



2005  
Annual Report

Richland County  
Health & Human Services

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

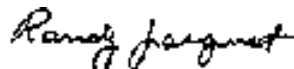
On behalf of the Richland County Health & Human Services Board and staff, I am proud to present our 2005 Annual Report.

This past year marked our fifth full year since the development of the Health & Human Services agency. The highlights of 2005 include:

- The January 1, 2005 certification of our Comprehensive Community Services (CCS) Program. CCS is a new mental health program funded through Medical Assistance dollars. CCS will fund many services that have not previously been available to persons with mental health needs. In 2005, the agency received more than \$300,000 of new revenues for this program. These revenues should increase as the number of persons enrolled in the program continues to increase.
- The acceptance of a Children's Redesign Grant from the State. In 2005, we wrote and were awarded a 2-year grant to study, make recommendations, and implement changes to our services for children in this county. Managers of the agency have been meeting regularly to study how we can enhance services to families in a more cohesive and less fragmented system of delivery. In addition, key stakeholders both within and outside of the agency were surveyed as to their perceptions of our programs as part of this study. The redesign effort will continue in 2006 with recommendations being presented for restructuring the children's services of Health and Human Services.

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

Sincerely,



Randy Jacquet, LCSW  
Director

# RICHLAND COUNTY HEALTH & HUMAN SERVICES

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Richland County Health and Human Services

## **MISSION STATEMENT**

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

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

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

# BOARDS AND COMMITTEES

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

ANN GREENHECK, CHAIRMAN

ARIEL FERGUSON	DANIEL CARROLL
DR. RICHARD EDWARDS	GAYLORD DEETS
JANET PARR (AS OF JUNE 2005)	GLENN FERGUSON
EARL MELLEN (UNTIL APRIL 2005)	WILLIAM SEEP
JARRETT McDONALD (UNTIL NOVEMBER 2005)	

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

WILLIAM SEEP, CHAIRMAN

CAROL CLAUSIUS	VIRGINIA BRADFORD
MARILYN MARSHALL	GRETCHEN CAMPBELL
LINDA KOHN	ORLEN RICHARDS
HARRIET HENDRICKS	ASENTH LARUE
PHILOMENA POOLE	ED UHLENHAKE
MARY M. ALLEN	JEAN GHASTIN
ROBERT HOLETS (AS OF MARCH 2005)	NORA MIDLASH
CONNIE POST (AS OF MARCH 2005)	MARY MILLER

## **CMO ADVISORY COMMITTEE** COMMITTEE MEMBERS

RAY SCHMITZ, CHAIRMAN

VERNA MARY GILLINGHAM	GLENN FERGUSON
PHILOMENA POOLE	JOE SIMON

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

GLENN FERGUSON, CHAIRMAN

RONALD CURTIS	ALLAN HALINK
PAT MARSHALL	BETTE COOK
ROBERT NEAL SMITH	LEONARD GOBIN

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

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

**RESOURCE CENTER ADVISORY COMMITTEE  
COMMITTEE MEMBERS**

BONNIE RICHARDSON, CHAIRMAN  
TWYLA KEPLER  
LAURA POINDEXTER (AS OF MAY 2005)  
GAYLORD DEETS  
GRETCHEN CAMPBELL

**RICHLAND COUNTY KIDS COUNCIL  
COUNCIL MEMBERS**

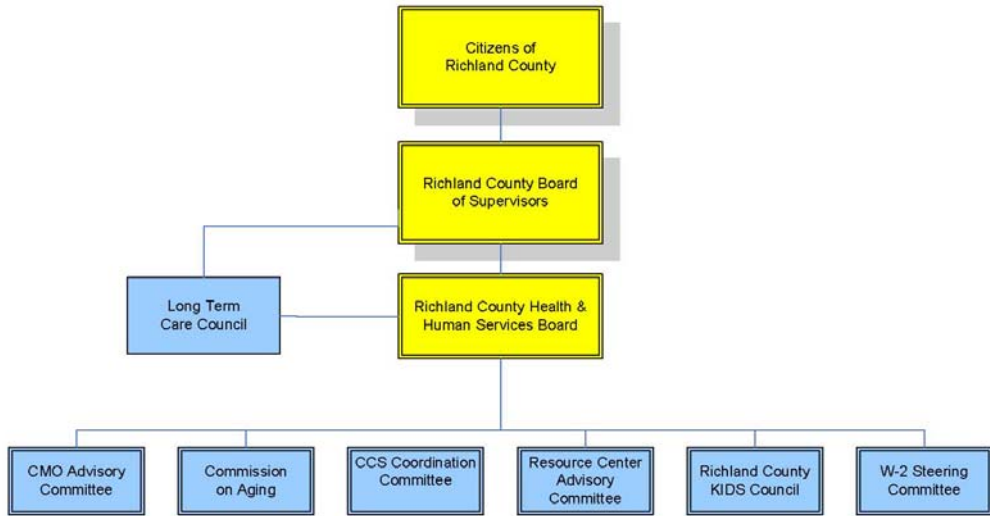
DEB LYNCH, CHAIRMAN  
LAURIE RICHTER (UNTIL FEBRUARY 2005)  
AMY FENSKE (UNTIL FEBRUARY 2005)  
JIM CRAIG (AS OF DECEMBER 2005)  
CONNIE VLASAK (AS OF DECEMBER 2005)  
LISA KOLMAN (AS OF DECEMBER 2005)  
GAYLORD DEETS  
LAVONNE BEKKUM  
VICKI FABER  
KAY CUNNINGHAM

**W-2 STEERING COMMITTEE  
COMMITTEE MEMBERS**

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

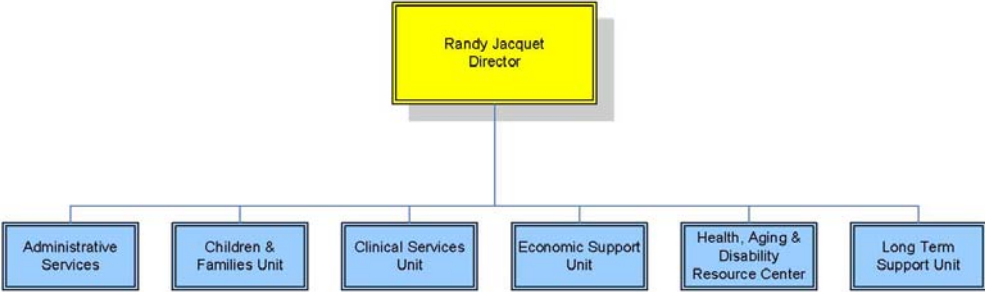
# RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



# RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE





# CHILDREN AND FAMILIES UNIT

## Mission Statement

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

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

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

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

## PROGRAMS ADMINISTERED

*Child Protection Services*  
*Juvenile Justice Services*

## CHILD PROTECTION SERVICES

Child Protection Services can be provided on both a voluntary and involuntary basis. If an involuntary basis is utilized, services are provided via a court order. Funding for services are provided from State funding as well as county tax levy, grants, donations and fees charged for services. Functions provided by the unit in this area can include:

- Child abuse/neglect investigations.
- Out of home care placements for children who are deemed to be in need of placement outside of their parental/family home and the development of a permanency plan for these children that works toward family reunification, when possible.
- Ongoing case management service. This service includes the monitoring of court orders and connecting families with appropriate service providers within the community. When necessary, services are also provided outside of the community with appropriate transportation, if applicable. This service also includes the monitoring of client participation in court ordered counseling and other court ordered services.

- Facilitating supervision for families who must be supervised during visits with their out of home placed children. Children and Families Unit staff will often supervise the visits. The Children and Families Unit also contracts with Orion Family Services for In Home Family Services. They will also supervise visits while providing parenting education.
- Independent living services for children who have been placed out of the home for more than 6 months and have reached the age of 16 years, if offered to enhance their transition to living independently as young adults.
- Off-hours drop-in visits by Children and Families Unit staff to provide oversight and assistance to families during unsupervised visits or reunification efforts.
- On-site drug testing and breathalyzer services for parents who are court ordered or volunteering for monitoring of drug related concerns that are contributing to parenting issues.
- Recruiting, training, and licensing of foster homes, including county licensed treatment foster homes for both new and ongoing foster parents.
- Voluntary services for anyone seeking assistance with parenting young children, parenting challenging teens, or needing referrals to other resources throughout the community.
- 24 hour/day, seven day/week coverage by social work/case management staff to provide emergency on-call services to children and their families after hours and on weekends and holidays.
- Coordination with District Attorney, Sheriff's Department and Police Department on child abuse/neglect investigations that may result in criminal charges and court actions.
- Courtroom testimony when necessary in hearings for children in need of protective services or criminal hearings against adults who have been charged with crimes against children.
- Coordination with other community service providers including but not limited to schools, AODA counselors, medical service providers, law enforcement officers, domestic abuse shelters, mental health providers, and low income housing providers, to provide the best services for the clients of our unit.
- Homeless families, especially those with children, have been provided assistance through this unit, although this is not a mandated area of assistance.
- Summer programming for identified children that is structured to reinforce lessons taught throughout the school year, while providing fun filled activities that enhance the children's summer activities and lives in general.



<b>CHILDREN AND FAMILIES STATISTICS</b>							
	1999	2000	2001	2002	2003	2004	2005
Intake/Pager Responses	367	262	327	300	400	195	376
Child Abuse/Neglect							
Investigations	35	51	74	55	86	98	144
Children in Foster							
Home Care	27	25	30	24	26	25	17
Children in Kinship	22	24	27	25	22	21	21

2005 Intake/Pager responses were up significantly from 2004, but were more in line with the statistics during 2001-2003. One can only guess why the 2004 statistics were so out of line with the statistics from other years, but it appears that the 2005 numbers are more in line with the trend and there is no concern for the increase in numbers. During 2005, Wisconsin enacted new safety standards that this county interpreted as a need to investigate more of the calls we were receiving and at least offer services. This resulted in an increase in the number of investigations, but also decreases the chances of overlooking a potentially dangerous situation.

At the end of 2005, there were 19 children placed in an out of home situation of which 17 were in foster care and 2 were in a group care/residential care setting. Throughout the 2005 calendar year, there were 39 children in out of home care. Eighteen of those children were either reunified with their parents, attained guardianship status, went into independent living, or were placed in kinship care during 2005.

Child Welfare Indicator	Children & Families Attained Percentage	Federal Percentage Guideline
Time to Reunification	100%	76.2% or more
Re-Entry to Out-of-Home Care (OHC)	0%	8.6% or less
Placement Stability	90.0%	86.7% or more
Time to Adoption	n/a	32% or more
Recurrence of Child Abuse/Neglect	8.89% (4)	6.1% or less
Recurrence of Child Abuse/Neglect in OHC	2.2% (1)	.57% or less

Note: Richland County's performance is within federal guidelines in all but two indicators. It must be noted that with counties like Richland, who have small numbers of children in out of home care, even one incident, as occurred with the final category on the chart, can put a county out of compliance.

## JUVENILE JUSTICE SERVICES

Chapter 938, Wis. Stats. governs enforcement of juvenile justice in the state of Wisconsin and also the rules by which the Juvenile Justice portion of the Children and Families Unit functions. The unit serves juveniles who are at least 10 years of age and are less than 17 years of age and have allegedly violated a state or federal law as well as persons who are habitually truant as defined by Chapter 118.16.

The primary services provided in the area of juvenile justice follow:

- Receipt and processing of juvenile referrals from law enforcement agencies for criminal acts and from schools for habitual truancy referrals.
- Facilitating intake inquiries, and the required statutory paperwork involved, including the notice of rights and possible disclosures, deferred prosecution agreements, and/or referral to District Attorney for prosecution.
- Court appearances at initial appearances, status hearings, plea hearings, dispositional hearings, fact-finding hearings, extension hearings, waiver hearings, etc.
- Facilitation of interviews with families for the purpose of completion and preparation of dispositional court reports.
- Preparation of dispositional court reports and recommendations to the court, including a plan for treatment and rehabilitation.
- Case management, including juvenile ongoing supervision and reporting to the court for sanctions of rule infractions and resulting hearings.
- Coordination of services necessary to facilitate completion of court orders.
- Collection and payment of restitution to victims of criminal offenses.
- On-sight urine analyses for detection of drug use for drugs ranging from marijuana to opiates, methamphetamine, and cocaine. Ability to send urine specimens into drug laboratory for drug level detection.
- Electronic monitoring with or without GPS ability to assist caretakers with structure and guidelines for curfew and monitoring of their juvenile.
- Out of home placements in cases when it has been deemed necessary for the good of the child/family or safety of the community.
- Coordination with foster parents, group home, residential facility, etc. to determine progress and plan for or against reunification.
- Permanency planning for juveniles who have been placed out of the home with a provision of services to allow for the best opportunity for reunification of the juvenile and family.
- Independent living services for juveniles who have been placed out of the home for more than 6 months and have reached the age of 16 years, to enhance their transition to living independently as young adults.
- Summer Employment Programming that assists juveniles with locating employment, completing employment applications, and once employed assists with transportation to and from job site.

### JUVENILE COURT INTAKE STATISTICS

Referrals by Type and Number	1999	2000	2001	2002	2003	2004	2005
Disorderly Conduct	22	11	12	21	20	19	9
Possession THC/Drug Paraphernalia	n/a	n/a	n/a	n/a	n/a	15	2
Criminal Damage to Property	20	14	13	12	4	14	21
Theft/Burglary	32	13	15	20	14	12	10
Battery/Assault	14	11	16	15	18	11	3
Habitual Truancy	42	7	4	6	2	6	8
Operating Motor Vehicle Without Consent	4	5	3	1	6	6	3
Sexual Assault	5	2	5	2	0	5	5
Shoplifting	3	6	3	4	2	0	0
Criminal Trespass	n/a	n/a	n/a	n/a	1	1	0
Others	41	20	22	18	23	7	11
<b>TOTALS</b>	<b>183</b>	<b>89</b>	<b>93</b>	<b>99</b>	<b>90</b>	<b>96</b>	<b>72</b>

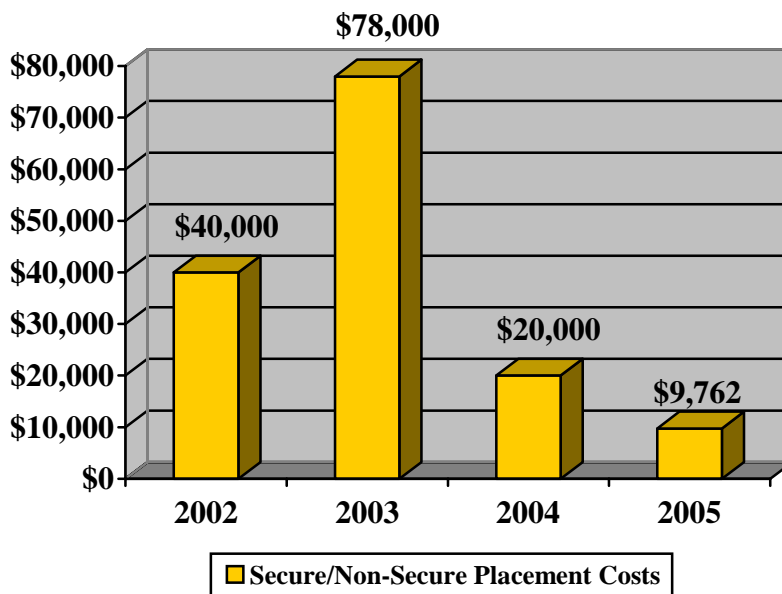
Juvenile justice statistics show a significant decrease in total intakes since 1999, which is as far back as records can be studied. While many nationwide trends indicate a general decrease in crime statistics, this is a dramatic decrease and one can only hypothesize why such a dramatic decrease exists. Indeed, the 2005 intake number is approximately one-third of the number of intakes during 1999. While a rehabilitative focus has continued to exist within the juvenile justice system and proactive measures have been implemented, swift and effective sanctions have also been utilized, and this combination may be a major factor in the reduction in numbers. This factor coupled with the use of electronic monitoring and random on-site urine analyses for drug use may also have implications in the reduction. One can only guess at the reason for the dramatic decrease at this point, and we will have to continue to watch statistics for the next years to see if this is a fluke or a trend in Richland County.

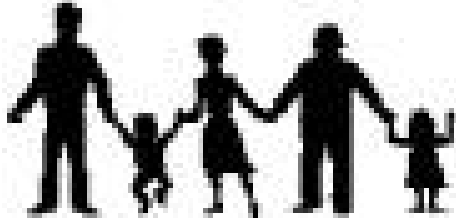


In addition to a decrease in total numbers, one can see that drug offenses and violent offenses are both down. The table below indicates that the number of repeat offenders also shows a significant decrease. This may be the main factor in the decrease in juvenile referrals, as the number is less than half and close to one-third of prior years.

<b>DISPOSITION OF REFERRALS</b>				
	2002	2003	2004	2005
Court Action	51 (30 repeat offenders)	52 (26 repeat offenders)	52 (24 repeat offenders)	25 (10 repeat offenders)
Deferred Prosecution Agreement	25	22	14	21
Referrals to Other Counties	12	4	10	10
Waived to Adult Court	n/a	n/a	8	3
Dismissed/Lack of Juris	4	8	6	8
Ordinance Violations	2	1	4	5
Closed and Counseled	4	3	1	0
Closed/Other	1	0	1	0
<b>TOTALS</b>	<b>99</b>	<b>90</b>	<b>96</b>	<b>72</b>

Secure placement is utilized more often as a sanction in Richland County than a non-secure placement and is not utilized unless it is absolutely necessary. As one can see by the graph below, the use is not out of hand and the expenditure is less in 2005 than in 2004, and continues to be utilized much less than in years prior. It has been discovered that other types of sanctions can be less expensive and more effective in some situations. Specifically, electronic monitoring has been found to be an effective replacement if the child is felt to be a good candidate.





## Foster Care in Richland County

How does a child enter a foster care situation?

A child enters foster care if: a) there is a substantiated abuse/neglect allegation and b) an in-home safety plan cannot be established.

If there is a fit and willing relative who will allow the child to reside in their home a kinship placement will be implemented instead of foster care.

A child is taken into temporary physical custody and a hearing is held to determine if the out of home placement is appropriate. The Court decides if the placement is warranted. As per the American Safe Families Act (ASFA), the agency must provide evidence that removal of the child was in the child's best interest, and that reasonable efforts were made to avoid removal.

**Number of County Licensed Foster Homes: 15**

**Number of County Licensed Treatment Foster Homes: 3**

### **Criteria for licensure through Richland County as a Treatment Foster Home:**

- a) Hold, or be eligible to hold a license as a regular Richland County foster home.
- b) Completion of 36 hours of PACE training.
- c) Two years of actual experience as a foster home for the target population specified (i.e. adolescents age 12 or over).
- d) Completion of 16 hours additional training per year to maintain the treatment foster care license (training approved by C&F Coordinator).

Treatment foster care indicators are if the child has a diagnosed mental health issue, has a developmental disability, has a child protection and/or juvenile justice issue, or has a physical disability and cannot be maintained in a regular foster home setting.

**CONCURRENT PLANNING:** As governed by ASFA; when children are placed in foster care, the primary goal is reunification, however the agency must also establish a concurrent goal, so a plan is established if the primary goal cannot be met.

# CLINICAL SERVICES UNIT

## Mission Statement

*To the community...*

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

*To individuals and families...*

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

Clinical Services provides a continuum of behavioral health services to Richland County residents including helping individuals and families who are experiencing acute emotional crises, supporting recovery from addiction or short-term mental health issues, and providing long-term assistance to those coping with persistent mental illnesses and substance use disorders.

*Without treatment the consequences of mental illness and addiction for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness and addiction is more than 100 billion dollars each year in the United States. (National Alliance for Mental Illness)*

## RECOVERY

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

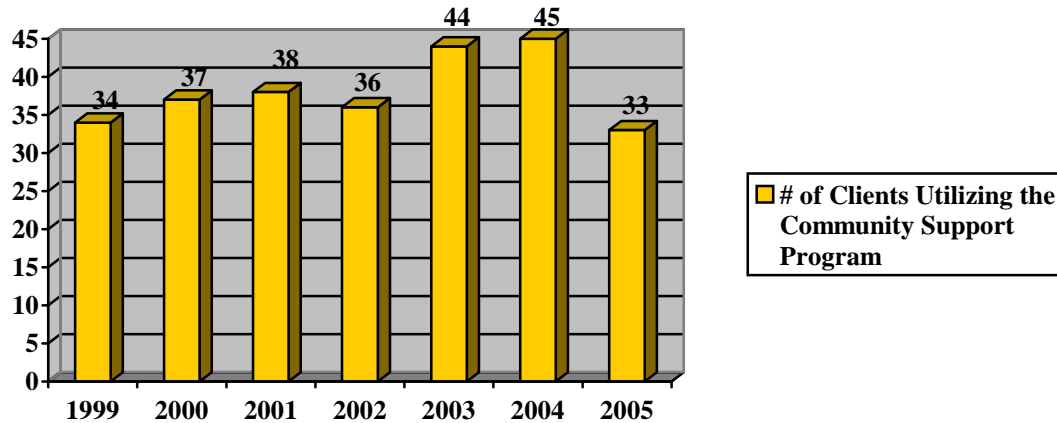
All programs in Clinical Services strive to promote a recovery philosophy so that individuals and families can pursue their hopes and dreams and minimize the impact of mental illness, addiction and trauma on their lives.

