



Richland County
Health and Human Services

**2010 ANNUAL
REPORT**

Richland County

Health and Human Services

Randy Jacquet, Director

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

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2010 Annual Report. This past year marked our tenth full year since the creation of the Health and Human Services Agency in August of 2000. Several highlights of 2010 include:

- **The Consolidation of all Health and Human Services Offices.** 2010 was the first full year that all Health and Human Services units were under the same roof at the Community Services Building. The building had been expanded in 2009, with other offices relocating here in September of 2009. I believe the transition has gone very well and we have already seen the benefits of consolidation in terms of efficiency in areas such as information technology, copiers, and so forth; but also in terms of enhanced communication between the various units which has been beneficial to our clients and customers.
- **Loss of Care Management Contract.** This year became very challenging for the agency when the Southwest Family Care Alliance Board voted in July of 2010 to take over the Care Management contract with Richland County and the other seven counties in the region. Our Care Management Unit ended in December 2, 2010 with many of those staff either accepting similar positions with Southwest Family Care Alliance, bumping other less senior staff within the agency, or in some cases being laid off.
- **2010 Health and Human Services Budget.** After several years of running deficits, 2010 resulted in a budget surplus for Health and Human Services. There were a number of reasons for the surplus, including not refilling several positions, but primarily it was due to a decrease in our out-of-home costs related to children in foster care and other residential settings.

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

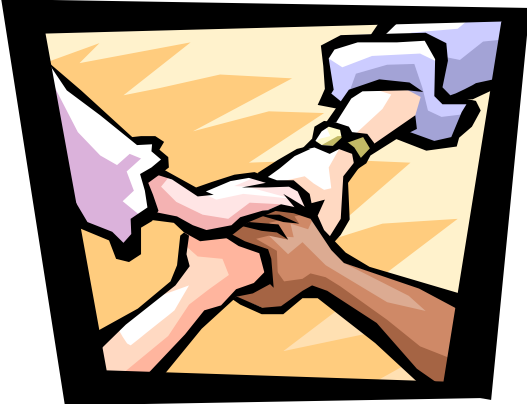
Sincerely,



Randy Jacquet, LCSW
Director

Richland County Health & Human Services

2010 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

Jeanetta Kirkpatrick, Chairman

Betty Havlik

Dr. Richard Edwards (as of February 2010)

Paul Kinney

Robert Holets

Fred Clary

Marilyn Rinehart

Ray Schmitz

Walter Gust

Commission on Aging & Disability

Commission Members

Bette Cook, Chairman

Bonnie Richardson

Gary Peters

Joseph Scribbins

Lawrence Sowle

Paul Kinney

Carol Clausius

James Cox

Laura Poindexter

Marie Rakow

Comprehensive Community Services (CCS)

Coordination Committee

Committee Members

Martha White, Chairman

Adam Tackett

Cathy Krulatz

Mary Chris Walling

Paul Kinney

Lori Thuli

Bonnie Rosas

Faye Burghagen

Mary Jane Honer

Ricki Bishop

Tracy Thorsen

Nutrition Advisory Council

Committee Members

Scott Banker, Chairman

Harriett Hendricks

Kim L'Hote

Shannon Trebus

Janine Parduhn

Mike Shields

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

Board Members

Walter Gust, Chairman

Diane Harding

Janet Pearson

June Leirmo

Marjorie Sheckler

Phyllis Johnson

Tom Brounacker

Jackie Maier

Janice Clevon

Lane Poulin

Peter Murray

Robert Neal Smith

Richland County KIDS Council

Council Members

Connie Vlasak, Chairman

Amanda Miller

Kay Cunningham

Laurie Schuman

Marilyn Rinehart

Rachel McGlynn

Jeff Bethke

LaVonne Bekkum

Linda Peterson

Lori Thuli

Michelle Parr

Transportation Coordinating Committee

Committee Members

Marie Rakow, Chairman

Angela Metz

Bette Cook

Carol Clausius

Linda Symons

Tracy Hanson

Angela Young

Betty Havlik

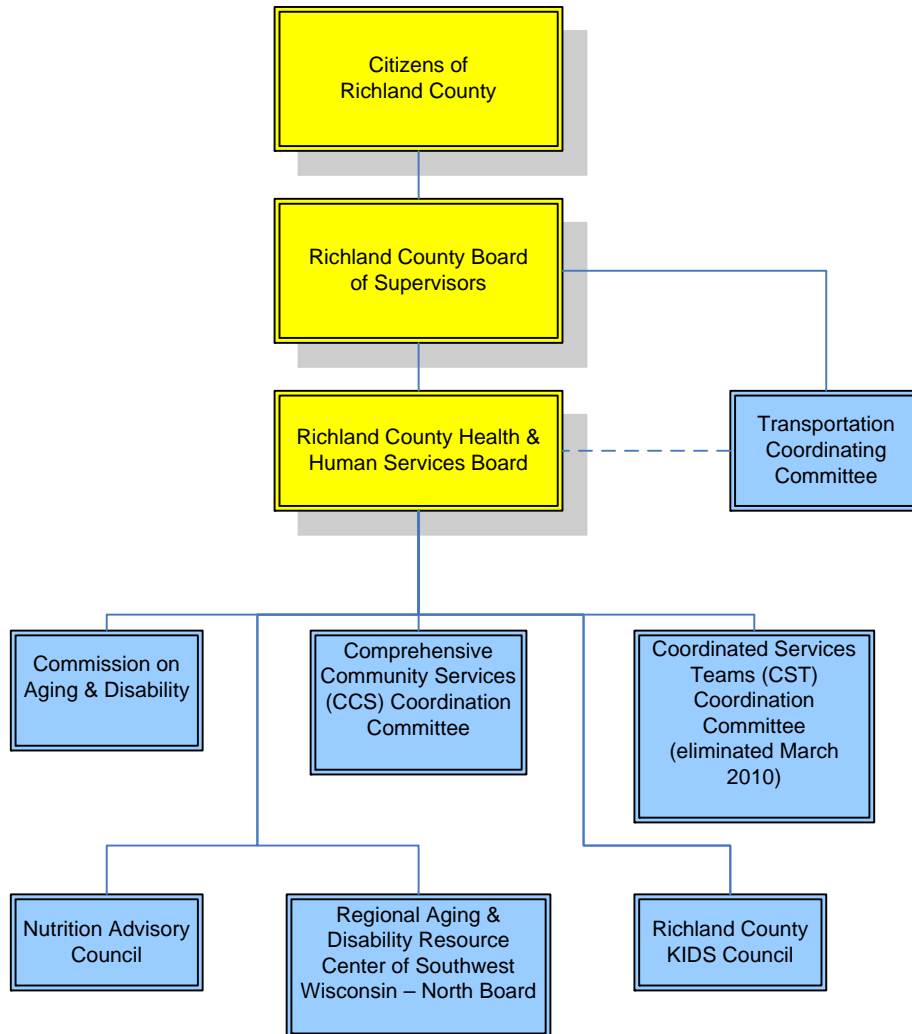
Dan Carroll

Paul Kinney

Ursula Straight

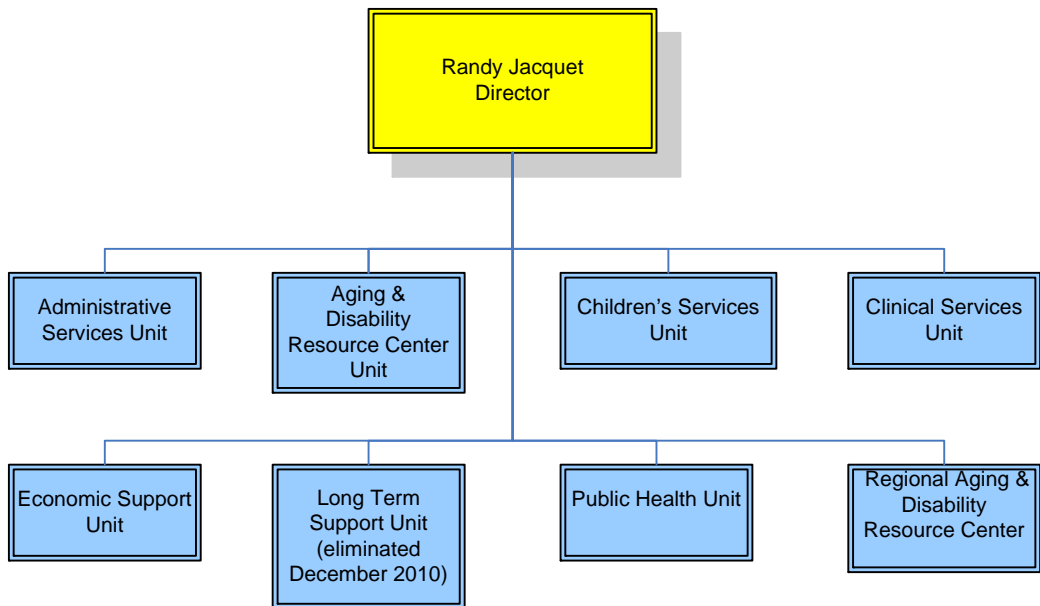
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

Mission Statement

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

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

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

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

The Administrative Services Unit has continued to experience significant changes in 2010. In December, the departure of the Long Term Support Unit reduced support staffing by one and one-half full-time positions. Another Confidential Administrative Secretary was lost due to budget constraints. Each year the Administrative Services Unit is asked to do more with less staff and each year the unit manages to rise to the challenge.

For a summary of Health and Human Services financial data for the year 2010, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

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 OF SOUTHWEST WISCONSIN – RICHLAND CENTER

Mission Statement

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

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

OVERVIEW

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

Staff at the ADRC assist customers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. The ADRC also provides benefits-related counseling and services to the elderly, as well as 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 ADRC one can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for publicly-funded long-term care program called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services, transportation assistance services, and adult protective services.

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2010, the Information and Assistance staff (I&A) had 2,673 contacts from customers. Contacts are defined as first-time customers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

2010 Information & Assistance Consumers

52% were 60 years and older;
12% were consumers with physical disabilities;
9% were consumers with developmental disabilities;
9% were consumers with mental health or substance use disorders; and
18% were unknown.

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

Those contacting the ADRC in 2010 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. While many customers simply need information, others need various kinds of assistance getting connected to programs or services. Staff provide a wide range of assistance, from contacting a service provider on the customer's behalf; to helping the customer complete an application; to advocating on behalf of a customer 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 customer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

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

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

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

In 2010, staff completed 127 Functional Screens and enrolled 76 customers into long-term care publicly funded programming.

DISABILITY BENEFIT SPECIALIST

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

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

The Disability Benefit Specialist program assisted 134 Richland County residents in receiving over **\$1,190,209** in Federal, State or private benefits for which they qualified.

Since the Disability Benefit Specialist Program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$6,289,306. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

ELDERLY BENEFIT SPECIALIST

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

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

In 2010, the Elderly Benefit Specialist Program provided a savings to 289 county residents totaling **\$2,245,217** in Federal, State, and other funding based on the type of program.

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

EARLY INTERVENTION/PREVENTION SERVICES

2010 was the second year the ADRC participated in the Senior Farmers Market Program through collaboration with the Public Health Unit of Health and Human Services, the University of Wisconsin Extension office, and Second Harvest. 101 sets of Farmers Market vouchers each worth \$25 were distributed to seniors in Richland County to purchase local, fresh, homegrown produce. The program promotes healthy food purchasing options and brings \$2,525 in revenue to local producers.



In collaboration with the Clinical Services Unit of Health and Human Services a community wellness fair, Path to Living Well, was held at the Community Center with over 100 people in attendance. Local vendors participated in sharing healthy life style alternatives related to mental well being, healthy food preparation, exercise, yoga, massage, volunteering, hobbies, use of local parks and walking paths and so much more. Participants could sample the multiple opportunities for health, fun, and activity available in Richland County.

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

TRANSITION SERVICES FOR YOUTH

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

An Information and Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2009-2010 school year included:

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

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2010, Richland County Health and Human Services received \$3,565. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer's and Dementia Alliance, Richland County contributed to the further development of a local Dementia Network and participated in the 2010 Alzheimer's Walk.

THE DRIVER ESCORT PROGRAM

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

In 2010, the Driver Escort Program had 23 volunteer drivers and 1 temporary casual county driver providing a total of **1,430 trips** for **1,722 passengers** traveling **170,360 miles**. The volunteer drivers donated **7,865 hours** of their time and the temporary casual Drivers drove for **481 county van hours**.

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

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2010 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 2010, the funds supported 281 families, provided funded support for information and assistance through the ADRC, and subsidized some transportation needs for caretaking families.

ADULT PROTECTIVE SERVICES ACTIVITIES

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

Adult-At-Risk/Elder Abuse and Neglect Reporting

Total number of reports:	109
Self Neglect	69
Neglect by Other (s)	12
Financial Exploitation	13
Emotional Abuse	6
Physical Abuse	6
Sexual Abuse	1
Other	2

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 2010, the State allocation of \$10,501 served 27 county residents.

Adult Protective Services Court Action

The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2010, 56 court actions were completed for 37 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.

AGING & DISABILITY RESOURCE CENTER OF SOUTHWEST WI – NORTH

Mission Statement

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



The Aging and Disability Resource Center (ADRC) of Southwest Wisconsin includes eight counties. These eight counties are divided into two regional ADRCs. The ADRC of SW WI – South serves Iowa, Grant, Green and Lafayette counties with their management office housed at Green County Human Services. The ADRC of SW WI – North serves Crawford, Juneau, Richland and Sauk Counties with their management office housed at Richland County Health and Human Services.



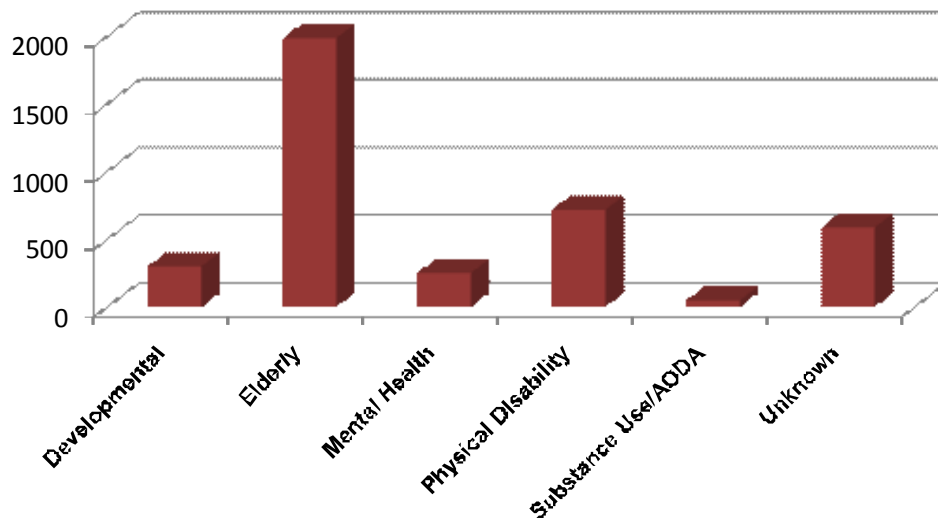
The two ADRCs collaborate to provide seamless cross border service to customers. They conduct joint marketing efforts, develop an eight county database system, quality assurance, training, and provide a uniform long-term care access plan for long term care programs. These collaborative efforts have proven to provide cost savings and consistent quality across the Southwest Region.



