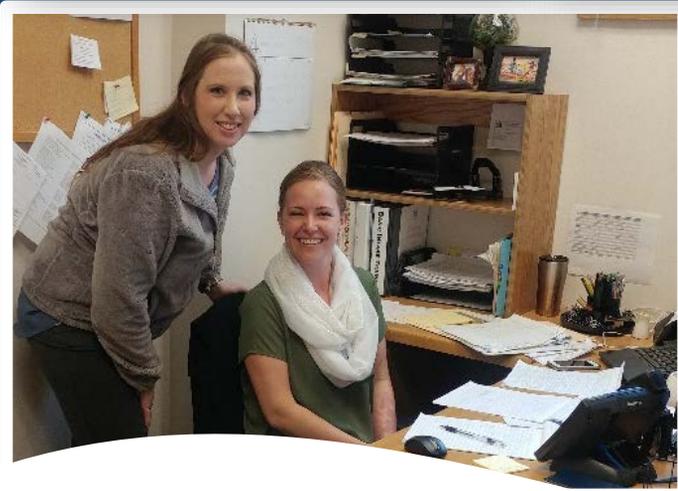


Richland County Health and Human Services



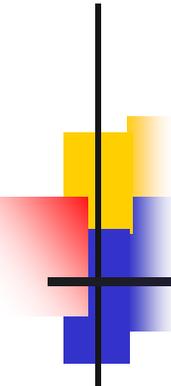
2016 Annual Report

Richland County Health & Human Services

2016 Annual Report



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Richland County Health and Human Services

MISSION STATEMENT

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

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

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

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Robert Bellman, Chair

Diane M. Brown (until June 2016)	Dr. Louis Williams
Lynne Eichinger (as of July 2016)	Donald Seep
Virginia Wiedenfeld (until April 2016)	Marty Brewer
Dr. Bryan Myers, Chair (as of May 2016)	Larry Jewell
Debra Kyser	Linda Gentes

Aging and Disability Resource Center of Eagle Country Governing Board

Board Members

Vern Demers, Chair

Bette Smart, Vice Chair	Marie Rakow
Lane Delaney	Donald Seep
Tut Gramling (until May 2016)	Becky Hovde (as of June 2016)
John Wenum (until May 2016)	Ken Schneider (as of June 2016)
June Leirmo (until May 2016)	Elling Jones (as of May 2016)
Donna McGinley	Don Stirling (as of August 2016)
Andrea Lombard (as of June 2016)	Paul Bishop (until May 2016)
Belinda Granger (as of May 2016)	Diane Brown (until April 2016)

Commission on Aging & Disability

Commission Members

David Scribbins, Chair

Virginia Wiedenfeld	Cindy Riley
Belinda Granger	Larry Jewell
Steven Boomfield (until Sept 2016)	Marie Rakow (until April 2016)
James Lewis (until April 2016)	Paul Kinney (as of May 2016)
Bonnie Richardson (until April 2016)	Sharyn Knudson
Marilyn Marshall (as of May 2016)	Richard Rasmussen
Carolyn Denman (as of October 2016)	Gary Peters (until April 2016)
Sandra Kramer (as of August 2016)	Beth Busch (until July 2016)

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

Committee Members

Mary Chris Walling
Ashley Houman
Myranda Culver

Faye Burghagen
Ricki Bishop (until Dec 2016)
Don Seep

**Coordinated Services Team (CST)
Coordinating Committee**

Committee Members

Amy Richardson
Jeff Van Den Berg
Linda Gentes
Shelley Anders

Barbara Fullmer
Myranda Culver
Amanda Coorough
Stephanie Ronnfeldt

Tawny Hardyman
Amanda Miller
Faith Peckham

Nutrition Advisory Council

Committee Members

Eva Jo Putz, Chair

Harriett Hendricks (resigned Nov 2016)
Don P. Roseberry (as of April 2016)
Marlene Curtis

Rita Smith
Chris Storer

Mississippi Valley Health Services Commission

Linda Gentes

Dr. Byan Myers (alternate)

Transportation Coordinating Committee

Committee Members

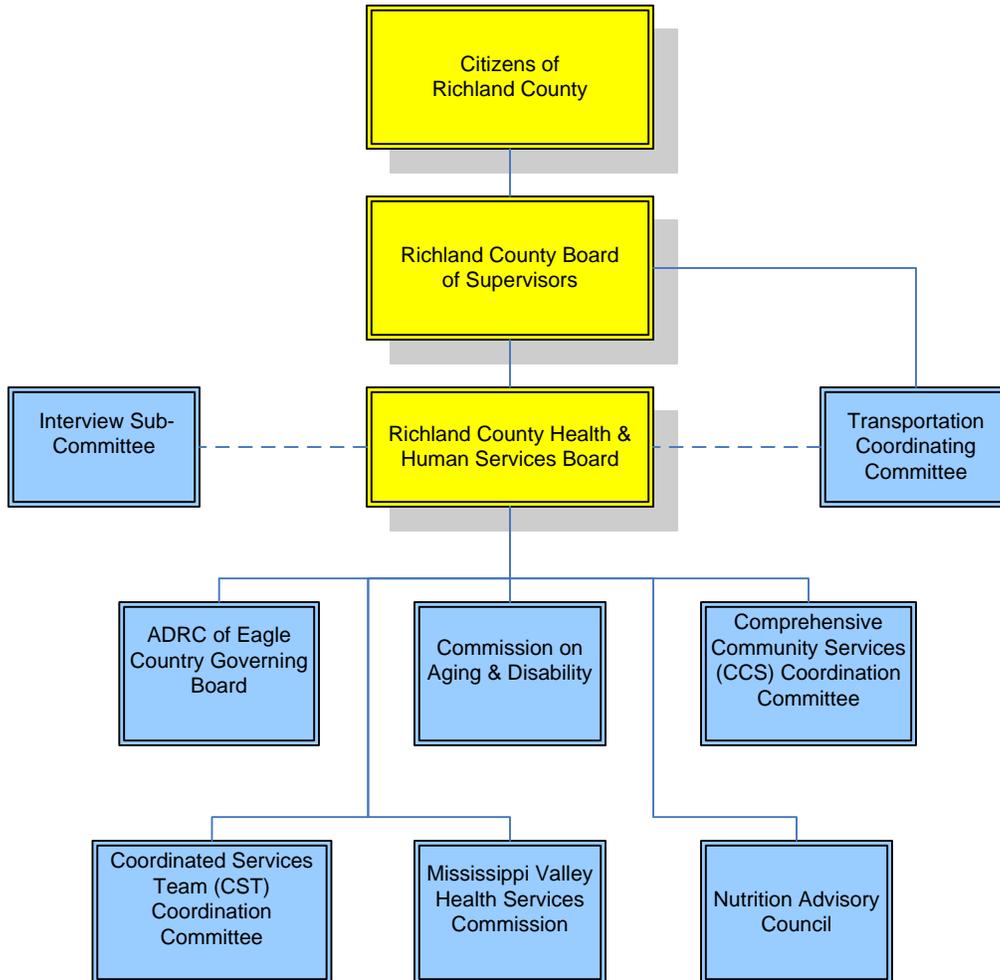
David Scribbins, Chair

Angela Metz
Carol Clausius
Don Adelman
Virginia Wiedenfeld (until April 2016)
Robert Shiere (as of August 2016)
Ursula Straight (until April 2016)

Angela Young
Linda Gentes
Paul Kinney
Richard McKee (as of May 2016)
Stephanie Ronnfeldt
Eric Rynes (as of May 2016)

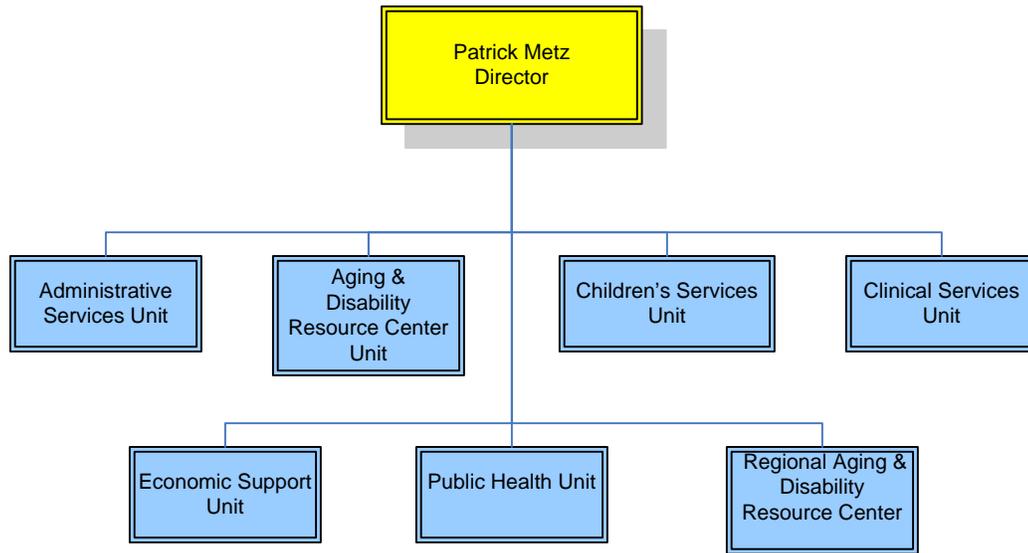
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

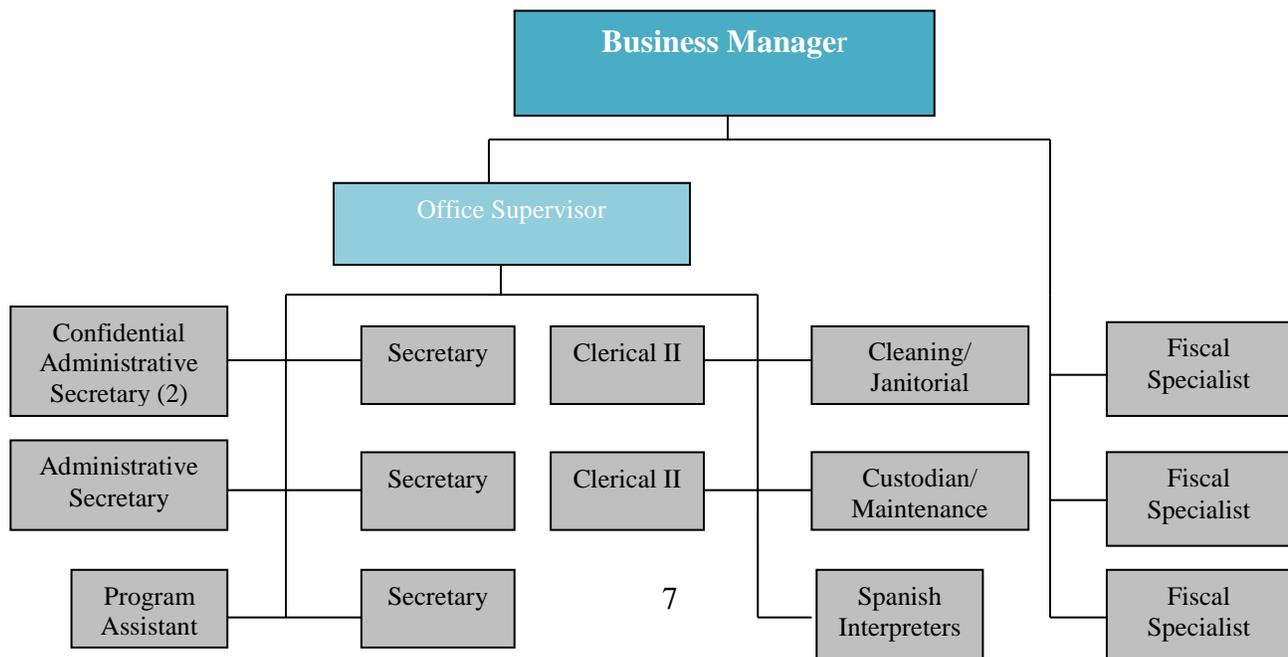
Mission Statement

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 2016, the Administrative Services Unit performed these responsibilities under the following organizational structure:



The Administrative Services Unit went through another period of great transition in 2016. Here are just a few of the many highlights:

- *The implementation of a new Practice Management software, and Electronic Health Record system.* Not only was the Practice Management migration a huge cost savings for the agency, it gave the unit increased flexibility in how it billed and received payments. Prior to 2016, the average turnaround time for a claim from billing to payment was around three months. With the new software, the average turnaround time is just a few weeks – with many claims receiving payment in as little as two weeks.
- *Many new faces.* The unit greeted a few new additions in 2016, as a result of retirements in 2015. The new staff members bring fresh ideas, and a strong desire to learn. Even with their short tenure, the unit has not compromised any quality or efficiency.
- *Reduction of staff.* As staff has turned over, in certain cases the Administrative Services Unit has chosen not to refill the positions. This is in an effort to save the agency funding, and force some greater efficiencies to be made. Increased hours, changing schedules, and finding new ways to do tasks are constantly being asked of the unit. The unit has stepped up the challenge, and continues to offer great support and service to the entire agency.

AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

Mission Statement

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

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

OVERVIEW

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

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

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

Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services and transportation assistance services. In 2016, the Richland Center Office of the ADRC of Eagle Country processed over 17,200 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 2016, the Information and Assistance staff (I&A) received 5,515 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.

2016 Information & Assistance Customers

Of the self-identified:

50% were elderly (60 years and older);

26% were customers with physical disabilities;

8% were customers with developmental disabilities; and

16% 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 2016, I&A staff responded to over 5,500 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

Consistent with previous years, about 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 2016, staff completed 76 Functional Screens and enrolled 54 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 2016, the Disability Benefit Specialist program assisted 136 Richland County residents in receiving over **\$599,907** 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 \$12,539,686. 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, 9 Medicare workshops were offered. A total of 99 people attended to learn how to navigate all the Medicare Programs, and an additional 282 seniors received other assistance.

In 2016, the Elder Benefit Specialist Program provided a savings to 220 Richland County residents totaling **\$1,067,345** 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 1 Stepping On program. Stepping On is an evidence based program that significantly reduces falls for seniors. A total of 14 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 2015-2016 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 2016, 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 2016 Alzheimer’s Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program has been growing slowly but steadily throughout 2016 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 2016, the Richland County Public Transportation and Lift Vehicle Transportation programs had four temporary casual drivers providing a total of 207 trips for 604 passengers traveling 19,656 miles.



The Driver Escort Program

In 2016, the Driver Escort Program had 23 volunteer drivers providing a total of 4,311 one-way trips for 2,155 passengers traveling 222,789 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, Community Link, Care WI 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 2016 totaled \$10,046 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 2016, the funds supported numerous local 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. The region has shown outcomes in areas of consistent, standardized, quality, and cost-effective service deliveries

ADRCs 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.

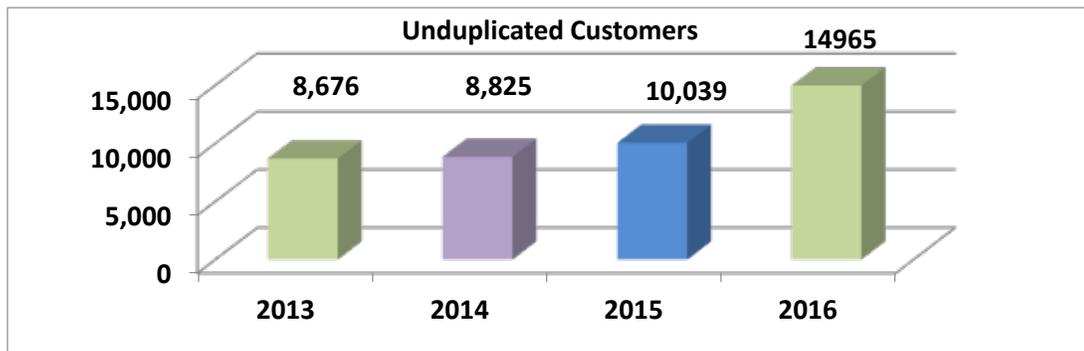
Every county in Wisconsin has a locally based ADRC office. Some ADRCs are organized in a regional model like the ADRC of Eagle Country and some are single county ADRCs.

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.

