

Richland County Health and Human Services



2018
Annual Report



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

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

On behalf of Richland County Health and Human Services, its Board, and agency staff; it is my privilege to present the 2018 Annual Report. This report contains statistical and program information related to our services; information about our associated committees, boards, and contract providers; and financial data related to Health and Human Services.

Some of the highlights from 2018 include:

Partnerships to respond to the opioid crisis and mental health needs: Health and Human Services entered into a partnership with Southwestern Wisconsin Community Action Program for the Opioid Crisis State Targeted Response Program which planned a variety of prevention activities and treatment services across several counties including Richland. The agency also entered into a partnership with the Richland School District to provide mental health services to students.

Richland County flood response and recovery: Richland County experienced incidents of significant storms and flooding in 2018 with the most substantial event in August/September which resulted in a major disaster declaration by the Federal Emergency Management Agency. Health and Human Services was involved in the emergency response and recovery by providing staffing at the Emergency Operations Center; operating a shelter for those displaced from their homes; and coordinating the distribution of needed food, water, cleaning supplies, and well water testing kits for residents.

Leadership and staffing changes: On April 2nd, Patrick Metz retired from his 4-year tenure as the Health and Human Services Director and was honored by the County Board for his 17 years of dedicated employment with the County. Upon Patrick's retirement, Tim Gottschall, Manager of Operations was appointed as the interim Director and oversaw the agency throughout the majority of the year until his resignation in October. Then Myranda Culver, Manager of Programmatic Services was appointed to fill the interim Director role until my selection as the new Director by the County Board which took effect on December 3rd. In addition to the change in leadership, Health and Human Services continued to experience significant staff turnover in many of its county positions.

As you review this annual report, please feel free to contact me with any questions. This, as well as past annual reports, information about our services, meeting minutes, and staff contact information are available on our website at www.co.richland.wi.us.

Respectfully,

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

Tracy Thorsen, LCSW
Director

Richland County Health & Human Services



2018 Annual Report

| | Page |
|--|------|
| Table of contents..... | 1 |
| Agency Mission Statement | 2 |
| Board and Committee Member Listing | 3 |
| Board Organizational Structure | 5 |
| Health & Human Services Unit Organizational Structure | 6 |
| Administrative Services Unit..... | 7 |
| Aging & Disability Resource Center of Eagle Country – Richland Center..... | 9 |
| Children’s Services Unit..... | 17 |
| Clinical Services Unit | 22 |
| Economic Support Unit | 36 |
| Public Health Unit | 46 |
| Fiscal | 72 |
| Appendix..... | 75 |



Richland County Health and Human Services

MISSION STATEMENT

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

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

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

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Linda Gentes, Chair (as of May 2018)
Dr. Bryan Myers, Chair (until April 2018)

| | |
|--|---------------------------------|
| Marty Brewer, Vice Chair | Donald Seep |
| Kerry Severson, Secretary | Ingrid Glasbrenner |
| Dr. Jerel Berres (as of June 2018) | Debra Kyser |
| Dr. Louis Williams (until February 2018) | Larry Jewell (until April 2018) |

Commission on Aging & Disability Board

Commission Members

David Scribbins, Chair

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

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

| | |
|----------------|--------------------|
| Joy Burnham | Ashley Houman |
| Faye Burghagen | Myranda Culver |
| Kerry Severson | Mary Chris Walling |

Coordinated Services Team (CST)
Coordinating Committee
Committee Members

Amy Richardson
Tawny Hardyman
Jeff Van Den Berg
Amanda Miller
Linda Gentes
Laurie Couey (as of July 2018)
Betsy Weidenfeld (as of Aug 2018)
Brei Campbell (as of Aug 2018)
Jinita Larson (as of July 2018)

Shelly Anders
Cindy Robinson
Myranda Culver
Faith Peckham
Stephanie Ronnfeldt
Rose Kohout (as of March 2018)
Brenda Inman (as of July 2018)
Cheryl Hoppe (as of July 2018)
Vamessa McBain (as of Aug 2018)

Nutrition Advisory Council
Committee Members

Eva Jo Putz, Chair

Donald Seep (as of June 2017)
Chris Storer
Janet Jasper (as of November 2017)

Don P. Roseberry
Marlene Curtis

Mississippi Valley Health Services Commission

Linda Gentes

Kerry Severson (alternate)

Transportation Coordinating Committee
Committee Members

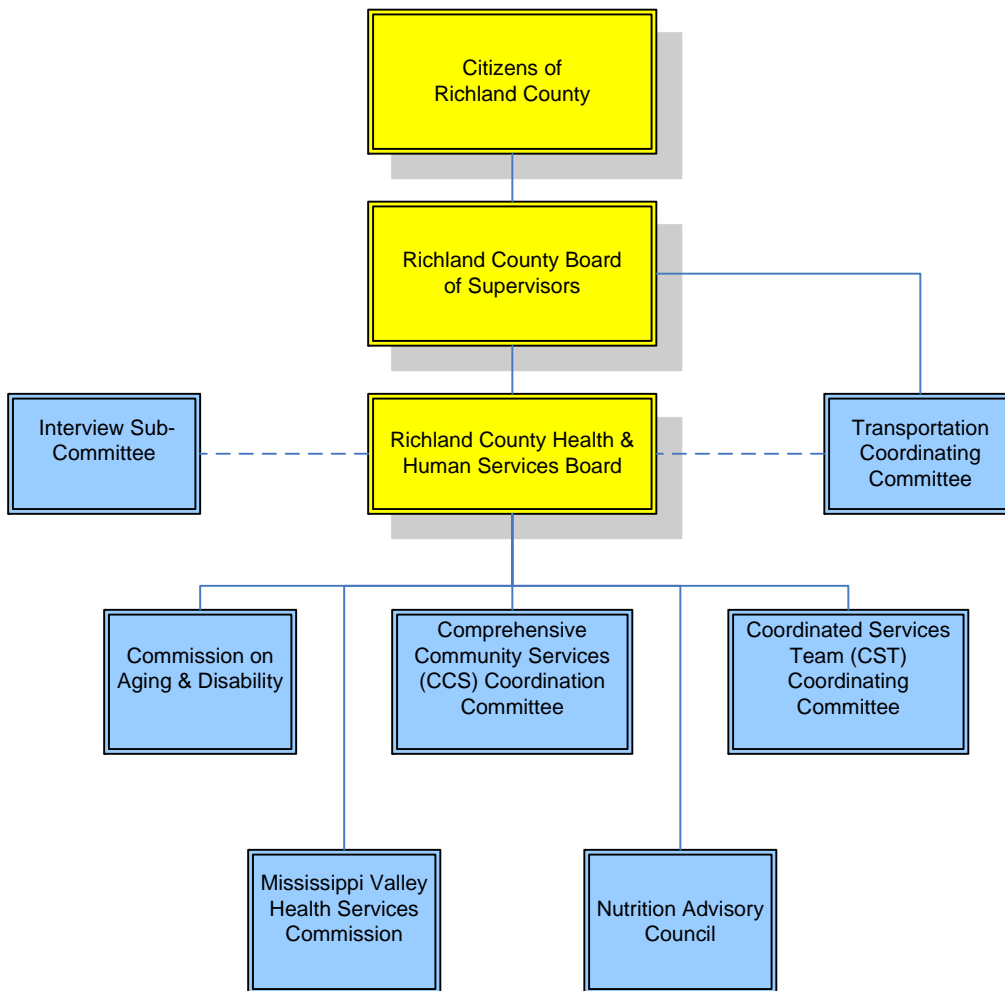
David Scribbins, Chair

Eric Rynes
Don Adelman
Robert Shiere
Sandra Kramer (as of December 2018)

Linda Gentes
Richard McKee
Stephanie Ronnfeldt
Lydia Metz

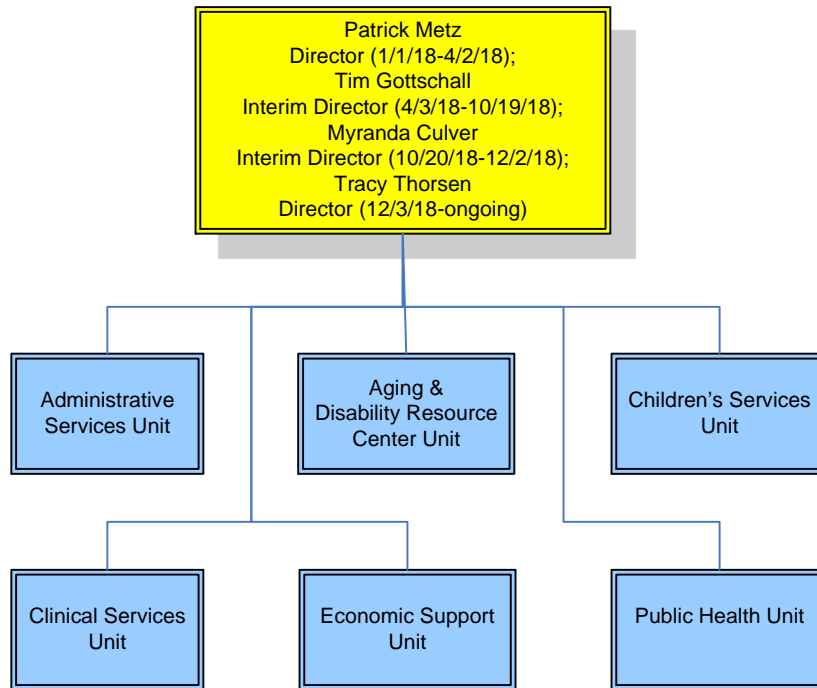
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

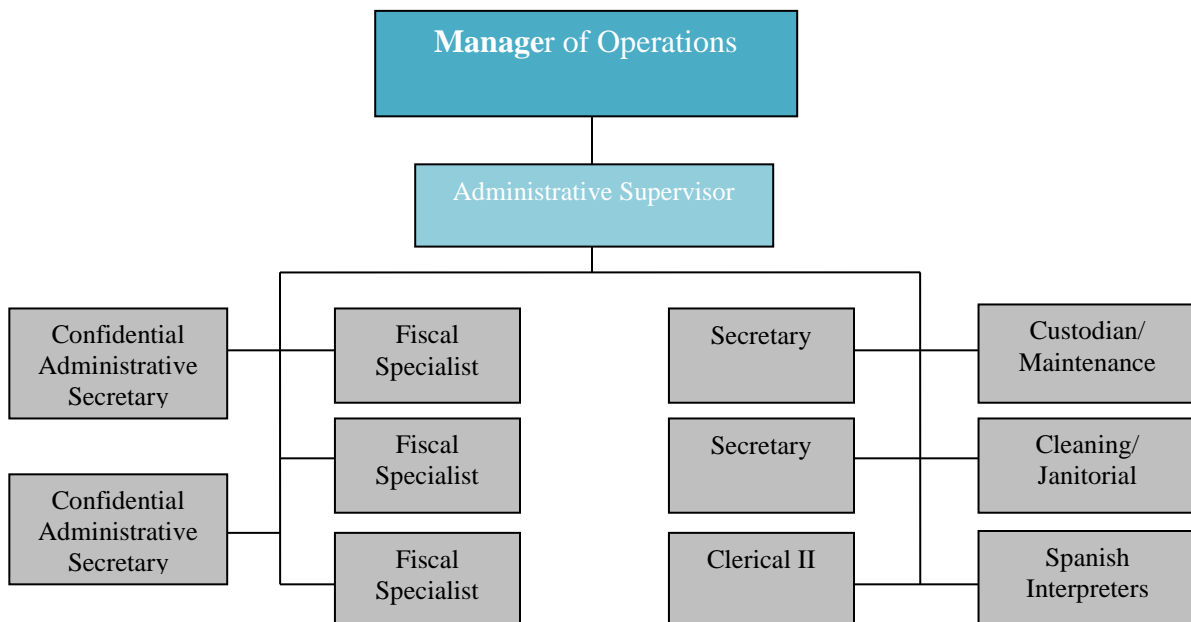
Mission Statement

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

In 2018, the Administrative Services Unit performed these responsibilities under the following organizational structure:



Here are just a few of the accomplishments of the Administrative Services Unit in 2018:

- Focus on additional cross training across administrative services.
- Remaining a solid and stable unit through changes in leadership and staff.
- Continued focus and training on staff safety.
- Dedicated administrative staff to assist with filing project for Children's Unit.
- Onboarding and training two front desk receptionists.

Here are just a few goals for Administrative Services in 2019:

- Improvement on capturing the maximum Revenues through Insurance, WIMCR, and Grants.
- Study of Electronic Health Record system to improve efficiency.
- Focus on paperless environment.
- Continued improvement on relationship and trust building.
- Increased transparency within unit and county.

AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

Mission Statement

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

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

OVERVIEW

The Aging and Disability Resource Center (ADRC) is the local office of the ADRC of Eagle Country serving Crawford, Richland, Juneau and Sauk Counties. The ADRC provides information and assistance services designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves:

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

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

Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services and transportation assistance services. In 2018, the Richland Center Office of the ADRC of Eagle Country processed over 17,055 incoming contacts (phone calls or walk-in customers).

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2018, the Information and Assistance staff (I&A) received 6,576 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.

2018 Information & Assistance Customers

Of the self-identified:

56% were elderly (60 years and older);

25% were customers with physical disabilities;

7% were customers with developmental disabilities; and

12% were customers with mental health or substance use disorders.

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

In 2018, I&A staff responded to over 6,500 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 to connect to programs or services. Staff provide a wide range of assistance which can include: contacting a service provider on the customer's behalf; helping the customer complete an application; advocating on behalf of a customer to help solve a problem related to accessing a program or service; providing in-depth counseling about long-term care options; and providing short-term case management to assist a customer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

The ADRC is the intake point for State Long-Term Care Programs. In Richland County, those programs are Family Care and IRIS.

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

- conducting the Long-Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;
- providing enrollment counseling and answering questions about Family Care and IRIS;
- completing Family Care enrollments or making referrals to the IRIS Independent Consultant Agency;
- helping to transition customers into Family Care or IRIS; and
- providing advocacy for customers who are having issues or concerns with their chosen long-term care program after enrollment.

In 2018, staff completed 95 Functional Screens and enrolled 63 customers into long-term care publicly funded programming.

DISABILITY BENEFIT SPECIALIST

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

In 2018, the Disability Benefit Specialist program assisted 170 Richland County residents in receiving over **\$1,008,063** 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 \$14,637,904. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

ELDER BENEFIT SPECIALIST

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

The Elder Benefit Specialist works closely with Information and Assistance Specialists to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elder Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance. In an effort to address the growing need for pre-retirement information and assistance, 10 Medicare workshops were offered. A total of 57 people attended to learn how to navigate all the Medicare Programs, and an additional 332 seniors received other assistance.

In 2018, the Elder Benefit Specialist Program provided a savings to 332 Richland County residents totaling **\$1,982,680** in Federal, State, and other funding based on the type of program.

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

EARLY INTERVENTION/PREVENTION SERVICES

In partnership with the Symons Recreation Center, the ADRC provided the funding and technical support to initiate and run 3 Tai Chi programs. Tai Chi is an evidence based program that significantly reduces falls for seniors. A total of 48 seniors participated in the class.

