

Richland County

HHS & Veterans Standing Committee

February 6, 2023

NOTICE OF MEETING

Please be advised that the Richland County Health and Human Services & Veterans Standing Committee will convene at **9:30 a.m., Thursday, February 9, 2023** in the Richland County Board Room of the Courthouse at 181 W. Seminary Street, Richland Center, WI and via videoconference and teleconference using the following information:

WebEx access and meeting documents can be found at:

<https://administrator.co.richland.wi.us/minutes/hhs-and-veterans/>

If you have any trouble accessing the meeting, please contact MIS Director Barbara Scott at 608-649-5922 (phone) or barbara.scott@co.richland.wi.us (email), or HHS & Veterans Standing Committee Chair Ingrid Glasbrenner at 608-604-5086 or ingrid.glasbrenner@co.richland.wi.us (email).

Agenda:

1. Call to Order
2. Pledge of Allegiance
3. Proof of Notification
4. Approve Agenda
5. Approve Previous Meeting Minutes
6. Public Comment
7. Review of Committee Purpose and Committee Structure Tasks

VETERANS SERVICE OFFICE

Consent Items:

8. 2022 VSO Budget Summary

Administrative Report:

9. Veterans Services Officer, Karen Knock
10. VSO Report on the Theodore "Teddy" R. Rue Fund
11. VSO Future Budget Response

HEALTH & HUMAN SERVICES

Consent Items:

12. HHS Expenditures Report (Vouchers and Expenditures over \$2,000 but less than \$10,000)
13. 2022 HHS Budget Summary & Richland County Placement Report
14. 2022 HHS Contract Monitoring Report

Action Items:

15. Approve HHS Contracts, Agreements, and Amendments
16. Approve the Application & Acceptance of Treatment Alternatives and Diversion (TAD) Grant
17. Richland County Opioid Needs Assessment Presentation
18. Approve Resolution to Honor Rose Kohout, Public Health Manager/Local Health Officer

Administrative Report:

19. Director, Tricia Clements
20. HHS Future Budget Response

Personnel:

21. HHS Personnel Updates

Closing:

22. Future agenda items
23. Adjournment

Richland County

HHS & Veterans Standing Committee

BOH Board of Health Agenda Item: Per the Richland County Board Body Structure, the two citizen-veteran members are non-voting members for items specific to the Board of Health.

A quorum may be present from other Committees, Boards, or Commissions. No committee, board or commission will exercise any responsibilities, authority or duties except for the Finance and Personnel Committee.

CC: Committee Members
 WRCO Broadcasting
 Richland Observer
 Valley Sentinel
 Wisconsin Public Radio
 County Clerk
 County Administrator
 Courthouse Bulletin Board

DHS Southern Regional Office –Larissa Tomczak
DCF Southern Regional Office –Wendean Marsh
DPH Southern Regional Office – Joseph Larson
Greater WI Agency on Aging Resources, Inc.
Dr. Neil Bard
Department Heads
County Board Supervisors

Richland County

HHS & Veterans Standing Committee

January 12, 2023

The Richland County Health and Human Services & Veterans Committee convened on Thursday, January 12, 2023, in the County Board room at 181 W. Seminary Street, in person, via videoconference and teleconference.

Committee members present included Ken Rynes, Donald Seep, Francis Braithwaite, Lee Van Landuyt, Ingrid Glasbrenner, Tim Gottschall, and Dr. Jerel Berres. Danielle Rudersdorf, and Sherry Hillesheim, attended by Web Ex.

Department heads, staff, and public present were, Trisha Clements, Angie Rizner, Meghan Rohn, Jaymie Bruckner, Teresa Nundahl, and Rose Kohout. Karen Knock, Roxanne Klubertanz-Gerber, Sharon Pasold, Briana Turk, Brandi Christianson, and Barbara Scott logged in by WebEx. Barb Scott was present from MIS running the teleconferencing.

Not Present:

Agenda:

1. **Call to order:** Committee Chair Ingrid Glasbrenner called the meeting to order at 9:30 a.m.
2. **Pledge of Allegiance:** The Pledge of Allegiance was led by Donald Seep.
3. **Proof of notification:** Chair Ingrid Glasbrenner verified that the meeting had been properly posted.
4. **Approve Agenda:** Motion by Ken Rynes, seconded by Tim Gottschall to approve the agenda and proper posting. Motion Carried.
5. **Approve Previous Meeting Minutes:** Motion by Francis Braithwaite, Dr. Jerel Berres to approve the December 8, 2022 Health & Human Services & Veterans Standing Committee minutes. Motion carried.
6. **Public Comment:** No comments were offered.

Veterans Service Office

Consent Items:

1. **2022 VSO Budget Summary:** The VSO Budget was made available and was reviewed by Karen Knock. Discussion was held regarding the unused balance in the Teddy Rue Fund and what department is responsible for overseeing these funds. It was determined this would be brought back on the next agenda for more discussion.

Administrative Report:

2. **Veterans Services Officer, Karen Knock:** Karen Knock provided highlights of recent and upcoming events and activities involving the department.

Health & Human Services

Consent Items

3. **HHS Expenditures Report (Vouchers and Expenditures over \$2,000 but less than \$10,000):** The Health and Human Services Expenditure Report was made available for review and it was noted that books have not yet closed and therefore various revenues and expenses will still be coming in.

Richland County

HHS & Veterans Standing Committee

4. **2022 HHS Budget Summary & Richland County Placement Report:** Stephanie Ronnfeldt reviewed the 2022 Health and Human Services budget, utilization, and noted that expenses and reimbursements will continue to come in for several months. As a result, this information will continue to change. The placement report was also discussed and it was noted there should not be any more unknown expenses through the end of 2022.
5. **2022 HHS Contract Monitoring Report:** No discussion.

Action Items:

6. **Approve HHS contracts, Agreements, and Amendments:**

RICHLAND COUNTY HEALTH AND HUMAN SERVICES		
2022 NEW HHS CONTRACT/AGREEMENT/MOU APPROVALS (1-12-2023)		
A & J FAMILY HOMES AND SERVICES, LLC	To provide adult family home services to an individual being served by the Behavioral Health Services Unit. (Viroqua)	For a total amount not to exceed \$25,000

Motion by Don Seep, seconded by Lee Van Landuyt to approve the new 2022 contract. Motion carried.

RICHLAND COUNTY HEALTH AND HUMAN SERVICES		
2023 NEW HHS CONTRACT/AGREEMENT/MOU APPROVALS (1/12/2023)		
A & J FAMILY HOMES AND SERVICES, LLC.	To provide adult family home services to an individual being served by the Behavioral Health Services Unit. (Viroqua) <i>This will required County Board approval.</i>	For a total amount not to exceed \$285,000
DISCOVERY PLAYSCHOOL, INC.	To provide child care and respite to children being served by the Behavioral Health Services Unit. (Richland Center)	For a total amount not to exceed \$11,000
FAMILY SERVICES OF NORTHEAST WISCONSIN	To provide residential treatment to an individual being served by the Child & Youth Services Unit. (Green Bay)	For a total amount not to exceed \$160,000
HANSEN ASSESSMENT AND EDUCATIONAL SERVICES	To provide substance abuse consultation and supervision to Behavioral Health Services Unit staff. (Viroqua)	For a total amount not to exceed \$16,000
PLEASANT RIDGE HOMES, LLC	To provide adult family home services to an individual being served by the Behavioral Health Services Unit. (Viroqua)	For a total amount not to exceed \$150,000

Motion by Lee Van Landuyt, Dr. Jerel Berres to approve the new 2023 contracts and forward the recommendation onto the County Board for approval. Motion carried.

Richland County

HHS & Veterans Standing Committee

RICHLAND COUNTY HEALTH AND HUMAN SERVICES		
2023 NEW REVENUE CONTRACT APPROVALS (1-12-2023)		
RICHLAND COUNTY SHERIFF'S DEPARTMENT	To provide jail mental health and crisis services. <i>This will require County Board approval.</i>	2022 Budgeted Revenue: \$3,000 2023 Budgeted Revenue: \$5,200

Motion by Danielle Rudersdorf, seconded by Francis Braithwaite to approve the new 2023 revenue contract and forward the recommendation onto the County Board for approval. Motion carried.

7. **Approve the Application & Acceptance of a State Opioid Response (SOR) Grant:** The State Opioid Response Grant provides funding to provide services for those diagnosed with Opioid Use Disorders. The grant cycle request is for September 30, 2022 to September 29, 2023, and will address treatment needs for both those diagnosed with Opioid Use Disorders and those diagnosed with Stimulant Use Disorders. The grant does not require matching funds, in-kind match, or adding personnel, and therefore it does not require County Board approval.

Karen Knock left the meeting

8. **Approve the Transfer of Funds from Fund 63 Transportation Program to Fund 18 Co. Aging Unit:** Fund 18 Co. Aging Unit – Car Replacement Fund permits a county to hold sec. 8521 aids in trust until such a time as they are needed for vehicle purchases or maintenance of transportation equipment. Auditors recommend transferring the funds through the resolution process and not through the county audit process. It was determined this could be approved by the County Administrator and no action was needed.
9. **Review Community Health Needs Assessment Activities:** Rose Kohout discussed the status of the Community Health Needs Assessment in collaboration with a consultant and the Richland Hospital. A Community Health Needs Assessment is a statutory requirement every 5 years. The process of collecting and analyzing data and identifying priorities was reviewed, as well as a timeline for the completion of the process.

Administrative Report:

10. **Director, Tricia Clements:** Tricia Clements provided highlights and program updates for each unit of the agency including staffing updates, trainings, events, and updates on new and ongoing initiatives. The retirement of Rose Kohout, Public Health Services Manager, was announced and the committee thanked her 12 years of service.
11. **Discuss the implications to HHS of Centralizing Human Resources and Finance Functions:** Trish noted at this point there is no new information to share.

Personnel:

12. **HHS Personnel Updates:** Tricia Clements announced the hiring of MacKenzie Fischer, Mental Health Therapist, effective January 16, 2023; Danielle Roelke, Mental Health Therapist, effective January 16, 2023; Cindy Bromeland, Adult Protective Services Worker, effective January 16, 2023; Corey Knable, Mental Health Case Manager, effective January 16, 2023; Beth Muth, Mental Health Case Manager, effective January 16, 2023; and Dennis Drake, Custodian, effective January 16, 2023. Resignations were also reported of Savannah Tydrich, Economic Support Specialist, effective January 3, 2023; Beth Muth, Secretary, effective January 16, 2023; Daniell Roelke, Leased Crisis Case Worker- Richland School District, effective January 14, 2023; Cindy Bromeland, Leased Service Facilitator, effective January 14, 2023; Corey Knable, Leased Service Facilitator, effective January 14, 2023; and Dennis Drake, Lease Custodian, effective January 14, 2023.

Richland County

HHS & Veterans Standing Committee

Advertising or interviewing is occurring for a Mental Health Case Manager. All other vacant positions are on hold at this time.

- 13. Close Session pursuant Wisconsin State Statute 19.85(1)(c) Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility. Performance Evaluations of the Health and Human Services:** Motion by Ken Rynes, seconded by Francis Braithwaite, to enter into closed session. Motion carried.
- 14. Return to Open Session:** Motion by Ken Rynes, seconded by Jerel Berres, to return to open session. Motion carried.

Closing:

- 15. Future Agenda Items:** Future Budget Response, Report on the Teddy Rue Fund, and Review of committee purpose and committee structure tasks.
- 16. Adjournment:** The next meeting is scheduled for February 9, 2023 at 9:30 a.m. in the Richland County Board room and via WebEx. Motion by Lee Van Landuyt, seconded by Francis Braithwaite to adjourn the meeting. Motion carried.

Respectfully Submitted,
Meghan Rohn
Confidential Administrative Secretary

CHAPTER 251

LOCAL HEALTH OFFICIALS

251.001	Legislative findings.	251.115	Multiple municipal local health department and city–county local health department; how financed.
251.01	Definitions.	251.12	City health department, how financed.
251.02	Local health department; establishment.	251.125	Village health department, how financed.
251.03	Local board of health; members.	251.127	Town health department, how financed.
251.04	Local board of health; powers and duties.	251.13	City–county health department and multiple county health department, joint funds.
251.05	Local health department; levels of service; duties.	251.135	Publication and effective date of orders and regulations.
251.06	Local health officer; qualifications; duties.	251.14	Gifts.
251.07	Certain physicians; state agency status.	251.15	Withdrawal of counties, cities, villages, or towns.
251.08	Jurisdiction of local health department.	251.16	Local health department; evidence.
251.09	Joint services.	251.20	Rule making.
251.10	County health department, how financed.		
251.11	City–county health department and multiple county health department, how financed.		

Cross-reference: See definitions in s. 250.01.

251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern.

History: 1993 a. 27.

251.01 Definitions. In this chapter:

(1c) “Advanced practice registered nurse” means any of the following:

- (a) Certified nurse–midwife.
- (b) Certified registered nurse anesthetist.
- (c) Clinical nurse specialist.
- (d) Nurse practitioner.

(1g) “City–county board of health” means a board of health for a city–county health department.

(1r) “County board of health” means a board of health for a single county health department or for a multiple county health department.

(3) “County health officer” means the position of a local health officer in a single county health department or in a multiple county health department.

(7m) “Represented employee” means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

(8) “Sanitarian” means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

History: 1993 a. 27 ss. 196, 197, 460; 2001 a. 16; 2007 a. 130; 2021 a. 192.

251.02 Local health department; establishment. (1) In counties with a population of less than 750,000, unless a county board establishes a city–county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city–city health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

(1m) Subject to sub. (1r), in counties with a population of less than 750,000, the county board and the governing body of a city that has a city health department may jointly establish a city–county health department, which shall meet the requirements of this chapter. A city–county health department shall serve all areas of the county that are not served by a city health department that

was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city–county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city–county health department.

(b) The powers and duties of the city–county board of health for the city–county health department.

(c) The relative powers and duties of the city and county with respect to governance of the city–county health department and the city–county board of health.

(1r) If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city–county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city–county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city–county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city–county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city–county health department employees who were formerly represented employees at the city or county, the city–county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city–county health department and the representative of the employees have entered into a collective bargaining agreement.

(2) (a) Except as provided in par. (b), in a county with a population of 750,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 750,000 or more, the governing body of a city or village may establish, jointly with the governing body of another city or village, a multiple municipal local health department that meets the requirements of this chapter.

(3) A county board may, in conjunction with the county board of one or more other counties, establish a multiple county health department, which shall meet the requirements of this chapter. A multiple county health department shall serve all areas of the respective counties that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r).

(3m) If a county has a population of at least 100,000 but less than 750,000 and the county board of that county has, by July 1, 1985, abolished a county health commission or committee established under s. 141.10, 1991 stats., a village board in that county may continue and establish as a local board of health a village board of health that was established prior to January 1, 1994, and a town board in that county may continue and establish as a local board of health a town board of health that was established prior to January 1, 1994. A village or town that does so shall establish a local health department and elect a local health officer consistent with this chapter.

(3r) In a county described in sub. (3m), in addition to the local health department required to be established under sub. (3m), the governing body of a city, village or town in that county may, in concert with the governing body of another city, village or town in that county, establish a multiple municipal local health department and elect a local health officer consistent with this chapter.

(3t) The governing body of a city with a city health department, as specified in s. 250.01 (4) (a) 3., may, in concert with the governing body of another city with a city health department, as specified in s. 250.01 (4) (a) 3., in the same county, establish a city–city health department and elect a local health officer consistent with this chapter.

(4) No governing body of a county, city, village or town is required to use the term “local health department” to refer to a local health department that is established under this section.

History: 1993 a. 27; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158; 2011 a. 32; 2017 a. 207 s. 5.

251.03 Local board of health; members. (1) A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician, except that if the appointing authority is unable to locate a willing registered nurse, physician, or both, it shall make a good faith effort to appoint a physician assistant, advanced practice registered nurse, or both. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word “health” in its title.

(2) The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a county with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a county without a county executive, members of the county board of health shall be appointed by the chairperson of the

county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

(3) In establishing a city–county or multiple county health department, the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body’s appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed as specified in sub. (2).

(4) Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

(4m) Subsections (1) to (4) do not apply to a village or town that establishes a local health department under s. 251.02 (3m). In a village or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

(4r) Subsections (1) to (4m) do not apply to a city, village or town that establishes a multiple municipal local health department under s. 251.02 (2) (b) or (3r), or to cities that establish a city–city local health department under s. 251.02 (3t). In establishing a multiple municipal local health department as described under s. 251.02 (2) (b) or (3r), the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body’s appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed by the relevant governing bodies. A local board of health under this subsection shall elect a chairperson and clerk.

(5) No governing body of a county, city, village or town is required to use the term “local board of health” to refer to a local board of health that is established under this section.

History: 1993 a. 27; 1999 a. 9; 2003 a. 158; 2021 a. 192; s. 35.17 correction in (1).

251.04 Local board of health; powers and duties.

(1) Except as authorized in s. 251.02 (2) (b), (3m), (3r), and (3t), a city board of health shall govern a city health department, a county board of health shall govern a county health department or multiple county health department, and a city–county board of health shall govern a city–county health department. A city board of health, a county board of health, a city–county board of health, or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. A local board of health may contract or subcontract with a public or private entity to provide public health services. The contractor’s staff shall meet the appropriate qualifications for positions in a Level I local health department.

(2) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure that its local health department is a Level I, Level II, or Level III local health department, as specified in s. 251.05 (1).

(3) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) may adopt those regulations, for its own guidance and for the governance of the local health department, that it considers necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the department.

(4) A local board of health shall report to the department as required by rule.

(5) A local board of health shall meet at least quarterly.

(6) A local board of health shall:

(a) Assess public health needs and advocate for the provision of reasonable and necessary public health services.

(b) Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

(7) A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy.

(8) Unless the manner of employment is otherwise provided for by ordinance, a local board of health shall employ qualified public health professionals, including a public health nurse to conduct general public health nursing programs under the direction of the local board of health and in cooperation with the department, and may employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. The local board of health shall coordinate the activities of any sanitarian employed by the governing body of the jurisdiction that the local board of health serves. (The local board of health is not required to employ different persons to perform these functions.)

(9) In counties with a single county health department and either a county executive or a county administrator, the county executive or county administrator may assume the powers and duties of a local board of health under this section. If a county executive or a county administrator elects to assume those powers and duties, the local board of health shall be only a policy-making body determining the broad outlines and principles governing the administration of the county health department.

History: 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158.

251.05 Local health department; levels of service; duties. (1) A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

(2) The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(3) A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

(4) Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(5) Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(6) A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.

History: 1993 a. 27; 2001 a. 109; 2005 a. 198; 2007 a. 130.

Cross-reference: See also ch. DHS 140, Wis. adm. code.

251.06 Local health officer; qualifications; duties.

(1) (a) 1. Except as provided in subd. 2. or 3., a local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full-time employee of a Level I local health department, including a full-time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full-time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full-time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full-time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

a. Three years of experience in a full-time administrative position in either a public health agency or public health work.

b. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

c. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g), counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health officer if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health officer.

(2) (a) Except as provided in pars. (b) and (c), a local health officer shall be a full-time employee of a local health department.

(b) A local health officer of a county health department in a county under s. 251.02 (3m) shall be a full-time employee of the county who meets the qualifications of a local health officer of a Level I local health department.

(c) A local health officer of a local health department of a village or town established under s. 251.02 (3m) or a local health officer of a multiple municipal local health department established under s. 251.02 (3r) shall be one of the following:

1. An employee of the local health department of the village or town or an employee of the multiple municipal local health department.

2. A full-time employee of a local health department other than that specified in subd. 1.

3. The local health officer under par. (b).

4. The employee of a hospital, who provides, on a full-time basis, the services under s. 251.05 (2) (a), (b) or (c).

(3) A local health officer shall:

(a) Administer the local health department in accordance with state statutes and rules.

(b) Enforce state public health statutes and rules.

(c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

(d) Administer all funds received by the local health department for public health programs.

(e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include any of the following:

1. A public health educator who meets qualifications that the department shall specify by rule.

2. A public health nutritionist, who is a certified dietitian, as defined in s. 448.70 (1m), is credentialed as a registered dietitian by the Commission on Dietetic Registration, and meets qualifications that the department shall specify by rule.

3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) or (b), and who meets qualifications that the department shall specify by rule.

(f) Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department.

(g) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.

(h) Have charge of the local health department and perform the duties prescribed by the local board of health. The local health officer shall submit an annual report of the administration of the local health department to the local board of health.

(i) Promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.

(4) (a) Except as provided in pars. (b) and (c), a local health officer shall be appointed in the same manner as are members of a local board of health under s. 251.03 (2).

(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall be only a policy-making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city-city local health department established under s. 251.02 (3t) shall be appointed by the local board of health.

History: 1993 a. 27 ss. 203, 209, 266, 465; 1993 a. 106; 1995 a. 201; 1997 a. 114; 1999 a. 9; 2003 a. 158; 2007 a. 130; 2011 a. 120.

Cross-reference: See also ch. DHS 139, Wis. adm. code.

This section does not require that a county create a stand-alone county health department and does not preclude the county human services director from exercising any managerial authority over the county health officer with respect to the operation of county health department programs. Because the transfer of the functions of a county health department to the county human services department is expressly authorized under s. 46.23 (3) (b) 1. bm. and c., a county that has a county executive is not required to create a stand-alone county health department. OAG 7-08.

251.07 Certain physicians; state agency status. A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

History: 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

251.08 Jurisdiction of local health department. The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city-county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213; 2001 a. 16.

251.09 Joint services. Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

History: 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

251.10 County health department, how financed. The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1)

and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

History: 1993 a. 27.

251.11 City–county health department and multiple county health department, how financed. (1) The local board of health of every multiple county health department established under s. 251.02 (3) and of every city–county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating county or city in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

(2) The local board of health of a multiple county health department established under s. 251.02 (3) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city–county health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city–county health department.

History: 1993 a. 27 ss. 207, 216, 217; 2001 a. 16, 104; 2015 a. 175; 2017 a. 6.

251.115 Multiple municipal local health department and city–city local health department; how financed. The governing body of every multiple municipal local health department established under s. 251.02 (2) (b) or (3r) and of every city–city local health department established under s. 251.02 (3t) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating municipality in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each municipality, shall be delivered to the governing body of each participating municipality. The appropriation to be made by each participating municipality shall be determined by the governing body of the city, village, and town.

History: 2015 a. 175; 2017 a. 6.

251.12 City health department, how financed. The common council shall appropriate funds for the operation of all of the following:

(1) A city health department that is established as specified in s. 251.02 (1) and (2) (a).

(2) A multiple municipal local health department that is established as specified in s. 251.02 (3r).

(3) A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

(4) A city–city local health department that is established as specified in s. 251.02 (3t).

History: 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

251.125 Village health department, how financed. If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

251.127 Town health department, how financed. If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under

s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9.

251.13 City–county health department and multiple county health department, joint funds. For each multiple county or city–county health department, a joint health department fund shall be created either in the treasurer’s office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department’s jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

History: 1993 a. 27 s. 218.

251.135 Publication and effective date of orders and regulations. The orders and regulations of a local board of health shall be published as a class 1 notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term “regulation” to refer to a regulation that is published under this section.

History: 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

251.14 Gifts. A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

History: 1993 a. 27 s. 215.

251.15 Withdrawal of counties, cities, villages, or towns. (1) After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties, except that participating county boards may, in establishing a multiple county health department under s. 251.02 (3), establish an initial minimum participation period of up to 5 years. If a multiple county health department is established with an initial minimum participation period under this subsection, a participating county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2) A city that had established a local health department prior to deciding to participate in a city–county health department established under s. 251.02 (1m) may withdraw from the city–county health department if the common council of the city gives written notice to the county board of the participating county, except that participating cities and counties may, in establishing a city–county health department under s. 251.02 (1m), establish an initial minimum participation period of up to 5 years. If a city–county health department is established with an initial minimum participation period under this subsection, a participating city or county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2m) After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city–city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns, except that participating cities, villages, and towns may, in establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city–city local health department under s. 251.02 (3t), establish an initial minimum participation period of up to 5 years. If a multiple municipal local health department or city–city local health department is established with an initial minimum participation period under this subsection, a participat-

251.15 LOCAL HEALTH OFFICIALS

Updated 21–22 Wis. Stats. 6

ing city, village, or town may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(3) The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

History: 1993 a. 27 s. 220; 2001 a. 16; 2003 a. 158; 2015 a. 175.

251.16 Local health department; evidence. The reports and employees of a local health department are subject to s. 970.03

(12) (b).

History: 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

251.20 Rule making. The department shall promulgate rules that specify all of the following:

(1) Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

(3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).

History: 1993 a. 27; 2005 a. 198; 2009 a. 180.

Cross-reference: See also ch. DHS 140, Wis. adm. code.

RICHLAND COUNTY BOARD COMMITTEE STRUCTURE

(Amended January 17, 2023)

ADRC OF EAGLE COUNTRY REGIONAL BOARD

(reports to HHS & Veterans Standing Committee)

- A. Outside board that oversees the regional ADRC, administered by Juneau County.
- B. One County Board supervisor from the HHS & Veterans Standing committee shall be recommended for appointment by the County Board Chair, with confirmation by the County Board.

(COMMISSION ON) AGING AND DISABILITY BOARD

(reports to HHS & Veterans Standing Committee)

- A. This committee shall consist of eleven members as follows:
 1. At least 51% of the members shall be at least 60 years old;
 2. At least 2 members representing adults with disabilities;
 3. At least 1 member representing adults challenged by mental health and/or substance abuse disorders;
 4. At least 1 member representing disabled youth transitioning into adult services;
 5. At least 1 member representing service providers;
 6. At least 2 members shall be County Board Supervisors.
- B. 6 of the initial appointments shall be for 2 years and 5 shall be for 1 year. All subsequent appointments shall be for 2 years.
- C. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- D. The Commission on Aging and Disability is the citizen advisory body of the Richland County Aging and Disability Resource Center Unit and Health and Human Services Board in matters relating to those citizens over age 60 and those citizens over age 18 and under 60 who are disabled physically, developmentally, and/or challenged by mental health or substance abuse disabilities in Richland County. Wisconsin State Statute 46.82(4) covers the requirements and comply with the federal aging funding that the County receives.
- E. The Powers and Duties of the Commission on Aging and Disability are:
 - a. Advise the Aging and Disability Resource Center Unit on the development and implementation of the County Aging Plan and ADRC Service Plan.
 - b. Provide financial oversight for the Aging and Disability Resource Center Unit.
 - c. Ensure that the terms of the Aging and Disability Resource Center state/county/Area Agency on Aging contract are fulfilled.
 - d. Collect information on the needs of older adults and adults with disabilities and make recommendations to Aging and Disability Resource Center Unit Staff.
 - e. Monitor progress on implementation of the Aging and Disability Resource Center Unit Plan.

- f. Serve as an advisory group and approve a Community Options Plan for participation in the program and plan updates as they are made.
- g. Educate older people and adults with disabilities on issues of importance to them.
- h. Advocate for the rights of older people to the Area Agency on Aging – District I, Aging and Disability Resource Center Unit, Legislators and other elected officials of the County, State and Federal governments and to older populations.
- i. Advocate for the rights of adults with disabilities to the Aging and Disability Resource Center Unit, Legislators and other elected officials of the County, State and Federal governments and to adult populations.
- j. React to and comment on concerns transmitted from the Health and Human Services Board and Aging and Disability Resource Center Unit.
- k. Assure input from consumers, service providers, and local constituents in the general policies, procedures, practices, and goals of the Aging and Disability Resource Center Unit.
- l. Study specific problems facing elders and adults with disabilities and make recommendations to the County Board, Health and Human Services Board and Aging and Disability Resource Center Unit.
- m. Review and advise the Health and Human Services Board and Aging and Disability Resource Center Unit on budgetary and programmatic issues.
- n. Report to local adult and senior clubs and other adult and senior organizations on information and issues relevant to senior citizens and adults with disabilities.
- o. Serve on committees as needed.
- p. Attend regular Commission on Aging and Disability meetings.

(JOINT) AMBULANCE COMMITTEE

(reports to Finance & Personnel Standing Committee)

- A. 16 members, consisting of 1 from each of the 10 participating towns, 1 each from the Village of Boaz and the Village of Yuba, 1 from the City Council of the City of Richland Center and the Mayor, two County Board Supervisors (appointed by recommendation of the County Board Chair);
- B. Provide oversight and advice provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation of the County Ambulance Service.
- C. Monitor the actual vs. approved annual budget in funds managed by the Ambulance Department on a minimum quarterly basis.

AMERICANS WITH DISABILITY ACT COMPLIANCE COMMITTEE *(reports to Public Works Standing Committee)*

- A. 7 members composed as follows:
 - 1. the Vice Chair of the County Board;
 - 2. two Supervisors;
 - 3. one disabled individual;
 - 4. a representative from the business or non-profit community;

5. a representative from education;
 6. a representative from the medical/health profession.
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
 - C. The committee shall hear appeals from action taken by the Americans with Disability Coordinator.
 - D. Members shall be paid mileage and per diems for their attendance.
 - E. Maintain a written self-evaluation for approval by the County Board to ensure that the County's delivery of services and programs is in compliance with the Americans with Disabilities Act.
 - F. Administer and review the procedure for the filing of complaints under the Americans with Disabilities Act and develop a written self-evaluation for the purpose of bringing the County's hiring and appointment procedures into compliance with the Americans with Disabilities Act.
 - G. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding a facilities plan and a transition plan for approval by the County Board relative to bringing all County owned or operated buildings and facilities into compliance with the Americans with Disabilities Act.

BRANDING COMMITTEE

(reports to Rules & Strategic Planning Standing Committee)

- A. This committee consists of 9 members being as follows:
 1. Two County Board members (one of whom will serve as chair)
 2. Two County Department heads
 3. Three community members
 - a. A high school student
 - b. A business sector representative
 - c. A representative of art
 4. Two village representatives
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. The committee will assist with the development of a County Branding Manual covering details of logos, motto, flag, branding elements for all road signage, vehicle signage, building signage, county department letterhead, business cards, and the website.
 1. Duties include:
 - a. To bring insight to the process from the people and profession they represent.
 - b. To help identify good process for public input.
 - c. To spread the news of this effort while speaking positively and supportively of the process.
 - d. Provide insights on design elements but they themselves do not create, design, or dictate what the brand will be or tell the design consultant what to do.

- e. Provide a recommendation of a final County Branding Manual for adoption and implementation by the County Board.

CHAPTER 980

(reports to State of Wisconsin)

When a court orders the county to prepare a report that identifies an appropriate residence option within the county for an individual committed as a sexually violent person who has been authorized for supervised release and is a Richland County Resident, the county shall create a temporary committee to prepare a report for the county. The committee shall consist of the following:

1. The county department under s. 51.42 (Health and Human Services);
2. A representative of the Department of Health Services;
3. A local probation or parole officer;
4. The county corporation counsel or his or her designee; and
5. A representative of the county that is responsible for land use planning or the department of the county that is responsible for land information.

Wisconsin State Statutes 980.08(4)(dm) covers the requirements of the Chapter 980 Committee and can be found at: [https://docs.legis.wisconsin.gov/document/statutes/980.08\(4\)\(dm\)](https://docs.legis.wisconsin.gov/document/statutes/980.08(4)(dm)) .

CITIZEN PARTICIPATION PLANNING COMMITTEE

(reports to the Finance & Personnel Standing Committee)

- A. This committee is a legal requirement for the use of Community Block Development Grant (CDBG) funds to complete approved CDBG projects at the Richland Center Auditorium and in the Village of Lone Rock. This committee must exist until the projects are complete, which is anticipated to be the Fall of 2020.
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.

CITY COUNTY COMMITTEE

(reports to Rules & Strategic Planning Standing Committee)

- A. This committee is a joint body of Richland County and the City of Richland Center that addresses issues of importance to both the County and City.
- B. Two members from the County Board consist of the County Board Chair and Vice Chair.