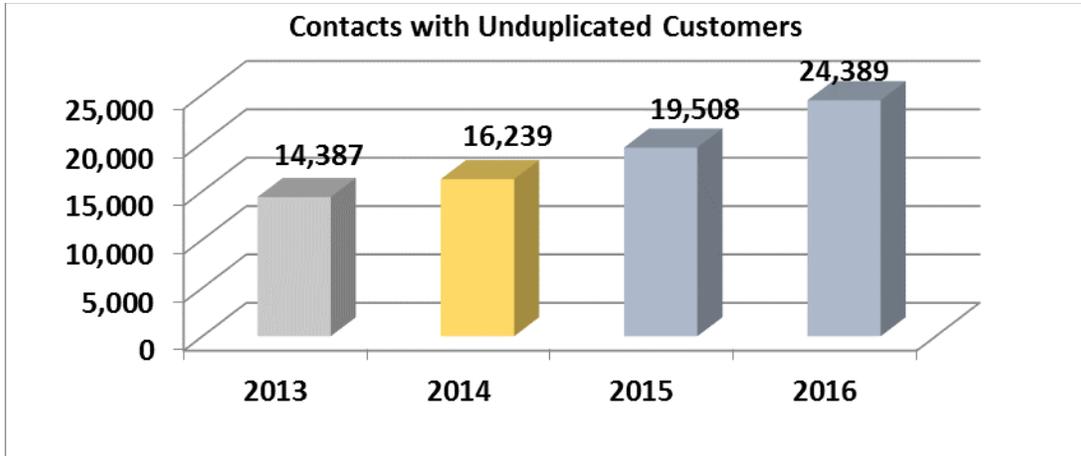
INFORMATION & ASSISTANCE SPECIALISTS

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!*

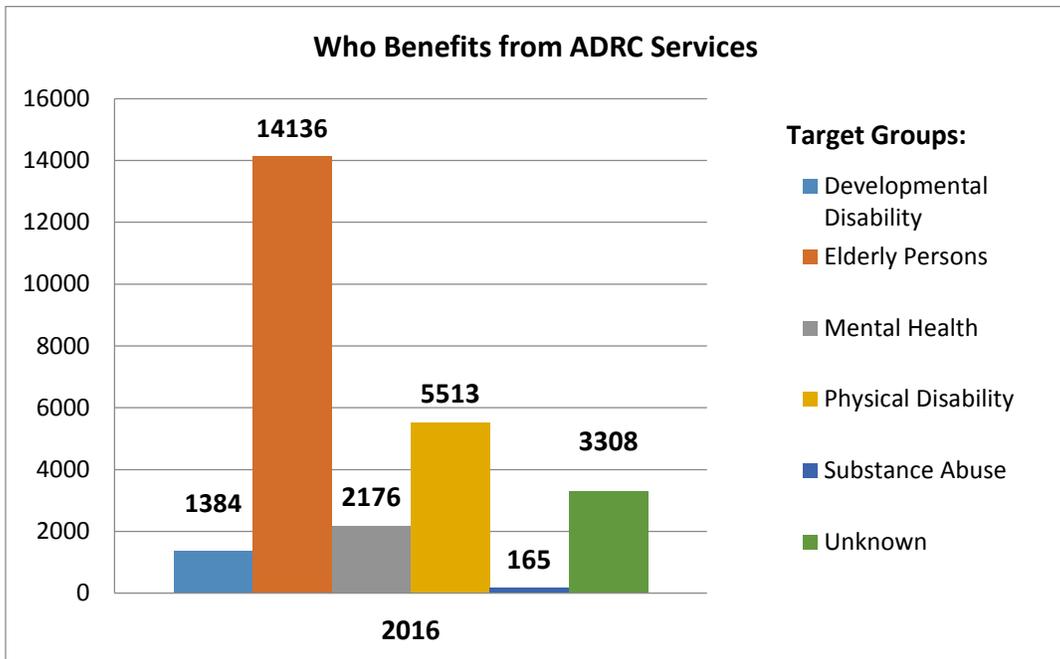


The number of unduplicated customers (above) is the actual number of customers who have been in contact with the Information and Assistance Specialists.

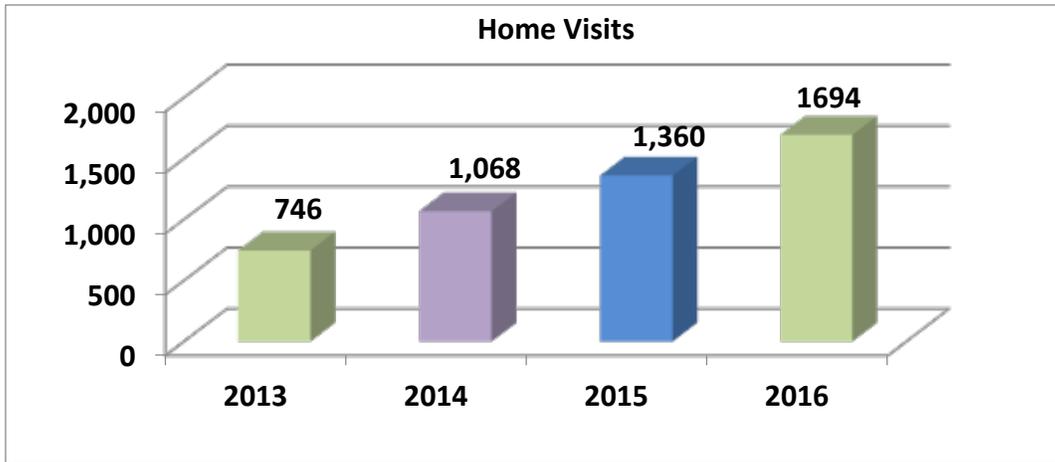
The number of contacts (below) is the number of times Information and Assistance Specialists have had conversations with customers.



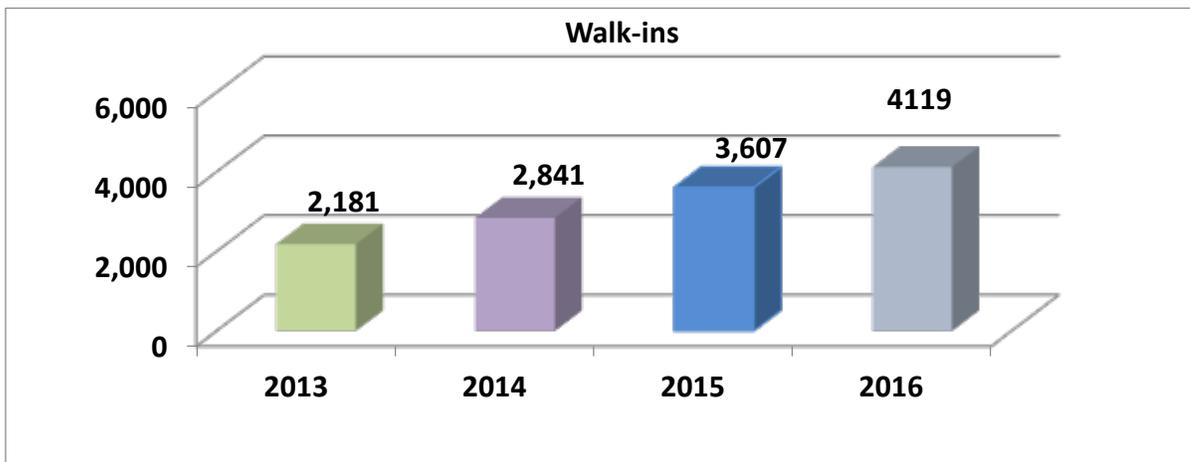
Information and Assistance Specialists provided support/assistance to customers in the following target groups with some customers falling into more than one target group.



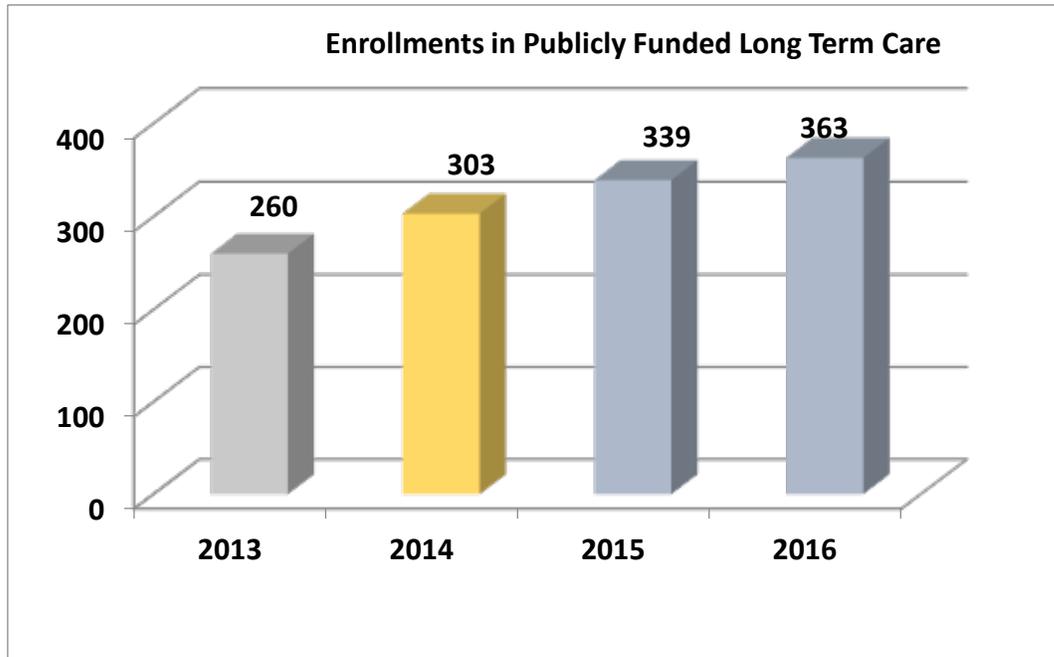
Home Visits have been shown to significantly increase customer satisfaction, and are a more accurate and personal method to assess customer needs.



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.

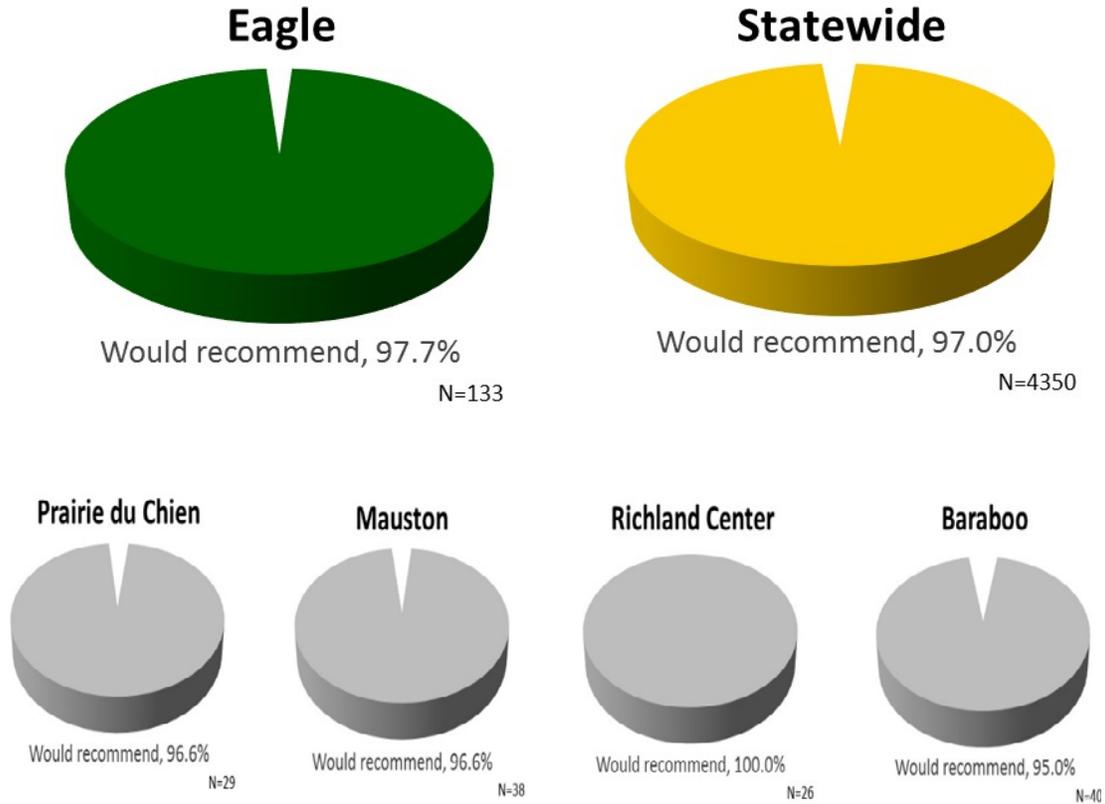


Of the 14,965 unduplicated customers in 2016 only 363 or 2.4% enrolled into publicly funded long term care programs. This percentage was consistent from 2013 through 2016 as well.

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.



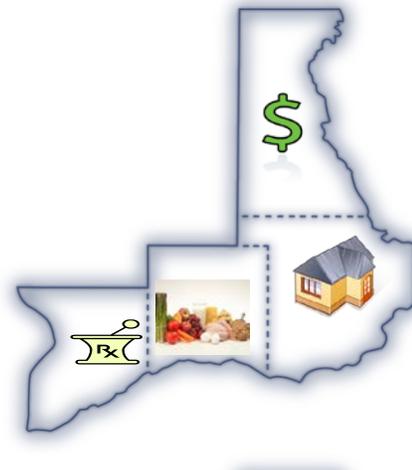
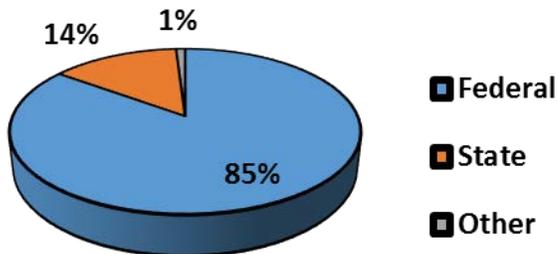
“They did everything right for me and got me the help I needed in a timely manner. They came up with solutions that I had no idea about.”

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 1,516 people in 2016. 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 provides 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 2,180 people in 2016. 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.

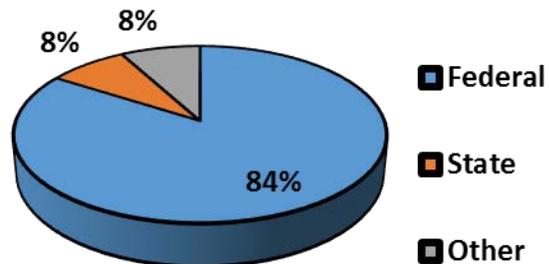
**Disability Benefit Specialist Monetary Impact
2016
\$6,731,392**



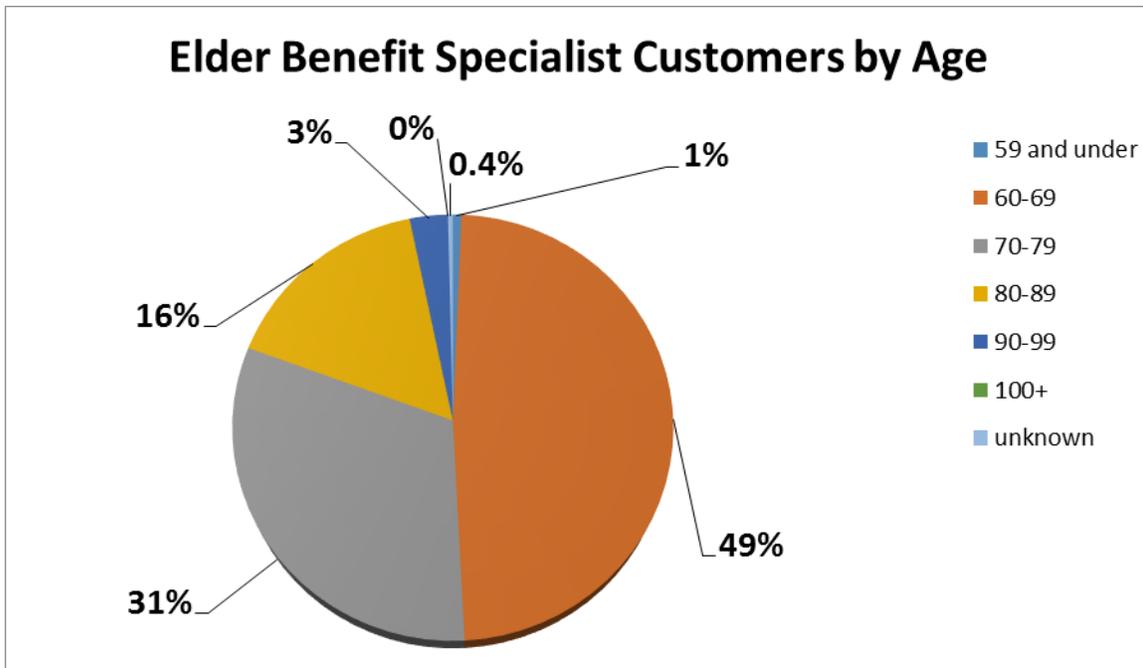
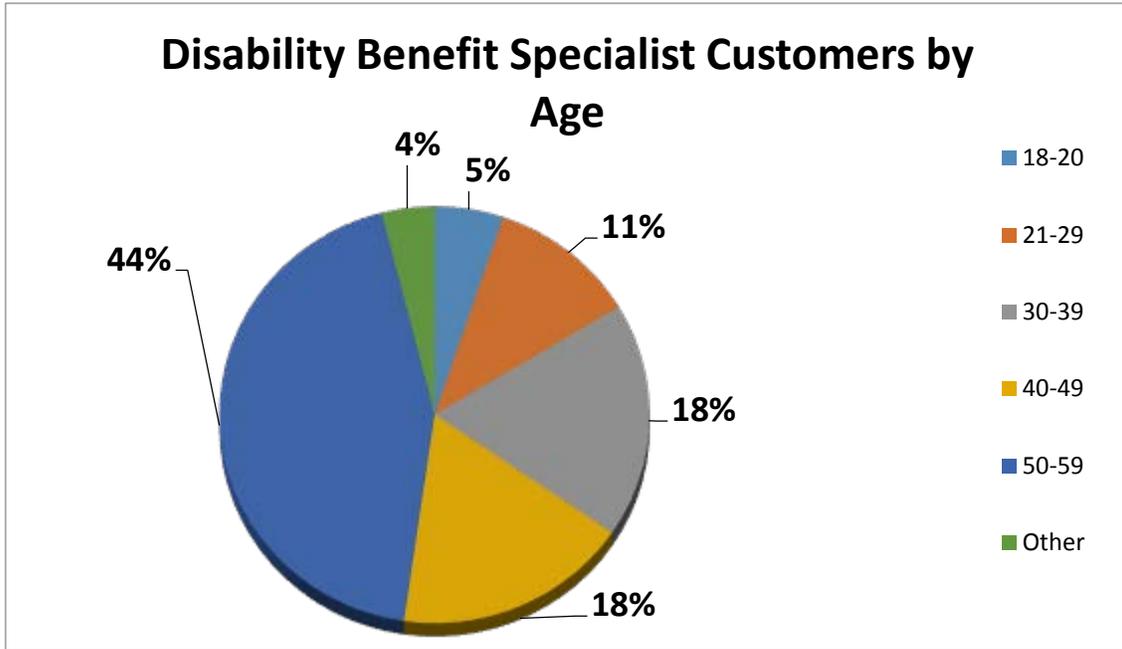
Monetary Impact

