

2006 Annual Report



Richland County
Health & Human Services

Richland County

Health and Human Services

Randy Jacquet, Director

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

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2006 Annual Report.

This past year marked our sixth full year since the creation of the Health and Human Services agency in August of 2000. Several highlights of activities in 2006 include:

- Reorganization of the Children's Services in the agency. In 2005, we were awarded a two-year grant to study, make recommendations, and implement changes to our services for children in this county. By September of 2006, we had the plan developed and approved by the County Board to create a new Children's Services Unit of Health and Human Services. While this reorganization did not result in increased staff, it did consolidate services to children within the agency. Previously, the Juvenile Justice and Child Protective Services were part of the Children and Families Unit. The Birth to Three Program and the Children with Disabilities Program, which includes Family Support, were part of the Long Term Care Unit and the children's portion of Comprehensive Community Services (CCS), a mental health service, was previously part of the Clinical Services Unit. All these programs and more are now a part of the new Children's Services Unit.

The goal of our new Children's Services redesign is to have a system where seamless supports are available to families no matter what particular service a child and their family are receiving. While the Children's Services Unit is still in its infancy, we are looking forward to implementing these changes throughout the new unit.

- Planning for a regional Care Management Organization for the Family Care Program began. In the early part of 2006, eight counties in Southwest Wisconsin received a planning grant from the State of Wisconsin to study and develop a regional Care Management Organization. Joining Richland County in this planning effort is: Juneau, Sauk, Crawford, Grant, Iowa, Green and Lafayette Counties. The goal is, by the later part of 2007, to have a plan and the approvals granted by the respective county boards for possible roll-out of a regional Care Management Organization in 2008.

As you look through this report, feel free to contact me if you have any questions. This annual report, along with Health and Human Services Board minutes, contact information, program information, can all be viewed on-line on the Health and Human Services webpage located at www.co.richland.wi.us.

Sincerely,

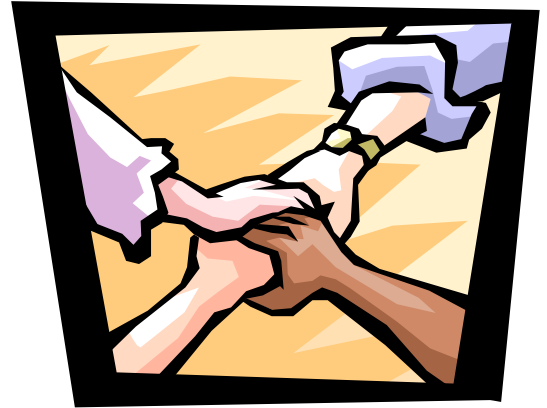


Randy Jacquet, LCSW
Director

Community Services Building Location
221 West Seminary Street • Richland Center, WI • 53581
Phone: (608) 647-8821 • Fax: (608) 647-6611
E-Mail: rchhs@co.richland.wi.us

Richland County Health & Human Services

2006 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
Aging & Disability Resource Center Unit	7
Children’s Services Unit	21
Clinical Services Unit	32
Economic Support Unit	43
Long Term Support Unit	50
Public Health Unit	65
Administrative Services Unit	79
Fiscal	81
Appendix.....	86
Office Locations	89



Richland County Health and Human Services

MISSION STATEMENT

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

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

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

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Ann Greenheck, Chairman

Ariel Ferguson (until April 2006)

Dr. Richard Edwards

Jane Greiling (as of May 2006)

Janet Parr (until April 2006)

Jeanetta Kirkpatrick (as of May 2006)

Ray Schmitz (as of March 2006)

Daniel Carroll

Gaylord Deets

Glenn Ferguson

William Seep

Long Term Care Council

Council Members

William Seep, Chairman

Carol Clausius

Marilyn Marshall

Linda Kohn

Harriett Hendricks

Philomena Poole

Mary M. Allen

Robert Holets

Ed Uhlenhake (until June 2006)

Harold Stibbe (as of December 2006)

Virginia Bradford

Gretchen Campbell

Orlen Richards

Asenth LaRue

Mary Miller

Jean Ghastin

Nora Midlash

Connie Post

CMO Advisory Committee

Committee Members

Ray Schmitz, Chairman

Verna Mary Gillingham

Philomena Poole

Glenn Ferguson

Joe Simon

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

Dr. Richard Edwards, Chairman

Faye Burghagen

Karee Gander

Kelley Phillips

Tracy Thorsen

Coordinated Services Team (CST)
Coordination Committee
Committee Members

John Annear
Darrell Berglin
Beverly Burns
Lori Dilly
Aaron Mithum
Tracy Thorsen

Michelle Belisle
Ricki Bishop
Will Buros
Dr. Richard Edwards
Randy Jacquet

Aging & Disability Resource Center Advisory Committee
Committee Members

Twyla Kepler
Laura Poindexter

Bonnie Richardson, Chairman
Gaylord Deets
Gretchen Campbell

Richland County Commission on Aging
Commission Members

Ronald Curtis
Pat Marshall
Robert Neal Smith

Glenn Ferguson, Chairman
Allen Halink
Bette Cook
Leonard Gobin

Richland County KIDS Council
Council Members

Connie Vlasak
LaVonne Bekkum
Jeff Bethke
Kay Cunningham

Deb Lynch, Chairman
Gaylord Deets
Jim Craig
Patsy Johnson

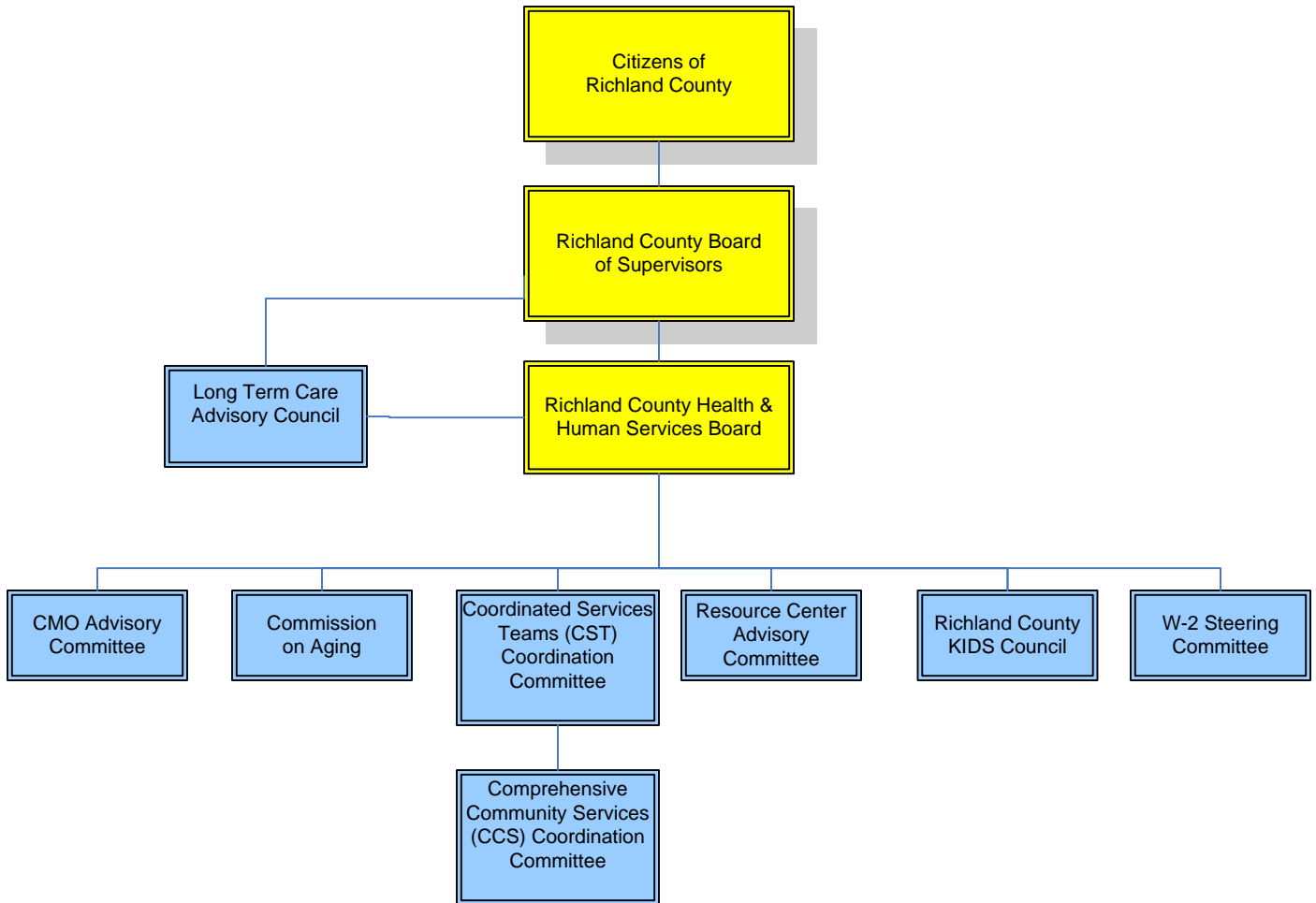
W-2 Steering Committee
Committee Members

Fred Clary
Sue Patch
Rev. Craig Peach
Kari Oates
Randy Jacquet

JoAnn Krulatz
Dave Unbehau
Christy Duhr
Kelle McClary
Rita Smith

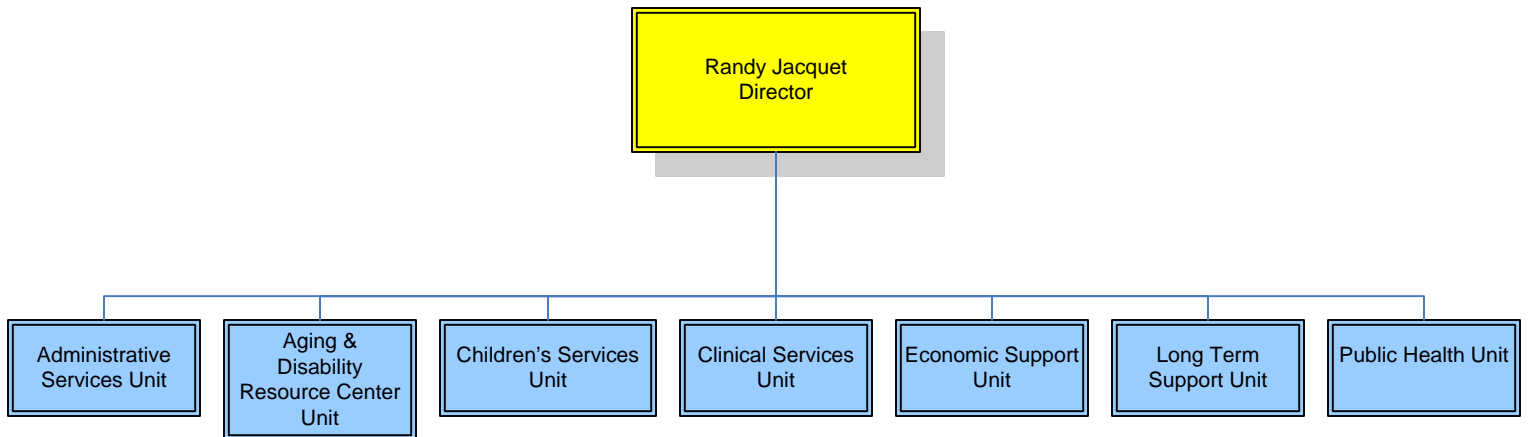
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



AGING & DISABILITY RESOURCE CENTER

Mission Statements

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 & Disability Resource Center is an information and assistance service designed to inform and connect County residents to programming, services and public benefits. In mid-2006, the Elderly Services Unit and the Aging and Disability Resource Center Unit strategically integrated programming and services into one unit. Although our primary focus groups are adults who are elderly, or who are physically or developmentally disabled, we are available to the general public. We assist consumers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. We also provide benefits-related counseling and services to the elderly as well as the physically or developmentally disabled adults between the ages of 18 and 59 years through two benefit specialists; an elderly benefit specialist and a disability benefit specialist. Through the center one can access health-related information and services that focus on early intervention/prevention. We also provide intake and eligibility determination for the Family Care benefit.



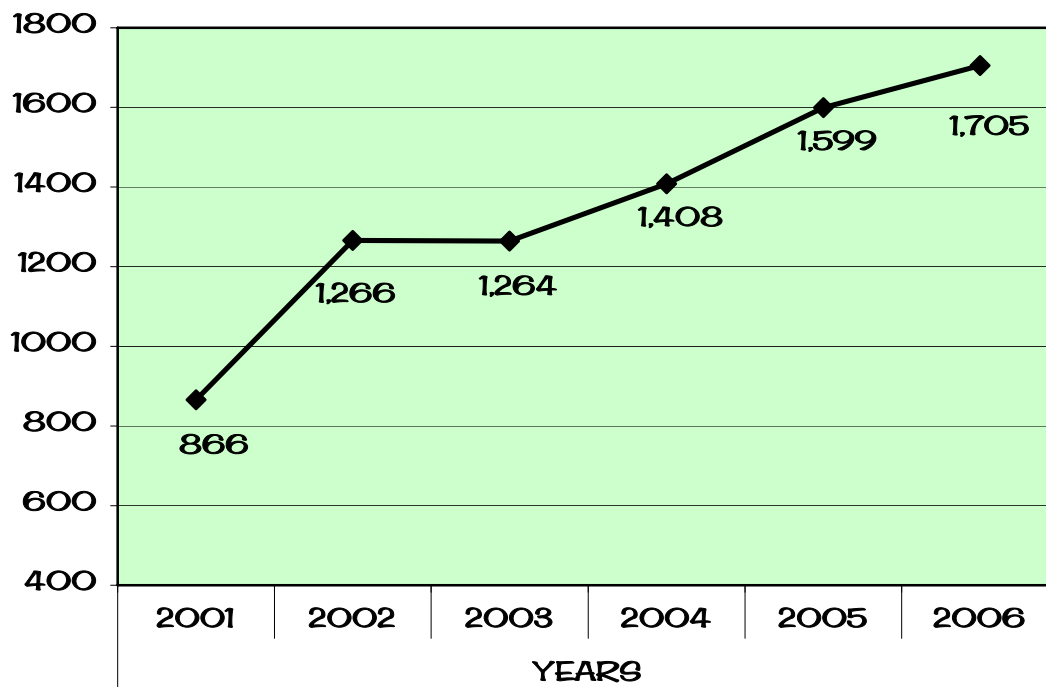
KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE & OPTIONS COUNSELING:

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

In 2006, the Resource Center had 1,705 new contacts. New contacts are defined as first-time consumers, as well as repeat customers who contact the Resource Center for assistance with a new issue or need. As the chart below shows, the Resource Center has experienced a steady increase in the number of consumer contacts since its first full year of operation, just six years ago. The number of contacts in 2006 is a 6% increase over the number of new contacts in 2005, and a 17% increase over the number of contacts in 2004.

NUMBER OF NEW CONTACTS



People are connected to the Resource Center in a variety of ways. In 2005, 19% of the time a friend, relative, neighbor or community member contacted the Resource Center on behalf of a consumer; 23% of the time an organization, agency, service provider or official referred the consumer; and 58% of the time the consumer contacted the Resource Center directly for assistance. Consumers are not required to provide identifying information unless it is necessary, for example, to complete an application or receive information in the mail, so callers can remain anonymous, if desired.

While the Resource Center is available to the general public, as described above, our primary target groups are adults who are elderly, physically disabled or developmentally disabled. In 2005, 60% of Resource Center consumers were 65 years and older; 5% were consumers with physical disabilities; 3% were consumers with developmental disabilities; 7% were consumers who fell into another target group such as mental health or children; and in 25% of contacts, the target group of the consumer was unknown.

62% of Resource Center consumers were female; 32% were male; and in 6% of contacts the consumer's gender was unknown.



Those contacting the Resource Center in 2006 had over 2,500 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management or early intervention/prevention services.

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

ANALYSIS OF MOST FREQUENT AREAS OF NEED EXPRESSED BY CALLERS:

Financial Assistance & Support	* of Contacts	Health & Medical Care	* of Contacts
Family Care	281	Early Intervention/Prevention Information & Services	442
Assistance with Utilities, Phone and/or Rent	143	Rehabilitation/Therapy	77
Financial Aid for Drugs/Medical Care	98	Medical/Dental/Hearing/Eye Care Services	32
Medical Assistance	93	Alzheimer's Disease Information & Services	26
Social Security/SSI/SSI-E	65	Mental Health Information/Services	19
Emergency Financial Aid	50	AODA Information/Services	7
FoodShare	28	Other Health & Medical Care	2
Money Mgt/Budget Counseling	14		
Other Financial Assistance/Support	18		
TOTAL	790	TOTAL	603
Home Health/Home Care	* of Contacts	Housing/Residential	* of Contacts
Chores/Home Supportive Care	67	Community Based Residential Facility	44
Home Health Care Services – Nursing/HH Aide/Personal Care	80	Subsidized Housing	46
Therapy/Rehabilitation Services	56	Assisted Living/Apartment	54
Adaptive Aids/Medical Equipment	39	Housing Search Assistance	5
Case Management	29	Nursing Home	24
Medi-Alert	38	Home Modification/Home Maintenance	19
Respite Care	29	Rental Housing/Apartment	5
Hospice Care	12	Home Ownership Assistance	9
Other Home Health/Home Care	1	Adult Family Home	10
		Emergency Shelter/Homeless	12
		Other Housing/Residential	3
TOTAL	351	TOTAL	231

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

OTHER SIGNIFICANT AREAS OF NEED EXPRESSED BY CONSUMERS:

Advocacy	* of Contacts	Insurance	* of Contacts
Disability Benefit Specialist	71	Medicare	45
Elderly Benefit Specialist	31	Health Insurance	15
Elder Abuse/Neglect	12	Medicare Supplemental Insurance	13
Child/Family Advocate	11	Other Insurance Information	6
Mental Health Advocate	9		
		Legal	
Education and Employment		Power of Attorney/Living Will	33
Job Search/Placement	24	Estate Planning	25
Supported Employment	9	Legal Assistance/Representation	18
Job Training/Subsidized Emp.	6	Tax Prep. Assistance/Tax Law	11
		Landlord/Tenant Issues	7
Food/Nutrition		Guardianship	16
Home-Delivered Meals or Congregate Meal sites	27	Transportation	
Non-Emergency Food	11	Medical & Special Needs Transport	35
Emergency Food	27	Other Transportation Needs	12

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

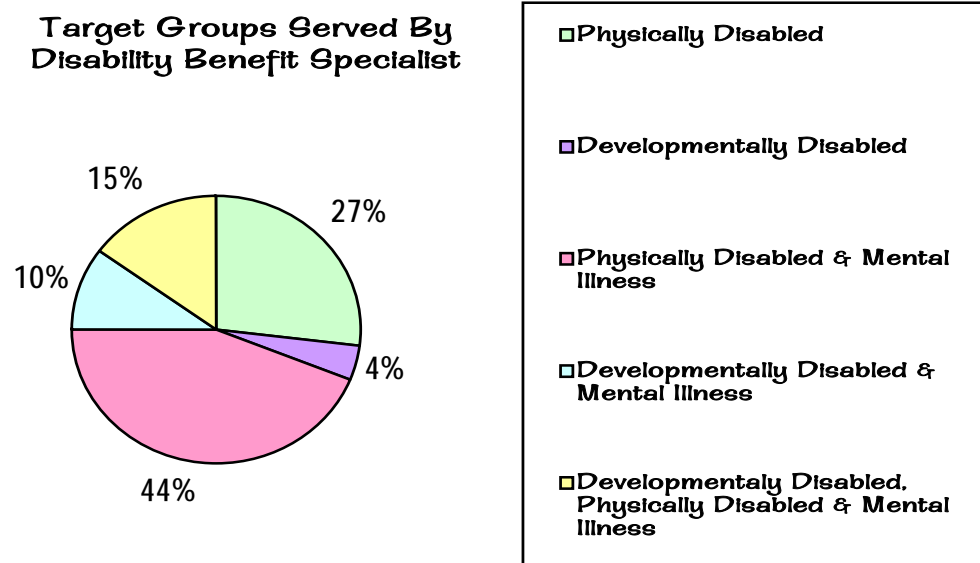
A special type of assistance provided by the Resource Center is called *Options Counseling*. Options Counseling gives the consumer the opportunity to have a more in-depth conversation regarding his/her current and future needs for care and services, and explore and discuss the options available to meet those needs. Options Counseling usually occurs in the consumer's home, and often involves family members. While most consumers already have some long term care needs by the time they contact the Resource Center, Options Counseling can also be used as a planning tool so that consumers have the opportunity to obtain objective information and an understanding of all their options before they make important life decisions. In 2006, 389 consumers, 23% of new contacts, were offered Options Counseling. 289 accepted and 96 declined.

DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to county residents ages 18 through 59 years who have a physical and/or developmental disability. The Disability Benefit Specialist provides information on public and private benefits, and assists with applications, appeals and advocacy. Typical areas of assistance include programs such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other Resource Center staff to provide referrals for community resources and services, Options Counseling, and information and assistance related to the Family Care benefit. The Disability Benefit Specialist position is co-supervised by the Resource Center Supervisor and a Program Attorney located at Disability Rights Wisconsin in Madison.

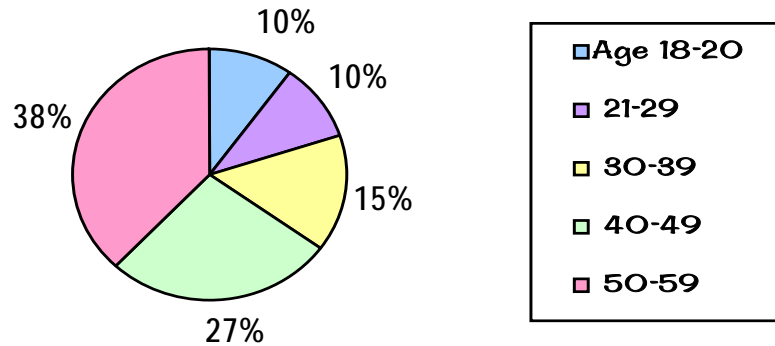
In just its fourth year of operation, the Disability Benefit Specialist program assisted Richland County residents in receiving over \$400,000.00 in federal, state or private benefits for which they qualified. Since the Disability Benefit Specialist program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$2,200,000. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services such as housing, food, clothing and medical treatment.

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



As depicted in the graph below, the majority of consumers served by the Disability Benefit Specialist in 2006 were between the ages of 40 – 59.

**Disability Benefit Specialist
Consumers Served by Age Group**



Starting January 1, 2007, Disability Benefit Specialist services expanded to include an additional target group: individuals with mental health and/or substance abuse impairments. The Disability Benefit Specialist will work closely with Clinical Services Unit staff and Aging & Disability Resource Center Information & Assistance Specialists to insure that these county residents are also provided with the assistance they need to access public and private benefits and receive referrals for community resources and services.

The Disability Benefit Specialist program now provides services for Wisconsin residents who use sign language as their primary means of communication. The Deaf Disability Benefit Specialist can be reached at (866) 796-9725 TTY, (800) 947-6644 TTY Relay, (608) 266-1000 video phone, or (866) 327-8877 video phone Relay.

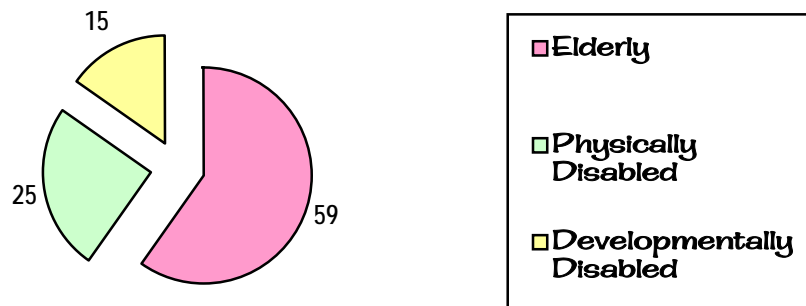
FAMILY CARE

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

- providing detailed information and answering questions about Family Care, including eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, care planning and care management services, etc.;
- conducting the Long Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;
- coordinating with the Enrollment Consultant to arrange for final enrollment; and
- helping to transition consumers into the Care Management Organization for ongoing services.

The Resource Center’s role in eligibility determination includes administration of the Family Care Functional Screen. During 2006, our staff completed 99 Functional Screens and offered an additional 40 screens that were declined by consumers. This compares to 84 Functional Screens completed in 2005, 93 completed in 2004 and 88 completed in 2003. The following graph shows a breakdown of Functional Screens completed in 2006 by Family Care target group. It’s interesting to note that the number of functional screens completed for persons in the developmental disabilities target group is a 60% increase over the number of screens completed for that group in 2005, perhaps indicating increased effectiveness in reaching those individuals through transition services and marketing activities.

**Breakdown of Functional Screens by
Family Care Target Group**



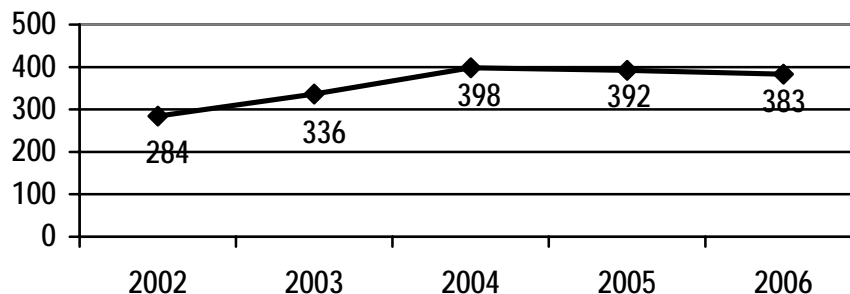
The number of new enrollments into the Family Care/Care Management Organization rose by 16% in 2006 after remaining fairly steady over the three previous years. During 2006, Resource Center staff assisted a total of 77 consumers who had received a Functional Screen to become enrolled in the Family Care/Care Management Organization. This compares to 65 consumers in 2005, 68 consumers in 2004, and 67 consumers in 2003.

EARLY INTERVENTION/PREVENTION SERVICES

The Resource Center has a Public Health Nurse on staff two days per week. The RN provides vital consultation and quality assurance related to the Family Care Functional Screen. In addition, she provides a variety of services aimed at educating the public on health topics and issues, identifying consumers' health concerns early, and linking those at risk to medical care or other services. Early intervention/prevention services offered in 2006 include the following:

In 2006, the Aging and Disability Resource Center (ADRC) RN saw 383 clients for blood pressure checks. From January through October, the RN visited the Richland Center and Viola meal sites. In November, a third site opened at Rockbridge and visits began there. Forty-five consumers were seen for the first time in 2006. The service included taking and evaluating blood pressures, helping consumers understand what the reading means and how it relates to the results of their previous screens, and how antihypertensive medications may be affecting their blood pressures. Informational brochures and fact sheets on high blood pressure are placed out for consumers to read or take home with them at every blood pressure clinic. In addition, the nurse spends time with each person to discuss what is going on in his/her life in order to identify other health or personal concerns, and offer information, referral and assistance.

Blood Pressure Screens Provided



The ADRC sponsored a series of four health fairs in 2006. Persons attending the Richland Center fair requested a second health fair in 2006. Seventeen people had their blood pressure, blood glucose, and iron levels checked. Information was also available on several health-related issues for consumers to review and take home.

The RN put up six bulletin boards in 2006 covering a wide variety of health-related and seasonal topics. Titles included: "Staying Active with Indoor Activities;" "Seasonal Affective Disorder;" "Springtime Allergies;" "Beating Summer's Heat;" "Falls Prevention;" and "Stay Warm and Save Money This

Winter.” Detailed information accompanies each bulletin board display for consumers to read and take with them.

In addition, the nurse reviews the contents of the health information library to add timely articles and to assess the existing information for its relevance. In 2006, forty new pieces of health education booklets and resource guides were added to the library.

A short-term medication management service was initiated in 2005. During calendar year 2006, the RN continued to promote and implement the program with healthcare providers and consumers. Five individuals in the community were seen and plans were established to assist them with safe medication administration. Home Safety Assessments are another early intervention/prevention activity that the ADRC nurse offers. Assessments of this type involve having the nurse make a home visit to determine if any safety concerns exist.

The RN provides consultation with staff on the Health-Related Services portion of the Long-Term Care Functional Screen (LTC-FS). She also performs Quality Assurance reviews on the LTC-FS and meets with staff to discuss results and improvement strategies, if needed. In 2006, the RN evaluated 24 screens that staff had completed.

The nurse offers personal assistance to clients desiring information on health or medication issues. Persons can receive information with the nurse on a one-to-one basis, over the phone, or via mail. Each client receives information specific to his/her unique request.

TRANSITION SERVICES FOR YOUTH

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

An Information & Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2005-2006 school year included:

- Participation in several Individual Education Plan (IEP) meetings at various schools. IEP meetings generally involve the student, his/her parents, teachers, and other appropriate professionals; our participation ensures

- that the student and his/her family will receive information and Options Counseling for the student's personal and educational planning.
- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
 - Monthly participation at Transition Advisory Council meetings. The Council members include high school teachers, representatives of community organizations such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health & Human Services, such as Children with Disabilities staff.
 - Ongoing outreach to all area schools.
 - Joint planning and participation in a "Mentoring Day" where high school students with disabilities visited various job sites to job shadow and learn about different careers. In the 2005-2006 school year 15 – 18 students with disabilities participated in the Mentoring Day.
 - Participation in a CESA #3 sponsored Summit of members from 5 Southwest Wisconsin county Transition Councils.
 - Participation in the 'Get Real Fair' at the UW-Richland Campus to help educate and support students understanding of life problem solving and proactive planning.

Activities such as those described above help to educate schools about the role of the Aging and Disability Resource Center, continue to develop important relationships with key school personnel, and reach students in need of transition services. The strong school relationship continues to ensure that students with disabilities who are turning 18 years old have the information and connections to begin a quality adult life.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2006, Richland County Health and Human Services received \$3,613 to support persons with irreversible dementia and their families. The funding was used to provide personal care and respite services to 4 Richland County families.

Additionally, Health and Human Services provided a team and volunteer services for the 2006 Memory Walk which raised \$22,000 for local support from the Alzheimer's Association.

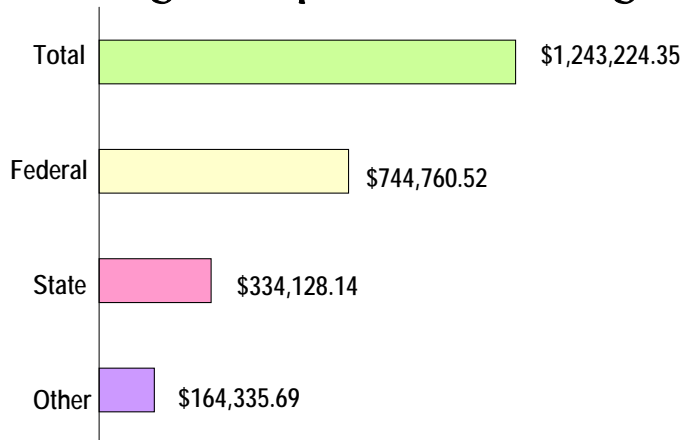
BENEFIT SPECIALIST PROGRAM

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

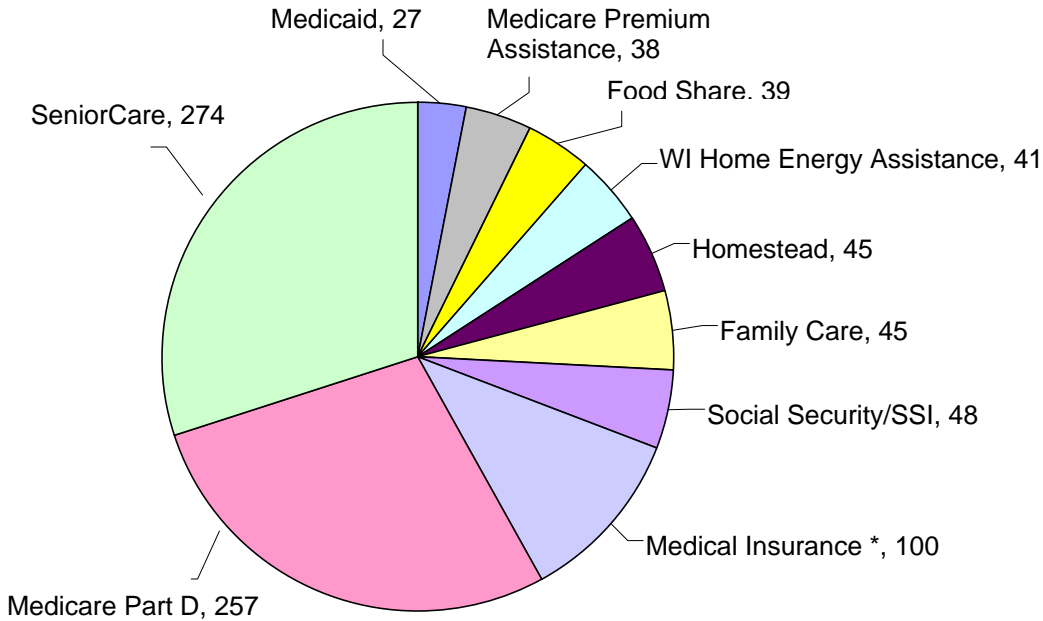
In 2006, the Benefit Specialist Program continued as the primary contact for the SeniorCare program by providing information and application assistance to the 805 seniors who enrolled in SeniorCare in Richland County.

The Elderly Benefit Specialist provided **1,359 hours** of direct casework and assistance in 47 of the possible 100 different programs available through the Elderly Benefit Specialist Program. This assistance benefited **514 people** in Richland County many of who were seen numerous times in 2006. This program provided a **savings of \$1,243,224.35** to our county's area residents.

Money Saved for Richland County Citizens in 2006



The Benefit Specialist program continued outreach campaigns with 188 contacts through appearances on cable TV, radio, newspaper, and presentations throughout the county. The primary topics of concern and interest for the residents of Richland County continue to be SeniorCare and Medicare Part D. This is demonstrated in the graph below showing the top ten areas of assistance in 2006.



* Medical Insurance includes all Medicare supplements, private insurance, VA, COBRA, employer, etc.

THE DRIVER ESCORT PROGRAM

The Driver Escort Program provides door-to-door service throughout Richland County for elderly (60 years and older) and adult disabled residents to medical appointments (including dental and vision). Volunteer drivers transport Richland County residents to appointments within a radius of 85 miles. Areas include Madison, Mauston, La Crosse, Reedsburg, and other surrounding areas.

In 2006, the Driver Escort Program had an average of 17 volunteer drivers that provided a total of **990 trips** to **1,351 clients** traveling **119,527 miles** and using **3,608 volunteer hours** and **1,712 county van hours**.

This program is primarily funded through the s.85.21 Department of Transportation Grant for Specialized Transportation, as well as receiving reimbursement through Medical Assistance, Veterans Affairs, and fees collected from private pay clients. Since this is not an Older Americans Act Program, we charge set fees for each trip. In an effort to keep the cost of our trips down, we place multiple passengers in a vehicle when possible.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2006 totaled \$10,838 to provide five basic components under the program:

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

Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2006, the funds supported 9 families, contributed to the work of the Alzheimer's Association to create a Dementia Network that included consumer outreach and education, provided funded support for information and assistance through the Aging and Disability Resource Center, and subsidized some transportation needs for caretaking families.

LOW VISION SUPPORT PROGRAM

The Low Vision Support Program is funded through the Older Americans Act prevention funding to provide ongoing support and transition group for adults who are visually impaired. On a monthly basis 20 – 25 people gather to learn about services and resources that help them to remain active and independent citizens. This is a well-known and long-term group that continues to gain in popularity, especially for people who experience new vision loss. Transportation is provided for this group.

CHILDREN'S SERVICES UNIT

Richland County Health and Human Services was awarded a Children's Long Term Support Redesign grant from the Wisconsin Department of Health and Family Services. In 2006, Richland County Health and Human Services restructured children's services as part of the grant effort to improve services to children and their families. Children's services from the Long Term Support Unit, the former Children and Families Unit, and the Clinical Services Unit were brought together under one new management umbrella named the Children's Services Unit. This restructuring brings most of the services offered by Richland County Health & Human Services for children and families together in hopes of improving collaboration among disciplines, access, and quality of services.

PROGRAMS ADMINISTERED

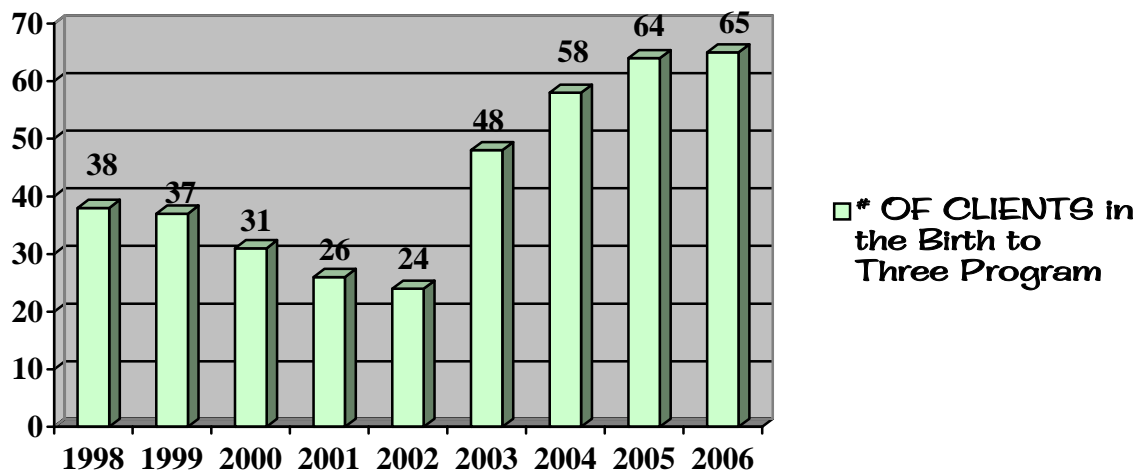
Birth to Three
Child Protection Services
Children with Disabilities
Comprehensive Community Services for Children
Juvenile Justice Services
Foster Care

BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program continued to thrive in 2006, touching the lives of 65 children. Of the 65 children served, 37 had ongoing Birth to Three services and had an Individualized Family Service Plan (IFSP). Of the 37 children who received services, the following were utilized in any combination:

- 20 utilized occupational therapy
- 12 utilized physical therapy
- 33 utilized speech therapy
- 22 utilized Birth to Three special education





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

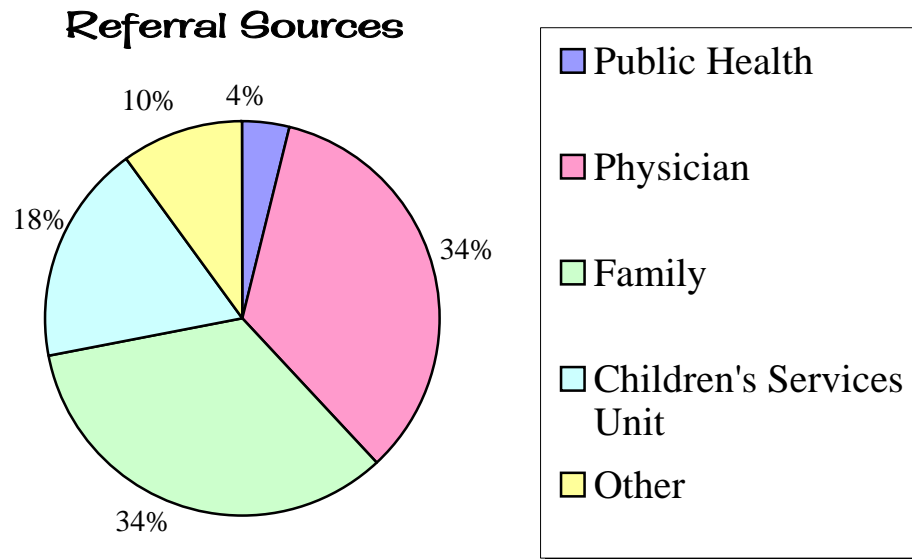
The Birth to Three Early Intervention Team works very closely with parents to create a plan that is directed by the parents to best serve the child in his/her natural environment. The family's strengths and needs are identified in order to assure that appropriate disciplines, medical providers and public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

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

~ State of Wisconsin Birth to Three Mission

BIRTH TO THREE REFERRALS FOR 2006

Fifty referrals were made to the Birth to Three Program in 2006. Referral sources were as follows:



Twenty-three new Individualized Family Services Plans (IFSPs) were developed in 2006 resulting in Richland County having a total of 37 children with IFSPs in place at one time or another during the course of the year.

Funding to provide therapy services include State Basic County Allocation (BCA), State categorical funds that are available only for Birth to Three services, third party insurance, and Medical Assistance. Richland County bills third party insurance for all Birth to Three services if parent's informed consent is obtained.