INFORMATION & ASSISTANCE SPECIALISTS

The ADRCs are welcoming and accessible places where older people and people with disabilities can obtain information and help in locating services or applying for benefits. Information and assistance specialists are knowledgeable about all programs and services available. By enabling people to find resources in their communities and make informed decisions about long term care, ADRCs help people conserve their personal resources, maintain self sufficiency and delay or prevent the need for potentially expensive long term care.

In 2010 the Information and Assistance Specialists began to utilize a new database program to track contacts with customers. Due to a change in database systems, comparing data to previous year is not an accurate display of activities. However, the 2010 data shows that Information and Assistance Specialists recorded 8,652 contacts with customers ranging in age from 17 years old and older, and have a variety of disability types.



**ADRC of SW WI – North
Contacts by Disability Type
Total 8,652**

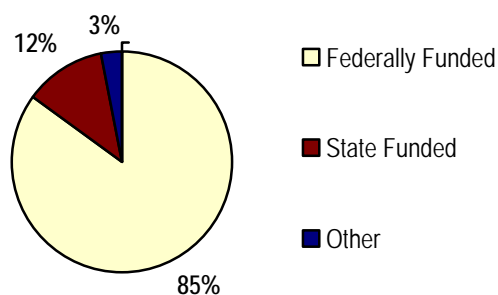
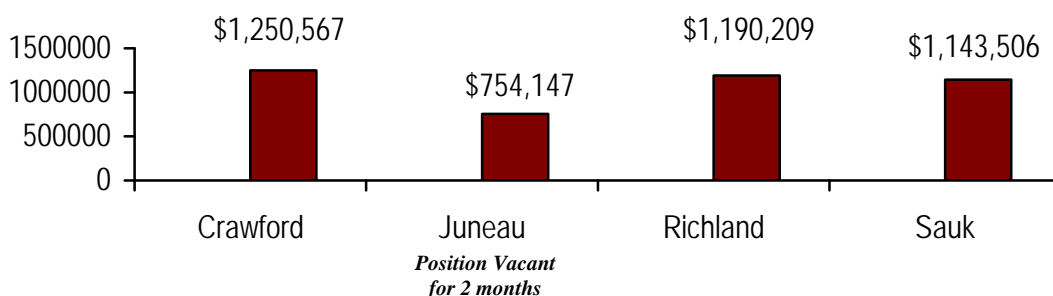
DISABILITY BENEFIT SPECIALISTS

Disability Benefit Specialists (DBS) provide services to people ages 18–59 with physical disabilities, developmental disabilities, mental illness and substance abuse disorders. The Disability Benefit Specialists provide reliable and accurate information and assistance on public and private benefit programs including appeal procedures.



Monetary Impact is an estimate of the value of benefits obtained or retained with the help from a Disability Benefit Specialist. These benefits are crucial in meeting the individual's basic needs and medical care. The Disability Benefit Specialists work must also be valued when considering the monetary impact these benefits have on the local economy. Even in lew of various staff changes and vacancies, in 2010 the ADRC of Southwest WI-North's Disability Benefits Specialists brought in a total of \$4,338,429.

ADRC of SW WI - North Monetary Impact \$4,338,429



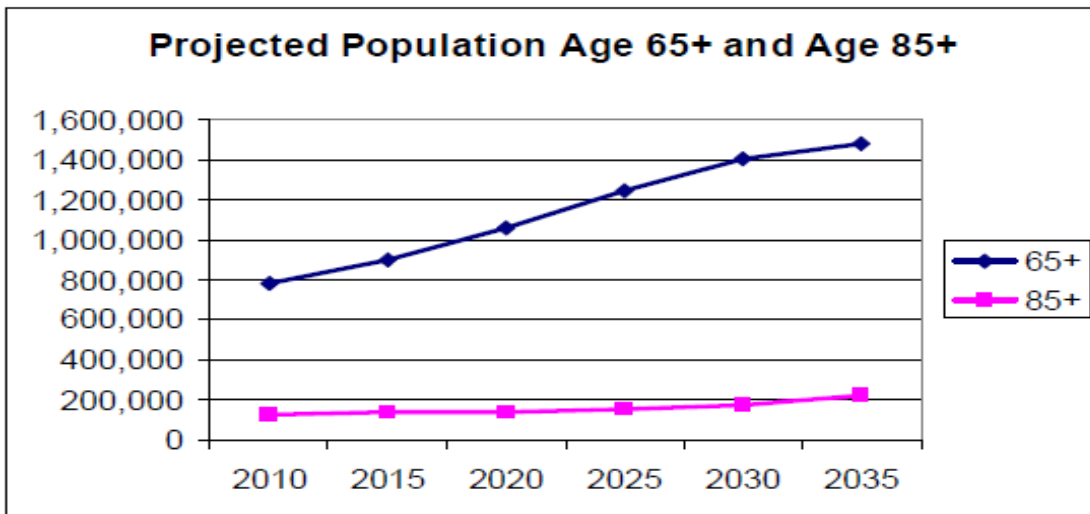
**Funding Source
of Benefits
Based on a
Statewide Estimate**

ELDERLY BENEFIT SPECIALISTS



Elderly Benefit Specialists (EBS) assist adults who are elderly in accessing programs, benefits and legal rights. They can provide information and advocacy on a wide range of issues and assist with the application and/or appeal process for public and private benefits to people ages 60 and over.

The "Silver Tsunami" refers to the significant growth of the elderly population. This growth is a result of the aging of individuals in the "Baby Boom" generation, as well as advances in medical technologies which have extended life expectancy. As a result the population of people 65 years or older is projected to reach 1.4 million by the year 2035.



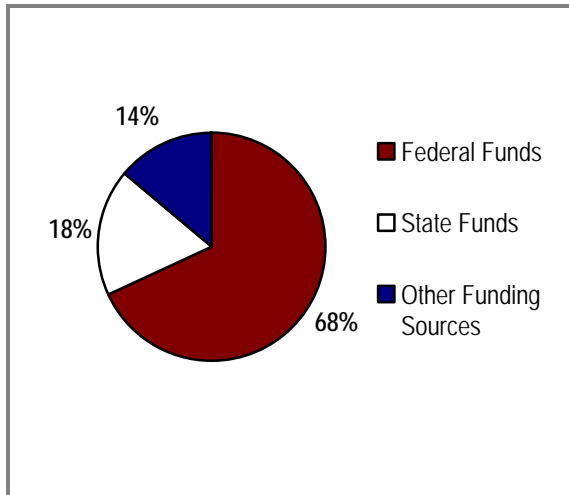
The data used for Elderly Benefit Specialist was obtained from Wisconsin studies. Despite inconsistent data collection processes and vacant EBS positions, those offices which were able to collect data were within the statewide average.

In 2010, the value of services provided by the 89 Elderly Benefit Specialists in the state of Wisconsin totaled \$55,066,684. These services bring federal and state funding to local communities, and will continue to play a vital role in the health of the economy of those communities.

As the "Silver Tsunami" approaches, it can be assumed the need for these services will also continue to grow, as well as the monetary impact of those services.

**Funding Source of Benefits
Based on a Statewide Estimate**

**Average Annual Monetary
Impact of an EBS is \$607,491**



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

ADRC of Southwest WI North Governing Board is a twelve member governing board whose membership is equally represented by each county. Board makeup will include county board members, consumers or consumer advocates representing the elderly, adult with physical disabilities, adult with developmental disabilities, adults with mental health and/or substance use disorder needs and young adults with disabilities.

Some Duties and Responsibilities:

- ✓ Provide input on all issues of policy that may impact consumers of ADRC services
- ✓ Act as ambassadors to promote the mission and services of the regional ADRC as well as local offices
- ✓ Assist in identifying the unmet needs of consumers in their local area and develop strategies to address them
- ✓ Advocate at the local, regional, state and federal levels for the needs of all target populations served by the ADRC

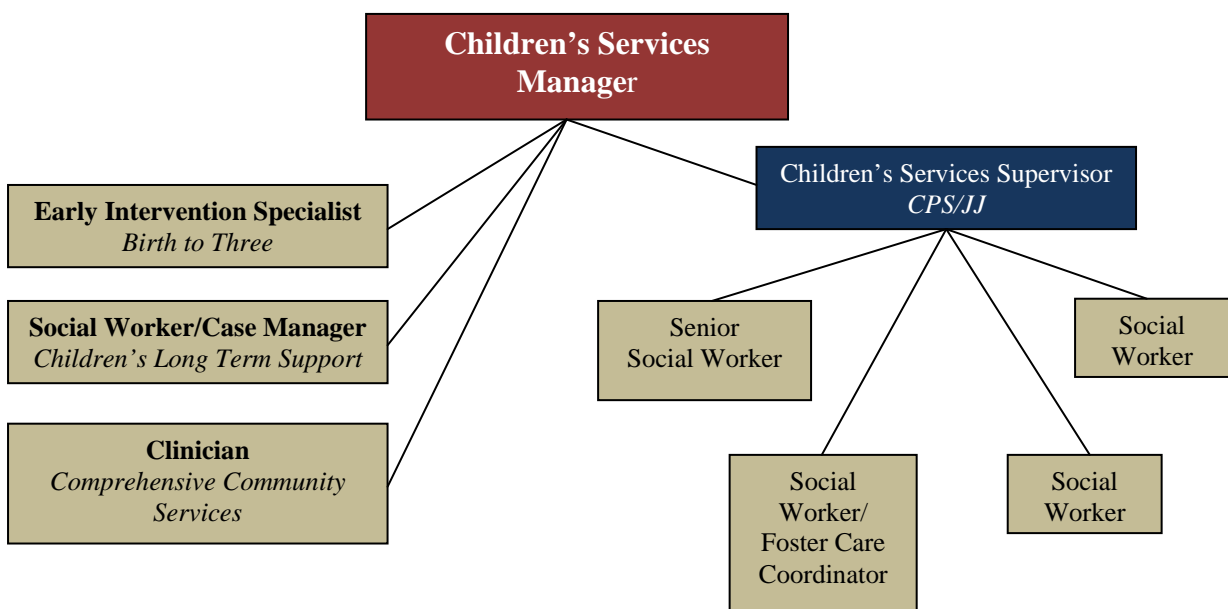
CHILDREN'S SERVICES UNIT

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

Those seven programs are as follows:

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

The Children's Services Unit (CSU) saw many changes in 2010 that reflected agency wide budgetary constraints. Regardless, CSU remained committed to servicing families locally and to keep all programs running to the highest of standards. We are pleased to say that we met all of our projected service planning for 2010 in each of the seven programs and utilized the spending of program funding to meet the needs of children and families in the community. We are working hard in 2011 to try and do more with less, and although we know this will be a challenge, we are hoping that a stable work force will support us, supporting families. The CSU is structurally organized as follows according to the programs outlined above;



BIRTH TO THREE PROGRAM

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

The program has one Early Intervention Specialist who is able to fulfill the function of being both the Service Coordinator and the Educational Specialist. This is a great compliment to the program, and Richland County has a high quality service team operating the program.

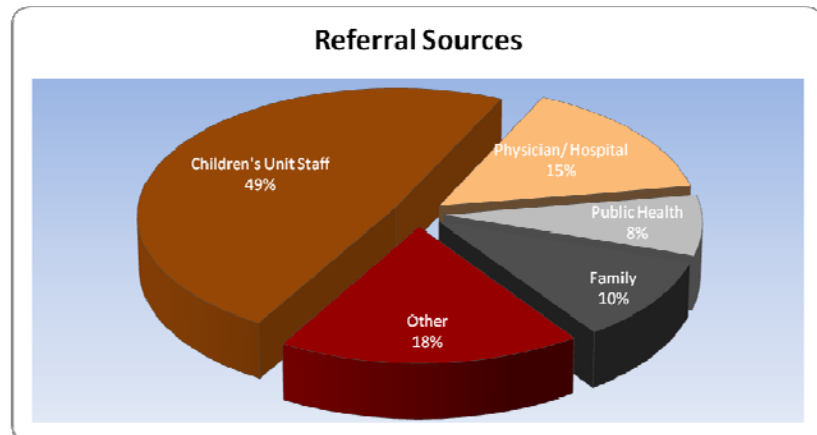
Services Provided

- *Therapies, occupational, physical, speech*
- *Developmental evaluations*
- *Referral services case management*
- *Education*

Funding Sources

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

In 2010, Richland County Birth to Three served 39 children in 37 families. Of those 39 referrals processed, 36 became enrolled in the program. During 2010, 17 children became dis-enrolled in the program for reasons ranging from the child turning three and transitioning to early childhood, to levels of delay changing over time, and through parent choice to terminate services. Referrals come from a variety of sources; in 2010 the distribution of referrals is demonstrated in the below graph.



These figures are comparable to the previous year, with the exception that we saw more referrals from hospitals and parents in 2010. This is a positive relationship that reflects more physicians and hospitals are appropriately referring concerns to the program. We would like to see this continue and build in 2011, with the goal of seeing developmental delay diagnosed at early stages to ensure that children and families get the much needed support at the earliest possible point. We are pleased to share a positive relationship with Richland Medical Center and Hospital and through the hard work of our Early Intervention Specialist and advocates in the KIDS (Kindness Increases Developmental Success) Council those relationships continue to grow and benefit Richland County families.

Lastly, of the 39 children served in 2010, 27 children received occupational therapy, 5 received physical therapy, 25 received speech therapy, and 39 received case management. Again this is a relatively similar distribution to the previous year and comparable to what is anticipated for the coming year, 2011.

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

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

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

Case Management Services

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

Funding Sources

- *Medicaid (Federal)*
- *Family Support (State)*
- *Taxes (Local)*
- *Parental Cost Share (Individual)*

In 2010, there were 18 children placed on the Richland County wait-list which is comparable to the previous year. The program served a total of 55 children during that year of which 30 received waivers support; a funding source which indicates full time enrollment in the program, and 19 children that received family support; a funding source that meets the crisis needs of families both in the program full time and those currently on the wait list.

Ultimately, the program is able to reflect that in 2010, it met the basic needs of families eligible for services within the County and that crisis funding was provided to those families wait-listed for services. Of the 55 children that were served in 2010, they will be represented more than once in the above charts for wait-listing and family support because family support funding is primarily to meet crisis for those families waitlisted, although this funding is available to families receiving waiver services as well for one-time costs.

