

2007
*Annual
Report*



Richland County Health & Human Services

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

On behalf of the Richland County Health and Human Services Board and staff, I am proud to present our 2007 Annual Report.

This past year marked our seventh full year since the creation of the Health and Human Services agency in August of 2000. Several highlights of activities in 2007 include:

- **The agency's response to the flooding in August of 2007.** Richland County suffered significant flooding throughout the county and was subsequently declared a natural disaster area by the Federal Government. Richland County Health & Human Services staff was very involved in almost every aspect of the flood response, including operations at the Emergency Command Center, opening a local shelter, coordinating volunteer efforts to assist with sandbagging, recruiting donations of essential supplies and clothing, and staffing FEMA's Disaster Recover Center. Our Public Health Unit played an active role in every task previously mentioned and also responded to flood victims with contaminated wells and mold issues. All told, over an approximate three week period, staff from Health and Human Services put in nearly 1,200 hours in aiding those who were affected by the floods in Richland County. Agency staff continued to offer follow-up assistance to many individuals months after the flooding occurred. I commend our staff for pitching right in without hesitation to help those in our county who were in need.
- **Planning for a Regional Care Management Organization.** Richland County Health & Human Services continued planning for a Regional Care Management Organization to administer the Family Care Program throughout 2007 with eight counties in southwest Wisconsin, those specifically being Juneau, Sauk, Crawford, Grant, Iowa, Green, and Lafayette counties. By the end of 2007, plans were developed to roll out a regional Care Management Organization during the summer of 2008 and the development of two Regional Aging & Disability Resource Centers within the eight county area, with each county having its own Aging & Disability Resource Center office. Richland County, who has been taking the lead in the planning for both the Regional Care Management Organization and the Regional Aging & Disability Resource Center, has taken on the monumental task in pulling all of this together. As we look forward, it is anticipated that this project will come to fruition for the benefit of the citizens of southwest Wisconsin.

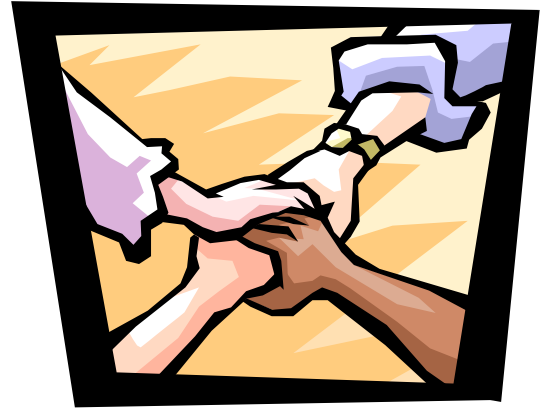
As you look through this report, feel free to contact me if you have any questions. This annual report, along with Health and Human Services Board minutes, contact information, program information, can all be viewed on-line on the Health and Human Services webpage located at www.co.richland.wi.us.

Sincerely,

Randy Jacquet, LCSW
Director

Richland County Health & Human Services

2007 Annual Report



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Richland County Health and Human Services

MISSION STATEMENT

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

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

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

BOARDS AND COMMITTEES

Richland County Health and Human Services Board Board Members

Ann Greenheck, Chairman

Dr. Richard Edwards	Daniel Carroll
Betty Havlik (as of May 2007)	Glenn Ferguson
Paul Kinney (as of May 2007)	Jane Greiling
Jeanetta Kirkpatrick	Ray Schmitz
William Seep (until April 2007)	
Gaylord Deets (until April 2007 & temporary Sept-Dec 2007)	

Aging & Disability Resource Center Advisory Committee Committee Members

Bonnie Richardson, Chairman

Asenath LaRue (as of Feb 2007)	Laura Poindexter
Gaylord Deets (until April 2007)	Twyla Kepler
Gretchen Campbell (until Jan 2007)	
Paul Kinney (as of May 2007)	

CMO Advisory Committee Committee Members

Ray Schmitz, Chairman

Verna Mary Gillingham	Glenn Ferguson
Philomena Poole	Joe Simon

Commission on Aging Commission Members

Glenn Ferguson, Chairman

Allen Halink	Bette Cook
Leonard Gobin	Pat Marshall
Robert Smith	Ron Curtis

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

Dr. Richard Edwards, Chairman

Faye Burghagen
Kelley Phillips
Martha White
Mary Chris Walling
Tracy Thorsen

Jesse Rose
Lori Thuli
Mary Jane Honer
Ricki Bishop

**Coordinated Services Team (CST)
Coordination Committee
Committee Members**

Martha White, Chairman

Dr. Richard Edwards
Beverly Burns
Faye Burghagen
Karee Gander
Lori Thuli
Randy Jacquet
Tracy Thorsen

Aaron Mithum
Darrell Berglin
John Annear
Lori Dilly
Norm Brickl
Ricki Bishop
Will Buros

**Long Term Care Council
Council Members**

William Seep, Chairman

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

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

**Nutrition Advisory Council*
Committee Members**

Marlene Curtis, Chairman

Harriet Hendricks
Scott Banker

Shannon Trebus

*Council began in May of 2007

Richland County KIDS Council
Council Members

Deb Lynch, Chairman

Connie Vlasak	Jeff Bethke
Kay Cunningham	LaVonne Bekkum
Laurie Schuman (as of March 2007)	Patsy Johnson
Gaylord Deets (until April 2007)	Rachel McGlynn
Rick Daniels	Michelle Parr
Jeanetta Kirkpatrick (as of May 2007)	Lori Thuli

Transportation Coordinating Committee
Committee Members

Fred Clary, Chairman

Dick Lee	Kathleen Cianci
Betty Havlik (as of May 2007)	Linda Symons
Dick Pavlak (as of April 2007)	Robert Smith
Marie Rakow (as of April 2007)	Tracy Hanson
Patty Kemerling (as of Nov 2007)	

W-2 Steering Committee
Committee Members

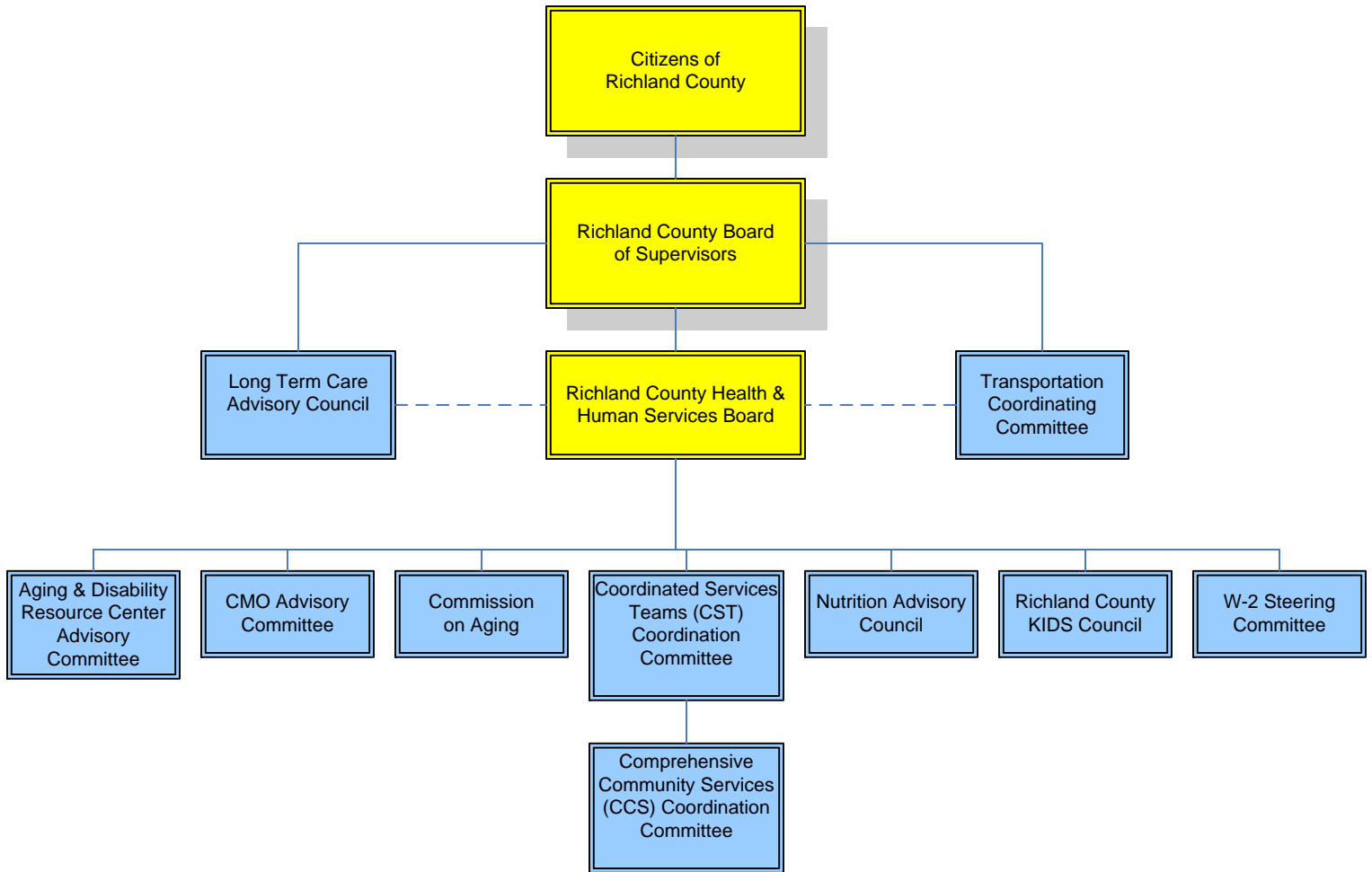
Christy Duhr	Rev. Craig Peach
Fred Clary	JoAnn Krulatz
Kari Oates	Kelle McClary
Randy Jacquet	Rita Smith
Sue Patch	

BOARD ORGANIZATIONAL STRUCTURE

UNIT ORGANIZATIONAL STRUCTURE

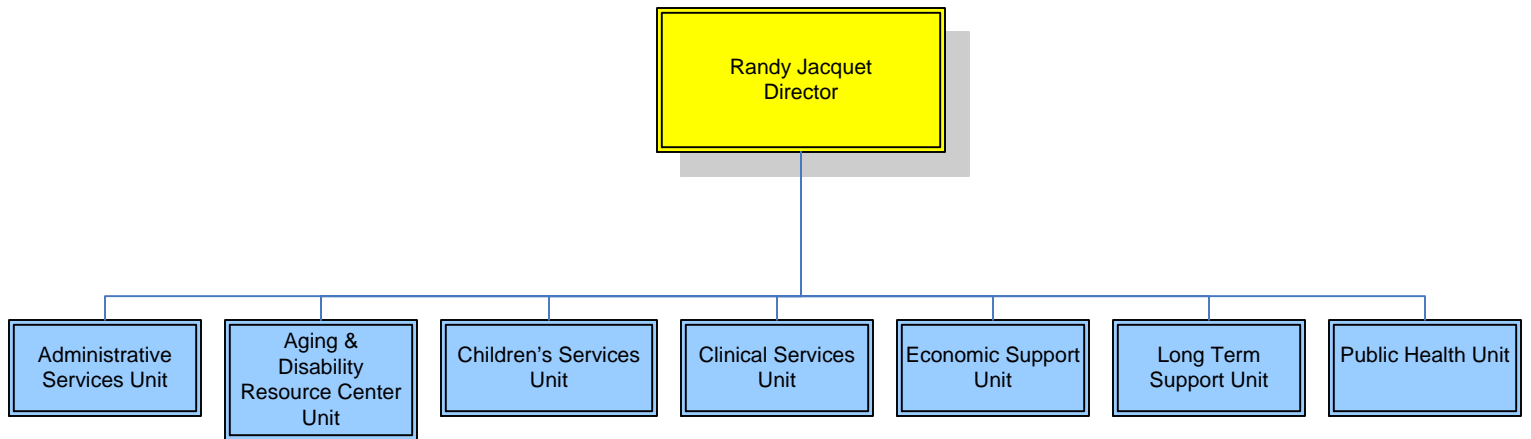
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES

Mission Statement

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

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

Office management	Information technology (IT)
Human Services Reporting System (HSRS)	Reception and information
Clerical services	Transcription
Database management	Claims processing
Client record keeping	Representative Payee services
Payroll	Accounts Payable
Accounts Receivable	Fiscal reporting
CMO business operations	SAMS DB's(CCS, CSP, BTT, CWD)
WiSACWIS (CSU Database)	HIPAA Compliance
Community Aids Reporting System (CARS)	Civil Rights
Clients Rights	

While maintaining the varied areas of responsibilities on a day-to-day basis, Administrative Services works to institute and/or develop changes that will improve efficiency and comply with all local, state and federal mandates.

Administrative Services has been instrumental in organizing and facilitating the expansion of the Community Services Building. This project has an anticipated completion date of late 2008 or early 2009, and will consolidate all staff currently located in the West Office and the Aging & Disability Resource Center into one location at the Community Services Building. Not only will this project increase communication and efficiencies amongst staff, it will also improve service to our clients while eliminating many duplicative costs.

In 2007, the Social Assistance Management System (SAMS) program, was used to track and bill the following programs: Comprehensive Community Services (CCS), Birth to Three (BTT), and Children with Disabilities (CWD). SAMS was further expanded to track the Community Support Program (CSP).

For a summary of Health and Human Services financial data for the year 2007, please refer to the Fiscal section, which reflects the agency's unaudited financial information.



The flooding that occurred in Richland County in August of 2007 weighed heavily on Health & Human Services staff, particularly Administrative Services and agency management.

Health and Human Services staff played a lead role in:

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

Additionally, due to the flood, individual client services increased in the areas of Economic Support, Aging & Disability Resource Center, Clinical Services, and the Care Management Organization. The flood disaster accounted for approximately 1,200 additional hours for Health and Human Services staff or nearly \$40,000 from August 18, 2007 – October 22, 2007. Our IT staff received state recognition for the creation of the flood website and damage assessment database that was shared with all of Wisconsin's 72 counties to assist with future disasters.

Administrative Services was active in the Southwest Wisconsin Care Management Coalition's pursuit to develop a Regional Managed Care Organization. Not only did the unit assist with opening the East Office, but IT was instrumental in creating the SWCMC web site and meeting the technological needs of the new office scheduled to open in February 2008.

The IT staff, along with management, continues to maintain a Health and Human Services web site on the Richland County web site. The web site can be found at: www.co.richland.wi.us.