CHILD PROTECTION SERVICES

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



- Out of home care placements for children who are deemed to be in need of placement outside of their parental/family home and the development of a permanency plan for these children that works toward family reunification, when possible.
- Ongoing case management service. This service includes the monitoring of court orders and connecting families with appropriate service providers within the community. When necessary, services are also provided outside of the community with appropriate transportation, if applicable. This service also includes the monitoring of client participation in court ordered counseling and other court ordered services.
- Facilitating supervision for families who must be supervised during visits with their out of home placed children. Children and Families Unit staff will often supervise the visits. The Children and Families Unit also contracts with Orion Family Services for In Home Family Services. They will also supervise visits while providing parenting education.
- Independent living services for children who have been placed out of the home for more than 6 months and have reached the age of 16 years, if offered to enhance their transition to living independently as young adults.
- Off-hours drop-in visits by Children and Families Unit staff to provide oversight and assistance to families during unsupervised visits or reunification efforts.
- On-site drug testing and breathalyzer services for parents who are court ordered or volunteering for monitoring of drug related concerns that are contributing to parenting issues.
- Recruiting, training, and licensing of foster homes, including county licensed treatment foster homes for both new and ongoing foster parents.
- Voluntary services for anyone seeking assistance with parenting young children, parenting challenging teens, or needing referrals to other resources throughout the community.
- 24 hour/day, seven day/week coverage by social work/case management staff to provide emergency on-call services to children and their families after hours and on weekends and holidays.
- Coordination with District Attorney, Sheriff's Department and Police Department on child abuse/neglect investigations that may result in criminal charges and court actions.
- Courtroom testimony when necessary in hearings for children in need of protective services or criminal hearings against adults who have been charged with crimes against children.
- Coordination with other community service providers including but not limited to schools, AODA counselors, medical service providers, law enforcement officers, domestic abuse shelters, mental health providers, and low income housing providers, to provide the best services for the clients of the unit.

- Homeless families, especially those with children, have been provided assistance through this unit, although this is not a mandated area of assistance.
- Summer programming for identified children that is structured to reinforce lessons taught throughout the school year, while providing fun-filled activities that enhance the children's summer activities and lives in general.

CHILDREN'S SERVICES STATISTICS

	2000	2001	2002	2003	2004	2005	2006
Intake/Pager Responses	262	327	300	400	195	376	328
Child Abuse/Neglect Investigations	51	74	55	86	98	144	111
Children in Foster Home Care	25	30	24	26	25	17	22
Children in Kinship	24	27	25	22	21	21	25

2006 Intake/Pager responses ran at about the same level as prior years. At the end of 2006 there were 25 children placed in out of home care, of which 22 were in foster care and 3 were in a group home/residential care setting and one was in an adult care home because he was eighteen years of age, but since he has not yet graduated from high school he is still under a CHIPS (Child in need of protective services) order.

Throughout the 2006 calendar year, there were 44 children in out of home care. Eighteen of those children were reunified with their parents during 2005, leaving the balance of 25 remaining out of home.

Child Welfare Indicator	Children & Families Attained Percentage	Federal Percentage Guideline
Time to Reunification	85.72%	76.2% or more
Re-Entry to Out-of-Home Care (OHC)	19.45%	8.6% or less
Placement Stability	100%	86.7% or more
Time to Adoption	n/a	32% or more
Recurrence of Child Abuse/Neglect	0%	6.1% or less
Recurrence of Child Abuse/Neglect in OHC	2.9% (1)	.57% or less
Median Length of Stay	6.4%	24% or less

Note: Richland County's performance is within federal guidelines in all but one indicator. It must be noted that with counties like Richland, who have small numbers of children in out of home care, even one incidence can put a county out of compliance.

CHILDREN WITH DISABILITIES PROGRAM

FAMILY SUPPORT PROGRAM (FSP)

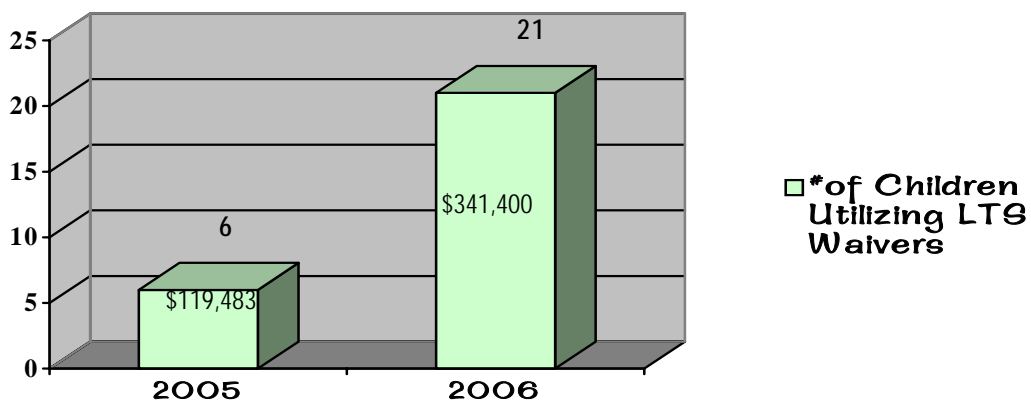
The Family Support Program provides funds for supports and services to families that have a child with severe disabilities. Families who have children with severe disabilities face experiences other families rarely encounter. The Family Support Program is designed to relieve some of the stress and preserve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

Funding Source	Number Served	Total Service Expenses
Family Support Program	16	\$17,375

CHILDREN'S LONG TERM SUPPORT WAIVERS

This was the third year for the State to operate the Children's Long Term Support Waiver. A major new service provided under the Children's Waiver is the Intensive In-Home Autism Services. This service, prior to the waiver, had been provided as a fee-for-service reimbursed by Medicaid. Due to the new slots awarded as part of the Children's Redesign grant and to State awarded crisis slots, the children's long term support area was able to greatly increase enrollment in 2006. In 2005 six children were served. We are now serving 21 children on the various children's waivers. This has helped many families who have been on a waiting list for services.

Funding Source	Number Served	Total Expense
Children's Waivers	21	\$341,400



COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN

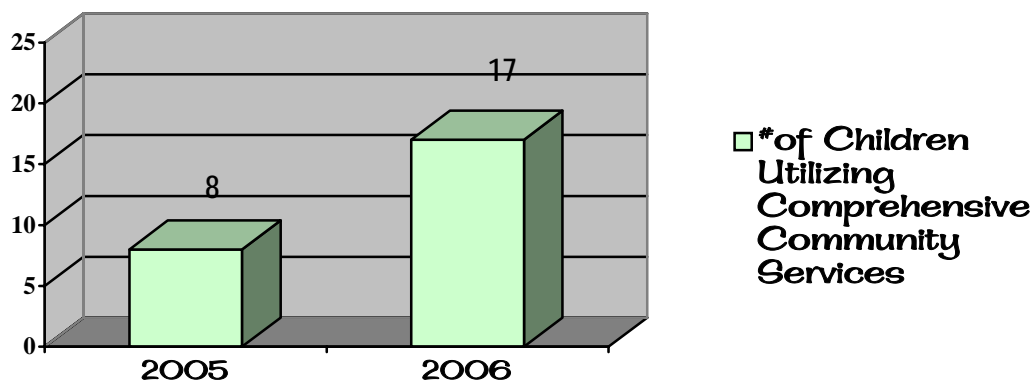
As part of the Children's Redesign, Comprehensive Community Services (CCS) was divided. The adult CCS program remains with the Clinical Services Unit and the Children's CCS program was moved to the newly created Children's Services Unit.

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

CCS provides psychosocial rehabilitation services to consumers who have needs for ongoing services resulting from mental health or substance use disorders. This new program allows Richland County to increase access to needed supportive services for children and adolescents and their families. CCS uses a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based. The intent of the CCS services and supports is:

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

In 2006, Richland County HHS was given approval to hire two full time service facilitators to work in the children's CCS program. These new service facilitators have allowed the program to greatly expand. CCS served only 8 children in 2005 and in 2006 the number has grown to 17 children and their families. This program will continue to expand in the coming year.



JUVENILE JUSTICE SERVICES

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

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

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

JUVENILE COURT INTAKE STATISTICS

Referrals by Type and Number	2000	2001	2002	2003	2004	2005	2006
Disorderly Conduct	11	12	21	20	19	9	12
Possession THC/Drug Paraphernalia	n/a	n/a	n/a	n/a	15	2	2
Criminal Damage to Property	14	13	12	4	14	21	5
Theft/Burglary	13	15	20	14	12	10	9
Battery/Assault	11	16	15	18	11	3	9
Habitual Truancy	7	4	6	2	6	8	4
Operating Motor Vehicle Without Consent	5	3	1	6	6	3	5
Sexual Assault	2	5	2	0	5	5	1
Shoplifting	6	3	4	2	0	0	3
Criminal Trespass	n/a	n/a	n/a	1	1	0	0
Breaking & Entering	n/a	n/a	n/a	n/a	n/a	n/a	2
Others	20	22	18	23	7	11	15
TOTALS	89	93	99	90	96	72	67

Juvenile Justice statistics show another year of decrease in total intakes, to the lowest since 1999. This two year trend will continue to be studied to see if the proactive measures coupled with the swift and effective sanctions put in place have affected the reduction in numbers or if Richland County's reduction is the result of coincidence and have little or no correlation to the measures enacted by the juvenile justice programming set into place.

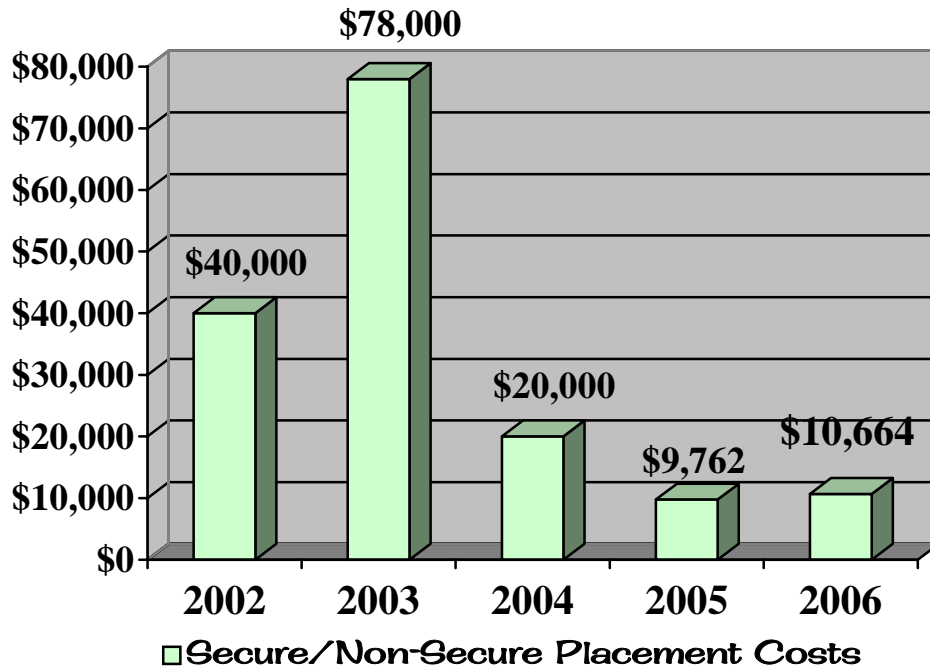


Drug offenses continue to be down as well as the number of criminal damage to property offenses and sexual assaults. However, if one were to look on the following chart one would see that the number of repeat offenders is up significantly. This does affect our number of cases that go directly to court action as repeat offenders are not candidates for Deferred Prosecution Agreements as is the case with juveniles alleged to have committed felonies.

DISPOSITION OF REFERRALS

	2003	2004	2005	2006
Court Action	52 (26 repeat offenders)	52 (24 repeat offenders)	25 (10 repeat offenders)	48 (22 repeat offenders)
Deferred Prosecution Agreement	22	14	21	12
Referrals to Other Counties	4	10	10	2
Waived to Adult Court	n/a	8	3	1
Dismissed/Lack of Juris	8	6	8	2
Ordinance Violations	1	4	5	0
Closed and Counseled	3	1	0	0
Closed/Other	0	1	0	2
TOTALS	90	96	72	67

Secure/Non-Secure placement costs continue to show a downward trend again in 2006. The unit has continued to use this option as a last resort and we have tried to utilize other options when possible. Although costs are up minimally this year, they are still half of what they were in 2004 and close to one quarter of the cost of 2003.





FOSTER CARE IN RICHLAND COUNTY

How does a child enter a foster care situation?

A child enters foster care if:

- a) there is a substantiated abuse/neglect allegation and
- b) an in-home safety plan cannot be established.

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

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

Number of County Licensed Foster Homes: 16

Number of County Licensed Treatment Foster Homes: 2

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

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

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

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

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

RECOVERY

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

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

SERVICES

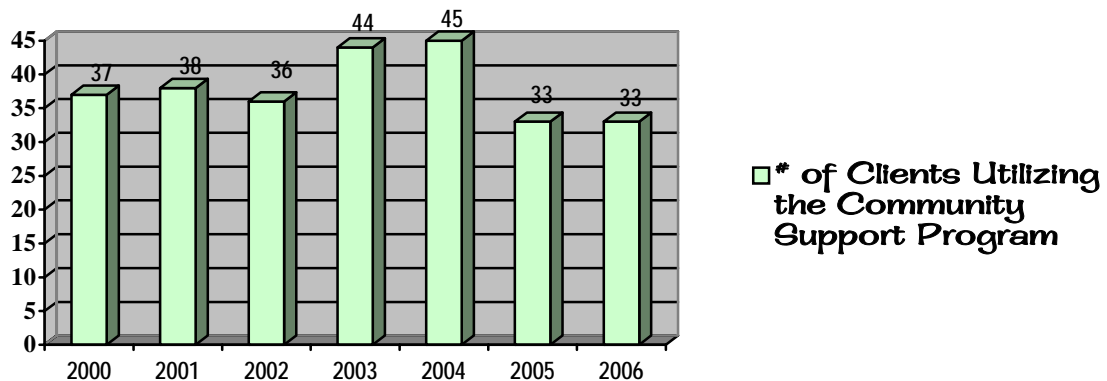
Clinical Services provides a continuum of behavioral health services to Richland County residents that range from brief crisis intervention to very intensive long-term treatment services. Clinical Services helps individuals and families who are experiencing acute emotional crises, supports recovery from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

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

COMMUNITY SUPPORT PROGRAM

The Community Support Program (CSP) is a state certified long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. Some have described CSP as a *Hospital without Walls* that provides a support team of professionals to work in the community with consumers to help them live as independently as possible. With assistance, people with serious mental illnesses can live very productive lives being involved with their families, working at jobs, volunteering, and making a contribution to their communities. The CSP provides an assertive treatment model including supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation.

The chart below shows the number of consumers served during each year. The number of consumers decreased in 2005 as a result of some individuals transferring to the new Comprehensive Community Services program. Although 33 individuals received CSP services in 2006, a large number (eleven) left the program during the year. Five people moved out of Richland County, three were transferred to other programs, one was incarcerated in the criminal justice system, and two passed away.



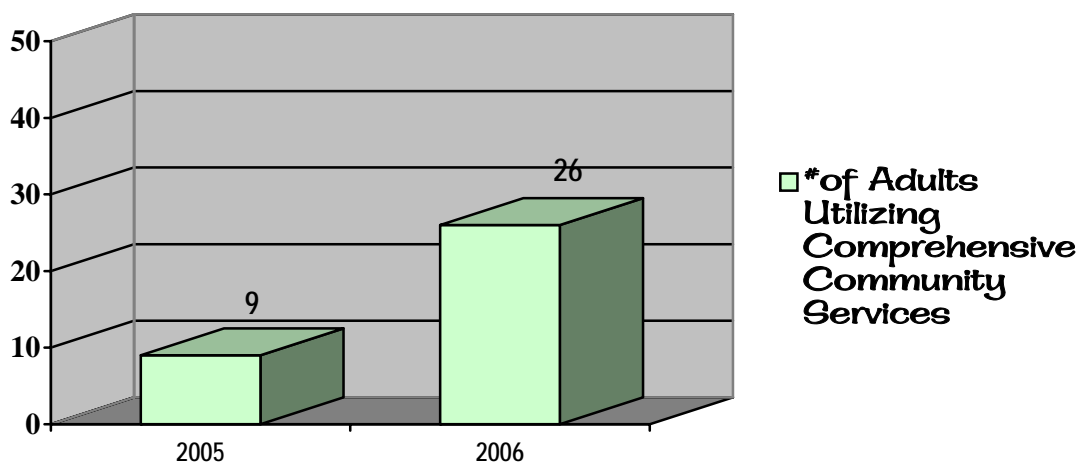
COMPREHENSIVE COMMUNITY SERVICES

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

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

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

In 2006, as part of a Children's Redesign project, services for adults and children were split. CCS adults continued to be served in the Clinical Services Unit, while CCS children were served in the newly organized Children's Services Unit. The chart below shows the number of adult CCS consumers served over the first two years of the program's existence. The initial implementation in 2005 focused on admitting a small group of consumers who were living in placements such as group homes and adult family homes. In 2006, the full implementation of CCS resulted in nearly a three fold increase in consumers being served.



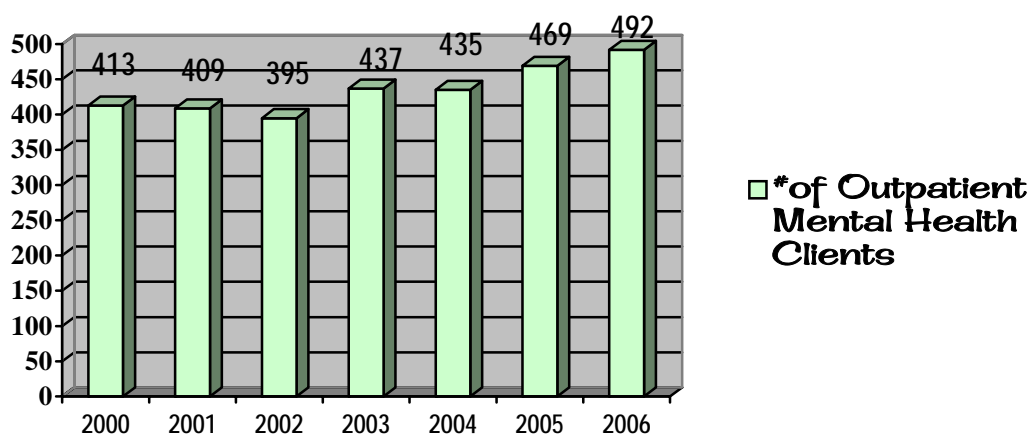
OUTPATIENT CLINIC

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

Mental Health Services. Mental health professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation. All professional staff are qualified and licensed to treat mental health issues including depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life situations and coping with mental illness

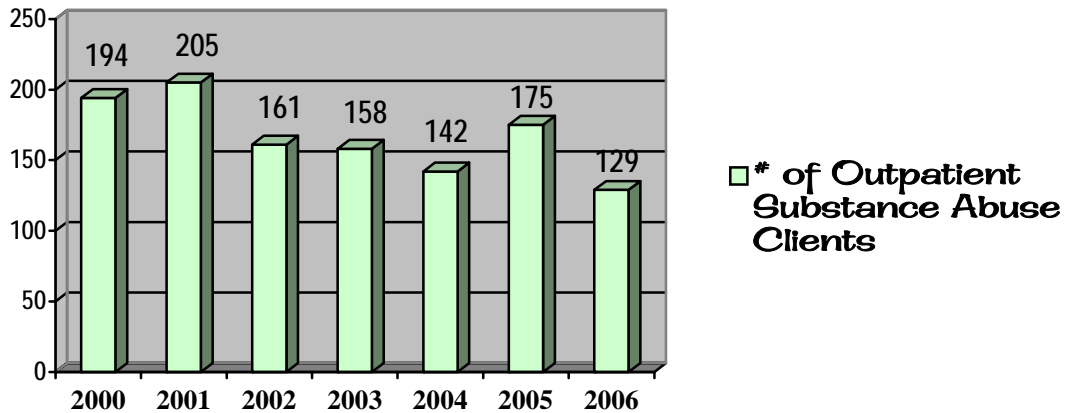
In 2006, thirty-seven individuals completed psychological testing/evaluations, 262 received psychiatric care/medication management and 305 received psychotherapy services. Many people received services in more than one area.

The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health services each year. The trend over the last several years has continued to indicate the increased demand for mental health services.



