

Richland County Health and Human Services



2020
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 the Health and Human Services Board and agency staff, I am proud to present the 2020 Annual Report. This document contains statistical and program information related to our services; listings of our associated committees, boards, and contract providers; and financial data related to our budget.

The year began pretty routinely with our regular programming and services. We were able to add two newly budgeted positions to address specific staffing needs. Increased funding from the Department of Children and Family Services allowed Health and Human Services to add a much needed Child and Youth Services Case Manager position and the growth of the Comprehensive Community Services (CCS) program warranted the addition of a CCS Supervisor position. Also, the County Board hired its first County Administrator to begin the move toward a new county organizational structure.

In March, the COVID-19 pandemic hit Wisconsin in full force and impacted every aspect of Health and Human Services' operations for the remainder of the year. The Community Services Building was closed to the public twice during the year; once from March – July and again in November and into the new year. Staff quickly adapted to new ways of providing services to the community with telehealth and virtual meetings as the primary mode. Wearing masks, social distancing, and using other protective equipment became the norm for curtailing the spread of the virus along with sending staff home to work remotely either fulltime or intermittently. Technology like virtual private networks, soft phones, routers, and Zoom video conferencing made it possible for staff to maintain their productivity and continue their important work.

Facing an unprecedented Public Health Emergency underscored the importance of our Public Health and Emergency Management professionals. The County was incredibly fortunate to have an extremely knowledgeable and experienced Health Officer to guide the local response. Rose Kohout demonstrated steady leadership and quiet resolve in advising the community and coordinating the daily response in close partnership with Emergency Management. Our Public Health Nurses worked tirelessly to meet the challenges of the crisis and many of our other staff took on additional duties putting in extra hours as contact tracers, public health assistants, and accepting other emergency response roles. Strong collaborative relationships between county departments, local healthcare professionals, and several public and private entities was the hallmark of Richland County's successful community efforts!

I hope you will contact me with your questions about this report. This, as well as past reports, program information, staff contacts, and meeting minutes 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



2020 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
Dedication Recognizing HHS COVID-19 Pandemic Response	7
Public Health Unit	11
Administration & Building Operations Unit.....	33
Business & Financial Services Unit.....	36
Aging & Disability Resource Center of Eagle Country – Richland Center.....	37
Child & Youth Services Unit.....	46
Behavioral Health Services Unit.....	51
Economic Support Unit.....	65
Fiscal.....	73
Appendix.....	76

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

Kerry Severson, Chair

Ingrid Glasbrenner, Vice Chair	Dr. Jerel Berres, Secretary
Linda Gentes, Chair (until April 2020)	Peg Kaul (as of May 2020)
Jaymie Walsh (until April 2020)	Van Nelson (as of May 2020)
Marty Brewer, Vice Chair (until July 2020)	Debra Kyser
Cindy Chicker (as of October 2020)	

Commission on Aging & Disability Board

Commission Members

David Scribbins, Chair

Virginia Wiedenfeld	Cindy Riley
Belinda Granger	Gary Peters
Carolyn Denman	Van Nelson
Sandra Kramer	Sharyn Knudson
Patrick Manning	Linda Symons

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

Joy Burnham	Ashley Furgeson
Faye Burghagen	Myranda Culver
Van Nelson	Mary Chris Walling

Coordinated Services Team (CST)
Coordinating Committee
Committee Members

Shelly Anders
Amanda Miller
Betsy Wiedenfeld
Brenda Inman
Brei Campbell
Cheryl Hoppe
Jinita Larson
Vanessa McBain

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

Nutrition Advisory Council
Committee Members

Don P. Roseberry, Chair

Bradley Wegner
Christine Storer
Janet Jasper

Sue Roseberry
Jane Mussey

Mississippi Valley Health Services Commission

Dr. Jerel Berres

Kerry Severson (alternate)

Transportation Coordinating Committee
Committee Members

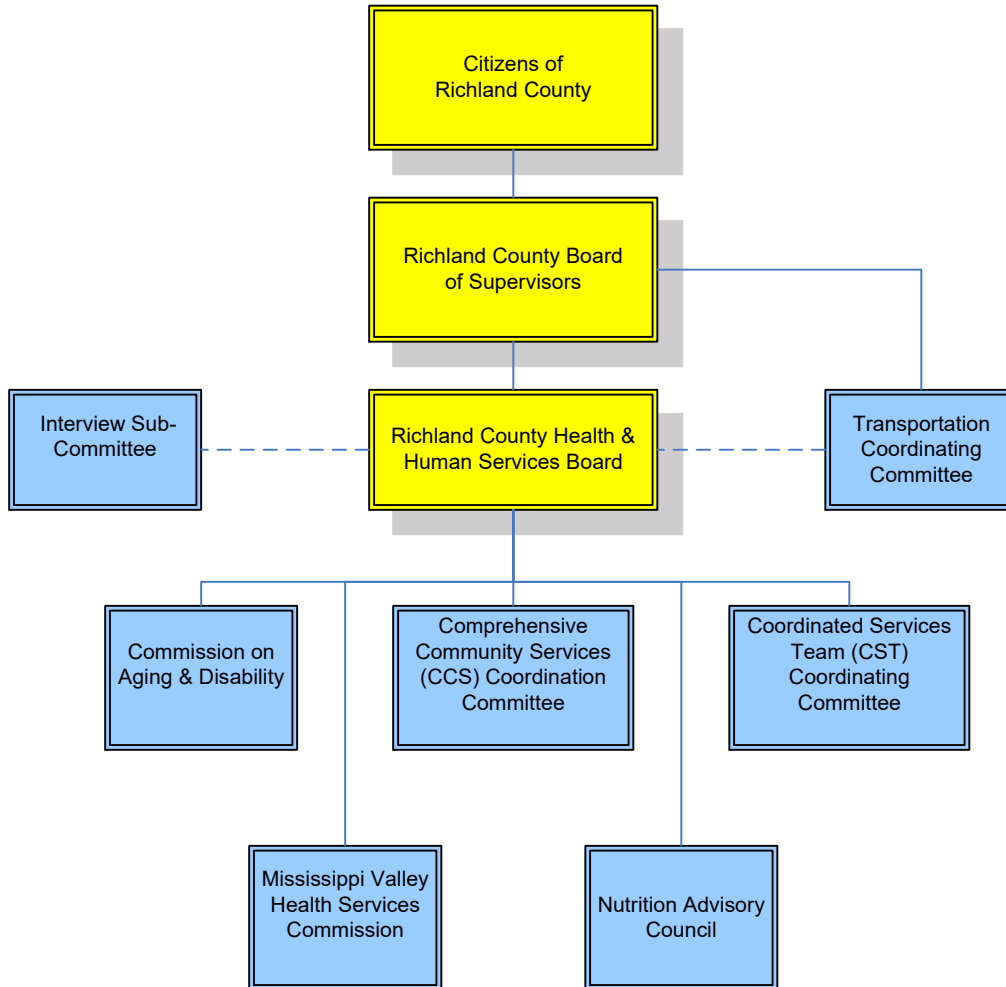
David Scribbins, Chair

Eric Rynes
Sandra McKittrick
Robert Shiere
Sandra Kramer
Cindy Riley

Ingrid Glasbrenner
Richard McKee
Darin Steinmetz
Aaron Gray

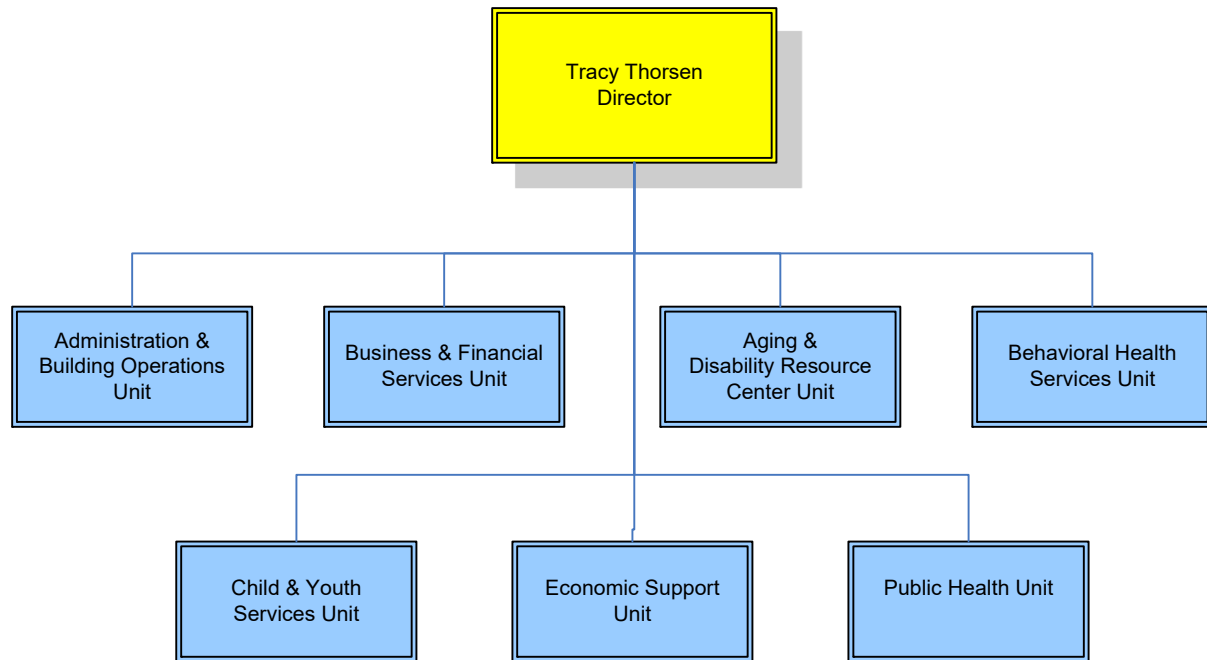
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE

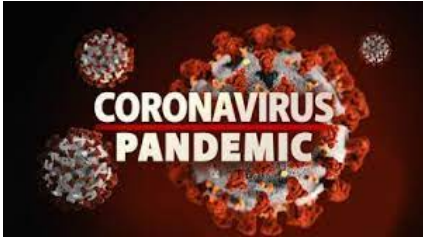


RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



DEDICATION RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



Public Health
Prevent. Promote. Protect.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**



Rose Kohout, Public Health Manager/Local Health Officer



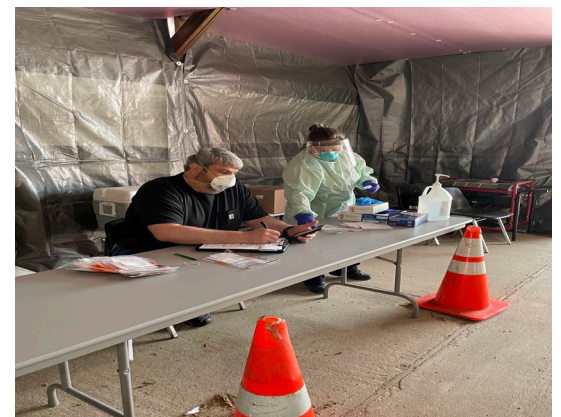
Public Health RNs: Brandie Anderson, Rose Kohout, & Carlene Shaw



Richland County Command Post



Public Health RNs: Rose Kohout & Brandie Anderson and Jodi Hines, ADRC



Emergency Management: Darin Gudgeon & Amber Burch

DEDICATION RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



Testing Site Worker: Jaymie Bruckner, Administration



Emergency Management: Amber Burch, AEMT



Testing Site Workers: Jaymie Bruckner, Cassie Sanders, Toni Cabrera, Tammy Newberry-Wheelock & Meghan Rohn, Administration & Economic Support Units.

Testing Site Workers missing from photo: Amber Morris, Andrea Speth, & Savannah Tydrich, Economic Support Unit, and Kathy Dobbs & McKenzie Couey, Administration.



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

DEDICATION RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



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



Testing Site Worker: Meghan Rohn, Administration



Testing Site Workers: Tammy Newberry-Wheelock, Administration & Savannah Tydrich, Economic Support Unit



Drive-thru Testing Site: Richland County Fairgrounds Livestock Barn

DEDICATION RECOGNIZING HHS COVID-19 PANDEMIC RESPONSE



Contact Tracers (from left to right): Nichole Gaudette & Bradi Donahoe, Child & Youth Services Unit, Becky Dahl, Public Health, and Deb Dittmer & Amber Morris, Economic Support Unit.