TRANSITION SERVICES FOR YOUTH

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

An Information and Assistant Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in 2017-2018 school year included:

- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
- Provision of specialized options counseling to youth and their families when transitioning from children's disability services to disability services and benefits.
- Leadership and participation in monthly County Communities on Transitioning (CCOT) meetings. The Council members include high school teachers, representatives of community organizations, such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.
- Joint planning and participation in "National Mentoring Day" at the Southwest Technical College where high school students with disabilities practiced job skills and learned about different job responsibilities.
- Participation in the 'Get Real Fair' at UW-Richland to help educate and support student's understanding of life problem solving and proactive planning.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2018, Richland County Health and Human Services received \$7,377. 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 2018 Alzheimer's Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program has been growing slowly but steadily throughout 2018 with a focus on connecting our communities. There are three services provided by the transportation program: Driver Escort Program, public bus routes and on-demand wheelchair transportation to medical appointments. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly and disabled residents of Richland County to medical appointments within an 85 mile radius. Richland County provides residents with wheel chair transportation to medical appointments.

Richland County Public Transportation & Lift Vehicle Transportation

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

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

In 2018, the Richland County Public Transportation and Lift Vehicle Transportation programs had four temporary casual drivers providing a total of 1331 trips for 666 passengers traveling 16,478 miles.



The Driver Escort Program

In 2018, the Driver Escort Program had 23 volunteer drivers providing a total of 4,205 one-way trips for 2,171 passengers traveling 186,663 miles. The volunteer drivers donated 9,555 hours of their time.

The program is primarily funded through the s.85.21 Department of Transportation grant for Specialized Transportation which requires a 20% county tax levy match to receive the funding. In addition, the transportation program receives reimbursement through Veterans Affairs, Community Link, Care WI and co-pays collected from passengers. In an effort to be fiscally responsible we schedule multiple passengers in a vehicle when possible.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2018 totaled \$10,046 to provide five basic components under the program:



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

Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2018, the funds supported numerous local families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

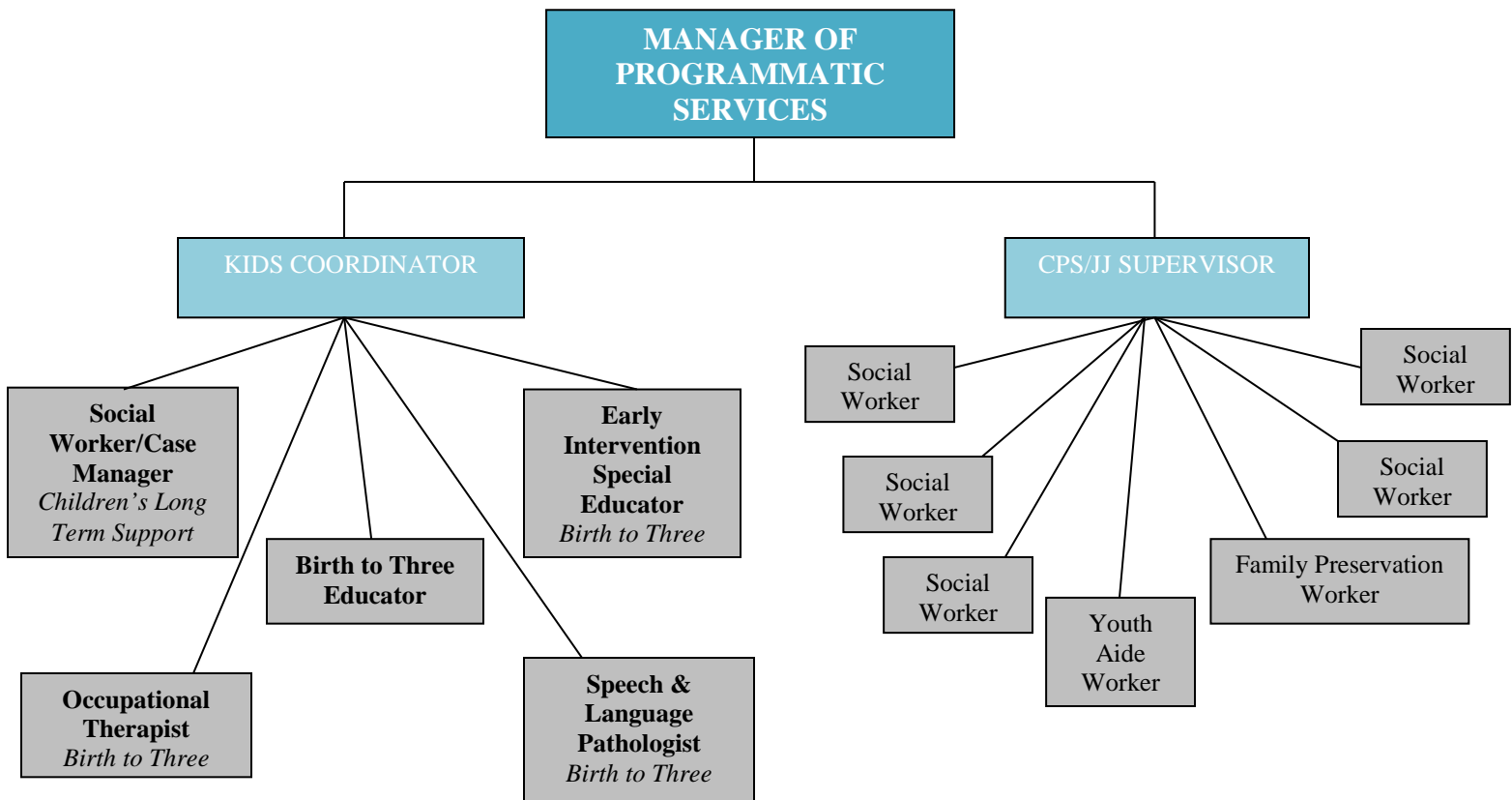
CHILDREN'S SERVICES UNIT

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

Those six programs are as follows:

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

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



BIRTH TO THREE PROGRAM

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

Services Provided

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

Funding Sources

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

In 2018, the Birth to Three Program received **27** referrals and served **30** children. The county has continued to extend its child find efforts in partnership with the local school districts, hospitals and community.



CHILDREN'S LONG TERM SUPPORT PROGRAMS

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

Services Provided

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

Funding Sources

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

In 2018, the program served a total of **43** children in both the Waiver and CCOP programs.

CHILD PROTECTIVE SERVICES

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



Child Protective Services Model for Practice:

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

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

| 2018 | |
|----------------------------------|-----|
| Reports Received | 282 |
| Alleged Victims | 408 |
| Screened in Services Reports/CPS | 137 |

YOUTH JUSTICE (JUVENILE JUSTICE)

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

In 2018, there were 10 screened in, supervised Youth Justice cases in Richland County

There is a new vision for Youth Justice being implemented at the state level which encompasses a vision for accountability of youth rather than on punishment. This movement stems from recent research that indicates traditional sanctions such as sending youth to secure detention, often increases recidivism and pulls them deeper into the system. Under the new vision, the needs of victims are taken into account and clearly addressed, and stakeholders such as social workers and judges share an understanding of accountability that truly allows youth to take account for, and learn from their mistakes. Accountability for youth includes: repairing harm, opportunity to learn and grow, engagement in the process rather than simply the outcome, building youth support systems. In 2018, the state introduced this vision and discussed opportunities to use new documentation and assessment materials to support this vision, however guidelines are still being implemented.

YES (Youth Empowerment Services)

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

FOSTER CARE and KINSHIP CARE

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



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

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

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

In 2018, Clinical Services staff assisted **454** individuals in one or more of its programs.

RECOVERY

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

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



CRISIS INTERVENTION SERVICES

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

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

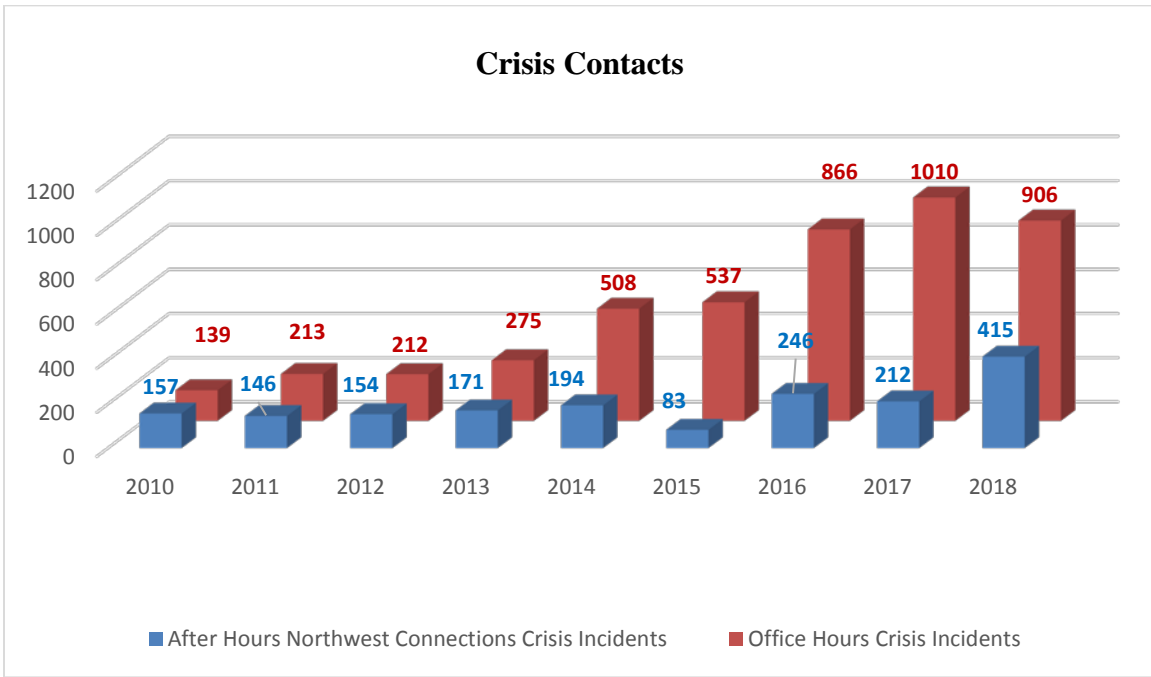
The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

Clinical Services professional staff provided walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services. Prior to May 1, 2018, Clinical Services professional staff provided emergency telephone services during regular business hours. Northwest Connections provided 24 hour coverage for emergency telephone services in Richland County beginning on May 1, 2018.

During non-business hours, Northwest Connections is a contracted service that responds to crises in Richland County. Northwest Connections provides crisis telephone services through their "Call Center" and a mobile crisis response through locally hired crisis intervention workers. The Call Center provides callers with information, support, crisis counseling & intervention, service coordination, and referral for additional, alternative or ongoing services. The Call Center has a direct link to the mobile crisis service, which can provide an onsite response to an emergency situation. The mobile crisis service has the capacity for making home visits and for seeing clients at other locations in the community. Law enforcement may accompany the mobile crisis worker.

Crisis Contacts: In 2018, Health and Human Services provided Crisis services to a total of 264 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 415 afterhours crisis contacts. Clinical Services staff completed a total of 906 daytime crisis contacts, with a total of 1321 crisis contacts altogether in 2018. The total number of crisis contacts include all full crisis assessments completed by staff

and the total number of linkage and follow-up contacts after a crisis has occurred. During 2018 there was a full time staff member dedicated to doing crisis contacts along with other clinical services staff members. Linkage and follow up services are completed after an initial crisis assessment in order to provide or coordinate services to allow the crisis patients to return to more stable functioning OHS 34.23(6).

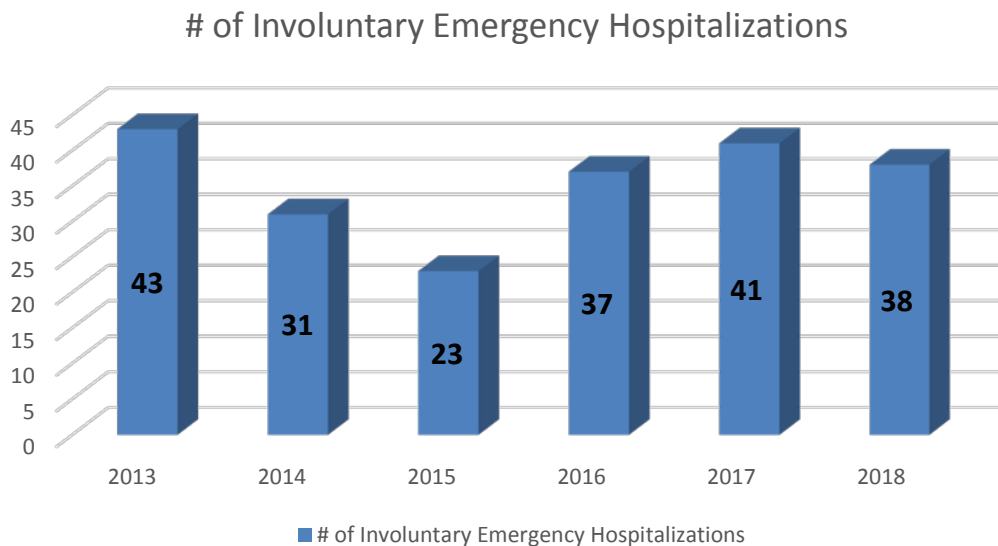


Emergency Hospitalizations: During 2018, a total of 38 emergency detentions occurred. 13 of these occurred during office hours and 25 occurred after office hours.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Afterhours Hospitalizations | 26 | 11 | 11 | 12 | 22 | 25 |
| Office hours Hospitalizations | 17 | 20 | 12 | 26 | 19 | 13 |
| TOTAL HOSPITALIZATIONS | 43 | 31 | 23 | 38 | 41 | 38 |

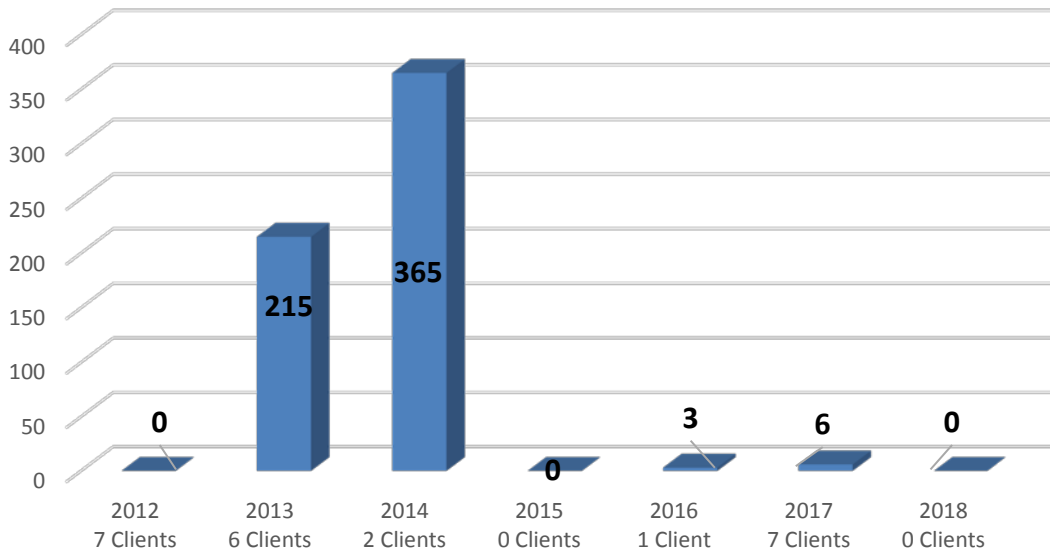
INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

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



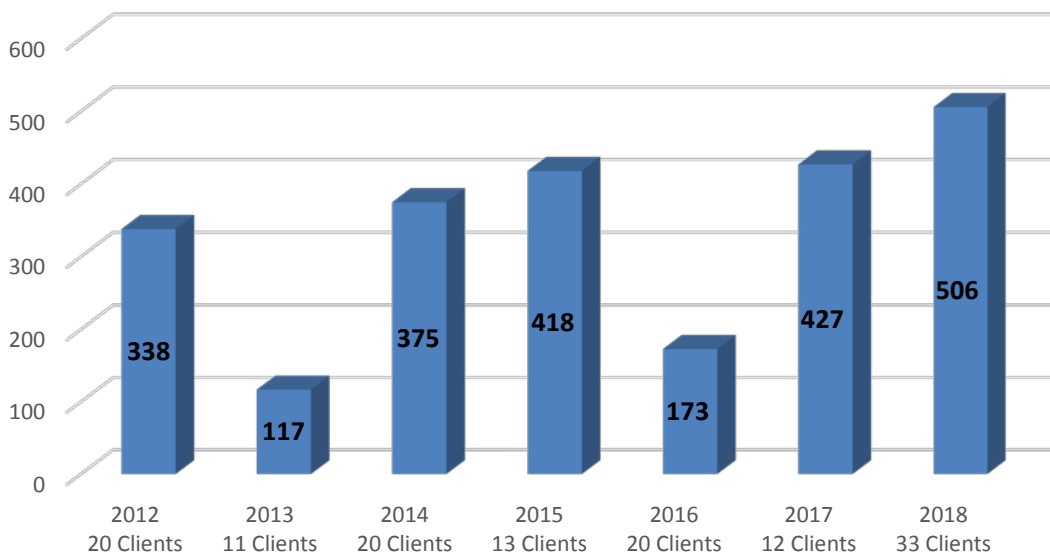
Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2018. The chart below shows the number of hospital days funded by Health and Human Services each year.

