

2008



Annual Report

Health & Human Services

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

On behalf of Richland County Health and Human Services Board and staff, I am proud to present our 2008 Annual Report. This past year marked our eighth full year since the creation of the Health and Human Services in August of 2000. Several highlights of 2008 include:

- **The creation of the Southwest Family Care Alliance.** Richland County, along with seven other counties in southwest Wisconsin, those being Juneau, Sauk, Crawford, Grant, Iowa, Green, and Lafayette Counties, created a Family Care District called the Southwest Family Care Alliance to administer the Family Care Program. This managed care organization had been operated by Richland County Health and Human Services since 2001. This new multi-county regional organization officially began on July 1, 2008 after several years of planning. By the end of 2008, all of the previous Family Care administrative staff had switched over to employment with the Alliance and the bookkeeping and accounting was transferred from Richland County to the Alliance as well. Richland County Health and Human Services now contracts with the Alliance to provide care management services as well as a variety of other services.
- **Regional Aging and Disability Resource Center.** A regional concept was created for the Aging and Disability Resource Center as well. A Regional Aging and Disability Resource Center of Southwest Wisconsin - North was created to include Sauk, Juneau, Richland, and Crawford Counties; and a Regional Aging and Disability Resource Center of Southwest Wisconsin - South was created to include Green, Lafayette, Grant, and Iowa Counties. The new Regional Board was organized in August of 2008. Richland County Health and Human Services is the lead agency for the Regional Aging and Disability Resource Center of Southwest Wisconsin - North office and staff.
- **Richland County Flooding in June, 2008.** Richland County, once again, suffered significant flooding in 2008 for the second year in a row, and was declared a natural disaster area by the Federal government. As in 2007, Richland County Health and Human Services staff was very involved in many aspects of the flood response, including staffing at the Emergency Command Center and opening a local shelter until it was taken over by the Red Cross. Our Public Health Unit, again, played a very active role in responding to flood victims with a variety of issues, including contaminated wells and mold issues.

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

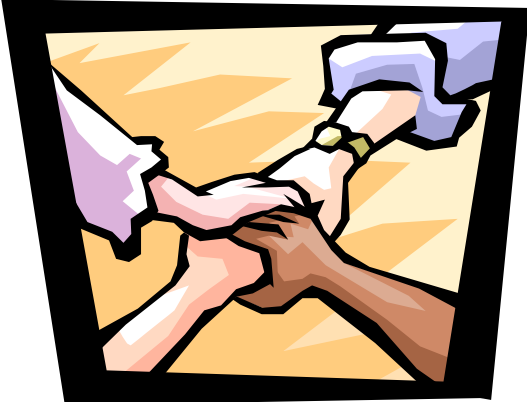
Sincerely,



Randy Jacquet, LCSW
Director

Richland County Health & Human Services

2008 Annual Report



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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 (until April 2008)

Jeanetta Kirkpatrick, Chairman

Dr. Richard Edwards (until April 2008)

Daniel Carroll

Dr. Jenny Myskowski (as of May 2008)

Betty Havlik

Jane Greiling (until April 2008)

Ray Schmitz

Marilyn Rinehart (as of May 2008)

Paul Kinney

Gaylord Deets (until April 2008)

Robert Holets (as of May 2008)

Walter Gust (as of May 2008)

Aging & Disability Resource Center Advisory Committee

Committee Members

Bonnie Richardson, Chairman

Asenath LaRue

Laura Poindexter

Paul Kinney

Twyla Kepler

CMO Advisory Committee

Committee Members (January - June 2008)

Ray Schmitz, Chairman

Joe Simon

Philomena Poole

Verna Mary Gillingham

Commission on Aging

Commission Members

John Allen Halink, Chairman

Bette Cook

Leonard Gobin

Pat Marshall

Paul Kinney

Robert Smith

Ron Curtis

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

Martha White, Chairman

Faye Burghagen
Mary Chris Walling
Paul Kinney
Ricki Bishop
Tracy Thorsen

Jesse Rose
Mary Jane Honer
Rick Haskins
Lori Thuli

Coordinated Services Team (CST)

Coordination Committee

Committee Members

Will Buros, Chairman

Beverly Burns
Faye Burghagen
Lori Dilley
Paul Kinney
Karee Gander (non-voting)
Randy Jacquet

Darrell Berglin
John Annear
Martha White
Ricki Bishop
Lori Thuli (non-voting)
Tracy Thorsen (non-voting)

Long Term Care Council

Council Members

William Seep, Chairman

Carol Clausius
Marilyn Marshall
Orlen Richards
Harriett Hendricks
Philomena Poole
Mary M. Allen
Robert Holets
Connie Post
Greg Myszkowski

Betty Havlik
Gretchen Campbell
James Cox
Asenath LaRue
Melissa Ladika
Jean Ghastin
Nora Midlash
Martha White

Nutrition Advisory Council

Committee Members

Marlene Curtis, Chairman

Harriet Hendricks
Scott Banker
Janine Parduhn

Shannon Trebus
Mike Shields

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

Board Members

Walter Gust, Chairman

Jackie Maier	Janet Pearson
Janice Cleven	June Leirmo
Lane Poulin	Marjory Sheckler
Mary Anderson	Robert Neal Smith
Sandra Roemer – Rutter	Steven Bach
Tom Brounacker	

* Board began in August of 2008.

Richland County KIDS Council

Council Members

Connie Vlasak, Chairman

Deb Lynch	Jeff Bethke
Kay Cunningham	LaVonne Bekkum
Laurie Schuman	Patsy Johnson
Rachel McGlynn	Michelle Parr
Rick Daniels	Lori Thuli
Jeanetta Kirkpatrick	

Transportation Coordinating Committee

Committee Members

Fred Clary, Chairman

Betty Havlik	Dick Lee
Dick Pavlak	Kathleen Cianci
Linda Symons	Marie Rakow
Patty Kemerling	Robert Smith
Tracy Hanson	

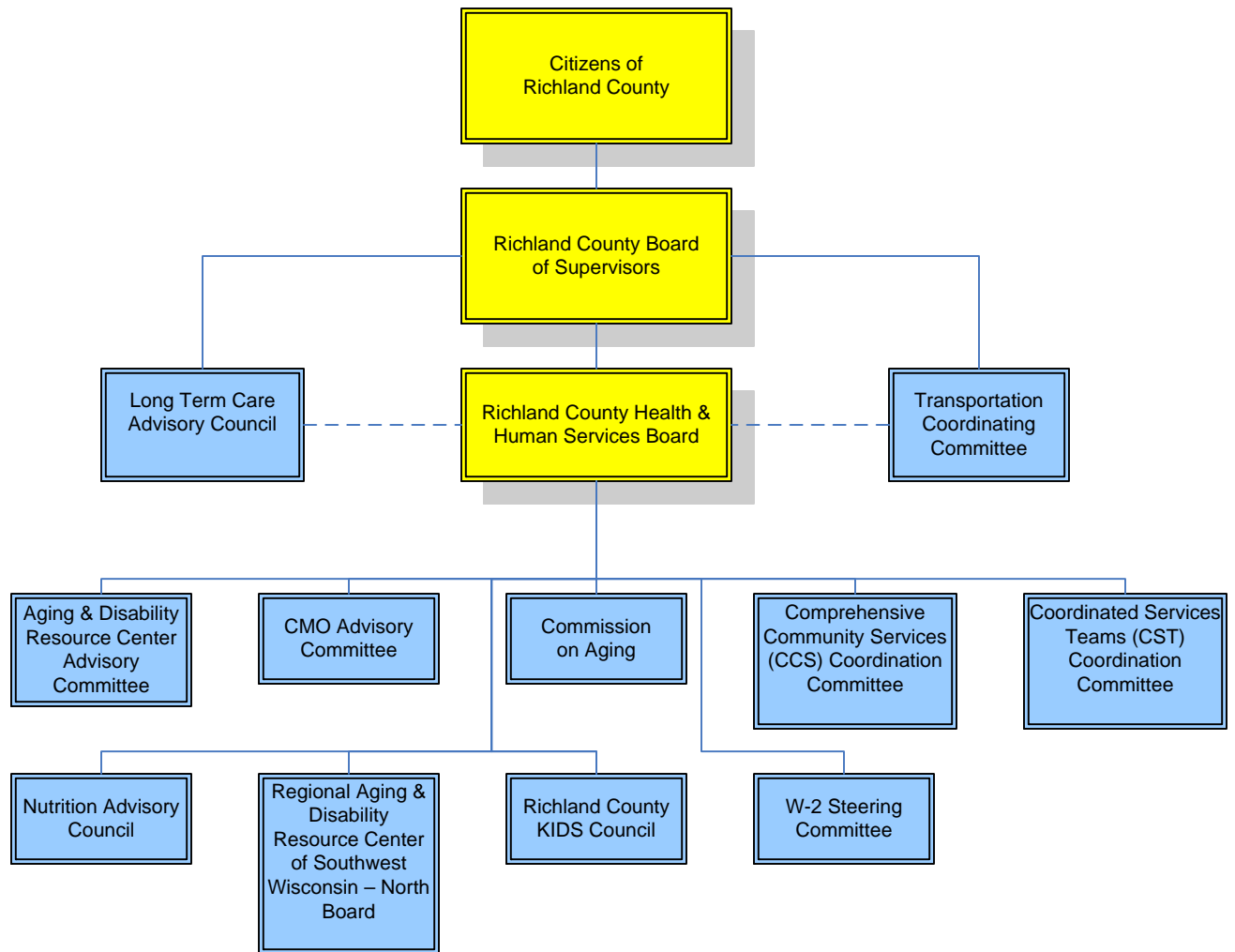
W-2 Steering Committee

Committee Members

Christy Duhr	Rev. Craig Peach
Fred Clary	JoAnn Krulatz
Kari Oates	Kelle McClary
Randy Jacquet	Rita Smith
Sue Patch	

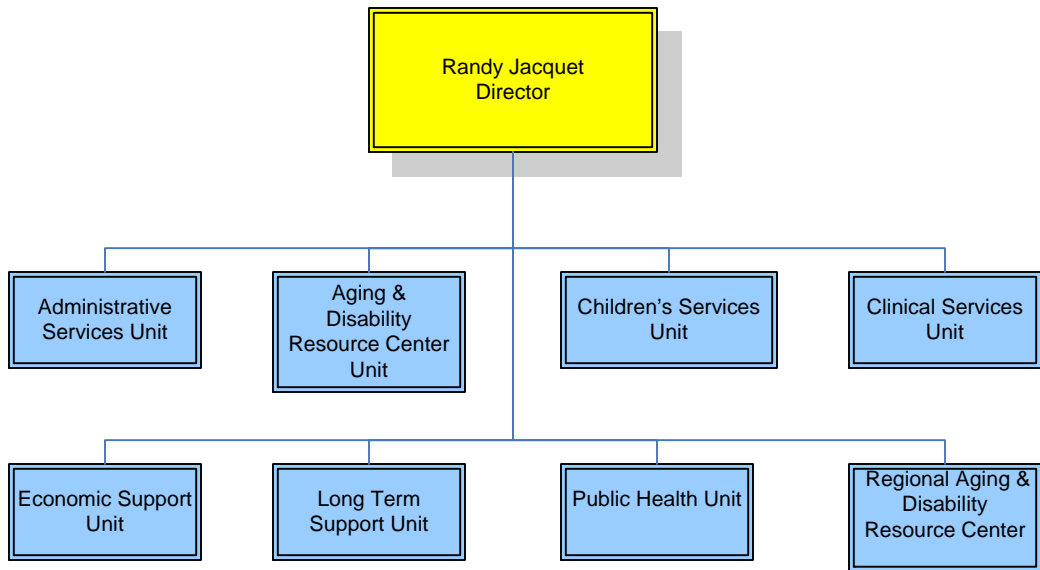
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

Mission Statement

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

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 DB's(CCS, CSP, BTT, CWD)
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.

Administrative Services has been instrumental in organizing and facilitating the expansion of the Community Services Building. This project has an anticipated completion date of late 2009, and will consolidate all staff currently located in the West Office and the Aging and Disability Resource Center into one location at the Community Services Building. Not only will this project increase communication and efficiencies amongst staff, it will also improve service to our clients while eliminating many duplicative costs.

For a summary of Health and Human Services financial data for the year 2008, please refer to the Fiscal section, which reflects the agency's unaudited financial information.



Richland County was hit with a second flood in June of 2008. This weighed heavily on a community that was still recovering from the severe flooding in August of 2007.

Health and Human Services staff played a lead role in the flood response:

- Emergency Operations Center (EOC) staffing
- Public Health Assessment and Information
- Public Information Officer
- Flood Web Pages and IT support
- Shelter Start up and staffing
- Volunteer Coordination
- Resource Development and Coordination

The Administrative Services Unit of Health and Human Services was heavily impacted by the development and relocation of the Southwest Wisconsin Care Management Coalition. When the SWCMC staff moved to the East Office, many remaining Administrative Services Unit staff had to modify their job duties to include support duties that were previously completed by SWCMC staff. Health and Human Services IT staff continued to assist the SWCMC with technological needs through the remainder of the year.

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.

AGING AND DISABILITY RESOURCE CENTER

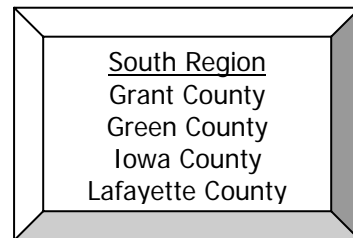
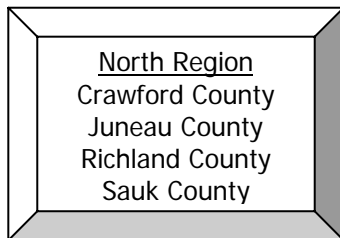
Mission Statements

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

Over the last two years, the Southwest Wisconsin Care Management Coalition, consisting of Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk Counties planned and developed regional models for long term care and for one-stop resource center – the two components of Family Care. On June 1, 2008 the Aging and Disability Resource Center of Southwest Wisconsin opened its door with two regional resource centers each consisting of four counties.



Richland County Health and Human Services supports the northern regional office and Green County Human Services supports the sister regional office in the south.

The long standing Aging and Disability Resource Center in Richland County remains the same quality service for Richland County residents only it is now a satellite office of a much larger regional network of other resource centers. While service remains the same for Richland County residents, the residents in our neighboring counties will now have the same supportive service we have enjoyed for last eight years.



The Aging and Disability Resource Center is an information and assistance service designed to inform and connect County residents to programming, services and public benefits.

We serve adults who are elderly (60 years and older), physically disabled, developmentally disabled, disabled due substance abuse or mental health, or disabled youth who are transitioning from children services into adult services.

Staff at the Aging and Disability Resource Center 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 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 Aging and Disability Resource Center one can also access health-related information and services that focus on early intervention/prevention. We also provide intake and eligibility determination for the Family Care, and in 2008, began offering a second publicly-funded long-term care program called IRIS (Include, Respect, I Self-direct). The Aging and Disability Resource Center also provides low vision support services, transportation assistance services, and adult protective services.

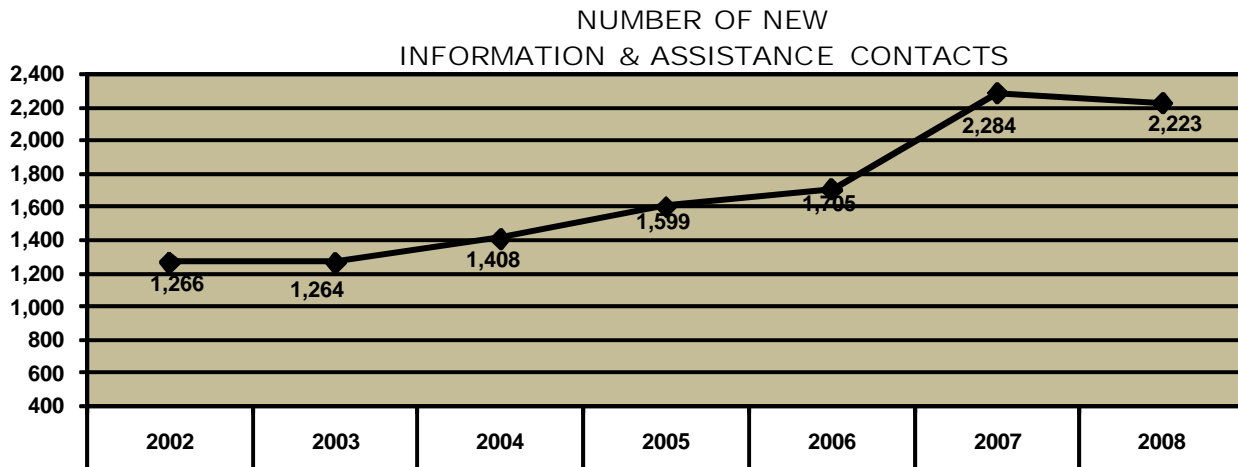
KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2008, the Information and Assistance staff (I&A) had 2,223 new contacts from consumers. New contacts are defined as first-time consumers, as well as

repeat customers who contact the Aging and Disability Resource Center for assistance with a new issue or need. As the chart below shows, there is a slight decrease from 2007 due, in part, to a tapering off of contacts related to area flooding that occurred in Fall 2007, and again in Spring 2008.



2008 Information & Assistance Consumers

56% were 65 years and older;
 5% were consumers with physical disabilities;
 5% were consumers with developmental disabilities;
 4% were consumers with mental health or substance use disorders;
 4% were consumers who fell into another target group such as domestic violence, homeless or children; and
 24% were unknown.

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

Those contacting the Aging and Disability Resource Center in 2008 had over 3,000 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management or early intervention/prevention services.