AGING & DISABILITY RESOURCE CENTER

Mission Statements

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

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

OVERVIEW

The Aging & Disability Resource Center is an information and assistance service designed to inform and connect County residents to programming, services and public benefits. Although we are available to the general public, through 2006 our primary targets groups were adults who are elderly, or who are physically or developmentally disabled. In 2007, we began formally serving an additional target group, adults with mental health or substance use disorders. Staff at the Aging & Disability Resource Center assist consumers to understand and consider their options for care and services, and help connect them to the services that best meet their needs. We also provide benefits-related counseling and services to the elderly as well as the physically or developmentally disabled adults between the ages of 18 and 59 years through two benefit specialists; an elderly benefit specialist and a disability benefit specialist. Through the Aging & Disability Resource Center one can also access health-related information and services that focus on early intervention/prevention. We also provide intake and eligibility determination for the Family Care benefit.



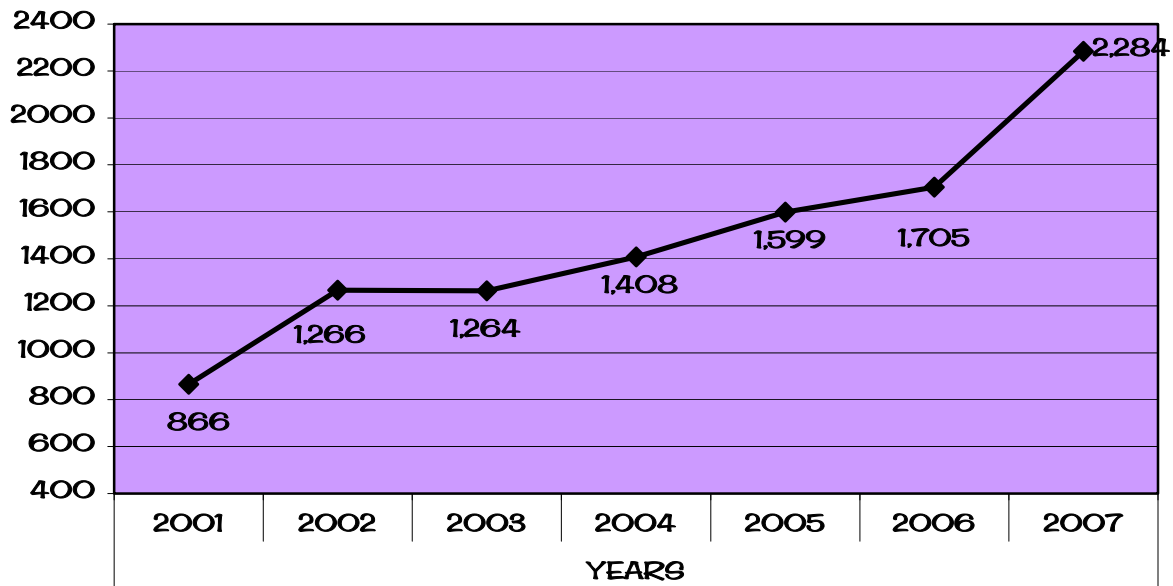
KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE & OPTIONS COUNSELING:

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

In 2007, the Resource Center Information and Assistance staff (I&A) had 2,284 new contacts from consumers. New contacts are defined as first-time consumers, as well as repeat customers who contact the Aging & Disability Resource Center for assistance with a new issue or need. As the chart below shows, I&A staff have responded to a steady increase in the number of consumer contacts over the past seven years. **The number of I&A contacts in 2007 is a 25% increase over the number of new contacts in 2006.** This is due in part to the flood last August, when the I&A staff worked extensively with the Office of Emergency Government, Public Health, other organizations and community members in responding to flood victims. During the six weeks following the flood (8/19/07 – 9/30/07), I&A staff responded to a 21% increase in contact volume over what would have otherwise been expected.

NUMBER OF NEW CONTACTS



People are connected to the Resource Center/Information & Assistance in a variety of ways. In 2007, 16% of the time a friend, relative, neighbor or community member contacted the Resource Center on behalf of a consumer; 18% of the time an organization, agency, service provider or official referred the consumer; and 66% of the time the consumer contacted the Resource Center directly for assistance. Consumers are not required to provide identifying information unless it is necessary, for example, to complete an application or receive information in the mail, so callers can remain anonymous, if desired.

In 2007, 56% of Resource Center/Information & Assistance consumers were 65 years and older; 7% were consumers with physical disabilities; 4% were consumers with developmental disabilities; 2% were consumers with mental health or substance use disorders; 4% were consumers who fell into another target group such as domestic violence, homeless or children; and in 27% of contacts, the target group of the consumer was none or unknown.

62% of Resource Center/Information & Assistance consumers were female; 34% were male; and in 4% of contacts the consumer's gender was unknown.



Those contacting the Resource Center in 2007 had over 3,200 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management or early intervention/prevention services.

Consistent with previous years, about 75% of the needs expressed fell into 4 broad categories: financial assistance & support; health/medical care; home health/home supportive care; and housing/residential needs. In the chart that follows, these four categories have been further broken down into subcategories to give a better understanding of the kinds of issues consumers have when contacting the Resource Center:

ANALYSIS OF MOST FREQUENT AREAS OF NEED EXPRESSED BY CALLERS:

Financial Assistance & Support	* of Contacts	Health & Medical Care	* of Contacts
Family Care	309	Early Intervention/Prevention Information & Services	642
Assistance with Utilities, Phone and/or Rent	170	Rehabilitation/Therapy	63
Financial Aid for Drugs/ Medical Care	107	Medical/Dental/Hearing/ Eye Care Services	46
Medical Assistance	94	Alzheimer's Disease Information & Services	24
Social Security/SSI/SSI-E	91	Mental Health Information/Services	27
Emergency Financial Aid	65	AODA Information/Services	6
FoodShare Program	37	Other Health /Medical Information & Services	50
Money Mgt/Budget Counseling	12		
TOTAL	885	TOTAL	858
Home Health/Home Care	* of Contacts	Housing/Residential	* of Contacts
Chores/Home Supportive Care	108	Community Based Residential Facility	37
Home Health Care Services – Nursing/HH Aide/Personal Care	93	Subsidized Housing	63
Therapy/Rehabilitation Services	57	Assisted Living/Apartment	25
Adaptive Aids/Medical Equipment	60	Housing Search Assistance	10
Case Management	68	Nursing Home	21
Medi-Alert	26	Home Modification/Home Maintenance	28
Respite Care	20	Rental Housing/Apartment	9
Hospice Care	6	Home Ownership Assistance	9
Other Home Health/Home Care	1	Adult Family Home	19
		Emergency Shelter/Homeless	15
		Clothing/Furniture/Household Goods	26
		Other Housing/Residential	7
TOTAL	439	TOTAL	269

In addition to the most frequent areas of needs/requests depicted above, the Resource Center was contacted for information on a variety of other issues. Other significant areas of problem or need that generated information, referral or assistance from Resource Center staff included the following:

OTHER SIGNIFICANT AREAS OF NEED EXPRESSED BY CONSUMERS:

<u>Advocacy</u>	# of Contacts	<u>Insurance</u>	# of Contacts
Disability Benefit Specialist	72	Medicare	36
Elderly Benefit Specialist	42	Health Insurance	20
Elder Abuse/Neglect	36	Medicare Supplemental Insurance	15
Veterans Issues	7	Other Insurance Information	14
Mental Health Advocate	10		
Other Advocacy	14	<u>Legal</u>	
		Power of Attorney/Living Will	23
<u>Education and Employment</u>		Estate Planning	21
Job Search/Placement	25	Legal Assistance/Representation	41
Supported Employment	11	Tax Prep. Assistance/Tax Law	20
Job Training/Subsidized Employ.	9	Landlord/Tenant Issues	6
Other Education/Employment	16	Guardianship	16
<u>Food/Nutrition</u>		<u>Transportation</u>	
Home-Delivered Meals or Congregate Meal sites	24	Medical & Special Needs Transport	35
Non-Emergency Food	25	Other Transportation Needs	12
Emergency Food	38		

While many consumers simply need information, others need various kinds of assistance getting connected to programs or services. The Resource Center provides a wide range of assistance, from contacting a service provider on the consumer’s behalf; to helping the consumer complete an application; to advocating on behalf of a consumer to help solve a problem related to accessing a program or service; to providing in-depth counseling about long-term care options; to providing short-term case management to assist a consumer with multiple or complex needs.

DISABILITY BENEFIT SPECIALIST

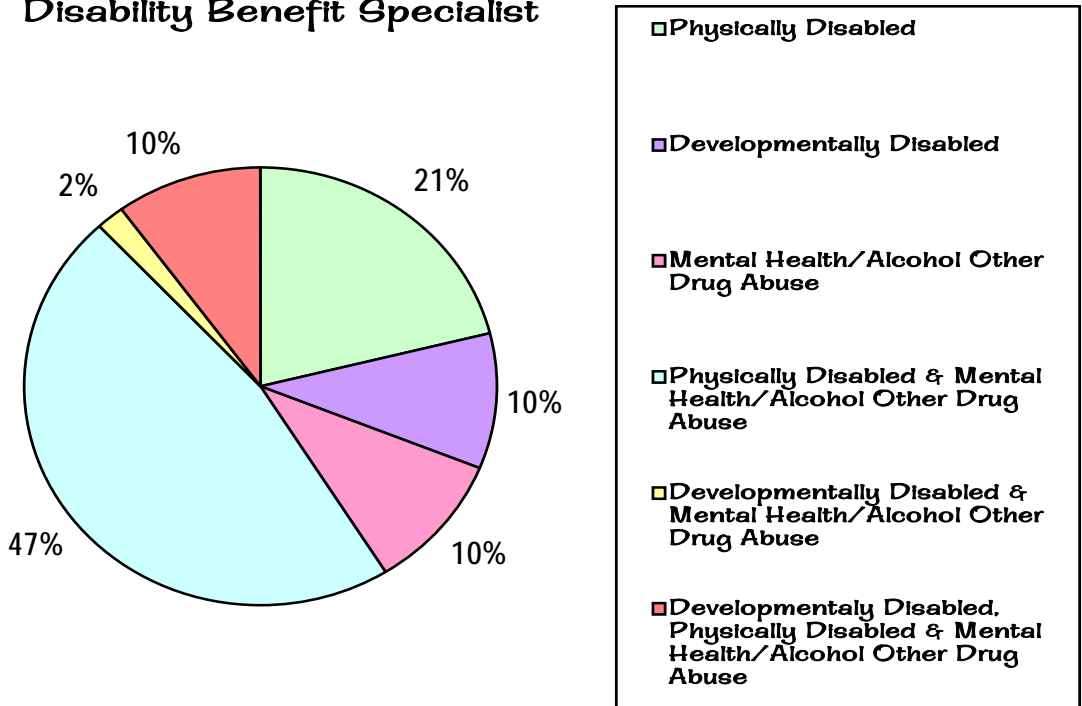
Disability Benefit Specialist services are available to county residents ages 18 through 59 years who have a physical and/or developmental disability. The Disability Benefit Specialist provides information on public and private benefits, and assists with applications, appeals and advocacy. Typical areas of assistance include programs such as Social Security Disability Income (SSDI), Supplemental Security Income (SSI), Medical Assistance, and Medicare Part D. The Disability Benefit Specialist also works closely with other Resource Center staff to provide referrals for community resources and services, Options Counseling, and information and assistance related to the Family Care benefit. The Disability

Benefit Specialist position is co-supervised by the Resource Center Supervisor and a Program Attorney located at Disability Rights Wisconsin in Madison.

In just its fifth year of operation, the Disability Benefit Specialist program assisted Richland County residents in receiving over \$600,000.00 in federal, state or private benefits for which they qualified. Since the Disability Benefit Specialist program began in Richland County in 2002, the total financial impact for residents of Richland County amounts to over \$2,800,000. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services such as housing, food, clothing and medical treatment.

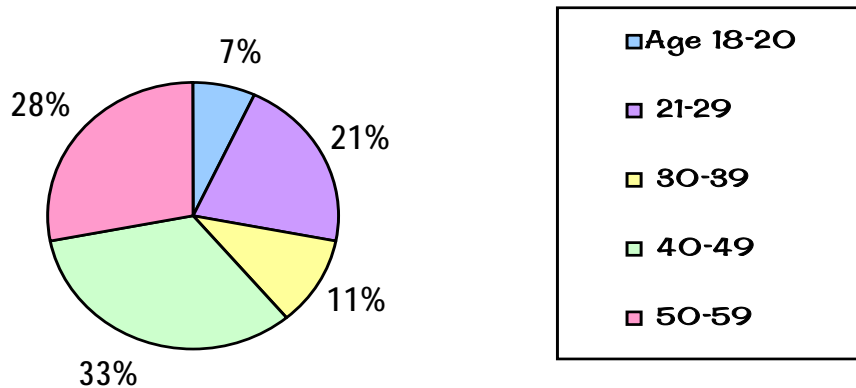
Disability Benefit Specialist services are targeted to adults with physical or developmental disabilities, mental health and/or substance abuse impairments. However, as the graphic below illustrates, in reality, close to half of consumers served are dealing with *multiple* disabilities in their daily lives.

Target Groups Served By Disability Benefit Specialist



As depicted in the graph below, the majority of consumers served by the Disability Benefit Specialist in 2007 were between the ages of 40 – 59.

Disability Benefit Specialist Consumers Served by Age Group



The Disability Benefit Specialist program now provides services for Wisconsin residents who use sign language as their primary means of communication. The Deaf Disability Benefit Specialist can be reached at (866) 796-9725 TTY, (800) 947-6644 TTY Relay, (608) 266-1000 video phone, or (866) 327-8877 video phone Relay.

FAMILY CARE

The Resource Center is the intake point for the Family Care benefit. Eligibility determination and enrollment into the Family Care/Care Management Organization is a complex process that actually occurs through the coordinated efforts of Economic Support, the Care Management Organization, an Enrollment Consultant, and the Resource Center. It is the Resource Center's role to shepherd consumers through the eligibility determination and enrollment process, including:

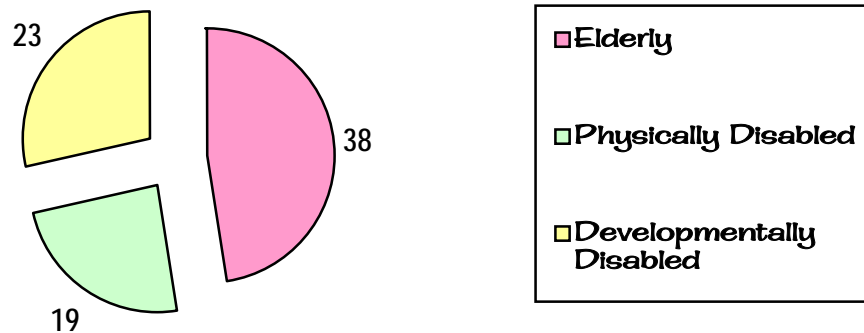
- providing detailed information and answering questions about Family Care, including eligibility criteria, program benefits, consumer rights and responsibilities, processes for complaints and appeals, care planning and care management services, etc.;
- conducting the Long Term Care Functional Screen to determine functional eligibility;
- working with the Economic Support Unit to facilitate financial eligibility;

- coordinating with the Enrollment Consultant to arrange for final enrollment; and
- helping to transition consumers into the Care Management Organization for ongoing services.