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
2016
\$12,767,190**



DISABILITY & ELDER BENEFIT SPECIALISTS



Local ADRC Offices in Our Communities Individual Office Manager/Director's reports:

Charlene Norberg, ADRC Director of the Mauston Office, reported:

- Restarting a caregiver coalition with several community partners
- In partnership with Public Health for Strong Women, Strong Bones programs
- Organized with five community partners a day of education and respite for caregivers
- Participated in panel discussions with local law enforcement
- Outreach efforts at monthly 'sharing suppers' in many rural communities
- Organized a regional Pinwheel Project for elder abuse awareness.

Jeanne Christie, ADRC Director of the Prairie du Chien Office, reported:

- In partnership with local Park and Recreation Department transporting elders and persons with disabilities to "fishing fun days", "concert in the park" and Effigy Mounds State Park for 'film festivals' and other local events for several weeks in the summer and fall.
- Dementia Friendly Community Coalition trained several businesses then created a Dementia Resource Guide
- Organized a 'Senior Expo' with several community partners, focused on prevention and wellness
- Outreach to many community groups and churches

Roxanne Klubertanz-Gerber, ADRC Manager of the Richland Center Office, reported:

- In partnership with Symons Recreation Complex filled three sessions of 'Stepping On'
- Taking part in the homeless point in time count with homeless coalition and the food pantry
- Building relationships with Special Education teachers on the Youth in Transition Services
- Started a Dementia Friendly Communities Coalition, trained 13 local businesses

Susan Blodgett, ADRC Director of the Baraboo Office, reported:

- After five office hours one day a week and satellite offices in four other communities
- Sponsoring a Grandparents as Caregivers support group and caregiver evening
- Hosting "getting to know us" picnics for Older Americans Month
- Building relationships with local nursing homes

Becky Dahl, Regional Manager, reported:

- Ingrid Kovars, Regional Administrative Support, created a webcast at the request of our State Office on 'why and how to create dashboard reports for WI ADRCs'
- Statewide team to develop on line training modules for Information and Assistance Specialists
- Presented at three (3) statewide conferences educating on WI ADRCs in their communities.
- Developed a Regional Business Plan
- Continue to develop relationships with legislators throughout the region.

“Local ADRCs are making a difference in our communities and helping many people.”

Process Improvement Project: Follow-ups and Referrals

- ▶ The August 2016 Customer Satisfaction Report for the ADRC of Eagle Country from Analytical Insights provided information for new opportunities in the areas of ‘follow-ups and increasing referral utility . The Information and Assistance Specialists and Regional Office Managers have agreed it is important to understand why the satisfaction with customer referrals to resources decreased between 2010 and 2015. We noticed in the report statewide this data has decreased; however, ADRC of Eagle Country decreased lower than the statewide average.
- ▶ ***It is our hunch a major contribution of this statewide data to the health care worker shortage.***

“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 experience, serving as the face of our region. In August of 2016 all ADRC of Eagle Country receptionists met for their annual full day of training by Southwest Technical College. The training created an opportunity for staff to network, build relationships, and share best practices for a consistent positive customer experience throughout the region. Training topics included:

- Privacy, confidentiality
- Accessibility for all
- Emotional intelligence
- Group activity - atmosphere and visual appearance of our offices
- Hearing Loops
- Warm Transfers
- Customer Survey
- Sharing Resources
- Office Environments
- Personal Wellness
- Accountability and follow up with goals



Dementia Friendly Communities Initiative

What is a Dementia Friendly Community?

A dementia friendly community is one that cares about its neighbors; one that listens to the feelings of its residents with dementia; one that sees the signs; one that understands the needs; and one that acts.

It's a place where people with dementia will live as independently as possible. Where they will be valued and respected. Where they will engage in activities that we all take for granted and will be supported as these activities become more difficult. Where the changes in the person will be noticed, understood, and accepted.

A dementia friendly community is one that has looked at its shops, restaurants, markets, and streets through the eyes of a person with dementia, and then does everything it can to make it a place where they can continue to live as independently as possible. When memory changes begin, many become more isolated, which frequently hastens the cognitive decline. A community that understands dementia will be one that supports and cares for its neighbors who are struggling to deal with loss of memories, loss of the ability to do routine activities, loss of jobs, loss of independence, and loss of self.

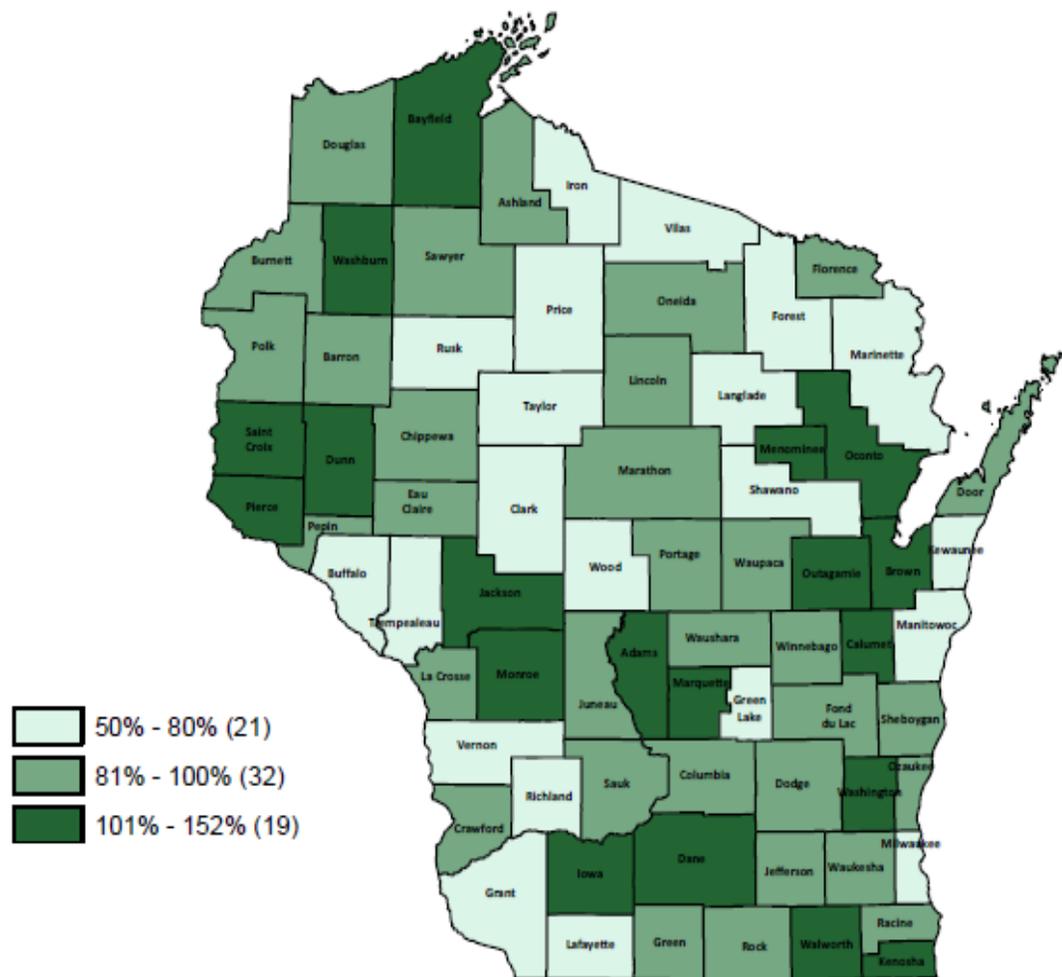
In 2016 the ADRC of Eagle Country offices began developing Dementia Friendly Communities coalitions. One of the goals of these coalitions was to train businesses to be dementia friendly, thus earning a purple angel. At the end of 2016 there have been 21 businesses trained to be dementia friendly. In addition to training businesses one coalition has also developed a dementia friendly resource guide for their county. These types of activities will continue and be expanded on in 2017.



Why Are Dementia Friendly Communities Important?

Without a cure or effective treatment, Alzheimer's disease is the only cause of death among the top 10 chronic illnesses that cannot be prevented, cured, or slowed in its progression. It is quickly becoming expensive for family caregivers and state-funded long-term care programs. In 2016 alone, Medicaid costs in Wisconsin totaled \$706 million for people over the age of 65 with Alzheimer's disease and other dementias. In addition, family caregivers provided 219 million hours of unpaid care for people with dementia valued at \$2.7 billion in Wisconsin in 2015.

Figure 1 Projected Increase in Dementia 2015-2035



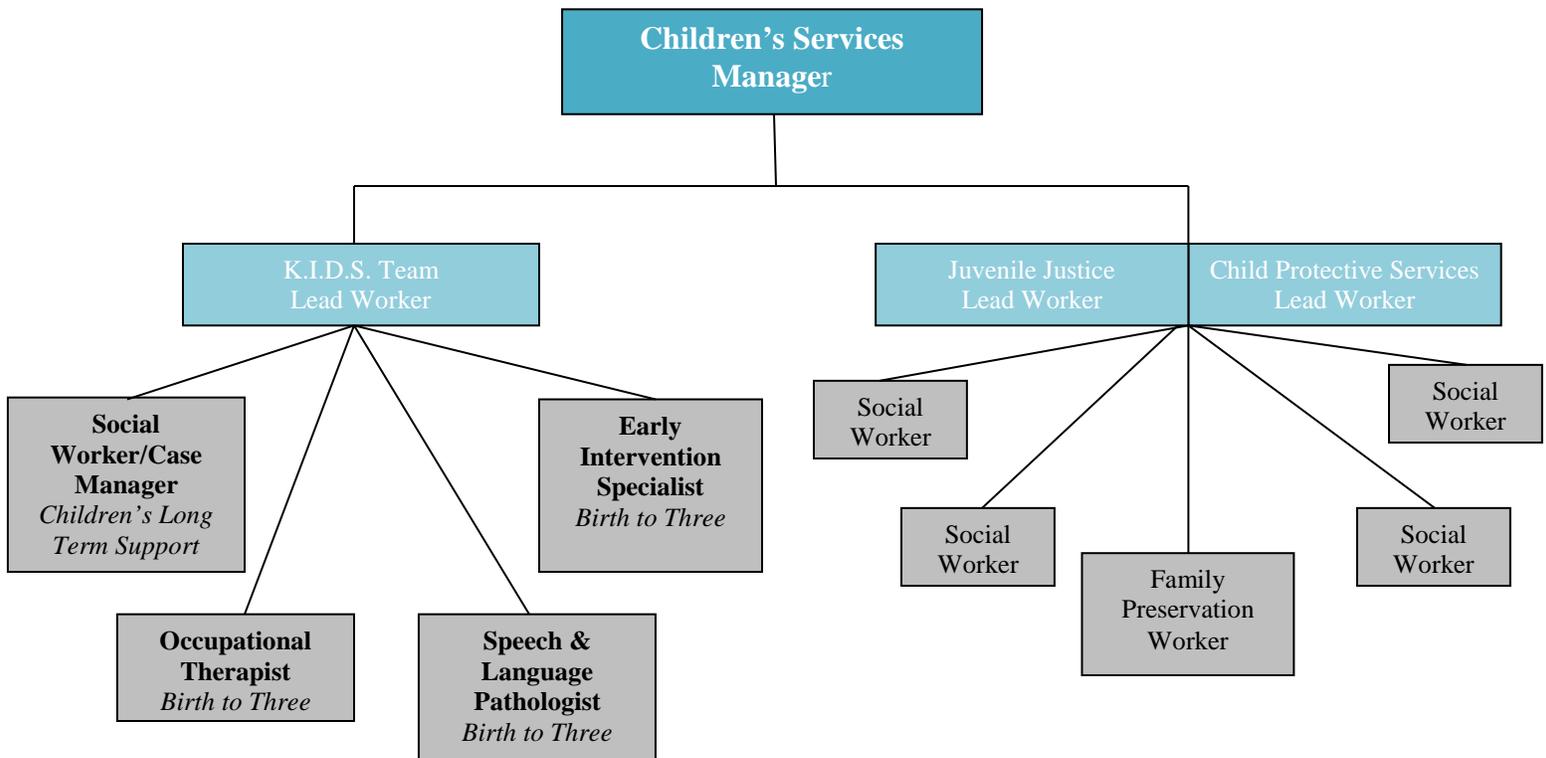
CHILDREN'S SERVICES UNIT

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)*

In 2016 the Birth to Three Program received **50** referrals and served **40** children. 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)*

In 2016, the program served a total of **33** children in both the Waiver and CCOP programs. There were also **9** new referrals made.

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>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
<i>*Total CPS Reports</i>	<i>133</i>	<i>158</i>	<i>168</i>	<i>225</i>	<i>238</i>
<i>Total Alleged Victims</i>	<i>167</i>	<i>220</i>	<i>230</i>	<i>353</i>	<i>338</i>
<i>**Total Services Reports</i>	<i>96</i>	<i>143</i>	<i>125</i>	<i>129</i>	<i>153</i>

**5.7% increase from 2015*

***18.6% increase from 2015*

In order to sustain a high level of commitment to prevention in the community, the agency increased multi-agency work groups and school outreach. Throughout the state, CPS and JJ Services have seen an increase in the intensity of abuse and neglect reporting as well as the frequency of reporting. This is due in part to more reported cases involving the abuse of drugs and alcohol.

JUVENILE JUSTICE

Juvenile Justice is the second program of the 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.

2015 JJ Reports: 25

2016 JJ Reports: 41

64% Increase

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. In 2015 juvenile justice cases reached 25 and in 2016 they increased to 41 supervised cases. This is a 64% increase in services.

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 second year of the truancy policy, 2016-2017, has continued to see positive effects on early truant behavior but

little impact on habitual truancy. There is also a concerning rise in truancy in the elementary schools.

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 2016 the county was able to license two new level 2 homes. In 2016, we added our first Level 3 treatment family home, a trend we hope to continue as it helps minimize the use of high cost private agencies. 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 relinquished activity and funding to the State and no longer provides this service locally. Our regional services are delivered out of Platteville through a private partnership contracted by the state.

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 2016, Clinical Services staff assisted **809** 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.

