

Richland County Health and Human Services



2015 Annual Report

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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 15th Annual Report since Health and Human Services was formed in August of 2000. In 2015 there were many highlights, some of them include:

A year of continued and significant staff change – The year of 2015 has continued to be a year of significant staff changes. Over the course of the year, a total of thirty-five positions were hired. These included retirements, resignations, new positions filled and internal staff transitions. This number includes the nine new positions highlighted below.

Nine new Economic Support positions created for the Capital Consortium – On April 1, 2015 the federal waiver ended, which exempted Able-Bodied Adults without Dependents (ABAWDs) to comply with the federally mandated ABAWD work requirements. The ending of the waiver, and the implementation of the work requirements for ABAWDs, had a significant impact on the workload of the Capital Consortium Income Maintenance group. This increased workload necessitated the hiring of additional workers to handle this increase and Richland County Health and Human Services received ongoing funding to create and hire nine (9) additional Economic Support positions to support this increased workload associated with the mandatory ABAWD's work requirements for the seven-county region.

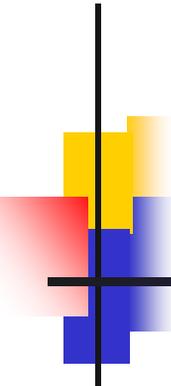
Tele-health collaboration with Crawford County Human Services and Crossing Rivers Hospital and Clinics – After a full year of collaboration with Prairie du Chien Memorial Hospital dba Crossing Rivers Health and Crawford County Human Services to develop strategies to provide consistent and cost effective access to Psychiatric services within our communities, our collaboration received a grant of \$600,000 in non-matching federal funds to assist in the recruitment of a Psychiatrist and the development and implementation of Tele-medicine equipment to allow for access to Psychiatry services for the clients of our respective agencies. Our collaboration was one of 40 successful applicants from a pool of 240 nationwide and the only one in Wisconsin.

Assisted the Community in supporting the Richland Foundry's displaced workers – Richland County Health & Human Services would like to thank local organizations, businesses, and private individuals for their outpouring of support to the displaced workers of the Richland Foundry over the 2015 holiday season. Numerous cash donations were received at Health & Human Services, and in collaboration with the Ministerial Association, we were able to deliver gift cards and other urgently needed items to the affected individuals.

As you look through this report, please feel free to contact the staff at Health and Human Services with any questions you may have regarding the information provided. You can find this information and more on our website at www.co.richland.wi.us.

Sincerely,

Patrick H Metz, MPH



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

Robert Bellman, Chair

Marty Brewer (as of May 2015)	Dr. Louis Williams
Fred Clary (until April 2015)	Donald Seep
Marilyn Rinehart (until April 2015)	Diane M. Brown
Debra Kyser (as of July 2015)	Larry Jewell
Virginia Wiedenfeld	Linda Gentes

Aging and Disability Resource Center of Eagle Country Governing Board

Board Members

Robert Neal Smith, Chair (until April 2015)

Diane M. Brown, Chair (as of June 2015)

Vern Demers, Vice Chair	Marie Rakow (as of May 2015)
Lane Delaney (as of May 2015)	John Wenum
Elling Jones (as of May 2015)	Betty Smart
Marjorie Sheckler (until April 2015)	Donald Seep
Paul Bishop (until February 2015)	June Leirmo
Donna McGinley	Tut Gramling

Commission on Aging & Disability

Commission Members

David Scribbins, Chair

Beth Busch	Bonnie Richardson
Virginia Wiedenfeld	Cindy Riley
Belinda Granger	James Lewis
Larry Jewell	Marie Rakow
Gary Peters	Steven Boomfield

**Comprehensive Community Services (CCS)
Coordination Committee**

Committee Members

Cathy Krulatz, Chair (until August 2015)

Mary Chris Walling	Faye Burghagen
Ashley Houman (as of December 2015)	Ricki Bishop
Myranda Culver (as of January 2015)	Don Seep

Nutrition Advisory Council

Committee Members

Mike Shields, Chair (until May 2015)

Harriett Hendricks	Eva Jo Putz
Rita Smith (as of May 2015)	Chris Storer
Marlene Curtis	Walter Gust (resigned 2015)

Richland County KIDS Council

Council Members

Amanda Miller, Chair

Leandra Bartow	Brenda Inman
Faith Peckham	Connie Vlasak
Hallie Wiertzema	Shelley Anders
Virginia Wiedenfeld	Emily Shelton
Breann Dray	Amanda Coorough
Laurie Couey	Kay Cunningham

Transportation Coordinating Committee

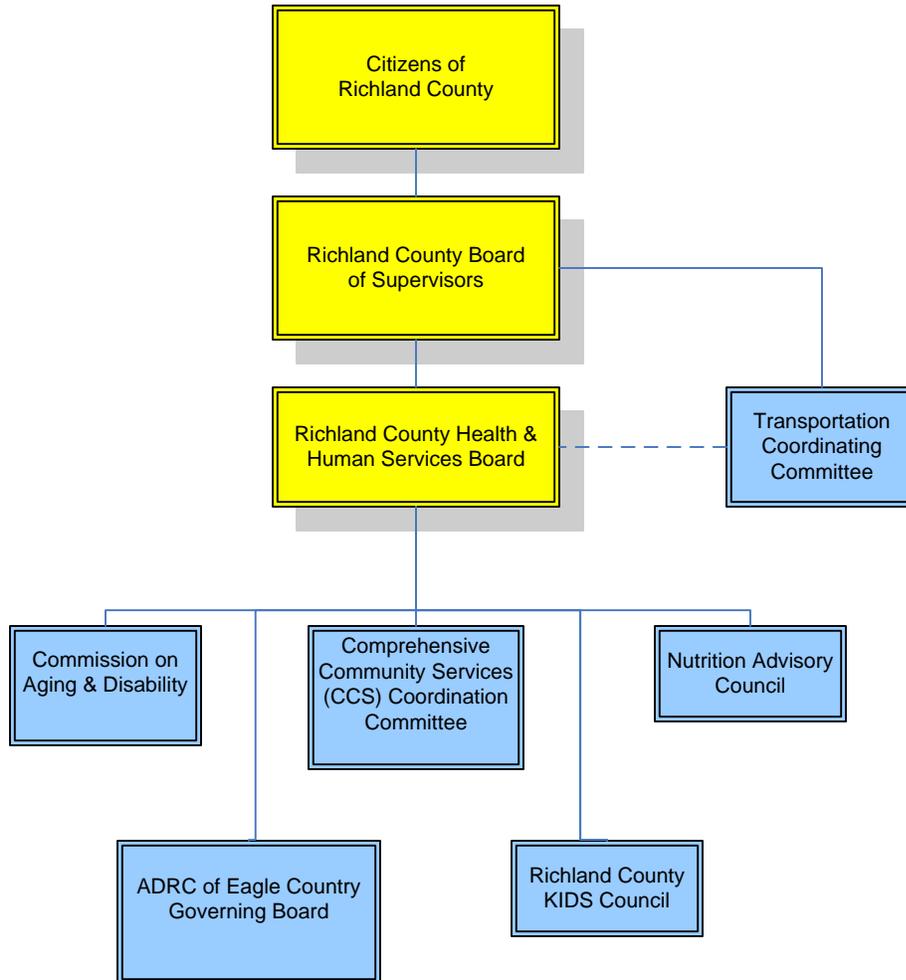
Committee Members

David Scribbins, Chair

Angela Metz	Angela Young
Carol Clausius	Linda Gentes
Don Adelman	Paul Kinney
Luke Kleiber (as of April 2015)	Stephanie Ronnfeldt
Ursula Straight	Virginia Wiedenfeld

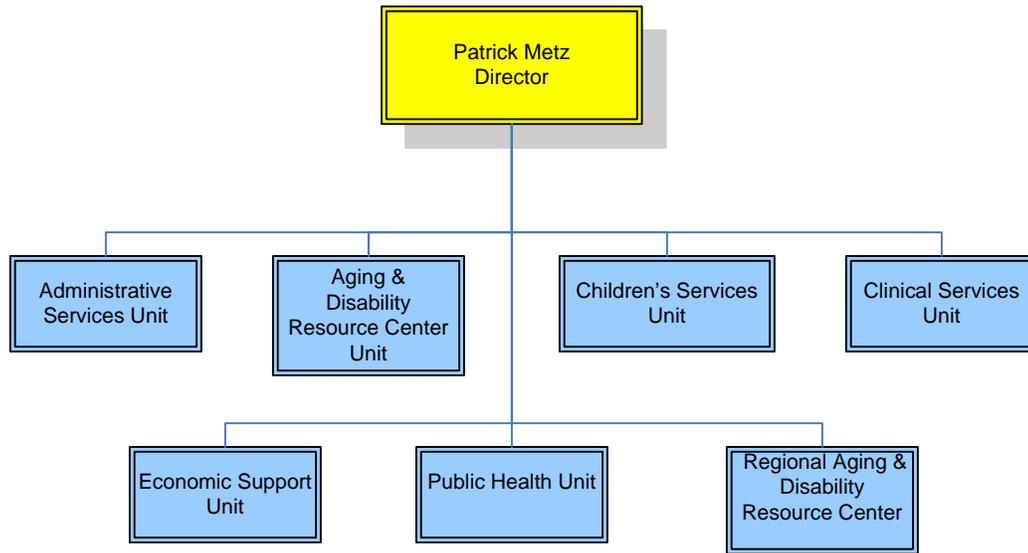
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

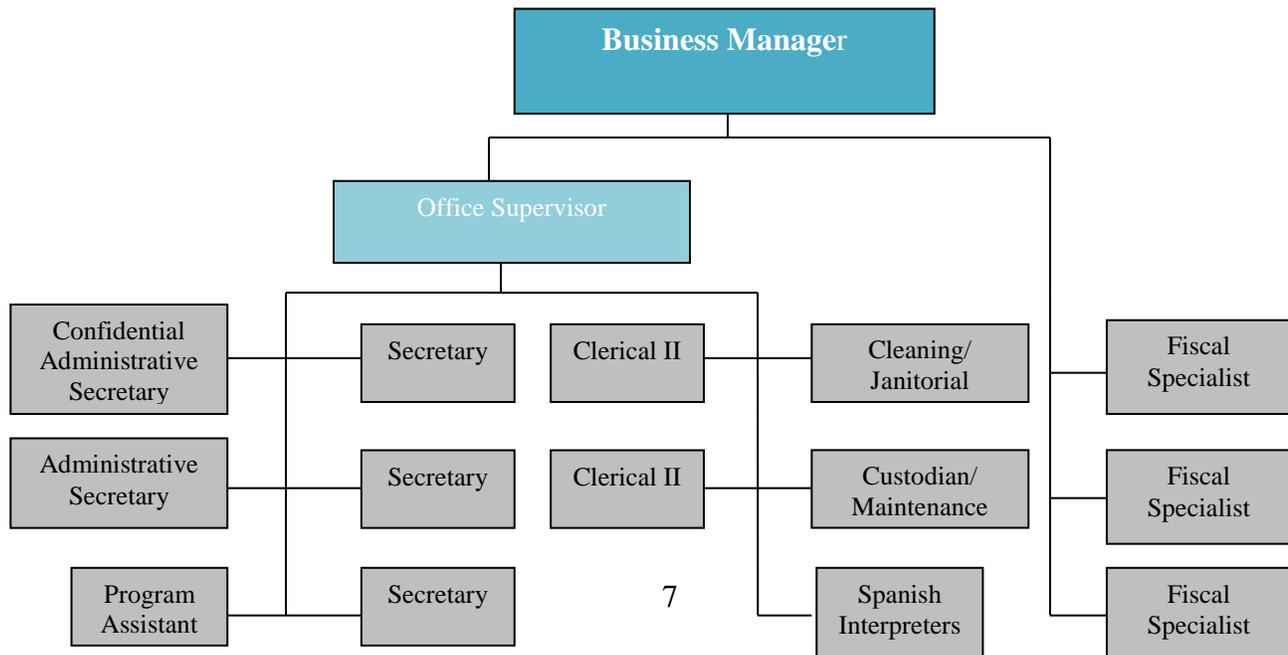
Mission Statement

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 Resources |
| Board & Committee Support | Human Services Reporting System |
| Civil Rights | Income Maintenance |
| Claims Processing | Low Income Heating & Energy Assistance |
| Cleaning & Building Maintenance | Office Management |
| Clerical Services | Payroll |
| Client Record Keeping | Program Participation System |
| Clients Rights & Complaints | Public Health Immunization Clinics |
| Community Aids Reporting System | Reception and Information |
| Contracts Management | Representative Payee Services |
| Database Management | Spanish Interpretation |
| Fiscal Reporting | Transcription |

In 2015, the Administrative Services Unit performed these responsibilities under the following organizational structure:



The Administrative Services Unit continued to work through significant changes in 2015. This year saw two staff retirements with significant tenure. The first was a Secretary position with over 16 years of service. The second was a Clerical Assistant II with over 34 years of service. The agency made the decision to delay the filling of the latter position, to reduce expenses for the rest of the fiscal year. As a result, many other staff members were asked to pick up increased workloads during this time. The Unit exhibited an amazing team oriented approach to the needs of the agency, and operations continued flawlessly.

The Administrative Services Unit continues to make new strides in effectiveness and efficiency. New policies were put in place to maximize many key functions in the unit, including revenue capitalization and the reduction of expenses through the removal of duplicated services and revised contractor agreements.

In conclusion, the quality of service benchmark that has been established is continually being met within the Administrative Services Unit. The unit continues to work under a "more with less" motto, while meeting the critical needs of the consumers, the other Units, and the Agency as a whole.

AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

Mission Statement

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

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

OVERVIEW

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

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

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

Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services, transportation assistance services, and adult protective services. In 2015, the Richland Center Office of the ADRC of Eagle Country processed over 16,000 incoming contacts (phone calls or walk-in customers).

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2015, the Information and Assistance staff (I&A) received 4,833 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.

2014 Information & Assistance Customers

Of the self-identified:

50% were elderly (60 years and older);

23% were customers with physical disabilities;

10% were customers with developmental disabilities; and

17% were customers with mental health or substance use disorders.

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

In 2015, I&A staff responded to over 6,600 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

Consistent with previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance and support; health/medical care; home health/home supportive care; and housing/residential needs. While many customers simply need information, others need various kinds of assistance to connect to programs or services. Staff provide a wide range of assistance which can include: contacting a service provider on the customer's behalf; helping the customer complete an application; advocating on behalf of a customer to help solve a problem related to accessing a program or service; providing in-depth counseling about long-term care options; and providing short-term case management to assist a customer with multiple or complex needs.

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

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

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

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

In 2015, staff completed 93 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, and/or disabilities due to mental illness and/or substance abuse disorders. The Disability Benefit Specialist provides information on public and private benefits, and assists with applications, appeals, and advocacy. Typical areas of assistance include programs, such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other ADRC staff to provide referrals for community resources and services, options counseling, and information and assistance related to the long-term care benefit. The Disability Benefit Specialist position consults with a Technical Advisor who is an attorney at Disability Rights Wisconsin.

In 2015, the Disability Benefit Specialist program assisted 174 Richland County residents in receiving over **\$987,785** 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 \$11,929,779. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

ELDER BENEFIT SPECIALIST

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

The Elder Benefit Specialist works closely with Information and Assistance Specialists to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elder Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance. In an effort to address the growing need for pre-retirement information and assistance, 10 Medicare workshops were offered. A total of 119 people attended to learn how to navigate all the Medicare Programs, and an additional 252 seniors received other assistance.

In 2015, the Elder Benefit Specialist Program provided a savings to 220 Richland County residents totaling **\$1,035,561** in Federal, State, and other funding based on the type of program.

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

EARLY INTERVENTION/PREVENTION SERVICES

In partnership with the Symons Recreation Center, the ADRC provided the funding and technical support to initiate and run 2 Stepping On programs. Stepping On is an evidence based program that significantly reduces falls for seniors. A total of 28 seniors participated in the class.

The Low Vision Support program provided an ongoing support and transition group for adults who have a visual impairment. On a monthly basis up to 20 people gathered to learn about services and resources that helped them to remain active and independent. The group supports anyone with a visual challenge by offering opportunities to meet others with similar concerns. The group shares experiences and expertise, enjoys visiting with guest speakers, and share potlucks. This is a well-known, long-standing 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 have physical or developmental disabilities, or who have mental health or substance abuse disorders and are in need of long-term care. Transition services help students and their families access information, options counseling, and connections to needed services.

An Information and Assistant Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in 2014-2015 school year included:

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

- Joint planning and participation in “National Mentoring Day” at the Southwest Technical College where high school students with disabilities practiced job skills and learned about different job responsibilities.
- Participation in the ‘Get Real Fair’ at UW-Richland to help educate and support student’s understanding of life problem solving and proactive planning.

ALZHEIMER’S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2015, 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 2015 Alzheimer’s Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program has been growing slowly but steadily throughout 2015 with a focus on connecting our communities. There are three services provided by the transportation program: Driver Escort Program, public bus routes and on-demand wheelchair transportation to medical appointments. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly and disabled residents of Richland County to medical appointments within an 85 mile radius. Richland County provides residents with wheel chair transportation to medical appointments.