COMPREHENSIVE COMMUNITY SERVICES COORDINATION COMMITTEE

(reports to HHS & Veterans Standing Committee)

1. Nine members.
2. The Committee shall consist of the following members:
 - a. 2 employees of the Richland County Department of Health and Human Services who are responsible for mental health and substance abuse services;
 - b. 1 service provider(s);
 - c. 1 community mental health and substance abuse advocate(s);
 - d. 4 consumers;

- e. 1 family members and interested citizens. At least one-third of the members of the Committee shall be consumers and no more than one-third of the members may be County employees or providers of mental health or substance abuse services.

3. Members recommended by the Administrator for appointment and confirmed by the County Board.

4. The duties of the Committee are:

Review and make recommendations regarding: the initial and any revised Comprehensive Community Services Plan; Comprehensive Community Services quality improvement plan; personnel policies and other policies, practices or information that the Community Services Program and protection of consumer rights. Wisconsin Administrative Code DHS 36.09 covers the requirements for this advisory committee to the CCS program (a Medicaid behavioral health program) and can be found at <https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2036.09>.

5. The Committee shall meet at least quarterly.

6. Members shall serve 3-year staggered terms after serving a 2-year initial appointment.

7. All members, except County employees, shall be paid mileage and a per diem for their attendance.

COORDINATED SERVICES TEAM (CST) COORDINATING COMMITTEE

(reports to HHS & Veterans Standing Committee)

- A. This committee covers two programs; the Coordinated Services Team (CST) Initiative and the Children's Community Options Program (CCOP). Wisconsin Statutes 46.56(3) covers the requirements for the CST Committee [\[https://docs.legis.wisconsin.gov/document/statutes/46.56\(3\)\]](https://docs.legis.wisconsin.gov/document/statutes/46.56(3)) and Wisconsin Statutes 46.272(4) which covers the Children's Community Options Program (CCOP) advisory committee [\[https://docs.legis.wisconsin.gov/document/statutes/46.272\(4\)\]](https://docs.legis.wisconsin.gov/document/statutes/46.272(4)).
- B. The Coordinated Services Team (CST) Coordinating Committee meets the requirements for CST and CCOP Programs.
- C. Members recommended by the Administrator for appointment and confirmed by the County Board, which shall include representatives from:
 - a. The county department responsible for child welfare and protection services or, for an initiative established by a tribe, the tribal agency responsible for child welfare and protection services.
 - b. The county department responsible for mental health and alcohol and drug abuse services for children and families or, for an initiative established by a tribe, the tribal agency responsible for these services.
 - c. The county department responsible for providing services for children who have developmental disability or, for an initiative established by a tribe, the tribal agency responsible for providing these services.
 - d. The juvenile court administrator or another representative appointed by the judge responsible for cases heard under chs. 48 and 938 or, for an initiative established by a tribe, a representative of the tribal court.
 - e. The largest school district in the county and any cooperative educational service agency, if it provides special education in the county, or any county children with disabilities education board in the county, and any other school district in the county that is willing to participate in the initiative, at the discretion of the administering agency. For an initiative established by a tribe, the coordinating committee shall include a representative of the school district serving

the majority of pupils who reside on the reservation of the tribe or on trust lands held for the tribe and any cooperative educational service agency providing special education services to these pupils.

- f. The agency responsible for economic support programs.
- g. The local health department.
- h. Persons in the service area who provide social or educational services to children who have disabilities other than the providers above.
- i. At least 2 parents, or the number that equals 25 percent of the coordinating committee's membership, whichever is greater, of children who are involved in 2 or more systems of care including: parents of children with disabilities including, if possible, parents from families that participate in the children's community options program. To the maximum extent possible, the parents shall be representative of the various disability, racial, and ethnic groups in the service area. The members specified under this subdivision shall constitute a majority of the membership of the committee.

CRIMINAL JUSTICE COORDINATING COMMITTEE

(reports to Public Safety Standing Committee)

A. Thirteen members consisting of the following:

Circuit Court Judge

Director of the Department of Health and Human Services

District Attorney

Sheriff

Chief of Police of the City of Richland Center

One County Board Supervisor

Mayor of the City of Richland Center

Public Defender

Probation Agent

Director of Passages

Child Support Administrator

Clerk of Circuit Court

President of the Richland County Ministerial Association

B. Study the Richland County juvenile and criminal justice system; identify deficiencies and formulate policy, plans and programs for change; communicate and present planning, financial, operational, managerial and programmatic recommendations to the agencies which administer the juvenile and criminal justice system in Richland County; provide coordinated leadership necessary to establish cohesive policies which are based on research, evaluation and monitoring of policy decisions and program implementations for innovative corrections programs for adult and juvenile offenders; review, evaluate and make policy recommendations on vital criminal justice system

issues.

C. All members except the County Board Supervisor member may designate an alternate to attend a

meeting or meetings of the Committee. The County Board Chair shall recommend the County Board Supervisor member for appointment, with confirmation by the County Board.

D. The term of all members shall be 6 years from January 1, 2017, and

E. The following members or their designees are entitled to be paid a per diem and mileage for their attendance at meetings of the Committee;

County Board Supervisor;

Mayor of the City of Richland Center;

Director of Passages;

President of the Richland County Ministerial Association.

COURT SECURITY COMMITTEE

(reports to Public Safety Standing Committee)

A. Wisconsin Supreme Court Rule (SCR) 68.05 establishes the authority of a judge to operate a Security and Facilities Committee

B. The purpose of the committee is to ensure the court system is proactively preventing violent incidents related to the facilities of the court. 23 specific policies and activities are enumerated under SCR 68.05, outlining the scope of the work of the committee.

C. The committee shall meet quarterly.

D. The presiding judge shall appoint membership composed of the following:

a. One circuit judge serving as chairperson

b. The chairperson of the County Board (or their designee)

c. The County Administrator (or their designee)

d. The Clerk of Circuit Court (or their designee)

e. The Sheriff (or their designee)

f. The District Attorney (or their designee)

g. The Wisconsin State Public Defender (or their designee)

h. A circuit court commissioner

i. One lawyer designated by the president of the local bar association. If there is no association, the presiding judge shall appoint a lawyer residing in Richland County.

j. One representative of a victim-witness support organization

k. One representative of the facilities/maintenance department

l. Such other persons as the committee considers appropriate, such as a member of the public

ECONOMIC DEVELOPMENT

(reports to Rules & Strategic Planning Committee)

The 11-member Richland Economic Development Board consists of nine voting members, one of whom is the County Board Chair. Five voting members from the commerce sector, one member of the civic sector, and one citizen at large are appointed by the RED Board. The other voting member is the Mayor of Richland Center. Two non-voting members include the County Administrator and City Administrator. The duties of the Board are set forth in an agreement between the City and County.

EDUCATION STANDING COMMITTEE

- A. 8 County Board Supervisor members recommended for appointment by the County Board Chair and confirmed by the County Board.
- B. Monitors the actual vs. proposed annual budget in funds managed by the Agriculture & UW-Extension, UW-Platteville Richland Maintenance, and UW-Platteville Richland Food Services Departments on a minimum quarterly basis.
- C. Functions as the Agriculture and Extension Education Committee in accordance with section 59.87, Wisconsin Statutes and as follows:
 1. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) on the hiring of professionally qualified persons to the University Extension Program staff in cooperation with University Extension. Vacancies and additions to the staff shall be filed in the same manner.
 2. To make available the necessary facilities and conduct programs in:
 - a. Professional and liberal education.
 - b. Human resources development.
 - c. Economic and environmental development.
 - d. Extension work provided for in an act of Congress and all acts supplementary thereto.
 - e. Any other extension work authorized by local, State or Federal legislation.
- D. Functions as the UW-Platteville Richland Committee as follows:
 1. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation, maintenance of all county buildings and land covered in the agreement with the University of Wisconsin Center System that the County is responsible for.
 2. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation and maintenance of the Food Service System.
 3. Promotes the campus as a higher education and cultural center for Richland County.

FAIR, RECYCLING, AND PARKS STANDING COMMITTEE

- A. Ten members, four of whom shall be Supervisors and six of whom shall be citizen members. The Chair shall be a County Board Supervisor.
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.

- C. Working with the County Administrator and Finance & Personnel Standing Committee, recommend a staffing and volunteer plan for sustainable operation of the County Fair and Parks to be incorporated into the 2023 or 2024 budget.
- D. Monitors the actual vs. proposed annual budget in funds managed by the Fair & Recycling and Parks Departments on a minimum quarterly basis.
- E. Acts as the Fair & Recycling Committee as follows:
 - a. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation, maintenance and use of the County Fairgrounds and buildings.
 - b. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding and control the operation of the annual County Fair.
 - c. Approve all fees recommended by the Fair & Recycling Coordinator relating to the use of the Fairgrounds, including entrance fees, rental fees, parking fees and all other fees or rental charges relating to the use of the Fairgrounds, for during the time of the County Fair and for all other times.
 - d. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding all security matters relating to the Fairgrounds.
 - e. Carry out all the duties assigned to counties as set forth in 1989 Wisconsin Act 335.
 - f. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the solid waste disposal and recycling needs of the citizens of Richland County.
 - g. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the Clean Sweep Programs to be carried out in Richland County.
- F. Acts as the Parks Commission as follows:
 - a. Term of seven (7) years, expiring in the month of June; County Board Supervisors' terms subject to reconfirmation by the County Board.
 - b. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the activities of the County Parks in accordance with Wisconsin State Statutes 27.02 through 27.06.
 - c. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the development, operation and maintenance of the Lone Rock to Richland Center railroad corridor as a recreational trail.
 - d. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding all security matters relating to County Parks.

FINANCE & PERSONNEL STANDING COMMITTEE

- A. Nine members consisting of:
 - 1. The County Board Chair (who shall serve as Chair of the Finance & Personnel Standing Committee)
 - 2. The County Board Vice Chair (who shall serve as Vice Chair of the Finance & Personnel Standing Committee)

3. Education Standing Committee (Designee by committee vote)
 4. Fair, Recycling, and Parks Standing Committee (Designee by committee vote)
 5. HHS & Veterans Standing Committee (Designee by committee vote)
 6. Land & Zoning Standing Committee (Designee by committee vote)
 7. Pine Valley & Child Support Standing Committee (Designee by committee vote)
 8. Public Safety Standing Committee (Designee by committee vote)
 9. Public Works Standing Committee (Designee by committee vote)
- B. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding all financial matters of the County Board for the purpose of keeping expenditures under control and within the budget adopted by the County Board, the Treasurer's recommendations for investment monies, and financial audits by outside auditors.
 - C. Monitors the actual vs. proposed annual budget in funds managed by the Administrator, County Board, Clerk, and Treasurer Departments on a minimum quarterly basis.
 - D. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) over the Administrator's recommendations for property, liability, and workers' compensation, liability and worker's compensation policies.
 - E. Annually recommend a budget for the County for submission to the County Board for its approval at the annual meeting.
 - F. This committee shall handle all matters relating to debt service issues.
 - G. This committee shall consider all claims made against Richland County and shall make a recommendation to the County Board as to how to dispose of each such claim.
 - H. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding issues that arise out of the offices of the Administrator, County Clerk, Property Lister, and Treasurer.
 - I. Sell all tax deed property in the manner prescribed by the Wisconsin Statutes and as deemed appropriate by the Committee and without further approval by the County Board.
 - J. Administer the Revolving Loan Fund account in accordance with the procedures manual.
 - K. Make fund transfers between budget lines within the budgets of individual departments or committees in the annual County budget.
 - L. Recommend all proposals of lowering or raising the salary ranges, fixing the salaries, sick leave, vacation periods, holidays, working conditions, insurance for County employees, fringe benefits, deferred compensation program, family and medical leave, and leaves of absence shall be referred to the Committee only after consideration and recommendation by the concerned department head and committee. The Committee shall review and analyze such proposals and make such recommendations to the County Board as it determines appropriate.
 - M. The committee shall from time to time provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding Job Analysis and Evaluations and a study of the table of operations, and if a change in any of the above is recommended, and said recommendation shall be submitted to the County Board for action.
 - N. The committee shall, after recommendation by the concerned department head and committee, set working conditions, grant leaves of absence, grant promotions, settle grievances, and establish personnel rules, regulations and policy.

- O. The committee together with such professional assistance as may be provided by the Administrator, shall represent the County in collective bargaining and all other situations and procedures covered by section 111.70, Wisconsin Statutes, including the applications and interpretation of all collective bargaining agreements. The County Board shall have authority to approve or reject any and all agreements of any employee bargaining units.
- P. This committee shall provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) the amount of bonds of various county officers and employees.
- Q. This committee shall act as the Audit Committee providing oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) reports on all expense vouchers for the County Board of Supervisors and the various departments of the County, except for the Social Services Department, Pine Valley Healthcare and Highway Department for which the Audit Committee shall review the department summary sheets.

HEALTH AND HUMAN SERVICES AND VETERANS STANDING COMMITTEE

- A. 11 members, 6 of whom shall be County Board Supervisors and 5 of whom to be non-Supervisors. The Chair shall be a County Board Supervisor.
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. Monitors the actual vs. proposed annual budget in funds managed by the Health & Human Services and Veterans Departments on a minimum quarterly basis.
- D. Acts as the Health & Human Services Board as follows:
 - a. Of 3 non-Supervisor members, 1 shall be a physician, 1 shall be a registered nurse and 1 shall be a consumer/family member receives or has received human services or shall be a family member of such an individual.
 - b. To provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding a program for the providing of services to the mentally ill, developmentally disabled and alcohol and other drug dependent citizens of Richland County, in accordance with section 51.42 and 51.437, Wisconsin Statutes.
 - c. Perform the duties set forth in Chapter 251, Wisconsin Statutes, and such other duties as may be imposed upon it by the County Board. Veterans Citizens appointees will not act on decisions brought to the Board of Health.
 - d. Exercise those powers and perform those duties set forth in section 46.22(2), Wisconsin Statutes, and such other duties as may be set forth in County Ordinances or Resolutions.
 - e. The Board may enter into contracts on behalf of Richland County which involve the expenditure of not more than \$30,000 either at one time or within the course of one year, without prior County Board approval.
 - f. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the use and maintenance and security of the Richland County Community Services Building and parking lot.
 - g. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) as the County liaison between State and National Agencies relating to Senior Citizens funding and program activities including the Older Americans Act activities.

- E. Acts as the Veterans Service Commission as follows:
 - a. 1 or 2 County Board Supervisor members shall be a veteran.
 - b. Of 2 non-Supervisor members, both shall be Richland County residents who are veterans.
 - c. Carry out the duties set for in Wisconsin Statute 45.81 regarding aid to needy veterans.
 - d. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the Veterans Service Department.
 - e. The initial term shall be a 1-year term for one new seat and a 2-year term for one new seat. After completion of the initial term, members are appointed for a 3-year term per Wisconsin Statutes, section 45.81 (1).

HOUSING AUTHORITY

(reports to HHS & Veterans Standing Committee)

- A. Five members with three citizen members recommended by the Administrator for appointment and confirmed by the County Board, and two County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- B. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) for staff who will receive funds and administer programs in Richland County of the U.S. Housing and Urban Development Department (HUD), except HUD's Block Grant program.

LAND AND ZONING STANDING COMMITTEE

- A. 7 members, 6 of whom shall be County Board Supervisors and 1 of whom shall be the Farm Service Agency (FSA) Committee Chair or their FSA Committee member designee. The Chair shall be a County Board Supervisor. NOTE: Per 5 C.F.R. § 2635.702(b) a designee from FSA is prohibited.
- B. County Board Supervisor members are recommended by the County Board Chair for appointment and confirmed by the County Board. Two of the members shall be a member of the Education Standing Committee.
- C. Monitors the actual vs. proposed annual budget in funds managed by the Register of Deeds, Land Conservation, and Zoning Departments on a minimum quarterly basis.
- D. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding issues that arise out of the office of the Register of Deeds.
- E. Acts as the Land Conservation Committee as follows:
 - 1. Perform the functions required by Chapter 92 of the Wisconsin Statutes.
 - 2. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the functions and activities of the Richland County Department of Land Conservation.
 - 3. The Richland County Land Conservation Committee shall submit its long-range plan and annual plan to the County Board for review and approval by the County Board.
 - 4. Approval of the annual plan by the County Board shall constitute approval of all proposed Land Conservation committee activities and programs set forth in the annual plan, except as provided in paragraph (5) below.

5. The Chairperson of the Land Conservation Committee, or his or her designated representative, is authorized to sign contracts, memoranda of understanding or other agreements which have been approved by the Land Conservation Committee relating to Land Conservation Committee activities and programs, provided that these documents relate specifically to activities and programs described in the annual plan.
6. The Land Conservation Committee shall ensure that its annual plan contains specific and measurable objectives and procedures.
7. Notwithstanding any annual plan approval, the Land Conservation Committee may not undertake any new projects whose overall costs exceed \$30,000.00 excluding priority watershed projects as designated by the State of Wisconsin, without County Board approval.
8. If, during the course of the year, the Land Conservation Committee desires to undertake any activity or program not identified in the annual plan for the year, the Land Conservation Committee may make a special request for County Board approval of the activity or program, but may not undertake that activity or program without prior County Board approval.
9. Reviewing all applications received by the County Clerk under the Farmland Preservation Tax Credit Act (Chapter 91, Wisconsin Statutes) and making recommendations as to each such application to the County Board.
10. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the Ash Creek Community Forest.
11. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding all security matters relating to all land and buildings utilized by the Land Conservation Committee.

D. Acts as the Zoning Committee as follows:

1. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) over the County Zoning Ordinance in cooperation with the Corporation Counsel.
 - a. Richland County Zoning Ordinance
 - b. Richland County Land Division Ordinance
 - c. Shoreland/Wetland Ordinance
 - d. Floodplain Ordinance
 - e. Tri-County Airport Ordinance
 - f. County Addressing Ordinance
 - g. Richland County non-metallic Mining Ordinance
2. Make recommendations to the County Board in all matters relating to exclusive agricultural zoning as provided in Chapter 91, Wisconsin Statutes.
3. Act as a liaison representative on issues concerning the Lower Wisconsin Riverway Program.
4. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the activities of the Richland County Land Information office members and acknowledge that any additional budgeted property tax dollars to be spent for land records modernization will require specific approval by the County Board.

5. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the activities of County Surveyor.

LAND INFORMATION COUNCIL

(reports to Land & Zoning Standing Committee)

- A. Eight members consisting of the following: The Register of Deeds, The County Treasurer, The Real Property Tax Lister, A County Board Supervisor, The County Surveyor, The Zoning Administrator, A realtor employed in Richland County, and A public safety representative employed in Richland County
- B. Realtor and public safety representative recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor member recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. All terms shall be for 2 years, coinciding with County Board terms.
- D. The Council shall meet only after direction to do so by the Zoning and Land Information Committee.
- E. Citizen members shall be paid the per diem and mileage paid to Supervisors for attendance at committee meetings. No additional compensation shall be paid to full-time County officers or employees for attendance at meetings of the Council. The County Surveyor shall be compensated in accordance with the Surveyor's contract with the County. The Supervisor member shall be paid the standard per diem and mileage for attendance at committee meetings.
- F. The Council shall review the priorities, needs, policies and expenditures of the Land Information Office and advise the County on matters affecting the Land Information Office.

LIBRARY PLANNING COMMITTEE

(reports to Finance & Personnel Standing Committee)

- A. This committee is formed every 3 - 5 years for the purpose of writing Richland County's library plan, which is required by the state. Once the plan is written the committee is dissolved until the next time the plan needs to be updated.
- B. 5 members consist of a County Board Supervisor, Southwest Wisconsin Library System Board of Trustees member, a Brewer Public Library Librarian, a Lone Rock Community Library Librarian, and a Viola Public Library Librarian.
- C. The County Board Supervisor member shall be recommended for appointment by the County Board Chair, subject to County Board approval.

LOCAL EMERGENCY PLANNING COMMITTEE

(reports to Public Safety Standing Committee)

- A. The Local Emergency Planning Committee (LEPC) has responsibilities under Wisconsin Statute 59.54 (8)
- B. An undefined number of citizen members recommended by the Administrator for appointment and confirmed by the County Board, and two County Board Supervisor members shall be recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. The composition of this Committee is fluid in that current practice is that anyone who wishes to be a member of the LEPC can make a request to be appointed.
- D. Federal Law, the Superfund Amendments and Reauthorization Act (SARA), requires LEPCs to have at least one member from each of the following 5 Groups: Group 1 - Elected state or local

official; Group 2 – Law enforcement, civil defense, firefighting, first aid, health service, hospital, local environmental organization, transportation; Group 3 – Broadcast or print media; Group 4 – Community groups; Group 5 – Owners and operators of facilities subject to the requirements of Sara Title III.

LONE ROCK LIBRARY BOARD

(reports to Finance & Personnel Standing Committee)

The number of Supervisors or citizens appointed to this Board shall be determined annually in accordance with Wisconsin Statutes § 43.60 (3). Any Supervisor appointed to this Board shall be appointed by the County Board Chair, and any citizen shall be appointed by the County Administrator, both subject to approval of the County Board.

MISSISSIPPI VALLEY HEALTH SERVICES COMMISSION

(reports to HHS & Veterans Standing Committee)

1. One member from Richland County who shall be a member of the HHS & Veterans Standing Committee. If the member is a County Board Supervisor they shall be recommended by the County Board Chair for appointment and confirmed by the County Board. If the member is a citizen they shall be recommended by the County Administrator for appointment and confirmed by the County Board.
2. Serve as the County's representative on the commission of this non-profit corporation formed by various county governments to own and operate Lakeview Health Care Center, which accommodates nursing home residents who have specialized physical and mental health needs that are complicated by the residents' challenging behaviors.

NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN

(reports to HHS & Veterans Standing Committee)

- A. One member of this Board shall be appointed by the County Board in the usual manner for committee appointments recommended by the County Board Chair for appointment and confirmed by the County Board.
- B. This Board establishes the operating policies for the Neighborhood Housing Services of Richland County, Inc., which is a nonprofit organization dedicated to constructing, remodeling and rehabilitating residential housing throughout Richland County.

NUTRITION ADVISORY COUNCIL

(reports to Commission on Aging & Disability Board)

- A. 7 members, one of which shall be a County Board Supervisor who is as member of the Health and Human Services Board.
- B. Citizen members recommended by the Administrator for appointment and confirmed by the County Board, and two County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. Of the remaining 6 members, 1 member from each meal site, including 1 member who is a representative of a person receiving home delivery meals and 1 member who is a representative from the volunteers who deliver meals. One-half of the members shall consist of Nutrition Program participants. The remaining members shall provide for broad representation from public and private agencies that are knowledgeable and interested in senior dining and home-delivered meals programs.

- D. Make recommendations regarding food preferences of participants in the Senior Nutrition Program, the hours which a meal site is to be open, what furnishings may be helpful in regard to handicapped or disabled persons; what, if any, additional services should be provided at meal sites; conduct yearly site reviews; provide support and assistance to the Nutrition Program; promote the meal sites to the general public.
- E. Advise Senior Nutrition Program staff on all matters relating to the delivery of nutrition and nutrition-supportive services.
- F. Set policy regarding the delivery of Nutrition Program services, representation of participants and development and support of the Senior Nutrition Program.

PINE VALLEY & CHILD SUPPORT STANDING COMMITTEE

- A. 7 members including 6 County Board supervisors and 1 citizen. The Chair shall be a County Board Supervisor.
- B. Monitors the actual vs. proposed annual budget in funds managed by the Pine Valley and Child Support Departments on a minimum quarterly basis.
- C. Functions as the Pine Valley Community Village Board of Trustees in accordance with section Wisconsin Statute 46.18 and as follows:
 - 1. One member shall be a citizen of Richland County who shall be a medical professional (meaning a doctor or a nurse).
 - 2. All members shall, in accordance with section 46.18(1), Wisconsin Statutes, be chosen by ballot by the County Board.
 - 3. The duties of the Board are, as set forth in section 46.18, Wisconsin Statutes, to provide oversight and advice regarding Richland County’s nursing home, Pine Valley Healthcare and Rehabilitation Center, subject to regulations approved by the County Board, after the County Board has received the recommendations of the Board of Trustees.
 - 4. Provide oversight and advice regarding the physical plant and grounds at Pine Valley Healthcare and Rehabilitation Center.
 - 5. Provide oversight and advice regarding security matters relating to building and grounds at Pine Valley Healthcare & Rehabilitation Center.
- C. Functions as the Child Support Committee as follows:
 - a. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) to the Child Support Agent in the implementation of Public Law 93-647 which sets forth a system for the collection of child support payments from parents who have abandoned their families and do not voluntarily contribute to the support of their children.

PUBLIC SAFETY AND JUDICIARY STANDING COMMITTEE

- A. 7 County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.
- B. Monitors the actual vs. proposed annual budget in funds managed by the Clerk of Circuit Court, Coroner, District Attorney, Emergency Management, Register in Probate, and Sheriff Departments on a minimum quarterly basis.

- C. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the needs, powers and duties of the Sheriff of Richland County, their deputies and employees, and the jail.
- D. To audit all bills for expenditures within the Sheriff's department.
- E. To provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding service and maintain all equipment relative to the Sheriff's department.
- F. Present to the Board any suggestions the Committee may have concerning law enforcement and other duties required by the Sheriff's Department.
- G. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding matters pertaining to the operation of the Police Radio System.
- H. Receive, investigate and make recommendations to the County Board as to matters relating to the administration of the court system in Richland County.
- I. This committee shall provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) in matters relating to the Richland County Circuit Court, the Law Library, the Family Court Commissioner, the Register in Probate, the Clerk of Circuit Court, the District Attorney, the Corporation Counsel, the Probation and Parole Office and any other matters that may relate to the court system in Richland County.
- J. Make appropriations from the Jail Assessment Fund for construction, remodeling, repair or improvement of the County Jail, without approval from the County Board.
- K. Conduct an annual inspection of the jail.
- L. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operations of the Coroner's Office.
- M. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the security and maintenance and rental of the County's radio towers and the accompanying building and surrounding fenced grounds.
- N. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation of the County's 911 emergency telephone response system.
- O. Act as the Emergency Management Committee in accordance with Wisconsin Statute 323.14, recommending an emergency management plan and program to the County board for adoption. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the development of the emergency management plan and programs. Approves spending decisions as to State and Federal funds granted to the Local Emergency Planning Committee. According to Wisconsin Statute 323.14 the County Board Chair shall designate the chair of the Public Safety Standing Committee when acting as the Emergency Management Committee.

PUBLIC WORKS STANDING COMMITTEE

- A. 8 County Board Supervisor members recommended by the County Board Chair for appointment and confirmed by the County Board.

- B. Monitors the actual vs. proposed annual budget in funds managed by the Courthouse Maintenance, Highway, and Management Information System Departments on a minimum quarterly basis.
- C. Acts as the County Highway Committee as follows:
 - a. As allowed under Wisconsin Statute 83.015 (1)(c), members are recommended for appointment by the County Board Chair and confirmed by the County Board.
 - b. The duties of the committee shall be to function pursuant to the provisions of section 83.015, Wisconsin Statutes, and be responsible for other duties as may be imposed by the County Board. The county highway committee shall be only a policy-making body determining the broad outlines and principles governing administration and the county highway commissioner shall have the administrative powers and duties prescribed for the county highway committee under Wisconsin Statute 83.015 (2)(b).
 - c. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding all security matters relating to all buildings and grounds utilized by the County Highway Department.
- D. Acts as the oversight committee for Management Information Systems as follows:
 - a. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding technology needs of all County departments.
- E. Acts as the Property, Building, and Grounds Committee as follows:
 - a. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding the operation, maintenance and janitor service of all County buildings not specifically assigned by Statutes, or by action of the Board, to other agencies or departments in the County.
 - b. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding a perpetual inventory of the real estate and buildings owned by the County.
 - c. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding utilization and repair policies of all public lands, buildings, recreation sites, access sites inclusive of all short-term public holdings of the County with the exception of the highway buildings and land.
 - d. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) an annual inspection of inventories and buildings so they can establish policies related thereto.
 - e. Effect the appraisal of real property to be sold by the County.
 - f. Review and make the final decision on requests by citizens and citizen groups to use major portions of the Courthouse and/or the Courthouse grounds.
 - g. Provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) regarding security matters relating to the Courthouse building and grounds and the Courthouse parking lot. An exception on this matter is outlined under the Court Security Committee, which is responsible for oversight on security matters related to circuit court facilities.

RICHLAND CENTER LIBRARY BOARD

(reports to Finance & Personnel Standing Committee)

The number of Supervisors or citizens appointed to this Board shall be determined annually in accordance with Wisconsin Statutes § 43.60 (3). Any Supervisor appointed to this Board shall be appointed by the County Board Chair, and any citizen shall be appointed by the County Administrator, both subject to approval of the County Board.

RICHLAND CENTER PARK BOARD

(reports to Fair, Recycling, and Parks Standing Committee)

One Supervisor is, by tradition, appointed to this Board by the Chair of the County Board, subject to approval by the County Board, and this Supervisor shall be selected from the Supervisor members of the Fair, Recycling, and Parks Standing Committee.

RULES AND STRATEGIC PLANNING STANDING COMMITTEE

A. Nine members consisting of:

1. The County Board Vice Chair (who shall serve as Chair of the Rules and Strategic Planning Standing Committee)
2. The County Board Chair (who shall serve as Vice Chair of the Rules and Strategic Planning Standing Committee)
3. Education Standing Committee (Designee by committee vote)
4. Fair, Recycling, and Parks Standing Committee (Designee by committee vote)
5. HHS & Veterans Standing Committee (Designee by committee vote)
6. Land & Zoning Standing Committee (Designee by committee vote)
7. Pine Valley & Child Support Standing Committee (Designee by committee vote)
8. Public Safety Standing Committee (Designee by committee vote)
9. Public Works Standing Committee (Designee by committee vote)

B. Acts as the Rules & Resolutions Committee and Ethics Board as follows:

1. Review and recommend any changes regarding the Richland County Board Rules.
2. Review and introduce any Resolutions not sponsored by a County body for action by the County Board.
3. The committee shall provide oversight and advice (i.e., policy-making determining the broad outlines and principles governing administration) over County administrative affairs in general with a view of bringing about proper coordination and cooperation between the various departments and agencies in the County to the end that the best business practices may be observed; that due efficiency may be maintained; and that the interests of the citizens of the County may best be served, and as such recommend changes regarding the Richland County Board Body Structure to the County Board.
4. Deal with the disposal or destruction of County records under Ordinance No. 99-11.
5. Administer and enforce the Code of Ethics set forth in Ordinance No. 06-28 as that Ordinance has been or may be amended.

- C. Acts as the Strategic Planning Committee as follows:
 - 1. Proposes changes to the Strategic Plan for County Board consideration.
 - 2. Monitors progress on the Strategic Plan.
 - 3. Recommends trainings and programs that educate County Board members.
- D. Provide oversight and advice (i.e. policy-making determining the broad outlines and principles governing administration) regarding the Richland County Comprehensive Plan.

SOUTHWEST WISCONSIN COMMUNITY ACTION PROGRAM

(reports to HHS & Veterans Standing Committee)

One County Board Supervisor shall be recommended for appointment to serve on this Board by the County Board Chair, subject to County Board confirmation.

SOUTHWEST WISCONSIN LIBRARY SYSTEM BOARD

(reports to Finance & Personnel Standing Committee)

Two members, one of whom shall be a County Board Supervisor and one who shall be a citizen member. The citizen member shall be recommended by the Administrator for appointment and confirmed by the County Board, and the County Board Supervisor shall be recommended by the County Board Chair for appointment and confirmed by the County Board.

SOUTHWEST WISCONSIN REGIONAL PLANNING COMMISSION

(reports to Rules & Strategic Planning Standing Committee)

- A. One member of this commission shall be recommended for appointment by the County Board Chair, with County Board confirmation.
- B. This Commission has the powers and duties set forth in section 66.945, Wisconsin Statutes.
- C. Richland County is a member of this Commission by virtue of Resolution No. 12, which was adopted by the County Board on April 16, 1969.