## COMMUNITY SUPPORT PROGRAM

The Community Support Program (CSP) is a state certified long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. Some have described CSP as a *Hospital without Walls* that



provides a support team of professionals to work in the community with consumers to help them live as independently as possible. With assistance, people with serious mental illnesses can live very productive lives being involved with their families, working at jobs, volunteering, and making a contribution to their communities. The CSP provides an assertive treatment model including supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation. The number of consumers served in CSP decreased in 2005 as a result of some individuals transferring to the new Comprehensive Community Services program.



## COMPREHENSIVE COMMUNITY SERVICES

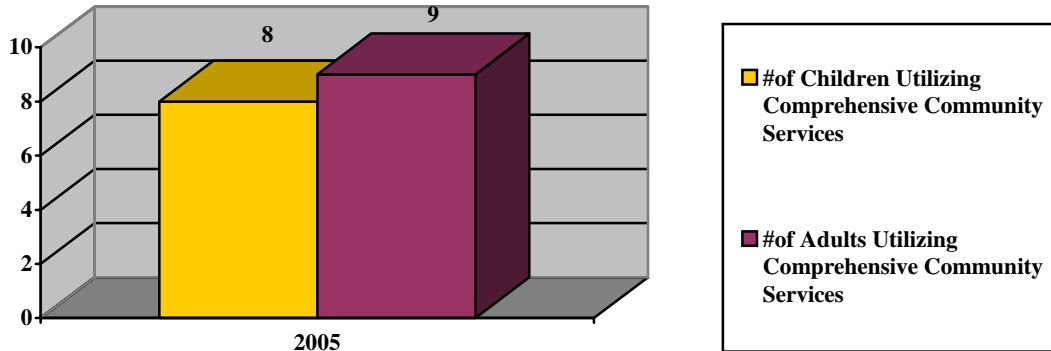
Comprehensive Community Services (CCS) is a new state certified Medicaid mental health and substance abuse program that serves adults and children across the lifespan. On January 1, 2005, Richland County became one of the first counties in the state to be certified to provide this new program.

CCS provides psychosocial rehabilitation services to consumers who have needs for ongoing services resulting from mental health or substance use disorders, but are not in need of the more intensive Community Support Program (CSP) services. This new program allows Richland County to increase access to needed supportive services for children, adolescents and adults, including older adults with mental health or substance use disorders. CCS uses a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based. The intent of the CCS services and supports is:

- To provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders.
- To restore consumers to the best possible level of functioning.
- To facilitate their recovery.

Richland County's implementation plan for this new program initially targeted consumers who were living in placements such as treatment foster homes; adult family homes; adolescent group homes; and community based residential facilities (CBRFs). This first phase was implemented in 2005 and

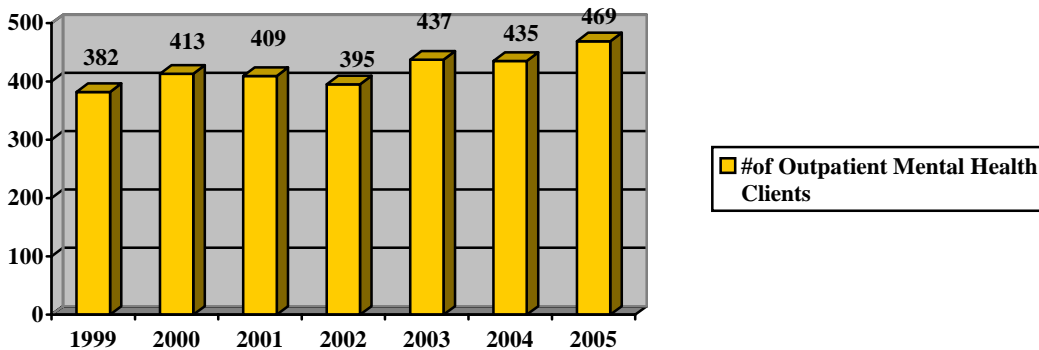
17 consumers were admitted to the program. In 2006, the implementation plan will expand to allow any eligible consumer to be admitted. CCS is expected to substantially grow in the next year with its full implementation.



## OUTPATIENT CLINIC

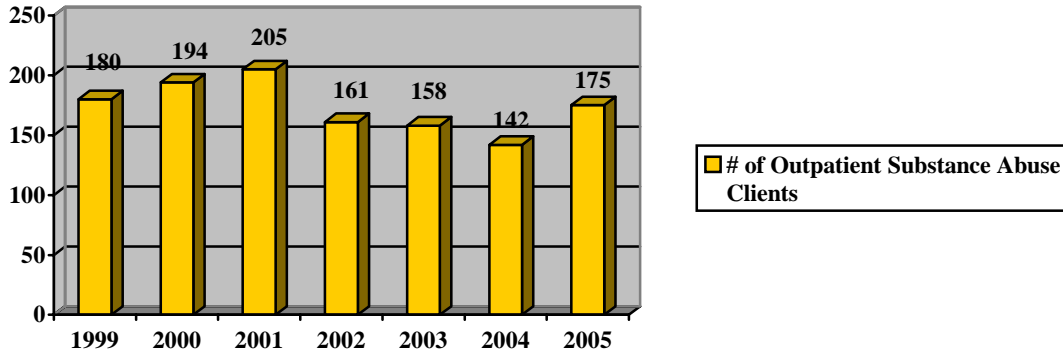
The Outpatient Clinic holds state certifications for outpatient mental health and outpatient substance abuse treatment services. People who encounter problems, life situations, or addiction that cause emotional distress or difficulty coping may seek help at the Outpatient Clinic.

Mental Health Services: Mental health professionals provide psychotherapy, psychiatric care, and psychological testing & evaluation. People may receive services in more than one area of service. In 2005, licensed clinical therapists provided psychotherapy services to 262 individuals for a variety of issues including depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life situations and coping with mental illness. Psychiatric care and medication management was provided to 279 people. Psychological testing and evaluations were provided to 38 people. Below is the total number of unduplicated consumers who received outpatient mental health services. Except for a decline in 2002, the need for mental health services has continued to increase over the last six years.



Addiction Services: Addiction counseling is a very specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2005, a certified

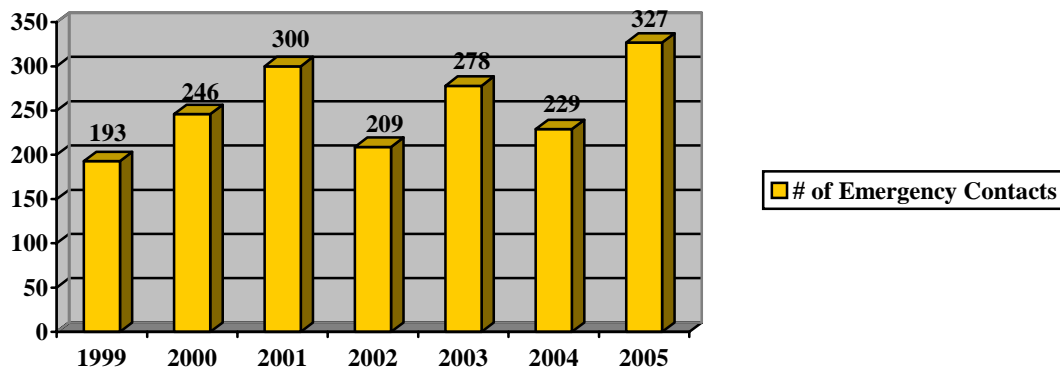
substance abuse counselor provided assessment, referral and treatment to 175 adults and teens struggling with substance abuse and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group was offered throughout the year. After a steady decline in the number of consumers receiving substance abuse services since 2001, the Outpatient Clinic saw a significant increase in 2005.



## CRISIS INTERVENTION SERVICES

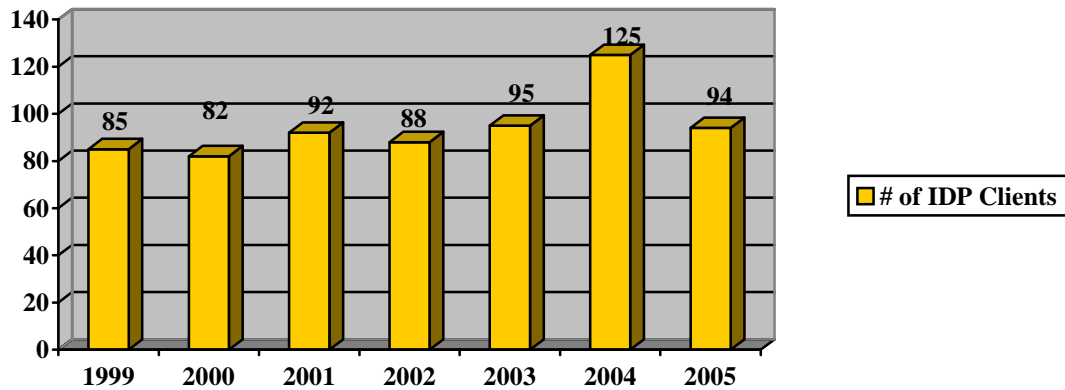
The state-certified Crisis Intervention Services provided an emergency telephone service and on-site crisis intervention during and after office hours in order to:

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



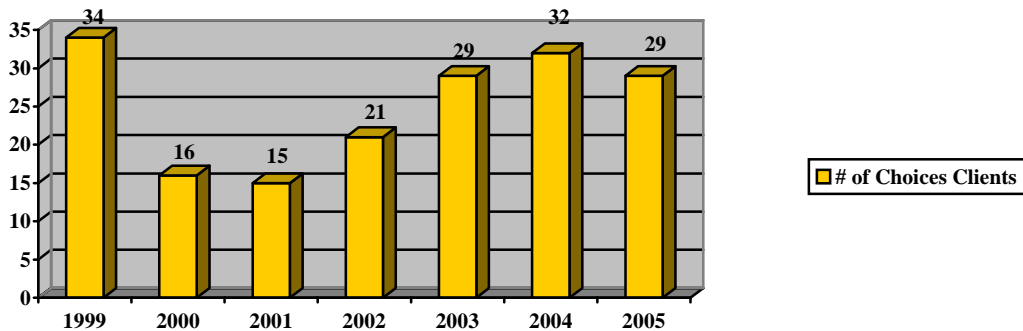
## INTOXICATED DRIVERS PROGRAM

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. After providing a record number of IDP Assessments in 2004, the assessments provided has dropped back down in 2005.



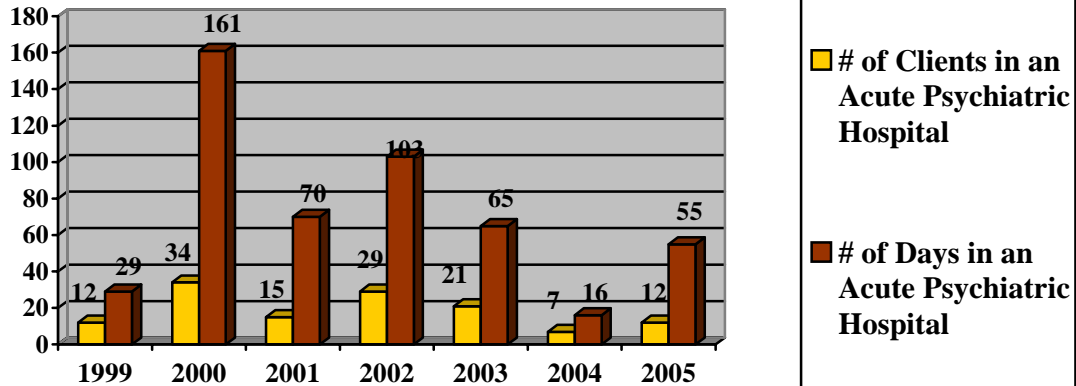
## CHOICES

Choices is a program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option is offered by the court and allows first offenders an opportunity to keep his or her drivers license and avoid a conviction record. The four-week educational group program is intended to get participants to look at how the use of alcohol and other substances affects their lives. Clinical Services provided four Choices series in the 2005 calendar year.

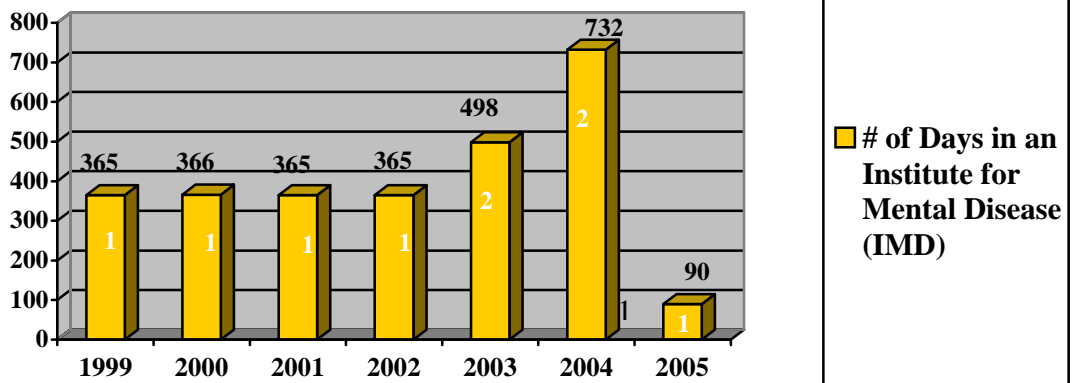


## INPATIENT PSYCHIATRIC SERVICES

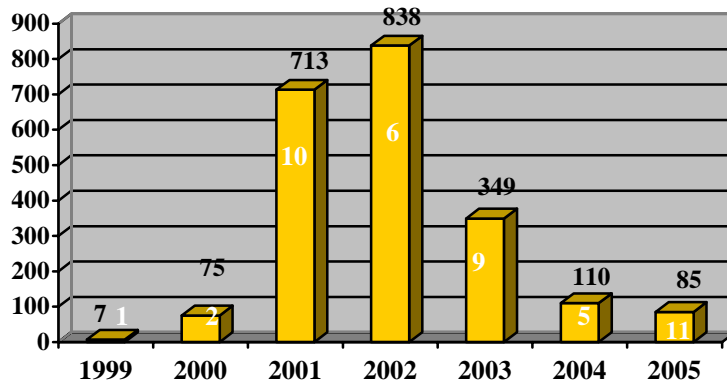
Health And Human Services contracted with Boscobel Area Health Care and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. The number of patients and days of stay are shown below for hospitalizations funded by the County.



For long-term care and treatment needs, Richland County has placed individuals at Trempealeau County Health Care Center, an Institute for Mental Disease (IMD), and at two mental health institutions: Mendota Mental Health Institute and Brown County Mental Health. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring longer-term treatment. Some years few individuals require this level of care, and other years, several people may have this need. In 2005, largely due to supports available through the new CCS program, Health and Human Services was able to transition two consumers out of the IMD and into community placements.



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

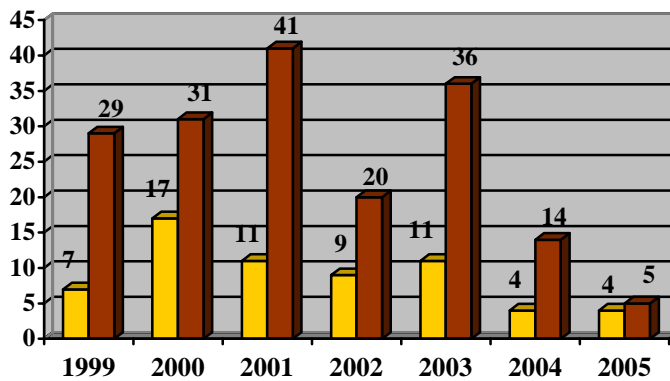


■ # of Days in a Mental Health Institute

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

## DETOX SERVICES

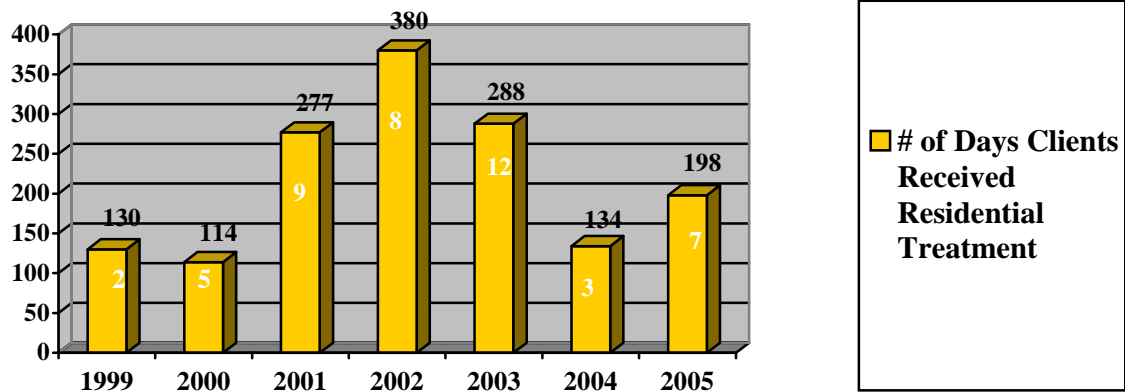
Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous and requires medical attention for individuals who heavily abuse alcohol. Richland County contracted with Boscobel Area Health Care and Tellurian, UCAN, Inc. for detox services in 2005. There was a significant decrease in county-paid detox services for the year.



■ # of Clients in Detox  
■ # of Days in Detox

## RESIDENTIAL TREATMENT SERVICES FOR SUBSTANCE USE

Residential treatment is an intense form of substance abuse treatment where an individual lives at the facility while receiving treatment services. A thorough outpatient substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. Health and Human Services contracted with Gundersen Lutheran Healthcare and Tellurian, UCAN, Inc. for residential treatment services to fund treatment for seven individuals in 2005.



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

## PREVENTION, EDUCATION, CONSULTATION AND OUTREACH

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

In 2005, Clinical Services participated with other community partners in a special project that was spearheaded by Court and Community, Inc. The project involved presenting a series of mental health seminars to educate area professionals and community members about mental health issues. Two seminars were presented in 2005 on Mood Disorders and Anxiety Disorders. Two additional seminars were planned for 2006.

Various Clinical Services staff were also active in planning prevention and wellness activities in 2005 as members of the Richland County Professionals for the Prevention of Child Abuse, NAMI Richland County, Richland Community Coordinated Response and Interdisciplinary Team, and the Richland County Council on Drugs and Alcohol. Clinical Services also provided a Student Assistance Program (SAP) to UW- Richland for students experiencing emotional difficulties.

## COURT RELATED SERVICES

A variety of court related services were provided in 2005, including the provision of court ordered evaluations for Chapter 51 Mental Health Commitment hearings, Chapter 55/800 Guardianship/Protective Placement hearings, and Chapter 48 and 938 Child Protection and Juvenile Justice hearings.

# ECONOMIC SUPPORT UNIT

## Mission Statement

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

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

## PROGRAMS ADMINISTERED

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

Introducing "A Recipe for Good Health." FoodShare Wisconsin is today's food and nutrition program designed to help create a healthier Wisconsin. It is a recipe for good health, based on the modern version of the old federal food stamp program. FoodShare provides wider access, ease of use, and information about good nutrition. FoodShare Wisconsin replaced the Food Stamp Program in Wisconsin on October 15, 2004.



Wisconsin QUEST Card: Each household receives this card to access their benefits using a pin number, which is similar to a debit card.

ACCESS is a quick and easy way for people in Wisconsin to get answers to questions about health and nutrition programs. Using the following Website individuals can inquire about their potential eligibility to the FoodShare program.

The Website for Access is:

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

Other FoodShare related Website addresses:

DHFS website

<http://dhfs.wisconsin.gov/>

Nutrition/Hunger Program

<http://dhfs.wisconsin.gov/programs/nutrition.htm>



715 households received Food Share in 2005, totaling \$929,232.  
In those households, 791 children and 984 adults were served.  
Richland County paid an average of \$77,436 in benefits per month.