Addiction Services. Addiction counseling is a very specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2006, certified substance abuse counselors provided assessment, referral and treatment to 129 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group was offered on an ongoing basis.

The chart below shows the number of individuals who received assessment and treatment services each year. The reduced number of clients served in 2006 is most likely a reflection of decreased service availability due to staff shortages rather than decreased need.



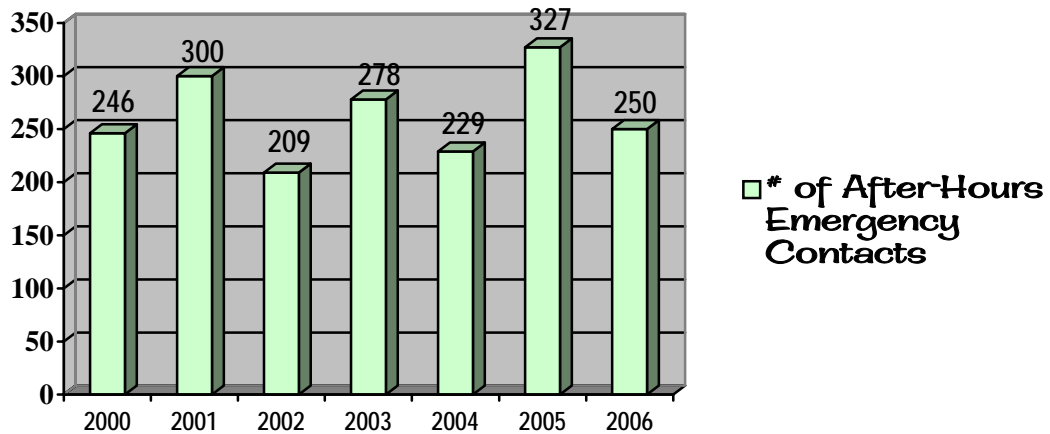
CRISIS INTERVENTION SERVICES

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

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

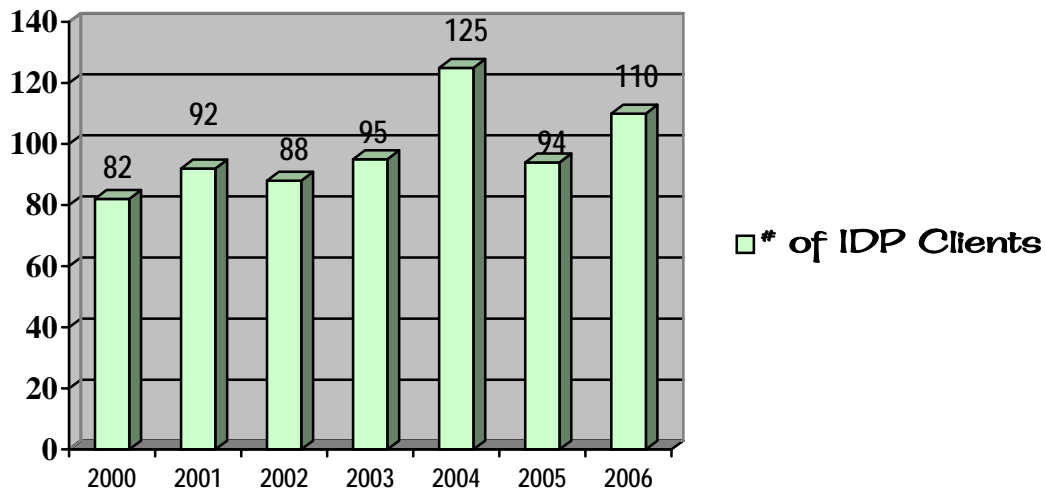


There is wide variation in the number of people who use the after-hours emergency system each year.



INTOXICATED DRIVERS PROGRAM

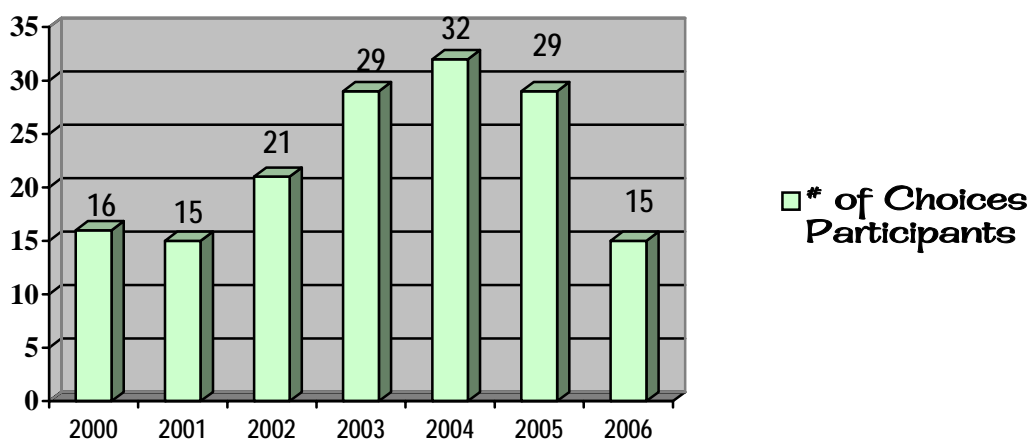
Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves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



CHOICES

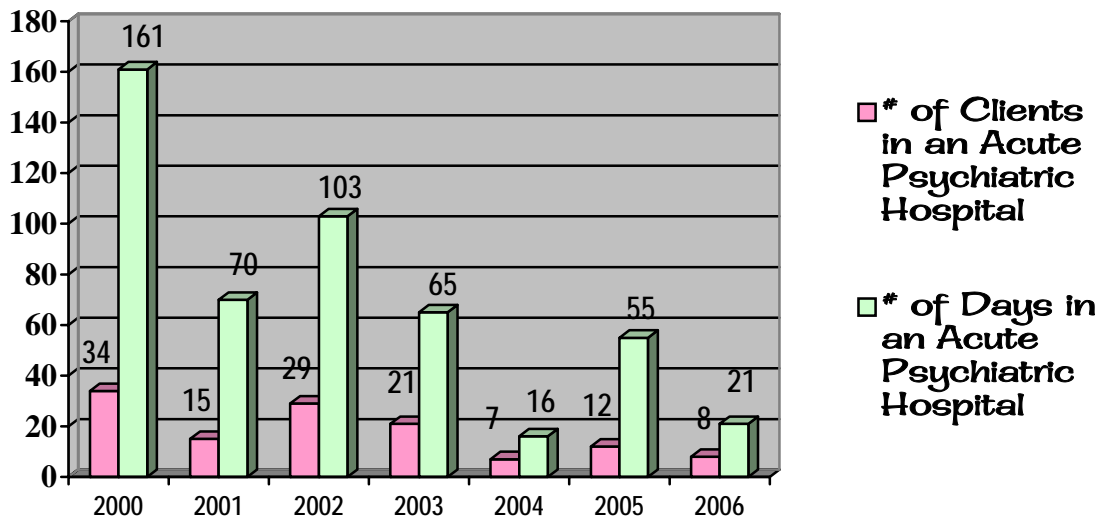
Choices is a program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option is offered by the court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

Three or four Choices series are provided each year depending on the number of court referrals, however only two were provided in 2006. The decline in was due in part to reduced referrals as well as reduced trainer availability in the last quarter of 2006.

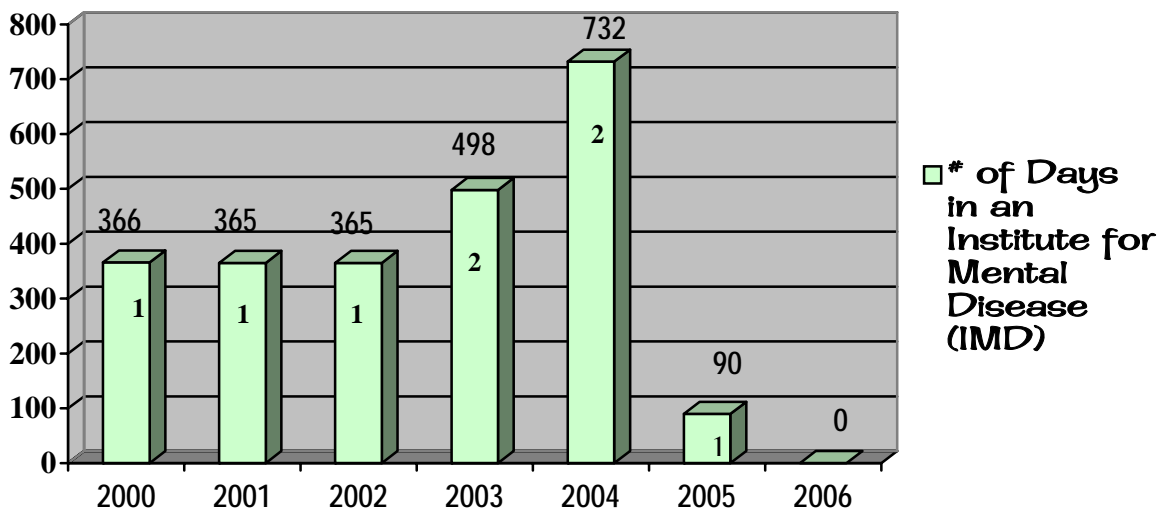


INPATIENT PSYCHIATRIC SERVICES

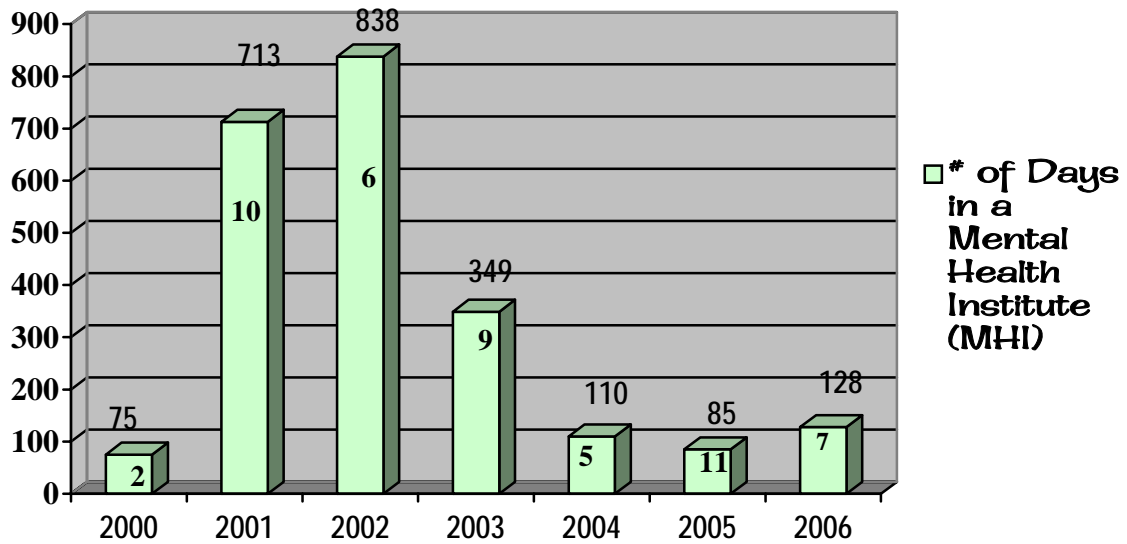
Health And Human Services contracted with Boscobel Area Health Care and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. Health and Human Services facilitates voluntary and involuntary hospitalizations for numerous individuals who need this service. Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. The number of patients and days of stay shown below are for the hospitalizations funded by Health and Human Services.



For long-term care and treatment needs, Richland County has placed individuals at Trempealeau County Health Care Center and Institutes for Mental Disease (IMD) and three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring longer-term treatment. Some years, few individuals require this level of care, and other years, several people may have this need. In 2005, largely due to supports available through the new CCS program, Health and Human Services was able to transition two consumers out of the IMD and into community placements. There were no IMD placements in 2006.



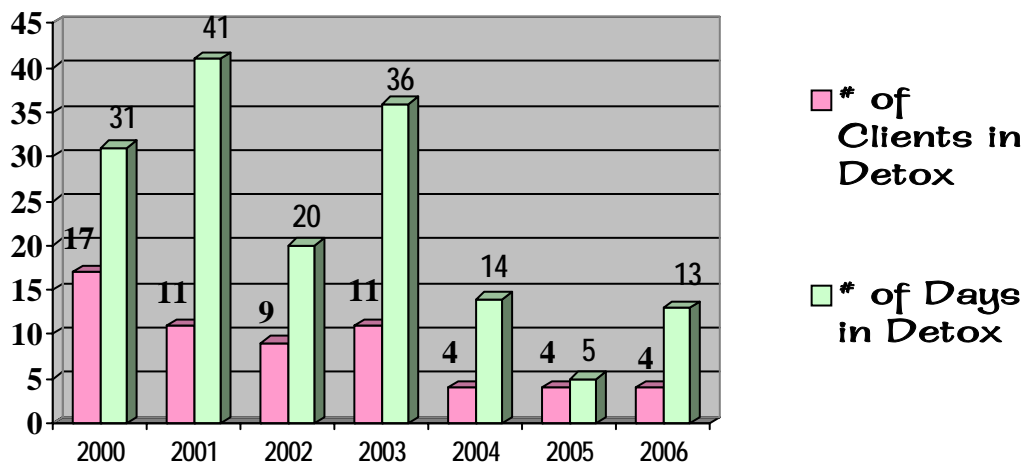
The number listed in the column is the number of clients utilizing the service.



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

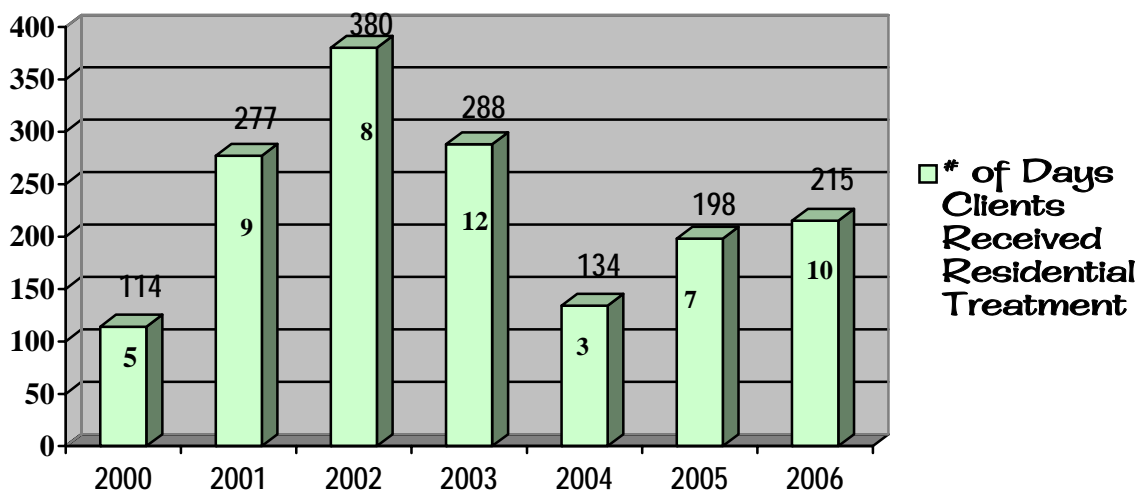
DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous and requires medical attention for individuals who heavily abuse alcohol. Richland County contracted with Boscobel Area Health Care and Tellurian UCAN, Inc. for detox services in 2006. Below are the number of patients and days of stay funded by Health and Human Services.



RESIDENTIAL TREATMENT SERVICES FOR SUBSTANCE USE

Residential treatment is an intense form of substance abuse treatment in which an individual lives at the facility while receiving treatment services. A thorough substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. Health and Human Services contracted with Gundersen Lutheran Healthcare and Tellurian UCAN, Inc. for residential treatment services to fund treatment for seven individuals in 2006.



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

PREVENTION, EDUCATION, CONSULTATION AND OUTREACH

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

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

health issues. In 2005, two seminars were held on Mood Disorders and Anxiety Disorders and in 2006 two additional seminars were provided on Schizophrenia and Personality Disorders. These were very successful and well attended by local professionals.

Various Clinical Services staff were also active in planning prevention and wellness activities in 2006 serving as members on various community and professional committees. Clinical Services also provided a Student Assistance Program (SAP) to UW- Richland for students experiencing emotional difficulties and needing information, brief counseling and referral information.

COURT RELATED SERVICES

Clinical Services routinely provides variety of court related services every year including the provision of court ordered evaluations for Chapter 51 Mental Health Commitment hearings, Chapter 55/800 Guardianship/Protective Placement hearings and Chapter 48 and 938 Child Protection and Juvenile Justice hearings.

ECONOMIC SUPPORT UNIT

Mission Statement

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

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

PROGRAMS ADMINISTERED

Wisconsin Works (W-2)
Day Care Assistance
Emergency Assistance
Medical Assistance
Medical Assistance Transportation
Family Care
Badger Care
Well Woman
Healthy Start
Family Planning Waiver

WI Funeral & Cemetery Aids
General Relief
Fraud/Front End Verification
WI Home Energy Assistance
FoodShare
FoodShare Employment & Training
Caretaker Supplement (CTS)
Medicaid Purchase Plan (MAPP)
Medicare Premium Assistance (QMB/SLMB)

The Role of the Economic Support Unit

The job of the Economic Support Specialist is to determine eligibility and provide income maintenance services to the residents of Richland County. In that job they interview clients, verify information, interpret regulations, conduct employability assessments, develop employability plans, track and maintain their caseload, process changes and navigate the computer systems in order to do their job. In addition, there is the daily contact with other professionals both locally and at the state level to ensure accuracy of benefits. There is also collaboration with staff within the agency and other resources in the community to facilitate the well-being of our clients.

WISCONSIN WORKS (W-2)

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

The goal of Wisconsin Works (W-2) is to provide necessary and appropriate services to prepare individuals to work, and to obtain and maintain viable, self-sustaining employment, which will promote economic growth.

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

DAY CARE ASSISTANCE

**Working together to make
Child Care costs affordable**



Steps toward receiving child care assistance are:

- 1) You must be income eligible.
- 2) You must be in a job search or working.
- 3) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the W-2 agency determines the course would facilitate employment.
- 4) You must have a county certified or state licensed provider.
- 5) An application and appointment with an Economic Support Specialist is required.
- 6) You may be required to pay a co-payment to the provider based on your income and the number of children in care.

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

The unit is also responsible for certifying Day Care facilities. To be certified, a provider will have a home visit, background check, and other qualifying information is compiled. Packets are available, as needed, for providers wishing to be certified. In 2006, an average of 68 families received assistance for day care on a monthly basis.

EMERGENCY ASSISTANCE

Emergency Assistance (EA) is designed to meet the immediate needs of eligible persons facing a current emergency. The emergency must be due to fire, flood, natural disaster, energy crisis, and homelessness or impending homelessness. EA is intended to avoid destitution of a child and provide living arrangements for the child in a home. EA is not linked to the receipt of any other public assistance, and should not be used to pay for temporary shelter for homeless and impending homelessness. It can be used to pay for temporary shelter in cases of fire, flood, or natural disaster. If there are additional needs beyond obtaining or retaining housing for homelessness and impending homelessness, EA can pay for those.

MEDICAL ASSISTANCE PROGRAM

Medicaid, also known as Medical Assistance, MA, and Title 19, is a state/federal funded program that helps low income people pay their medical bills. A person is eligible if he or she meets all non-financial and financial requirements.

There are many categories of Medical Assistance such as Badger Care, MAPP, Well Woman, Healthy Start, Family Planning Waiver and QMB/SLMB. Each category has its own eligibility rules. The State of Wisconsin has plans to eliminate the confusion of so many categories in the coming years.



Using one month as an example, in December 2006 2,620 individuals received services for the month totaling \$1,805,916.

MEDICAL ASSISTANCE TRANSPORTATION

In order for our clients to obtain medically needed services, they may need assistance with transportation costs. In Richland County, a Medical Assistance client must request a transportation reimbursement slip for this reimbursement. These slips are validated at the MA providers office and returned to Richland County for payment. They must be traveling to a facility that is a Medical Assistance Provider. Reimbursement slips are also available for emergency trips and are validated by the provider.

\$67,577 was reimbursed to drivers in 2006.

FAMILY CARE

The Economic Support Unit determines the non-financial and financial eligibility of all applicants and recipients of the Family Care Program. Referrals come to the unit from the Aging Disability and Resource Center. The unit then has 30 days to process an application for that applicant. Issues related to income and asset verification must be resolved before an enrollment into Family Care may happen.