Consistent with previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance and support; health/medical care; home health/home supportive care; and housing/residential needs. 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 Aging and Disability Resource Center:

ANALYSIS OF MOST FREQUENT AREAS OF NEED EXPRESSED BY CALLERS:

<u>Financial Assistance and Support</u>	<u># of Contacts</u>	<u>Health and Medical Care</u>	<u># of Contacts</u>
Family Care/IRIS Waiver/other financial support for long-term care	245	Early Intervention/Prevention Information and Services	636
Assistance with Utilities, Phone and/or Rent	161	Rehabilitation/Therapy	47
Financial Aid for Drugs/ Medical Care	90	Medical/Dental/Hearing/Eye Care Services	43
Medical Assistance	99	Alzheimer's Disease Information and Services	18
Social Security/SSI/SSI-E	84	Mental Health Information/Services	29
Emergency and Short-term Financial Aid	74	AODA Information/Services	3
FoodShare Program	45	Other Health /Medical Information and Services	38
Money Mgt/Budget Counseling	15		
Flood-related Financial Assistance	57		
Other Financial Assistance and Support	7		
TOTAL	877	TOTAL	814
<u>Home Health/Home Care</u>	<u># of Contacts</u>	<u>Housing/Residential</u>	<u># of Contacts</u>
Chores/Home Supportive Care	83	Community Based Residential Facility	45
Home Health Care Services – Nursing/HH Aide/Personal Care	67	Subsidized Housing	59
Therapy/Rehabilitation Services	104	Assisted Living/Apartment	19
Adaptive Aids/Medical Equipment	30	Housing Search Assistance	6
Case Management	23	Nursing Home	24
Medi-Alert	23	Home Modification/Home Maintenance	27
Respite Care	17	Rental Housing/Apartment	24
Hospice Care	9	Home Ownership Assistance	8
		Adult Family Home	20
		Emergency Shelter/Homeless	22
		Clothing/Furniture/Household Goods	24
		Other Housing/Residential	4
TOTAL	356	TOTAL	282

In addition to the most frequent areas of needs/requests depicted above, the Information and Assistance staff were contacted regarding a variety of other issues.

OTHER SIGNIFICANT AREAS OF NEED EXPRESSED BY CALLERS:

<u>Advocacy</u>	<u># of Contacts</u>	<u>Insurance</u>	<u># of Contacts</u>
Disability Benefit Specialist	56	Medicare	64
Elderly Benefit Specialist	45	Health Insurance	14
Elder Abuse/Neglect	18	Medicare Supplemental Insurance	14
Veterans Issues	3	Other Insurance Information	6
Mental Health Advocate	5		
Other Advocacy	16		
TOTAL	143	TOTAL	98
<u>Education and Employment</u>		<u>Legal</u>	
Job Search/Placement	26	Power of Attorney/Living Will	29
Supported Employment	21	Estate Planning	18
Job Training/Subsidized Employment	3	Legal Assistance, Representation	17
Other Education/Employment	17	Tax Prep. Assistance/Tax Law	43
		Landlord/Tenant Issues	4
		Guardianship	11
		Government	36
		Other Legal	8
TOTAL	67	TOTAL	166
<u>Food/Nutrition</u>		<u>Transportation</u>	
Home-Delivered Meals or Congregate Meal sites	20	Medical and Special Needs Transport	46
Non-Emergency Food	10	Other Transportation Needs	25
Emergency Food	40		
Nutrition Education and Counseling	1		
TOTAL	71	TOTAL	71
		<u>Other</u>	
		Recreation/Social Activities	18
		Volunteerism	13
		Donations	22
		Other	6
		TOTAL	59

While many consumers simply need information, others need various kinds of assistance getting connected to programs or services. The Information and Assistance staff provide 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 in-depth counseling about long-term care options; to providing short-term case management to assist a consumer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

Since 2001, the Aging and Disability Resource Center (ADRC) has been the intake point for the Family Care benefit. In 2008, at the direction of the federal government, the state Department of Health Services worked with ADRC's to provide consumers with an additional choice for publicly-funded long term care programs and services. The new program is called IRIS, an acronym that stands for Include, Respect, I Self-Direct. IRIS was formally implemented 7/1/08, and is available in all counties where Family Care is operational.

In IRIS, the consumer takes responsibility for self-directing his/her own services and supports. He/she develops and manages his/her own plan of care, and is provided an individualized fixed budget to use to purchase the services and supports listed on the plan. The budget amount is determined by the Department and tied to the results of the consumer's Long Term Care Functional Screen. An Independent Consultant and Financial Services Agency are available to advise and consult with IRIS program participants, as needed. In contrast, Family Care provides a care management team of a Social Worker and a Nurse, who work closely with the consumer to develop and approve the care plan, arrange for services, handle payment, and monitor the effectiveness and appropriateness of services over time. The care management team also works closely with the consumer's health care provider(s) to help assure that long term care and health care services are coordinated.

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

- conducting the Long-Term Care Functional Screen to determine functional eligibility;

- working with the Economic Support Unit to facilitate financial eligibility;
- providing enrollment counseling and answering questions about Family Care and IRIS including comparing and contrasting the two programs in relation to eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, etc.;
- completing Family Care enrollments or making referrals to the Independent Consultant Agency;
- helping to transition consumers into Family Care or IRIS;
- after enrollment, providing advocacy for consumers who are having issues or concerns with their chosen long term care program; and
- for IRIS participants conducting a new Functional Screen as part of the annual recertification process, or at any time an IRIS participant has a significant change in condition.

As indicated above, the Aging and Disability Resource Center's role in eligibility determination includes administration of the Long Term Care Functional Screen. During 2008, our Information and Assistance staff completed 75 Functional Screens and offered approximately 30 additional screens that were either declined or not followed through on by consumers. This compares to 85 Functional Screens completed in 2007, 99 Functional Screens completed in 2006, 84 completed in 2005, 93 completed in 2004 and 88 completed in 2003.

During 2008, our Information and Assistance staff assisted a total of 59 consumers to enroll in the Family Care/Care Management Organization. This compares to 80 consumers in 2007, 77 consumers in 2006, 65 consumers in 2005, 68 consumers in 2004, and 67 consumers in 2003.

In regards to the new IRIS program, in the fourth quarter of 2008 we were finally able to make our first referral to the Independent Consultant Agency (ICA) of a consumer interested in the program. As the year closed, the consumer was working with the ICA to develop and receive approval of his plan of care so he could begin participating in the program.

DISABILITY BENEFIT SPECIALIST

Disability Benefit Specialist services are available to Richland County residents ages 18 through 59 years with physical disabilities, developmental disabilities, mental illness and/or substance abuse disorders. The Disability Benefit Specialist provides information on public and private benefits and assists with applications, appeals and advocacy. Typical areas of assistance include programs such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other 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 Aging and Disability Resource Center Supervisor and a Staff Attorney located at Disability Rights Wisconsin in Madison. Office hours are Mondays-Thursdays between the hours of 8:30 and 4:30.

In just its 6th year of operation, the Disability Benefit Specialist program assisted 140 Richland County residents in receiving over \$900,000.00 in federal, state or private benefits for which they qualified.

The program also assisted another 70 county residents in providing general information about benefits and programs for which they might be entitled. Since the Disability Benefit Specialist program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$3,700,000. 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.

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.

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 2008 include the following:

In 2008, the Aging and Disability Resource Center (ADRC) expanded and formalized some of the early intervention services it offers to Richland County residents. In February, the ADRC was awarded a two-year grant with which to develop and implement an evidence-based fall prevention program. The selected model, Stepping On, debuted in July with nine participants and two leaders. The seven-week Stepping On workshop offered information on specific fall risk factors and encouraged the participants to apply practical safety

measures that would, in turn, reduce their risk of falling. A second Stepping On class occurred during September/October with thirteen in attendance.

The ADRC RN saw 577 clients for blood pressure checks in 2008. The RN visited the Richland Center, Rockbridge, and Viola meal sites. Forty-three consumers were seen for the first time in 2008. 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.

The ADRC sponsored its fourth annual health fair for residents of Richland Center in 2008. Twenty people had their blood pressure and blood glucose levels checked. Information was also available on several health-related issues for consumers to review and take home.

The RN put up bimonthly bulletin boards in 2008 covering a wide variety of health-related and seasonal topics. Titles included: "Dental Health and Older Adults", "Enjoy Summer Safely", "Stepping On", "Men and Depression", "Men's Cancer", and "Open the Door to Good Health, Nutrition is the Key." Detailed information accompanied each bulletin board display for consumers to read and take with them.

A short-term medication management service was initiated in 2005. During calendar year 2008, the RN continued to promote and implement the program with healthcare providers and consumers. Any community-dwelling adult who may be having difficulty with managing his/her medications can receive services that will assist him/her with establishing a plan for 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 2008, the RN evaluated 24 screens that staff had completed.

The nurse also 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, or who have mental health or substance abuse disorders and are 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 and Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2007-2008 school year included:

- Ongoing provision of information and assistance to teachers (who are making requests on behalf of the students) via email, telephone, and in-person meetings.
- Provision of specialized options counseling to youth and their families when transitioning from children's disability services to disability services and benefits in adulthood.
- Monthly participation at Transition Advisory Council meetings. The Council members include high school teachers, representatives of community organizations such as the Vocational Rehabilitation and Independent Living Services, Southwest Technical College, CESA #3, and staff from other areas of Health and Human Services, such as Children with Disabilities staff.
- Ongoing outreach to all area schools.
- Joint planning and participation in a "Mentoring Day" where high school students with disabilities visited various job sites to job shadow and learn about different careers.
- Participation and leadership in CESA #3 coordinated meetings.
- 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 and their families 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 2008, Richland County Health and Human Services received \$3,613. The funding was used to provide information and assistance and supportive services to Richland County families and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's Association Southwest Wisconsin Richland County contributed to the further development of a local Dementia Network and participated in the 2008 Memory Walk.

ELDERLY BENEFIT SPECIALIST PROGRAM

The Elderly Benefit Specialist Program is a free service for residents 60 and over provided through State, Federal, and County funding but also made possible through donations from the consumers the program assists. In 2008, the Benefit Specialist Program continued as a reliable and trusted source of information for the residents of Richland County.

The Elderly Benefit Specialist provided **1609.50 hours** of direct casework and assistance in **82** of the 103 different service areas available through the Elderly Benefit Specialist Program. This assistance benefited **289 residents** of Richland County. The chart below combines the 82 program areas into 19 general categories and shows that those 289 residents had 757 program requests in 2008. Meaning on average each of the 289 people with direct casework requested assistance on 2.62 different programs in 2008 and the Elderly Benefit Specialist averaged 5.75 hours to each person.

In 2008 the Elderly Benefit Specialist provided assistance with **448 Information and Assistance contacts** in 83 of the 103 available programs. Information and assistance is calculated as brief contact with consumers where a formal case is not opened and provides quick answers to questions over the telephone.

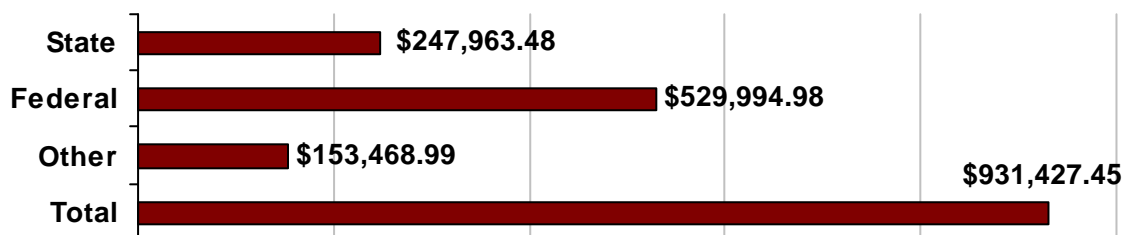
Medicare (8 programs)	104
Medicare Part D (3 programs)	84
Medicaid (7 programs)	29
SeniorCare (1 program)	108
Other Prescription Drug (2 programs)	9
Other Insurance (9 programs)	38
Medical Bill Reduction (2 programs)	5
Food Share (1 program)	24
Social Security (6 programs)	44
Retirement/Pensions (3 programs)	3

Other Income Support (6 programs)	90
Family Care (1 program)	18
Energy Assistance (3 programs)	25
Homestead Tax Credit (2 program)	73
Housing/Rental Assistance (4 programs)	17
Financial Counseling (6 programs)	26
Legal Assistance (13 programs)	27
Benefit Check-up (1 program)	19
Other Community Services (4 programs)	14
Information and Assistance (83 programs)	448

The Benefit Specialist program continued outreach campaigns with 61 activities through appearances on cable TV, radio, newspaper, and presentations throughout the county.

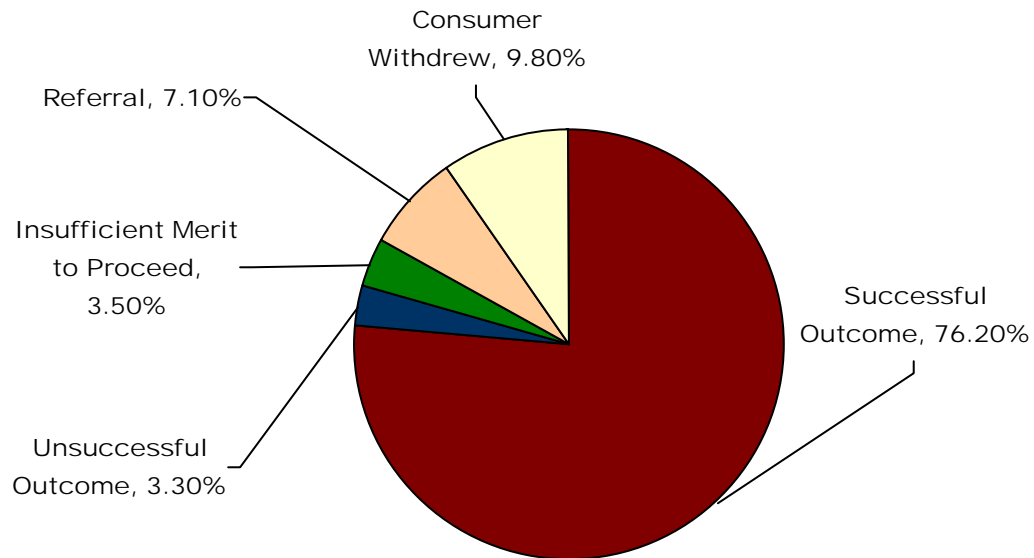
The Elderly Benefit Specialist program provided a **savings of \$931,429.45** to the Richland County residents. This monetary impact is broken down into State, Federal and Other funding based on the type of program the savings originate from. An example is SeniorCare has monetary impacts in all three categories while Medicare programs have only Federal savings.

Amount of money the Elderly Benefit Specialist program saved the residents of Richland County in 2008



In addition to the monetary impact the program provides to the residents of Richland County there is also the overall success of the program. When each case is closed a reason code is assigned to designate how the case closed. The chart below helps demonstrate how effectively the Elderly Benefit Specialist Program has been for the Richland County residents.

Effectiveness of Elderly Benefit Specialist Program



THE DRIVER ESCORT PROGRAM

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

In 2008, the Driver Escort Program had 17 volunteer drivers and 5 temporary casual county drivers providing a total of **1,389 trips** (an increase of 21% from 2007), for **1,841 passengers** (an increase of 16% from 2007) traveling **154,693 miles** (an increase of 11% from 2007). The volunteer drivers donated **4,629 hours** of their time (an increase of 21% from 2007) and the temporary casual Drivers drove for **2,930 county van hours** (an increase of 17% from 2007).

This program is primarily funded through the s.85.21 Department of Transportation grant for Specialized Transportation, as well as receiving reimbursement through Medical Assistance, Veterans Affairs, and co-pays collected from passengers. Since this is not an Older Americans Act Program, we have set rates and co-pays 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 2008 totaled \$10,703 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 2008, the funds supported 5 families, 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 18 -20 people gather to learn about services and resources that help them to remain active and independent citizens. The group supports anyone with a visual challenge and assures that they are not alone. 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.

ADULT PROTECTIVE SERVICES ACTIVITIES

The Adult Protective Service system is designed to protect Richland County vulnerable adults (18 years of age and over) from treatment or circumstances defined as abuse, neglect or financial exploitation. 2008 marked the first full

year of program incorporation into the Aging and Disability Resource Center Unit from the Care Management Organization in preparation for the restructuring associated with the coming 2008 Family Care expansion effort. The integration of the program into the Aging and Disability Resource Center continues to show a very real benefit for adults at-risk and their guardians as additional services and assistance are provided to support the adult at-risk.

Through the Wisconsin Incident Tracking System (WITS), a web-based reporting tool, the table below reflects the numbers for all vulnerable adults over 18 years old.

Adult-At-Risk/Elder Abuse and Neglect Reporting

Total number of reports:	87
Self Neglect	51
Financial Exploitation	11
Physical Abuse	5
Neglect by Other (s)	8
Emotional Abuse	9
Sexual Abuse	2
Other	1

Elder Abuse and Neglect Funds

Richland County receives a limited amount of state funding to provide specific services and assistance to person aged 60 and over who meet abuse and neglect criteria outlined by the state. In 2008, the state allocation of \$10,098 served 19 county residents.

Adult Protective Services Court Action

The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel APS assists individuals and guardians through the guardianship process. In 2008, court action was completed for 65 people. Court action can include creating guardianship of estate and person, protectively placing an individual, creating successor guardianships, terminating guardians of estate, and change of venue. It is the responsibility of the APS program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting as well as conduct annual reviews.

CHILDREN'S SERVICES UNIT

There are seven programs in the Children's Services Unit. They are:

- Birth to Three,
- Child Protective Services,
- Independent Living,
- Children with Disabilities,
- Comprehensive Community Services for Children,
- Juvenile Justice Services, and
- Foster Care/Kinship Care

In addition to the seven programs, the Children's Services Unit collaborates with other agency units and outside organizations to provide short-term assistance to homeless families.

BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program ("BTT") is a state-mandated program for eligible children ages 0 – 3 years. It is open to all Richland County residents and is free to many families. Some families may have a cost share, depending on their income. There is a no-wait policy, which means that all eligible children will be served regardless of number of children already being served in the program. The main criterion for eligibility is that a child must show a 25% delay in one or more areas of development in either social-emotional, physical, cognitive, adaptive and/or communication areas, or have a diagnosed condition which is likely to result in a developmental delay or have atypical development.



Services Provided

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

Funding Sources

- State Basic County Allocation (BCA)
- Private Pay (third party insurance)
- Medical Assistance
- Grants (e.g., United Givers)
- Parental Cost Share

Each BTT Team is a combination (depending on child's needs) of:

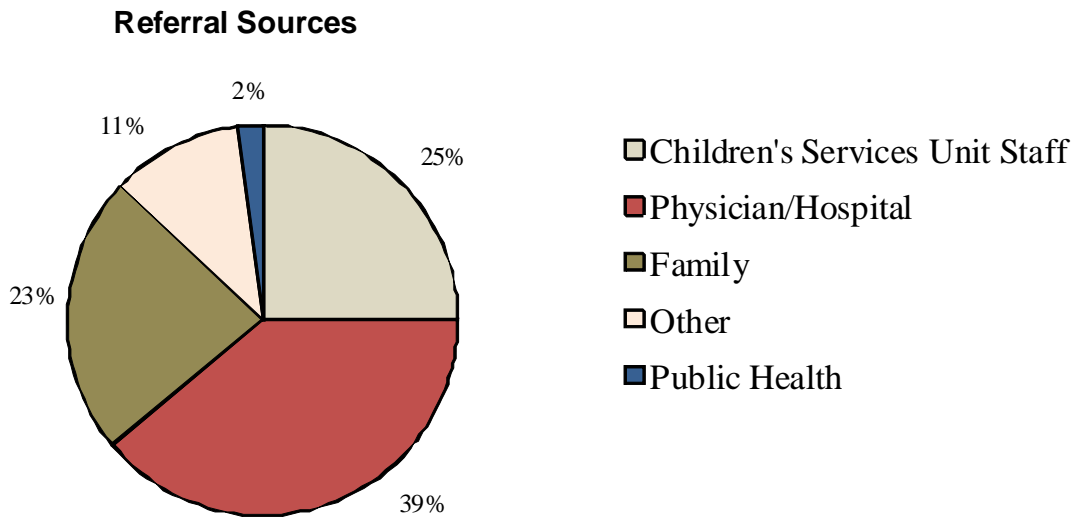
- Parents
- Speech Therapist
- Physical Therapist
- Early Intervention Specialist
- Occupational Therapist

- Other services, including medical providers (e.g., visual or hearing specialists, family counseling)

In 2008, the Richland County Birth to Three Program served 44 children in 36 families. Eighteen of these children became enrolled in the program in 2008. In addition, the program processed 44 referrals. Of the new referrals, 18 were eligible for services and wanted services. In 2008, 24 children disenrolled from the program. Disenrollment reasons varied; two common reasons are: the child turning three, and levels of delays changing.

Birth to Three Referrals for 2008

Of the 44 referrals, 10 came directly from parents, 17 from physicians and/or hospitals, 11 from Children’s Services Unit Staff, one from Public Health, and five from other referral sources (not school districts). Referral sources were as follows:



Of the 44 children who received services, the following services were utilized in any combination:

- Occupational therapy: 27 children
- Physical therapy: 4 children
- Speech therapy: 30 children
- Case management: 44 children

CHILD PROTECTIVE SERVICES

Child Protective Services is a state-mandated program within Children's Services that has very specific laws and regulations governing the program. This program is structured to:

- Protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect;
- Assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm;
- Provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect; and
- Promote the well being of the child in his or her home setting, whenever possible, or in another safe and stable placement.

WISCONSIN LAW DEFINES ABUSE AND NEGLECT AS:

Physical Abuse: Physical injury inflicted on a child by other than accidental means. Physical injury includes, but is not limited to: lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm.

Sexual Abuse: Sexual intercourse or sexual touching of a child, sexual exploitation, forced viewing of sexual activity, or permitting, allowing or encouraging a child to engage in prostitution.

Emotional Damage: Harm to a child's psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal or aggression.

Emotional damage may be demonstrated by observable changes in behavior, emotional response or learning which are incompatible with the child's age or stage of development.

Neglect: When a parent...or caretaker...fails, refuses or is unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical or dental care so as to seriously endanger the physical health of the child.

Wisconsin law has clear definitions of abuse or neglect, and conditions that they permit CPS to become involved in a family. CPS gets many calls each year requesting intervention that CPS knows to be outside our legal authority to act. In those situations, CPS provides information to the caller about the state laws.

Key Program Activities

Like many community agencies, there was less money available. In 2008 we lost two important services because of reduced revenue: the summer enrichment program, and a full-time parent educator.



Safety for Children

- Investigate allegations of child abuse or neglect;
- Respond to emergency child abuse or neglect calls 24 hour/day, 365 days/year;
- Place children in foster care homes or residential homes if the family circumstances deem it necessary; monitor placement, and reunify when appropriate;
- Provide ongoing case management services which include: monitoring court orders, conduct surprise visits to families preparing for child reunification, supervise parent/child visits, arrange or provide transportation, monitor court-ordered counseling, and monitor other court-ordered services; and
- Conduct drug testing and breathalyzer services for parents and/or youth who are court-ordered because drug related concerns affect their parenting.

CPS strives to keep children in their homes whenever possible, and works to provide services to support children's safety in home. On the occasion that for safety purposes the child must be removed from home, CPS works with the family to return the child home as quickly as possible. However, there are some situations where that cannot occur. In those situations, CPS works with the family and the court to find a permanent home for the child. Sometimes that results in arranging a legal guardian for the child. In rare situations, it results in a parent's rights being legally terminated.



Parent Support/Education

Although we lost one full time parent educator position because of reduced revenue, CPS still provides this service to parents, but on a more limited basis. We provide one-on-one instruction and support to parents of children of all ages, make referrals for therapy as needed, and make community referrals too.

INDEPENDENT LIVING

This program, or service, is available for youths who at one time or another were in out of home placements, and are currently between the ages of 15 – 21. Through our Independent Living Coordinator, we provide independent living skills for youths who have been placed out of the home for at least six months and have reached the age of 15 years, to enhance their transition to living independently as young adults. We also help connect youths to post-secondary education and training.



CHILDREN'S SERVICES STATISTICS

	2004	2005	2006	2007	2008
Intake/Pager Responses	195	376	328	395	384*
Child Abuse/Neglect Investigations	98	144	111	80	78

**Number does not include all pager calls.*

CHILDREN WITH DISABILITIES PROGRAM

The Children with Disabilities program is a state-mandated program designed to support the needs of families that have a child with developmental disabilities, physical disabilities, severe emotional disabilities, and/or autism. The purpose of the program is to provide services to the families so they can meet their child's needs in their home.

The County has one full-time staff person, a "case manager," who works with families and the state to determine a child's eligibility, and who coordinates services or supports to help the child. Unfortunately, there are more children eligible for services than the County and/or state could provide services to, so those eligible children are placed on a wait list. In 2008, the program served 36 children (32 served through enrollment), and 28 children were on the wait list.

Services and Products Provided

Some of the work of the case manager does is:

- Coordinate in-home autism therapy;
- Coordinate daily living skills training;
- Arrange respite;
- Purchase adaptive aids;
- Coordinate home modifications;
- Conduct case management; and
- Provide information and assistance in finding services for families and maximizing community resources.



Funding Sources

- Federal governments (e.g., Medicaid);
- State government (e.g., "Family Support Program");
- Local government (e.g., taxes); and
- Parental cost shares.

COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN

Comprehensive Community Services (CCS) is a state certified Medicaid mental health and substance abuse program that serves adults and children. Eligible children up to age 18 in BadgerCare+ (not including BadgerCare+ Benchmark) are served through the Children's Services Unit, and adults are served through the Clinical Services Unit. A primary goal of CCS is to provide services through a single coordinated system of care and support the youths to participate as equal partners.

The CCS program uses a team approach to assist youth in his or her goals ("service plan") for independent functioning, stability and independence. This plan is based on an individualized assessment of the youth. With a team identified by the youth and his or her parents, the youth develops goals for him or herself, and all team members (including the parents) play an active role in supporting the youth's progress towards his or her goals.

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;
- Restore consumers to the best possible level of functioning; and
- Facilitate their recovery.

Services Offered

Although a small program (we began the year with two full-time Clinicians, but ended the year with only one), we strive to make a big impact. In 2008, we served 18 children, including 6 who disenrolled.

The program offers services that have research-based evidence showing that those services make a positive impact in improving the outcomes of a specific mental illness or substance abuse problem. These services may include, but aren't limited to:

- Service planning;
- Service facilitation;
- Community skills development
- Interpersonal skills training;
- Employment related skills training;
- Pre-vocational skills training;
- Psychoeducation;
- Rehabilitative support, recovery education, and illness management; and
- Respite.

JUVENILE JUSTICE SERVICES



The Juvenile Justice Program is a state-mandated county service. State laws (Ch. 938) govern the enforcement of Wisconsin juveniles. Juveniles served by this program are under the age of 17 who have allegedly violated a state or federal law. They are also children under 18 who are habitually truant from school as defined by Wisconsin law (Ch. 118.16).

The primary services provided in this program are:

- Receive and process juvenile referrals from law enforcement agencies for criminal acts and from schools for habitual truancy referrals;
- Prepare legal documents, make recommendations to the court, and represent the county for matters relating to juveniles, including: initial appearances, status hearings, plea hearings, dispositional hearings, fact-finding hearings, extension hearings, and waiver hearings; and
- Case manage juveniles with open court cases, including coordinate services necessary for youth to complete court orders, collect restitution payments, provide electronic monitoring ("bracelet"), collect urine samples

for drug testing, and implement plans for juveniles who are out of home but planning to reunify.

JUVENILE COURT INTAKE STATISTICS

Referrals by Type and Number	2004	2005	2006	2007	2008
Disorderly Conduct	19	9	12	8	12
Possession THC/Drug Paraphernalia	15	2	2	6	5
Criminal Damage to Property	14	21	5	5	9
Theft/Burglary	12	10	9	15	5
Battery/Assault	11	3	9	6	12
Habitual Truancy	6	8	4	3	1
Operating Motor Vehicle Without Consent	6	3	5	2	0
Sexual Assault	5	5	1	2	2
Shoplifting	0	0	3	0	2
Criminal Trespass	1	0	0	0	1
Breaking and Entering	n/a	n/a	2	4	0
Others	7	11	15	9	9
TOTALS	96	72	67	60	58

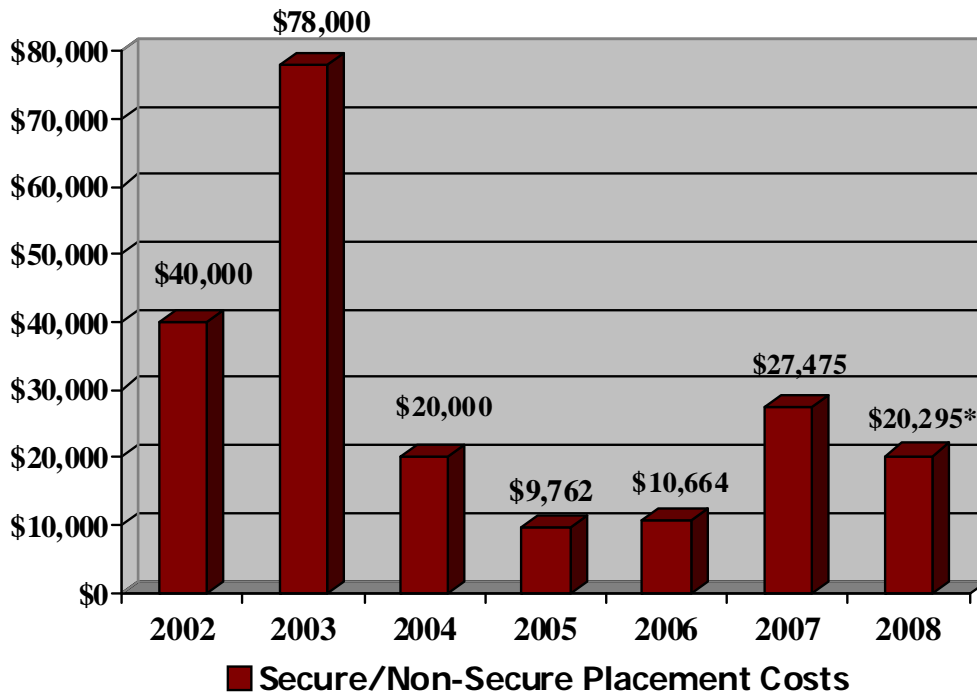
Juvenile Justice Intake decreased slightly in 2008. Services utilized in juvenile justice cases are typically counseling; e.g., anger management counseling, alcohol and other drug counseling (AODA), or sex offender counseling. Other services include: random urine screens (which can be interpreted on-site or can be sent into the laboratory for more specific readings), electronic monitoring, foster care, non-secure/secure detention, or juvenile corrections.

DISPOSITION OF REFERRALS

Court Action	2004	2005	2006	2007	2008
	52 (24 repeat offenders)	25 (10 repeat offenders)	48 (22 repeat offenders)	38 (17 repeat offenders)	35 (11 repeat offenders)
Deferred Prosecution Agreement	14	21	12	14	14
Referrals to Other Counties	10	10	2	1	4
Waived to Adult Court	8	3	1	1	1
Dismissed/Lack of Juris	6	8	2	4	0
Ordinance Violations	4	5	0	0	2
Closed and Counseled	1	0	0	0	0

Closed/Other	1	0	2	2	2
TOTALS	96	72	67	60	58

We had 35 juvenile offenders in 2008; 11 of which were repeat offenders. 22 of our 58 intake referrals were from 11 juveniles. The number of referrals is lower than each of the past four years.



*The 2008 cost reflects secure detention only; this is the primary cost.

FOSTER CARE/KINSHIP CARE IN RICHLAND COUNTY

The Children's Services Unit administers the foster care and kinship care program for the county. In Richland County, we have one part-time Foster Care/Kinship Care Coordinator. The Coordinator works closely with the Child Protective Services social workers on placing children with foster parents or treatment foster parents. Foster parents receive funding towards the direct costs of caring for the children, according to state established rates. Funding is provided partially from the state, and partially from local taxes.

Foster/Kinship Coordinator responsibilities include:

- Recruit new foster parents;
- Train new and current foster parents according to applicable federal, state, and local laws and regulations;

- License foster and treatment foster homes; and
- Promote collaboration between foster and biological parents.

When children are placed in foster care, the primary goal is reunification with their biological family. However, there are situations where a child cannot safely return home so social workers work closely with the Foster/Kinship Coordinator to achieve a permanent alternative home for the child.

Through this program, children are placed in a county licensed foster home, or in a county licensed treatment foster home. Potential reasons for placing a child in a treatment foster home include: the child has a diagnosed mental health issue, a developmental disability, there is a child protection and/or juvenile justice issue, or a physical disability that cannot be maintained in a regular foster home setting. Children are also sometimes placed in state-licensed homes as well. At various points in time in 2008, eight children were placed in county licensed foster homes, one child was placed in a county licensed treatment foster home, eighteen children were in state-licensed homes, two youths were in correctional facilities, and one child was in an institutional setting.

Kinship Care is an alternative placement option for children that need to be placed out of home. This program, like Foster Care is also mandated by the state to be offered by counties. Through Kinship, children who are removed from home are legally placed with a relative. The foster care/kinship care coordinator administers this program and ensures that the relatives meet the state criteria. The Foster Care/Kinship Coordinator makes the arrangements for kinship providers to receive monthly state-funded support funds for the child. In 2008, 26 children were in kinship care, in 18 kinship homes.



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

**Number of County Licensed
Treatment Foster Homes: 1**

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

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

RECOVERY

Recovery is a 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.

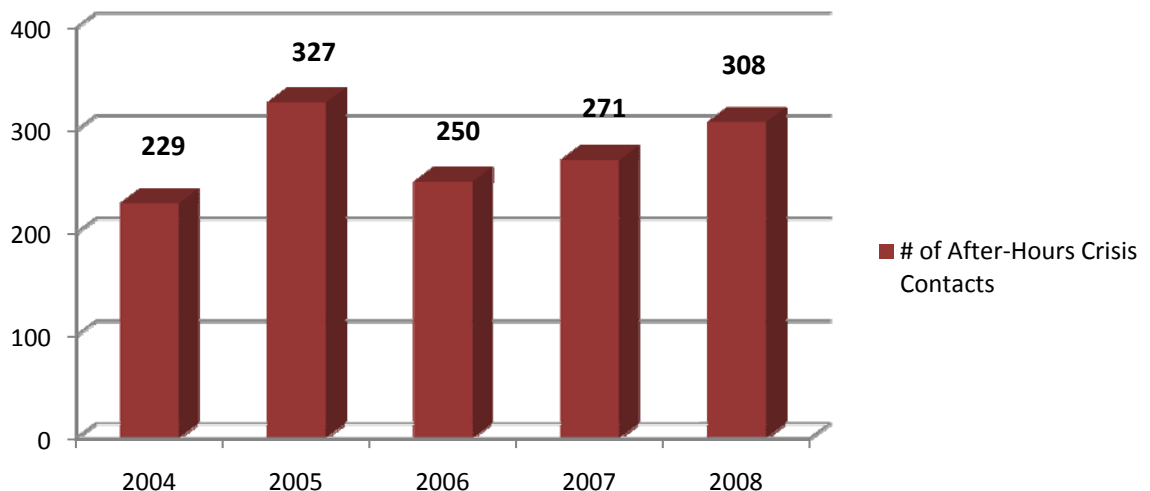
CRISIS INTERVENTION SERVICES

Crisis Intervention Services provides 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 and detox when appropriate.