Contact Tracers missing from photo: Jaide Johnson, Sheri Scott, Teresa Landes & Teri Richards, Public Health, Brittney Wirtz & Kimberly Bruder, Child & Youth Services Unit, and Katy Paczkowski & Tiffany Olson, Behavioral Health Services Unit.



HHS Social Distancing Guidelines: Tammy Newberry-Wheelock, Administration



HHS Window Displays: THANK YOU TO ESSENTIAL WORKERS

PUBLIC HEALTH UNIT

Mission Statement

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

PROGRAMS AND SERVICES

Communicable Disease

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

General Public Health Programs

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

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights



Public Health
Prevent. Promote. Protect.

In 2020, the COVID-19 pandemic brought unique challenges, significant stress, and moments of **hope** and **inspiration**. Staff worked tirelessly to stop the transmission of the virus by **educating**, **encouraging**, and **supporting** those who were affected by the disease. When citizens were **advised** to remain at home and buildings closed, many traditional Public Health services ceased or were significantly diminished. Some **care** was provided using different approaches, such as drive-through influenza **vaccines** or car-side TB skin test administration. Through it all however, Public Health staff remained **dedicated** to its mission of **promoting the health and quality of life** for Richland County residents.

COMMUNICABLE DISEASE



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

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

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

Once a vaccine is licensed in the United States, Public Health experts review epidemiologic data to ensure that vaccines are working properly and safely. The Vaccine Adverse Event Reporting System (VAERS) is a national database that

collects information about adverse events that occur in U.S. licensed vaccines. If a problem is identified, Public Health will issue measures to respond.

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

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

The United States will continue to face issues in immunizations and emerging infectious disease, and the Public Health system must be able to respond with modern technology and skilled professionals to control and prevent infectious disease.

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

Immunization Statistics:

Immunization	2013	2014	2015	2016	2017	2018	2019	2020
DtaP	13	12	13	12	15	17	12	1
Hepatitis A	43	39	36	23	11	10	15	1
Hepatitis B	6	13	9	6	11	6	7	5
Adult Hepatitis B	9	12	11	13	33	19	0	1
Hib	1	1	7	6	4	2	1	0
Influenza	602	1036	978	659	643	762	726	603
MMR	10	23	23	13	11	15	19	2
Pneumonia	19	26	3	0	0	0	0	0
Polio	15	24	9	9	7	12	14	4
Prevnar	4	16	15	7	9	5	5	2
Td	1	2	1	6	15	14	21	3
Varicella	17	24	20	11	11	14	12	4
Menactra	19	24	53	11	3	3	11	0
Td-Pertussis (Tdap)	134	70	61	31	23	24	25	8

HPV (Gardasil)	28	26	22	19	9	4	9	0
Rota Teq	2	8	4	2	1	1	2	0
Twinrix (HepA-B)	2	2	0	0	0	0	0	0
DTPaP-Hib-Polio (Pentacel)	4	14	10	8	11	6	7	4
DTPaP-Polio (KINRIX)	0	n/a	n/a	3	0	0	0	0
TOTAL	929	1372	1275	839	819	914	886	638

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.

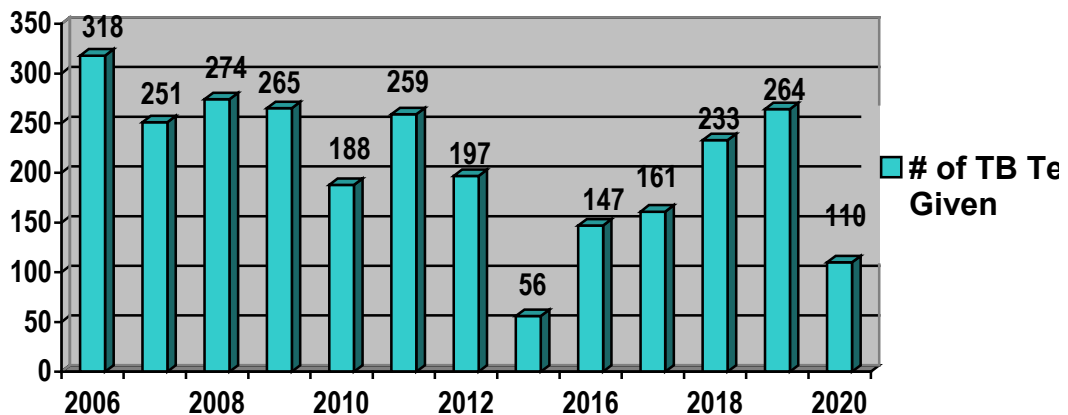
Communicable Disease Statistics:

Reportable Disease	2013	2014	2015	2016	2017	2018	2019	2020
Active Tuberculosis	0	1	0	0	0	0	0	0
Arbovirus Illness	1	1	1	3	1	2	0	0
Babesiosis	2	0	1	2	0	1	2	1
Blastomycosis	0	1	2	1	1	0	0	0
Brucellosis	0	1	0	0	0	0	0	0
Campylobacter	13	5	10	24	15	9	14	8
Carbon Monoxide Poisoning	-	-	-	-	-	1	5	4
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae	-	-	-	-	-	1	1	0
Chlamydia	21	43	24	29	38	57	31	35
Coronavirus, Novel 2019								8,962
Coronavirus, Novel 2019 Reinfection								1

Cryptosporidium	4	2	2	2	13	2	10	1
E.Coli	0	0	2	2	1	5	3	2
Ehrlichiosis/Anaplasmosis	4	2	2	13	12	15	14	8
Giardia	2	0	1	3	0	0	2	0
Gonorrhea	1	2	5	0	4	10	9	12
Hepatitis A	0	1	3	1	1	1	2	1
Hepatitis B	1	3	6	2	6	3	5	1
Hepatitis C	4	16	12	13	19	12	16	7
Herpes	0	0	0	0	0	0	0	0
Histoplasmosis	0	1	1	0	1	0	0	0
Influenza Hospitalizations	10	4	15	4	26	41	10	24
Influenza Laboratory Report								3
Invasive Haemophilus Influenza	0	1	0	0	0	0	1	0
LaCrosse Encephalitis	0	3	0	0	0	1	0	0
Legionella	0	0	1	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0
Lyme Disease	45	36	67	73	117	77	79	44
Measles	4	0	2	1	1	1	2	0
Meningitis (Bacterial)	0	0	0	2	1	1	0	0
Meningitis (Viral)	0	0	0	0	0	0	0	0
Metal Poisoning, Nonlead	-	-	-	-	-	-	2	0
Methicillin Oxacillin resistant Staphylococcus Aureus (MRSA/ORSA)	-	-	-	-		11	2	6
Mumps	0	0	1	1	2	3	2	2
Mycobacterial Disease	5	1	2	2	0	2	0	1
Norovirus Infection	-	-	-	-	-	3	0	0
Pertussis	18	16	23	24	30	19	11	2
Poliomyelitis	-	-	-	-	-	-	-	1
Salmonella	5	5	3	3	2	5	6	2
Shigella	0	0	1	0	0	0	3	0
Streptococcus Disease Invasive Group A	-	-	-	-	-	-	4	1
Streptococcus Disease Invasive Group B	-	-	-	-	-	1	0	5
Streptococcal Infection, Other Invasive	-	-	-	-	-	-	-	1
Streptococcus Pneumoniae	1	0	2	1	0	4	3	1
Staphylococcus Aureus	-	-	-	-	-	5	6	8
Syphilis	0	0	2	1	0	2	4	2
Tuberculosis	-	-	-	-	-	-	-	4

Q Fever	1	1	1	0	2	3	1	0
Toxoplasmosis	1	2	1	0	1	4	0	0
Toxic Shock Syndrome	0	1	0	0	0	0	0	0
Transmissible Spongiform Encephalopathy (TSE)	-	-	-	-	-	-	-	1
Tuberculosis/Latent Infection (LTBI)	1	29	1	3	0	3	3	1
Tularemia								0
West Nile	0	0	2	0	0	0	0	0
Varicella	5	Non Reported	5	4	1	4	5	1
Toxoplasmosis	1	2	1	0	1	4	0	0
Psittacosis	0	0	1	0	0	2	0	0
Rocky Mt. Spotted Fever	0	0	2	1	0	0	0	0

TB Skin Tests: Public Health provides a comprehensive tuberculosis (TB) prevention and control program including TB skin testing. TB skin tests are most often completed as a pre-employment requirement, but may be requested or recommended as follow-up to a potential exposure. The Mantoux Tuberculin Skin Test is the worldwide standard used to screen for tuberculosis, and Public Health uses the Mantoux method for tuberculosis screening. In 2020, 110 skin tests were provided by Public Health.

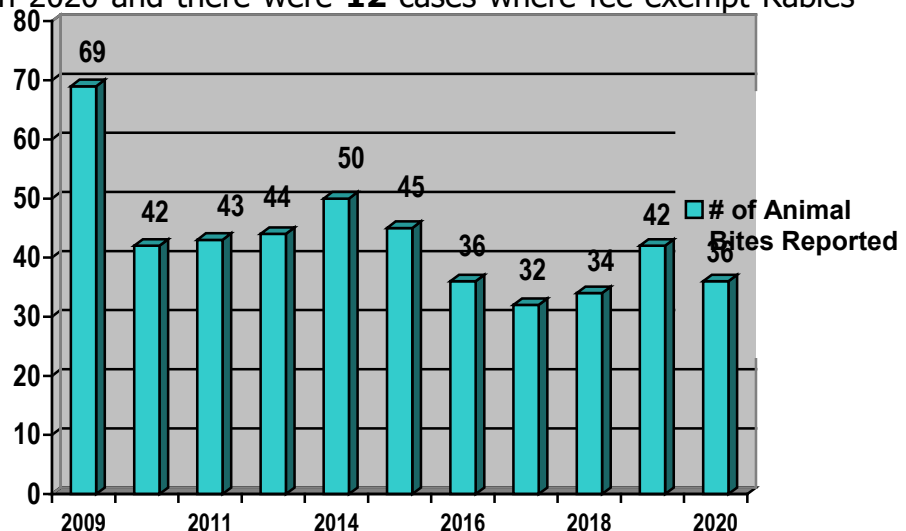


TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed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

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

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

When Public Health receives a bite order from Law Enforcement, a Public Health Nurse contacts both the animal owner to assure the owner understands the requirements for quarantine and vaccination of the biting animal and the victim to assure understanding of potential consequences of an animal bite and the importance of medical attention after an animal bite. Once the quarantine is complete or a rabies test result is obtained, Public Health contacts the person who was bitten to report the outcome. Public Health Nurses provided follow up on **36** animal bites in 2020 and there were **12** cases where fee-exempt Rabies testing occurred.

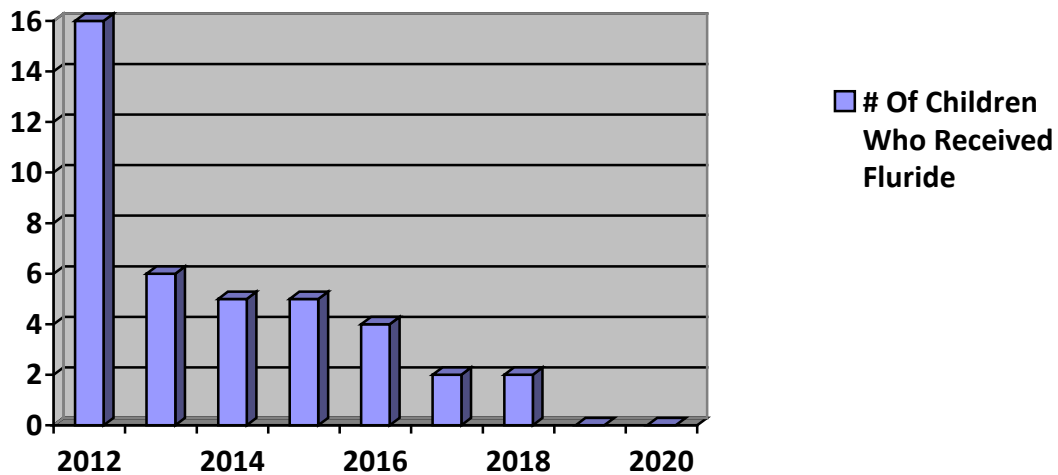


MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health (MCH) Systems Initiative: The Wisconsin Healthiest Families statewide initiative focuses on improving systems to address family supports, child development, mental health, and safety and injury prevention. Maternal Child Health home visits were provided by Public Health nurses to new parents who request a visit or when referred by a health care provider. In 2020, **3** MCH visits occurred.