Once a client is enrolled into Family Care, it is the Economic Support Unit's role to work with the Long Term Support team to ensure issues are handled appropriately and timely regarding changes and questions. The Richland County team, consisting of a staff member from the Resource Center, an Economic Support Specialist, and a Long Term Support staff member, meet weekly to review cases and clarify policy.

Enrollment in Family Care at the end of 2006 totaled 352 individuals.

WISCONSIN FUNERAL & CEMETERY AIDS PROGRAM (WFCAP)

County/Tribal (Human and Social Service) agencies administer the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health and Family Services (DHFS). Local administration includes reimbursing funeral and cemetery service providers in accordance with the DHFS approved reimbursement policies. DHFS authorizes the disbursement of program funding to County/Tribal agencies. The local funeral home contacts the Economic Support Manager to verify that the person was certified for Medical Assistance and had no assets to pay for the funeral and/or cemetery expenses. Once this is verified, the funeral home provider works with the family in approving allowable expenses.

In 2006, 12 Funeral/Cemetery applications were approved.

GENERAL RELIEF

Richland County also operates the General Relief Program. This program is intended for short term emergency assistance. The program can help when all other resources have been utilized and in the case of pending disability applications. Recipients sign a repayment agreement at the time of application. If at a later date they are awarded Supplemental Security Income (SSI) the agency may receive a refund for non-medical paid expenses.

In 2006, \$13,285 was awarded to assist 21 individuals through General Relief.
\$2,471 was received in refund.

FRONT END VERIFICATION (Program Integrity) FRAUD PROGRAM

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support Specialist refers cases for investigation. Following an investigation, a decision is made, and if appropriate, a referral to the District Attorney for prosecution may be made. Many times we are able to prevent fraud by such investigations.

In 2006, there were 41 referrals to the Front End Verification Program and 3 Fraud Referrals.
There were 12 overpayments and no fraud convictions.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

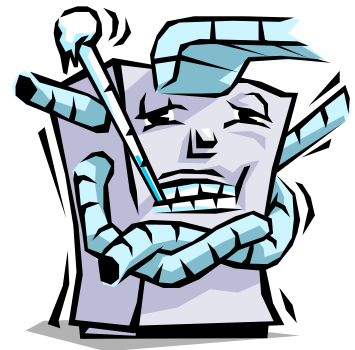
The Wisconsin Home Energy Assistance Program (WHEAP) administers the federally funded Low Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. LIHEAP and its related services help over 100,000 Wisconsin households annually. In addition to regular heating and electric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

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

In Federal Fiscal Year 2006, 668 households received Energy Assistance in Richland County for a total of \$349,028.

138 households received Crisis Assistance, totaling \$62,640.

7 households received new furnaces and 2 households received furnace repairs totaling \$21,498.



FoodShare

A Recipe for Good Health



FoodShare Wisconsin helps people with little or no income to buy food. Clients are able to apply online to establish a filing date for their eligibility. In cases of hardship they are also able to complete their application process by telephone. If eligible a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to then access those benefits.

FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health. FoodShare helps people with limited money buy the food they need for good health.

Each month, individuals and families across Wisconsin get help from FoodShare. They are people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, retired or are disabled and are not able to work.

794 unduplicated households received FoodShare in 2006, totaling \$1,048,383. Richland County paid an average of \$87,365 in FoodShare benefits per month.

FoodShare EMPLOYMENT & TRAINING

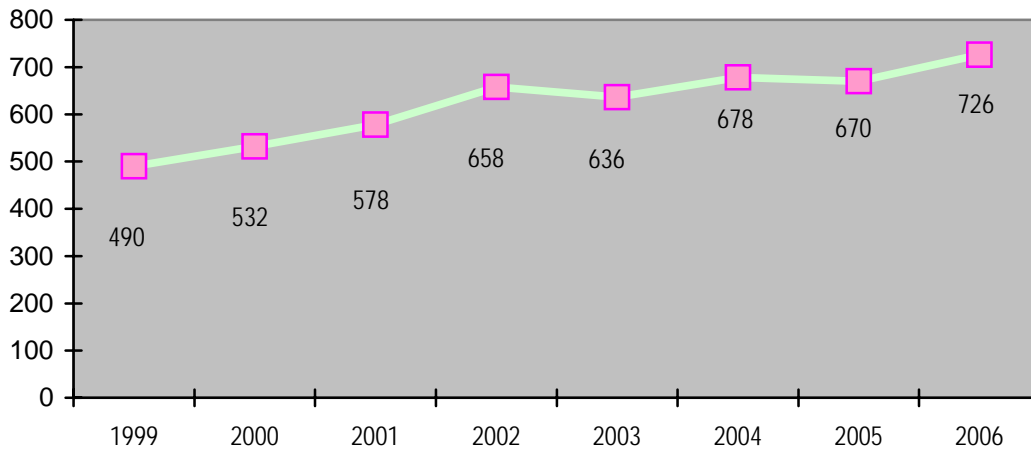
The federally legislated purpose of the FoodShare Employment and Training Program (FSET) is to require adult FoodShare applicants and recipients to register for work. To maintain eligibility for FoodShare benefits, FSET participants must accept a suitable job if offered. Participants must fulfill any work, employment search, or training requirements established by W-2 Administrative Agencies or FSET Agencies. The mission of FSET is to ensure the most effective use of program resources to promote economic self-sufficiency for individuals receiving FoodShare benefits.

The FSET program, as designed in Wisconsin, consists of several employment and training components intended to enable FSET participants to move promptly into unsubsidized employment. Since 1987, Wisconsin has continued to design and build a nationally recognized FSET Program of superior services and outstanding results.

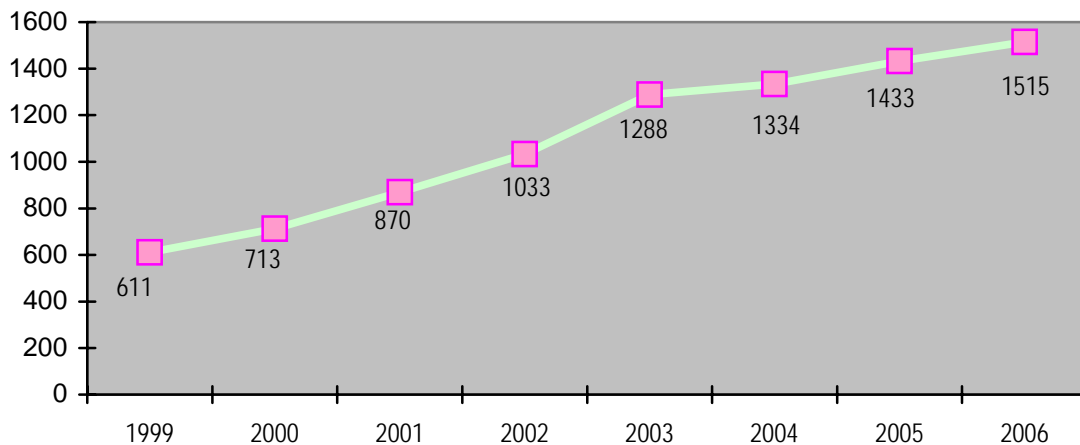
Statistics for Richland County

The US Census for 2004 indicated a population of 18,433 in Richland County. The Median income was \$33,998.00 for the County.

Economic Support Unit Intakes



Economic Support Unit Staff Caseloads



Websites of Interest

Access: www.access.wisconsin.gov

Department of Health & Family Services: <http://dhfs.wisconsin.gov/>

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

Department of Workforce Development: <http://www.dwd.state.wi.us/default.htm>

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

LONG TERM SUPPORT

Mission Statement

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

The Long Term Support Unit houses the Care Management Organization (CMO) and Adult Protective Services. In April, the Birth to Three Program, Children's Waiver, Family Support Program, and the Community Options Program management and oversight responsibilities were shifted from the Long Term Support Unit to other management units within the agency as a part of Children's Redesign.

The CMO provides services and manages care in order to assist elders and adults with disabilities of all ages to remain living at home or in small homelike settings whenever possible. Adult Protective Services is responsible to respond to reports of abuse and neglect of vulnerable adults, work with the Court system regarding guardianships and protective placements, and manage the Elder Abuse and Neglect funds.

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

The Long Term Support Unit's Annual Report for calendar year 2006 is divided into the following two sections:

1. Adult Protective Services including Adult-At-Risk/Elder Abuse and Neglect Reporting
2. Summary of Care Management Organization (CMO) activities.

Adult Protective Services Including Adult-At-Risk/Elder Abuse and Neglect Reporting

ADULT PROTECTIVE SERVICES ACTIVITIES

In 2006, three Chapters in the Wisconsin Statutes (Chapters 46.90, 54, and 55) were either rewritten significantly or modified to provide protection for Wisconsin vulnerable adult-at-risk and elderly person in our court systems. The creation of these new laws was a process that started 15 years ago. The passing of these laws in the legislature was monumental giving definition to laws that had many "gray" areas and go farther in protecting our most vulnerable residents. As required by law, each county must designate the agency responsible for investigating and reporting abuse and neglect of vulnerable adults-at-risk. A resolution was passed by the Richland County Board designating the Department of Health and Human Services as the Adult-At-Risk and Elder-At-Risk Agency effective December 1, 2006. Several staff in the Long Term Support Unit as well as the county Corporation Counsel, Guardian ad Litem and courthouse staff involved in the court processes attended various trainings to learn how the new laws would protect vulnerable adults-at-risk and elders.

APS COURT ACTION	
Guardianship	15
Protective Placement	8
Change of Guardian	5

ELDER ABUSE AND NEGLECT REPORTING

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

ELDER ABUSE & NEGLECT REPORTS	
Reports of elder abuse/elder neglect:	21
Reports substantiated:	16
Reports unsubstantiated:	5

Funding Source	Number Served	Total Expense
Elder Abuse & Neglect	23	\$10,098

Summary of Care Management Organization Activities

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

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

REVENUE & EXPENSES

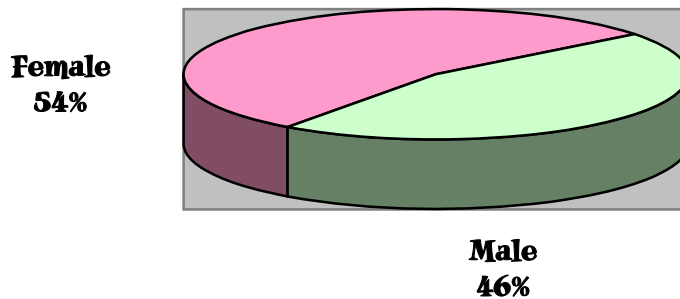
The CMO experienced a surplus in 2006 of \$42,877. In the previous years of 2001 and 2002, there was a combined surplus of approximately \$142,000. For 2003, the CMO experienced a loss of \$170,334. This was turned around in 2004 with a surplus of \$162,846.

Funding Source	# Served	Total Expense	Total Revenue	Net Income
2001 CMO Family Care	223	\$4,123,382	\$4,174,121	\$50,738
2002 CMO Family Care	316	\$6,219,914	\$6,311,122	\$91,208
2003 CMO Family Care	343	\$7,502,627	\$7,332,293	(\$170,334)
2004 CMO Family Care	359	\$7,380,258	\$7,543,104	\$162,846
2005 CMO Family Care	370	\$7,738,772	\$8,337,575	\$673,567
2006 CMO Family Care	402	\$9,409,060	\$9,451,937	\$42,877

ENROLLMENT & DEMOGRAPHICS

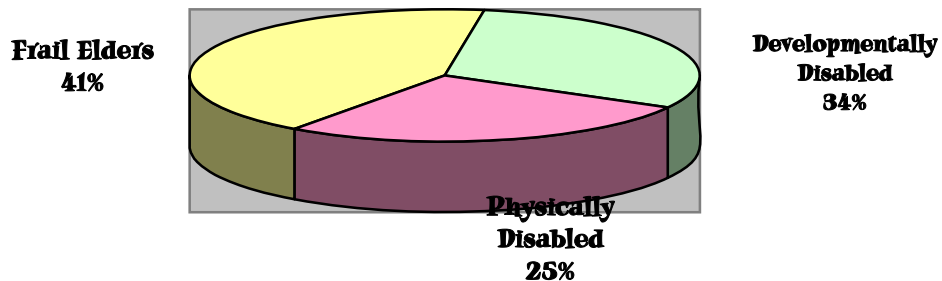
Calendar year 2006 began with 323 members enrolled in Richland County's Care Management Organization and ended with 351 members. As mentioned earlier in the report, 399 in total were served in the CMO.

Comparison of Genders Served:



In 2006, of the 399 people served, 225 were female and 174 were male. The percentage of female members between 2005 and 2006 increased from 54% to 56% while the male members decreased from 46% to 44%.

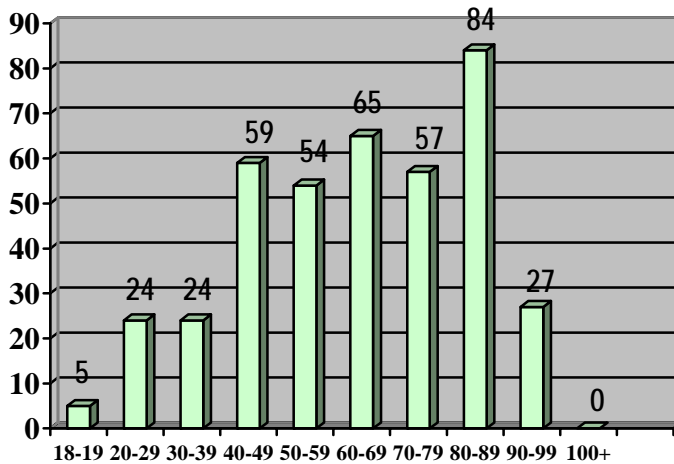
Comparison of Target Groups Served:



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

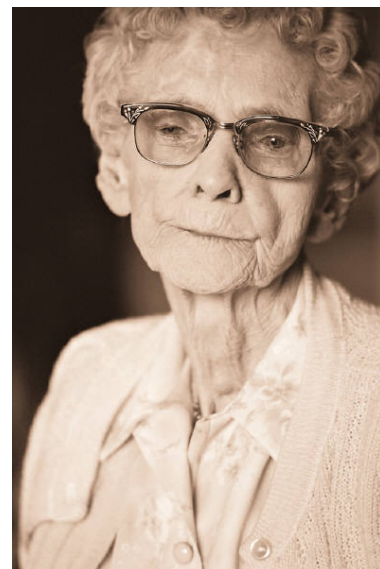
The largest growth in target populations served is people with physical disabilities. In 2001, only 12% of the people served were in the physical disabilities target group. In 2003, 22% of the total members served are people with physical disabilities. In 2006, 25% of the total members served are people with physical disabilities. This is typical for the growth that the other CMO pilots have experienced. Even though we served a total of 29 more people in 2006, the percentages in each of the three target groups did not change from 2005 to 2006.

Comparison of Age Groups Served:



■ * of Persons Served within the Age Group

The CMO serves adults with developmental disabilities and physical disabilities and elders over the age of 65. The largest number of people served is in the 80-89 year old age range. The people served over the age of 80 grew by 3% from 25% in 2005 to 28% in 2006.



WHERE PEOPLE ARE SERVED

Richland Center	283	71%
Lone Rock	34	8%
Muscoda	19	5%
Out of County	15	4%
Viola	13	3%
Cazenovia	12	3%
Blue River	11	3%
Hillsboro	5	1%
Gotham	4	1%
Sextonville	2	.5%
Yuba	1	.5%
TOTALS	399	100%

We serve all eligible Richland County residents who chose to enroll. These numbers indicate people's current mailing address locations. Seventy-one percent of people served have a Richland Center mailing address. Richland Center and the surrounding area have the most significant population density in Richland County. In addition, the CMO contracts with several providers of residential care who are located in the city of Richland Center or have a Richland Center mailing address. These numbers do indicate that the CMO serves people in the outlying areas as well. It is also important to note that we serve 15 members in out-of-county placements. The people who are served "out-of-county" are Richland County residents who are placed either by the Court system or by the CMO in residential settings outside Richland County. The out-of-county placements may be made because a person needs specialized care that is not available within Richland County or because it better meets a member's personal preferences or outcomes.

CARE MANAGEMENT

A key component of every care plan is the professional management of services by one of the Long Term Support Care Managers. The Care Manager explains the programs and the community resources available, helps with eligibility re-determination, works with the individual and his/her family to develop a plan of services that reflects the outcomes, needs and preferences, arranges for services with provider agencies, sees to it that the services are delivered as planned, coordinates with other services such as health care, provides client advocacy, etc. With the CMO, every person who enrolls has a care manager with a social

work background and a care manager who is a Registered Nurse. The interdisciplinary team works together to identify the member's outcomes and facilitates the development of a member-centered plan to support the meeting of the member's priorities and goals.

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

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

CMO ADVISORY COMMITTEE

The Advisory Committee for the Care Management Organization met monthly throughout 2006. At each meeting, the Advisory Committee receives regular reports on enrollment figures, grievance and appeals, and critical incidents involving members, as well as on the financial status of the Care Management Organization. The Advisory Committee has reviewed and approved policies and made recommendations to staff and to the Health and Human Services Board concerning the Care Management Organization.

LONG TERM CARE COUNCIL

The local Long Term Care Council met quarterly in 2006 to consider a variety of issues, to make recommendations to the County Board of Supervisors on continued operation of the county's Family Care Program, to review and make recommendations concerning proposed changes to the Health and Human Services contract with the State, to review and make recommendations concerning the provider network, and to consider and make recommendations concerning the Family Care Program overall.

NETWORK DEVELOPMENT

The CMO contracted with approximately 107 providers. A complete list of providers can be found in the Appendix section of this report.

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)

The Quality Assurance/Quality Improvement Program of the CMO is designed and organized to support its vision, values, and goals. The Continuous Quality Improvement process is utilized to identify areas of concern, develop plans to address those concerns, and monitor the results of any actions taken, particularly as the issues relate to member defined outcomes.

The Continuous Quality Improvement process that was adopted during 2003 by the Department of Health and Family Services for use by the CMOs is called Best Clinical Administrative Practices (BCAP). The CMO is required to have two BCAP projects at all times. The two projects that Richland County worked on during 2006 were the "Power Attorney for Healthcare" and "Diabetes Management."

Power of Attorney for Healthcare Performance Improvement Project

Project Background (Needs Assessment of the Study/Project Topic)

This project was selected because of the importance of each member without a guardian to identify a person to act as their Power of Attorney for Healthcare (POAH) should the need arise. The Long Term Support Unit, in addition to the CMO, is responsible for Adult Protective Services and experiences first hand the need for guardianships and the associated court work when no advance directives are in place.

Study/Project Methodology

The Power of Attorney for Health Care improvement project began in September 2004 and was retired in the summer of 2006. The main goal for this improvement project was that 75% (seventy-five) of members without guardians would have a completed Power of Attorney for Healthcare (POAH) in their file by June 2006. During 2006 several activities occurred including:

- i. Contacting the Richland Medical Center to inquire if they had POAH documents on file for our members;
- ii. Adding a measure to track each time a member received education regarding a POAH; and
- iii. Providing continuous feedback to care managers regarding the progress toward the goal.

Data Collection

The initial data that was gathered included the number of members with guardians. They were immediately excluded from the denominator. The next data gathered was to set the initial measurement for the number of members without guardians who had a POAH document in their file. To identify this number, each member file was reviewed manually. A comprehensive spreadsheet was then created to track members who had a POAH completed. The spreadsheet calculated the number meeting the criteria on a monthly basis. This information was then transferred to the Best Clinical and Administrative Practices (BCAP) workbook for overall tracking.

The Data Specialist ran a report each month for care managers that indicated which members had a POAH on file. The care managers would use this report to indicate which members they had either assisted in or obtained a copy of their POAH. The Data Specialist would enter new information into the member database.

The BCAP Team decided during the project not only to measure the number of members with a POAH in their file, but also the number of members who did not have a POAH in their file who received education.

Improvement Strategies/Barriers/Successes

The Power of Attorney for Healthcare BCAP was formally discontinued on June 30, 2006. The final measurement for the number of members with a Power of Attorney for Healthcare document in their file was 54.9%. The final percentage of members who received education regarding the POAH as of June 30, 2006 was 60.6%. A plan was developed to continue to monitor the number of members with a POAH in their file on an on-going basis and provide periodic feedback to care managers regarding the overall percentage of members with a POAH on file.

The number of members with POAH documents in their file increased from 22.6% in September of 2004 to 54.9% in June of 2006—an increase of 32.3%. In addition, during the BCAP process a comprehensive packet of information was created to share with members regarding a POAH. This information is used routinely to educate members on what a POAH is and its importance. Without the BCAP process, these tools would not be available.