Acute Psychiatric Hospital Days Funded by the County



Mental Health Institutional Placements: For long-term care and treatment needs in 2018, Richland County placed individuals at the Winnebago Mental Health Institute or Mendota Mental Health Institute for geriatric or forensic patients. This facility was used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalization. The chart below shows the total number of days of institutional care funded annually by Richland County.

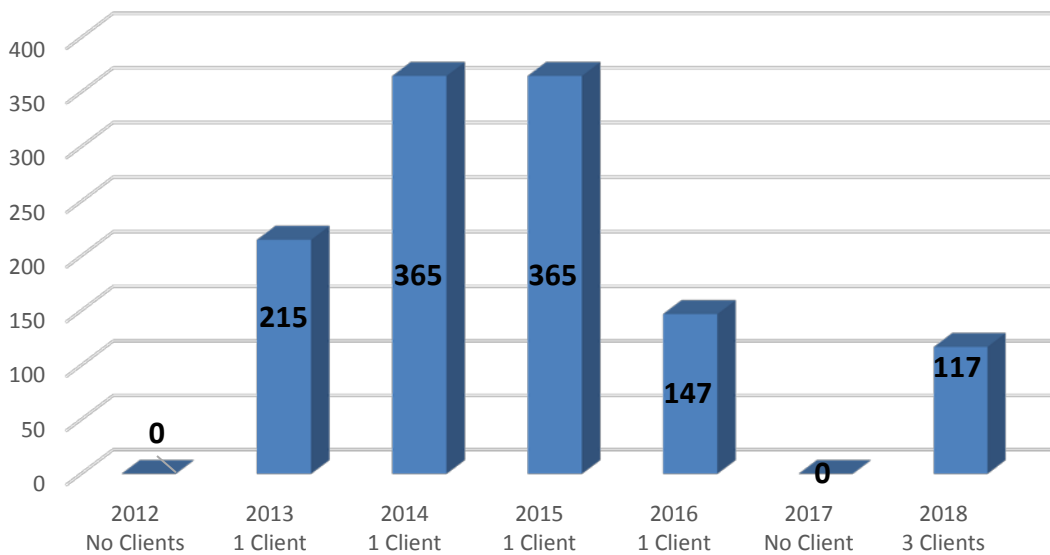
Number of Days in Mental Health Institutes (MHI)



In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25%*) from state to county governments. 8 of the 33 individuals shown in the chart above for 2018 were under the age of 21 and accounted for 35 days of care.

Institutes for Mental Disease: Richland County uses Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care. There were 3 clients placed in an IMD in 2018.

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



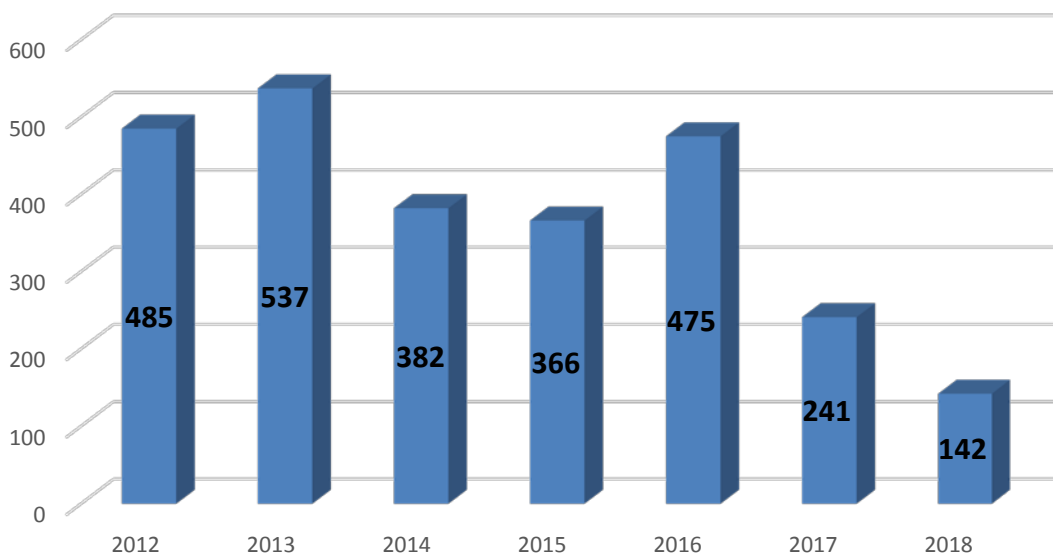
OUTPATIENT CLINIC

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

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

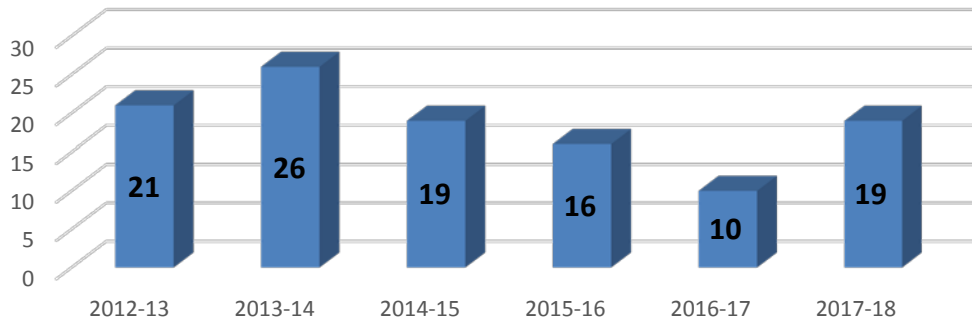
During 2018, Clinical Services provided psychotherapy to 93 individuals, psychiatric care/medication management to 68 people and conducted 18 psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.

Number of Outpatient Mental Health Clients



UW-Richland Campus Counseling Services: Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are feeling stressed, depressed, or have other emotional concerns. Services are provided at no cost to the student. In addition to counseling services, Health and Human Services provides training and consultation to residence hall and other campus staff; consults with the campus Threat Assessment Group; provides mental health and substance abuse in-services and screenings to the student body; and is also available to provide assistance in any type of mental health emergency. Over the course of 2018, a total of 19 UW Richland Students were seen for mental health services. Through the contract with UW-Richland, a staff member is able to provide support services at the campus two half days per week.

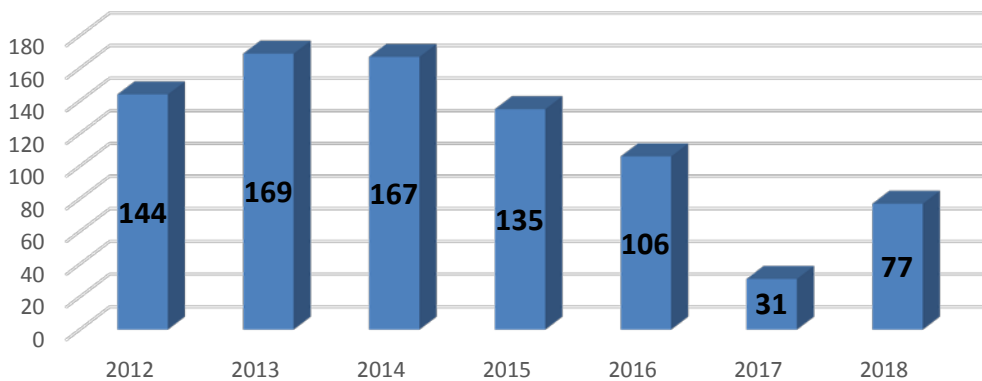
Number of UW Richland Students



Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2018, the Clinical Services substance abuse counselor provided assessment, referral, and treatment to 77 adults and teens struggling with substance use disorders.

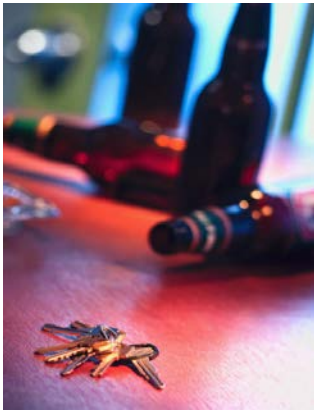
In addition to individual outpatient counseling, group programs were also provided utilizing the evidence-based curriculum called PRIME for Life. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows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

Number of Outpatient Substance Abuse Clients



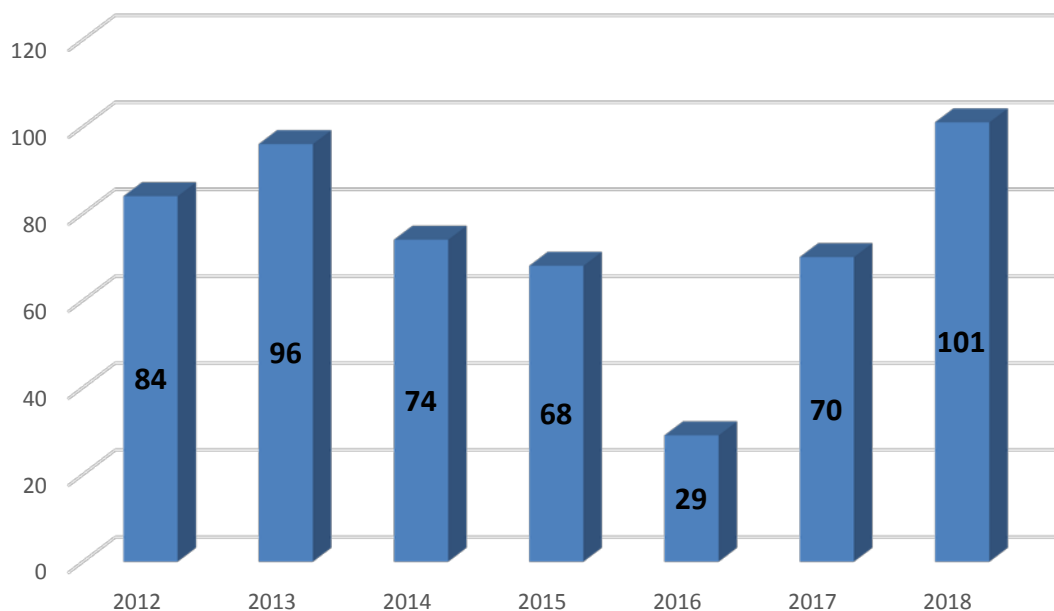
INTOXICATED DRIVERS PROGRAM

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



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

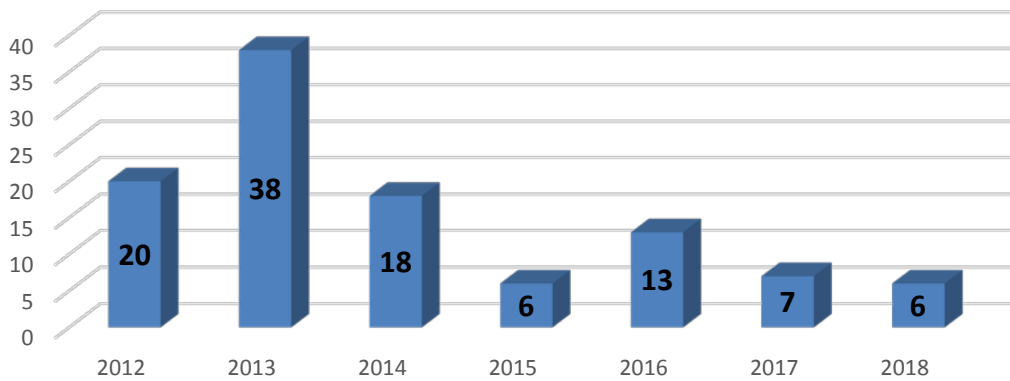
Number of IDP Clients



CHOICES

Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants. A total of 6 people participated in the Choices Program in 2018.

Number of Choices Participants



SOBRIETY COURT

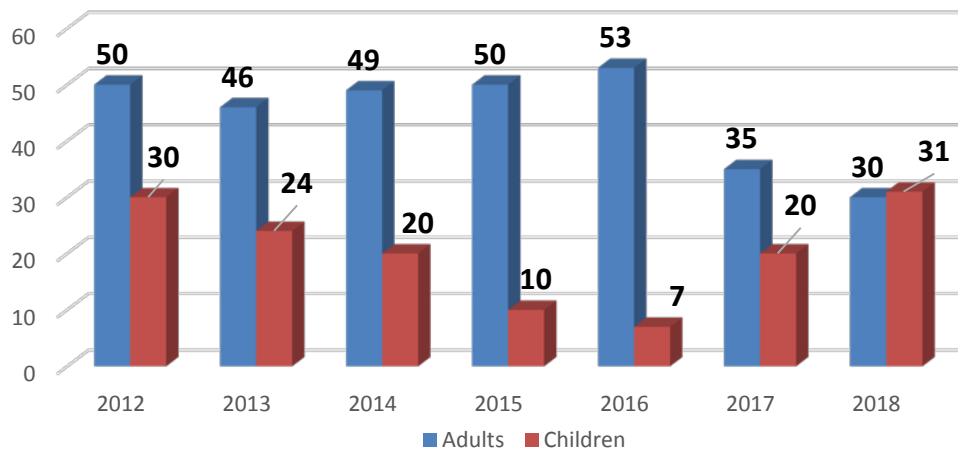
Richland County Sobriety Court provides integrated supervision and evidence-based treatment to moderate or high risk clientele. This program serves Richland County residents that have 3 or more OWI convictions and who suffer from alcohol dependence issues. Some other alcohol related convictions may also be considered. This is a 5 phase, 14 month minimum program. The program works cooperatively with multiple agencies to ensure accountability and to offer rehabilitation services. This program's intent is to provide a participant with all the possible tools required to get into recovery, stay in recovery, and lead a productive, crime-free life.

| Number of Participants | |
|------------------------|------|
| 2017 | 2018 |
| 6 | 14 |

COMPREHENSIVE COMMUNITY SERVICES

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

CCS provides psychosocial rehabilitation services to children, adolescents and adults with mental health or substance use disorders. CCS uses a team model that is flexible, person-centered, recovery focused, strength-based and outcome oriented. Services focus on recovery and supporting individuals to overcome barriers caused by their symptoms so they can improve functioning and pursue their hopes and dreams.