Richland County Public Transportation & Lift Vehicle Transportation

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

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

In 2015, the Richland County Public Transportation and Lift Vehicle Transportation programs had four temporary casual drivers providing a total of 305 trips for 534 passengers traveling 15,368 miles.



The Driver Escort Program

In 2015, the Driver Escort Program had 23 volunteer drivers providing a total of 1,750 trips for 1,862 passengers traveling 190,936 miles. The volunteer drivers donated 8,046 hours of their time.

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

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2015 totaled \$9,103 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 2015, the funds supported 132 families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

AGING & DISABILITY RESOURCE CENTER OF EAGLE COUNTRY

Serving: Crawford, Juneau, Richland, & Sauk Counties

Mission Statement

To provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.



REGIONAL MODEL

The regional model provides seamless cross border service to customers, showing positive, consistent, standardized, quality, and cost-effective service deliveries.

Aging and Disability Resource Centers (ADRC) across the state are playing a large role in finding ways to assist people in remaining in the community longer which brings cost efficiencies to the state of Wisconsin's health care system.

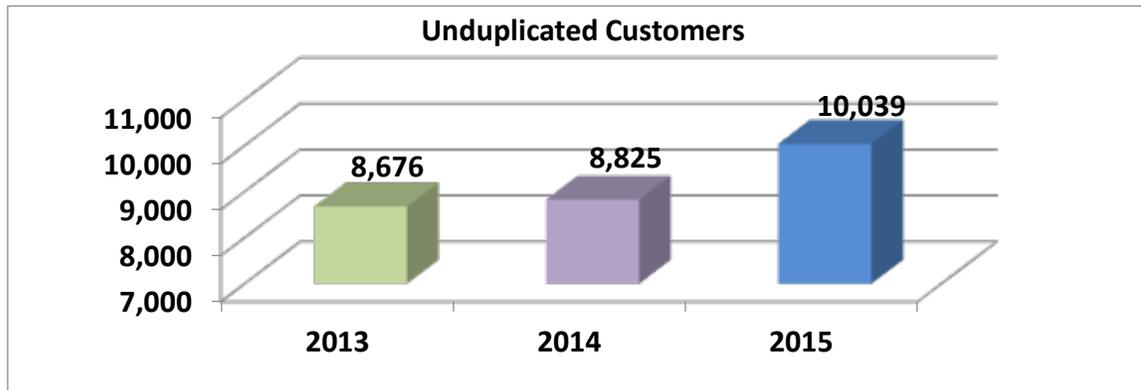
Every county in Wisconsin has a locally based ADRC office. Some ADRCs are organized in a regional model like the ADRC of Eagle Country and some are single county ADRCs.

ADRC of EAGLE COUNTRY GOVERNING BOARD

The Governing Board is a twelve member board whose membership is equally represented by each county. Board make-up includes county board members and consumers or consumer advocates representing; the elderly, adults with physical disabilities, developmental disabilities, mental health and/or substance use disorder needs and young adults with disabilities. The board meets on a monthly basis to provide input on issues of policy and assist in identifying unmet needs of consumers. They are ambassadors of the ADRC mission and advocates for the needs of all target populations served by the ADRC.

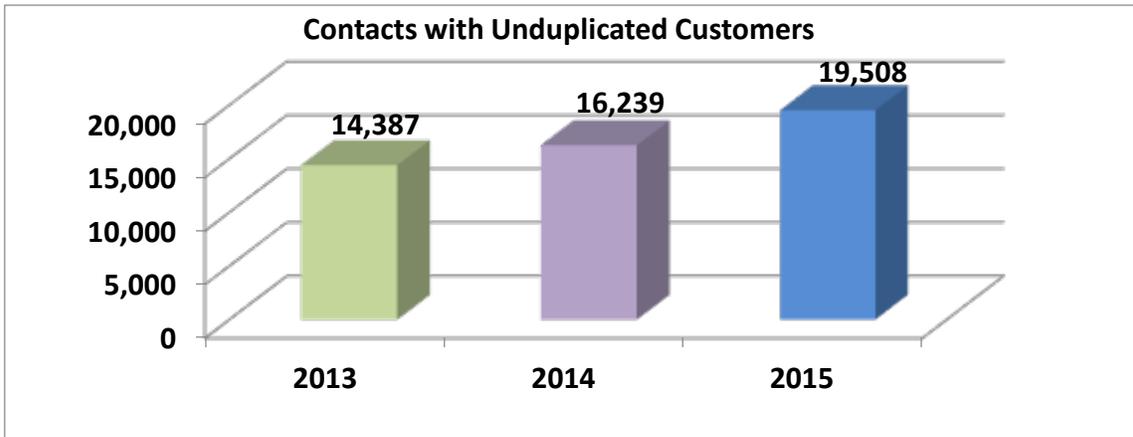
INFORMATION & ASSISTANCE SPECIALISTS

The ADRC of Eagle Country has 12 Information and Assistance Specialists that serve our elderly population, as well as customers 17 years old and older with a variety of disability types. Together they explore options for meeting long term care needs, review resources, and offer guidance to enable people to make choices that allow the customer to live a rewarding and meaningful life, now and in the future. Through our marketing and outreach efforts, we strive to educate people on what services the ADRC offers. People are finding the ADRC to be a valuable resource for support and guidance in meeting their needs, and are *spreading the word!*

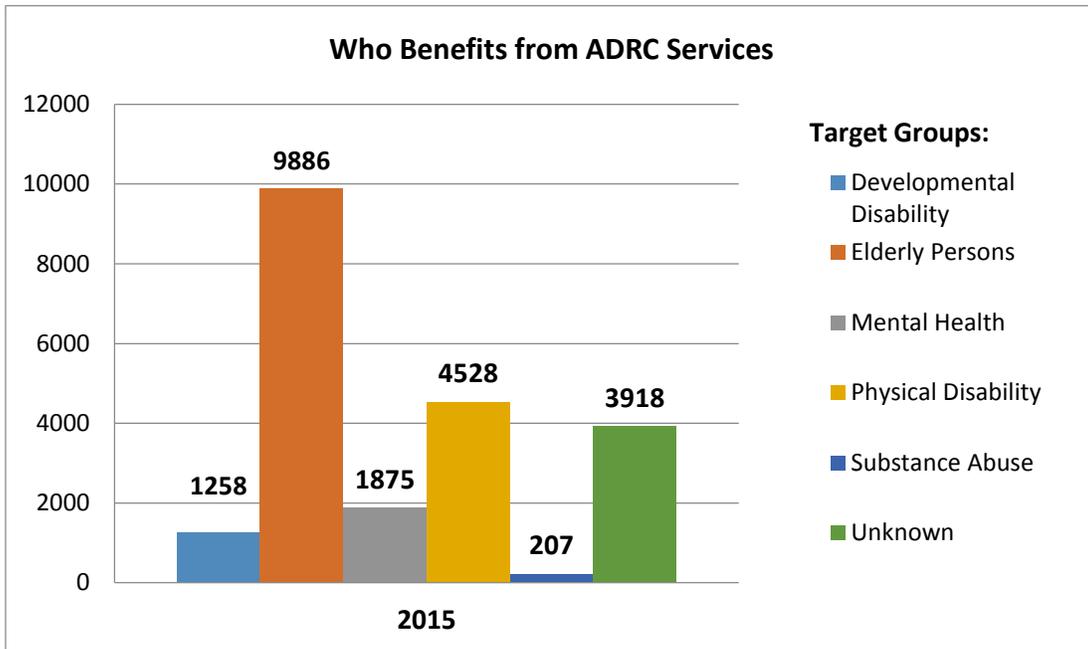


The number of unduplicated customers (above) is the actual number of customers who have been in contact with the Information and Assistance Specialists.

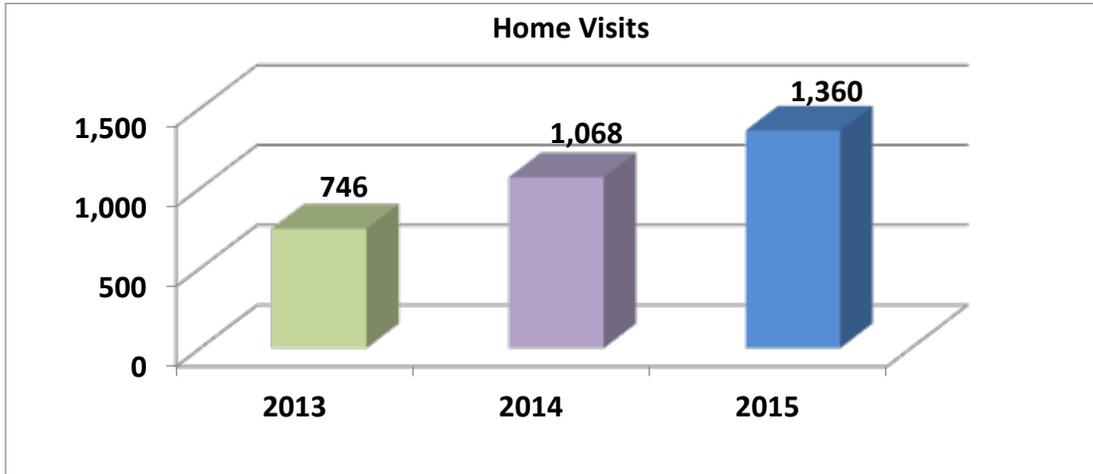
The number of contacts (below) is the number of times Information and Assistance Specialists have had conversations with customers.



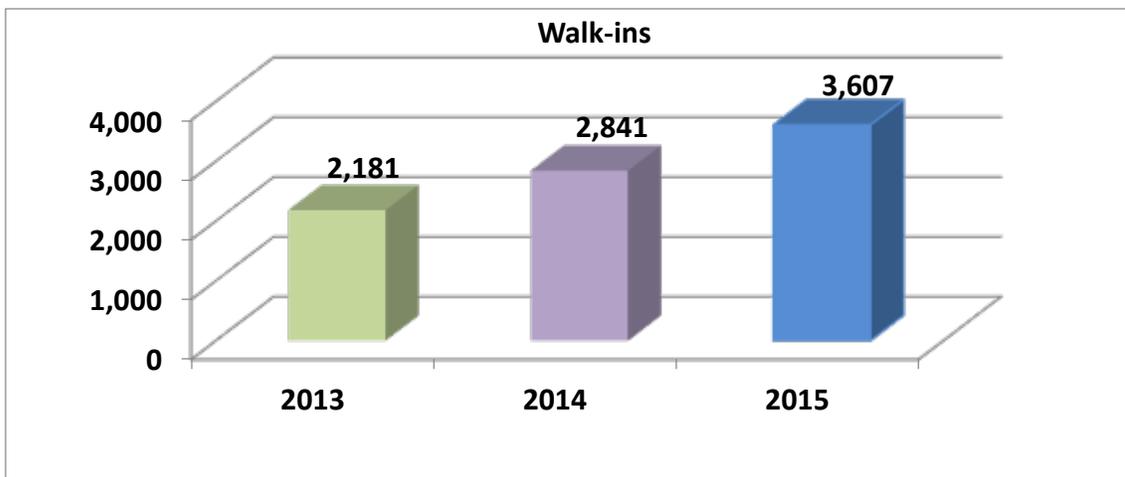
Information and Assistance Specialists provided support/assistance to customers in the following target groups with some customers falling into more than one target group.



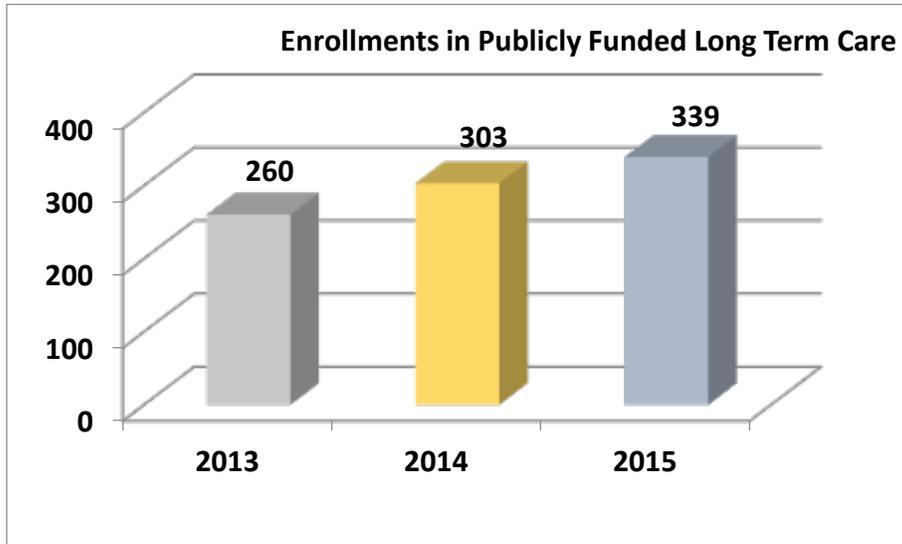
Home Visits have been shown to significantly increase customer satisfaction, and are a more accurate and personal method to assess customer needs.



Often customers come to the ADRC for immediate assistance. Our offices are open from 8:00a.m.-4:30p.m. Monday through Friday. Information and Assistance Specialists are available to meet with customers who walk in without appointments.



Information and Assistance Specialists assess for functional eligibility and provide unbiased enrollment counseling into publicly funded Long Term Care Programs such as IRIS, Family Care and Partnership.

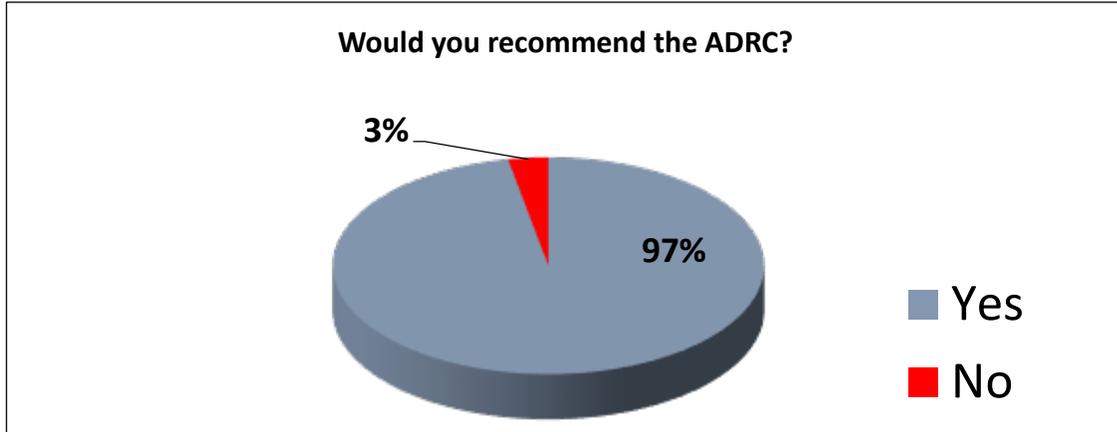


Of the 10,039 unduplicated customers in 2015 only 339 or 3% enrolled into publicly funded long term care programs. This percentage was consistent in 2013 and 2014 as well.

This data shows that the majority of our customers are being diverted or delayed from entering publicly funded long term care programs such as IRIS, Family Care and Partnership.

Statewide Customer Satisfaction

According to the research by Dr. Amy Flowers, of Analytic Insights, ADRCs of Wisconsin rank extremely well in customer satisfaction. After 4,350 customer surveys were distributed, the following results were received.



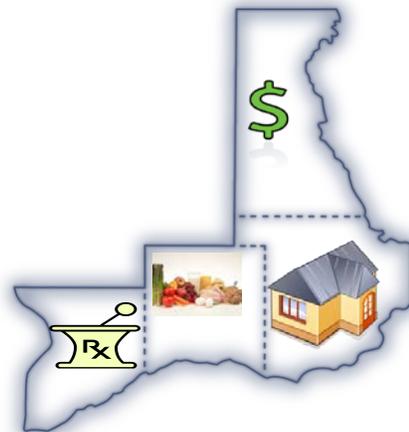
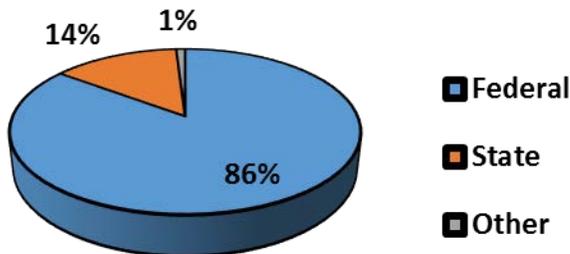
“When my husband died the ADRC helped me apply for FoodShare and Social Security since I didn’t have any knowledge of computers..... I come to the ADRC for support..... I don’t know where I’d go if the ADRC wasn’t there to help me”

DISABILITY & ELDER BENEFIT SPECIALISTS

The 5 **Disability Benefit Specialists (DBS)** across the region provide services to people ages 18-59 with physical or 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. The DBSs assisted 895 people in 2015. They have access to an attorney from Disability Rights of Wisconsin for ongoing training, support, and guidance in complex matters of appeals and advocacy.

The 5 **Elder Benefit Specialists (EBS)** across the region provide services to people 60 years of age and older who are having problems with their private or government benefits, consumer problems, or age discrimination. The EBSs assisted 3,830 people in 2015. Elder Benefit Specialists receive ongoing training and are monitored by attorneys knowledgeable in elder law. These attorneys are also available to assist older persons in need of legal representation on benefit matters.