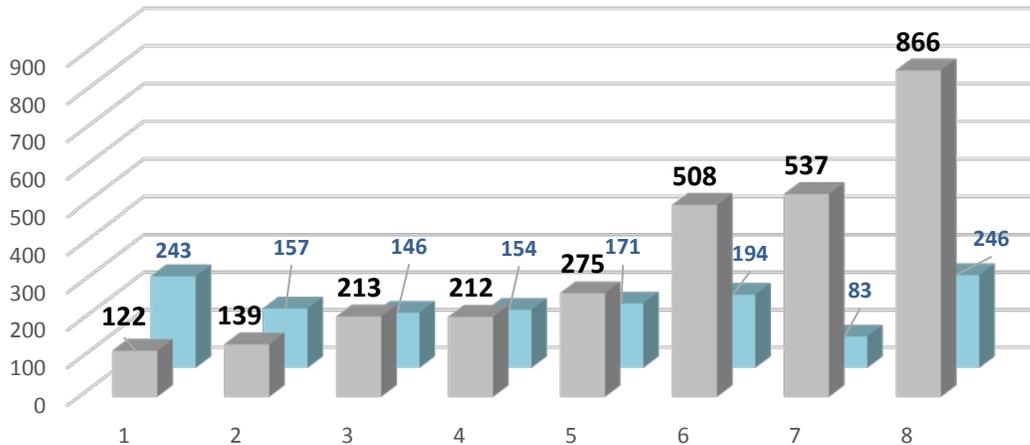
Clinical Services professional staff provided emergency telephone services, walk-in crisis services, and mobile response to crises during the regular business hours of Health and Human Services.

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

Crisis Contacts: In 2016, Health and Human Services provided Crisis services to a total of 176 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 246 afterhours crisis contacts. Clinical Services staff completed a total of 866 daytime crisis contacts, with a total of 1112 crisis contacts altogether in 2016. 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. 2016 saw a drastic increase in crisis contacts. During 2016 the crisis staff person dedicated to doing crisis linkage and follow up was added. Linkage and follow up

services are completed after an initial crisis assessment in order to provide or coordinate services to allow the crisis patients to return to more stable functioning OHS 34.23(6).

Crisis Incidents



After Hours Crisis Incidents

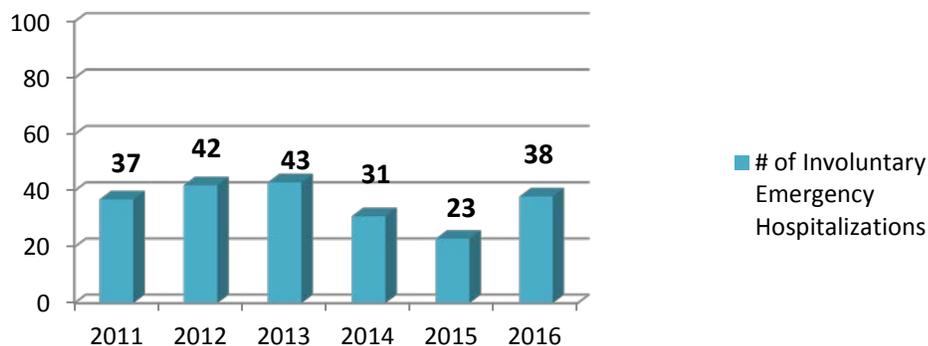
Office Hours Crisis Incidents

Emergency Hospitalizations: During 2016, a total of 38 emergency detentions occurred. 26 of these occurred during office hours and 12 occurred after office hours. 18 of the emergency hospitalizations were able to be diverted to private pay hospitals.

	2012	2013	2014	2015	2016
Afterhours Hospitalizations	20	26	11	11	12
Office hours Hospitalizations	22	17	20	12	26
TOTAL HOSPITALIZATIONS	42	43	31	23	38

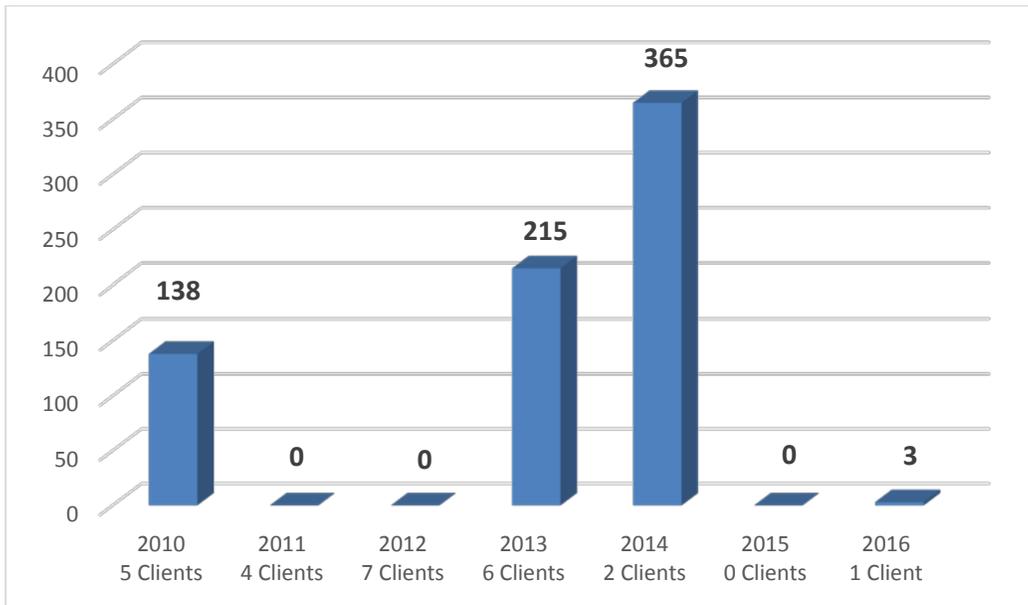
INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

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.

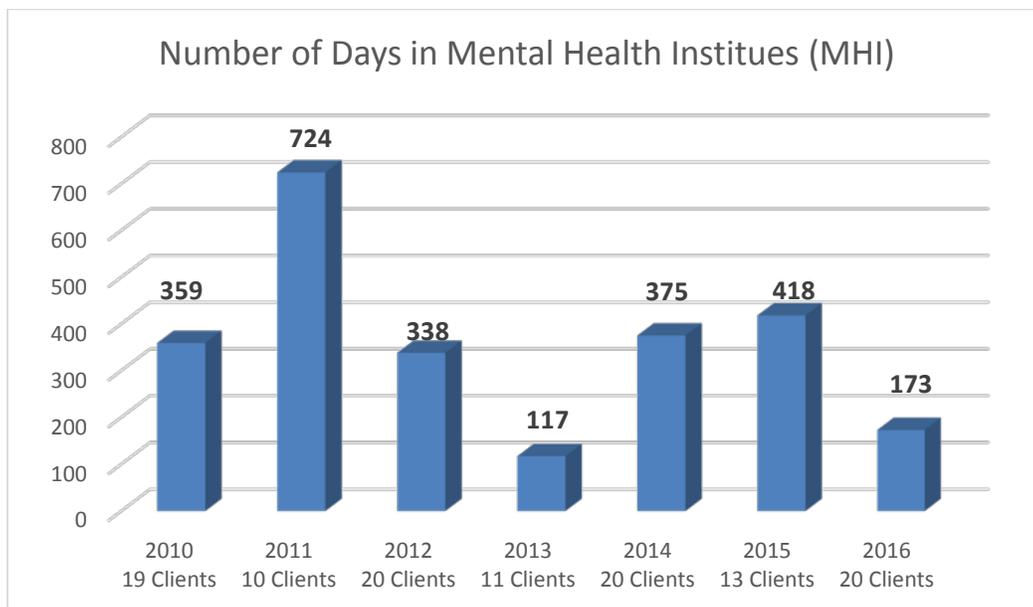


Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2016. The chart below shows the number of hospital days funded by Health and Human Services each year.

Acute Psychiatric Hospital Days Funded by the County

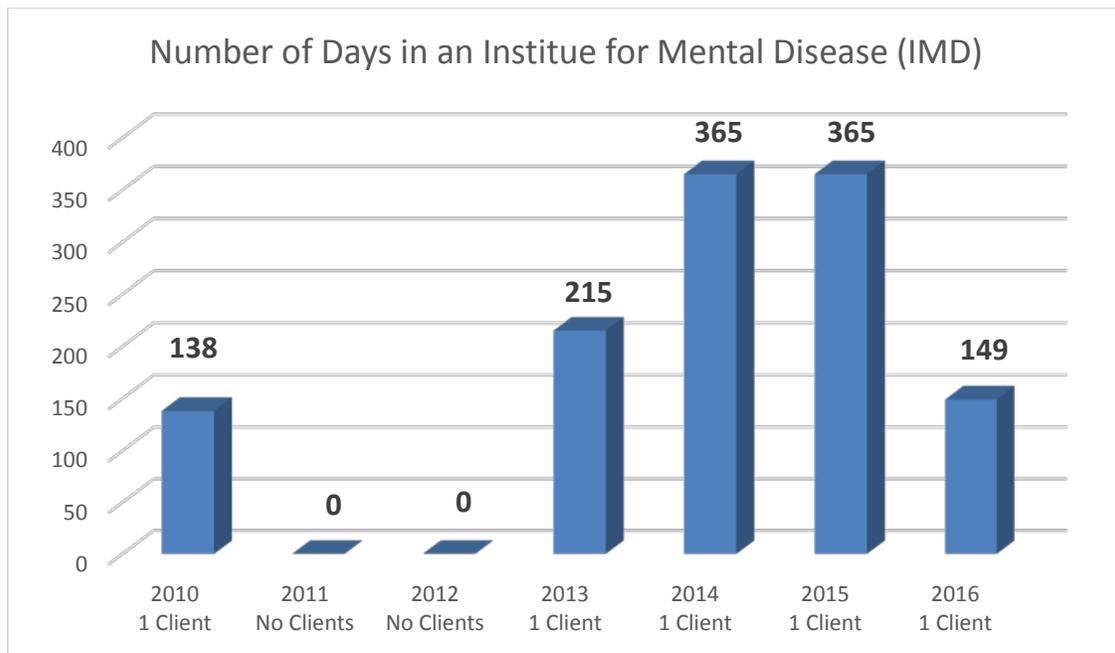


Mental Health Institutional Placements: For long-term care and treatment needs in 2016, Richland County placed individuals at the Winnebago Mental Health Institute or Mendota for geriatric patients. This facility was used as a last resort placement when an acute psychiatric unit was not available for 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. Two of the twenty individuals shown in the chart above for 2016 were under the age of 21 and accounted for 13 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 2016.



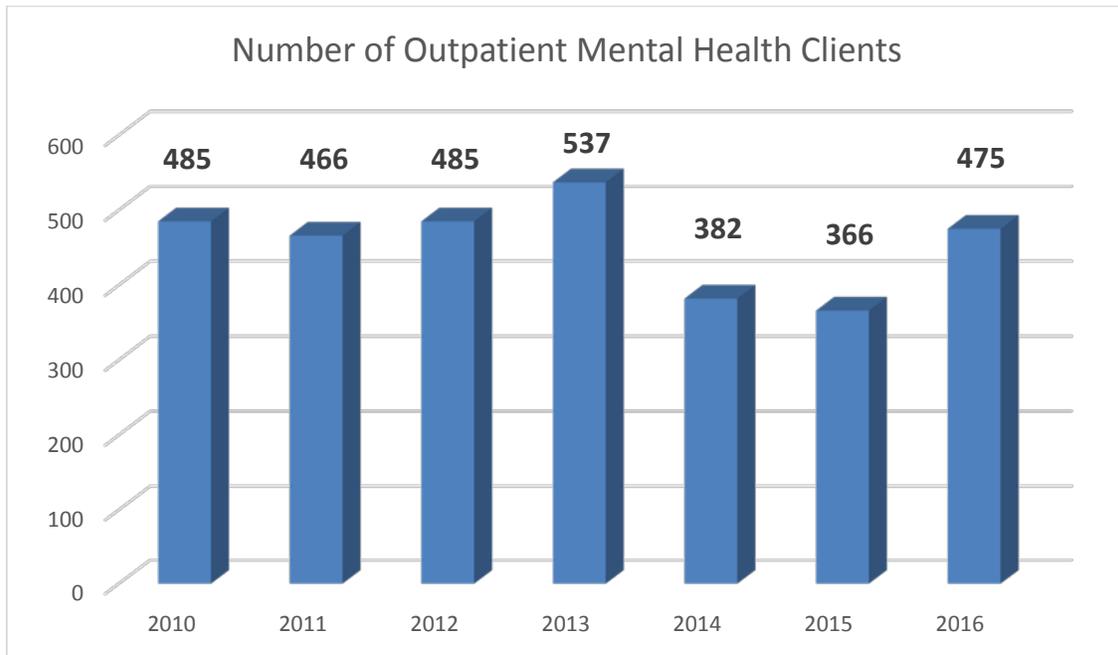
OUTPATIENT CLINIC

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.

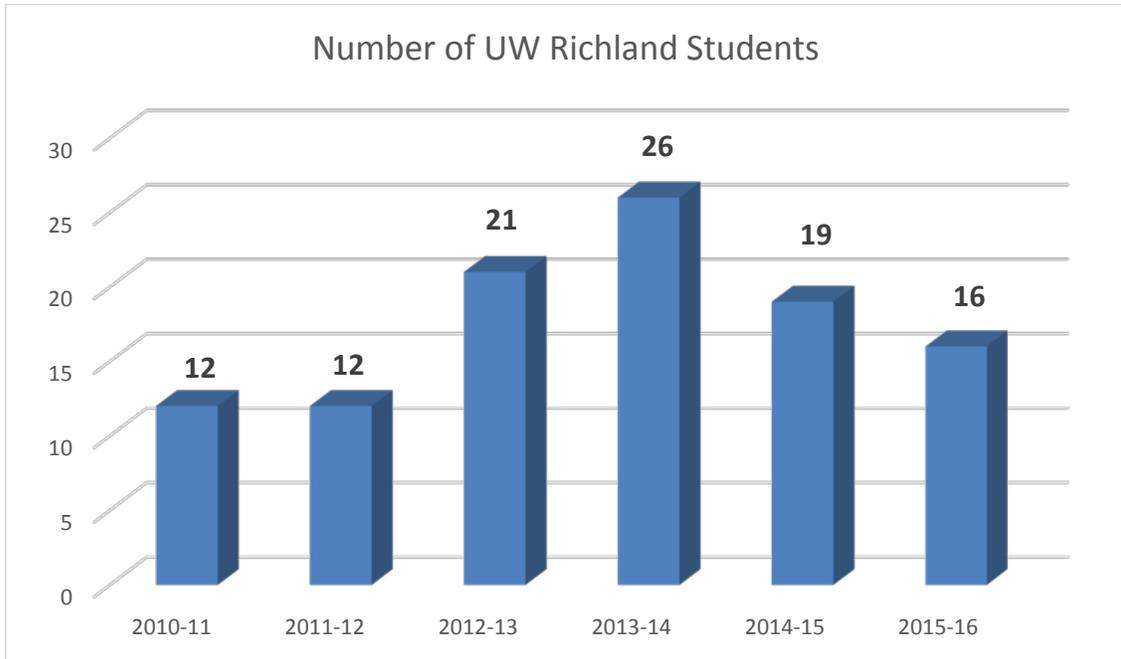
Mental Health Treatment Services: Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people

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 2016, Clinical Services provided psychotherapy to 219 individuals, psychiatric care/medication management to 256 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.

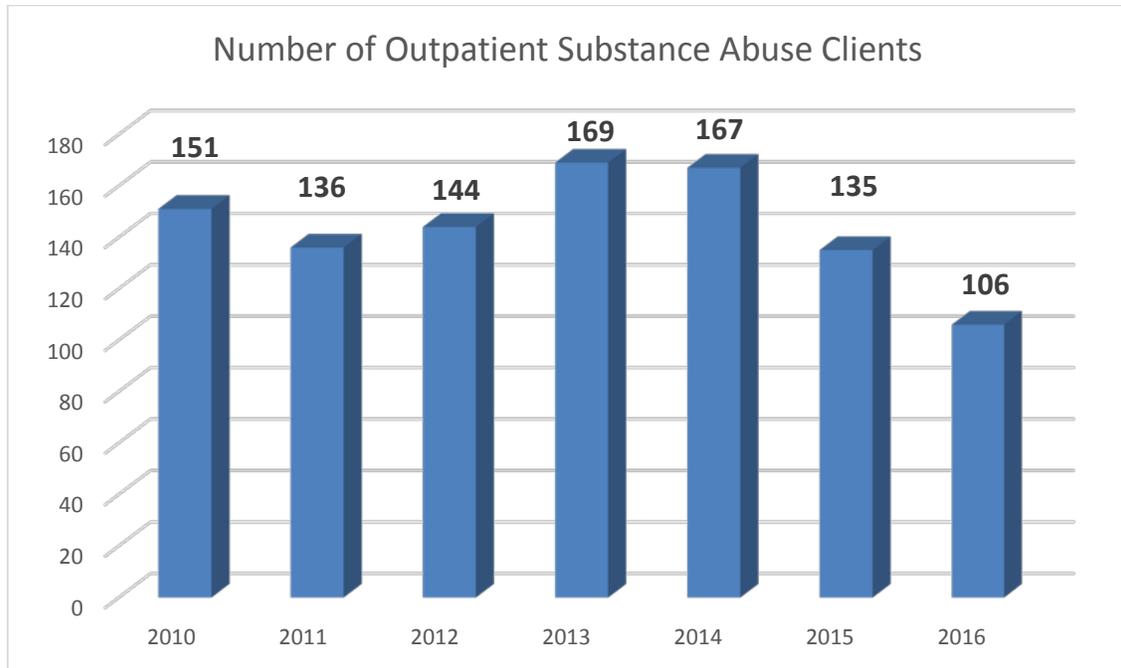


UW-Richland Campus Counseling Services: Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are 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 2016, a total of 16 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 2016, the Clinical Services substance abuse counselor provided assessment, referral, and treatment to 106 adults and teens struggling with substance use disorders. This number is lower than the previous year due to a staff medical leave and the resignation of the staff at the end 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.