Prenatal Care Coordination: Public Health Nurses provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. In 2020, **0** women received PNCC services.

Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2019, **0** children received supplemental oral Fluoride.



GENERAL PUBLIC HEALTH PROGRAMS



Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2020, **167** Richland County residents borrowed **217** pieces of equipment from the Loan Closet.

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

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

The program provides:

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

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

There were **8** Richland County women screened in 2020 and **21** women on the active caseload; there were **2** new enrollments and **5** women who were re-enrolled in the program.

Maternal and Child Health Priority: Adolescent Suicide Prevention

2020 Accomplishments Summary:

Agency Activities How will the agency work with community partners to implement/evaluate the selected strategy? Instructions: 1) Identify agency-specific activities and 2) Include core activities identified in the GAC objective.	Responsible Person Who will carry it out?	Timeframe When will it take place and for how long?	Outcomes
Richland County Public Health will continue to promote and educate school districts on the benefits of having youth complete the YRBS.	Richland County Health and Wellness Coordinator	January 31, 2020	Results from the 2017 and 2019 YRBS were widely shared in the county to school boards, community organizations and individuals. The data served as a basis for school-based mental health programming and activities. The YRBS will be taken in the county during the fall of 2021. Through a partnership with UW Extension, School Districts and the Mental Health Coalition the YRBS will be promoted.
Richland County Public Health will utilize evidence-based interventions to approach adolescent suicide prevention (Sources of Strength training occurred in October with community members, school district staff, county health and human services staff, and students and interventions consistent with this program will be implemented.)	Richland County Health and Wellness Coordinator	Ongoing throughout 2020	Sources of Strength groups including adult advisors, peer leaders and community members were established in both school districts. With leadership from the Health and Wellness Coordinator, the RCCFAC funded the cost of the Second Step curriculum in the Richland Middle School. Ithaca implemented in 2019 and 2020. Coordinator attended Sources of Strength trainings and organizational meetings.
Richland County Public Health will continue to participate in monthly mental health coalition meetings which include participants from all sectors of the county including youth from local schools.	Richland County Health and Wellness Coordinator	Ongoing throughout 2020	RCPH was an active member of the Mental Health Coalition. Participated in monthly meetings. Established the development of a Facebook page including one post per week.
Richland County Public Health will investigate the option of screening middle school-aged students (sixth graders) for mental	Richland County Health and Wellness Coordinator	June 30, 2020	Separate meetings from the monthly meetings resulting in planning for implementation of the YScreen program set to

health risks so early intervention can occur.			begin in 2021.
Richland County Public Health will continue its active participation in substance abuse prevention in order to mitigate the effect that drugs and alcohol has on the mental health of youth.	Richland County Health and Wellness Coordinator	Ongoing throughout 2020	Wellness Coordinator serves as the DFC grant Project Coordinator working with the Partners for Prevention Coalition of Richland County. Logic models were created for 4 priority substances (alcohol, tobacco/vaping, marijuana, and Rx drugs misuse) impacting youth. In the next 6-24 months, the coalition will work to address local conditions sustaining youth substance use. Sources of Strength wheel messaging has been integrated into prevention activities.
Richland County Public Health will explore the benefits associated with having its Health and Wellness Coordinator attend local, regional, and national prevention conferences. Both established and novel suicide prevention practices can be learned at these events and their efficacy evaluated for use in Richland County.	Richland County Public Health Manager and Health and Wellness Coordinator.	By March 31, 2020	Coordinator attended the 2020 Annual Prevent Suicide Wisconsin Conference
Participate in all quarterly Learning Community meetings/calls	Richland County Health and Wellness Coordinator	Ongoing throughout 2020	Coordinator attended all Learning Community calls during 2020.
Maintain a link to the Well Badger Resource Center website and searchable directory at: www.wellbadger.org . Display and provide marketing information and referral resources and services for Well Badger. Provide a voice message for the Well Badger MCH/First Step Resource Line: Call: 1-800-642-7837 Text: 608-360-9328 Email: help@wellbadger.org	Richland County Public Health Manager	Ongoing throughout 2020	



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 2020, **0** inspections were completed. The South Central Wisconsin Tobacco Coalition representative provided enhanced education on checking client identification.

Richland Community Free Clinic: The Richland Community Free Clinic closed in mid-March and remained closed through 2020. When open, 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 **73** visits in 2020.

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.

2020 Environmental Health Statistics:

Home Visits	32	Contacts (EH Consultant)	246
Lead	1	Lead	7
Radon	1	Radon	22
Water	0	Water	23
Asbestos	0	Asbestos	23
Solid Waste	8	Solid Waste	37
Housing	9	Housing	42
Indoor Air	9	Indoor Air	50
Sewage	0	Sewage	21
Animal/Vector	2	Animal/Vector	21
Hazard	0		
Fit Testing	2		

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

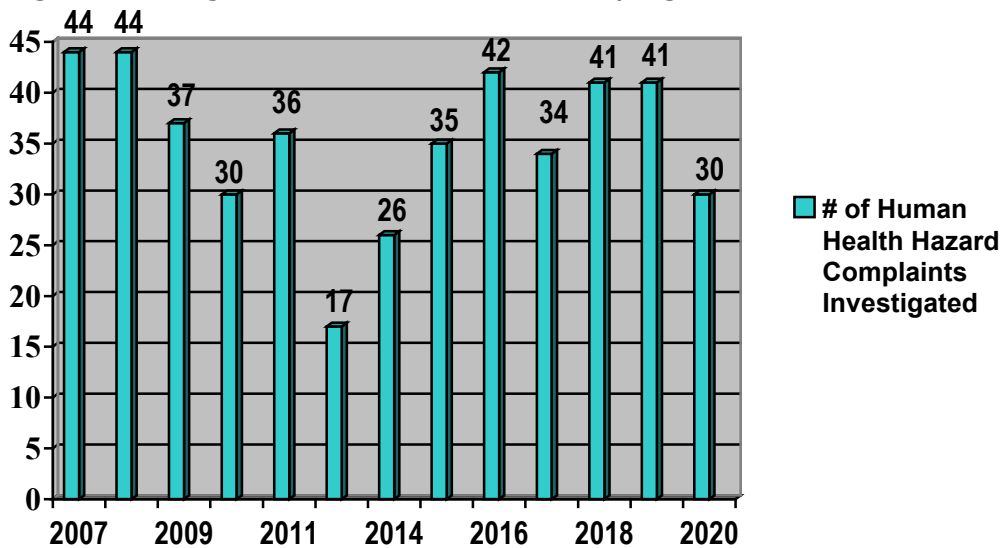
Radon: Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. In Richland County, **13** kits were distributed and **9** were returned for testing. This would result in a 69% return rate. **2** kits had results between **4-10 pCi/L** and **0** kits had measured above **10 pCi/L**.

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

Children are screened by collection of a capillary blood sample which is sent to the State Laboratory of Hygiene for analysis. Elevations are confirmed by venous samples and Public Health Nurses and the Environmental Health

Coordinator make home visits to provide education and assessment of the child’s environment for lead hazards. Property owners are responsible to comply with lead hazard reduction measures ordered by Public Health. Unfortunately, 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. **86** Richland County children were screened in 2020 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 **30** complaints reported in 2020 that required investigation through our environmental health program.



PREPAREDNESS AND RESPONSE

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

The following capabilities, as defined below, were selected for exercise in the year 2020:

Capability 1: Community Preparedness

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

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

Capability 3: Emergency Operations Coordination

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

Capability 4: Emergency Public Information and Warning

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

Capability 5: Fatality Management

Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include:

- Supporting recovery and preservation of remains
- Identification of the deceased
- Determination of cause and manner of death
- Release of remains to an authorized individual
- Provision of mental/behavioral health assistance for the grieving.

The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

Capability 6: Information Sharing

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

Capability 8: Medical Countermeasure Dispensing and Administration

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

Capability 9: Medical Material Management and Distribution

Medical material management and distribution is the ability to acquire, manage, transport, and track medical materials utilized during a public health incident or event and the ability to recover and account for unused medical materials, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.

Capability 13: Public Health Surveillance & Epidemiologic Investigation

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

Capability 15: Volunteer Management


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

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

NUTRITION

Senior Dining



Fellowship, Food  Fun

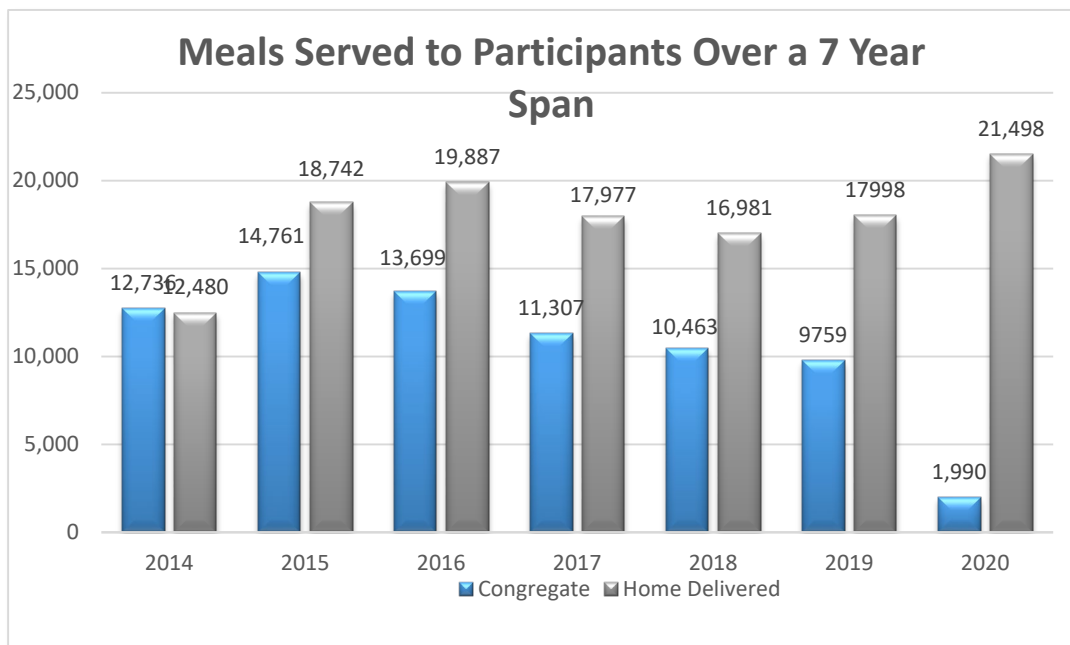
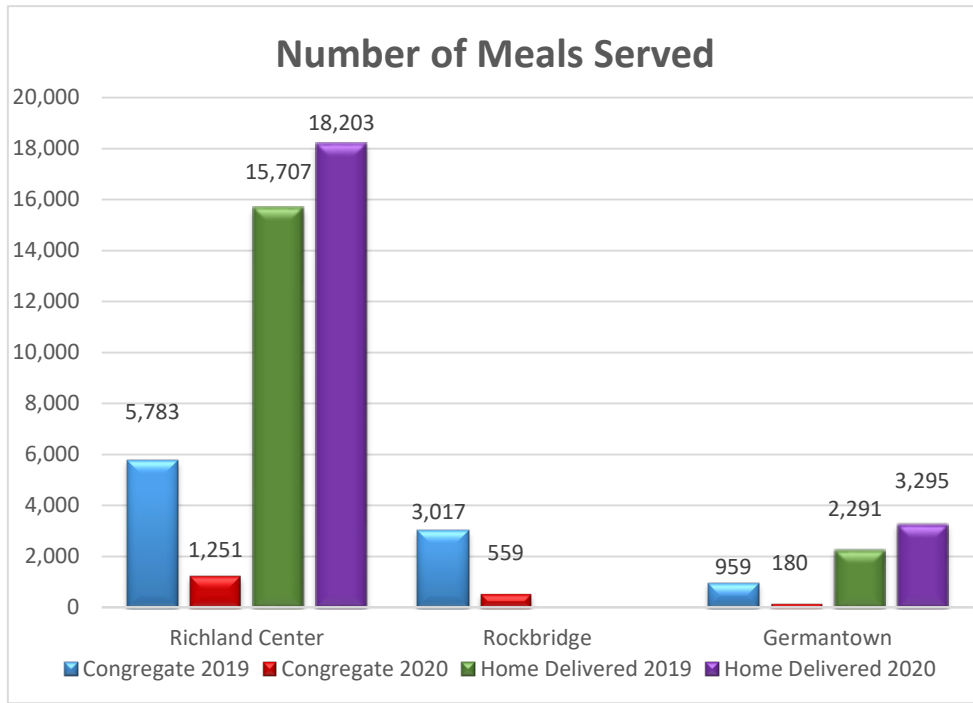
2020 NUTRITION REPORT: Richland County's Senior Nutrition Program has provided healthy, delicious meals to area seniors since 1977. Goals of the senior nutrition program are to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older individuals. Richland County's Senior Nutrition Program focuses on these goals by:

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

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

The year 2020 came with its challenges once the COVID-19 pandemic began. You will see in the remaining report what those challenges were and how we adapted to meet the needs of our Older Adult population being that of age 60 and beyond.