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## MEDICAL ASSISTANCE PROGRAM

### **Who is eligible?**

Citizen's of the United States or an "eligible" person, who meets the financial eligibility requirements, and are in one of the following categories: A relative caretaker of a deprived child\*. Pregnant, Under age 19, Age 65 or blind or disabled. Medicaid is an entitlement program. \*A deprived child is a child who has one or both parents absent from the home or has both parents in the home but one parent is incapacitated, unemployed, or an offender working without pay. The caretaker must be a relative of the child to be covered by Medicaid.

Beginning in the summer of 2006, individuals will be able to apply using the Access system (see FoodShare for this website). Currently individuals may apply by phone, mail or in person.

In December, Richland County received \$1,889,589 and  
2,825 individuals received services for the month.



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## MEDICAL ASSISTANCE TRANSPORTATION

The dictionary describes: **trans-por-ta-tion** as 1: an act, process, or instance of [transporting](#) or being [transported](#) or 2: means of conveyance or travel from one place to another.

Medical Assistance clients must have transportation to obtain the services they need. In rural communities it is difficult to receive this service. Some individuals have family or friends who assist them, but many also use our local volunteer drivers. Based on the Medical Assistance rules, drivers may be reimbursed for the transporting of Medical Assistance Clients.

**\$56,750.56 was reimbursed to drivers for 2005.**

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## FAMILY CARE

Family Care is a voluntary long term care managed program. The program is an entitlement just like any Medicaid Card service. If you are functionally eligible, you are entitled to the program without waiting. Designed to improve the quality of life for elderly and people with physical or developmental disabilities, Family Care offers members: a flexible long term care benefit package; improved access to services; customer-centered care and understandable and responsive services and options.

In order for Family Care to succeed it takes many units. Richland County has made this program successful with the help of staff in the Resource Center, Economic Support, the Enrollment Counselor and the Care Management Organization. Staff hold weekly meetings to ensure good communication about cases coming into the program and any concerns/policy clarification. The Economic Support Unit determines the non-financial and financial eligibility of potential members based on information received from the Resource Center and potential members or their representatives. The specific responsibilities include:

- Conducting a pre-screening eligibility and setting the filing date of potential eligibility.
- Determining Medicaid and Family Care Eligibility.
- Determining cost shares and spend down amounts.
- Certifying individuals.
- Consulting with the team in Long Term Support as issues arise.

When the program began January 1, 2001 it was anticipated we would meet the needs of about 300 individuals.

In December 2005, our enrollment was 324.

Based on state wide data, this number would constitute one worker's caseload.

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## WISCONSIN WORKS W-2

W-2 is Wisconsin's TANF block grant program for families with dependent children. It replaced the Aid to Families with Dependent Children (AFDC) Program. Individuals who meet program eligibility requirements are maintained in the Work Programs system.

The number of individuals who are served with this program remains low, but the amount of time that is needed to case manage these cases remains high. The program provides a wide range of employment services and training to help residents get and keep employment. Included with the training are work sites that offer our participants an opportunity to learn the skills needed to obtain employment.

Richland County continues to partner with the consortium counties (Green, Lafayette, Iowa and Grant) to administer this program. The current contract with the State of Wisconsin is for the 2006-

2009 period. To continue administering the program, counties are required to meet performance standards set by the Department of Workforce Development. Website for DWD: <http://www.dwd.state.wi.us/default.htm>.

Unemployment rates for Richland County W-2 clients in December of 2005 was 4.5%, an increase from 3.6% in December of 2004.

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## DAY CARE ASSISTANCE

The Economic Support Unit determines eligibility for Day Care Assistance. In order to receive assistance, eligible families must be in work, work-related or school/training activities. In most cases, families are responsible to pay for part of the child care costs, based on a sliding fee schedule, to the child care provider.

The agency also maintains the responsibility for certifying Day Care facilities. The following information is related to that role. Packets are also available at our receptionist desk for interested individuals on the process.

Background on Day Care Certification: State law requires counties/tribes to certify providers who receive public funding but are exempt from the licensing law. Most counties have made certification available for all family day care providers, whether or not public funding is involved. The Department of Workforce Development promulgates rules establishing standards for the certification of childcare providers.

### Benefits of Day Care Certification

- Provider is able to care for Wisconsin Shares subsidized children.
- Provider may participate in the Child and Adult Care Food Program.
- Provider may get parent referrals from Child Care Resource and Referral Agency.

In 2005, 70 families we assisted monthly with their Day Care costs, totaling \$323,375.

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## WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

Who is eligible for Wisconsin Home Energy Assistance (WHEAP) and Weatherization services? Anyone who has a gross income less than 150% of the poverty limits and has an energy burden. To have an energy burden you must either pay directly for your heating, it is included in your rent, or you heat with wood. Richland County refers all interested individuals for weatherization also.

The program runs from October 1<sup>st</sup> through May 15<sup>th</sup> and applicants are seen by appointment to determine their eligibility. The agency also administers the crisis part of the program, which includes furnace repair and replacement. Staff is on call after hours to respond as needed in crisis situations.

Federal fiscal year 2005, 696 households received assistance for a total of \$208,798.  
187 households received Crisis Assistance, totaling \$25,882.

The Website for home energy plus is: <http://www.homeenergyplus.wi.gov>



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## GENERAL RELIEF

General Relief is assistance extended by the county on behalf of needy individuals and families who have exhausted their resources for support. It is intended to be of a temporary nature for an emergency period only. Many individuals who receive General Relief are awaiting a disability decision from Social Security or SSI. Clients sign a repayment agreement to receive General Relief and, if they are awarded Social Security or SSI, the agency receives refunds whenever possible.

In 2005, \$17,032 was expended to assist 24 individuals.

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## FRONT END VERIFICATION / FRAUD PROGRAM

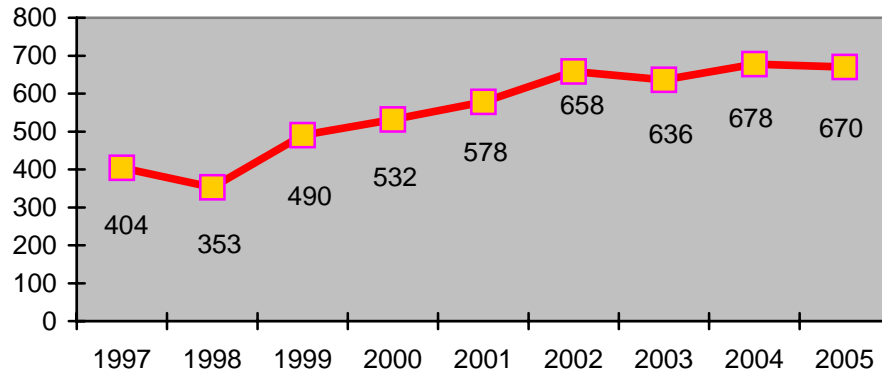
It is not vital that the county ensures only eligible persons receive assistance it is the law. The State of Wisconsin mandates that we administer a prevention program as well the fraud part of the program. Under the FEV (Front End Verification) Program the workers of the unit refer households for further review. The criteria are based on information that might indicate a higher chance of unreported situations. The agency has been able to prevent fraud by the up front portion of this program.

There were 47 referrals to the Front End Verification Program and 1 fraud referral in 2005.

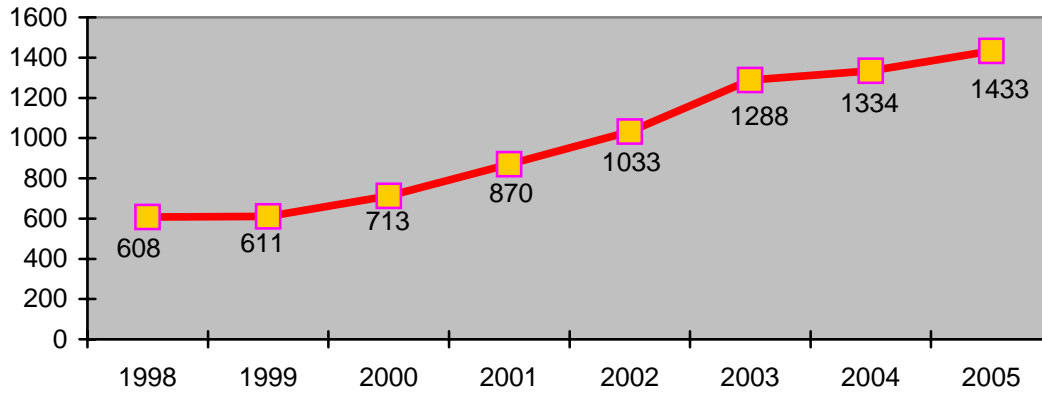
There were 11 overpayments and no fraud convictions.

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### ECONOMIC SUPPORT UNIT INTAKES



### ECONOMIC SUPPORT UNIT STAFF CASELOADS



# HEALTH, AGING & DISABILITY RESOURCE CENTER

## ELDERLY SERVICES UNIT

### Mission Statement

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

### PROGRAMS ADMINISTERED

Alzheimer's Family Caregiver Support Program (AFCSP)  
Benefit Specialist Program  
Driver Escort Program  
National Family Caregiver Support Program (NFCSP)  
Nutrition Program  
Volunteer Services

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

The Alzheimer's Family Caregiver Support Program was established by Legislature in 1985 under s. 46.78 Wisconsin Statutes and is implemented in accordance with administrative rules HFS 68. The funding is used to support the entire family of a person with irreversible dementia and the spouse or caregiver and encourage home and community based care. Statute requires a financial eligibility determination and a maximum household ability to pay determination. In addition, counties are required to calculate the actual service payment that may be made by the county for each household enrolled in the program on an annual basis.

In 2005, Richland County Health and Human Services' Elderly Services Unit received \$3,565 to support persons with irreversible dementia and their families. The funding was used for personal care and respite services and for the provision of a "Powerful Tools for the Caregiver" class that was held in June of 2005. Elderly Services retained the allowable 10% administration fee.

## BENEFIT SPECIALIST PROGRAM

The Elderly Benefit Specialist **1,007.75 hours** of direct casework and assistance in 51 different programs benefited **709 people** in Richland County in 2005. This program provided a **savings of \$995,913.13** to our county's area residents.

In 2005, the Benefit Specialist Program continued as the primary contact for the SeniorCare program by providing information and application assistance to the 638 seniors who enrolled in SeniorCare in Richland County.

The Benefit Specialist program launched a massive outreach campaign to inform the seniors of Richland County about the Medicare Part D Program by providing over 85 presentations, news articles, cable TV, and radio interviews. The Benefit Specialist and the District Manger of the LaCrosse Social Security Office provided training on the Medicare part D program to social workers, case managers, and other interested professionals in August of 2005.

Benefit Specialist client records were moved to a new computer program called SAMS (Social Assistance Management Software). This change was required to comply with Sate and Federal reporting requirements.

In May of 2005, the Benefit Specialist Program was required to use another web-based reporting system called SHIP (State Health Insurance Assistance Program), in addition to SAMS, to report health benefits/health insurance related client contacts. This same system was also used to report outreach, community education, newsletter articles or media activity.

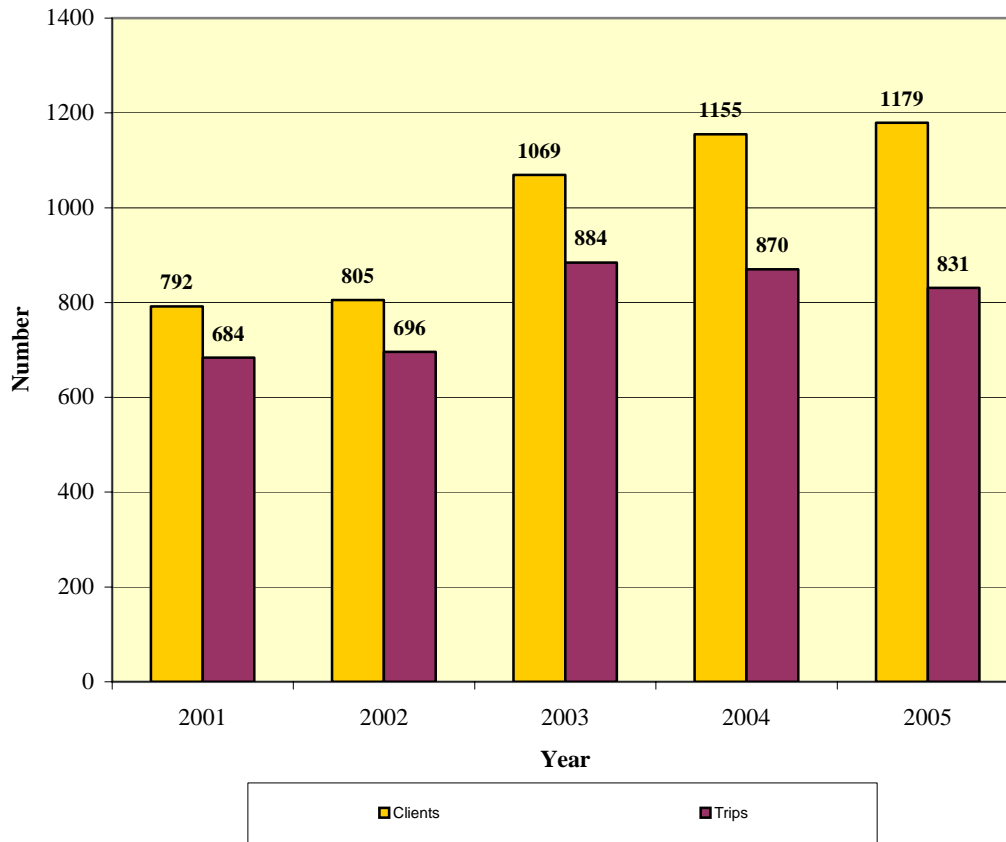
The Benefit Specialist Program is a free service to those 60 and over, but donations are always encouraged as there is limited Federal, State, and County funding.

## THE DRIVER ESCORT PROGRAM

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

In 2005, the Driver Escort Program had on average 16 volunteer drivers that provided a total of **831 trips** to **1,179 clients** traveling **71,803 miles** and taking **4,661.25 volunteer hours**. This program is primarily funded through the s.85.21 Department of Transportation Grant for Specialized Transportation, as well as receiving reimbursement through Medical Assistance, Family Care, and fees collected from private pay clients. Since this is not an Older Americans Act Program, we charge set fees for each trip. There is an effort to keep the cost of our trips down by placing more people into our volunteers' vehicles for longer trips.

### Trend of Clients and Trips 2001 - 2005



### NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Minimal guidelines were established by the Administration on Aging to allow states to quickly expand existing caregiver programs operating under the Older Americans Act. There are five basic components to the National Family Caregivers Support 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.

The funds may be used to 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 (60+).



The only restriction on these funds is that they cannot be used for a participant who is receiving Alzheimer's Family Caregiver Support Program funds or someone who is eligible to receive respite under Home & Community-based Services (including Family Care). There is no cost share for Family Caregiver Support Program services.

In 2005, these funds were used to provide funding to the Resource Center to provide information and assistance to family caregivers and to provide short-term respite care. There is a 14-day per calendar year limit per client on the amount of respite care that can be provided.

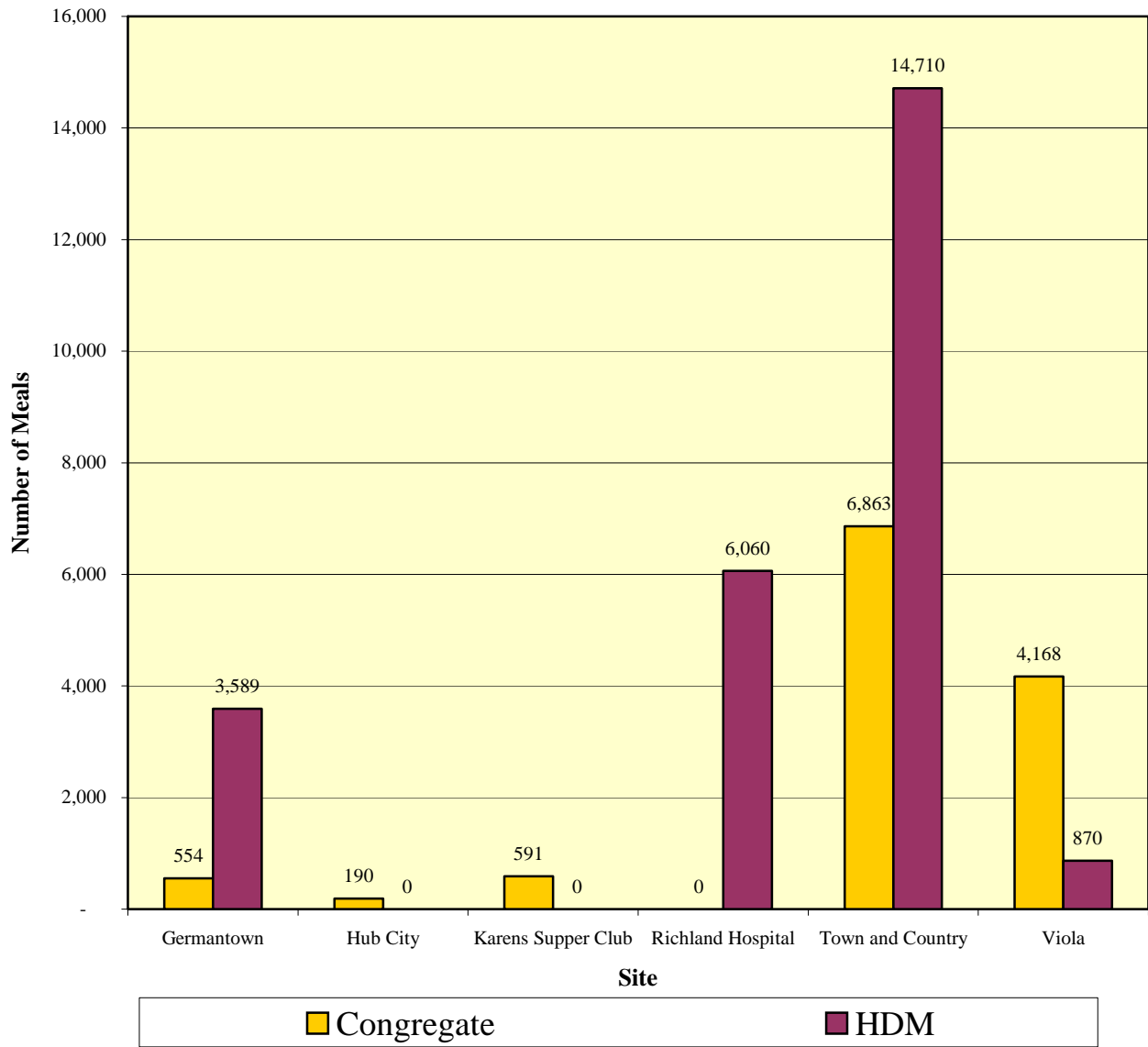
## NUTRITION PROGRAM

The Nutrition Program is a five-day per week noon meal program that provides one-third (not 100%) of the elderly citizen's daily nutrition requirements and allows an opportunity for fellowship, socialization, and education. The program is for those over the age of 60, their spouses (of any age), and younger handicapped people (as funding permits) on a donation only basis. All others are welcomed to attend the meal sites but must pay the \$6.00/meal charge. Home Delivered Meals are available in Richland Center on the weekends.

In 2005, the meal sites collected **\$62,193.70 in donations**. There was also **\$63,432.00 in Family Care revenue**, which covers the cost of delivering those meals. The remaining revenue was received from State and Federal funding, which includes Nutrition Services Incentive Program funds (previously U.S.D.A.). There were **10,632 meals** served to Family Care members at \$6.00/meal reimbursement and **37,603 meals** served to non-Family Care members with an average donation of \$2.41/meal. The average cost per meal was \$6.05.

The chart below shows the meals provided by site in 2005. Because of damage to the church from the tornado that struck Viola in August, the Viola site moved to the Village Office building. Max Goessel, owner of the Home Plate, decided to discontinue congregate meals at his restaurant. We regretfully were forced to close the Hub City meal site at the end of 2005. Karen's Supper Club continues as a congregate site serving one day per week and the Richland Hospital provides our Home Delivered Specialized Diet meals and does not include a congregate site. Our Viola site is the only site that provides more Congregate than Home Delivered meals. Viola is a close-knit community and the more active seniors assure that the homebound seniors in Viola have a ride to the site. Overall, we are providing more and more Home Delivered meals each year with growth in congregate meals only at our newest site at the Town and Country Presbyterian Church in Richland Center.

## Meals Delivered in 2005 by Type and by Site



# HEALTH, AGING & DISABILITY RESOURCE CENTER

## PUBLIC HEALTH UNIT

### Mission Statement

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

## PUBLIC HEALTH PROGRAMS AND SERVICES

### Communicable Disease

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

### Maternal Child Health Programs

Postpartum Home Visits  
Prenatal Care Coordination  
HealthCheck  
Fluoride

### General Public Health Programs

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

### Environmental Health

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

### Preparedness and Response

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## COMMUNICABLE DISEASE

**Immunizations:** All routine childhood immunizations are available at no charge to the general public. Public Health receives its vaccine from the Bureau of Public Health and provides immunization clinics in Richland Center and two evening clinics each month. The immunization clinic that was held in Lone Rock was cancelled in the fall of 2005 due to poor attendance.