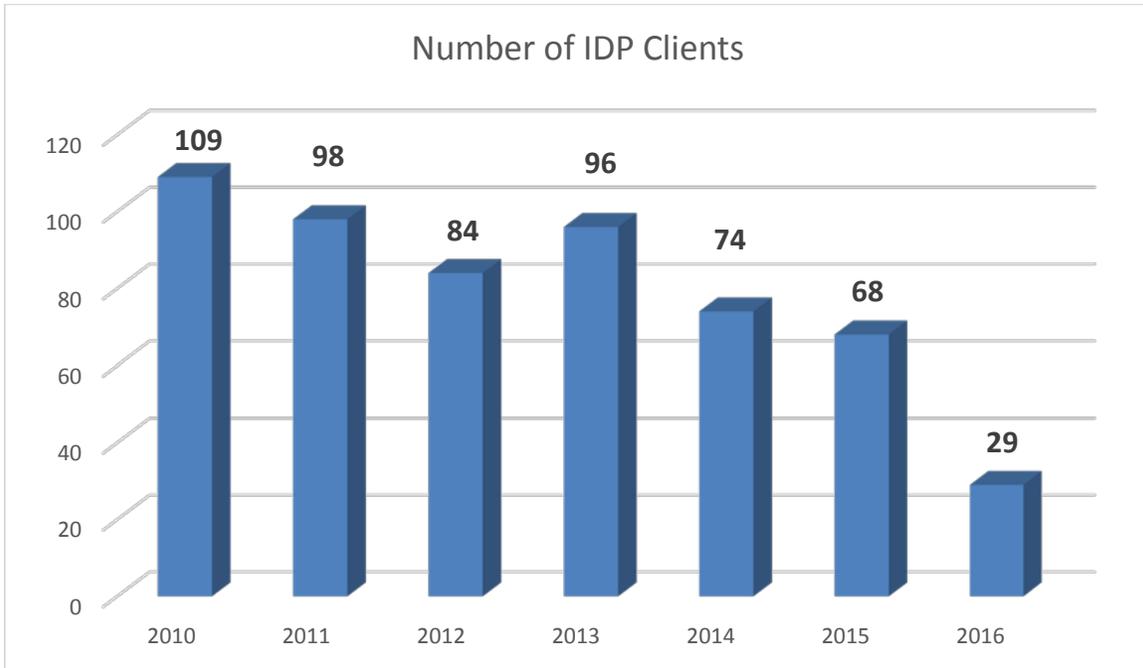
INTOXICATED DRIVERS PROGRAM

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.



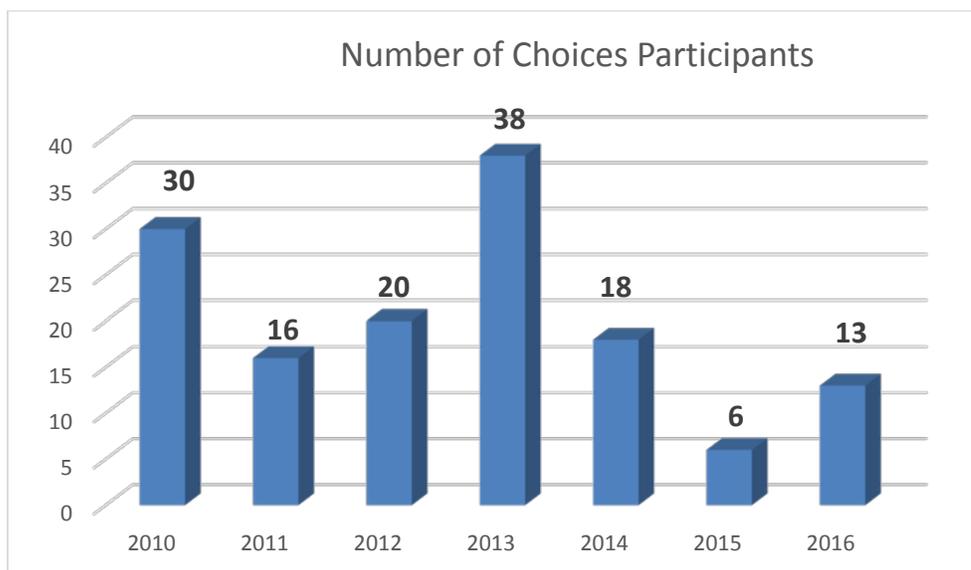
In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Approximately one quarter of those assessed in 2016 were referred to a treatment program.

The number of IDP clients is reduced for 2016, but is on track to increase in 2017.



CHOICES

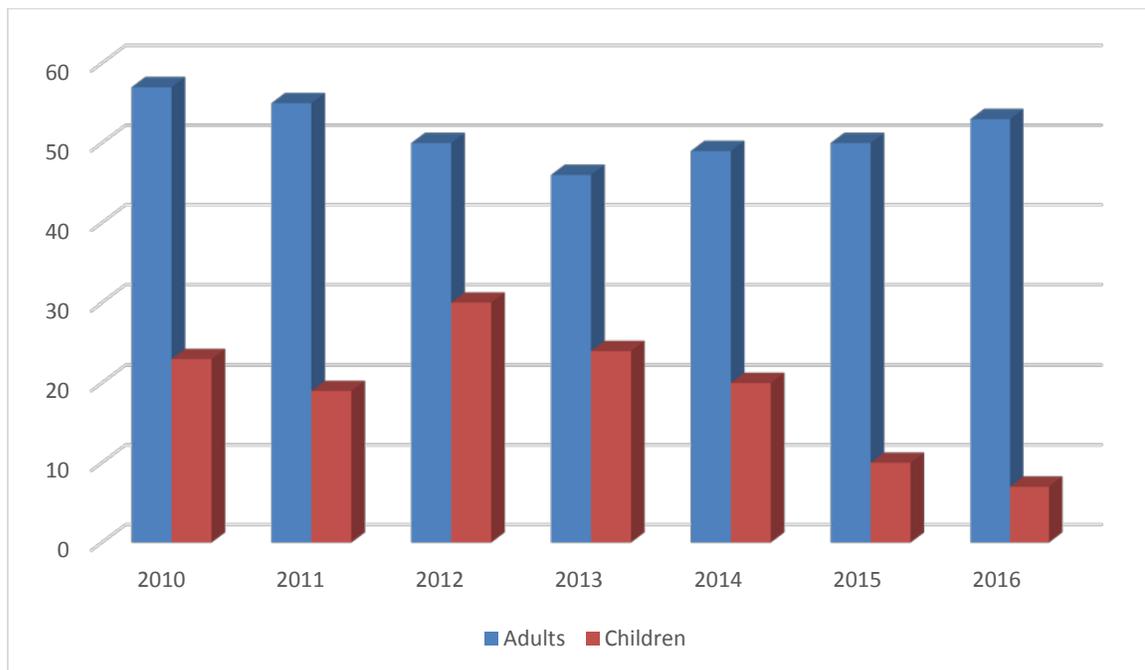
Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first 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 13 people participated in the Choices Program in 2016.



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.



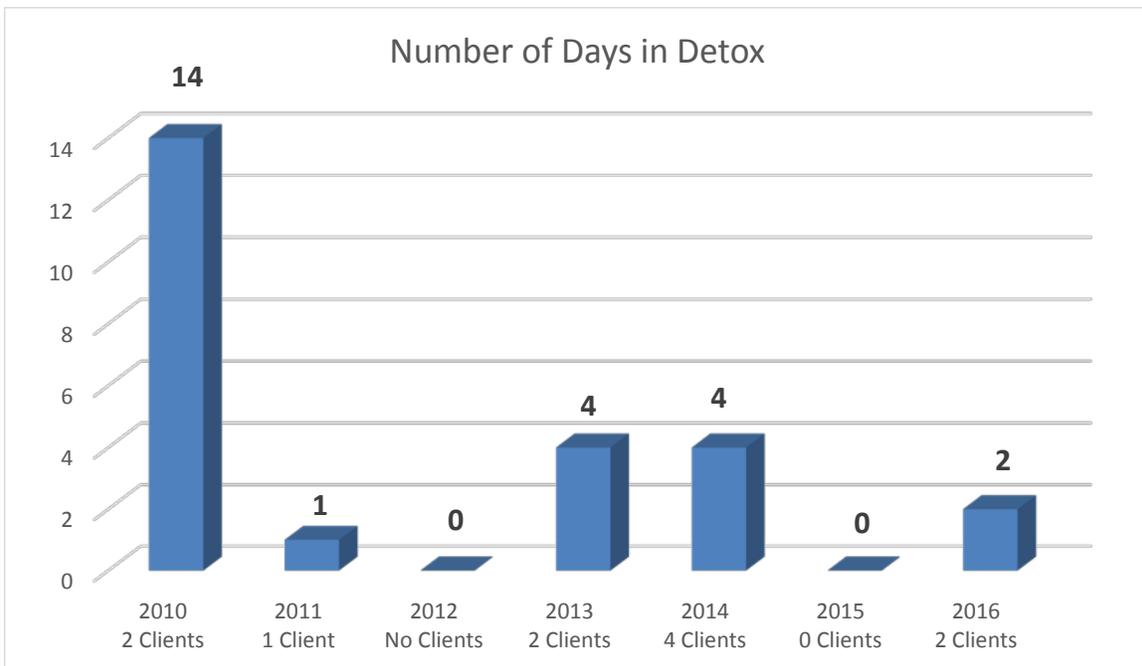
COORDINATED SERVICES TEAM INITIATIVE

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 2016, 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

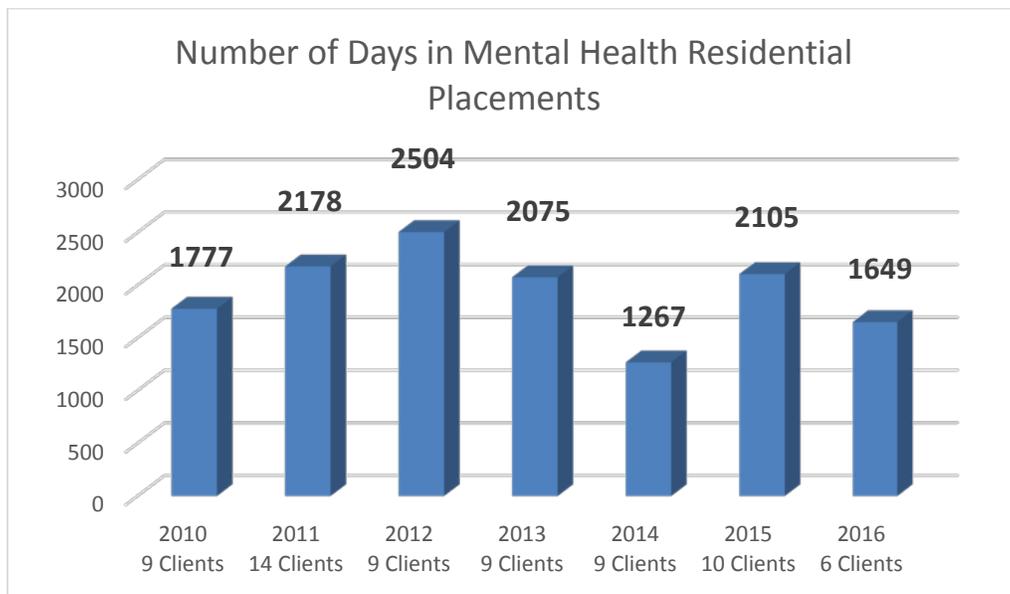
Detox refers to the process the body goes through to rid itself from alcohol. Detox services are mandated services that the county must provide per state statute 51.40 and state statute 51.45. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. Zero individuals were sent to certified detox facilities in 2016. 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.

Six individuals received residential services in 2016. Two of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). One individual required transitional placements as a "step down" from inpatient psychiatric hospitalizations. Two individuals were able to successfully transition from long-term residential facilities to independent living during 2016. One individual remained in a placement, but is funded through a long term care funding source. 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:	36	67
Self Neglect	26	47
Financial Exploitation	3	12
Neglect by Other (s)	4	3
Physical Abuse	2	2
Sexual Abuse	1	1
Emotional Abuse	1	1

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 2016, the State allocation of \$10,544 served **90** 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 2016, 67 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 2016, 65 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
Caretaker Supplement
Day Care Assistance
FoodShare

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

The Role of the Economic Support Unit

To emphasize the Economic Support Unit Mission, Economic Support Specialists (ESS) and support staff provide families and individuals who are elderly, blind or disabled with services needed to achieve economic independence, including referrals to the appropriate agencies. In 2016, as they do every year, the ESS and support staff provided this service by treating all persons with respect, dignity and confidentiality. Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling. The goal is to serve customers in a way which enhances their lifestyle so that they may see satisfactory results now and later in life.

To achieve this, ESS and support staff process changes on a daily basis by navigating a variety of computer systems in order to verify information while at the same time providing excellent customer service as Call Center Agents. In addition to client contacts, they continue to interpret program policy and in 2016 administered 39 policy changes or clarifications. They remained proficient in applying these policies while also managing approximately 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.

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

The Role of the Capital Consortium

2016 was Richland County's fifth year as part of the Capital Consortium for Income Maintenance programs. In the current economic climate it is important to continually explore creative approaches to efficiently deliver Economic Support Services. Therefore, in 2016, we added an eighth county to our consortium – Sheboygan County. Throughout the year, there was continuous communication, coordination and cooperation on a daily basis between Adams, Columbia, Dane, Dodge, Juneau, Richland, Sauk, and Sheboygan counties to ensure that the assistance provided remained consistent and in keeping with the Economic Support Mission. The ability to share the work across these eight counties through this continued partnership provides for the sought out increased efficiencies and better customer service for the citizens of Richland County.

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 2016, each ESS dedicated over three-fourths of each work day to the Call Center. In 2016, the Capital Call Center accepted 342,780 phone calls. As a consortium we exceeded the State Performance Standard requirement as a Call Center by answering 89.2% of the calls offered. Richland County ESS are an integral part of the call center and accepted over 28,000 of those calls making a significant contribution to achieving excellent performance.

In addition to call center standards, the State also sets a Performance Standard benchmark that requires 95% of all applications for BadgerCare Plus, Medicaid, and FoodShare to be processed timely. In 2016, the consortium processed 78,944 applications with a timely processing rate of 97.86%. Of those, Richland County ESS processed 5,990 applications and had a timely processing rate of 98.06%.

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);
- 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 2016, as many as 8,484 individuals were enrolled in BC+ & FPOS by Richland County Economic Support Specialists in a given month. Of those 8,484 individuals, approximately 2,850 were Richland County residents.

Note: While 2016 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 2016, 19 children received \$39,950 in assistance.

CHILD CARE ASSISTANCE

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



Steps toward receiving day care assistance are:

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

If eligible for assistance, payments are made to the provider directly. In 2016, it was no longer a requirement that families do a review every six months. Instead, a review must be completed annually of the applicant’s income and approved activities in order to continue receiving assistance. As a testament to the hard work of our one ESS that specializes in Child Care, Richland County achieved a 0% error rate for cases that were checked for quality ensuring that the families of Richland County were provided with the proper benefits.

Support Staff in the Economic Support Unit are also responsible for certifying Day Care facilities. Currently, there are 9 certified providers in Richland County. To be certified, a provider must have a home visit, submit to background check, and comply with other qualifying requirements. Once certified, a provider must complete a bi-annual renewal as well. Packets are available for providers wishing to become certified.

**In 2016, as many as 46 families and 70 children at one time received assistance with day care.
\$99,271.16 was paid to providers of behalf of those families.**

FOODSHARE

A Recipe for Good Health

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



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

In 2016, Richland County had 3,555 unduplicated FoodShare recipients.

Benefits paid totaled \$2,816,912. This compares to 3,729 unduplicated recipients in 2015.