Nutrition Statistics:

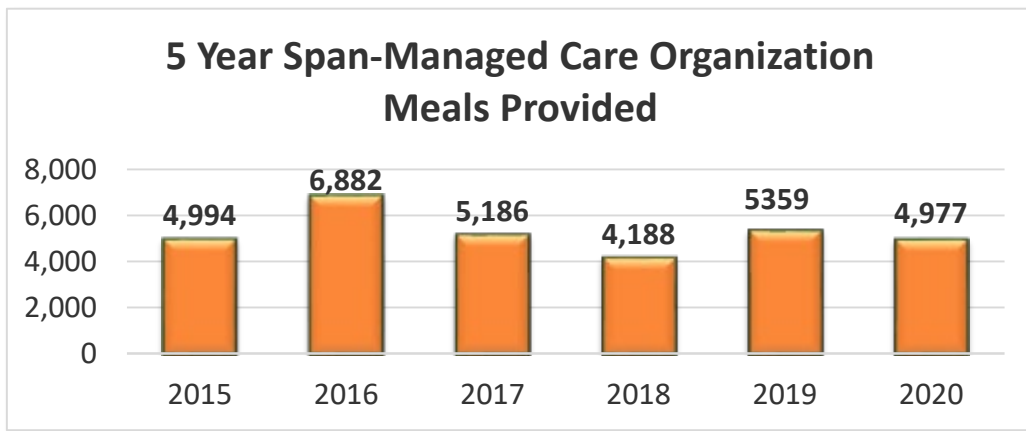


Richland County Senior Nutrition Program provided a total of 23,488 meals in 2020, which is a decrease of 4,269 meals, in comparison to 27,757 meals served in 2019. This is a 15.38% decrease from the 2019-year end totals to the 2020-year end totals.

The breakdown for each meal site:

- Richland Center with a decrease of 2,036 meals which is 9.47% less from the previous year 2019
- Rockbridge with a decrease, due to being congregate dining only, of 2,458 meals which is 81.47% decrease from the previous year 2019
- Germantown with an increase of 225 meals which is a 6.92% increase from the previous year 2019.

Of the total meals served, the request for meals from Managed Care Organizations (MCOs) also decreased in 2019 by 382 meals, which is an 7.13% decrease compared to the prior year 2019. While we have noticed a loss of individuals due to Long Term Care Facilities and/or death we see the decreases in meals across the board caused by the COVID-19 pandemic and the need to close dining centers as well as limited availability to provide hot meals, offering frozen only.



We started the 2020 year with strong numbers January and February and had discussed exploration plans for some possible new programs such as "Dine at 5" which would offer a once a month evening meal with students at the UW-Richland Campus volunteering by waiting on participants and entertainment being offered, also by students. Everything came to an abrupt halt caused by the COVID-19 Pandemic, with all Richland County Senior Dining Locations required

to close beginning Monday March 16, 2020. The following week, March 23, 2020, Germantown and Richland Center locations switched to home delivery only.

Richland Center location was able to offer only home delivered frozen meals due to lack of volunteers for all current participants both home delivered and dining center. While frozen meals were an option for the remaining months of 2020, people truly missed the dining experience for the socialization that it offers. We continued to see a decline in numbers due to that and participants having family assistance in place. Staff were trained to practice COVID-19 Safety Protocol and social distancing as it pertained to the safe delivery of meals to homebound seniors in our community.

Germantown continued home delivered as usual also practicing COVID-19 Safety Protocol and social distancing for the remainder of the calendar year 2020. Rockbridge and Richland Center meal sites did see a drop due to uncontrollable circumstances however there is continued participation showing program support.

2020 Nutrition Highlights:

This year has given us many a challenge. The Richland County Nutrition Program was required to close dining centers and change our way of delivery. We closed mid- March and resumed providing Frozen meals as stated above.

Volunteers donated 1,213 hours of service at the congregate meal sites and volunteer drivers using their own vehicles and gas to deliver noon meals to homebound seniors from January 1, 2020 through March 16, 2020.

February and March we partnered with Jeff Kersten, Agency Liaison for the Bureau of Consumer Protection within the Wisconsin Department of Agriculture, Trade and Consumer Protection to provide presentations on "Identity theft: Protect and Prevent." We provided open Educational presentations at two out of three of our meal site locations (Cancelling the last one due to the COVID-19 pandemic). As the Agency Liaison, Jeff travels around the state to educate the public, businesses and law enforcement on the importance of privacy protection and data security. Jeff has over 12 years of experience as a police officer and is a prior Consumer Protection Investigator for the Bureau of Consumer Protection. The presentation addressed Identity theft as it continues to be the fastest growing crime in the United States. The more you learn about it, the less vulnerable you are. The Wisconsin Bureau of Consumer Protection explained the different types of identity theft, how to recognize it and how to prevent it – which included information about Fraud Alerts and Security Freezes. He provided

tips for safeguarding personal information, how to spot the red flags of a scam and helpful brochures for each person to take home with them.

March is National Nutrition Month®. National Nutrition Month® is an annual nutrition education and information campaign created by the Academy of Nutrition and Dietetics. The campaign, celebrated each year during the month of March, focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits. This year's theme was "Eat Right, Bite by Bite." That focus meant to educate people on how to make better choices, which would help reduce the risk of chronic disease. The American Dietetic Association recommends that people do the following:

- Aim for fitness-exercise at least 30 minutes a day, five days per week.
- Follow National Dietary Guidelines.
- Choose foods sensibly.

March of 2020, the Nutrition Program Coordinator provided information at each of the meal sites in order to reinforce those reminders.

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

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

June, due to congregate meal sites remaining temporarily closed Richland County Food Service and Richland County Health and Human Services Senior Nutrition Program collaborated again to offer a new program to meet the needs of the older community members. "Grab N' Go" started June 22, 2020 offered Monday, Wednesday and Fridays by reservation only, providing hot meals to those interested in driving to pick them up. Richland County Food Service and Richland County Health and Human Services Senior Nutrition Program practicing COVID-19 Safety Protocol and social distancing.

Last year June 10 through August 26 of 2019, we were able to bring back the Rise 'N' Dine program. Unfortunately, that 12-week nutritionally balanced breakfast program was unable to be provided due to the COVID-19 Pandemic.

May through September 2020, the Senior Farmers' Market Nutrition Program (SFMNP) vouchers offered low-income older residents an opportunity to purchase

fresh, locally-grown fruits, vegetables and herbs from certified farmers. We had 124 sets of vouchers, an increase of 10 sets from the previous year. Each valued at \$25.00 – making \$3,100.00 going to local farmers within Wisconsin and providing Wisconsin grown fresh fruits, vegetables and herbs to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by supporting local farmers markets. The year 2020 was different in the way of distribution being that all went out via mail with a phone call to each person by the Nutrition Program Coordinator in order to provide nutrition education and explanation to each participant. We continued our partnership with others to provide information regarding programs available to individuals by working closely with the Benefits Specialist of the ADRC, Second Harvest local representative, and the Local Farmers' Market Coordinator. We strategically provide information that focuses on the area of fresh fruits, vegetables and herbs.

The required regional site manager training was unable to be held in person with necessary training being offered online and was completed by staff by December 31, 2020. This was online 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 & Ruth Rotramel
- Green Co.- Morgan Kennison
- Iowa/Lafayette Co.-Cecile McManus
- Juneau Co.- Charlene Norberg
- Richland Co.- Tanya Webster
- Sauk Co.- Marina Wittman

Topics were provided by GWAAR/BADR.

ADMINISTRATION & BUILDING OPERATIONS UNIT AND BUSINESS & FINANCIAL SERVICES UNIT

Mission Statement

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

In August of 2020, the Administrative Services Unit was split into two units: Administration & Building Operations and Business & Financial Services. The separation of these units offered clarity regarding supervisory responsibilities and also provided structure and focus to each unit. The units occasionally have a crossover of duties and often work together to accomplish tasks.

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

Accounts Payable	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
Emergency Management	Transcription
Fiscal Reporting	

When the COVID-19 Public Health Emergency Disaster Proclamation was issued on March 17, 2020, the Administration & Building Operations Unit and the Business & Financial Services Unit staff supported numerous activities related to Richland County's response. Some of the areas of responsibility are listed below:

Public Information Officer (March 17, 2020 – ongoing)

- Attended Emergency Operations Briefings 1-2 days per week and other related meetings as needed. Took notes for After Action Report.
- Prepared 137 Press Releases for Richland County and 7 additional Press Releases for Health & Human Services in 2020.
- Prepared numerous articles for local newspapers, offered content for county COVID-19 webpage and HHS Facebook page, updated responses to frequently asked questions, and responded to media requests for information to keep the public updated on the pandemic response.

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

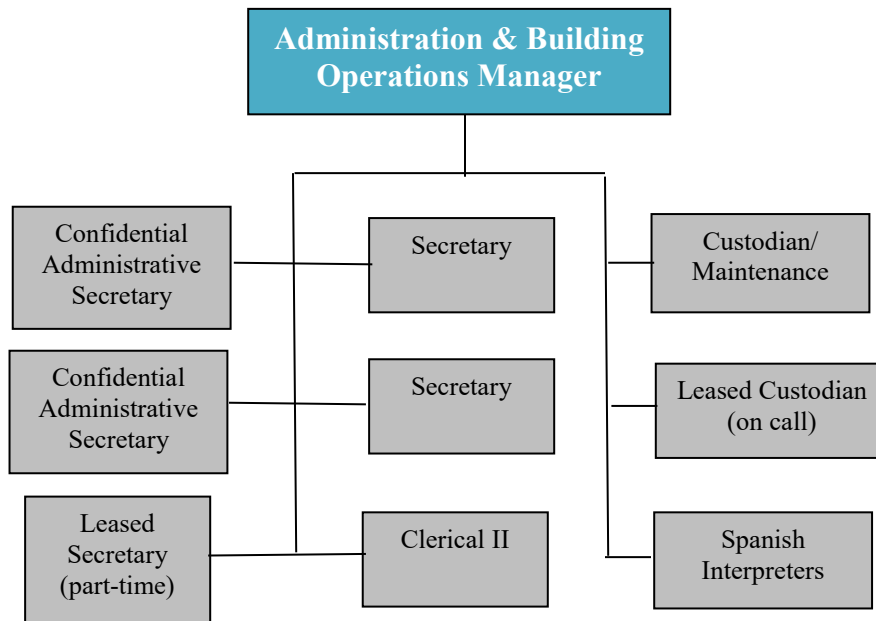
- Rotated 4 administrative support staff and 3 Economic Support Unit staff at the testing site for approximately 6 hours every Monday at the Richland County Fairgrounds.
- While in full Personal Protective Equipment (PPE), administrative staff assisted Emergency Management personnel with collecting patient information and processing COVID-19 test kits.



From left to right: Jaymie Bruckner, Meghan Rohn, Tammy Newberry-Wheelock, Toni Cabrera and Cassie Sanders, Administration & Economic Support Units.

ADMINISTRATION & BUILDING OPERATIONS

In 2020, the Administration & Building Operations Unit performed responsibilities under the following organizational structure:



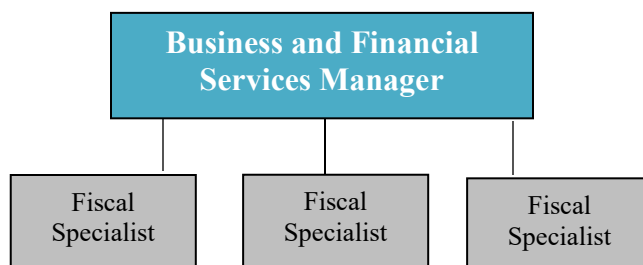
Here are just a few of the accomplishments of the Administration & Building Operations Unit in 2020:

- Actively participated in the Public Health Pandemic Emergency Response.
- Critical in deploying social distancing and sanitation procedures to keep the building safe for clients and staff; including supply acquisition.
- Implemented an agency Intranet called HHS Workplace where information and policies could be shared with staff electronically. This was essential as staff transitioned to working from home due to the pandemic.