Adult Td is provided free of charge at all clinics and after injuries, as needed. Adult Hepatitis B and Meningitis vaccine is purchased by Public Health and provided at a nominal fee. Hepatitis A vaccine is provided free of charge to close contacts of persons with Hepatitis C. The Bureau of Public Health provides this vaccine. Two thousand six hundred three vaccines were provided at 1996 client visits.

2005 Immunization Statistics:

<b>Immunization</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>	<b>2001</b>	<b>2000</b>	<b>1999</b>	<b>1998</b>
Comvax	57	74	89	74	94	64	5	n/a
DtaP	148	194	210	217	238	204	275	353
Hepatitis A	0	0	1	0	0	0	0	0
Hepatitis B	31	52	125	421	29	711	848	1245
Hepatitis B (Adult)	62	110	82	n/a	n/a	n/a	n/a	n/a
Hib	27	33	18	21	143	69	177	243
Influenza	1708	1580	1480	1650	1160	1289	1632	1289
MMR	86	107	131	125	238	137	171	215
Pneumonia	63	85	97	66	96	128	175	100
Polio	120	138	166	170	208	163	224	295
Prevnar	107	96	107	65	639	n/a	n/a	n/a
Td	117	133	127	185	208	169	245	234
Varicella	65	95	63	93	70	69	80	132
Menactra	11	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Total</b>	<b>2603</b>	<b>2697</b>	<b>2696</b>	<b>1371</b>	<b>1682</b>	<b>1586</b>	<b>2025</b>	<b>2717</b>

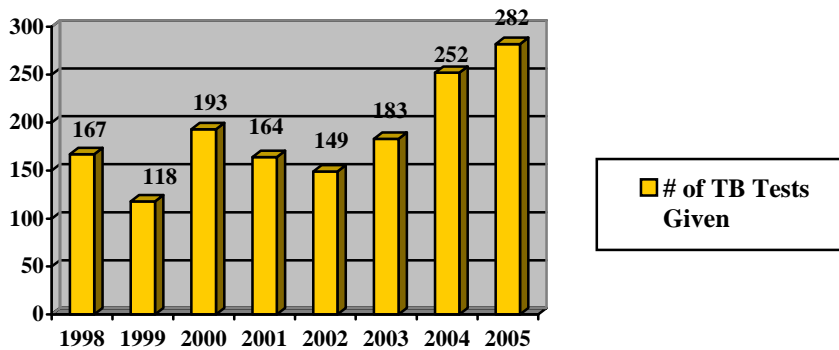
**Communicable Disease Investigation and Follow Up:** Public Health provides education about communicable disease, and investigation and follow up of reportable communicable disease.

2005 Communicable Disease Statistics:

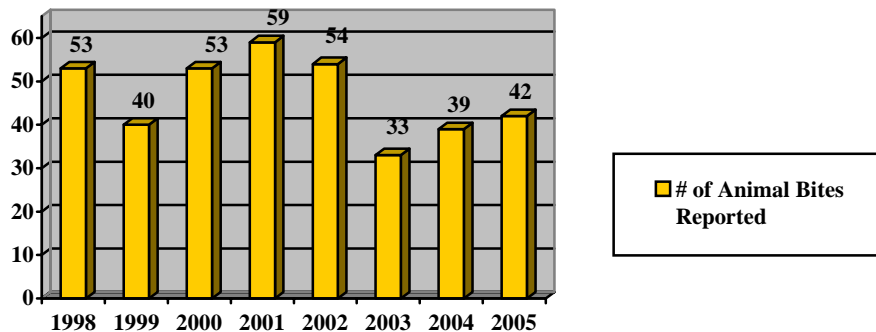
<b>Reportable Disease</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>	<b>2001</b>	<b>2000</b>	<b>1999</b>	<b>1998</b>
Camphylobacter	8	6	3	3	2	3	4	2
Chlamydia	22	21	31	21	14	11	8	11
Cryptosporidium	7	5	7	5	6	7	8	6
E.Coli 0157:H7	2	0	4	0	0	0	0	0
Giardia	5	4	3	1	6	7	2	2
Gonorrhea	1	0	1	0	1	1	1	0
Hepatitis A	0	0	0	0	0	0	0	0
Hepatitis B	1	0	1	0	0	0	1	0
Hepatitis C	6	3	4	5	3	2	1	2
Herpes	7	2	5	4	0	1	0	0
Histoplasmosis	0	1	1	0	0	0	0	0
LaCrosse Encephalitis	0	2	0	1	0	0	1	0
Legionella	0	0	0	0	0	1	1	1
Lyme Disease (reported)	n/a	n/a	n/a	39	15	17	5	9

Lyme Disease (verified)	46	52	25	37	13	8	3	8
Measles	0	0	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0	1	0
Meningitis (Viral)	1	0	0	0	0	2	1	1
Mumps	0	0	0	0	0	0	0	0
Pertussis	3	20	1	2	2	1	0	2
Salmonella	3	2	4	2	3	5	6	10
Shigella	0	0	1	0	0	0	0	0
Syphilis	1	0	1	0	0	0	0	0
West Nile	0	0	1	1	0	0	0	0

**Tuberculosis Prevention and Control:** Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. PHNs provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2005, three persons were on preventive medication and 282 persons received skin tests.

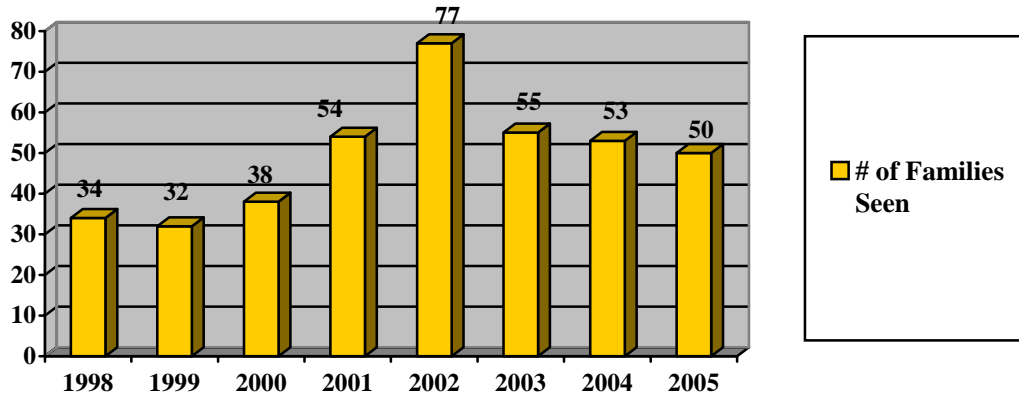


**Rabies Prevention and Control:** The County's Rabies Control Policy provides the procedures for law enforcement and public health follow up of animal bites/potential rabies exposure to humans. Investigation and follow up was provided on 42 animal bites in 2005.

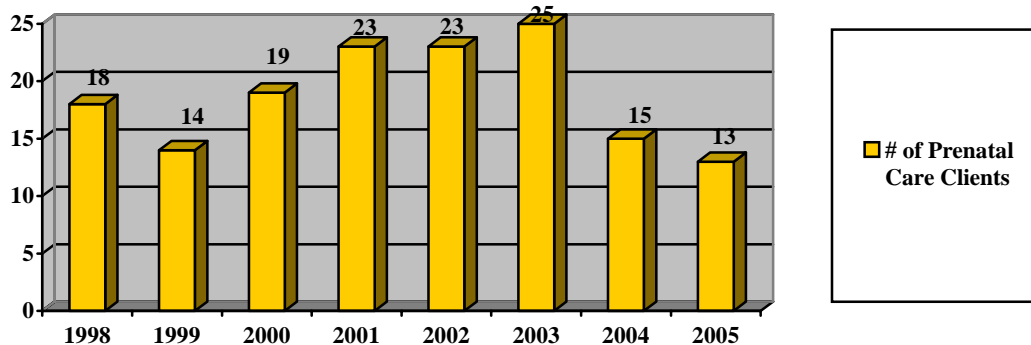


## MATERNAL CHILD HEALTH

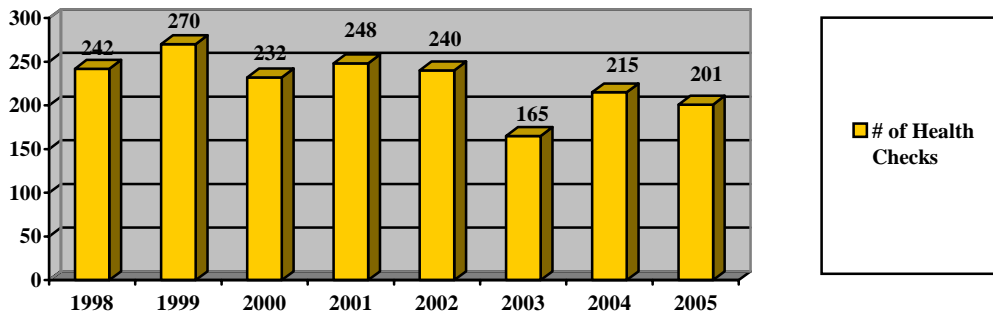
**Postpartum Home Visits:** Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Fifty families were seen in 2005.



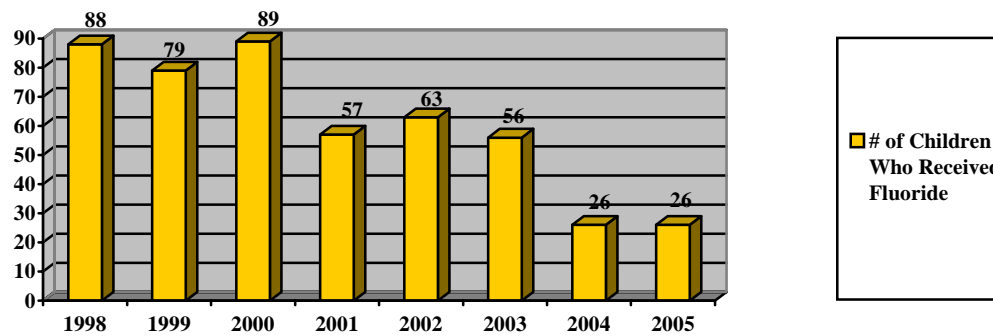
**Prenatal Care Coordination:** PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Thirteen women received prenatal care coordination services in 2005.



**HealthCheck:** Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages birth to 21 years. Medicaid provides reimbursement on a per client basis. Two hundred one HealthCheck assessments were completed in 2005.

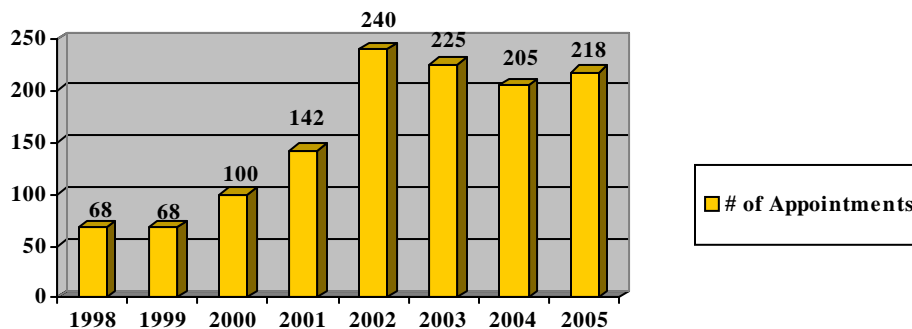


**Fluoride:** Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are provided free of charge to residents with private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2005, 26 children received supplemental oral Fluoride.



## GENERAL PUBLIC HEALTH PROGRAMS

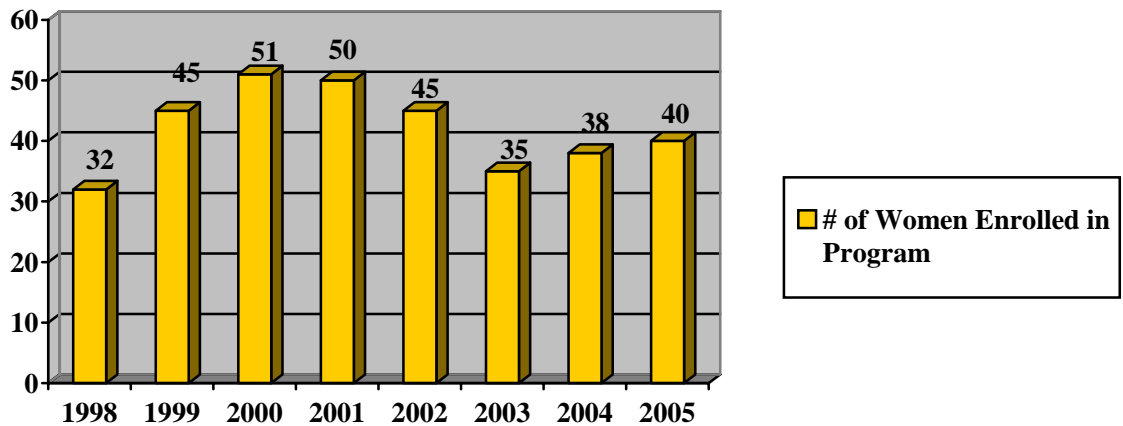
**Foot Care:** Foot and nail care are provided at a nominal fee for older or disabled adults who are unable to complete independent routine foot care. Two hundred eighteen foot care clinic appointments were completed in 2005.



**Loan Closet:** The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but returned if the equipment is returned within one month. In 2005, 163 Richland County residents borrowed equipment from the Loan Closet.

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

**Wisconsin Well Woman Program:** The Well Woman Program provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Forty women received screening through the Well Woman Program in 2005.



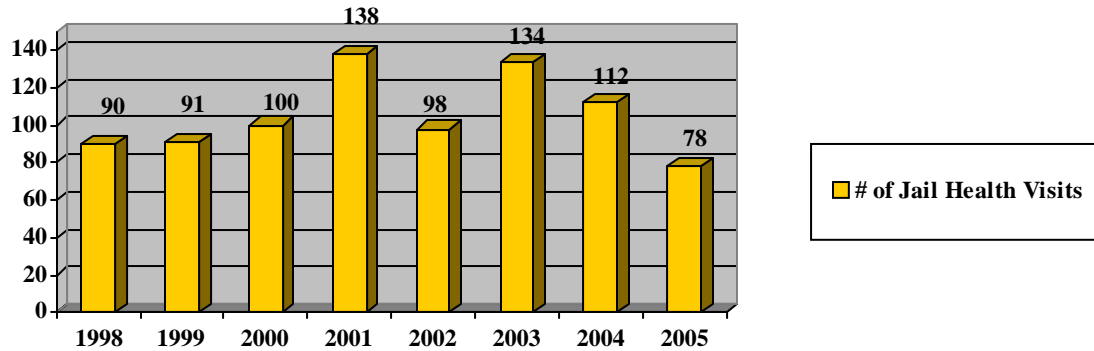
**Wisconsin Wins:** The Wisconsin Wins program involves coordination with the Sheriff's Department in conducting tobacco sales compliance checks. The program involves conducting compliance investigations at retail outlets to determine the prevalence of sales to minors and intervention activities directed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

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

**Jail Health:** Non-emergency health care for inmates of the Richland County Jail is provided by Public Health. The management of medical care in county jails has become increasingly complex; inmates have more medical issues and typically require intervention by Public Health staff for issues related to medication or other health problems. Public Health is reimbursed by the Sheriff's Department for nursing time spent on jail health issues. Seventy-eight jail health visits were made



in 2005. Due to the complex nature of some of the health issues experienced by inmates, an average of a little over 3 hours of public health nurse time per week is spent on jail health (163 hours in 2005).



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

Public Health coordinated the examination, prophylaxis, and treatment of dental work for 21 Richland County children in 2005. Twelve of these children required follow-up appointments and 9 were considered to have their work completed.

According to the UW's statistics, 21 Richland County children were seen over 7 clinic days. Each child required an average of two appointments. The value of the dental work completed for Richland County children was \$10,856, and the average value of dental work per child was \$517.

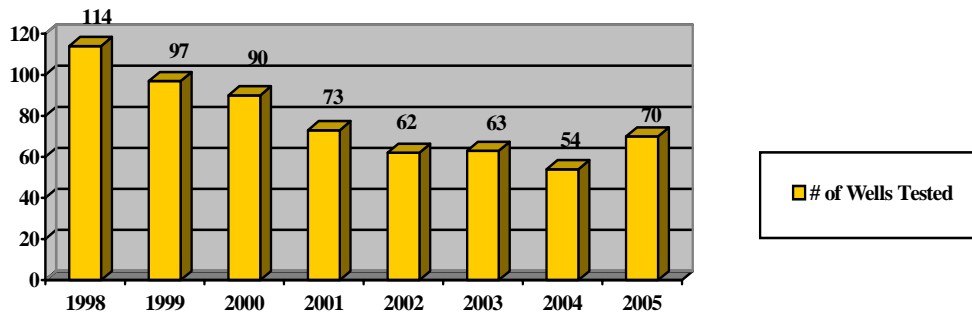
The following provides a summary of the type of dental care provided and also is documentation of the need for improved access to dental care.

Restorative (fillings, crowns)	52	20%
Preventive (cleaning, fluoride treatment, sealants)	35	14%
Adjunct Services (local anesthesia)	50	19%
Diagnostic (exams, evaluations, x-rays)	91	35%
Oral Surgery (extractions)	29	11%
Endodontics (pulpectomies)	0	
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# ENVIRONMENTAL HEALTH

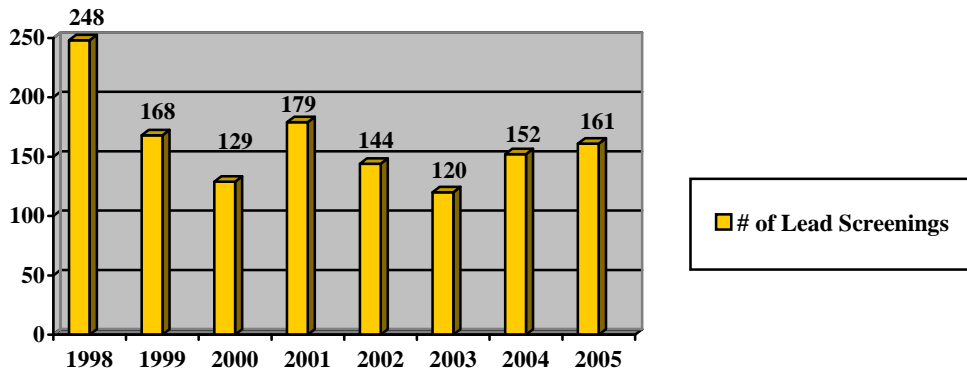
Richland County is part of a five county environmental health consortium. The consortium employs a contracted Environmental Health Consultant to assist with investigation and resolution of environmental health issues. Prevention Block Grant funding from the five counties is pooled to fund the position,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

**Private Well Water Testing:** Water sampling kits are available for testing private wells for bacteria, nitrates and fluoride. The test can be completed free of charge if the testing is done for health reasons. The Environmental Health Consultant is available for consultation for problems related to water quality. Seventy private wells were tested through Public Health in 2005.

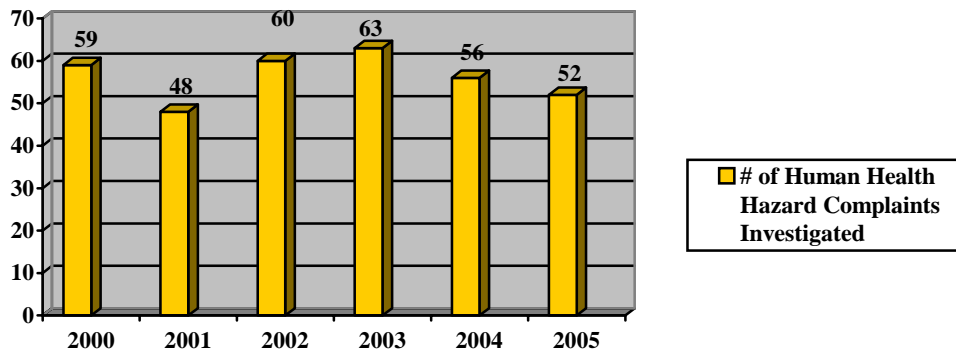


**Radon:** Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year, and making repairs to eliminate radon gas can be simple and affordable. Thirty-one short-term home radon test kits were distributed in 2005.