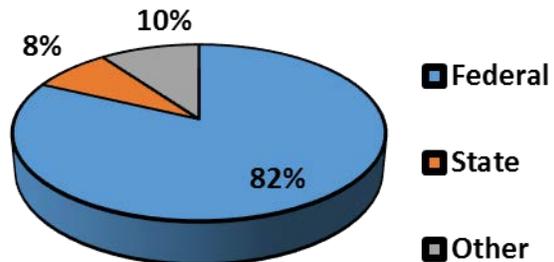
Disability Benefit Specialist Monetary Impact
2015
\$7,209,392



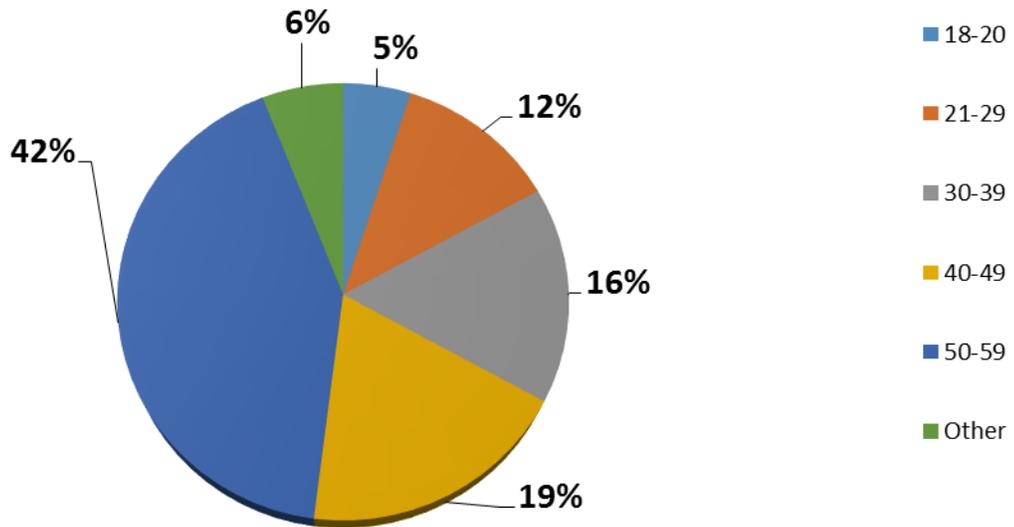
Monetary Impact

Monetary Impact is an *estimate* of the value of Benefits obtained or retained with the help of a Benefit Specialist. These benefits are crucial in meeting the individual's basic needs and medical care. The Benefit Specialist's work must also be valued when considering the monetary impact these benefits have on the local economy.

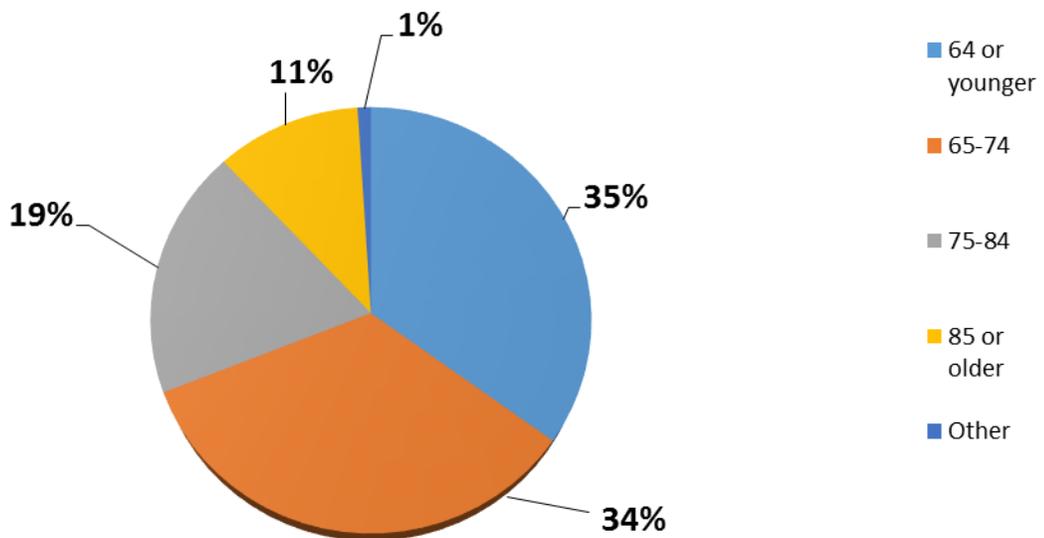
Elder Benefit Specialist Monetary Impact
2015
\$8,768,272



Disability Benefit Specialist Customers by Age



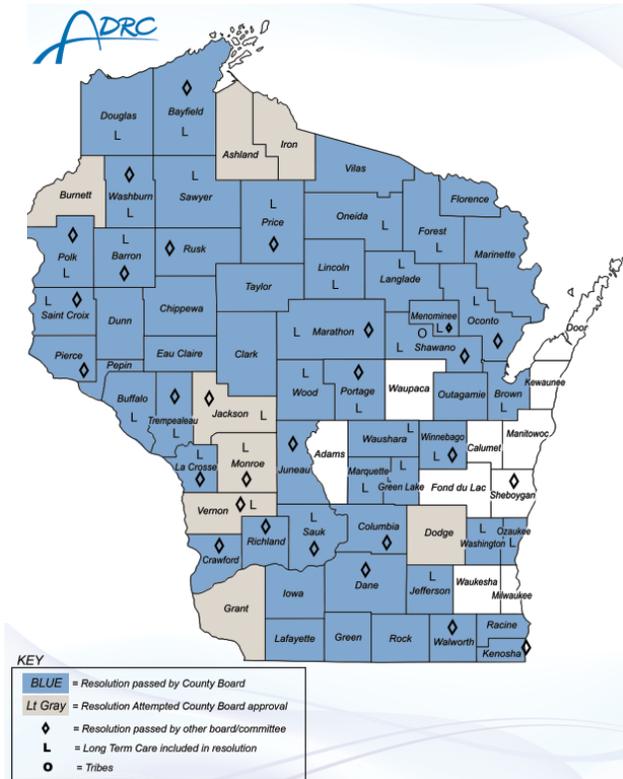
Elder Benefit Specialist Customers by Age



Region Participated in Statewide Advocacy

With the release of the Governor's 2015-2017 Biennial State Budget Proposal, it quickly became clear that the current model of Aging and Disability Resource Centers (ADRCs) in Wisconsin was at risk of being changed. Wisconsin is a pioneer state for ADRCs nationwide and has been a model that many other states have used to create their own ADRCs. The ADRC of Eagle Country, with the help of several other ADRC offices/regions, created a core team of key players to mobilize statewide advocacy actions. During this time ADRCs:

- Built strong relationships with local and state legislators as well as their staffers.
- Passed a resolution by 71% of Wisconsin's County Board of Supervisors opposing provisions in the budget relating to ADRCs and supporting locally based ADRCs to remain in their counties.
- Developed stories and testimonies in numerous publications.
- Formed the Aging and Disability Professionals Association of Wisconsin (ADPAW) Advocacy/Legislative Committee.
- Attended listening sessions and hearings to give testimony.
- Will continue to work together to create consistency and quality services throughout the state.



“Please allow the ADRCs to stay local. They are making a great difference and helping many people.”

Process Improvement Project:

We asked local legislators and their staffers how well they knew the services provided by the ADRCs before and after the budget process. On a scale of one to five where one was “little to no knowledge” and five was “enough knowledge to feel confident referring constituents to the ADRC”. Almost everyone polled agreed they started out as a one in January of 2015 and ended at a five by October of 2015. In fact, some of our legislators had already made referrals to the ADRC. From this we learned it is important to build and maintain strong relationships with our legislators and their staffers, which we plan to continue do.

“The ADRC has friendly people you can call anytime and get a real person.”

Eagle Country Receptionist Training

The ADRC reception area is warm and welcoming. Receptionists set the tone for our consumer’s experience, serving as the face of our region. In May of 2015 all ADRC of Eagle Country receptionists met each other for the first time for a full day of training by Southwest Technical College. The training created an opportunity for staff to network, share best practices for a consistent positive customer experience throughout the region. Training topics included:

- delivering friendly, attentive service
- meeting customers’ needs
- internal and external customers
- recovering smoothly and quickly
- implicit biases
- ADRC contract requirements in relation to customer service (including confidentiality)
- how ADRC customer service relates to customer satisfaction
- professionalism
- group discussion of challenges and success stories
- quality improvement actions – self determined
 - commit to warm transfers – staying on the line until the consumer is speaking with the person they called to reach
 - commit to treating co-workers like customers
 - commit to professional presentation and staying true to our branding





Joint Governing Board Meeting

Southwest Wisconsin
Serving Grant, Green, Iowa
and Lafayette Counties

Eagle Country
Serving Crawford, Juneau,
Richland and Sauk Counties

The ADRC of Eagle Country and the ADRC of Southwest Wisconsin continue to have a collaborative relationship to meet the needs of customers in Southwest Wisconsin. In October of 2015, the two regions held a Joint Governing Board Meeting which was attended by many local legislators and their staffers. This meeting focused on Dementia Friendly Communities. When broken into small groups with a mix of Eagle Country Board members, Southwest Board members and legislators, discussion was held on supporting individuals with memory loss and their caregivers. The groups then shared the following conclusions:

Supporting people with memory loss and their caregivers

1. What are our communities doing well?

- Starting Caregiver Coalitions
- Caregiver Support Groups
- Dementia Friendly Communities
- Music in Memory Events
- Memory Cafés
- Growth in bringing awareness of ADRCs to the community – creating an outreach plan
- Virtual Dementia Tours
- Health Fairs
- ADRC staff work with community partners



2. What are our gaps/needs in services and supports?

- Awareness and understanding
- Dementia still has a stigma
- Service gaps for those with dementia related behavioral issues
- Not enough facilities/resources
- Resources to help people stay in homes are limited
- Accessibility for those with mobility issues
- Training for professional caregivers and quality paid caregivers
- Adult day centers
- Dementia Care Specialists in all ADRC regions are needed

Success Story:

Mr. P moved here from another state. He was injured, had shoulder surgery and lost his job. Mr. P had no idea where to go, what to do, if he was disabled, not disabled, etc.

The ADRC referred Mr. P to Wisconsin Division of Vocational Rehabilitation (DVR) who provided financial support in obtaining a computer, enrolling and technical school tuition. Mr. P is very grateful for the help and direction provided by the ADRC. He now has a plan for his future.

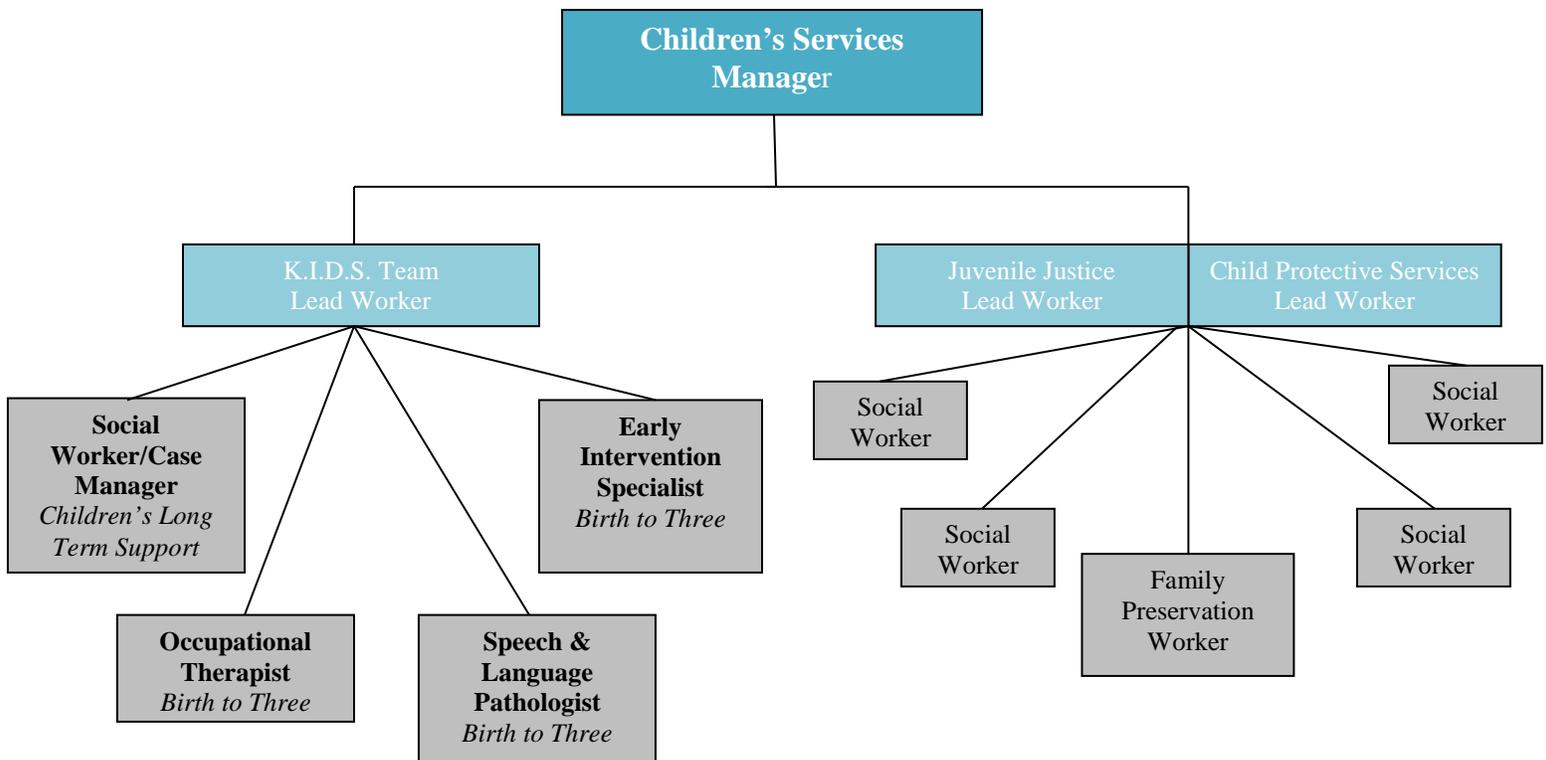
CHILDREN'S SERVICES UNIT

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

Those six programs are as follows:

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

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



BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is eligible to children ages 0 to 3 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 development.

Services Provided

- *Therapies: occupational, physical, speech*
- *Developmental Evaluations*
- *Case Management*
- *Education*

Funding Sources

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

Enrollment in Birth to Three programming for 2015 remained consistent with the previous two years. The county has continued to extend its child find efforts in partnership with the county school districts and local hospital.



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 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.

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)*
- *Private Pay (Third Party Insurance)*



CLTS program enrollment has remained consistent in the last year. In 2015, there were **20** children placed on the Richland county wait-list. The program served a total of **29** children during the year, of which **19** received Waivers Support; a funding source which indicates full time enrollment in the program, and **10** children received Family Support; a funding source that both meets the crisis needs of families in the program, and those currently on the wait list.

CHILD PROTECTIVE SERVICES

Children's Protective Services (CPS) is one of the programs of the Child and Adolescent Services Team (CAST) 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 making referrals to community services that can carry out detailed and focused interventions to meet the specialized 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.
- Identify support, counseling, and other services to empower families to survive the effects of child abuse and neglect.
- Promote safe and stable family homes for children, whether this is with biological caregivers or in other caring environments.
- Increase parent education of child development to build long-lasting, caring relationships between children and their parents.

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 seriously consider the legal authority they have to intervene in family life, and to keep intervention timely and focused and above all to do no further harm.

The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County, we have seen an increase in reporting over the last decade which follows state trends.

<i>SERVICE</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
<i>Total CPS Reports</i>	98	133	158	168	225
<i>Total Alleged Victims</i>	113	167	220	230	353
<i>Total Services Reports</i>	60	96	143	125	98

Due to the intensive nature of CPS protective worker positions, the agency has struggled to sustain a qualified workforce. This has led to increased caseloads and fewer workers. In order to sustain a high level of commitment to prevention in the community, the agency increased multi-agency work groups and school outreach. Low staffing levels throughout the year lead to a drop in voluntary services offered during the 2015-2016 school year.

JUVENILE JUSTICE

Juvenile Justice is the second program of Child and Adolescent Services Team (CAST). Juveniles served by this program are 17 years of age or younger, 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 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. This may involve 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. The type of referrals that the program sees has remained static over the last year.

Services Provided:

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

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.

Delinquency statistics have not changed in the last two years, with the exception of truancy reporting. In the 2015-2016 school year a new, robust county truancy policy and committee was launched in partnership with the county schools, DA's office and law enforcement. The committee has been encouraged by improvements thus far.

FOSTER CARE and KINSHIP CARE

Foster Care is the third program of the Child and Adolescent Services Team (CAST). 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 out of home care. The rates are established by the State and implemented by the County.



The Foster Care Program has been largely responsible for the licensing of Level 1 and Level 2 homes locally. In 2015 the county was able to license three new level 2 homes. We continue to work on expanding our foster homes and building on local resources for our children. Kinship Care continues to remain high and growing which is a healthy sign for the community.