COMPREHENSIVE COMMUNITY SERVICES **FOR CHILDREN**



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

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

Case Management Services

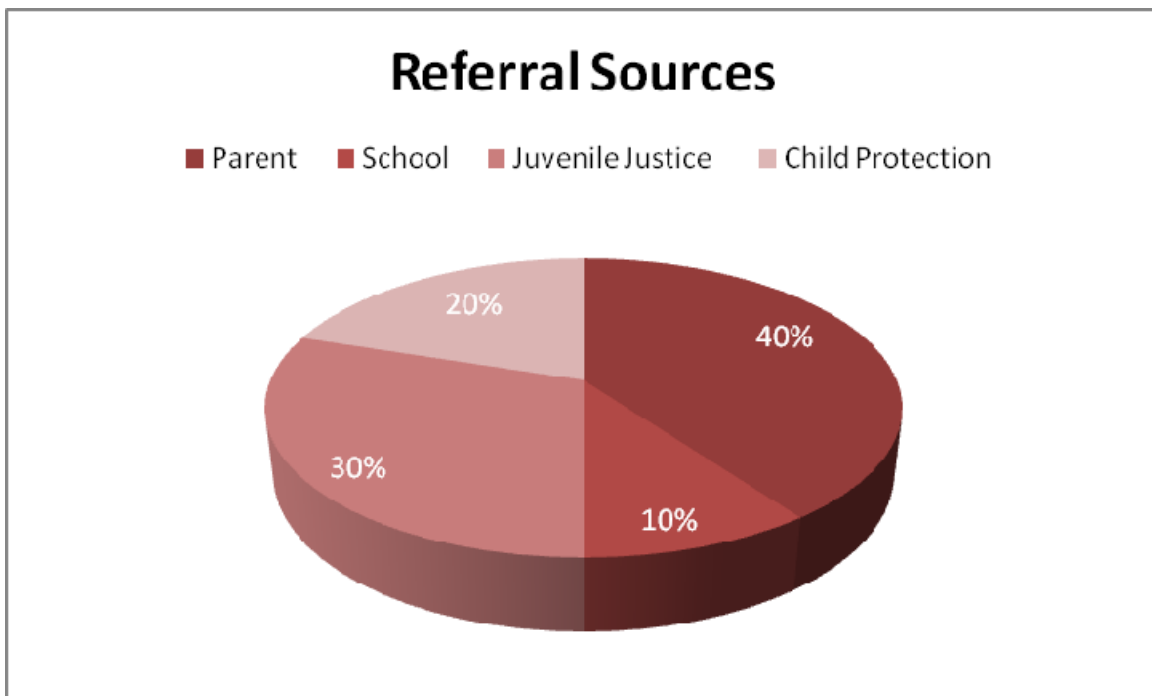
- *Service planning & facilitation*
- *Interpersonal & Community skills development*
- *Pre-vocational & employment related skills training*
- *Rehabilitative support, recovery education, illness management*
- *Respite*

Funding Sources

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

In 2010, the program served 19 children, which is down slightly from the previous year. Of those served, 10 were new referrals and 6 of those children were enrolled in the program. The remaining 4 children did not receive on-going services either because they were not interested in the program, they were not Medicaid eligible, or the family did not return contact post referral.

In 2011, we are focusing on expanding referrals to the program to ensure that we are meeting the need within the County. For those 10 referrals in 2010 the following chart shows the distribution of referral sources.



CHILD PROTECTIVE SERVICES

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

Children's Protective Services are structured to:

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

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

In 2010, Richland County CPS included electronic parent monitoring equipment to its assessment capabilities. This allows Social Workers to address issues of substance misuse, in real time, with parent's struggling to maintain a safe and sober lifestyle. It also allows Social Workers to ensure that supervised parent interaction with children living outside the home is conducted safely without adding to the child's experience of parental substance misuse. It gives parents

the chance to see their use and abuse in concrete terms and to decide if they want to actively engage in recovery for the reunification of their children. Unfortunately in 2010, CPS also lost a number of staff due to budget constraints. This meant the same level of need within the community was being met by fewer professionals. In spite of this, CPS was able to maintain appropriate response to reports of abuse and neglect.

In 2011, we are hoping to maintain more stability in our existing staff compliment, to be adding a new Family Preservation Worker, and as a result be able to use our limited funding and resources to include more preventative measures in addition to building on our existing projects and initiatives to meet the needs of vulnerable children and families in Richland County.

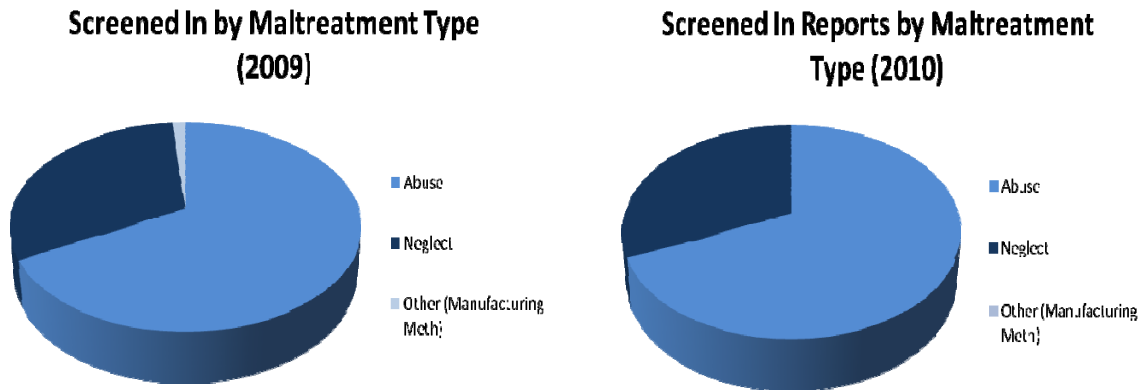
The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County we have seen a decline in reporting during this period which would support fewer maltreatment victims and fewer reports being screened in for response by a Social Worker. It is not as easy to determine whether this decrease in reporting is due to an overall decrease in the maltreatment of children or if residents are less willing and/or able to report suspected maltreatment. Part of our focus for 2011 will be ensuring that we draw down further into this question and ensure that County residents feel informed and supported in making referrals where maltreatment is suspected. The hope then being that, if we continue to see a decline in reports of abuse and neglect, we can more clearly reference this as a case of increasing quality of life for children in our Richland County.

<i>SERVICE</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
<i>Total CPS Reports</i>	125	124	137	121	94
<i>Total Alleged Victims</i>	156	146	176	143	114
<i>Screened In Services Reports</i>	111	67	78	60	49

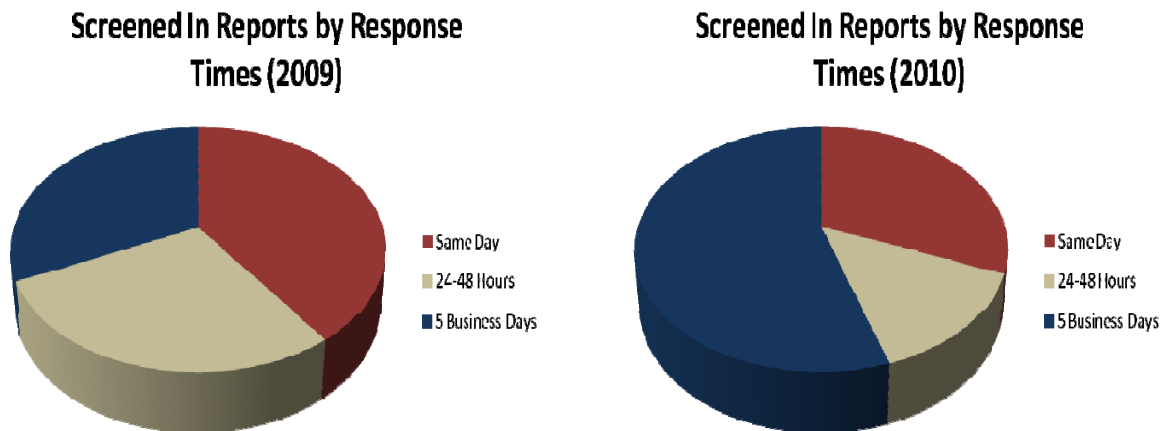
Drawing further on these comparisons we have focused on the types of reports that CPS is receiving and screening in for response by a Social Worker. The first two charts below compare the reports screened in for investigation by maltreatment types for 2009 and 2010.

The category "other," is reflective of children who are alleged to be at risk because of parental manufacturing of methamphetamine in the home environment. It appears to have dropped significantly between 2009 and 2010; however it is merely reflective of the fact that in 2009 we had one alleged victim and no victims for 2010.

Overall, physical abuse continues to be the largest percentage of child maltreatment. It will be the unit's focus for 2011 to determine why this is so high and to put in place initiatives to decrease its occurrence.



The second set of charts below reflect the response times by the agency, as defined by State statutes, again comparing 2009 and 2010. There has been a significant change in response times with regards to Social Workers responding to investigations within the same day or within 5 business days. This can be due to a number of factors, but we are able to subjectively report this is most likely related to the number of staff trained to respond to abuse/ neglect investigations, which decreased in 2010.



In 2011, CPS will continue to build on and maintain good working relationships with community and other professional services. We rely on good quality mandated reporting from other professionals and open communication with members of the public in order to be able to identify and intervene to prevent children from being abused and neglected.

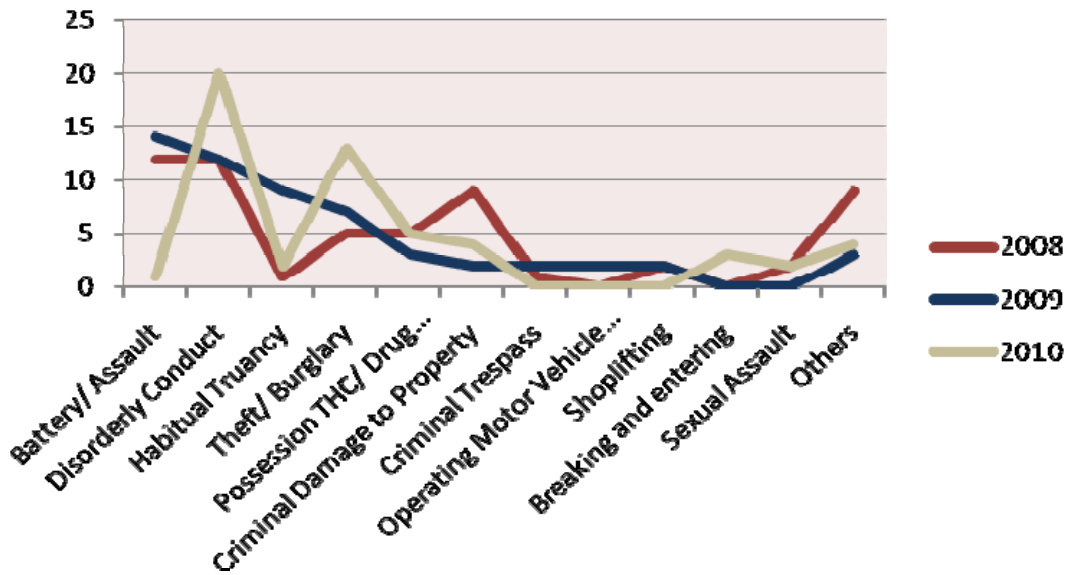
JUVENILE JUSTICE

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

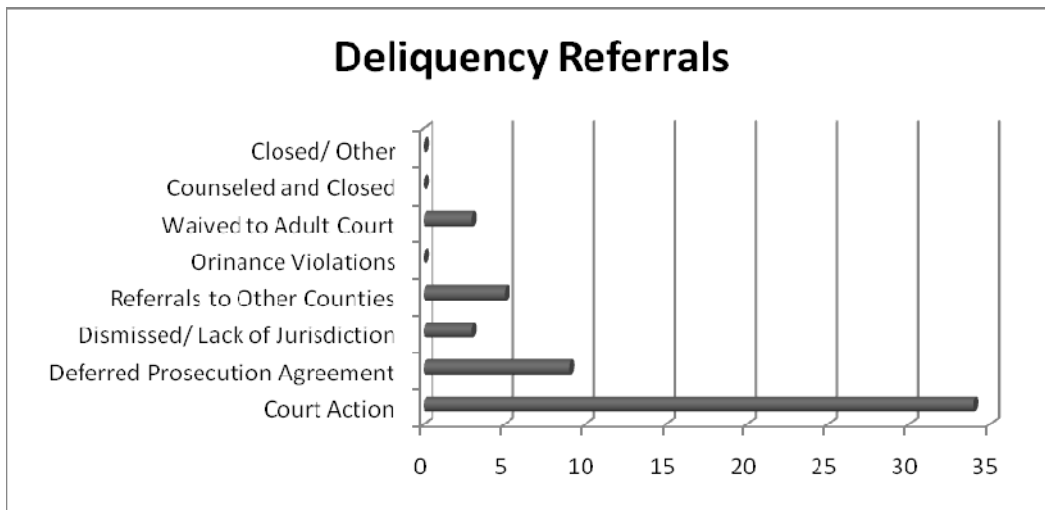
Services Provided:

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

The type of referrals that the program sees in terms of juvenile offending behavior has largely stayed the same over a three year period. Statistics have in fact maintained consistent over the preceding five year period, demonstrating consistent referrals for criminal trespassing, possession of THC, and operating a motor vehicle without consent. Note that "other" is reflective of crimes that aren't often seen in the County with frequency and therefore are not a main heading. We have seen a drop in battery/ assault referrals between 2008 and 2010, as well as a decrease in incidences of criminal damage to property. Unfortunately in 2010, the County has seen an increase of disorderly conduct and theft/burglary; two issues that will have to be addressed when considering the program planning for 2011 service provision.



The disposition, or legal processing, of a juvenile delinquency case can take many forms dependent on the nature of the offense, the history of the offender, and the support system in place around the offender to reduce recidivism (reoccurring offending behavior). Of those referrals made in 2010, the disposition is reflected, by specific action, in the chart below.



There were 54 referrals in total for 2010; of those, 34 referrals saw case action and 14 of these are repeat offenders, which is consistent with the previous five years. Overall we have seen a decrease in court action against juvenile offenders since 2006 (48 cases, 22 repeat offenders) where all other figures have remained static.

FOSTER CARE and KINSHIP CARE

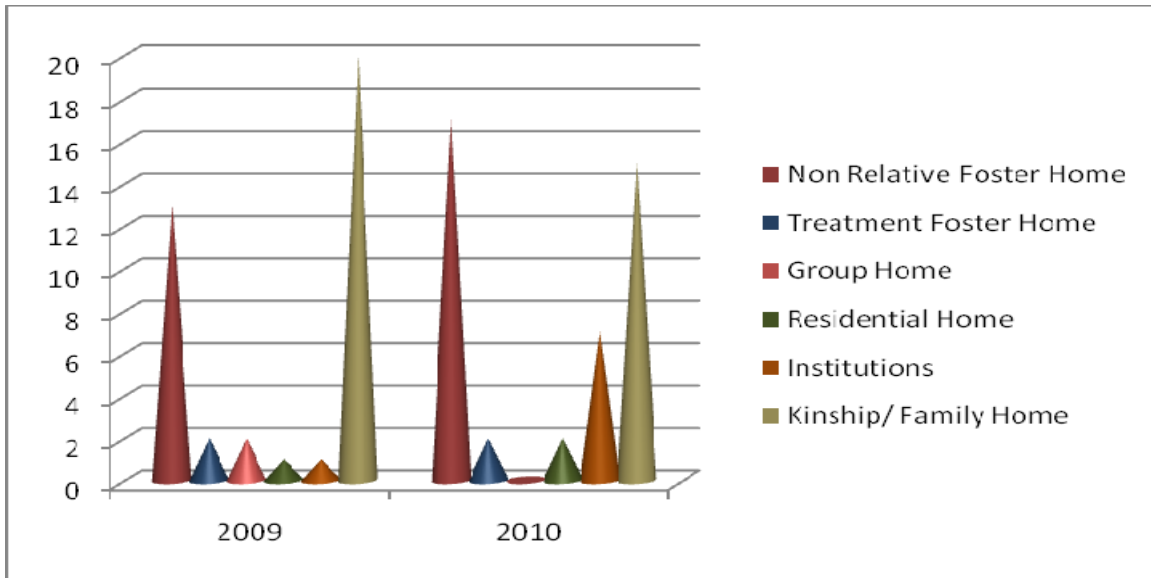
Children's Protective Services works closely with families wishing to foster or provide kinship for children in the community. Potential foster parents are educated and trained in caring for children who have suffered abuse and neglect to ensure that placement is supportive of a child's special care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

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



The program has a service coordinator within the CPS/ JJ team who facilitates training, licensing and monitoring of County Level One (kinship), Level Two (foster) and Level Three (treatment foster) placements. The coordinator also undertakes activities on a regular basis to recruit new foster parents, and to promote co-parenting techniques between foster parents and biological parents.