**Childhood Lead Poisoning Prevention:** Lead poisoning occurs when a large dose or small amounts of lead over time are ingested or inhaled. Prevention is still the best solution for lead poisoning and finding and removing sources of lead are effective methods to accomplish this. The Environmental Health Consultant can evaluate a building for lead base paint and offer consultation on remediation of lead base paint hazards. Childhood blood lead screening is provided by Public Health, and in 2005 one hundred sixty-one children were screened. Treatment for an elevated blood lead level depends on the degree of elevation, and involves removing the hazard.



**Human Health Hazards:** According to Wisconsin State Statute 254.59(1) the local Health Officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health provides investigation and follow-up of complaints of human health hazards in Richland County. In 2005, investigation and follow-up was provided for 52 complaints. Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste. Often working with the property owners is enough to get the hazard removed or abated, but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time (usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement, and the cost is then assessed as an additional tax on the property by the municipality.



**Mercury Collection:** In April of 2005, Richland County Health and Human Services Public Health held a weeklong mercury thermometer collection. Mercury thermometers can be easily broken if dropped during use and there are newer safer alternatives.

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

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

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

The mercury thermometer collection was done in cooperation with the Wisconsin Department of Natural Resources, which provided for disposal of the thermometers.

## PREPAREDNESS AND RESPONSE

Richland County is part of the Southwest Wisconsin Public Health Preparedness and Response Consortia. There are 12 such consortia throughout the State. Each consortia or region is responsible for developing a preparedness plan containing several key elements aimed at improving our readiness for acts of terrorism and other man made or natural disasters. The consortia receive grant funding from the CDC to assist with the completion of the preparedness requirements. Consortia staff funded by the grant includes a program coordinator, a health education/training specialist, and a program assistant, and are housed at the Crawford County Health Department. In 2005, Richland County Health and Human Services Public Health received \$24,544 to assist with preparedness efforts. This funding was used to provide staff time and pay expenses for preparedness activities and trainings.

### 2005 Objectives Summary

In 2005, the Southwest Wisconsin Public Health Preparedness and Response Consortium had a total of 16 objectives that needed to be met by December 31, 2005. The objectives were divided into three broad focus areas; Emergency Response (A), Epidemiology (B) and Communications (E). The Southwest Wisconsin Public Health Preparedness and Response Consortium met all objectives.

#### Focus Area A, Objective 1

*By December 31, 2005, emergency response capacity will be enhanced through upgraded Public Health Emergency Plans for all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

In the beginning of 2005, the PHEP was reorganized to be more user-friendly. All attachments, appendices, resources and consortium specific documentation were placed within one binder. If an emergency situation arose, all necessary documents could be found in one binder, which would decrease confusion, misplaced documents, and response time.

The reorganized PHEP was tested at the Grant County Mass Clinic (EOC) Exercise and the Isolation/Quarantine Exercise with Iowa and Lafayette Counties. The Grant County exercise included questions that could only be answered by using the PHEP.

All related documents could be found within the PHEP and put into practice by the members. The exercise encouraged consortium members to become more familiar with the PHEP, so they could utilize the information it contains. The Iowa and Lafayette County exercise tested and modified the documents contained in the isolation/quarantine sections of the PHEP. The exercise showed where more documentation and information was needed to implement mass isolation and quarantine in a community.

After the exercises, the consortium directors looked at the PHEP and made modifications monthly. They wanted to become more familiar with the PHEP and update or modify any information that seemed to be misplaced.

The PHEP is now tailored to the specific needs of Consortium 9 and is constantly being modified to meet local needs. The health directors are more familiar with plans and other members of the consortium will be able to utilize the PHEP if needed.

### **Focus Area A, Objective 2**

*By December 31, 2005, emergency response capacity will be enhanced through upgraded Mass Clinic Plans for all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The Mass Clinic Plans were tested at the April 13, Table Top Exercise. The scenario included questions that could only be answered by using the Mass Clinic Plans within the PHEP. Examples of those questions include; 'How many vaccinations will you need to give per hour with your given number of sites to accomplish in 48 hours?', 'What do recommended floor plans look like?', and 'How much time will you need to set up a clinic?' All related documents could be found within the Mass Clinic Plans and put into practice by the members. The exercise identified gaps within the Mass Clinic Plan.

The Health Officers made modifications and updates to their Mass Clinic Plans as a direct result of this tabletop exercise. Some specific areas of the Mass Clinic Plans that were modified include location, floor plan and Memorandums of Understanding with potential mass clinic sites. Individual counties held mass clinic exercises for their staff to familiarize them with their roles in a mass clinic. At conclusion of these exercises, suggestions were made for modification of their plans and followed-up by the Health Officers.

The Mass Clinic Plans have been updated at our monthly directors meeting and on a local level. The plans will continue to be modified in the future to meet the needs of each individual county.

### **Focus Area A, Objective 3**

*By December 31, 2005, emergency response capacity will be enhanced through use of the TRAIN distance learning management system by all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The following are the courses that were posted or registered for on the TRAIN; Mental Health Services Disaster Preparedness, Mass Clinic Regional Training, Competency Mapping, Needs Assessment and Evaluation Training, and Grant Counties Mass Clinic Exercise.

### **Focus Area A, Objective 4**

*By December 31, 2005, emergency response capacity will be enhanced by implementation of the three-year training plan for all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

Weapons of Mass Destruction and the Public Health Role were the two courses that needed to be completed to meet our three-year training plan objectives. On February 9, 2005, the Southwest Wisconsin Consortium held HAZMAT & WMD training.

The public health role was the focus of three Consortium Meetings in 2005. Each meeting looked at other partners and how they and public health would have to work together in an emergency. These meetings included Mental Health Preparedness, Agri-Terrorism, and Mass Fatality.

Other trainings were offered throughout 2005 to the Southwest Wisconsin Public Health Preparedness and Response Consortium. These trainings included but were not limited to Personal Protective Equipment Fitting, Mosquito Surveillance and information meeting about Public Health Preparedness.

### **Focus Area A, Objective 5**

*By December 31, 2005, emergency response capacity will be enhanced through participation in border state planning by 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

Cross Border Meeting Summary - Tri-State (Iowa, Wisconsin, & Illinois), March 22, 2005

The three states discussing cross border issues were Iowa, Illinois, and Wisconsin. A total of twenty-seven partook in the meeting held in Galena, IL. Seven participants were from Iowa, representing Clayton, Dubuque, Clinton, and all counties in Region 6. Fourteen people represented Illinois, coming from Rock Island, Stephenson, Jo Daviess, and Whiteside Counties. Wisconsin had six participants attend the meeting, they representing Green, Lafayette, Grant and Rock Counties. Iowa and Illinois Department of Public Health also had representatives present.

This first meeting was an informational meeting for all states to see how the others function. All states shared maps of the regions, the contents of their emergency plans, trainings being offered, exercises and drills, epidemiological processes, staffing demographics, and much of their state specific language.

Some areas of discussion included terminology, epidemiology data collection, education and training, and developed plans. All states had similar plans but used different terminology for what they called the plan, this caused some confusion. Realizing what each state was referring to, helped put an end to that confusion. Epidemiology data collection also seemed to show a gap in what each state was working on. Although all systems were similar, the likelihood of them working together is not good. Overall, all counties agreed that more communication between bordering counties would benefit all involved and that communication needs to start now and not wait until an emergency is upon us. A starting place for this to be done is by sharing outbreak and communicable disease information with each other and keeping an open line of communication.

At the conclusion of the meeting, bordering counties exchanged contact information and plan to meet with each other regionally rather than all meeting again because of the distance involved for some. A large meeting is planned for October 12, 2005 to discuss what individual areas learned and accomplished within the past six months. The location is yet to be determined but possible sites are in Dubuque, Iowa or in Lancaster, Wisconsin.

A second meeting was held on May 19, 2005 in Galena, IL. The agenda topics included, Syndromic Surveillance, Threat-Con Orange and Red Triggers, Epidemiology investigation protocols and future collaboration.

The last meeting of 2005 was held on October 12, 2005 in Dubuque, Iowa. The agenda topics included communications, mutual aid agreements, flu pandemics and brief updates from each state. Some counties initiated mutual aid agreements to their neighboring counties in other states. It was also decided to contact each other if one county sees a rise in a communicable disease. Only neighboring states will be contacted, it will be up to them to let the state or other counties know about the issue. A discussion was touched upon about a flu pandemic, most are looking further into their plans. A list of all contacts (24/7) will be comprised before the next meeting.

#### **Focus Area A, Objective 6**

*By December 31, 2005, emergency response capacity will be enhanced through provision of training and exercising opportunities for Wisconsin Assistance Volunteer Registry participants and other volunteer groups in their jurisdiction by 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

After securing the names and contact information for the individuals that indicated a willingness to be contacted on the renewal of their professional license, a letter of introduction and invitation was sent to all 18 respondents.

All of the respondents receive monthly mailings of events that we have planned with an open invitation to attend as they are able. Information was passed on that the training sessions are being conducted in conjunction with the area Technical College so that credits can be awarded. Two respondents have attended Consortium Meetings and localized exercises regularly.

Training opportunities have included tabletop and functional exercises, consortium meetings, hospital specific trainings, and information regarding "on-line" training opportunities.

#### **Focus Area A, Objective 7**

*By December 31, 2005, emergency response capacity will be enhanced through advanced core public health trainings offered to their staff by 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

Four Health Directors/Officers attended the American Public Health Association (APHA) 133rd Annual Meeting and Exposition on December 10-14 in Philadelphia, PA. The APHA Conference was the, Southwest Wisconsin Public Health Preparedness and Response Consortiums, core public health training opportunity. The conference offered a wide variety of topics and was a great place to network.

#### **Focus Area A, Objective 8**

*By December 31, 2005, emergency response capacity will be enhanced as staff from 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium are equipped and fitted with appropriate Personal Protective Equipment for addressing communicable disease outbreaks or environmental health hazards.*

Familiarization with types of PPE was accomplished in all Southwest Wisconsin Public Health Departments for 2005. Counties, who had previously been trained in PPE use, were re-familiarized with a yearly refresher program. Included in this program were different types of Particulate Respirators that met the N-95 standard, chemically protected suits that would meet a HAZMAT Level C Standard, proper donning and doffing of gloves, other protective gear, and resource material that would expedite care in an emergency.

A yearly refresher was also established as directed under 29CFR1910.134 for proper fit testing of the Particulate Respirators. The procedures were conducted per the guidelines that have been established by the Occupational Safety and Health Association (OSHA). All personnel that were designated by the County Health Director/Officer to be fit tested were trained in the proper wear and fitting of the respirators. All individuals passed the fit testing except for one. The Health Director/Officer from that County was informed and the individual was given an assignment that would preclude them from wearing a respirator, except in an emergency as outlined by the OSHA guidelines, in the event that a Health Emergency was declared.

### **Focus Area B, Objective 1**

*By December 31, 2005, epidemiological capacity will be enhanced through assessment of current disease reporting and surveillance processes for all local public health department member agency jurisdictions within the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

In January 2005, all counties (Crawford, Grant, Iowa, Lafayette, Richland and Vernon) started submitting communicable disease numbers to the public health specialist for the Southwest Wisconsin Public Health Preparedness and Response Consortium.

The communicable disease numbers were reported monthly by each Health Department. Quarterly reports were developed to show the distribution of diseases within the Consortium. The reports included raw numbers of each communicable disease, the incident rate (per 10,000 and 100,000) and also compared the Consortium's data to state averages. The report included the numbers the state reported for the Southwest Consortium. Some of these numbers were found to be very different. This brought up much discussion of why and what could be done to have the state numbers look more similar to the county numbers. One resolution to the problem was that counties know and follow the case definition for particular diseases.

Starting this reporting process resulted in more discussions between counties about Communicable Disease reporting and gave an overall look at the diseases in the entire community of Southwest Wisconsin. The six-county report, helped to highlight diseases in which more prevention efforts could take place. The disease reporting process will continue in 2006.



## **Focus Area B, Objective 2**

*By December 31, 2005, epidemiological capacity will be enhanced through provision of epidemiological services for all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium in the event of communicable disease outbreaks or exposures.*

The public health specialist provided all epidemiological services to the Consortium. Initially a request was put out from the public health specialist to the health officers that they use her services for any epidemiological issues that may arise in their counties. Epidemiology services were requested in two separate occurrences.

The public health specialist also participated in an investigation of a possible food-borne outbreak in Grant County by interviewing individuals and remained a contact person throughout the investigation.

## **Focus Area B, Objective 3**

*By December 31, 2005, epidemiological capacity will be enhanced through participation in mosquito surveillance by 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

Epidemiological capacity was enhanced through participation in mosquito surveillance by four member agencies, Grant, Iowa, Lafayette and Richland Counties, of the Southwest Wisconsin Public Health Preparedness and Response Consortium.

As part of the mosquito surveillance, a total of 1152 oviposition traps were set in the Southwest Consortium. Each trap was monitored every seven to ten days. There were three clinically reported cases of La Crosse Viral Encephalitis during 2005. A detailed report was submitted by Dave Geske and is available upon request.

As a result of the mosquito surveillance project, the Southwest Consortium identified areas where educating the community needs to happen and they are planning for more educating in 2006.

## **Focus Area B, Objective 4**

*By December 31, 2005, epidemiological capacity will be enhanced as all disease reporters are identified and a contact mechanism established for each of the jurisdictions of 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The Southwest Wisconsin Public Health Preparedness and Response Consortium identified and compiled a list of the disease reporters and their contact mechanism, in the surrounding areas. This list was added to each individual county Public Health Emergency Plan (PHEP) and is updated periodically.

A survey was also developed for each Health Department to identify the disease reporters they are in contact with and any areas in which communication between reporters seem to fail. This survey

was used as a starting point in improving disease reporting and communications between providers, local health departments and the state.

### **Focus Area E, Objective 1**

*By December 31, 2005, communication capacity will be enhanced through continued use of the Public Health Information Network (PHIN) by all member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The consortia coordinator and the public health specialist are HAN administrators for the Southwest Wisconsin Public Health Preparedness and Response Consortium. Administrator duties include but are not limited to updating HAN user information, posting meeting minutes and trainings and providing trainings to new members of the Consortium.

Health Alert Network (HAN) and Public Health Information Network (PHIN) development meetings were attended by two Health Director/Officers. The Grant County health officer attended the WEDSS (Wisconsin Electronic Disease Surveillance System) development meetings as well.

HAN training and technical support was offered to staff within the Consortium.

### **Focus Area E, Objective 2**

*By December 31, 2005, communication capacity with local communities will be enhanced through coordination of Wisconsin Emergency Assistance Volunteer Registry participant activities for all members of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The Southwest Wisconsin Public Health Preparedness and Response Consortium (#9), has a total of eighteen individuals on the Wisconsin Emergency Assistance Volunteer Registry (WEAVR). The WEAVR participants were initially contacted with a letter, in February 2005, explaining what trainings and information the Consortium offered to the six-county region.

After the initial contact, participants were placed on the mailing list for Consortium trainings. These trainings were held on March 9, May 11, July 13 and October 13.

### **Focus Area E, Objective 3**

*By December 31, 2005, communication capacity will be enhanced through Command Caller scenarios developed and tested by 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

A scenario was communicated through the following command caller test notice on April 11, 2005.

There has been a confirmed report of 24 cases of Yersinia Pestis in the Southwest Section of Wisconsin. There are approximate 74 suspected cases. The breakdown of the confirmed and suspected cases is as follows:

Crawford:	4 confirmed, 13 suspect
Grant:	4 confirmed, 6 suspect

Iowa:	4 confirmed, 2 suspect
Lafayette:	6 confirmed, 24 suspect
Richland:	3 confirmed, 17 suspect
Vernon:	3 confirmed, 12 suspect

The command caller test was received by all listed consortium members. Issues such as, not being able to replay the message, arose and all concerns were taken to the command caller administrator and resolved.

#### **Focus Area E, Objective 4**

*By December 31, 2005, communication capacity will be enhanced through efforts to raise the awareness of the general public on community planning and exercising processes for public health emergencies in each of the jurisdictions of 2 member agencies of the Southwest Wisconsin Public Health Preparedness and Response Consortium.*

The Southwest Wisconsin Preparedness and Response Consortium made many efforts to raise awareness throughout the general public.

Five Consortium meetings were held in 2005 and the general public was invited. These meetings were held in different counties to accommodate those that may not be able to travel long distances for a meeting. County specific exercises, in which community members were invited, took place in all counties. Many general awareness presentations were given to different local groups (ex. student nursing class, Coulee Cap Board Directors)

A website was developed that includes basic information about the consortium, upcoming events, local partners and resources. Brochures are located at all six local Health Department waiting areas.

Radio and newspaper stories were also developed as a result of some exercises and promotions. In addition to the above-mentioned activities, Health Department personnel participated on many additional activities.

January activities included:

- HRSA Region 5 Meeting
- Lafayette County Local Bio-T Meeting
- Rural Preparedness Leadership in Sauk County (All Counties Participated)
- Decontamination Training for the Eastman Fire Department (Crawford County)
- PHEC/HRSA Meeting
- Richland County Local Preparedness Meeting
- Emergency Service Exercise in Seneca (Crawford County)

February activities included:

- PPE & 'Go Kit' Awareness Training for Crawford, Iowa, Lafayette and Vernon County Health Departments
- HRSA Region 5 Meeting
- HAZMAT & WMD Training (All Counties Participated)

- Day Care Preparedness Training in Grant County
- Decontamination Training for Grant Regional.
- Lafayette County Local Bio-T Meeting
- Richland County Local Preparedness Meeting
- Blood-borne Pathogens for the Soldiers Grove EMS (Crawford County) and Richland County.

March activities included:

- IS-700 NIMS (National Incident Management System) Independent Study was completed in all counties throughout the year.
- Mosquito Borne Disease Training for all counties in Richland Center
- Cross Border Meeting with IA, WI and IL (Grant and Lafayette Counties participated)
- Lafayette County Local Bio T Meeting
- PH Preparedness Awareness for the Nursing Organization in Grant County.
- HAZMAT & WMD Awareness for Upland Hills EMS (Iowa County)
- Hospital Decontamination Training at Upland Hills Hospital. (Iowa Counties)
- CPR Instructor Course (Lafayette County)

April activities included:

- ICS Training held in Darlington (Lafayette County)
- Hospital Decontamination Training at Southwest Health Center and Boscobel Hospital (Grant County)
- Mass Clinic Table Top Exercise in Richland Center (All Counties Participated)
- Lafayette County Local Bio T Meeting
- PHIN (Public Health Information Network) Meeting
- NDMS (National Disaster Medical System) Conference (NIMS Training) was attended by Consortia Coordinator

May activities included:

- State Mass Clinic Exercise was held in Monroe and attended by all counties.
- HRSA Region 5 Meeting
- Agro-terrorism Tabletop was held in Viroqua
- Mental Health Consortium Meeting (All Counties Participated)
- Fit Testing for the Crawford County PH Staff

June activities included:

- Hospital Decontamination Training for Memorial Hospital (Lafayette County)
- Fit Testing for Iowa and Lafayette County PH Staff.
- First Aid Training in Crawford County.
- Decontamination Training for Ferryville Fire Department. (Crawford County)
- PHIN Meeting attended.
- Airport Drill in Dane County was attended by Iowa County staff.
- Lafayette County Bio T Meeting

July activities included:

- HRSA Region 5 Meeting
- PPE & 'Go Kit' Awareness Training for Richland County PH Staff.

- Agro-Terrorism Consortium Meeting (All Counties Participated)

August activities included:

- EOP Training in Crawford County
- Lafayette County Local Bio T Meeting
- Richland County Local Preparedness Meeting
- PHIN Meeting attended.
- WEDSS (Wisconsin Electronic Disease Surveillance System) Meeting attended

September activities included:

- Methamphetamine Awareness Meeting in Crawford County
- Mass Clinic Overview Training (Grant County)
- Statewide Preparedness Meeting (All Counties Participated)
- ICS Training for Dodgeville EMS (Iowa County)
- Grant County Mass Clinic Exercise (Crawford, Iowa and Lafayette Participated)
- WEDSS Meeting attended.