SYMONS NATATORIUM BOARD

(reports to Finance & Personnel Standing Committee)

- A. Two County Board Supervisors and the County Board Chair, or his or her designee, shall be appointed to this Board. The County Board Chair shall recommend the two County Board Supervisors to be appointed, subject to County Board confirmation.
- B. This Board exists by virtue of an inter-governmental agreement entered into between Richland County and the City of Richland Center, in accordance with section “Wisconsin Statutes, section 66.0301”.
- C. The powers and duties of this Board are set forth in an Agreement which was approved by the County Board by Resolution No. 87-19, which was adopted on March 17, 1987.
- D. Attend to all security matters relating to the Symons Natatorium and the surrounding grounds and the parking lot used by the Natatorium.
- E. Monitors the actual vs. proposed annual budget in funds managed by the Symons Department on a minimum quarterly basis.

TRAFFIC SAFETY COMMISSION

(reports to Public Works Standing Committee)

- A. Wisconsin Statute 83.013 requires this body to meet quarterly.
- B. The County Administrator may recommend appointing members with County Board confirmation, but this process is not required.
- C. Membership may come from education, medicine, law, enforcement, and highways may be part of the commission.

TRANSPORTATION CO-ORDINATING COMMITTEE

(reports to HHS & Veterans Standing Committee)

- A. Eleven members who must represent at least the following: The Board of Trustees of Pine Valley Healthcare and Rehabilitation Center; transportation providers' public, proprietary and non-profit; elderly and disabled citizen advocates, consumer and agency advocates, and three County Board supervisors.
- B. Citizen members shall be recommended by the Administrator for appointment and confirmed by the County Board, and County Board Supervisor members shall be recommended by the County Board Chair for appointment and confirmed by the County Board.
- C. Three-year terms with one-third of the first appointments to be for a one-year term with one-third of the first appointments to be for a two-year term and one-third of the first appointments to be for a three-year term.
- D. The Committee shall have at least the following duties:
 - 1. Monitor the expenditures of transportation funds being expended on transportation services for the elderly and disabled in service areas.
 - 2. Review passenger transportation plans for service areas.
 - 3. Review and comment on county aid applications under section 85.21, Wisconsin Statutes.
 - 4. Review and comment on capital assistance applications under section 85.22, Wisconsin Statutes.
 - 5. Act as an informational resource for local transportation provider regarding the requirements of the Americans with disabilities act of 1990, 42 USC 12101 et seq.
 - 6. Act on requests by local public bodies to be designated as co-coordinators of transportation services for elderly and disabled persons for the purpose of becoming eligible for assistance under the Federal sec. 16 program.
 - 7. Apply for an accept Federal section 16(b) two grants for purchasing specialized vehicles for transporting elderly and/or disabled citizens of the County.
 - 8. Assists the establishment of goals, priorities and objectives for the
 - a. transportation planning process in Richland County.
 - 9. Understands and provides input related to coordinated work efforts in meeting the transportation needs of Richland County.
 - 10. Understands, analyzes and provides input on transportation studies, plans and programming recommendations required under State and Federal law, and as requested by the Southwest Wisconsin Regional Planning Commission.

11. Provides transportation-related information to local governments and other interested organizations and persons to enhance transportation system development, co-ordination and efficiency.
12. Reviews and recommends transportation improvement projects to local governments which support and enhance inter-county and intra-county transportation serving the Richland County area.
13. Reviews and prioritizes transportation service and/or program projects to submit to the Wisconsin Department of Transportation and the Richland County Board.
14. Makes recommendations to the local, State and Federal governmental agencies and the Southwest Wisconsin Regional Planning Commission regarding any necessary actions relating to the continuing transportation planning process.
15. Provides general review, guidance and co-ordination of the transportation planning process in Richland County.

TRI-COUNTY AIRPORT COMMISSION

(reports to Finance & Personnel Standing Committee)

- A. Seven members, two of whom shall be recommended for appointment by the County Board Chair, subject to approval of the County Board. Four members shall be appointed by the Iowa County Board of Supervisors and the Sauk County Board of Supervisors, all in accordance with section 11.14(2), Wisconsin Statutes. The seventh member, who shall be a regular Airport user at the time of his/her appointment, shall be appointed by the six members. Richland County's members of the Tri-County Airport Commission must at all times be sitting County Board Supervisors and the term of Richland County's member of the Commission shall end immediately upon those persons ceasing to be County Board Supervisors.
- B. The Commission shall manage and operate the Tri-County Airport in Lone Rock, in accordance with sections 114.11 through 114.141, Wisconsin Statutes and Richland County Ordinance No. 83-3, which was adopted on July 19, 1983.
- C. Make an annual report to the County Board regarding operations and projects.

VIOLA LIBRARY BOARD

(reports to Finance & Personnel Standing Committee)

The number of Supervisors or citizens appointed to this Board shall be determined annually in accordance with Wisconsin Statutes § 43.60 (3). Any Supervisor appointed to this Board shall be appointed by the County Board Chair, and any citizen shall be appointed by the County Administrator, both subject to approval of the County Board.

ZONING BOARD OF ADJUSTMENT

(reports to Land & Zoning Standing Committee)

- A. Three citizen members recommended for appointment by the County Administrator with County Board confirmation.
- B. Carries out duties specified in Wisconsin Statute 59.694.

Disbursement History Report
.....

CHECK#	DATE	VENDOR	VENDOR NAME DETAIL DESCR	AMOUNT	CLAIM PROJECT	INVOICE	PO#	SOURCE/JE/ID F 9 BX M BANK FUND & ACCOUNT	LINE	ACCOUNT NAME
27766	01/11/23	2593	CENTURYLINK COMMUNICATIO 01/01 624307756	0.16		624307756		D-011023-857 -	00029	TELEPHONE WF52 10.5550.0000.5225
28099	01/24/23	1575	TECH COM, INC 01/20 597600	37.97		597600		M-012423-917	00005	TELEPHONE WF52 10.5550.0000.5225

Disbursement History Report

.....

CHECK#	DATE	VENDOR	VENDOR NAME DETAIL DESCR	AMOUNT	CLAIM INVOICE PROJECT	PO#	SOURCE/JE/ID	LINE	ACCOUNT NAME & ACCOUNT
REPORT TOTALS:				38.13					

RECORDS PRINTED - 000002

Expenditure Guideline
 FOR THE PERIOD(S) JAN 01, 2023 THROUGH JAN 31, 2023

	ANNUAL REVISED BUDGET	ENCUMBERED	ACT MTD POSTED AND IN PROCESS	ACT YTD POSTED AND IN PROCESS	REMAINING BALANCE	PCT
10 GENERAL FUND						
5550 VETERAN SERVICE						
0000 PROJECT						
5111 SALARIES - REGULAR	42,485.95	0.00	0.00	0.00	42,485.95	0
5112 SALARIES - PART-TIME	19,186.57	0.00	0.00	0.00	19,186.57	0
5113 SALARIES - OVERTIME	0.00	0.00	0.00	0.00	0.00	0
5150 SECTION 125 PLAN-CO SHARE	0.00	0.00	0.00	0.00	0.00	0
5151 FICA - COUNTY SHARE	4,816.85	0.00	0.00	0.00	4,816.85	0
5152 RETIREMENT - COUNTY SHARE	4,281.65	0.00	0.00	0.00	4,281.65	0
5153 DENTAL INSURANCE-CO SHARE	0.00	0.00	0.00	0.00	0.00	0
5154 HEALTH INSURANCE - COUNTY SH	0.00	0.00	0.00	0.00	0.00	0
5155 LIFE INSURANCE - COUNTY SHAR	6.86	0.00	0.00	0.00	6.86	0
5161 HEALTH INS REIMBURSEMENT DED	0.00	0.00	0.00	0.00	0.00	0
5212 VET SVC ATTORNEY FEES	0.00	0.00	0.00	0.00	0.00	0
5214 COMPUTER SOFTWARE SUPPORT	500.00	0.00	0.00	0.00	500.00	0
5225 TELEPHONE	660.00	0.00	38.13	38.13	621.87	5
5248 SERVICES ON MACHINES	0.00	0.00	0.00	0.00	0.00	0
5311 POSTAGE AND ENVELOPES	75.00	0.00	7.35	7.35	67.65	9
5319 OFFICE SUPPLIES	600.00	0.00	35.00	35.00	565.00	5
5324 DUES	400.00	0.00	0.00	0.00	400.00	0
5326 ADVERTISING	600.00	0.00	0.00	0.00	600.00	0
5334 REGISTRATION	625.00	0.00	0.00	0.00	625.00	0
5335 MEALS	300.00	0.00	0.00	0.00	300.00	0
5336 LODGING	800.00	0.00	0.00	0.00	800.00	0
5339 MILEAGE	300.00	0.00	0.00	0.00	300.00	0
5341 TRANSPORTATION	0.00	0.00	0.00	0.00	0.00	0
5819 NEW EQUIPMENT	250.00	0.00	0.00	0.00	250.00	0
5906 UNEMPLOYMENT INSURANCE	0.00	0.00	0.00	0.00	0.00	0
5970 CONTRACT SERVICES	0.00	0.00	0.00	0.00	0.00	0
5972 VETERANS OUTREACH	0.00	0.00	0.00	0.00	0.00	0
5998 DEFICIENCY APPROPRIATION	0.00	0.00	0.00	0.00	0.00	0
5999 BILLS-NO-LINE DETAIL	0.00	0.00	0.00	0.00	0.00	0
TOTAL: PROJECT	75,887.88	0.00	80.48	80.48	75,807.40	0
TOTAL: VETERAN SERVICE	75,887.88	0.00	80.48	80.48	75,807.40	0
TOTAL: GENERAL FUND	75,887.88	0.00	80.48	80.48	75,807.40	0

Expenditure Guideline
 FOR THE PERIOD(S) JAN 01, 2023 THROUGH JAN 31, 2023

	ANNUAL REVISED BUDGET	ENCUMBERED	ACT MTD POSTED AND IN PROCESS	ACT YTD POSTED AND IN PROCESS	REMAINING BALANCE	PCT
10 GENERAL FUND						
5551 SOLDIERS AND SAILORS FUND						
0000 PROJECT						
5141 PER DIEM - COMMISSION	900.00	0.00	0.00	0.00	900.00	0
5151 FICA - COUNTY SHARE	69.00	0.00	0.00	0.00	69.00	0
5328 FLAGS	1,200.00	0.00	0.00	0.00	1,200.00	0
5331 FLAG HOLDERS	1,300.00	0.00	397.50	397.50	902.50	30 ---
5339 MILEAGE - COMMISSION	422.28	0.00	0.00	0.00	422.28	0
5719 AID	3,000.00	0.00	0.00	0.00	3,000.00	0
5999 DEFICIENCY APPROPRIATION	0.00	0.00	0.00	0.00	0.00	0
TOTAL: PROJECT	6,891.28	0.00	397.50	397.50	6,493.78	5
TOTAL: SOLDIERS AND SAILORS FUND	6,891.28	0.00	397.50	397.50	6,493.78	5
TOTAL: GENERAL FUND	6,891.28	0.00	397.50	397.50	6,493.78	5

	2022 Forms filed												TOTAL	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		
3	21-22 Veterans Service Org. as Representative	2	5	1	1	2	2	1	3	1	6	1	7	32
4	21-0966 Intent to File a Claim	1					1		2	1	4	1	1	11
5	21-526ez Application for Disability Comp. and Related Be	3	4	3	1	2	2	3	3	7	2	1	5	36
6	21-527ez Application for NSC Pension													0
7	21-8940 Application for Individual Unemployability									1				1
8	21-0845 Authorization to Disclose PII to a Third Party													0
9	21-686C Application Request to Add/ Remove Dependents			1			1	1		3		3		9
0	20-0996 Review Request: Higher Level Review				1	1			2	1	2		2	9
1	20-0995 Review Request: Supplemental Claim	2	2		1						1	1		7
2	21-2680 Housebound or Aid & Attendance											2		2
3	21-0972 Alternate Signer Certification													0
4	21-4138 Statement in Support of Claim	3	2	2		1	2	1	3	5	10	1	3	33
5														
6	10-10d Application for CHAMPVA	1										2		3
7	10-10ez Application for VA Health Care	4	3	2	1	1	2	2	2		1		2	20
8	10-10ezr Health Benefits Update Form		1											1
9														
10	21p-534ez DIC & Survivors Pension										1			1
11	21p-530 Burial Benefits Application		2	2	1				1		1	4		11
12	27-2008 Burial Flag Application	3	2	2	4	4	2	4	3	3	7	3	7	44
13	40-1330 Application for Bronze Marker		1		1	3	6	1			1	2		15
14	40-0247 Presidential Memorial Certificate Request													0
15														
16	STATE													
17	2500-123 State Park Pass			3	1	1	1							7
18	3010 Drivers License Identifier	1	1	2	2				2	1		2	1	12
19	4000 Application for a Wisconsin Veterans Home													0
20	4002 Authorization for Disclosure of Health Information													0
21	2096 CVSO Tax Abatement Verification Form	1		1	1	2	1	1	1			2		10
22	2097 Certification for Property Tax Credit	2		1	1	2	1	1	2	1		2		13
23	57 VSO Grant Packet												1	1
24														
25	other	17	12	9	6	6	9	12	14	16	16	10	14	141
26														
27														419
28														
29														
30														
31														
32	2022 TOTALS PER MONTH	40	35	29	22	25	30	26	39	36	56	34	46	
33	2021 TOTALS PER MONTH				35	46	48	52	33	46	50	41	48	

Account Activity by Trans Date
SORTING BY TRANS DATE.....

SRC/JE/ID	DIRCTY	VEN/CUS/EXPL	DATE	REFER	INVOICE	AMOUNT	DETAIL	DESCR
		84			VETERANS SERVICE DONATIONS			
		84.0000			BALANCE SHEET			
		84.0000.0000			PROJECT			
		84.0000.0000.1110			CASH			
D-091613-655		DISBURSEMENTS	CASH OFFSE	091613		350.00CR		CASH
R-013114-015		RECEIPTS	CASH OFFSET	013114		21.84		CASH
R-022814-131		RECEIPTS	CASH OFFSET	022814		150.00		CASH
R-033114-216		RECEIPTS	CASH OFFSET	033114		3,874.80		CASH
R-053114-428		RECEIPTS	CASH OFFSET	053114		246.78		CASH
D-070814-563		DISBURSEMENTS	CASH OFFSE	070814		246.78CR		CASH
D-102014-899		DISBURSEMENTS	CASH OFFSE	102014		588.69CR		CASH
R-103114-943		RECEIPTS	CASH OFFSET	103114		200.00		CASH
J-123114-038		JOURNAL ENTRY	#18	123114		3,874.80CR		E/C TO SOLD/SAI ACCT
J-123114-038		JOURNAL ENTRY	#18	123114		21.84CR		E/C TO SOLD/SAI ACCT
R-123114-062		RECEIPTS	CASH OFFSET	123114		400.00		CASH
R-053115-540		RECEIPTS	CASH OFFSET	053115		48.00		CASH
R-061421-841		RECEIPTS	CASH OFFSET	061421		122.50		CASH
		84.0000.0000.1110			CASH	18.19CR		*TOTAL.....
		84.0000.0000.2960			UNRESERVED/UNDESIGNATED FUND			
C-123112-422		REVENUE	YEAR END CLOSING	123112		850.00CR		UNRESERVED/UNDESIGNATED
C-123113-490		EXPEND.	YEAR END CLOSING	123113		350.00		UNRESERVED/UNDESIGNATED
C-123114-656		EXPEND.	YEAR END CLOSING	123114		835.47		UNRESERVED/UNDESIGNATED
C-123114-656		REVENUE	YEAR END CLOSING	123114		996.78CR		UNRESERVED/UNDESIGNATED
C-123115-048		REVENUE	YEAR END CLOSING	123115		48.00CR		UNRESERVED/UNDESIGNATED
C-123121-583		REVENUE	YEAR END CLOSING	123121		122.50CR		UNRESERVED/UNDESIGNATED
		84.0000.0000.2960			UNRESERVED/UNDESIGNATED FUND	831.81CR		*TOTAL.....
		84.0000.0000			PROJECT	850.00CR		*TOTAL.....
		84.0000			BALANCE SHEET	850.00CR		*TOTAL.....
		84			VETERANS SERVICE DONATIONS	850.00CR		*TOTAL.....
		84			VETERANS SERVICE DONATIONS			
		84.4800			MISCELLANEOUS REVENUES			
		84.4800.0000			PROJECT			
		84.4800.0000.4824			VETERANS SERVICE DONATIONS			
R-013114-015		RICH CO VETS HONOR ROLL		010914	17067	21.84CR		DONATIONS
R-022814-131		DISABLED AMERICAN VETS		021214	17296	150.00CR		DONATIONS
R-033114-216		RICH CO VETS HONOR ROLL		031014	17465	3,874.80CR		DONATIONS
R-053114-428		DISABLED AMERICAN VETS		051914	17877	246.78CR		TEDDY RUE DONATION
R-103114-943		WISCONSIN VIETNAM VETS		102914	18842	200.00CR		DONATIONS
R-123114-062		CH 770 OF MOLLUS		120914	19059	400.00CR		DONATIONS
J-123114-038		JOURNAL ENTRY	#18	123114		3,874.80		E/C TO SOLD/SAI ACCT
J-123114-038		JOURNAL ENTRY	#18	123114		21.84		E/C TO SOLD/SAI ACCT

Account Activity by Trans Date
 SORTING BY TRANS DATE.....

SRC/JE/ID	DIRCTY VEN/CUS/EXPL	DATE	REFER	INVOICE	AMOUNT	DETAIL DESCR
	84			VETERANS SERVICE DONATIONS		
	84.4800			MISCELLANEOUS REVENUES		
	84.4800.0000			PROJECT		
	84.4800.0000.4824			VETERANS SERVICE DONATIONS		
R-053115-540	JAMES BINDL	050715	19935		48.00CR	DONATION
R-061421-841	DISABLED AMERICAN VETERA	061421	35420		122.50CR	20/21 VETERANS CHILD WEL
.....	84.4800.0000.4824			VETERANS SERVICE DONATIONS	1,167.28CR	*TOTAL.....
.....	84.4800.0000			PROJECT	1,167.28CR	*TOTAL.....
.....	84.4800			MISCELLANEOUS REVENUES	1,167.28CR	*TOTAL.....
.....	84			VETERANS SERVICE DONATIONS	1,167.28CR	*TOTAL.....
	84			VETERANS SERVICE DONATIONS		
	84.5552			SOLDIER'S FUND-TED RUE ESTAT		
	84.5552.0000			PROJECT		
	84.5552.0000.5999			BILLS - NO LINE DETAIL		
D-091613-655	.23078 KRAUSE MONUMENT	091613	32570		350.00	9/5 INV/MARKIN/VETERAN
D-070814-563	.24083 FRYE/LARRY	070814	38033		246.78	VETERAN SVC DONATIONS
D-102014-899	354 HYNEK PRINTING LLC	102014	40299 00059919		588.69	09/26/14 VETERANS INFO
.....	84.5552.0000.5999			BILLS - NO LINE DETAIL	1,185.47	*TOTAL.....
.....	84.5552.0000			PROJECT	1,185.47	*TOTAL.....
.....	84.5552			SOLDIER'S FUND-TED RUE ESTAT	1,185.47	*TOTAL.....
.....	84			VETERANS SERVICE DONATIONS	1,185.47	*TOTAL.....

Account Activity by Trans Date
SORTING BY TRANS DATE.....

SRC/JE/ID	DIRCTY VEN/CUS/EXPL	DATE	REFER	INVOICE	AMOUNT	DETAIL DESCR
REPORT TOTALS:					831.81CR	

RECORDS PRINTED - 000032

AUGUST SESSION

Tuesday, August 16, 1977-Morning Session

Chairman Louis called the meeting to order. Roll Call found all members present except Cooper, Bailey and Netz.

The minutes of July 20, 1977 were read. Motion by Emerson, second by Stadele that the minutes be approved as read. Motion carried.

The agenda for the August Session was read. Motion by Stadele, second by Balsley that the Agenda be approved. Motion carried.

Resolution No. 77-30 Relating to Accepting The Estate of Theodore R. Rue was read. Motion by Marino, second by Barry that Resolution No. 77-30 be adopted. Corporation Counsel Ben Southwick explained the resolution. Motion carried and resolution declared adopted.

RESOLUTION NO. 77-30

A Resolution Relating To Accepting The Estate Of Theodore R. Rue.

WHEREAS the late Theodore R. Rue died with a will in which he left his entire estate, after burial and administration expenses, to the Richland County Veterans Service Commission "to be expended by such Commission exclusively for the benefit of needy veterans or their families residing in Richland County, Wisconsin, in such form and such manner as in their judgement will be most beneficial to the beneficiary or beneficiaries thereof", and

WHEREAS the Veterans Service Commission does not have legal authority to accept gifts, but Richland County does have such authority under section 59.07(17), Wisconsin Statutes,

NOW THEREFORE BE IT RESOLVED by the Richland County Board of Supervisors that Richland County hereby accepts, with gratitude, the estate of the late Theodore R. Rue, in accordance with the terms of his will, and

BE IT FURTHER RESOLVED that the sum of \$2,588.23 is hereby accepted and credited to the Veteran's Service Commission Account to be expended by that commission exclusively for the benefit of needy veterans or their families residing in Richland County in such form as will, in the Commission's judgement, be most beneficial to such beneficiaries, and any and all personal property in said estate is hereby transferred to the Veteran's Service Commission to be utilized by the Commission in accordance with Mr. Rue's will.

RESOLUTION OFFERED BY THE
VETERANS AFFAIRS COMMITTEE

Russell Fogo
Phillip McNamer
Jerome Rockweiler

Don Weeden, Law Enforcement Committee Chairman, explained the Radio Equipment Maintenance Contract being negotiated and also the new fence that was built around the Radio Tower and building.

Resolution No. 77-31 Appropriating Funds for Building a Fence around Richland County's Radio Tower was read. Motion by Merry, second by Balsley that Resolution No. 77-31 be adopted. Discussion followed. Roll Call Vote. All members present voting aye. Total 18. Motion carried and resolution declared adopted.

Richland County HS and Veterans Standing Committee

Agenda Item: 10 Distribution of Teddy Rue funds

Agenda Item Name:

Department	Veterans	Presented By:	CVSO Knock
Date of Meeting:	09 October 2023	Action Needed:	Vote
Disclosure:	Open Session	Authority:	Resolution 77-30
Date submitted:	09 October 2023	Referred by:	HHS Veterans Standing Committee
Action needed by no later than (date)		Resolution	

Recommendation and/or action language:

Motion to... approve policy to distribute Teddy Rue funds.

Background: Tuesday August 16th, 1977 resolution 77-30 was prepared accepting estate funds donated from Theodore Roosevelt Rue in the amount of \$2,588.23. The Veterans Service Commission was tasked to utilize the funds in accordance with Mr. Rue’s will. Mr. Rue’s will stated the funds were “to be expended by such Commission exclusively for the benefits of needy Veterans or their families residing in Richland County, WI, in such form and such manner as in their judgement will be most beneficial to the beneficiary or beneficiaries thereof”. Richland County appreciates the sacrifices of our United States Military Personnel and their families, we are going to make sure Theodore Rue’s last wishes are met.

Attachments and References:

Resolution 77-30	Teddy Rue Fund policy
Fund 84 activity	

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Richland County HS and Veterans Standing Committee

Agenda Item: 10 Distribution of Teddy Rue funds

Approval:

Review:

Karen Knock

Department Head

Administrator, or Elected Office (if applicable)

Policy of Richland County

Policy Cover	
Title: Utilization of Teddy Rue Policy	Effective Date: 21 Mar 2023
	Adoption/Revision Date: 21 Mar 2023
Custodian: County Veterans Service Officer	Approving Body: Health and Human Services and Veterans Standing Committee (acting as Veterans Commission authority under Statute 45.81)
	Sponsoring Committee, Board or Commission: Health and Human Services and Veterans Standing Committee (acting as Veterans Commission authority under Statute 45.81)

1. Authority

- a. Wis. Stat. 59.02, 59.03, 59.51 and 59.18
- b. Origination Resolution 77-30 Accepting Estate of Theodore R. Rue (authority passed to the Veterans Service Commission)

2. References

- a. Adopting Resolution/Ordinance/Motion: Resolution 23-__.

3. Purpose

- a. To establish policy criteria and procedure for the application, determination, dispersal and administration of funds provided for the benefit of needy veterans or their families residing in Richland County, as provided through the Teddy Rue Fund (#84)

4. Scope

- a. Applies to all Richland County departments assisting eligible persons with application for relief from the Teddy Rue Fund (#84)

5. Policy Overview

- a. This procedure is intended to address the following:
 - i. Eligibility criteria for consideration
 - ii. Process of application
 - iii. Awarding relief
 - iv. Releasing dispersals
 - v. Administration of funds

6. Policy Performance

- a. All Richland County Departments engaging with potential clientele should be aware of the policy and assist in making referrals.

Policy of Richland County

Policy Content

7. Eligibility Criteria for Consideration – for the purposes of this policy the following definitions will be used to:

- a. Veteran- A Veteran is defined as; a person who was discharged or released from active duty in the U.S. armed forces under conditions other than dishonorable and who served on active duty under honorable conditions in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces and who meets at least one of the conditions listed in State of Wisconsin statute s. 45.01 (12) (a) to (d)
- b. Needy – An applicant will be considered need if meeting:
 - i. Unable to pay costs for shelter, food, utilities, and transportation because his or her available funds are insufficient, and not qualifying for a Richland County, Wisconsin Veterans Relief Fund;
 - ii. Unable to pay fees i.e. vital records fees, tax payment, canteen items, certified copies, filing fees, medical co-pays, paper service;
 - iii. Unable to make court ordered payments including fines, child support payments, court expenses, etc.
- c. Family – spouses, surviving spouses, minor and dependent children of the Veterans, and the needy parents of Veterans entitled to aid under [45.84](#) or serving as VA recognized caregivers.
- d. Residing – Veterans, or families of veterans, must be/ have been residents of Richland County for at least (3) three months preceding the date of application for assistance.

8. Process of application:

- a. An application form must be completed by the veteran, family member, or supporting staff from any county department, and submitted to the Richland County Veterans Service Office. (see Attachment B)
- b. The application will be reviewed by the Richland County CVSO, or designee thereof, for verification of veteran, family and residency status. Verification of “need” shall be made by attestation of applicant and accepted unless there is cause for reasonable doubt.
- c. Documentation of existing obligations for payments must be submitted with the application. Requests for vouchers or credit to an organization must be specified with address and account number (if applicable).

Policy of Richland County

9. Awarding relief:

- a. On behalf of the Richland County Veterans Service Commission, the Richland county CVSO is authorized to make determination and authorization of granting relief up to \$500.00. The CVSO will report to the Veterans Commission of awards at the commission's next meeting.
- b. If the application does not appear to meet relief qualifications, as determined by the CVSO, the application will be presented to the Veterans Commission for review and final determination. The CVSO does not have authority to deny an application.
- c. All decisions made by the Veterans Commission are final.
- d. The CVSO may defer an application to the Commission at their discretion.
- e. Requests for relief of more than \$500.00 may only be granted by the Veterans Commission.
- f. Additional documentation may be requested of the applicant to verify eligibility, and consideration may be deferred, or denied, until the CVSO or Veterans Commission has obtained such documentation.
- g. Requests cannot be granted to an amount that would exceed existing fund balance.

10. Releasing Dispersal:

- a. Dispersals will not be made directly to the applicant, but will be made to the vendor, utility, government department etc., on the awardee's behalf, in which relief is needed.
- b. For the dispersal of awarded relief, the Richland County CVSO will work with the Richland County Finance office and staff to ensure necessary information is provided to establish a dispersal on behalf of the awardee and that all necessary paperwork to satisfy auditing purposes is provided.
- c. The assistance granted by the Teddy Rue Relief Fund is not a pension, wage replacement, or automatic entitlement. Its purpose is to provide temporary assistance to those who are making a conscientious effort to find a permanent solution to their financial need.
- d. The CVSO will report dispersals to the Veterans Service Commission of dispersals at the commission's next meeting.

11. Administration of funds:

Policy of Richland County

- a. The CVSO will monitor and report to the Veterans Commission on existing funds.
- b. All funds will remain in the non-lapsing FUND #84 for the exclusive purpose of benefiting needy veterans of their families residing in Richland County.
- c. This policy and fund #84 shall dissolve upon the depletion of all available funds.

DRAFT

Policy of Richland County

Revision History		
Adoption/Revision Date	Overview of Adoption/Revision	Adoption/Revision Reference
21 Mar 2023	Original	Resolution 23- ____

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Policy of Richland County

Policy Attachments

Attachment A

Policy Review Form

Completed by Policy Custodian

Policy Title	
Overview of Adoption/Revision	
Policy Submitted By	
Policy Submitted To	
Anticipated Date of Policy Final Approval	
Existing policies, ordinances, regulations and laws referenced to ensure that conflicts do not exist	

Completed by County Administrator

Policy Received On	
Policy Approved/Denied On w/ Reason	
Policy Approved/Denied By	
Policy Storage Location	
Policy Forwarded to Corporation Counsel	

Completed by Corporation Counsel

Policy Received On	
Policy Approved/Denied On w/Reason	
Policy Approved/Denied By	
Policy Forwarded to Custodian	

Policy of Richland County

Policy Attachments

Attachment B

Teddy Rue Needy Veteran Relief Request Form

Name: (applicant)	
Address:	
Telephone #:	
Email:	
Status:	(Veteran) of (Family Member)

Description / Narrative of Need:

Relief Request:

Amount \$:	
To Vendor / Utility / Department etc. and address	

I, _____ am requesting assistance from the Teddy Rue Veterans Relief Fund acknowledge:

___ I have fully read the Utilization of Teddy Rue Policy

___ I attest that I have exhausted every reasonable means available to resolve my hardship. I have tried to resolve the problem by making arrangements to pay part of the debt or resolve the problem on their own, but were unable to do so.

___ I will provide documents as requested to support my veterans' status and claim of hardship and need of relief as requested regarding veteran's status, family status, residency and hardship.

___ Failure by myself to fully complete the application, and/or provide the required documentation or verification may result in an unfavorable administrative determination.