The most significant challenge in this BCAP project was learning the BCAP process. We received invaluable technical assistance from Metastar during the 18 months of the project. Another challenge was that members may have received education, but did not desire to complete a POAH for themselves at the time of the education.

The BCAP was effective in increasing the percentage of members who had a POAH in their file by 32.3%. In addition, over 60% of our members received education and information regarding POAH during the project.

Organizational changes/process improvements have resulted directly or indirectly from this project?

- A comprehensive tool kit for care managers to educate members about POAH's was developed and continues to be used.
- We learned the BCAP process so that we could successfully replicate the process with a new performance improvement project.
- Care Managers were provided training from Ellen Henningson regarding POAHs.
- The process of discussing POAH's with members has become a standard part of our work. It has been incorporated into our checklists, processes, and routine notifications to care managers regarding a member's POAH status.

Improvement has been sustained over time

While this BCAP was formally "retired" in 2006, the process of education for members regarding POAH continues as a standard part of a care manager's work. On-going tracking of the number of members with POAH's in their file has become a standard measurement for the CMO. If the overall percentage of members with a POAH on file drops, an improvement plan can then be implemented.

Diabetic Management Performance Improvement Project

Project Background (Needs Assessment of the Study/Project Topic)

- 1) In 2004, Metastar the External Quality Review Organization (EQRO) under contract with the State Department of Health and Family Services conducted a focused study of diabetes management within the Family Care program. Following the CMO protocol for conducting a focused study, the EQRO evaluated the level of care management occurring for Family Care members with diabetes, along with several diabetic outcomes. The study showed that there were several opportunities for improvement.
- 2) In 2005, the DFHS also began planning a pay for performance (P4P) initiative for Family Care contracted sites with diabetic care as the topic. The initiative was approved in the fall of 2005.

Based on the above information, the EQRO determined that a performance improvement project should be developed in collaboration with the five Family Care sites, aimed at improving diabetic care management and outcomes for Family Care members with diabetes.

Study/Project Methodology

During 2006, the Diabetic BCAP work group participated in several meaningful activities including the:

- development and implementation of an educational packet to be used with members about diabetes and management of this condition,
- development and implementation of a process by which members received education and support in identifying and implementing individualized outcomes regarding their own diabetic management through the use of the member centered plan,
- creation of a Practice Guideline Policy and Procedure,
- creation of a final draft of a Practice Guideline for Diabetic Management,
- development and implementation of processes to assure members have current A1C levels, LDL levels, and blood pressure values as defined by the American Diabetic Association, and
- creation of a diabetic flow sheet to be used by care managers in working with their members.

Data Collection

The CMO identified two measurement goals for the Diabetic BCAP:

- 75% of diabetic members will have a current A1C, blood pressure, and LDL level drawn by December 31, 2006.
- Decrease the number of high-risk (poorly controlled) diabetic members (as evidenced by A1C, blood pressure, and LDL levels) by six percentage points by December 31, 2006.

The measurement of the progress on each of these goals was tracked through the use of the Diabetic Registry software system given to the Richland County CMO by Metastar. The registry was created using an Access Database. The Database was forwarded to Richland County and only Richland County data was entered into the Registry. There were several reports available for use in the Registry and we worked with Metastar to customize some of the fields/reports. Several reports were run on a monthly basis to provide continuous feedback regarding progress toward our goals.

Improvement Strategies/Barriers/Successes

There were several improvements in diabetic care and measurement during 2006. They include:

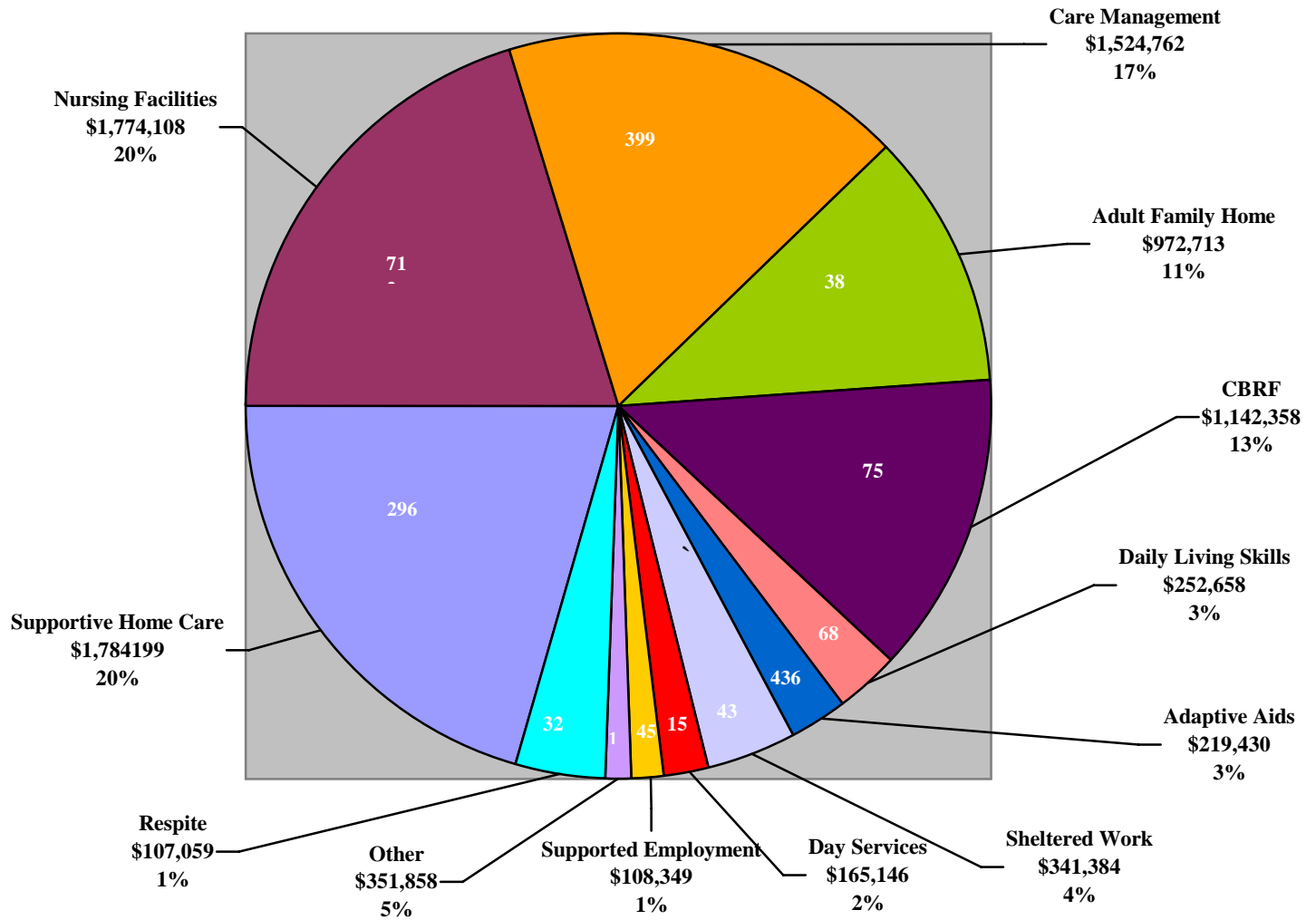
- The development and implementation of a Practice Guideline Policy and Procedure that was necessary to provide a consistent approach for members, providers, caregivers, and care management staff to address a specific condition, diagnosis or situation. The Diabetic BCAP work group finalized the policy and procedure for the creation of all Practice Guidelines in June 2006. The Diabetic Management Practice Guidelines was created using this process.

- A draft of a Practice Guideline for Diabetic Care was created and was in its final stages in December 2006.
- The creation of several comprehensive educational tools for care management staff to use in providing education to members with diabetes was completed. The CMO worked collaboratively with the Richland Hospital Diabetic Educator in the development of educational tools that would be similar to those that she uses in her sessions. We revised documents to meet the learning style of our members for understandability. The focus of the education has been to work with members in setting their own goals toward their individualized outcomes in their diabetic care. We have set a minimum standard of identifying diabetic outcomes with each member and focus on supporting the members in working toward their goals.
- The provision of community education in Diabetes that included the following activities:
 1. collaborating with the local Lions Club Diabetic Chair by participating in a local radio show on National Diabetes Alert Day. The radio show provided education to the general community regarding diabetes, and the diabetic quality improvement project in which we are participating. The feedback on the show was very positive.
 2. participating in the local Women’s Health Fair at the Richland Hospital and featured a display regarding diabetic care.

SERVICES PROVIDED

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

SERVICES COST ANALYSIS



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

Other Services	Cost	# of People Served
Counseling and Therapies (OT, PT, Speech)	\$ 79,013	166
Transportation	\$ 77,614	247
Home Delivered Meals	\$ 62,570	79
Community Support Program	\$ 61,351	13
Residential Care Apartment	\$ 41,571	7
Financial Management Services (Rep. Payee)	\$ 33,012	15
Home Health Services	\$ 30,555	50
Skilled Nursing Services	\$ 11,979	26
Other	\$ 3,354	22

Southwest Wisconsin Care Management Coalition – Family Care Expansion

Who is the Southwest Wisconsin Care Management Coalition: In 2005, the Department of Health and Family Services requested proposals from Counties/private entities around the State to plan toward Family Care expansion. Richland County joined with seven other counties to form the Southwest Wisconsin Care Management Coalition, applied for the grant in 2005 and was awarded \$100,000 of planning monies in 2006. The eight counties are working together to plan to create Aging and Disability Resource Centers and to form a regional care management organization. The eight counties include: Crawford, Iowa, Grant, Green, Juneau, Lafayette, Richland, and Sauk.

The planning for expansion of Family Care into seven other counties has been both time consuming and rewarding. Several notable activities occurred in 2006 toward planning Aging and Disability Resource Centers and a regional Care Management Organization including:

- The Coalition members hold a phone conference (typically the first Friday of each month) and a face-to-face meeting (typically the third Thursday of each month) to bring everyone up to date on current planning activities.
- Richland County Health and Human Services Resource Center, Economic Support, and Care Management Organization facilitated a two-day “Family Care 101” for the partners at the White House in Richland Center. All the counties sent several staff including from their aging units and health departments. Other attendees included State staff, employees of Independent Living Resources, and the Area Agency on Aging. The response to the training was very positive.
- It was agreed that Richland County will take the lead in signing the contract with the State for the \$100,000 and will be the fiscal agent for disseminating those funds as the budget dictates.
- There are four active work groups within the Southwest Care Management Coalition including:
 - Governance: members included the Directors of the various Human/Social/ Unified Services that have signed the original grant. Topics of discussion included overall governing structure and potential operational structure of a regional managed care entity.
 - Communications Planning: members included several volunteers from multiple County agencies and Independent Living Resources. The initial task was to create a written plan for approval by the Coalition by July 20th. The plan was approved and the charter for

the Communications Planning Work Group changed to include monitoring the implementation of the Communication Plan.

- *Aging and Disability Resource Center*: members included representatives from every Coalition County, Independent Living Centers, and Area Agency on Agency attended. This work group is in the process of a written plan for the development of Aging and Disability Resource Centers throughout the Southwest Care Management Coalition area. Each County developed a local planning group to provide input into the regional planning process.
 - *Data Analysis*: members included fiscal and program specialists from each of the partnering counties. The State has made available historic data that can be analyzed for historic costs, conditions, and functional status of consumers served between June 2003 and June 2005. (The information has no identifying information regarding specific consumers served.)
- The Coalition approved and worked to create a Southwest Wisconsin Care Management Coalition web site. The site includes vision/mission information, contact information for Coalition members, and agendas and minutes of Coalition meetings. The website address is: swcmc.org.

The Southwest Wisconsin Care Management Coalition will continue to meet and plan throughout 2007 regarding Family Care expansion in Southwest Wisconsin.



Southwest Wisconsin Care Management Coalition

Providing long-term care services to the frail elderly, adults with physical disabilities, and adults with developmental disabilities.

Coalition Members include eight counties:

Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk

PUBLIC HEALTH UNIT

Mission Statement

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

Programs and Services

Communicable Disease

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

Maternal Child Health Programs

Postpartum Home Visits
Prenatal Care Coordination
HealthCheck
Fluoride

General Public Health Programs

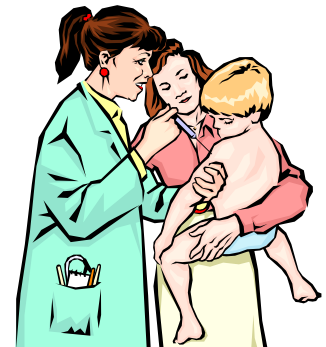
Foot Care
Loan Closet
Public Health Home Visits
Wisconsin Well Woman Program
Wisconsin WINS
School Health
Jail Health
Ronald McDonald Care Mobile

Environmental Health

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

Preparedness & Response

Nutrition



COMMUNICABLE DISEASE

Immunizations: Public Health provides all routine childhood immunizations without cost to the recipient. Most vaccines are purchased by the Bureau of Public Health and provided without restriction by Public Health. Some vaccines are purchased by the Bureau of Public Health through the "Vaccines for Children" (VFC) Program. The use of these vaccines is more restrictive in that there are eligibility requirements (recipients must be un/underinsured or on Medicaid or

BadgerCare eligible). Adult Td (Tetanus-diphtheria) and Tdap (Tetanus-diphtheria-acellular pertussis) is also purchased by the Bureau of Public Health and provided without charge by Public Health

Some vaccines including Hepatitis B for adults and Influenza and Pneumonia vaccine for adults are purchased by public health and administered fee for service. Adult Td (Tetanus-diphtheria) and Tdap (tetanus-diphtheria-acellular pertussis) are provided free of charge at all clinics and after injuries as needed. Adult Hepatitis B vaccine is purchased by Public Health and provided at a nominal fee. Hepatitis A and Hepatitis B vaccines are provided free of charge to persons diagnosed with Hepatitis C their close contacts. The Bureau of Public Health provides this vaccine.

Changes in immunization program recommendations over the last year include the addition of the second dose of varicella (chicken pox) vaccine, the addition of meningitis vaccine for children 11-18 and students entering college, Hepatitis A for children, and the addition of the tetanus-diphtheria-acellular pertussis vaccine for adolescents and adults 11-64 years. Two thousand two hundred seventy four vaccines were provided during 1526 client visits.

Immunization Statistics:

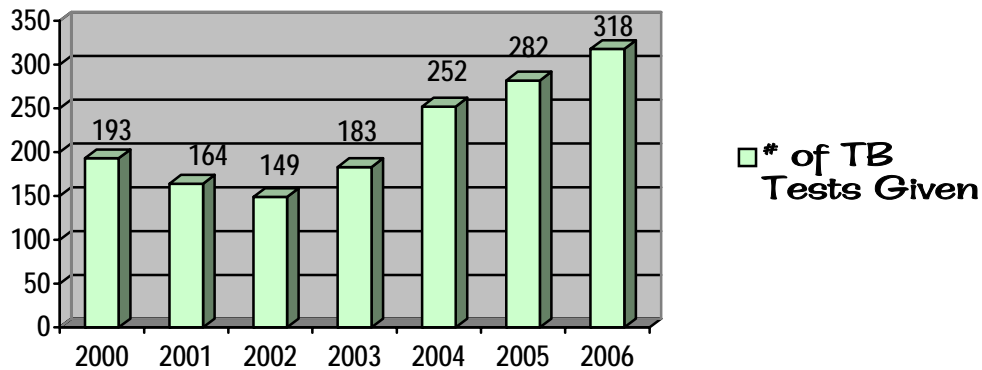
Immunization	2001	2002	2003	2004	2005	2006
Comvax	94	74	89	74	57	74
DtaP	238	217	210	194	148	188
Hepatitis A	0	0	1	0	0	1
Hepatitis B	29	421	125	52	31	32
Adult Hepatitis B	n/a	n/a	82	110	62	48
Hib	143	21	18	33	27	24
Influenza	1160	1650	1480	1580	1708	1274
MMR	238	125	131	107	86	126
Pneumonia	96	66	97	85	63	54
Polio	208	170	166	138	120	162
Prevnar	639	65	107	96	107	123
Td	208	185	127	133	117	52
Varicella	70	93	63	95	65	80
Menactra	n/a	n/a	n/a	n/a	11	19
Td-Pertussis	n/a	n/a	n/a	n/a	n/a	44
TOTAL	1682	1371	2696	2697	2603	2274

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

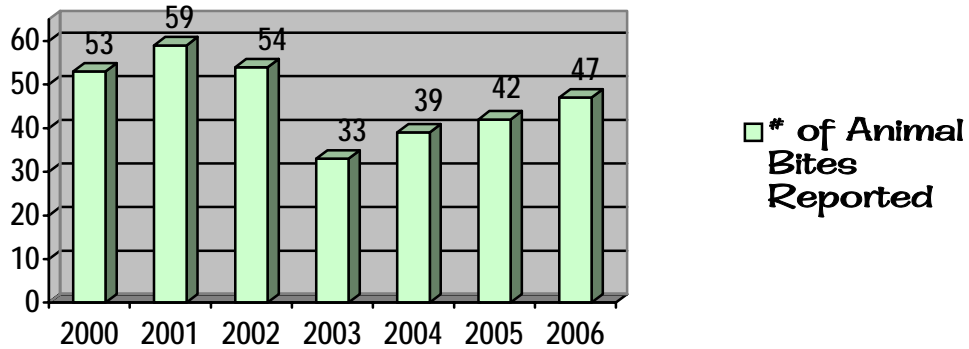
Communicable Disease Statistics:

Reportable Disease	2001	2002	2003	2004	2005	2006
Campylobacter	2	3	3	6	8	9
Chlamydia	14	21	31	21	22	24
Cryptosporidium	6	5	7	5	7	6
E.Coli 0157:H7	0	0	4	0	2	2
Giardia	6	1	3	4	5	1
Gonorrhea	1	0	1	0	1	0
Hepatitis A	0	0	0	0	0	1
Hepatitis B	0	0	1	0	1	2
Hepatitis C	3	5	4	3	6	2
Herpes	0	4	5	2	7	4
Histoplasmosis	0	0	1	1	0	0
LaCrosse Encephalitis	0	1	0	2	0	2
Legionella	0	0	0	0	0	0
Lyme Disease	13	37	25	52	46	59
Measles	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0
Meningitis (Viral)	0	0	0	0	1	0
Mumps	0	0	0	0	0	0
Pertussis	2	2	1	20	3	0
Salmonella	3	2	4	2	3	2
Shigella	0	0	1	0	0	0
Syphilis	0	0	1	0	1	0
West Nile	0	1	1	0	0	0

Tuberculosis Prevention and Control: Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. PHNs provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2006, two persons received preventative medication, and 318 persons received skin tests.

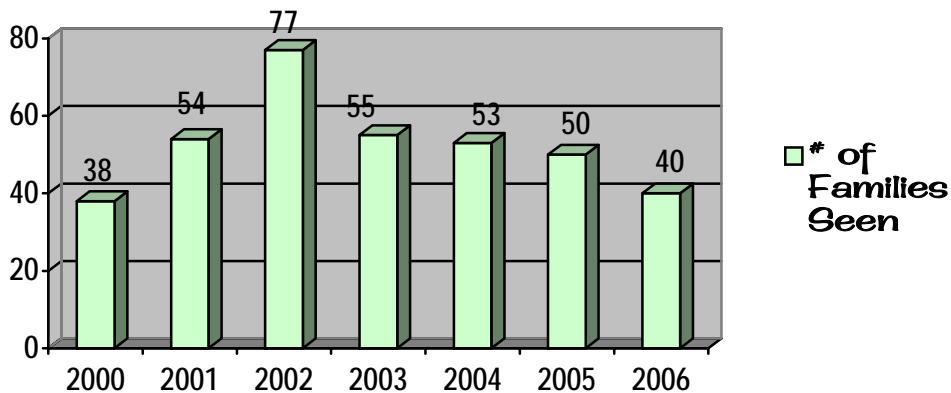


Rabies Prevention and Control: The County's Rabies Control Policy provides the procedures for law enforcement and public health follow up of animal bites/potential rabies exposure to humans. Investigation and follow up were provided on 47 animal bites in 2006.