October activities included:

- Cross Border Meeting attended by Grant and Lafayette Counties
- Hospital Decontamination Training in Richland County.
- Mass Fatality Consortium Meeting (All Counties Participated)
- WEDSS Meeting Attended
- Lafayette County Local Bio T Meeting
- Richland County Local Preparedness Meeting
- Iowa and Lafayette County, Isolation and Quarantine Exercise
- Blood-borne pathogen in Richland County

November activities included:

- Lafayette County Local Bio T Meeting

December activities included:

- APHA Conference
- HRSA Region 4 Pandemic Influenza Conference (Attended by Crawford and Vernon Counties)
- Richland County Local Preparedness Meeting

# HEALTH, AGING & DISABILITY RESOURCE CENTER

## RESOURCE CENTER

### Mission Statement

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

## OVERVIEW

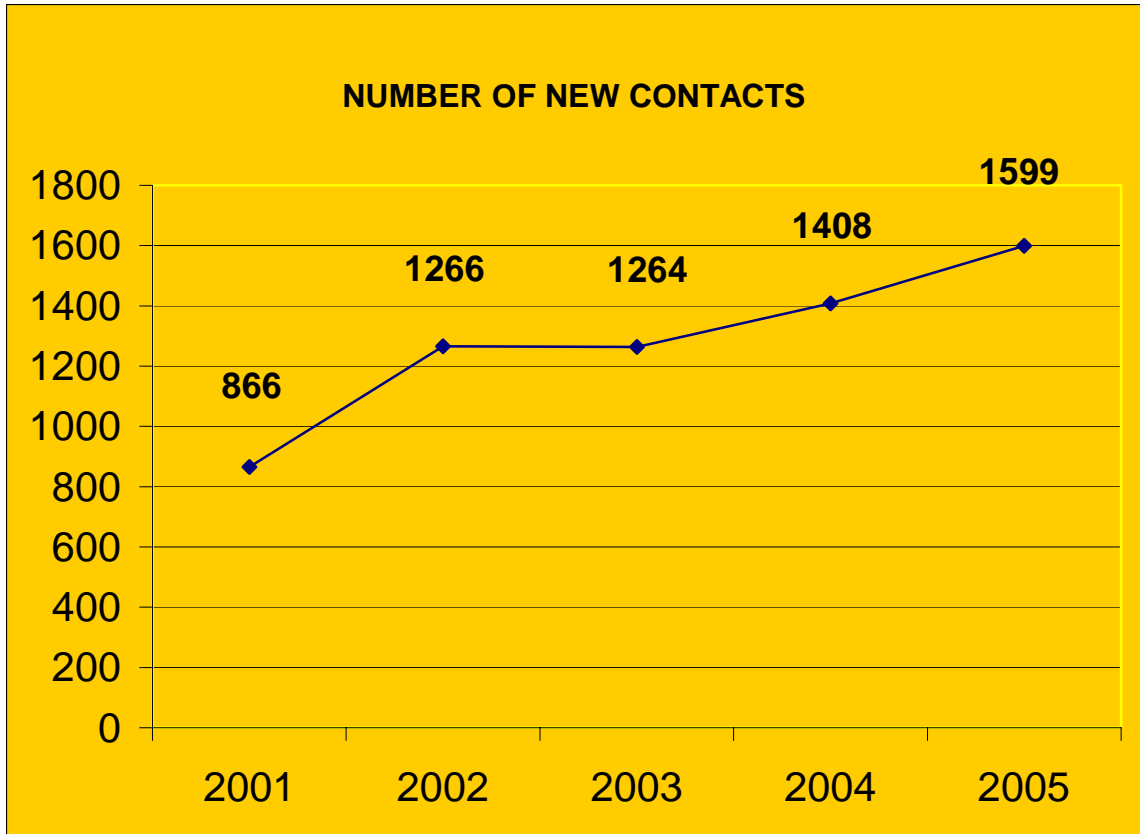
The Health, Aging & Disability Resource Center is an information and referral service designed to inform County residents about programs, services and public benefits. We are available to the general public, although our primary target groups are adults who are elderly, or who are physically or developmentally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

## KEY AREAS OF ACTIVITY

### INFORMATION, REFERRAL, ASSISTANCE & OPTIONS COUNSELING:

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

In 2005, the Resource Center had 1,599 new contacts. New contacts are defined as first-time consumers, as well as repeat customers who contact the Resource Center for assistance with a new issue or need. As the chart below shows, the Resource Center has experienced a steady increase in the number of consumer contacts since its first full year of operation just five years ago. The number of contacts in 2005 is a 12% increase over the number of new contacts in 2004, and a 46% increase over the number of contacts in 2001.



People are connected to the Resource Center in a variety of ways. In 2005, 17% of the time a friend, relative, neighbor or community member contacted the Resource Center on behalf of a consumer; 22% of the time an organization, agency, service provider or official referred the consumer; and 61% of the time the consumer contacted the Resource Center directly for assistance. Consumers are not required to provide identifying information unless it is necessary, for example to complete an application or receive information in the mail, so callers can remain anonymous, if desired.

While the Resource Center is available to the general public, as described above, our primary target groups are adults who are elderly, physically disabled or developmentally disabled. In 2005, 63% of Resource Center consumers were 65 years and older; 5% were consumers with physical disabilities; 3% were consumers with developmental disabilities; 2% were consumers who fell into another target group such as mental health or children; and in 27% of contacts, the target group of the consumer was unknown.

59% of Resource Center consumers were female; 34% were male; and in 7% of contacts the consumer's gender was unknown.

Those contacting the Resource Center in 2005 had over 2,200 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management or early intervention/prevention services.

Consistent with past years, about 77% of the needs expressed fell into 4 broad categories: financial assistance & support; health/medical care; home health/home supportive care; and housing/residential needs. In the chart that follows, these four categories have been further broken down into subcategories to give a better understanding of the kinds of issues consumers have when contacting the Resource Center:

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

<b><u>Financial Assistance &amp; Support</u></b>	<b><u># of Contacts</u></b>	<b><u>Health &amp; Medical Care</u></b>	<b><u># of Contacts</u></b>
Family Care	203	Early Intervention/Prevention Information & Services	482
Financial Aid for Drugs/ Medical Care	139	Rehabilitation/Therapy	77
Assistance with Utilities, Phone and/or Rent	91	Medical/Dental/Eye Care Services	23
Medical Assistance/Medicare	67	Alzheimer’s Disease Information & Services	10
Social Security/SSI/SSI-E	67	Other Health Information	12
FoodShare	21	Other Medical Care	6
Money Mgt/Budget Counseling	9		
Funding for Long-Term Care	2		
Emergency Financial Aid	4		
Other Financial Assistance/Support	31		
<b><u>TOTAL</u></b>	<b>634</b>	<b><u>TOTAL</u></b>	<b>610</b>
<b><u>Home Health/Home Care</u></b>	<b><u># of Contacts</u></b>	<b><u>Housing/Residential</u></b>	<b><u># of Contacts</u></b>
Chores/Home Supportive Care	77	Community Based Residential Facility	42
Home Health Care Services – Nursing/HH Aide/Personal Care	65	Subsidized Housing	29
Therapy/Rehabilitation Services	50	Assisted Living/Apartment	19
Adaptive Aids/Medical Equipment	38	Housing Search Assistance	19
Case Management	24	Nursing Home	19
Medi-Alert	19	Home Modification/HomeMaintenance	17
Respite Care	15	Rental Housing/Apartment	7
Hospice Care	6	Home Ownership Assistance	5
Other Home Health/Home Care	2	Adult Family Home	4
		Emergency Shelter/Homeless	4
<b><u>TOTAL</u></b>	<b>296</b>	<b><u>TOTAL</u></b>	<b>165</b>

In addition to the most frequent areas of needs/requests depicted above, the Resource Center was contacted for information on a variety of other issues. Other significant areas of problem or need that generated information, referral or assistance from Resource Center staff included the following:



OTHER SIGNIFICANT AREAS OF NEED EXPRESSED BY CONSUMERS:

<b><u>Advocacy</u></b>	<b># of Contacts</b>	<b><u>Insurance</u></b>	<b># of Contacts</b>
Disability Benefit Specialist	71	Medicare	72
Elderly Benefit Specialist	35	Health Insurance	17
Elder Abuse/Neglect	12	Insurance Information & Assistance	10
Consumer Protection	12	Medicare Supplemental Insurance	9
Mental Health Advocacy	8	Long Term Care Insurance	1
Other Advocacy	7	<b><u>Legal</u></b>	
<b><u>Education and Employment</u></b>		Power of Attorney/Living Will	19
Job Search/Placement	14	Estate Planning	18
Supported Employment	4	Legal Assistance/Representation	18
Adult Basic or Continuing Ed.	3	Tax Prep. Assistance/Tax Law	17
Other Education/Employment	9	Landlord/Tenant Issues	3
		Other Legal issues	4
<b><u>Food/Nutrition</u></b>		<b><u>Transportation</u></b>	
Home-Delivered Meals or Congregate Meal sites	15	Medical & Special Needs Transport	31
Non-Emergency Food	11	Public Transportation/Taxi	9
Emergency Food	8	Transport to Shopping	6
Nutrition Education/Counseling	1	Other Transportation Needs	1

While many consumers simply need information, others need various kinds of assistance in getting connected to programs or services. The Resource Center provides a wide range of assistance, from contacting a service provider on the consumer's behalf; to helping the consumer complete an application; to advocating on behalf of a consumer to help solve a problem related to accessing a program or service; to providing short-term case management to assist a consumer with multiple or complex needs.

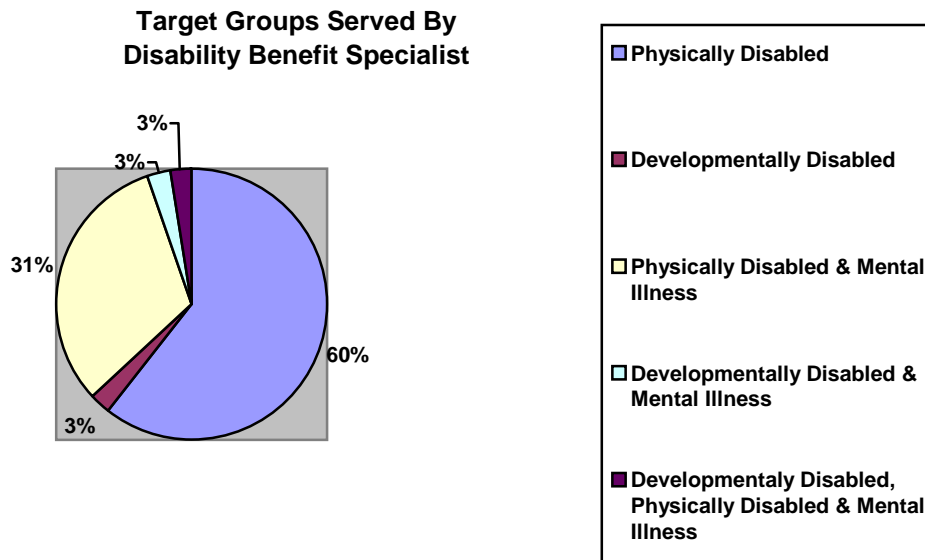
A special type of assistance provided by the Resource Center is called *Options Counseling*. Options Counseling gives the consumer the opportunity to have a more in-depth conversation regarding his/her current and future needs for care and services, and explore and discuss the options available to meet those needs. Options Counseling usually occurs in the consumer's home, and often involves family members. While most consumers already have some long term care needs by the time they contact the Resource Center, Options Counseling can also be used as a planning tool so that consumers have the opportunity to obtain objective information and an understanding of all their options before they make important life decisions. In 2005, 517 consumers, 32% of new contacts to the Resource Center, were offered Options Counseling. 359 consumers accepted the offer, while 158 declined.

## DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to county residents ages 18 through 59 years who have a physical and/or developmental disability. 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 (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other Resource Center staff to provide referrals for community resources and services, options counseling, and information and assistance related to the Family Care benefit. The Disability Benefit Specialist position is co-supervised by the Resource Center Supervisor and a Program Attorney located at Disability Rights Wisconsin in Madison.

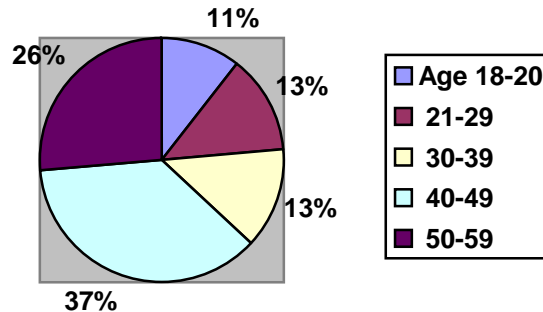
In just its the fourth year of operation, the Disability Benefit Specialist program assisted Richland County residents to receive over \$250,000.00 in federal, state or private benefits for which they qualified. Since the Disability Benefit Specialist program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$1,800,000. 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.

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



As depicted in the graph below, the majority of consumers served by the Disability Benefit Specialist in 2005 were between the ages of 40 – 59.

### Disability Benefit Specialist Consumers Served by Age Group



This reflects an older cohort than was served the previous two years when a little over half of consumers were between 30 – 49 years of age.

In other activity for 2005, the Disability Benefit Specialist received training in the complex area of work incentives and participated in two funded employment projects. The role of the Disability Benefit Specialist was to provide benefits analysis and consultation to disabled Richland County residents who wanted to examine their options related to employment. The projects were designed to help these individuals understand how wages would affect their Social Security benefits and health care coverage. Two county residents benefited from short-term consultation; another six county residents participated in a full-blown benefits analysis, which took the Disability Benefit Specialist 12-15 hours each to complete. Information gained during these projects led us to conclude that work-related benefits analysis is a pro-active service that helps consumers get informed about their options related to employment, and also helps prevent problems such as overpayments and discontinuation of benefits that occur when consumers don't understand how work affects their benefits. While we do not have the funding or staffing to offer this service outside of the limited-term projects in which we took part, our participation led us to conclude that having some training in this area helps a Disability Benefit Specialist to more effectively advise and assist consumers.

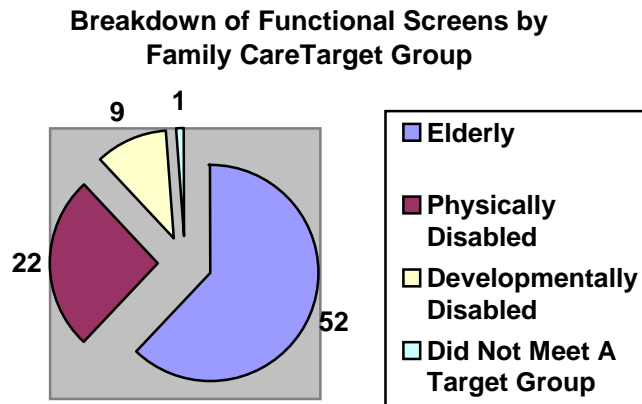
## FAMILY CARE

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

- providing detailed information and answering questions about Family Care, including eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, care planning and care management services, etc.
- conducting the Long Term Care Functional Screen to determine functional eligibility;

- working with the Economic Support Unit to facilitate financial eligibility;
- coordinating with the Enrollment Consultant to arrange for final enrollment; and
- helping to transition consumers into the Care Management Organization for ongoing services.

The Resource Center's role in eligibility determination includes administration of the Family Care Functional Screen. During 2005, our staff completed 84 Functional Screens and offered an additional 43 screens that were declined by consumers. This compares to 93 Functional Screens completed in 2004 and 88 screens completed in 2003. The following graph shows a breakdown of Functional Screens completed in 2005 by Family Care target group.



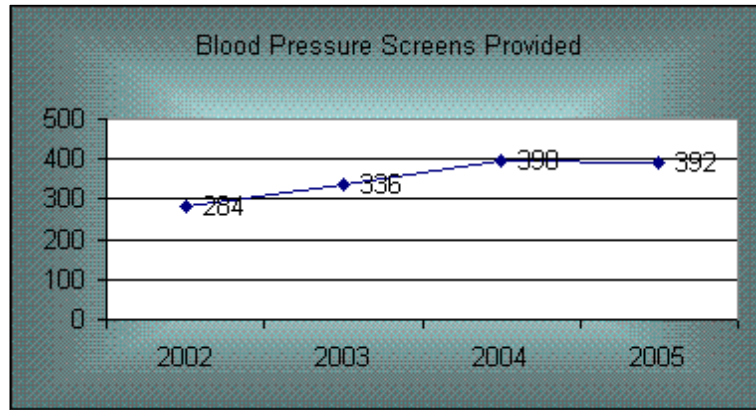
The number of consumers enrolled into the Family Care/Care Management Organization has remained fairly steady over the past 3 years. During 2005, Resource Center staff assisted a total of 65 consumers who had received a Functional Screen to get enrolled in the Family Care/Care Management Organization. This compares to 68 consumers enrolled in 2004, and 67 consumers enrolled in 2003.

## EARLY INTERVENTION/PREVENTION SERVICES

The Resource Center has a Public Health Nurse on staff two days per week. The R.N. provides vital consultation and quality assurance related to the Family Care Functional Screen. In addition, she provides a variety of services aimed at educating the public on health topics and issues, identifying consumers' health concerns early, and linking those at risk to medical care or other services. Early intervention/prevention services offered in 2005 include the following:

During 2005, the R.N. continued to provide blood pressure screens at two elderly nutrition sites - Richland Center and Viola - once each month. The service included taking and evaluating blood pressures, helping consumers understand what the reading means and how it relates to the results of their previous screens, and how antihypertensive medications may be affecting their blood pressures. Informational brochures and fact sheets on high blood pressure are placed out for consumers to read or take home with them at every blood pressure clinic. In addition, the nurse spends time with each person to discuss what is going on in his/her life in order to identify other

health or personal concerns, and offer information, referral and assistance. A total 392 consumers received this service in 2005, including 43 new consumers who were screened at a meal site for the first time. Some consumers seen for the first time reported that they had sought blood pressure screens at the meal site when the Public Health Office discontinued the service on January 1, 2005.



In 2005, the Resource Center R.N. also implemented a series of community health fairs aimed at early identification of health conditions, such as hypertension, diabetes, and anemia. Four health fairs were held during 2005. Richland Center consumers participated in May. In June, Viola was the site for the health fair. Cazenovia-area residents were able to attend the health fair in October. Lone Rock was the location in November. Consumers could have their blood pressures checked, blood sugar levels evaluated, and hemoglobin levels screened. A total of 54 persons participated in the community health fairs. (The number of blood pressure screens conducted during the health fairs was not included in the totals reported above for the meal site statistics.)

During the course of the year, the RN also created six public informational displays in the Resource Center focusing on the following subjects: osteoporosis, stroke symptoms, fibromyalgia, family conversations about advanced directives and concerns in older family members, arthritis, and wintertime exercises that persons can perform indoors. In addition, she responded to multiple requests for information on specific health issues, by providing information and consultation to both staff members and the general public.

Other important early intervention/prevention activities in 2005 included development and implementation of a short-term medication management service, available free of charge to elderly or disabled county residents living in their own homes or apartments. The service is coordinated with the consumer's doctor and involves 1-2 visits by the R.N. to assess the individual's ability to independently manage his/her medications; teach the consumer about his/her medicines (i.e., what each medication is for, proper dosage, dosage schedule, side effects, etc.); and provide information and assistance regarding options for medication management over the long term (i.e., medication aids, informal supports or paid services).

The Resource Center also collaborated with the Wisconsin Alzheimer's Institute at the UW-Madison Medical College, our local Geriatrics Assessment Clinic, the Alzheimer's Association and

the Family Care/Care Management Organization to offer information and education about memory disorders such as Alzheimer's disease, and free memory screening to area residents.

## TRANSITION SERVICES FOR YOUTH

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

A Resource Center Specialist/Social Worker is assigned to take the lead in developing and promoting transition services. Transition activities in 2004-2005 school year included:

- Participated in several Individual Education Plan (IEP) meetings at various schools. IEP meetings generally involve the student, his/her parents, teachers, and other appropriate professionals. The Resource Center contributes to students' personal and educational planning by providing information and options counseling.
- Outside of IEP meetings teachers often contacted the Resource Center via email, telephone and in person to request information and assistance on behalf of students.
- Actively participated in monthly meetings of our local Transition Advisory Council. Other members of this group include high school teachers; representatives of community organizations such as the Vocational Rehabilitation and Independent Living Services; Southwest Technical College; CESA #3; and staff from other areas of Health & Human Services, such as Children with Disabilities staff.
- Outreached to all area schools via a promotional letter, followed up by phone calls.
- Helped plan and participated in a "Mentoring Day" where high school students with disabilities visited various job sites to job shadow and learn about different careers. 15 – 18 students with disabilities participated in the Mentoring Day.
- Attended a "Summit" sponsored by CESA #3 which provided area Transition Advisory Council members from five southwest Wisconsin counties the opportunity to come together to discuss goals, share best practices, and network with colleagues.
- With the help of one of our Resource Center Advisory Committee members, we were able to list the Resource Center on the Richland County Home Educators Website.

Activities such as those described above have helped us educate schools about the role of the Resource Center, continue to develop important relationships with key school personnel, and reach students in need of transition services.

To effectively serve young adults in transition, the Resource Center Specialist often teams with the Disability Benefit Specialist. For example, the Resource Center Specialist may provide information and options counseling about community resources such as housing, supported employment and independent living resources, while the Disability Benefit Specialist focuses on assisting with the application for disability benefits. During the 2004-2005 school year we received 6 new referrals for transition services from schools and community agencies. This compares to the 2003-2004 school year, when we received 10 referrals. The amount of referrals varies year-to-year depending in part on the number of students with disabilities who are turning 18 years old.