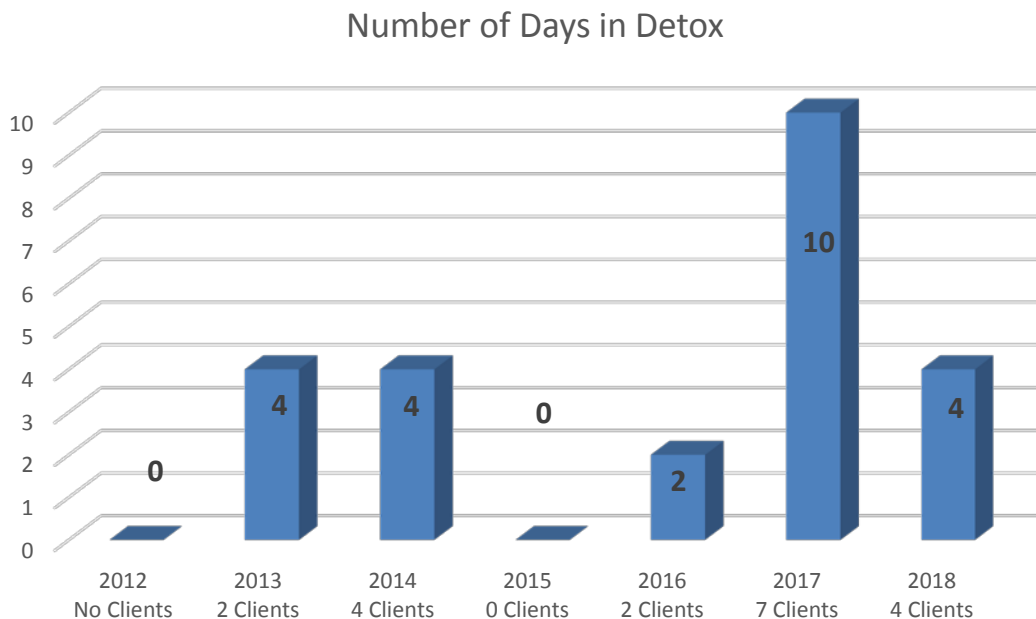
COORDINATED SERVICES TEAM INITIATIVE

The Coordinated Services Team or CST Program serves children who are involved in multiple systems of care. These children are considered to be at risk of out of home or institutional placement. The CST process involves both natural and formal supports for a child in wraparound services. During 2018, 31 children were enrolled. Through participation in CST it is hoped that children and their families will be able to utilize natural supports to meet their highest potential in the community.



DETOX SERVICES

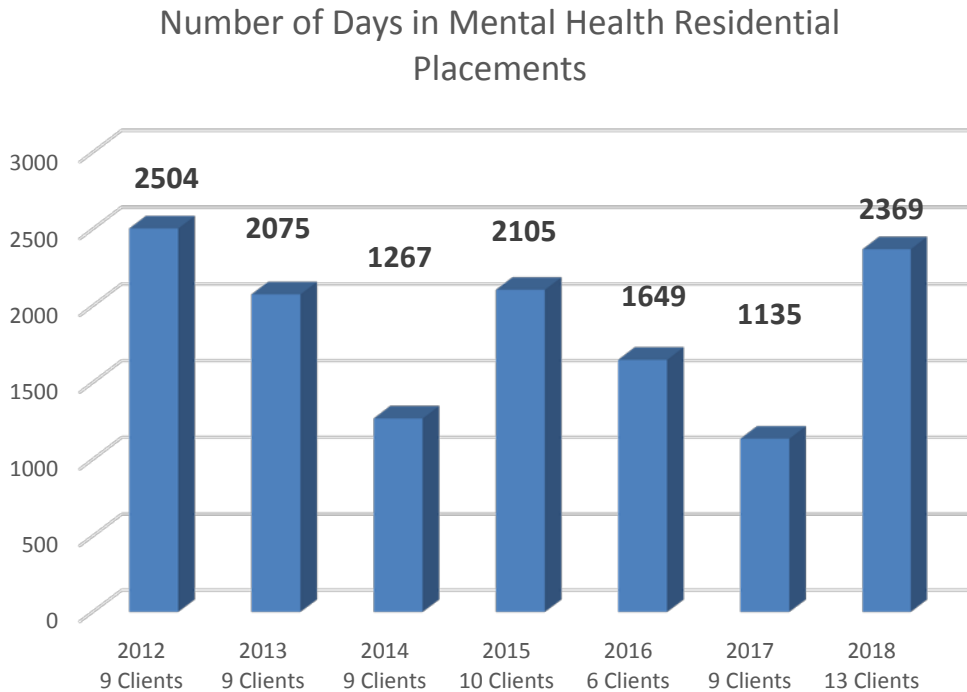
Detox refers to the process the body goes through to rid itself from alcohol. Detox services are mandated services that the county must provide per state statute 51.40 and state statute 51.45. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. 4 individuals were sent to certified detox facilities in 2018. The chart below shows the county-funded detox services at certified detox facilities.



MENTAL HEALTH RESIDENTIAL SERVICES

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

Thirteen individuals received residential services in 2018. Nine of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). Four individuals required transitional placements as a “step down” from inpatient psychiatric hospitalizations. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



ADULT PROTECTIVE SERVICES ACTIVITIES

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

Adult-At-Risk/Elder Abuse and Neglect Reporting

| | Under 59 | Over 60 |
|--------------------------|----------|---------|
| Total number of reports: | 28 | 64 |
| Self Neglect | 18 | 42 |
| Financial Exploitation | 4 | 10 |
| Neglect by Other (s) | 5 | 5 |
| Physical Abuse | 1 | 1 |
| Sexual Abuse | 0 | 0 |
| Emotional Abuse | 0 | 6 |

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 2018, the State allocation of \$10,544 served **37** county residents.

Adult Protective Services Court Action

The role of APS in court actions involving guardianships and the protective services process is another way that HHS assures the health, safety and protection of our most vulnerable citizen's rights. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2018, 44 court actions were completed for 22 people. Court action can include creating guardianship of estate and person, protective services and placement of an individual, creating successor guardianships, terminating guardians of person and estate, emergency protective placement, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews. In 2018, 58 people received annual protective placement reviews.

ECONOMIC SUPPORT UNIT

Mission Statement

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

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

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus
Caretaker Supplement
Day Care Assistance
FoodShare

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

The Role of the Economic Support Unit

To emphasize the Economic Support Unit Mission, Economic Support Specialists (ESS) and support staff provided services needed to achieve economic independence to over 22% of Richland County Residents, including referrals to the appropriate agencies. In 2018, as they do every year, the ESS and support staff provided this service by treating all persons with respect, dignity and confidentiality. Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling. The goal is to serve customers in a way which enhances their lifestyle so that they may see satisfactory results now and later in life.

To achieve this, ESS and support staff process changes on a daily basis by navigating a variety of computer systems in order to verify information while at the same time providing excellent customer service as Call Center Agents. In addition to client contacts, they continue to interpret program policy and in 2018 administered 54 policy changes or clarifications including several significant system enhancement projects. They remained proficient in applying these policies while also managing approximately 600 cases per family worker and 800 cases per EBD

worker. These significantly high caseloads remain manageable with the assistance of the Capital Consortium which we joined in 2012.

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

The Role of the Capital Consortium

2018 was Richland County's seventh year as part of the Capital Consortium for Income Maintenance programs. In the current economic climate it is important to continually explore creative approaches to efficiently deliver Economic Support Services. Throughout the years, there has been continuous communication, coordination and cooperation on a daily basis between Adams, Columbia, Dane, Dodge, Juneau, Richland, Sauk, and Sheboygan counties to ensure that the assistance provided remains consistent and in keeping with the Economic Support Mission. The ability to share the work across these eight counties through this continued partnership provides for the sought out increased efficiencies and better customer service for the citizens of Richland County.

A key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants call a toll free number and speak to someone immediately with questions (general or case specific), to report changes, to complete renewals or to apply for benefits. In 2018, each ESS dedicated over three-fourths of each work day to the Call Center. In 2018, the Capital Call Center accepted 305,354 phone calls. As a consortium we exceeded the State Performance Standard requirement as a Call Center by answering 90.41% of the calls offered. Richland County ESS are an integral part of the call center and accepted over 28,000 of those calls making a significant contribution to achieving excellent performance.

In addition to call center standards, the State also sets a Performance Standard benchmark that requires 95% of all applications for BadgerCare Plus, Medicaid, and FoodShare to be processed timely. In 2018, the consortium processed 73,534 applications with a timely processing rate of 97.78%. Of those, Richland County ESS processed 6,138 applications and had a timely processing rate of 98.13%.

BADGER CARE PLUS

BadgerCare Plus (BC+) and Family Planning Services (FPOS) are State/Federal programs that provide health coverage for Wisconsin families as well as single individuals. The persons listed below are eligible if they meet all other BC+ non-financial and financial requirements. Potential BC+/FPOS members include:

- Children under 19 years of age;
- Pregnant women;
- Parents and caretakers of children under 19;
- Young adults leaving out of home care (such as foster care);
- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care;
- Documented and undocumented immigrants who are children, parents or caretakers, and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services;
- Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program;
- Women ages 15-45 may be eligible for limited benefits under the BC+ Family Planning Services program (FPOS);
- Single individuals between the ages of 19 and 64 who are not pregnant; single is defined as not caring for a child under age 19 who is living with him/her.

In 2018, as many as 8,545 individuals were enrolled in BC+ & FPOS by Richland County Economic Support Specialists in a given month. Of those 8,545 individuals, approximately 2,613 were Richland County residents.

CARETAKER SUPPLEMENT (CTS)

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

In 2018, 16 children received \$38,550 in assistance.

CHILD CARE ASSISTANCE

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



Steps toward receiving day care assistance are:

- 1) You must complete an application including a required appointment (phone or face-to-face) with an Economic Support Specialist.
- 2) You must be income eligible.
- 3) You must be in an approved activity such as working, or
- 4) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the agency determines the course would facilitate employment.
- 5) You must use a County certified or State licensed provider who is also Youngstar approved.
- 6) You may be required to pay a “parent’s share” to the provider based on your income and the number of children in care.

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

Support staff in the Economic Support Unit are also responsible for certifying Day Care facilities. Currently, there are 4 certified providers in Richland County. To be certified, a provider must have a home visit, submit to a background check, and comply with other qualifying requirements. Once certified, a provider must complete a bi-annual renewal as well. Packets are available for providers wishing to become certified.

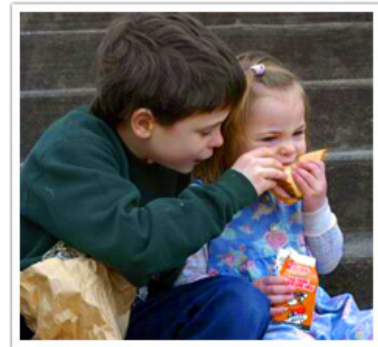
**In 2018, as many as 12 families and 20 children at one time received assistance with day care.
\$51,551.36 was paid to providers of behalf of those families.**

As a follow-up note to the child care data, we would like to share that unfortunately we ended the year with only two families and three children being served through the Child Care Assistance program. The primary reason for this particular decline was due to the closure of a large group licensed facility in Richland County. However, even with that specific reasoning in 2018, over the last several years we have seen a decline in the overall number of children served and the number of regulated providers in Richland County. Know that this is a topic of concern for the entire state of Wisconsin. Looking to the future, we hope to work closely with Richland County's designated Child Care Resource and Referral Agency to strategize ways to serve families and child care providers with the ultimate goal of helping Richland County residents find quality child care without having to worry about how they can afford such care.

FOODSHARE

A Recipe for Good Health

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



Clients are able to establish a filing date by applying online, calling the Capital Consortium Call Center or by stopping by the agency and signing a paper request. This is followed up by a required interview (phone or face-to-face). They are asked about their income and household composition among other questions. If found to be eligible, a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to access those benefits.

In 2018, Richland County had 3,166 unduplicated FoodShare recipients.

Benefits paid totaled \$2,405,560. *This compares to 3,455 unduplicated recipients in 2017.*

FRAUD & FRONT-END INVESTIGATIONS

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support Unit investigates all reports of potential fraud, follows-up on wage discrepancy reports received quarterly from the state as well as reviews reports received from the State Office of the Inspector General submitted through the Fraud hotline. Following an investigation, if substantiated, individuals must repay any benefits they were not entitled to and sometimes the consequences result in sanctions from future benefits and possibly even referrals to the district attorney for prosecution. We were fortunate in 2018 as we did not discover any significant fraud being committed by Richland County residents that resulted in large benefit recovery claims. This is, in part, due to the significant effort put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

MARKETPLACE ASSISTANCE

In 2018, our unit continued with efforts to provide families and individuals with assistance as they navigated the health insurance requirements associated with the Affordable Care Act. The Patient Protection and Affordable Care Act, as of January 1, 2014, required all individuals be insured. With this requirement, insurance was made available through the Federally-facilitated Marketplace during an Open-enrollment period.

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

MEDICAL ASSISTANCE PROGRAM

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

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

In 2018, as many as 1,222 individuals were enrolled by our ES staff in medical assistance (including SSI-eligible individuals) and long-term care programs.

Of those 1,222 individuals, approximately 830 were Richland County residents.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM **(WHEAP)**

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

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

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

In addition, a Spring Pro-active initiative continued in 2018. In Wisconsin, state law prevents disconnections from November 1 to April 15 if the public utility service directly or indirectly affects the primary heat source of the home. The purpose of this program was to prevent disconnections that would have occurred due to the end of the moratorium on April 15.

In Federal Fiscal Year 2018, 749 households received Energy Assistance in Richland County for a total of \$446,474.

In 2017, 795 households received Energy Assistance for a total of \$456,061.

In Federal Fiscal Year 2018, 305 households received Crisis Assistance totaling \$56,610.