Professional staff from three program areas of Health and Human Services (Clinical Services, Long-Term Support, and Aging & Disability Resource Center) who are trained in crisis intervention and suicide assessment provided the after-hours service on a rotating schedule.

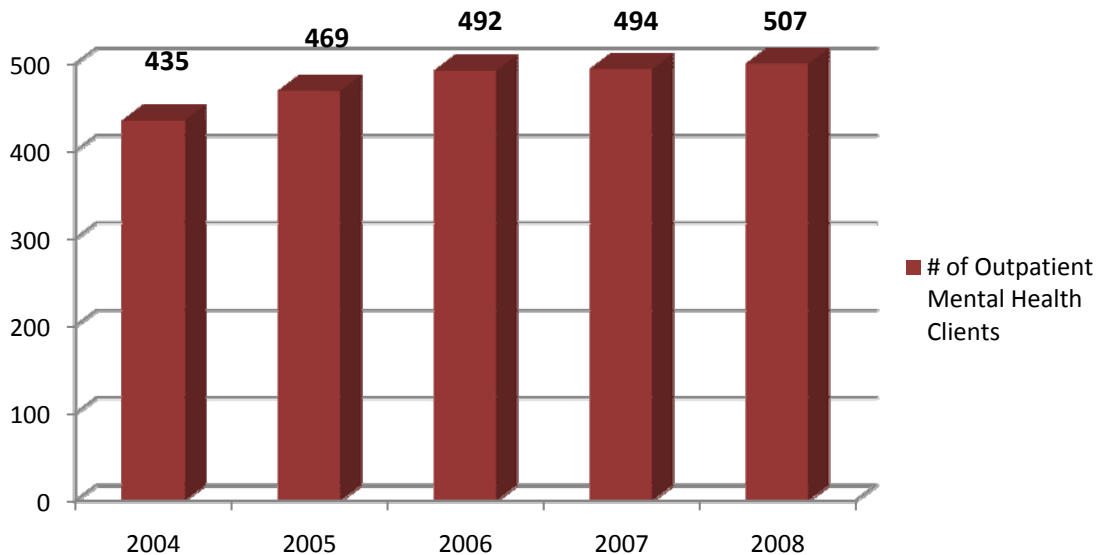


OUTPATIENT CLINIC

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

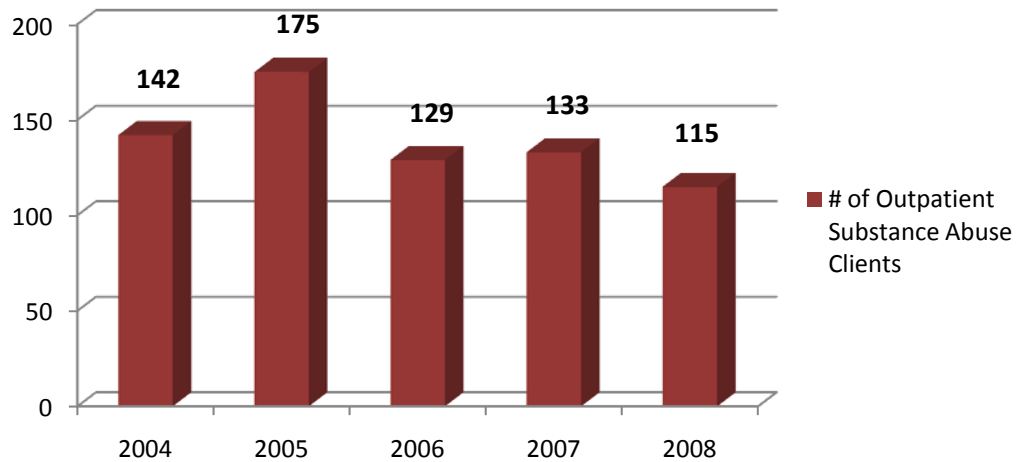
Mental Health Services Licensed professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life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

In 2008, Clinical services provided psychotherapy to 327 individuals, psychiatric care/medication management to 281 people and conducted 33 psychological evaluations. Clinical staff also provided intervention for 161 crises during business hours. Many people received more than one of these services. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health services each year. The demand for mental health services has steadily increased over the past several years.



Addiction Services Addiction counseling is a very specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2008, certified substance abuse counselors provided assessment, referral, and treatment to 115 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group and dual diagnosis group was offered on an ongoing basis throughout the year.

The chart below shows the number of individuals who received assessment and treatment services each year. The reduced number of clients served over the last three years is a reflection of decreased service availability due to staff shortage rather than decreased consumer need.



COMMUNITY TREATMENT PROGRAMS

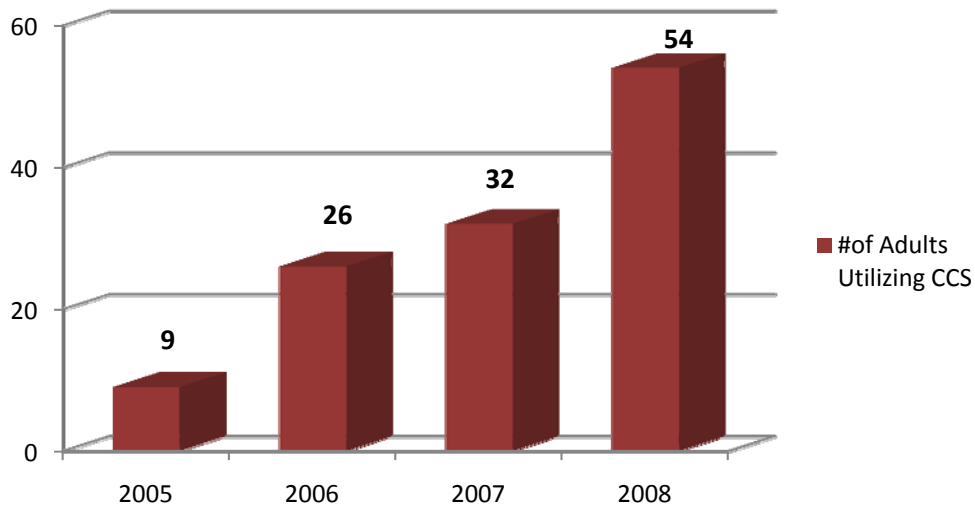
Clinical Services provides treatment in the community to people with mental illness and/or substance abuse which impacts their ability to function. Two Medicaid programs, Comprehensive Community Services (CCS) and the Community Support Program (CSP) provide psychosocial rehabilitation in the community to assist individuals in reducing the effects of mental or substance use disorders and return to their best possible level of functioning. Consumers must qualify for Medicaid and meet eligibility for services based upon the State approved functional screen for mental health and substance abuse in order to receive these services.

Both programs are certified by the Wisconsin Department of Health Services and focus on recovery and supporting individuals to overcome barriers caused by mental health symptoms so they can improve functioning and live their lives.

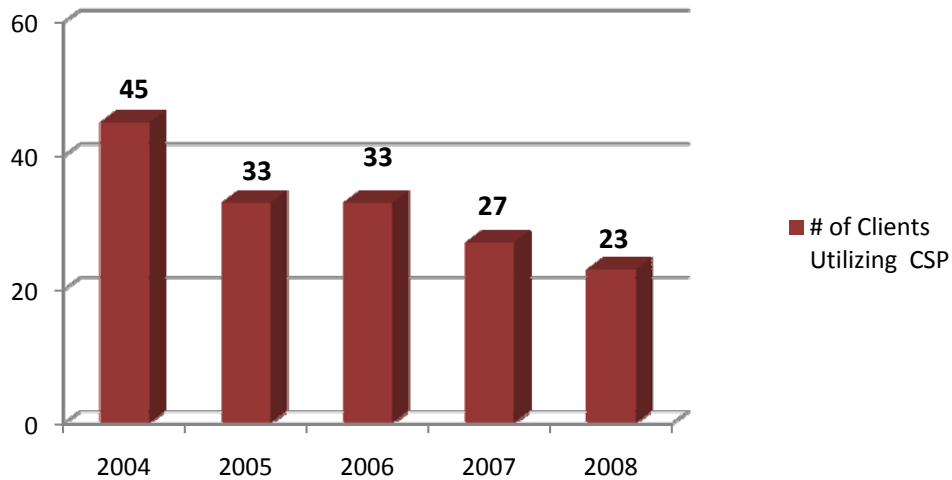
In 2008, a program decision was made that Richland County Health and Human Services would serve consumers needing community mental health treatment through one primary program. Comprehensive Community Services was identified as the primary service because of being available to a broader population and having greater flexibility for consumers. As a result of this decision, 14 consumers were offered a transfer from CSP to CCS. All fourteen made the transfer in 2008.

Comprehensive Community Services CCS began in Richland County in 2005. The program provides psychosocial rehabilitation services to children and adults (including older adults) with mental health or substance use disorders. CCS uses a team model that is flexible, consumer directed, recovery oriented, strength and outcome based.

CCS services for children are provided in the Children's Services Unit while services to adults are provided in Clinical Services. The chart below shows the number of adult CCS consumers served each year since Richland County started this program.



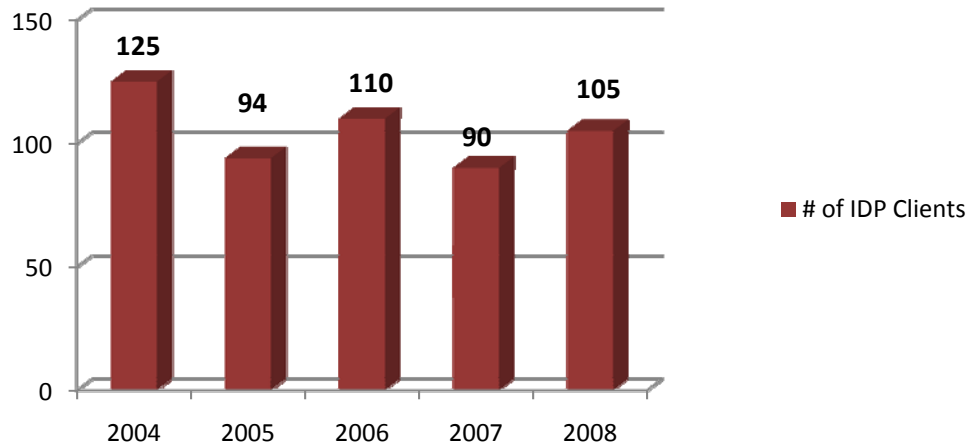
Community Support Program CSP is a long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. CSP uses an assertive treatment model which includes supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation. CSP, like CCS is also strength-based and recovery focused. The chart below shows the number of consumers who have been served in CSP each year.



INTOXICATED DRIVERS PROGRAM

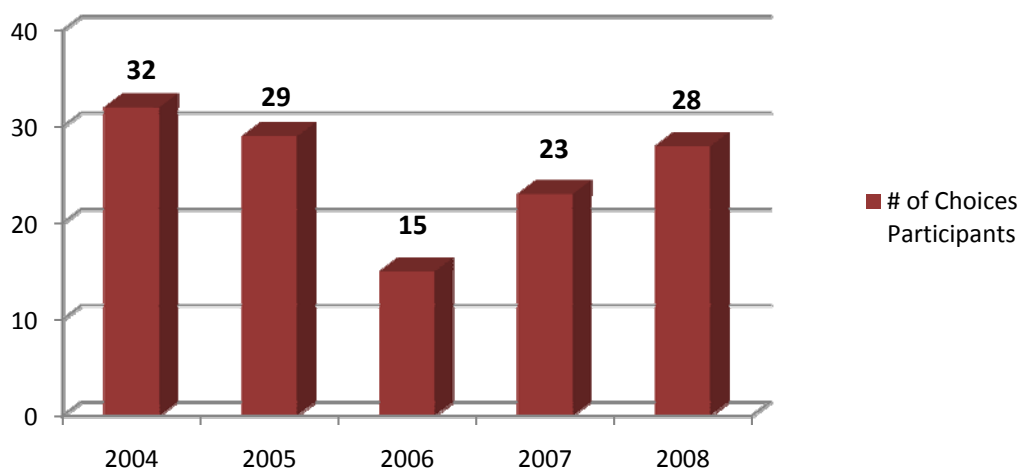
Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves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

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 a first offender an opportunity to keep his or her driver's license and avoid a conviction record. Each Choices educational series consists of a four-week group program that focuses on helping participants understand how the use of alcohol and other substances affects their lives.



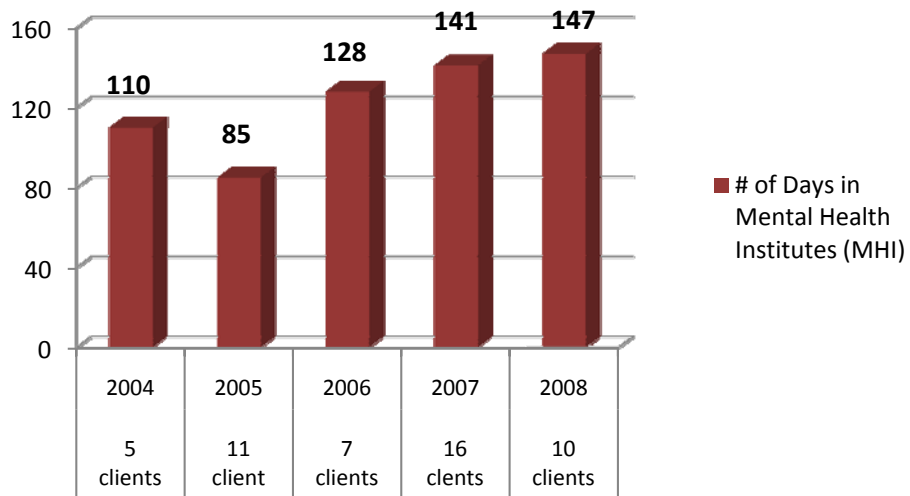
INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

Clinical 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. Health and Human Services funds emergency hospitalizations when an individual requires it, but does not have insurance coverage or ability to pay for it. In 2008, Health And Human Services contracted with Boscobel Area Health Care, Gundersen Lutheran Medical Center, and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. The chart below shows the hospitalization days funded by Health and Human Services over the last five years.

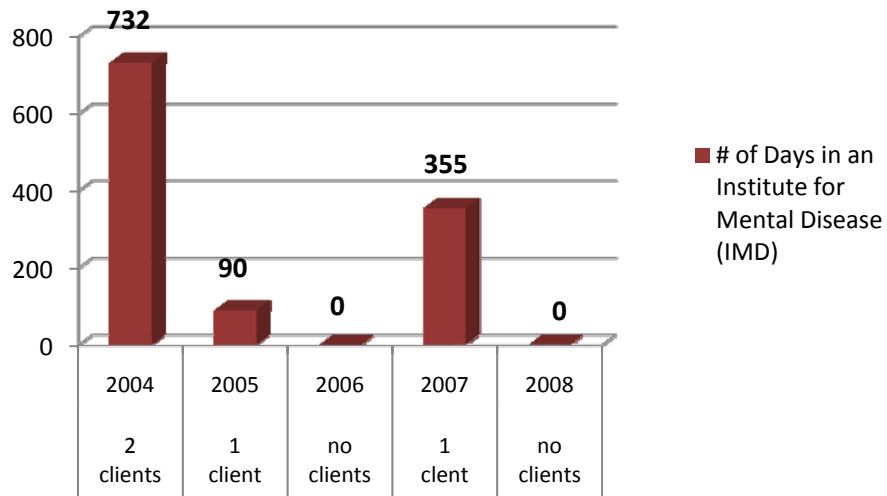


Boscobel Area Health Care closed its inpatient psychiatric unit in July 2008. As a result, the nearest psychiatric inpatient facility is now more than 60 miles away. The loss of this local resource has had a substantial impact on Richland County residents' ability to access inpatient services and on the emergency resources that provide the transport to such facilities (i.e. law enforcement agencies and ambulance services).

For long-term inpatient mental health treatment needs, Richland County has placed individuals at the three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. These facilities may also be used as a last resort placement when an acute psychiatric unit is not available for short-term hospitalizations.

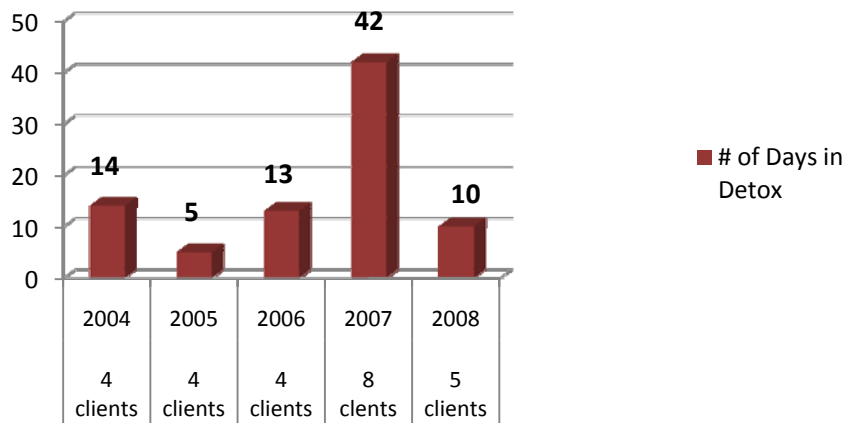


Richland County has also placed individuals at Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring longer-term treatment. Some years, few individuals require this level of care, and other years, several people may have this need. This service was not needed in 2008.