In 2010, the agency saw a similar distribution in terms of the types of out of home placements as was reported in 2009. Where in the CPS program we discussed the decrease in the overall number of referrals received by the service, this too will be reflected here in placements. The chart below reflects 2010 distributions by child. Some children may have had more than one placement type throughout the year, based on the nature of the plans needed to support them.



It is usually the aim of the program to identify kinship placement as the first goal when removal occurs, as we are aware from both research and practice experience that these types of placements more often support reunification to the child's biological home. Perhaps the fact that kinship providers generally already have an established, natural link with the biological parents and may be best placed to implement effective co-parenting that these placements are so effective. For the last two years, kinship placements have remained the most frequently used placement type for local children. This reflects a healthy community approach that supports the responsibility of caring for a child as a community responsibility.

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

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

RECOVERY

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

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



CRISIS INTERVENTION SERVICES

Every county in Wisconsin is required to provide emergency mental health and substance abuse services. In 2009 and 2010, Health and Human Services held a series of community stakeholder meetings as well as meetings with other county crisis systems for the purpose of identifying ways to improve Richland County's crisis system. The agency also began participating on a regional multi-county crisis network for improving and developing additional mental health crisis resources.

After a great deal of study and community input, Health and Human Services developed an improvement plan. In January 2010 as an initial step in the plan, Health and Human Services attained a higher level mental health certification from the Department of Health Services for providing these emergency services. This certification mandates higher standards of care and also allows the county to bill Medicaid and other insurance for the services provided.

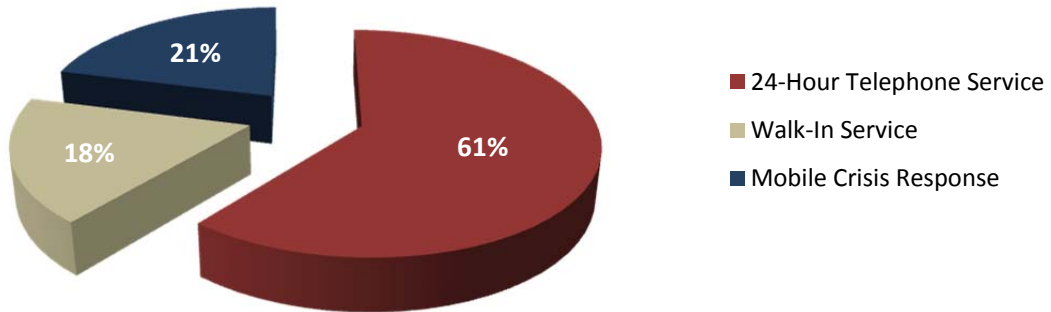
The next steps of the improvement plan focus on providing increased on-site interventions (*also called mobile response*) and providing an improved telephone service. In order to address these objectives, Health and Human Services decided to solicit proposals for contracting with an outside mental health provider to be responsible for the afterhours crisis system. After an involved proposal and selection process, a provider was selected in August 2010 with a plan to begin in January 2011.

Crisis Intervention Services are available to adults as well as children. The types of services that may be provided include:

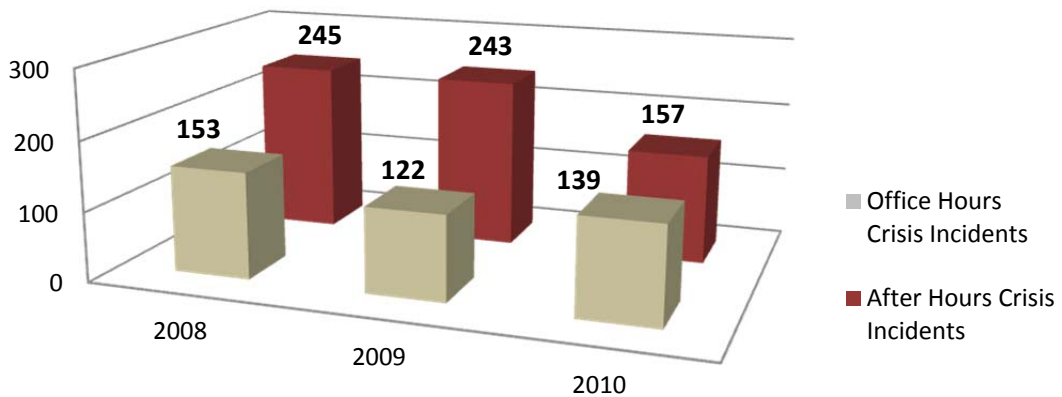
- Evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Response to outpatient emergencies related to substance abuse including the provision for examination of a person's need for detox.
- Arranging for emergency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

The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed. The pie chart shows how crises were responded to in 2010.

Types of Crisis Response



Each crisis incident can involve multiple contacts by the crisis professional with the various individuals who may be involved (*i.e. person in crisis, family or significant others, and other professionals*). In past Annual Reports, the statistical information displayed represented all crisis contacts even if they were related to the same incident. In order to better represent the actual crisis situations that occur, it was decided to change the methodology for tracking so that only the crisis incidents are counted (*not every contact related to an incident*). The chart below shows the number of crisis incidents that were addressed each year for the last three years.

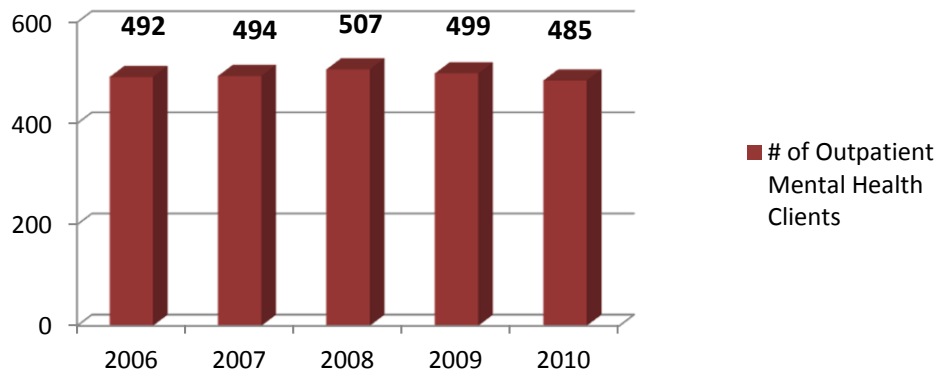


OUTPATIENT CLINIC

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

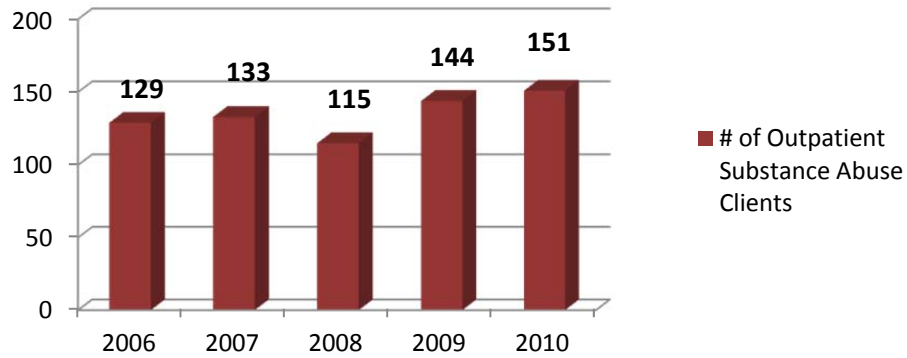
Mental Health Services Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful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

In 2010, Clinical Services provided psychotherapy to 291 individuals, psychiatric care/medication management to 208 people and conducted 31 psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health services each year.



Addiction Services Addiction counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2010, certified substance abuse counselors provided assessment, referral, and treatment to 151 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group and a dual diagnosis group were offered on an ongoing basis throughout the year.

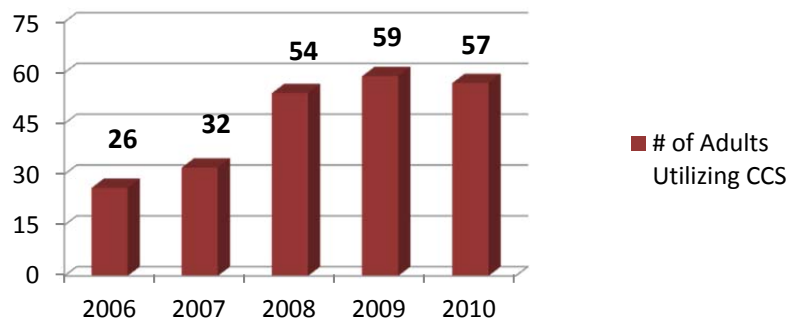
The chart below shows the number of individuals who received assessment and treatment services each year.



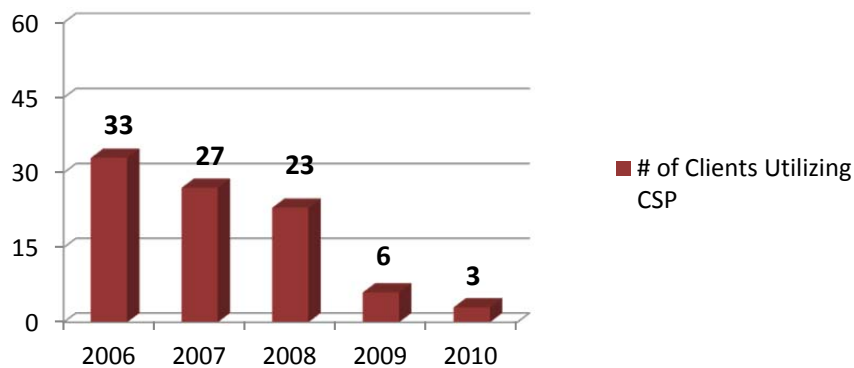
COMMUNITY TREATMENT PROGRAMS

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

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

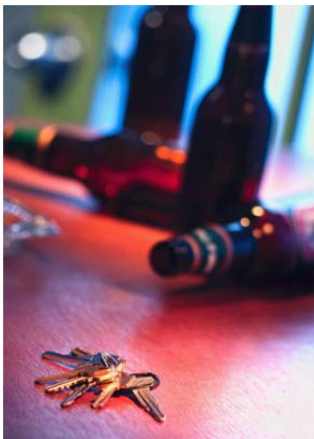


Community Support Program CSP is a long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. CSP uses an assertive treatment model including supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, as well as assistance with financial management, housing and recreation. 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. The number served in CSP has declined over the years as many individuals transferred to CCS and are getting their service needs met by that program instead.

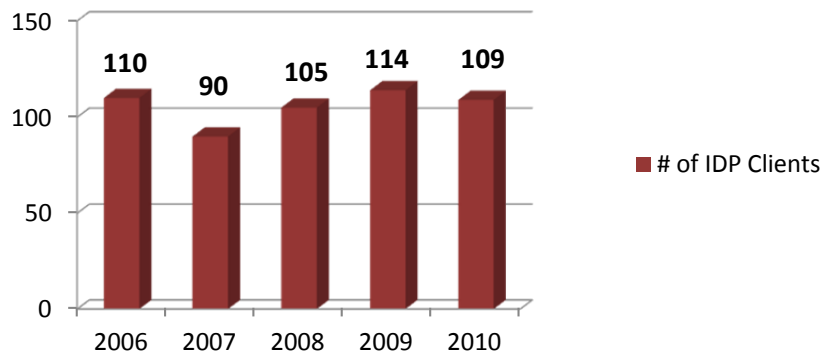


INTOXICATED DRIVERS PROGRAM

Alcohol and other drug abuse are 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.

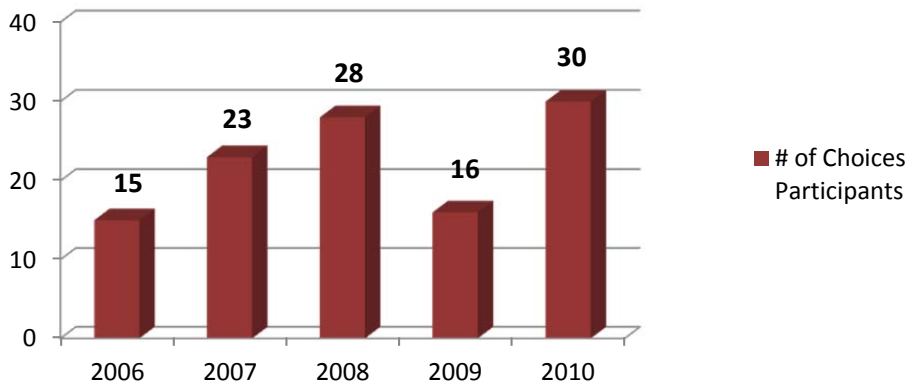


In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program,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



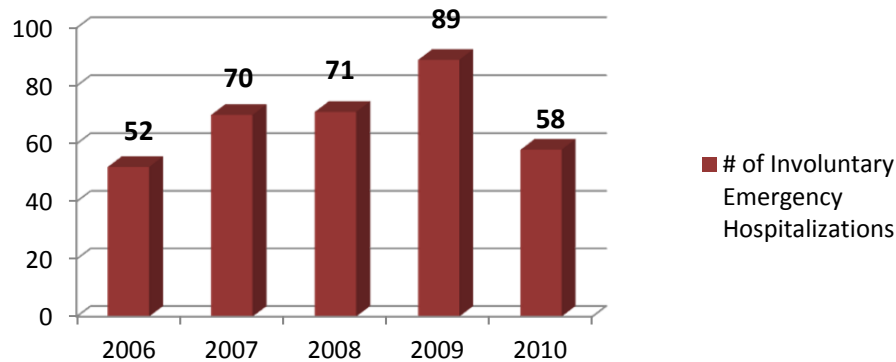
CHOICES

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

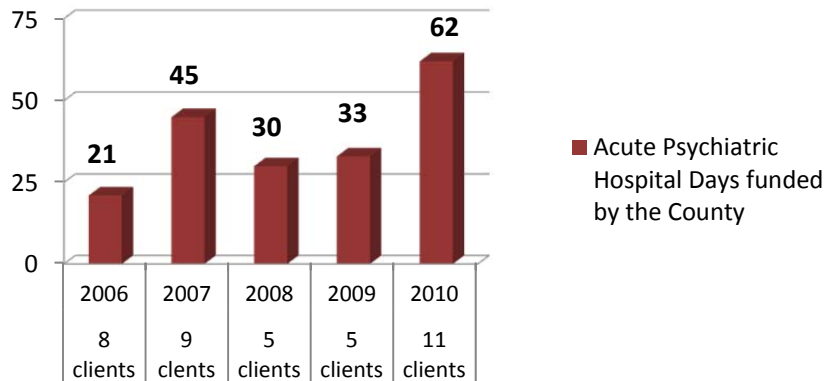


INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

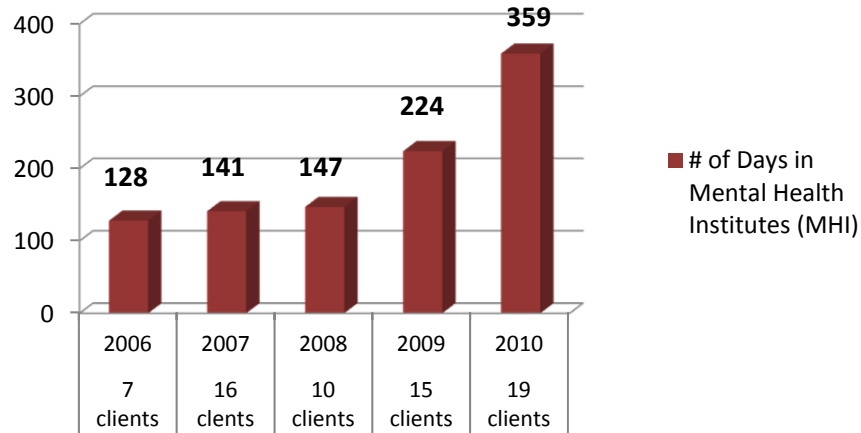
Clinical Services facilitates voluntary and involuntary hospitalizations for individuals who need this inpatient psychiatric service. Involuntary hospitalizations (*sometimes called emergency detentions*) occur when a person is determined to present a substantial risk of harm to him/herself or to others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



Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. The chart below shows the number of hospital days funded by Health and Human Services each year. It should be noted that even though there were considerably less emergency hospitalizations in 2010, the number of hospital days requiring county funding nearly doubled compared to the previous year.