Policy of Richland County

___ I certify my application/ request does not contain fraud, criminal intent, activity or abuse of the system and is completely true

___ I understand my name will only be known to the Richland County Veterans Service Officer and staff.

Signature of Applicant: _____ **Date:** _____

~This Space is below is for CVSO Staff:

Receipt of application:

Date received :		Referral (DEPT Name):	
Received by Staff (name):		POC (Staff Name and #)	

Review:

<u>Eligibility Criteria</u>	<u>Status:</u>	<u>Documentation (if needed):</u>
Veteran (Family)	Criteria Met / Unmet	
Need / Eligibility	Criteria Met / Unmet	
Residency	Criteria Met / Unmet	

Determination:

<u>Element:</u>	<u>Status:</u>	<u>Authority:</u>	<u>Date:</u>
Application Status.	Granted / Denied	CVSO / Commission	

Dispersal:

Approved Relief Amount \$:	
To Vendor / Utility / Department etc. and address (applicant's account number, if applicable)	

CVSO Review and Release: _____ **Date:** _____

(CVSO Signature)

**RICHLAND COUNTY HEALTH AND HUMAN SERVICES
VOUCHERS – February 9, 2023**

Unit	Number of Vouchers	Amount
Richland County Health and Human Services 2023 Expense Reports	12	\$4,907.14
Richland County Health and Human Services 2022 Admin Vouchers	9	\$3,235.64
Richland County Health and Human Services 2023 Admin Vouchers	15	\$10,469.86
Richland County Health and Human Services 2022 Prepaid Vouchers	7	\$22,107.70
Richland County Health and Human Services 2023 Prepaid Vouchers	3	\$497.10
TOTAL	46	\$41,217.44

Disbursement Edit Listing

DATA-JE-ID....	LINE#	BANK	FUND.&	ACCOUNT.....	DESCRIPTION.....	CHECK	AMOUNT	ERRORS AND
TRAN-DATE. INVOICE.....			FORMULA.....		TRANSACTION DESCRIPTION.			
F/P CLAIM.. P.O.#.	PROJECT.....			1099-INFO VENDOR	NAME.....	PAYM		
				CNTY ALTER VENDOR	ALTER NAME.....			
D-02092023-955	1	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		134.93	
				006129	ANDERSON/KATHY ANN			
D-02092023-955	2	WF52	63.5563.0000.5335		MEALS			
					HHS JAN MEALS		3.46	
				006129	ANDERSON/KATHY ANN			
					006129 VENDOR TOTAL		138.39	
D-02092023-955	3	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		849.54	
				001059	BRENNUM/RUTH			
					001059 VENDOR TOTAL		849.54	
D-02092023-955	4	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		56.33	
				004163	DREA/WILLIAM			
					004163 VENDOR TOTAL		56.33	
D-02092023-955	5	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		139.52	
				002688	FLICK/PAMELA H			
					002688 VENDOR TOTAL		139.52	
D-02092023-955	6	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		66.16	
				004628	GIESEKE/VIRGINIA			
					004628 VENDOR TOTAL		66.16	
D-02092023-955	7	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		928.79	
				001038	JONES/SHARON			
D-02092023-955	8	WF52	63.5563.0000.5335		MEALS			
					HHS JAN MEALS		5.28	
				001038	JONES/SHARON			
					001038 VENDOR TOTAL		934.07	
D-02092023-955	9	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		75.98	
				004448	MALY/KATHY			
					004448 VENDOR TOTAL		75.98	
D-02092023-955	10	WF52	63.5563.0000.5339		MILEAGE			
					HHS JAN MILEAGE		823.99	
				004546	MCCARTHY/DONALD			

MILEAGE EXPENSE

Disbursement Edit Listing

DATA-JE-ID....	LINE#	BANK	FUND.&.ACCOUNT.....	DESCRIPTION.....	CHECK	AMOUNT	ERRORS AND W
TRAN-DATE. INVOICE.....			FORMULA.....	TRANSACTION DESCRIPTION.			
F/P CLAIM.. P.O.#.	PROJECT.....		1099-INFO VENDOR	NAME.....	PAYM		
			CNTY ALTER VENDOR	ALTER NAME.....			
D-02092023-955	11	WF52	63.5563.0000.5335	MEALS			
			-	HHS JAN MEALS		5.28	
			004546	MCCARTHY/DONALD			
				004546 VENDOR TOTAL		829.27	
D-02092023-955	12	WF52	63.5563.0000.5339	MILEAGE			
			-	HHS JAN MILEAGE		522.69	
			004449	MCKITTRICK/SANDRA			
				004449 VENDOR TOTAL		522.69	
D-02092023-955	13	WF52	63.5563.0000.5339	MILEAGE			
			-	HHS JAN MILEAGE		39.30	
			006110	MORAN/PAMELA			
				006110 VENDOR TOTAL		39.30	
D-02092023-955	14	WF52	63.5563.0000.5339	MILEAGE			
			-	HHS JAN MILEAGE		470.29	
			001973	PRICE/SUSAN			
D-02092023-955	15	WF52	63.5563.0000.5335	MEALS			
			-	HHS JAN MEALS		17.94	
			001973	PRICE/SUSAN			
				001973 VENDOR TOTAL		488.23	
D-02092023-955	16	WF52	63.5563.0000.5339	MILEAGE			
			-	HHS JAN MILEAGE		767.66	
			002000	RICHTER/ARNOLD JOSEPH			
				002000 VENDOR TOTAL		767.66	
				WF52 BANK TOTAL		4,907.14	

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Disbursement Edit Listing

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DATA-JE-ID....	LINE#	BANK	FUND.&.	ACCOUNT.....	DESCRIPTION.....	CHECK	AMOUNT	ERRORS AND
TRAN-DATE. INVOICE.....	FORMULA.....	1099-INFO VENDOR		NAME.....	PAYM			
F/P CLAIM.. P.O.#.	PROJECT.....	CNTY	ALTER	VENDOR	ALTER NAME.....			
D-02092023-953	14	WF52	56.5503.0000.5157		IM - TRAINING			
			2022CAPCONLEAD		@FY@ HHS 12/30 INV		357.62	
					.31465 DANE CO HUMAN SERVICES			
					.31465 VENDOR TOTAL		357.62	
D-02092023-953	1	WF52	56.5511.1111.5313		PHOTOCOPIES			
			IN14039548		@FY@ HHS CUST #10RC04		294.33	
					000601 GFC LEASING-WI			
					000601 VENDOR TOTAL		294.33	
D-02092023-953	2	WF52	56.5503.0000.5999		BILLS - NO LINE DETAIL			
			10713337		@FY@HHS ACCT #9020531051		189.48	
					001640 LANGUAGE LINE SERVICES,			
D-02092023-953	3	WF52	56.5401.0000.5999		BILLS-NO-LINE DETAIL			
			10713337		@FY@HHS ACCT #9020531051		231.72	
					001640 LANGUAGE LINE SERVICES,			
					001640 VENDOR TOTAL		421.20	
D-02092023-953	6	WF52	63.5563.0000.5319		OFFICE SUPPLIES			
			29817319		@FY@HHS ACCT #2771316		21.08	
					000577 QUILL CORPORATION			
D-02092023-953	4	WF52	63.5563.0000.5319		OFFICE SUPPLIES			
			29825616		@FY@HHS ACCT #2771316		269.31	
					000577 QUILL CORPORATION			
D-02092023-953	5	WF52	56.5405.0000.5999		BILLS - NO LINE DETAIL			
			29825616		@FY@HHS ACCT #2771316		58.36	
					000577 QUILL CORPORATION			
					000577 VENDOR TOTAL		348.75	
D-02092023-953	13	WF52	56.5511.1111.5999		BILLS - NO LINE DETAIL			
			2022 RECEIPTS		@FY@ HHS PETTY CASH		13.30	
					001113 RICHLAND CTY HHS			
					001113 VENDOR TOTAL		13.30	
D-02092023-953	7	WF52	63.5563.5310.5326		ADVERTISING			
			372870		@FY@HHS ADV #5787 12/31		202.20	
					000669 RICHLAND OBSERVER/THE			
D-02092023-953	8	WF52	63.5566.0000.5326		ADVERTISING			
			372871		@FY@HHS ADV #5787 12/31		80.85	
					000669 RICHLAND OBSERVER/THE			
D-02092023-953	9	WF52	63.5566.0000.5326		ADVERTISING			
			372872		@FY@HHS ADV #5787 12/31		88.60	
					000669 RICHLAND OBSERVER/THE			
					000669 VENDOR TOTAL		371.65	

VOUCHERS 2022

Disbursement Edit Listing

DATA-JE-ID	LINE#	BANK	FUND.&	ACCOUNT	DESCRIPTION	CHECK	AMOUNT	ERRORS AND W
TRAN-DATE	INVOICE	FORMULA			TRANSACTION DESCRIPTION			
F/P CLAIM	P.O.#	PROJECT	1099-INFO	VENDOR	VENDOR NAME	PAYM		
			CNTY	ALTER	ALTER NAME			
D-02092023-953	12	WF52	56.5502.0000.5157		SERVICE SECTION - TRAINING			
	12192022-340				@FY@ HHS DEC INV		125.00	
				001802	UW MADISON			
					001802 VENDOR TOTAL		125.00	
D-02092023-953	11	WF52	56.5511.1111.5249		MAINTENANCE / BUILDING			
	51973				@FY@ HHS 12/30 SERV		671.27	
				000296	WERTZ PLUMBING & HEATING			
D-02092023-953	10	WF52	56.5511.1111.5249		MAINTENANCE / BUILDING			
	52014				@FY@ HHS 11/28 SERV		522.52	
				000296	WERTZ PLUMBING & HEATING			
					000296 VENDOR TOTAL		1,193.79	
D-02092023-953	15	WF52	56.5527.0000.5316		KINSHIP ASSESSMENTS			
	10/1-31/22				@FY@ HHS ACCT #3042 OCT		40.00	
				004341	WI DEPT OF JUSTICE			
D-02092023-953	16	WF52	63.5563.0000.5999		BILLS - NO LINE DETAIL			
	10/1-31/22				@FY@ HHS ACCT #3042 OCT		10.00	
				004341	WI DEPT OF JUSTICE			
D-02092023-953	17	WF52	63.5563.5310.5999		BILLS - NO LINE DETAIL			
	10/1-31/22				@FY@ HHS ACCT #3042 OCT		10.00	
				004341	WI DEPT OF JUSTICE			
D-02092023-953	18	WF52	56.5502.0000.5999		BILLS - NO LINE DETAIL			
	10/1-31/22				@FY@ HHS ACCT #3042 OCT		20.00	
				004341	WI DEPT OF JUSTICE			
D-02092023-953	19	WF52	59.5580.0000.5999		BILLS - NO LINE DETAIL			
	11/1-30/22				@FY@ HHS ACCT #3042 NOV		20.00	
				004341	WI DEPT OF JUSTICE			
D-02092023-953	20	WF52	63.5563.0000.5999		BILLS - NO LINE DETAIL			
	12/1-31/22				@FY@ HHS ACCT #3042 DEC		10.00	
				004341	WI DEPT OF JUSTICE			
					004341 VENDOR TOTAL		110.00	
					WF52 BANK TOTAL		3,235.64	

Disbursement Edit Listing

DATA-JE-ID....	LINE#	BANK	FUND.&.ACCOUNT.....	DESCRIPTION.....	CHECK	AMOUNT	ERRORS AND
TRAN-DATE. INVOICE.....			FORMULA.....	TRANSACTION DESCRIPTION.			
F/P CLAIM.. P.O.#.	PROJECT.....		1099-INFO VENDOR	NAME.....	PAYM		
			CNTY ALTER VENDOR	ALTER NAME.....			
D-02092023-954	2	WF52	53.5507.0000.5325	CONFERENCES AND REGISTRATION HHS 2023 MEMBERSHIP		75.00	
				001916 ADPAW			
				001916 VENDOR TOTAL		75.00	
D-02092023-954	1	WF52	59.5581.0000.5532	RENT			
FEBRUARY				006091 HHS ROCKBRIDGE MEAL SITE		400.00	
				006091 BETHLEHEM LUTHERAN CHURC			
				006091 VENDOR TOTAL		400.00	
D-02092023-954	17	WF52	56.5511.1111.5302	SNOW PLOWING			
			N 01	005025 HHS 1/31 INV JANUARY		3,583.00	
				005025 BINDL SNOWPLOWING & SALT			
				005025 VENDOR TOTAL		3,583.00	
D-02092023-954	3	WF52	59.5588.0000.5532	RENT			
FEBRUARY				000152 HHS RC MEAL SITE		275.00	
				000152 CITY OF RICHLAND CENTER			
				000152 VENDOR TOTAL		275.00	
D-02092023-954	13	WF52	59.5588.0000.5356	TRUCK REPAIR & MAINTENANCE			
298780				002413 HHS CUST #6495966 2/2		1,276.55	
				002413 FILLBACK FORD CHRYSLER			
				002413 VENDOR TOTAL		1,276.55	
D-02092023-954	4	WF52	56.5511.1111.5313	PHOTOCOPIES			
I00793622				000601 HHS CUST #390899 1/21		732.32	
				000601 GFC LEASING-WI			
				000601 VENDOR TOTAL		732.32	
D-02092023-954	18	WF52	56.5511.1111.5297	REFUSE COLLECTION			
3386761				001295 HHS ACCT #409700 1/31		243.23	
				001295 PELLITTERI WASTE SYSTEMS			
				001295 VENDOR TOTAL		243.23	
D-02092023-954	6	WF52	56.5401.0000.5319	OFFICE SUPPLIES			
29913973				000577 HHS ACCT #2771316 1/4		11.79	
				000577 QUILL CORPORATION			
D-02092023-954	5	WF52	56.5511.1111.5319	OFFICE SUPPLIES			
30140309				000577 HHS ACCT #2771316 1/12		97.94	
				000577 QUILL CORPORATION			
				000577 VENDOR TOTAL		109.73	
D-02092023-954	9	WF52	56.5407.0000.5320	EDUCATIONAL MATERIALS			
323539				000648 HHS ADV #59333 1/31		99.80	
				000648 SHOPPING NEWS INC			

VOUCHERS 2023

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Disbursement Edit Listing

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DATA-JE-ID....	LINE#	BANK	FUND.&	ACCOUNT.....	DESCRIPTION.....	CHECK	AMOUNT	ERRORS AND
TRAN-DATE. INVOICE.....	FORMULA.....	TRANSACTION DESCRIPTION.			PAYM			
F/P CLAIM.. P.O.#.	PROJECT.....	1099-INFO	VENDOR	ALTER VENDOR	ALTER NAME.....			
		CNTY						
D-02092023-954	14	WF52	56.5472.0000.5999		BILLS - NO LINE DETAIL			
323821					HHS ADV #22262 1/31		520.00	
				000648	SHOPPING NEWS INC			
D-02092023-954	15	WF52	56.5401.0000.5326		ADVERTISING			
326019					HHS ADV #22262 1/31		520.00	
				000648	SHOPPING NEWS INC			
					000648 VENDOR TOTAL		1,139.80	
D-02092023-954	8	WF52	59.5583.0000.5970		CONTRACT SERVICES			
FEBRUARY					HHS CAZENOVIA MEAL SITE		350.00	
				000751	ST ANTHONYS SCHOOL			
					000751 VENDOR TOTAL		350.00	
D-02092023-954	7	WF52	56.5511.1111.5249		MAINTENANCE / BUILDING			
39011					HHS 1/10 INV		120.92	
				000768	STRANG HEATING & ELECTRI			
					000768 VENDOR TOTAL		120.92	
D-02092023-954	12	WF52	56.5511.1111.5311		POSTAGE			
					HHS ACCT #112081		2,000.00	
				000591	US POSTAL SERVICE (HASLER			
					000591 VENDOR TOTAL		2,000.00	
D-02092023-954	19	WF52	56.5511.1111.5360		MAINT & CLEANING SUPPLIES			
482295					HHS ACCT #100526 1/31		74.32	
				000902	WALSHS ACE HARDWARE			
D-02092023-954	20	WF52	56.5511.1111.5360		MAINT & CLEANING SUPPLIES			
482675					HHS ACCT #100526 1/31		9.99	
				000902	WALSHS ACE HARDWARE			
					000902 VENDOR TOTAL		84.31	
D-02092023-954	10	WF52	56.5404.0000.5334		REGISTRATION			
					HHS WABS MEMBERSHIP		35.00	
				004095	WI ASSN OF BENEFIT SPECI			
D-02092023-954	11	WF52	53.5529.0000.5334		REGISTRATION			
					HHS WABS MEMBERSHIP		35.00	
				004095	WI ASSN OF BENEFIT SPECI			
					004095 VENDOR TOTAL		70.00	
D-02092023-954	21	WF52	56.5502.0000.5999		BILLS - NO LINE DETAIL			
STMT 202301					HHS ACCT #G2091 1/31/23		10.00	
				004341	WI DEPT OF JUSTICE			
					004341 VENDOR TOTAL		10.00	
					WF52 BANK TOTAL		10,469.86	

2022 PREVIOUSLY PAID VOUCHERS

	Check #	Date	Vendor Name	Description	Account #	Amount
1	27775	1/12/2023	US Bank National Association #6167	County Clerk Paid	1/6/2023 Statement	\$ 8,547.80
2	28009	1/19/2023	Premier Cooperative #2414	Acct #4675320	59.5588.0000.5351	\$ 130.79
				Acct #4672501	63.5563.5310.5351	\$ 445.60
3	28010	1/19/2023	Richland Center Utilities #650	Acct #080460001	56.5511.1111.5222	\$ 2,241.03
4	28011	1/19/2023	Richland County Food Service #4269	December Meals	59.5588.0000.5322	\$ 7,745.04
				December Meals	59.5581.0000.5322	\$ 719.25
5	28012	1/19/2023	Wisconsin Electric Power/WE Energies #975	Acct #0701008505-00001	56.5511.1111.5226	\$ 796.39
6	28109	1/26/2023	Capital One - Walmart #2005	#607399	56.5462.0000.5312	\$ 50.58
					56.5462.0000.5991	\$ 80.48
					56.5532.0000.5999	\$ 175.00
					56.5532.0000.5999	\$ 175.00
					56.5511.1111.5360	\$ 159.00
7	28110	1/26/2023	Tech Com Inc./Genuine Telecom #1657	Acct #581900	56.5511.1111.5225	\$ 669.80
					TOTAL	\$ 22,107.70

PREVIOUSLY PAID 2022

2023 PREVIOUSLY PAID VOUCHERS

	Check #	Date	Vendor Name	Description	Account #	Amount
1	27775	1/12/2023	US Bank National Association #6167	County Clerk Paid	1/6/2023 Statement	\$ 450.00
2	28095	1/24/2023	Tech Com Inc./Genuine Telecom #1657	Acct #33500	59.5588.0000.5225	\$ 39.10
3	28096	1/24/2023	Registration Fee Trust #6062	License Replacement	59.5588.0000.5356	\$ 8.00
					TOTAL	\$ 497.10

PREVIOUSLY PAID 2023

1/6/23 STATEMENT DATE - 12/09/22-1/05/23 CHARGES

US Bank National Association #6167 Acct #4866-9100-1450-2740

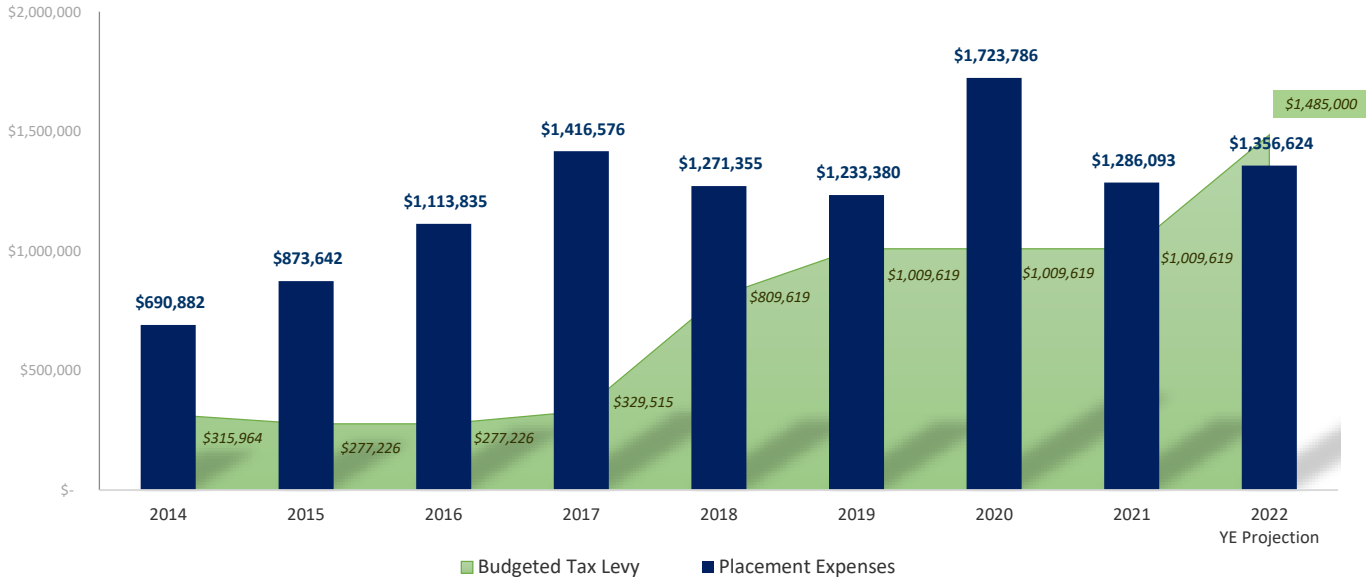
Vendor Name	Description	Budget Year	Account #	Amount
1 Amazon		2022	53.5507.0000.5319	\$ 99.97
2 Amazon		2022	53.5507.0000.5319	\$ 13.97
3 Amazon		2022	63.5563.0000.5319	\$ 11.94
4 Amazon Credit	CLTS	2022	56.5546.0553.5992	\$ (101.87)
5 Amazon		2022	63.5563.5310.5352	\$ 55.78
6 Kareo 80%		2022	56.5472.0000.5214	\$ 1,314.88
Kareo 20%		2022	56.5477.0000.5214	\$ 328.72
7 Clockify		2022	56.5511.0000.5214	\$ 30.00
8 Amazon		2022	63.5563.5310.5352	\$ 75.28
9 Richland Observer		2022	56.5511.1111.5312	\$ 43.68
10 Amazon		2022	56.5519.0000.5319	\$ 320.98
11 Amazon		2022	56.5519.0000.5319	\$ 299.99
12 Amazon		2022	63.5563.5310.5999	\$ 253.69
13 Amazon	CLTS	2022	56.5546.0551.5992	\$ 26.99
14 WI State Law Library		2022	53.5507.0000.5319	\$ 18.27
15 Hazelden Foundation	TCP	2022	56.5408.0000.5999	\$ 1,618.22
16 Amazon		2022	53.5507.0000.5319	\$ 6.88
17 Amazon		2022	53.5507.0000.5319	\$ 19.19
17 Amazon		2022	56.5406.0000.5999	\$ 43.98
18 Kwik Trip		2022	56.5530.0000.5750	\$ 100.00
19 Kwik Trip		2022	56.5530.0000.5750	\$ 200.00
20 Amazon		2022	53.5507.0000.5319	\$ 14.98
21 Amazon		2022	56.5462.0000.5991	\$ 31.90
22 Oriental Trading	CST	2022	56.5462.0000.5991	\$ 26.97
23 Amazon	CST	2022	56.5462.0000.5991	\$ 33.45
24 Amazon		2022	56.5405.0000.5320	\$ 169.98
25 Amazon	CST	2022	56.5462.0000.5991	\$ 613.22
26 Amazon	CLTS	2022	56.5546.0551.5992	\$ 18.99
27 Amazon	CST	2022	56.5462.0000.5991	\$ 79.10
28 Amazon		2022	53.5507.0000.5319	\$ 143.78
29 Amazon		2022	53.5507.0000.5319	\$ 11.99
30 Kwik Trip		2022	56.5532.0000.5999	\$ 180.00
31 Kwik Trip		2022	56.5532.0000.5999	\$ 120.00
32 Workplace		2022	56.5511.0000.5214	\$ 272.00
33 Goodwill		2022	56.5532.0000.5999	\$ 180.00
34 Amazon	Air Conditione	2022	56.5532.0000.5999	\$ 959.94
35 Amazon	CLTS	2022	56.5546.0551.5992	\$ 16.90
36 Amazon	CST	2022	56.5462.0000.5991	\$ 31.82
37 Amazon	Teresa Nundal	2022	56.5532.0000.5999	\$ 562.34
38 UW Madison ***2023 charge***		2023	56.5478.0000.5325	\$ 450.00
39 Amazon		2022	56.5532.0000.5999	\$ 299.90
TOTAL				\$ 8,997.80

2022 Health and Human Services Budget

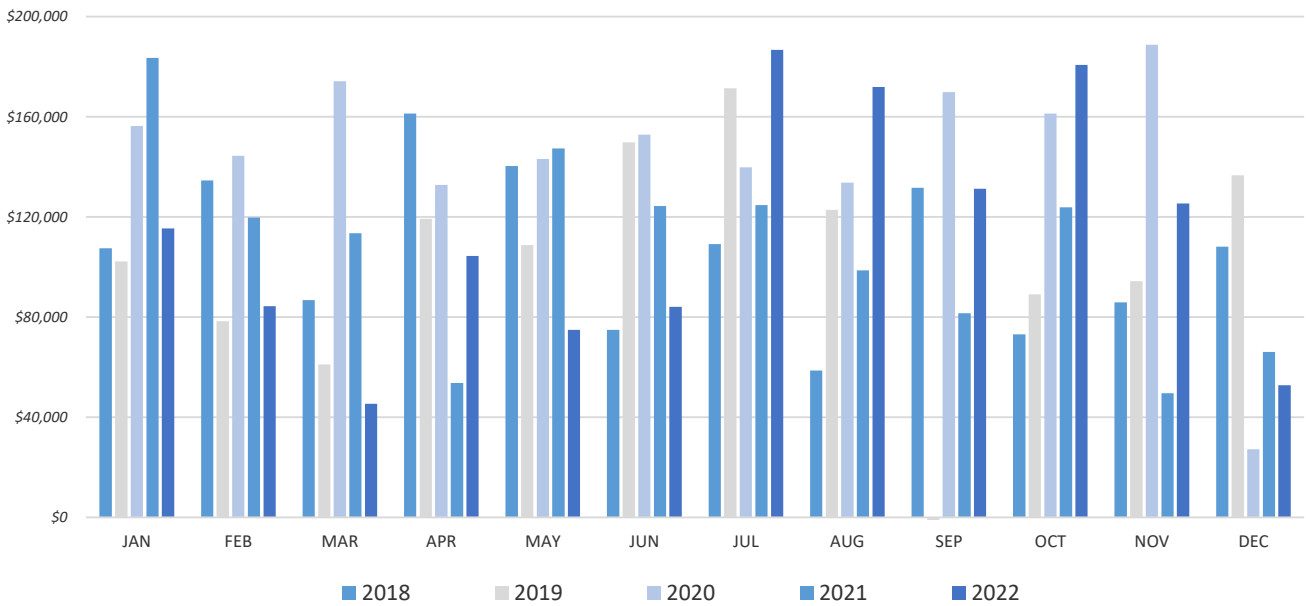
Expenses	2/2/2023	Current Month = 100%						
Program	Total	2022 Budget	Actual	% Utilized	Core Budget Balance (Through December (1st Report))	Placement Funds (Thru November) Funds 44/54		
Administrative Services	1,091,921				Revenues (with Tax Levy)	7,635,611	Budget for all Placements	1,485,000
Staff		709,006	610,359	86.1%	Anticipated Revenue	612,334	Budget	1,485,000
Building & Operating Costs		382,915	328,358	85.8%	Received Revenue	6,118,931	- All Placement Expenses	-1,356,623
Public Health & Nutrition	609,451						Fund 54/44 balance	128,377
Public Health		358,678	376,768	105.0%	Minus Expenses	-7,393,275		
Nutrition		250,773	284,647	113.5%	Anticipated Expenses	-227,000	Adult (Fund 54)	
Aging & Disability Resource Center	741,171				Actual Expenses	-7,166,275	Budget	785,000
Elderly Services		343,000	297,465	86.7%			- Expenses in Fund 56*	3,422
Resource Center		398,171	388,186	97.5%	Equals Budget Balance	242,336	- Expenses	-745,666
Economic Support Unit	929,474				MH Institute Charges Through December	243,070	Fund 54 balance	42,756
ESS Program		929,474	935,350	100.6%	Anticipated MH Institute Charges			
Child & Youth Services	785,317				MHI Charges To Date (with Anticipated October)	243,070		
Children & Youth Programs		702,700	511,477	72.8%			Children (Fund 44)	
CPS Contractual Services		82,617	56,816	68.8%	Chargeback		Budget	700,000
Behavioral Health	4,162,309				Budget Balance Prior to Chargeback	242,336	- Expenses in Fund 56*	0
MH Outpatient / Crisis Services		712,230	494,812	69.5%	Chargeback for MH Institute Thru December (that have not occurred)	3,422	- Expenses	-614,380
AODA Outpatient		160,092	108,660	67.9%	New Core Year End Projection after Chargeback	245,758	Fund 44 balance	85,620
CCS		2,759,669	2,278,862	82.6%				
Adult Protective Services		127,226	41,263	32.4%	Fund 34 Projected Year End Balance for Carryover	0		
Treatment Court		158,772	109,430	68.9%	Fund 63 Projected Year End Balance	72,478		
Birth to Three Program		150,106	194,261	129.4%	*MH Institute charges go to Fund 56 as reduction in revenue			
Children with Disabilities		94,214	149,561	158.7%	**MHI anticipated charges do not include any expected insurance reimbursements			
HHS Board Approved Budget	8,319,643	8,319,643	7,166,275	86%	***Balance rolls to General Fund after Placement Funds are made whole			
					****Unused balance goes to Fund 18 for reinvestment in transportation program			

PLACEMENT EXPENSE COMPARISONS

Comparison of Annual Placement Expense & Budgeted Tax Levy



Monthly Placement Expenses

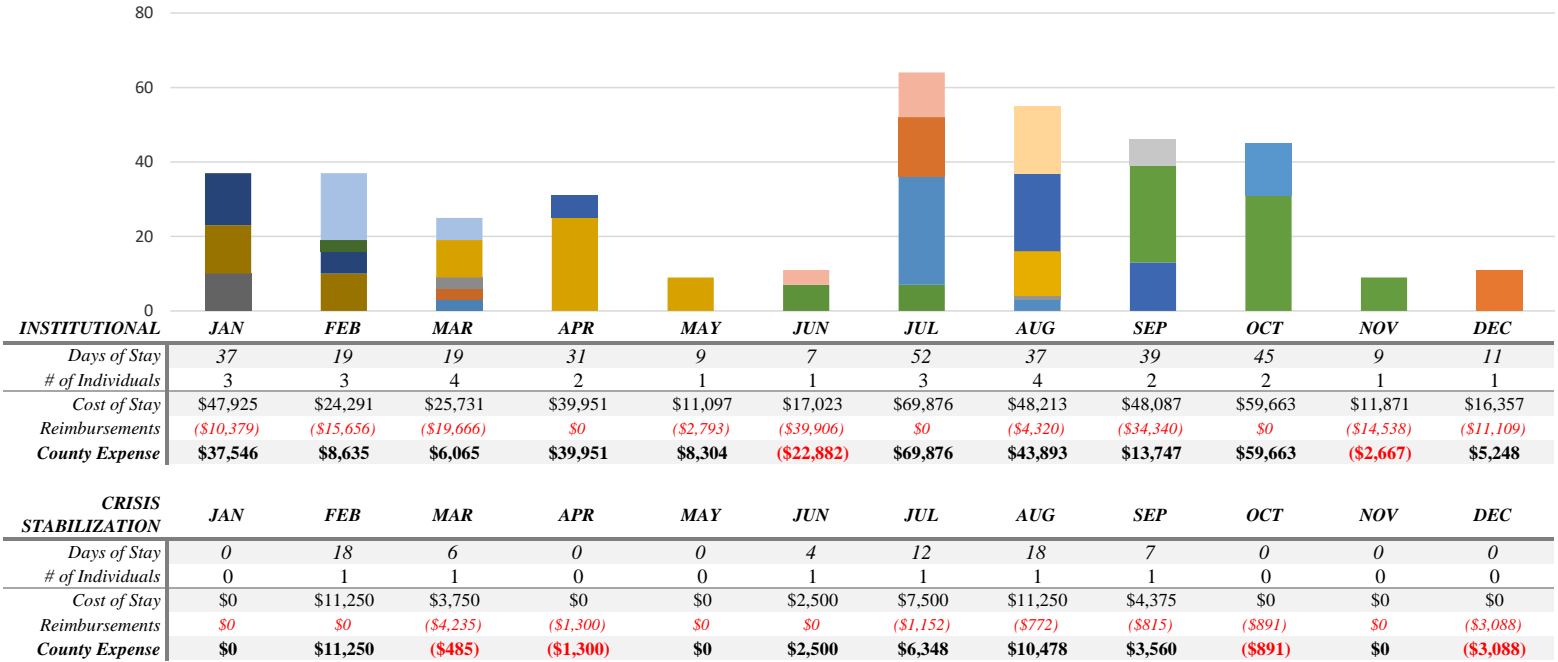


RICHLAND COUNTY
2022 ADULT PLACEMENTS
Fund 54

ADULT INSTITUTIONAL AND INPATIENT PLACEMENTS

Includes Mental Health Institutes, Trempealeau County Health Care, private inpatient hospitals, detox facilities, and crisis stabilization facilities

Cost Range: \$365 to \$1,448 per day



YTD ADULT CRISIS STABILIZATION

Days of Stay	65
# of Individuals	4
Cost of Stay	\$40,625
Reimbursements	(\$12,253)
County Expense	\$28,372