DETOX SERVICES

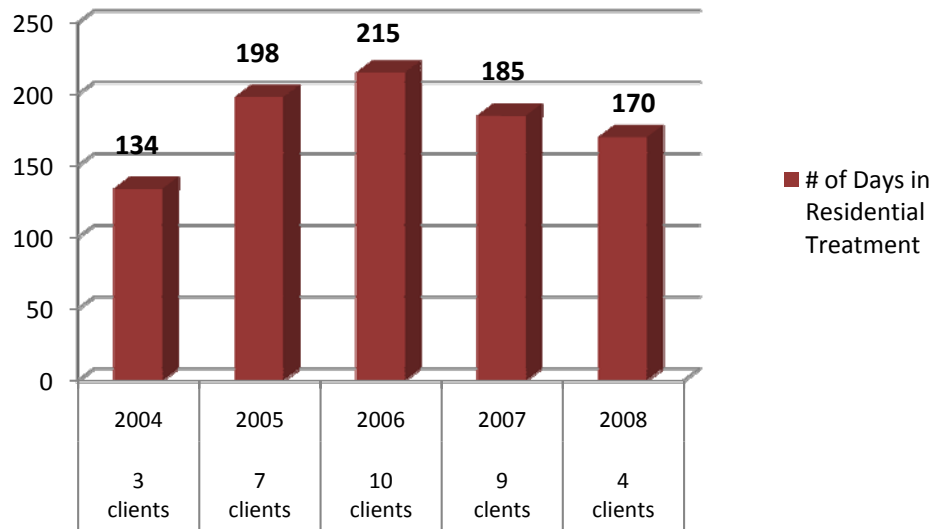
Detox refers to the process the body goes through to rid itself from alcohol. Withdrawal from alcohol can be very dangerous for individuals who heavily abuse it. In these situations, a person requires medical intervention. Richland County contracted with Boscobel Area Health Care, Gundersen Lutheran Medical Center, and Tellurian UCAN, Inc. for detox services in 2008. Below are the number of patients and days of stay funded by Health and Human Services.



RESIDENTIAL TREATMENT FOR SUBSTANCE USE

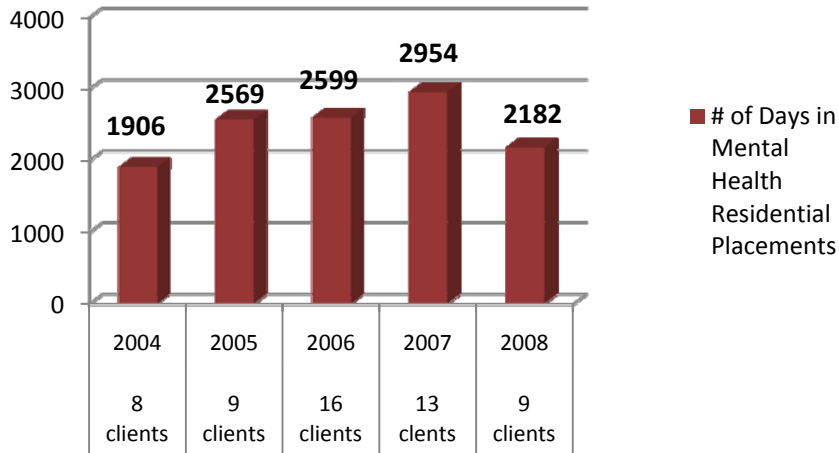
Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable to attain recovery using outpatient or other less intensive treatment services. A thorough substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. With limited county funding, this service is not always an available option for those without financial means.

Health and Human Services contracted with Gundersen Lutheran Healthcare, Franciscan Skemp Healthcare, and Tellurian UCAN, Inc. for residential treatment services to fund treatment for four individuals in 2008.



MENTAL HEALTH RESIDENTIAL SERVICES

Residential services are provided when individuals require supervised living services in order to cope with their mental health symptoms. These services are provided in Adult Family Homes (AFH) or Community-Based Residential Facilities (CBRF). Some individuals need temporary residential services to assist with successfully transitioning from an inpatient psychiatric hospital stay back to living independently in their own homes. Others require long-term placements in order to remain in the community and avoid institutionalization. In addition to residential services individuals receive other community treatment so that they may reach their highest possible level of functioning. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served. In 2008, four individuals required placement for the entire year totaling 1,464 days.



PREVENTION, EDUCATION, CONSULTATION AND OUTREACH

Clinical Services staff are active throughout the year in providing prevention and educational talks to the community. In 2008, Clinical Services teamed with the Aging and Disability Resource Center to provide a community presentation on Men and Depression. Regular education on mental health has been provided for many years by Clemens, Medical Director for Clinical Services who discusses relevant mental health issues once a month with host, Ron Fruit on WRCO's Morning Show.

Formal mental health outreach has been provided to two local institutions. For the past several years Clinical Services has provided an ongoing Student Assistance Program (SAP) to UW-Richland for students who were experiencing emotional difficulties and needing information, referral, or brief counseling. Counseling and assessment services continued to be provided in 2008 to the Weston School District as part of a grant to assist with the recovery from the tragic school shooting that occurred in 2006.

Mental health and substance abuse professionals also routinely provide consultation and outreach to agencies and people who could benefit from services. Various Clinical Services staff were also active in 2008 serving as members on various community and professional committees.

COURT RELATED SERVICES

Clinical Services regularly provides variety of court related services every year including the provision of court ordered evaluations for Chapter 51 Mental Health Commitment hearings, Chapter 54/55 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 Plus
Well Woman
Caretaker Supplement (CTS)

WI Funeral & Cemetery Aids
General Relief
Fraud/Front End Verification
WI Home Energy Assistance
FoodShare
FoodShare Employment & Training
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.

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.

Medicaid is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD). There are different subprograms of Medicaid:

- SSI -related Medicaid
- MAPP
- Institutional Long Term Care
- Home and Community Based Waivers Long Term Care
- Family Care Long Term Care
- Partnership Long Term Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Katie Beckett
- Tuberculosis (TB) - related
- Medicare Premium Assistance (MPA): QMB , SLMB , SLMB+, QDWI ;
- Emergency Medicaid
- SeniorCare

A person may fit into one (or more) of the above subprograms based on non-financial factors. A person is eligible if s/he meets all Medicaid non-financial and financial requirements. Individuals who are not elderly, blind or disabled (EBD) may be eligible for BadgerCare+ (BC+). See the BC+ Handbook for more information.

909 Individuals who met the above eligibility received services in 2008.

BADGER CARE PLUS

BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families. BC+ replaces the former AFDC-Medicaid, Healthy Start and BadgerCare. Potential BC+ members include:

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

Enrollment in BC+ at the end of 2008 was 2,295 individuals.

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.

**\$100,795.62 was
reimbursed to drivers in
2008 compared
to \$72,508 in 2007.**



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 2008 was 367 individuals.

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 2008, \$21,929.56 was awarded to assist 31 individuals through General Relief. \$725.77 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 2008, there were 26 referrals to the Front End Verification Program and 2 Fraud Referrals.

There were 5 overpayments and no fraud convictions for a total of \$2,298.

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 2008, 635 households received Energy Assistance in Richland County for a total of \$375,748.

151 households received Crisis Assistance, totaling \$71,542.



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 insufficient assets to pay for the funeral and/or cemetery expenses. Once this is verified, the funeral home provider works with the family in approving allowable expenses.

In 2008, 19 Funeral/Cemetery applications were approved totaling \$42,655.23.

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.

980 unduplicated households received FoodShare in 2008, totaling \$1,501,583.

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.

Websites of Interest

Access: www.access.wisconsin.gov

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

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

Wisconsin Department of Workforce Development:

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

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

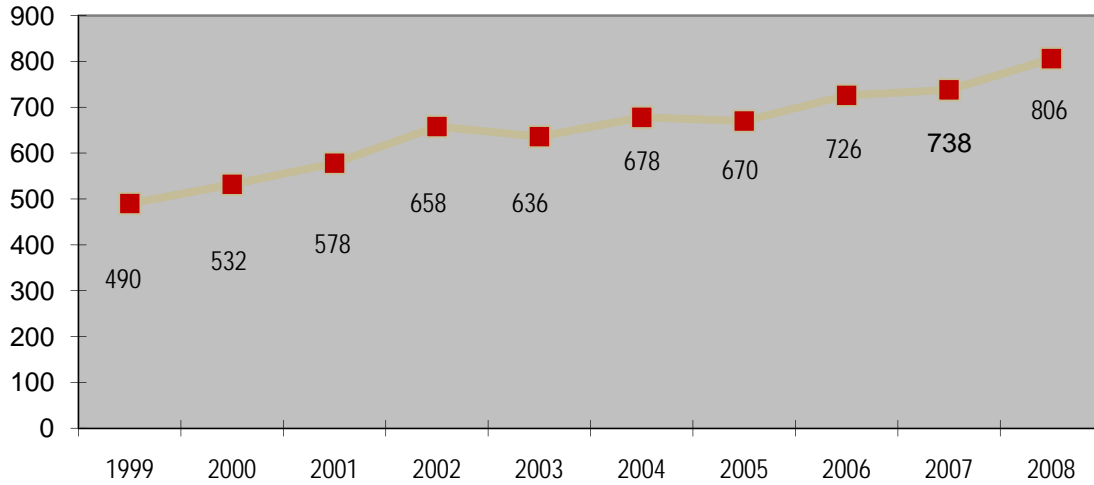
Wisconsin Home Energy Assistance Program:

<http://www.homeenergyplus.wi.gov>

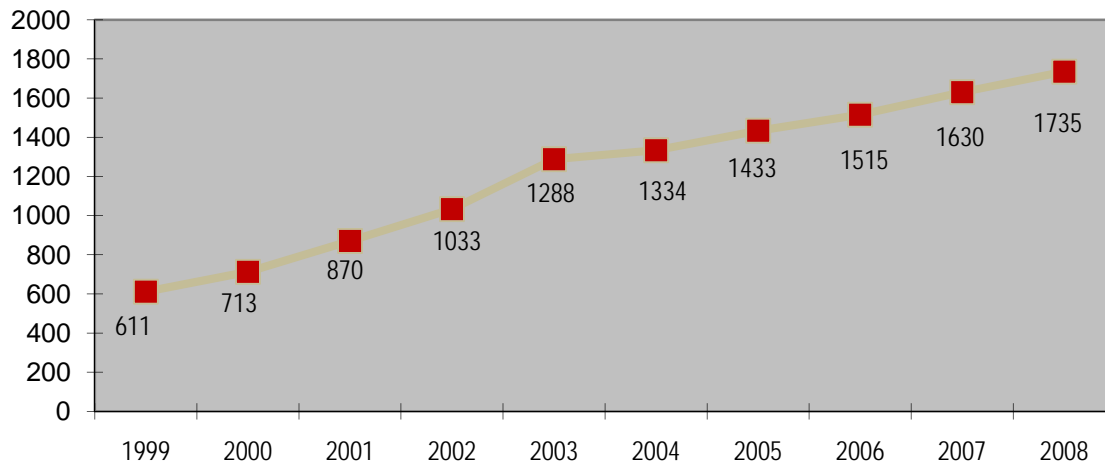
Statistics for Richland County

The US Census for 2000 indicated a population of 18,433 in Richland County. The Per Capita income was \$25,139.00 for the County.

Economic Support Unit Intakes



Economic Support Unit Staff Caseloads



LONG TERM SUPPORT UNIT

Mission Statement

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

The Wisconsin Department of Health & Family Services Division of Disability and Elder Services embarked on an initiative to expand managed long-term care options for elders and people with disabilities in Wisconsin. Long-term care consists of services and supports that people need to meet their daily needs. Family Care is an innovative program that provides a full range of long-term care services, all through one flexible program. Long-term care is any service or support that a person may need as a result of a disability, getting older, or having a chronic illness that limits the ability to do the things that people need to do throughout the course of their day. This includes things such as bathing, getting dressed, making meals, nurse visits at home, going to work, paying bills, nursing home care, and case management. There are a variety of services and supports available in Family Care that can help people do these things independently or with the support of someone else.

Eligibility is based on State-determined financial and functional eligibility criteria. A functional screen is performed. In order to be eligible, a person must have serious, long-term health problems, or a disability that significantly affects their ability to function, 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.

Collaborative work is in process with the Southwest Family Care Alliance to develop strategies to improve:

- Access – by assuring people get services they need, when they need them;
- Choice – by giving people meaningful choices about where they receive their care and how they live their lives;
- Quality – by making sure long-term care services work to support a good quality of life for each consumer; and
- Cost-effectiveness – by building a cost-effective long-term care system that is sustainable into the future.

Southwest Family Care Alliance – Family Care Expansion

Who is the *Southwest Family Care Alliance*? 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. The Coalition applied for a planning grant in 2005, and was awarded \$100,000 in 2006. The eight counties worked together to create Aging and Disability Resource Centers and a regional care management organization. The eight counties include: Crawford, Iowa, Grant, Green, Juneau, Lafayette, Richland, and Sauk. This entity is called *Southwest Family Care Alliance (SFCA)*. The eight counties partner with SFCA to create one system in which care management and administrative services are dependent on each other for the successful delivery of services to the citizens of each county. SFCA holds the administrative function and contracts with the State. Each county sub-contracts to carry out the care management function in serving the members.

The continued planning for expansion of Family Care into seven other counties has been both time consuming and rewarding. Transition activities occurred in 2008 for planning Aging and Disability Resource Centers and a regional Care Management Organization including:

- Alliance members hold routine meetings to plan, share ideas, build consensus, and keep everyone current regarding planning and transition.
- The Alliance was awarded additional financial assistance for 2008 in the amount of \$272,900 to assist in the implementation of Family Care expansion in Southwest Wisconsin.
- The Aging and Disability Resource Centers created two regional Centers: one serving Juneau, Sauk, Richland, and Crawford Counties, with the other serving Grant, Iowa, Lafayette, and Green Counties.
- There are ongoing active work groups within the Southwest Family Care Alliance including:
 - Governance: members include Directors of the eight Human/Social/Unified Services and selected representation from each of the communities who discuss the overall governing and operational structure of the regional managed care entity.
 - Aging and Disability Resource Center: members include representatives from every county, Independent Living Centers, and the Area Agency on Aging. Aging and Disability Resource Centers have been created throughout the Southwest Family Care Alliance area.
 - Care Management and Quality: members include the Long Term Support Managers and Supervisors from each county. This work group is charged with creating care management and quality tools.

CARE MANAGEMENT

The Family Care Program provides managed long-term care services and supports to elders and adults with physical disabilities or developmental disabilities through the provision of care management. The managed care organization arranges for, and funds the most cost effective services to meet a person's outcomes.

A key component of every care plan is the professional management of services by a team of Care Managers. Every person who enrolls has a care manager with a social work background, and a care manager who is a Registered Nurse. The care management 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 addition, the care management team arranges for services with provider agencies, sees to it that the services are delivered as planned, coordinates with other services such as health care, and provides member advocacy.

Care managers meet weekly as a group to staff and implement solutions to examine and improve ways of serving the elderly and the physically and developmentally disabled population of Richland County. They also hold regular meetings with key area providers to discuss questions and issues of mutual interest and concern.

PROVIDER NETWORK

Contracts for services were arranged with approximately 144 local providers. Roles of the Provider Network Developer are contract procurement, negotiations, and credentialing. This includes quality monitoring and program integrity. The care management organization depends on them to act as a liaison for conflict management with providers and work through billing questions and issues. They assure enough providers are available to meet the needs of our members and adequate geographic access.

ADULT FAMILY HOME CERTIFICATION

Richland County Long Term Support certifies 1-2 bed Adult Family Homes in accordance to MA Waiver standards, and assists with placements and monitors for quality. We provide information, guidance and education materials.

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)

The focus of the Quality Assurance/Quality Improvement Program and the 2008 (QA/QI) Work Plan is to improve processes that directly affect member care. Our Quality Program vision statement is:

Continuously improve organizational practices to support members in meeting their outcomes by setting quality standards and monitoring them through the use of sound information analysis.

The Quality Assurance/Quality Improvement Program is extensive to assure a quality system impacts the way services are experienced by our members. Quality activities are in partnership with members, their families, providers, our employees, and the community.

Program Structure and 2008 Goals:

1. Unintended Events/ Critical Incident Reporting, Investigation and Review
2. Grievance and Appeals/ Member Rights and Responsibilities
3. Quality Indicators:
 - *Assure members receive influenza and pneumonia immunizations, as appropriate.*

Flu and Pneumonia Vaccinations for the past four years:

	2005		2006		2007		2008	
	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo
Elders	82%	61%	47%	68%	86%	70%	89%	72%
Physically Disabled	57%	44%	33%	53%	72%	55%	67%	60%
Developmentally Disabled	53%	26%	29%	32%	69%	38%	71%	39%
All Target Groups	66%	45%	38%	52%	77%	55%	77%	56%

- *Assure members experience continuity of care management services.*

Care Management Turnover Rates:

2002	2003	2004	2005	2006	2007	2008
RN/SW	RN/SW	RN/SW	RN/SW	RN/SW	RN/SW	RN/SW
30%/0%	25%/25%	50%/10%	25%/17%	14%/29%	0%/29%	0%/0%

4. File integrity provided by a formal internal file review

5. Monitor the contact frequency by Care Managers with their members
 - *1st Quarter-100%; 2nd quarter-98%; 3rd quarter-100%; 4th quarter-100%*
Reasons for missed contacts are documented and tracked.
6. Quality Improvement Plan/ State Annual Quality Review Process
7. Diabetic Performance Improvement
8. Depression Performance Improvement
9. Satisfaction Survey/ Member Input about Services and Care
10. Self-Directed Supports
11. Medication Management
12. Representative Payee Services/ Financial Budgeting

Outreach and Resource Materials

The Member Handbook and Family Care brochure were reviewed and revised with significant input from members and stakeholders. We produced a number of articles for the Family and Friends Newsletter, a bi-monthly publication of Richland County Health and Human Services.