# LONG TERM SUPPORT

## Mission Statement

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

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

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

The Long Term Support Unit's Annual Report for calendar year 2005 is divided into the following three sections:

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

## 1. Funding Sources in Long Term Support

Family Support Program  
Children's Long Term Support Waivers  
Community Options Program  
Community Integration Program  
Elder Abuse and Neglect

The Long Term Support (LTS) Unit manages multiple funding sources. Each of the funding sources will be described in this section along with information about the number of individuals served by each funding source and the total expenditures in each program in 2005.

## FAMILY SUPPORT PROGRAM (FSP)

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

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

Funding Source	Number Served	Total Service Expenses
Family Support	18	\$16,541

## COMMUNITY OPTIONS PROGRAM (COP)

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

Funding Source	Number Served	Total Service Expenses
COP	7	\$114,370

## COMMUNITY INTEGRATION PROGRAM (CIP)

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



The CIP Program provided \$119,522 in 2005 to pay for services and administration to children in Richland County. The CIP Program pays for a wide array of community-based services. The Federal Government pays approximately 60% of all allowable costs in the waiver programs with the State matching the remaining 40%.

Funding Source	Number Served*	Total Expense
CIP	13	\$119,522

\*The people served on waivers in 2005 were all children, as adults would have enrolled in the Care Management Organization for their services.

## CHILDREN'S LONG TERM SUPPORT WAIVERS

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

Richland County submitted a proposal to the State in August 2005 through a competitive bid process to re-design children's services in Richland County. Richland County was awarded a grant in October. The grant funds include up to \$30,000 for each of two calendar years beginning 2005 AND an additional four fully funded children's waiver slots that will be able to serve children with physical, developmental, and/or mental health needs. There was, as a result, a significant increase in the budget for Children's Long Term Support Waiver revenues and expenses in 2005. In 2004, Richland County had access to just under \$20,000 for services. In 2005, service funds increased to just under \$120,000.

Funding Source	Number Served	Total Expense
Children's Waivers	6	\$119,483

## ELDER ABUSE AND NEGLECT

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

Funding Source	Number Served	Total Expense
Elder Abuse & Neglect	21	\$10,603

Elder Abuse Accomplishments in 2005:

- Informational presentations were made to:
  - Women's American Legion Auxiliary
  - WRCO Morning Radio Show
  - Lori Knapp-Richland, Inc. direct service workers
  
- Organized, publicized and presented an Elder Abuse Awareness session to local businesses that comes in contact in various ways with the frail elderly. For example, technicians who read electric meters may, during their routine work, identify a safety concern for an elderly person. This training assisted in teaching the business owners and technicians what to do if they have a concern regarding an elder.

**2. Programs or services operated by  
Richland County Health and Human Services.**

Adult Protective Services  
Birth to Three  
Care Management

ADULT PROTECTIVE SERVICES

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

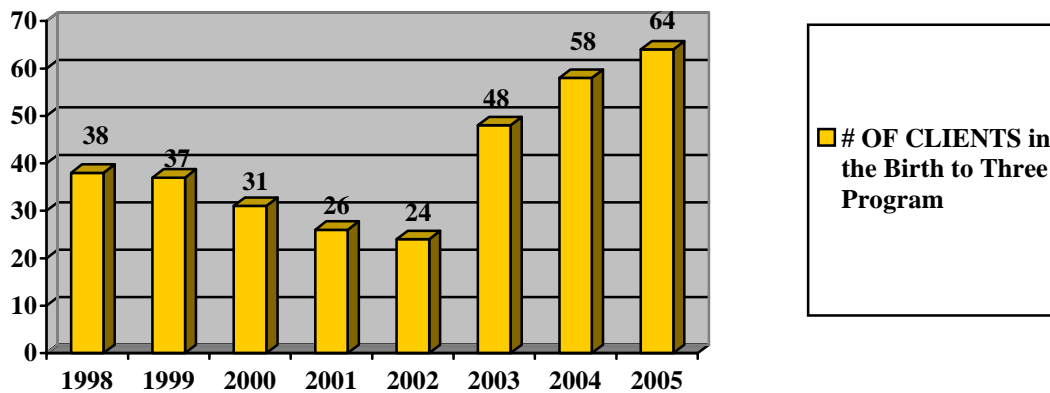
ELDER ABUSE & NEGLECT REPORTS	
Reports of elder abuse/elder neglect:	15
Reports substantiated:	4
Reports unsubstantiated:	11

BIRTH TO THREE PROGRAM

For the third year in a row, the Richland County Birth to Three Program continued to grow touching the lives of 64 children. Breaking previous records, this is the highest number of children served in

a given calendar year in the history of Birth to Three in Richland County. Of the 64 children served, 35 received on-going Birth to Three services and had an Individualized Family Service Plan (IFSP). Of the 36 children who received services, the following were utilized in any combination:

- 16 utilized 236 occupational therapy sessions
- 21 utilized 348 physical therapy sessions
- 29 utilized 476 speech therapy sessions
- 25 utilized 158 Birth to Three special education sessions



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

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

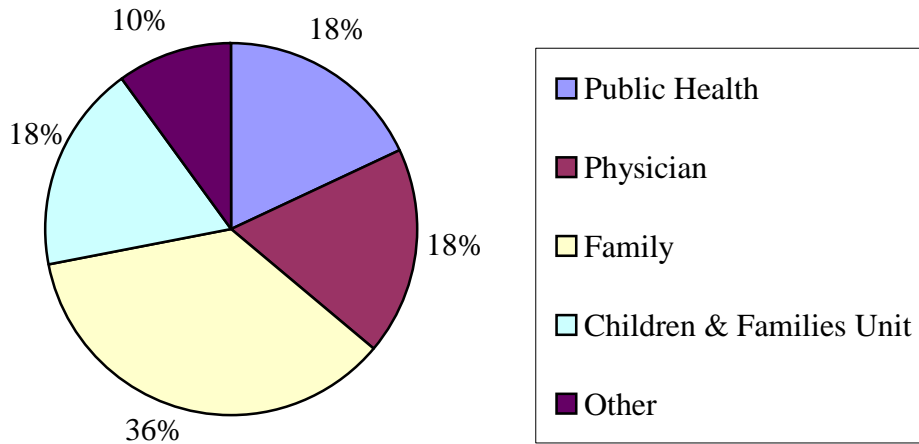
The Birth to Three Program is committed to children under the age of three with developmental delays and disabilities and their families. We value the family's primary relationship with their child and work in partnership with the family. We work to enhance the child's development and support the family's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

~ State of Wisconsin Birth to Three Mission

## REFERRALS FOR 2005

Forty-three referrals were made to the Birth to Three Program in 2005. Twenty-four of the referrals were boys and seventeen were girls. The average age of the child at time of referral was 19.3 months. Referral sources were as follows:

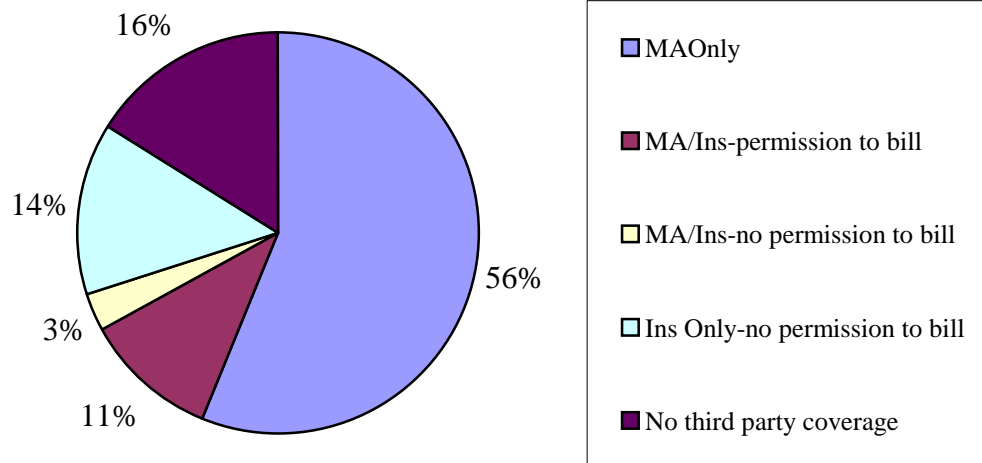
### REFERRAL SOURCES



Of the 43 referrals, 28 children did not require an Individual Family Service Plan to be developed. Reasons include: the child having moved before any determination could be made, not being able to contact the family, child did not qualify for services, parents refused services or the child did not live in our county. If a referral was made and contact was made, but circumstances were such that the family was not able to go forward with the evaluation process the referral was closed and possibly reopened at a later date when the family was able to proceed with the evaluation of their child. Four children are counted twice in our referral numbers.

Nineteen new IFSPs were developed in 2005 resulting in Richland County having a total of 40 children with IFSPs in place at one time or another during the course of the year. One child served by the Birth to Three Program was medically fragile with needs that required supports outside of the Birth to Three Program

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



## CARE MANAGEMENT

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

### 3. Summary of Care Management Organization Activities

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

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

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

## REVENUE & EXPENSES

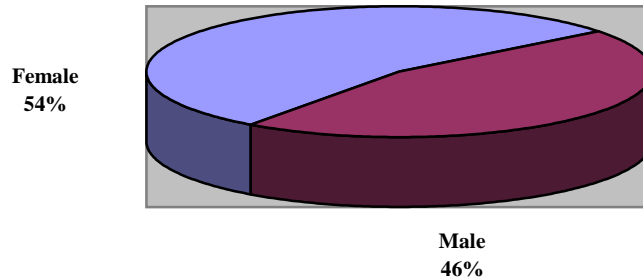
The CMO experienced a surplus in 2005 of \$673,567. In the previous years of 2001 and 2002, there was a combined surplus of approximately \$142,000. For 2003, the CMO experienced a loss of \$170,334. This was turned around in 2004 with a surplus of \$162,846.

Funding Source	# Served	Total Expense	Total Revenue	Net Income
2001 CMO Family Care	223	\$4,123,382	\$4,174,121	\$50,738
2002 CMO Family Care	316	\$6,219,914	\$6,311,122	\$91,208
2003 CMO Family Care	343	\$7,502,627	\$7,332,293	(\$170,334)
2004 CMO Family Care	359	\$7,380,258	\$7,543,104	\$162,846
2005 CMO Family Care	370	\$7,738,772	\$8,337,575	\$673,567

# ENROLLMENT & DEMOGRAPHICS

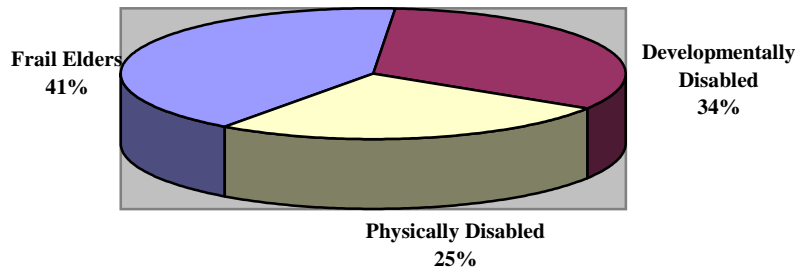
Calendar year 2005 began with 304 members enrolled in Richland County's Care Management Organization and ended with 324 members. As mentioned earlier in the report, 370 in total were served in the CMO.

## Comparison of Genders Served:



In 2005, of the 370 people served, 201 were female and 169 were male. While we served more members in 2005, the percentage of male and female members did not change between 2004 and 2005.

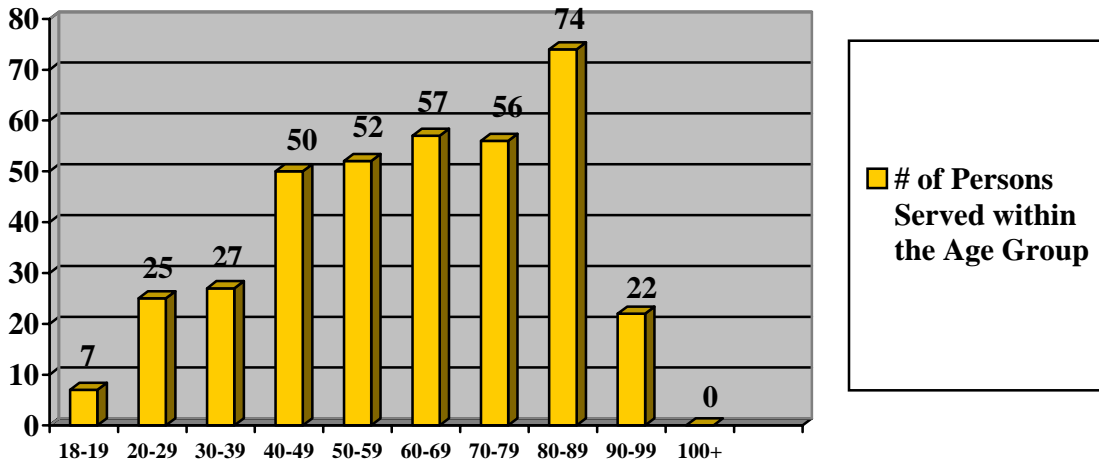
## Comparison of Target Groups Served:



As the graph shows, the CMO three target groups: frail elders, people with developmental disabilities, and people with physical disabilities. The target group with the largest number of people served is frail elders. The State and Counties anticipated this as Family Care was implemented.

The largest growth in target populations served is people with physical disabilities. In 2001, only 12% of the people served were in the physical disabilities target group. In 2003, 22% of the total served are people with physical disabilities. In 2004, 25% of the total served are people with physical disabilities. This is typical for the growth that the other CMO pilots have experienced. However, the percentages in each of the three target groups did not change from 2004 to 2005.

## Comparison of Age Groups Served:



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

WHERE PEOPLE ARE SERVED		
Richland Center	267	72%
Lone Rock	31	8%
Cazenovia	15	4%
Out of County	13	4%
Viola	12	3%
Muscoda	11	3%
Blue River	10	3%
Gotham	5	1%
Hillsboro	4	1%
Sextonville	1	.5%
Yuba	1	.5%
<b>TOTALS</b>	<b>370</b>	

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



## CMO ADVISORY COMMITTEE

The Advisory Committee for the Care Management Organization met monthly throughout 2005. At each meeting, the Advisory Committee receives regular reports on enrollment figures, grievance and appeals, and critical incidents involving members, as well as on the financial status of the Care Management Organization. The Advisory Committee has reviewed and approved policies and made recommendations to staff and to the Health and Human Services Board concerning the Care Management Organization.

## LONG TERM CARE COUNCIL

The local Long Term Care Council met quarterly in 2005 to consider a variety of issues, to make recommendations to the County Board of Supervisors on continued operation of the county's Family Care Program, to review and make recommendations concerning proposed changes to the Health and Human Services contract with the State, to review and make recommendations concerning the provider network, and to consider and make recommendations concerning the Family Care Program overall.

## NETWORK DEVELOPMENT

The CMO contracted with approximately 129 providers. A complete list of providers can be found in the Appendix section of this report.

## CARE PLANNING AND CARE MANAGEMENT

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

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

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

The Quality Assurance/Quality Improvement Program of the CMO is designed and organized to support its vision, values, and goals. The Continuous Quality Improvement process is utilized to

identify areas of concern, develop plans to address those concerns, and monitor the results of any actions taken, particularly as the issues relate to member defined outcomes.

The Continuous Quality Improvement process that was adopted during 2003 by the Department of Health and Family Services for use by the CMOs is called Best Clinical Administrative Practices (BCAP). The CMO is required to have two BCAP projects at all times. The two projects that Richland County worked on during 2005 were the "Power Attorney for Healthcare" and "Diabetes Management."

The aim of our "Power of Attorney for Healthcare" project is *Seventy-five percent of members without guardians shall have a copy of a completed Power of Attorney for Healthcare (POAH) on file by June 30, 2006.* In 2005, we conducted an in-service training to care managers and area agency staff on assisting members in the completion of the power of attorney for healthcare paperwork. We also created a Richland County Care Management Power of Attorney packet for use with members. Through these education efforts and a passionate commitment by the care management staff, the CMO was able to obtain a 50% completion rate for power of attorney for healthcare for members without guardians at the end of 2005.

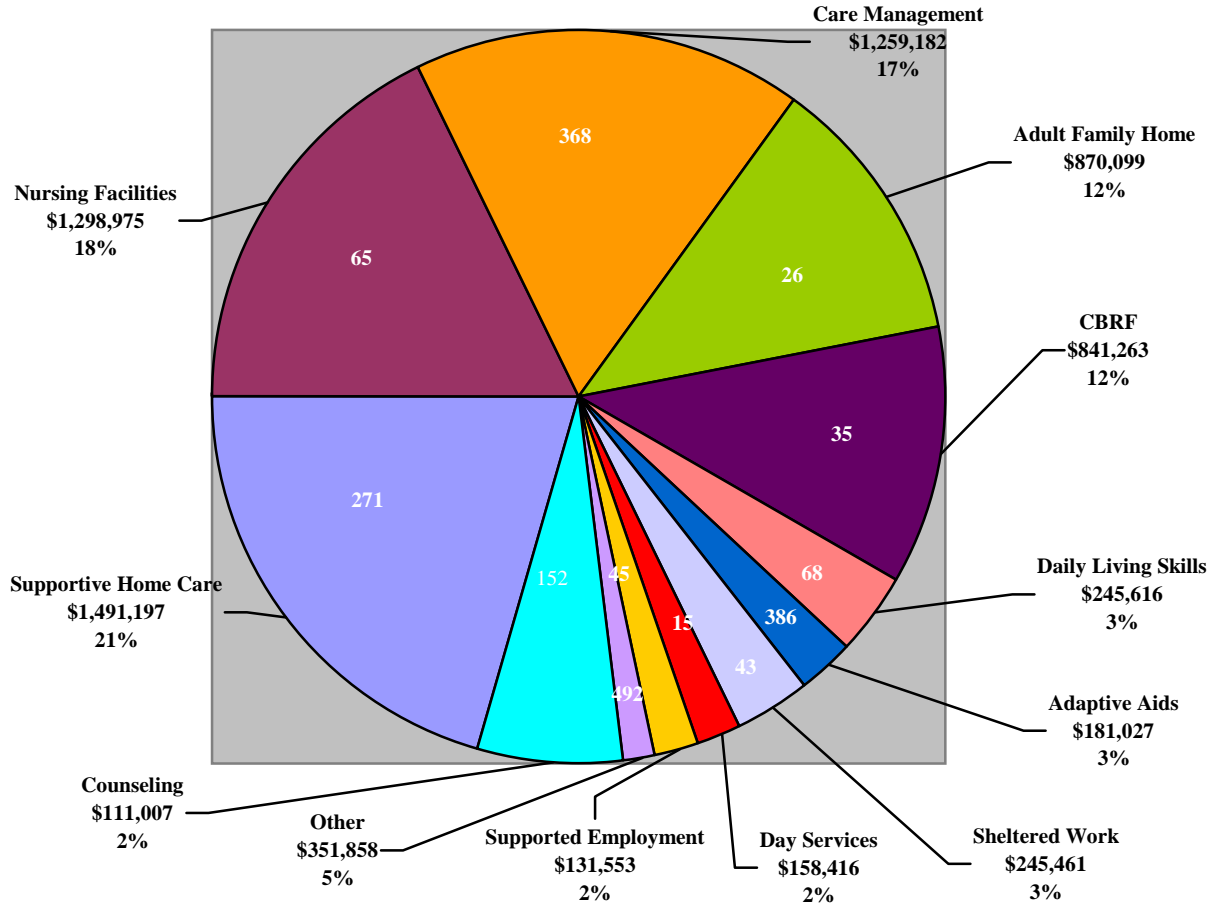
The aim of our "Diabetes Management" project is *Improve diabetes management for diabetic members included in the study as evidenced by:*

- 1) 75 % of diabetic members will have a current A1C, BP, and LDL by December 31, 2006;*
- 2) a decrease in the number of high-risk (poorly controlled) diabetic members (as evidenced by A1C, BP and LDL) by 6 percentage points by December 31, 2006; and*
- 3) a decrease in the average combined rate of high-risk (poorly controlled) diabetic members of 6 percentage points by December 31, 2006.*

This project was initiated at the end of 2005 so much of the work thus far has involved startup and organizational activities. The CMO plans to submit its baseline data early in 2006, which will become the benchmark for tracking the effort through the remainder of the year. Through the use of practice guidelines, member/staff/caregiver training, as well as various other educational efforts, the CMO will attain the targeted goals.

# SERVICES PROVIDED

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



The number placed on the pie slice denotes the number of clients who utilized the service; this number may represent a duplicate count of members.