The Resource Center’s role in eligibility determination includes administration of the Family Care Functional Screen. During 2007, our staff completed 85 Functional Screens and offered an additional 69 screens that were either declined or not followed through on by consumers. This compares to 99 Functional Screens completed in 2006, 84 completed in 2005, 93 completed in 2004 and 88 completed in 2003.

During 2007, Resource Center staff assisted a total of 80 consumers who had received a Functional Screen to become enrolled in the Family Care/Care Management Organization. This compares to 77 consumers in 2006, 65 consumers in 2005, 68 consumers in 2004, and 67 consumers in 2003. The following graph shows the breakdown by target group of those enrolled in Family Care in 2007.

Breakdown of Consumers Enrolled in Family Care by Target Group

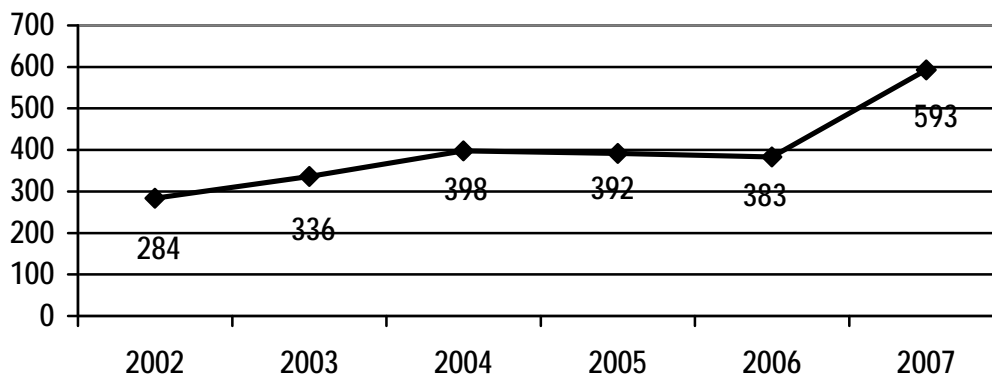


EARLY INTERVENTION/PREVENTION SERVICES

The Resource Center has a Public Health Nurse on staff two days per week. The RN provides vital consultation and quality assurance related to the Family Care Functional Screen. In addition, she provides a variety of services aimed at educating the public on health topics and issues, identifying consumers’ health concerns early, and linking those at risk to medical care or other services. Early intervention/prevention services offered in 2007 include the following:

In 2007, the Aging and Disability Resource Center (ADRC) RN saw 593 clients for blood pressure checks. **This figure represents a 55% increase in blood pressure checks taken in 2006.** The RN visited the Richland Center, Rockbridge, and Viola meal sites. Strong attendance at the Rockbridge meal site improved the number of consumers utilizing the service for the first time and was responsible for increasing the overall numbers. Seventy-two consumers were seen for the first time in 2007. The service included taking and evaluating blood pressures, helping consumers understand what the reading means and how it relates to the results of their previous screens, and how antihypertensive medications may be affecting their blood pressures. Informational brochures and fact sheets on high blood pressure are placed out for consumers to read or take home with them at every blood pressure clinic. In addition, the nurse spends time with each person to discuss what is going on in his/her life in order to identify other health or personal concerns, and offer information, referral and assistance.

Blood Pressure Screens Provided



The ADRC sponsored its third annual health fair for residents of Richland Center in 2007. Nineteen people had their blood pressure, blood glucose, and iron levels checked. Information was also available on several health-related issues for consumers to review and take home.

The RN put up six bulletin boards in 2007 covering a wide variety of health-related and seasonal topics. Titles included: "Stay Warm and Save Money This Winter;" "Diabetes Awareness and Management;" "Take A Closer Look—Four Common Eye Diseases;" "It's Summer! Enjoy It Safely!;" "Kidney Function and Chronic Kidney Disease;" "Dental Health and Older Adults." Detailed information accompanies each bulletin board display for consumers to read and take with them.

In addition, the nurse reviews the contents of the health information library to add timely articles and to assess the existing information for its relevance. In

2007, thirty-five new pieces of health education booklets and resource guides were added to the library.

A short-term medication management service was initiated in 2005. During calendar year 2007, the RN continued to promote and implement the program with healthcare providers and consumers. Two individuals in the community were seen and plans were established to assist them with safe medication administration. Home Safety Assessments are another early intervention/prevention activity that the ADRC nurse offers. Assessments of this type involve having the nurse make a home visit to determine if any safety concerns exist.

The RN provides consultation with staff on the Health-Related Services portion of the Long-Term Care Functional Screen (LTC-FS). She also performs Quality Assurance reviews on the LTC-FS and meets with staff to discuss results and improvement strategies, if needed. In 2007, the RN evaluated 24 screens that staff had completed.

The nurse offers personal assistance to clients desiring information on health or medication issues. Persons can receive information with the nurse on a one-to-one basis, over the phone, or via mail. Each client receives information specific to his/her unique request.

TRANSITION SERVICES FOR YOUTH

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to help young adults who are physically or developmentally disabled, or who have mental health or substance abuse disorders and are in need of long term care to successfully transition from school to the adult service system. Transition services help students and their families to receive information, Options Counseling, and connections to needed services.

An Information & Assistant Specialist (Social Worker) is assigned to take the lead in developing and promoting transition services. Transition activities in 2006-2007 school year included:

- Participation in several Individual Education Plan (IEP) meetings at various schools. IEP meetings generally involve the student, his/her parents, teachers, and other appropriate professionals; our participation ensures that the student and his/her family will receive information and Options Counseling for the student's personal and educational planning.

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

Activities such as those described above help to educate schools about the role of the Aging and Disability Resource Center, continue to develop important relationships with key school personnel, and reach students in need of transition services. The strong school relationship continues to ensure that students with disabilities who are turning 18 years old have the information and connections to begin a quality adult life.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

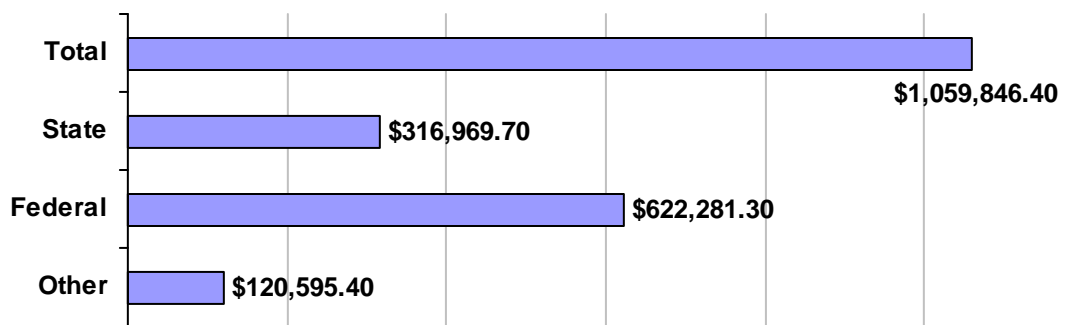
In 2007, Richland County Health and Human Services received \$3,613 to support persons with irreversible dementia and their families. The funding was used to provide personal care and respite services to 4 Richland County families. Additionally, Health and Human Services provided a team and volunteer services for the 2006 Memory Walk which raised \$22,000 for local support from the Alzheimer's Association.

ELDERLY BENEFIT SPECIALIST PROGRAM

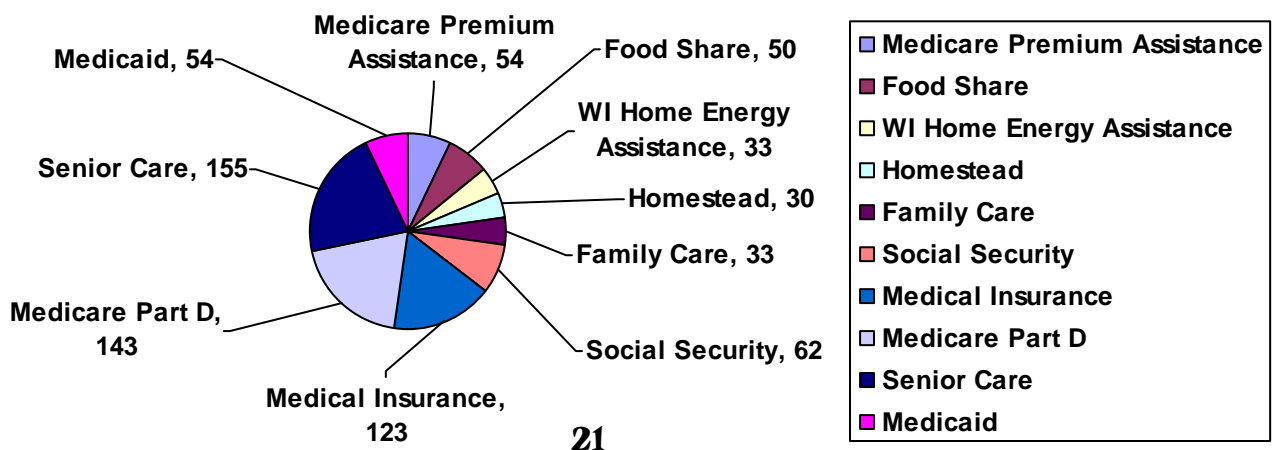
The Elderly Benefit Specialist Program is a free service for residents 60 and over provided through State, Federal, and County funding but also made possible through donations from the consumers the program assists. In 2007, the Benefit Specialist Program continued as a reliable and trusted source of information for the residents of Richland County.

The Elderly Benefit Specialist provided **980.50 hours** of direct casework and assistance in many areas of the over 100 different programs available through the Elderly Benefit Specialist Program. This assistance benefited **479 people** in Richland County many of who were seen numerous times in 2007. This program provided a **savings of \$1,059,846.40** to our county's residents.

Amount of money the Elderly Benefit Specialist program saved the residents of Richland County in 2007



The Benefit Specialist program continued outreach campaigns with 135 contacts through appearances on cable TV, radio, newspaper, and presentations throughout the county. The primary topics of concern and interest for the residents of Richland County continue to be SeniorCare and Medicare Part D. This is demonstrated in the graph below showing the top ten areas of assistance given to our residents in 2007.



THE DRIVER ESCORT PROGRAM

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

In 2007, the Driver Escort Program had 17 volunteer drivers and 5 temporary casual county drivers that provided a total of **1,145 trips** (an increase of 16% from 2006), for **1,585 passengers** (an increase of 17% from 2006) traveling **139,844 miles** (an increase of 20% from 2006). The volunteer drivers donated **3,827 hours** of their time and the temporary casual Drivers drove for **2,512 county van hours**.

This program is primarily funded through the s.85.21 Department of Transportation Grant for Specialized Transportation, as well as receiving reimbursement through Medical Assistance, Veterans Affairs, and co-pays collected from passengers. Since this is not an Older Americans Act Program, we have set rates and co-pays for each trip. In an effort to keep the cost of our trips down, we place multiple passengers in a vehicle when possible.

	Trips 2006	Trips 2007	% Change
Jan	70	81	15.7%
Feb	75	74	-1.3%
Mar	85	83	-2.4%
Apr	78	90	15.4%
May	90	92	2.2%
Jun	85	116	36%
Jul	71	106	49%
Aug	97	104	7%
Sep	74	98	32%
Oct	96	116	21%
Nov	98	88	-10%
Dec	71	97	37%
Total	990	1,145	16%

	Passengers 2006	Passengers 2007	% Change
Jan	104	107	2.9%
Feb	108	97	-10.2%
Mar	130	112	-13.8%
Apr	107	120	12.1%
May	121	136	12.4%
Jun	118	162	37%
Jul	97	148	53%
Aug	119	143	20%
Sep	98	126	29%
Oct	124	173	40%
Nov	130	134	3%
Dec	95	127	34%
Total	1,351	1,585	17%

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2007 totaled \$10,810 to provide five basic components under the program:

- Information to caregivers about available services
- Assistance in gaining access to support services
- Individual counseling, advice on organization of support groups, and caregiver training
- Respite care
- Supplemental services to complement the care provided by caregivers

Use of these funds is less restricted with minimal guidelines that allow for more generalized family caregiver support. Possible uses include support services for grandparents and other relative caregivers of children 18 and under, older individuals providing care to persons with developmental disabilities, and family caregivers of elderly persons aged 60 and over. In 2007, the funds supported 9 families, contributed to the work of the Alzheimer's Association to create a Dementia Network that included consumer outreach and education, provided funded support for information and assistance through the Aging and Disability Resource Center, and subsidized some transportation needs for caretaking families.

LOW VISION SUPPORT PROGRAM

The Low Vision Support Program is funded through the Older Americans Act prevention funding to provide ongoing support and transition group for adults who are visually impaired. On a monthly basis 20 – 25 people gather to learn about services and resources that help them to remain active and independent citizens. The group supports anyone with a visual challenge and assures that they are not alone. This is a well-known and long-term group that continues to gain in popularity, especially for people who experience new vision loss. Transportation is provided for this group.

ADULT PROTECTIVE SERVICES ACTIVITIES

The Adult Protective Service system is designed to protect Richland County vulnerable adults (18 years of age and over) from treatment or circumstances defined as abuse, neglect or financial exploitation. In 2007, the program incorporated into the Aging and Disability Resource Center Unit from the Care Management Organization in preparation for the restructuring associated with the coming 2008 Family Care expansion effort. As with any shift into new locations there were challenges around transferring files, databases, processes, etc. However, a very real benefit of the shift is a renewed focus on program development to better serve adults at-risk and their guardians.

2007 also marked the first full year of reporting using the Wisconsin Incident Tracking System (WITS), a web-based reporting tool. The system is user friendly and will allow better tracking of victims and their abusers. Richland County will be able to monitor trends and track number and types of reports annually from year-to-year. For example in 2006 Richland County has 21 reports of Elder Abuse and Neglect compared to 2007 WITS shows 47 reports of Elder Abuse and Neglect. The below table are numbers for all vulnerable adults over 18 years old.

ADULT-AT-RISK/ELDER ABUSE AND NEGLECT REPORTING

Total number of reports:	73
Self Neglect	16
Financial Exploitation	12
Physical Abuse	12
Neglect by Other (s)	5
Emotional Abuse	3
Sexual Abuse	1

ELDER ABUSE AND NEGLECT FUNDS

Richland County receives a limited amount of state funding to provide specific services and assistance to person aged 60 and over who meet abuse and neglect criteria outlined by the state. In 2007, the state allocation of \$10,098 served 23 county residents.

ADULT PROTECTIVE SERVICES COURT ACTION

The Adult Protective Services role in the guardianship and protective services process is another avenue to assure the health and safety and protect the rights of our most vulnerable citizens. Working closely with the Richland County Corporation Counsel APS assists individuals and guardians through the guardianship process. In 2007, 19 guardianship relationships were created. Twelve individuals were protectively placed and three mental health commitments were enforced. It is the responsibility of the APS program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting.

