



# 2011 Annual Report

Richland County  
Health and Human Services

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

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2011 Annual Report. This past year marked our eleventh full year since the creation of the Health and Human Services Agency in August of 2000. Several highlights of 2011 include:

➤ **The Successful Writing and Implementation of Several Demonstration Grants.**

1. Richland FIT (Fitness in Total): The Public Health Unit was selected for a 2011-2012 Community Academic Partnership Planning Grant through the University of Wisconsin School of Medicine and Public Health for the focus of reducing the high rate of obese and overweight citizens in Richland County.
2. Seal-A-Smile: The Public Health Unit was also successful in applying for and implementing the Wisconsin Seal-A-Smile Program in Richland County. The Seal-A-Smile Program provides funding for dental exams, dental sealants, and topical fluoride application to Richland County school age children for the 2011-2012 school year.
3. Language Enriched Exercise Plus Socialization (LEEPS): The Regional Aging & Disability Resource Center was selected to participate in a research study funded by a Federal grant to implement the Language Enriched Exercise Plus Socialization Program. This involves recruiting a group of dedicated volunteers whose mission is to bring an exercise and social outing program into the homes of people with memory loss within the region.
4. Active Aging Research Grant: The Regional Aging & Disability Resource Center was also fortunate to be selected as one of three ADRCs in the State of Wisconsin to participate in an active aging research study. Richland County is partnering with the State of Wisconsin, the University of Wisconsin-Madison, and the Active Aging Research Center to identify technology tools to assist older adults with living independently and staying in their homes longer. The Active Aging Research Center is funded by a grant from the Federal Agency for Healthcare Research and Quality.

- **2011 Health and Human Services Budget.** Due to a decrease in out-of-home costs related to children in foster care and other residential settings and due to cost reductions in a number of other areas, Health and Human Services was able to end 2011 with a surplus for the second straight year.

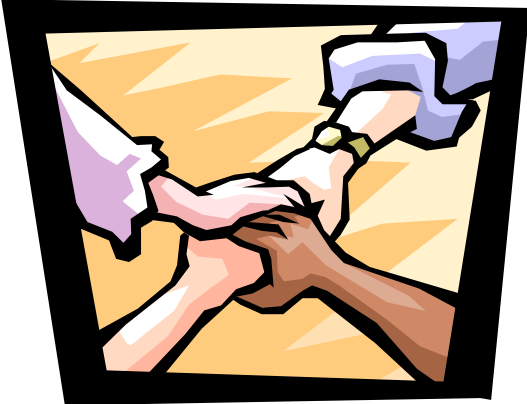
As you look through this report, feel free to contact me with any questions. This annual report, along with Health and Human Services Board Minutes, staff contact information, and program information can now be viewed online on the Health and Human Services webpage located at [www.co.richland.wi.us](http://www.co.richland.wi.us).

Sincerely,

Randy Jacquet, LCSW  
Director

# Richland County Health & Human Services

## 2011 Annual Report



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# **MISSION STATEMENT**

# BOARDS AND COMMITTEES

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

### Board Members

Jeanetta Kirkpatrick, Chairman

Betty Havlik

Dr. Neil Bard (March 2011-October 2011)

Paul Kinney

Robert Holets

Fred Clary

Marilyn Rinehart

Ray Schmitz

Walter Gust

## **Commission on Aging & Disability**

### Commission Members

Bette Cook, Chairman

Bonnie Richardson

Gary Peters (until January 2011)

Joseph Scribbins (until August 2011)

Lawrence Sowle

Lloyd Bartow (as of October 2011)

David Scribbins (as of February 2011)

Carol Clausius

James Cox

Laura Poindexter

Marie Rakow

Paul Kinney

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

### **Coordination Committee**

#### Committee Members

Paul Kinney, Chairman

Bonnie Rosas

Faye Burghagen

Amanda Coorough

Cathy Krulatz

Ricki Bishop

Tracy Thorsen

## **Nutrition Advisory Council**

### Committee Members

Scott Banker, Chairman

Harriett Hendricks

Kim L'Hote

Shannon Trebus

Janine Parduhn

Mike Shields

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

Board Members

Walter Gust, Chairman

Diane Harding

Janet Pearson

June Leirmo

Marjorie Sheckler

Phyllis Johnson

Tom Brounacker

Jackie Maier

Janice Cleven

Lane Poulin

Peter Murray

Robert Neal Smith

**Richland County KIDS Council**

Council Members

Connie Vlasak, Chairman

Amanda Miller

Faith Peckham

Hallie Wiertzema

Marilyn Rinehart

Laurie Couey

Kay Cunningham

Belinda Granger

LaVonne Bekkum

Rachel Schultz

Amanda Coorough

Michelle Parr

**Transportation Coordinating Committee**

Committee Members

Marie Rakow, Chairman

Angela Metz

Bette Cook

Carol Clausius

Linda Symons

Tracy Hanson

Angela Young

Betty Havlik

Dan Carroll

Paul Kinney

Ursula Straight

# **BOARD ORGANIZATIONAL STRUCTURE**

# **UNIT ORGANIZATIONAL STRUCTURE**





# Richland County Health and Human Services

## **MISSION STATEMENT**

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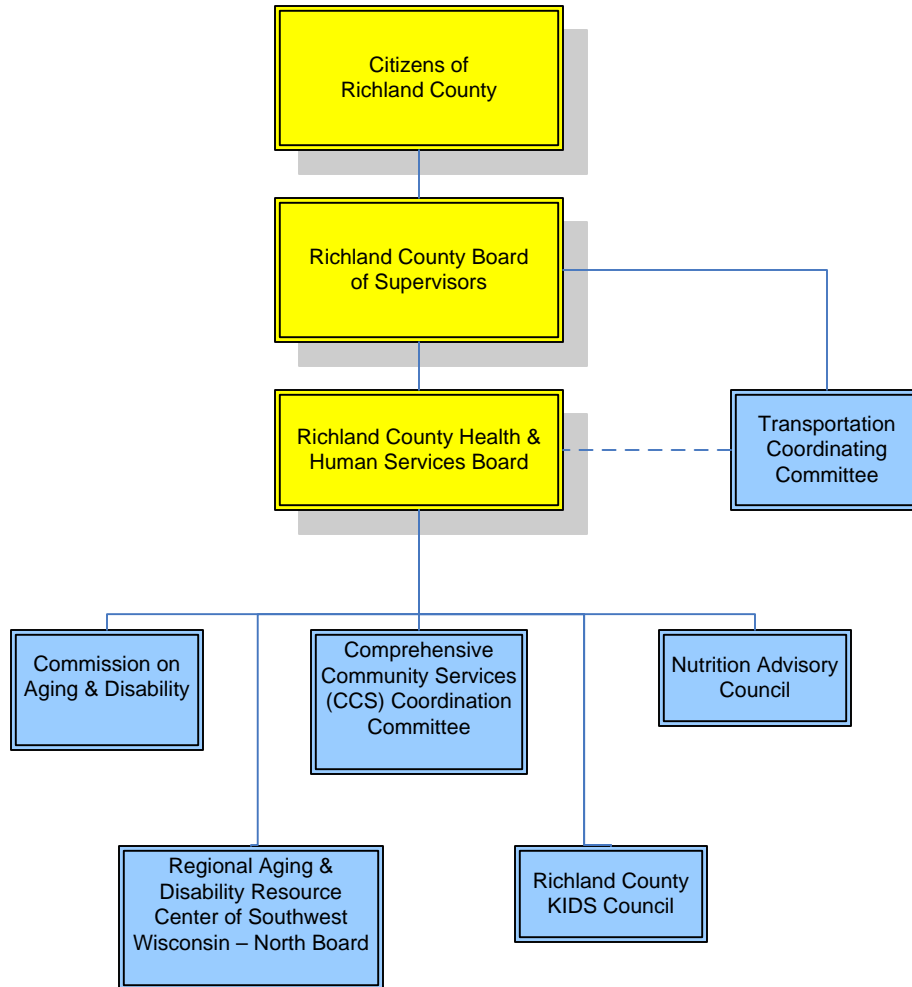
### **PROMOTE THE HEALTH, WELL-BEING, AND SELF SUFFICIENCY FOR ALL PEOPLE OF RICHLAND COUNTY**

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

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

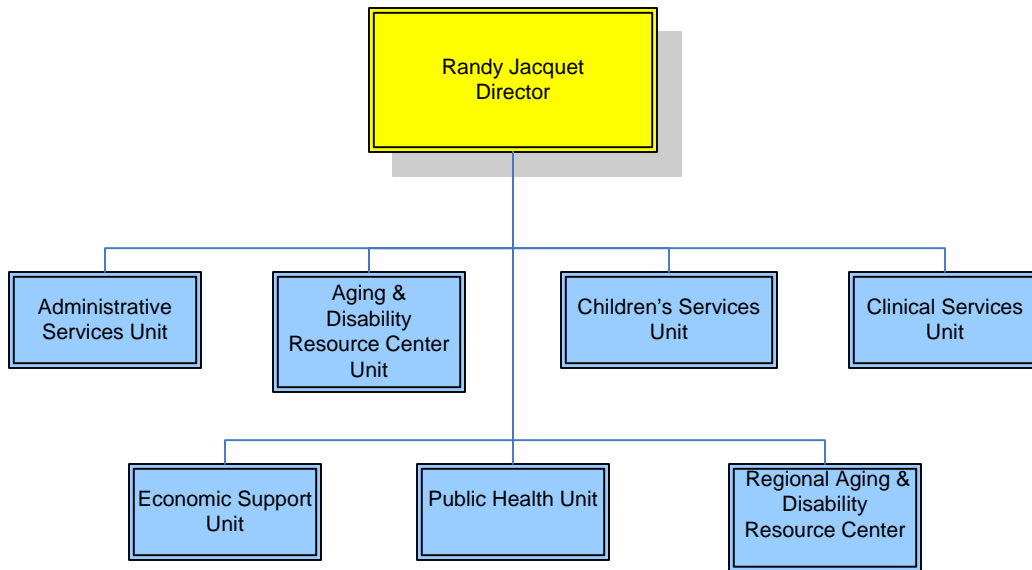
# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## BOARD ORGANIZATIONAL STRUCTURE



# RICHLAND COUNTY HEALTH & HUMAN SERVICES

## UNIT ORGANIZATIONAL STRUCTURE



# ADMINISTRATIVE SERVICES UNIT

## Mission Statement

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

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

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

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

The Administrative Services Unit has continued to experience significant changes in 2011. State Legislative actions brought about many administrative changes for the agency, which required revisions to numerous personnel policies and procedures. The transition to electronic health records for our Mental Health Clinic clients is a project that required much involvement from the Administrative Services Unit in 2011, and will continue into 2012-2013. Each year the Administrative Services Unit is asked to do more with less staff and each year the unit manages to rise to the challenge.

For a summary of Health and Human Services financial data for the year 2011, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

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

## Mission Statement

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

We also uphold the provisions under the Older Americans Act of 1965 to enable Richland County elderly residents to lead dignified and healthful lives by providing a staff and volunteer network that seeks to provide timely, friendly assistance to the elderly as they cope with various health issues and difficulties in living independently.

## OVERVIEW

The Aging and Disability Resource Center (ADRC) is the local office of the ADRC of Southwest Wisconsin – North serving Crawford, Richland, Juneau and Sauk Counties. The ADRC provides information and assistance service designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves adults who are elderly (60 years and older), or have physical, developmental, substance abuse, or mental health disabilities, or youth with disabilities who are transitioning from children services into adult services.

Staff at the ADRC assist customers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. The ADRC also provides benefits-related counseling and services to the elderly, as well as adults with disabilities between the ages of 18 and 59 years through two benefit specialists; an Elderly Benefit Specialist and a Disability Benefit Specialist.

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

# KEY AREAS OF ACTIVITY

## INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2011, the Information and Assistance staff (I&A) received 2,619 contacts from customers. Contacts are defined as first-time customers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

### **2011 Information & Assistance Consumers**

55% were 60 years and older;  
17% were consumers with physical disabilities;  
7% were consumers with developmental disabilities;  
9% were consumers with mental health or substance use disorders; and  
12% were unknown.

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

Those contacting the ADRC in 2011 had over 4,500 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

Consistent with previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance and support; health/medical care; home health/home supportive care; and housing/residential needs. While many customers simply need information, others need various kinds of assistance getting connected to programs or services. Staff provide a wide range of assistance which can include, contacting a service provider on the customer's behalf; helping the customer complete an application; advocating on behalf of a customer to help solve a problem related to accessing a program or service; providing in-depth counseling about long-term care options; and providing short-term case management to assist a customer with multiple or complex needs.

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

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

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

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

In 2011, staff completed 94 Functional Screens and enrolled 78 customers into long-term care publicly funded programming.

## **DISABILITY BENEFIT SPECIALIST**

Disability Benefit Specialist services are available to Richland County residents ages 18 through 59 years with physical disabilities, developmental disabilities, mental illness and/or substance abuse disorders. The Disability Benefit Specialist provides information on public and private benefits, and assists with applications, appeals, and advocacy. Typical areas of assistance include programs, such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other ADRC staff to provide referrals for community resources and services, options counseling, and information and assistance related to the

long-term care benefit. The Disability Benefit Specialist position consults with a Staff Attorney located at Disability Rights Wisconsin in Madison.

The Disability Benefit Specialist program assisted 139 Richland County residents in receiving over **\$1,240,302** 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 \$7,529,608. 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.

## **ELDERLY BENEFIT SPECIALIST**

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

Information and Assistance Specialists work closely with the Elderly Benefit Specialist to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elderly Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance.

In 2011, the Elderly Benefit Specialist Program provided a savings to 277 county residents totaling **\$1,391,108** in Federal, State, and other funding based on the type of program.

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



## **EARLY INTERVENTION/PREVENTION SERVICES**

2011 was the third year the ADRC participated in the Senior Farmers Market Program through collaboration with the Public Health Unit of Health and Human Services, the University of Wisconsin Extension office, and Second Harvest. 101 sets of Farmers Market vouchers each worth \$25 were distributed to seniors in Richland County to purchase local, fresh, homegrown produce. The program promotes healthy food purchasing options and brings \$2,525 in revenue to local producers.



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

## **TRANSITION SERVICES FOR YOUTH**

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to help young adults who have physical or developmental disabilities, or who have mental health or substance abuse disorders and are in need of long-term care. Transition services help students and their families to receive information, options counseling, and connections to needed services.

An Information and Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2010-2011 school year included:

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

- Monthly participation at Transition Advisory Council meetings. The Council members include high school teachers, representatives of community organizations, such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.
- Joint planning and participation in a "Mentoring Day" where high school students with disabilities visited various job sites to job shadow and learn about different careers.
- Participation in the 'Get Real Fair' at the UW-Richland Campus to help educate and support student's understanding of life problem solving and proactive planning.

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

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

In 2011, Richland County Health and Human Services received \$3,565. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's and Dementia Alliance, Richland County contributed to the further development of a local Dementia Network and participated in the 2011 Alzheimer's Walk.



## THE DRIVER ESCORT PROGRAM

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

In 2011, the Driver Escort Program had 21 volunteer drivers and 2 paid drivers providing a total of **1,340 trips** for **1,723 passengers** traveling **163,004 miles**. The volunteer drivers donated **7,865 hours** of their time and the temporary casual Drivers drove for **41 county van hours**.

This program is primarily funded through the s.85.21 Department of Transportation grant for Specialized Transportation, as well as receiving reimbursement through Medical Assistance, Veterans Affairs, and co-pays collected from passengers. In an effort to keep the cost of our trips down, we place multiple passengers in a vehicle when possible.

## NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2011 totaled \$10,173 to provide five basic components under the program:

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



Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2011, the funds supported 215 families, provided funded support for information and assistance through the ADRC, and subsidized some transportation needs for caretaking families.

## **ADULT PROTECTIVE SERVICES ACTIVITIES**

The Adult Protective Service (APS) system is designed to protect Richland County vulnerable adults (18 years of age and over) from treatment or circumstances defined as abuse, neglect or financial exploitation. Through the Wisconsin Incident Tracking System (WITS), a web-based reporting tool, the table below reflects the numbers for all vulnerable adults over 18 years old.

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

|                          |    |
|--------------------------|----|
| Total number of reports: | 83 |
| Self Neglect             | 55 |
| Neglect by Other (s)     | 11 |
| Financial Exploitation   | 13 |
| Emotional Abuse          | 1  |
| Physical Abuse           | 2  |
| Sexual Abuse             | 0  |
| Other                    | 1  |

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

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the State. In 2011, the State allocation of \$10,544 served 27 county residents.

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

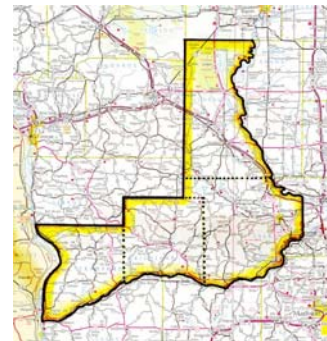
The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2011, 45 court actions were completed for 22 people. Court action can include creating guardianship of estate and person, protectively placing an individual, creating successor guardianships, terminating guardians of estate, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews. In 2011, 55 people received annual protective placement reviews.

# AGING & DISABILITY RESOURCE CENTER OF SOUTHWEST WI – NORTH

Serving: Crawford, Juneau, Richland, & Sauk Counties

## Mission Statement

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



## REGIONAL MODEL

The regional model provides a seamless cross border service to customers. The region has shown outcomes in areas of consistency, standardization, quality, and cost-effective service delivery. In 2011 the region was asked to partner on two research projects that will have a significant role in shaping our health care system. ADRCs across the state are playing a large role in piloting many research projects with a aim of finding ways to assist people in remaining in the community longer, which brings cost efficiencies to the State of Wisconsin's health care system.