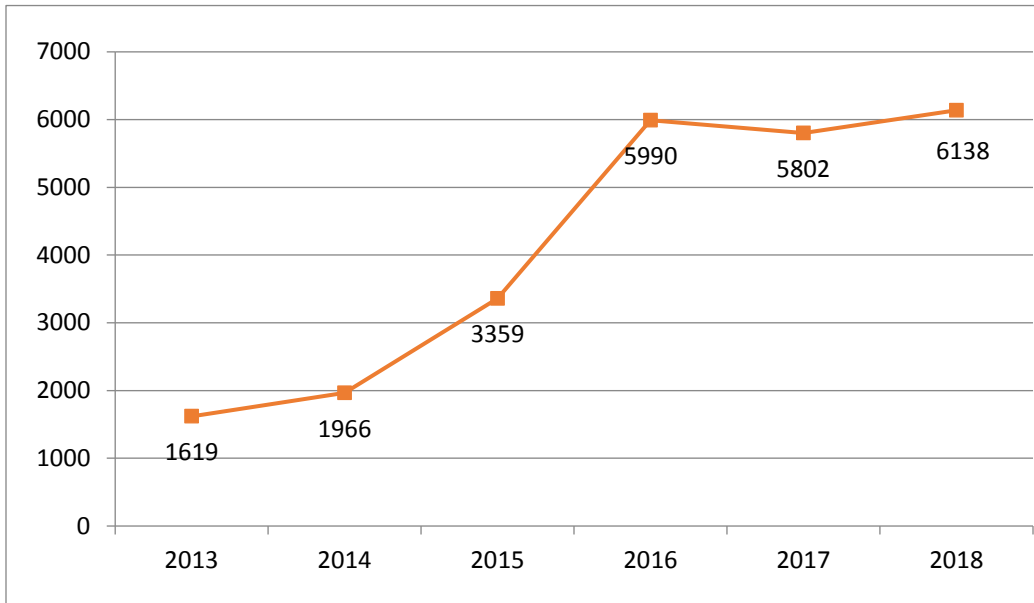
In 2017, 287 households which received Crisis Assistance for a total of \$63,183.

In Federal Fiscal Year 2018, 25 households received Furnace Repair/Replacement Assistance totaling \$26,380.

In 2017, 26 households received Furnace Repair/Replacement Assistance for a total of \$23,760.

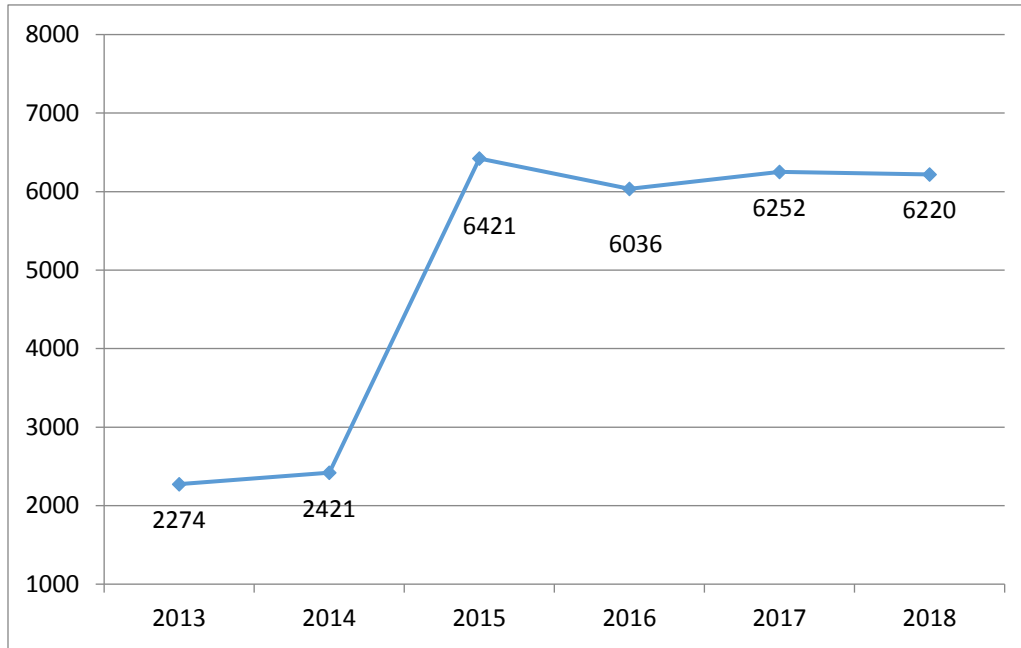
Intake/Caseload Statistics

Economic Support Unit Intakes



Prior to becoming a consortium, Intake tracking was done manually and therefore was not indicative of the current operational model. When we joined the Consortium, data was collected systematically regarding Intake counts to monitor performance measure requirements. Part of our "Intake" requirements include the timely processing of ALL new program requests for assistance – not just initial applications. For example, a family could apply for BadgerCare Plus in February and then apply in July for FoodShare. These are considered TWO "Intake" applications and is noted in the increase in the number for Intakes from 2013 to 2014. Additionally, the steep increase from 2015 to 2016 was due to the hiring of additional Economic Support staff and is representative of the Intakes (and the increased caseload represented in the chart below) we manage as a partner in the Capital Consortium. Note that these numbers are not reflective of the number of families that are Richland County residents. See individual program sections for those details.

Economic Support Unit Caseload
(Open cases as of 12/31/18; does not include WHEAP)



Websites of Interest

- Access: www.access.wisconsin.gov
- Department of Health Services: <http://dhs.wisconsin.gov/>
- Nutrition/Hunger Program: <http://dhs.wisconsin.gov/programs/nutrition.htm>
- Wisconsin Department of Workforce Development:
<http://www.dwd.state.wi.us/default.htm>
- Wisconsin Department of Children & Families: <http://dcf.wisconsin.gov/>
- Wisconsin Home Energy Assistance Program: <http://www.homeenergyplus.wi.gov>

PUBLIC HEALTH UNIT

Mission Statement

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

PROGRAMS AND SERVICES

Communicable Disease

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

General Public Health Programs

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

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights



Public Health
Prevent. Promote. Protect.

COMMUNICABLE DISEASE



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

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

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

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

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

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

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

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

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

Immunization Statistics:

| Immunization | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------------------------|------|------|------|------|------|------|------|------|
| Comvax (Hib & HepB) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| DtaP | 10 | 24 | 13 | 12 | 13 | 12 | 15 | 17 |
| Hepatitis A | 43 | 87 | 43 | 39 | 36 | 23 | 11 | 10 |
| Hepatitis B | 18 | 16 | 6 | 13 | 9 | 6 | 11 | 6 |
| Adult Hepatitis B | 45 | 29 | 9 | 12 | 11 | 13 | 33 | 19 |
| Hib | 13 | 7 | 1 | 1 | 7 | 6 | 4 | 2 |
| Influenza | 771 | 647 | 602 | 1036 | 978 | 659 | 643 | 762 |
| MMR | 35 | 33 | 10 | 23 | 23 | 13 | 11 | 15 |
| Pneumonia | 26 | 14 | 19 | 26 | 3 | 0 | 0 | 0 |
| Polio | 18 | 8 | 15 | 24 | 9 | 9 | 7 | 12 |
| Pevnar | 31 | 16 | 4 | 16 | 15 | 7 | 9 | 5 |
| Td | 5 | 5 | 1 | 2 | 1 | 6 | 15 | 14 |
| Varicella | 99 | 73 | 17 | 24 | 20 | 11 | 11 | 14 |
| Menactra | 47 | 31 | 19 | 24 | 53 | 11 | 3 | 3 |
| Td-Pertussis (Tdap) | 272 | 260 | 134 | 70 | 61 | 31 | 23 | 24 |
| HPV (Gardasil) | 39 | 44 | 28 | 26 | 22 | 19 | 9 | 4 |
| Rota Teq | 10 | 5 | 2 | 8 | 4 | 2 | 1 | 1 |
| Twinrix (HepA-B) | 9 | 0 | 2 | 2 | 0 | 0 | 0 | 0 |
| H1N1 Influenza A | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| DTPaP-Hib-Polio (Pentecil) | 19 | 13 | 4 | 14 | 10 | 8 | 11 | 6 |
| DTPaP-Polio (KINRIX) | 13 | 15 | 0 | n/a | n/a | 3 | 0 | 0 |
| TOTAL | 1523 | 1327 | 929 | 1372 | 1275 | 839 | 819 | 914 |

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

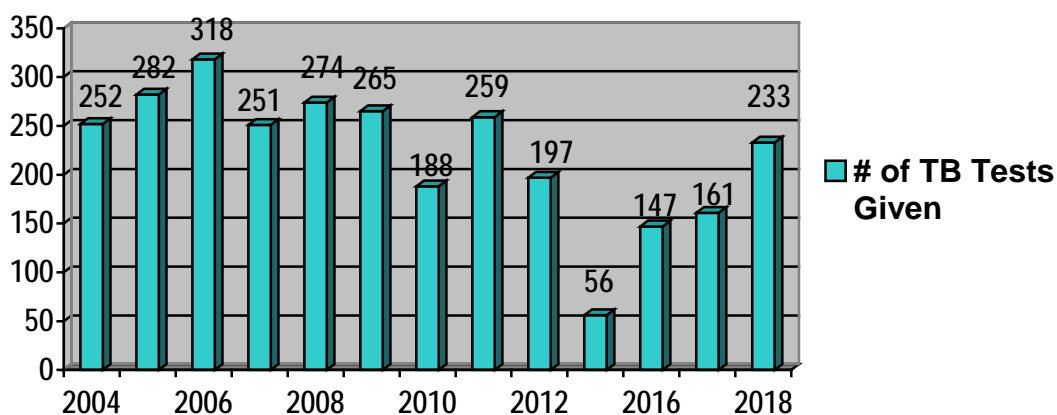
Specific infection control measures such as isolation, quarantine, and personal protection are common methods utilized to prevent the spread of communicable disease. Public Health Nurses provide investigation and follow up on communicable disease reports on Richland County residents.

Communicable Disease Statistics:

| Reportable Disease | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|------|------|------|------|------|------|------|------|
| Active Tuberculosis | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Arbovirus Illness | 0 | 0 | 1 | 1 | 1 | 3 | 1 | 2 |
| Babesiosis | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 1 |
| Blastomycosis | 0 | 0 | 0 | 1 | 2 | 1 | 1 | 0 |
| Brucellosis | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Campylobacter | 19 | 8 | 13 | 5 | 10 | 24 | 15 | 9 |
| Carbon Monoxide Poisoning | - | - | - | - | - | - | - | 1 |
| Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae | - | - | - | - | - | - | - | 1 |
| Chlamydia | 30 | 28 | 21 | 43 | 24 | 29 | 38 | 57 |
| Cryptosporidium | 7 | 1 | 4 | 2 | 2 | 2 | 13 | 2 |
| E.Coli | 4 | 0 | 0 | 0 | 2 | 2 | 1 | 5 |
| Ehrlichiosis/Anaplasmosis | 5 | 3 | 4 | 2 | 2 | 13 | 12 | 15 |
| Giardia | 3 | 2 | 2 | 0 | 1 | 3 | 0 | 0 |
| Gonorrhea | 0 | 3 | 1 | 2 | 5 | 0 | 4 | 10 |
| Hepatitis A | 1 | 0 | 0 | 1 | 3 | 1 | 1 | 1 |
| Hepatitis B | 2 | 2 | 1 | 3 | 6 | 2 | 6 | 3 |
| Hepatitis C | 6 | 10 | 4 | 16 | 12 | 13 | 19 | 12 |
| Herpes | n/a | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Histoplasmosis | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |

| | | | | | | | | |
|---|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|
| Influenza Hospitalizations | 5 | 4 | 10 | 4 | 15 | 4 | 26 | 41 |
| Reportable Disease | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| Invasive Haemophilus Influenza | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| LaCrosse Encephalitis | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 |
| Legionella | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Listeriosis | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lyme Disease | 41 | 35 | 45 | 36 | 67 | 73 | 117 | 77 |
| Measles | 0 | 1 | 4 | 0 | 2 | 1 | 1 | 1 |
| Meningitis (Bacterial) | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1 |
| Meningitis (Viral) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Methicillin Oxacillin resistant Staphylococcus Aureus (MRSA/ORSA) | - | - | - | - | - | - | - | 11 |
| Mumps | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 3 |
| Mycobacterial Disease | 2 | 0 | 5 | 1 | 2 | 2 | 0 | 2 |
| Norovirus Infection | - | - | - | - | - | - | - | 3 |
| Pertussis | 6 | 28 | 18 | 16 | 23 | 24 | 30 | 19 |
| Salmonella | 7 | 6 | 5 | 5 | 3 | 3 | 2 | 5 |
| Shigella | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Streptococcus Disease Invasive Group B | - | - | - | - | - | - | - | 1 |
| Streptococcus Pneumoniae | 2 | 2 | 1 | 0 | 2 | 1 | 0 | 4 |
| Staphylococcus Aureus | - | - | - | - | - | - | - | 5 |
| Syphilis | 0 | 3 | 0 | 0 | 2 | 1 | 0 | 2 |
| Q Fever | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 3 |
| Toxic Shock Syndrome | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Tuberculosis/Latent Infection (LTBI) | 5 | 5 | 1 | 29 | 1 | 3 | 0 | 3 |
| West Nile | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 |
| Varicella | 3 | 3 | 5 | Non Reported | 5 | 4 | 1 | 4 |
| Toxoplasmosis | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 4 |
| Psittacosis | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Rocky Mt. Spotted Fever | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 |

TB Skin Tests: Public Health provides a comprehensive tuberculosis (TB) prevention and control program including TB skin testing. TB skin tests are most often completed as a pre-employment requirement, but may be requested or recommended as follow-up to a potential exposure. The Mantoux Tuberculin Skin Test is the worldwide standard used to screen for tuberculosis, and Public Health uses the Mantoux method for tuberculosis screening. In 2018, 233 skin tests were provided by Public Health.

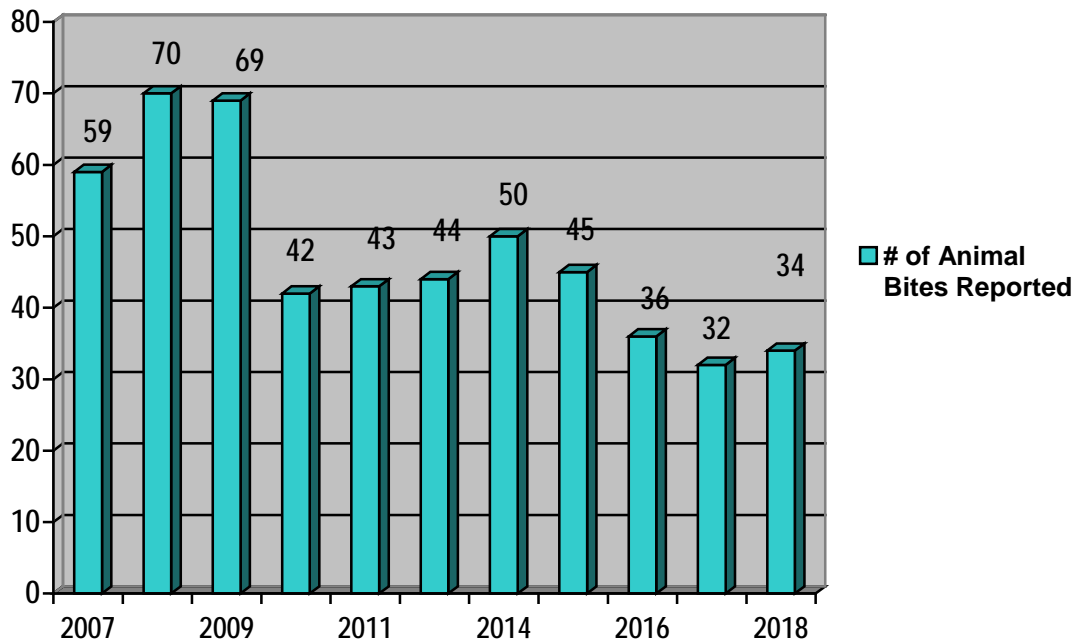


TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed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

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that Public Health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate.