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 2016 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 2016, our unit continued with efforts to provide families and individuals with assistance as they navigated the health insurance requirements associated with the Affordable Care Act. The Patient Protection and Affordable Care Act, as of January 1, 2014, required all individuals be insured. With this requirement, insurance was made available through the Federally-facilitated Marketplace during an Open-enrollment period.

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

MEDICAL ASSISTANCE PROGRAM

Medicaid, also known as Medical Assistance, MA, and Title 19, is a State- and Federally- funded program that helps low-income people, including residents who are elderly, blind, or disabled (EBD), pay their medical bills. A person 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

In 2016, as many as 1009 individuals were enrolled in medical assistance (including SSI-eligible individuals) and long-term care programs. Of those 1,009 individuals, approximately 898 were Richland County residents.

Note: While 2016 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;
- Counseling for energy conservation and energy budgets;
- Pro-active co-payment plans;
- Targeted outreach services; and
- Emergency furnace repair and replacement.

Of particular note in 2016, 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 as was experienced in 2014.

In addition, a Spring Pro-active initiative was implemented in 2016. In Wisconsin, state law prevents a disconnection from November 1 to April 15 if the utility service directly or indirectly affects the primary heat source of the home. The purpose of this program was to prevent disconnections that would have occurred due to the end of the moratorium on April 15.

In Federal Fiscal Year 2016, 810 households received Energy Assistance in Richland County for a total of \$468,881.

In 2015, 916 households received Energy Assistance for a total of \$443,162.

In Federal Fiscal Year 2016, 270 households received Crisis Assistance totaling \$62,407.* †

**Of this amount, \$9,450 was paid towards Summer Fills and \$16,228 was for Spring Pro-active Assistance.*

†In 2016, crisis benefit allocations distributed to counties was significantly lower than in 2015.

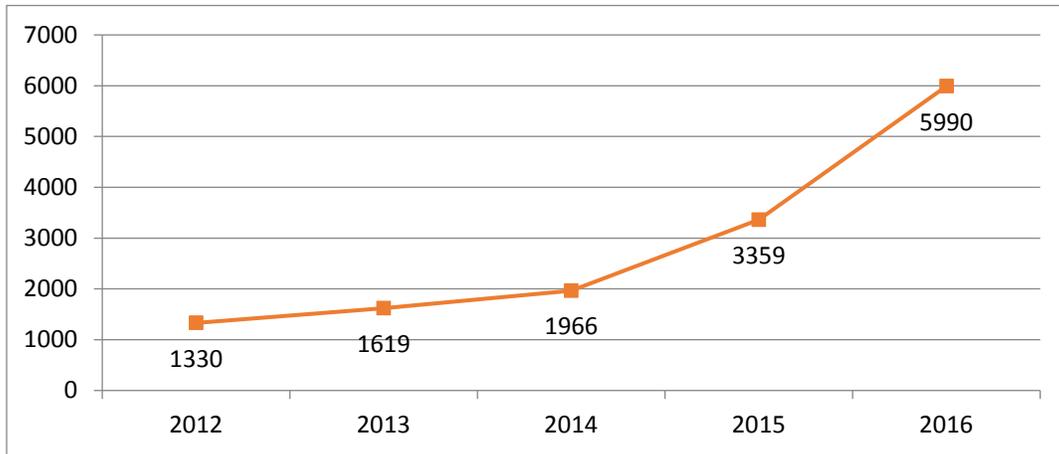
In 2015, 358 households which received Crisis Assistance for a total of \$101,821.

In Federal Fiscal Year 2016, 24 households received Furnace Repair/Replacement Assistance totaling \$29,218.

In 2015, 26 households received Furnace Repair/Replacement Assistance for a total of \$46,344.

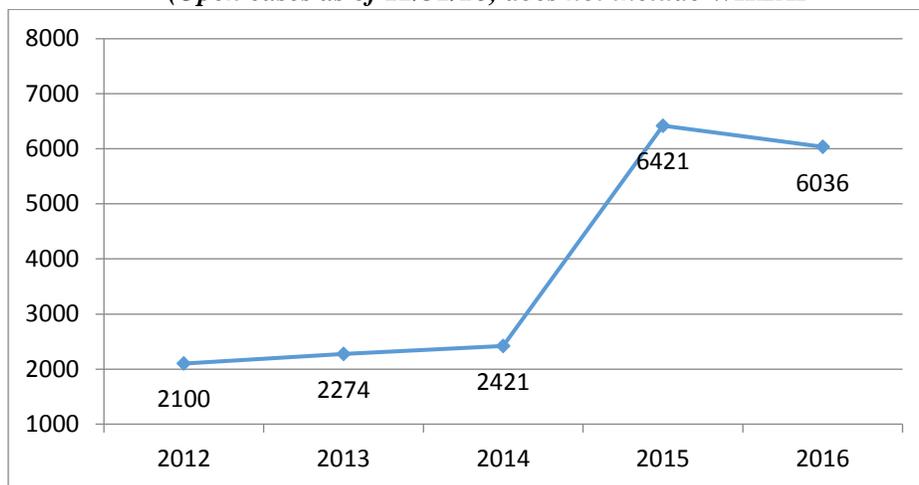
Intake/Caseload Statistics

Economic Support Unit Intakes



**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 county run, we would not have been able to physically handle the increases in applications.

Economic Support Unit Caseload (Open cases as of 12/31/16; does not include WHEAP)



**Please note that both charts, 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

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

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination
HealthCheck
Fluoride
Child Passenger Safety

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights



Public Health
Prevent. Promote. Protect.

COMMUNICABLE DISEASE



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

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

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

Once a vaccine is licensed in the United States, Public Health experts review epidemiologic data to ensure that vaccines are working properly and safely. The Vaccine Adverse Event Reporting System (VAERS) is a national database that collects information about adverse events that occur in U.S. licensed vaccines. If a problem is identified, Public Health will issue measures to respond.

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

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

The United States will continue to face issues in immunizations and emerging infectious disease, and the Public Health system must be able to respond with

modern technology and skilled professionals to control and prevent infectious disease.

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

Immunization Statistics:

Immunization	2009	2010	2011	2012	2013	2014	2015	2016
Comvax (Hib & HepB)	33	n/a						
DtaP	101	27	10	24	13	12	13	12
Hepatitis A	38	58	43	87	43	39	36	23
Hepatitis B	31	32	18	16	6	13	9	6
Adult Hepatitis B	44	53	45	29	9	12	11	13
Hib	14	20	13	7	1	1	7	6
Influenza	1171	916	771	647	602	1036	978	659
MMR	69	71	35	33	10	23	23	13
Pneumonia	27	60	26	14	19	26	3	0
Polio	82	28	18	8	15	24	9	9
Pevnar	60	76	31	16	4	16	15	7
Td	26	26	5	5	1	2	1	6
Varicella	195	156	99	73	17	24	20	11
Menactra	109	48	47	31	19	24	53	11
Td-Pertussis (Tdap)	407	372	272	260	134	70	61	31
HPV (Gardasil)	89	67	39	44	28	26	22	19
Rota Teq	34	18	10	5	2	8	4	2
Twinrix (HepA-B)	6	3	9	0	2	2	0	0
H1N1 Influenza A	1909	495	n/a	n/a	n/a	n/a	n/a	n/a
DTPaP-Hib-Polio (Pentacil)	n/a	30	19	13	4	14	10	8
DTPaP-Polio (KINRIX)	n/a	22	13	15	0	n/a	n/a	3
TOTAL	4445	2578	1523	1327	929	1372	1275	839

Communicable Disease Investigation and Follow Up: In Wisconsin reportable diseases are divided into three categories. Category I diseases are

considered to be of urgent Public Health importance and are to be reported immediately to local Public Health by telephone or fax; Category II diseases must be reported to local Public Health either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by mail or fax within 72 hours of the identification of a case or suspected case; and Category III disease (HIV and AIDS) is to be reported to the state epidemiologist within in 72 hours of identification of a case or suspected case.

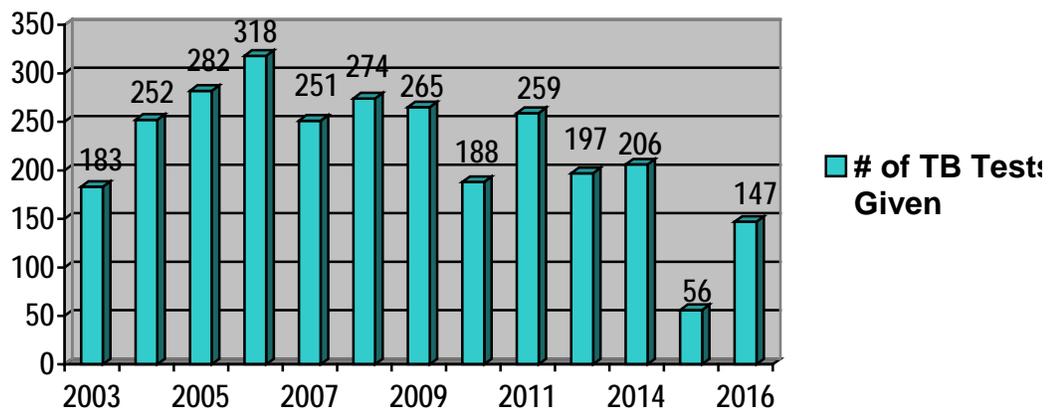
Specific infection control measures such as isolation, quarantine, and personal protection are common methods utilized to prevent the spread of communicable disease. Public Health Nurses provide investigation and follow up on communicable disease reports on Richland County residents.

Communicable Disease Statistics:

Reportable Disease	2009	2010	2011	2012	2013	2014	2015	2016
Active Tuberculosis	0	0	0	0	0	1	0	0
Arbovirus Illness	0	0	0	0	1	1	1	3
Babesiosis	0	0	0	0	2	0	1	2
Blastomycosis	0	0	0	0	0	1	2	1
Brucellosis	0	0	0	0	0	1	0	0
Campylobacter	5	15	19	8	13	5	10	24
Chlamydia	27	22	30	28	21	43	24	29
Cryptosporidium	4	2	7	1	4	2	2	2
E.Coli	0	0	4	0	0	0	2	2
Ehrlichiosis/Anaplasmosis	2	5	5	3	4	2	2	13
Giardia	2	2	3	2	2	0	1	3
Gonorrhea	1	0	0	3	1	2	5	0
Hepatitis A	0	0	1	0	0	1	3	1
Hepatitis B	0	2	2	2	1	3	6	2
Hepatitis C	2	7	6	10	4	16	12	13
Herpes	n/a	n/a	n/a	1	0	0	0	0
Histoplasmosis	0	0	0	0	0	1	1	0
Influenza Hospitalizations	35	0	5	4	10	4	15	4
Invasive Haemophilus Influenza	0	0	0	0	0	1	0	0
LaCrosse Encephalitis	0	0	0	0	0	3	0	0
Legionella	0	0	0	0	0	0	1	0
Listeriosis	0	0	1	0	0	0	0	0
Lyme Disease	75	54	41	35	45	36	67	73
Measles	0	0	0	1	4	0	2	1
Meningitis (Bacterial)	0	0	0	0	0	0	0	2
Meningitis (Viral)	0	0	0	1	0	0	0	0
Mumps	0	0	0	0	0	0	1	1

Mycobacterial Disease	1	1	2	0	5	1	2	2
Pertussis	0	6	6	28	18	16	23	24
Salmonella	3	4	7	6	5	5	3	3
Reportable Disease	2009	2010	2011	2012	2013	2014	2015	2016
Shigella	0	0	0	0	0	0	1	0
Streptococcus Pneumoniae	1	3	2	2	1	0	2	1
Syphilis	0	0	0	3	0	0	2	1
Q Fever	0	0	1	0	1	1	1	0
Toxic Shock Syndrome	0	0	0	0	0	1	0	0
Tuberculosis/Latent Infection (LTBI)	1	0	5	5	1	29	1	3
West Nile	0	0	0	2	0	0	2	0
Varicella	3	0	3	3	5	Non reported	5	4
Toxoplasmosis	0	1	0	0	1	2	1	0
Psittacosis	0	0	0	0	0	0	1	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	2	1

TB Skin Tests: Public Health provides a comprehensive tuberculosis prevention and control program including TB skin testing. TB skin tests are most often completed as a pre-employment requirement, but may be requested or recommended as follow-up to a potential exposure. The Mantoux Tuberculin Skin Test is the worldwide standard used to screen for tuberculosis, and Public Health uses the Mantoux method for tuberculosis screening. In 2016, 147 skin tests were provided by Public Health.



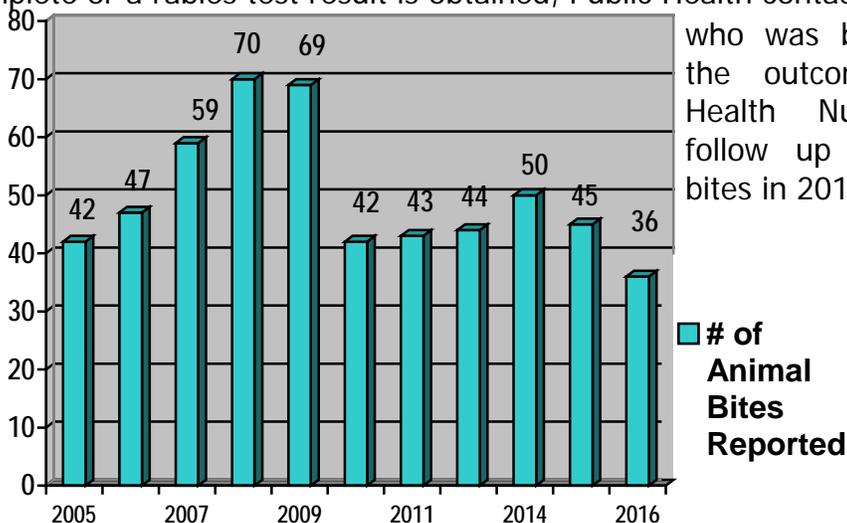
TB Dispensary: The TB Dispensary Program reimburses local health departments for certain medical services provided to TB cases, suspects,

contacts, and Latent TB Infections (LTBIs). The goal of the program is to assure health care service to patients/clients in Richland County that have been diagnosed with TB infection or disease, regardless of ability to pay.

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

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

When Public Health receives a bite order from Law Enforcement, a Public Health Nurse contacts both the animal owner to assure the owner understands the requirements for quarantine and vaccination of the biting animal and the victim to assure understanding of potential consequences of an animal bite and the importance of medical attention after an animal bite. Once the quarantine is complete or a rabies test result is obtained, Public Health contacts the person



who was bitten to report the outcome. Public Health Nurses provided follow up on 36 animal bites in 2016.

MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health Systems Initiative: The Wisconsin Healthiest Families statewide initiative focuses on improving systems to address family supports, child development, mental health, and safety and injury prevention. Public Health has been working with local partners to develop strategies to support breastfeeding in our community by providing training for child care providers on how to support and encourage breastfeeding by becoming “breastfeeding friendly”. Four educational sessions were planned, but the last two cancelled due to lack of registrations. At the November meeting the local coalition determined that perhaps it would be more important to determine why the rate of breastfeeding declines so significantly after 2 plus weeks and we began to strategize on how to obtain the needed information. The coalition (and Public Health) will begin to look at supporting breastfeeding from another angle, and the first step will be to gather information about current supports and practices.

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.

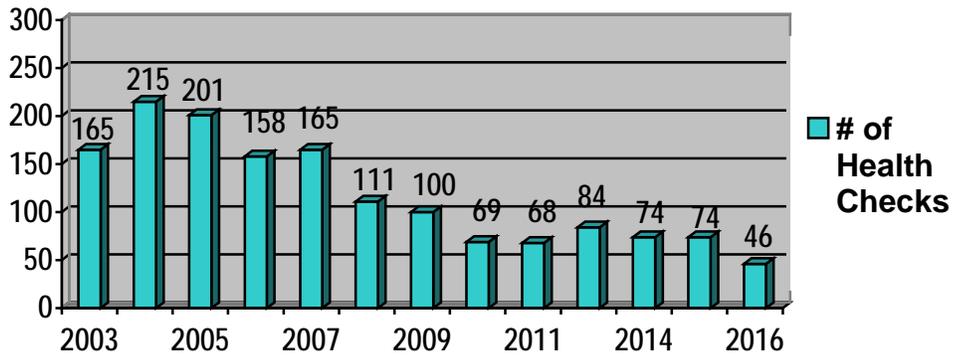


HealthCheck: HealthCheck is a comprehensive and preventive healthcare program for children under the age of 21. It is the name Wisconsin has given to a Federal Medicaid benefit, the Early and Periodic Screening, Diagnosis and treatment (EPSDT) benefit.