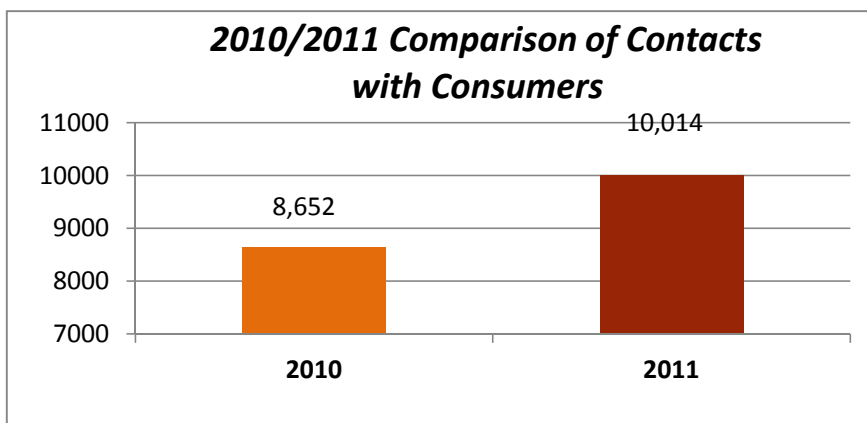
## ADRC of SW WI – NORTH GOVERNING BOARD

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

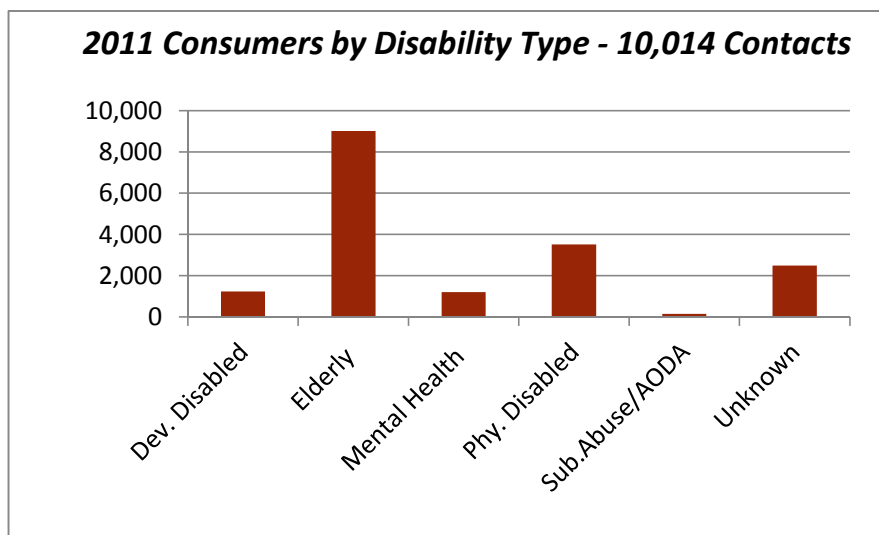


## INFORMATION & ASSISTANCE SPECIALISTS

In 2011, the Information and Assistance Specialists increased their utilization of the database program implemented in 2010 to track their contacts with consumers. Data from 2010 and 2011 shows a significant increase in the total contacts with 2010 recording 8,652 contacts and 2011 recording 10,014 contacts. Consumers range in age from 17 years old and up, comprising a variety of disability types. This data demonstrates consumers are interacting with the ADRC and the ADRC is making the necessary connections to reach out to the consumers.



*The 20.5% increase in 2011 contacts exceeded the Region's goal to increase the number of contacts by 5% over 2010.*

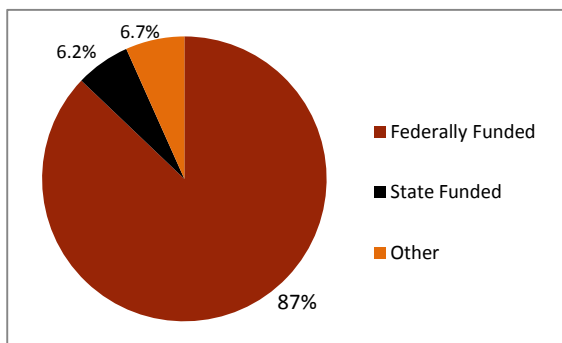
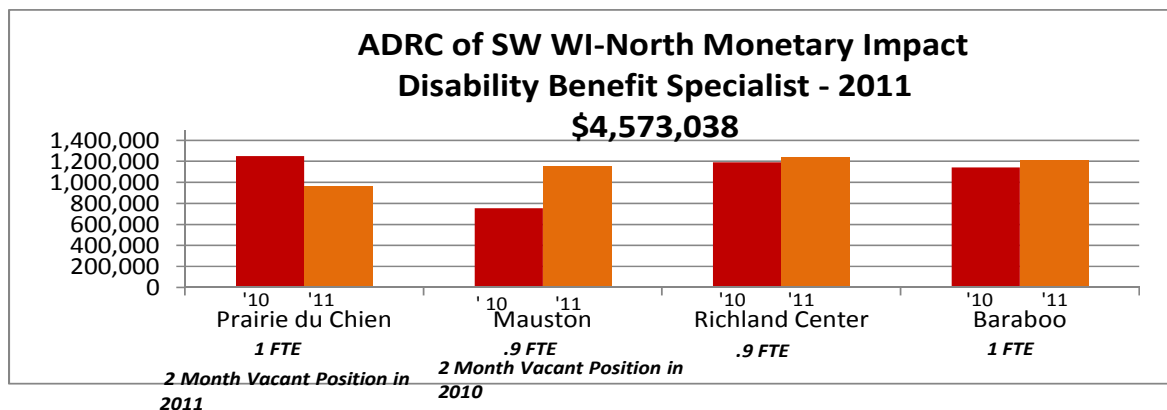


## DISABILITY BENEFIT SPECIALISTS

Disability Benefit Specialists (DBS) provide services to people ages 18-59 with physical disabilities, developmental disabilities, mental illness and substance abuse disorders. The Disability Benefit Specialists provide reliable and accurate information and assistance on public and private benefit programs including appeal procedures. The DBS's serviced 767 people across the region in 2011.



Monetary Impact is an estimate of the value of benefits obtained or retained with the help from a Disability Benefit Specialist. Their benefits are crucial in meeting the individual's basic needs and medical care. The Disability Benefit Specialists work must also be valued when considering the monetary impact these benefits have on the local economy. Despite staff changes and other periods of vacancy, in 2011 Disability Benefits Specialists brought in a total of \$4,573,038. This total was an increase of \$234,609 from 2010.



### Regional Monetary Impact Comparison

**2010 Total - \$4,338,429**

**2011 Total - \$4, 573,038**

**\*Increase of \$234,609**

**Statewide average monetary impact per 1 full-time DBS: \$925,615**

**Southwest WI-North average monetary impact per 1 full-time DBS: \$1,270,288**

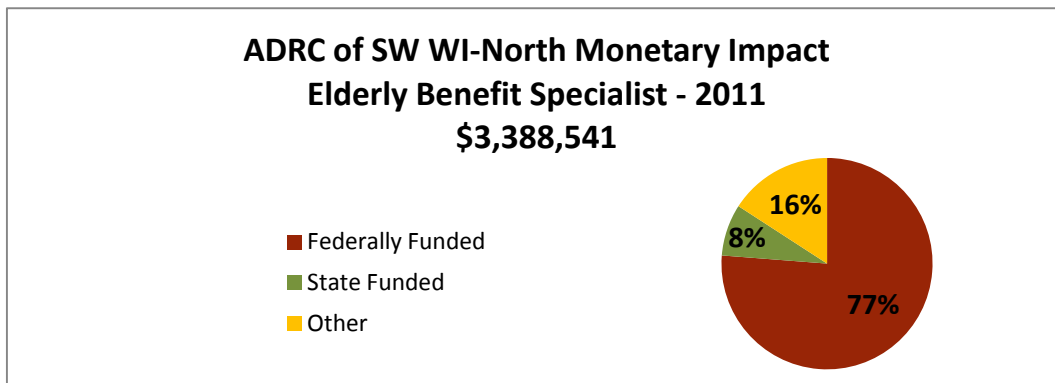


## ELDERLY BENEFIT SPECIALISTS

### **What is an Elderly Benefit Specialist?**

An Elderly Benefit Specialist (EBS) is a person trained to help older persons 60 years of age and older who are having problems with their private or government benefits. As a result of various State and Federal funds, this is a free service. EBSs are located at each of the five offices in the region: Baraboo, Reedsburg, Mauston, Prairie du Chien and Richland Center. They receive ongoing training and are monitored by attorneys knowledgeable in elder law. The attorneys are also available to assist older persons in need of legal representation on benefit matters.

Statewide data shows 26% of clients served were below the Federal poverty level (FPL) and 60% were above (FPL). Statewide data shows that each EBS has an average monetary impact of \$592,959. These benefits obtained or retained, directly benefit older adults and our communities as well.



***Elderly Benefit Specialists can help with a variety of programs and issues, including:***

- Medicare or Medicare Part D
- Medicare Supplemental Insurance
- Supplemental Security Income
- Social Security
- Medical Assistance
- Consumer problems
- Age discrimination in employment
- Homestead Tax Credit
- Housing problems
- Supportive Home Services
- Food Stamps
- Other legal and benefit problems



## QUALITY IMPROVEMENT PROJECTS

In 2011, the Region implemented Quality Improvement Projects through a system known as NIATx. NIATx is a part of the Center for Health Enhancement Systems Studies (CHESS), a research, training, and consulting organization based at the University of Wisconsin-Madison College of Engineering. This system specializes in continuous improvement, is customer-centered and outcome-focused. It has proven effective in transforming organizational business practices and customer services.

Within the Region, each office chose a project based on an area they believed had a need for an improvement to enhance the quality of customer service.

### Quality Improvement Projects:

- ***“Deer in Headlights”*** – Baraboo Office project to address concerns that consumers may be leaving the office uncertain of their next steps. Completed in 2011, this project resulted in an “Action Plan” identifying the next steps for the customer and staff. ADRC staff found this tool helpful when giving customers clear “next steps” and assisted when making follow up contacts.
- ***“A Project to Remember”*** – Regional Office project to promote Memory Screening. Research shows 1 in 9 people over age 65 have Alzheimer’s disease or other dementia. When people are diagnosed and treated early, as well as having access to caregiver support, research shows they are able to remain in their homes 15 to 18 months longer.
- ***“Blast’em With Options”*** – Baraboo Office project to expand “Options Counseling” services for people who are private pay. “Options Counseling” can give people choices for community services that extend their personal finances and resources that assist people to remain in their homes longer.
- ***“Where’s DBS?”*** – Mauston Office project to address occasions when the Disability Benefit Specialist is unavailable. This project aims to provide better customer service for walk-in customers seeking assistance.
- ***“♪Take Me to The ADRC♪”*** – Richland Center Office project regarding signage. The region strives to provide continuous marketing and outreach to the community – “know us before you need us.” Our goal is to help people plan for their future health care needs before they are in crisis.
- ***“Where’s the Info?”*** – Prairie du Chien Office project to improve the Information & Assistance Specialists intake process, allowing them to gather accurate and complete data.
- ***“Can You Count to MIPPA?”*** – Richland Center Office project to increase MIPPA (Medicare Improvements for Patients and Providers – act of 2008) contacts. Better data collection in MIPPA results in increased Federal revenues.

## ACTIVE AGING RESEARCH GRANT



The ADRC of Southwest Wisconsin – North is fortunate to have been selected as one of three ADRCs in the State of Wisconsin to participate in this research study. In 2011, the ADRC of SW WI-North, with a focus in Richland County, partnered with the State of Wisconsin, University of Wisconsin-Madison, and the ADRCs of Milwaukee and Waukesha Counties. The Active Aging Research Center exists to identify technology tools to assist older adults live independently and stay in their homes. The Center is funded by a grant from the Federal Agency for Healthcare Research and Quality. Specific goals of the project are to:

### Improve:

1. Understanding of needs and assets of older adults and their families.
2. Quality of life for older adults and their families
3. The ability of older adults to manage their own health at home
4. Dependability of services delivered to older adults in their homes
5. Safety of older drivers

### Reduce:

1. Falls
2. Preventable admissions to hospitals, nursing homes and emergency rooms
3. Premature departures from the home

There are **5 Project Teams** developed to promote independence and activity through technology, research, and community participation. Each team has a specific focus and project timeline.

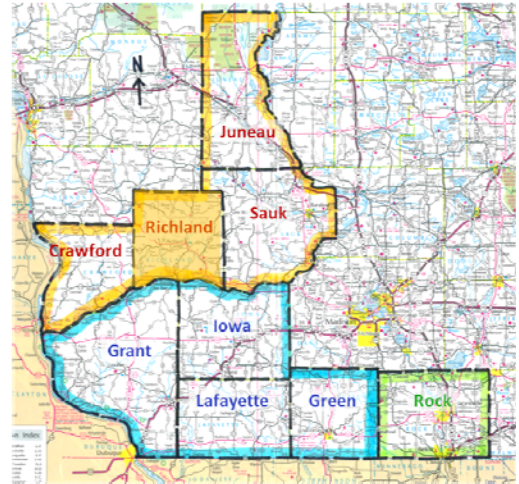
- **Asset-Based Community Development (ABCD)** – Review of data from 153 people regarding their assets with the intent to find ways those assets can be used to reduce social isolation and increase socialization in Richland County.
- **Service Dependability** – Focusing on “Care Transitions,” looking at the discharge process from a hospital, and communication between providing parties.
- **Falls Prevention** – Prevention program seeking to help older adults recognize strategies, items or factors to consider when leaving their home.
- **Driving Lab** – The UW-Madison Driving Lab and Study Coordinator is recruiting drivers over age 65 to participate in 2 research studies to: (1) Design a Navigation System. (2) Assess transportation needs in Richland County.
- **ECHES** – This team is developing a social interface that will integrate all the projects, and provide a social model for older adults with technology.

**The outcomes of this research project will be disseminated throughout Wisconsin and parts of the Nation.**



## Language Enriched Exercise Plus Socialization

Richland County is fortunate to have been selected as one of nine counties in Southwest Wisconsin to participate in the LEEPS Program. Through LEEPS, a group of dedicated volunteers bring an exercise and social outing program into the homes of people with memory loss. Each of the individual exercise plans incorporates cognitive stimulation during breaks in the form of word games, storytelling, discussions, singing, and other activities. Social outings and participant volunteer opportunities contribute to feeling like a valuable member of the community. As a result, participants, caregivers and volunteer study partners have reported that their lives are enriched. This research study is intended to replicate a successful study performed at the University of Arizona, which indicated that participants with Alzheimer's disease experienced improved physical fitness and mood. Early data collection has indicated that ADRC offices make a majority of the participant referrals to LEEPS. It also indicates that the number of falls, once part of the exclusion criterion, should be included in future models to help reduce the risk of falls with regular exercise to improve muscle strength and coordination.



LEEPS is a research study funded by a Federal Grant. Our partners include:



**ALZHEIMER'S  
SUPPORT CENTER**



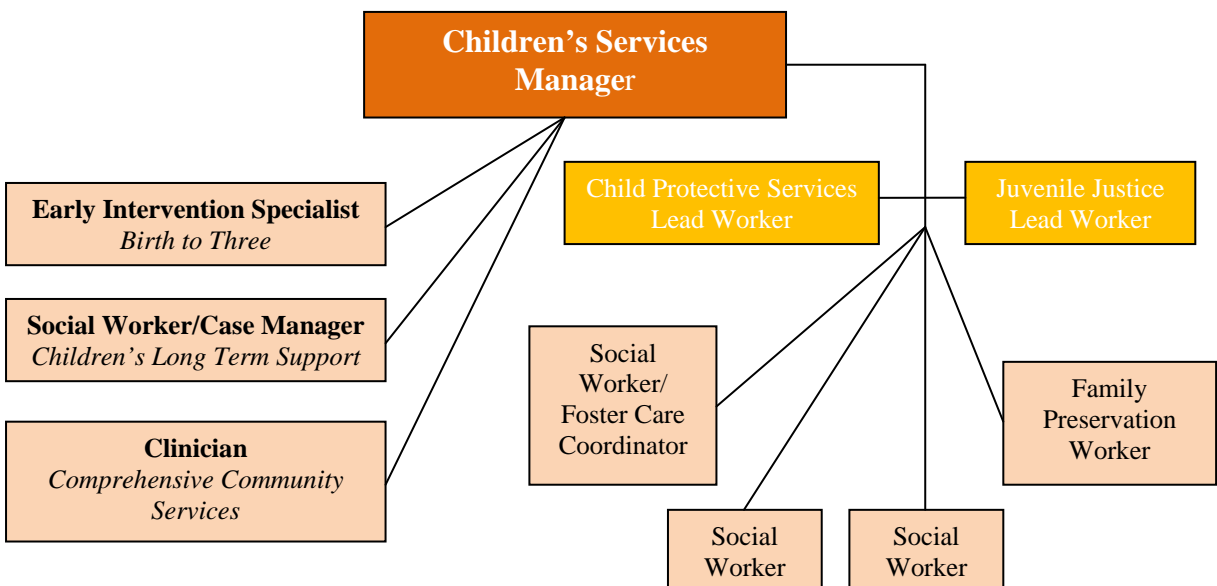
# CHILDREN'S SERVICES UNIT

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

Those seven programs are as follows:

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

The Children's Services Unit (CSU) saw many changes in 2011 that reflected agency wide budgetary constraints. Regardless, CSU remained committed to servicing families locally and to keep all programs running to the highest of standards. We are pleased to say that we met all of our projected service planning for 2011 in each of the seven programs and utilized the spending of program funding to meet the needs of children and families in the community. We are working hard in 2012 to try and do more with less, and although we know this will be a challenge, we are hoping that a stable work force will support us, supporting families. The CSU is structurally organized as follows according to the programs outlined above;



## **BIRTH TO THREE PROGRAM**

The Richland County Birth to Three Program is eligible to children ages 0 to three years, who are county residents. The program is free to many families; however there is a cost share to those who can financially manage, depending on their income. The program operates a no wait-list policy, which means that all eligible children will be served regardless of how many are already being served within the program. The main criteria for program eligibility is that the child must show a 25% delay in one or more of the key areas of development (social-emotional, physical, cognitive, adaptive and/or communicative) or have a diagnosed condition which is likely to result in a developmental delay or have atypical (not conforming to the usual expected pattern) development.