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

When Public Health receives a bite order from Law Enforcement, a Public Health Nurse contacts both the animal owner to assure the owner understands the requirements for quarantine and vaccination of the biting animal and the victim to assure understanding of potential consequences of an animal bite and the importance of medical attention after an animal bite. Once the quarantine is complete or a rabies test result is obtained, Public Health contacts the person who was bitten to report the outcome. Public Health Nurses provided follow up on 34 animal bites in 2018 and there were 7 cases where fee-exempt Rabies testing occurred.

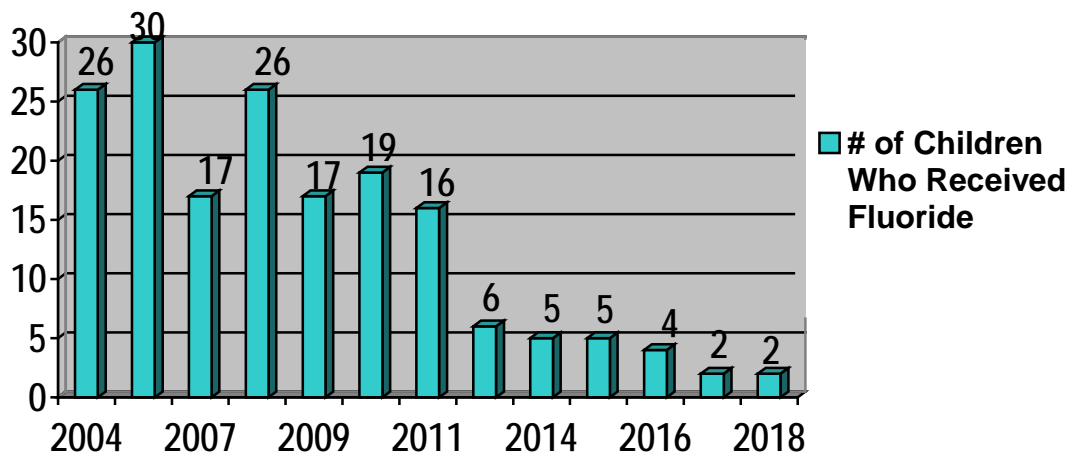


MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health (MCH) Systems Initiative: The Wisconsin Healthiest Families statewide initiative focuses on improving systems to address family supports, child development, mental health, and safety and injury prevention. Since 2017, Public Health has been working with local partners to develop strategies to support breastfeeding in our community by assessing how county employers approach breastfeeding in their businesses. Several of the largest employers in Richland County were contacted with approximately a quarter of them responding. Of those who responded, only two had policies, practices and facilities in place for employees who wish to breastfeed or express milk at work. The Richland County Breastfeeding Coalition, of which Richland County Public Health participates, is spearheading this initiative. Employers were encouraged to develop policies and procedures for their employees who are nursing or pumping. In addition, Maternal Child Health home visits were provided by Public Health nurses to new parents who request a visit or when referred by a health care provider. In 2018, **6** MCH visits occurred.

Prenatal Care Coordination: Public Health Nurses provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. In 2018, **2** women received PNCC services.

Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2018, **2** children received supplemental oral Fluoride.



GENERAL PUBLIC HEALTH PROGRAMS



Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2018, **327** Richland County residents borrowed equipment from the Loan Closet.

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

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

The program provides:

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

There were **3** Richland County women screened in 2018 and **8** women on the active caseload; there was **1** new enrollment and **4** women who were enrolled in the program.

Community Health Improvement Plan (C.H.I.P)

2016-2021: Progress Outcome Report

Communities change communities! Research indicates the importance of addressing health priorities on a population level with the engagement of diversely represented partnerships. During 2018, Public Health Unit staff continued to build on past successes and worked to increase community engagement around the top three identified health needs. The focus continues to be focused on efforts which influence health behavior. These include the policies, systems and environments. Richland County Public Health Unit staff provided services, resources and technical assistance to three community coalitions. Strategies were implemented around the following top identified health priorities:

| HEALTH PRIORITY | COUNTY-WIDE COALITION |
|--------------------------------|--|
| #1: Obesity/Overweight | Richland Fitness in Total (FIT) |
| #2: Substance Abuse Prevention | Richland County Children and Family Advocacy Council |
| #3: Mental Health Treatment | SW WI Behavioral Health Partnership |

Priority #1: Childhood and Adult Obesity



As part of a sustainability plan for community engagement, Richland FIT completed the Community Teams Program of the Healthy WI Leadership Program during 2017 and then advanced to the COACH Program (Collaborating, Organizing and Advocating for Community Health) during 2018. Representatives from a variety of sectors including UW extension, The Richland Hospital, Master Gardeners, School Districts, and business/community comprised the participated the Richland FIT Steering Committee. (SC).

Goals

- Improve the eating habits of all residents in Richland County.
- Increase physical activity of all residents in Richland County.
- Promote a holistic concept of fitness in total.
- Enhance the strength of the Richland F.I.T. coalition.

Objectives

| | |
|---|------------------|
| By December 2021, increase the percentage of PRESCHOOL children who are at a healthy weight from 28% to 32%. (Wisconsin WIC BMI Summary report) | |
| By December 2021, the number of MIDDLE SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 41.9% to 46.9%. (2017 Youth Risk Behavioral Survey). | |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported that they ate 1 or more vegetable(s) per day for seven days will increase from 33.7% to 38.7%. (2017 Youth Risk Behavioral Survey). | |
| By December 2021, reduce the percent of CHILDREN AND ADOLESCENTS who are obese to (2% from baseline). | |
| By December 2021, the number of YOUTH who reported that they participated in 60 minutes of exercise per day for 5-7 days a week will increase from 57.9% to 62.9%. (2017 Youth Risk Behavioral Survey). | |
| By December 2021, the number of adult county residents who report a BMI of 30 (overweight/obese) will decrease from 31% to 26%. (County Health Rankings). | |
| By December 2021, the number of adult county residents who report Physical inactivity will decrease from 19% to 14%. (County Health Rankings). | |
| By September 30, 2021 increase internal capacity of the Richland FIT coalition by decreasing gaps in coalition infrastructure by 10%. | |
| Process outcomes | INDICATOR |
| Work with the school districts to update wellness policy. | |

| | |
|---|--|
| Work with TWO new restaurants per year regarding healthy options. | |
| Update the Get Active guide. (online interactive map) | |
| Work with concession stand organizers to include healthy options. | |
| Support G.R.A.C.E. with cancer prevention efforts. | |
| Join statewide coalitions on the Healthy Kids Meal project. | |
| Continue to strengthen the Richland FIT Coalition. | |

Key: Completed Ongoing progress By 2019

Priority #2: Substance Abuse Prevention



Strategic Prevention Framework Process

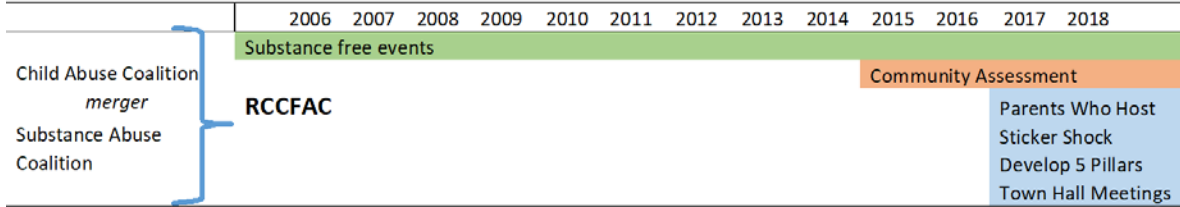
Richland County Public Health Unit staff provide technical assistance and “backbone” support to the Richland County Children and Family Advocacy County (RCCFAC), a diversely represented county-wide coalition.



The Strategic Prevention Framework is an evidence based process for inspiring community change and has been foundational to the work. Since 2016, community engagement around substance abuse prevention has been growing

as evidenced by the increasing number of county residents who have become members of the RCCFAC.

Timeline of RCCFAC and Major Activities



Through a strategic planning process supported by Public Health, this community coalition formed two workgroups to separately address the rate of substance abuse and childhood trauma/neglect. And, as a member of the WI Alliance for WI Youth, the RCCFAC was awarded the State Targeted Response (STR) to the Opioid Crisis grant and an incentive grant to address underage drinking ages 12-20.

Goals

- Increase Community Collaboration
- Reduce Youth Substance Abuse

Objectives

| |
|---|
| By September 30, 2021 increase internal capacity of the RCCFAC by decreasing gaps in coalition infrastructure by 10%. |
| By September 29, 2021 countywide engagement will increase from one to at least two members from each of the 12 sectors and one person from an underrepresented (Hispanic or African American) population. |
| By September 30, 2021 reduce the percentage of YOUTH who report getting alcohol from social sources from 19% to 14%. |
| By September 30, 2021 the number of HIGH SCHOOL YOUTH who reported drinking alcohol prior to the age of 13 will decrease from 28.6% to 23.6%. |
| By September 30, 2021 increase countywide alcohol age compliance checks from 0 to a minimum of 1. |
| By December 2021, the number of county adults who report smoking tobacco products will decrease from 16% to 14%. |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported cigarette use will |

| | |
|---|------------------|
| decrease from 9.4% to 7%. | |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported smokeless tobacco use will decrease from 7.3% to 5%. | |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported E-cigarette use will decrease from 10.1% to 8%. | |
| By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported ever using Marijuana will decrease from 21.3% to 16.3%. | |
| By December 30, 2021 the number of county HIGH SCHOOL YOUTH who reported using Marijuana before age 13 will decrease from 3.1% to 2%. | |
| By September 30, 2021 reduce hospital and ER visits for ages 12-20 due to prescription drug abuse from 24 to 20. | |
| By December 30, 2021 reduce the rate of adult Methamphetamine use in Richland County from "meth is a growing problem" to "meth is less of a problem". | |
| Process outcomes | INDICATOR |
| Conducted strategic planning process for RCCFAC | |
| Hosted meeting with of the UW Alcohol Policy Project | |
| Through the Alliance for WI Youth sent two youth and a chaperone to the annual statewide Youth Summit. | |
| Distributed Rx lock boxes and deactivation kits to pharmacies, school district nurses and at community meetings. | |
| Conducted "Parents Who Host Lose the Most" campaign throughout the county. (yard signs, banners, stickers and other media outlets) | |
| Installed a new Permanent drug Drop Box in Viola | |
| Conducted two Drug Take Back Days in April and October. | |
| With youth as leaders, presented information to all Richland School District County middle school students related to alcohol, tobacco, marijuana and Rx drugs through interactive presentations. | |
| Conducted a community meeting to present data, information on opioid misuse and recovery efforts. | |

| | |
|---|--|
| | |
| Conducted countywide assessment of all substance abuse rates as part of the process for the 2018 Drug Free Communities grant application. | |
| Gaining signatures of support from 12 county sector representatives | |

Key: Completed ■ Ongoing progress ■ By 2019 ■

Priority #3: Mental Health Treatment



Public Health staff aligned common goals with the SW WI Behavioral Health Partnership; a five county collaborative. The partnership was established to improve accessibility, expand availability and increase acceptability of mental health services. Asset mapping meetings resulted in the identification of all institutions, formal and informal county service providers/supports currently existing in the county. As gaps are identified, the work will continue in an effort to help those most in need of mental health treatment.

Goal:

- Maintain partnerships to increase access to mental health treatment.

Objectives

By December 2021, the number of adult county residents who reported poor mental health days will decrease from 3.6 to 2.6. (Focus: among low-income residents and residents age 60 years or older)

By December 30, 2021 to increase acceptance countywide of Mental Health struggles and reduce stigma.

By December 30, 2021 to increase availability of mental health services through primary healthcare providers, peer support and network development.

| By December 30, 2021, reduce wait list for mental health and substance abuse treatment by 10%. | |
|--|------------------|
| By December 2021, the number of MIDDLE SCHOOL YOUTH who reported ability to resist peer pressure will increase from 83.1% to 88.1%. | |
| By December 2021, the number of MIDDLE SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 28.1% to 23.1%. | |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported ability to resist peer pressure will increase from 76.3% to 81.3%. | |
| By December 2021, the number of HIGH SCHOOL YOUTH who reported sad and hopeless feelings will decrease from 26.9% to 21.9%. | |
| Process outcomes | INDICATOR |
| Conducted presentations to reduce stigma. (WRCO Morning Show and Recovery Rediscovered community meeting) | |
| Developed "one-pager" listing county Behavioral Health Resources based on county wide mapping exercise. Distributed to stakeholders and county residents. | |
| Provided support and active participation on SWCAP's Behavioral Health Project to address substance abuse and mental health treatment. Presentation developed for the fall Summit related to primary prevention efforts. | |
| Worked in collaboration with Clinical Services treatment providers. | |
| Addiction mapping process to improve the experience of individuals seeking mental health treatment in the county. | |
| Participation on a new Mental Health Coalition formed by county school districts to increase support for youth in need of mental health services. | |

Key: Completed  Ongoing progress  By 2019 



Tobacco Control/Wisconsin Wins: The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. Locally, our tobacco control coalition “South Central Wisconsin Tobacco Free Coalition” works with the Sheriff’s Department to conduct investigations to establish retailer compliance with the law. The Wisconsin Wins campaign also includes retailer education and training, media outreach, and community education. In 2018, **15** inspections were completed and there were 2 sales. The 2018 compliance rate was 87%.

School Health: Public Health contracts with the Ithaca and Weston School Districts to provide mandated school nursing services. Public schools in Wisconsin must provide for emergency nursing services under written policy; which must be written by a licensed registered nurse. These policies must include protocols for illness, injury, and medication administration; must identify a medical advisor; and must provide for emergency services during the school day and at all school sponsored events. In addition to the services school districts are mandated to provide, Public Health assists with State Immunization Law compliance, vision and hearing screening, and provides consultation regarding individual student health related concerns.

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

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

The Free Clinic logged **310** visits in 2018.