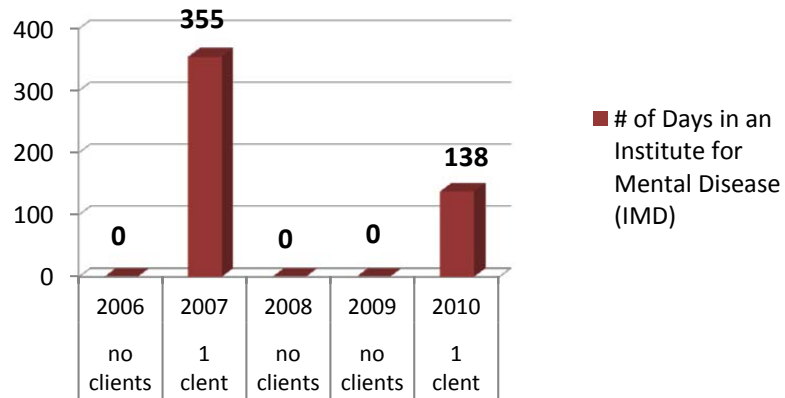


Mental Health Institutional Placements: For long-term care and treatment needs, Richland County placed individuals at three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. These facilities were also used as a last resort placement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



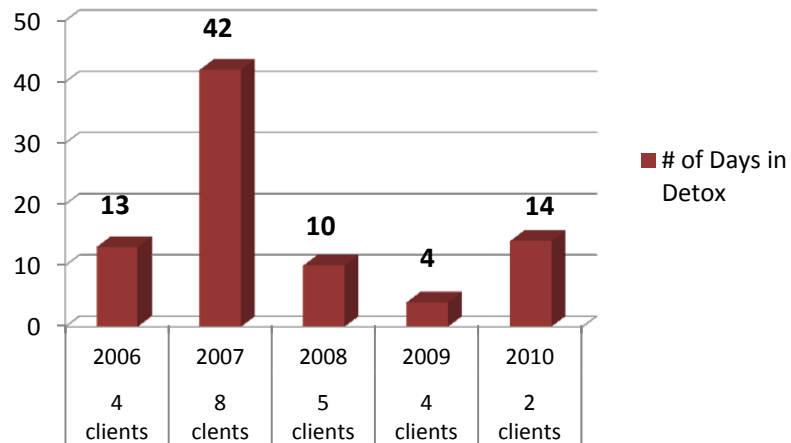
In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25% in 2010*) from state to county government. Six of the nineteen individuals shown in the chart above (*accounting for 275 days of care*) were under the age of 21 and were funded by Richland County in this first year of counties being responsible for these costs.

Institutes for Mental Disease: Richland County also uses Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care, and other years, several people may have this need. One individual needed this service in 2010.



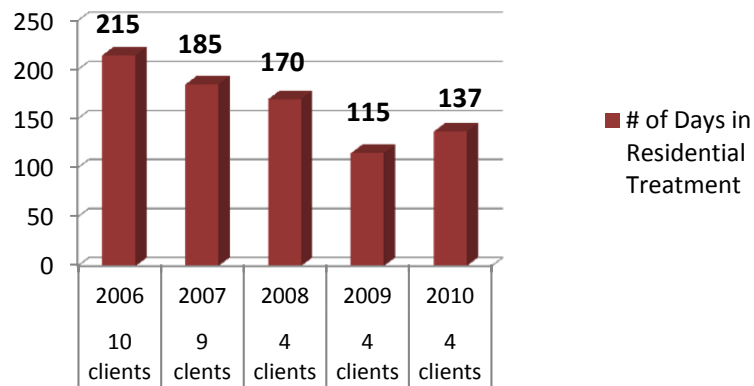
DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. In these situations, a person would require medical intervention. Richland County contracted with Gundersen Lutheran Medical Center and Tellurian UCAN, Inc. for detox services in 2010. Below are the number of patients and days of stay that were funded by Health and Human Services each year.



RESIDENTIAL TREATMENT FOR SUBSTANCE USE

Residential treatment is an intensive type of substance abuse treatment in which an individual lives at the facility while receiving treatment services. This level of care is required when individuals have been unable to attain recovery using outpatient or other less intensive treatment services. A comprehensive substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. With limited funding, this service is not always an available option. Health and Human Services contracted with Gundersen Lutheran Healthcare, Franciscan Skemp Healthcare, AlcoCare, and the Teresa Mc Govern Center for residential treatment services to fund treatment for four individuals in 2010.

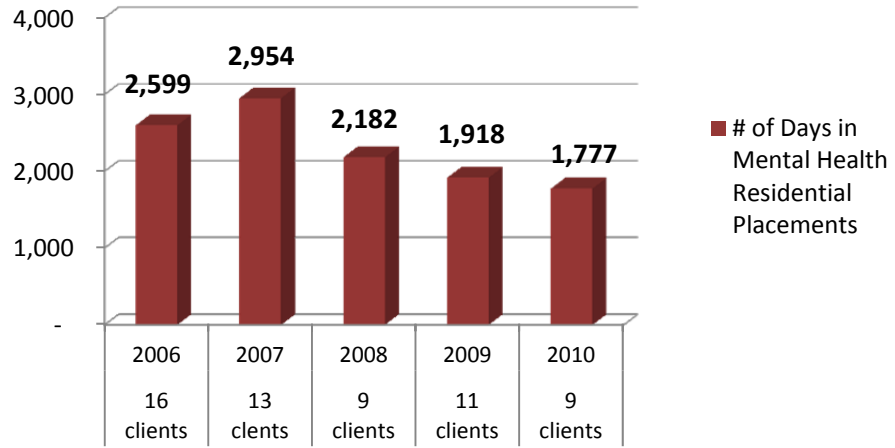


MENTAL HEALTH RESIDENTIAL SERVICES

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

In 2010, four individuals continued in long-term placements for the entire calendar year. Five others required temporary placements ranging from 21 to 105 days in order to transition from an inpatient setting back to living in the

community. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



ECONOMIC SUPPORT UNIT

Mission Statement

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

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

PROGRAMS ADMINISTERED

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

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

The Role of the Economic Support Unit

In these tough economic times, the job of the Economic Support staff continues to be very challenging. While some believe the Economic Support Specialist merely enters data into the computer to determine a customer's eligibility, they would be wrong. While they do interview clients to determine eligibility and enter data submitted, they must also interpret policy, verify the information that is submitted, and have daily interaction with other professionals in order to assist the people we serve. The staff has done this in 2010 with one less Economic Support Specialist in the unit and higher caseloads. There is also daily interaction with both agency staff and other professionals in the community. The Economic Support Specialist is many times viewed by their clients as their "Social Worker" because of their helping and caring attitudes. The agency thanks each one of them for their commitment.

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; and
- 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 2010 was 2,997 individuals.

This compares to 2,869 individuals at the end of 2009.

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 Economic Support 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 become 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.

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.

**1,369 unduplicated households
received FoodShare in 2010,
totaling \$3,061,782.**

This compares to 1208 unduplicated households in 2009.



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+).

1,075 individuals met the above eligibility requirements in 2010.

This compares to 990 individuals in 2009.

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 2010, 17 Funeral/Cemetery applications were approved totaling \$35,506.

WISCONSIN WORKS (W-2)

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

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

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.

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 2010, 965 households received Energy Assistance in Richland County for a total of \$612,089.

In 2009, 700 households received Energy Assistance for a total of \$511,287.

In 2010, 291 households received Crisis Assistance, totaling \$107,004.

In 2009, 175 households which received Crisis Assistance for a total of \$109,403.

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:

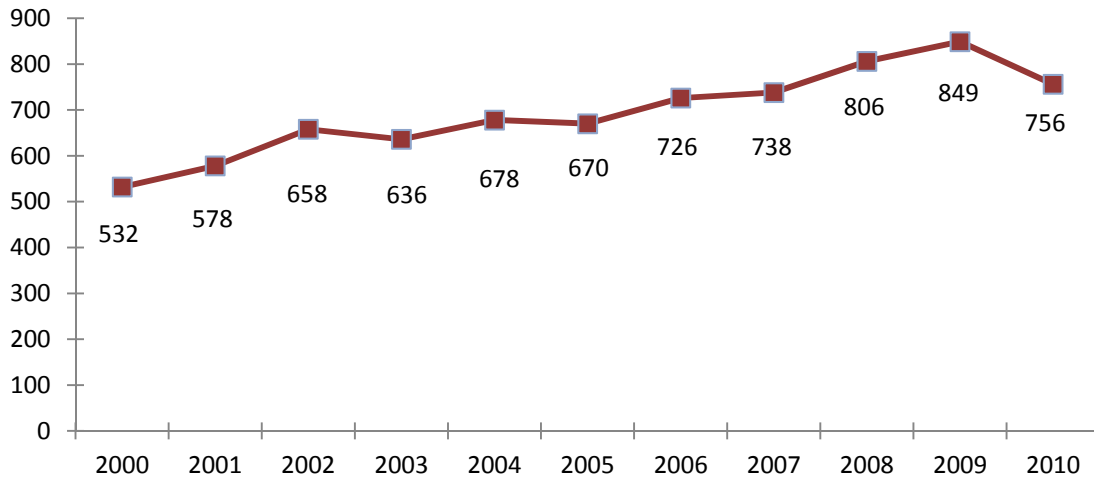
<http://www.dwd.state.wi.us/default.htm>

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

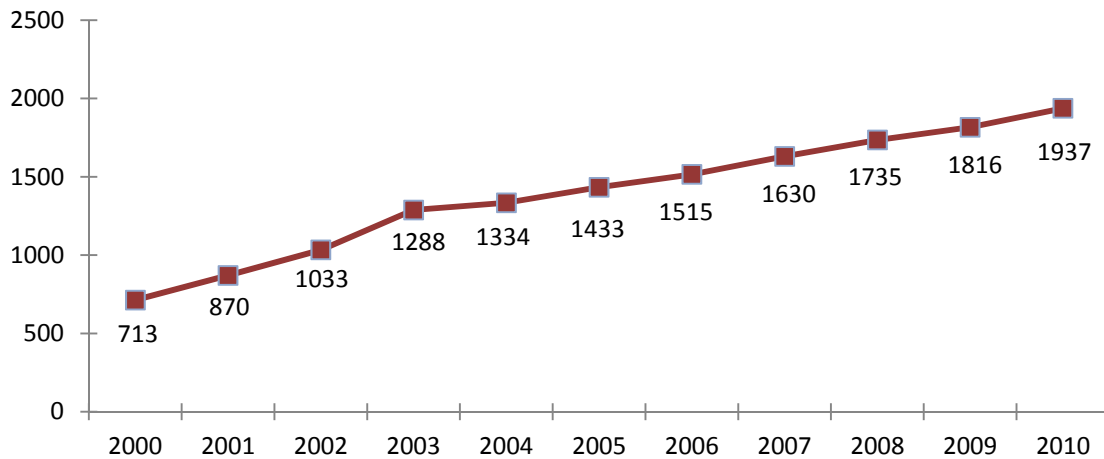
Wisconsin Home Energy Assistance Program: <http://www.homeenergyplus.wi.gov>

Statistics for Richland County

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 Richland County Health and Human Services Long Term Support Unit closed its operations on December 2, 2010. The end of the Long Term Support Unit was dictated when the Southwest Family Care Alliance Board voted in July of 2010 to end the case management contracts with all eight counties that helped form the Southwest Family Care Alliance. As a result, all staff involved in the Long Term Support Unit, whether social workers, nurses, administrative staff, or support staff, either transferred to Southwest Family Care Alliance, took new jobs within the agency, or sought employment elsewhere. Several staff also ended up being laid off as a result of the closure of the unit.

With the closure of the Long Term Support Unit, not only did the agency end its care management services as part of the Family Care contract, it also ended several other related services; including Adult Family Home certification and a planned discontinuation of Representative Payee services in early 2011 for the Family Care members.

HISTORY

The Long Term Support Unit was created in August of 2000 when the Health and Human Services agency was also formed. A Long Term Support Unit combined the Long Term Support Program of the former Department of Social Services with the Developmental Disability Unit of the former Richland County Community Programs. At that time, the agency began development of the Family Care/Care Management Organization and much of the effort of the Long Term Support Unit was focused on Family Care. The unit also included the Adult Protective Services Program, the Children's Waivers Long Term Care Program, and the Birth to Three Program. In addition, the Long Term Support Unit also operated the Sheltered Workshop (Production Services) and other residential programs in the community.

Over the years, the Children's Waivers Program and the Birth to Three Program were moved to the Children's Services Unit and the Adult Protective Services Program was moved to the Aging & Disability Resource Center.

The Long Term Support Unit operated the Richland County Care Management Organization, one of the original Family Care Pilot Programs, from 2001 through the summer of 2008, at which time; the Southwest Family Care Alliance was organized. Since 2008, the agency continued to provide care management services for Southwest Family Care Alliance on a contract basis.

Statistics for 2010 regarding programs within the Long Term Support Unit are not available as all staff involved with the operation of that unit are no longer employed in that capacity.