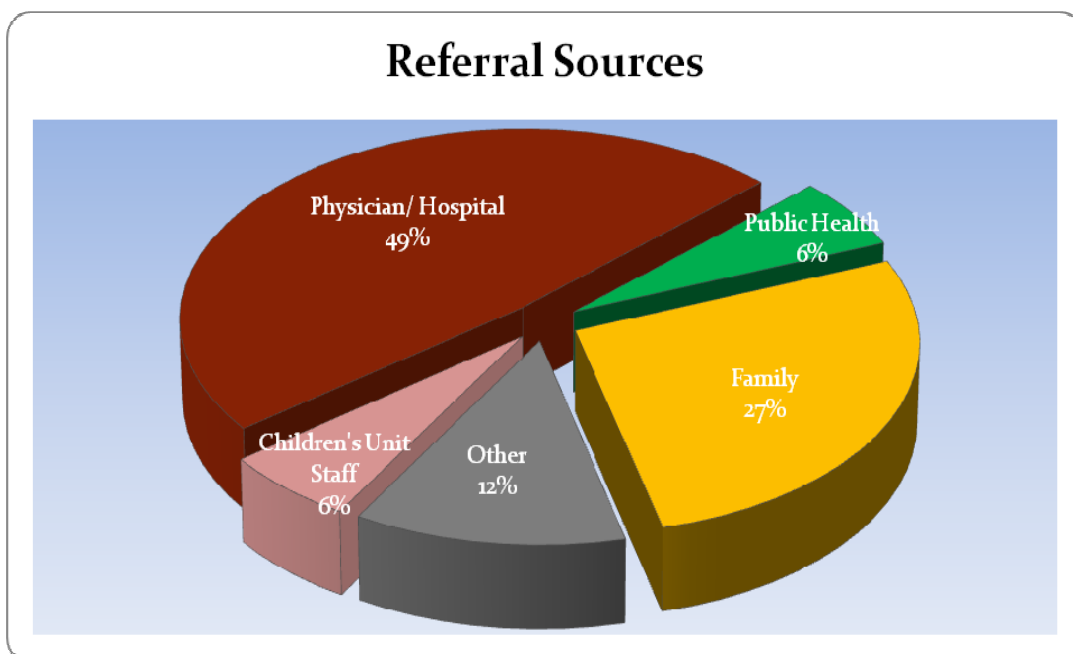
### ***Services Provided***

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

### ***Funding Sources***

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

In 2011, the Richland County Birth to Three Program served 36 children in 35 families. Of the 33 new referrals processed, 18 became enrolled in the program. During 2011, 23 children became dis-enrolled in the program for reasons ranging from the child turning three and transitioning to early childhood, to levels of delay changing over time, and through parent choice to terminate services. Referrals come from a variety of sources. In 2011, the distribution of referrals is demonstrated in the graph below.



These figures are comparable to the previous year; however, we have had fewer referrals meeting the eligibility requirements in 2011 than anticipated. There were a number of children aging out of the program in 2011, so this also resulted in lower numbers.

We are pleased to share a positive relationship with the Richland Medical Center and the Richland Hospital, and through the hard work of our Early Intervention Specialist and advocates in the KIDS (Kindness Increases Developmental Success) Council, those relationships continue to grow and benefit Richland County families.

Lastly, of the 36 children served in 2011, 21 children received occupational therapy, 1 received physical therapy, 25 received speech therapy, and all 36 received case management.

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

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

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

### ***Case Management Services***

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

### ***Funding Sources***

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

In 2011, there were 12 children placed on the Richland County wait-list which is down slightly from the previous year. The program served a total of 43 children during the year, of which 27 received Waivers Support; a funding source which



indicates full time enrollment in the program, and 16 children received Family Support; a funding source that both meets the crisis needs of families in the program, and those currently on the wait list.

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



Comprehensive Community Services (CCS) is a Medicaid supported mental health and substance abuse program that services both adults and children. Children up to the age of 18 years are served through the Children's CCS Program, while adult clients receive support from the Clinical Services Unit. The primary goal of CCS is to provide services through a single coordinated system of care where the young person is an active partner in their recovery. The program seeks to empower young people to find wellness and maintain it by helping them use a strengths-based approach to problem solving.

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

### ***Case Management Services***

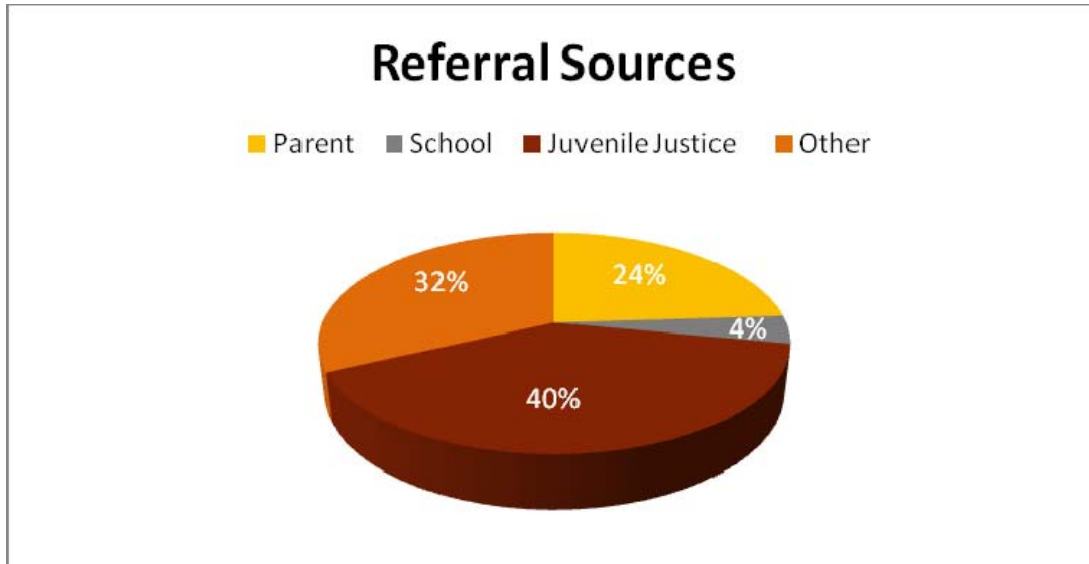
- *Service planning & facilitation*
- *Interpersonal & Community skills development*
- *Pre-vocational & employment related skills training*
- *Rehabilitative support, recovery education, illness management*
- *Respite*

### ***Funding Sources***

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

In 2011, the program served 24 children, which is up slightly from the previous year. The program had 25 new referrals and 15 of those children were enrolled in the program. The remaining 10 referrals did not receive services either because they were not interested in the program, or they were not Medicaid

eligible. Overall, we saw an increase in referrals and an increase in service delivery for 2011. A significant portion of this increase is due to an increased need in the Juvenile Justice Program population served and increased collaboration between the two programs.



## **CHILD PROTECTIVE SERVICES**

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





**Children’s Protective Services are structured to:**

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

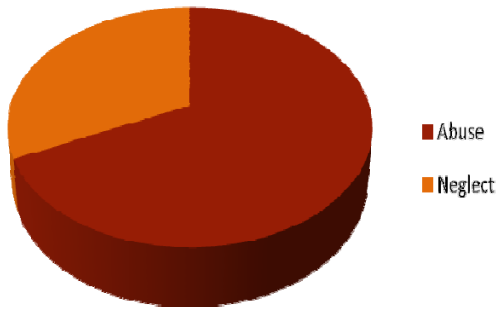
Wisconsin law has clear definitions of abuse and neglect and conditions where they permit protective service intervention in family life. CPS gets many calls each year requesting intervention that often times is outside the legal authority to act. In those situations, service aims to try to find solutions to getting the right information to the right people to ensure that local families have access to supportive frameworks in the community. We work in conjunction with many other services that can help families when we do not have jurisdiction. It is an expectation that all County agencies seriously consider the legal authority they have to intervene in family life, and to keep intervention timely and focused and above all to do no further harm.

The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County we have seen a decline in reporting during this period which would support fewer maltreatment victims and fewer reports being screened in for response by a Social Worker.

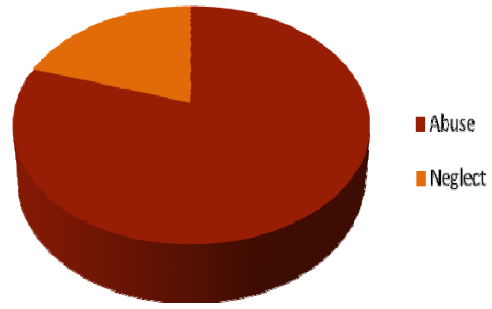
| <i><b>SERVICE</b></i>                      | <i><b>2007</b></i> | <i><b>2008</b></i> | <i><b>2009</b></i> | <i><b>2010</b></i> | <i><b>2011</b></i> |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| <i><b>Total CPS Reports</b></i>            | 124                | 137                | 121                | 94                 | 98                 |
| <i><b>Total Alleged Victims</b></i>        | 146                | 176                | 143                | 114                | 113                |
| <i><b>Screened In Services Reports</b></i> | 67                 | 78                 | 60                 | 49                 | 60                 |

Drawing further on these comparisons, we have focused on the types of reports that CPS is receiving and screening in for response by a Social Worker. The first two charts below compare the reports screened in for investigation by maltreatment types for 2010 and 2011.

**Screened In Reports by Maltreatment Type (2010)**



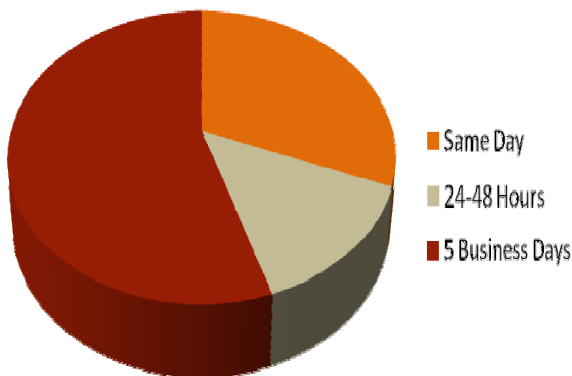
**Screened In by Maltreatment Type (2011)**



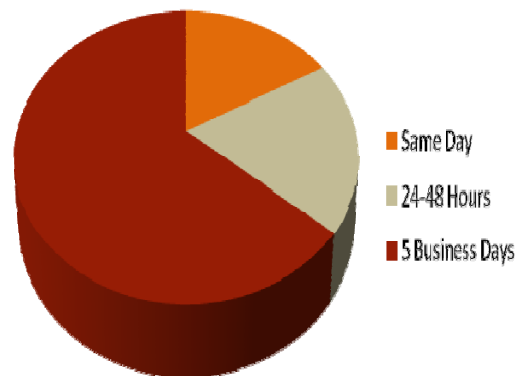
Overall, physical and sexual abuse continues to make up the largest percentage of child maltreatment. CPS works closely with the community to try and minimize the use of corporal punishment, which we believe contributes to the likelihood of injury to children. CAST developed several parenting support courses to assist with the education and support of parents locally.

The second set of charts below reflects the response times by the agency, as defined by State statues. Similar to 2010, a response of 5 business days was the most typical type of response in 2011. This response time reflects a lower incidence of urgent or emergency reports involving imminent danger.

**Screened In Reports by Response Times (2010)**



**Screened In Reports by Response Times (2011)**



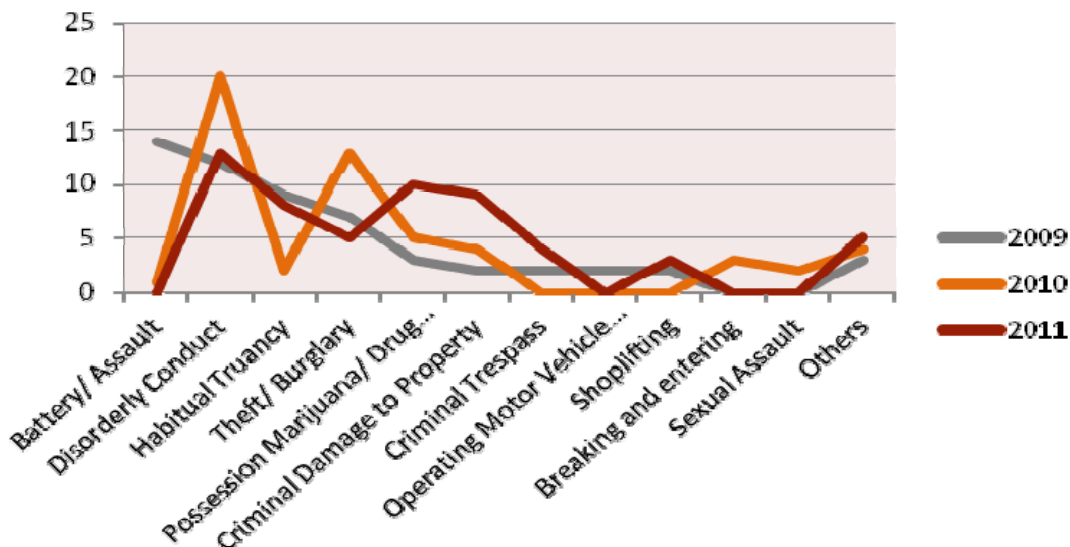
## JUVENILE JUSTICE

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

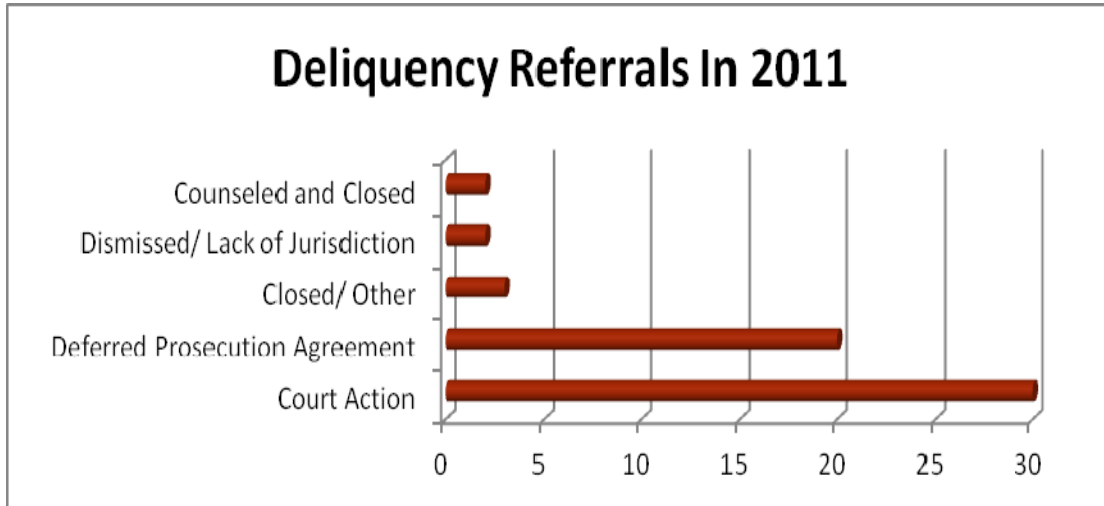
### Services Provided:

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

The type of referrals that the program sees in terms of juvenile offending behavior has largely stayed the same over a three year period. Statistics show increased referrals for possession of marijuana/drug paraphernalia and criminal damage to property; two issues that will have to be addressed when considering program planning for 2012 service provision. The County has seen a decrease in theft/burglary and breaking and entering.



The disposition or legal processing of a juvenile delinquency case can take many forms dependent on the nature of the offense, the history of the offender, and the support system in place around the offender to reduce recidivism (reoccurring offending behavior). Of those referrals made in 2011, the disposition is reflected by specific action in the chart below.



There were 57 referrals in total for 2011; of those, 34 referrals saw case action and 14 of these are repeat offenders, which is consistent with the previous five years. Overall, we have seen an increase in court action involving juvenile offenders in 2011.