ENVIRONMENTAL HEALTH

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

2018 Environmental Health Statistics:

| | | | |
|---------------|----|--------------------------|-----|
| Home Visits | 41 | Contacts (EH Consultant) | 293 |
| Lead | 1 | Lead | 33 |
| Radon | 1 | Radon | 34 |
| Water | 1 | Water | 21 |
| Asbestos | 1 | Asbestos | 32 |
| Solid Waste | 9 | Solid Waste | 37 |
| Housing | 7 | Housing | 37 |
| Indoor Air | 19 | Indoor Air | 39 |
| Sewage | 0 | Sewage | 30 |
| Animal/Vector | 1 | Animal/Vector | 30 |
| Hazard | 1 | | |

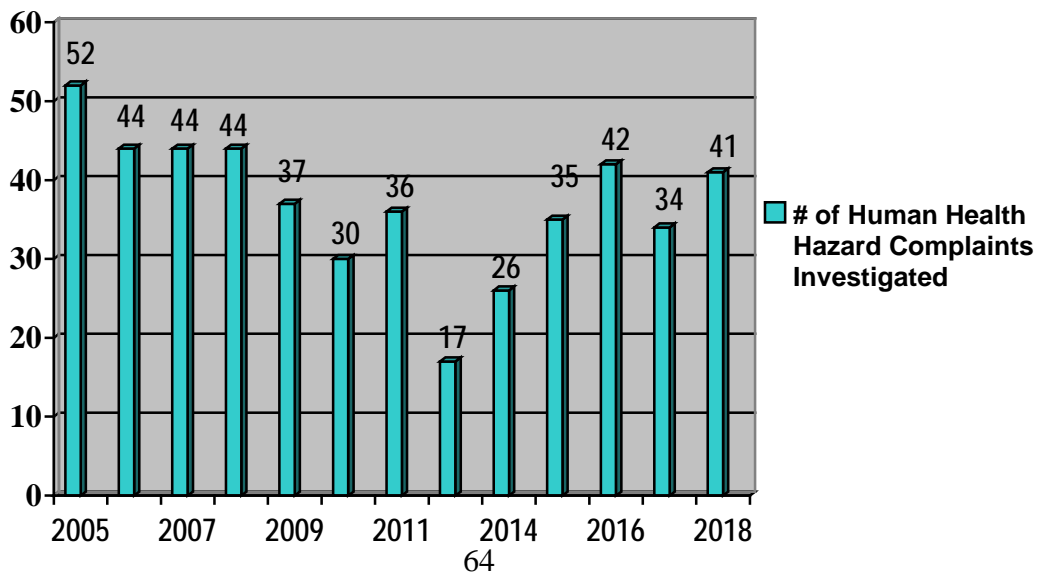
Private Well Water Testing: Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply – Public Health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

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

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

Children are screened by collection of a capillary blood sample which is sent to the State Laboratory of Hygiene for analysis. Elevations are confirmed by venous samples and Public Health Nurses and the Environmental Health Coordinator make home visits to provide education and assessment of the child's environment for lead hazards. Property owners are responsible to comply with lead hazard reduction measures ordered by Public Health. Unfortunately, sometimes the effects of elevated blood lead levels are not noticeable until the child may be having difficulty in school. Lead poisoning screening and prevention activities provide essential tools to identify risk and eliminate exposure. **128** Richland County children were screened in 2018 by their healthcare providers and through WIC.

Human Health Hazards: Generally, human health hazards are defined as substances, activities, or conditions that are known to have the potential to cause acute or chronic illness, to endanger life, to cause or spread infectious disease, or to harm the health of the public. According to Wisconsin State 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 follows up on reports of potential human health hazards in order to protect the health of the public and/or the environment. There were **41** complaints reported in 2018 that required investigation through our environmental health program.



PREPAREDNESS AND RESPONSE

Public Health Preparedness: During 2018, Public Health focused on two capabilities from the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning and the Wisconsin Hazard Vulnerability Assessment. 2018 priorities included:


- Emergency Public Information and Warning is the ability to develop, coordinate, and disseminate alerts, warnings, and notifications to the public and incident personnel. This capability includes the following functions: activate the emergency public information system, determine the need for a Joint Information System, establish and participate in system operations, create avenues for public interaction and information exchange, and issue public information, alerts, warnings, and notifications.
- Information Sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing public health alerts to all government and public sector partners in preparation for and in response to events and incidents of public health significance. Information Sharing consists of the ability to perform functions listed as follows: identify stakeholders that should be incorporated in to information flow and define information sharing needs, identify and develop guidance, standards, and systems for information exchange, and share information to determine a common operating picture.

In order to exercise these capabilities, Public Health staff participated in Incident Command Training (ICS 400 level) and attended preparedness exercises. Given the flooding incident that occurred in Richland County in 2018, Public Health staff participated in the Emergency Operation Center and issued press releases providing the public with vital response and recovery information. Richland County continues to participate in a multi-county Emergency Preparedness Consortium to prepare for and respond to both natural and man-made threats.

NUTRITION

Senior Dining

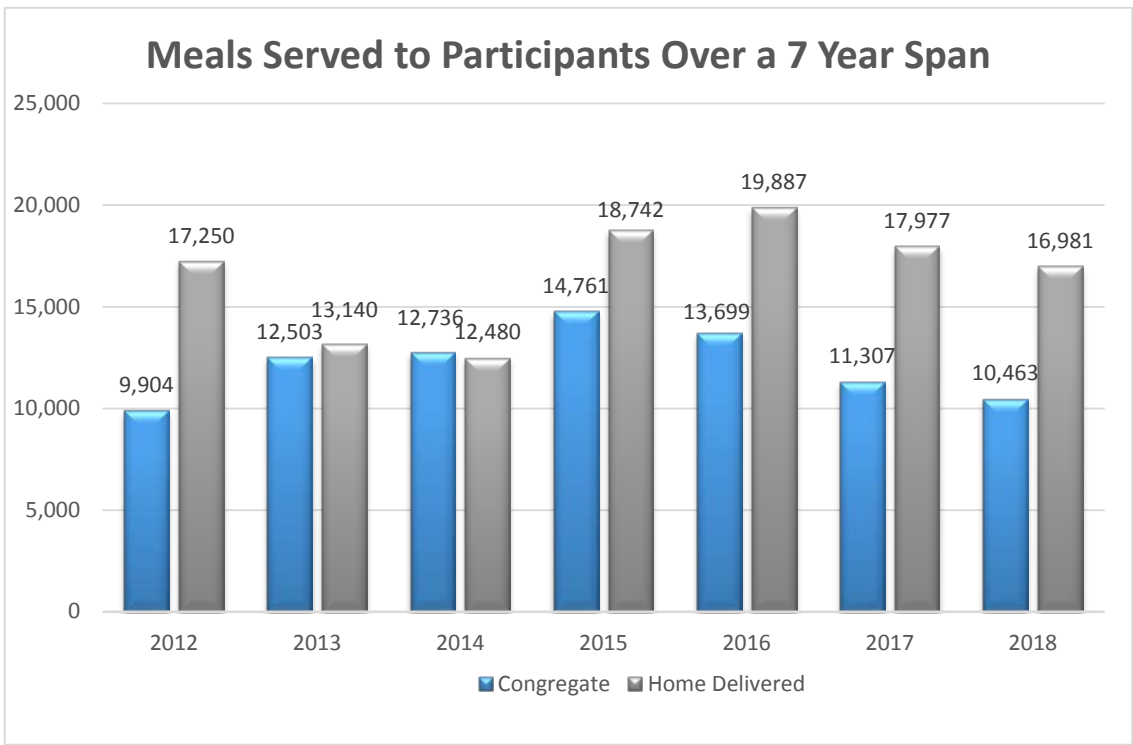
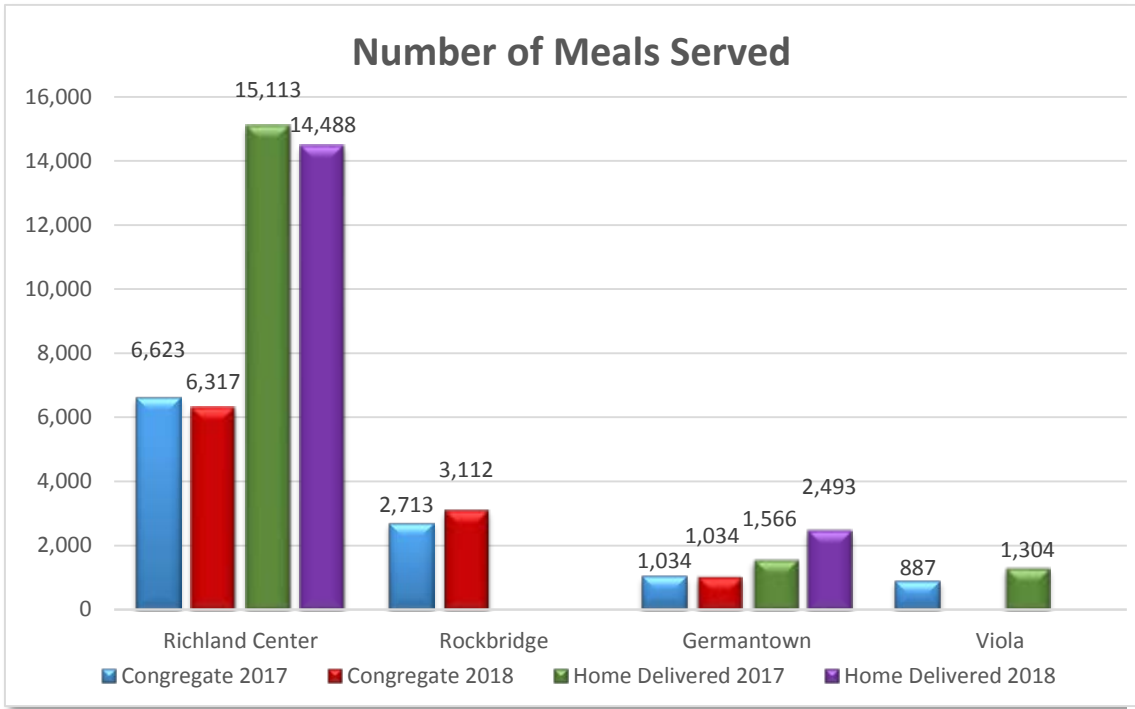


Fellowship, Food  Fun

Richland County's Senior Nutrition Program has provided healthy, delicious meals to area seniors since 1977. Goals of the Senior Nutrition Program are to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older individuals. Richland County's Senior Nutrition Program focuses on these goals by:

- Promoting good health behaviors through nutrition education, nutrition screening and intervention services.
- Assisting individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions from poor nutritional health or sedentary behavior.
- Providing 1/3 of the daily food requirement for seniors of a wholesome, safe, nutritionally balanced meal through the promotion of high food safety and sanitation standards.
- Targeting older adults who have the greatest economic or social need.
- Promoting social interaction through both Dining Centers and the Home Delivered Meal settings enabling people to feel cared for, valued, and part of a network which helps combat stress and improve overall sense of well-being and increasing social connectedness.

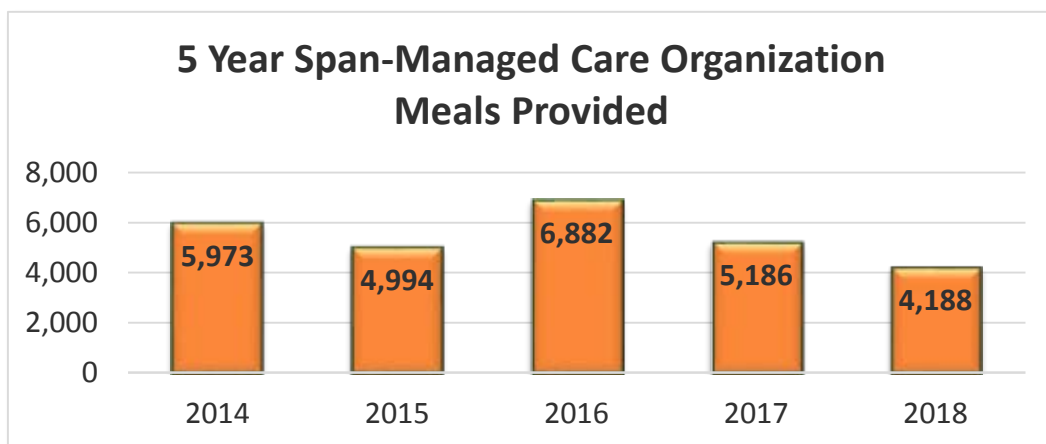
Richland County has three active meal sites and delivers meals to homebound individuals from two of those three sites. Volunteers are priceless, lending their time, compassion, and dedication to making a difference in our communities through the Richland County Nutrition Senior Program. Volunteers supplement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



The Richland County Senior Nutrition Program served a total of 27,668 meals in 2018 compared to 29,284 in 2017. This was a 5.52% decrease from the 2017 year end totals to the 2018 year end totals. The amount of the decrease in meals in 2018 totaled 1,616 meals. Other reductions in the 2018 meal counts were related to the decrease in Managed Care Organizations request for meals by 998 meals. Of the total amount lost in 2018 compared to 2017, 62% was from MCO's while 38% was related to death, illness, hospitalization, long term care/rehabilitation services or any other situations and/or life event that could arise. Other factors to consider:

- January 2018 there was 1 weather related closing (snow) that affected all meal sites.
- February 2018 there were 2 weather related closings (ice/snow) that affected the Rockbridge and Richland Center meal sites.
- May 2018 Rockbridge Meal Site had a couple of days at the beginning of the month that affected their count due to local flooding in the area (5/2 & 5/4).
- September 2018 there was 1 weather related closing (flooding) that affected the Rockbridge and Richland Center meal sites.

After 2017 and the tough decision to close the Viola Meal Site, you will find we have come close to the previous year's statistics however there are decreases in meal counts. Rockbridge and Germantown meal sites had an increase in participation showing program support, note the overall total meals from those locations, while we continue to see a noticeable drop in meal counts from MCO's which include Inlusa, Care Wisconsin, and My Choice. This decrease is due to MCO's having more strict guidelines for individuals to qualify for home delivered meals as seen below in the 5 year span. Often the individuals would not otherwise qualify as they are under 60 in most cases.



2018 Nutrition Highlights:

Volunteers donated 5,096 hours of service at the congregate meal sites and **volunteer drivers donated 1,490 hours** using their own vehicles and gas to deliver noon meals to homebound seniors. **That's a total of ~ 6,586 volunteer hours all together!**

March is National Nutrition Month®. In March of 2018 the Nutrition Program Coordinator went out to each of the meal sites and gave a presentation on the topic of reducing food waste. National Nutrition Month®, which is a nutrition education and information campaign, is held annually in March by the Academy of Nutrition and Dietetics. The 2018 the theme was "*Go Further with Food.*" That focusing on educating people on how to limit or reduce food waste. Education was given on making food go further at home can help with reducing food waste, making a positive impact on our environment, and decreasing money spent on those foods that are going to waste. National Nutrition Month® is an annual reminder to start making small changes to help improve your nutrition. Small changes helps keep the new habits sustainable. There was focus on the equation that wasted food = wasted money & nutrients.

UW-Richland Food Service and the Richland County Senior Nutrition Program continues to have a strong partnership through preparation of meals and the sharing of ideas for growth and menu planning for the Richland Center and Rockbridge dining sites. The Nutrition Program Coordinator works with the Food Service Manager to incorporate input from participants to ensure high quality delicious meals that meet nutrition program requirements.

In March of 2018, the Nutrition Coordinator became a certified DEEP (Diabetes Education Empowerment Program Facilitator) and facilitated one 6-week course at the Lone Rock Community Library, occurring from September 11-October 16.