INDEPENDENT LIVING SERVICES

Richland County receives a small stipend to help youth who age out of care to achieve independence post 18 years. In 2015, the state began assuming responsibilities for this activity statewide by regions. In 2016, Richland County will relinquish activity and funding to the State as well, and no longer provide this service locally.

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

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

In 2015, Clinical Services staff assisted **794** individuals in one or more of its programs.

RECOVERY

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

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



CRISIS INTERVENTION SERVICES

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

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

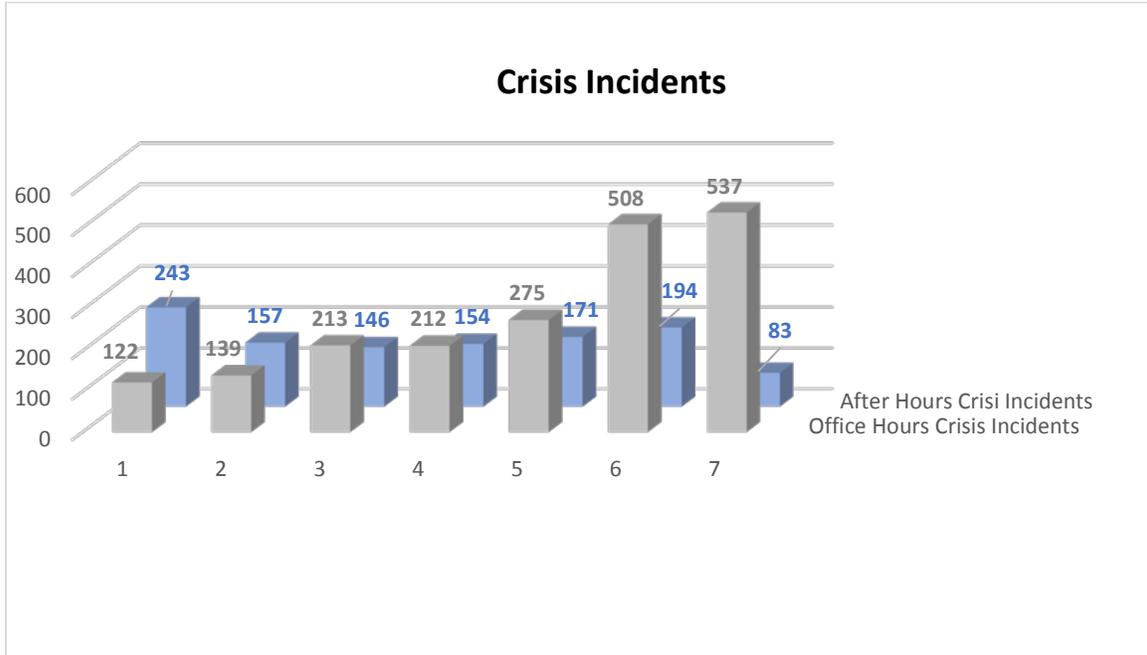
The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

Clinical Services professional staff provided emergency telephone services, walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services. Over the past year, clinical service obtained a toll free number for crisis response that is the same for daytime and after hours crisis services.

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

Crisis Contacts: In 2015, Health and Human Services provided Crisis services to a total of 233 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 182 afterhours crisis contacts. Clinical Services staff completed a total of 88 daytime crisis assessments, with a total of 539 crisis contacts altogether in 2015. The total number of crisis contacts include all full

crisis assessments completed by staff and the total number of linkage and follow-up contacts after a crisis has occurred.

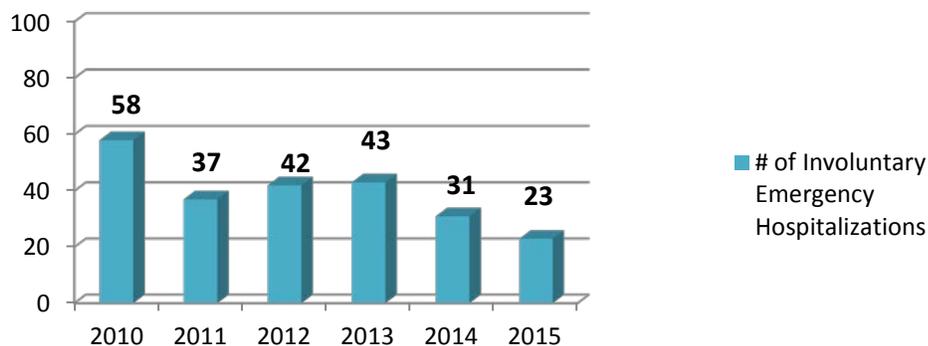


Emergency Hospitalizations: During 2015, a total of 23 emergency detentions occurred. Twelve of these occurred during office hours and 11 occurred after office hours.

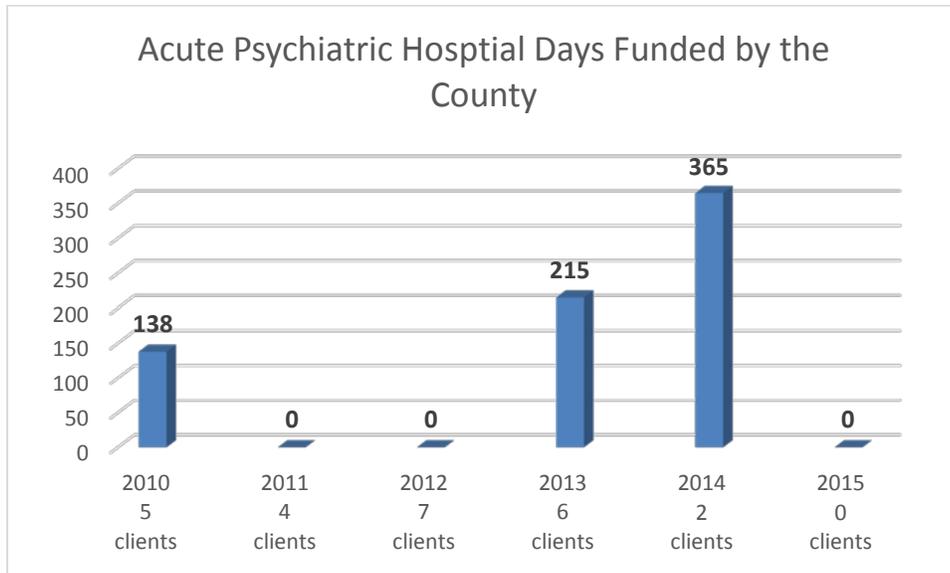
	2011	2012	2013	2014	2015
Afterhours Hospitalizations	16	20	26	11	11
Office hours Hospitalizations	21	22	17	20	12
TOTAL HOSPITALIZATIONS	37	42	43	31	23

INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

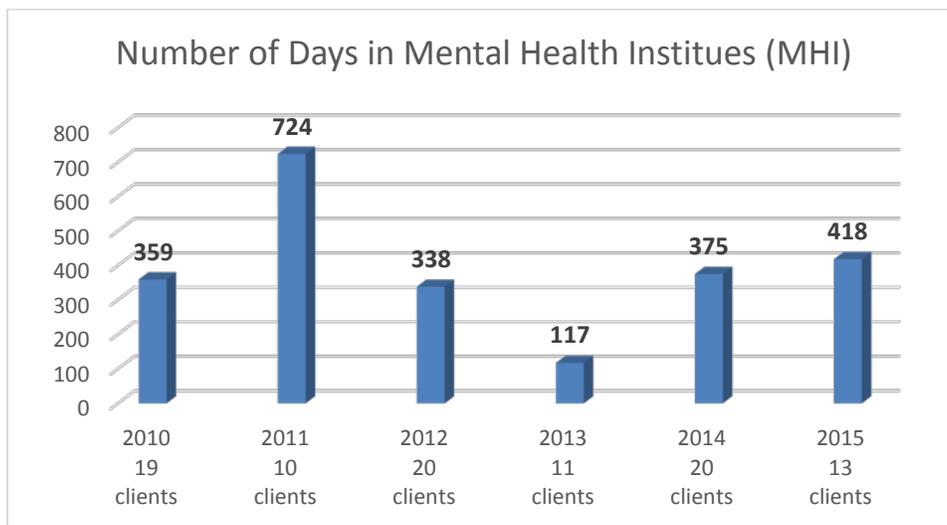
Clinical Services facilitates voluntary and involuntary hospitalizations for individuals who need this inpatient psychiatric service. Involuntary hospitalizations (*sometimes called emergency detentions*) occur when a person is determined to present a substantial risk of harm to him/herself or to others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



Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2015. The chart below shows the number of hospital days funded by Health and Human Services each year.



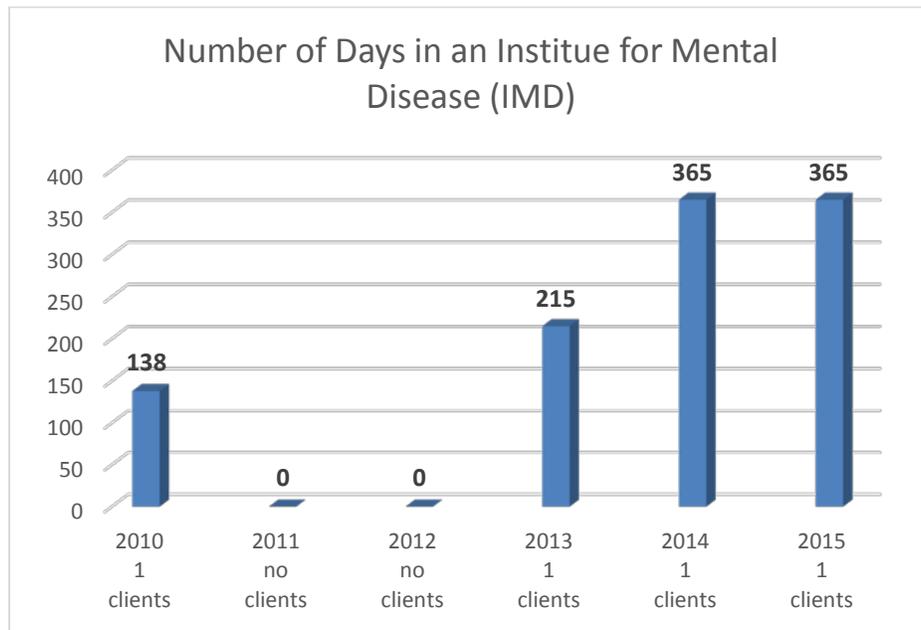
Mental Health Institutional Placements: For long-term care and treatment needs in 2015, Richland County placed individuals at the Winnebago Mental Health Institute. This facility was used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalization. The chart below shows the total number of days of institutional care funded annually by Richland County.



In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched

funding (*approximately 25%*) from state to county governments. One of the thirteen individuals shown in the chart above for 2015 were under the age of 21 and accounted for 9 days of care.

Institutes for Mental Disease: Richland County uses Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care. There was one person placed in an IMD in 2015.

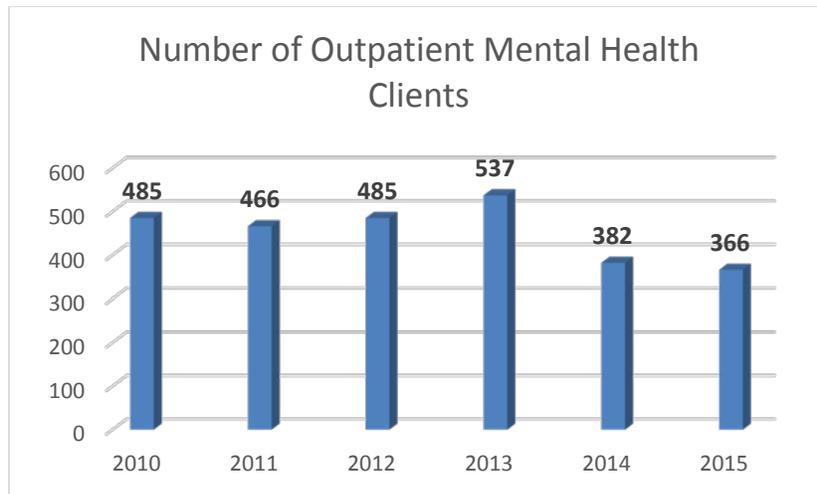


OUTPATIENT CLINIC

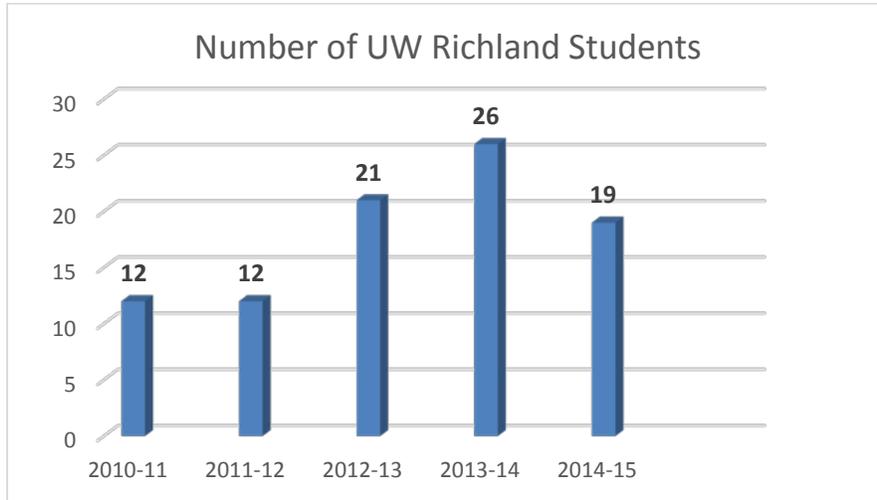
The Outpatient Clinic provides mental health and substance abuse treatment services for people who encounter problems with mental illness, stressful life situations, or addiction issues that cause emotional distress or difficulty functioning. The clinic is certified by the Wisconsin Department of Health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

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

During 2015, Clinical Services provided psychotherapy to 256 individuals, psychiatric care/medication management to 168 people and conducted 34 psychological evaluations. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.

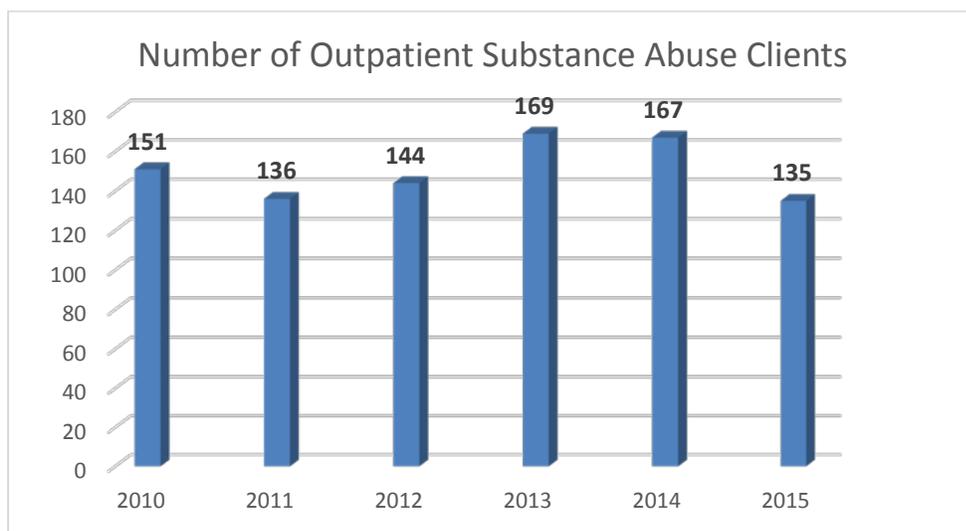


UW-Richland Campus Counseling Services: Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are feeling stressed, depressed, or have other emotional concerns. Services are provided at no cost to the student. In addition to counseling services, Health and Human Services provides training and consultation to residence hall and other campus staff; consults with the campus Threat Assessment Group; provides mental health and substance abuse in-services and screenings to the student body; and is also available to provide assistance in any type of mental health emergency. Over the course of 2015, a total of 19 individuals were seen for mental health services at UW-Richland. Through the contract with UW-Richland, a staff member is able to provide support services at the campus two half days per week.



Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2015, Clinical Services substance abuse counselors provided assessment, referral, and treatment to 135 adults and teens struggling with substance use disorders. This number is lower than the previous year due to a staff medical leave at the start of the year.