Prevention and Wellness Activities

The work group selected activities they thought would contribute to the health and safety of our members. The activities chosen were submissions to Richland County's Family and Friends Newsletter and presentations at VARC (Vernon Area Rehabilitation Center) on the following topics: good oral care, diabetes and blindness, diabetes, food borne illness, safe handling of raw produce, and depression. In addition, we have also conducted presentations on: summertime safety tips, leading a healthy lifestyle, hand cleaning, and flu and cold prevention.

Care Managers also volunteered for a Wisconsin Alzheimer's Association Speakers Bureau. The topics they presented on were:

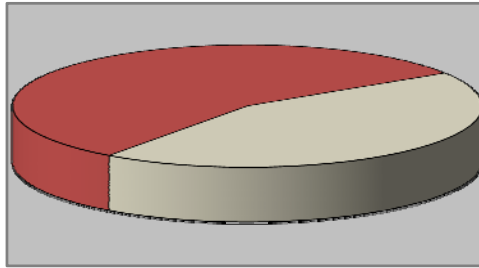
- Maintain Your Brain: How to Live a Brain-Healthy Lifestyle
- We All Forget: Is it Normal Aging or Should I Be Concerned?

ENROLLMENT & DEMOGRAPHICS

Calendar year 2008 began with 376 members enrolled in Richland County's Managed Care Organization and ended with 367 members. 429 total members were served in the CMO.

Comparison of Genders Served: In 2008, of the 429 people served, 240 were female and 189 were male.

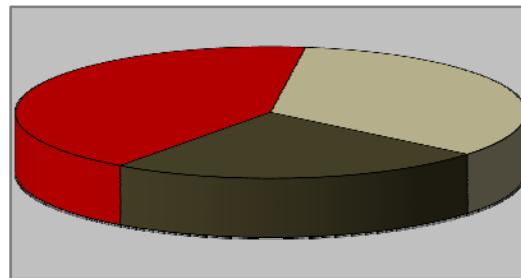
**Female
240 or 56%**



**Male
189 or 44%**

Comparison of Target Groups Served: As the graph shows, the CMO has 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.

**Frail Elders
181 or 42%**



**Developmentally
Disabled
145 or 34%**

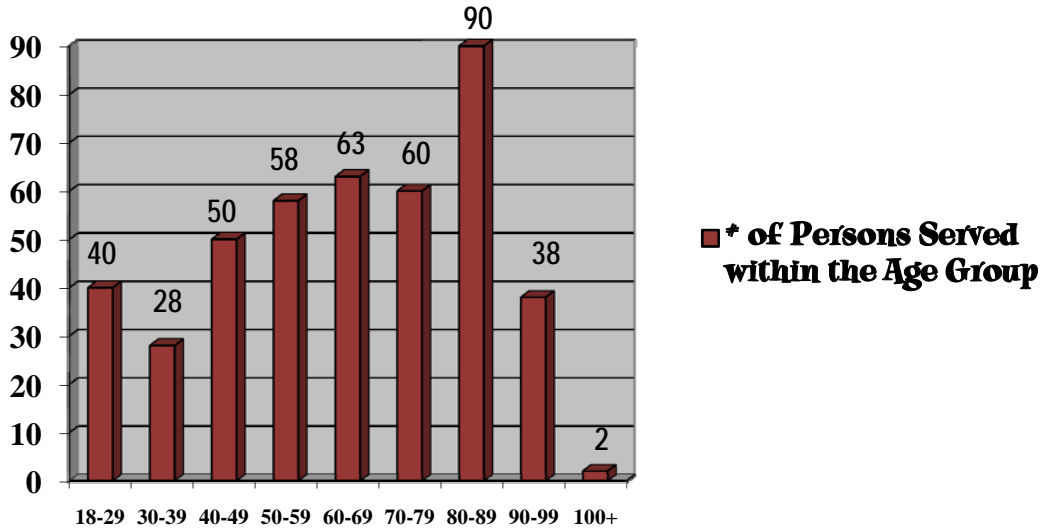
**Physically
Disabled
103 or 24%**

The largest growth in target populations served is people with physical disabilities.

2001	2003	2006	2007	2008
12%	22%	25%	32%	34%

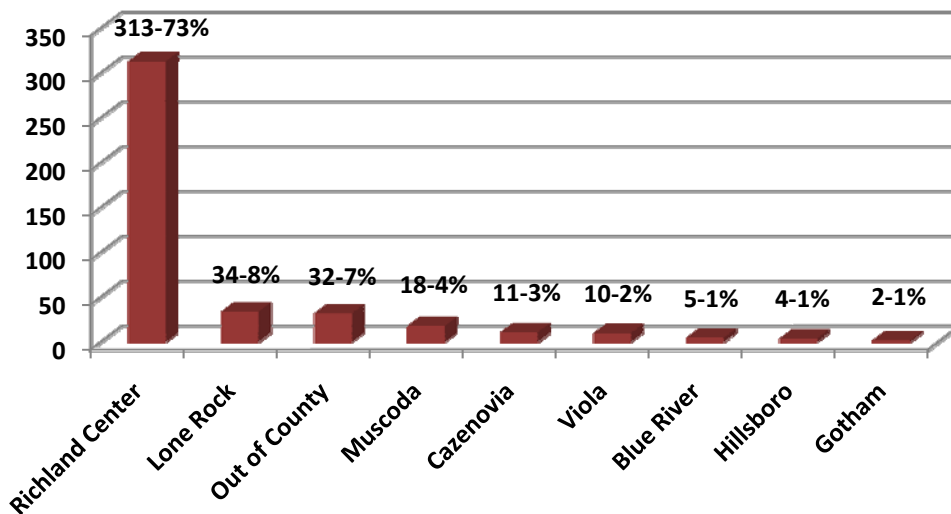
The percentage of elders grew from 41% in 2006 to 44% in 2007, and 42% in 2008. The percentage of persons with developmental disabilities decreased from 34% in 2006, 32% in 2007 and back to 34% in 2008.

Comparison of Age Groups Served: The CMO serves adults with developmental disabilities and physical disabilities and elders over the age of 65. The largest number of people served is in the 80-89 year old age range. The number of people served who are over the age of 80 continues to grow. This population grew from 28% in 2006 to 38% in 2008.



Where People Are Served: We serve all eligible Richland County residents who chose to enroll. These numbers indicate people's current mailing address locations. Seventy-three 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, contracts with several providers of residential care are located in the city of Richland Center or have a Richland Center mailing address. These numbers do indicate that we serve people in the rural areas as well. The people served "out-of-county" are Richland County residents who are placed either by the Court system or by Long Term Support 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.

Where People Are Served



WHERE PEOPLE ARE SERVED

Richland Center	313	73%
Lone Rock	34	8%
Out of County	32	7%
Muscoda	18	4%
Cazenovia	11	3%
Viola	10	2%
Blue River	5	1%
Hillsboro	4	1%
Gotham	2	1%
TOTALS	429	100%

CMO ADVISORY COMMITTEE

The Advisory Committee for the Care Management Organization met monthly the first six months of 2008. At each meeting, the Advisory Committee received 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. This committee dissolved July 1 2008, at the time Richland County started as a provider for Southwest Family Care Alliance. This responsibility shifted to their advisory boards.

LONG TERM CARE COUNCIL

The local Long Term Care Council met quarterly in 2008 to consider a variety of issues, make recommendations to the County Board of Supervisors on continued operation of the county's Family Care Program, changes to the Health and Human Services contract with the State, the provider network, and the Family Care Program overall, including its ongoing role as provider of care management for the Southwest Family Care Alliance. Due to the regionalization of Family Care, the Richland County Long Term Care Council was dissolved at the end of 2008 and is scheduled to be replaced sometime in the future by a State recommended multicounty regional board.

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

General Public Health Programs

Loan Closet
Public Health Home Visits
Wisconsin Well Woman Program
Wisconsin WINS
School Health
Jail Health
Ronald McDonald Care Mobile
Richland Community Free Clinic

Preparedness & Response

Preparedness Objectives
Pandemic Influenza Objectives
Response to June Flooding

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

Postpartum Home Visits
Prenatal Care Coordination
HealthCheck
Fluoride
Child Passenger Safety

Environmental Health

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



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/under insured 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.

Hepatitis A and Hepatitis B vaccines are provided free of charge to persons diagnosed with Hepatitis C and their close contacts. The Bureau of Public Health provides this vaccine.

Effective September 1, 2008 the Wisconsin Student Immunization Law changed to include a second dose of varicella (chickenpox) vaccine, a single dose of Tdap (adolescent tetanus, diphtheria, and acellular pertussis) vaccine, and 2-3 doses of PCV (pneumococcal conjugate vaccine) vaccine.

The additional requirements are being made because from 1986-2004, Wisconsin had the 5th highest rate of pertussis (whooping cough) in the nation with almost 5,000 cases being reported in 2004 alone. Pertussis outbreaks occur because protection declines 5-10 years after completion of childhood DTP/DTaP vaccinations. Tdap is a new vaccine that is recommended for adolescents and is anticipated to help prevent pertussis from occurring in schools. Pertussis is a significant burden on children and parents as a person with pertussis must be isolated for a minimum of 5 days on antibiotic treatment.

Immunization Statistics:

Immunization	2003	2004	2005	2006	2007	2008
Comvax	89	74	57	74	38	23
DtaP	210	194	148	188	105	90
Hepatitis A	1	0	0	1	39	40
Hepatitis B	125	52	31	32	15	14
Adult Hepatitis B	82	110	62	48	36	14
Hib	18	33	27	24	14	14
Influenza	1480	1580	1708	1274	1177	1146
MMR	131	107	86	126	62	60
Pneumonia	97	85	63	54	43	41
Polio	166	138	120	162	82	76
Prevnar	107	96	107	123	73	55
Td	127	133	117	52	128	102
Varicella	63	95	65	80	101	186
Menactra	n/a	n/a	11	19	61	84
Td-Pertussis	n/a	n/a	n/a	44	87	449
HPV (Gardasil)	n/a	n/a	n/a	n/a	49	79
Twinrix						8
Rota Teq						21
TOTAL	2696	2697	2603	2274	2110	2502

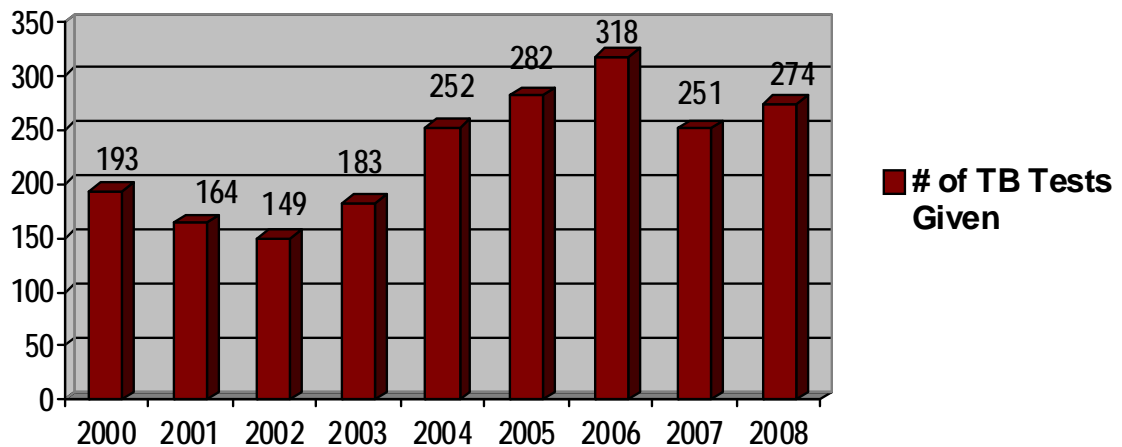
Communicable Disease Investigation and Follow Up: Public Health provides education about communicable disease, and investigation and follow up of reportable communicable disease.

Communicable Disease Statistics:

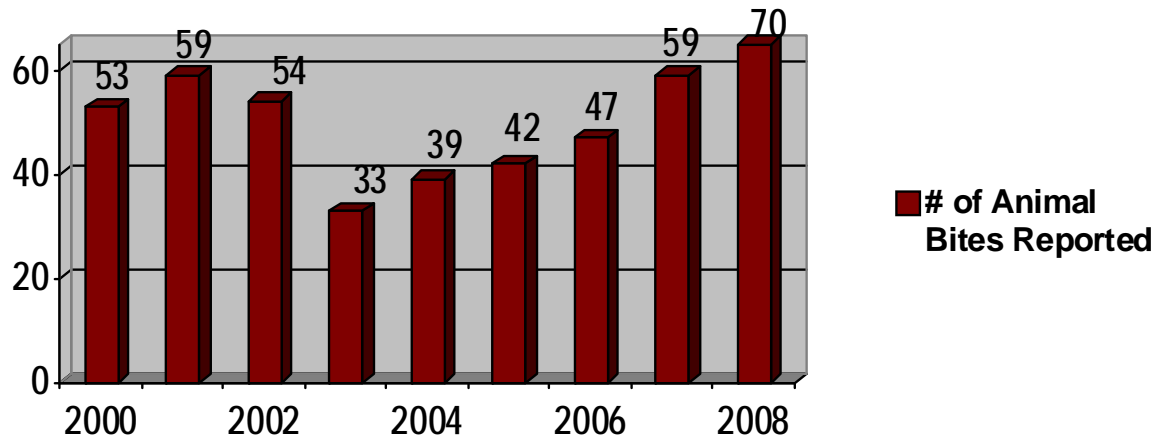
Reportable Disease	2003	2004	2005	2006	2007	2008
Campylobacter	3	6	8	9	5	6
Chlamydia	31	21	22	24	25	23
Cryptosporidium	7	5	7	6	3	6
E.Coli O157:H7	4	0	2	2	0	6
Giardia	3	4	5	1	5	0
Gonorrhea	1	0	1	0	1	0
Hepatitis A	0	0	0	1	0	0
Hepatitis B	1	0	1	2	2	2
Hepatitis C	4	3	6	2	3	4
Herpes	5	2	7	4	1	n/a
Histoplasmosis	1	1	0	0	0	0
LaCrosse Encephalitis	0	2	0	2	0	1

Reportable Disease	2003	2004	2005	2006	2007	2008
Legionella	0	0	0	0	0	0
Lyme Disease	25	52	46	59	81	60
Measles	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0
Meningitis (Viral)	0	0	1	0	1	0
Mumps	0	0	0	0	8	0
Pertussis	1	20	3	0	2	1
Salmonella	4	2	3	2	3	2
Shigella	1	0	0	0	0	0
Syphilis	1	0	1	0	0	0
West Nile	1	0	0	0	0	0

Tuberculosis Prevention and Control: Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. PHNs provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2008, one person received preventative medication, and 274 persons received skin tests.

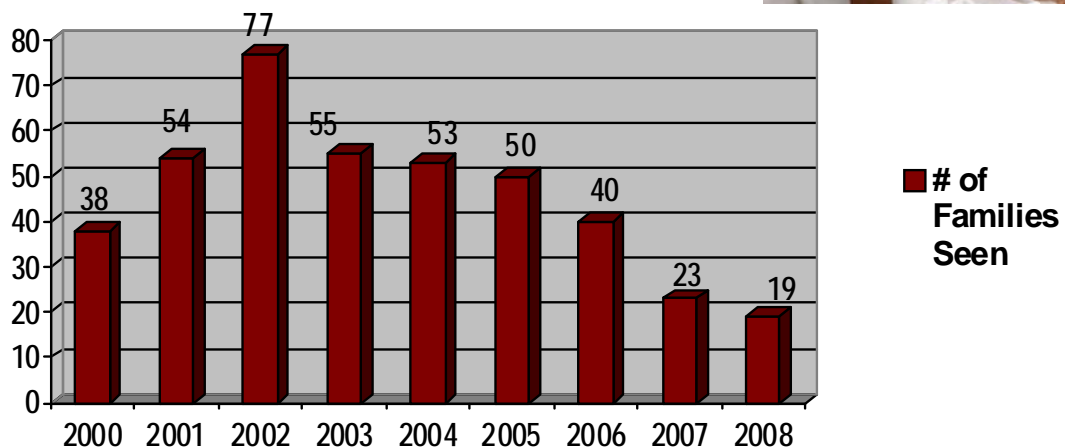


Rabies Prevention and Control: The County's Rabies Control Policy provides the procedures for law enforcement and public health follow-up of animal bites/potential rabies exposure to humans. Investigation and follow-up were provided on 70 animal bites/human exposures in 2008.