CHILDREN'S SERVICES UNIT

2007 marked the first full year that all of the county's children's services programs were located in the Children's Services Unit. Birth to Three and Children with Disabilities came from Public Health and Long-Term Support, respectively, this past year. This past year saw evidence that the goal for this comprehensive children's unit of improving collaboration among disciplines, access, and quality of services was achieved.

The six programs in Children's Services Unit are: Birth to Three, Child Protective Services ("CPS"), Children with Disabilities, Comprehensive Community Services for children ("CCS"), Foster Care/Kinship Care, and Juvenile Justice Services ("JJ"). In addition to the six programs, this unit collaborates with other agency units and outside organizations to provide assistance to homeless families.

BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is a state-mandated program for eligible children ages 0 – 3 years. It is open to all Richland County residents and is free to low-income families. There is a no-wait policy, which means that all eligible children will be served regardless of number of children already being served in the program. The main criterion for eligibility is that a child must show a 25% delay in one or more areas of development in either social, emotional, physical, cognitive, adaptive and/or communication areas.

Funding to provide therapy services include State Basic County Allocation (BCA), State categorical funds that are available only for Birth to Three services, third party insurance, and Medical Assistance. Where applicable, and with permission from a parent, Richland County bills third party insurance for Birth to Three services.

The Birth to Three Early Intervention Team (county employed Early Intervention Specialist, speech therapist, occupational therapist, and/or physical therapist) works in conjunction with parents and physicians to create a plan that is directed by the parents to best serve the child in his/her natural environment. The family's strengths and needs are identified in order to assure that appropriate disciplines, medical providers and public agencies are asked to join the child and family's team to support the child's development. The Early Intervention Specialist is responsible for developmental evaluations, referral services, case

management, and regularly scheduled visits to the family for skill building and support services.

The Richland County Birth to Three Program continued to thrive in 2007, touching the lives of over 75 families. Last year, the program had 58 new referrals. Of the new referrals, 25 were eligible for services and wanted services. Besides these 25 children, the program also continued to serve the 20 children that were in the program in 2006 and still eligible in 2007. In total, the program served 45 children last year.

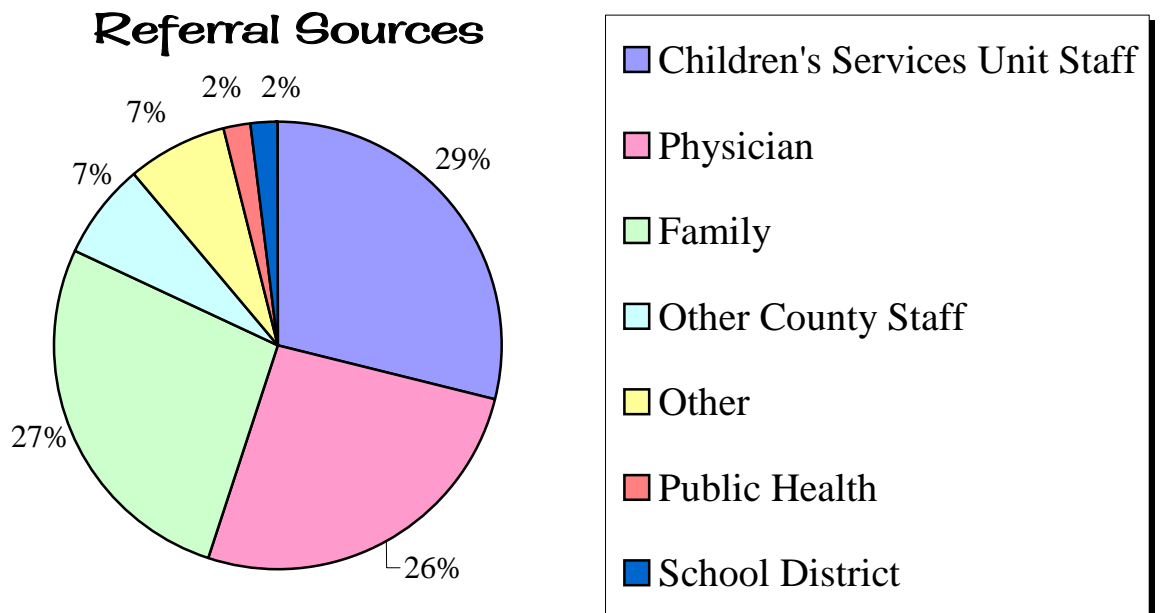
Last year 16 referrals came directly from parents, 15 from physicians and/or hospitals, 17 from Children's Services Unit Staff, four from other County staff, one from Public Health, one from the school district, and four from other referral sources.

Of the 45 children who received services, the following services were utilized in any combination:

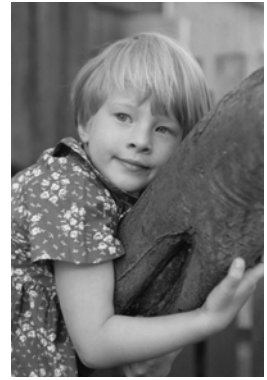
- 22 utilized occupational therapy
- 6 utilized physical therapy
- 37 utilized speech therapy

BIRTH TO THREE REFERRALS FOR 2007

Fifty-eight referrals were made to the Birth to Three Program in 2007. Referral sources were as follows:



CHILD PROTECTION SERVICES



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

- protect the health, safety, and welfare of children;
- assure that appropriate protective services are provided to abused and neglected children and their families;
- protect children from further harm;
- provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect; and
- promote the well being of the child in his or her home setting, wherever possible, or in another safe and stable placement when not possible.

Key Program Activities:

- investigate allegations of child abuse or neglect;
- respond to emergency child abuse or neglect calls 24 hour/day, 365 days/year;
- place children in foster care homes or residential homes if the family circumstances deem it necessary; monitor placement, and reunify when appropriate;
- provide ongoing case management services which include: monitoring court orders, conduct surprise visits to families preparing for child reunification, supervise parent/child visits, arrange or provide transportation, monitor court-ordered counseling, and monitor other court-ordered services;
- conduct drug testing and breathalyzer services for parents and/or youth who are court-ordered because drug related concerns affect their parenting;
- provide independent parenting classes for parents;
- provide structured opportunities for identified children to reinforce lessons taught throughout the school year, while providing fun-filled activities that enhance the children's summer activities and lives in general; and
- provide independent living skills for youths who have been placed out of the home for at least six months and have reached the age of 15 years, to enhance their transition to living independently as young adults.

CHILDREN'S SERVICES STATISTICS

	2001	2002	2003	2004	2005	2006	2007
Intake/Pager Responses	327	300	400	195	376	328	395
Child Abuse/Neglect Investigations	74	55	86	98	144	111	80
Children in Foster Home Care	30	24	26	25	17	22	15
Children in Kinship	27	25	22	21	21	25	29

CHILDREN WITH DISABILITIES PROGRAM

The Children with Disabilities program is a state-mandated program designed to support the needs of families that have a child with severe disabilities. The intent of the program is to keep the child in the home, and to give the families control and choices. Children served through this program are those who have developmental disabilities, physical disabilities, severe emotional disabilities, and/or autism.

In 2007 case management was provided by one full-time staff, and two part-time staff. This program served 33 children in 2007. Children who met eligibility requirements, but who could not be served immediately were put on a "wait list" so they could enter the program as space allows. In 2007, there were 28 on the wait list.

Much of the funding comes from the federal and state governments, with some local taxpayers' match.

The Family Support Program (FSP) is one funding source for this program. FSP is a federal program administered by states that provides funds to counties to support the needs of families that have a child with severe disabilities in order to keep the child in the family home. Family Support funds paid for a vast array of services for the family and the child, including summer camp, respite, home modifications, consumer education and training, case management, and communication aides. In 2007, these funds supported 19 families with children.

Through different funding sources, the case managers enabled families to have a vast variety of services. These services included: in-home autism therapy, daily living skills training, respite, adoptive aids and home modifications. In total, the Children's Disability Program served 31 families and 33 children. This is an increase of eight children from 2006.

This program has reached into providing services in other conjoining programs such as Comprehensive Community Services and Birth to Three. The program provided funding for families in crisis or in need of specialized medical therapeutic supplies.

COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN

Comprehensive Community Services (CCS) is a state certified Medicaid mental health and substance abuse program that serves adults and children across the lifespan. Implemented in Richland County in 2005, Richland County was one of the first counties in Wisconsin to be certified to provide this program.

CCS provides psychosocial rehabilitation services to consumers who have needs for ongoing services resulting from mental health or substance use disorders. These services are medical and remedial services, along with supportive activities that are designed to assist the consumer in his/her goals for independent functioning, stability and independence. This program allows Richland County to increase access to needed supportive services for children and adolescents and their families. CCS uses a wraparound model that is flexible, consumer directed, recovery oriented, strength- and outcome-based. The intent of the CCS services and supports is to:

- provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders;
- restore consumers to the best possible level of functioning; and
- facilitate their recovery.

In 2007, Richland County HHS had two full-time service facilitators (Clinicians) working in the children's CCS program who served 18 children.

JUVENILE JUSTICE SERVICES

The Juvenile Justice Program is a state-mandated county service. State laws (Ch. 938) govern the enforcement of Wisconsin juveniles. Juveniles served under this program are between the ages of 10 and 17 who have allegedly violated a state or federal law. They are also children between these ages who are habitually truant from school as defined by Wisconsin law (Ch. 118.16).

The primary services provided in this program are:

- receive and process juvenile referrals from law enforcement agencies for criminal acts and from schools for habitual truancy referrals;
- prepare legal documents, make recommendations to the court, and represent the county for matters relating to juveniles, including: initial appearances, status hearings, plea hearings, dispositional hearings, fact-finding hearings, extension hearings, and waiver hearings; and
- case manage juveniles with open court cases, including coordinate services necessary for youth to complete court orders, collect restitution payments, provide electronic monitoring (“bracelet”), collect urine samples for drug testing, and implement plans for juveniles who are out of home but planning to reunify.

JUVENILE COURT INTAKE STATISTICS

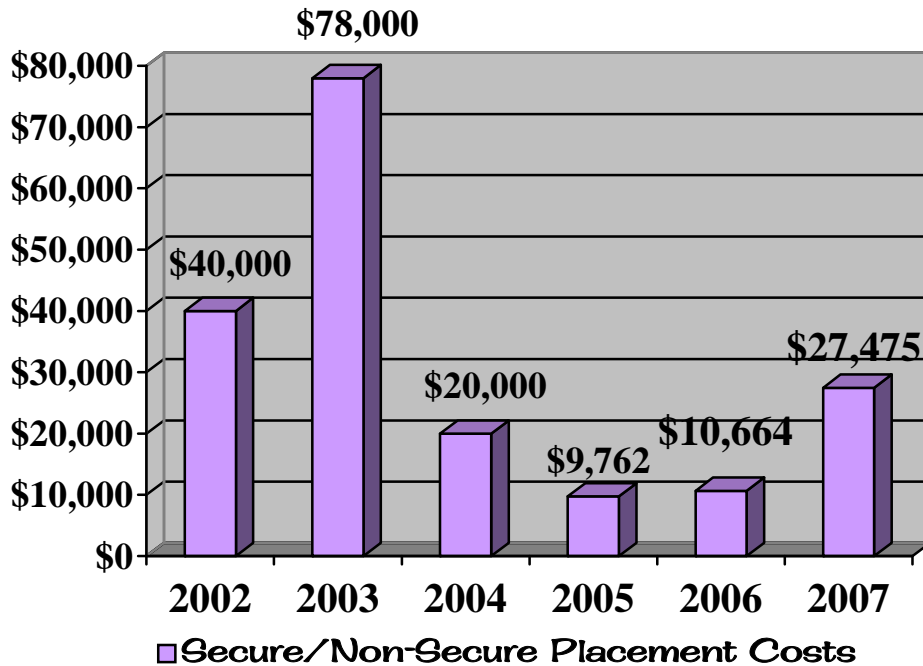
Referrals by Type and Number	2001	2002	2003	2004	2005	2006	2007
Disorderly Conduct	12	21	20	19	9	12	8
Possession THC/Drug							
Paraphernalia	n/a	n/a	n/a	15	2	2	6
Criminal Damage to Property	13	12	4	14	21	5	5
Theft/Burglary	15	20	14	12	10	9	15
Battery/Assault	16	15	18	11	3	9	6
Habitual Truancy	4	6	2	6	8	4	3
Operating Motor Vehicle							
Without Consent	3	1	6	6	3	5	2
Sexual Assault	5	2	0	5	5	1	2
Shoplifting	3	4	2	0	0	3	0
Criminal Trespass	n/a	n/a	1	1	0	0	0
Breaking & Entering	n/a	n/a	n/a	n/a	n/a	2	4
Others	22	18	23	7	11	15	9
TOTALS	93	99	90	96	72	67	60

Juvenile Justice statistics show another year of decrease in total intakes, to the lowest since 1999. This trend will continue to be studied to see if the proactive measures coupled with the swift and effective sanctions put in place have affected the reduction in numbers or if Richland County’s reduction is the result of coincidence and have little or no correlation to the measures enacted by the juvenile justice programming set into place.



DISPOSITION OF REFERRALS

	2004	2005	2006	2007
Court Action	52 (24 repeat offenders)	25 (10 repeat offenders)	48 (22 repeat offenders)	38 (17 repeat offenders)
Deferred Prosecution Agreement	14	21	12	14
Referrals to Other Counties	10	10	2	1
Waived to Adult Court	8	3	1	1
Dismissed/Lack of Juris	6	8	2	4
Ordinance Violations	4	5	0	0
Closed and Counseled	1	0	0	0
Closed/Other	1	0	2	2
TOTALS	96	72	67	60



FOSTER CARE/KINSHIP CARE IN RICHLAND COUNTY

The Children's Services Unit administers the foster care and kinship care program for the county. The Foster Care/Kinship Care Coordinator is responsible for knowing all the federal, state, and local laws and rules governing safe placement of children in out of home care. The Coordinator is also responsible for

recruiting, training, and licensing foster homes, including county licensed treatment foster homes for both new and ongoing foster parents.

When children are placed in foster care, the primary goal is reunification with their family. However, the Child Protective Services program establishes a concurrent goal, so a plan is in place if the established primary goal cannot be met.

Typically, children are placed in a county licensed foster home, but sometimes they may be placed in a county licensed treatment foster home. Children are placed in a treatment foster home typically if the child has a diagnosed mental health issue, a developmental disability, a child protection and/or juvenile justice issue, or a physical disability that cannot be maintained in a regular foster home setting. Richland County has 16 licensed foster homes, and two licensed treatment foster homes.