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 & Response Highlights
Public Health Emergency Response

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: Routine childhood vaccinations have made such an impact on public health that immunizations are considered one of the greatest medical achievements of the 20th century. Vaccines prevent disease in people who receive them and protect those who come in contact with unvaccinated individuals.



Before vaccines, many children died from diseases such as polio. Through the introduction of routine vaccinations many of these diseases are becoming rare in the U.S. The viruses and bacteria that cause them still exist, though. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

Public Health provides all routine childhood immunizations and adult tetanus/Tdap at no charge at regularly scheduled monthly immunization clinics.

Immunization Statistics:

Immunization	2005	2006	2007	2008	2009	2010
Comvax (Hib & HepB)	57	74	38	23	33	n/a
DtaP	148	188	105	90	101	27
Hepatitis A	0	1	39	40	38	58
Hepatitis B	31	32	15	14	31	32
Adult Hepatitis B	62	48	36	14	44	53
Hib	27	24	14	14	14	20
Influenza	1708	1274	1177	1146	1171	916
MMR	86	126	62	60	69	71
Pneumonia	63	54	43	41	27	60
Polio	120	162	82	76	82	28
Prevnar	107	123	73	55	60	76
Td	117	52	128	102	26	26
Varicella	65	80	101	186	195	156
Menactra	11	19	61	84	109	48
Td-Pertussis	n/a	44	87	449	407	372
HPV (Gardasil)	n/a	n/a	49	79	89	67
Rota Teq	n/a	n/a	n/a	21	34	18
Twinrix (HepA-B)	n/a	n/a	n/a	8	6	3

Immunization	2005	2006	2007	2008	2009	2010
H1N1 Influenza A	n/a	n/a	n/a	n/a	1909	495
DTPaP-Hib-Polio (Pentacil)	n/a	n/a	n/a	n/a	n/a	30
DTPaP-Polio (KINRIX)	n/a	n/a	n/a	n/a	n/a	22
TOTAL	2603	2274	2110	2502	4445	2578

In 2010, Richland County received an additional \$5,393.00 in funding for immunization initiatives under the American Recovery and Reinvestment Act (ARRA) of 2009. Public Health used this funding to increase pneumonia immunizations among at-risk adults who did not have insurance or could not afford to pay for the immunization. Immunizing adults without insurance was one of the target initiatives under the ARRA funding guidelines. The ARRA funding was a one time opportunity, and was particularly valuable at the Free Clinic.

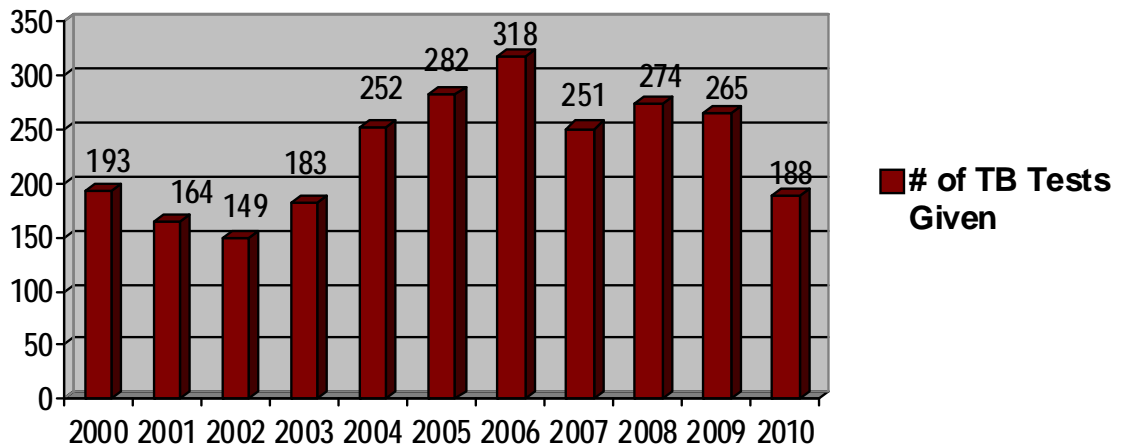
Communicable Disease Investigation and Follow Up: In 2010, the Wisconsin Electronic Disease Surveillance System (WEDSS) was introduced to local health departments. WEDSS is a secure, web-based system designed to facilitate communicable disease reporting, investigation, and surveillance in Wisconsin. Public Health, infection control, laboratories, and healthcare providers use WEDSS daily to fulfill their statutory communicable disease reporting, investigation and follow-up responsibilities. The benefits of the electronic system include improved security, information sharing and data analysis; easier access (electronic) to disease specific forms; and timelier reporting of communicable disease.

Richland County Communicable Disease Statistics:

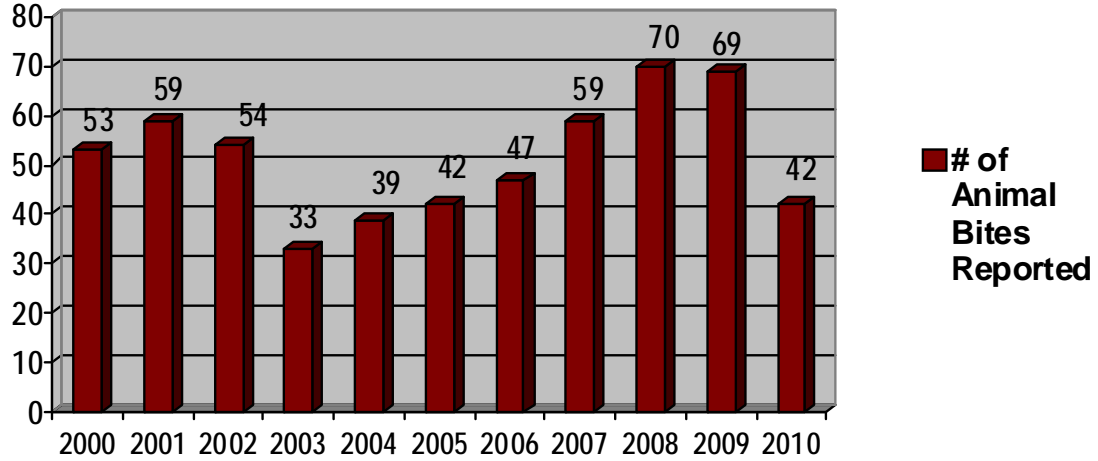
Reportable Disease	2005	2006	2007	2008	2009	2010
Campylobacter	8	9	5	6	5	15
Chlamydia	22	24	25	23	27	22
Cryptosporidium	7	6	3	6	4	2
E.Coli O157:H7	2	2	0	6	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	0	2	5
Giardia	5	1	5	0	2	2
Gonorrhea	1	0	1	0	1	0
Hepatitis A	0	1	0	0	0	0
Hepatitis B	1	2	2	2	0	2
Hepatitis C	6	2	3	4	2	7
Herpes	7	4	1	n/a	n/a	n/a
Histoplasmosis	0	0	0	0	0	0

Reportable Disease	2005	2006	2007	2008	2009	2010
Influenza H1N1	0	0	0	0	35	0
LaCrosse Encephalitis	0	2	0	1	0	0
Legionella	0	0	0	0	0	0
Lyme Disease	46	59	81	60	75	54
Measles	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0
Meningitis (Viral)	1	0	1	0	0	0
Mumps	0	0	8	0	0	0
Mycobacterial Disease	0	0	0	0	1	1
Pertussis	3	0	2	1	0	6
Salmonella	3	2	3	2	3	4
Shigella	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	0	1	3
Syphilis	1	0	0	0	0	0
Tuberculosis Latent Infection (LTBI)	0	0	0	0	1	0
West Nile	0	0	0	0	0	0
Varicella	0	0	0	0	3	0
Toxoplasmosis	0	0	0	0	0	1

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. Public Health Registered Nurses (PHNs) provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2010 and 188 persons received skin tests.



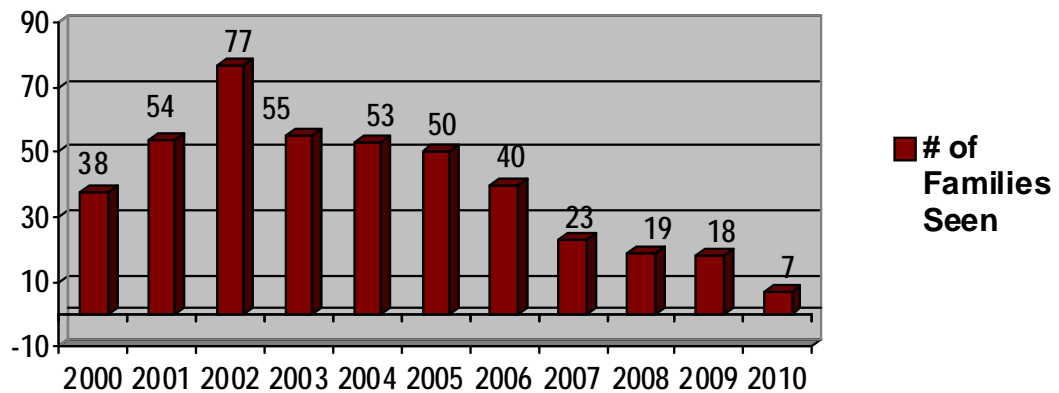
Rabies Prevention and Control: The County's Rabies Control Policy provides the procedures for law enforcement and Public Health follow-up of animal bites/potential rabies exposure to humans. Investigation and follow-up were provided on 42 animal bites/human exposures in 2010.



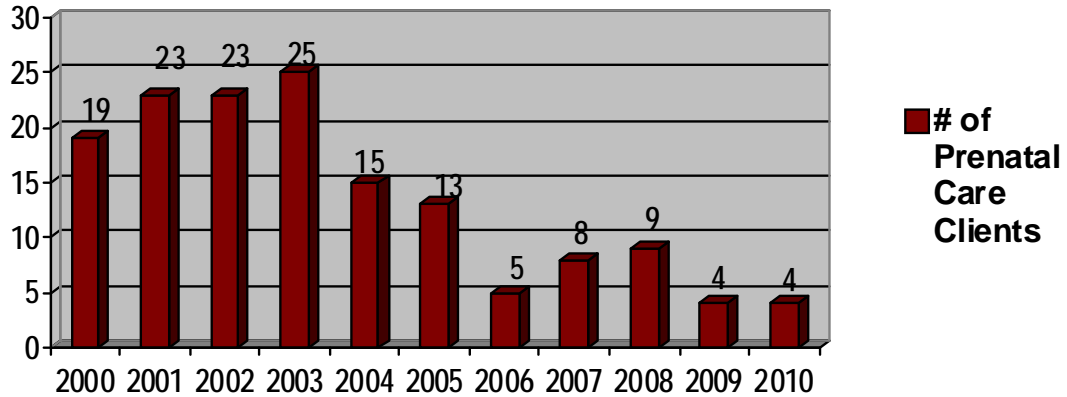
MATERNAL CHILD HEALTH PROGRAMS

Postpartum Home Visits: Home visits by PHNs provide maternal education, support and newborn assessment. Then Maternal Child Health Block Grant funds the program. Seven families were seen in 2010.

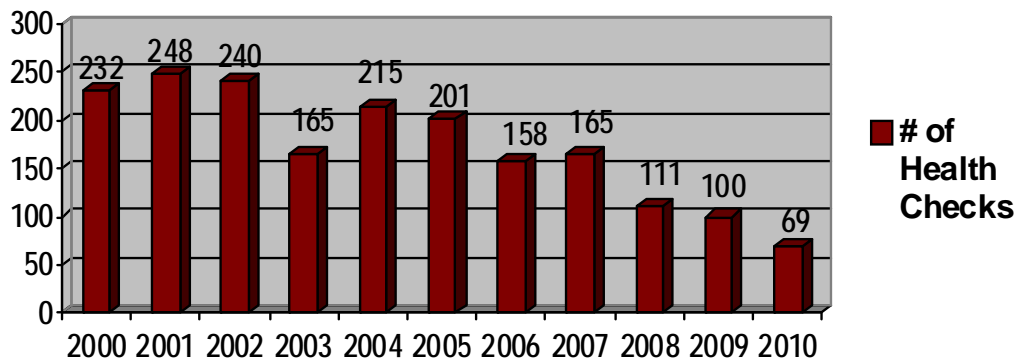
While there are several factors influencing the number of families seen under the MCH Block Grant, the number of families we visit continues to decline. Due to the steady decrease in numbers, we made the decision to change to a MCH systems objective for 2011. We will continue to see families that are considered high risk or those that request home visits as part of our public health responsibilities.



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. Four women received prenatal care coordination services in 2010.



HealthCheck: Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages birth to 21 years. Through cooperation with the Wisconsin Nutrition Education Program, a Registered Dietician also provides nutrition counseling to HealthCheck families. Medicaid provides reimbursement on a per client basis. Sixty-nine HealthCheck assessments were completed in 2010.



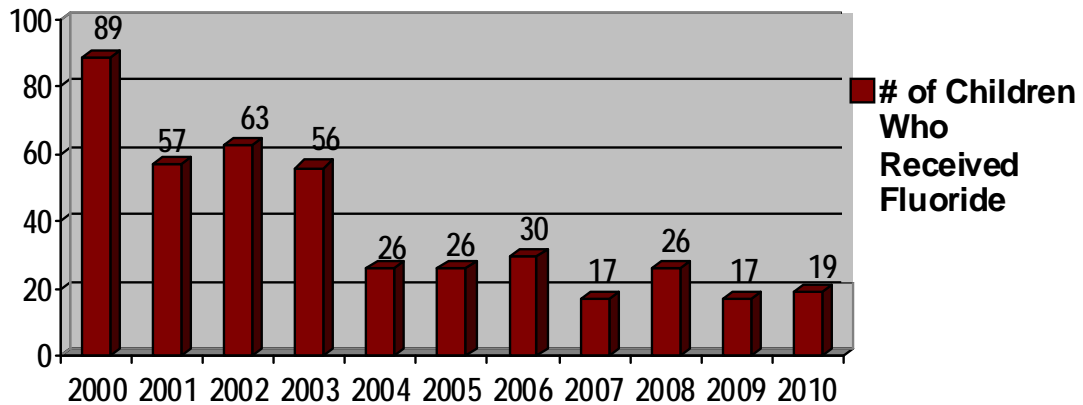
During 2010, the HealthCheck program was the focus of a quality improvement project. Staff used the Plan-Do-Study-Act method of quality improvement to evaluate and make recommendations to improve the HealthCheck program. The Plan-do-Study-Act method of quality improvement helps identify opportunities to improve a program, allows for testing the theory or theories proposed to improve

the program, uses data to study the results of the theory or theories, and helps to standardize the improvement method(s) and establish future plans. The following lists the opportunities found to make improvements to the program:

- Revise Policy and Procedures
- Develop Packets for Parents/Guardians
 - include all required paperwork
 - have packets available in Spanish
- Include Client Satisfaction Survey in Routine Practice
- Provide HealthCheck Outreach Worker with access to Forward Health
- Set Program Goals In Relation to Number of Children Scheduled/Seen

Once all of the improvements are instituted, Public Health will evaluate the effectiveness of the improvements.

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 2010, nineteen 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 and Early Head Start to coordinate the Child Passenger Safety Program in Richland County. Prior to receiving a car seat from the program, families are referred to certified child passenger safety technicians for proper car seat selection and fitting, and education. Twenty-seven children received car seats from the Child Passenger Safety Program in 2010.