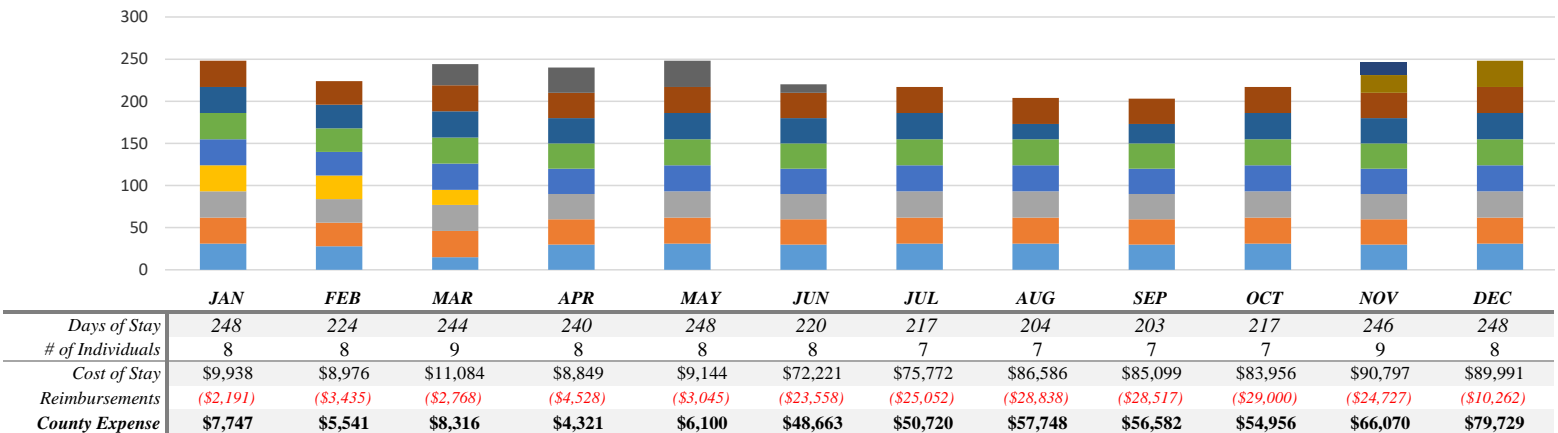
YTD ADULT INSTITUTIONAL

Days of Stay	315
# of Individuals	18
Cost of Stay	\$420,085
Reimbursements	(\$152,708)
County Expense	\$267,378

ADULT COMMUNITY RESIDENTIAL PLACEMENTS

Includes Community-Based Residential Facilities and Adult Family Homes

Cost Range: \$81 to \$1,600 per day



YTD ADULT RESIDENTIAL

Days of Stay	2759
# of Individuals	11
Cost of Stay	\$632,414
Reimbursements	(\$185,920)
County Expense	\$446,494

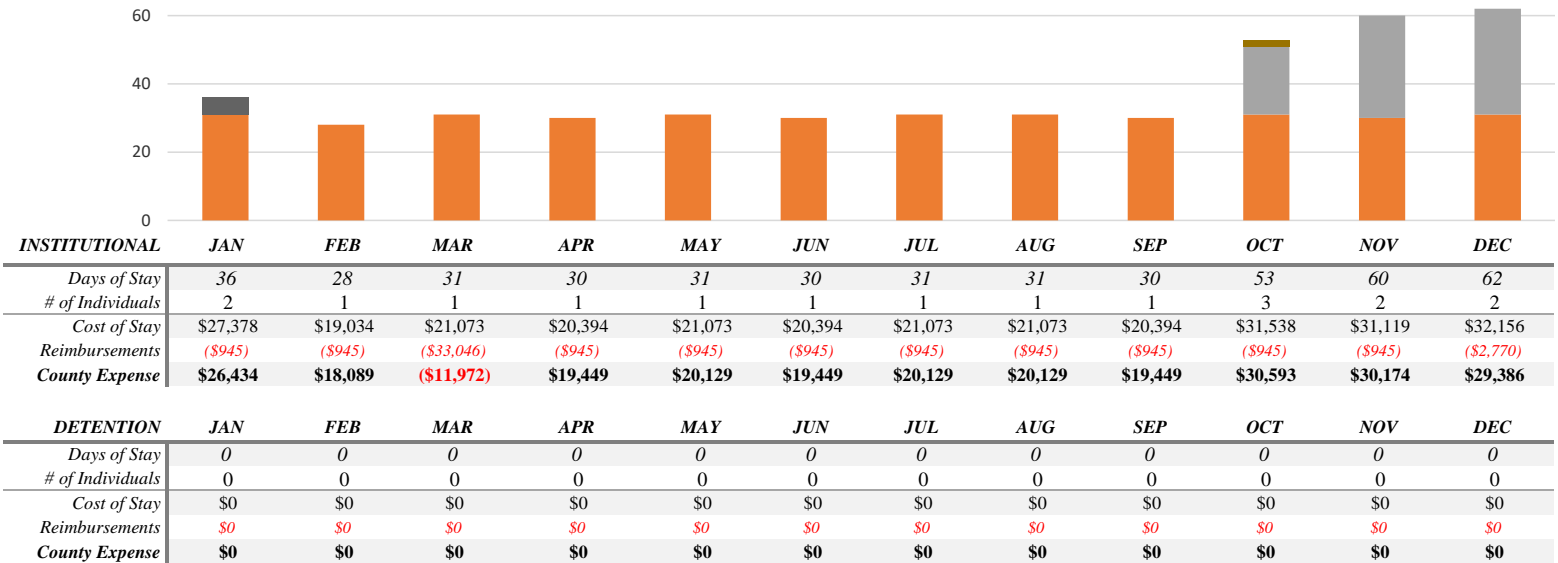
FUND 54 BEGINNING BALANCE	\$785,000	
TOTAL EXPENSE IN FUND 54:	\$742,244	95% utilized
FUND 54 REMAINING BALANCE	\$42,756	

RICHLAND COUNTY
2022 CHILD PLACEMENTS
Fund 44

CHILD INSTITUTIONAL, INPATIENT, AND DETENTION PLACEMENTS

Includes mental health institutes, private inpatient hospitals, children's residential care centers, as well as secure and non-secure detention facilities

Cost Range: Institutional \$267 to \$1,475 per day; Secure/Non-Secure Detention \$130 to \$190 per day

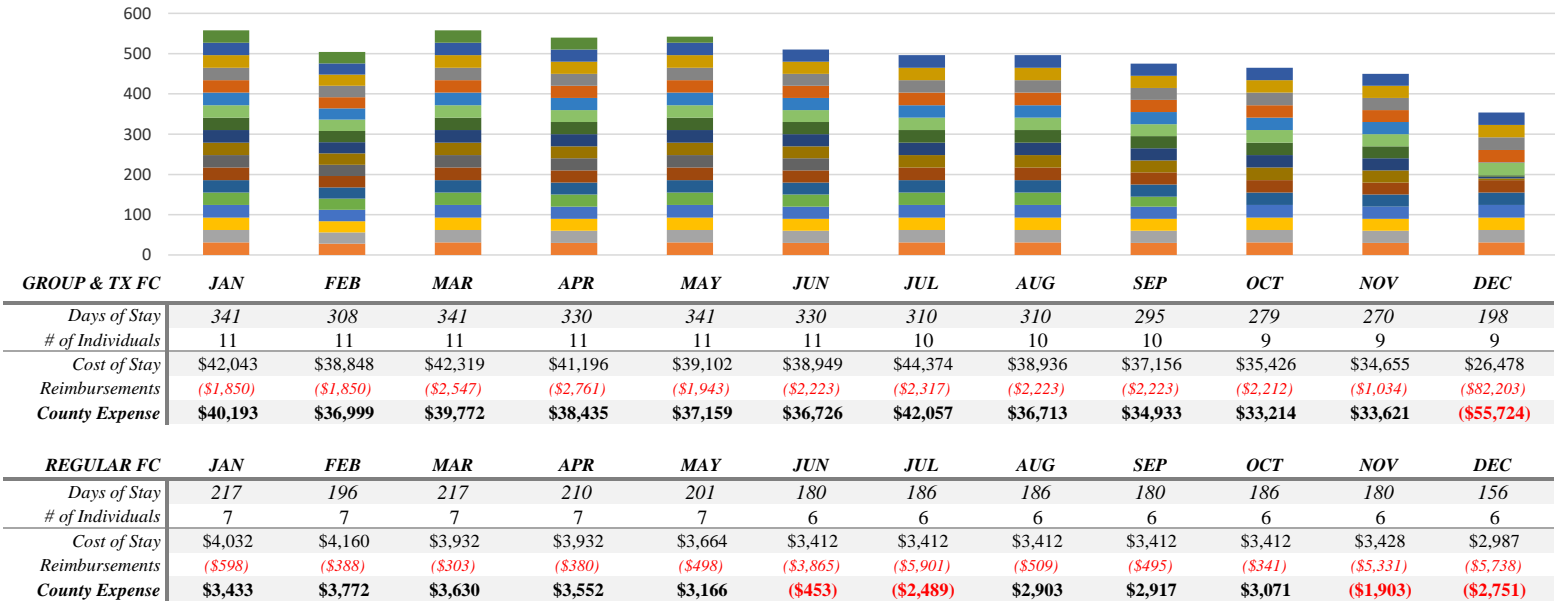


YTD CHILD INSTITUTIONAL		YTD DETENTION	
Days of Stay	453	Days of Stay	0
# of Individuals	4	# of Individuals	0
Cost of Stay	\$286,701	Cost of Stay	\$0
Reimbursements	(\$45,264)	Reimbursements	\$0
County Expense	\$241,437	County Expense	\$0

CHILD FOSTERCARE AND TREATMENT FOSTERCARE PLACEMENTS

Includes regularly licensed fostercare homes, licensed treatment fostercare homes, and youth group homes

Cost Range: Group Hm \$170 to \$253; Tx FC \$74 to \$140 per day; Regular FC \$13 to \$67 per day

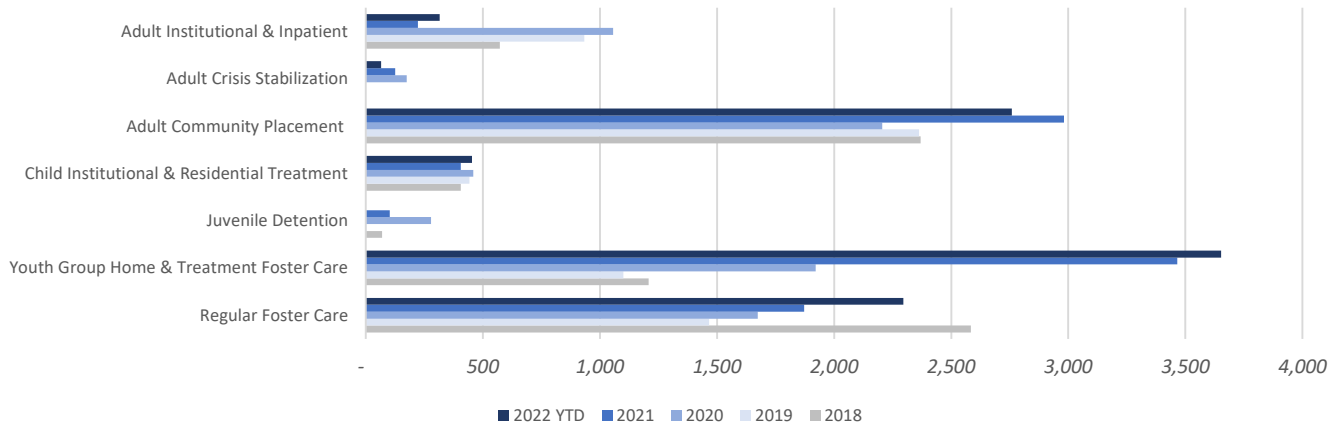


YTD GROUP HOME & TREATMENT FOSTERCARE		YTD REGULAR FOSTERCARE	
Days of Stay	3653	Days of Stay	2295
# of Individuals	11	# of Individuals	7
Cost of Stay	\$459,483	Cost of Stay	\$43,195
Reimbursements	(\$105,386)	Reimbursements	(\$24,349)
County Expense	\$354,097	County Expense	\$18,846

FUND 44 BEGINNING BALANCE	\$700,000	
TOTAL EXPENSE IN FUND 44:	\$614,380	88% utilized
FUND 44 REMAINING BALANCE	\$85,620	

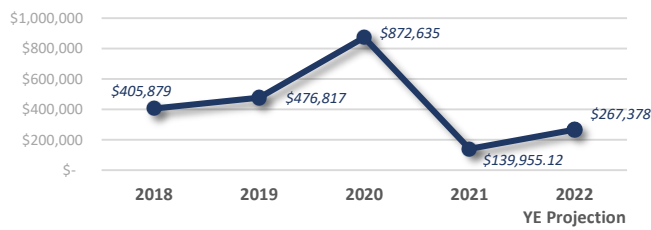
HISTORY OF PLACEMENT TYPES

Annual Days of Stay by Placement Type

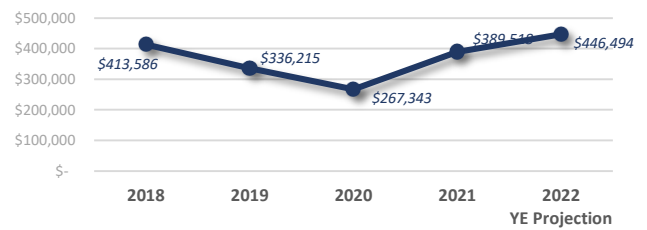


Expense History by Placement Type

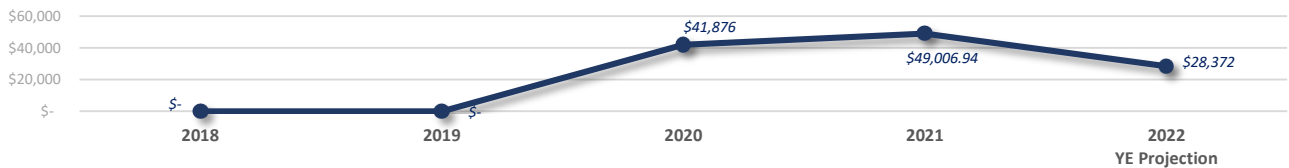
Adult Institutional & Inpatient



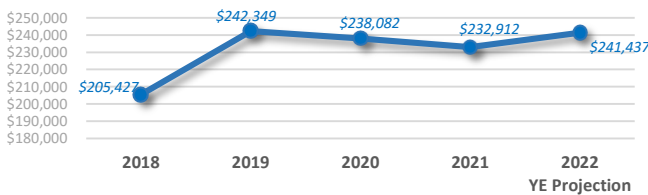
Adult Community Placement



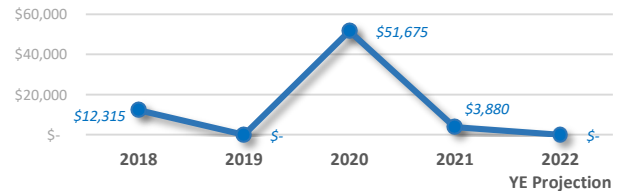
Adult Crisis Stabilization



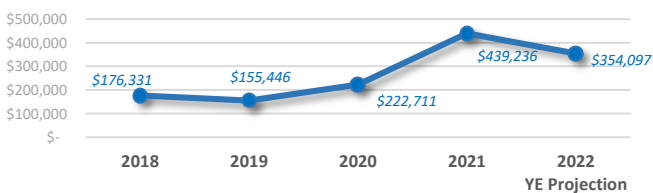
Child Institutional & Residential Treatment



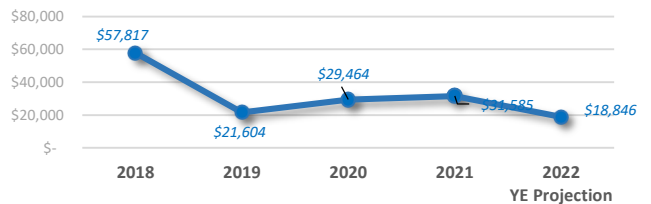
Juvenile Detention



Youth Group Home & Treatment Foster Care



Regular Foster Care



Contract Monitoring Report

DEC 100%

2022

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
Southwest Wisconsin Workforce Development Board	Angie Rizner	\$525,000.00	\$404,474.00	December	\$404,474.00	\$120,526.00	77.04%
Children's Hospital of Wisconsin Community Services-Children's	Jessica Tisdale	\$250,000.00	\$155,404.00	December	\$155,404.00	\$94,596.00	62.16%
Chileda Institute	Jessica Tisdale	\$255,000.00	\$248,123.00	December	\$248,123.00	\$6,877.00	97.30%
Community Care Resources	Jessica Tisdale	\$175,000.00	\$94,008.00	December	\$94,008.00	\$80,992.00	53.72%
Family Services of Northeast Wisconsin	Jessica Tisdale	\$35,000.00	\$21,808.00	December	\$21,808.00	\$13,192.00	62.31%
Fond Du Lac County Department of Social Services	Jessica Tisdale	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Forward Home for Boys	Jessica Tisdale	\$100,000.00	\$97,061.00	December	\$97,061.00	\$2,939.00	97.06%
Lutheran Social Services of WI & Upper Michigan, Inc.	Jessica Tisdale	\$10,500.00	\$0.00	December	\$0.00	\$10,500.00	0.00%
All Star Elevator, LLC	Laurie Couey	\$30,000.00	\$14,250.00	December	\$14,250.00	\$15,750.00	47.50%
Anytime Fitness	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Artisans' Shop LLC	Laurie Couey	\$25,000.00	\$0.00	December	\$0.00	\$25,000.00	0.00%
Autism Society of Greater Wisconsin	Laurie Couey	\$11,000.00	\$225.00	December	\$225.00	\$10,775.00	2.05%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
Children's Hospital of Wisconsin Community Services-Children's	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Christian Servants Home Care, LLC	Laurie Couey	\$11,000.00	\$309.00	December	\$309.00	\$10,691.00	2.81%
Community Care Resources	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Cooperative Educational Service Agency (CESA) 3	Laurie Couey	\$20,000.00	\$4,823.00	December	\$4,823.00	\$15,177.00	24.12%
CR Therapy	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Easter Seals of Wisconsin, Inc.	Laurie Couey	\$11,000.00	\$980.00	December	\$980.00	\$10,020.00	8.91%
Elevation Dance Academy	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
GAP Fit-N-Fun	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
J & B Medical Supply	Laurie Couey	\$11,000.00	\$9,290.00	December	\$9,290.00	\$1,710.00	84.45%
Logan James Herr Foundation Inc. DBA Logan's Heart and Smiles	Laurie Couey	\$40,000.00	\$32,655.00	December	\$32,655.00	\$7,345.00	81.64%
Lori Knapp, Inc.	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
M Squared NC, LLC dba Action Fence	Laurie Couey	\$35,000.00	\$28,782.00	December	\$28,782.00	\$6,218.00	82.23%
Memorial Hospital of Boscobel, Inc.	Laurie Couey	\$75,000.00	\$13,208.00	December	\$13,208.00	\$61,792.00	17.61%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
National Seating and Mobility	Laurie Couey	\$11,000.00	\$4,647.00	December	\$4,647.00	\$6,353.00	42.25%
Paquette Therapy, LLC	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Premier Financial Management Services	Laurie Couey	\$210,000.00	\$64,438.00	November	\$64,438.00	\$145,562.00	30.68%
Rural Wisconsin Health Cooperative	Laurie Couey	\$75,000.00	\$49,792.00	December	\$49,792.00	\$25,208.00	66.39%
RV Lexington Fitness LLC	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Soaring Skills, LLC	Laurie Couey	\$25,000.00	\$0.00	December	\$0.00	\$25,000.00	0.00%
St. Joseph's Health Services, Inc.	Laurie Couey	\$75,000.00	\$50,318.00	December	\$50,318.00	\$24,682.00	67.09%
The Richland Hospital, Inc.	Laurie Couey	\$25,000.00	\$22,475.00	December	\$22,475.00	\$2,525.00	89.90%
VARC, Inc.	Laurie Couey	\$25,000.00	\$0.00	December	\$0.00	\$25,000.00	0.00%
Wisconsin Badger Camp	Laurie Couey	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Impact Community Planning Group, LLC	Rose Kohout	\$27,000.00	\$24,675.00	December	\$24,675.00	\$2,325.00	91.39%
Wisconsin Community Health Alliance, LLC	Rose Kohout	\$27,000.00	\$0.00	December	\$0.00	\$27,000.00	0.00%
A&J Family Homes and Services, LLC	Teresa Nundahl	\$25,000.00	\$0.00	December	\$0.00	\$25,000.00	0.00%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
Annika Mersmann	Teresa Nundahl	\$49,500.00	\$11,186.00	December	\$11,186.00	\$38,314.00	22.60%
Carley Adult Family Home	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Community Service Associates dba Pauquette Center for Psychological	Teresa Nundahl	\$30,000.00	\$0.00	December	\$0.00	\$30,000.00	0.00%
Cornerstone Foundation dba Lucky Star 3 Corporation	Teresa Nundahl	\$250,000.00	\$144,137.00	December	\$144,137.00	\$105,863.00	57.65%
Coulee Region Psychiatric Services, S.C.	Teresa Nundahl	\$35,000.00	\$26,713.00	December	\$26,713.00	\$8,287.00	76.32%
Diane's Adult Family Home	Teresa Nundahl	\$125,000.00	\$78,159.00	December	\$78,159.00	\$46,841.00	62.53%
Driftless Counseling, LLC dba Trailhead Therapy and Mentoring	Teresa Nundahl	\$900,000.00	\$722,554.00	December	\$722,554.00	\$177,446.00	80.28%
Evergreen Manor III	Teresa Nundahl	\$75,000.00	\$0.00	December	\$0.00	\$75,000.00	0.00%
Evergreen Manor, Inc.	Teresa Nundahl	\$75,000.00	\$52,422.00	December	\$52,422.00	\$22,578.00	69.90%
Fitness Choices	Teresa Nundahl	\$49,500.00	\$29,742.00	December	\$29,742.00	\$19,758.00	60.08%
Gundersen Lutheran Administrative Services, Inc.	Teresa Nundahl	\$49,500.00	\$523.00	December	\$523.00	\$48,977.00	1.06%
Harmony Place Assisted Living DBA Harmony Acres	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Harmony Place Assisted Living DBA Harmony Hills	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
Harmony Place Assisted Living, LLC	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Independent Living Resources	Teresa Nundahl	\$15,000.00	\$0.00	December	\$0.00	\$15,000.00	0.00%
Jackie Nitschke Center	Teresa Nundahl	\$13,500.00	\$0.00	December	\$0.00	\$13,500.00	0.00%
Jean Warrior, Ph.D.	Teresa Nundahl	\$30,000.00	\$12,701.00	December	\$12,701.00	\$17,299.00	42.34%
Jessica Leinberger Counseling, LLC	Teresa Nundahl	\$49,500.00	\$38,290.00	December	\$38,290.00	\$11,210.00	77.35%
Kareo	Teresa Nundahl	\$22,000.00	\$20,846.00	December	\$20,846.00	\$1,154.00	94.75%
KNH, LLC	Teresa Nundahl	\$260,000.00	\$54,254.00	December	\$54,254.00	\$205,746.00	20.87%
Lutheran Social Services of WI & Upper Michigan, Inc.	Teresa Nundahl	\$49,500.00	\$5,636.00	December	\$5,636.00	\$43,864.00	11.39%
Mayo Clinic Health System - Franciscan Medical Center, Inc.	Teresa Nundahl	\$11,000.00	\$0.00	December	\$0.00	\$11,000.00	0.00%
Midwest Monitoring and Surveillance	Teresa Nundahl	\$15,000.00	\$1,618.00	December	\$1,618.00	\$13,382.00	10.79%
Miramont Behavioral Health	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
New Day Counseling, LLC	Teresa Nundahl	\$49,500.00	\$1,740.00	December	\$1,740.00	\$47,760.00	3.52%
Northwest Counseling & Guidance Clinic	Teresa Nundahl	\$90,000.00	\$83,293.00	December	\$83,293.00	\$6,707.00	92.55%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
Options Lab, Inc.	Teresa Nundahl	\$15,000.00	\$2,200.00	December	\$2,200.00	\$12,800.00	14.67%
Orion Family Services	Teresa Nundahl	\$49,500.00	\$4,125.00	December	\$4,125.00	\$45,375.00	8.33%
RTP (WI), S.C. dba Array Behavioral Care	Teresa Nundahl	\$130,000.00	\$75,721.00	December	\$75,721.00	\$54,279.00	58.25%
Sacred Heart Hospital of the Hospital Sister of the Third Order	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Schmidt Consulting, LLC	Teresa Nundahl	\$30,000.00	\$3,624.00	December	\$3,624.00	\$26,376.00	12.08%
Seasons Counseling, LLC	Teresa Nundahl	\$25,000.00	\$0.00	December	\$0.00	\$25,000.00	0.00%
Shay Rehabilitation & Psychological Services, INC dba	Teresa Nundahl	\$300,000.00	\$203,386.00	December	\$203,386.00	\$96,614.00	67.80%
Southwestern WI Community Action Program, Inc	Teresa Nundahl	\$24,300.00	\$0.00	December	\$0.00	\$24,300.00	0.00%
St. Joseph's Hospital of the Hospital Sister of the Third Order	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
Tellurian, Inc.	Teresa Nundahl	\$115,000.00	\$45,000.00	December	\$45,000.00	\$70,000.00	39.13%
Therapy Without Walls, LLC	Teresa Nundahl	\$49,500.00	\$0.00	December	\$0.00	\$49,500.00	0.00%
TLC Senior Home Care, LLC	Teresa Nundahl	\$85,000.00	\$73,007.00	December	\$73,007.00	\$11,993.00	85.89%
Trempealeau County Health Care Center	Teresa Nundahl	\$270,000.00	\$0.00	December	\$0.00	\$270,000.00	0.00%

Provider Name	Manager	Contract Amount	Amount Expended	Current Month Invoiced	Total Amount Expended	Balance	% Utilized
VARC, Inc.	Teresa Nundahl	\$49,500.00	\$10,082.00	December	\$10,082.00	\$39,418.00	20.37%
Viroqua Nutrition Counseling, LLC	Teresa Nundahl	\$15,000.00	\$0.00	December	\$0.00	\$15,000.00	0.00%
Vista Care Wisconsin	Teresa Nundahl	\$840,000.00	\$745,817.00	November	\$745,817.00	\$94,183.00	88.79%
Wisconsin Family Ties	Teresa Nundahl	\$36,000.00	\$0.00	December	\$0.00	\$36,000.00	0.00%
You Are Enough Counseling, LLC	Teresa Nundahl	\$49,500.00	\$3,439.00	December	\$3,439.00	\$46,061.00	6.95%
Winnebago Mental Health Institute	Tricia Clements	\$500,000.00	\$402,408.00	December	\$402,408.00	\$97,592.00	80.48%

NEW CONTRACTS/AGREEMENTS/MOUS

RICHLAND COUNTY HEALTH AND HUMAN SERVICES 2023 NEW HHS CONTRACT/AGREEMENT/MOU APPROVALS (2-9-2023)		
THE GYM-BOREE, LLC	Request Board approval to enter into a contract with <u>The Gym-Boree, LLC</u> to provide recreation/alternative activities and health & wellness to children with disabilities being served by the Behavioral Health Services Unit. (Richland Center)	Requesting Board approval to enter into a contract with <u>The Gym-Boree, LLC</u> for a total amount not to exceed \$11,000.
UNITED SEATING AND MOBILITY, LLC DBA NUMOTION	Request Board approval to enter into a contract with <u>United Seating and Mobility, LLC dba Numotion</u> to provide specialized medical and therapeutic supplies to children with disabilities being served by the Behavioral Health Services Unit. (Wauwatosa)	Requesting Board approval to enter into a contract with <u>United Seating and Mobility, LLC dba Numotion</u> for a total amount not to exceed \$11,000.

Richland County Health and Human Services & Veterans Standing Committee

AGENDA ITEM SUMMARY

Agenda Item Name: Approve the Application & Acceptance of a Treatment Alternatives and Diversion (TAD) Grant

Unit	Behavioral Health Services	Presented By:	Teresa Nundahl
Date of Meeting:	February 9, 2023	Action Needed:	Vote // Resolution
Disclosure:	Open Session	Authority:	
Date submitted:	January 16, 2023	Referred by:	

Recommendation and/or action language: Approve the application and acceptance of a Treatment Alternatives and Diversion (TAD) Grant totaling up to \$173,333 administered through the Wisconsin Department of Justice, Department of Corrections, and Department of Health Services with an up to \$43,333 county match to serve individuals in need of drug and alcohol treatment court services in Richland County, and forward the recommendation onto the County Board for approval.

The grant does require matching funds, in-kind match, or adding personnel, so it does require County Board approval.

Background: Richland County Health and Human Services has worked in partnership with the Court, Law Enforcement, and other community partners to provide Treatment Alternatives and Diversion programming to individuals who have had a third Operating While Intoxicated charge or greater, since 2017. The Treatment Court model of care is an evidenced based treatment approach and has been shown to reduce recidivism for individuals who have posed a danger to themselves and others through operating motor vehicles while intoxicated. Treatment court programming has served a total of 35 individuals, with 24 graduates of the program since 2017.

Over the recent years there has been a significant increase in the number of drug related offenses in Richland County. This lead to the addition of a Drug Court Program in 2022. Richland County maintains a hybrid Alcohol and Drug Treatment Court. Currently there are 7 individuals in the program. The funding request for Treatment Alternatives and Diversion programming would fund both alcohol treatment court services and drug treatment court services for the 2023 calendar year in Richland County.

Attachments and References:

Richland County Board Rule #14 (m) Program Initiatives and Grants	Refer to Resolutions #16-177, #20-33, #20-102
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Financial Review: The \$43,333 county match will be up to \$16,230 of in-kind funding and \$27,103 of cash match being included in the 2023 HHS Budget.