### **FOSTER CARE and KINSHIP CARE**

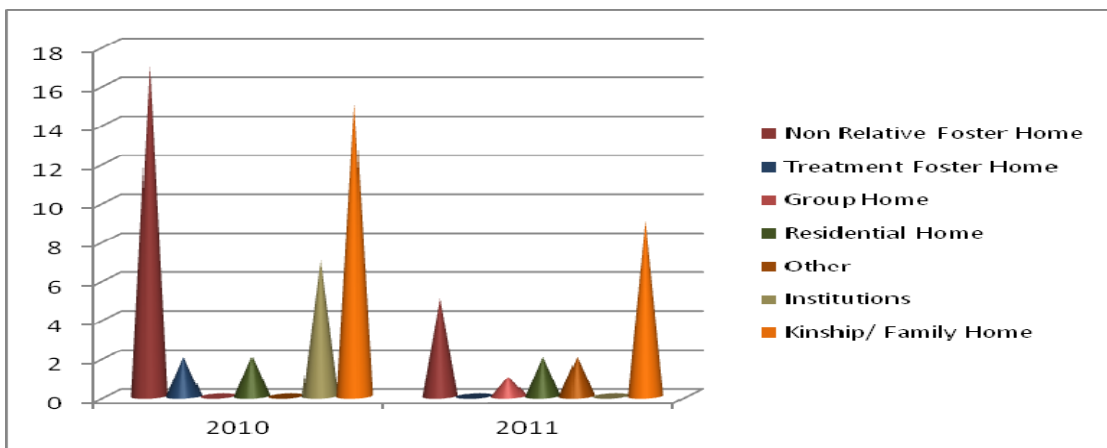
Foster Care is the third program of Child and Adolescent Services Team (CAST). The Foster Care Coordinator works closely with families wishing to foster or provide kinship for children in the community. Potential foster parents are educated and trained in caring for children who have suffered abuse and neglect to ensure that placement is supportive of a child's special care needs. It can be traumatic for children to be removed from their natural family environment due to abusive or neglectful circumstances. Having caring, responsive foster parents to envelope the child and work closely with the family to overcome these traumatic experiences is key to the safe reunification of children back to stable family homes. Foster parents receive payment towards the direct costs of caring for County children in need of an out of home care. The rates are established by the State and implemented by the County.

Kinship placement is an alternative to foster placement whereby the needs of the child are met by other family members within the child's biological family network. These are legally supported family placements that help maintain some elements of the child's natural biological family. Although the training is somewhat different, family members providing kinship care are supported in learning about the needs of the child and how best to support them, and also receive some funding to help meet the costs of having the child in their home.



The Foster Care Coordinator facilitates training, licensing, and monitoring of County Level One (kinship), Level Two (foster), and Level Three (treatment foster) placements. The coordinator also undertakes activities on a regular basis to recruit new foster parents, and to promote co-parenting techniques between foster parents and biological parents.

In 2011, there were 11 children in out of home care, which is a decrease in out of home placements from 2010. The agency saw a similar distribution in terms of the types of out of home placements last year as was reported in 2010. Where in the CPS program we discussed the decrease in the overall number of referrals received by the service, this too will be reflected here in placements. The chart below reflects 2011 distributions by child. Some children may have had more than one placement type throughout the year, based on the nature of the plans needed to support them. In 2011, we had more kinship placements than non-relative foster care placements. We also had more detentions in 2011 than in the previous year.



It is the aim of the program to identify kinship placement as the first goal when removal occurs, as we are aware from both research and practice experience that these types of placements more often support reunification to the child's biological home. Kinship placements have remained the most frequently used placement type for local children. This reflects a healthy community approach that supports the responsibility of caring for a child as a community responsibility.

# CLINICAL SERVICES UNIT

## Mission Statement

*To individuals and families...*

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

*To the community...*

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

## SERVICES

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

## RECOVERY

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

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



## **CRISIS INTERVENTION SERVICES**

Every county in Wisconsin is required to provide emergency mental health and substance abuse services. Crisis Intervention Services are available to adults as well as children. The types of services that may be provided include:

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

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

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

Northwest Connections provided crisis telephone services through their "Call Center" which has a toll-free number and a mobile crisis response through locally hired crisis intervention workers.

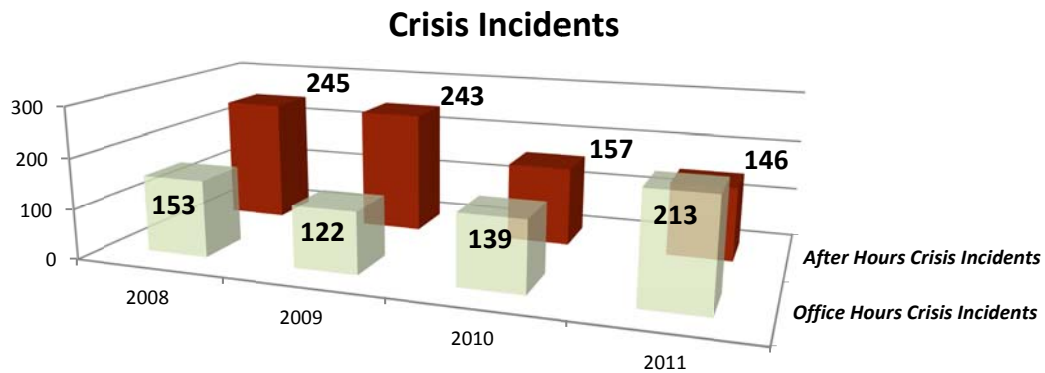
The Call Center provides callers with information, support, crisis counseling & intervention, service coordination, and referral for additional, alternative or ongoing services. The Call Center has a direct link to the mobile crisis service, which can provide an onsite response to an emergency situation. The mobile crisis service has the capacity for making home visits and for seeing clients at other locations in the community. Law enforcement may accompany the mobile crisis worker.

**Crisis Contacts**: Northwest Connections handled 146 afterhours crisis contacts in 2011. This number is comparable with the number of contacts in 2010 when Health and Human Services county staff provided the afterhours services.



The number of crisis contacts during office hours substantially increased in 2011. This was more a function of capturing additional billable crisis hours during office hours and not a result of dealing with more people in crises.

|                               | 2010       | 2011       | Increased /<br>- Decreased |
|-------------------------------|------------|------------|----------------------------|
| Afterhours Crisis Incidents   | 157        | 146        | -7%                        |
| Office Hours Crisis Incidents | 139        | 213        | 53%                        |
| <b>TOTAL CRISIS INCIDENTS</b> | <b>296</b> | <b>359</b> | <b>21%</b>                 |



**Emergency Hospitalizations:** Emergency hospitalizations decreased by 36% compared to the previous year. The new afterhours crisis system may have been one factor in reduced hospitalizations. The five-year average for emergency hospitalizations was 65 admissions per year.

|                               | 2010      | 2011      |
|-------------------------------|-----------|-----------|
| Afterhours Hospitalizations   | 30        | 16        |
| Office hours Hospitalizations | 28        | 21        |
| <b>TOTAL HOSPITALIZATIONS</b> | <b>58</b> | <b>37</b> |

**Northwest Connections Mobile Response Outcomes:** The mobile response system is activated when there is a need for onsite intervention/assistance or there is a concern that an emergency hospitalization may occur. The role of the Mobile Crisis Worker is to conduct an assessment and try to resolve the crisis by using community supports thereby avoiding the need for hospitalization. Mobile Crisis Workers responded to 36 crisis situations in 2011. The amount of time spent providing mobile interventions averaged 3.3 hours per response. Northwest's mobile response services were able to divert the need for seventeen (17) hospitalizations by implementing community supports, follow-up, and service linkage.

**Diversion Cost Savings Estimates:** It is difficult to make a direct connection between the afterhours diversions and the County's inpatient and institution expenses. Decreased emergency hospital admissions do not automatically translate into decreased county costs. Whether inpatient psychiatric or institutional expenses are incurred by the County is dependent upon if the individual hospitalized lacks insurance coverage. The length of stay during an admission is dependent upon the severity of the individual's mental health condition. One high severity hospitalization in which the person does not have insurance coverage can have a large impact on the County's costs. A recent example of this occurred in 2010 when the psychiatric inpatient expenses went overbudget even though the County experienced one of the lowest number of annual admissions for emergency hospitalizations.

The Northwest Mobile Crisis Service diverted seventeen hospitalizations in 2011. The average County cost of one hospitalization is approximately \$4,050 in an acute care psychiatric hospital or \$6,600 in a Mental Health Institute. Although seventeen individuals were diverted from going to the hospital, this does not mean that Richland County would have incurred all of the costs if those individuals had actually been hospitalized.

Roughly 25% of individuals who were hospitalized in the last two years did not have insurance that covered the costs of their stays. Assuming the same ratio applied to the seventeen individuals who were diverted from being hospitalized, that would mean four of the hospital stays would have required County funding. If the four individuals experienced an average length of stay (5 days) during their hospitalizations, then the total cost to the County would have been between \$16,200 and \$26,400.

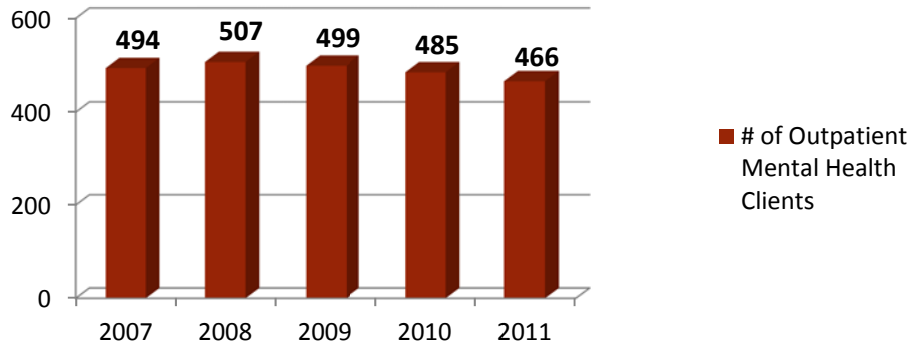
| Estimated Annual Cost Savings from Northwest Diversions  |                      |
|--|----------------------|
| Assumption that 25% of Diversions Require County Funding | 4                    |
| Average Cost of Inpatient Psychiatric Admission          | \$4,050.00           |
| Average Cost of Institution Admission                    | \$6,600.00           |
| Range of Estimated Savings                               | \$16,200 to \$26,400 |

## OUTPATIENT CLINIC

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

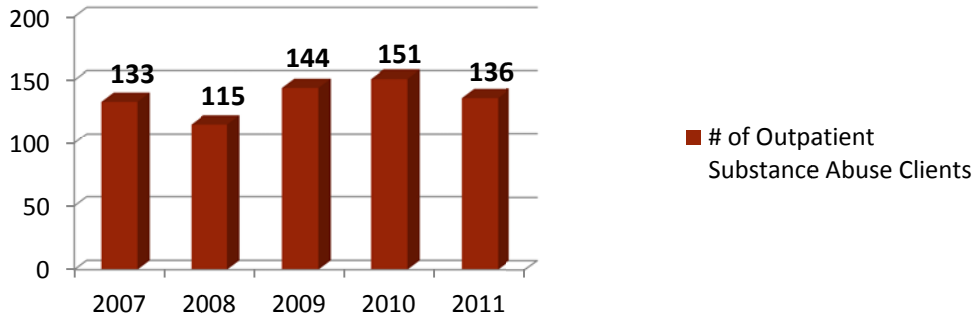
**Mental Health Treatment Services:** Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment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

In 2011, Clinical Services provided psychotherapy to 274 individuals, psychiatric care/medication management to 271 people and conducted 31 psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.



**Substance Abuse Treatment Services:** Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2011, the Clinical Services certified substance abuse counselor provided assessment, referral, and treatment to 136 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group and a dual diagnosis group were offered on an ongoing basis throughout the year.

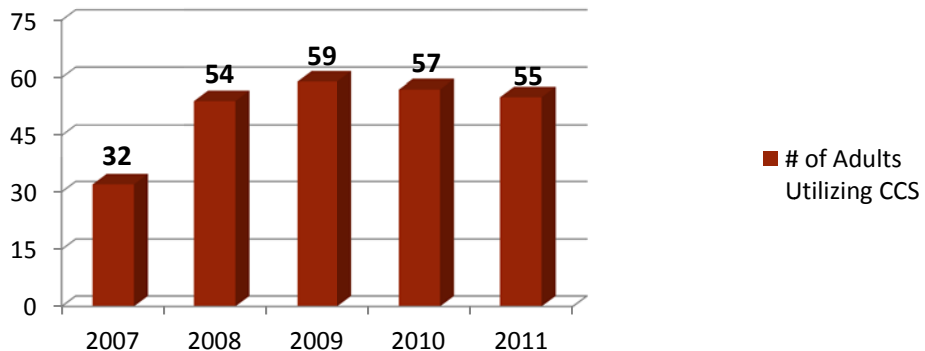
The chart below shows the number of individuals who received substance abuse assessment and outpatient treatment services each year.



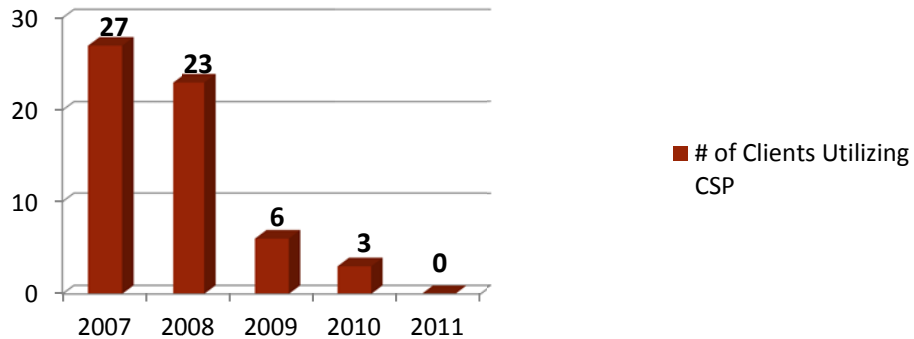
## COMMUNITY TREATMENT PROGRAMS

Clinical Services provides treatment in the community to people who cope with serious mental illness and/or substance abuse that impacts their ability to function. Two Medicaid programs, Comprehensive Community Services (CCS) and the Community Support Program (CSP), provide psychosocial rehabilitation in the community to assist individuals in reducing the effects of a mental illness or substance use disorder. Services focus on recovery and supporting individuals to overcome barriers caused by their symptoms so they can improve functioning and pursue their hopes and dreams. Both programs are certified by the State Department of Health Services. In Richland County, consumers needing community treatment are primarily served through the CCS program because it has the greatest flexibility of services.

**Comprehensive Community Services:** CCS provides psychosocial rehabilitation services to children, adolescents and adults with mental health or substance use disorders. CCS uses a team model that is flexible, person-centered, recovery focused, strength-based and outcome oriented. CCS services for children are provided by the Children’s Services Unit while services to adults are provided by Clinical Services. The chart below shows the number of adult CCS consumers served annually.



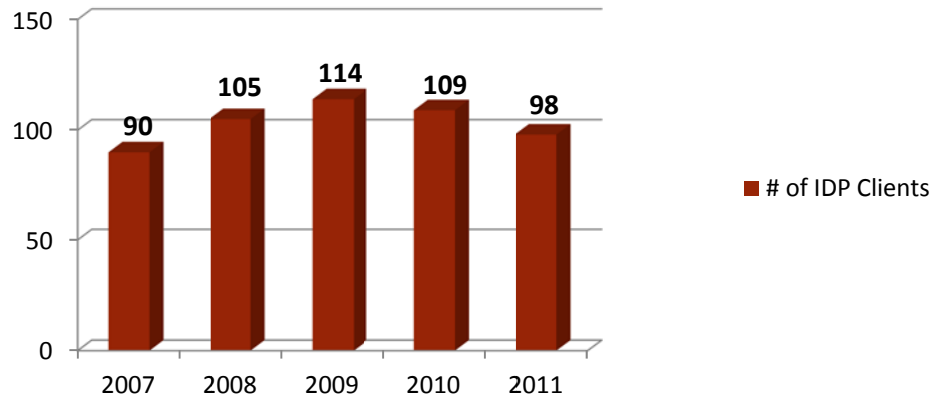
**Community Support Program:** CSP is also a psychosocial rehabilitation service similar to CCS. Like CCS, CSP is also strength-based and recovery focused. Health and Human Services decided to discontinue the Community Support Program in 2011. Individuals needing psychosocial rehabilitation services are now all served in the CCS program. The chart below shows the number of consumers who have been served in CSP each year.