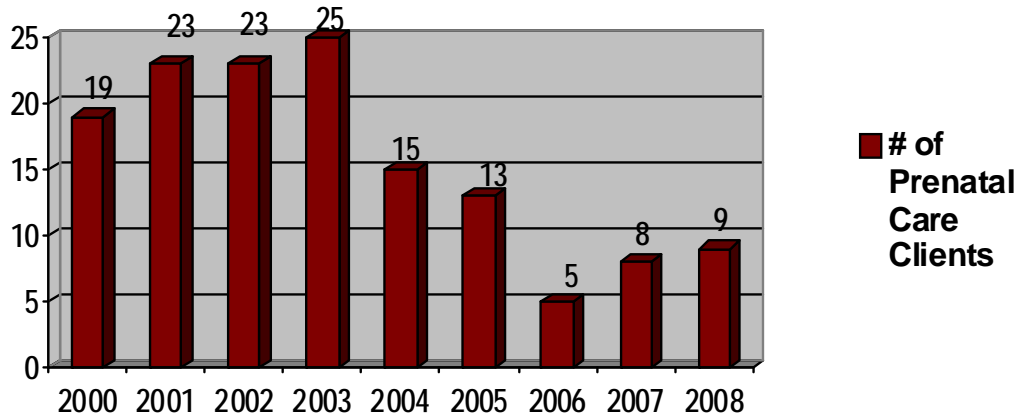


MATERNAL CHILD HEALTH PROGRAMS

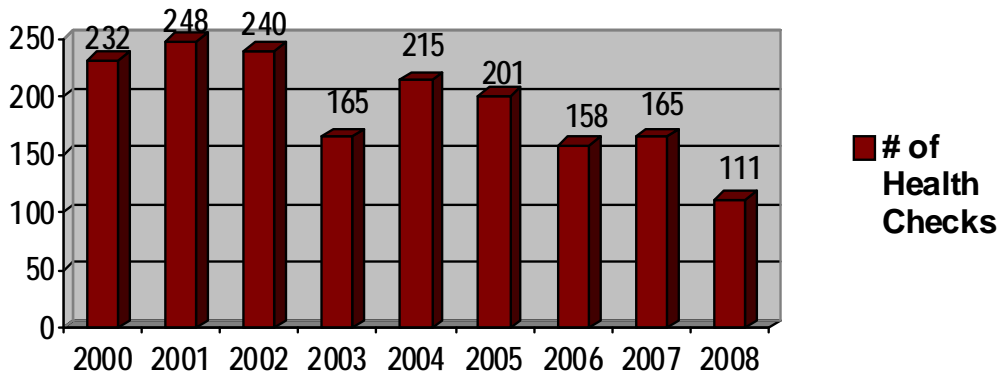
Postpartum Home Visits: Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Nineteen families were seen in 2008.



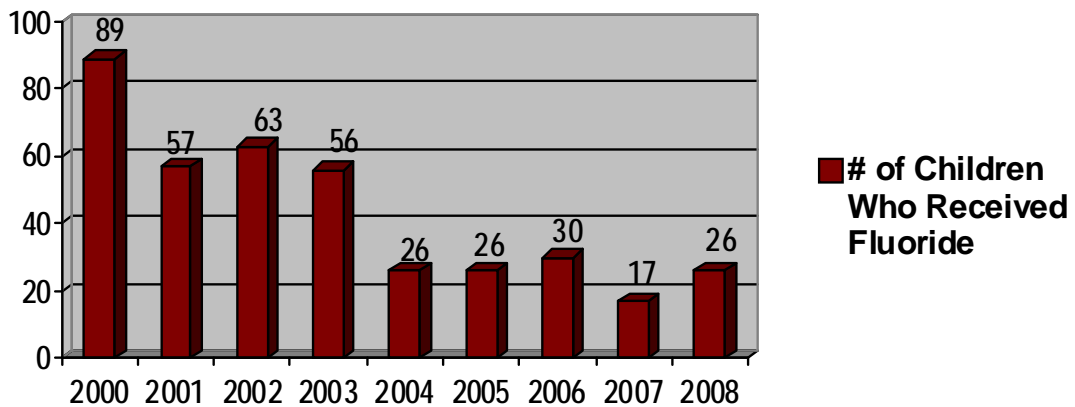
Prenatal Care Coordination: PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Nine women received prenatal care coordination services in 2008.



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 eleven HealthCheck assessments were completed in 2008.



Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2008, 26 children received supplemental oral Fluoride.



Child Passenger Safety: Public Health received a \$2,500.00 Department of Transportation Child Passenger Safety Grant for the purchase and distribution of child passenger safety seats (car seats) for infants and children whose families cannot afford to purchase them. Public Health works with the Richland Hospital Birth Center to coordinate the Child Passenger Safety Program in Richland County. Prior to receiving a car seat from the program, families are referred to the Hospital's certified child passenger safety technicians for proper car seat selection and fitting, and education. Thirty-eight children received car seats from the Child Passenger Safety Program in 2008.

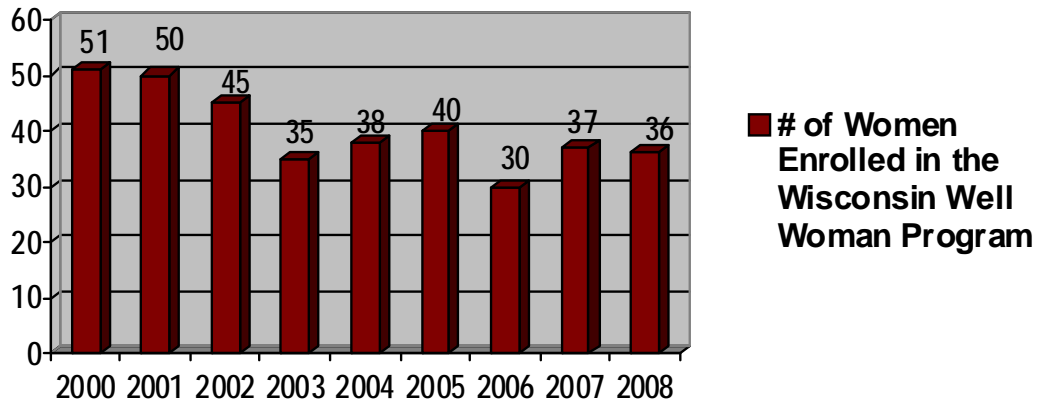
GENERAL PUBLIC HEALTH PROGRAMS



Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2008, 146 Richland County residents borrowed equipment from the Loan Closet.

Public Health Home Visits: Public Health makes home visits to area residents when a health related concern is reported about a homebound individual. These reports are often at the request of relatives and/or friends who are concerned about someone's health or welfare. It might be that the person is ill and doesn't realize how sick they are, or that the person simply won't ask for help. Most times the person is responsive to the PHN visit and often the nurse can assist the person to seek the health care they need.

Wisconsin Well Woman Program: The Well Woman program provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Thirty-six women received screening through the Well Woman Program in 2008.



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 2008, thirty-five compliance checks were completed with no citations issued.

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

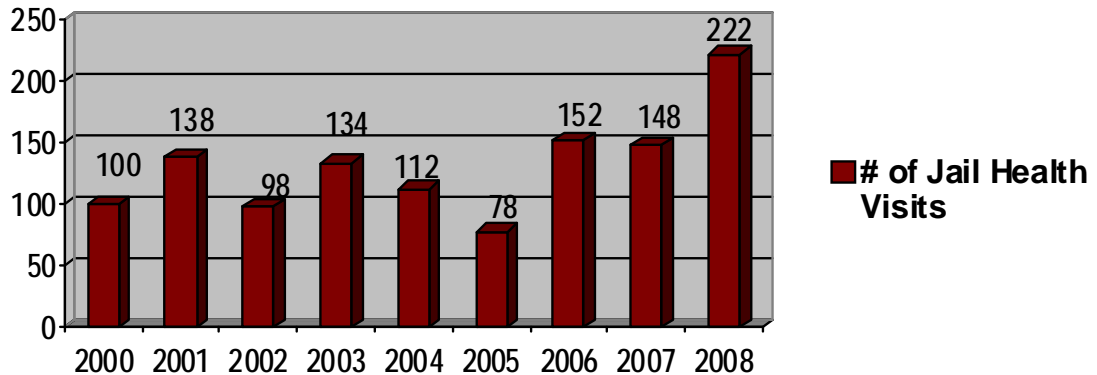
In addition to the mandated services, vision and hearing screening, immunization record assessment and some student related health services are provided. Vision and hearing screening and immunization record assessment are also provided for the parochial schools in Richland County.

Jail Health: Public health provides non-emergency health care and telephone consultation for the Richland County Jail.

Since February of 2008, Dr. Richard Edwards visits the jail weekly to provide medical care including physical assessment and writing medication orders for the inmates. Dr Edwards is also available to public health for telephone consultation regarding jail inmate health issues.

In addition to nursing visits/assessments, public health reviews intake screenings to assure that health needs are being met, makes appropriate referrals for other necessary care, and assists with medication management.

Two hundred twenty-two inmates were seen by Public Health in 2008 and 138.5 hours of nursing time provided.



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 22 Richland County children in 2008. Thirteen of these children need further appointments and nine were considered to have their work completed.



Each child required an average of 1.5 appointments. The value of the dental work completed for Richland County children was \$10,879, and the average value of dental work per child was \$494.

Type of dental care provided:

Restorative (fillings, crowns)	65	35%
Preventive (cleaning, fluoride treatment, sealants)	8	4%
Adjunct Services (local anesthesia)	47	25%
Diagnostic (exams, evaluations, x-rays)	49	28%
Oral Surgery (extractions)	16	8%
Endodontics (pulpectomies)	0	0%
Other	0	0%
TOTAL	185	
 Number of Children receiving MA/Badger Care	 22	 100%

RICHLAND COMMUNITY FREE CLINIC

Richland Community Free Clinic: Access to health care continues to be an issue across the nation and The Richland Community Free Clinic is an example of how local communities are organizing to address the issue locally. The Richland Hospital, Medical Center, Richland County Health & Human Services, and local pharmacies are working to meet the needs of local individuals without health insurance or the financial means to obtain insurance or health care.

The Richland Medical Center supplies the space for the clinic, reception staff, and supplies. The Richland Hospital provides laboratory and x-ray services. Health and Human Services provides financial assistance as well as public health nursing services at the Free Clinic. SWCAP assisted with the organizational aspects (development of structure, by-laws, procurement of insurance, etc.), of the Free Clinic and continues to provide a valuable link to other free clinics in the area. The Richland Family Prescription Center and Thrifty White Drug provide medications for clinic clients.

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

The Free Clinic opened June 5, 2007 and through the end of December 2007, 273 unduplicated clients were seen. In 2008, the Free Clinic provided 1,417 medical appointments and saw 578 unduplicated clients.

Clients 0-10 yrs	18	Clients 40-64 yrs	230
Clients 11-20 yrs	81	Clients 65-74 yrs	7
Clients 21-39 yrs	241	Clients over 75 yrs	1

ENVIRONMENTAL HEALTH

Richland County has been part of a five county environmental health consortium since the mid-1980s. The consortium pools federal prevention block grant dollars to employ a Registered Sanitarian as an Environmental Health (EH) 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.

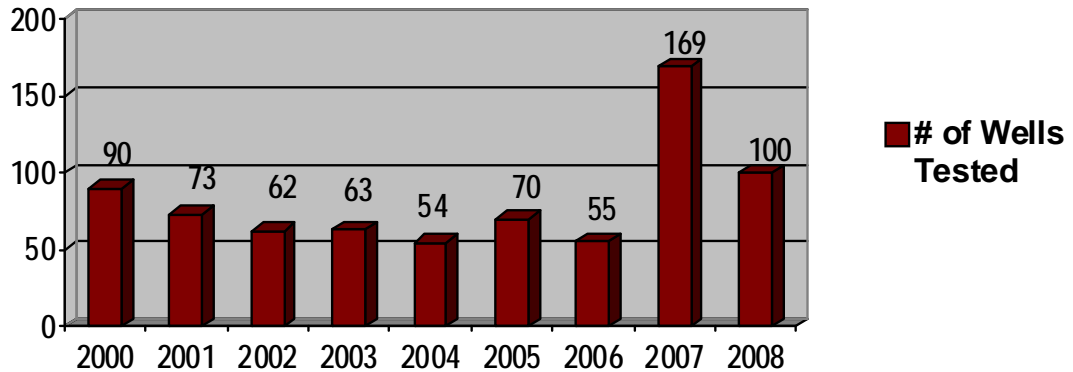
2008 Environmental Health Statistics:

Home Visits	44	Contacts (EH Consultant)	366
Lead	1	Lead	25
Radon	2	Radon	70
Water	1	Water	53
Asbestos	1	Asbestos	7
Solid Waste	6	Solid Waste	33
Housing	8	Housing	70
Indoor Air	23	Indoor Air	48
Sewage	0	Sewage	9
Animal Vector	2	Animal/Vector	18

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

In 2008, Public Health worked with the State Lab and the State Division of Public Health to provide fee exempt water testing for wells that may have been adversely affected by the June flooding. The majority of the water testing that was done through Public Health in 2008 was flood related.

The Environmental Health Consultant is available for consultation for problems related to water quality. One hundred private wells were tested through public health in 2008. Eighty two of these tests were flood related and eighteen were for families with new babies.

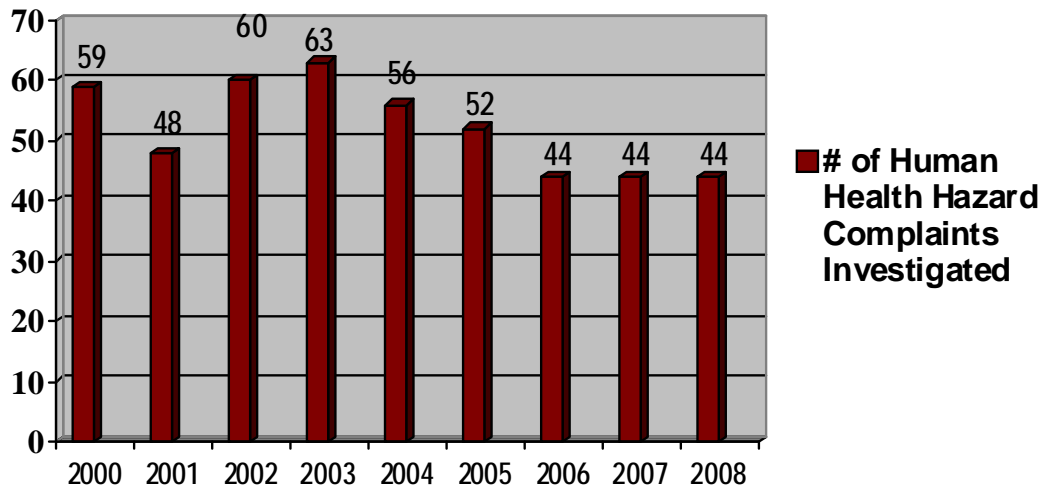


Radon: Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Seventy-one short-term home radon test kits were distributed in 2008.

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 2008 one hundred sixty-nine 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 2008, 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 2008, Richland County Health and Human Services Public Health held a week-long mercury thermometer collection. Mercury thermometers can be easily broken if dropped during use and there are newer safer alternatives.

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

Exposure to mercury can be harmful to human health. While metallic mercury generally does not absorb very well if it is swallowed, breathing its vapors is very dangerous. When metallic mercury is touched it can slowly pass through the skin. Short term exposure to high levels of mercury can cause neurological effects, such as confusion, hand tremors, chills, chest tightness, bronchitis, pneumonia, abdominal pain, nausea, vomiting, loss of appetite, bleeding gums, leg pain, 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.

PREPAREDNESS AND RESPONSE

Richland County is part of the Southwest Wisconsin Public Health Preparedness and Response Consortia. Currently there are 12 such consortia throughout the State. By January of 2010, there will be one consortium in each public health region in Wisconsin-- the funding levels, structure, and objectives for these consortia will be developed during 2009.

Currently each of the 12 consortia are 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 Centers for Disease Control and Prevention (CDC) to assist with the completion of specific preparedness objectives. 2008 consortia staff funded by the grant included a program coordinator and a program assistant which were housed at the Crawford County Health Department.

In 2008, Richland County Health and Human Services Public Health received \$30,472 to assist with preparedness efforts, and \$9,627 to assist with pandemic influenza preparedness. This funding was used to provide staff time and pay expenses for preparedness activities and trainings.

2008 Preparedness Objectives:

- 1) Continuous planning with local and regional partners for response to public health emergencies.
- 2) Staff achievement of Emergency Preparedness Core Competencies for All Public Health Workers identified for their roles in a public health emergency response.
- 3) Participation in a public health emergency preparedness exercise or real event that meets requirements set by the CDC.
- 4) Implementation of an outreach/educational campaign on public health preparedness to targeted groups in businesses, agencies, organizations, or other identified within the community.

2008 Pandemic Influenza Objectives:

- 1) Conduct a pandemic influenza exercise.
- 2) Hold anti-viral distribution meeting for clinics and healthcare facilities.
- 3) Continue working on readiness via the three year work plan.

All of the 2008 objectives were completed:

Preparedness:

- 1) Continuous planning occurred throughout the year with local and regional partners. Some examples are the local preparedness meetings, staffing of the Emergency Operations Center during the flood, planning for possible weather emergencies, monthly consortia meetings, workshop and exercise planning, Local Emergency Planning Committee participation and meetings, incident command (ICS) training, and planning for anti-viral distribution.
- 2) The Columbia University Emergency Preparedness Core Competences for All Public Health Workers were completed by all public health staff on September 11, 2008.
- 3) Participation in a public health preparedness exercises or real event occurred during the February 27th Agri-terrorism workshop and exercise, the June 2008 flooding (real event), and the July 2nd pandemic influenza/isolation and quarantine exercise.
- 4) In cooperation with our consortia partners, public health provided outreach and education to targeted groups within the community in a number of ways including convening local preparedness meetings, providing pandemic influenza education to local nursing homes and school districts, having PHNs complete ICS 300, providing information about anti-viral distribution to local partners, having public health staff complete the core competencies and performance measures, by meeting with local legislators, the workshop and exercise, and the development of educational materials and a newsletter.

