant system enhancement projects. The majority of these changes were the result of the COVID-19 Public Health Emergency to ensure families and individuals remained eligible for programs. Call Center Agents remained proficient in applying these policies while also managing approximately 800 cases per family worker and 900 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**

2021 was Richland County's tenth 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 2021, each ESS dedicated over three-fourths of each work day to the Call Center. In 2021, the Capital Call Center accepted 198,022 phone calls. As a consortium we exceeded the State Performance Standard requirement of 85% as a Call Center by answering 95.76% of the calls offered. Richland County ESS are an integral part of the call center and accepted almost 16,280 of those calls making a significant contribution to achieving excellent performance. The reduced number of calls in 2021 compared to previous years was due to COVID-19 policies that reduced the need for customers to contact the Capital Consortium.

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 2021, the consortium processed 56,403 applications with a timely processing rate of 98.22%. Of those, Richland County ESS processed 4,436 applications and had a timely processing rate of 98.22%.

## **BADGER CARE PLUS & MEDICAL ASSISTANCE**

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 could be eligible if they meet all other BC+ non-financial and financial requirements. In 2020, if found eligible, but circumstances changed, coverage was not allowed to be terminated due to the COVID-19 Public Health Emergency. This continued through 2021. 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.

### **MEDICAID**

#### **(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 may be eligible if he or she meets all non-financial and financial requirements. In 2021, if found eligible but circumstances changed coverage was not allowed to be terminated due to the COVID-19 Public Health Emergency. 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 2021, as many as 12,795 individuals were enrolled in BC+ & MA by Richland County Economic Support Specialists in a given month. Of those 12,795 individuals, 4,238 were Richland County residents.**

**In the 2020 calendar year, the most recent data available, Medicaid expenditures paid on behalf of Richland County residents (including EBD & Long Term Care programs) totaled \$36,647,626.**

### 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 2021, 17 children received \$32,600 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.

Like FoodShare, families 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.

Staff in the Economic Support Unit are also responsible for certifying Day Care facilities. Richland County ended 2020 with no certified providers. 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. To address the need for providers in Richland County, the Richland Area Childcare Task Force was established. A survey was done of parents that supported the task force's goal to increase the number of regulated providers. Support would also be provided to unregulated providers wanting to become regulated and those wishing to remain unregulated.

**In 2021,  
\$45,322.93 was paid to providers on behalf of 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 (EBT) Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to access those benefits.

A notable event in 2021 was the continuation of COVID-19 Public Health Emergency. Individuals and families in Richland County received additional FoodShare benefits in every month of the year. Families that received free and reduced lunches through their school districts also found extra benefits on their EBT card in some of those months.

**In 2021, Richland County had 3,369 unduplicated FoodShare recipients. Benefits paid totaled \$6,768,267.**  
*This compares to 3,319 unduplicated recipients in 2020, and \$4,246,351 in total benefits paid.*

## **FRAUD & FRONT-END INVESTIGATIONS**

In 2021, 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 Office of the Inspector General 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 2021 as we did not discover any significant fraud being committed by Richland County residents 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 2021, 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.

## **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 almost 200,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

- Emergency fuel assistance;
- Pro-active co-payment plans;
- Targeted outreach services;
- Emergency furnace repair and replacement; and
- Provide information on the weatherization program.

**In Federal Fiscal Year 2021, 763 households received Energy Assistance in Richland County for a total of \$480,335.**

*In 2020, 774 households received Energy Assistance for a total of \$466,837.*

**In Federal Fiscal Year 2021, 397 households received Crisis Assistance totaling \$354,246.**

*In 2020, 139 households which received Crisis Assistance for a total of \$33,352.*

**In Federal Fiscal Year 2021, 32 households received Furnace Repair/Replacement Assistance totaling \$69,708.**

*In 2020, 32 households received Furnace Repair/Replacement Assistance for a total of \$46,776.*

### **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>

# FISCAL

(Un-audited Figures)