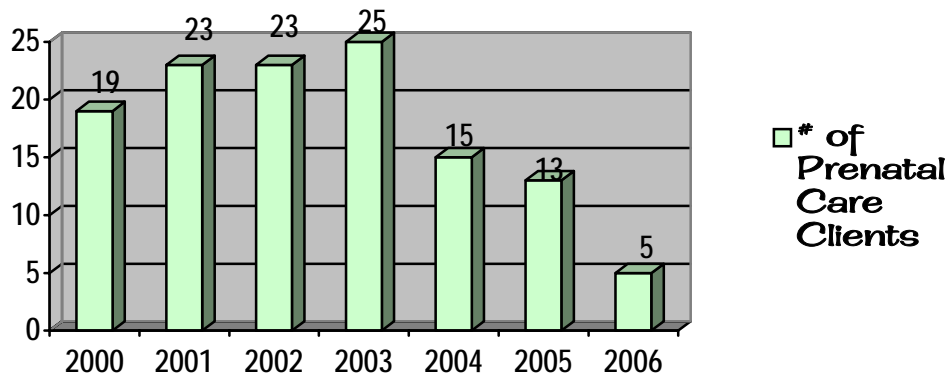


MATERNAL CHILD HEALTH PROGRAMS

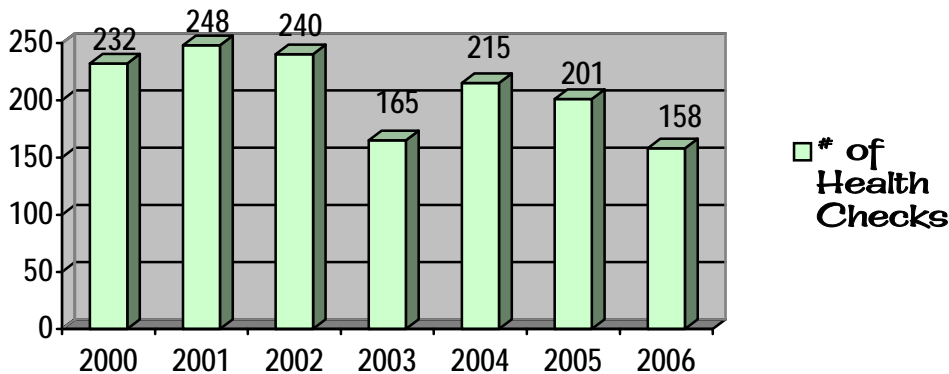
Postpartum Home Visits: Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Forty families were seen in 2006.



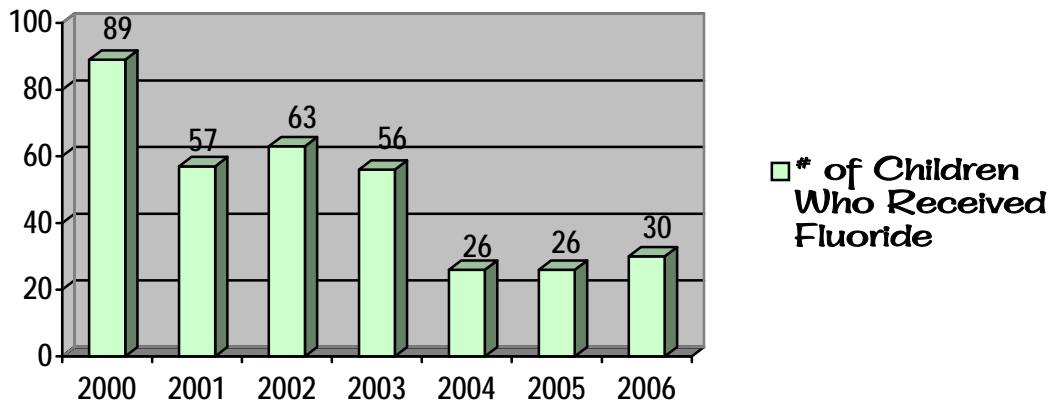
Prenatal Care Coordination: PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Five women received prenatal care coordination services in 2006.



HealthCheck: Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages birth to 21 years. Through cooperation with the Wisconsin Nutrition Education Program, a Registered Dietician also provides nutrition counseling to HealthCheck families. Medicaid provides reimbursement on a per client basis. One hundred fifty-eight HealthCheck assessments were completed in 2006.



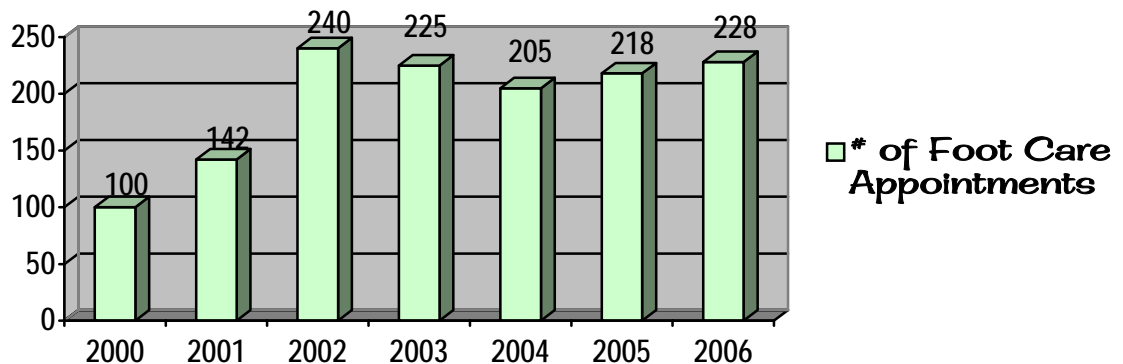
Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are provided free of charge to residents with private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2006, 30 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 returned if the equipment is returned within one month. In 2006, 201 Richland County residents borrowed equipment from the Loan Closet.

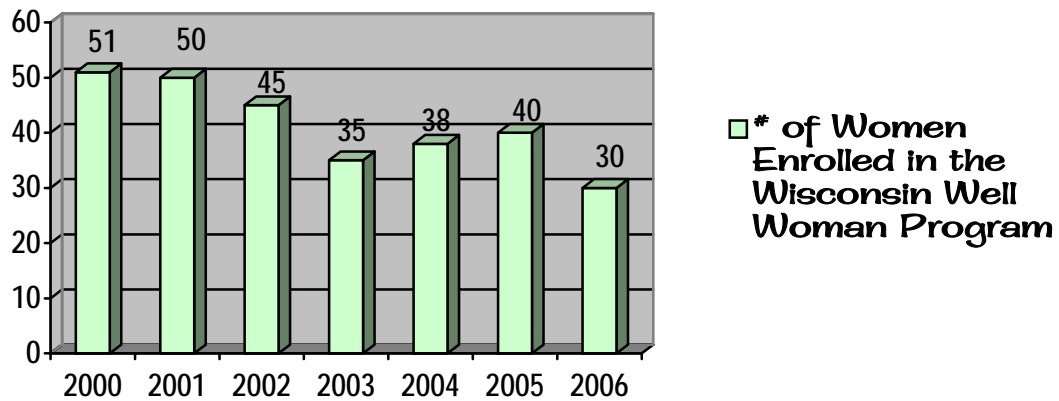
Foot Care: Foot and nail care are provided at a nominal fee for older or disabled adults who are unable to complete independent routine foot care. Two hundred twenty-eight foot care clinic appointments were completed in 2006.



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

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

Wisconsin Well Woman Program: The Wisconsin Well Woman Program (WWWP) provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Thirty women received screening through the Well Woman Program in 2006.



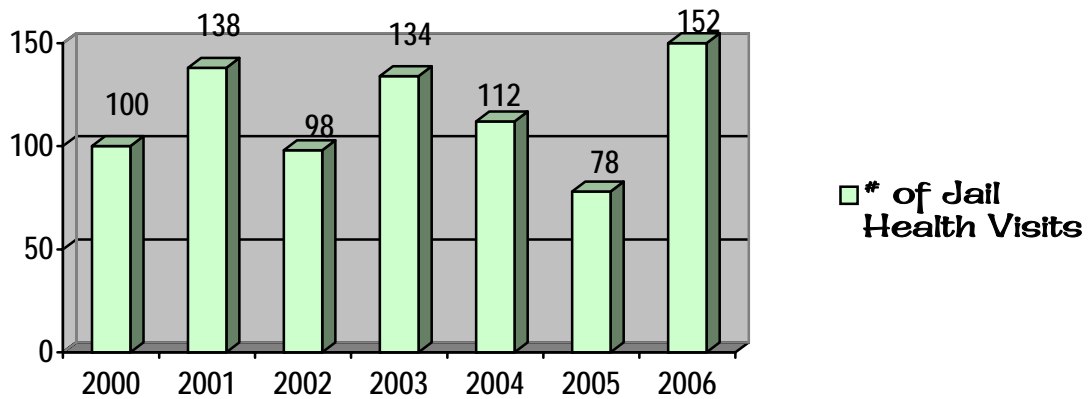
Wisconsin Wins: Public Health works with area youth to conduct the Wisconsin Wins program. The goal of Wisconsin Wins is to reduce youth tobacco access and use. Wisconsin Wins focuses on retailers and their efforts to prevent sales of tobacco products to minors. In order to evaluate how successful retailers are in preventing sales, compliance checks are made at all businesses that are licensed to sell tobacco in Richland County.

The compliance checks involve teens who attempt to purchase tobacco products. Clerks who refuse to sell tobacco are recognized and rewarded for their efforts. Those who do proceed with a sale are reminded about the law and may receive a citation from the Sheriff's Department for permitting the sale to minors.

In 2006, forty-three compliance checks were completed with no citations issued.

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

Jail Health: Non-emergency health care for inmates of the Richland County Jail is provided by Public Health. The management of medical care in county jails has become increasingly complex; inmates have more medical and mental health issues and typically require intervention by public health staff for issues related to medication or other health problems. Public Health is reimbursed by the Sheriff's Department for nursing time spent on jail health issues. One hundred fifty-two jail health visits were made in 2006.



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

Public health coordinated the examination, prophylaxis, and treatment of dental work for 20 Richland County children in 2006. Eleven of these children required follow-up appointments and 9 were considered to have their work completed.



Each child required an average of 2.4 appointments. The value of the dental work completed for Richland County children was \$13,213, and the average value of dental work per child was \$661.

Type of dental care provided:

Restorative (fillings, crowns)	69	28%
Preventive (cleaning, fluoride treatment, sealants)	38	15%
Adjunct Services (local anesthesia)	46	19%
Diagnostic (exams, evaluations, x-rays)	74	30%
Oral Surgery (extractions)	20	8%
Endodontics (pulpectomies)	1	0%
Other	1	0%
TOTAL	<u>257</u>	

Number of Children on Assistance	16	80%
Number of Children receiving MA/BadgerCare	11	55%

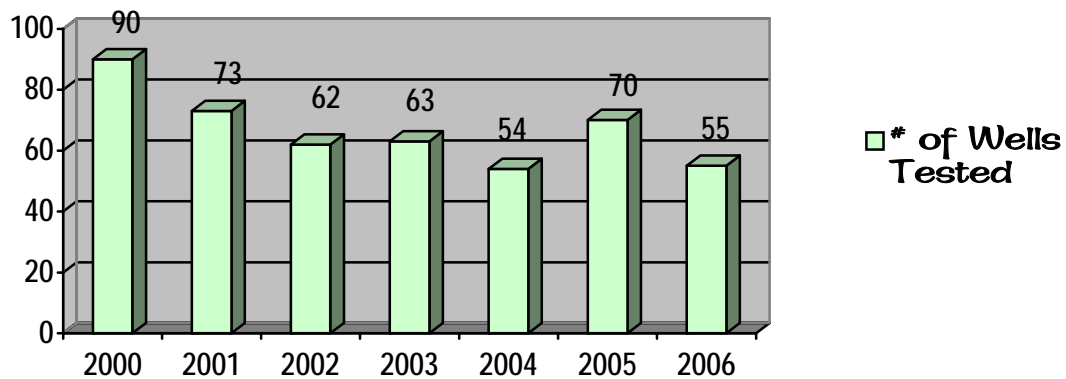
ENVIRONMENTAL HEALTH

Richland County has been part of a five county environmental health consortium since the mid-1980's. The consortium pools federal prevention block grant dollars to employ a Registered Sanitarian as an Environmental Health Consultant to assist with investigation and resolution of environmental health issues. The EH Consultant assists with investigation and follow up of human health hazard complaints as well as coordinating several other environmental health programs provided by Public Health.

2006 Environmental Health Statistics:

<u>Home Visits</u>	<u>52</u>	<u>Contacts (EH Consultant)</u>	<u>180</u>
Lead	5	Lead	6
Radon	0	Radon	23
Water	0	Water	10
Asbestos	2	Asbestos	9
Solid Waste	20	Solid Waste	40
Housing	12	Housing	31
Rodent	0	Rodent	3
Indoor Air	4	Indoor Air	23
Sewage	5	Sewage	28
Animal/Vector	4	Animal/Vector	3

Private Well Water Testing: Water sampling kits are available for testing private wells for bacteria, nitrates and fluoride. The test can be completed free of charge if the testing is done for health reasons. The Environmental Health Consultant is available for consultation for problems related to water quality. Fifty-five private wells were tested through public health in 2006.

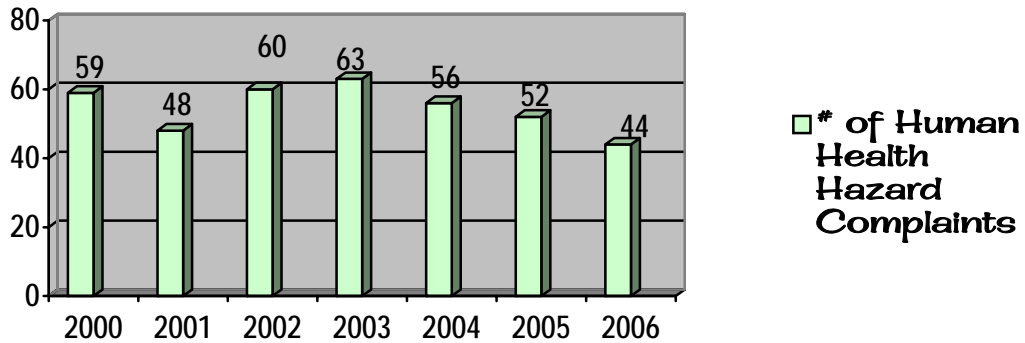


Radon: Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Sixty-nine short-term home radon test kits were distributed in 2006. Forty three of the kits were actually sent in and tested, and while the majority of the tests were negative, 3 residences had radon levels above 10 pCi/L and 3 had levels between 3-10 pCi/L. The Environmental Protection Agency recommends completion of a long term radon test for any short term result above 4 pCi/L, and remediation of any long term radon test result of above 4 pCi/L.

Childhood Lead Poisoning Prevention: Lead poisoning occurs when a large dose or small amounts of lead over time are ingested or inhaled. Prevention is still the best solution for lead poisoning and finding and removing sources of lead are effective methods to accomplish this. The Environmental Health Consultant can evaluate a building for lead base paint and offer consultation on remediation of lead base paint hazards. Childhood blood lead screening is provided by Public Health, and in 2006 one hundred thirty-four children were screened. Treatment for an elevated blood lead level depends on the degree of elevation and involves removing the hazard.

Human Health Hazards: According to Wisconsin State Statute 254.59(1) the local health officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health provides investigation and follow-up of complaints of human health hazards in Richland County. In 2006, investigation and follow-up were provided in regard to forty-four complaints. Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste. Often working with the property owners is enough to get the hazard removed or abated but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time

(usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement and the cost is then assessed as an additional tax on the property by the municipality.

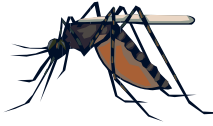


Mercury Collection: In August of 2006, the Public Health Unit held a weeklong mercury thermometer collection in cooperation with UW Extension. Mercury thermometers can be easily broken if dropped during use and there are newer safer alternatives.

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

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

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



Mosquito Surveillance: The counties in the environmental health consortium contracted with the La Crosse County Health Department to provide surveillance for sources of potential mosquito habitat in our counties in an effort to control mosquito borne disease.

The focus of the surveillance was to find areas that provide ideal conditions for mosquito breeding and growth, and to abate those conditions. Press releases and letters to property owners provided education about the surveillance, the potential hazard that unrimmed tires present (since they provide excellent habitat for mosquito breeding and growth), how to properly remove tires, and how to protect themselves from mosquito borne diseases.

Overall, two-thirds of the potential breeding sites were treated with long term products to abate the mosquito hazard, and fifty letters were sent to Richland County property owners advising them of the need to remove old tires.

PREPAREDNESS AND RESPONSE

Richland County is part of the Southwest Wisconsin Public Health Preparedness and Response Consortia. There are 12 such consortia throughout the State. Each consortia or region is responsible for developing a preparedness plan containing several key elements aimed at improving our readiness for acts of terrorism and other man made or natural disasters. The consortia receive grant funding from the CDC to assist with the completion of the preparedness requirements. Consortia staff funded by the grant includes a program coordinator, a health education/training specialist, and a program assistant, and are housed at the Crawford County Health Department. In 2006, Richland County Health and Human Services Public Health received \$24,544 to assist with preparedness efforts, and \$7,556 to assist with pandemic influenza preparedness. This funding was used to provide staff time and pay expenses for preparedness activities and trainings.

2006 Objectives Summary

Preparedness objectives completed in 2006 included the completion of the Centers for Disease Control and Prevention 2006 Local and Tribal Health Performance Measure Assessment and the completion of a full scale exercise.

The Local and Tribal Health Performance Measures Assessment measures progress toward completion of 15 public health preparedness and 3 pandemic influenza preparedness goals. The measures are leading indicators that provide a local "snapshot" to show how preparedness and response activities and resources aid in assisting public health to respond quickly in a public health

emergency. The completed assessment will be used to develop a work plan to improve public health preparedness in 2007.

The full scale exercise requirement was completed during the November 7, 2006 pandemic influenza exercise that was held in cooperation with Emergency Management, the Sheriff's Department, The Richland Hospital, LEPC, ARES-RACES, and WRCO. The scenario involved a pandemic influenza situation with limited vaccine availability during the first public influenza immunization clinic in rural Richland County, and was held at the site of a real-time flu clinic in Germantown, as well as in the Emergency Operations Center at the Courthouse.

Pandemic Influenza objectives completed in 2006 include the Local Public Health Department (LPHD) Pandemic Influenza Planning Self Assessment, development of a draft version of a local pandemic influenza plan, completion of a tabletop pandemic influenza exercise, and the hosting of a pandemic influenza public education and community outreach meeting for community partners.

The purpose of the LPHD Pandemic Influenza Planning Self Assessment was to identify gaps in pandemic planning, which will be addressed in the 2007 contract year. The assessment was completed and submitted in July of 2006.

The local pandemic influenza plan was written in May of 2006 and inserted in the Health & Human Services Policy Manual as PH 2.3.8 "Control of Pandemic Influenza". The plan contains a sample press release and an estimate of the impact of the next influenza pandemic in Richland County.

The tabletop pandemic influenza preparedness exercise was held April 27, 2006 in cooperation with local emergency management and our community preparedness partners. The scenario involved the outbreak of a severe respiratory illness identified as a new influenza A subtype that was never seen before in man. The illness had a 25% attack rate and affected young adults disproportionately. As the exercise unfolded, public health and our partners were asked questions related to our response to the pandemic. Strengths noted during the exercise were that agencies already work and communicate well together; that we have a good working relationship with the local media; and that we have good back up communication systems. Weaknesses identified were that we need to develop plans for alternate care sites; plans for businesses; and we need to determine how to better handle staff shortages.

On August 16, 2006, Public Health hosted a Pandemic Influenza Community Forum at the Ramada Inn and White House Conference Center in Richland Center. The goal of the forum was to assist local businesses, schools, and churches better prepare for the burdens of a pandemic situation should it occur. The forum reviewed the six predictable issues of a flu pandemic, and took the

group through a pandemic influenza scenario to facilitate discussion on current influenza preparedness planning, to identify gaps in individual community preparedness plans, and to explore potential methods to address the gaps. A trained evaluator led the group in an evaluation and discussion of the session. Strengths, gaps, and potential methods for improving readiness for pandemic influenza were identified and explored.

NUTRITION

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

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

At the current time, Richland County has five operating meal sites: Richland Center (Town & County Presbyterian Church); Viola (Viola Village Offices); Germantown (St. Anthony’s School); Boaz (Karen’s Supper Club) and the newest meal site, Rockbridge (Rockbridge Elementary School).

2006 Nutrition Statistics:

<u>Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	5,636	15,495
Viola	3,577	770
Germantown	242	3,402
Boaz	625	0
Rockbridge (Nov. & Dec. only)	598	0
Richland Hospital	<u>0</u>	<u>5,666</u>
TOTAL	10,678	25,333

The Richland Center, Germantown, and Viola Meal Sites operate 5 days per week, and include home deliveries; the Boaz meal site is open on Wednesdays; and the Rockbridge Meal Site is open Monday, Wednesday, and Friday each week. Arrangements can be made for the delivery of home delivered meals seven days per week within Richland Center with a prescription from a healthcare provider. Regular 5 day/week delivery of meals also requires a prescription from a healthcare provider.