Kinship Care is a program also mandated and funded by the state to be offered by counties. This program is for children who are removed from home and legally placed with a relative. The foster care/kinship care coordinator administers this program and ensures that the relatives meet the state criteria and receive state-funded support funds for the child.

**Number of County Licensed
Foster Homes: 16**

**Number of County Licensed
Treatment Foster Homes: 2**



CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

RECOVERY

Recovery is a complex and multidimensional concept. It is a process and a journey, never static, always in flux. It is highly individual, unique, and resistant to any attempt at standardization. It is something that emerges from within, not something that can be imposed from outside. It takes place over time—a lifetime, perhaps. It is absolutely practical, but also somewhat mysterious. (Recovery Wisconsin, Inc.)

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

SERVICES

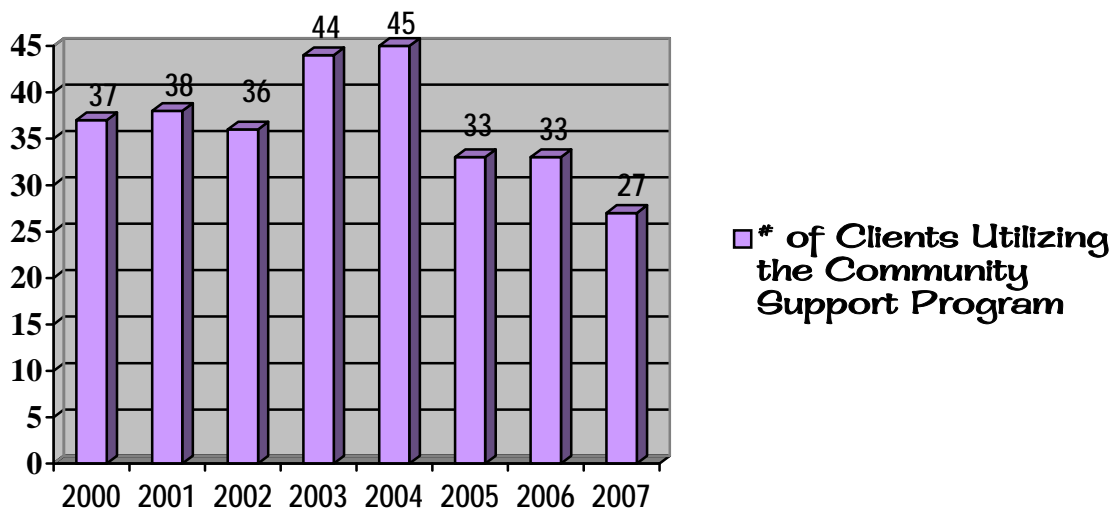
Clinical Services provides a continuum of behavioral health services to Richland County residents that range from brief crisis intervention to very intensive long-term treatment services. Clinical Services helps individuals and families who are experiencing acute emotional crises, supports recovery from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

COMMUNITY SUPPORT PROGRAM

The Community Support Program (CSP) is a state certified long-term mental health treatment and rehabilitation service for adults with severe and persistent mental illness such as schizophrenia disorders and severe mood disorders. With assistance, people with serious mental illnesses can live very productive lives being involved with their families, working at jobs, volunteering, and making a contribution to their communities. The CSP provides an assertive treatment model including supportive psychotherapy, medication and symptom management, psychiatric care, crisis intervention, daily living skill building, vocational support, a well as assistance with financial management, housing and recreation.

The decreases since 2005 are in large part due to the development of an additional rehabilitation program, Comprehensive Community Services, which also provides treatment and services to individuals with significant mental illness.

The chart below shows the number of consumer served during each year.

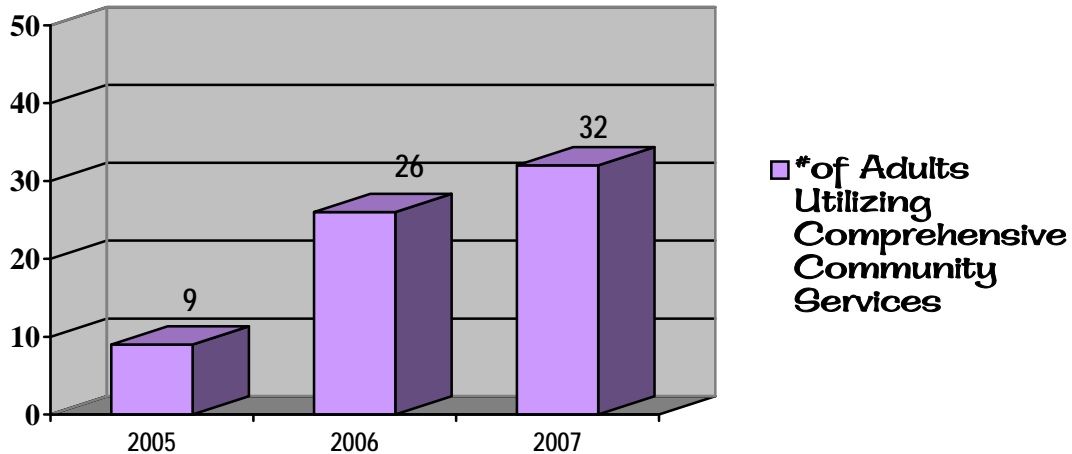


COMPREHENSIVE COMMUNITY SERVICES

CCS provides psychosocial rehabilitation services to children, adolescents and adults, including older adults with mental health or substance use disorders. CCS uses a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based. The intent of the CCS services and supports is:

- To provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders
- To restore consumers to the best possible level of functioning
- To facilitate their recovery

Services to children are provided in the Children's Services Unit and services to adults are provided in the Clinical Services Unit. The chart below shows the number of adult CCS consumers served over the first three years of the program.



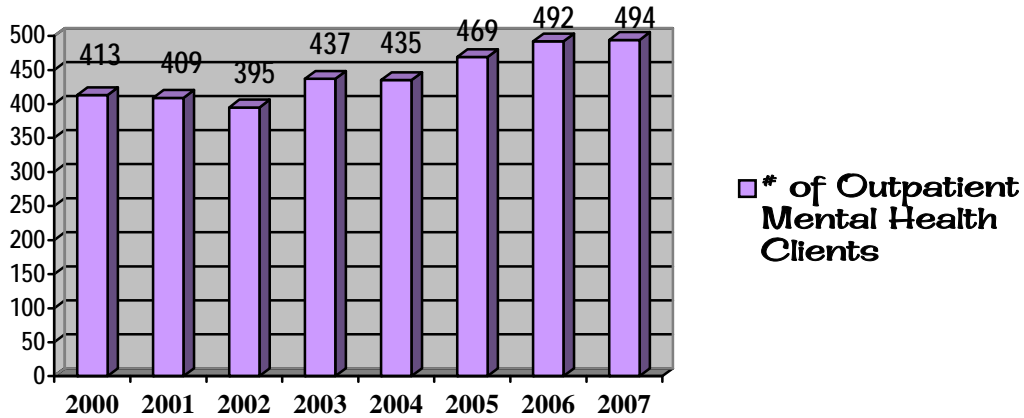
OUTPATIENT CLINIC

The Outpatient Clinic holds state certifications for outpatient mental health and substance abuse treatment services. People who encounter problems, life situations, or addiction that cause emotional distress or difficulty coping may seek help at the Outpatient Clinic.

Mental Health Services. Mental health professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation. All professional staff are qualified and licensed to treat mental health issues including depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment to stressful life situations and coping with mental illness

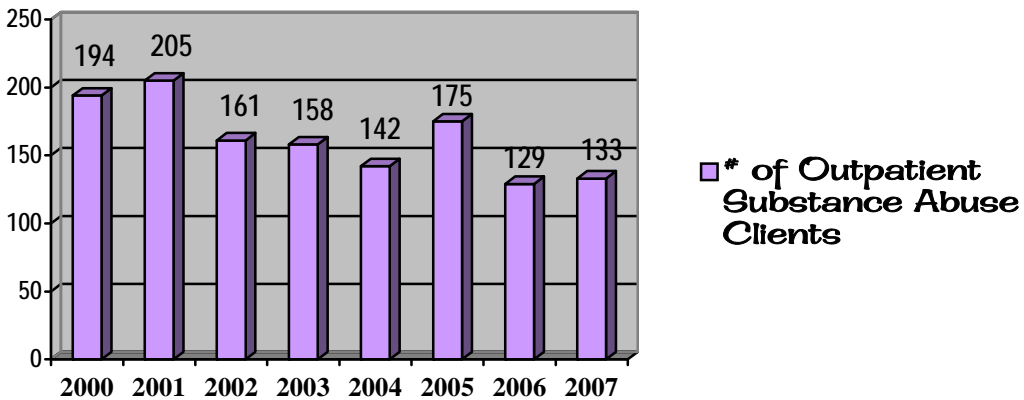
In 2007, fifty-seven individuals completed psychological testing/evaluations, 220 received psychiatric care/medication management and 296 received psychotherapy services. Many people received services in more than one area.

The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health services each year. The trend over the last several years has continued to indicate the increased demand for mental health services.



Addiction Services. Addiction counseling is a very specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2007, certified substance abuse counselors provided assessment, referral and treatment to 133 adults and teens struggling with substance use disorders and other addictions such as compulsive gambling. In addition to individual outpatient counseling, a relapse prevention group was offered on an ongoing basis.

The chart below shows the number of individuals who received assessment and treatment services each year. The reduced number of clients served in 2006 and 2007 is a reflection of decreased service availability due to staff shortages rather than decreased need.



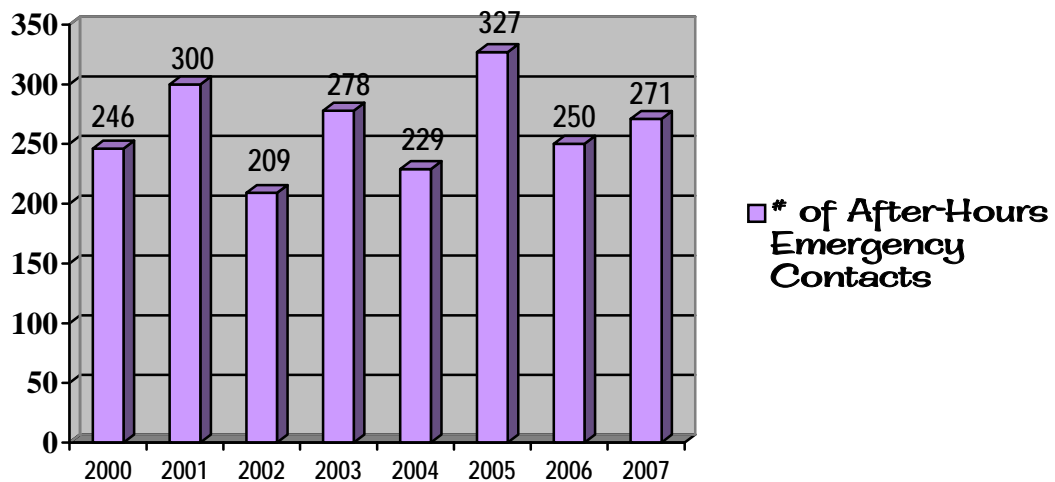
CRISIS INTERVENTION SERVICES

The state-certified Crisis Intervention Services provided an emergency telephone service and on-site crisis intervention during and after office hours in order to:

- Provide immediate evaluation, crisis counseling and mental health care to persons experiencing emotional distress, suicidal ideation or mental health crisis.
- Deal with all outpatient emergencies related to substance abuse including the provision for examination of a person's need for detox.
- Make arrangements for emergency hospitalization, when appropriate.



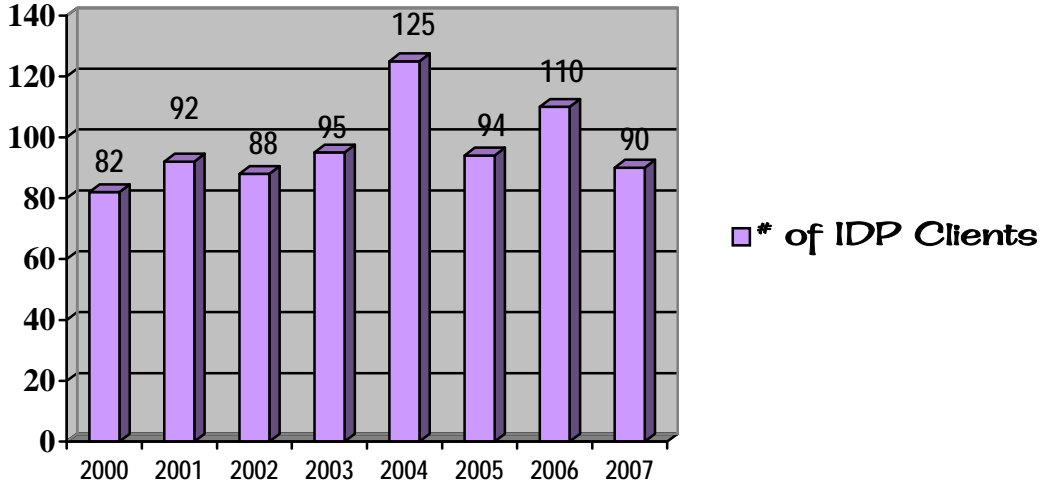
There is wide variation in the number of people who use the after-hours emergency system each year.