Here are just a few goals for Administration & Building Operations Unit in 2021:

- Continued participation in the Public Health Pandemic Emergency Response; including COVID-19 vaccine clinic coordination and support.
- Continued coordination of Emergency Response Shelter Workgroup, involvement in the agency Safety Workgroup, and participation in the agency Critical Incident Stress Management (CISM) Workgroup.
- Coordinate a substantial restructuring and relocation of client files between File Room #1 and File Room #2 to allow for future growth.
- Participate in the continued study of the Behavioral Health Services Electronic Health Record (EHR) system Kareo to improve efficiencies related to main front desk support and document storage/filing.

BUSINESS & FINANCIAL SERVICES



Here are just a few of the accomplishments of the Business & Financial Services Unit in 2020:

- Actively participated in the Public Health Pandemic Emergency Response.
- Tracked COVID related costs and captured additional funding sources to cover Health and Human Services expenses, including Routes to Recovery funding.
- Continued to maximize revenue streams; maximizing overhead and CCS program reimbursements.
- Cross trained staff on all claiming processes to ensure revenue flows.
- Added Clockify time tracking software and trained all staff as to be able to better capture revenue and support Medicaid cost reporting requirements.

Here are just a few goals for Business & Financial Services Unit in 2021:

- Paperless EHR billing to continue focus on paperless environment.
- Continued participation in the Public Health Pandemic Emergency Response and ensure business processes and billing continues timely.
- Continue to ensure billing and other practices are sustainable with the growth in Community Comprehensive Services (CCS) and other programs and find ways to make financial processes more efficient.

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 2020, the Richland Center Office of the ADRC of Eagle Country processed over 15,061 incoming contacts (phone calls or walk-in customers).

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

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2020, the Information and Assistance staff (I&A) received 5,348 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.

2020 Information & Assistance Customers

Of the self-identified:

58% were elderly (60 years and older);

22% were customers with physical disabilities;

5% were customers with developmental disabilities; and

15% 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 2020, I&A staff responded to 5,348 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 79% of the needs expressed fell into 4 broad categories: financial assistance and support; long term care programs; 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 2020, staff completed 77 Functional Screens and enrolled 69 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 2020, the Disability Benefit Specialist program assisted 138 Richland County residents in receiving over **\$553,934** in Federal, State or private benefits for which they qualified. Due to the COVID pandemic this was significantly less in 2020 compared to other years.

Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$16,262,011. 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, 3 Medicare workshops were offered. A total of 35 people attended to learn how to navigate all the Medicare Programs, and an additional 338 seniors received other assistance. Due to the COVID pandemic individual education was provided over the phone or virtually relating to Medicare instead of in person workshops. These savings benefit the community as elders use the funds locally to purchase food, clothes, medication and pay for housing.

In 2020, the Elder Benefit Specialist Program provided a savings to 330 Richland County residents totaling **\$1,620,847** in Federal, State, and other funding based on the type of program.

EARLY INTERVENTION/PREVENTION SERVICES

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

In 2020, the ADRC provided it's first Powerful Tools for Caregivers class in partnership with the Regional Dementia Care Specialist. The Class had a total of 8 individuals participate for Richland County and surrounding counties.

TRANSITION SERVICES FOR YOUTH

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

An Information and Assistant Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in 2019-2020 school year included:

- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
- Provision of specialized options counseling to youth and their families when transitioning from children's disability services to disability services and benefits.
- Leadership and participation in monthly County Communities on Transitioning (CCOT) meetings. The Council members include high school teachers, representatives of community organizations, such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2020, Richland County Health and Human Services received \$4,027. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community.



DEMENTIA CARE SPECIALIST

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



The ADRC of Eagle Country serving Richland, Crawford, Juneau and Sauk Counties employs one Regional Dementia Care Specialist. In 2020 the DCS provided numerous services in partnership with local ADRC staff in Richland County. Below are some of the highlights from the program:

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

Dementia Live - The Dementia Live™ experience gives participants an idea of what it is like to have dementia. This is done by altering their senses and providing them with tasks to do in a controlled setting. In just 15 minutes participants gain greater awareness and understanding of the daily struggles affecting persons with dementia. In 2020 a total of 3 Dementia Sessions were facilitated by the Dementia Care Specialist and two Information and Assistance specialists. In 2020, Dementia Live and a Specialized Dementia law enforcement training was provided to the Richland County Sherriff's Department and the Richland Center Police Department.

Virtual Caregiver Bootcamp – As a region, the ADRC hosted a Virtual Caregiver Bootcamp every Monday in November. Each week there was a different topic including; a session on "What is Dementia", "Tough Conversations" with a question and answer session, "Steering into the Skid" virtual play, and Author Kari Olson. There were also caregiver survival kits given to participants which included activities to do with their loved ones and educational materials for themselves. A total of 21 people attended this event, region wide.

THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program had been growing slowly but steadily prior to 2020. With the COVID-19 pandemic throughout 2020 there was a decrease in services provided by the Transportation Program. The focus was placed primarily on trips that were medically necessary and food security trips. In non-COVID years, there are three main services provided by the Transportation Program including the Driver Escort Program, public bus routes and on-demand wheelchair transportation to medical appointments. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly and disabled residents of Richland County to medical appointments within an 85-mile radius.

Richland County Public Transportation & Lift Vehicle Transportation

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

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

In 2020, the Richland County Public Transportation and Lift Vehicle Transportation programs had 3 temporary casual drivers providing a total of 701 trips, traveling 13,184 miles.



The Driver Escort Program

In 2020, the Driver Escort Program had 19 volunteer drivers providing a total of 3,417 one-way trips traveling 134,206 miles. The volunteer drivers donated 6,491 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 Inlusa, My Choice, and co-pays collected from passengers.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2020 totaled \$15,237 to provide five basic components under the program:



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

Use of these funds is less restrictive with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2020, the funds supported 19 local families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

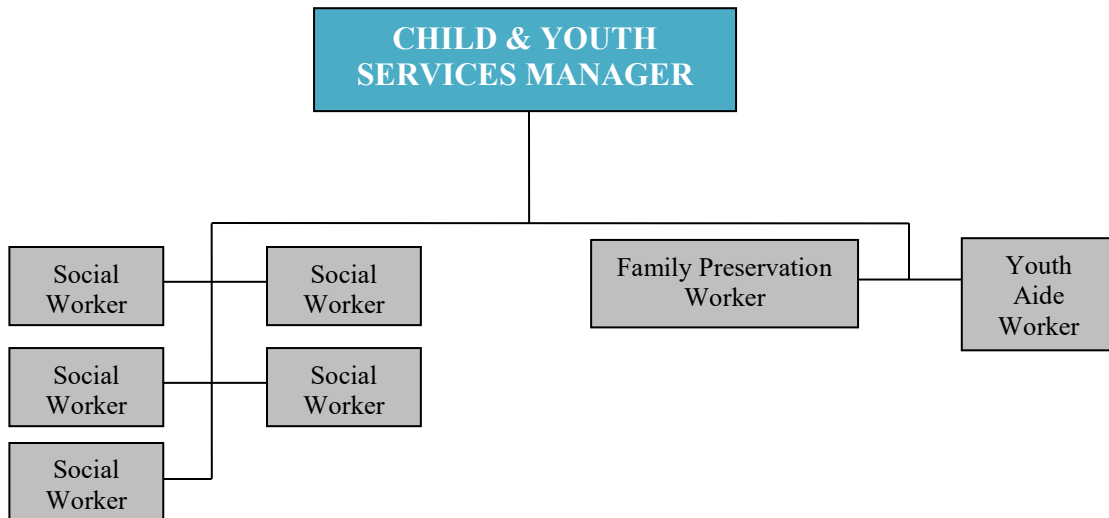
CHILD & YOUTH SERVICES UNIT

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

Those four programs are as follows:

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

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



CHILD PROTECTIVE SERVICES

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



Child Welfare Model for Practice:

1. **Trust** – CPS workers approach complex family situations with honesty and integrity to support positive change.
2. **Engagement** – CPS established relationships with families through collaboration, empathy and partnership. The voices of families are included and welcomed in planning.
3. **Accountability** – We are accountable for the children, youth, and families in our community and are responsible for providing trauma-informed, culturally sensitive services. It is our job to learn, self-correct, innovate, and work towards positive outcomes.
4. **Trauma-Informed Practices** – CPS workers understand the impact of trauma on children and families and recognizes that practice is most effective when trauma is considered.
5. **Respect** – We acknowledge the worth, ideas and experience of every person and family system.
6. **Culturally Responsible** – We seek to reduce all biases and disparities at the individual, agency, and system level and treat clients with fairness and equity and serve them within the context of their identity, family, community, tribe, history, culture and traditions.
7. **Workforce Support** – The system promotes teaming amongst workers, supports professional development and seeks to ensure the safety of all workers and provides support to address secondary trauma.

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

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

2020 CPS Reports	
Reports Received	213
Alleged Victims	317
Initial Assessments	62
Child Welfare Reports	100
Child Welfare Cases Opened	62

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 2020, there were 43 Youth Justice Referrals, 22 cases ended up with Supervision and Services

There is a new vision for Youth Justice being implemented at the state level which encompasses a vision for accountability of youth rather than on punishment. This movement stems from recent research that indicates traditional sanctions such as sending youth to secure detention, often increases recidivism and pulls them deeper into the system. Under the new vision, the needs of victims are taken into account and clearly addressed, and stakeholders such as social workers and judges share an understanding of accountability that truly allows youth to take account for, and learn from their mistakes. Accountability for youth includes: repairing harm, opportunity to learn and grow, engagement in the process rather than simply the outcome, building youth support systems. As part of this program Child and Youth Services staff have begun to be trained in an evidence based assessment and planning tool (YASI-Youth Assessment Screening Instrument). The department is further working with ADA Amy Forehand and Attorney Lisa McDougal with the Public Defender’s

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

YES (Youth Empowerment Services)

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

FOSTER CARE and KINSHIP CARE

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



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

IMPACT OF COVID-19 ON CYS SERVICES

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

BEHAVIORAL HEALTH UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

Behavioral Health Services provides a continuum of services to Richland County residents that range from brief crisis intervention to intensive long-term treatment services. Behavioral Health Services helps individuals and families who are experiencing acute emotional crises, addiction, short-term mental health issues, or persistent mental illnesses and substance use disorders. In 2020, Behavioral Health Services staff assisted **483** individuals in one or more of its programs.

During 2020, the consumers served by the Behavioral Health Unit were substantially impacted by the COVID-19 pandemic. Behavioral Health staff took every effort to insure that services continued without interruption throughout the pandemic. While services looked different than during previous years, consumers were able to continue treatment via virtual means and over the phone. Consumers without the access to meet virtually were served by staff in person, with safety protocols followed closely. The pandemic and societal changes brought additional stressors to consumers who already faced challenges brought about by trauma, mental health and substance related disorders. During times of crisis most people turn to familiar coping skills. Behavioral Health staff worked closely with consumers to decrease unhealthy coping skills and to increase healthy, positive supports during a year with increased social isolation.

RECOVERY

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

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



CRISIS INTERVENTION SERVICES

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

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

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

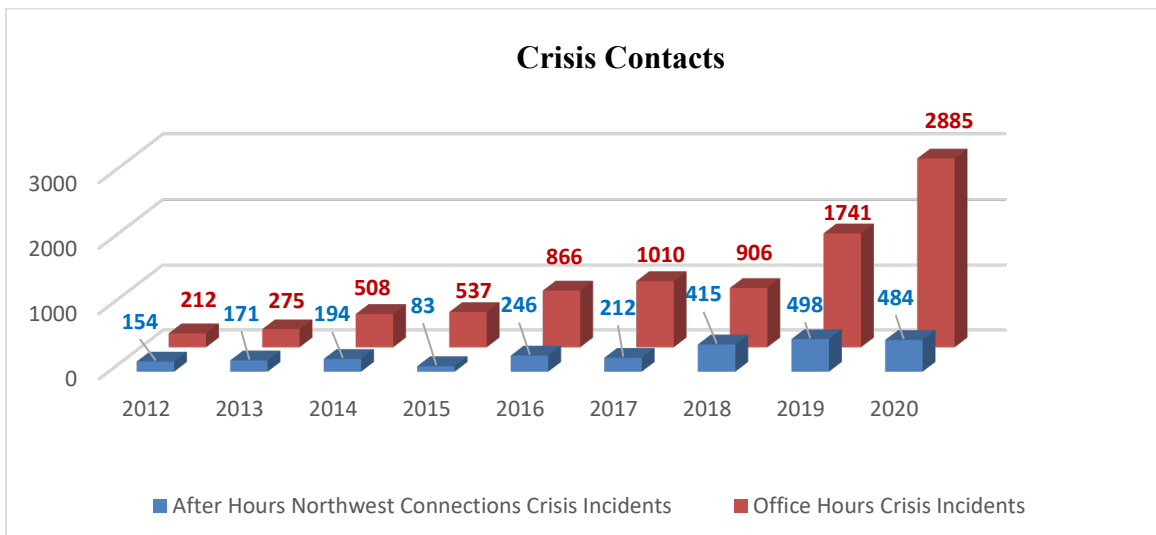
Behavioral Health Services professional staff provided walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services. Northwest Connections provides 24-hour coverage for emergency telephone services.