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

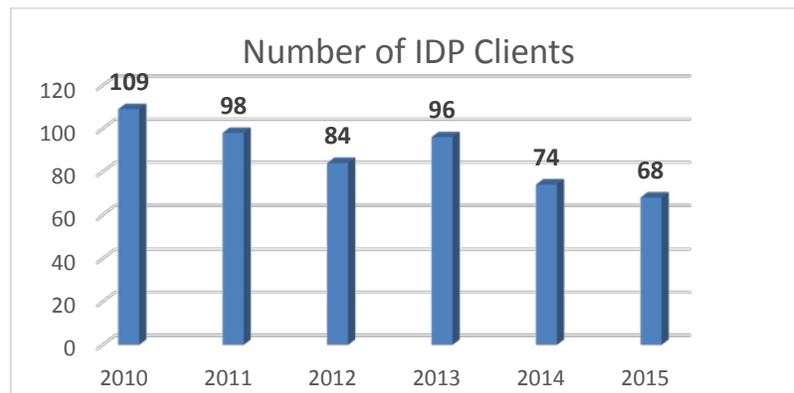


INTOXICATED DRIVERS PROGRAM

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

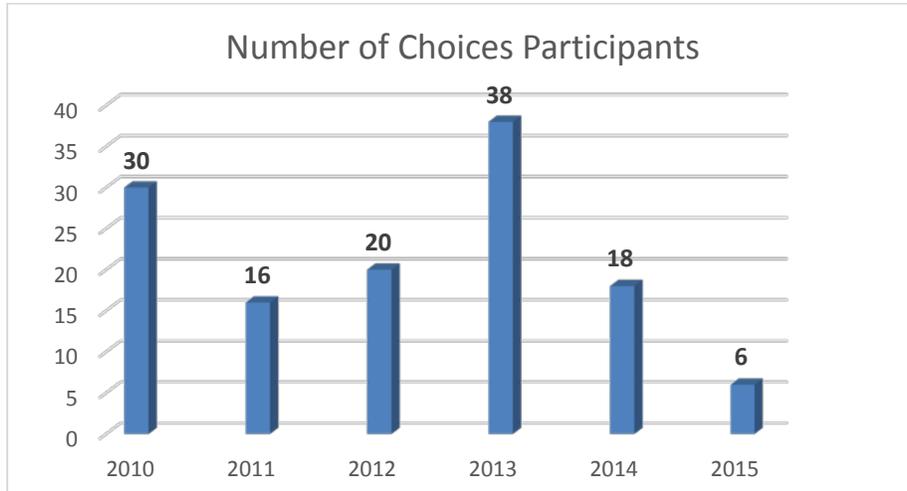


In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Approximately one quarter of those assessed in 2015 were referred to a treatment program.



CHOICES

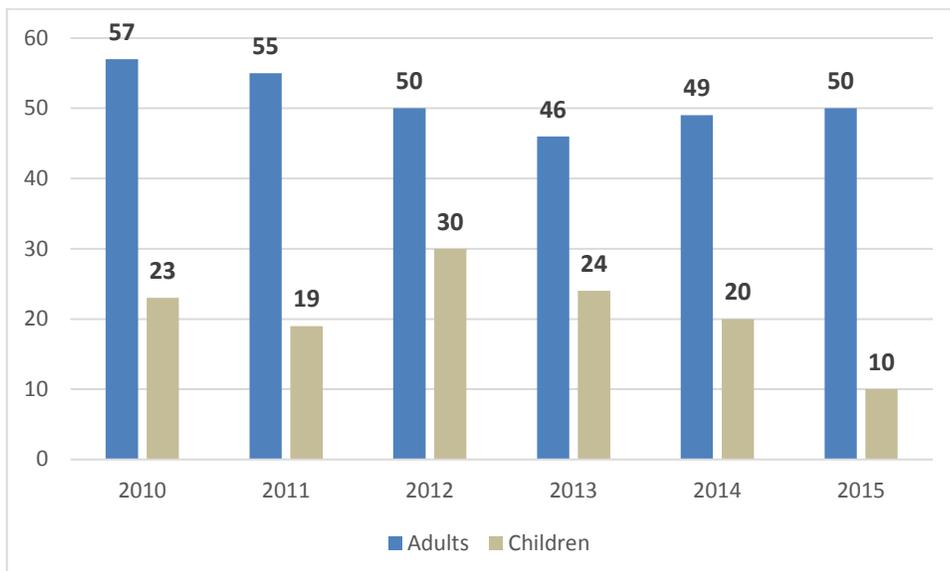
Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants. A total of 6 people participated in the Choices Program in 2015. This number is also down due to a decreased request for classes last year.



COMPREHENSIVE COMMUNITY SERVICES

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

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



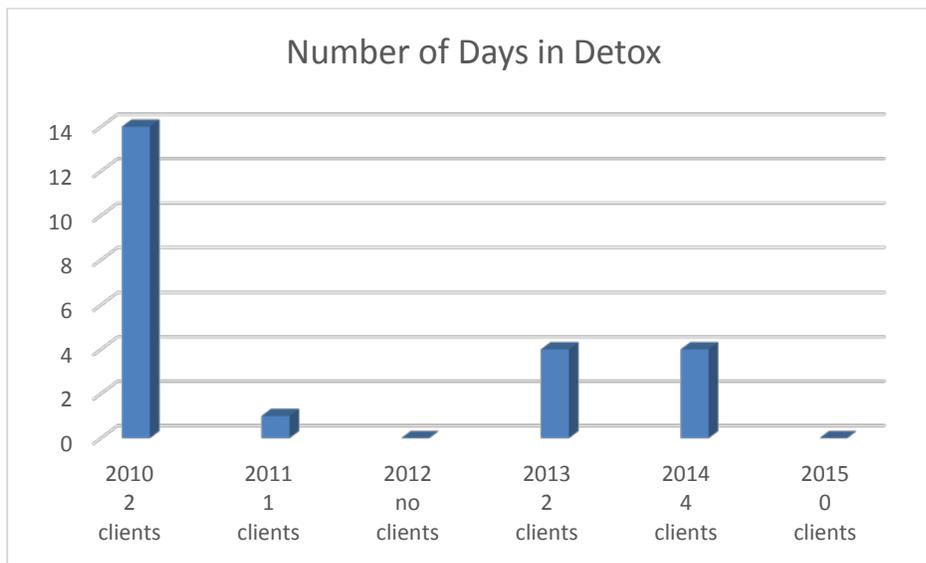
COORDINATED SERVICES TEAM INITIATIVE

The Coordinated Services Team or CST Program serves children who are involved in multiple systems of care. These children are considered to be at risk of out of home or institutional placement. The CST process involves both natural and formal supports for a child in wraparound services. During 2015, the CST process was started with six families. Through participation in CST it is hoped that children and their families will be able to utilize natural supports to meet their highest potential in the community.



DETOX SERVICES

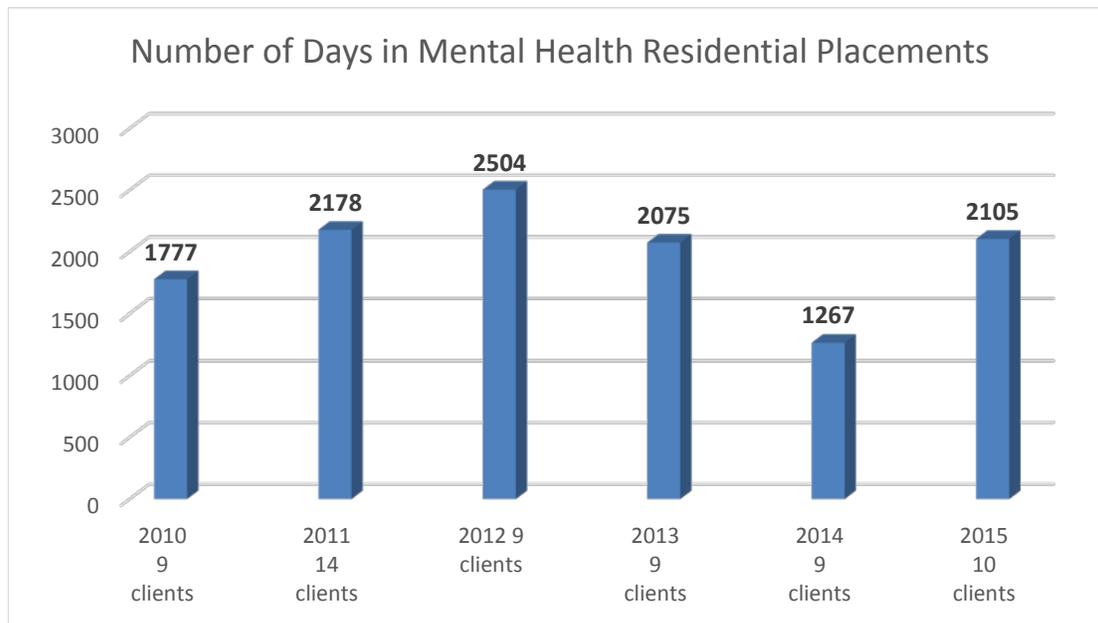
Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. Zero individuals were sent to certified detox facilities in 2015. Detox in Richland County was primarily managed on the general medical unit at the Richland Hospital. The chart below shows the county-funded detox services at certified detox facilities.



MENTAL HEALTH RESIDENTIAL SERVICES

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

Ten individuals received residential services in 2015. Six of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). Two individuals required transitional placements as a “step down” from inpatient psychiatric hospitalizations. One individual was able to successfully transition from long-term residential facilities to independent living during 2015. One individual transitioned to a more restrictive correction setting during 2015. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



ADULT PROTECTIVE SERVICES ACTIVITIES

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

Adult-At-Risk/Elder Abuse and Neglect Reporting

	Under 59	Over 60
Total number of reports:	38	84
Self Neglect	27	50
Financial Exploitation	3	14
Neglect by Other (s)	2	14
Physical Abuse	2	2
Sexual Abuse	2	0
Emotional Abuse	2	4

Elder Abuse and Neglect Funds

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the State. In 2015, the State allocation of \$10,544 served **86** county residents.

Adult Protective Services Court Action

The role of APS in court actions involving guardianships and the protective services process is another way that HHS assures the health, safety and protection of our most vulnerable citizen's rights. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2015, 64 court actions were completed for 28 people. Court action can include creating guardianship of estate and person, protective services and placement of an individual, creating successor guardianships, terminating guardians of person and estate, emergency protective placement, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews. In 2015, 62 people received annual protective placement reviews.

ECONOMIC SUPPORT UNIT

Mission Statement

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

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

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus	Fraud and Front-End Investigations
Caretaker Supplement (CTS)	Marketplace Assistance
Day Care Assistance	Medical Assistance
FoodShare	WI Home Energy Assistance
FoodShare Employment & Training	

The Role of the Economic Support Unit

In 2015, as they do every year, the Economic Support Specialists (ESS) and support staff provided excellent service by treating all persons with respect, dignity and confidentiality. Although some believe the ESS and support staff merely enter data into a computer to determine a customer's eligibility, those same individuals would be interested to know that ESS and support staff must also verify the information received, process changes on a daily basis as ESS navigates a variety of computer systems, while at the same time providing excellent customer service as Call Center Agents. In addition to client contacts, they continue to interpret program policy, and in 2015, administered 63 policy changes or clarifications. They remain proficient in applying these policies, while also managing 600 cases per family worker and 800 cases per EBD worker. These significantly high caseloads remain manageable with the assistance of the Capital Consortium which we joined in 2012.

This unit also has daily interaction with both agency staff and other professionals in the community. The ESS and support staff are often viewed by their clients as their "Social Worker" because of the help they provide in their time of need. The

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

The Role of the Capital Consortium

2015 was Richland County's fourth year as part of the Capital Consortium for Income Maintenance programs. There are seven counties that make up this consortium: Adams, Columbia, Dane, Dodge, Juneau, Richland, and Sauk. Throughout the year, there was continuous communication, coordination and cooperation on a daily basis to ensure that delivery of services remained consistent and in keeping with the Economic Support Mission. The ability to share the work across these seven counties through this continued partnership provides for increased efficiencies and better customer service for the citizens of Richland County.

Another key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants call a toll free number and speak to someone immediately with questions (general or case specific), to report changes, to complete renewals or to apply for benefits. In 2015, each ESS dedicated over half of each workday to the Capital Call Center who accepted 303,371 phone calls. Of those calls, Richland County ESS accepted over 17,000 of them (up from over 7,000 calls in 2014).

It should be noted that the increase in the number of phone calls accepted by Richland County ESS, as well as Intake processing as reported on the statistics chart at the end of this section, was the result of a significant change for Richland County in 2015. Because we are in a consortium, consortium management strives to continuously provide exceptional customer service to all clients in our seven county region. Due to a federal policy change that would require additional work on the part of an ESS, the consortium was provided with additional funding to assist with the increased workload. This additional funding could be used to hire new staff. Richland County was approached by the consortium to see if we would be willing to accept the task of hiring. We were honored to be asked and in May of 2015, nine (9) new Richland County employees joined the Capital Consortium. By September 2015, those new ESS were taking phone calls and processing Intake applications for the consortium and thus the reason for the increased statistics.

BADGER CARE PLUS

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

- Children under 19 years of age;
- Pregnant women;
- Parents and caretakers of children under 19;
- Young adults leaving out of home care (such as foster care);
- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care;
- Documented and undocumented immigrants who are children, parents or caretakers, and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services;
- Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program;
- Women ages 15-45 may be eligible for limited benefits under the BC+ Family Planning Services program (FPOS);
- Women ages 35-65 diagnosed with cervical or breast cancer may be eligible for Well Woman Care;
- Single individuals between the ages of 19 and 64 who are not pregnant; single is defined as not caring for a child under age 19 who is living with him/her.

In 2015, 6,387 individuals were enrolled in BC+ and FPOS by Richland County Economic Support Specialists. Of those 6,387 individuals, over 3,500 Richland County residents.

This compares to 3,057 residents at the end of 2014.

Note: While 2015 total benefit amounts were not available at the time of this report, due to delayed provider billing, in 2014, \$30,671,010 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

CARETAKER SUPPLEMENT (CTS)

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

In 2015, 7 families received \$27,750 in assistance.

DAY CARE ASSISTANCE

Wisconsin Shares - Working together to make child care costs affordable

Steps toward receiving day care assistance are:

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

The Economic Support Unit is also responsible for certifying Day Care facilities. Currently, there are 13 certified providers in Richland County. To be certified, a provider will have a home visit, background check, and must comply with other qualifying requirements. Packets are available for providers wishing to become certified.

In 2015, as many as 49 families and 69 children at one time received assistance with day care.

\$139,139 was paid to providers of behalf of those families.

FOODSHARE

A Recipe for Good Health

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

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

In 2015, Richland County had 3,729 unduplicated FoodShare recipients. Benefits paid totaled \$3,077,984.

This compares to 3,902 unduplicated recipients in 2014.



FRAUD & FRONT-END INVESTIGATIONS

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support Unit investigates all reports of potential fraud, follows-up on wage discrepancy reports received quarterly from the state, as well as reviews reports received from the state OIG submitted through the Fraud hotline. Following an investigation, if substantiated, individuals must repay any benefits they were not entitled to and sometimes the consequences result in sanctions from future benefits and possibly even referrals to the district attorney for prosecution. We were fortunate in 2015 as we did not discover any significant fraud being committed in Richland County that resulted in large benefit recovery claims. This is, in part, due to the significant effort put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

MARKETPLACE ASSISTANCE

In 2015, our unit continued with efforts to provide families and individuals with assistance as they navigated the new health insurance requirements associated with the Affordable Care Act. The Patient Protection and Affordable Care Act, as of January 1, 2014, required all individuals be insured. With this requirement, insurance was made available through the Federally-facilitated Marketplace during an open-enrollment period.

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

For the 2015 open enrollment period, Richland County was approached by the State of Wisconsin to be the host for a Regional Enrollment Network Coordinator. We accepted the opportunity and from January 2015 through May 2015, we housed the Regional Enrollment Network Coordinator for the Capital Region. The Coordinator spent those months conducting outreach activities, not only in Richland County, but in Adams, Columbia, Dane, Dodge, Juneau, and Sauk counties as well.

MEDICAL ASSISTANCE PROGRAM

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

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

At the end of 2015, 1053 individuals were eligible for medical assistance (including SSI-eligible individuals) and long-term care programs.
This compares to 980 individuals in 2014.

Note: While 2015 total benefit amounts were not available at the time of this report, due to delayed provider billing, in 2014, \$30,671,010 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

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

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

- Emergency fuel assistance;
- Pro-active co-payment plans;
- Targeted outreach services; and
- Emergency furnace repair and replacement.

Of particular note in 2015, in an effort to remain pro-active as to the needs of our propane (LP) households, many of Richland County's most vulnerable residents were selected to receive *Summer Fill* benefits. This program allowed Wisconsin to increase their LP supply allotments, thereby keeping prices low and preventing a future crisis.

In Federal Fiscal Year 2015, 916 households received Energy Assistance in Richland County for a total of \$443,162.

In 2014, 920 households received Energy Assistance for a total of \$508,039.