(please check one)

<input checked="" type="checkbox"/>	In adopted budget	Fund Number	
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<input type="checkbox"/>	No financial impact		

Approval:



Department Head

Review:

Administrator, or Elected Office (if applicable)

Richland County Opioid Settlement Funds Use Assessment

2022 - 2023



Opportunities for Funds

A. Prevention

B. Treatment

C. Recovery



Three Priority Recommendations

1. Support Transportation Opportunities

--Treatment -- Work --Meetings --Kids to school

2. Remove / Reduce Barriers to Treatment

--Define eligibility --Ensure all Populations can get treatment

3. Improve Coordination

--Up-to-date resource information --Regional awareness
--Deconstruct silos



Richland County HHS Meeting | 02.09.2023

Richland County Opioid Settlement Funding (Nov. 2022)

Year of Distribution	Non-Secure	Secure
2022	\$ 55,081.00	\$ 252,577.00
2023	\$ 29,190.00	\$ 14,290.00
2024	\$ 39,745.00	\$ 21,096.00
2025	\$ 41,628.00	\$ 22,978.00
2026 & 2027	\$ 25,815.00 / YR	\$ 7,165.00/YR
2028	\$ 29,756.00	\$ 7,822.00
2029 & 2030	\$ 30,695.00/YR	\$ 8,761.00/YR
2031	\$ 26,499.00	\$ 8,061.00
2032 - 2038	\$ 22,125.00/YR	\$ 3,688.00/YR
Total Settlement	\$ 489,794.00	\$ 384,492.00



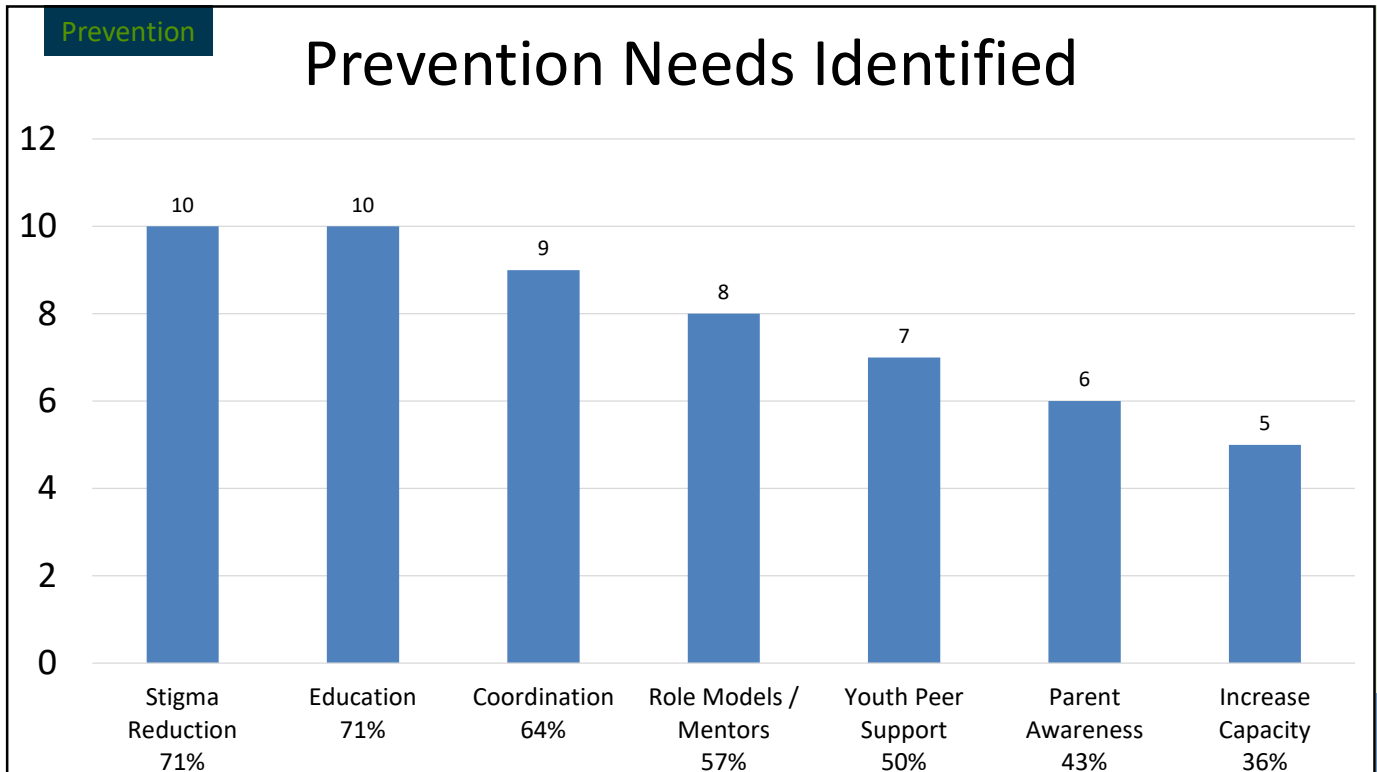
Our Process

1. Data Analysis
2. Stakeholder Interviews:
 - Richland County: 14
 - Regional & State: 8
 - Total: 92
3. Combined Interview and Data Analysis
4. Recommendations

Prevention

Prevention Resources


- **Richland County Partners for Prevention**
 - School Programs – DARE and CounterAct
 - Youth Substance Use Coalition
 - Drug Free Communities Project
 - Safe Community Events
 - Prescription Drug Safe Keeping & Disposal
- **SWCAP**
 - In-home visits through childhood programs
- **Others**
 - Symons Center
 - Health Care



Prevention

Additional Prevention Recommendations

- Expand existing resources**
 - Richland County Partners for Prevention
 - Evidence-based prevention in schools
 - Stigma reduction efforts
- Add Resources**
 - Youth Mentor Program(s)
 - Respite options

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Treatment

Treatment Resources

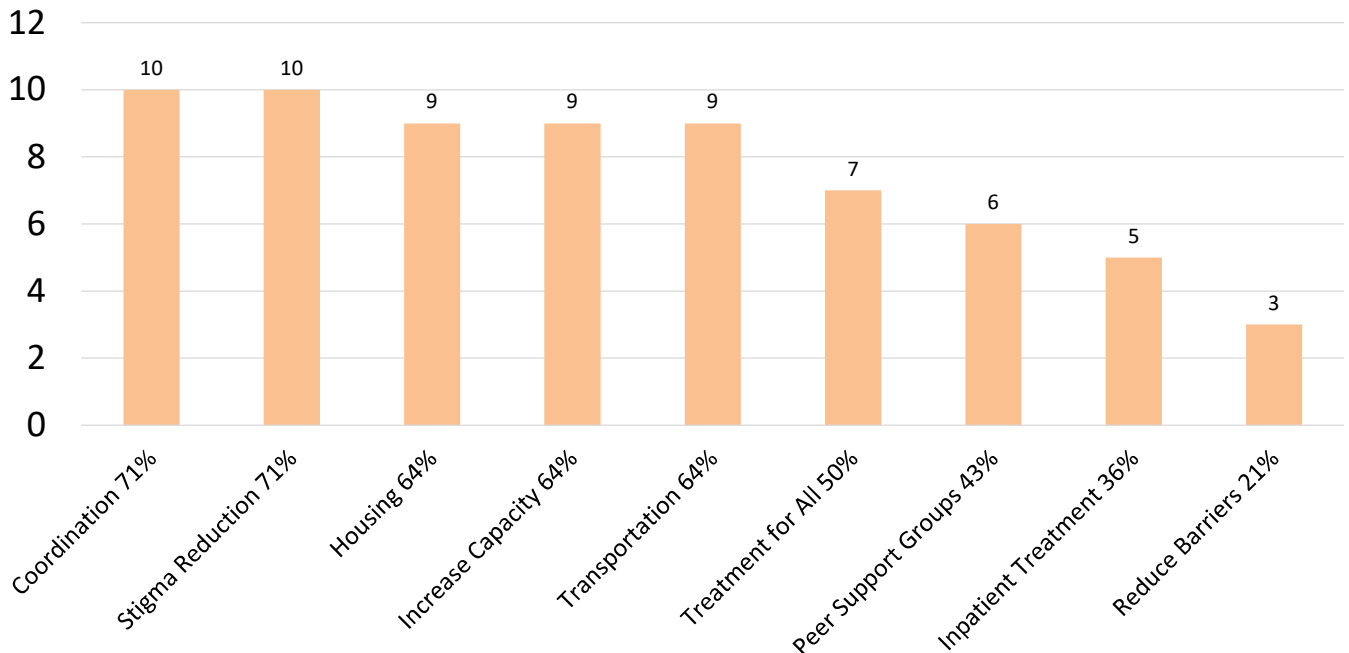
- **Health & Human Services**
 - Medication Assisted Therapy (MAT)
 - Behavioral Health Services
 - Economic Support
 - Narcan Direct
 - Fentanyl Test Strip Distribution
- **County Jail**
 - MAT while incarcerated
- **Others**
 - Community Center
 - Drug Treatment Court
 - Peer Support Groups
 - Pine Counseling



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Treatment

Treatment Needs Identified



Treatment

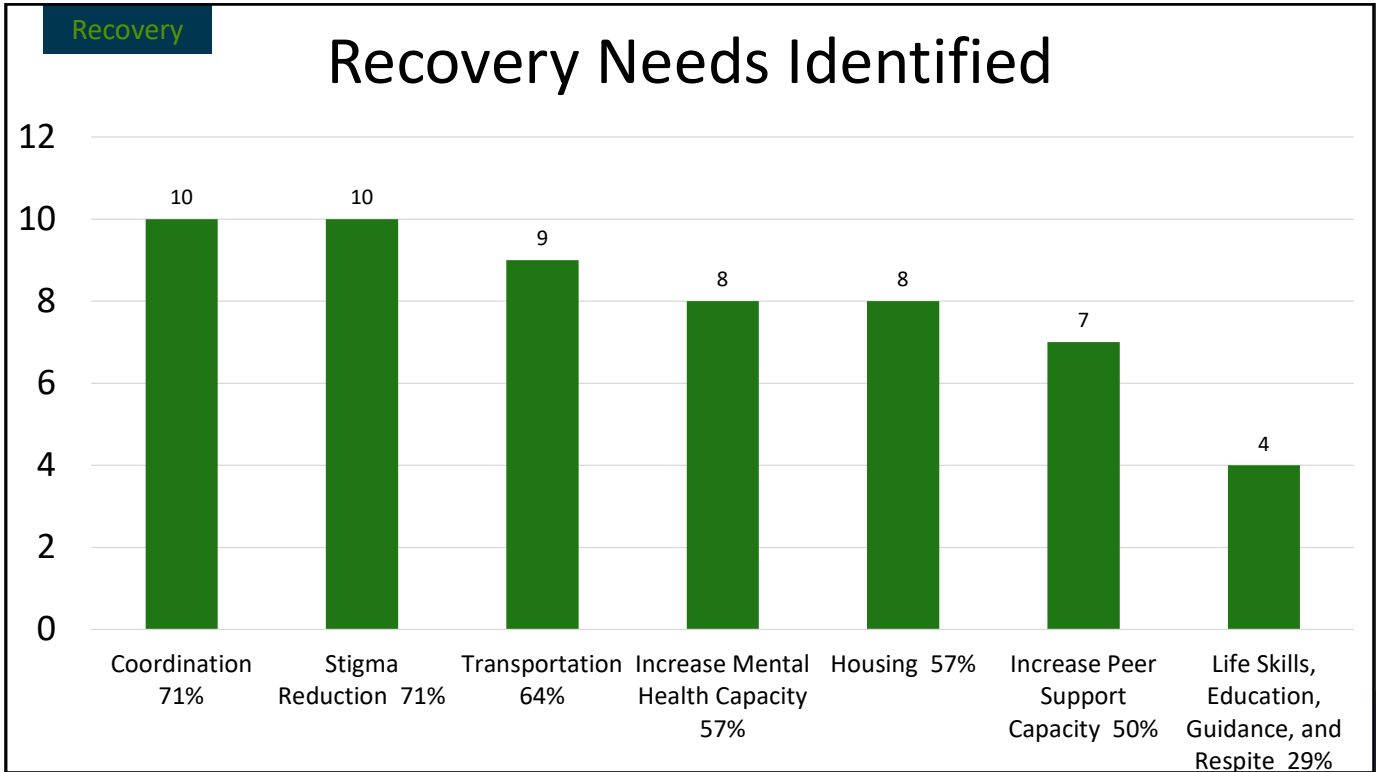
Additional Treatment Recommendations

- **Support & Bolster Existing**
 - Medication Assisted Therapy (MAT)
 - Behavioral Health Services
 - Economic Support
 - Narcan Direct
 - Fentanyl Test Strip Distribution
 - Community Services
- **Additional Needs**
 - Detox Beds
 - Inpatient Treatment
 - Sober Housing
 - Transitional Housing
 - Bilingual Resources
 - Life Skills Training

Recovery

Recovery Resources

- **SWCAP**
 - LIFT Program
 - Work 'n Wheels Car Loans
 - Parenting Training
- **Community Center**
 - Health & Fitness Facilities & Classes
 - Safe Environment
 - Socialization



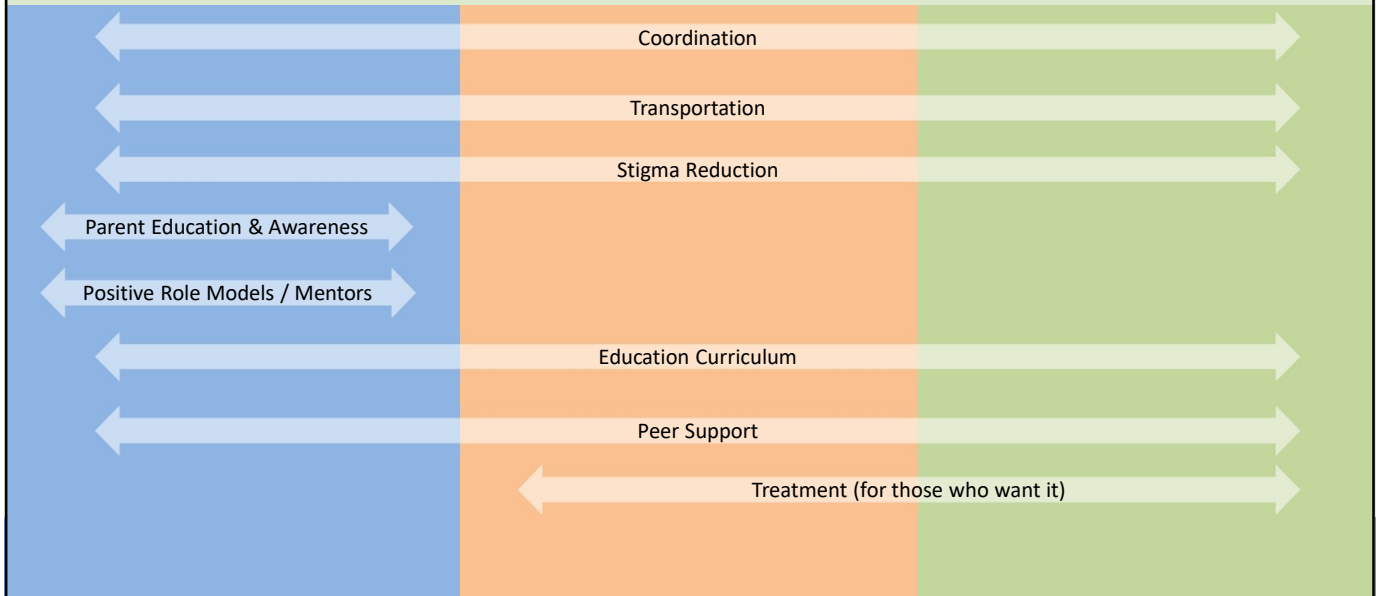
Recovery

Additional Recovery Recommendations

- Stigma Reduction
- Housing
- Mental Health Capacity
- Life Skills Education and Guidance
- Respite


Richland County HHS Meeting | 02.09.2023

Summary of Needs Identified



Three Priority Recommendations

1. Support Transportation Opportunities

--Treatment -- Work --Meetings --Kids to school

2. Remove / Reduce Barriers to Treatment

--Define eligibility --Ensure all Populations can get treatment

3. Improve Coordination

--Up-to-date resource information --Regional awareness
--Deconstruct silos

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Richland County Health and Human Services & Veterans Standing Committee

AGENDA ITEM SUMMARY

Agenda Item Name: Richland County Opioid Needs Assessment Presentation

Unit	HHS	Presented By:	Tricia Clements
Date of Meeting:	February 9, 2023	Action Needed:	Vote // Resolution
Disclosure:	Open Session	Authority:	
Date submitted:	February 3, 2023	Referred by:	

Recommendation and/or action language: Approve to “create a committee comprised of employees from HHS, Sheriff’s Office, District Attorney’s Office, Richland Center Police Department, and the Richland County Judge to take the recommendations of the Opioid Needs Assessment and create a proposal to the full County Board on how the funds should be best utilized to support the residents of Richland County.”

Background: In February of 2022, a final agreement was made between the Wisconsin Department of Justice and the nation’s three major pharmaceutical distributors (Cardinal, McKesson, and AmerisourceBergen) and Johnson & Johnson on the National Prescription Opiate Litigation. From this Richland County was granted \$342,855.80 minus the \$68,571.16 litigation fees for a total of \$274,284.64. If the funds are partially securitized this results in a total of \$215,315.52. At the August 2, 2022 Finance and Personnel meeting, Administrator Langreck indicated that Richland County has expressed “tentative” interest in pursuing securitization. These funds will be distributed to the county over the next 15 years. Funds are to be used to address the opioid epidemic including prevention, treatment and recovery.

The Southwestern Wisconsin Regional Planning Commission (SWWRPC) completed an Opioid Needs Assessment to provide guidance to the county on how to best utilize the funds. The results of the assessment will be presented to the Richland County HHS & Veterans Standing Committee on February 9, 2023 by Misty Molzof from SWWRPC. Based on the results of the Opioid Needs Assessment, Richland County HHS would like to have a team approach to determine the best use of these funds. The proposed plan would then be presented and approved by the full county board.

Attachments and References:

Richland County Opioid Needs Assessment	Finance and Personnel Minutes from August 2, 2022 meeting
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Financial Review: These funds will be granted to Richland County with no required county match. All funds will be managed by HHS and used for prevention, treatment and recovery.

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input checked="" type="checkbox"/>	No financial impact		

Approval:

Review:



 Department Head

 Administrator, or Elected Office (if applicable)

Table of Contents

Introduction.....	2
Recommendations.....	4
Prevention	5
Prevention Assets	5
Prevention Needs	6
Prevention Recommendation.....	7
Treatment.....	8
Treatment Assets.....	8
Treatment Needs.....	10
Treatment Recommendation	11
Recovery	12
Recovery Assets	12
Recovery Needs	12
Recovery Recommendation	13
Summary of Community Consensus and Recommendation.....	14
Appendix.....	16
Appendix A: Settlement funds.....	16
Appendix B: Interviewees, questions and answers.....	17
Appendix C: Sources	24
Appendix D: State of WI Intended spending	25
Appendix E: County & Regional Resources for Richland County Residents	27
Appendix F: Definitions	30

Planning Assistance Provided by:



SOUTHWESTERN WISCONSIN
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Introduction

Richland County will receive approximately \$215,000 if partially securitizing the opioid litigation settlement funds is an option that is acted upon. Current settlement funds will begin being received in 2022, with the projected last payment to be received in 2038 (Appendix A). There may be additional settlement funds as pending litigation gets settled. Eligible uses to address the opioid epidemic include prevention, treatment, and recovery. This needs assessment defines activities tied to opioid prevention, treatment, and recovery, provides a current inventory of Richland County assets, and identifies service gaps in each category. According to interviewees, this epidemic has affected the region for over 15 years; therefore, it is imperative that funds are used proactively to prevent the loss of any more lives or adverse impacts to people in the region. Richland County decision makers may use this document as a guide to understanding the opportunities and priorities for spending the aforementioned litigation funds and identify opportunities for regional collaboration in addressing the epidemic and its impacts.

Figure 1. Substance Use Disorder Continuum of Care



Table 1: Richland County current opioid litigation settlement funds

	Total Settlement Funds Awarded	Less: Litigation Fees	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
Richland County	\$ 342,855.80	\$ 68,571.16	\$ 274,284.64	\$ 215,315.52

Table 2: Opioid litigation settlement funds payment schedule non-Secure Vs. secure

Year of Distribution	Non-Secure	Secure
2022	\$ 30,845.36	\$ 141,443.12
2023	\$ 16,346.40	\$ 8,002.40
2024	\$ 22,257.20	\$ 11,813.76
2025	\$ 23,311.68	\$ 12,8674.68
2026 & 2027	\$ 14,456.40 /year	\$ 4,012.40/year
2028	\$ 16,663.36	\$ 4,380.32
2029 & 2030	\$ 17,189.20 /year	\$ 4,906.16/year
2031	\$ 14,839.44	\$ 4,514.16
2032 - 2038	\$ 12,390.00 /year	\$ 2,065.28/year
Total Settlement	\$ 274,284.64	\$ 215,315.52

To inform the findings of this assessment, the Southwestern Wisconsin Regional Planning Commission (SWWRPC) conducted interviews with fourteen Richland County stakeholders and eight regional and state stakeholders (Appendix B).

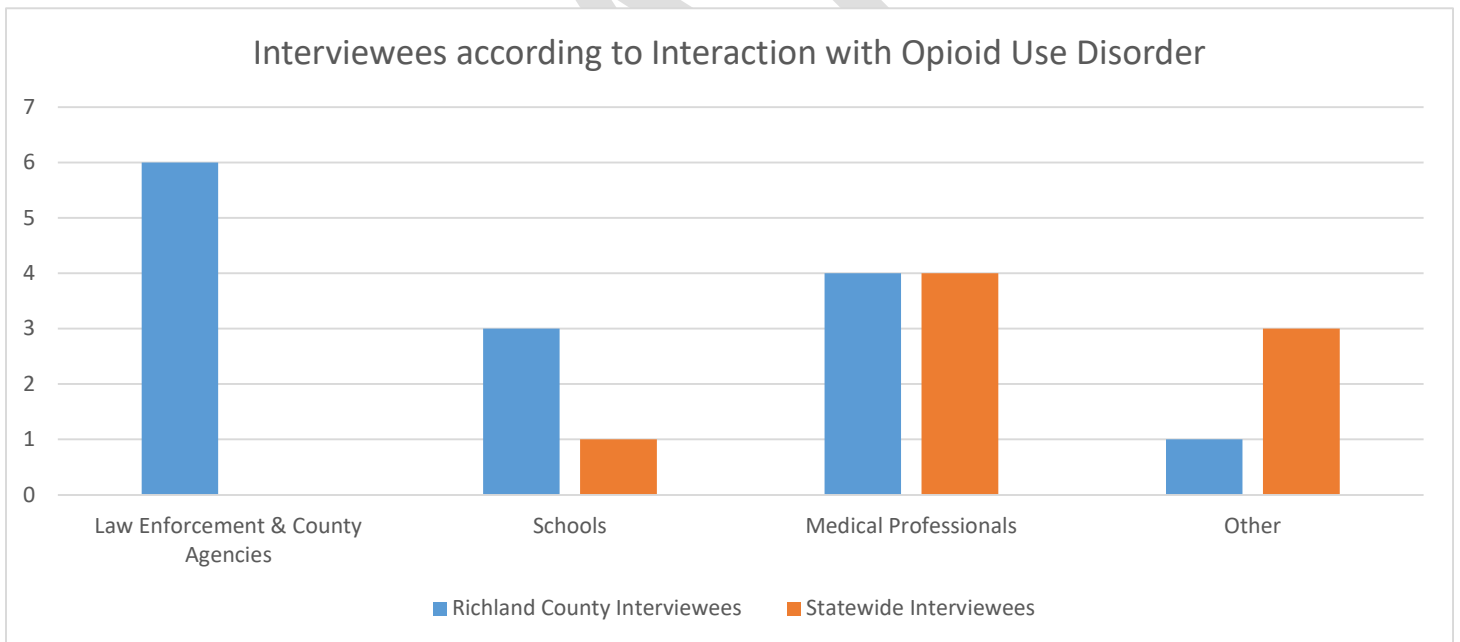
Richland County interviewees:

- Law enforcement or other county officials: Clay Porter, Richland County Sheriff; Jason Pilla, Richland Center Police Detective; Nettie Collins and Sue Barnes, Richland County Jail Sergeants; Roxanne Klubertanz-Gerber, Richland County Aging & Disability Resource Center Manager; and Tricia Clements, Richland County Health & Human Services Director.
- School counselors and administration: Julie Prouty, Ithaca School District Administrator; Betsey Roesler, Richland School District Health & Wellness Coordinator; and Holly Lochner, Richland School District Counselor.
- Medical professionals: Dr. Sue Larson, New Day Counseling; Michelle Farrell, Pharmacist & Owner of Center Pharmacy; Dr. David May, Richland Hospital; and Darin Gudgeon, Richland County EMS Director.
- Others: Tracy Gobin, Symons Rec Center Director.

State and regional interviewees:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Table 3: Interviewees by interaction with opioids / opioid use disorder (Richland County and Statewide)



These interviews were complemented by an analysis of quantitative and qualitative data from established sources (Appendix C). Limited quantitative and qualitative data was applied to this local assessment considering relevance. Local law enforcement does not track number of arrests with opioids or other illegal drugs present, number of detainees with drugs present, number of calls where Narcan is used, number of repeat offenders, or how many calls resulted in death due to overdose. It is impossible to determine what measures are successful where local data is not available; therefore, Richland County stakeholder interviews became the primary data source used for this needs assessment. This document provides information through the local close-up lens as identified in the scope of work. For a more in-depth recommendation, a medium and long-range plan identifying what has been successful at the state and federal level may be needed.

Recommendations

The recommendations below are drawn from the Richland County interviews and data analysis conducted as part of this assessment. This identifies how Richland County can most effectively use their settlement funds to combat the opioid epidemic and all fall within the eligible uses of settlement funds. They were developed to ensure county investments do not overlap with state uses of litigation funds in a way that would be unproductive or duplicate efforts. (See Appendix D for uses of State funding).

- **Prevention**

- Assist with implementation of evidence-based prevention efforts in the schools (adolescents through college).
- Expand existing resources with Southwestern Wisconsin Community Action Program (SWCAP) and Pine Counseling Inc. Services:
 - Transportation for educational and outreach events.
 - Coordinate and collaborate education and outreach efforts.
 - Stigma reduction efforts.
 - Mental health capacity.
- Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.

By implementing core strategies, opioid settlement funds can be used to achieve the central goal of the litigation which is to combat the opioid epidemic.

*Prevention
Treatment
Recovery*

- **Treatment**

- Support, enhance, and expand current assets through county agencies, or by regionalizing efforts.
 - Transportation to treatment for individuals and families.
 - Coordination and collaboration of existing resources region-wide.
 - Current all-inclusive resource guide and website for each county in the region.
 - Implement an immediate/real-time treatment option: 24-hour hotline, website with trained professionals, or warmline.
 - Drug Treatment Court and treatment while incarcerated.
 - Peer Support Recovery Groups.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - SWCAP services including transportation.
- Remove or reduce barriers: financial (medical treatment, household expense help, budgeting assistance, etc.), housing (transitional and affordable), employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well), childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment, and Language (bilingual documents and resources as needed).

- **Recovery**

- Remove barriers to long-term recovery (as listed above under treatment category).
- Respite care / relief resources.
- Life skills education and guidance.

Prevention

Prevention activities educate and support individuals and communities to reduce the risk that individuals will begin using or misusing opioids; which often leads to the development of substance use disorders (SUD). According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), substance use and misuse “can make daily activities difficult and impair a person’s ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States.”¹ Consistent use of evidence-based prevention programs help decrease the number of people suffering from OUD, save lives, and reduce costs of:

- Treatment Programs
- Recovery Options
- Crime
- Lost work productivity
- Healthcare
- Disability payments

Investment in proactive measures would greatly reduce the need for reactive measures. When asked what we need to do differently in fighting the Opioid Epidemic, Nettie Collins, Richland County Jail Sergeant stated, “*We need to start prevention efforts early on, and be consistent when implementing them all the way through the school years.*” Prevention should be used in systems and settings where people of all ages and all backgrounds can be reached. In addition to reaching the general population, specifically designed programs to reach those with higher risk of being affected by OUD are also imperative. According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), “Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in America.”²

Of the 14 interviewees in Richland County, 86% stated that prevention efforts are necessary in battling the opioid epidemic.

Prevention Assets

While compiling the list of current assets, it became clear that Richland County investment into the Drug Free Communities Project, Richland County Youth Substance Use Coalition, and Richland County Partners for Prevention are valuable in getting ahead of the opioid epidemic. Interviewees identified various prevention programs (Appendix E) throughout the County that include:

- Richland County Partners for Prevention.
 - Prevention programs in the schools, including CounterAct and Dare.
 - Prescription drug safe keeping and disposal.
- Richland County Youth Substance Use Coalition.
- Drug Free Communities Project – Richland County.
- Adolescent programs including SWCAP Birth-3 home visits.
- Peer Support Groups and Community Activities.
- Symons Recreation Center.
- Health care industry has education and training for prescribers and prescription drug tracking through ePDMP.

¹ <https://www.samhsa.gov/find-help/prevention>

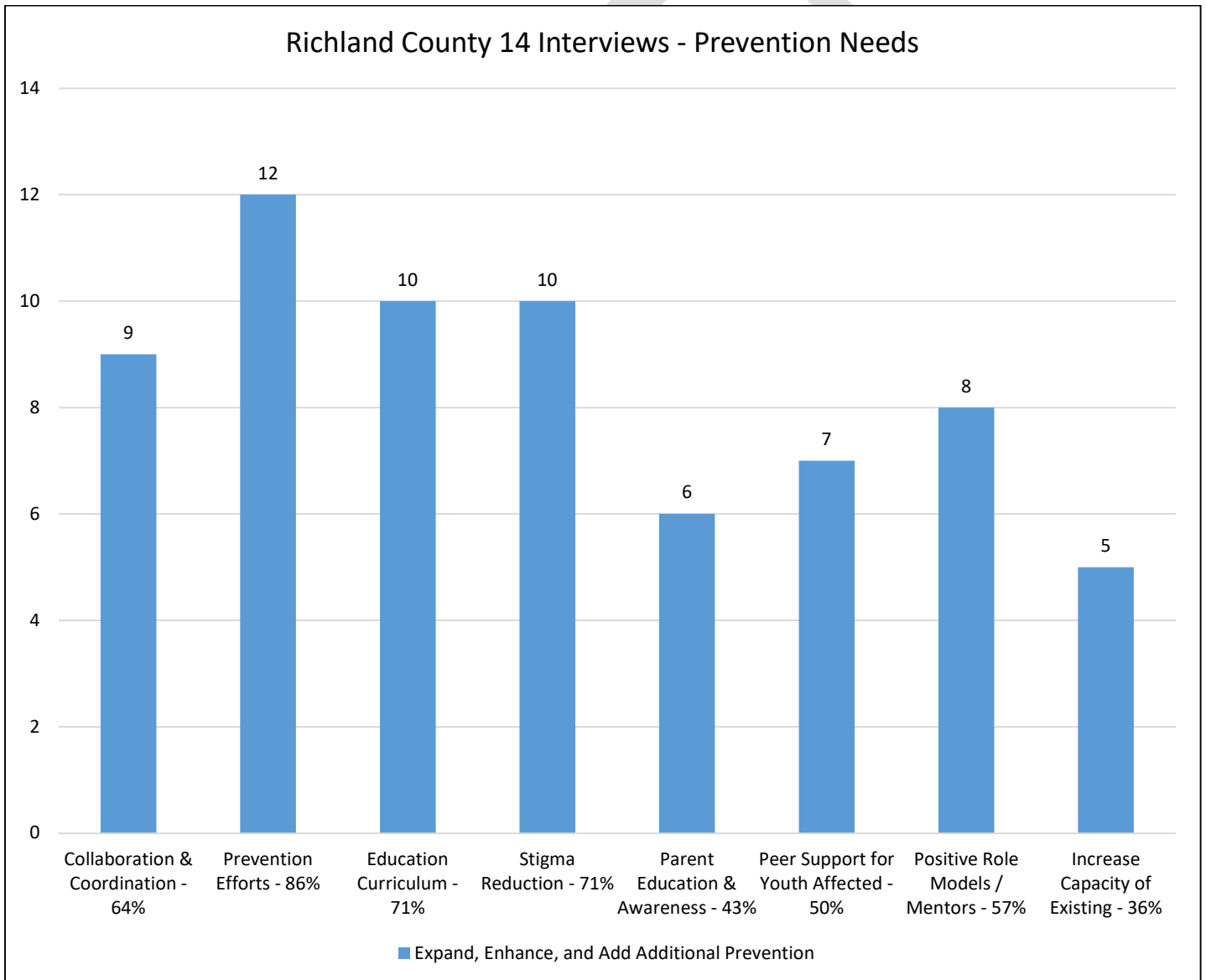
² <https://www.samhsa.gov/find-help/prevention>

Prevention Needs

While communicating with interviewees, we found that most interviewees are aware of the evidence-based prevention programs in place through Richland County Partners for Prevention; however, there could be more of a coordinated effort so that they become more widely known and accessible, especially since the COVID pandemic. As identified in our recommendation, coordination and collaboration of education and outreach efforts between the existing stakeholders, agencies, and organizations would be beneficial and a good use of the funds. Betsey Roesler, stated, “we need more education, primary prevention, and provider and pharmacist consistency in prevention and follow-up care.” According to 9 of the 14 interviewees in Richland County, prevention efforts in the schools is working; however, we need to make sure that we are consistent and follow-through early-on all the way through college. Sue Larson, stated, “we need to start with prevention and using the upstream model, reach the kids in grade school and continue programs that are age appropriate all the way through school.”

“We need more children and youth programs including prevention, awareness, education, and to provide them with healthier options, for example health and fitness.” – Tracy Gobin, Symon Rec Center Director.

Table 4: Richland County interviewees who mentioned the need for support, enhancement, or additional prevention needs in the county. Fourteen interviewees, some of which mentioned more than one need.