INTOXICATED DRIVERS PROGRAM

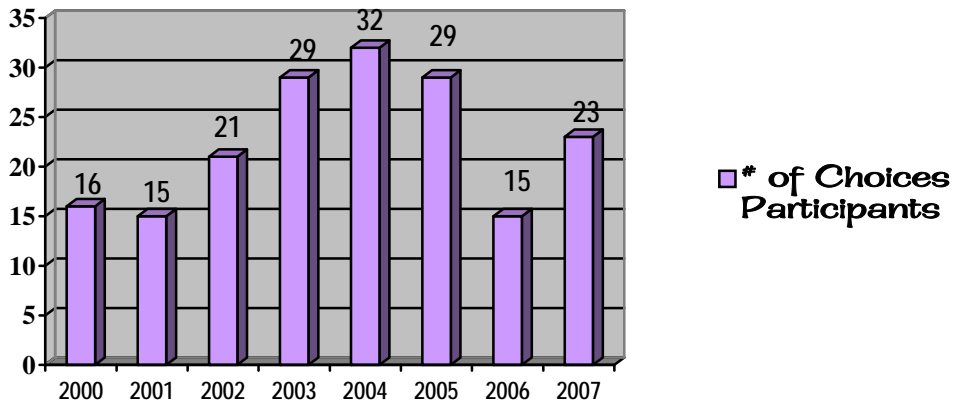
Alcohol and other drug abuse is a significant health and public safety problem. Each year in Wisconsin, there are over 800 documented deaths, 10,000 traffic crashes resulting in 8,000 injuries and over 90,000 arrests all attributable to alcohol and other drugs. Impaired drivers present a danger to themselves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

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



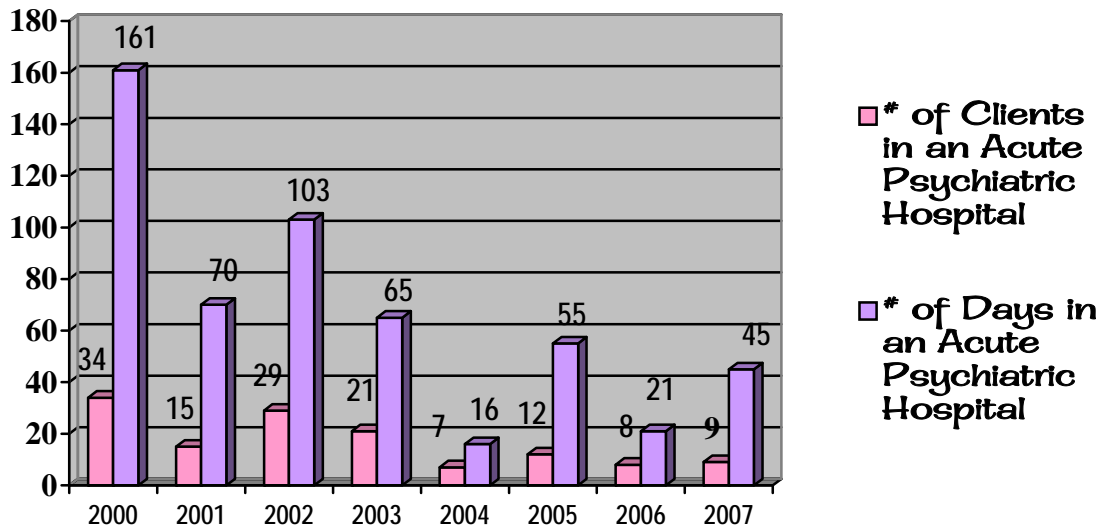
CHOICES

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

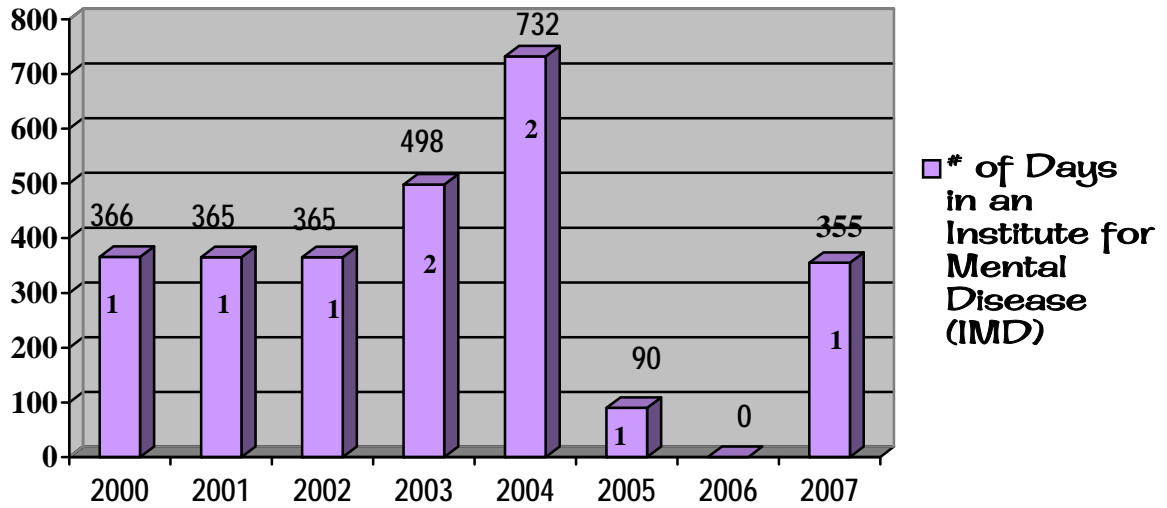


INPATIENT PSYCHIATRIC SERVICES

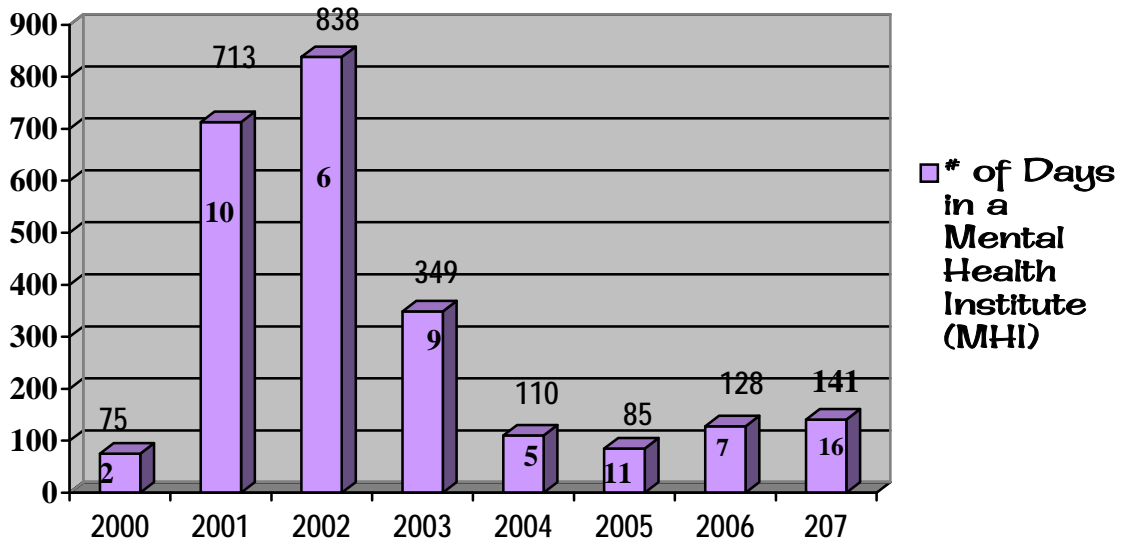
Health And Human Services contracted with Boscobel Area Health Care and Southwest Healthcare Center to provide acute emergency psychiatric hospitalizations. Health and Human Services facilitates voluntary and involuntary hospitalizations for numerous individuals who need this service. Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. The number of patients and days of stay shown below are for the hospitalizations funded by Health and Human Services.



For long-term care and treatment needs, Richland County has placed individuals at Trempealeau County Health Care Center and Institutes for Mental Disease (IMD) and three mental health institutions: Mendota Mental Health Institute, Winnebago Mental Health Institute and Brown County Mental Health. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring longer-term treatment. Some years, few individuals require this level of care, and other years, several people may have this need.



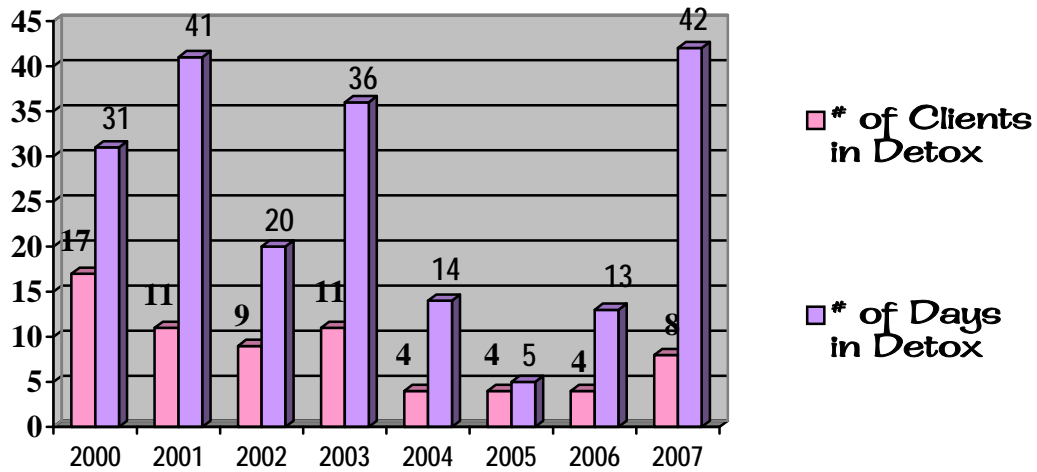
The number listed in the column is the number of clients utilizing the service.



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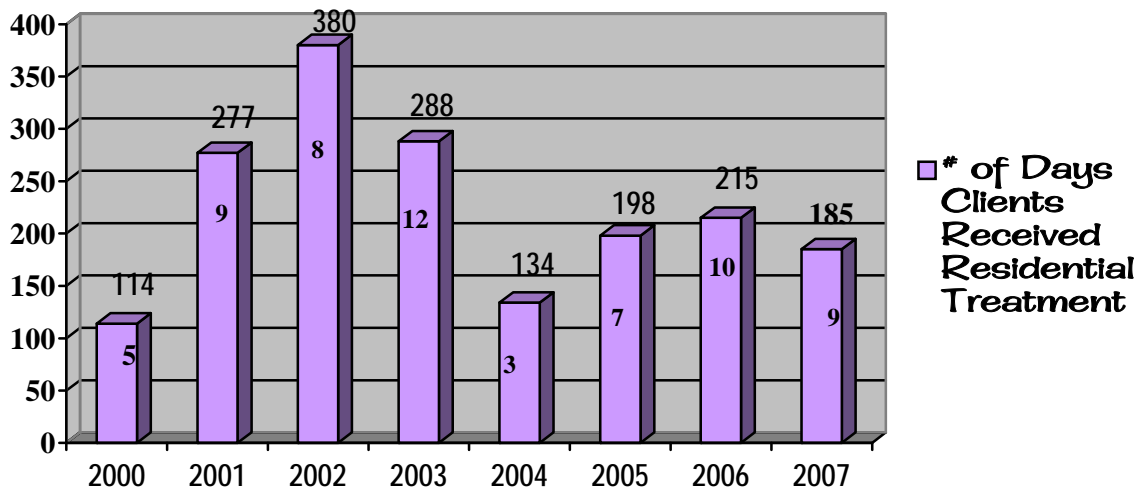
DETOX SERVICES

Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous and requires medical attention for individuals who heavily abuse alcohol. Richland County contracted with Boscobel Area Health Care and Tellurian UCAN, Inc. for detox services in 2007. Below are the number of patients and days of stay funded by Health and Human Services.



RESIDENTIAL TREATMENT SERVICES FOR SUBSTANCE USE

Residential treatment is an intense form of substance abuse treatment in which an individual lives at the facility while receiving treatment services. A thorough substance abuse assessment is completed in order to determine the individual's need for this more intensive level of treatment. Health and Human Services contracted with Gundersen Lutheran Healthcare, Franciscan Skemp Healthcare, and Tellurian UCAN, Inc. for residential treatment services to fund treatment for nine individuals in 2007.



The number listed in the column is the number of clients utilizing the service.

PREVENTION, EDUCATION, CONSULTATION AND OUTREACH

Clinical Services professional staff are active throughout the year in providing prevention and educational talks to community groups as well as consultation and outreach to agencies and people who could benefit from services. Perhaps the most popular and well known of these efforts is Dr. Schmidt's regular appearance on WRCO's Morning Show. Once a month, Clemens S. Schmidt, Medical Director for Clinical Services, discusses relevant mental health issues with host, Ron Fruit.

Various Clinical Services staff were also active in planning prevention and wellness activities in 2007 serving as members on various community and professional committees. Clinical Services also provided a Student Assistance Program (SAP) to UW- Richland for students experiencing emotional difficulties and needing information, brief counseling and referral information.

COURT RELATED SERVICES

Clinical Services routinely provides variety of court related services every year including the provision of court ordered evaluations for Chapter 51 Mental Health Commitment hearings, Chapter 55/800 Guardianship/Protective Placement hearings and Chapter 48 and 938 Child Protection and Juvenile Justice hearings.

ECONOMIC SUPPORT UNIT

Mission Statement

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

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

PROGRAMS ADMINISTERED

Wisconsin Works (W-2)
Day Care Assistance
Emergency Assistance
Medical Assistance
Medical Assistance Transportation
Family Care
Badger Care
Well Woman
Healthy Start
Family Planning Waiver

WI Funeral & Cemetery Aids
General Relief
Fraud/Front End Verification
WI Home Energy Assistance
FoodShare
FoodShare Employment & Training
Caretaker Supplement (CTS)
Medicaid Purchase Plan (MAPP)
Medicare Premium Assistance (QMB/SLMB)

The Role of the Economic Support Unit

The job of the Economic Support Specialist is to determine eligibility and provide income maintenance services to the residents of Richland County. In that job they interview clients, verify information, interpret regulations, conduct employability assessments, develop employability plans, track and maintain their caseload, process changes and navigate the computer systems in order to do their job. In addition, there is the daily contact with other professionals both locally and at the state level to ensure accuracy of benefits. There is also collaboration with staff within the agency and other resources in the community to facilitate the well-being of our clients. In 2007, there were 72 policy changes or clarifications of policy that staff were required to administer.

WISCONSIN WORKS (W-2)

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

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

Richland County is a member of the Southwest Consortium that administers the W-2 Program. The other counties in the Southwest Consortium are Grant (the Administrative Agency), Green, Lafayette, and Iowa. In order to administer the program, each county is responsible for meeting performance standards set by the Department of Workforce Development.

DAY CARE ASSISTANCE **Working together to make Child Care costs affordable**



Steps toward receiving child care assistance are:

- 1) You must be income eligible.
- 2) You must be in a job search or working.
- 3) You may receive child care assistance for up to 24 months while attending a course of study at a technical college if the W-2 agency determines the course would facilitate employment.
- 4) You must have a county certified or state licensed provider.
- 5) An application and appointment with an Economic Support Specialist is required.
- 6) You may be required to pay a co-payment to the provider based on your income and the number of children in care.

If eligible for assistance, payments are made to the provider directly. A review of the applicant's income and day care costs is necessary to continue receiving assistance.

The unit is also responsible for certifying Day Care facilities. To be certified, a provider will have a home visit, background check, and other qualifying information is compiled. Packets are available, as needed, for providers wishing to be certified.

In 2007, 86 unduplicated families received assistance for day care.

EMERGENCY ASSISTANCE

Emergency Assistance (EA) is designed to meet the immediate needs of eligible persons facing a current emergency. The emergency must be due to fire, flood, natural disaster, energy crisis, and homelessness or impending homelessness. EA is intended to avoid destitution of a child and provide living arrangements for the child in a home. EA is not linked to the receipt of any other public assistance, and should not be used to pay for temporary shelter for homeless and impending homelessness. It can be used to pay for temporary shelter in cases of fire, flood, or natural disaster. If there are additional needs beyond obtaining or retaining housing for homelessness and impending homelessness, EA can pay for those.

MEDICAL ASSISTANCE PROGRAM

Medicaid, also known as Medical Assistance, MA, and Title 19, is a state/federal funded program that helps low income people pay their medical bills. A person is eligible if he or she meets all non-financial and financial requirements.