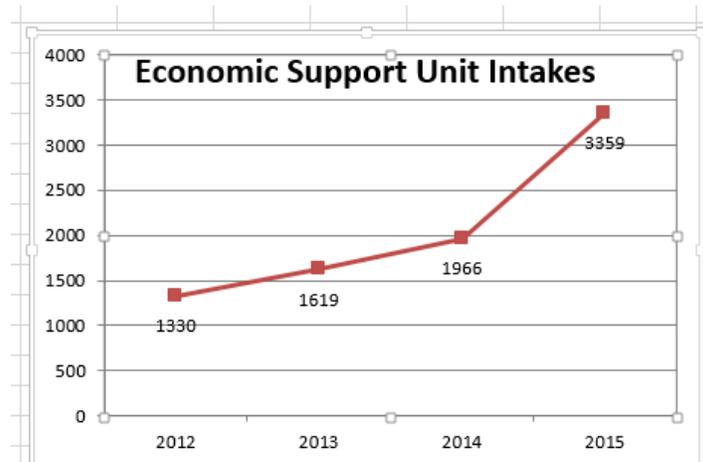
In Federal Fiscal Year 2015, 358 households received Crisis Assistance totaling \$101,821.*

**Of this amount, \$43,800 was paid towards Summer Fills.
In 2014, 290 households which received Crisis Assistance for a total of \$143,769.*

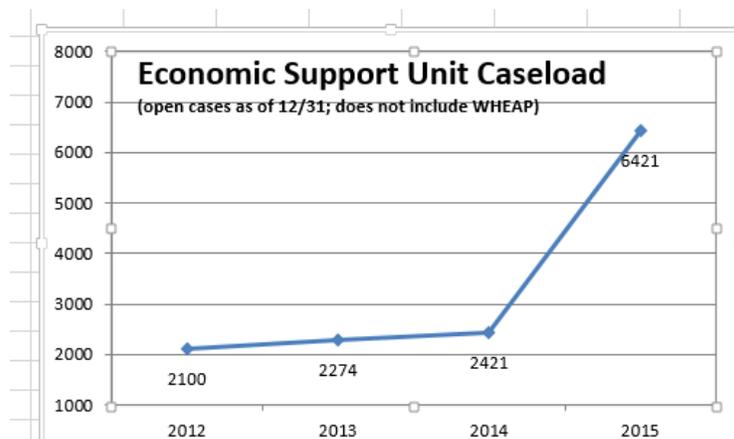
In Federal Fiscal Year 2015, 26 households received Furnace Repair/Replacement Assistance totaling \$46,344.

In 2014, 13 households received Furnace Repair/Replacement Assistance for a total of \$14,593.

Intake/Caseload Statistics



**Prior to 2012, Intake tracking was done manually and therefore not indicative of the current operational model. Starting in 2012, when we joined the Consortium, data was able to be collected systematically regarding Intake counts to assist in monitoring Performance Measure requirements. Part of our "Intake" requirements include the timely processing of ALL new program requests for assistance – not just initial applications. For example, a family could apply for BadgerCare Plus in February and then apply in July for FoodShare. These are considered TWO "Intake" applications. As you can see, if we had remained a stand alone county, we would not have been able to physically handle the increases in applications.



***Please note that these charts now, starting in 2015, represent the Intakes and Caseloads we manage as a partner in the Capital Consortium and are not reflective of the number of families that are Richland County residents. See individual program sections for those details.*

Websites of Interest

Access: www.access.wisconsin.gov

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

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

Wisconsin Department of Workforce Development:

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

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

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

PUBLIC HEALTH UNIT

Mission Statement

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

PROGRAMS AND SERVICES

Communicable Disease

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

General Public Health Programs

Community Transformation Grant
Loan Closet
Public Health Home Visits
Wisconsin Partnership Program Grant
Wisconsin Well Woman Program
Tobacco Control/Wisconsin WINS
School Health
Jail Health
Richland Community Free Clinic

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination
HealthCheck
Fluoride
Child Passenger Safety

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights



Public Health
Prevent. Promote. Protect.

COMMUNICABLE DISEASE



Immunization: Although vaccine-preventable disease rates in the United States are at very low levels, the resurgence of some vaccine preventable diseases such as pertussis and mumps emphasize the importance of childhood immunization. The viruses and bacteria that cause vaccine-preventable disease

and death still exist and can be passed on to unprotected persons or imported from other countries. Diseases such as measles, mumps, or pertussis can be more severe than often assumed and can result in social and economic costs as well as the physical costs: sick children often miss school and parents often need to stay home from work to care for a sick child.

Childhood immunization rates need to be improved. For example, in 2011 only 84.6% of children 19 to 35 months of age in the United States received the four doses of DTaP vaccine recommended. For other age groups the rates are considerably lower. According to Risk Behavior Factor Surveillance System data from 2011, only 64.9% of persons over 65 years of age received immunization against influenza that year and 62.3% had never received the pneumococcal vaccine.

Strategies such as school entry laws have increased immunization rates, but in Wisconsin, parents can still sign “personal conviction” and religious waivers (as well as medical waivers) to exempt their children from the immunization requirements. Every state allows medical waivers, 48 states allow religious waivers, and less than half of the states allow personal conviction waivers. The process of obtaining a personal conviction waiver from school immunization laws varies from state to state. In Wisconsin, a parent or guardian can exempt a student by submission of a signed written statement that declares an objection to immunization. With a high number of waivers, the “herd immunity” goes down. Herd immunity describes the way that the whole community is protected by immunizing a significant number of the population. By vaccinating enough people in the community, the spread of vaccine preventable communicable disease is contained and the whole community is better protected, even people who are not vaccinated.

There are plans to introduce legislation to eliminate the personal conviction waiver in Wisconsin, and in June of 2015 California enacted legislation eliminating the personal conviction waiver. Currently local health departments in

Wisconsin may exclude unimmunized students from school in the event of an outbreak of a vaccine preventable disease.

Over the last several years, the number of immunizations provided by Public Health has decreased. Since public health agencies receive vaccine through the Federal Vaccine for Children Program, we are only able to immunize children who are Medicaid eligible, uninsured, American Indian or Alaska Native.

Immunization Statistics:

Immunization	2008	2009	2010	2011	2012	2013	2014	2015
Comvax (Hib & HepB)	23	33	n/a	n/a	n/a	n/a	n/a	n/a
DtaP	90	101	27	10	24	13	12	13
Hepatitis A	40	38	58	43	87	43	39	36
Hepatitis B	14	31	32	18	16	6	13	9
Adult Hepatitis B	14	44	53	45	29	9	12	11
Hib	14	14	20	13	7	1	1	7
Influenza	1146	1171	916	771	647	602	1036	978
MMR	60	69	71	35	33	10	23	23
Pneumonia	41	27	60	26	14	19	26	3
Polio	76	82	28	18	8	15	24	9
Pprevnar	55	60	76	31	16	4	16	15
Td	102	26	26	5	5	1	2	1
Varicella	186	195	156	99	73	17	24	20
Menactra	84	109	48	47	31	19	24	53
Td-Pertussis (Tdap)	449	407	372	272	260	134	70	61
HPV (Gardasil)	79	89	67	39	44	28	26	22
Rota Teq	21	34	18	10	5	2	8	4
Twinrix (HepA-B)	8	6	3	9	0	2	2	0
H1N1 Influenza A	n/a	1909	495	n/a	n/a	n/a	n/a	n/a
DTPaP-Hib-Polio (Pentacil)	n/a	n/a	30	19	13	4	14	10
DTPaP-Polio (KINRIX)	n/a	n/a	22	13	15	0	n/a	n/a
TOTAL	2502	4445	2578	1523	1327	929	1372	1275

Communicable Disease Investigation and Follow Up: According to Wis. Stats. 252.05, any health care provider who “knows or has reason to believe a

person treated or visited by him or her has a communicable disease” is required to report. Per Administrative Rule DHS 145.04 (1), this includes reporting of “a case or suspected case...” And, according to DHS 145.05, the local health department is required to confirm the illness and determine as far as possible all sources of infection and exposures to the infection.

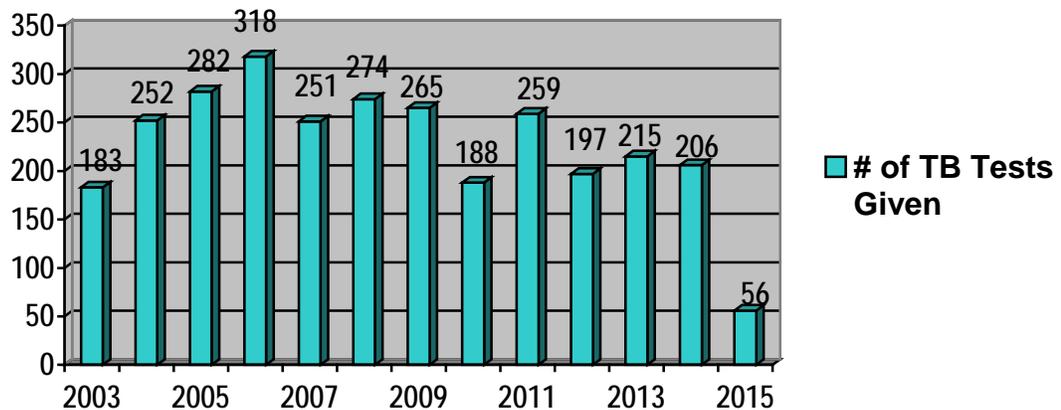
Follow-up is completed by Public Health Nurses and data is entered into the Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. The primary goal of the communicable disease statutes and reporting system is to control and prevent the spread of illness.

Communicable Disease Statistics:

Reportable Disease	2008	2009	2010	2011	2012	2013	2014	2015
Active Tuberculosis	0	0	0	0	0	0	1	0
Arbovirus Illness	0	0	0	0	0	1	1	1
Babesiosis	0	0	0	0	0	2	0	1
Blastomycosis	0	0	0	0	0	0	1	2
Brucellosis	0	0	0	0	0	0	1	0
Campylobacter	6	5	15	19	8	13	5	10
Chlamydia	23	27	22	30	28	21	43	24
Cryptosporidium	6	4	2	7	1	4	2	2
E.Coli	6	0	0	4	0	0	0	2
Ehrlichiosis/Anaplasmosis	0	2	5	5	3	4	2	2
Giardia	0	2	2	3	2	2	0	1
Gonorrhea	0	1	0	0	3	1	2	5
Hepatitis A	0	0	0	1	0	0	1	3
Hepatitis B	2	0	2	2	2	1	3	6
Hepatitis C	4	2	7	6	10	4	16	12
Herpes	n/a	n/a	n/a	n/a	1	0	0	0
Histoplasmosis	0	0	0	0	0	0	1	1
Influenza Hospitalizations	0	35	0	5	4	10	4	15
Invasive Haemophilus Influenza	0	0	0	0	0	0	1	0
LaCrosse Encephalitis	1	0	0	0	0	0	3	0
Legionella	0	0	0	0	0	0	0	1
Listeriosis	0	0	0	1	0	0	0	0
Lyme Disease	60	75	54	41	35	45	36	67
Measles	0	0	0	0	1	4	0	2
Meningitis (Bacterial)	0	0	0	0	0	0	0	0
Meningitis (Viral)	0	0	0	0	1	0	0	0
Mumps	0	0	0	0	0	0	0	1
Mycobacterial Disease	0	1	1	2	0	5	1	2

Pertussis	1	0	6	6	28	18	16	23
Salmonella	2	3	4	7	6	5	5	3
Reportable Disease	2008	2009	2010	2011	2012	2013	2014	2015
Shigella	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae	0	1	3	2	2	1	0	2
Syphilis	0	0	0	0	3	0	0	2
Q Fever	0	0	0	1	0	1	1	1
Toxic Shock Syndrome	0	0	0	0	0	0	1	0
Tuberculosis/Latent Infection (LTBI)	0	1	0	5	5	1	29	1
West Nile	0	0	0	0	2	0	0	2
Varicella	0	3	0	3	3	5	Non reported	5
Toxoplasmosis	0	0	1	0	0	1	2	1
Psittacosis	0	0	0	0	0	0	0	1
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	2

TB Skin Tests: Public Health provides TB skin tests for persons who may need them as a pre-employment requirement. In 2015, 56 skin tests were provided by Public Health.

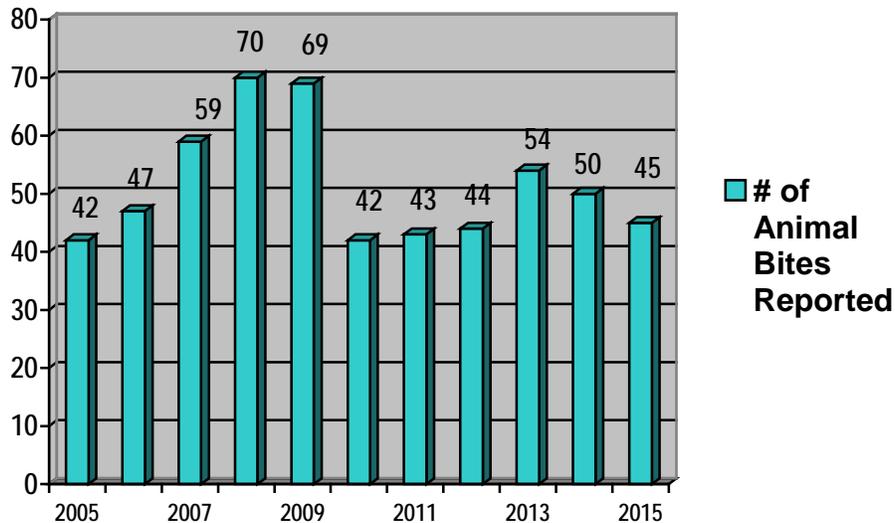


TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects, contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed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

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health

has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that Public Health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate.

Rabies Prevention and Control: Richland County's Rabies Control Policy provides the procedures for law enforcement and Public Health follow-up of animal bites/potential rabies exposure to humans.



MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health Systems Initiative: From 2011 to 2015, Wisconsin's Maternal Child Health Program focused on eight priorities intended to improve the health and well-being of mothers, infants, and children. These priorities included:

- Reducing health disparities for women, infants, and children, including those with special needs.
- Increasing the number of women, children, and families who receive preventive and treatment health services within a medical home.
- Increasing the number of children and youth with special health care needs and their families who access necessary services and supports.
- Increasing the number of women, men, and families who have knowledge of and skills to promote optimal infant and child health, development, and growth.
- Increasing the number of women, children, and families who have optimal mental health and healthy relationships.

- Increasing the number of women, children, and families who live in a safe and healthy community.
- Increasing the number of women, men, and families who have knowledge of and skills to promote optimal reproductive health and pregnancy planning.
- Increasing the number of women, children, and families who receive preventive screenings, early identification, and intervention.

Public Health has been working with local partners including Richland FIT to develop strategies to improve services and supports to assist local families in their efforts to be healthy and active, and community education sessions were developed in 2015 for presentation in 2016.

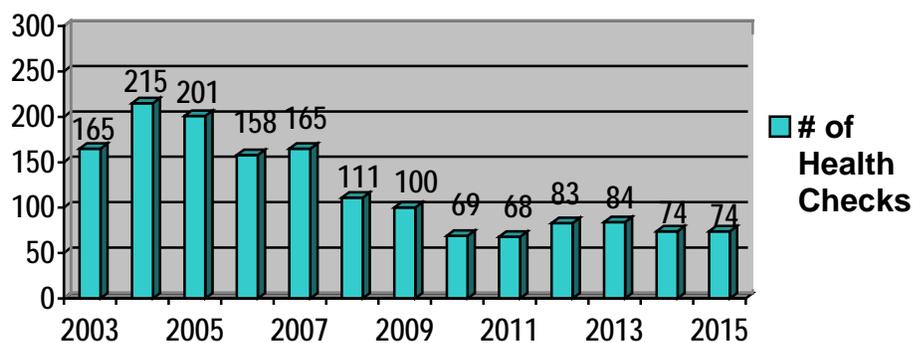
Prenatal Care Coordination: Public Health Nurses provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Six women received prenatal care coordination services in 2015.



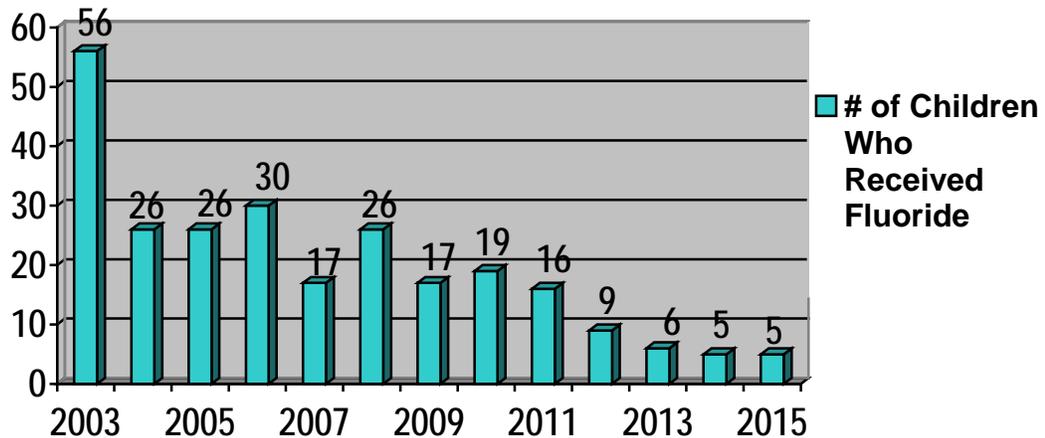
HealthCheck: HealthCheck is a comprehensive and preventive healthcare program for children under the age of 21. It is the name Wisconsin has given to a Federal Medicaid benefit, the Early and Periodic Screening, Diagnosis and treatment (EPSDT) benefit.

The purpose of HealthCheck is to find and correct or improve any health problems children may have early in life, and makes treatment available to persons under the age of 21. The goal of HealthCheck is to prevent or minimize major, lifelong problems.

HealthCheck provides screening exams for childhood health problems and gives a right to treatment that is considered medically necessary for any problems that are found in the exams. In 2015, 74 HealthCheck screenings were completed.



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 2015, 5 children received supplemental oral Fluoride.