During non-business hours, Northwest Connections is a contracted service that responds to crises in Richland County. Northwest Connections provides crisis telephone services through their "Call Center" and a mobile crisis response through locally hired crisis intervention workers. The Call Center provides callers with information, support, crisis counseling & intervention, service coordination, and

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

Crisis Contacts: In 2020, Health and Human Services provided Crisis services to a total of 214 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 484 afterhours crisis contacts. Behavioral Health staff completed a total of 2885 daytime crisis contacts, with a total of 3369 crisis contacts altogether in 2020. The total number of crisis contacts includes all crisis assessments and follow up contacts completed by staff. During 2020 there was a full time staff member dedicated to doing crisis contacts along with other Behavioral Health 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). During 2020 a staff member continued to provide services through a contract with the Richland School District. The staff provided mental health therapy and crisis services to children in the district.

Crisis contacts increased by 66% percent during 2020. The increase in crisis contacts is due to the increase in high acuity needs for placements and service linkage that occurred during 2020. The increase in crisis contacts was also due to the efficiency created by the having one crisis worker, tracking each individual crisis contact (rather than all contacts cumulatively over each day). Overall during 2020 twenty-five percent of the individual crisis contacts were conducted by the staff member that is dedicated to working with youth in the Richland School District. 44% percent of all crisis contacts during 2020 were for consumers with substance use related concerns.

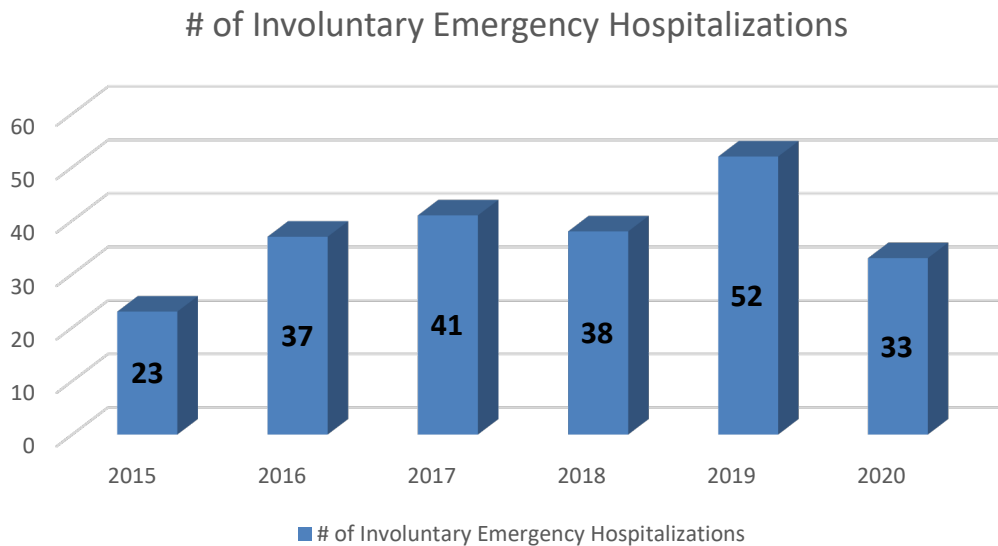


Emergency Hospitalizations: During 2020, a total of 33 emergency detentions occurred. 22 of these occurred during office hours and 11 occurred after office hours.

	2015	2016	2017	2018	2019	2020
After-hours Hospitalizations	11	12	22	25	25	22
Office hours Hospitalizations	12	26	19	13	27	11
TOTAL HOSPITALIZATIONS	23	38	41	38	52	33

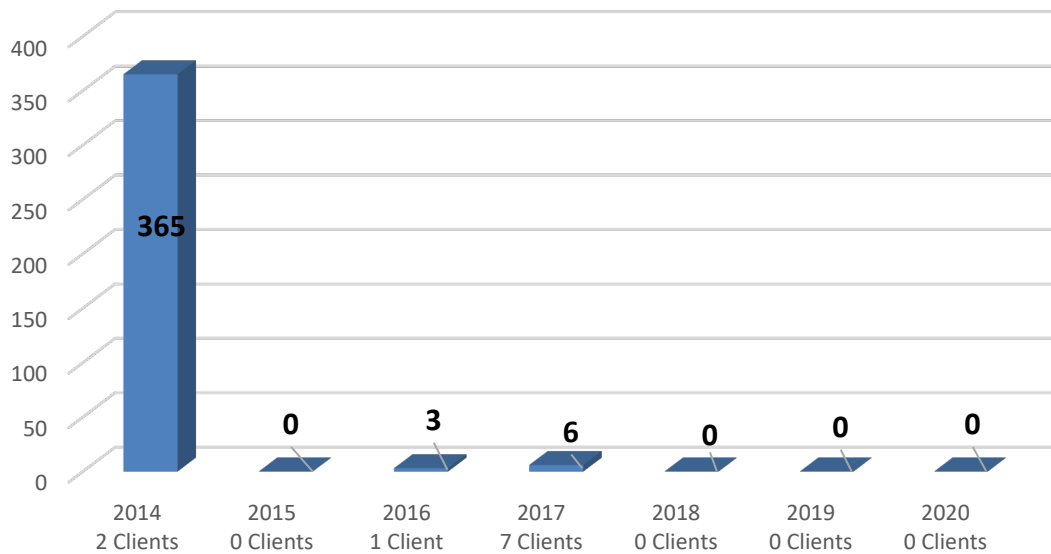
INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

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



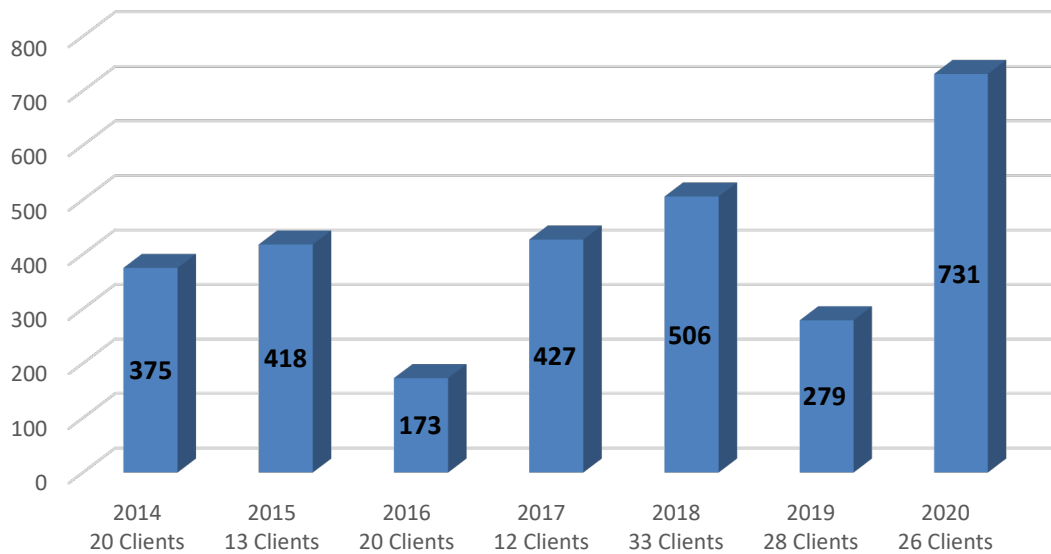
Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2020. 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



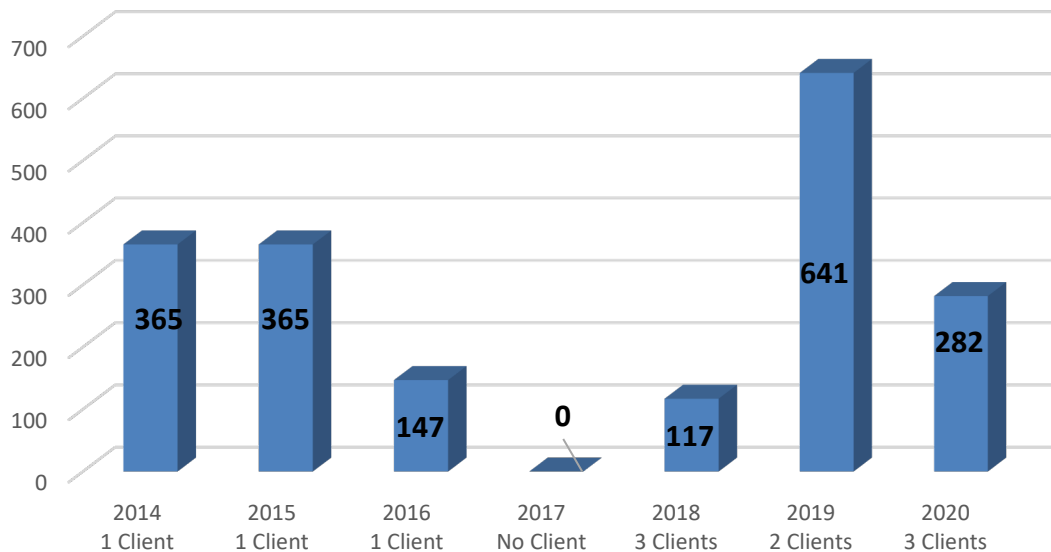
Mental Health Institutional Placements: For long-term care and treatment needs in 2020 Richland County placed individuals at Winnebago Mental Health Institute for adults and children. Mendota Mental Health Institute is utilized for geriatric or forensic patients. These facilities were used as a last resort placement when an acute psychiatric unit was not available for emergency hospitalization. The chart below shows the total number of days of institutional care funded annually by Richland County. 2 of the 26 individuals shown in the chart for 2020 were under the age of 21 and accounted for 7 days of care.

Number of Days in Mental Health Institutes (MHI)



Institutes for Mental Disease: Richland County uses Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County’s use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care. There were 3 clients placed in an IMD in 2020.

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



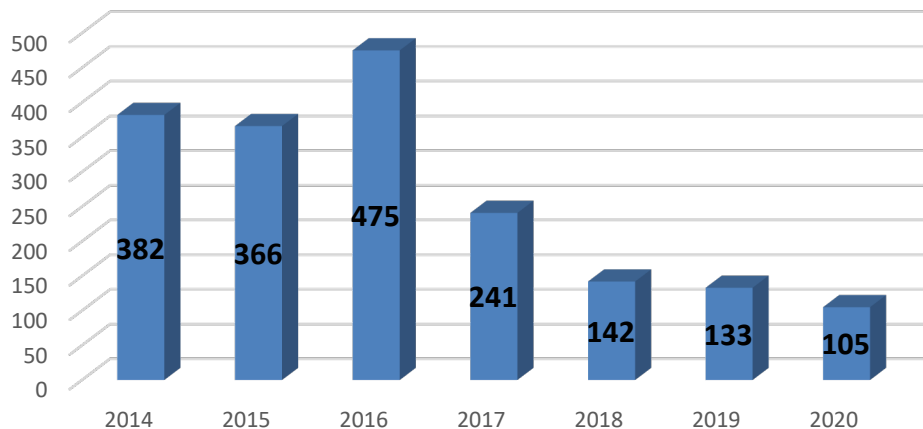
OUTPATIENT CLINIC

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 2020, Behavioral Health Services provided psychotherapy to 31 individuals. Psychiatric care and medication management was provided to 71 individuals and 15 psychological evaluations were completed during 2020. 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

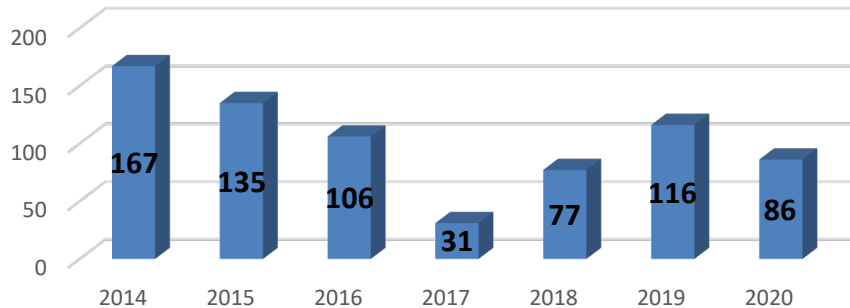


School Mental Health: Richland County Health and Human Services partners in collaboration with the Richland School District to provide mental health support services. Since the fall of 2018 Richland County Health and Human Services has employed a School Mental Health Staff, that is funded by the Richland School District. The staff person provides both crisis services and outpatient mental health services as appropriate to youth enrolled in the Richland School District. During the 2020 the School Mental Health Staff provided services to a total of 58 individual students.

Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2020, the Behavioral Health Services substance abuse counselor provided assessment, referral, and treatment to 86 adults and teens struggling with substance use disorders.

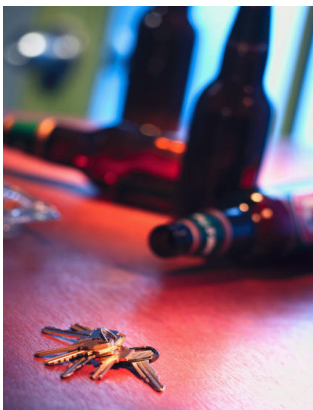
In addition to individual outpatient counseling, group programs were also provided utilizing the evidence-based curriculum called PRIME for Life. Research conducted on these programs demonstrated effectiveness in helping participants reduce or eliminate high-risk substance use. The chart below shows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

Number of Outpatient Substance Abuse Clients



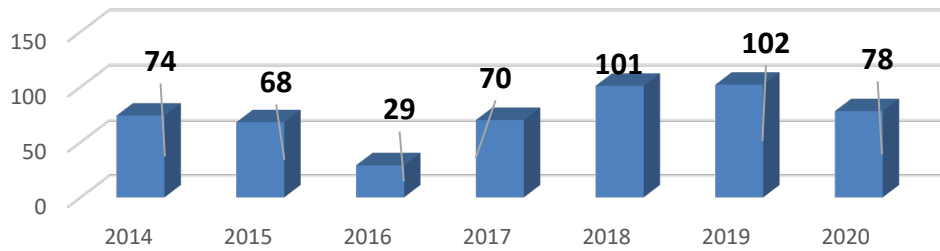
INTOXICATED DRIVERS PROGRAM

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



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

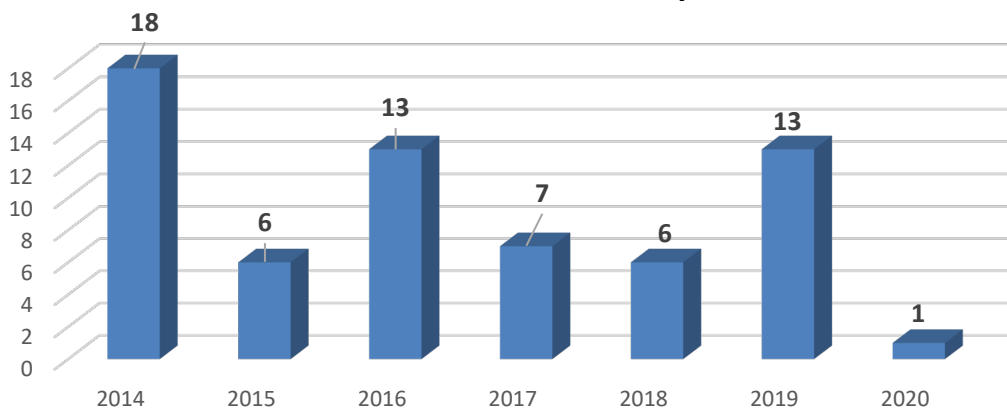
Number of IDP Clients



CHOICES

Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants. While Choices courses continued to be offered virtually during 2020, only **1** person participated in the program. This decrease in participation is believed to be due to the COVID-19 pandemic.

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

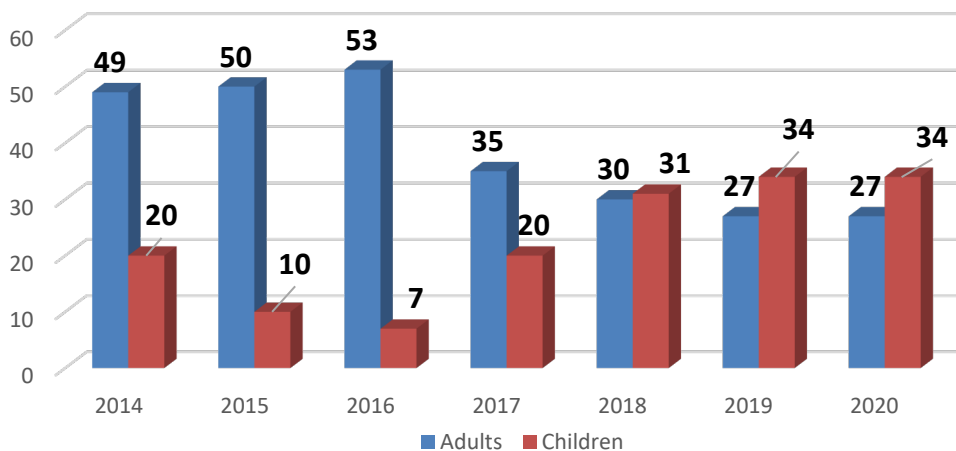
intent is to provide a participant with all the possible tools required to get into recovery, stay in recovery, and lead a productive, crime-free life.

Number of Participants		
2018	2019	2020
14	21	15

COMPREHENSIVE COMMUNITY SERVICES

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

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



COORDINATED SERVICES TEAM INITIATIVE

The Coordinated Services Team or CST Program serves children who are involved in multiple systems of care. These children are considered to be at risk of out of home or institutional placement. The CST process involves both natural and formal supports for a child in wraparound services. During 2020, 33 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.



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 2020, the Birth to Three Program received **34** referrals and served **48** children. The county has continued to extend its child find efforts in partnership with the local school districts, hospitals and community.



CHILDREN’S LONG TERM SUPPORT PROGRAMS

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*

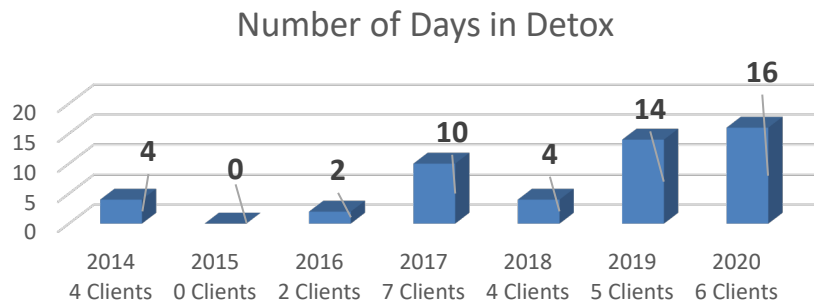
Funding Sources

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

In 2020, the program served a total of **42** children in both the Waiver and CCOP programs.

DETOX SERVICES

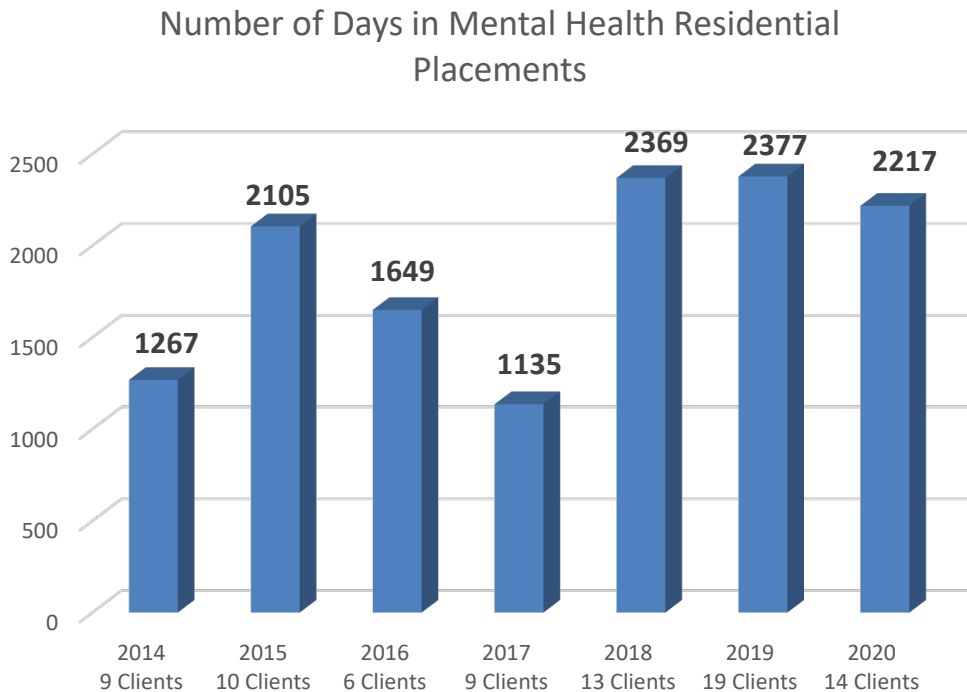
Detox refers to the process the body goes through to rid itself from alcohol. Detox services are mandated services that the county must provide per state statute 51.40 and state statute 51.45. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. **6** individuals were sent to certified detox facilities in 2020. 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.

Fourteen individuals received residential services in 2020. Eleven of the individuals who were placed in residential facilities needed long-term placements (*6 month or longer*). Three 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. During 2020, there were a total of 60 Adult at Risk and Elder Abuse Reports. 2020 saw an increase in financial exploitation cases that were reported in Richland County. The total recorded dollar amount in financial exploitation cases during 2020 was \$1,020,200.

Adult-At-Risk/Elder Abuse and Neglect Reporting

Elder Abuse and Neglect Funds

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

	Under 59	Over 60
Total number of reports:	18	42
Self-Neglect	11	17
Financial Exploitation	3	7
Neglect by Other (s)	3	3
Physical Abuse	1	1
Sexual Abuse	0	0
Emotional Abuse	0	2
Other	0	12

State. In 2020, the State allocation of \$10,544 served **12** 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 2020, 29 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 2020, 55 people received annual protective placement reviews.

ECONOMIC SUPPORT UNIT

Mission Statement

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

Our Mission is to provide all individuals within the Capital Consortium access to services needed to achieve economic stability within the programs we administer, including referrals to other appropriate agencies.

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus
Caretaker Supplement
Day Care Assistance
FoodShare

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

The Role of the Economic Support Unit

To emphasize the Economic Support Unit Mission, Economic Support Specialists (ESS) and support staff provided services needed to achieve economic independence to almost 20% of Richland County Residents, including referrals to the appropriate agencies. In 2020, as they do every year, the ESS and support staff provided this service by treating all persons with respect, dignity and confidentiality. Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling. The goal is to serve customers in a way which enhances their lifestyle so that they may see satisfactory results now and later in life. This was never more important than in 2020 due to the negative economic impact on so many families due to the COVID-19 Public Health Emergency.

In 2020, ESS and support staff processed changes on a daily basis by navigating a variety of computer systems in order to verify information while at the same time providing excellent customer service as Call Center Agents. In addition to client contacts, they continue to interpret program policy and in 2020 administered a significant number of policy changes or clarifications including several significant

system enhancement projects. The majority of these changes were the result of the COVID-19 Public Health Emergency to ensure families and individuals remained eligible for programs. Call Center Agents remained proficient in applying these policies while also managing approximately 700 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

2020 was Richland County's ninth 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 2020, each ESS dedicated over three-fourths of each work day to the Call Center. In 2020, the Capital Call Center accepted 235,256 phone calls. As a consortium we exceeded the State Performance Standard requirement of 85% as a Call Center by answering 95.69% of the calls offered. Richland County ESS are an integral part of the call center and accepted almost 20,000 of those calls making a significant contribution to achieving excellent performance. The reduced number of calls in 2020 compared to previous years was due to COVID-19 policies that reduced the need for customers to contact the Capital Consortium.