The Volunteer Appreciation Breakfast was held Thursday May 17, 2018 at the Phoenix Center. We had 48 of the 60 volunteers in attendance. Volunteers make up a majority of our program delivering meals and helping at the meal sites. Their continued passion and dedication are what help provide meals to homebound seniors and operate the meal sites. The breakfast is a small way of thanking them for their time and commitment. Door prizes were donated from 43 local businesses and given to the volunteers as a token of appreciation.

In June of 2019, the Richland County Senior Nutrition Program had a trial run of a 12-week nutritionally balanced breakfast program called "Rise 'N' Dine.". The

program was offered from June through August on Monday mornings from 8am – 9am. The program offered a repeated 2-cycle breakfast menu providing 1/3 of the dietary requirements for seniors as determined by the dietary guidelines. This attracted new individuals that normally did not attend the regular lunch time meal program. One hundred twenty four meals were secured over that 12-week timeframe which were not part of the count for meals in the grand total of participants at the Richland Meal Site. Due to it being well received, the program will be offered again in 2019.

The Senior Farmers' Market Nutrition Program (SFMNP) vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables, and herbs from certified farmers. In 2018, we had 114 sets of vouchers, an increase of 10 sets from the previous year. Each was valued at \$25.00 – making \$2,850 worth of fresh fruits, vegetables and herbs available to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by supporting the farmers markets. The Nutrition Program Coordinator provides nutrition education at each of the scheduled distribution sessions while partnering with others to provide information regarding programs available to individuals. In 2018, the Nutrition Coordinator worked closely with the Elder Benefits Specialist of the ADRC, Second Harvest local representative, and the Local Farmers' Market Coordinator. We strategically provide information that focused on fresh fruits, vegetables and herbs.

On October 12, 2018, the Nutrition program underwent its 3 year audit with a representative from Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR). There were a few findings from the audit which were found to be equipment-based and required ongoing education. Due to low test tray temperatures volunteers were retrained and new Home Delivered Meal equipment was purchased with funding provided from small grants. Site managers also received education and are now more aware, through this troubleshooting process, of the importance of proper food packaging and temperature holding. While our meals are delivered promptly it is important that all individuals involved in the packaging and delivery of meals to our homebound recipients receive information regarding the importance of maintaining the temperatures of the food trays while we deliver the meals. The audit findings were taken very seriously and quickly corrected.

The required **regional site manager training** was held Tuesday, November 13, 2018 in Baraboo. This was an all-day training facilitated by the counties within the parameters of Region 3 as set by the State. See below:

- Crawford Co.- Roby Fuller
- Grant Co.- Lori Reid
- Green Co.- Morgan Kennison
- Iowa/Lafayette Co.-Cecile McManus
- Juneau Co.- Charlene Norberg
- Richland Co.- Tanya Webster
- Sauk Co.- Jennifer Kamrowski

The focus was “Healthy Wisconsin” topics included:

- Recognizing Signs of Depression and Suicidal Thinking with Older Adults
- Healthy Wisconsin
- Brain Storming (Rethinking Senior Dining) Round Table Discussion Facilitation
- Community Partnerships
- Meditation
- GWAAR/BADR Updates

In November of 2017, it was confirmed that the Senior Nutrition Program would begin a series called “Eat Well, Age Well,” at the start of 2018. This evidence-based series is a nutrition education program which replaces the Food \$ense newsletters that we no longer receive from the UW-Extension. Each month has a focus, which not only breaks learning segments down to smaller bits of information, but also focuses on the topics the participants are “wanting” to learn about in response to the mandatory annual surveys the Senior Nutrition Program distributes each year.

The required **local training** for Nutrition Program Meal Site Workers and Volunteers was held on Tuesday, December 11, 2018 at the Richland County Health and Services Building. The three and one quarter hour training was facilitated by the Nutrition Program Coordinator and covered the following topics:

- Fire Safety & Demonstration-Darin Steinmetz, Richland Center Volunteer Firefighter/ESS Lead Worker
- Food Safety(Foodborne Illness)-Tanya Webster, Nutrition Program Coordinator
- Weather Related Emergency-Darin Gudgeon, Richland County Emergency Services Director
- Senior Life Solutions-Stephanie Hegland, RN, Program Director, Senior Life Solutions, The Richland Hospital, Inc.
- Review Test Trays and Findings of Nutrition Program Audit -Tanya Webster, Nutrition Program Coordinator

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(Un-audited Figures)

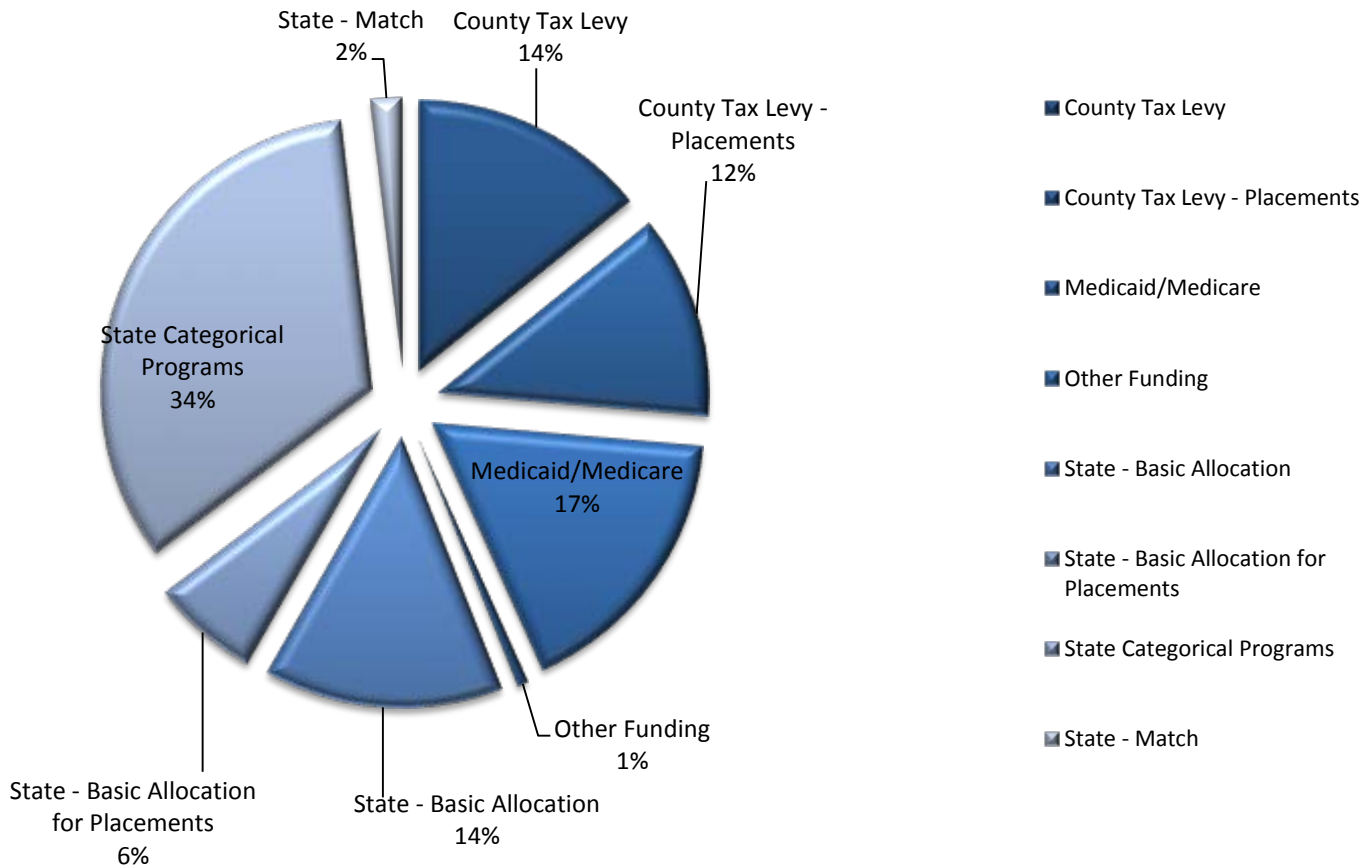
Financial Statement (Revenue Minus Expenses)

| | |
|---------------------------------|--------------|
| Total Actual Revenue 2018 | \$6,662,103 |
| Total Agency Expenses | -\$5,340,410 |
| Total Placement Expenses | -\$1,271,355 |
| Surplus Balance to General Fund | \$50,338 |

(Continue for further detail on revenue and expenses.)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

Revenue Sources

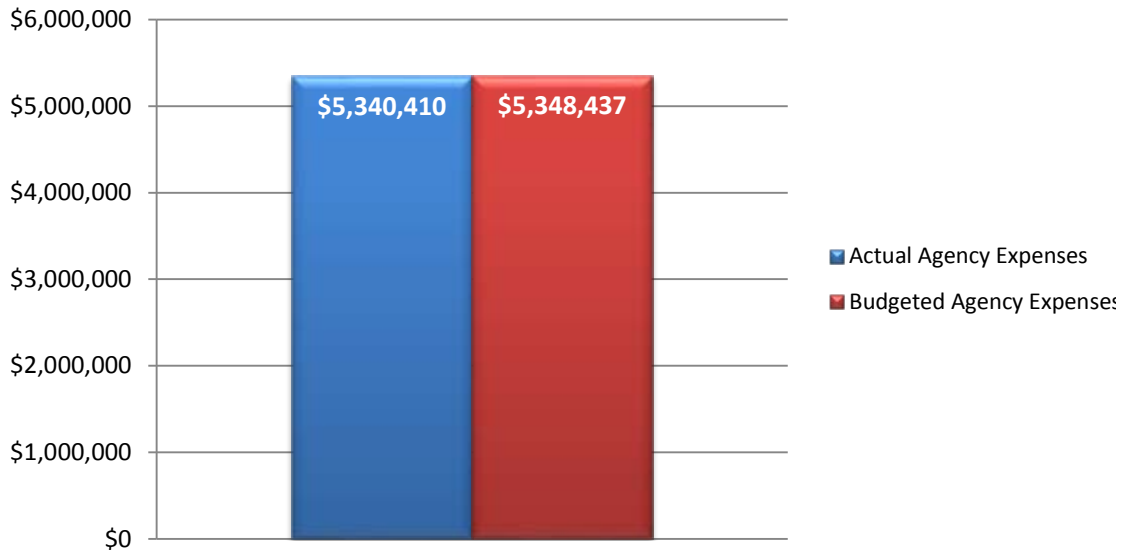


Revenue Sources for Agency and Placement Expenses

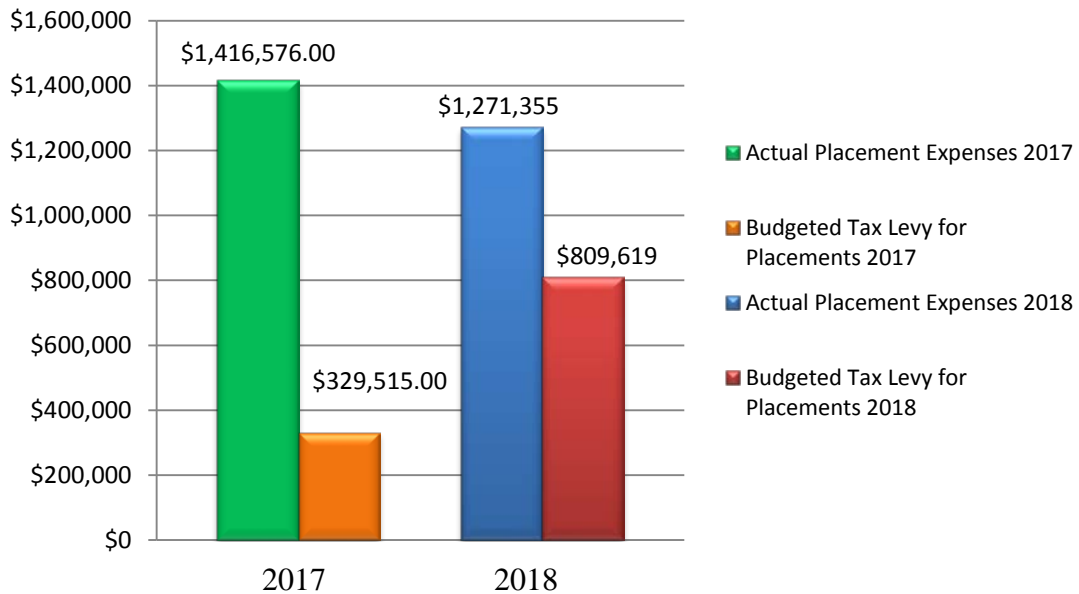
| | |
|---|--------------------|
| County Tax Levy | \$946,819 |
| County Tax Levy - Placement | \$809,619 |
| Medicaid/Medicare | \$1,130,099 |
| Other Funding | \$42,874 |
| State - Basic Allocation | \$950,059 |
| State - Basic Allocation for Placements | \$428,124 |
| State Categorical Programs | \$2,231,227 |
| State - Match | \$123,282 |
| Total Actual Revenue 2018 | \$6,662,103 |

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

2018 Agency Expenses



Placement Expenses



Placement expenses declined from 2017 to 2018 by \$145,221

APPENDIX

Richland County Health and Human Services

2018 Health & Human Services Contracts (Over \$10,000)*

| | | | |
|------------------------------------|-----------|--|-----------|
| Abilities, Inc. | \$18,864 | Lutheran Social Services of WI | \$16,234 |
| Carley AFH | \$13,016 | Marion's Place | \$154,100 |
| Chileda Institute | \$188,647 | Midwest Monitoring & Surveillance | \$12,128 |
| Coulee Connections, LLC | \$22,879 | Northwest Counseling & Guidance Clinic | \$60,357 |
| Coulee Region Psychiatric Services | \$26,538 | Regroup Therapy, Inc. | \$40,901 |
| Creative Community Living Service | \$91,866 | Rural Wisconsin Health Cooperative | \$15,850 |
| Driftless Counseling, LLC | \$407,270 | Schmidt Consulting, LLC | \$10,400 |
| Evergreen Manor, Inc. | \$16,601 | Seasons Counseling, LLC | \$12,443 |
| Family & Children's Center | \$17,492 | Sierra Group Home, Inc. | \$69,287 |
| Family Works Programs, Inc. | \$50,173 | SW WI Workforce Development Board | \$149,936 |
| Fireback, LLC | \$38,601 | St. Anthony's School | \$10,578 |
| Fitness Choices | \$24,459 | Tellurian, Inc. | \$49,462 |
| Harmony Place Assisted Living | \$46,806 | The Richland Hospital | \$45,220 |
| Jean Warrior, Ph.D. | \$11,841 | Therapy Without Walls, LLC | \$170,702 |
| Kareo | \$18,467 | TLC Senior Home Care | \$29,667 |
| Lori Knapp Crawford, Inc. | \$131,161 | Trempealeau Co Health Care Center | \$37,041 |
| Lori Knapp Richland, Inc. | \$20,432 | VARC, Inc. | \$23,979 |
| Lucky Star 3 Corporation | \$82,198 | | |

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

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

Administrative Services Unit
Clinical Services Unit
Public Health Unit

Children's Services Unit
Economic Support Unit

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

Aging & Disability Resource Center of Eagle Country – Richland Center Office

(608) 647-4616 or 1 (877) 794-2372
Fax: (608) 647-6611