Prevention Recommendation

- Collaboration and Coordination of prevention efforts either by an individual or organization.
 - Expand existing resources provided by Southwestern Wisconsin Community Action Program (SWCAP) and Richland County Health and Human Services (HHS):
 - Transportation for educational and outreach events.
 - Increase capacity of existing programs offered through County Agencies, including HHS and Pine Counseling, Inc.
 - Coordinate and collaborate education and outreach efforts including involvement of individuals who have been through Opioid Use Disorder (OUD) treatment and recovery.
 - Stigma reduction efforts through education and outreach.
 - Up-to-date resource guide, directory, or website where resources can be easily identified.
 - Facility where meetings can be held, resources can be accessible, safe events can take place (similar to YMCA).
 - More evidence-based prevention efforts in the schools (adolescents through college) including crisis intervention.
 - Parent education and awareness events.
 - Positive role models, mentors and peer support for youth (expand or create “big-brother/big-sister”).
 - Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.

“It’s time to shift our focus from behaviors like harmful substance use to the root causes of those behaviors. When we work together to address the underlying, and often interconnected, causes of trauma and its related harms, we take another step closer to preventing public health’s toughest challenges before they can take root.” - WI DHS, Resilient, Moving Prevention Upstream

Treatment

Treatment includes measures to help individuals stop using opioids, stay drug-free, and be productive in the family, at work, and in society. Key principles for effective treatment include:

- Identification of effects on brain function and behavior.
- Quick access to treatment.
- Addressing all of the patient’s needs.

This means not only treating opioid use, but addressing mental disorders and recognizing that no single treatment plan is right for everyone. Evidence-based treatment options for OUD include a combination of therapies and/or services to meet the individual’s needs, including:

- Behavioral counseling
- Evaluation and treatment for co-occurring disorders
- Mental health issues
- Medication Assisted Treatment (MAT)
- Continuing care
- Vocational services or skills training
- Educational services
- Family services
- Legal services

“We need to work together with the jails and medication assisted treatment providers so that we can better help people in treatment.” - Dr. David May, Richland Hospital.

Treatment Assets

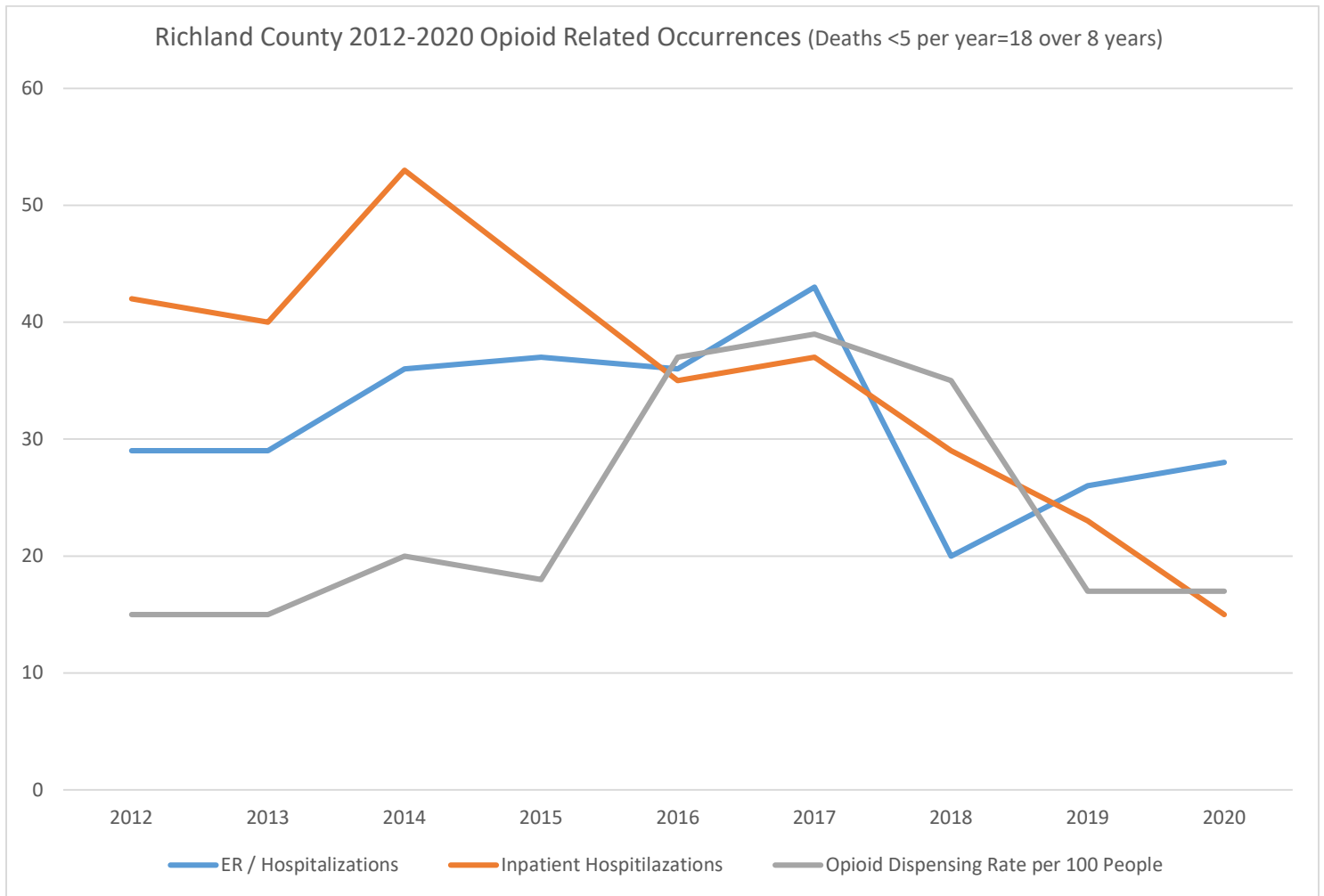
Richland County has some treatment options available through county agencies. These treatment options currently being offered include:

- Health & Human Services
- MAT while incarcerated
- Narcan Direct
- Drug take back boxes and locking storage
- Drug Treatment Court
- Peer Support Groups
- Symons Center

“Need is greater than capacity.” - Chris Frakes, SW CAP Behavioral Health

Reports of Richland County opioid overdose occurrences have ebbed and flowed between 2012 and 2020, with a sharp increase in 2014 and another in 2017. WI DHS reported overdose deaths during this same period were five or less per year with a total of eighteen over the eight-year timeframe (quantitative data for overdose deaths is not available in actual numbers due to privacy laws). This evidence suggests that Richland County should continue investment into existing programs for not only saving lives, but also in reducing the number of occurrences recorded. Since no single treatment option is right for everyone, determining which assets are successful is nearly impossible; therefore, it is imperative to continue investment into existing resources.

Table 5: WI DHS number of reported occurrences from 2012 through 2020 in Richland County, WI.

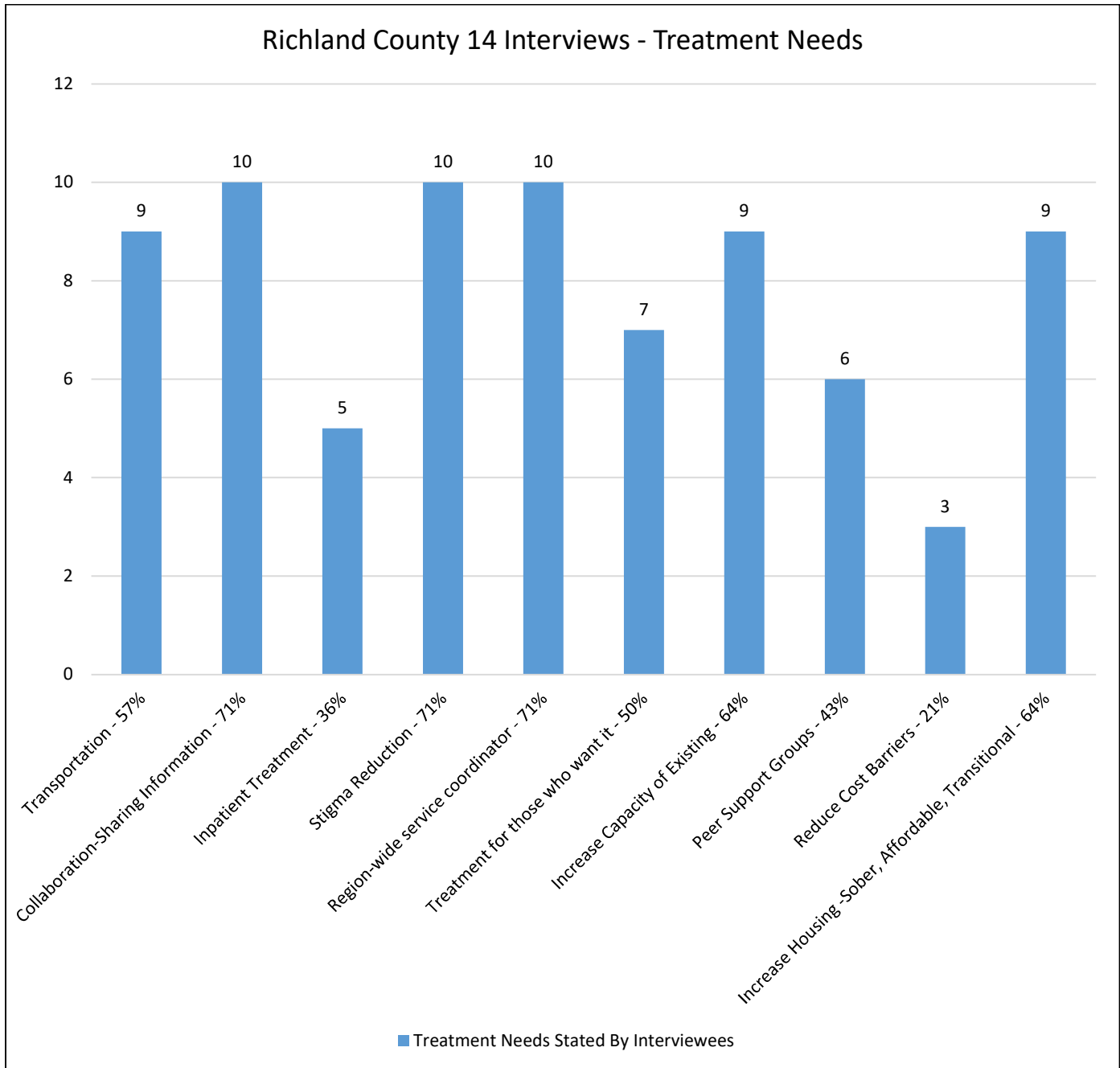


Treatment Needs

While there are some treatment options in Richland County, information gathered from interviews made it clear need exceeds capacity. Enhancement, investment, and support of existing treatment resources is needed along with additional treatment services that would include detox beds or some type of inpatient facility.

"We need to have treatment options available for those that want help when they want it." - Sue Barnes, Richland County Jail Sergeant.

Table 6: Richland County interviewees who mentioned the need for support, enhancement, or additional treatment needs in the county. Fourteen interviewees, some of who mentioned more than one need.



Treatment Recommendation

- Support, enhance, and expand current assets.
 - Increase existing resources through county agencies and Pine Counseling, Inc.
 - Mental health resources and AODA counselors.
 - 24-Hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them, or a warmline with trained volunteers.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
 - Respite - Safe place to drop children off for immediate needs.
 - Drug Treatment Court and treatment options while incarcerated.
 - Peer support resources.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - Maximize use of existing community facilities as a resource, i.e., Symons Rec Center.
 - SWCAP services.
 - Transportation to treatment, work, and support groups for individuals and families.
 - Coordination of existing resources throughout Richland County.
 - A person or position tasked with coordinating treatment efforts. Duties may include:
 - Coordination and collaboration of existing resources region-wide: keep updated contact information for resources, coordinate meeting times and locations, communicate information between stakeholders in various fields, ensure information is distributed and other efforts to be determined.
 - Up-to-date resource guide and/or website for existing Richland County resources.
 - Coordinate efforts for treatment options, times, and locations, and maximize use of community facility, Symons Rec Center.
 - Plan community wide education and outreach programs and coordinate transportation efforts.
 - Search for treatment opportunities and funding sources.
- Sober housing, inpatient treatment, or other detox beds or facilities.
- Remove or reduce barriers.
 - Financial (medical treatment, household expense help, budgeting assistance, etc.)
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment.
 - Language (bilingual documents and resources as needed).
 - Life skills training including cooking, financial and budgeting assistance, job skills, and child rearing.

For every dollar spent on substance use disorder treatment, \$4 in health care costs and \$7 in criminal justice system costs are saved.
- Surgeon General

Recovery

Returning people to lifestyles that are productive and functioning in their family, workplace, and communities is the key goal for recovery. The first steps to long-lasting recovery are preventing overdose deaths and finding treatment options. The recovery process happens slowly. Even with high quality treatment and medical care, it can take 8-years or longer.³ Evidence-based treatment approaches including combining behavioral therapies with medication in a recovery plan to increase the chance of success.

Recovery Assets

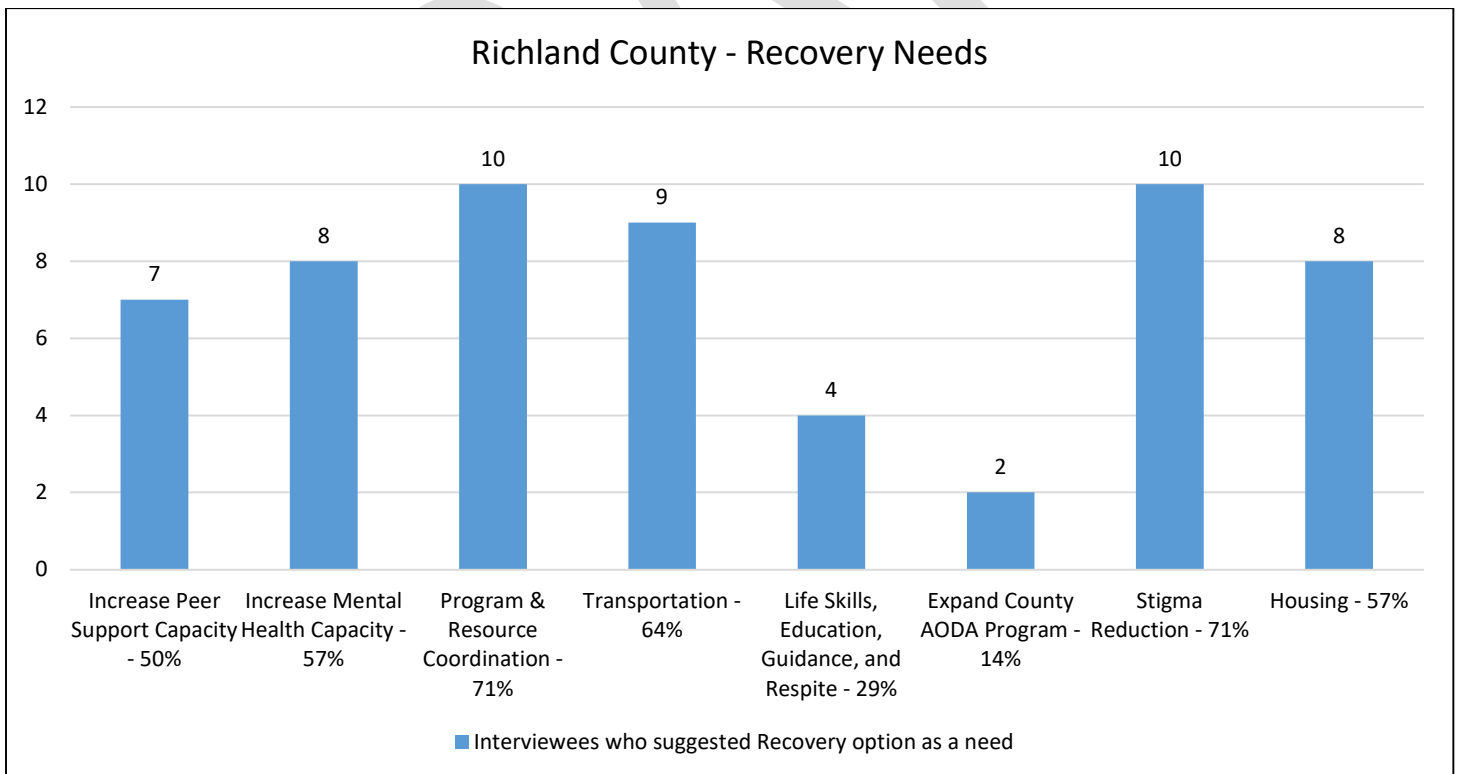
Recovery assistance opportunities are lacking throughout Richland County and the region. Resources in Richland County include:

- SWCAP
 - LIFT program
 - Work 'n Wheels car loans
 - Parenting training
- Symons Rec Center
 - Health & fitness facilities & classes.
 - Safe environment for changing social circles

Recovery Needs

Recovery programs are not the same as treatment programs. It is important to consider long-term recovery programs ensure those who have been successful through treatment have options available to reduce the risk of relapse.

Table 7: Richland County interviewees who mentioned the need for support, enhancement, or additional recovery needs in the county. Fourteen interviewees, some of who mentioned more than one need.



³ <https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment>

Recovery Recommendation

- Increase capacity of existing county agencies: HHS, AODA, CPS, and Pine Counseling, Inc.
- Remove barriers to long-term recovery.
 - Financial (medical treatment, household expense help, budgeting assistance, etc.).
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Stigma reduction efforts.
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in recovery.
 - Improve transportation options.
 - Increase peer support capacity.
 - Mental health immediate needs.
 - 24-hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them.
 - Warmline with trained volunteers to listen.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
- Life skills education and guidance.
 - Cooking.
 - Financial.
 - Job skills.
 - Child rearing.
- Tasking an individual or a position with coordinating treatment efforts throughout Richland County. These duties may include:
 - Coordination and collaboration of existing resources.
 - Up-to-date resource guide and/or website for existing Richland County resources and ensure the information is distributed (on paper and online) so people know what is available, when it is available, and how they can gain access.
 - Coordination effort of recovery options times and locations.
 - Plan community wide education and outreach programs and coordinate transportation efforts.
 - Search for recovery opportunities and funding sources.

"It is too easy for people to go back to normal, and normal may include drug use. We need to have options for them to start over. Once they have gotten some treatment under their belt, we have to ensure that their lives have changed enough by removing the "old normal". – Nettie Collins, Richland County Jail Sergeant

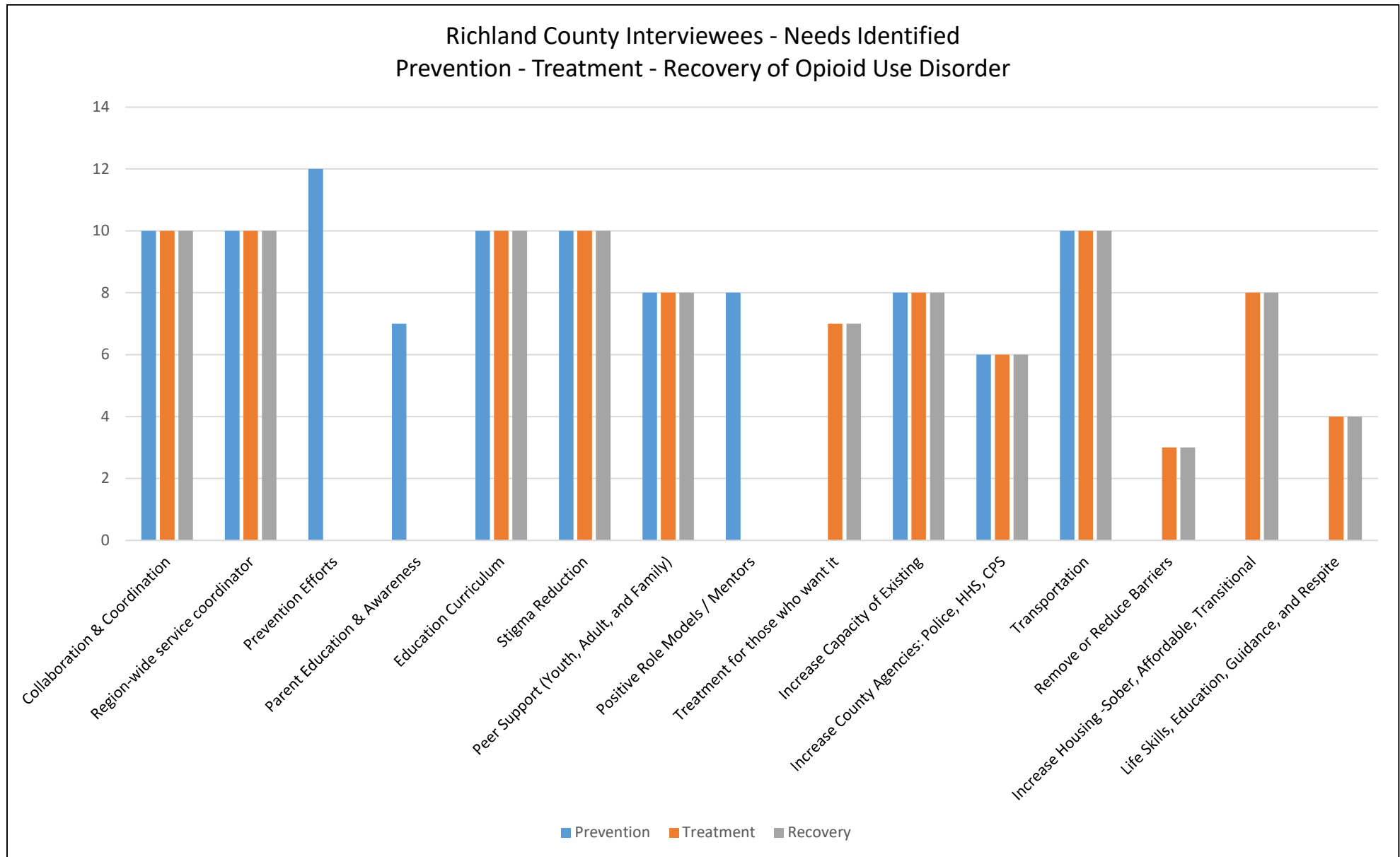
Summary of Community Consensus and Recommendation

Richland County's existing programs and resources are beneficial in battling the epidemic through opioid prevention, treatment, and recovery options; however, there were many gaps identified. If these gaps were filled collaboratively, Richland County would be in better position to battle the epidemic both locally and regionally. It is imperative to invest these funds in a way that Richland County can get ahead of the epidemic by continuing its battle using the downstream approach and focusing on prevention. SWWRPC's recommendation is based upon the knowledge, opinions, and background of the interviewees, complemented by research into evidence-based programs in all three categories from established sources. Investment of litigation dollars should include:

1. Increase capacity of existing services within the designated agencies.
 - a. County Police – expand county police to help aid in prevention efforts, as well as allowing time and resources into investigations of crimes related to opioid use and misuse.
 - b. County Health & Human Services (HHS) – expand agency and staff to increase mental health services including immediate services, i.e., hotline, warmline, website for support services; intensive outpatient services; medication assisted treatment; add facility for inpatient treatment; increase peer support group resources, and others as may be identified by key stakeholders.
 - c. SWCAP – transportation, life skills education and guidance, housing, childcare or respite services, and others as may be identified as funding is secured.
 - d. Education or schools – support and bolster the existing evidence-based prevention programs and stigma reduction efforts by raising awareness through Richland County Partners for Prevention and the school districts within the county.
 - e. Expand programs and services through community centers, i.e., Symons Rec Center.
2. Task a person or a position with coordinating the existing resources either in Richland County, or regionally so that information is more widely available and not in “silos”. Coordination and communication with SWCAP may be necessary in these efforts. Tasks assigned could help accomplish bolstering and enhancing the already in process efforts being made in prevention, treatment and recovery of OUD and could consist of the following:
 - a. Keep resource guides and websites up-to-date with contact information, dates, and times of events, and any other pertinent information.
 - b. Communicate between agencies and follow-up so that all agencies are aware of what is out there, and can direct or guide those seeking help to the appropriate department or agency.
 - c. Look for and secure opportunities as well as funding sources.
 - d. Coordinate prevention efforts in the schools as well as incorporate some parent and family member awareness, education, and outreach efforts.
 - e. Assist with transportation needs by working with people who need transportation as well as agencies tasked with providing the service.
 - f. Incorporate positive role model support systems throughout the county and region.
 - g. Find ways to reduce stigma, i.e., advertising and marketing, outreach, etc.
3. Find ways to help remove or reduce barriers.
 - a. Transportation – increase capacity throughout the county and region.
 - b. Housing – increase transitional, sober, affordable, and workforce housing in the county and region, and add inpatient facilities locally.
 - c. Cost – reduce treatment and recovery costs and assist with cost of living for those who need temporary supplemental resources.
 - d. Childcare – increase childcare resources while working, attending recovery appointments and meetings, and for respite.
 - e. Language – ensure that resources are bilingual as needed.

Investment of funds as listed above will comply with opioid litigation settlement requirements by not only using funds according to regulations, but also, by investing in all three categories, prevention – treatment – recovery, as the best way to get ahead of the opioid epidemic.

Table 8: Richland County interviews identifying the needs by category (prevention, treatment, and recovery) of OUD.



Appendix

Appendix A: Settlement funds

Whether securing funds or not, Richland County will get a settlement payment each year through 2038 unless the defendants lose the ability to pay, i.e., bankruptcy is filed. Any unpaid settlement dollars will be lost at time of bankruptcy. Non-securitized funds means that Richland County will get more settlement funds in total (\$274,284.64) split more evenly over the 16-year period; however, there is risk involved if any of the parties file bankruptcy. Partially securing the funds means that Richland County will receive a larger portion of the funds in the 1st year from a company willing to take the risk, and will receive smaller payments over the next 16-years as long as pharmaceutical's have the ability to pay. Table 2 below shows how much of the settlement funds will be distributed each year in both scenarios.

Payments will be distributed over a 16-year period as follows:

Table 9: Opioid Litigation Settlement Funds Payment Schedule Non-Secure Vs. Secure

Year of Distribution	Non-Secure	Secure
2022	\$ 30,845.36	\$ 141,443.12
2023	\$ 16,346.40	\$ 8,002.40
2024	\$ 22,257.20	\$ 11,813.76
2025	\$ 23,311.68	\$ 12,8674.68
2026 & 2027	\$ 14,456.40 /year	\$ 4,012.40/year
2028	\$ 16,663.36	\$ 4,380.32
2029 & 2030	\$ 17,189.20 /year	\$ 4,906.16/year
2031	\$ 14,839.44	\$ 4,514.16
2032 - 2038	\$ 12,390.00 /year	\$ 2,065.28/year
Total Settlement	\$ 274,284.64	\$ 215,315.52

Table 10: Opioid Litigation Settlement Funds Non-Secure Vs. Secure

	Total Settlement Funds Awarded	Less: Litigation Fees	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
State of WI	\$ 120,000,000.00			
Grant County	\$ 783,224.40	\$ 156,644.88	\$ 626,579.52	\$ 491,863.12
Green County	\$ 732,900.00	\$ 146,580.00	\$ 586,320.00	\$ 460,260.64
Iowa County	\$ 438,797.80	\$ 87,759.56	\$ 351,038.24	\$ 275,559.76
Lafayette County	\$ 210,747.60	\$ 42,149.52	\$ 168,598.08	\$ 132,349.84
Richland County	\$ 342,855.80	\$ 68,571.16	\$ 274,284.64	\$ 215,315.52

Appendix B: Interviewees, questions and answers

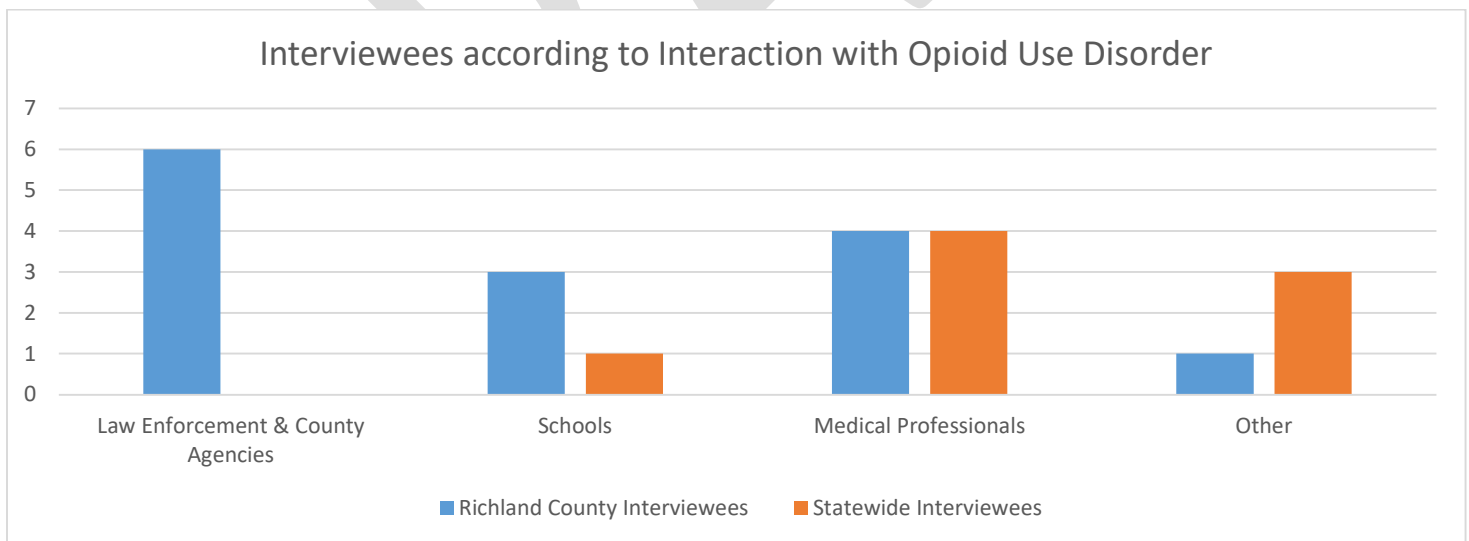
Interviews were conducted via telephone, virtual meeting, or in-person of fourteen individuals throughout Richland County as identified early on by Tricia Clements of Richland County HHS, and others identified during the interview process. Richland County interviewees included:

- Law enforcement or other county officials: Clay Porter, Richland County Sheriff; Jason Pilla, Richland Center Police Detective; Nettie Collins, Richland County Jail Sergeant; Sue Barnes, Richland County Jail Sergeant, Roxanne Klubertanz-Gerber, Richland County Aging & Disability Resource Center Manager; and Tricia Clements, Richland County Health & Human Services Director.
- School counselors and administration: Julie Prouty, Ithaca School District Administrator; Betsey Roesler, Richland School District Health & Wellness Coordinator; and Holly Lochner, Richland School District Counselor.
- Medical professionals: Dr. Sue Larson, New Day Counseling; Michelle Farrell, Pharmacist & Owner Richland Center Pharmacy; Dr. David May, Richland Hospital; and Darin Gudgeon; Richland County EMS Director.
- Others: Tracy Gobin, Symons Rec Center Director.

Statewide and regional interviews were conducted with eight individuals via telephone, virtual meeting, or in-person. State and regional interviewees include:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Table 11: Interviewees according to interaction with Opioid Use Disorder – Richland County and statewide.



Interviews lasted between 20 and 45 minutes. 7 open-ended questions were asked, and conversations varied based upon interviewees' interaction with opioids, OUD, or SUD.

Table 12: Interview Questions and Interviewee Answers

What is your interaction with opioids, people with OUD, or those suffering from other SUD?