## **INTOXICATED DRIVERS PROGRAM**

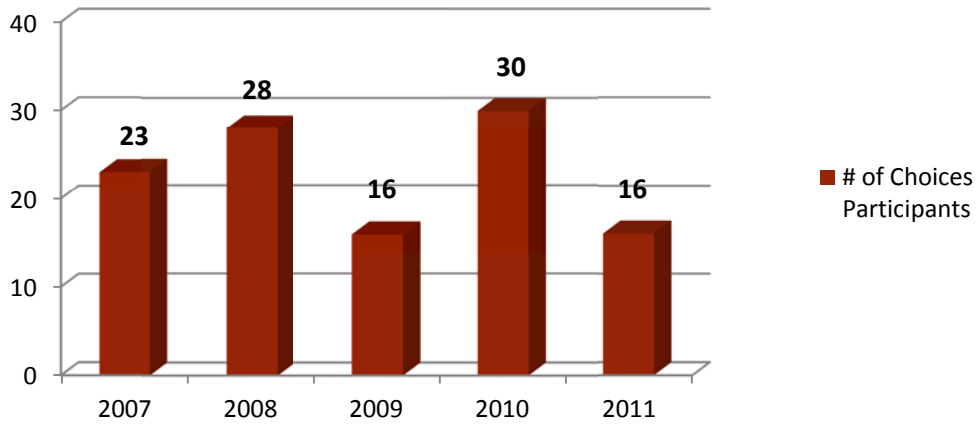
Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves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

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## CHOICES

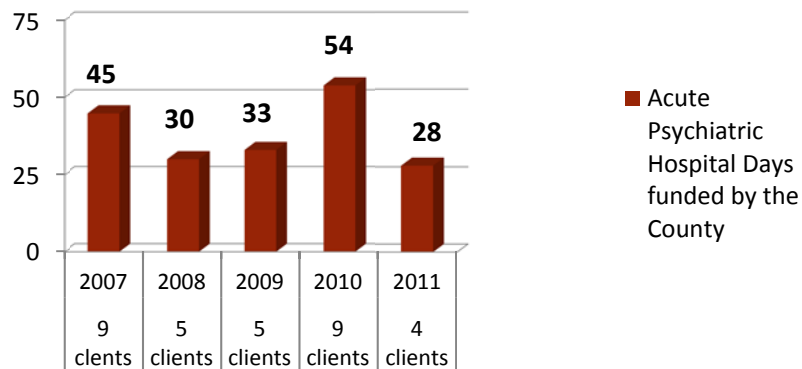
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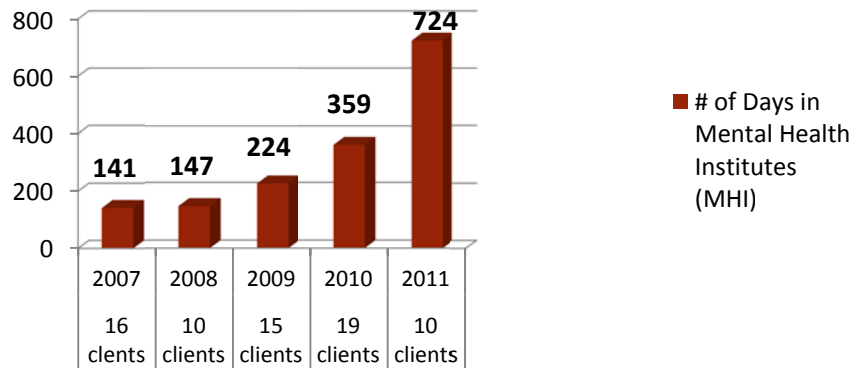
## INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

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

**Inpatient Psychiatric Hospitalization:** Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2011. The chart below shows the number of hospital days funded by Health and Human Services each year.

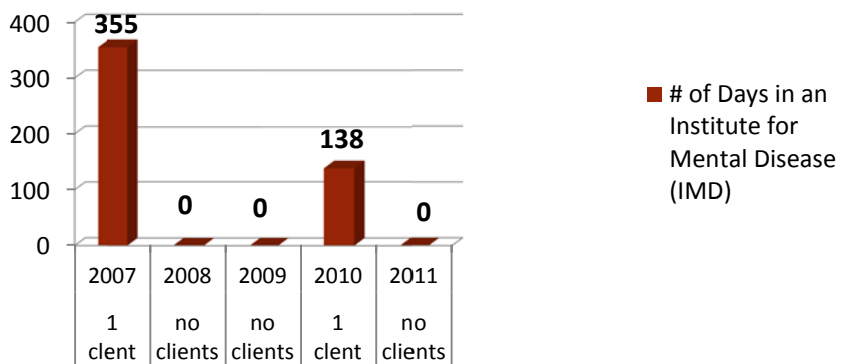


**Mental Health Institutional Placements:** For long-term care and treatment needs, Richland County placed individuals at three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. These facilities were also used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalizations. The chart below shows the total number of days of institutional care funded annually by Richland along with the number of people who received the care.



In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children and young adults age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25%*) from state to county governments. Five of the ten individuals shown in the chart above for 2011 were under the age of 21 and accounted for 416 days of care.

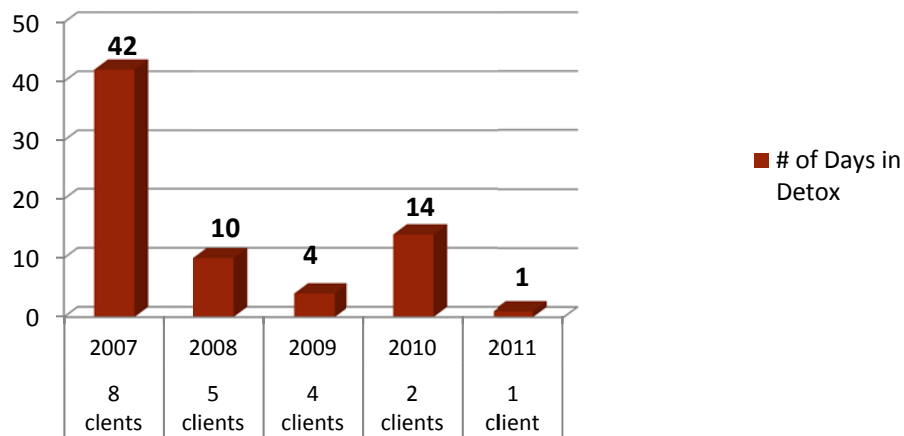
**Institutes for Mental Disease:** Richland County also uses Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals required this level of care. There were no IMD placements in 2011.





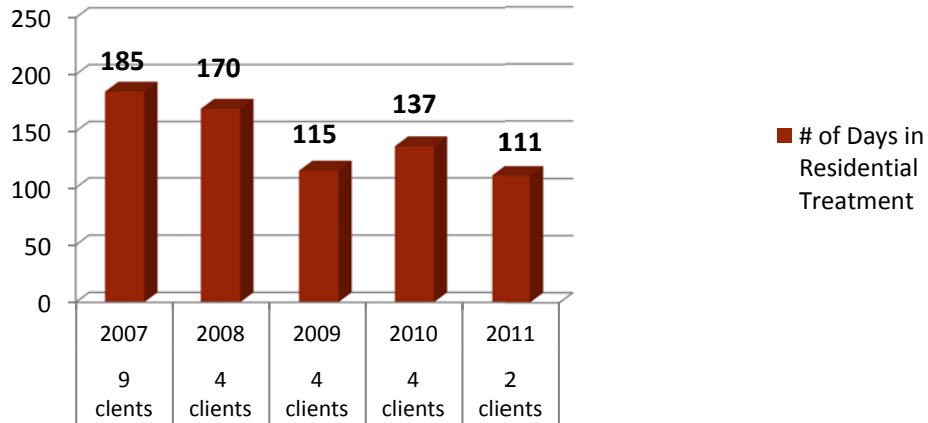
## DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. In these situations, a person would require medical intervention. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for detox services in 2011. Below are the number of patients and days of stay that were funded by Health and Human Services for each year. The detox service was used for only one individual in 2011



## RESIDENTIAL TREATMENT FOR SUBSTANCE USE

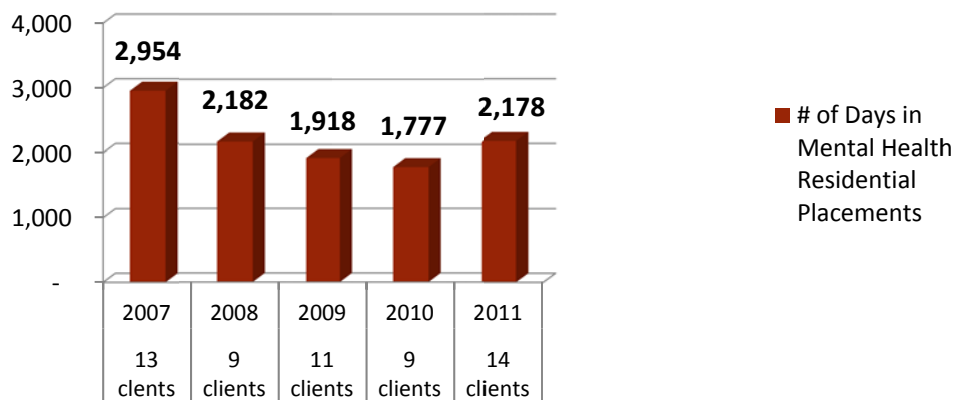
Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable to attain recovery using outpatient or other less intensive treatment services. A comprehensive substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. Because there is limited funding, this service is not always an available option. The budget for Residential Treatment is relatively small and has not increased in several years. Health and Human Services contracted with Gundersen Lutheran Healthcare for residential treatment services to fund treatment for two individuals in 2011, each of whom required extended treatment stays.



## **MENTAL HEALTH RESIDENTIAL SERVICES**

Mental Health residential services are provided when individuals require supervised living services in order to cope with their mental health symptoms. These services are provided in Adult Family Homes (AFH) or Community-Based Residential Facilities (CBRF). Some individuals need temporary residential services to assist with successfully transitioning from an inpatient psychiatric hospital stay back to living independently in their own homes. Others require long-term placements in order to remain in the community and avoid institutionalization. In addition to residential services, individuals receive other community treatment so that they may reach their highest possible level of functioning.

Fourteen individuals received residential services in 2011. Seven of the individuals who were placed in residential facilities needed long-term placements (*6 months or longer*). The remaining individuals required temporary placements (*averaging 31 days*) in order to transition from an inpatient setting back to living in the community. The chart below shows the total residential days funded by Health and Human Services per year, along with the number of clients served.



# ECONOMIC SUPPORT UNIT

## Mission Statement

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

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

## PROGRAMS ADMINISTERED

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

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

## The Role of the Economic Support Unit

As the tough economic times continued through 2011, the job of the Economic Support staff remained very challenging. While some believe the Economic Support Specialist merely enters data into the computer to determine a customer's eligibility, they would be wrong. In addition to data entry, they interview clients, verify the information submitted, process changes, and navigate a variety of computer systems. All the while, they continue to interpret State policy. In 2011, these staff administered 77 policy changes or clarifications while case managing an even higher caseload than the year before. In addition to these client contacts, there is also daily interaction with both agency staff and other professionals in the community. The Economic Support Specialist is many times viewed by their clients as their "Social Worker" because of their helping and caring attitudes. The agency thanks each one of them for their commitment to the families they serve.

## **BADGER CARE PLUS**

BadgerCare Plus (BC+) is a State and Federal program that, if eligible, provides healthcare coverage for Wisconsin families who may otherwise not have access to affordable medical care. BC+ replaced the former AFDC-Medicaid, Healthy Start and BadgerCare. Potential BC+ members include:

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

Note: Individuals who are elderly, blind or disabled may be eligible for Medicaid.

**Enrollment in BC+, FPOS, and Well Woman at the end of 2011 totaled 2,950 individuals.**

*This compares to 3,052 individuals at the end of 2010.*



- 1) An application and appointment with an Economic Support Specialist is required.
- 2) You must be income eligible.
- 3) You must be in an approved activity such as working, or

- 4) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the W-2 agency determines the course would facilitate employment.
- 5) You must use a County certified or State licensed provider.
- 6) You may be required to pay a co-payment to the provider based on your income and the number of children in care.

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

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

**In 2011, 95 families received assistance with day care.  
\$244, 124.61 was paid to providers of behalf of those families.**

## **EMERGENCY ASSISTANCE**

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

## **FOODSHARE**

### A Recipe for Good Health

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

Clients are able to apply online to establish a filing date for their eligibility or by stopping by the agency. In cases of hardship, they are also able to complete the process by telephone. If eligible, a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to access those benefits.

*in 2010.*

## **FOODSHARE EMPLOYMENT AND TRAINING**

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

## **MEDICAL ASSISTANCE PROGRAM**

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

- SSI -related Medicaid
- MAPP
- Institutional Long Term Care
- Home and Community Based Waivers Long Term Care
- Family Care Long Term Care
- Katie Beckett
- Tuberculosis (TB) - related
- Medicare Premium Assistance (MPA): QMB, SLMB, SLMB+, QDWI
- Emergency Medicaid
- SeniorCare

Note: Individuals who are not elderly, blind or disabled (EBD) may be eligible for Badger Care Plus (BC+).

**At the end of 2011, 949 individuals were eligible for medical assistance totaling \$25,938.50.**

*This compares to 1075 individuals and \$24,374.03 in 2010.*

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

In 2011, County/Tribal Human and Social Service agencies administered the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health Services (DHS). Local administration includes reimbursing funeral and cemetery service providers in accordance with the DHS approved reimbursement policies. DHS authorizes the disbursement of program funding to County/Tribal agencies. The local funeral homes contacted the Economic Support Manager to verify that the person was certified for Medical Assistance and had insufficient assets to pay for the funeral and/or cemetery expenses. Once this is verified, the funeral home provider works with the family in approving allowable expenses.

**In 2011, 17 Funeral/Cemetery applications were approved totaling \$33,099.**

Note: In 2012, WFCAP is being turned over for processing directly through the Department of Health Services. Richland County will no longer be involved.

## WISCONSIN WORKS (W-2)

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

The goal of the W-2 Program is to provide necessary and appropriate services to prepare individuals to work, and to obtain and maintain viable, self-sustaining employment, which will promote economic growth. At one point, in 2011, we were helping as many as 10 families in a given month with employment services and cash payments. While the number may seem low, this is a program that involves a significant amount of time invested by the Economic Support Worker and the customer with weekly if not daily contact. At times, an entire day can be spent aiding and assisting a family to connect with all appropriate resources.

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

**In 2011, households in Richland County received \$47,711 in cash assistance.**

## WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

The Wisconsin Home Energy Assistance Program (WHEAP) administers the Federally funded Low Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. LIHEAP and its related services help over 100,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

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



**In Federal Fiscal Year 2011, 914 households received Energy Assistance in Richland County for a total of \$591,762.**

*In 2010, 965 households received Energy Assistance for a total of \$612,089.*

**In 2011, 128 households received Crisis Assistance, totaling \$55,286.**

*In 2010, 291 households received Crisis Assistance for a total of \$107,004.*

## **Websites of Interest**

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

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

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

Wisconsin Department of Workforce Development:

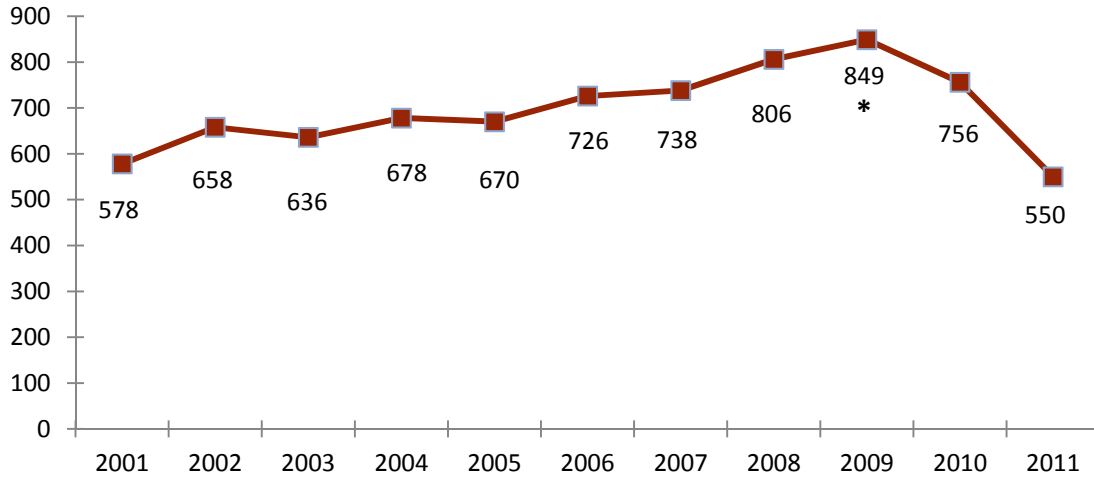
<http://www.dwd.state.wi.us/default.htm>

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

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

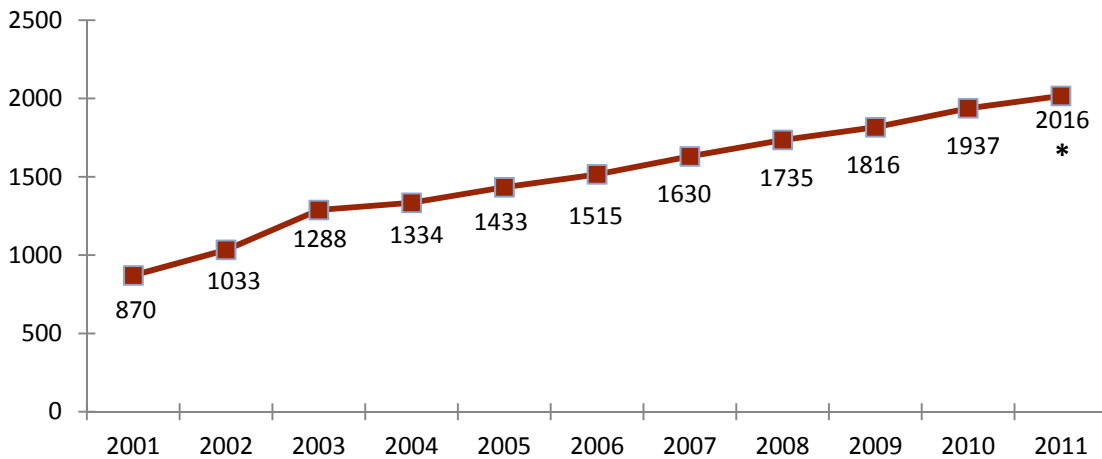
# Statistics for Richland County

## Economic Support Unit Intakes



\* Note: Point at which non-family, non-EBD cases went to the Enrollment Services Center. We will get these applicants back in 2012.

## Economic Support Unit Staff Caseloads



\* Note: November and December included cases transitioned back to the counties from the Enrollment Services Center.