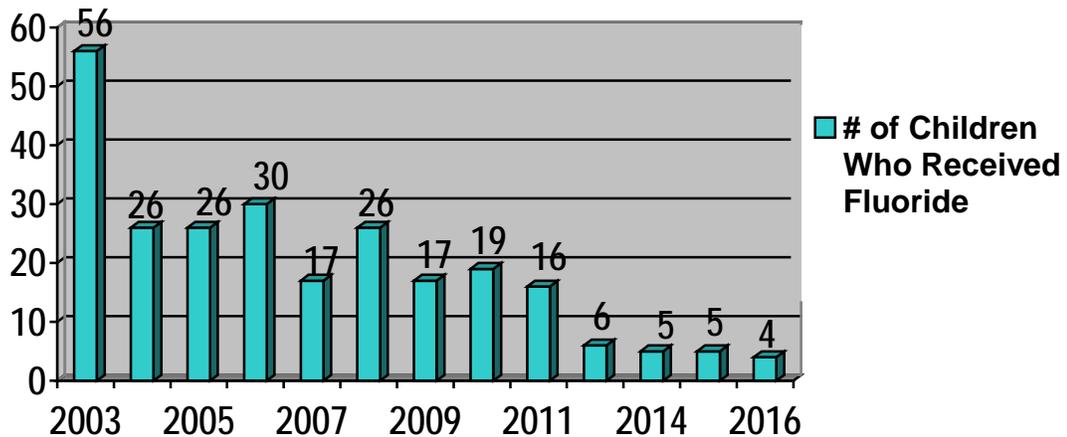
The purpose of HealthCheck is to find and correct or improve any health problems children may have early in life, and makes treatment available to persons under the age of 21. The goal of HealthCheck is to prevent or minimize major, lifelong problems.

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 2016, **46** HealthCheck screenings were completed.

Due to decreasing participation at HealthCheck clinics and since families have the ability to obtain well child checkups from their primary care providers, the decision was made to discontinue Richland County's HealthCheck program.



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 2016, 4 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 cavities (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 **22** children in 2016.



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 2016, **50** children received child passenger safety seats through the program.

In November of 2016 we were notified that beginning in federal fiscal 2017 (October 1, 2016-September 30, 2017) the Bureau of Transportation Safety would target CPS grants to serve areas that have the greatest need. Richland County did not meet the eligibility criteria to receive funding. We are exploring ways to finance the purchase of car seats so that we can continue to provide this needed service.

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 2016, **333** Richland County residents borrowed equipment from the Loan Closet.

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

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

The program provides:

- reimbursement for health screenings, diagnosis, and assessment for breast and cervical cancer
- tracking and follow up of women screened

- developing a provider network in which women can receive WWWP services
- Information, education and outreach programs to address known health risks
- Case management

There were **4** Richland County women screened in 2016 and **10** women on the active caseload; there were **4** new enrollments and **4** women who received Well Woman Medicaid services in 2016.



Wisconsin Partnership Program (Richland FIT): Richland FIT, a county-wide coalition of partner organizations was established in 2012 to address the high rates of obesity in Richland County. Public health leaders, physicians and community organizations agreed upon the development of a multi-sector community coalition as the ideal solution. The coalition was organized through grant funding awarded by the UW Partnership Program. Richland County Health and Human Services has served as the fiscal agent. Local partnerships were developed and continue to thrive. As grant funding will end early in 2017, considerable effort was focused on sustainability of the coalition and the strong partnerships that have been developed.

Coalition Building: Coordination of environmental strategies has been the focus of Richland FIT in 2016. Through a coalition sustainability plan, Richland FIT was accepted into the Healthy Wisconsin Leadership Institute's "Community Teams Program" in November. The regional "Community Teams Program" is a yearlong program that facilitates sustainable community partnerships through the development of collaborative leadership and public health skills among teams working on health improvement. Nine county residents will have completed the program in June of 2017. Upon completion, Richland FIT is then eligible to participate in HWLI's "Coach Team" program allowing for additional support for county prevention efforts.

Point of Purchase (PoP) Campaign: Community engagement around the importance of healthy choices at locations where food is served or sold was begun in 2016 through Richland FIT's "Point of Purchase" (PoP) campaign. Group email, social media and newsletters were used to gain feedback from county residents regarding accessibility to healthy food choices in the county. This feedback provided information on what residents see as barriers to healthy eating and also prompted interest among county residents for work in the newly organized PoP committee. Co-Chairs and a committee were recruited to engage in strategic planning toward the goal of increasing the demand AND the availability of healthy choices. The committee began with a mapping assessment to identify all county restaurants, grocery stores, convenience stores, taverns, concessions/food stands and other food outlets. The locations were color coded. The number of concessions stands was noticeably prominent on the map. Due to the great number of food stands managed by local volunteers, the committee elected to build on existing relationships as well as develop new relationships in order to work toward encouraging healthy choice options at local food stands. Committee members agreed to meet with and interview owners/managers and other food decision makers. Data gathered from those conversations lead to restaurant menu assessments conducted through a partnership with The Richland Hospital and a registered dietician. Four restaurants will have healthy choices identified on the menus in the future. The Point of Purchase committee worked to build relationships with Greater Richland Area Cancer Elimination (G.R.A.C.E) Board members which resulted in an ongoing collaboration. Initially, G.R.A.C.E. will collaborate with FIT for a "Having Fun with Food" event where food decision makers can sample potential food choices and learn tips for selling them. FIT coaches will continue to be resources in order to sustain the strategy. The process of changing the food environment will continue as the Richland FIT coalition members continue to be strong partners in prevention.



Farm to School: Part time nutrition educator and outreach specialist positions were funded through a partnership with the Richland School District and AmeriCorps. Procurement of produce from local farmers and school gardens continues with support from teachers, parents and other volunteers. Produce from the gardens was provided to the summer school food program at Jefferson Elementary. A mobile food market display was purchased through a SEEK grant

and provided a hands on learning opportunity for students. Richland FIT partnered with UW Extension to provide lessons on food preservation.

Food for Life: The Richland Medical Center is sustaining cooking lessons offered by instructors, Christine Richards, MD and Neil Bard, MD. Ongoing coordination is provided by the staff at the Richland Medical Center. Richland FIT promoted the lessons on social media. The Richland Medical Center staff is a partner in coalition advocacy efforts.

Mill Pond Community Garden: The garden began its second year providing an opportunity for county residents growing local produce and increasing access to good food. Volunteers were recruited to prepare the beds for the 2016 season. Gardeners took turns mowing and maintaining the garden throughout the summer. Volunteers met with the



City of Richland Center Parks Department to build a partnership in support of the garden. Through a Memorandum of Understanding, the Parks Department will sustain future promotion and rental of 22 raised garden beds located off Seminary Street in Richland Center. They will also provide access to a water source in the future. The Master Gardeners have also agreed to provide ongoing support for the garden.

Farmer's Market Electronic Benefits Transfer (EBT): Through partnerships with UW extension, the Pine River Food Co-op, Richland FIT and the Richland Area Farmers' Market, signage promoting the Electronic Benefits Transfer (EBT) program was developed and placed at the market and Pine River Food Co-op in 2016. Through a sustainability plan, food vendors volunteered to provide cooking demonstrations and education at the market in 2016. Unfortunately, the Pine River Food Coop was closed in 2016. Therefore, there will be a need to replace the process for Food Share recipients to access produce at the market in 2017.



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 2016, **18** inspections were completed and there were **2** sales. The 2016 compliance rate was 85%.

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 2016.

ENVIRONMENTAL HEALTH

Richland County continues to be part of a five county consortium to provide environmental health services. The Grant County Health Department is the lead agency for the Environmental Health Consortia and employs the Registered Sanitarian who acts as the Environmental Health Coordinator for the five counties. The Environmental Health Coordinator assists with investigation and follow up of human health hazard complaints and coordinates environmental health programs in Grant, Iowa, Lafayette, Vernon and Richland Counties.

2016 Environmental Health Statistics:

Home Visits	39	Contacts (EH Consultant)	247
Lead	5	Lead	30
Radon	0	Radon	38
Water	0	Water	27
Asbestos	1	Asbestos	22
Solid Waste	13	Solid Waste	25
Housing	8	Housing	29
Indoor Air	9	Indoor Air	33
Sewage	1	Sewage	25
Animal/Vector	3	Animal/Vector	18

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

Radon: Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. **29** short-term home radon test kits were distributed in 2016.

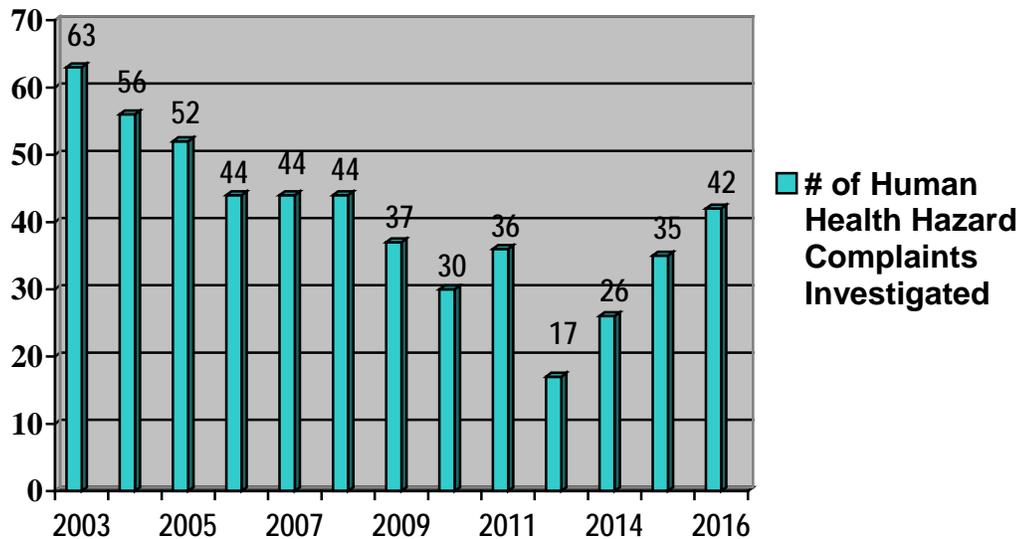
Childhood Lead Poisoning Prevention: Lead exposure in young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and many other health and behavioral issues. Most exposures occur in homes build before 1978, largely due to chipping and peeling lead based paint and the dust created when lead based paint is disturbed (for example during renovation).

Preventing exposure requires preventing children from coming into contact with lead hazards by identifying and repairing the hazards.

Children are screened by collection of a capillary blood sample which is sent to the State Laboratory of Hygiene for analysis. Elevations are confirmed by venous samples and Public Health Nurses and the Environmental Health Coordinator make home visits to provide education and assessment of the child's environment for lead hazards. Property owners are responsible to comply with lead hazard reduction measures ordered by Public Health. Unfortunately, sometimes the effects of elevated blood lead levels are not noticeable until the

child may be having difficulty in school. Lead poisoning screening and prevention activities provide essential tools to identify risk and eliminate exposure. **79** Richland County children were screened in 2016.

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 **42** complaints reported in 2016 that required investigation through our environmental health program.



BRACE (Building Resilience Against Climate Effects): Wisconsin was one of 18 states to receive federal funding for the Building Resilience Against Climate Effects (BRACE) program. The program's goal was to enhance statewide capacity to assess, prepare for and respond to climate and extreme weather events and reduce the negative health events that may occur as a result. In 2016 Richland County HHS Public Health was part of a pilot project intended to build capacity at the local level to help us better respond to adverse health outcomes related to climate and extreme weather events.

During the BRACE project climate related health outcome priorities and strategies that might help mitigate the effects of severe weather events were identified. Richland County participants (through stakeholder meetings) determined that water quality, mental health, health effects from mold after flooding, and vector borne disease were the most concerning climate-related health outcomes that were likely to affect our residents now and in the future. Public Health's action plan was developed around these priorities and with the additional funding we were able to significantly update and improve our flood related resources and develop and obtain additional educational materials around vector borne disease including Lyme disease and the Zika virus.

PREPAREDNESS AND RESPONSE

Public Health Preparedness: During 2016, Public Health focused on three capabilities from the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning and the Wisconsin Hazard Vulnerability Assessment. 2016 priorities included:

- Medical Surge-- which is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community, including the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised. Public Health worked on updating the emergency response contact list, implementing WI-Trac (the Wisconsin hospital bed tracking system) which provides an up to date listing of available hospital beds and staffing, and accessing the State's Medical Stockpile.
- Non-pharmaceutical Interventions—which are the actions that people and communities can take to help slow the spread of illness. Local Health Departments typically have policy and procedure in place to isolate and quarantine individuals should that become necessary. Richland County developed a response plan during the time when Ebola monitoring was necessary to assure necessary services could be provided for someone who was quarantined or isolated at home. The plan includes a questionnaire eliciting history and symptoms, checklists for follow-up according to information obtained, monitoring forms, orders for isolation and quarantine and the legal forms necessary, and release forms.
- Volunteer Management—the system and procedures necessary to safely and effectively manage large numbers of registered and spontaneous volunteers. Richland County Emergency Management, Richland County

Health & Human Services, and Richland County Public Health developed a volunteer management plan through the use of a template provided by the State. The plan outlines a framework and process to plan for, receive, prepare, deploy, and track volunteers in a County emergency or disaster response and recovery operation. The plan provides policy and procedure, outlines agency responsibilities, is scalable to manage volunteer operations according to necessary work, and provides a tool kit with necessary forms, sample documents, etc.

Additionally, representatives from Richland County participated in an Ebola Response Table Top Exercise in May of 2016. The scenario involved an unmonitored (and unknown to be ill) patient, symptomatic of Ebola, being transported by EMS to the local hospital. Then, based on travel history and symptoms, it was determined that that patient needed to be appropriately transported to a Category II then I hospital for assessment for Ebola Virus Disease and treatment; and close contacts needed to be identified and monitored.

Three strengths identified during the exercise were that the players had an understanding of the implications of the event scenario (situational awareness), the local effort was coordinated- the players were comfortable with the discussion and process, and that Richland County had a plan in place and policy had been developed by the Local Health Department. Opportunities for improvement include the area of early recognition of serious infectious disease and that some policy areas including fatality management and cleanup of homes and facilities may need further development.

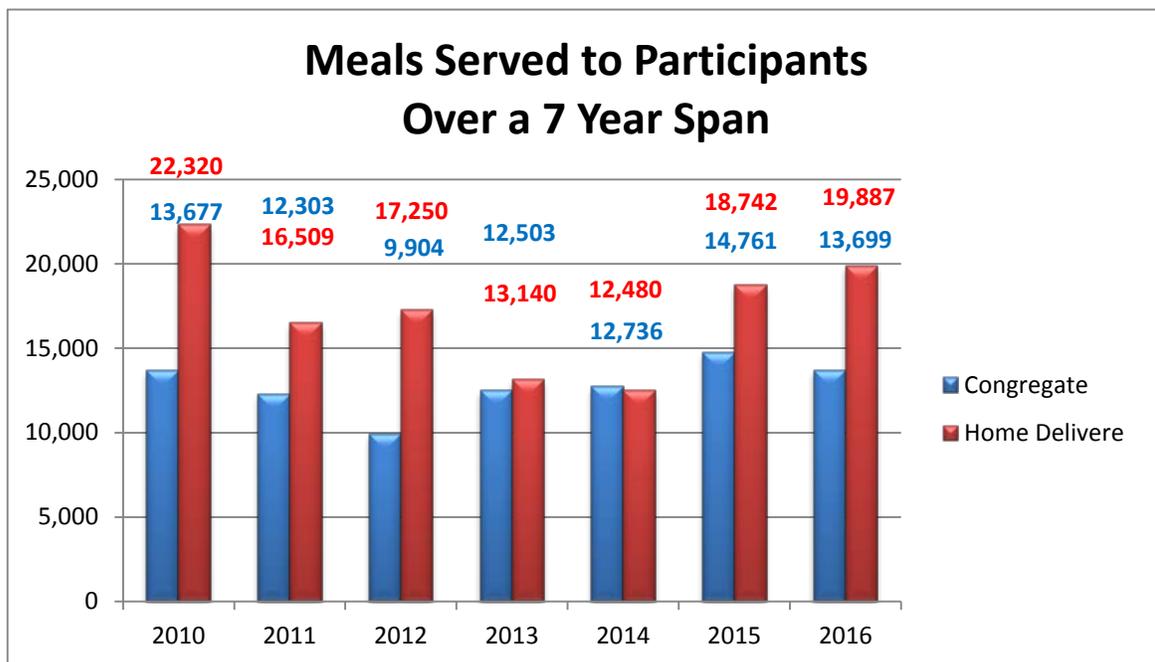
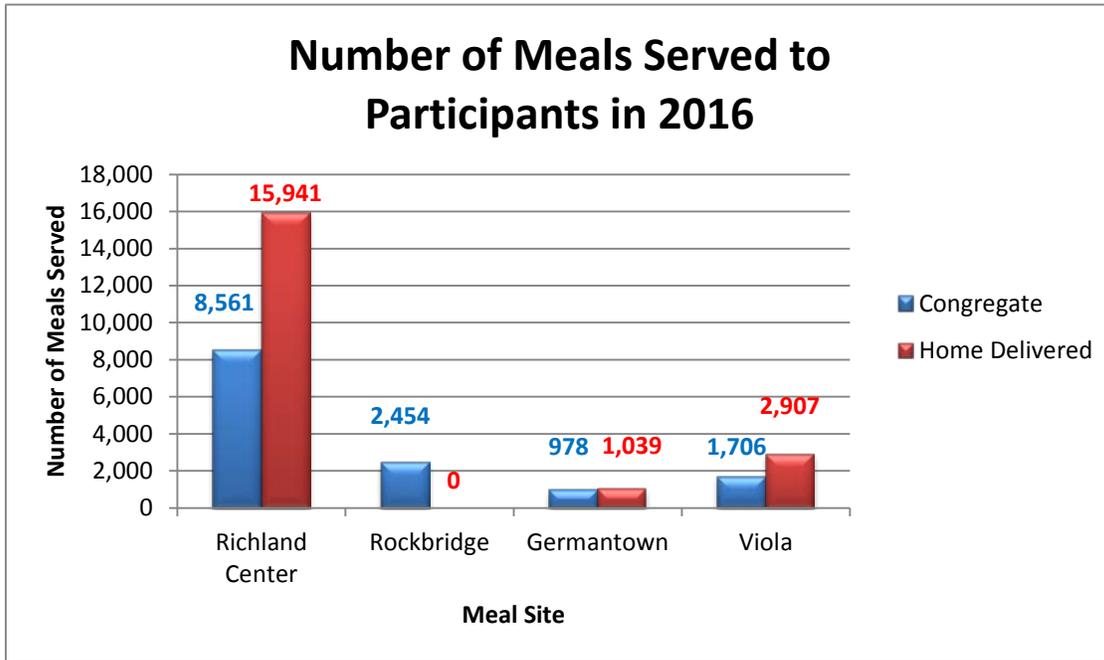
NUTRITION

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:



2016 Nutrition Program Highlights:

Volunteers donated 6,236 hours of service at the congregate meal sites and **volunteer drivers donated 1,478 hours** using their own vehicles and gas to deliver noon meals to homebound seniors.