Pandemic Influenza:

- 1) The pandemic influenza exercise was held July 2, 2008 at Southwest Tech. Sixty-five persons participated in the exercise. There were also 2 controllers, 6 evaluators, and 1 facilitator involved in the completion of the exercise and after action report.
- 2) The anti-viral distribution meeting was planned for and held June 25, 2008. The Richland Hospital, The Richland Medical Center, Pine Valley Healthcare & Rehabilitation, and Schmitt Woodland Hills participated. Further planning will determine how anti-virals will actually be distributed by counties and facilities in the event of a pandemic influenza.
- 3) In addition to convening local partners for the exercise and the anti-viral distribution planning meeting, a number of activities were completed/held during 2008 to advance the three year work plan including planning with partners at the bi-monthly local preparedness meetings, development of an isolation and quarantine policy, revision of the pandemic influenza plan, improvements in communication plan and systems, revision of the

respiratory protection fit testing plan, and development of pandemic influenza educational materials including template press releases.

Response to June Flooding: In June of 2008 (the second time in less than a year) severe flood damage occurred in southwest Wisconsin. The flooding was more widespread than the August 2007 flooding, and affected many of the same areas that were hardest hit by the August flooding. Some Richland County residents were still dealing with issues related to the August flooding when the June flooding occurred; and many residents are still dealing with flood related problems and issues.

During the initial stages of the flood emergency, Public health reported to the Emergency Operations Center, and again played an active role throughout the County's response. Public Health assisted Emergency Management in obtaining needed resources and triaging phone calls, assisted in obtaining necessary supplies and flood clean up kits, and visited townships and villages, contacting local officials and residents to offer flood safety and clean up information and available assistance.

Clean up kits, flood safety and clean up information, water test kits, and a limited amount of other supplies were placed at pre-arranged locations around Richland County to make it easier for residents to obtain these necessary items. Water testing was provided to flood affected residences free of charge in cooperation with the State Laboratory of Hygiene and the Division of Public Health.

Health and safety messages related to flooding and flood clean up were developed broadcast via WRCO. Once again, the major public health issues people faced were water safety, well disinfection, mold, flood water damage and clean up (including injury prevention), and disease prevention.

NUTRITION

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

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

Richland County 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 Rockbridge (Rockbridge Elementary School).

2008 Nutrition Statistics:

<u>Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	6,084	20,163
Viola	3,137	951
Germantown	249	3,300
Boaz	505	0
Rockbridge	<u>4,235</u>	<u>241</u>
TOTAL	14,510	24,655
2007 Nutrition Statistics:	TOTAL	14,454
2006 Nutrition Statistics:	TOTAL	10,678

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 five days per week within Richland Center with a prescription from a healthcare provider. Arrangements can also be made for frozen meals on the weekends or weekly for persons who live in more remote areas of the County. Regular 5 day/week delivery of meals also requires a prescription from a healthcare provider.

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

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

Additional Information about Richland County's Senior Nutrition Program:

- Meal site managers and staff attend yearly site manager trainings.
- All site managers are required to have current Food Manager Certification.

- Meal sites are inspected yearly.
- The Nutrition Advisory Board meets quarterly to review activities and participation at the sites.
- All participants are screened yearly using the Determine Checklist to assess their continued need for the program and the possible need for other services.
- Nutrition education is provided for both congregate and home delivered meal participants.
- All participants are surveyed at least yearly to assess their satisfaction with the program.
- Provider contracts and agreements (including rates) are reviewed and renewed yearly.
- Many volunteers assist the program by delivering meals to homebound individuals 5 days per week.
- Many volunteers help at the congregate meal sites.

REGIONAL AGING & DISABILITY RESOURCE CENTER

Mission Statement

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

HISTORY

The Aging and Disability Resource Center (ADRC) of Southwest Wisconsin is one of a new generation of regional ADRCs being established in Wisconsin. The organization includes eight counties in the southwest portion of the state: Juneau, Sauk, Richland, and Crawford forming the North Region of the ADRC; Iowa, Grant, Green and Lafayette forming the South Region.

Richland County Health and Human Services is the lead agency for the regional ADRC and houses the regional management office for the North Region.

These county governments have joined with the State of Wisconsin Department of Health Services to establish a network of ADRC satellite locations around the region to provide information, advocacy counseling and support for individuals in the community regarding access to publicly funded long-term care options, Medicaid, Family Care, Medicare, SSI, nutrition programs, transportation, housing, health care services available and much more. ADRC services are provided at no charge and are informational only—no clinical services are delivered at ADRC locations.

PROGRESS REPORT

The planning process for the regional ADRC has taken several years. Built around Richland County's successful ADRC that has been in operation since 2001, the Sauk County satellite location opened in July 2008, Juneau opened in November 2008 and Crawford opened in January 2009. The North Region office was fully staffed and operational in August 2008.

A number of key objectives have been completed:

- Regional governing boards have been established to assure that consumers and county boards alike have a voice in the operation of the ADRC. The North and South Regional Offices provide technical and administrative support to the governing boards and to the ADRC satellite offices.
- A region-wide toll-free telephone number has been established: 877-794-2372 or 877-SWI-ADRC. This number allows a caller to automatically be routed to the ADRC satellite office nearest the number they are calling from, making contact with the nearest ADRC satellite easy.
- A uniform resource database system has been established, allowing Information and Assistance Specialists in the ADRC to quickly identify sources of services and support. The North Regional Office located in Richland Center houses the Regional Database Specialist. This position supports operations and training for the uniform resource database for all eight satellite ADRCs as a shared service, helping to contain costs.
- Training of staff at the new satellite locations is on-going across a range of topics necessary to provide assistance to consumers.
- For more information on ADRC services, see the "Aging and Disability Resource Center" section of this report.



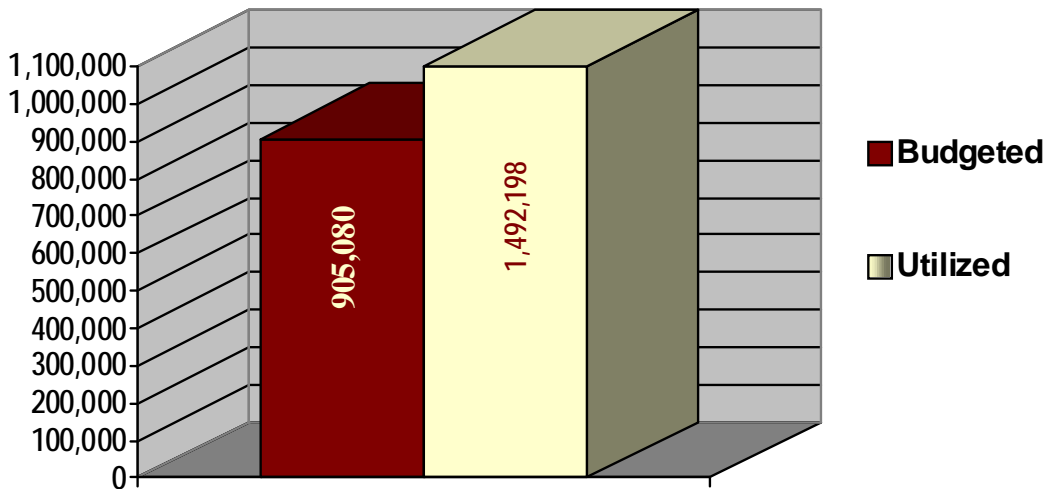
Grand Opening of Juneau County Aging & Disability Resource Center

FISCAL

(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

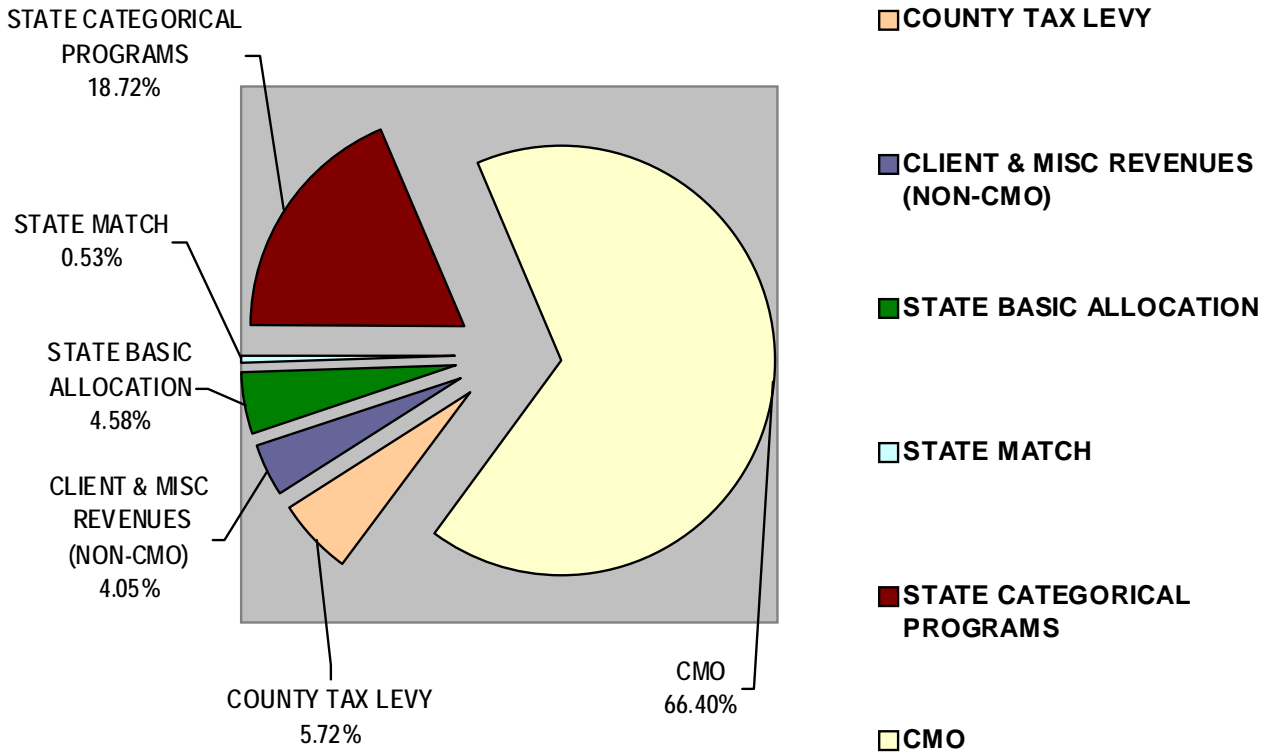
COUNTY TAX LEVY BUDGETED VS. USED



Budgeted	\$ 1,035,080
Utilized	\$ 1,485,296
Variance [Over Budgeted Amount]	\$ (-450,216)
Unbudgeted Institution Costs (not covered by Fund 54)	\$ 146,764
Amount Over Budget Without Institution Costs	\$ 303,452

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

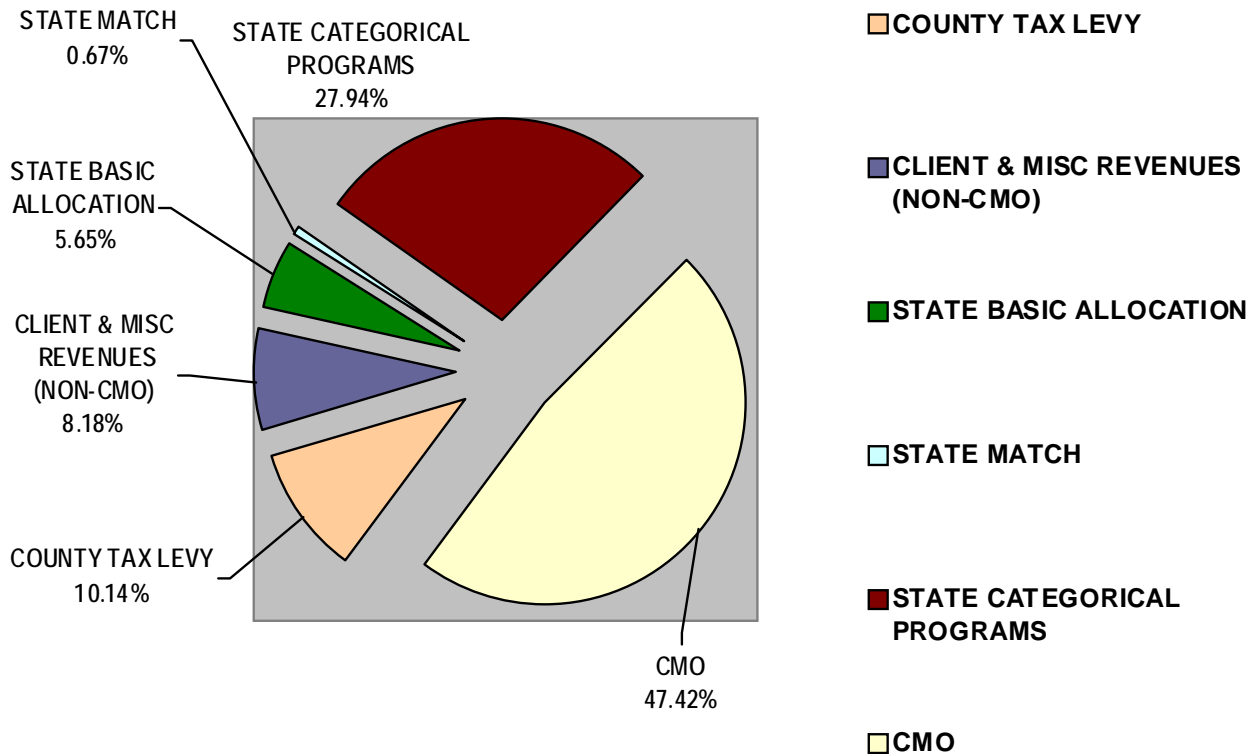
BUDGETED REVENUE



COUNTY TAX LEVY	\$ 1,035,080
CLIENT & MISC REVENUES (NON-CMO)	\$ 732,288
STATE BASIC ALLOCATION	\$ 829,266
STATE MATCH	\$ 97,286
STATE CATEGORICAL PROGRAMS	\$ 3,388,146
CARE MANAGEMENT ORGANIZATION (CMO)	\$ 12,016,867
TOTAL	\$ 18,098,933

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

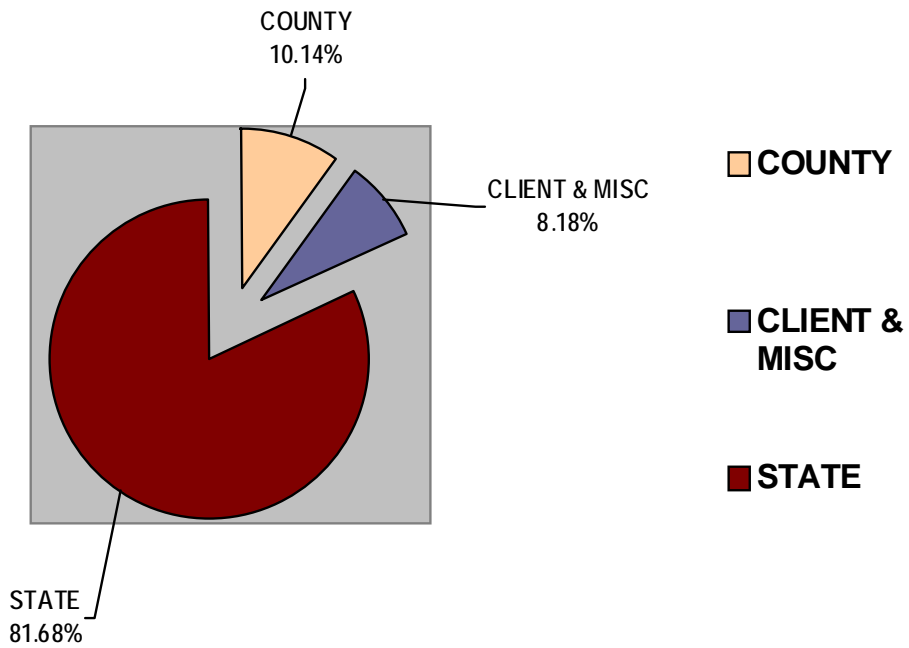
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY	\$ 1,485,296
CLIENT & MISC REVENUES (NON-CMO)	\$ 1,197,844
STATE BASIC ALLOCATION	\$ 827,768
STATE MATCH	\$ 97,286
STATE CATEGORICAL PROGRAMS	\$ 4,092,523
CARE MANAGEMENT ORGRANIZATION (CMO)	\$ 6,945,257
STATE & CLIENT REVENUES	
TOTAL	\$ 14,645,974

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,485,296
CLIENT & MISC	\$ 1,197,844
STATE	\$ 11,962,834
TOTAL	\$ 14,645,974

APPENDIX

Richland County Health and Human Services

2008 Health & Human Services Contracts (Over \$10,000)*

Aegis Therapies	\$71,065	Jean Warrior, Ph.D.	\$17,638
Attorney Henry Plum	\$118,472	John Hoffman AFH	\$41,106
B-Care Corporation	\$109,059	LaCrosse County Human Services	\$21,445
Christopher Nevers, O.D.	\$24,660	Lori Knapp – Richland, Inc.	\$163,510
Clemens Schmidt, M.D.	\$62,100	Matekel's Family Group Home	\$27,422
Community Care Resources	\$19,847	Neveah Haven AFH	\$37,600
Coulee Youth Centers, Inc.	\$24,747	Pavlak AFH	\$35,600
David Dati, LCSW, LMFT	\$45,029	Psychology Center	\$11,990
Deloitte Consulting, LLC	\$385,535	Richland Hospital	\$59,656
Family & Children's Center	\$10,694	Roberta Bell, LCSW	\$12,725
Fillyaw AFH	\$10,899	SW WI Workforce Development Board	\$399,452
Gander's Cleaning Service	\$31,902	Trempealeau County Health Care	\$82,014
Gundersen Lutheran Medical Ctr	\$31,902	Turn-Key Builders, Inc.	\$17,360
Integrated Development Services	\$106,099	VARC, Inc.	\$59,041
Irv Balto, LCSW	\$19,036		

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

Richland County Health and Human Services

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
Regional Aging & Disability
Resource Center*

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

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