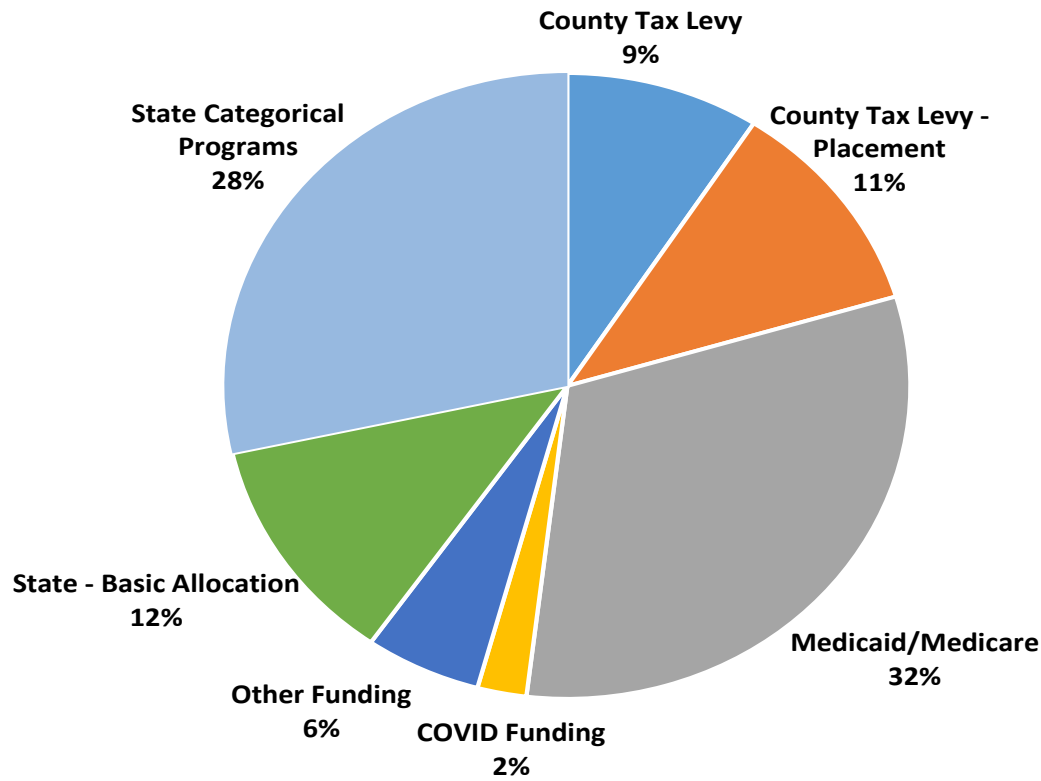
## Financial Statement (Revenue Minus Expenses)

Total Actual Revenue 2021	\$8,986,243
Total Agency Expenses	-\$7,256,793.21
Total Placement Expenses	-\$1,326,497
Balance	\$402,952.95

(Continue for further detail on revenue and expenses.)

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## Revenue Sources



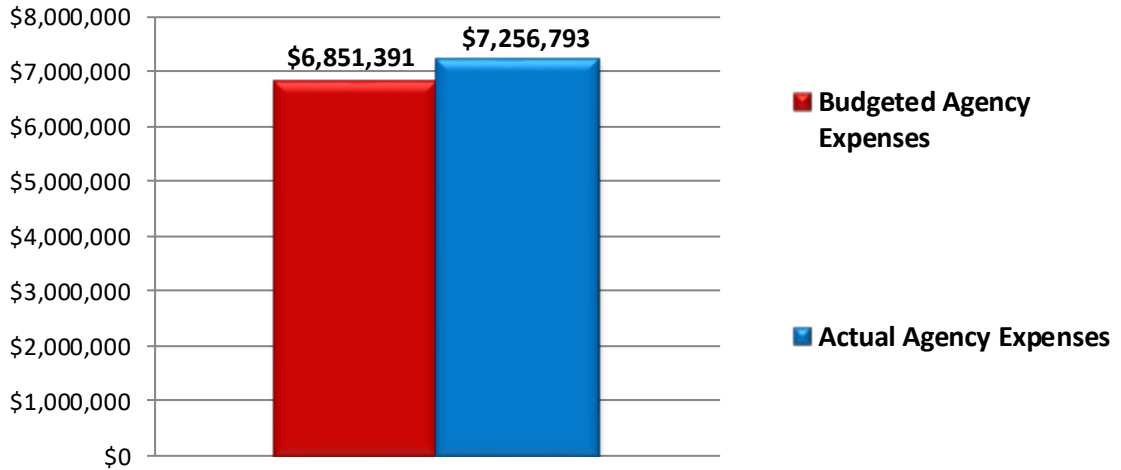
## Revenue Sources for Agency and Placement Expenses