In addition to call center standards, the State also sets a Performance Standard benchmark that requires 95% of all applications for BadgerCare Plus, Medicaid, and FoodShare to be processed timely. In 2020, the consortium processed 80,241 applications with a timely processing rate of 99.13%. Of those, Richland County ESS processed 6,535 applications and had a timely processing rate of 99.53%. While the number of calls decreased in 2020, the number of applications increased. This is indicative of the need for additional economic assistance during this time

of financial uncertainty that families struggled with in 2020, and why these programs exist.

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 could be eligible if they meet all other BC+ non-financial and financial requirements. In 2020, if found eligible, but circumstances changed, coverage was not allowed to be terminated due to the COVID-19 Public Health Emergency. 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 2020, as many as 11,421 individuals were enrolled in BC+ & FPOS by Richland County Economic Support Specialists in a given month. Of those 11,421 individuals, 3,124 were Richland County residents.

In the 2019 calendar year, the most recent data available, Medicaid expenditures paid on behalf of Richland County residents (including EBD & Long Term Care programs) totaled \$36,329,602.

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 2020, 19 children received \$44,410 in assistance.

CHILD CARE ASSISTANCE

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



Steps toward receiving day care assistance are:

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

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

Staff in the Economic Support Unit are also responsible for certifying Day Care facilities. Richland County ended 2020 with no certified providers. To be certified, a provider must have a home visit, submit to a background check, and comply with other qualifying requirements. Once certified, a provider must complete a bi-annual renewal as well. Packets are available for providers wishing to become certified. To address the need for providers in Richland County, the Richland Area Childcare Task Force was established. A survey was done of parents that supported the task force's goal to increase the number of regulated providers. Support would also be provided to unregulated providers wanting to become regulated and those wishing to remain unregulated.

**In 2020,
\$15,180.07 was paid to providers on behalf of families.**

FOODSHARE

A Recipe for Good Health

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



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

A notable event in early 2020 was the COVID-19 Public Health Emergency. Individuals and families in Richland County received additional FoodShare benefits in almost every month of the year and the total benefits paid was almost double in 2020. Families that received free and reduced lunches through their school districts also found extra benefits on their EBT card in some of those months.

In 2020, Richland County had 3,319 unduplicated FoodShare recipients. Benefits paid totaled \$4,246,351.
This compares to 3,019 unduplicated recipients in 2019, and \$2,271,345 in total benefits paid.

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 2020 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 2020, 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 may be 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 2020, as many as 1,413 individuals were enrolled by our Economic Support staff in medical assistance (including SSI-eligible individuals) and long-term care programs.
Of those 1,413 individuals, approximately 885 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 almost 200,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

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

In 2020, Richland County did not receive additional Crisis Benefit funding as in the past to assist with *Summer Fills* or provide *proactive* assistance to prevent disconnections. Instead, the Division of Energy, Housing, and Community Resources utilized federal funding to increase the average benefit amount in order to assist more households. The final result was the same in that households were still helped, but in a different manner than in previous years.

In Federal Fiscal Year 2020, 774 households received Energy Assistance in Richland County for a total of \$466,837.

In 2019, 737 households received Energy Assistance for a total of \$459,802.

In Federal Fiscal Year 2020, 139 households received Crisis Assistance totaling \$33,352.

In 2019, 94 households which received Crisis Assistance for a total of \$23,169.

In Federal Fiscal Year 2020, 32 households received Furnace Repair/Replacement Assistance totaling \$46,776.

In 2019, 28 households received Furnace Repair/Replacement Assistance for a total of \$27,871.

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>

FISCAL

(Un-audited Figures)

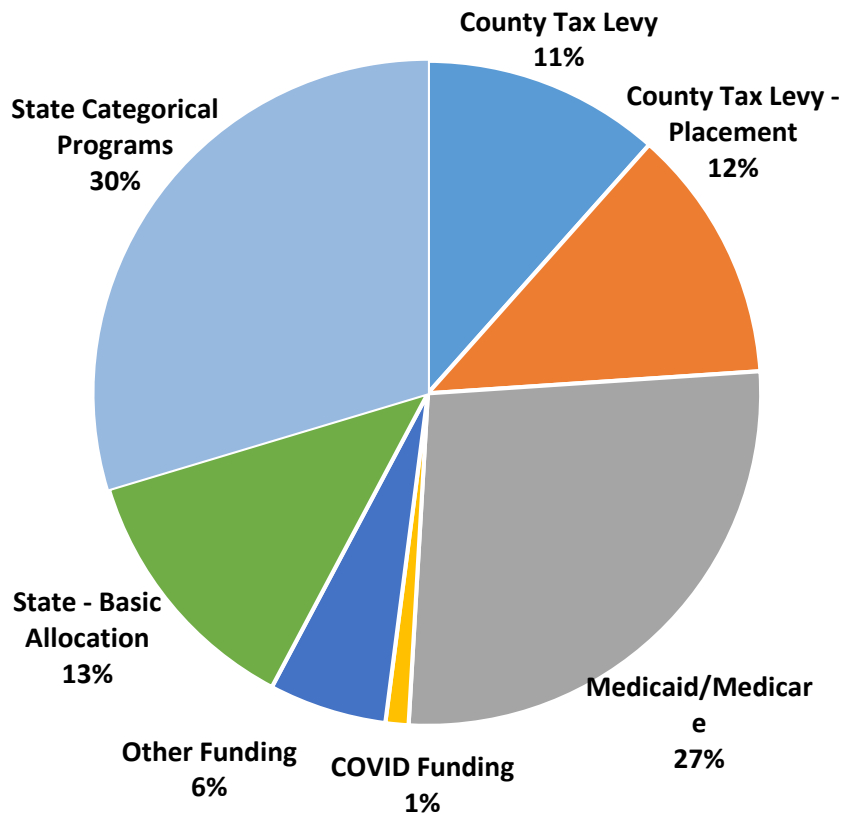
Financial Statement (Revenue Minus Expenses)

Total Actual Revenue 2020	\$8,061,448
Total Agency Expenses	-\$6,447,741
Total Placement Expenses	-\$1,723,786
Balance	-\$110,079

(Continue for further detail on revenue and expenses.)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

Revenue Sources

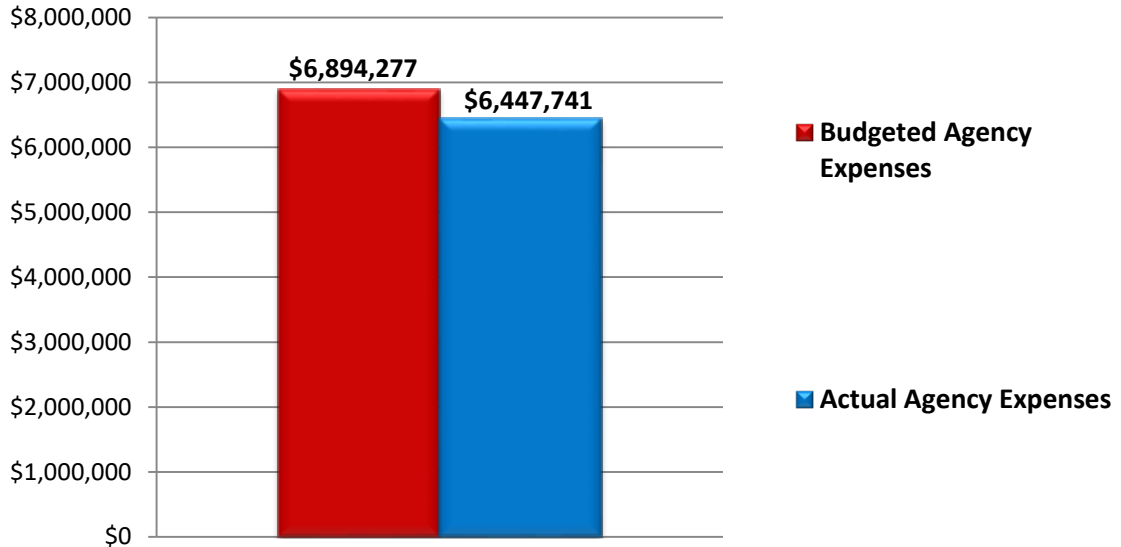


Revenue Sources for Agency and Placement Expenses

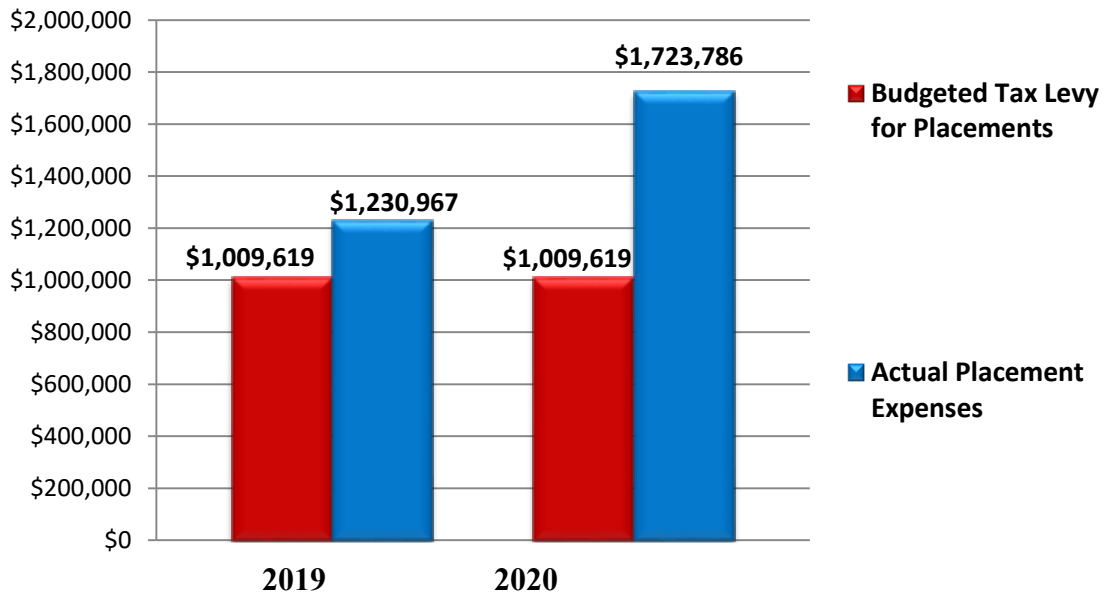
County Tax Levy	\$942,155
County Tax Levy - Placement	\$1,009,619
Medicaid/Medicare	\$2,200,199
COVID Funding (Routes to Recovery, Other)	\$91,408
Other Funding	\$374,650
State - Basic Allocation	\$1,026,159
State Categorical Programs	\$2,417,258
Total Actual Revenue 2020	\$8,061,448

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

2020 Agency Expenses



Placement Expenses



APPENDIX

Richland County Health and Human Services

2020 Health & Human Services Contracts (Over \$10,000)*

A Golden Star AFH, LLC	\$50,278	La Crosse County Human Services	\$19,625
Annika Mersmann	\$18,169	Lucky Star 3 Corporation	\$136,797
Children's Hospital of WI	\$66,354	Northwest Counseling & Guidance Clinic	\$73,497
Chileda Institute	\$195,572	Orion Family Services	\$14,957
Community Care Resources	\$38,085	Peace of Mind Counseling, LLC	\$23,002
CESA III	\$20,458	Positive Alternatives, Inc.	\$21,116
Coulee Region Psychiatric Services	\$27,800	Premier Financial Mngmt Services	\$174,357
Dadoun Law, LLC	\$13,597	Rawhide, Inc.	\$35,688
Driftless Counseling, LLC	\$725,230	RTP(WI),S.C. (formerly Regroup Therapy)	\$78,838
Evergreen Manor III	\$21,572	Rural Wisconsin Health Cooperative	\$38,860
Evergreen Manor, Inc.	\$19,178	Schmidt Consulting, LLC	\$13,758
Family & Children's Center	\$42,082	SW WI Workforce Development Board	\$340,211
Family Works Programs, Inc.	\$23,735	St. Anthony's School	\$10,417
Fitness Choices	\$29,594	Tellurian, Inc.	\$101,333
Fond Du Lac County Dept of SS	\$11,500	The Richland Hospital	\$17,236
Fond Du Lac Secure Detention	\$18,150	Therapy Without Walls, LLC	\$44,387
Jean Warrior, Ph.D.	\$10,961	TLC Senior Home Care	\$60,485
Kareo	\$20,846	Trempealeau Co Health Care Center	\$94,874
KNH, LLC (formerly Marion's Place)	\$73,955	Vista Care Wisconsin	\$443,991

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

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

Administrative Services Unit
Child & Youth Services Unit
Public Health Unit

Behavioral Health Services Unit
Economic Support Unit

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

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

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