There are many categories of Medical Assistance such as Badger Care, MAPP, Well Woman, Healthy Start, Family Planning Waiver and QMB/SLMB. Each category has its own eligibility rules. The State of Wisconsin has plans to eliminate the confusion of so many categories in the coming years.



1,797 unduplicated cases
with 3,768 individuals
receiving services for a
total dollar amount of \$1,803,934.

MEDICAL ASSISTANCE TRANSPORTATION

In order for our clients to obtain medically needed services, they may need assistance with transportation costs. In Richland County, a Medical Assistance client must request a transportation reimbursement slip for this reimbursement. These slips are validated at the MA providers office and returned to Richland County for payment. They must be traveling to a facility that is a Medical Assistance Provider. Reimbursement slips are also available for emergency trips and are validated by the provider.

\$72,508 was reimbursed to drivers in 2007.

FAMILY CARE

The Economic Support Unit determines the non-financial and financial eligibility of all applicants and recipients of the Family Care Program. Referrals come to the unit from the Aging Disability and Resource Center. The unit then has 30 days to process an application for that applicant. Issues related to income and asset verification must be resolved before an enrollment into Family Care may happen.

Once a client is enrolled into Family Care, it is the Economic Support Unit's role to work with the Long Term Support team to ensure issues are handled appropriately and timely regarding changes and questions. The Richland County team, consisting of a staff member from the Resource Center, an Economic Support Specialist, and a Long Term Support staff member, meet weekly to review cases and clarify policy.

Enrollment in Family Care at the end of 2007 totaled 376 individuals.

WISCONSIN FUNERAL & CEMETERY AIDS PROGRAM (WFCAP)

County/Tribal (Human and Social Service) agencies administer the WI Funeral and Cemetery Aids Program (WFCAP) locally on behalf of the Wisconsin Department of Health and Family Services (DHFS). Local administration includes reimbursing funeral and cemetery service providers in accordance with the DHFS approved reimbursement policies. DHFS authorizes the disbursement of program funding to County/Tribal agencies. The local funeral home contacts the Economic Support Manager to verify that the person was certified for Medical Assistance and had no assets to pay for the funeral and/or cemetery expenses. Once this is verified, the funeral home provider works with the family in approving allowable expenses.

In 2007, 15 Funeral/Cemetery applications were approved.

GENERAL RELIEF

Richland County also operates the General Relief Program. This program is intended for short term emergency assistance. The program can help when all other resources have been utilized and in the case of pending disability applications. Recipients sign a repayment agreement at the time of application. If at a later date they are awarded Supplemental Security Income (SSI) the agency may receive a refund for non-medical paid expenses.

In 2007, \$19,709 was awarded to assist 29 individuals through General Relief.
\$4,271 was received in refund.

FRONT END VERIFICATION (Program Integrity) FRAUD PROGRAM

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support Specialist refers cases for investigation. Following an investigation, a decision is made, and if appropriate, a referral to the District Attorney for prosecution may be made. Many times we are able to prevent fraud by such investigations.

In 2007, there were 31 referrals to the Front End Verification Program and 3 Fraud Referrals.
There were 11 overpayments and no fraud convictions for a total of \$5,531.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

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

- Emergency fuel assistance,
- Counseling for energy conservation and energy budgets,
- Pro-active co-payment plans,
- Targeted outreach services, and
- Emergency furnace repair and replacement.

In Federal Fiscal Year 2007, 711 households received Energy Assistance in Richland County for a total of \$226,589.

150 households received Crisis Assistance, totaling \$69,527.

10 households received new furnaces and 3 households received furnace repairs.



FoodShare

A Recipe for Good Health



FoodShare Wisconsin helps people with little or no income to buy food. Clients are able to apply online to establish a filing date for their eligibility. In cases of hardship they are also able to complete their application process by telephone. If eligible a client receives a Quest Card (similar to a debit card) on which their monthly benefits are deposited. The participant uses a PIN number to then access those benefits.

FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health. FoodShare helps people with limited money buy the food they need for good health.

Each month, individuals and families across Wisconsin get help from FoodShare. They are people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, retired or are disabled and are not able to work.

903 unduplicated households received FoodShare in 2007, totaling \$1,226,968.

FoodShare EMPLOYMENT & TRAINING

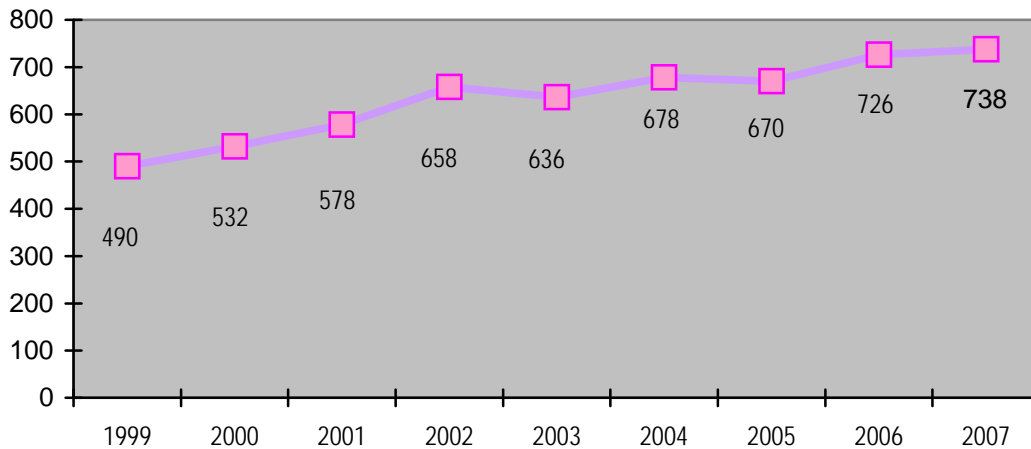
The federally legislated purpose of the FoodShare Employment and Training Program (FSET) is to require adult FoodShare applicants and recipients to register for work. To maintain eligibility for FoodShare benefits, FSET participants must accept a suitable job if offered. Participants must fulfill any work, employment search, or training requirements established by W-2 Administrative Agencies or FSET Agencies. The mission of FSET is to ensure the most effective use of program resources to promote economic self-sufficiency for individuals receiving FoodShare benefits.

The FSET program, as designed in Wisconsin, consists of several employment and training components intended to enable FSET participants to move promptly into unsubsidized employment. Since 1987, Wisconsin has continued to design and build a nationally recognized FSET Program of superior services and outstanding results.

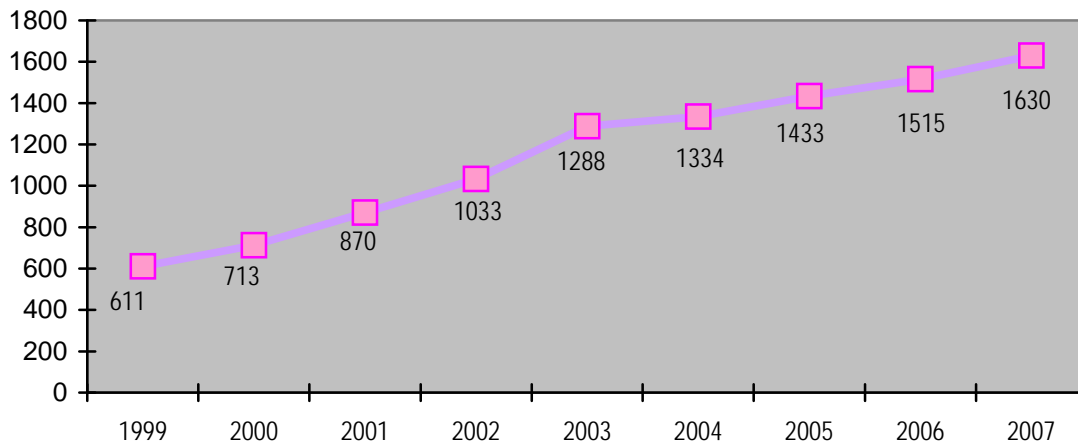
Statistics for Richland County

The US Census for 2004 indicated a population of 18,433 in Richland County. The Median income was \$33,998.00 for the County.

Economic Support Unit Intakes



Economic Support Unit Staff Caseloads



Websites of Interest

Access: www.access.wisconsin.gov

Department of Health & Family Services: <http://dhfs.wisconsin.gov/>

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

Department of Workforce Development: <http://www.dwd.state.wi.us/default.htm>

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

LONG TERM SUPPORT

Mission Statement

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

The Long Term Support Unit houses the Care Management Organization (CMO). The CMO provides services and manages care in order to assist elders and adults with disabilities to remain living at home or in small homelike settings whenever possible. In the fall of 2007, Adult Protective Services management and oversight responsibilities were shifted from the Long Term Support Unit to the Aging and Disability Resource Center as a part of the long-term care expansion in Southwest Wisconsin.

Eligibility for the CMO is based on State-determined financial and functional eligibility criteria. A functional screen is performed. In order to be eligible, a person must have serious, long-term health problems or a disability that significantly affects their ability to function, equivalent to what might be required for admittance to an institution like a nursing home. Those who are able, are required to pay toward the cost of their services.

The Long Term Support Unit's Annual Report is divided into the following sections:

1. Revenue and Expenses
2. Enrollment and Demographics
 - a. Comparison of Genders Served
 - b. Comparison of Target Groups Served
 - c. Comparison of Age Groups Served
 - d. Where People are Served
3. Care Management
4. CMO Advisory Committee
5. Long Term Care Council
6. Network Development
7. Quality Assurance/Quality Improvement
8. Service Cost Analysis
9. Southwest Wisconsin Care Management Coalition – Family Care Expansion Planning Summary

Summary of Care Management Organization Activities

The Family Care Program provides managed long-term care services and supports to elders and adults with physical disabilities or developmental disabilities through the provision of care management. The managed care organization arranges for and funds the most cost effective services to meet a person's outcomes. The Richland County Care Management Organization began serving elders and adults with physical disabilities and developmental disabilities on January 1, 2001. The CMO provides funding for services that were paid for by the waivers and many services that traditionally had been paid for by Medicaid. For example, personal care, home health care, nursing home services and durable medical equipment, prior to Family Care, were paid for by Medicaid using the fee-for-service system and are now paid for by the CMO.

REVENUE & EXPENSES

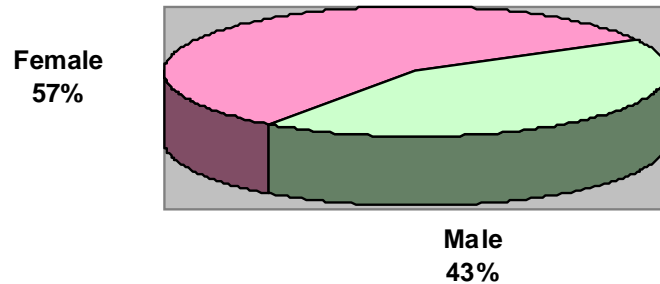
The CMO experienced a surplus in 2007 of \$32,195. In the previous years of 2001 and 2002, there was a combined surplus of approximately \$142,000. For 2003, the CMO experienced a loss of \$170,334. This was turned around in 2004, 2005, and 2006 with a combined surplus of \$879,290. Over the seven years of operation, the CMO has a total surplus of \$850,902. These funds have been used to meet the State's segregated risk reserve and working capital requirements. No Richland County tax levy has been used to pay operational expenses for the CMO since it began operation.

Funding Source	# Served	Total Expense	Total Revenue	Net Income
2001 CMO Family Care	223	\$4,123,382	\$4,174,121	\$50,738
2002 CMO Family Care	316	\$6,219,914	\$6,311,122	\$91,208
2003 CMO Family Care	343	\$7,502,627	\$7,332,293	(\$170,334)
2004 CMO Family Care	359	\$7,380,258	\$7,543,104	\$162,846
2005 CMO Family Care	370	\$7,738,772	\$8,337,575	\$673,567
2006 CMO Family Care	402	\$9,409,060	\$9,451,937	\$42,877
2007 CMO Family Care	424	\$10,469,452	\$10,501,647	\$32,195

ENROLLMENT & DEMOGRAPHICS

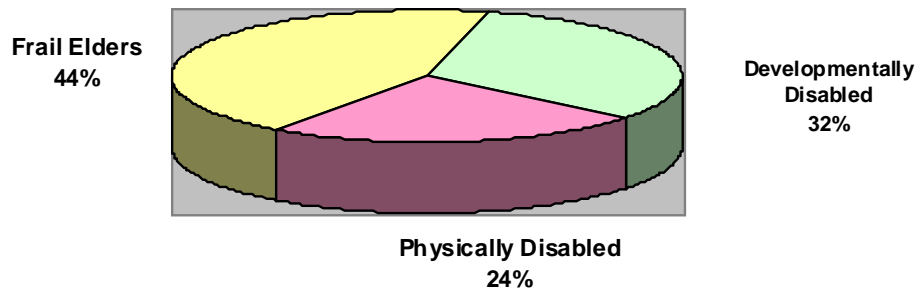
Calendar year 2007 began with 353 members enrolled in Richland County's Managed Care Organization and ended with 376 members. As mentioned earlier in the report, 424 members in total were served in the CMO.

Comparison of Genders Served:



In 2007, of the 424 people served, 240 were female and 184 were male. The percentage of female members between 2006 and 2007 increased from 56% to 57% while the male members decreased from 44% to 43%.

Comparison of Target Groups Served:

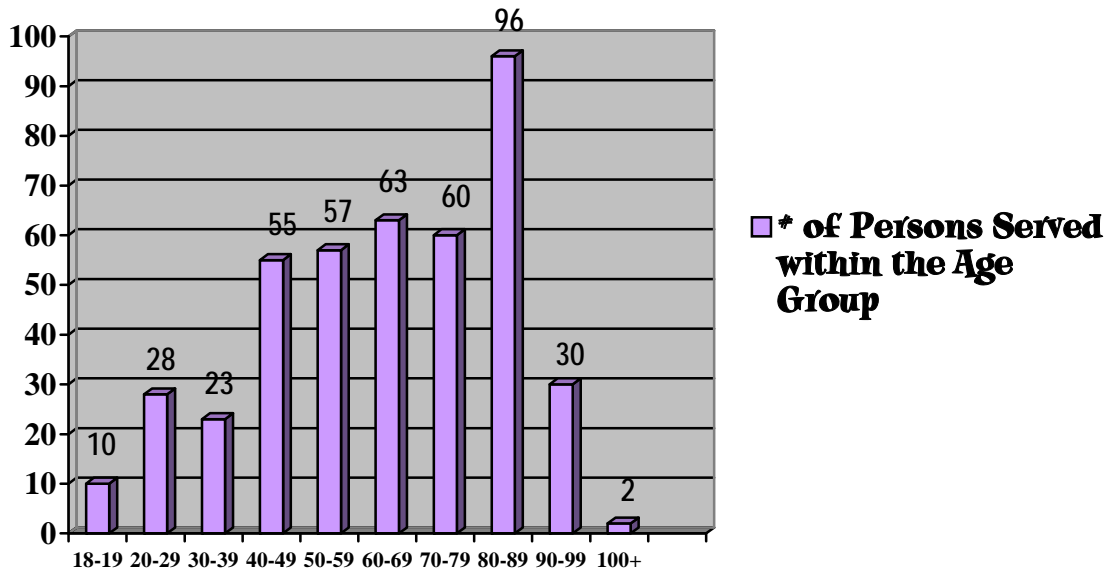


As the graph shows, the CMO three target groups: frail elders, people with developmental disabilities, and people with physical disabilities. The target group with the largest number of people served is frail elders. The state and counties anticipated this as Family Care was implemented.