<b>Other Services</b>	<b>Cost</b>	<b># of People Served</b>
Transportation	\$ 84,811	187
Home Delivered Meals	\$ 73,754	84
Respite	\$ 69,826	29
Home Health Care	\$ 41,447	46
CSP	\$ 37,914	10
Financial Management	\$ 26,459	88
Skilled Nursing	\$ 13,221	27
All other services	\$ 4,126	21

# ADMINISTRATIVE SERVICES

## Mission Statement

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

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

Office Management	Information Technology (IT)
Human Services Reporting System (HSRS)	Day Care Certification
Front Desk Reception and Information	Clerical Support Services
Transcription	Database Management
Claims Processing	Client Record Keeping
Accounts Payable	Payroll
Accounts Receivable	Community Aids Reporting System (CARS)
Representative Payee Services	Fiscal Reporting
Supports a Variety of Other Software Programs	
Compliance with the Health Insurance Portability & Accountability Act (HIPAA)	

While maintaining the varied areas of responsibilities on a day-to-day basis, Administrative Services works to institute and/or develop changes that will improve efficiency and comply with state, federal, and local mandates. One of the main enhancements in 2005 was the data collection and billing associated with the new Comprehensive Community Services Program.

In the area of Information Technology, the agency was able to upgrade our computer network by replacing our server with a new server using a different type of server software. This meant that all of the computers needed to have their operating systems upgraded as well. In addition, the County installed a new email server that will enhance the security of our emails.

The agency took advantage of the Highway 80/Main Street Reconstruction Project to install water lines and sewer connections in the event of a future expansion of the Community Services Building. The agency also installed an underground pipe between the Community Services Building and the Courthouse preparing for a future underground connectivity with the Courthouse.

Administrative Services participates in many agency workgroups that help shape policies and programs in the agency.

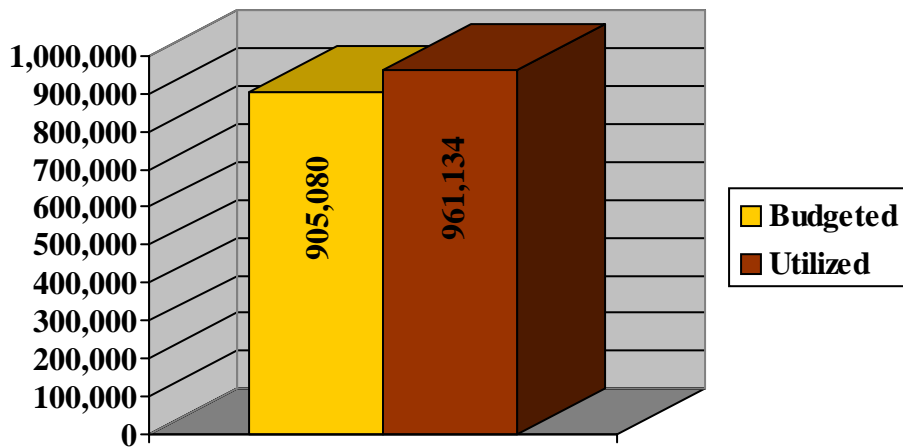
The agency, through it's IT staff, has continued to upgrade the Health and Human Services website with new features. The website can be found at [www.co.richland.wi.us](http://www.co.richland.wi.us).

# FISCAL

(Un-audited Figures)

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

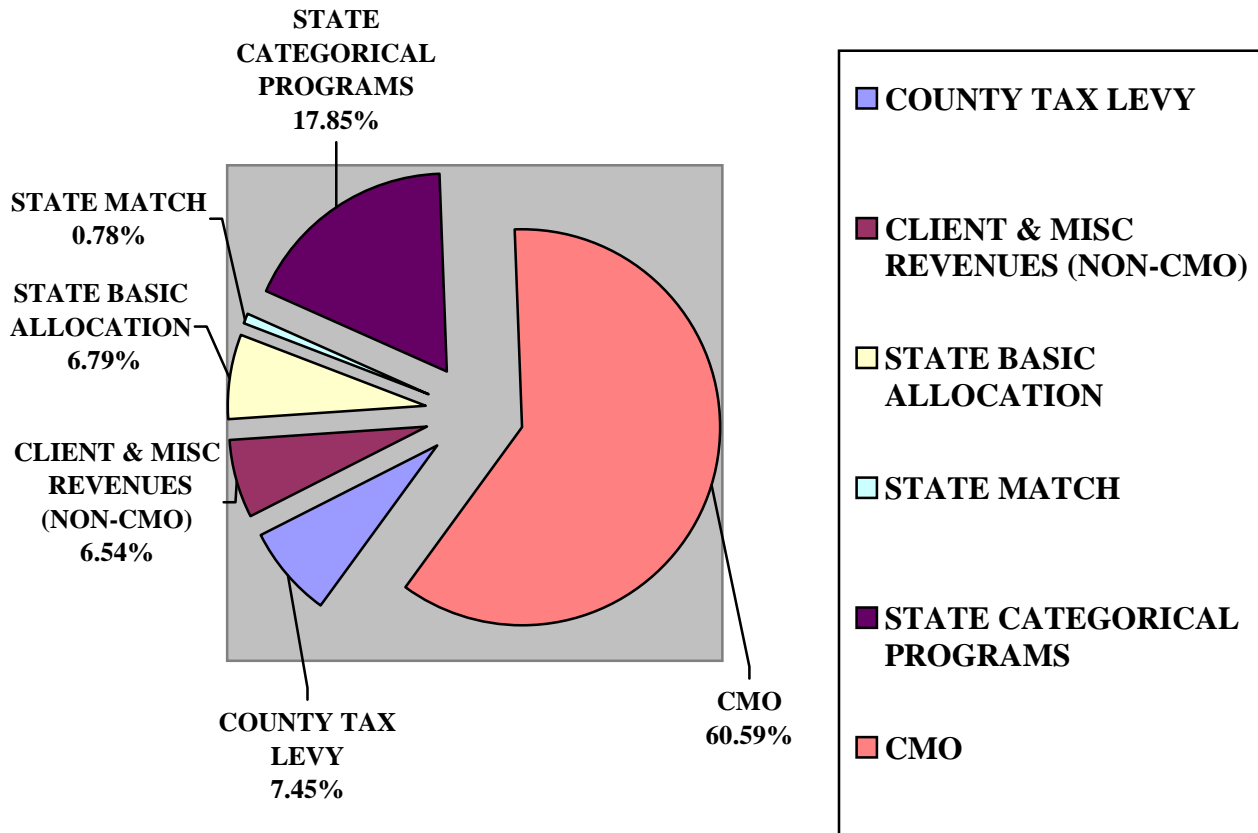
## COUNTY TAX LEVY BUDGETED VS. USED



BUDGETED	\$ 905,080
UTILIZED	\$ 961,134
VARIANCE [UNDER]	\$ 56,054
UNBUDGETED INSTITUTION COSTS	\$ 57,712
AMOUNT <u>UNDER</u> BUDGET WITHOUT INSTITUTION COSTS	\$ 1,658

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

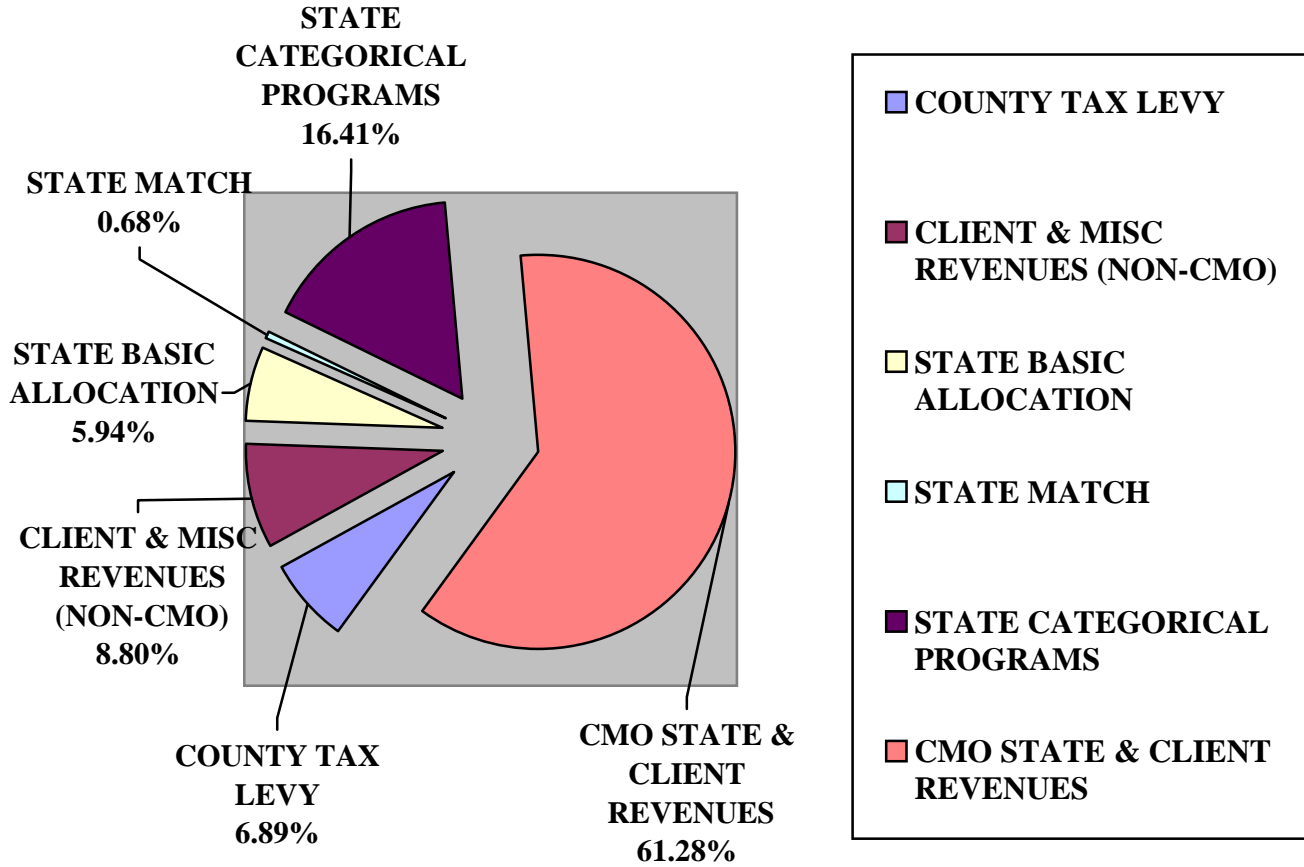
## BUDGETED REVENUE



COUNTY TAX LEVY	\$ 905,080
CLIENT & MISC REVENUES (NON-CMO)	\$ 795,885
STATE BASIC ALLOCATION	\$ 826,874
STATE MATCH	\$ 95,179
STATE CATEGORICAL PROGRAMS	\$ 2,172,454
CARE MANAGEMENT ORGANIZATION (CMO)	\$ 7,372,722
<b>TOTAL</b>	<b>\$ 12,168,194</b>

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## ACTUAL REVENUE SOURCES

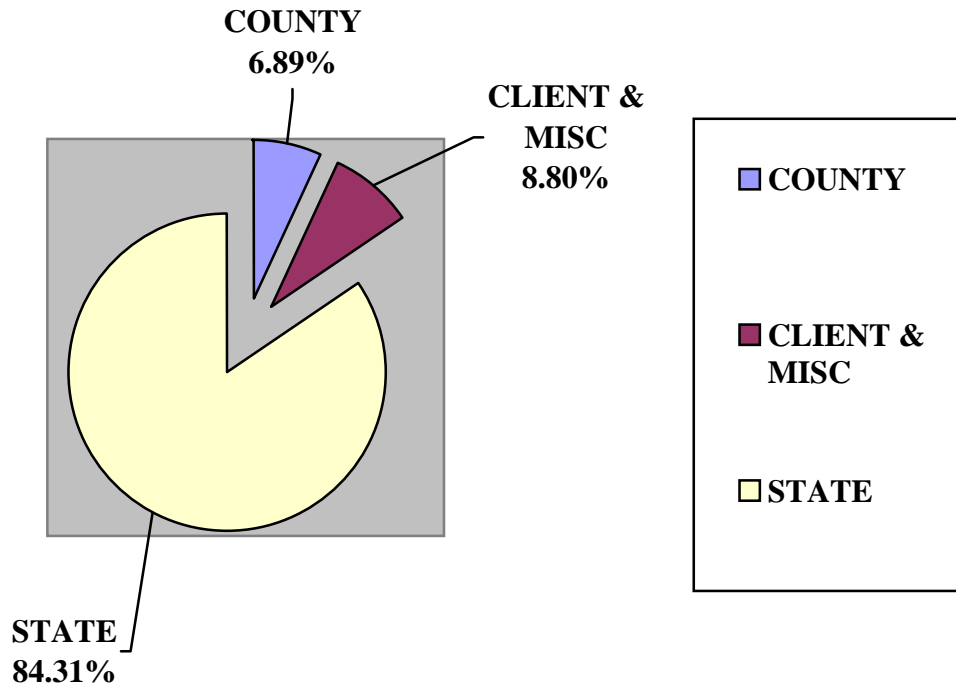


COUNTY TAX LEVY	\$ 961,134
CLIENT & MISC REVENUES (NON-CMO)	\$ 1,228,793
STATE BASIC ALLOCATION	\$ 828,359
STATE MATCH	\$ 95,179
STATE CATEGORICAL PROGRAMS	\$ 2,290,224
CARE MANAGEMENT ORGRANIZATION (CMO) STATE & CLIENT REVENUES	\$ 8,552,144
<b>TOTAL</b>	<b>\$ 13,955,833</b>



# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 961,134
CLIENT & MISC	\$ 1,228,793
STATE	\$ 11,765,906
<b>TOTAL</b>	<b>\$ 13,955,833</b>

# APPENDIX

# Richland County Health & Human Services

## 2005 Health & Human Services Contracts

(Over \$10,000)\*

Aegis Corporation	\$55,532	Lori Knapp, Inc. - Richland	\$311,140
Attorney Henry Plum	\$26,155	Lutheran Social Services (Homme House)	\$25,846
B-Care Corporation	\$95,028	Lutz, Russ	\$36,960
Balto, Irv	\$18,257	Matekel's Group Home	\$56,335
Boscobel Area Health Care	\$50,270	Mystic Willow	\$51,209
Community Care Resources	\$97,470	Orion Family Services	\$33,414
Cornerstone Foundation	\$124,780	Paragon Development Systems	\$90,300
Dati, David	\$17,174	Psychology Center	\$38,100
Fillyaw AFH	\$48,042	Rawhide, Inc.	\$33,982
Gander's Cleaning Service	\$28,622	Richland Hospital	\$75,193
Harris AFH	\$12,636	Schmidt, Clemens M.D.	\$62,100
Hoffman AFH	\$35,244	SW WI Workforce Dev. Board, Inc.	\$394,696
Kaplan, Michael, M.D.	\$18,637	St. Anthony's School	\$10,968
Koenecke, Fred M.D.	\$24,257	Trempealeau County Health Care	\$98,906
L & J Pub and Restaurant	\$15,470	Warrior, Jean Ph.D.	\$17,160

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

## 2005 CMO Provider Network

Access Transport	\$723	Community Home Medical Equipment	\$43,296
Allison Park Group Home	\$195,648	Creative Dimensions In Care	\$282,443
American Home Patient	\$2,461	Crow Hill Builders	\$565
ANEW Health Care Services	\$6,084	Degen Berglund	\$1,514
Arnsdorfer, Ellen	\$4,100	Dietelhoff Adult Family Home	\$632
Ash Creek Plumbing and Heating	\$4,899	Downtown Corner, LLP	\$1,650
Assisted Care, Inc.	\$65,130	Driftless Mowing	\$1,335
Avastone	\$36,141	Eagle Enterprises, Inc.	\$403
Barliani Adult Family Home	\$10,593	EMPI	\$37
Berger Adult Family Home	\$2,532	Empowerment Center	\$3,308
Bethel Home	\$11,348	Family and Children's Center	\$186
Bethke Adult Family Home	\$48,396	Family Services	\$715
Better Days, Inc.	\$15,806	Foekler Adult Family Home	\$61,226
Bohlman's Drug Store	\$7,477	Franciscan Skemp - Sienna Hall	\$8,091
Burgette Adult Family Home	\$26,592	Frazier Adult Family Home	\$2,609
Burghagen, Leo	\$5,185	Greenway Manor	\$47,869
Burkhamer, Thomas	\$280	Gunderson Lutheran Coulee Trails	\$32,929
Burton House Adult Family Home	\$166,400	Harris Adult Family Home	\$3,615
Center Massage	\$1,763	Harvest Guest Home	\$134,165
Clements, Katherine	\$1,820	Heidi, Carletta	\$390

Home Delivered Incontinence Supply	\$2,758	Riverdale Healthcare & Rehabilitation Center	\$57,559
Home Health United	\$9,341	Robinson Mowing	\$1,890
Homeward Bound	\$241,689	Sannes Skogdalen	\$3,777
Huebner and Associates	\$3,225	Schmitt Woodland Hills	\$1,248,379
Hyland Adult Family Home	\$44,068	Schneider Plumbing and Heating	\$895
		Schurmann Chiropractic & Wellness Center, LLC	\$358
Improved Living Services	\$196,598	Sharp, Donna	\$1,300
Kaleidoscope Therapies	\$37,077	Sherpard, Jennifer	\$9,860
Kirchnoffer Adult Family Home	\$24,006	Shopping News	\$82
Kovelan, Naomi	\$765	Snyder's Drug Store "Thrifty White"	\$10,005
Lakeview Health Center	\$60,027	Spilde Adult Family Home	\$3,896
Lampman Adult Family Home	\$1,912	Spring Green Pharmacy	\$178
LaRosh Muscular Therapies, LLC	\$1,050	Spry, Mitchel Adult Family Home	\$3,600
Lebansky Adult Family Home	\$7,425	Spry, Rick Adult Family Home	\$25,255
Lori Knapp - Richland, Inc.	\$996,952	Symons Recreational Center	\$2,056
Mankind Support Services	\$27,160	Tellurian UCAN, Inc.	\$8,415
Maplewood of Sauk Prairie	\$1,824	Towering Oaks Lawn & Landscaping	\$855
Medical Arts Pharmacy	\$122	Towne Taxi	\$28,670
Medicine Shoppe	\$564	Tydrich, Lyle	\$105
Meriter Home Health	\$161	United Building Centers	\$308
MJ Care, Inc.	\$24,014	Upland Hills Home Health Care	\$32,977
Mystic Acres	\$37,600	UW Hospital	\$912
Nesbit, Susan	\$1,970	Vandenberg, Frank	\$485
Ninedorf, Carol	\$650	VARC, Inc.	\$385,713
Orr Adult Family Home	\$17,127	Vernon Manor	\$52,952
Pavlak Adult Family Home	\$28,880		
Pine Valley Healthcare & Rehabilitation Center	\$1,181,073	Vernon Memorial Hospital	\$287
Private Care Home Health, LLC	\$6,187	Walgreens	\$37,778
Ramsden, Donna	\$840	Walsh's Ace Hardware	\$302
Red Apple Services	\$5,075	Wertz Plumbing and Heating	\$490
Reedsburg Area Medical Center	\$537	Whispering Pines Construction	\$10,818
REM Wisconsin, Inc. dba CCS - Wisconsin	\$63,670		
Richland Electric Cooperative	\$24,926	WI Council of the Blind	\$332
Richland Family Prescription	\$5,130	Wind Ridge Home	\$5,551
Richland Hospital, Inc.	\$21,591	Wood Adult Family Home	\$4,560

# Richland County Health and Human Services

## Office Locations

### Community Services Building

221 West Seminary Street  
Richland Center, WI 53581

*Administrative Services  
Children and Families Unit  
Economic Support Unit  
Long Term Support Unit  
Public Health Unit*

(608) 647-8821  
Fax: (608) 647-6611  
Email: [rchhs@co.richland.wi.us](mailto:rchhs@co.richland.wi.us)

### Courthouse 1<sup>st</sup> Floor

181 West Seminary Street  
Richland Center, WI 53581

*Elderly Services Unit*

(608) 647-6226  
Fax: (608) 647-8962  
Email: [aging@co.richland.wi.us](mailto:aging@co.richland.wi.us)

*Aging and Disability Resource Center*

(608) 647-4616  
Fax: (608) 647-8962  
Email: [resctr@co.richland.wi.us](mailto:resctr@co.richland.wi.us)

### West Office

1000 Highway 14 West  
Richland Center, WI 53581

*Clinical Services Unit  
Business Office*

(608) 647-6384  
Fax: (608) 647-8867  
Email: [thorsent@co.richland.wi.us](mailto:thorsent@co.richland.wi.us)

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