Fluoride Varnish: The use of fluoride has been a major factor in the decline in the prevalence and severity of dental caries (i.e., tooth decay) in the United States. When used appropriately, fluoride is both safe and effective in preventing and controlling dental cavities. Fluoride varnishes are a safe, simple, effective, inexpensive treatment that can be applied to the teeth of infant and children.

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

Fluoride varnishes were provided for **69** children in 2015.



Child Passenger Safety: The Child Passenger Safety Program provides car seats for families who cannot afford to purchase them. A Wisconsin Department of Transportation Grant funds the purchase of the car seats which are fitted and installed by a certified child passenger safety technician. Before a child can receive a car seat, a child passenger safety technician is required to select and fit the seat as well as provide education to the family on proper installation and

safety. Extensive training is required to attain and retain certification. Public Health and Early Head Start have certified child passenger technicians on staff. In 2015, **57** children received child passenger safety seats through the program.

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 2015, **302** Richland County residents borrowed equipment from the Loan Closet.

Wisconsin Well Woman Program: The goal of the Wisconsin Well Woman Program (WWWP) is to improve access to preventive health screening services for low-income, uninsured, or underinsured women. Mammograms, Pap tests, certain other health screenings, and multiple sclerosis testing for women with high risk signs of multiple sclerosis are available through the WWWP.

Wisconsin women age 35-64 whose household income is at or below 250% of the federal poverty level or who are uninsured or under-insured are eligible for WWWP services. In 2015, the WWWP was restructured to a regional model and Richland County is now part of a multi-jurisdictional service coordination area which includes Adams, Columbia, Dodge, Grant, Green, Iowa, Lafayette, Richland, and Sauk Counties.

2015 WWWP Statistics for Richland County:

Total Active Caseload in WWWP:	14
Total number of women screened:	5
Enrollments:	New: 1 Re-Enrollments: 3
Wisconsin Well Woman Medicaid Clients:	1

Wisconsin Partnership Program: 2015 was a year of transition for Richland FIT with the resignation of the Health and Wellness Coordinator, the Farm to School Nutrition Educator and the Procurement Specialist. An Interim Coordinator was hired in July, but resigned in December of 2015.





Farm to School: Richland County's Farm to School Program has been active since 2014. The Farm to School Program includes getting locally grown food into the school food service program, provides nutrition education in elementary classrooms, and develops school gardens. A "Harvest of the Month" calendar designated one fruit or vegetable (that is produced locally) each month to be highlighted in the nutrition education sessions and on the lunch menus. Richland County's Farm to School Program has been expanded to include the Senior Nutrition meal sites, the UW Richland Roadrunner Café and the Richland Hospital Cafeteria, who promote the "Harvest of the Month" items on their monthly menus.

The goal was to make the Richland School District's Farm to School Program sustainable at the local level in 2015, so the District assumed responsibility for the hiring and supervision of both the Nutrition Educator and the Procurement Specialist starting with the 2015 school year. Wisconsin Partnership Program funds provided the match for these AmeriCorps positions for the 2015-16 school year.

Supplemental Nutrition Assistance Program (SNAP) at the Richland Area Farmers Market: This program facilitates transfer of electronic SNAP benefits via the Quest Card into tokens that can be used like cash at the Farmers Market. This program increases access to fruits and vegetables and also helps the local economy by supporting small vegetable farmers.

Food for Life Cooking Class: Local Physicians continue to teach hands on cooking classes on how to build a healthy plate using principles from traditional Mediterranean cuisine. The classes are part of a larger systems change approach being undertaken by the Richland Medical Center to include Physicians providing "Nutrition Prescriptions" to their patients.

Physical Activity "Meet Ups": The "Meet Ups" create and support a culture of health in Richland County. Coalition members organize opportunities for community members to be active together. 2015 featured kayaking outings on the Pine River and bike riding groups as well as the "Ugly Sweater Fun Run/Walk

in December. The run/walk was a huge success with over 160 participants and we have requests to make this an annual event! Schedules for “Meet Ups” are available on the Richland FIT website.

Mill Pond Community Garden: Garden plots were planned, built, and planted for the 2015 growing season. We have an active “garden committee” and already have plots reserved for the summer of 2016.



Tobacco Control/Wisconsin Wins: The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. Locally, our tobacco control coalition “South Central Wisconsin Tobacco Free Coalition” works with the Sheriff’s Department to conduct investigations to establish retailer compliance with the law. The Wisconsin Wins campaign also includes retailer education and training, media outreach, and community education. In 2015, 18 inspections were completed and there were 2 sales. The 2015 compliance rate was 88%.

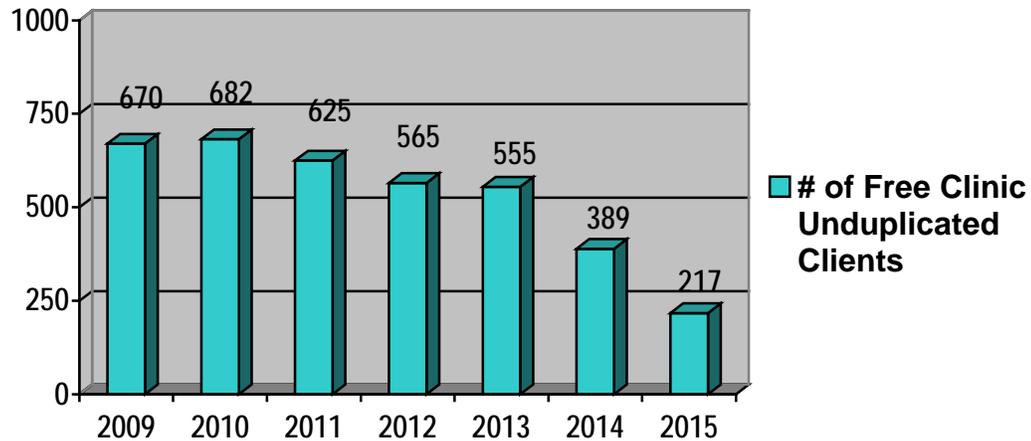
School Health: Public Health contracts with the Ithaca and Weston School Districts to provide mandated school nursing services. Public schools in Wisconsin must provide for emergency nursing services under written policy; which must be written by a licensed registered nurse. These policies must include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

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

Public Health provides assistance at the Richland Community Free Clinic each Tuesday morning at the Richland Medical Center. The Public Health Nurse (PHN) assists with eligibility determination and provides information on needed services

for the patient and his/her family such as housing, food resources, and fuel and financial assistance. Referrals are made to family planning, WWWP, WIC, Head Start, Clinical Services, the ADRC, and other agencies as needed. Influenza and Td vaccines are provided on site. There continues to be a great need for dental and vision care for the uninsured.

The Free Clinic logged **442** visits in 2015 and saw **217** unduplicated clients.



Age of unduplicated patients seen at the Free Clinic

Age	2009	2010	Age	2011*	2012	2013	2014	2015
0-10 years	12	13	0-17 years	22	21	16	14	12
11-20 years	54	57	18-44 years	358	303	290	219	150
21-39 years	311	324						
40-64 years	283	276	45-64 years	239	236	245	150	46
65-74 years	7	8	65-74 years	6	5	4	4	6
Over 75 years	3	4	74-84 years				2	3

* Age range report was modified in 2011.

ENVIRONMENTAL HEALTH

Richland County continues to be part of a five county consortium to provide environmental health services. The Grant County Health Department is the lead agency for the Environmental Health Consortia and employs the Registered Sanitarian who acts as the Environmental Health Consultant for the five counties. The Environmental Health Consultant assists with investigation and follow up of

human health hazard complaints and coordinates environmental health programs in Grant, Iowa, Lafayette, Vernon and Richland Counties.

2015 Environmental Health Statistics:

Home Visits	40	Contacts (EH Consultant)	252
Lead	3	Lead	18
Radon	3	Radon	30
Water	0	Water	19
Asbestos	1	Asbestos	32
Solid Waste	9	Solid Waste	29
Housing	9	Housing	41
Indoor Air	15	Indoor Air	30
Sewage	0	Sewage	34
Animal/Vector	0	Animal/Vector	19

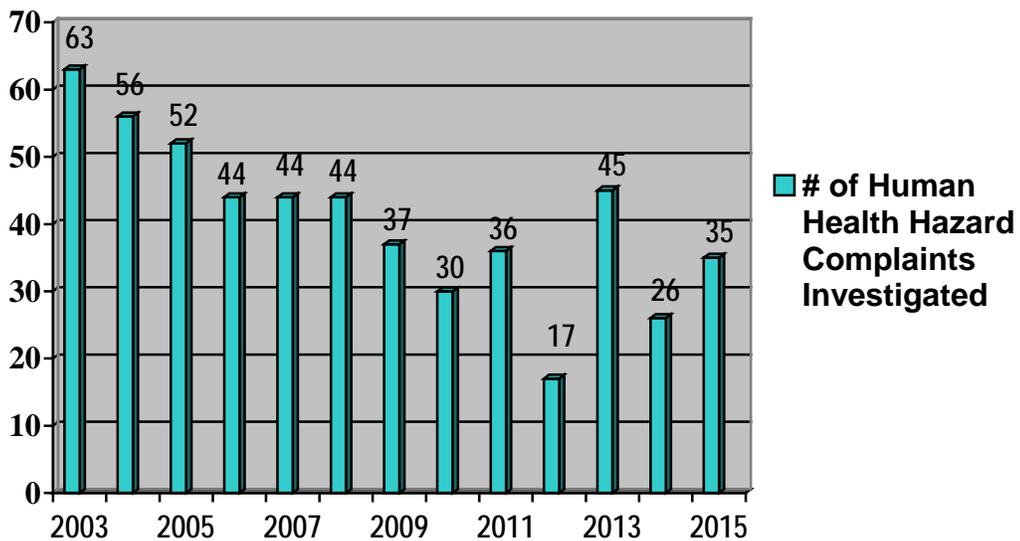
Private Well Water Testing: Water sampling kits are available free of charge for testing private wells for bacteria, nitrates, fluoride, and metals for families with new babies. Water test kits are also available fee-for-service for anyone who wants to test their private well water supply – Public Health 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.

Radon: Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. **13** short-term home radon test kits were distributed in 2015.

Childhood Lead Poisoning Prevention: Lead poisoning is a risk in the entire state, but the Division of Public Health’s *2014 Report on Childhood Lead Poisoning in Wisconsin* lists Richland County as one of the ten Wisconsin Counties with the highest rate of lead poisoned children. The higher risk in Richland County can generally be attributed to the prevalence of older housing. Lead hazards are found in paint, in soil around houses painted with lead-based paint, and to a lesser extent can also be found in toys and other products as well. Preventing exposure requires preventing children from coming into contact with the lead hazards by identifying and repairing these high risk houses. Additionally, educating families about the risk of lead poisoning and screening

children to assess blood lead levels so that intervention can be initiated to reduce exposure and long-term effects from lead poisoning. As part of our Environmental Health Program, children are screened by collection of a capillary blood sample which is sent to the State Laboratory of Hygiene for analysis. Elevations are confirmed by venous samples and Public Health Nurses and our Environmental Health Consultant make home visits to provide follow up including education and assessment of the child’s environment for lead hazards. When lead hazards are present, Public Health orders lead hazard reduction measures that the property owner is responsible to comply with. Public Health staff follows the children and provides education and support until the risk is resolved and their blood lead levels are normal. In many cases, the effects of elevated blood lead levels are not noticeable until the child is older and may be having difficulty in school. Lead poisoning screening and prevention activities are essential tools to identify risks and eliminate exposure. Public Health provided blood lead screening and follow up for **100** children in 2015.

Human Health Hazards: Generally, human health hazards are defined as substances, activities, or conditions that are known to have the potential to cause acute or chronic illness, to endanger life, to cause or spread infectious disease, or to harm the health of the public. According to Wisconsin State Statute 254.59(1) the local Health Officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health follows up on reports of potential human health hazards in order to protect the health of the public and/or the environment. There were 35 complaints reported in 2015 that required investigation through our environmental health program.



PREPAREDNESS AND RESPONSE

During 2014, the threat of Ebola Virus Disease became a local and national priority. Local health departments throughout Wisconsin worked to prepare to respond to Ebola. Late in 2014 and early in 2015, Public Health worked with our local partners to prepare our community for the threat of Ebola. As information became available, Public Health distributed guidance and hosted webinars and discussions to promote awareness and cooperation between local partners. A local response and patient monitoring plan was developed, and the plan was exercised in February of 2015. As new information and guidance were received, the plan was updated and improved. During 2015, travelers returning to the United States from the West African countries of Liberia, Sierra Leone, and Guinea were funneled through one of the five international airports that were providing the enhanced entry screening, and local health departments were notified of travelers returning to their jurisdictions. The local health departments had the responsibility to provide twice daily monitoring of these travelers, and have a plan to arrange for appropriate transport, testing, treatment, and care of persons at risk for Ebola Virus Disease.

Local and State planning was ongoing and updated as new information became available, and as the outbreak was coming under control. In October, the Division of Public Health released its *Wisconsin Ebola Virus Disease Concept of Operations* to detail Wisconsin's preparedness and response plan specific to a suspected or confirmed case of Ebola Virus Disease. The international response to the outbreak was successful in curbing the spread of Ebola Virus Disease, and by December of 2015, the CDC recommendations for active monitoring for persons returning from the affected West African countries was discontinued, although enhanced exit entry screening continued. The West African outbreak of Ebola Virus Disease was the largest outbreak of Ebola in history and had international impact. The outbreak demonstrates how quickly disease can spread, and how serious emerging infectious diseases can be. The outbreak also underscores the importance of Public Health and community preparedness for emerging infectious disease response, even in rural southwest Wisconsin. Supplemental CDC funding was provided to states to support Public Health planning and preparedness for Ebola Virus Disease and as a result local health departments received funding to assist in Ebola preparedness efforts. A regional Ebola exercise has been developed and will be held in May of 2016.

In addition to Ebola preparedness, Public Health is working on the contract objectives under the 4th year of the CDC Public Health Preparedness Cooperative Agreement. Fatality Management, Mass Care, Medical Surge, and Volunteer Management were the primary focus of local preparedness efforts in 2015. Richland County's Mass Fatality Plan was developed over the course of several months and included input and support from many local partners. Emergency Management has taken the lead on developing a local Volunteer Management Plan and Public Health is working in cooperation with Emergency Management on the development of that plan. We continue to improve our Mass Care plan and are working within Health & Human Services to update the Shelter Plan. In addition to preparedness planning, Regional Healthcare Coalitions combined the more separate WHEPP (Wisconsin Hospital Emergency Preparedness Program) and Public Health's own emergency preparedness program. The South Central Healthcare Coalition encompasses 14 counties including Juneau, Adams, Marquette, Richland, Sauk, Columbia, Dodge, Grant, Iowa, Dane, Jefferson, Lafayette, Green, and Rock.

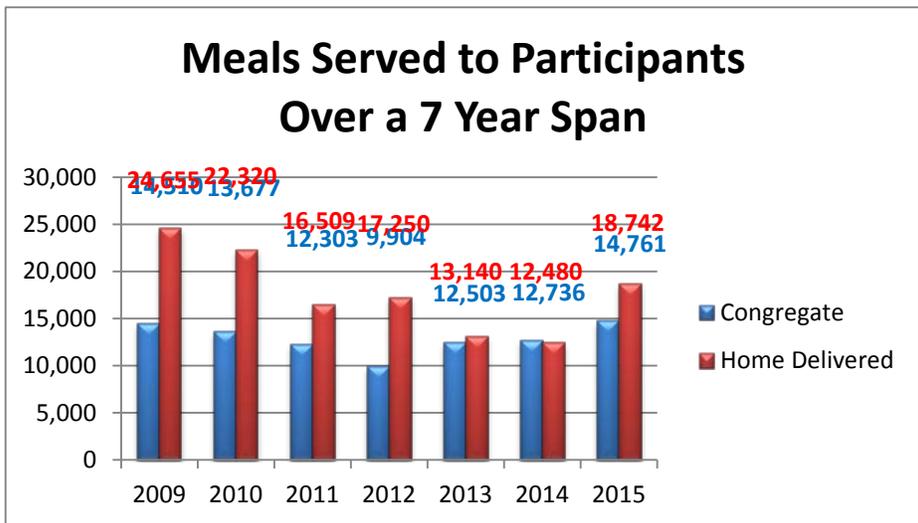
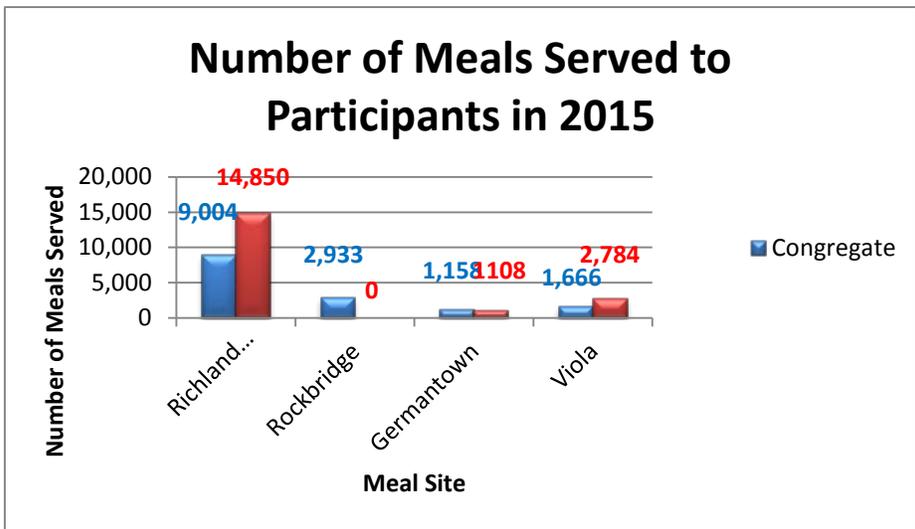
NUTRITION

The goals of the Senior Nutrition Program are to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older individuals. Richland County's Senior Nutrition Program focuses on these goals by:

- Promoting good health behaviors through nutrition education, nutrition screening and intervention services.
- Assisting individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions from poor nutritional health or sedentary behavior.
- Serving wholesome, safe, nutritionally balanced meals through the promotion of high food safety and sanitation standards.
- Targeting older adults who have the greatest economic or social need.