# PUBLIC HEALTH UNIT

## Mission Statement

The Public Health Unit's mission is to promote health and improve the quality of life for Richland County residents through the provision of a variety of Public Health Programs based on primary prevention, early intervention, and health promotion.

## PROGRAMS AND SERVICES

### Communicable Disease

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

### Maternal Child Health Programs

Postpartum Home Visits  
Prenatal Care Coordination  
HealthCheck  
Fluoride  
Seal-A-Smile  
Child Passenger Safety

### General Public Health Programs

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

### Environmental Health

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

### Preparedness & Response

Preparedness & Response Highlights

### Nutrition

Senior Congregate & Home Delivered Meals



## COMMUNICABLE DISEASE



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

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

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

### **Immunization Statistics:**

| Immunization        | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---------------------|------|------|------|------|------|------|
| Comvax (Hib & HepB) | 74   | 38   | 23   | 33   | n/a  | n/a  |
| DtaP                | 188  | 105  | 90   | 101  | 27   | 10   |
| Hepatitis A         | 1    | 39   | 40   | 38   | 58   | 43   |
| Hepatitis B         | 32   | 15   | 14   | 31   | 32   | 18   |
| Adult Hepatitis B   | 48   | 36   | 14   | 44   | 53   | 45   |
| Hib                 | 24   | 14   | 14   | 14   | 20   | 13   |
| Influenza           | 1274 | 1177 | 1146 | 1171 | 916  | 771  |
| MMR                 | 126  | 62   | 60   | 69   | 71   | 35   |
| Pneumonia           | 54   | 43   | 41   | 27   | 60   | 26   |
| Polio               | 162  | 82   | 76   | 82   | 28   | 18   |
| Prennar             | 123  | 73   | 55   | 60   | 76   | 31   |
| Td                  | 52   | 128  | 102  | 26   | 26   | 5    |
| Varicella           | 80   | 101  | 186  | 195  | 156  | 99   |

| Immunization               | 2006        | 2007        | 2008        | 2009        | 2010        | 2011        |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Menactra                   | 19          | 61          | 84          | 109         | 48          | 47          |
| Td-Pertussis (Tdap)        | 44          | 87          | 449         | 407         | 372         | 272         |
| HPV (Gardasil)             | n/a         | 49          | 79          | 89          | 67          | 39          |
| Rota Teq                   | n/a         | n/a         | 21          | 34          | 18          | 10          |
| Twinrix (HepA-B)           | n/a         | n/a         | 8           | 6           | 3           | 9           |
| H1N1 Influenza A           | n/a         | n/a         | n/a         | 1909        | 495         | n/a         |
| DTPaP-Hib-Polio (Pentacil) | n/a         | n/a         | n/a         | n/a         | 30          | 19          |
| DTPaP-Polio (KINRIX)       | n/a         | n/a         | n/a         | n/a         | 22          | 13          |
| <b>TOTAL</b>               | <b>2274</b> | <b>2110</b> | <b>2502</b> | <b>4445</b> | <b>2578</b> | <b>1523</b> |

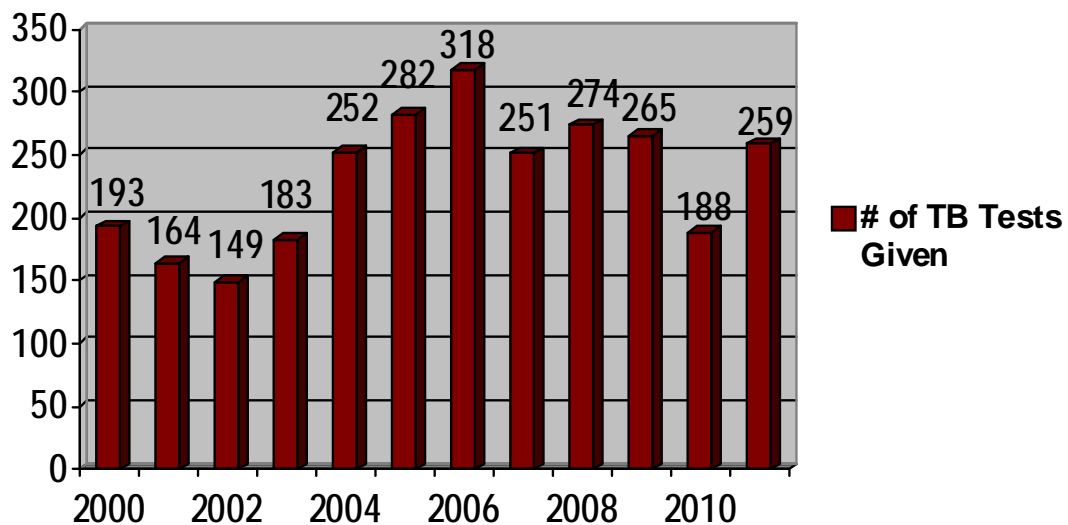
**Communicable Disease Investigation and Follow Up:** Public Health continues to gain experience using WEDSS (Wisconsin Electronic Disease Surveillance System) for investigation and follow up of communicable disease. WEDSS is a secure, web-based system designed to facilitate communicable disease reporting, investigation, and surveillance in Wisconsin. Public Health, infection control, laboratories, and healthcare providers use WEDSS daily to fulfill their statutory communicable disease reporting, investigation and follow-up responsibilities. The benefits of the electronic system include improved security, information sharing and data analysis; easier access (electronic) to disease specific forms; and timelier reporting of communicable disease.

**Richland County Communicable Disease Statistics:**

| Reportable Disease        | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---------------------------|------|------|------|------|------|------|
| Campylobacter             | 9    | 5    | 6    | 5    | 15   | 19   |
| Chlamydia                 | 24   | 25   | 23   | 27   | 22   | 30   |
| Cryptosporidium           | 6    | 3    | 6    | 4    | 2    | 7    |
| E.Coli                    | 2    | 0    | 6    | 0    | 0    | 4    |
| Ehrlichiosis/Anaplasmosis | 0    | 0    | 0    | 2    | 5    | 5    |
| Giardia                   | 1    | 5    | 0    | 2    | 2    | 3    |
| Gonorrhea                 | 0    | 1    | 0    | 1    | 0    | 0    |
| Hepatitis A               | 1    | 0    | 0    | 0    | 0    | 1    |
| Hepatitis B               | 2    | 2    | 2    | 0    | 2    | 2    |
| Hepatitis C               | 2    | 3    | 4    | 2    | 7    | 6    |
| Herpes                    | 4    | 1    | n/a  | n/a  | n/a  | n/a  |
| Histoplasmosis            | 0    | 0    | 0    | 0    | 0    | 0    |
| Influenza                 | 0    | 0    | 0    | 35   | 0    | 5    |
| LaCrosse Encephalitis     | 2    | 0    | 1    | 0    | 0    | 0    |
| Legionella                | 0    | 0    | 0    | 0    | 0    | 0    |

| Reportable Disease                      | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|------|------|------|------|------|------|
| Listeriosis                             | 0    | 0    | 0    | 0    | 0    | 1    |
| Lyme Disease                            | 59   | 81   | 60   | 75   | 54   | 41   |
| Measles                                 | 0    | 0    | 0    | 0    | 0    | 0    |
| Meningitis (Bacterial)                  | 0    | 0    | 0    | 0    | 0    | 0    |
| Meningitis (Viral)                      | 0    | 1    | 0    | 0    | 0    | 0    |
| Mumps                                   | 0    | 8    | 0    | 0    | 0    | 0    |
| Mycobacterial Disease                   | 0    | 0    | 0    | 1    | 1    | 2    |
| Pertussis                               | 0    | 2    | 1    | 0    | 6    | 6    |
| Salmonella                              | 2    | 3    | 2    | 3    | 4    | 7    |
| Shigella                                | 0    | 0    | 0    | 0    | 0    | 0    |
| Streptococcus<br>Pneumoniae             | 0    | 0    | 0    | 1    | 3    | 2    |
| Syphilis                                | 0    | 0    | 0    | 0    | 0    | 0    |
| Q Fever                                 | 0    | 0    | 0    | 0    | 0    | 1    |
| Tuberculosis/Latent<br>Infection (LTBI) | 0    | 0    | 0    | 1    | 0    | 5    |
| West Nile                               | 0    | 0    | 0    | 0    | 0    | 0    |
| Varicella                               | 0    | 0    | 0    | 3    | 0    | 3    |
| Toxoplasmosis                           | 0    | 0    | 0    | 0    | 1    | 0    |

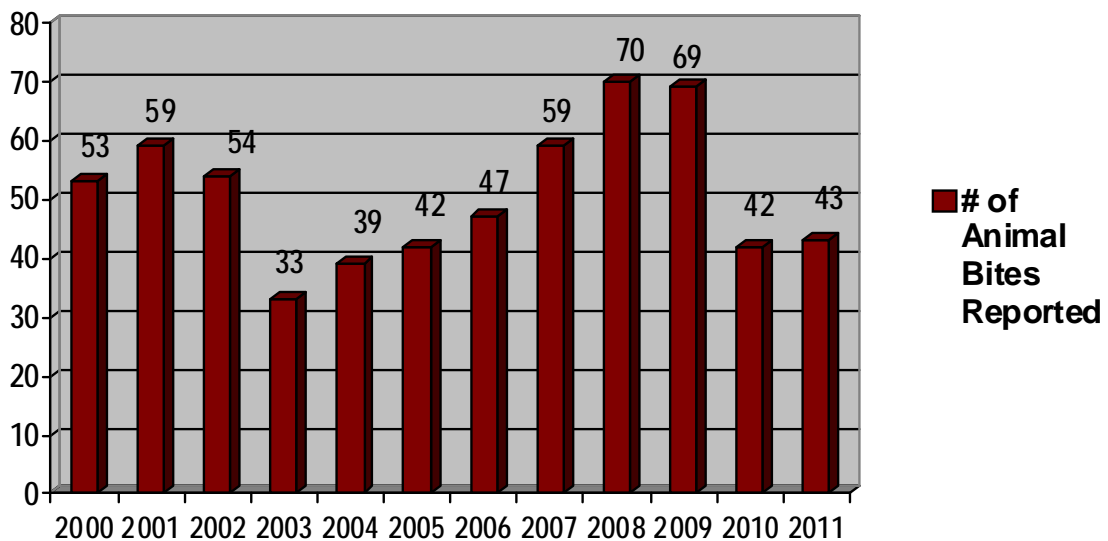
**Tuberculosis (TB) Prevention and Control:** Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. Public Health Registered Nurses (PHNs) provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2011 and 259 persons received skin tests.



**TB Dispensary:** In 2011 Public Health applied and was certified with the Wisconsin Division of Public Health to provide TB Dispensary services. The TB Dispensary Program uses state tax dollars to reimburse local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed with TB infection or disease, regardless of ability to pay.

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that public health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate. These services include: medical evaluation by physicians; chest radiography/interpretation; sputum induction services; respiratory precautions/isolation/ negative pressure environment; and specific laboratory tests relating directly to the diagnosis. These services are provided in keeping with the goals of the Strategic Plan for the Elimination of TB in Wisconsin. Two persons received care under the TB Dispensary program in 2011.

**Rabies Prevention and Control:** The County's Rabies Control Policy provides the procedures for law enforcement and Public Health follow-up of animal bites/potential rabies exposure to humans. Investigation and follow-up were provided on 43 animal bites/human exposures in 2011.



## MATERNAL CHILD HEALTH PROGRAMS

The 2010 Maternal Child Health (MCH) needs assessment completed by the State Department of Public Health identified eight priority areas to improve the health and promote success of all Wisconsin women, infants, and children. In order to address these priorities, the MCH Program has shifted its focus from the provision of individual services (i.e. MCH home visits) to a systems building approach using the Life Course Framework. This framework is research-based on how each stage of life influences the next. Early childhood is a critical developmental period with lifelong health implications.

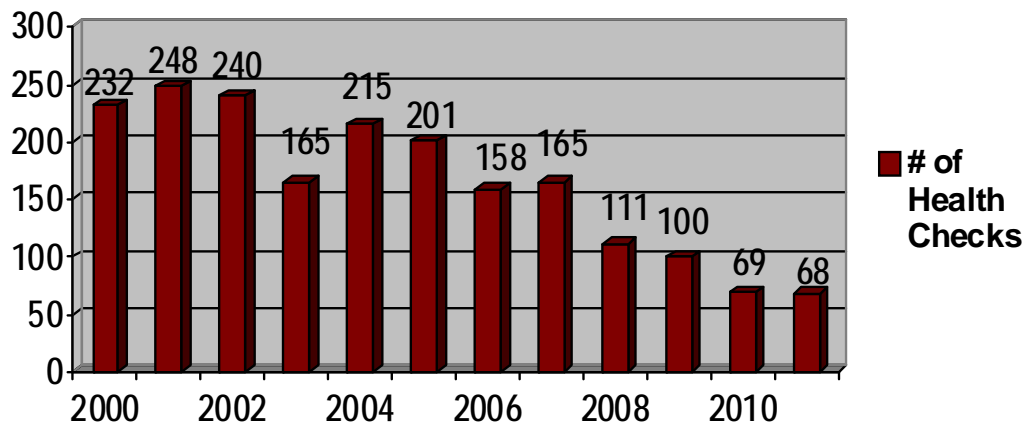
The eight priorities include reducing health disparities for women, infants, and children; increasing the number of families who have a medical home; increasing the number of children who have the necessary service and supports; increasing the number of families who have the knowledge and skills to promote optimal infant and child health, development, and growth; increase the number of families who have optimal mental health and healthy relationships; increase the number of women, men, and families who have knowledge of and skills to promote optimal reproductive health and pregnancy planning; increase the number of women, children, and families who receive preventative screening, early identification, and intervention; and increase the number of families who live in safe and healthy homes.

Two focus areas were proposed—Early Childhood Systems and Child Death Review and Fetal Infant Mortality. Public Health chose to work on developing a system of early childhood services addressing family supports and safety and injury prevention. The project will progress over several years and the first year (2011) was primarily receiving and then providing training (to our partners) on the life course model and beginning assessment of services available to support early childhood health.

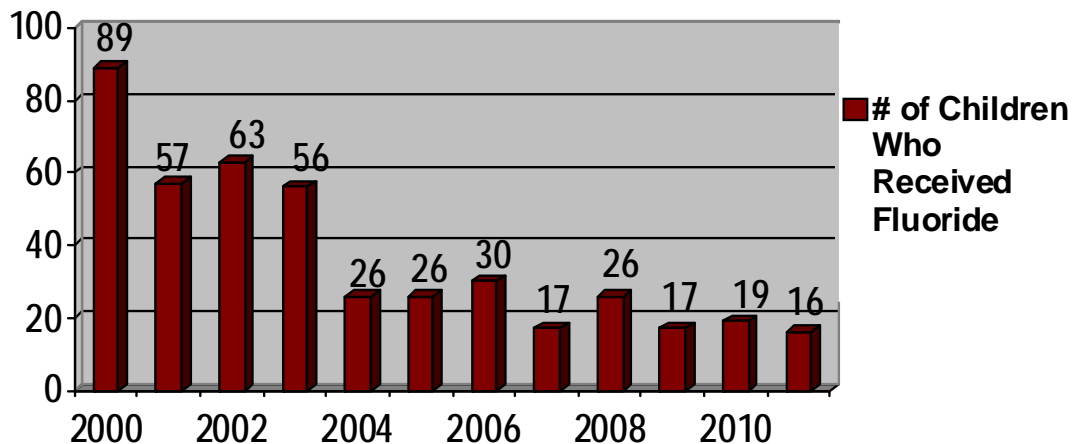


**HealthCheck:** Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages birth to 21 years. Through cooperation with the Wisconsin Nutrition Education Program, a Registered Dietician also provides nutrition counseling to HealthCheck families. Medicaid provides reimbursement on a per client basis. Sixty-eight HealthCheck assessments were completed in 2011.





**Fluoride:** Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2011, sixteen children received supplemental oral Fluoride.



**Seal-A-Smile:** Access to dental care has been a longstanding issue in Richland County. In the summer of 2011, with support from local school districts, Public Health applied for funding through the Seal-A-Smile Program for the provision of dental exams, dental sealants and topical fluoride application to Richland County school children during the 2011-12 school year.

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

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



Public Health contracts with a Registered Dental Hygienist for the provision of the exams, cleanings, fluoride application and sealant placement, and the activity takes place in the schools. The program is available to all children regardless of insurance status. The program was initially offered to second graders, but is now being offered to additional grade levels as everyone becomes more familiar with the program. Statistics will be available at the end of the school year, and will be included in the 2012 annual report.

**Child Passenger Safety:** In 2011, Public Health received a \$3,500.00 Department of Transportation Child Passenger Safety Grant for the purchase and distribution of child passenger safety seats (car seats) for infants and children whose families cannot afford to purchase them. Public Health works with the Richland Hospital Birth Center and Early Head Start to coordinate the Child Passenger Safety Program in Richland County. Prior to receiving a car seat from the program, families are referred to certified child passenger safety technicians for proper car seat selection and fitting, and education. Twenty-eight children received car seats from the Child Passenger Safety Program in 2011.