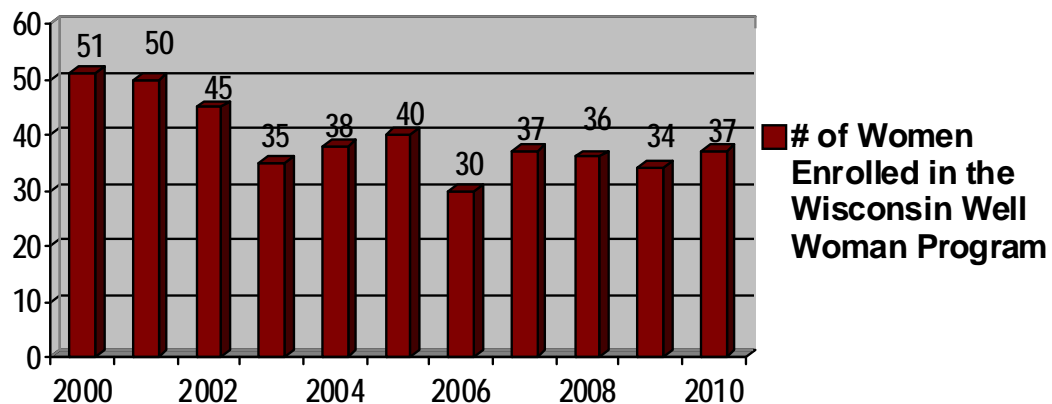
GENERAL PUBLIC HEALTH PROGRAMS



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 2010, 206 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 WWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Thirty-seven women received screening through the Well Woman Program in 2010.



Wisconsin Wins: The South Central Tobacco Control Coalition (including Adams, Juneau, Sauk, and Richland Counties) 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 2010, twenty compliance checks were completed with no sales.



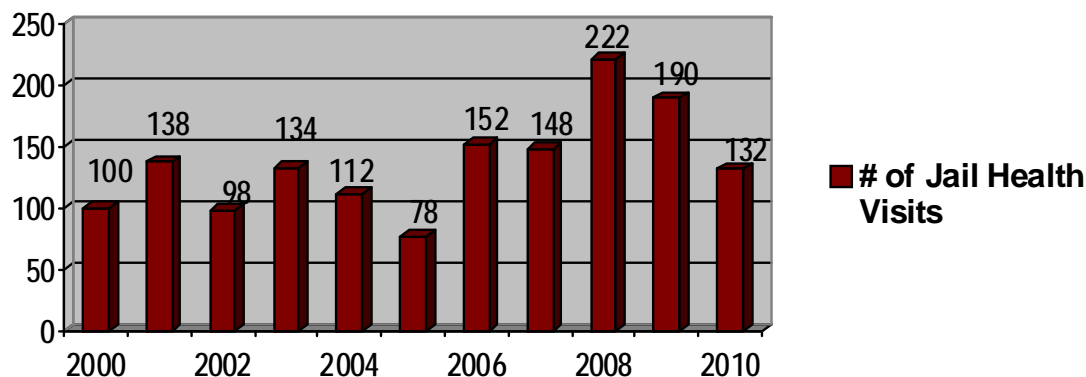
2010 marks the second year that no tobacco products were sold in Richland County. Richland County received a "Partners in Public Health" award from the South Central Tobacco Control Coalition for this noteworthy accomplishment.

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

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

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

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.



Ronald McDonald Care Mobile:

Fourteen Richland County children received dental care through the Ronald McDonald Care Mobile in April of 2010 when the dental bus was stationed in Dodgeville.



In August of 2010 we were notified that the Care Mobile would be implementing a school based model of care throughout Dane County and would no longer be providing service outside Dane County. Without access to the Care Mobile, families without dental insurance have even less opportunity to obtain needed dental care. Public Health has set up a referral process with Access Community Health in Dodgeville, but Access will only see Richland County residents with emergent dental needs. Access to dental care continues to be a huge issue for families on Medical Assistance and the uninsured. Public Health provides Fluoride varnish application at HealthCheck Clinics and for children enrolled in Head Start.

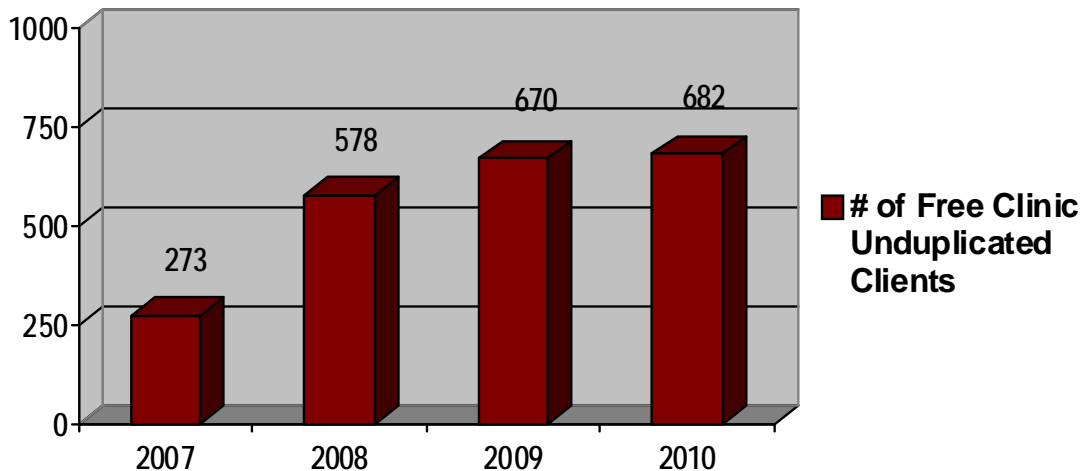
RICHLAND COMMUNITY FREE CLINIC

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, Richland 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. The Southwest Community Action Program (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.

In 2010, Public Health staff provided over 206 clinic hours at the Richland Community Free Clinic.



Age of unduplicated patients seen at the Free Clinic:

Age	2007	2008	2009	2010
0-10 years	4	18	12	13
11-20 years	39	81	54	57
21-39 years	105	241	311	324
40-64 years	125	230	283	276
65-74 years	0	7	7	8
Over 75 years	0	1	3	4

ENVIRONMENTAL HEALTH

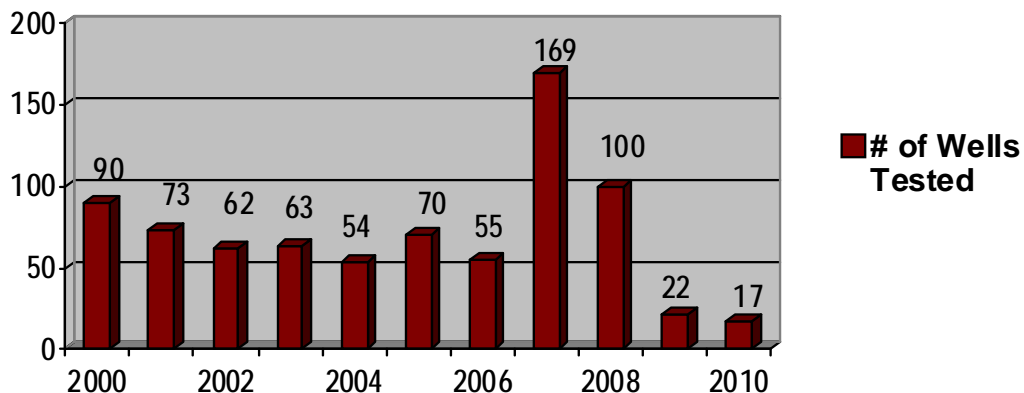
Richland County has been part of a five county environmental health consortium since the mid-1980s. The consortium pools Federal prevention block grant dollars to employ a Registered Sanitarian as an Environmental Health (EH) Consultant to assist with investigation and resolution of environmental health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

2010 Environmental Health Statistics:

Home Visits	59	Contacts (EH Consultant)	349
Lead	8	Lead	27
Radon	7	Radon	39
Water	2	Water	46
Asbestos	4	Asbestos	43
Solid Waste	11	Solid Waste	49
Housing	11	Housing	36
Indoor Air	14	Indoor Air	50
Sewage	2	Sewage	30
Animal Vector	0	Animal/Vector	29

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

The Environmental Health Consultant is available for consultation for problems related to water quality. Seventeen private wells were tested through Public Health in 2010.

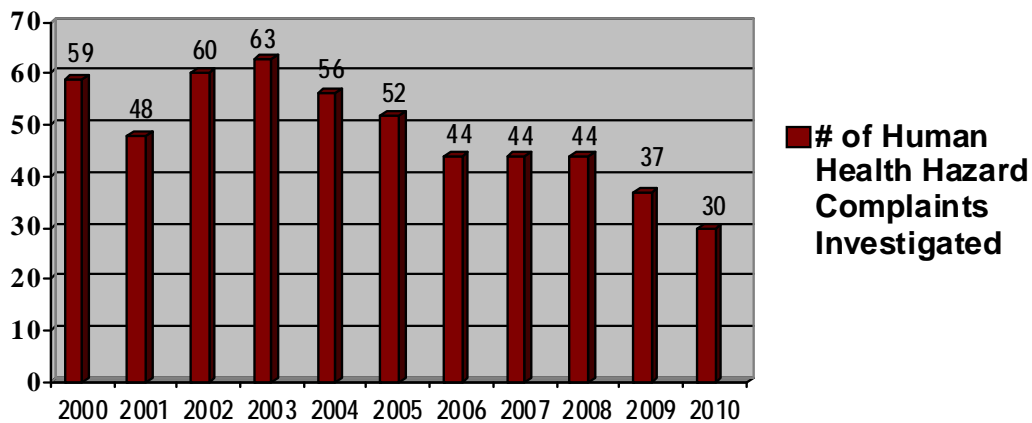


Radon: Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Forty-nine short-term home radon test kits were distributed in 2010.

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 141 children were screened in 2010. 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 2010, investigation and follow-up were provided in regard to 30 complaints and ordered the abatement of 1 health hazard.

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 2010, 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

In 2010, the State Division of Public Health required that the multiple consortia in Wisconsin combine into regional consortia defined by the five public health regions in the State. Richland County joined other counties in the Southern Public Health Region to form such a consortia. After struggling with contract language for much of 2010, a Consortia Agreement was finally signed, but at about the same time our Coordinator resigned. In November of 2010, the Division of Public Health announced that the preparedness consortia would dissolve in August of 2011. It is anticipated that 2011's objectives will run from January through August of 2011, at which time Wisconsin will enter into a new contract with the CDC.

Preparedness and Response Highlights 2010:

- The Mass Clinic Plan revision was completed in July.
- The Public Health section of the County Emergency Operations Plan was updated.

- The Public Health Emergency Plan update was completed including additional resources for Special Populations.
- Public health participated in the full-scale Emergency Management exercise on August 18, 2010.
- The 24/7 call lists were updated in August.
- Staff attended WEDSS (Wisconsin Electronic Disease Surveillance System) trainings.
- Staff completed a H1N1 After Action process and report, and the report was uploaded to the Health Alert Network (HAN).
- Staff participated in the Special Populations Emergency Planning Workshop.
- Staff completed the required performance measures phase I, II, and III which evaluate local response to a scenario requiring significant public health intervention.
- Staff completed the Public Health Preparedness Competency Inventory as required.

2010 Public Health Emergency Response: In the first months of 2010, Public health continued efforts to immunize against H1N1 Influenza A. While there was less interest in vaccine once it was readily available, Richland County immunized administered and additional 495 doses of vaccine in the first few months of 2010.



During the outbreak, Public Health utilized the Mass Clinic Plan, the Pandemic Influenza Plan and the Richland County Emergency Operations Plan. Multiple media releases were developed and aired on WRKO as well as sending the information to local newspapers and area schools and posting clinic information on 211. The 2009-10 H1N1 Influenza A outbreak tested Public Health across the Nation and provided a strong reminder of how important prevention, infection control practices, and immunizations are in keeping our citizens healthy!

NUTRITION

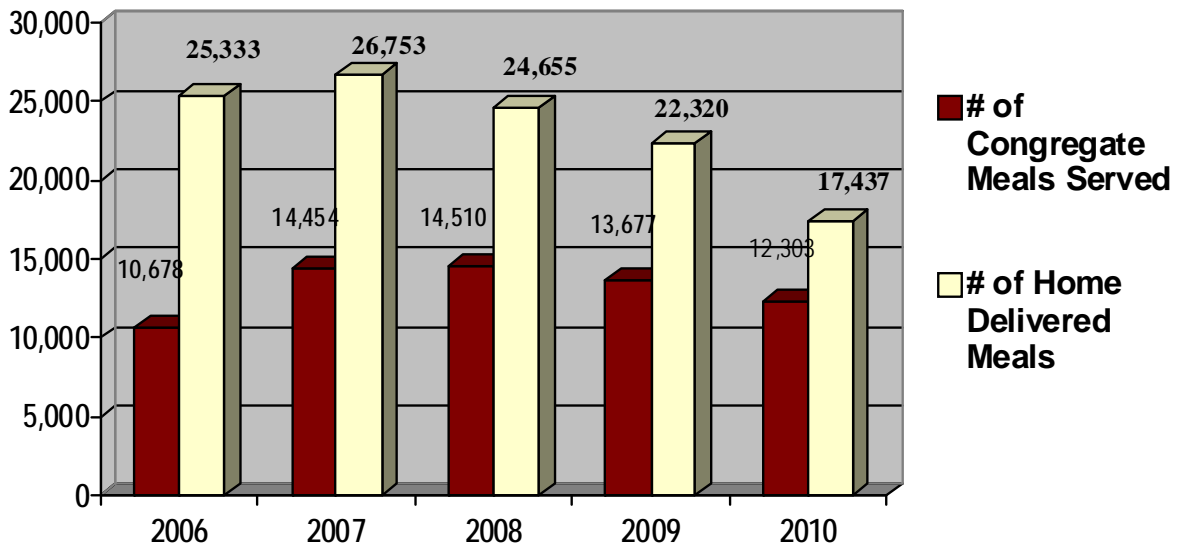
The Older Americans Act was enacted in 1965 to provide assistance in the development of new or improved programs which help older persons. One of the first programs established through the Act was the Senior Nutrition Program.

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).

2010 Nutrition Statistics:

Meal Site	Number of Meals Served to Eligible Participants	
	Congregate	Home Delivered
Richland Center	4,585	14,187
Viola	2,535	897
Germantown	1,018	2,089
Boaz	318	0
Rockbridge	<u>3,847</u>	<u>264</u>
TOTAL	12,303	17,437



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. In 2010, this was done four times throughout the year.
- All participants are surveyed at least yearly to assess their satisfaction with the program. In 2010, meal site reviews were completed on all five senior nutrition meal sites.
- 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.
- Home Delivered Meal Volunteers were honored with a breakfast of April 23, 2010.