ADMINISTRATIVE SERVICES

Mission Statement

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

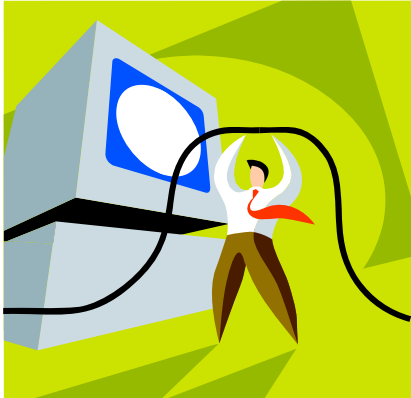
Administrative Services supports all the units and staff within Health and Human Services. Some of the areas of responsibility are listed below:

Office management	Information technology (IT)
Human Services Reporting System (HSRS)	Reception and information
Clerical services	Transcription
Database management	Claims processing
Client record keeping	Representative Payee services
Payroll	Accounts Payable
Accounts Receivable	Fiscal reporting
CMO business operations	SAMS (CCS Program Database)
WiSACWIS (CSU Database)	HIPAA Compliance
Community Aids Reporting System (CARS)	Civil Rights
Clients Rights	

While maintaining the varied areas of responsibilities on a day-to-day basis, Administrative Services works to institute and/or develop changes that will improve efficiency and comply with all local, state and federal mandates.

In 2006, Health and Human Services continued with the Children's Redesign Grant. The Administrative Units' role was to provide clerical support for the meetings, track the grant expenditures, and develop data tracking systems that would allow management to easily monitor each program in the Children's Services Unit using a single database (excludes CPS and JJ clients tracked in WiSACWIS).

In 2006, the Social Assistance Management System (SAMS) program, which initially was used to track and bill all Comprehensive Community Services (CCS) services, was expanded to track and bill the Birth to Three and Children with Disabilities programs.



The IT Unit has updated the entire agency's computer software so that all staff would be functioning with the same software package.

The IT Unit also continues to find more ways to effectively and efficiently monitor our IT system.

The IT staff, along with management, continues to maintain a Health and Human Services web site on the Richland County web site. The web site can be found at: www.co.richland.wi.us. In 2006, an Intranet was developed to keep Health and Human Services staff better informed.

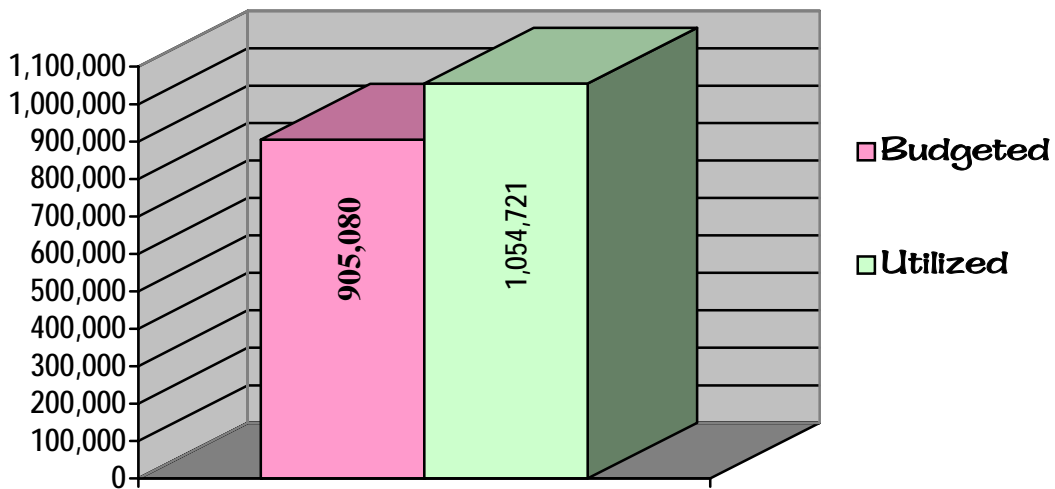
For a summary of Health and Human Services financial data for the year 2006, please refer to the following pages, which reflect the agency's unaudited financial information.

FISCAL

(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

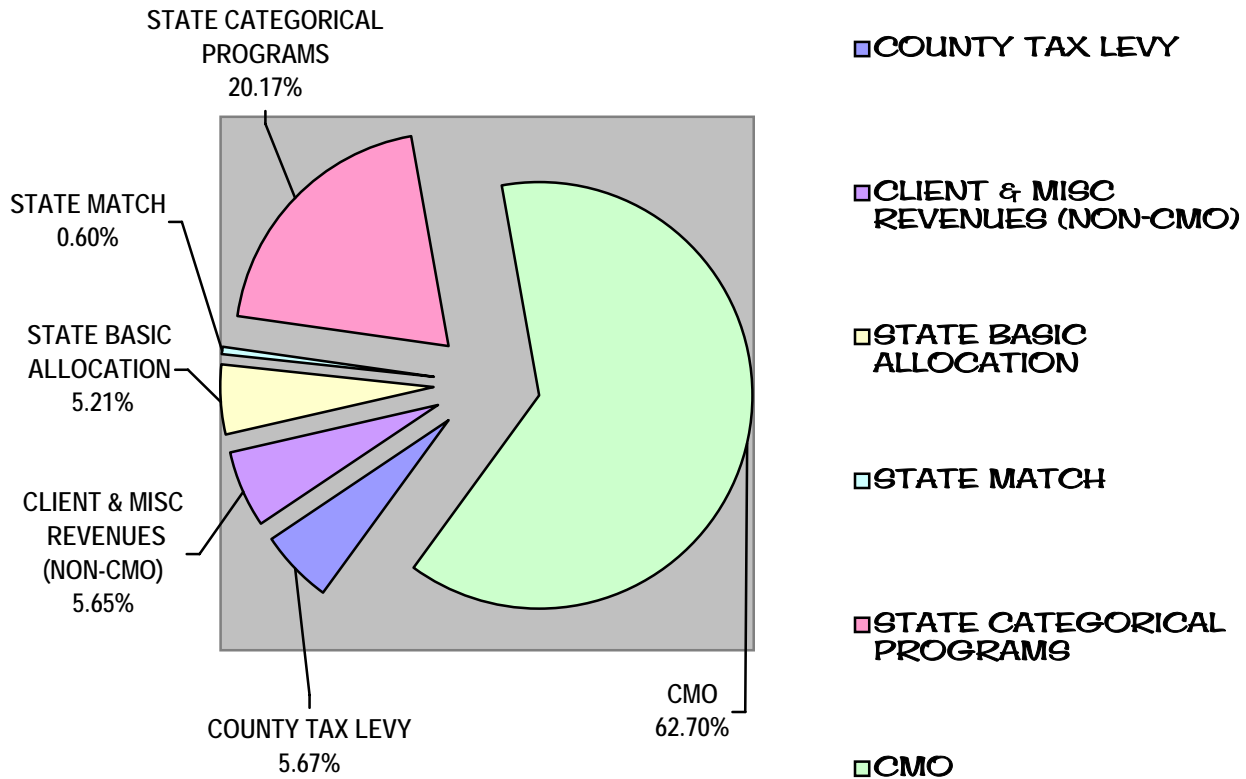
COUNTY TAX LEVY BUDGETED VS. USED



Budgeted	\$ 905,080
Utilized	\$ 1,054,721
Variance [Over Budgeted Amount]	\$ (-149,641)
Unbudgeted Institution Costs	\$ 113,253
Amount Over Budget Without Institution Costs	\$ 36,388

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

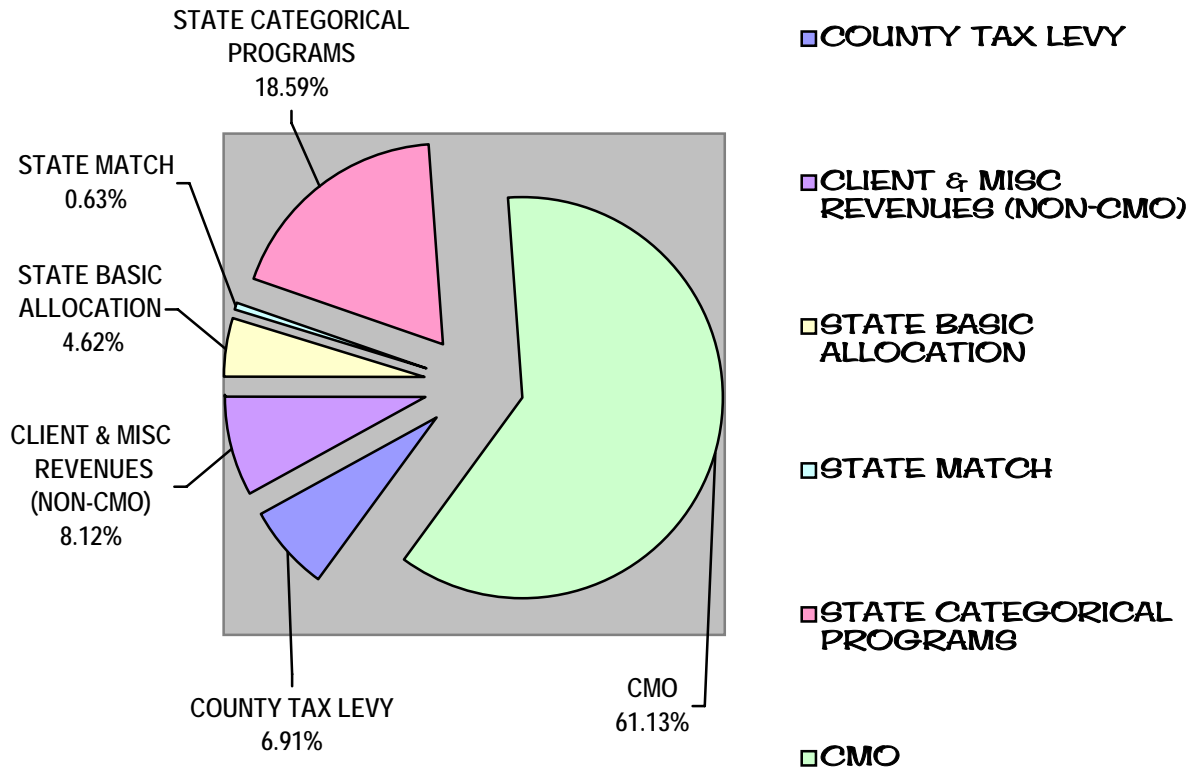
BUDGETED REVENUE



COUNTY TAX LEVY	\$ 905,080
CLIENT & MISC REVENUES (NON-CMO)	\$ 900,881
STATE BASIC ALLOCATION	\$ 831,086
STATE MATCH	\$ 95,466
STATE CATEGORICAL PROGRAMS	\$ 3,218,497
CARE MANAGEMENT ORGANIZATION (CMO)	\$ 10,002,829
TOTAL	\$ 15,953,839

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

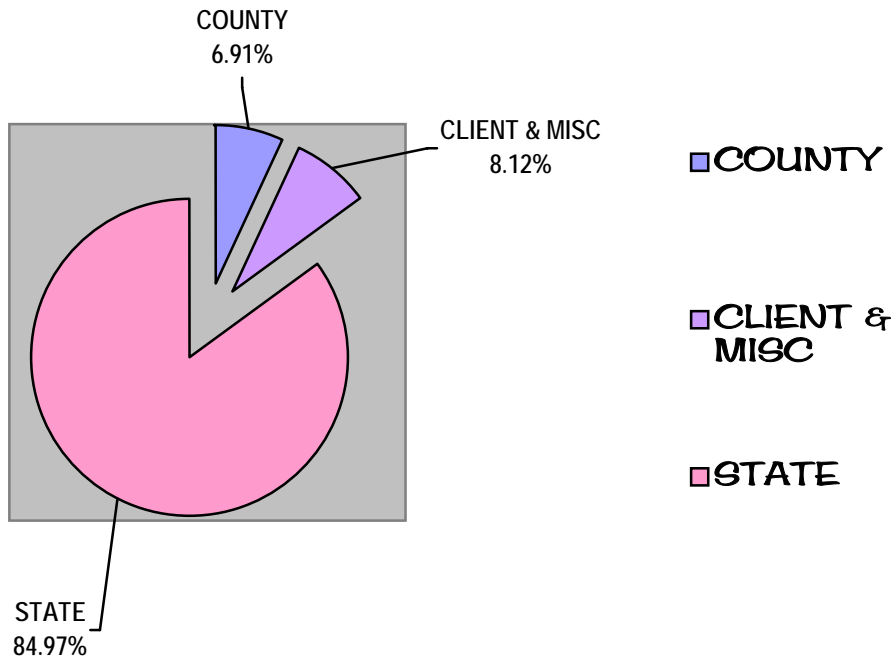
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY	\$ 1,054,721
CLIENT & MISC REVENUES (NON-CMO)	\$ 1,239,949
STATE BASIC ALLOCATION	\$ 705,678
STATE MATCH	\$ 95,466
STATE CATEGORICAL PROGRAMS	\$ 2,837,604
CARE MANAGEMENT ORGRANIZATION (CMO) STATE & CLIENT REVENUES	\$ 9,331,205
TOTAL	\$ 15,264,623

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,054,721
CLIENT & MISC	\$ 1,239,949
STATE	\$ 12,969,953
TOTAL	\$ 15,264,623

APPENDIX

Richland County Health & Human Services

2006 Health & Human Services Contracts (Over \$10,000)*

Aegis Therapies, Inc.	\$53,176	L & J Pub and Restaurant	\$12,642
Attorney Henry Plum	\$35,753	Lad Lake	\$49,797
B-Care Corporation	\$85,640	Lori Knapp, Inc. - Richland	\$223,699
Balto, Irv LCSW	\$24,878	Matekel's Group Home	\$42,068
Bell, Roberta LCSW	\$10,056	Orion Family Services	\$70,635
Boscobel Area Health Care	\$18,546	Orion Group Home	\$13,142
Capital Newspapers	\$11,533	Paragon Development Systems	\$45,710
Chris Haven Group Homes	\$10,481	Rawhide, Inc.	\$39,464
Community Care Resources	\$66,003	Richland Hospital	\$71,611
Dati, David LCSW	\$24,878	Russ Lutz Consulting	\$139,920
Deer Valley AFH	\$12,105	Schmidt, Clemens M.D.	\$63,450
Deloitte Consulting	\$621,000	SW WI Workforce Dev. Board, Inc.	\$399,070
Gander's Cleaning Service	\$31,099	Tellurian UCAN, Inc.	\$18,052
Harris AFH	\$13,152	Terry Fillyaw AFH	\$18,435
Jerry Fillyaw AFH	\$61,090	Trempealeau County Health Care	\$71,977
John Hoffman AFH	\$40,848	Warrior, Jean Ph.D.	\$18,063
Koenecke, Fred M.D.	\$25,218	WI Early Autism Project	\$33,345

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

2006 CMO Provider Network

Allison Park Group Home	\$121,983	Center Massage	\$315
ANEW Healthcare Services, Inc.	\$10,627	Cerven Adult Family Home	\$40,234
Arndorfe, Ellen	\$3,400	Community Home Medical Equipment, Inc.	\$41,153
Ash Creek Plumbing & Heating	\$269	Creative Dimensions in Care	\$323,911
ASPIRO	\$254	Culligan Water Conditioning	\$479
Assisted Care, Inc.	\$47,450	Curves for Women	\$250
Basarich, Jane A	\$608	Deer Valley Adult Family Home	\$74,008
Bethel Homes & Services	\$54,425	Degen Berglund	\$833
Bethke Adult Family Home	\$1958	Deitelhoff Adult Family Home	\$608
Better Days, Inc.	\$16212	Eagle Enterprises, Inc.	\$1,856
Bohlman Drugstore, Inc.	\$7647	Express Medical Supple, Inc.	\$1,275
Burgette Adult Family Home	\$39018	Family & Children's Center	\$714
Burghagen Sr., Leo	\$9815	Family Services	\$770
Burkhamer, Thomas	\$495	Fillyaw Adult Family Home	\$20,060
Burton Adult Family Home	\$218,905	Foekler Adult Family Home	\$42,539

Franciscan Skemp Health System	\$36,887	Pratt Freight Service, Inc.	\$2,063
Frazier Adult Family Home	\$23,583	Private Care Home Health, LLC	\$4,961
Greenway Manor	\$45,817	REM Wisconsin, INC	\$83,950
Gundersun Lutheran Coulee Trails, Inc.	\$14,939	Richland Electric Cooperative	\$22,546
Harris Adult Family Home	\$126	Richland Family Prescription Center	\$5,890
Harvest Guest Home	\$102,633	Richland Hospital, Inc.	\$12,525
HHU Home Medical Equipment	\$1,833	Riverdale Healthcare & Rehabilitation	\$100,131
Home Delivered Incontinence Supply	\$2,083	Rivers Family Therapy Center	\$975
Home Health United (HHU)	\$5,902	Robinson, Larry	\$1,205
Homeward Bound, Inc.	\$225,064	Sannes Skogdalen	\$43,672
Huebner and Associates	\$3,258	Schmitt Woodland Hills	\$1,216,621
Improved Living Services, Inc.	\$234,829	Serentiy Adult Family Home	\$3,768
Kaleidoscope Therapies	\$35,485	Shepard, Jennifer Massage	\$9,280
Kaul Communications	\$140	Spilde Adult Family Home	\$3,122
Kepler Adult Family Home	\$7,335	Spring Green Pharmacy	\$588
King Adult Family Home	\$17,290	St. Josephs Rehabilitation Center	\$7,638
Kirchoffner Adult Family Home	\$9,154	Streu's Pharmacy	\$81
Kovelan, Naomi	\$1,275	Sunrise Meadow	\$116,080
Lakeview Healthcare Facility	\$57,914	Symons Recreation Center	\$1,657
Larosh Muscular Therapy, LLC	\$825	Tellurian UCAN, Inc.	\$5,049
Lebansky Adult Family Home	\$1,708	Thrifty White Pharmacy	\$11,924
Lori Knapp – Richland, Inc.	\$784,925	Towne Taxi	\$33,903
Lyle Tydrich Snow Removal	\$200	United Building Center	\$67
Marshall Adult Family Home	\$3,078	Universal Hospital Service, Inc.	\$1,193
Michael Marshall Adult Family Home	\$2,340	Upland Hills Home Care	\$25,428
Medic Alert	\$35	Upland Hills Medical Equipment	\$250
Mill Creek Adult Family Home	\$42,875	UW Hospital & Clinics	\$799
MJ Care, Inc.	\$2,676	VARC, Inc.	\$444,078
Mystic Acres, LLC	\$13,095	Vernon Manor	\$28,530
Nat'l Seating & Mobility, Inc.	\$116	Vernon Memorial Hospital	\$52
National Pedorthic Service	\$1,294	Vernon Telephone Cooperative	\$235
Nesbit, Susan	\$1,540	Walgreens Home Care, Inc.	\$74,538
O'Neal Adult Family Home	\$34,187	Walsh's Ace Hardware	\$295
Olaf Olson Massage Therapy	\$1,360	Wertz Plumbing & Heating, Inc.	\$479
Opportunity Center	\$6,968	Wheat Hollow Adult Family Home	\$563
Orr Adult Family Home	\$24,257	Whispering Pines Construction, LLC.	\$17,368
Our Home	\$4,654	WI Council of the Blind	\$65
Our House, LLC.	\$132,964	Wiedenfeld Adult Family Home	\$7,380
Paquette Center (<i>formerly Huebner & Associates</i>)	\$673	Wind Ridge Adult Family Home	\$3310
Pavlak Adult Family Home	\$26,619	Wood Adult Family Home	\$1615
Pine Valley Healthcare & Rehab	\$1,110,903		

Richland County Health and Human Services

Office Locations

Community Services Building

221 West Seminary Street
Richland Center, WI 53581

*Administrative Services
Children's Services Unit
Economic Support Unit
Long Term Support Unit
Public Health Unit*

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

Courthouse 1st Floor

181 West Seminary Street
Richland Center, WI 53581

*Aging & Disability
Resource Center*

(608) 647-4616 or
1 (877) 641-4616
Fax: (608) 647-8962

West Office

1000 Highway 14 West
Richland Center, WI 53581

*Clinical Services Unit
Business Office*

(608) 647-6384
Fax: (608) 647-8867

PLEASE VISIT OUR WEB SITE AT www.co.richland.wi.us