## **GENERAL PUBLIC HEALTH PROGRAMS**

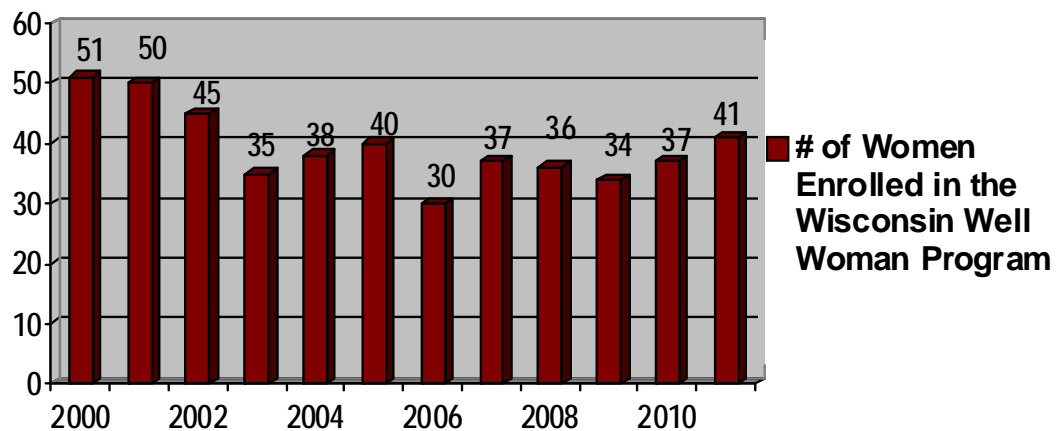


**Loan Closet:** The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2011, 292 Richland County residents borrowed equipment from the Loan Closet.

**Public Health Home Visits:** Public Health makes home visits to area residents when a health related concern is reported about a homebound individual. These reports are often at the request of relatives and/or friends who are concerned about someone's health or welfare. It might be that the person is ill and doesn't

realize how sick they are, or that the person simply won't ask for help. Most times the person is responsive to the PHN visit and often the nurse can assist the person to seek the health care they need.

**Wisconsin Well Woman Program:** The Well Woman program provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Forty-one women received screening through the Well Woman Program in 2011.



**Richland Fit! (Wisconsin Partnership Program Planning Grant):** Public Health was selected as a recipient of a 2011-12 Community Academic Partnership Planning Grant through the University of Wisconsin School of Medicine and Public Health (UWSMPH). The focus of the planning grant is to reduce the high rate of obese and overweight citizens in Richland County. The planning grant has four main goals:



- 1) To complete and disseminate a community assessment on factors leading to the high obesity rates along with assets and challenges to addressing obesity in Richland County.
- 2) To develop a strong obesity prevention partnership consisting of at least 8 community members.
- 3) To create a written strategic action plan grounded in local realities and local strengths, using evidence based strategies to take action for a healthier weight within our County.

- 4) To identify partners within the UW system who have expertise in the chosen evidence based strategies and collaborate with them to implement the strategic plan.

Public Health is working with Scott Consulting Partners, LLC and has leased a part time health educator as coordinator of the project. Work on the project began late in 2011, and will continue into 2012 – and there is every intention to apply for an implementation grant through the Partnership Program in the next grant cycle to put the strategic plan developed into action.



**Tobacco Control Program/Wisconsin Wins:** Tobacco remains the number one cause of preventable death. Over 6,900 Wisconsin kids under the age of 18 become new smokers each year. Easier access to tobacco increases the likelihood that youth will experiment with and become addicted to tobacco. Big tobacco companies continue to use their enormous marketing budgets to aggressively market their products. For several years, tobacco prevention coalitions have worked to reduce illegal tobacco sales to youth through Wisconsin Wins, an initiative designed to reduce youth tobacco access and use. Education is provided to retailers and compliance checks are completed with the Sheriff's Department. In 2009 and 2010, Richland County had a 0% sales rate (NO sales), but in 2011 Richland County had a 22% sales rate (4 of 18 retailers sold tobacco products to minors).

After the sales, the deputy spoke with each clerk regarding the sale, taking the ID to show that IDs state "turns 18 on..." and gives the date; additionally, a letter was sent to each business letting management know the checks took place – either a congratulatory letter for no sales or a fail letter; a PSA was sent to the local paper regarding the results of the compliance checks; a paid advertisement about Wisconsin Wins was placed in the local paper; and a follow-up informational letter reminding retailers about the law and the Wisconsin Wins Program. Public Health will continue its efforts to educate retailers about the importance of preventing youth access to tobacco and complying with tobacco control legislation.

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

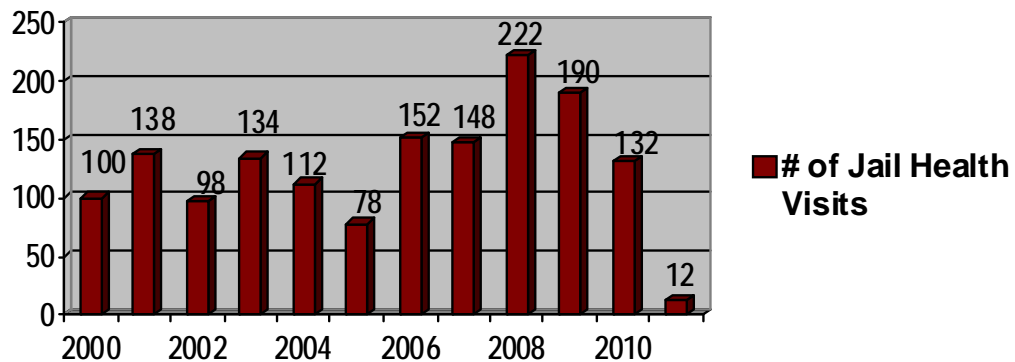
In addition to the mandated services, vision and hearing screening, and immunization record assessment, some student related health services are provided. Vision and hearing screening and immunization record assessment are also provided for the parochial schools in Richland County.

**CDC Infrastructure Grant:** Public Health applied for and received a \$12,000.00 Centers for Disease Control and Prevention Public Health Infrastructure Grant to assist in preparation for voluntary accreditation through the Public Health Accreditation Board (PHAB). The funding was made available through the Affordable Care Act as an investment in public health. Public Health used the funding to establish an electronic document filing system and begin documentation to meet PHAB standards (and updated policies as part of this process); obtain training on performance management systems; complete the needs assessment started in 2010 and publish its report; and develop a basic strategic plan.

While future funding for these types of activities is not guaranteed, the 2011 funding was a valuable addition to our budget which allowed completion of several unfinished projects and provided training and experience in performance management and quality improvement.

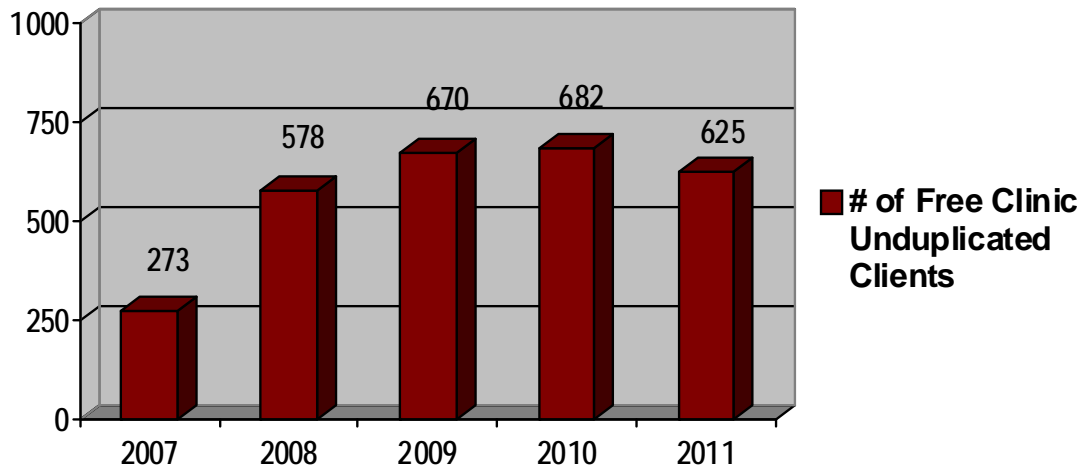
**Jail Health:** Public Health has a long history of assisting the Richland County Sheriff's Department in its legal obligation to make health care available to inmates. Today's jail population includes young adults to aged adults, men and women, healthy people to those with chronic illness, mental health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

During 2011, it was difficult for Public Health to coordinate services with the jail's volunteer physician, and the PHNs had little presence in the jail. Standards of care for jail health services are difficult to define, and in the coming months Public Health will evaluate its ability to provide effective jail health services for the Richland County Jail. Public Health made 12 jail health visits in 2011.



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

In 2011, Public Health staff provided over 200 clinic hours at the Richland Community Free Clinic.



Age of unduplicated patients seen at the Free Clinic:

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

\* Age range report was modified in 2011.

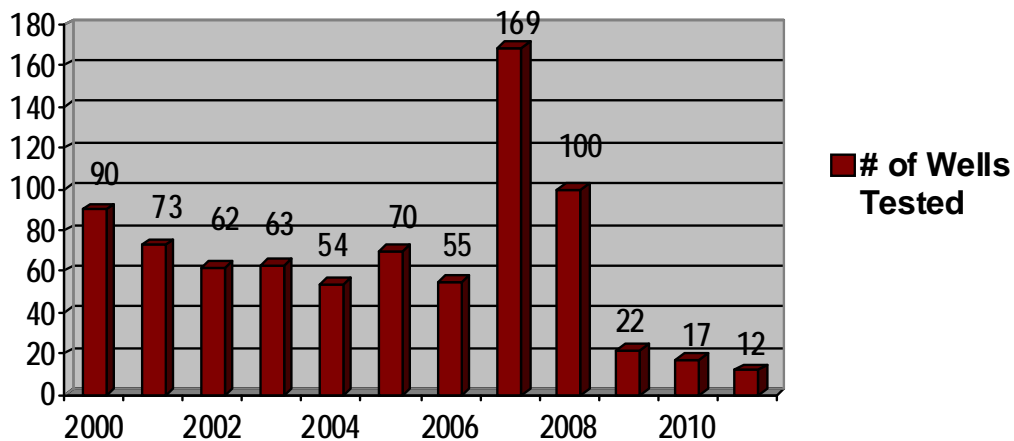
## ENVIRONMENTAL HEALTH

Richland County has been part of a five county environmental health consortium since the mid-1980s. The consortium pools funding from several sources to cover the expenses of the environmental health program and employs a Registered Sanitarian as an Environmental Health (EH) Consultant for the 5 counties. The EH Consultant assists with investigation and follow up of human health hazard complaints, as well as coordinating several other environmental health programs provided by Public Health.

### 2011 Environmental Health Statistics:

|                    |    |                                 |     |
|--------------------|----|---------------------------------|-----|
| <u>Home Visits</u> | 54 | <u>Contacts (EH Consultant)</u> | 322 |
| Lead               | 7  | Lead                            | 30  |
| Radon              | 5  | Radon                           | 33  |
| Water              | 3  | Water                           | 40  |
| Asbestos           | 4  | Asbestos                        | 35  |
| Solid Waste        | 10 | Solid Waste                     | 33  |
| Housing            | 11 | Housing                         | 44  |
| Indoor Air         | 14 | Indoor Air                      | 43  |
| Sewage             | 0  | Sewage                          | 33  |
| Animal Vector      | 0  | Animal/Vector                   | 30  |

**Private Well Water Testing:** Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply – Public Health has the test kits and the fees are sent directly to the Wisconsin State Laboratory of Hygiene with the sample. The Environmental Health Consultant is available for consultation for problems related to water quality. Twelve private wells were tested through Public Health in 2011.

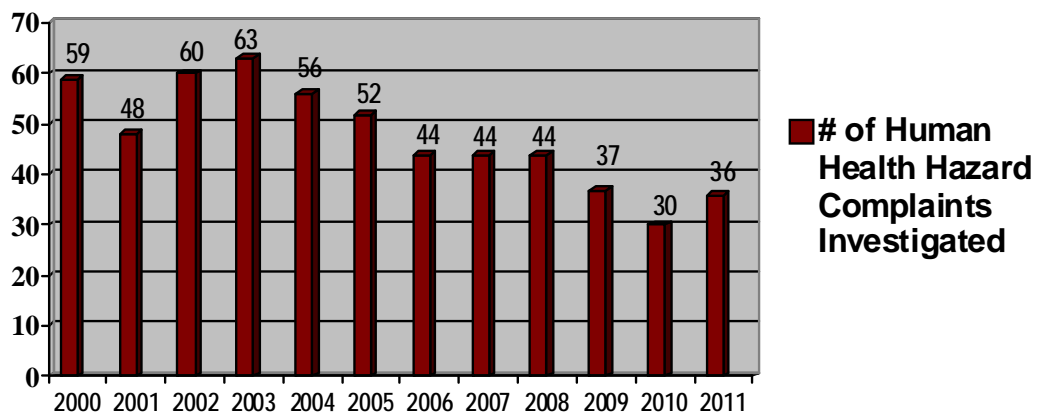


**Radon:** Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Twenty-eight short-term home radon test kits were distributed in 2011.

**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 152 children were screened in 2011. 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 2011, investigation and follow-up were provided in regard to 36 complaints and ordered the abatement of 2 health hazards.

Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste. Often working with the property owners is enough to get the hazard removed or abated but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time (usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement and the cost is then assessed as an additional tax on the property by the municipality.





## **PREPAREDNESS AND RESPONSE**

**Preparedness and Response:** Public Health's objectives for 2011 were a continuation of the previous years' objectives involving local preparedness and response planning and exercising a mass clinic response. The Division of Public Health (DPH) signed a new contract with the CDC in August and additional objectives were added as a result. Since the contract year for this grant is August 1 to July 31, completion of all of the objectives is not required until July 31, 2012.

In 2011, revisions were made to the Mass Clinic Plan, to the Public Health Emergency Plan, and the Pandemic Influenza Plan as a result of lessons learned in exercising and training. The 14 Performance Measures evaluating ability to respond to a local event were completed in July. The local Technical Assistance Review (TAR) Tool was completed with DHP staff in October. The TAR tool assesses where local public health may need additional assistance to meet its preparedness responsibilities. The assessment of the 15 Public Health Preparedness Capabilities was completed in December. The capabilities assessment is a tool developed to assist DPH in identifying gaps in preparedness, determine priorities, and develop plans for building and sustaining public health preparedness capabilities, ultimately to assure safer, more resilient, and better prepared communities.

## **NUTRITION**

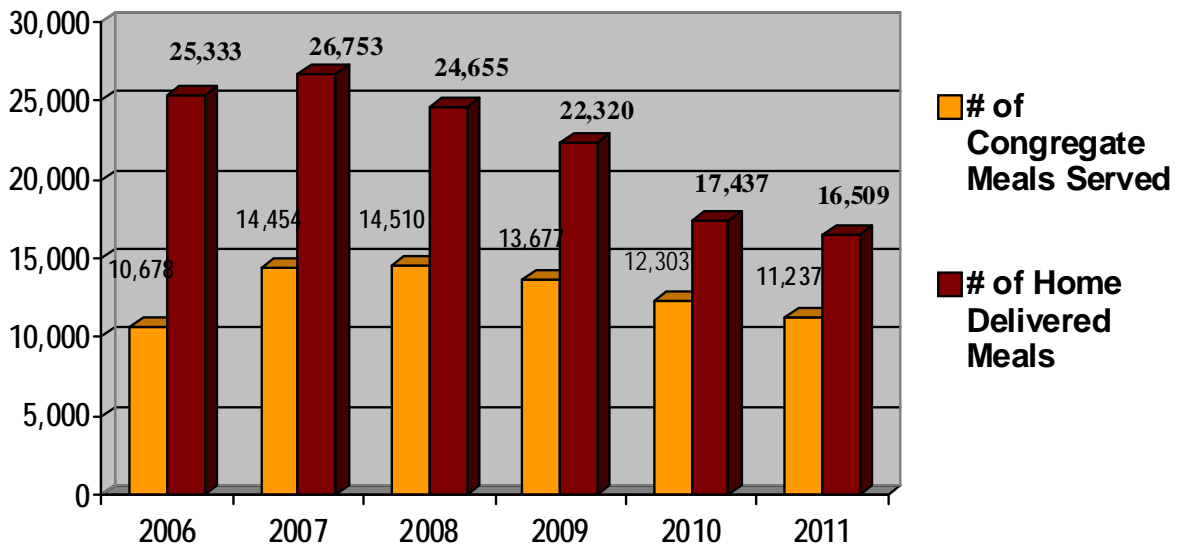
The Older Americans Act was enacted in 1965 to provide assistance in the development of new or improved programs which help older persons. One of the first programs established through the Act was the Senior Nutrition Program.

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

Richland County now has four operating meal sites: Richland Center (Town & County Presbyterian Church); Viola (Viola Village Offices); Germantown (St. Anthony's School); and Rockbridge (Rockbridge Elementary School). The Boaz Meal Site (Karen's Supper Club) closed at the end of 2011 due to low participation.