Richland County has four active meal sites and delivers meals to homebound individuals from three of those four sites. Volunteers are priceless and supplement paid staff to assist at all of the meals sites, as well as assist with the delivery of meals to homebound individuals from the Richland Center Meal Site.

Nutrition Statistics:



2015 Nutrition Program Highlights:

Volunteers donated 5469 hours of service at the congregate meal sites and **volunteer drivers donated 993 hours** using their own vehicles and gas to deliver noon meals to homebound seniors.

Since our Nutrition Program Coordinator has a minor in Nutrition, we were advised by Greater Wisconsin Area on Aging Resources and the State of Wisconsin that we were no longer required to contract with a Registered Dietician which allows our Nutrition Program Coordinator to complete the menu planning, site reviews, and provide other nutrition education and promotion at the meal sites.

In partnership with the Wisconsin Health Literacy Organization, a "Let's Talk About Medicine" workshop offered several sessions including:

- understanding the main parts of a medication label
- types of containers and labels for solid and liquid medications
- dosage instruction
- strategies to remember to take the medicine
- reading and interpreting special instructions on a label
- basic storage techniques

Our contract with TaZee's Restaurant for Viola Meal Site was discontinued in 2015 and the UW-Richland Food Service now prepares meals for Richland Center, Rockbridge and Viola Meal Sites. The Nutrition Program Coordinator works with the Food Service Manager to incorporate input from participants and ensure high quality delicious meals while meeting Senior Nutrition Program requirements.

The Senior Nutrition Program received \$750.00 from a Richland Center Culvers Share Night. We also received funds from Meals on Wheels America for participation in the 13th annual "March for Meals" Month. "March for Meals" is a national campaign held annually during the month of March, initiated and sponsored by the Meals On Wheels America to raise awareness of the struggles faced by our aging neighbors and to encourage action on the part of local communities. We had several influential community members who helped

throughout the month of March, making our “March for Meals” a successful campaign.

Health and Human Services hired a new Meal Site Manager at the Viola Meal Site in April of 2015, as the previous Meal Site Manager had completed her college education and accepted another position.

The Volunteer Appreciation Breakfast was held May 21, 2015 at the Phoenix Center. Volunteers are what make our program work, and the breakfast is a small way of thanking them for their time and dedication. Door prizes were donated from local businesses and Meals on Wheels America T-Shirts created and given to the volunteers as a token of appreciation.

The Senior Farmer’s Market Nutrition Program (SFMNP) vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. In 2015, we had 104 sets of vouchers each valued at \$25.00 – making \$2,600 worth of fresh fruits and vegetables available to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by supporting the farmers markets.

The required local training for Senior Nutrition Program Meal Site Workers and Volunteers was held on September 29, 2015 at Richland County Health and Human Services Building. Training was facilitated by the Nutrition Program Coordinator and covered the following topics:

- Food Safety and Sanitation/Prevention of Food-borne Illness
- Immunizations/Flu & Pneumonia Season
- Accident Prevention and Safety in the Workplace
- First Aid and Blood-borne Pathogens/Communicable Disease
- Fire Safety and Live Demo of how to use a fire extinguisher
- Emergency Preparedness

On September 30, 2015 the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) completed the required audit of the Senior Nutrition Program. The audit evaluates compliance with program requirements. The audit of our program revealed that we did not provide written instructions on how to reheat meals that Meals on Wheels participants did not eat at the time of delivery, we did not have a “wait list” policy (we have never used or needed one), we did not have a policy on “disciplinary procedures for participants, volunteers, and staff”, and we were not testing and recording the temperatures of our home delivered meals at least quarterly. As a result of this audit, written reheating instructions were developed and are now sent to each new Meals on Wheels participant, wait list and disciplinary policies were developed, and policy and procedure on test trays was developed and instituted. The corrective actions were complete by December 31, as required.

The required Regional Site Manager Training was held October 13, 2015 in Viroqua. This was an all day training facilitated by the counties within the parameters of our region. The theme was Celebrating 50 Years of the Older Americans Act. Topics included:

- History of the Older Americans Act
- Think like a Chef, Interactions in Flavor, Color, Aroma and Texture
- Dementia Friendly Dining Centers
- How to be an A+ Site Manager, Top 10 List
- “On the Lighter Side of Nutrition” – Laughing Yoga

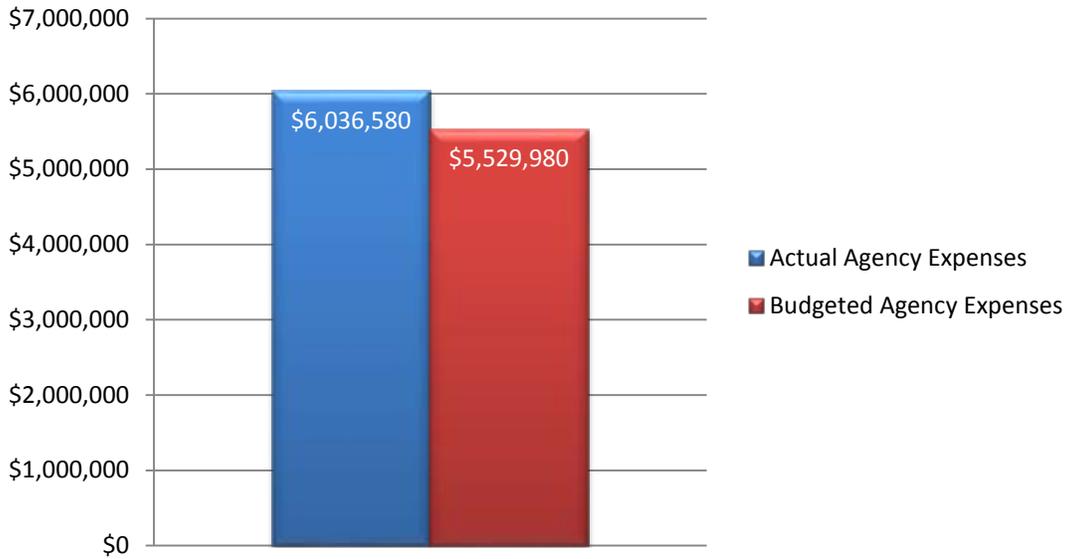
We continued our partnership with the Farm to School Program by incorporating “Harvest of the Month” into the meal site menus. As a result of that partnership, three of the four meal sites were able to enjoy locally grown foods. “Harvest of the Month” allows us to promote local produce and provide related nutrition education.

FISCAL

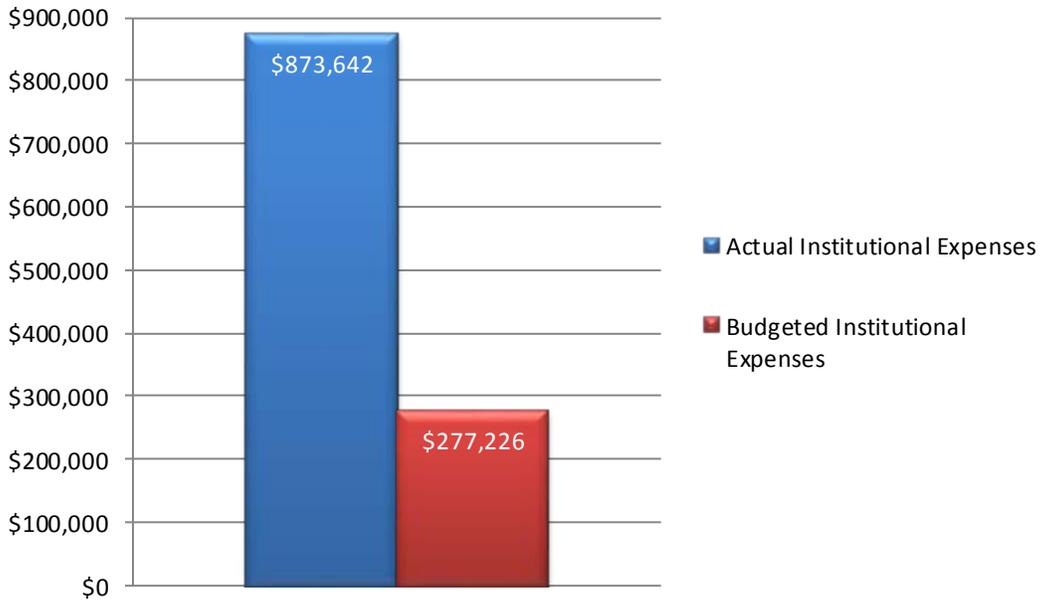
(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

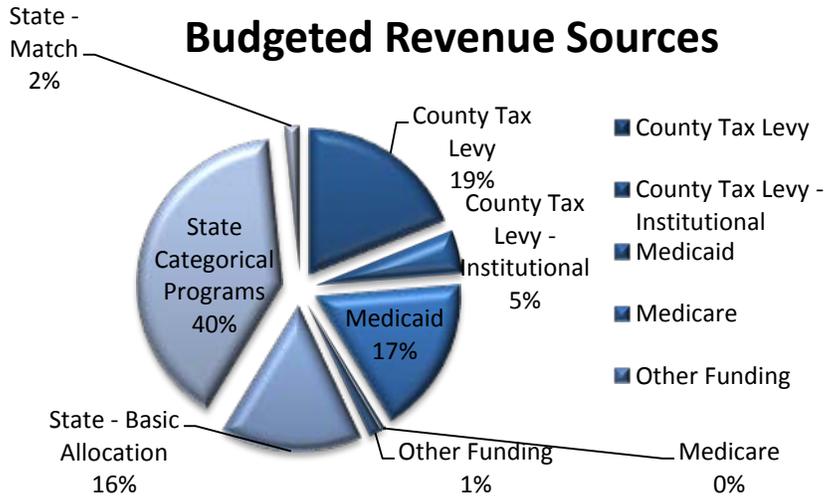
Agency Expenses



Institutional Expenses

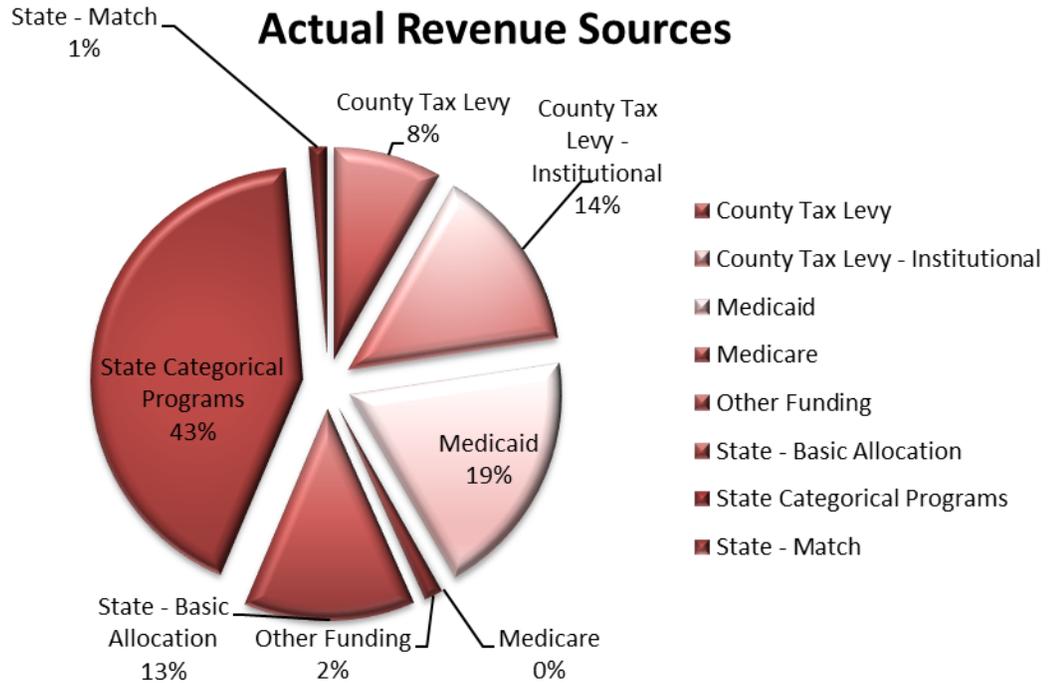


RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$ 1,100,199
County Tax Levy - Institutional	\$ 277,226
Medicaid	\$ 1,017,906
Medicare	\$ 20,000
Other Funding	\$ 79,590
State - Basic Allocation	\$ 913,732
State Categorical Programs	\$ 2,307,800
State - Match	\$ 90,753
Total	\$ 5,807,206

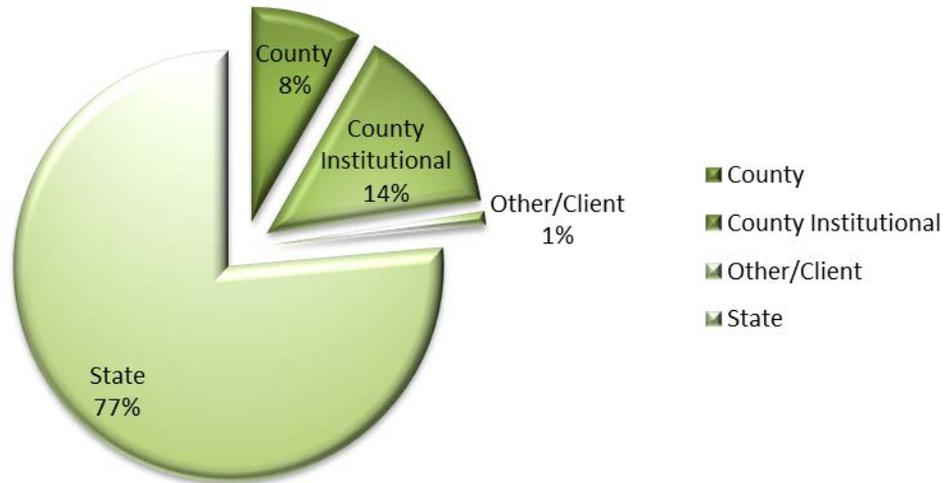
RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$	503,783
County Tax Levy - Institutional	\$	873,642
Medicaid	\$	1,163,012
Medicare	\$	16,282
Other Funding	\$	85,318
State - Basic Allocation	\$	792,239
State Categorical Programs	\$	2,580,647
State - Match	\$	79,224
Total	\$	6,094,147

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

Total Actual Revenue Sources



County	\$ 503,783
County - Institutional	\$ 873,642
Other/Client	\$ 60,941
State	\$ 4,655,781
Total	\$ 6,094,147

APPENDIX

Richland County Health and Human Services

2015 Health & Human Services Contracts (Over \$10,000)*

ADRC of Eagle Country – Crawford	\$244,779	Lucky Star 3 Corporation	\$100,896
ADRC of Eagle Country – Juneau	\$306,857	Lutheran Social Services of WI	\$71,987
ADRC of Eagle Country – Sauk	\$878,538	Matthew A. Felgus, M.D.	\$53,785
Breining Law Office	\$50,132	Northwest Counseling & Guidance Clinic	\$49,996
Chileda Institute	\$303,945	Northwest Passage	\$80,431
Deer Valley AFH	\$38,625	Oconomowoc Developmental Training Ctr	\$32,583
E. Rackley Ivey, M.D.	\$176,906	REM Wisconsin III, Inc.	\$51,108
Family Works Programs, Inc.	\$84,458	Richland Hospital	\$85,265
Fillyaw AFH	\$50,884	Scott Consulting Partners, LLC	\$17,343
Fitness Choices	\$15,348	SW WI Workforce Development Board	\$448,903
Forward Home for Boys	\$87,660	Streamline Healthcare Solutions, LLC	\$31,726
Gundersen Lutheran Clinic, LTD	\$11,589	Therapy Without Walls, LLC	\$39,578
Hoffman AFH	\$13,386	TLC Senior Home Care	\$28,834
Jean Warrior, Ph.D.	\$17,391	Trempealeau County Health Care	\$103,018
Kanton AFH	\$14,935	Upland Point Corporation	\$19,880
LaCrosse County Human Services	\$22,910	VARC, Inc.	\$26,773
Lakeview Rehabilitation Center	\$45,792	Wisconsin Early Autism Project	\$41,769
Lori Knapp Crawford, Inc.	\$65,935		

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

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

Administrative Services Unit
Aging & Disability Resource Center of Eagle Country
Children's Services Unit

Clinical Services Unit
Economic Support Unit
Public Health Unit

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

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

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