What is your interaction with Opioids?
Aging and Disability Resource Center (ADRC) for services, meth clinics, local support group, substance abuse counselors - however, there is limited resources and information coming our way.
I have direct contact with opioids as a pharmacist receiving inventory, and both of my pharmacies help with proper storage and disposal of opioids. We have direct interaction with providers, and can assist in identifying the goal and coming up with a medical plan. Pharmacies are required to report within 1 day of dispensing through ePDMP, and we require the person picking up to show their driver's license or other eligible photo id when releasing any opioids.
As the Drug Free Communities Project Coordinator, I focus on youth misuse. I have limited interaction with primary prevention, I believe assessments are needed to determine accessibility, and community mapping is imperative in using the Logic Model for core prevention.
I have been on the Drug Task force for 21 years. Pills started showing up around 2009 - 2010, and within a couple of years, they started using heroin. In 2016, the transition towards meth started. That is about the time that the drug court started.
I help kids whose parents may be suffering from opioid use disorder (OUD) or substance use disorder (SUD).
In the jail, people come in who are in legal trouble, some are withdrawing, or are high when they 1st get here and then start to withdraw shortly after. There are about 25-30 inmates currently who are regular meth/heroin users. Meth has increased as well as suboxone.
I am currently involved in outpatient family medicine, some inpatient treatment, OB care, pediatric hospital work, am a MAT prescriber, and do some alcohol dependency treatment work.
We respond to overdose calls with EMS, investigate crimes linked to drugs, and anything else that comes along with the law enforcement side, so we have quite a bite of interaction with people with OUD or SUD.
I manage the community indoor recreation center (Symons Center) which includes the pool and fitness center. My interaction is with people who have or are battling addiction and have turned it into a positive addiction - health and fitness.
I see patients in my office who are volunteering for treatment, or treatment is ordered through the courts. I see the drug treatment court clients, and others for substance use disorder and opioid use disorder.
I am the service director for ambulance. Our call volume is 1200-1300 calls per year and I would estimate that about 2-3% are opioid related, 5% are other drugs. We administer approximately 90 doses of Narcan per year for overdose calls.
As the Superintendent of Ithaca School District, I do not really have any opioid interaction; however, there are a few students currently whose parents are using meth.

How has the epidemic impacted your position, department, or agency, and when did you first begin to see the impacts of opioids in your region?

How has epidemic impacted department? When did you 1st see signs of impact?

We have an increase in work load with drug related incidents, we see a rise in property crimes linked to drug use, which requires more man hours for investigations. When there is not enough time dedicated to prevention, it reflects in other crime rates.

Prescription pills or opioids were the gateway medication for a lot of people. The opioids led to heroin, which requires significant man power as heroin users start to steal and commit crimes. Heroin OD deaths warrant a death investigation, and those take up a significant amount of time and financial resources.

I noticed the impact at least 5 years ago, when we started to see an increase in patients. The population that is using is difficult to get into treatment, because quitting is so difficult. Most of these people suffering from OUD need residential or inpatient treatment. Inpatient treatment is difficult to get into, most don't accept Medicaid patients, and those that do have an extremely long wait list.

We would say that 25+ years ago, alcohol was the main drug of choice. In 2009 or so, people would come in on prescription meds and the doctors would prescribe them more when they were in jail; however, through ACH - advanced care health, prescription drug legal access has decreased. About 7-9 years ago, heroin started, and now we are seeing more meth use and abuse. People start with Marijuana, then try ecstasy, then to heroin, then meth, and now fentanyl seems to be the drug of choice.

I have seen increased participation from those dealing with drug and alcohol addiction. The want to change that addiction to a positive addiction which often includes health and fitness. The Symon Rec Center is a drug free environment for people to meet others, change their social circle, and use as their recovery process.

At least 5 years ago, we started noticing the impact due to increase in student absenteeism. We saw the trend is starting in elementary and middle school. These kids have no real guidance at home which makes it difficult and more time consuming for the educators.

There is an evident variation in the way medications are prescribed, especially in facilities not using Epic System. When prescribers use the same software, data is more accessible and usable. When there is a variation in the software, the data is not consistent, and not as easily accessible. In Richland Center, this is more evident than in Boscobel.

I saw signs at least 20 years ago, and the use and misuse gradually increased, which is why we are now in an epidemic. The impact I have witnessed is seeing kids of people who were using 20(+) years ago now using. There is a definite mental impact / emotional drains on staff, and agency wide, there is financial impact, for example the cost of keeping Narcan on the truck.

When prescribing regulations were tightened and physicians and pharmacists began working together to do more monitoring and communicating - scripts decreased, causing the substance abuse and misuse. In 2015-2016, ePDMP was implemented, number of prescriptions issued decreased, and we really began to see the effects of Opioid Addiction.

We have seen an increase in the number of people that need to be chaptered. This creates financial burden on county government, increase in homelessness means more programs and services needed, staff stress and burn-out, community stress, and child abuse and neglect.

Impact on children's thought process - i.e., what should be a positive role model is not looked at as such (Police). We have seen an increase in people and kids with anxiety and depression. We need more funding in schools for mental health resources.

What programs and services are currently being offered? Of those, which ones do you feel are most useful and successful in prevention, treatment, and recovery of OUD?

What Programs / Services are being offered that you find most successful / useful in prevention, treatment, and recovery?

Partners for Prevention, the county jail recently started using the Narcan program and would like to start using Vivitrol to help with treatment while incarcerated. The Drug Treatment Court seems to be successful.

Prevention is the most important and successful in my opinion. Education in schools for students and teachers, the CounterAct program, and educating local law enforcement on what is out there. Ithaca has been more proactive and it is evident in the limited issues we see over there. There are some at Ithaca Schools who are trained in using Narcan. When there is an issue, referrals take a long time since DHHS is short staffed and there is limited accessibility. The dose of reality campaign is proactive, it should have been put out 10 years ago. We can see now that the education piece is taking hold, and we should continue the proactive approach.

Prevention efforts including Partners for Prevention is working. They are a local, active organization that is making progress in educating our youth regarding alcohol abuse, tobacco use, opioids, and other things affecting the region.

Drug Treatment Court seems to be effective, Grant and Iowa counties both have a drug court and sobriety court.

The Symons Rec Center is a service that is successful, and we have area programs who use our facility. The county kinship program and area counselors use the facility, we have a personal trainer who could coordinate with those in jail, and would welcome opportunities and ideas on how we can help or be involved in the solution. Many people see the facility as a way to move people from a negative addiction to a positive addiction, and I have seen first-hand the impact of this.

I run prevention & education campaigns throughout the community, education proper disposal and ensure there are disposal locations available, provide information on not sharing and safe storage at home. These all seem to be beneficial and successful. There are treatment / recovery peer support specialists, and some behavioral health options in the region.

DCF Partners for Prevention offers grant programs through Betsey Roesler. Also, RCCFAC - Richland County Children & Families offers Narcan Training.

Besides the work we do, I am on the Richland County Partners for Prevention Task Force.

I know of the Narcan Direct program, the Public Library has programs, there is the Partners for Prevention, and the Alcohol & Drug Education and leadership in schools is impactful. Richland County is truly lucky to have Jason Pilla, with his passion and heart.

I know of the sober housing in Dodgeville. Richland County, I'm not really sure how treatment is accessed, I know that MAT is readily available, AODA is happening at Pine River Counseling through Sue Larson, there are lockable bags, and SWCAP helps.

Richland County has the Drug Treatment Court, County Behavioral Health, AODA, Pine Counseling, Paquette Center, and brochures with some individual resources.

In the school, we are doing prevention with the 6th Grade Health Class with some education, and then we provide counseling services.

What Programs and Services are needed in the area?

What Programs / Services are needed in the area?

We need more Health & Human (HHS) Services, AODA treatment in jail, more counselors, quicker response time, more education/therapy for inmates, and more space for group meetings/sessions.

We do not have any clean-living facilities. We need resources or information on where to get resources for people, people come looking for help, and we either don't know where to send them, or there is a long wait list, which we then miss our window of opportunity. There is nothing to help the kids of parents who are using. We can charge parents with endangering their children more easily, but there are no resources in DHHS due to lack of staffing, funding, and lack of experience in the agency. Richland County is in transitional time, and the lack of communication and collaboration shows throughout the county. We need to be adequately staffed, and have the funds needed to help people when they need it.

We need some sober living housing, especially for people who are not necessarily "residents" of an area, but could be homeless. Our Intensive Outpatient Programs (IOP) should allow for evening resources, and more aftercare options. Start with prevention 1st and use the upstream model, get kids in grade school and start education on prevention, determine what your local conditions are and address those needs, peer support groups for kids, family support is limited, and this creates a ripple effect.

Get people help that want help, give them something to help them out of "normalcy" or their "regular lives", somewhere for them to go to start over, start a vivitrol program in the jail, or other MAT in jail. Have to start with investing in prevention and be consistent.

Youth & children's programs, prevention and education, and healthier options for kids.

We need more education, primary prevention, provider and pharmacist consistency in prevention and follow-up. Prescription processing communication could be enhanced.

Investment into prevention, including educating people on what should be "normal", because what is normal to some and happening at home, might not be normal or healthy. Tax on alcohol and use the money for prevention and education - similar to what happened with tobacco in the 1970's.

We need treatment facilities and transportation resources.

We need intensive outpatient programs, inpatient treatment facilities, and community-based facilities where people can get away from the drugs and alcohol.

Richland County needs more programs like the Iowa County treatment program, more robust social network, housing, and prevention/education/awareness resources.

We need housing, more counselors, resource information and sharing, collaboration of resources, coordination with for profit businesses and school districts.

Transportation is lacking as well as care for children of parents who are suffering. We (the school staff) are not equipped to handle these children and prevent the bullying - we need to be.

What do we need to do differently in fighting the Opioid Epidemic?

What do we need to do differently?

We need prevention early on. By 5th grade, kids already are exposed and have an idea of what is going on, more in-custody treatment, and more full-time drug investigators.

We need to become proactive rather than reactive, focus on prevention and education, get the schools involved, change what we allow in commercials, make Narcan more available, have local patient rehab facilities for those that want help.

Need to have services for those that want help when they want it, change the stigma of "who" is using, prevention education, and remove cost barriers for people and providers. Insurance is a huge barrier - insurance companies will not credential private therapists stating reasons like "too many therapists covered in the area", we all know that is not true, the need is greater than the capacity.

Start prevention education and efforts early, be consistent in education all the way through school, provide treatment for those that want it rather than those that are court ordered, help people to move away from their "normal", or move out of the area. Those that come back to the area where they used to tend to relapse.

Focus on the kids, and pursue more prevention activities, especially focusing on the youth who view drug use and abuse as "normal" in their daily lives.

Focus on primary prevention, community planning, increase HHS services and provide dollars for prevention. We need to find out why teens are using, and figure out who is using and why. We also need to get ahead for the kids who have parents that are using. There will never be enough funds for treatment and recovery downstream, so if we start putting the resources into upstream - education and prevention - we could get ahead of it. Co-coalitions between opioid, alcohol, other drug use need to happen.

Look at alcohol and drugs co-currently, and start taxing the legal substance to use funds for prevention and education. Educate families and the public - it only takes 1 time use to become addicted, focus on youth prevention, work cooperative and collaboratively with sheriff and other agencies, not enough law enforcement, more providers for youth mental health - such a long wait list that there is nothing for those that need help right away. Ability to do telehealth is crucial and high-speed internet availability in rural areas, especially since there is a lack of transportation.

Find time to work together, there is a disconnect between agencies, groups, and healthcare. There should be a regional coordinator that coordinates the education and outreach.

Invest in prevention to be proactive, change the stigma, and access to a hotline for those emergency situations when someone needs to talk to someone "right now".

Reduce stigma, use evidence-based prevention programs, emergency rooms should be more equipped, we need to have a plan of connection & collaboration, more communication between jails and MAT providers, emergency room access, and emergency room & jail collaboration.

More information locally, sharing resources, sharing information, coordination with for-profit businesses and school districts. Expand behavioral health, add more providers, be more proactive than reactive.

Restrict Access, more education, audience-based education and awareness methods, increase access to mental health and substance abuse.

Do you have any data on Opioid Prevention, Treatment, or Recovery? And if yes, can you please share it with me?

Some interviewees shared information, provided data, or gave names of other people to speak with.

Is there anything else that you would like to add or discuss? Or if you could decide how decision makers utilize these funds, what would you want them to spend the monies on?

Is there anything I missed, or that you want to add?

I would like a study done regarding fitness as a treatment and recovery option, because fitness often turns negative addictions into a positive and then people start becoming addicted to nutrition, and then I see changes in their social circles. We should use our existing resources to provide more opportunities for those that want treatment.

Primary prevention is key to getting in front of this, and we need to continue drug take backs, including providing places for proper disposal and storage of drugs. 9 out of 10 Adults started using as teens; therefore, prevention at that age would be a good start. We need more education around addiction for everyone.

We should be using pharmacies as a resource and partner. Working collaboratively with them to get safe drug disposal in their facilities, help them provide Narcan to those who need it, allow them to get reimbursement for administering Vivitrol would increase the chance of people who need these services can get their hands on them. Pharmacists could be the resource for MAT, as well as safe drug disposal, etc.; currently there is no payment mechanism for us; however, we can partner if the resources could come through the county and state agencies. There are pharmacies within 20 minutes of each other all across the area.

Spend money on social work. Implement nationally known evidence-based prevention at different levels.

Teachers are teaching socio-emotional skills and are not qualified to do that. We need a second step or a committee for children. How do we interrupt the cycle? In rural areas, telehealth is helpful. We need to focus on recovering our children from the pandemic, the gap in education, and the lack of social skills evolving from the last couple of years.

Insurance is a major barrier, it is a struggle for private organizations to get credentialed or be able to accept some insurances because it is all up to the insurance company, and they look at how many providers in the region, rather than what the needs are.

We need more in-custody treatment, drug investigators, and resource officers. Drug trends are cyclical - meth - to cocaine - to prescription Opioids - to Fentanyl and the circle continues. There is only one full-time police department in Richland County and that's Richland Center. The rest of the county is served by Richland County deputies.

Richland-Iowa Counties part of a pilot program; however, DHHS is so short staffed, it is hard to get things done, Richland County needs an AODA counselor. Heroin users seem to be the ones looking for help, we need to get them help when they want it before they make the switch to meth. It seems like most of the help came after the switch to meth from opioids.

We need to have tools in place for that that want to use them, retain those people, and allow them to regain their lives back. There is a disconnect between organizations in communication of what's being done and what should be done. Inmates say that they tried it because they wanted to see what it was like, or they grew up with it and it is "normal" for them. Most of them have been in and out of facilities, have a record and are now unemployable. Their parents are raising their kids, and the families are the ones that need help.

Collaboration of resources and resource guides. We need to change the stigma; people don't want to be addicted; however, the drug becomes their driver as it changes their brain. It is a disease, and we need to remember that.

Appendix C: Sources

Quantitative and qualitative data was used from the following sources:

Behavioral Health County Resource Guides. Retrieved from: https://behavioralhealthpartnership.org/county-resources/
Centers for Disease Control and Prevention. CDC. Retrieved from https://www.cdc.gov/opioids/overdoseprevention/opioid-use-disorder.html
Mann, Brian, Is there life after addiction. Most people recover. WI Public Radio. January 15, 2022. Retrieved from https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment
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Programs and Service Offerings through SWCAP. Retrieved from https://swcap.org/programs-services/
Rural Health Information Hub, Substance Use Disorder Prevention Models. RHHub. Retrieved November 2, 2022, from https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/prevention
Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Washington (DC): US Department of Health and Human Services; 2016 Nov. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK424859/
Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
WI Dept of Health Services, Moving Prevention Upstream. P-02695. June, 2020. Retrieved from https://www.dhs.wisconsin.gov/publications/p02695.pdf
WI Dept of Health Services. Dose of Reality: Opioids in Wisconsin. Retrieved from https://www.dhs.wisconsin.gov/opioids/index.htm

Appendix D: State of WI Intended spending

The State of Wisconsin will receive more than \$400 million in opioid litigation settlement funds, \$31 million of that should be received in 2022. WI DHS proposed a plan to spend those funds on July 29, 2022. The Joint Finance Committee revised that plan and approved the final on September 8, 2022. The following table represents the 2022-2023 approved spending of the funds.

Table 10: WI DHS Approved Spending

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 3,000,000.00	Expansion of Narcan Direct Program	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Narcan Direct Program	Free Narcan for Community Distribution - Co/Local Health Departments, Tribal Health Clinics, Syringe Access, Community Recovery Organizations, Opioid Treatment Programs, ER Induction Sites, and County Jails
\$ 2,000,000.00	Fentanyl Test Strip Distribution	Prevention - Part 2 - Harm Reduction	Prevent Overdose Deaths and Harm Reduction	Establish a program similar to Narcan Direct creating a mechanism to distribute fentanyl test strips to partner agencies statewide. Disseminate test strips to eligible providers offering preventative and harm reduction services.
\$ 10,000,000.00	Capital Projects - New & Updated Facilities	Core Strategy - B (1-4), Treatment Part 1, Other Strategies Part 3 - Leadership, Planning and Coordination	Ensure everyone has access to treatment and recovery. New & Updated Facilities.	Award 2 or 3 one-time funding grants (competitive), based on demonstrated need, expected number of people served annually, demographics to be served, project readiness & anticipated completion date, and scope of services to be provided. Regions lacking providers will be prioritized.
\$ 6,000,000.00	Tribal Nations Funding	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Federally Recognized Tribes in WI	Grant Funding Opportunity for the continuum of prevention, harm reduction, treatment, and recovery.
\$ 500,000.00	DHS Overdose & Central Alert System	Other Strategies - Part 3 - L. - Research	Enhancing data collection systems	Expansion of the 15-county pilot program currently underway. Allow overdose data collection to be in real-time, and better information for driving data-driven responses.
\$ 250,000.00	K-12 Programs	Core Strategies - B 2, Part 2, Prevention - G-9 - School Based Programs	Aid dollars to LEA (Local Education Agencies) for evidence-based substance use prevention programming implementation	Evidence Based K-12 Curriculums and Programming - Substance Use Prevention Programming.

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 2,000,000.00	MAT Expansion	Core Strategies - B - MAT Expansion (Medication-Assisted Treatment)	Support in underserved areas, additional permanent facilities, Further Expand statewide	New MAT providers in underserved areas and support MAT providers previously ineligible.
\$ 2,500,000.00	Substance Abuse Treatment Facilities	Core Strategies - B 4 - Treatment & Recovery support - residential, inpatient, intensive outpatient, ...	Room & Board Costs Coverage	Residential Treatment for SUD (substance use disorder) coverage for Medicaid members filling gap in existing SUD residential treatment.
\$ 3,000,000.00	Law Enforcement Grants (\$1 million for rural communities)	Core Strategies - Prevention Programs and Part 1 Treatment D - Address Needs of Criminal Justice Involved Persons.	Joint Finance Committee Implemented	WI Counties Assoc - \$1 million for communities with populations less than 70,000 for community drug disposal, treatment for inmates, training law enforcement, pre-arrest and pre-arraignment strategies.
\$ 750,000.00	Statewide Community Based Organization (Boys and Girls Club)	Core Strategies-B- Education to school-based and youth-focused programs	Joint Finance Committee Implemented	Implement and expand opioid prevention programs in partnership with law enforcement in an after-school setting.
\$ 1,000,000.00	Hub & Spoke Pilot Program	Core Strategies - Part 1 - Treatment	Integrated Recovery Support Services Benefit.	Create additional "hub" agencies that provide specialized substance use disorder treatment for Medical Assistance (MA) patients. DHS Collaboration with 3 sites - PILOT a new model to treat eligible Badger Care Plus and Medicaid Members with substance use disorders and at least one other health condition

\$31,000,000.00

Appendix E: County & Regional Resources for Richland County Residents

Organization	Contact Info	Description	County / Region
Richland County Health & Human Services	221 W Seminary Street, Richland Center, WI 53581 (608) 647-8821, www.co.richland.wi.us	Dedicated to helping those in Richland County access public resources, which will help them prosper and have more independent, fulfilling lives. These resources are provided to promote health, well-being, and self-sufficiency for all people in Richland County.	Richland
Richland County Partners for Prevention	www.facebook.com/53581RC/ Contact: Betsey Roesler Email: p4preventionrc@gmail.com	Mission: To engage Richland County residents to prevent youth substance use by creating safe and healthy community goals. Goals are to increase community collaboration and to reduce youth substance.	Richland
Richland County Children & Families Advocacy Council - RCCFAC	(608) 649-5968 www.facebook.com/RichlandCountyChildrenandFamilyAdvocacyCouncil/ Email: rccfac123@gmail.com	Promotes public awareness, parent and child education, professional education, and staff development in child abuse/neglect and substance abuse issues within the home and community.	Richland
Richland County Youth Substance Use Coalition	(419)774-0806, jchaya@richlandhealth.org OR (419)774-4754 gdeol@richlandhealth.org	A group of people working together to reduce youth substance use and promote healthy activities.	Richland
Drug Free Communities Program	drugfreerc.com	Richland School District Program involving youth for prevention	Richland
Pine Counseling	204 S Orange Street, Richland Center, WI 53581, (608) 383-1261 www.pinecounseling.com Email: clinic@pinecounseling.com	Not-for-profit organization who provides mental health and substance abuse treatment services to the greater Richland Center area. Long range of services that provide each client with the opportunity to improve their quality of life in support of recovery.	Richland
Pauquette Center	23295 Hwy 14, Richland Center, WI 53581 (608) 524-5151 www.pauquette.com Email: info@pauquette.com	Private practice mental health clinic. Mental health services, including: depression, anxiety, addiction, and more.	Richland
Pamela Nigl, LLC	165 N Central Ave Ste 110, Richland Center, WI 53581 (608) 649-8181 www.panelanigl.com	Private practice mental health clinic. Therapy for adults, teenagers, and children.	Richland

Organization	Contact Info	Description	County / Region
New Day Counseling	130 S Central Ave, Suite 4, Richland Center, WI 53581 (608) 856-5225 www.suelarsonnewday.com	Private practice mental health clinic. Psychotherapy for mental health and drug addiction for individuals 15 and older.	Richland
Southwestern Wisconsin Community Action Program (SWCAP)	149 North Iowa Street, Dodgeville, WI 53533 (608) 935-2326 www.swcap.org email: info@swcap.org	Mitigate the causes and conditions of poverty in Southwestern Wisconsin, building resilience and self-sufficiency by providing supportive services and programs, and by collaborating with partners.	Regional - Grant, Green, Iowa, Lafayette, and Richland
24 Hour Mental Health Crisis Line (UCS)	(800) 362-5717		Regional
SWCAP LIFT Program	138 S. Iowa Street, Dodgeville, WI 53533 (877) 798-5438 www.swcap.org/programs-services/transportation/lift-transportation-service	Provides rides for people in Southwestern Wisconsin that may have temporary or permanent difficulties with transportation. Lift offers rides to and from locations within a day trip of the resident's home.	Regional - Grant, Green, Iowa, Lafayette, and Richland
SWCAP Work 'n Wheels Program	149 North Iowa Street, Dodgeville, WI 53533 (608) 935-2326 www.swcap.org/programs-services/transportation/work-n-wheels-program/ email: info@swcap.org	0% loans for vehicles to get to and from your job if you have a valid driver's license, family meets income qualification requirements, and other conditions may apply.	Regional - Grant, Green, Iowa, Lafayette, and Richland
Narcan Direct	Richland County Police (608)647-2103	Free Narcan after a short training	Richland
Narcan Direct	Area Pharmacies	For Purchase	Regional
Richland Hospital	333 E. 2nd Street, Richland Center, WI (608) 647-6321 www.richlandhospital.com	Health - Hospital & Clinics - Primary & Specialist Care	Iowa & Richland
Suicide Prevention Corporation of Southwest Wisconsin	(800)273-8255 suicide-iowacounty.org spicwi@gmail.com	Prevent suicide through awareness, education, collaboration, and improved access to mental health care.	Regional - Grant, Iowa, Lafayette, and Richland
Neighborhood Health Partners	101 E Fountain Street, Dodgeville, WI 53533 (877)449-7422 www.swcap.org/communityservices/neighborhoodhealth neighborhoodhealth@swcap.org	Community Health Case Management and Reproductive Healthcare Support	Grant, Green, Iowa, Lafayette, and Richland
Sources of Strength	sourcesofstrength.org	Provide the highest quality evidence-based prevention for suicide, bullying, and substance abuse in schools.	Regional

Organization	Contact Info	Description	County / Region
In the Rooms - Online Recovery	intherooms.com	Global Recovery Community	Regional
12 Steps Online Recovery Meetings	12step.org	Global Recovery Community	Regional
SMART Recovery	(608)873-7838 ext. 6 smartrecovery.org	Global Recovery Community	Regional
Alliance on Mental Illness	(800) 950-6264		Statewide
WI Region Narcotics Anonymous	(800) 240-0276		Statewide
Great Rivers 2-1-1	PO Box 426, Onalaska, WI 54650-0426, 2-1-1, OR (800)362-8255 www.greatrivers211.org	Resource Hotline	Statewide
Lutheran Counseling and Family Services of WI	300 North Mayfair Road, Wauwatosa, WI 53213 (414)536-8333 www.lcfswi.org	Mental Health Services - Christian	Statewide
Wisconsin Family Ties	16 N Carroll Street, Suite 640, Madison, WI 53703 (608) 267-6888 www.wifamilyties.org	Resource information for referrals, advocacy, support groups, and family services	Statewide

Appendix F: Definitions

Name	Acronym	Definition
Benzodiazepines	Benzos	Drug that lowers brain activity acting as a sedative that is often used to treat anxiety, insomnia, and other conditions. Psychoactive drugs whose core chemical structure is the fusion of a benzene ring and a diazepine ring. Combining benzodiazepines with opioids increases a person's risk of overdose and death.
Drug Addiction / Opioid Addiction	OUD	Occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid Addiction often comes after the person has developed opioid tolerance and dependents, making it physically challenging to stop opioid use and increasing the risk of withdrawal.
Drug Misuse		The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else's prescription.
Emergency Room	ER	A Hospital Room or area Staffed and Equipped for the Reception and Treatment of Persons requiring immediate medical care.
Fentanyl		Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed in to counterfeit prescription pills.
Fentanyl Test Strips		Small Strips of paper that can detect the presence of fentanyl in any drug batch - pills, powder, or injectables. Simple, inexpensive, and evidence-based method of averting drug overdose.
Heroin		An illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.
Illicit Drugs		The nonmedical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA).
Inpatient		A patient who stays in a hospital, receiving lodging and food while receiving treatment.
Medication Assisted Treatment	MAT	The use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to treatment of substance use disorders.
Naloxone	Narcan or Evzio	A drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.
Narcan Direct Program		State of WI Program administered by DHS that provides free NARCAN for community distribution. NARCAN is given to agencies that serve people who are using opioids or people who may witness an opioid overdose. Those receiving the free NARCAN must attend a training hosted by a trainer associated with the NARCAN Direct Program Agency. Who can participate: County or Municipal Health Departments, Tribal Health Clinics, Syringe Access Programs, Recovery Community Organizations, Opioid Treatment Programs, Emergency Department Induction Sites, County Jails, and Law Enforcement Agencies for use on calls for service.
Narcotic Drugs	Opioid	Originally referred to any substance that dulled the senses and relieved pain. Some people use the term to refer to all illegal drugs but technically, it refers only to opioids. Opioid is now the preferred term to avoid confusion.

Name	Acronym	Definition
Opioid		Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.
Opioid Use Disorder	OUD	A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, “opioid abuse or dependence” or “opioid addiction.”
Outpatient		A patient who receives medical treatment without being admitted to a hospital.
Overdose		Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.
Physical Dependence		Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.
Prescription Drug Monitoring Programs	PDMPS	State or territorial-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, opioid use disorder, and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.
Substance Use Disorder	SUD	Complex condition in which there is uncontrolled use of a substance despite harmful consequences.
Tolerance		Reduced response to a drug with repeated use.

Health and Human Services & Veterans Standing Committee

AGENDA ITEM SUMMARY

Agenda Item Name: Approve Resolution to Honor Rose Kohout, Public Health Manager/Local Health Officer

Department	County Board	Presented By:	Ingrid Glasbrenner
Date of Meeting:	2/9/23	Action Needed:	Motion
Disclosure:	Open Session	Authority:	B2
Date submitted:	2/7/23	Referred by:	None

Recommendation and/or action language: Motion to recommend a resolution to the County Board recognizing the retirement of Ms. Rose Kohout, Public Health Manager/Local Health Officer.

Background: Ms. Rose Kohout served as a Richland County HHS Public Health/ADRC Nurse from 6/7/2004 – 8/19/2009, transferred to a LTS Supervisor position from 8/19/2009 – 12/1/2010, was rehired by Richland County HHS as a Public Health Nurse from 9/19/2016 – 2/5/2018, and promoted to the Public Health Manager/Local Health Officer from 2/5/2018 – 1/30/2023. As the Public Health Manager/Local Health Officer, Ms. Rose Kohout successfully navigated the Richland County COVID-19 Pandemic and retired from Richland County on January 30th, 2023. A resolution below is recommended for the committee’s consideration.

A Resolution Recognizing the Retirement of an Employee of the Health and Human Services Department

WHEREAS, Ms. Rose Kohout was hired on June 7th, 2004 as a Public Health/ADRC Nurse, and was appointed Public Health Manager/Local Health Officer on February 5th, 2018, and retired on January 30th, 2023, and

WHEREAS, Ms. Rose Kohout served as the Public Health Manager and Local Health Officer during the Covid-19 Pandemic, and

WHEREAS the County Board wants to express its sincere appreciation to Ms. Rose Kohout for over 12 years of dedicated service to Richland County, and

NOW THEREFORE BE IT RESOLVED, by the Richland County Board of Supervisors that the County Board hereby expresses its sincere appreciation to Ms. Rose Kohout for over 12 years of dedicated service as a Public Health Nurse for Richland County, including 5 years as the Public Health Manager and Local Health Officer, and her leadership and dedication during the Covid-19 Pandemic, and

BE IT FURTHER RESOLVED that the County Board wishes Ms. Kohout a long and happy retirement, and

BE IT FURTHER RESOLVED, that the County Clerk shall send a copy of this Resolution to: Ms. Rose Kohout, 2253 County Highway, Montfort, WI 53569

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input checked="" type="checkbox"/>	No financial impact		

Approval:

Review:

Department Head

Administrator, or Elected Office (if applicable)

Memo

Date: February 9, 2023
To: Tricia Clements, Director & Clint Langreck, County Administrator
From: Angie Rizner, Administration & Building Operations Manager
RE: Personnel Announcements for HHS & Veterans Standing Committee meeting

APPROVED BY HHS DIRECTOR & CO ADMINISTRATOR; NOTICE TO HHS BOARD

New Hires (per HHS Addendum; page 7-8):

Brandie Anderson, Interim Public Health Manager/Local Health Officer	Effective: 1/23/2023
MacKenzie Fischer, Mental Health Case Manager (internal transfer)	Effective: 1/23/2023

Probationary Period (per HHS Addendum; page 8-9):

Kiah Holtzman, Child & Youth Services Case Manager	Effective: 2/15/2023
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APPROVED BY HHS DIRECTOR; NOTICE TO CO ADMINISTRATOR & HHS BOARD

Resignations/Retirements (per Richland Co Handbook):

Kelly McCann, Psychiatric RN	Effective: 2/16/2023
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SWWDB Leased Staff (per County Board approved annual contract):

Cecilia Christenson, Family Preservation Worker	Resigned: 1/31/2023
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Vacant County Positions:

Administration – Secretary – on hold
Behavioral Health Services – CCS Supervisor – currently advertising
Behavioral Health Services – Mental Health Therapist – on hold
Economic Support Specialist – on hold
Public Health – Manager/Local Health Officer – currently advertising
Administration – Clerical Assistant II – on hold
Behavioral Health Services – Psychiatric RN – on hold
Behavioral Health Services – Quality Coordinator – on hold
Behavioral Health Services – Occupational Therapist (28 hours per week) – on hold
Behavioral Health Services – Speech and Language Pathologist (28 hours per week) – on hold
Public Health – RN – on hold
Public Health – Health & Wellness Coordinator – on hold
Public Health - T/C Nutrition Site Worker (5) – on hold

Reduction of 5 HHS Positions (2023-2027) per Resolution #22-96

Behavioral Health Services – Psychiatric Nurse
Behavioral Health Services – Crisis Case Worker (Richland School District)
Child & Youth Services – Case Manager