**2011 Nutrition Statistics:**

| <u>Meal Site</u> | <u>Number of Meals Served to Eligible Participants</u> |                       |
|------------------|--|-----------------------|
|                  | <u>Congregate</u>                                      | <u>Home Delivered</u> |
| Richland Center  | 3,941  | 14,265                |
| Viola            | 2,438  | 800                   |
| Germantown       | 1,715  | 1,159                 |
| Boaz             | 237  | 0                     |
| Rockbridge       | <u>2,906</u>   | <u>285</u>            |
| <b>TOTAL</b>     | <b>11,237</b>  | <b>16,509</b>         |



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

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

## **Nutrition Program Highlights:**

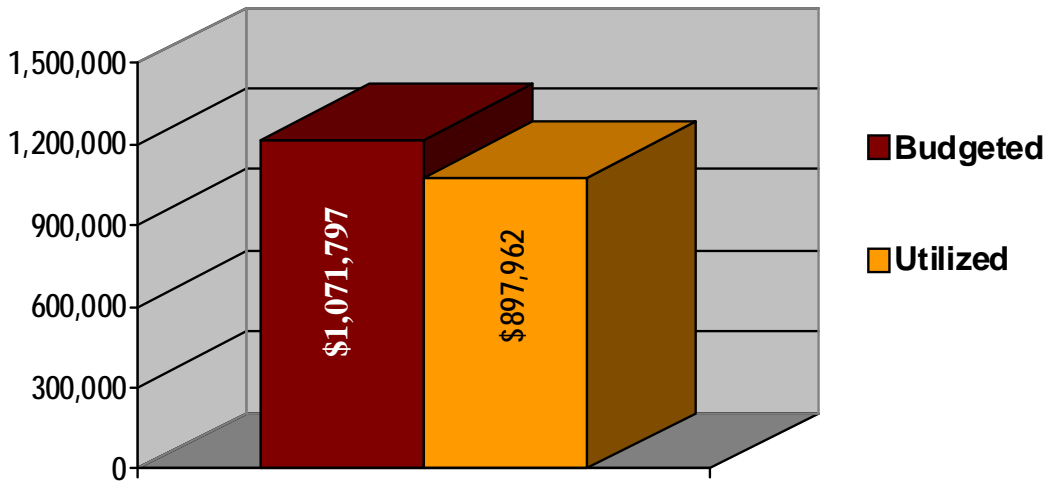
- Volunteers donated 4,815 hours of service at the congregate meal sites and volunteer drivers donated 760 hours using their own vehicle and gas to deliver noon meals for the Senior Nutrition Program in 2011.
- The Nutrition Advisory Committee meets quarterly and holds meetings at each meal site. Each meal site has a representative on the committee and the committee functions in an advisory role regarding matters related to the delivery of nutrition and nutrition supportive services within the program.
- The Nutrition Education Plan is developed each spring and provides at least 4 educational opportunities for both congregate and home delivered meal recipients.
- The Volunteer Appreciation Breakfast was held May 13, 2011. These dedicated volunteers make the Nutrition Program possible and always enjoy a delicious breakfast and the opportunity for fellowship at the Pippin Conference Center.
- The Senior Farmer's Market vouchers were again distributed to qualifying seniors. These vouchers are used to purchase fresh fruits and vegetables from local growers. All of Richland County's allotted vouchers were distributed, which not only benefits the seniors nutritionally, but helps the local economy at the same time.
- Local meal site staff training was held August 25th. In 2011 the training included diabetes education, the new food guide --"My Plate", blood borne pathogens, recommended adult vaccines, a section on communication, survey results, and a review of policies.
- Regional Site Manager Training was held on October 20th in Dodgeville. Sessions included were Volunteer Recruitment, New Food Guide, Dealing with Difficult People, Customer Service, and an update on the State program.
- Amy Ramsey, Nutrition/Prevention Specialist with the Department of Health Services' Bureau of Aging & Disability Resources Division of Long Term Care provided Serv-Safe training here at the Community Services Building on November 3, 2011. This training is required for the Nutrition Program Director and all site managers every 5 years, and qualifies the individual for certification through the Division of Public Health as a Food Manger (upon the successful completion of the written test). Holding the training in Richland County was a great opportunity and allowed for maximum participation by Richland County meal site staff and volunteers.

# **FISCAL**

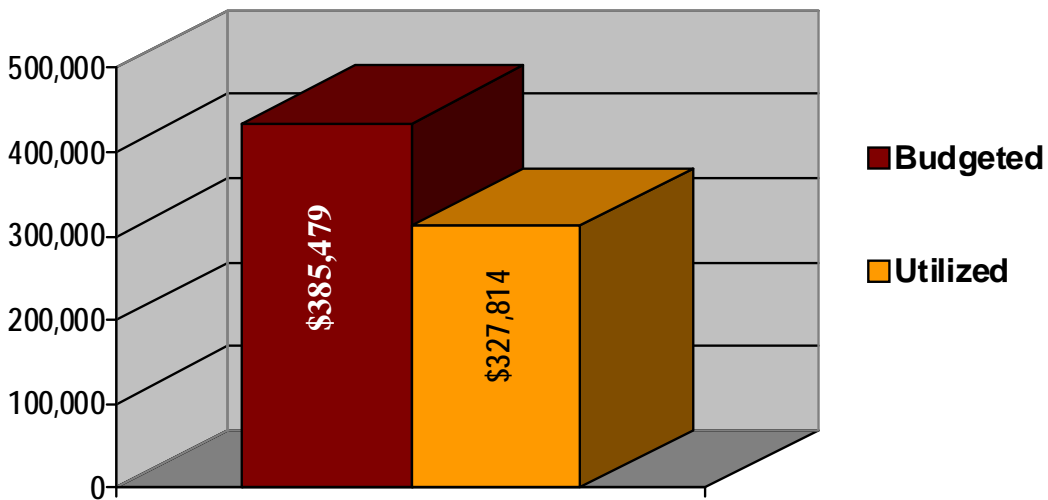
**(Un-audited Figures)**

# **RICHLAND COUNTY HEALTH AND HUMAN SERVICES**

## **COUNTY TAX LEVY – HHS BUDGETED VS. UTILIZED**

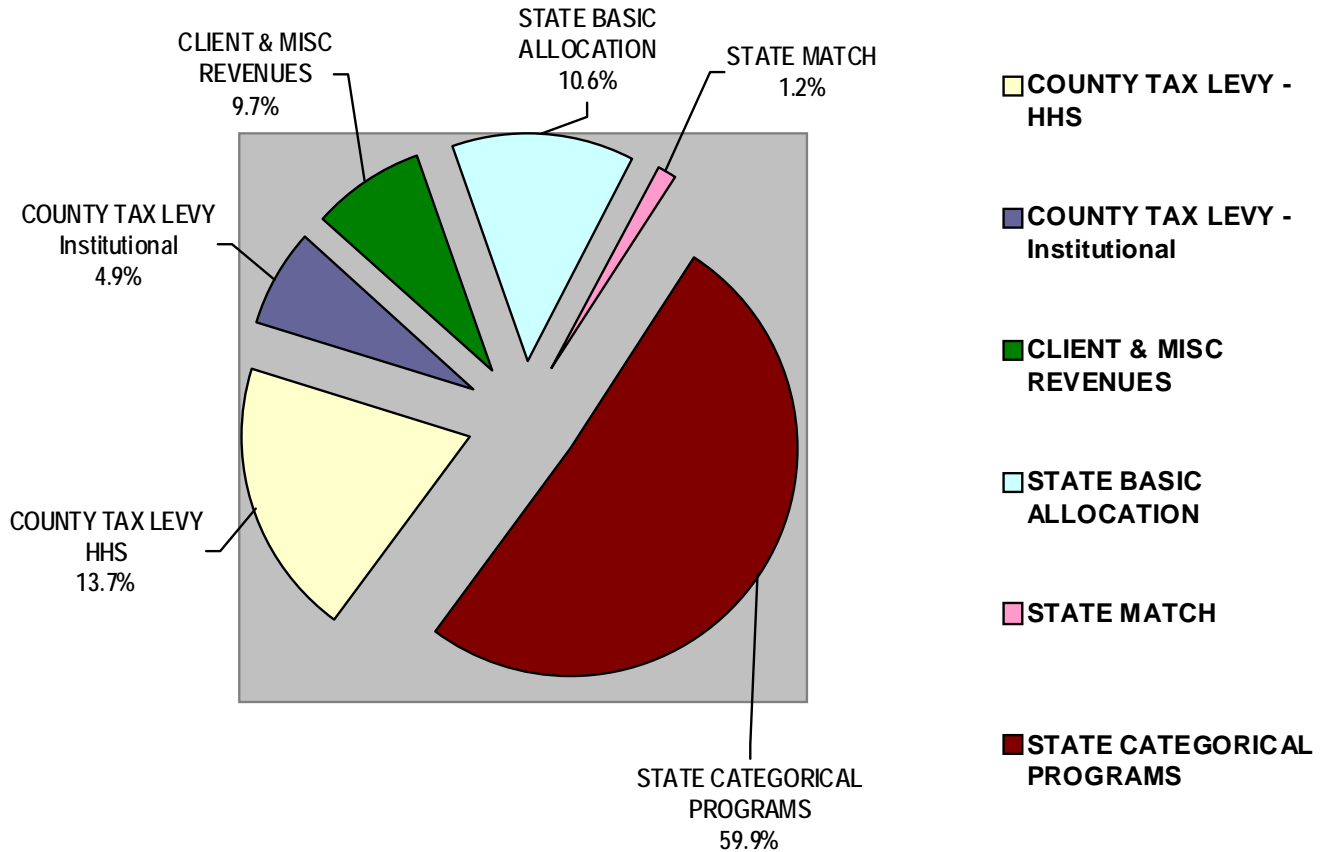


## **COUNTY TAX LEVY – INSTITUTIONAL FUNDS BUDGETED VS. UTILIZED**



# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

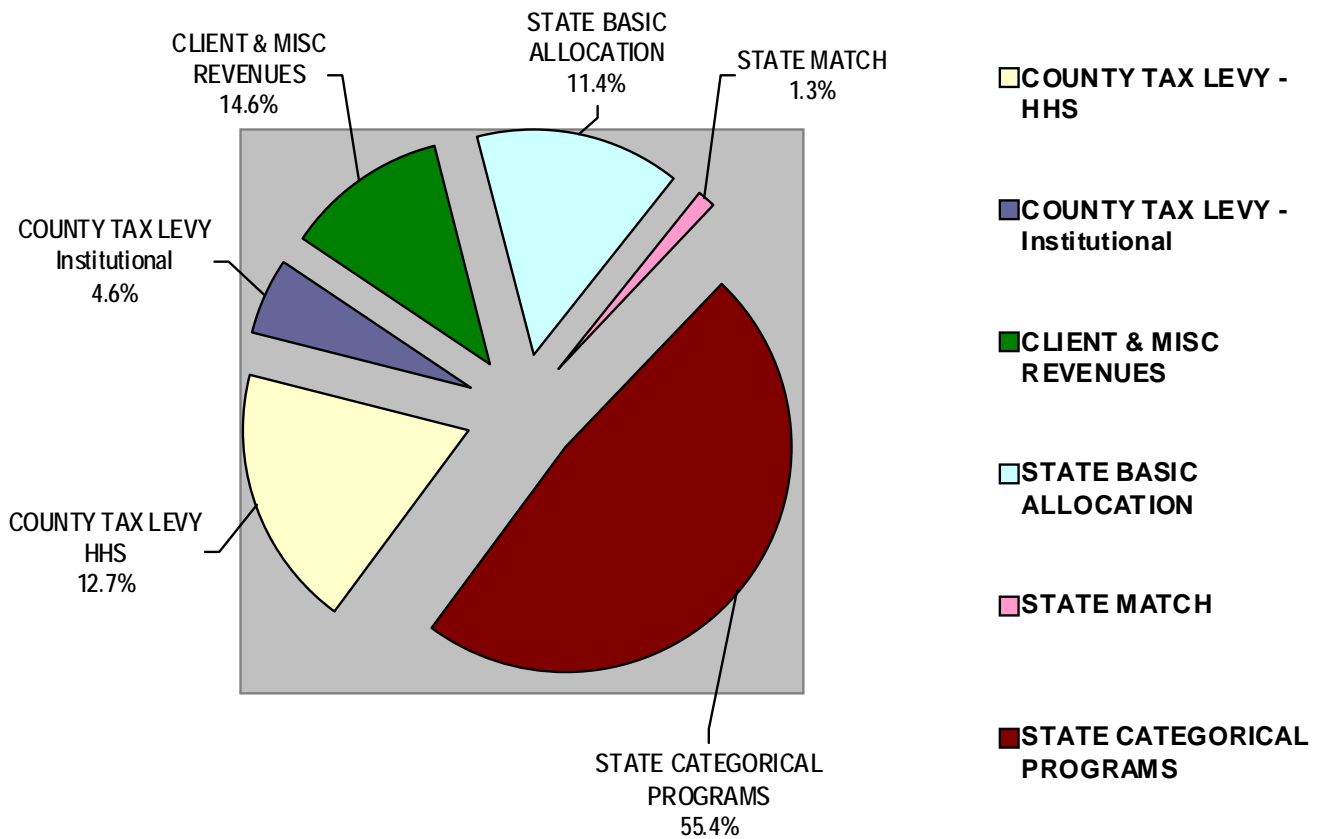
## BUDGETED REVENUE SOURCES



|                                 |                     |
|---------------------------------|---------------------|
| COUNTY TAX LEVY – HHS           | \$ 1,219,618        |
| COUNTY TAX LEVY – INSTITUTIONAL | \$ 434,891          |
| CLIENT & MISC REVENUES          | \$ 485,933          |
| STATE BASIC ALLOCATION          | \$ 817,617          |
| STATE MATCH                     | \$ 84,385           |
| STATE CATEGORICAL PROGRAMS      | \$ 3,132,022        |
| <b>TOTAL</b>                    | <b>\$ 6,174,466</b> |

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

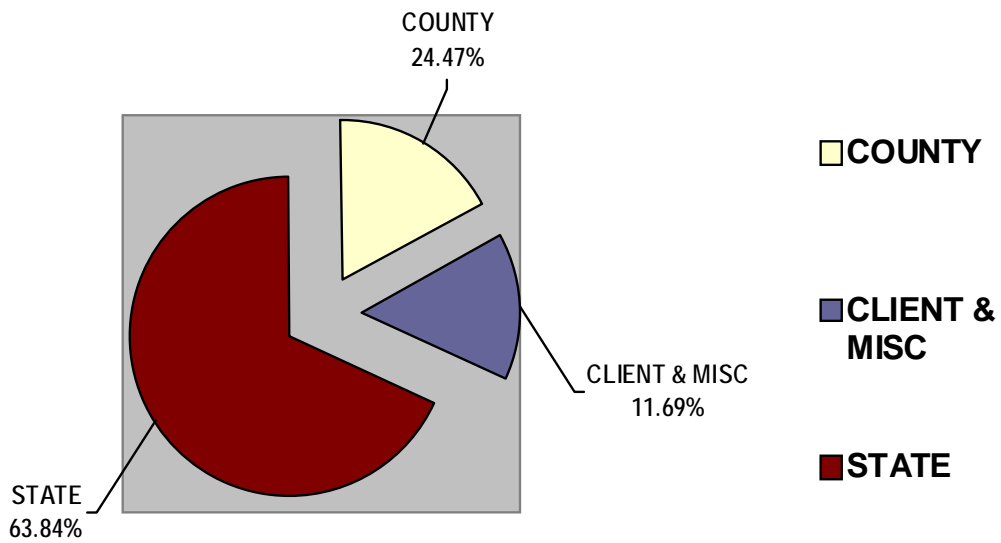
## ACTUAL REVENUE SOURCES



|                                 |                     |
|---------------------------------|---------------------|
| COUNTY TAX LEVY – HHS           | \$ 1,080,461        |
| COUNTY TAX LEVY – INSTITUTIONAL | \$ 312,227          |
| CLIENT & MISC REVENUES          | \$ 665,593          |
| STATE BASIC ALLOCATION          | \$ 836,511          |
| STATE MATCH                     | \$ 80,779           |
| STATE CATEGORICAL PROGRAMS      | \$ 2,716,730        |
| <b>TOTAL</b>                    | <b>\$ 5,692,301</b> |

# RICHLAND COUNTY HEALTH AND HUMAN SERVICES

## TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



|               |                     |
|---------------|---------------------|
| COUNTY        | \$ 1,392,688        |
| CLIENT & MISC | \$ 665,593          |
| STATE         | \$ 3,634,020        |
| <b>TOTAL</b>  | <b>\$ 5,692,301</b> |



# APPENDIX

# Richland County Health and Human Services

## 2011 Health & Human Services Contracts (Over \$10,000)\*

|                                |           |  |           |
|--------------------------------|-----------|--|-----------|
| ADRC of SW WI – Crawford       | \$203,738 | Jean Warrior, Ph.D.                    | \$17,030  |
| ADRC of SW WI – Juneau         | \$343,734 | LaCrosse County Human Services         | \$16,510  |
| ADRC of SW WI – Sauk           | \$557,820 | Lori Knapp – Richland, Inc.            | \$84,223  |
| Aegis Therapies                | \$109,279 | Margaret Fillyaw AFH                   | \$25,320  |
| Attorney Henry Plum            | \$30,080  | Murphy AFH                             | \$51,484  |
| B-Care Corporation             | \$78,930  | Northwest Counseling & Guidance Clinic | \$43,050  |
| Clemens Schmidt, M.D.          | \$125,550 | Northwest Passage                      | \$39,597  |
| David Dati, LCSW, LMFT         | \$49,473  | Richland Hospital                      | \$67,692  |
| Family & Children's Center     | \$75,943  | SW WI Workforce Development Board      | \$348,405 |
| Family Works Programs, Inc.    | \$30,422  | Stilwell AFH                           | \$16,993  |
| Fillyaw AFH                    | \$16,775  | Tazzee's Wonder Bar & Restaurant       | \$13,011  |
| Franciscan Skemp Healthcare    | \$22,158  | Trempealeau County Health Care         | \$88,483  |
| Gundersen Lutheran Medical Ctr | \$14,803  | VARC, Inc.                             | \$84,717  |
| Hoffman AFH                    | \$44,929  | Wisconsin Early Autism Project (WEAP)  | \$51,216  |
| Irv Balto, LCSW                | \$19,769  |  |           |

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

# Richland County Health and Human Services

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

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

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

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

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

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