March is National Nutrition Month. In March of 2016 the Nutrition Program Coordinator visited each meal site and offered information on Healthy Eating for Older Adults. The food samples provided gave seniors the opportunity to try foods they do not usually eat or have never purchased.

UW-Richland Food Service continues to prepare meals for Richland Center, Rockbridge and Viola. The Nutrition Program Coordinator works with the Food Service Manager to incorporate input from participants and ensure high quality delicious meals while meeting nutrition program requirements. Menu items around the Harvest of the Month and Farm to School bring in some produce from local farmers and provide another chance to partner within the community.

The Volunteer Appreciation Breakfast was held Tuesday May 17, 2016 at the Phoenix Center. **65** volunteers attended. Volunteers deliver 95% of our meals on wheels and many also help at the meal sites. The volunteer breakfast is a small way of thanking them for their time and commitment. Door prizes were donated from 35 local businesses and given to the volunteers as a token of appreciation.

The Senior Farmers' Market Nutrition Program (SFMNP) offers vouchers to low-income older residents to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. In 2016 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 Nutrition Program Meal Site Workers and Volunteers was held on August 9, 2016 at the Community Services Building. The three hour training was facilitated by the Nutrition Program Coordinator and covered the following topics:

Senior Bullies: Can't We All Just Get Along?

- Emerging Pathogens
- Changes to Chapter 8 (nutrition program manual)
- Emergency Preparedness

The required regional site manager training was held October 25, 2016 in Viroqua. This was an all day training facilitated by the counties which make up our region. The theme was Red, White and Blue (in honor of the upcoming election). Topics included:

- State Policy Updates
- First Aid
- Bullying
- Handling Food Safely
- Plate Appeal
- Voting Encouragement

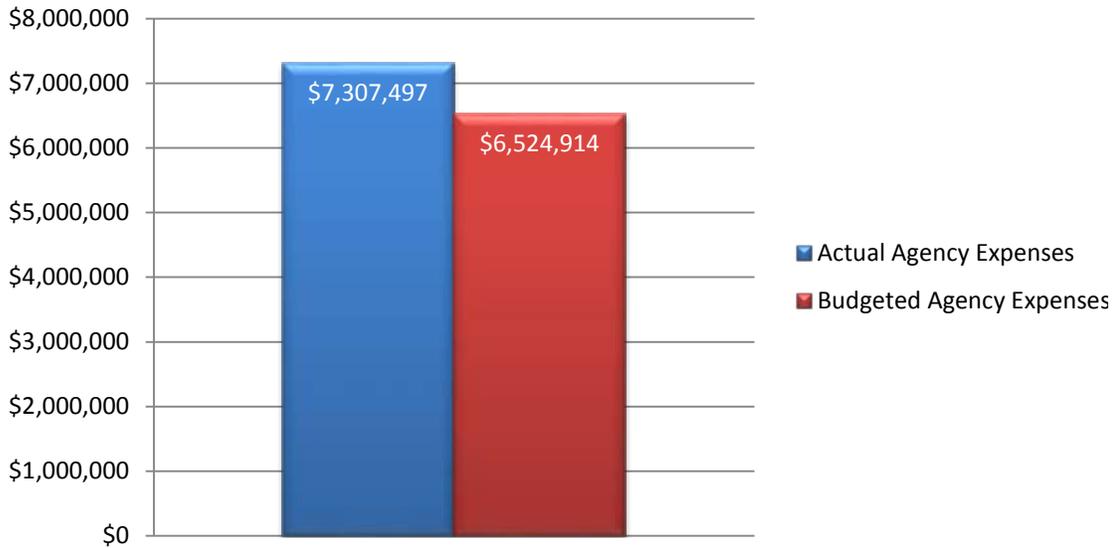
The Senior Nutrition Program also hosted ServSafe training at the Community Services Building on November 15, 2016. After completing the training, attendees are able to test to become a certified food manager. Providing this training opportunity helps to assure quality at our meal and also that our Site Managers understand the importance of food safety and practice safe food handling.

FISCAL

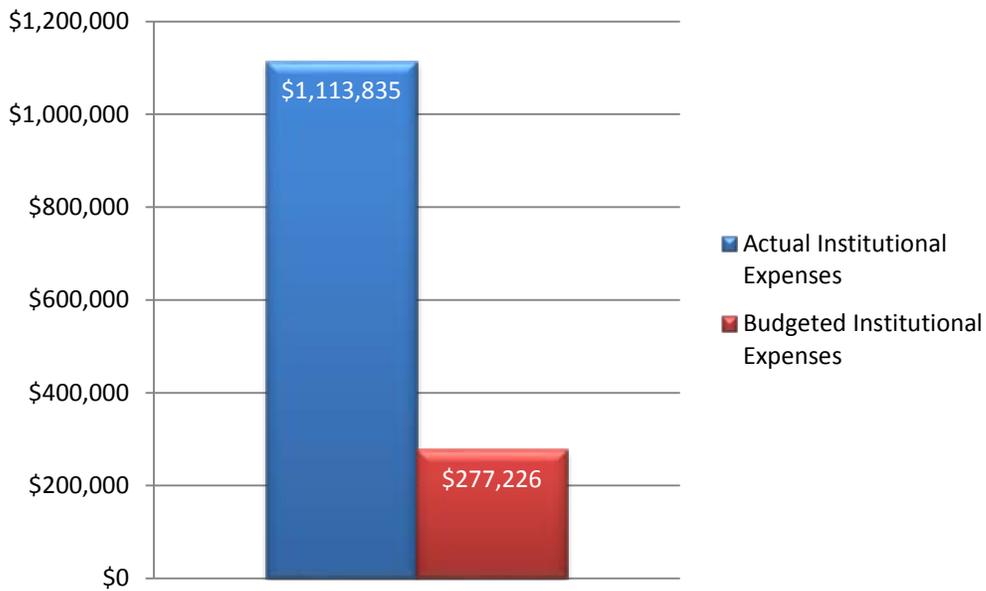
(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

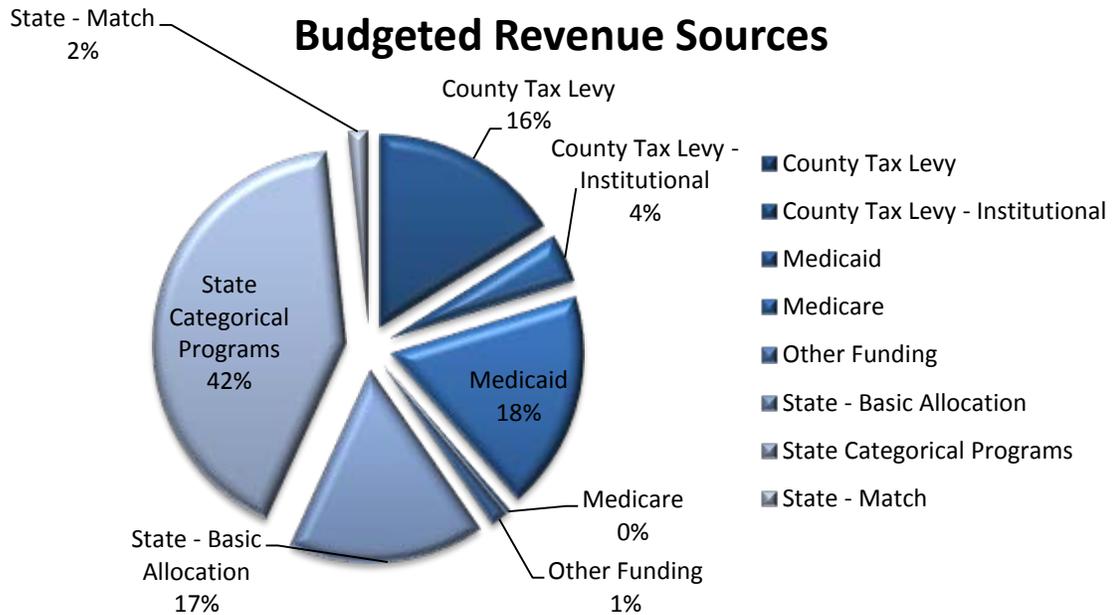
Agency Expenses



Institutional Expenses

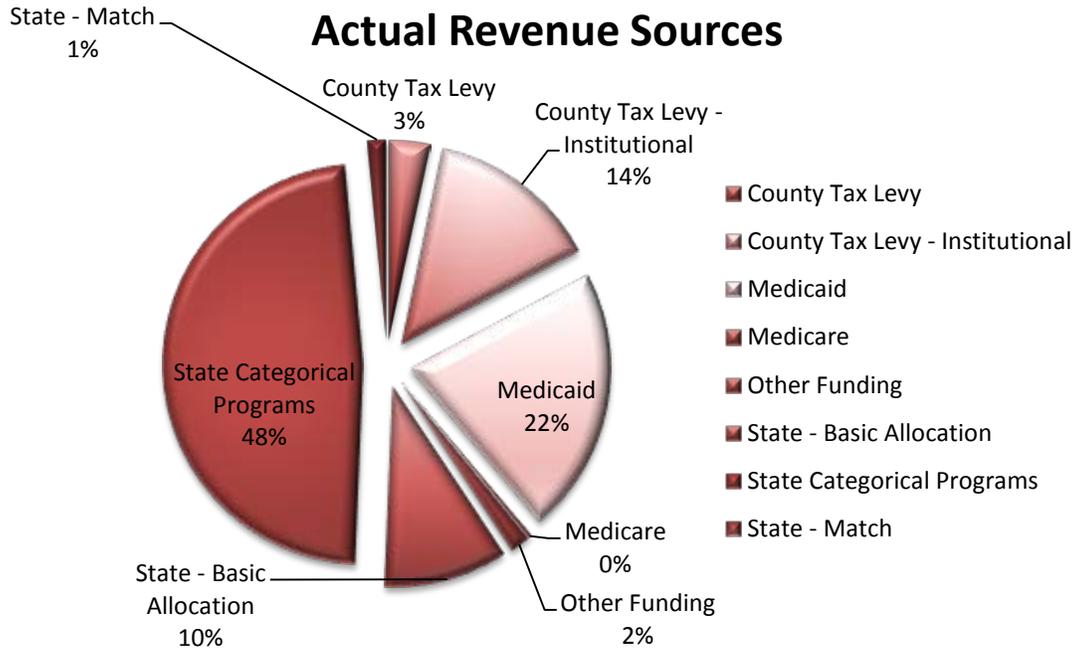


RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$ 1,100,199
County Tax Levy - Institutional	\$ 277,226
Medicaid	\$ 1,246,529
Medicare	\$ 24,492
Other Funding	\$ 97,466
State - Basic Allocation	\$ 1,118,957
State Categorical Programs	\$ 2,826,135
State - Match	\$ 111,136
Total	\$ 6,802,140

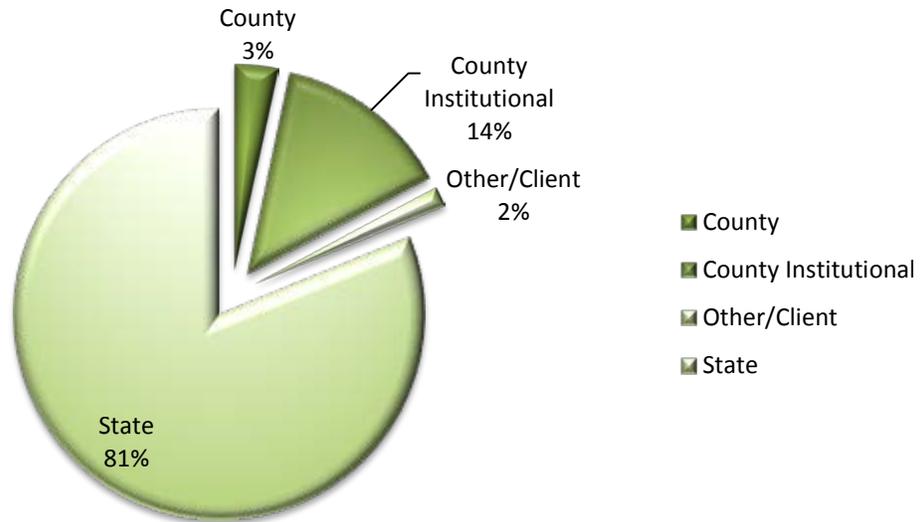
RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$	263,590
County Tax Levy - Institutional	\$	1,113,835
Medicaid	\$	1,721,330
Medicare	\$	24,098
Other Funding	\$	126,276
State - Basic Allocation	\$	792,239
State Categorical Programs	\$	3,819,517
State - Match	\$	117,256
Total	\$	7,978,142

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

Total Actual Revenue Sources



County	\$ 263,590
County - Institutional	\$ 1,113,835
Other/Client	\$ 126,276
State	\$ 6,474,441
Total	\$ 7,978,142

APPENDIX

Richland County Health and Human Services

2016 Health & Human Services Contracts (Over \$10,000)*

ADRC of Eagle Country – Crawford	\$248,825	Lucky Star 3 Corporation	\$58,348
ADRC of Eagle Country – Juneau	\$377,667	Lutheran Social Services of WI	\$83,967
ADRC of Eagle Country – Sauk	\$723,599	Matthew A. Felgus, M.D.	\$72,210
Bozora Fischer Consulting Services	\$45,200	Northwest Counseling & Guidance Clinic	\$50,470
Breining Law Office	\$54,513	Northwest Passage	\$21,516
Carley AFH	\$21,775	Orion Family Services	\$10,260
Chileda Institue	\$235,250	Rawhide, Inc.	\$142,114
Deer Valley AFH	\$20,934	Richland Hospital	\$101,285
E. Rackley Ivey, M.D.	\$77,481	Rita's Place	\$34,971
Family Works Programs, Inc.	\$69,057	SW WI Workforce Development Board	\$340,569
Fillyaw AFH	\$37,257	The Psychology Center	\$18,824
Fitness Choices	\$17,994	Therapy Without Walls, LLC	\$56,546
Forward Home for Boys	\$140,040	TLC Senior Home Care	\$29,070
Harmony Place Assisted Living	\$19,460	Trempealeau County Health Care	\$46,684
Jean Warrior, Ph.D.	\$16,581	United Cerebral Palsy of Greater Dane Co	\$12,900
LaCrosse County Human Services	\$58,020	Upland Point Corporation	\$26,627
Lakeview Rehabilitation Center	\$123,152	VARC, Inc.	\$27,335
Lori Knapp Crawford, Inc.	\$95,679	Wisconsin Early Autism Project	\$39,421

* 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) 794-2372
Fax: (608) 647-6611