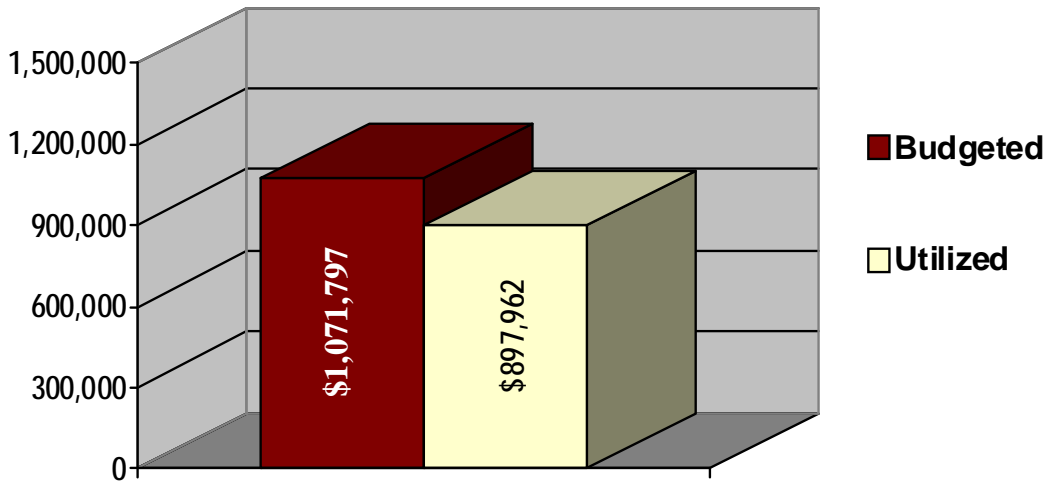
- Public Health Nurses assured completion of the nutrition assessments on program participants.
- The Senior Farmer's Market program was implemented for a second successful year—the program provides vouchers for Richland County Seniors to purchase locally grown fruits and vegetables.
- Staff updated the nutrition handbook and developed a meal site manual as a source of local program information for each meal site.
- Local Meal Site Worker Training was held on August 26, 2010 which included first aid and blood borne pathogens training as well as review of the new meal site manual and updated employee handbook.

FISCAL

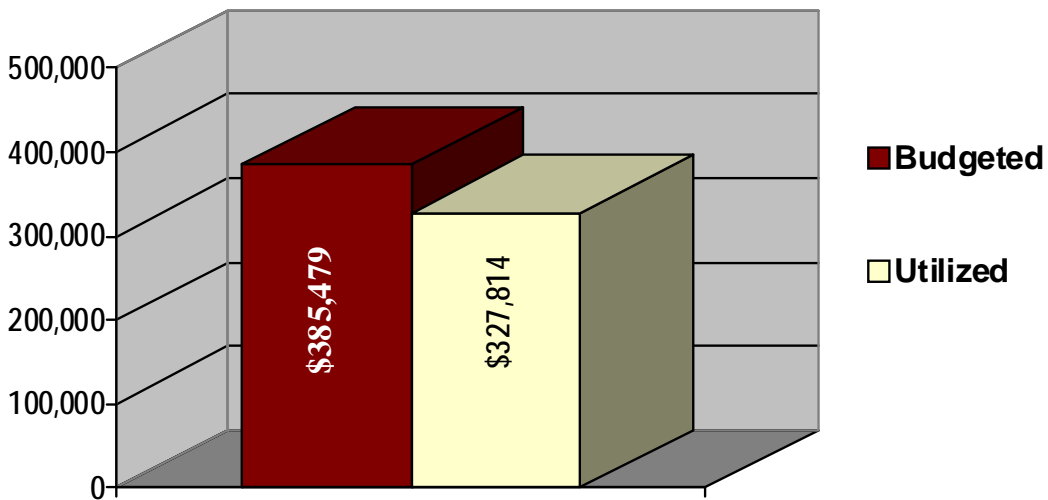
(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

COUNTY TAX LEVY – HHS BUDGETED VS. UTILIZED

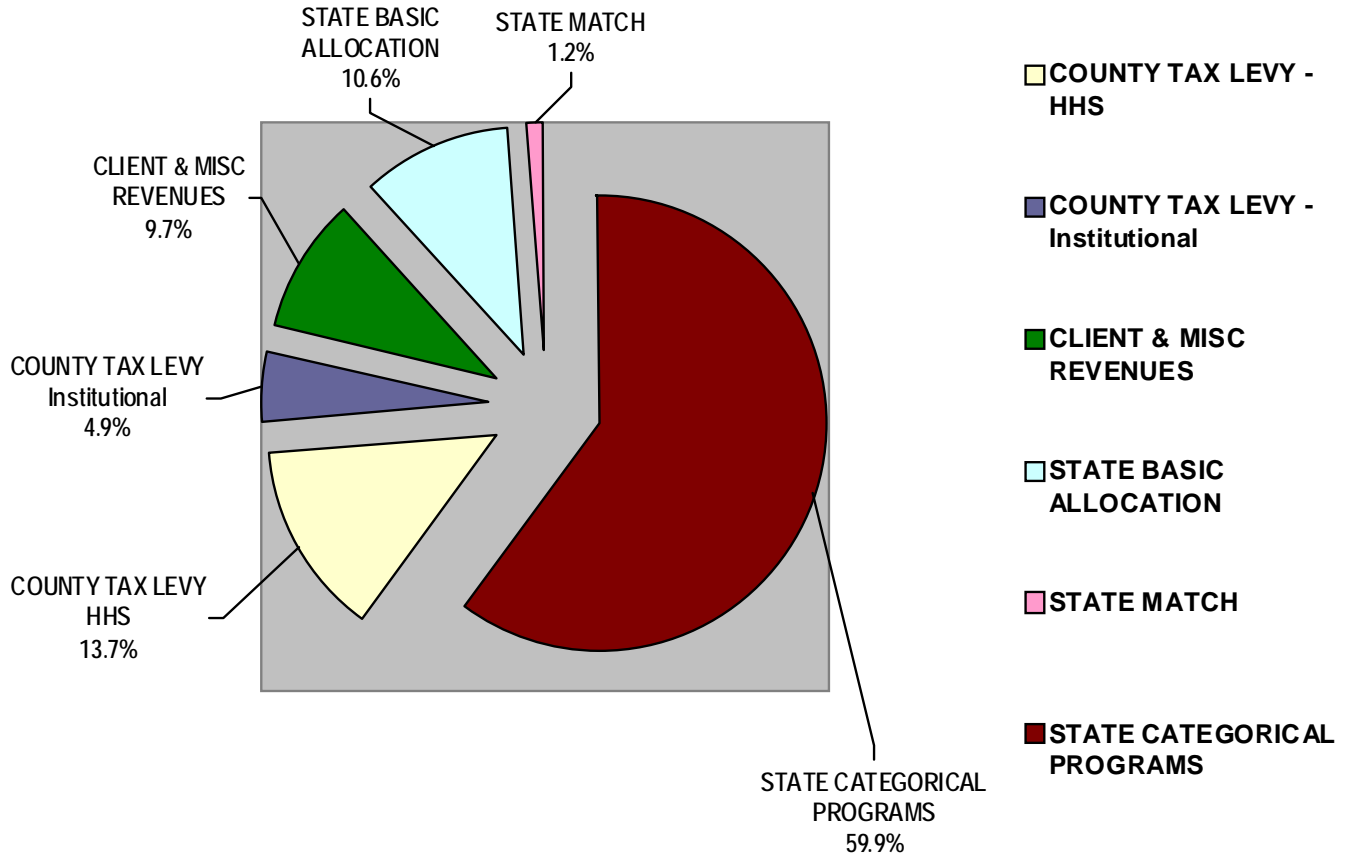


COUNTY TAX LEVY – INSTITUTIONAL FUNDS BUDGETED VS. UTILIZED



RICHLAND COUNTY HEALTH AND HUMAN SERVICES

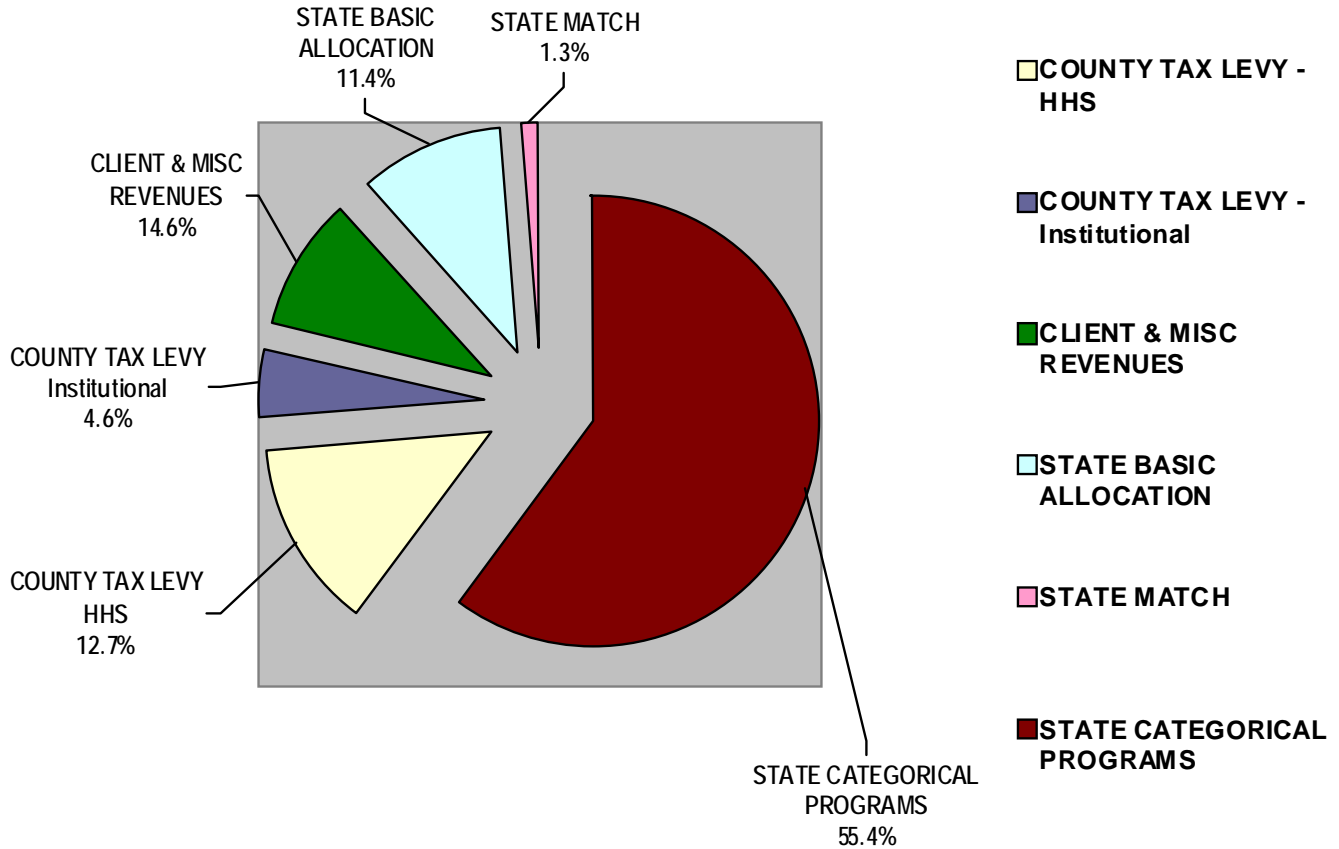
BUDGETED REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 1,071,797
COUNTY TAX LEVY – INSTITUTIONAL	\$ 385,479
CLIENT & MISC REVENUES	\$ 757,427
STATE BASIC ALLOCATION	\$ 836,948
STATE MATCH	\$ 97,686
STATE CATEGORICAL PROGRAMS	\$ 4,698,799
TOTAL	\$ 7,848,136

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

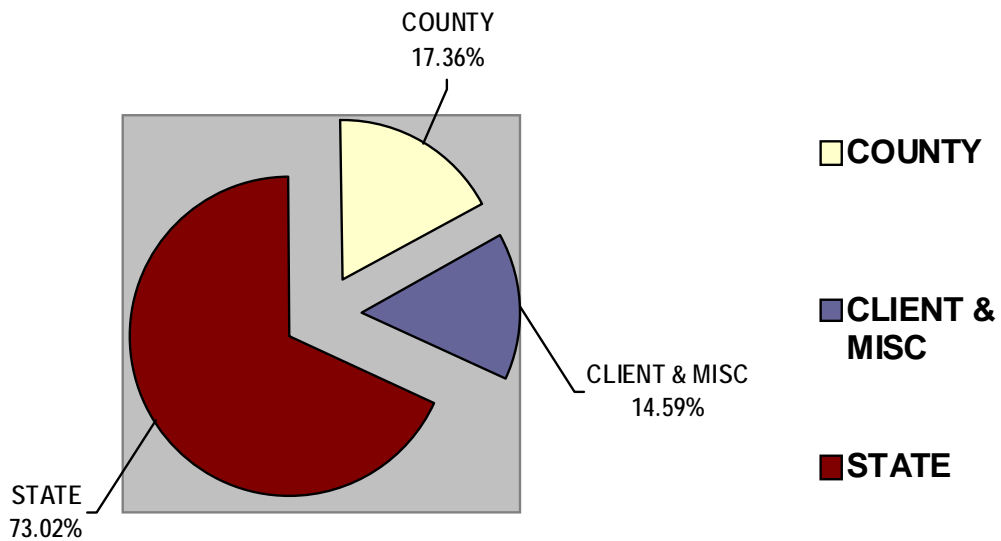
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY – HHS	\$ 897,962
COUNTY TAX LEVY – INSTITUTIONAL	\$ 327,814
CLIENT & MISC REVENUES	\$ 1,029,963
STATE BASIC ALLOCATION	\$ 803,110
STATE MATCH	\$ 88,498
STATE CATEGORICAL PROGRAMS	\$ 3,913,979
TOTAL	\$ 7,061,326

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,225,776
CLIENT & MISC	\$ 1,029,963
STATE	\$ 4,805,587
TOTAL	\$ 7,061,326

APPENDIX

Richland County Health and Human Services

2010 Health & Human Services Contracts (Over \$10,000)*

ADRC of SW WI – Crawford	\$131,893	Hoffman AFH	\$36,861
ADRC of SW WI – Juneau	\$294,468	Irv Balto, LCSW	\$19,175
ADRC of SW WI – Sauk	\$533,068	Jean Warrior, Ph.D.	\$16,813
Aegis Therapies	\$86,635	Lori Knapp – Richland, Inc.	\$48,764
Attorney Henry Plum	\$19,674	Murphy AFH	\$60,358
B-Care Corporation	\$67,069	Richland Hospital	\$59,679
Christopher Nevers, O.D.	\$43,790	SW WI Workforce Development Board	\$289,051
Clemens Schmidt, M.D.	\$83,700	St. Rose Youth & Family Center	\$43,580
Community Care Resources	\$16,825	Tazzee's Wonder Bar & Restaurant	\$13,775
David Dati, LCSW, LMFT	\$42,811	Trempealeau County Health Care	\$120,535
Fillyaw AFH	\$16,128	VARC, Inc.	\$83,036
Gundersen Lutheran Medical Ctr	\$39,982	Wisconsin Early Autism Project (WEAP)	\$112,274

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

Richland County Health and Human Services

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

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

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

Aging & Disability Resource Center of Southwest WI – Richland Center

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

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