County Tax Levy	\$822,156
County Tax Levy - Placement	\$1,009,619
Medicaid/Medicare (including WIMCR)	\$2,832,879
COVID Funding	\$208,294
Other Funding	\$492,960
State - Basic Allocation	\$1,063,266
State Categorical Programs	\$2,557,068
<b>Total Actual Revenue 2021</b>	<b>\$8,986,243</b>

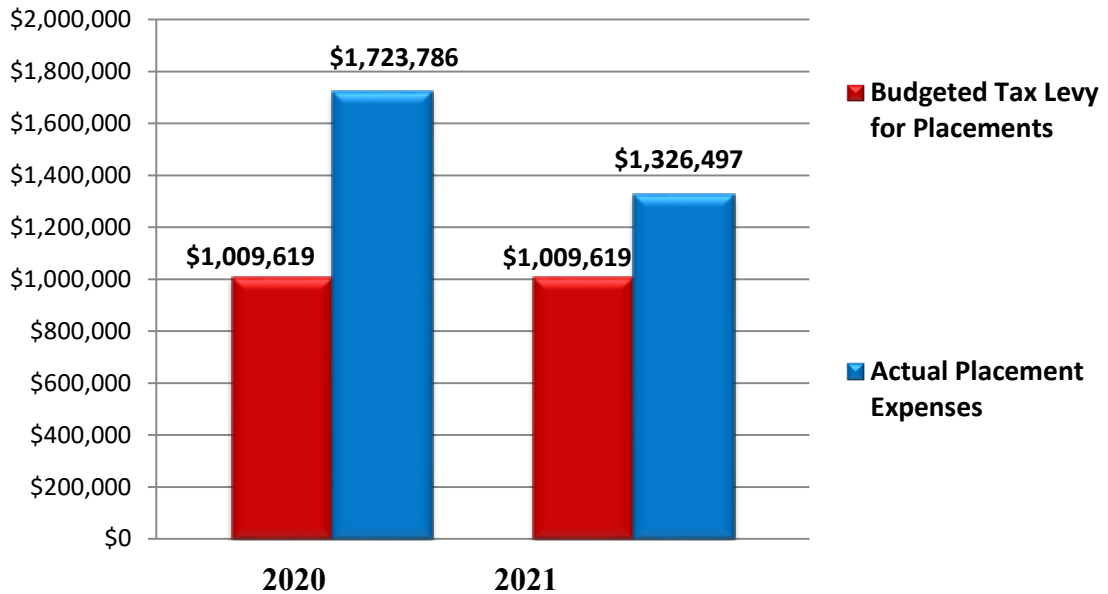


# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## 2021 Agency Expenses



## Placement Expenses



# APPENDIX

# Richland County Health and Human Services

## 2021 Health & Human Services Contracts (Over \$10,000)\*

Annika Mersmann	\$22,220	KNH, LLC	\$105,577
Children's Hospital of WI	\$141,036	Lutheran Social Services of WI	\$21,968
Chileda Institute	\$219,038	Northwest Counseling & Guidance Clinic	\$82,459
Community Care Resources	\$101,112	Orion Family Services	\$28,987
CESA III	\$72,190	Peace of Mind Counseling, LLC	\$33,035
Cornerstone Foundation	\$208,014	Positive Alternatives, Inc.	\$49,035
Coulee Region Psychiatric Services	\$24,300	Premier Financial Mngmt Services	\$197,465
Diane's Adult Family Home	\$36,736	RTP(WI),S.C.	\$92,362
Driftless Counseling, LLC	\$841,638	Rural Wisconsin Health Cooperative	\$37,897
Evergreen Manor, Inc.	\$21,570	Schmidt Consulting, LLC	\$12,144
Fitness Choices	\$30,263	SW WI Workforce Development Board	\$488,664
Fond Du Lac County Dept of SS	\$64,974	Tellurian, Inc.	\$61,245
Forward Home For Boys	\$18,969	Therapy Without Walls, LLC	\$10,946
Jean Warrior, Ph.D.	\$14,063	VARC, Inc.	\$17,120
Jessica Leinberger Counseling	\$22,102	Vista Care Wisconsin	\$772,646
Kareo	\$20,841		

\* 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

Administrative Services Unit  
Child & Youth Services Unit  
Public Health Unit

Behavioral Health Services Unit  
Economic Support 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