The largest growth in target populations served is people with physical disabilities. In 2001, only 12% of the people served were in the physical disabilities target group. In 2003, 22% of the total members served are people with physical disabilities. In 2006, 25% of the total members served are people with physical disabilities. This is typical for the growth that the other CMO pilots

have experienced. The CMO served 25 additional members overall between 2006 and 2007. The percentage of elders grew from 41% in 2006 to 44% in 2007. The percentage of persons with developmental disabilities decreased from 34% to 32% and persons with physical disabilities from 25% to 24% over the same time period.

Comparison of Age Groups Served:



The CMO serves adults with developmental disabilities and physical disabilities and elders over the age of 65. The largest number of people served is in the 80-89 year old age range. The number of people served who are over the age of 80 continues to grow. This population grew by 2.4% from 28% in 2006 to 30% in 2007.



WHERE PEOPLE ARE SERVED

Richland Center	318	75.0%
Lone Rock	33	7.8%
Muscoda	15	3.5%
Out of County	17	4.0%
Viola	11	2.6%
Cazenovia	13	3.1%
Blue River	8	1.9%
Hillsboro	4	0.9%
Gotham	2	0.5%
Sextonville	2	0.5%
Yuba	1	0.2%
TOTALS	424	100%

We serve all eligible Richland County residents who chose to enroll. These numbers indicate people's current mailing address locations. Seventy-five percent of people served have a Richland Center mailing address. Richland Center and the surrounding area have the most significant population density in Richland County. In addition, the CMO contracts with several providers of residential care who are located in the city of Richland Center or have a Richland Center mailing address. These numbers do indicate that the CMO serves people in the outlying areas as well. It is also important to note that we serve 17 members in out-of-county placements. The people who are served "out-of-county" are Richland County residents who are placed either by the Court system or by the CMO in residential settings outside Richland County. The out-of-county placements may be made because a person needs specialized care that is not available within Richland County or because it better meets a member's personal preferences or outcomes.

CARE MANAGEMENT

A key component of every care plan is the professional management of services by a team of Care Managers. Every person who enrolls has a care manager with a social work background and a care manager who is a Registered Nurse. The care management team works together to identify the member's outcomes and facilitates the development of a member-centered plan to support the meeting of the member's priorities and goals. In addition, the care management team arranges for services with provider agencies, sees to it that the services are delivered as planned, coordinates with other services such as health care, and provides member advocacy, etc.

In a continuing effort to examine improved ways of serving the elderly and the physically and developmentally disabled population of Richland County, the care management staff continued its practice of meeting weekly as a group and implementing solutions.

Care management staff also continue a practice of regular meetings with key area providers to discuss questions and issues of mutual interest and concern. Additionally, a number of policies and processes were implemented in 2007 with an aim toward improved efficiencies and consistencies in care management practice.

CMO ADVISORY COMMITTEE

The Advisory Committee for the Care Management Organization met monthly throughout 2007. At each meeting, the Advisory Committee receives regular reports on enrollment figures, grievance and appeals, and critical incidents involving members, as well as on the financial status of the Care Management Organization. The Advisory Committee has reviewed and approved policies and made recommendations to staff and to the Health and Human Services Board concerning the Care Management Organization.

LONG TERM CARE COUNCIL

The local Long Term Care Council met quarterly in 2007 to consider a variety of issues, make recommendations to the County Board of Supervisors on continued operation of the county's Family Care Program, review and make recommendations concerning proposed changes to the Health and Human Services contract with the State, review and make recommendations concerning the provider network, and consider and make recommendations concerning the Family Care Program overall.

NETWORK DEVELOPMENT

The CMO contracted with approximately 164 providers. A complete list of providers can be found in the Appendix section of this report.

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI)

December 2007

The 2007 Quality Management Program Evaluation set forth seventeen categories of separate but related goals for improving the quality of services provided to members served by the Richland County Managed Care Organization. The vision of the Richland County CMO is:

To promote the overall well-being of the people we serve by providing high quality, cost effective, person-centered, outcome-based care.

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

The Quality Assurance/Quality Improvement Program Description is envisioned to encompass all functions of the CMO that directly affect member care. Our Quality Program vision statement is:

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

This statement focuses quality improvement on the processes or functions that directly relate to member care as opposed to administrative functions. The CMO fully recognizes that without a sound administrative structure, services to members would not exist (at least not for long). However, the focus of the Quality Assurance/Quality Improvement Program Description and the 2007 Quality Assurance/Quality Improvement (QA/QI) Work Plan is to improve processes that relate to member care.

The seventeen quality goals or initiatives and brief summary are listed below.

1. Improve the QA/QI (Quality Assurance/Quality Improvement) program structure in order to enhance the improvement capabilities of the organization

Description of Activities: The Richland County CMO finalized its Quality Assurance/Quality Improvement Program Description and QA/QI Work Plan early in 2007. The plan was highly ambitious, including seventeen high-level goals.

Results/Analysis: With the assistance of MetaStar, we were able to develop our quality program structure. The new structure became the basis for determining the composition of the QA/QI Committee.

We decided that the QA/QI Committee would be comprised of the CMO Advisory Committee as well as our Senior Quality Management Team (SQMT) as those were the two groups most directly involved with and responsible for the overall quality of our CMO. In addition, we included a representative of our provider community on this committee. The meetings are held quarterly. The SQMT has met monthly throughout the year. We continue to monitor our quality plan and discuss other relevant topics related to it.

2. **Critical incidents shall be timely reported, reviewed, investigated, and trended for quality concerns and remediated as necessary**

Description of Activities: In addition to reporting, reviewing, investigating, and trending Critical Incidents, the quality plan required periodic reporting to internal staff, local committees, and DHFS as required. We also had an expectation to review and revise, if necessary, the Critical Incidents policy.

Results/Analysis: We have successfully reported Critical Incident activity on a routine basis in 2007. As this report is written, all reporting is current. Critical Incidents continue to be monitored.

The Critical Incidents policy was revised and the changes implemented in March 2007. The Quality Coordinator attended a Quality Management Council meeting in June to discuss proposed changes to the 2008 Health and Community Supports Contract with regard to Critical Incidents, which will necessitate further changes to the policy for next year.

3. **Grievances and Appeals shall be addressed promptly via the mechanisms available to members. Grievance and appeals shall be reviewed, trended for quality concerns, and remediated as necessary.**

Description of Activities: In addition to addressing, reviewing, trending and remediating Grievances and Appeals, the quality plan required periodic reporting to internal staff, local committees, and DHFS as required. We also had an expectation to review and revise, if necessary, the Grievance and Appeals policy.

Results/Analysis: All reporting is current as this evaluation is being written. Grievance and Appeals continue to be monitored and handled as they occur.

The Grievance and Appeals policy was revised and the changes were submitted to the State in September 2007.

4. Improve our members' quality of health by working with them to receive influenza and pneumonia immunizations, as appropriate. Assure members experience continuity of care management services.

Description of Activities: The Richland County CMO had two areas of focus in this category. The first was to develop and implement a process to assure members received their influenza and pneumonia immunizations, as appropriate. In conjunction with this, we were to track progress and provide feedback to Care Managers throughout the year and during the flu season. The second focus was to assure accurate reporting to DHFS regarding Care Management Staff Turnover Rates for 2007.

Results/Analysis: Typically our influenza immunization data has varied year to year—our data alternated from low compliance to high compliance in alternate years. Below is a grid of our flu and pneumonia vaccination rates for the past six years:

	2002		2003		2004		2005		2006		2007	
	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo	Flu	Pneumo
Elders	50%	16%	81%	27%	47%	39%	82%	61%	47%	68%	86%	70%
Physically Disabled	33%	18%	52%	27%	34%	36%	57%	44%	33%	53%	72%	55%
Developmentally Disabled	39%	12%	42%	21%	36%	24%	53%	26%	29%	32%	69%	38%
All Target Groups	43%	15%	61%	25%	40%	33%	66%	45%	38%	52%	77%	55%

5. Continue to monitor the timeliness and thoroughness of actions by Care Managers and file integrity provided by a formal internal file review by tracking specific information.

Description of Activities: As part of its monthly file review, the Richland County CMO ensures tracks the following information: information is filed correctly, a Long-Term Care Functional Screen was completed within the last 12 months, level of care was documented, a social assessment and health assessment were completed and signed, and the health summary update was signed.

In addition, we check to make sure that the ISP and MCP were signed within the last six months. We also verify that if a member is diabetic, the file contains a diabetic-related goal/outcome. The captured data are entered into

an Access Database. We then document, track results for trends, and remediate as necessary.

Another aspect of our file integrity goal was to implement a new file review form and methodology.

Results/Analysis: We did very well on this goal considering that we faced some significant hurdles in 2007.

With regard to the revision of our file review form and methodology, we assembled a team to work on this. The team decided that this would be an opportune time to transcend the old way we did file reviews, which measured compliance with specific standards, and focus on a file review that truly measured the outcomes of the members and our efforts at helping the members meet them.

6. Continue to monitor the face-to-face contact frequency of Care Managers with their members to ensure that members are seen every three months by their Care Managers.

Description of Activities: There are two activities associated with this goal—capture, enter, and trend missing care management contacts; remediate as necessary; and report results.

Results/Analysis: We are current with capturing, entering, and trending care management contacts. The Care Managers report on this activity directly to the Data Specialist who prepares reports quarterly. Our compliance with the standard has been 99% for the first quarter, 100% for the second quarter, and 99% for the third quarter. Reasons for missed contacts are documented and tracked.

7. Identify one additional measurement activity to monitor the quality of care management for implementation in 2007.

Description of Activities: The steps associated with this project were to brainstorm additional potential measurement activities and prioritize them, and to implement one measurement activity.

Results/Analysis: In the first quarter we implemented Notice of Action (NOA) tracking. A copy of every NOA is given to the Quality Coordinator, who enters the information into an Excel spreadsheet. A copy of the spreadsheet is sent to the Long Term Support Supervisors monthly for their review. In addition, the Quality Coordinator began tracking disenrollments on an Excel spreadsheet and monitoring the reasons for them.

8. Improve the quality of CMO services by creating and implementing a Quality Improvement Plan to address issues, if any, that are raised as a part of the Annual Quality Review process.

Description of Activities: There were two pieces to this item on the work plan. The first was to review the Annual Quality Review report for any areas of concern. The second was to create and implement a Quality Improvement Plan to address identified areas of concern, if any.

Results/Analysis: The Annual Quality Review (AQR) was conducted the week of April 23. There were three areas of improvement activities—Enrollee Rights, Quality Assessment and Performance Improvement: Structure and Operations, and Grievance Systems.

9. Improve the quality of care provided to members with diabetes by continuing to implement the Diabetic Performance Improvement Project.

Description of Activities:

There were three areas we planned to focus on in 2007 for this project. The first was to implement Practice Guidelines to provide consistency of care. The second was to finalize the Diabetic Practice Guidelines with input from the management team and Care Managers. Lastly, we were to measure the effectiveness of the practice guidelines. In addition, we wanted to develop a plan to educate our providers on these guidelines and conduct training for providers.

Results/Analysis: The Diabetic Practice Guidelines were implemented in March. In the second quarter we began discussing stratification of a new aspect of the project. Several different approaches were discussed:

- Community education
- Difficulty with some physicians not ordering LDL tests
- Organized low-impact exercise
- Trend why diabetes management is not important to some members
- Survey diabetic members
- Depression and diabetes—what is the correlation?

During the third quarter we decided to focus on the following:

- Increase our efforts to get current A1c, BP, and LDL data submitted by the end of the year for our diabetes P4P.
- Continue to measure the effectiveness of our documentation process,
- Continue to analyze the effectiveness of our Practice Guidelines.
- Determine the Practice Guidelines approach that will be utilized for our external stakeholders.

- Implement our Diabetic Survey.

As this evaluation is being written, our successes for the third quarter have been:

- Finalization of our revised diabetic packet for members;
- Revision of My Diabetic Plan for our members; and
- Drafting of a diabetic survey to measure the effectiveness of our Practice Guidelines and our education efforts

10. Identify and begin to develop a second performance improvement project.

Description of Activities: Our aims with this project were to seek assistance from the State regarding a process to identify potential performance improvement projects and to begin to implement a second project.

Results/Analysis: In the first quarter we contacted staff to identify options and next steps. In the second quarter we set up a subcommittee to examine our options, and we solicited assistance from MetaStar. The options we considered were:

- Falls
- Improving our pneumonia and flu vaccinations results
- Timely response to requests
- Depression
- Bariatric care
- Dental care
- Eye care

After much deliberation, we chose depression as our next Performance Improvement Project (PIP). We researched the topic and found ample justification for addressing this in our population.

The team members will be validating a depression screening tool, and if we find it to give us valid results, we will roll it out to all the Care Managers. We have also been able to finalize our data collection workflow and draft a series of booklets on depression.

11. Develop a basic infrastructure for utilization management.

Description of Activities: There were four key items we planned to accomplish with this project:

- Identify goals and priorities of a utilization management program
- Create a “dashboard” of data to be used for quality monitoring
- Create two utilization reports
- Monitor and trend the information from the created utilization reports

- Implicit in these items was the development of a structured utilization review process.

Results/Analysis: We have made considerable progress on this project in spite of the fact that we shifted gears midway during the project. In April, the Quality Coordinator began working on the creation of a quality dashboard. CMO employees identified the types of data that were currently being collected as well as data they would like to have collected. A spreadsheet was compiled showing the data types, if the data were currently being collected, who was maintaining the data in what kind of database, and whether we were currently reporting on the data we had collected.

Before we could do this, the focus of the project changed. By this time, we had received the final AQR Report, and one of the areas emphasized in it was the need for Richland County to have a consistent process or structure for utilization review. The AQR Report recommended that we work on developing a more structured utilization review process. It suggested that we start by identifying priorities for utilization review and begin generating regular reports for trending.

We took this recommendation to the QA/QI Committee, and they approved changing the focus of this project from Data Dashboard to Utilization Review (UR). For our first UR project, we chose to review members who require significantly more or significantly less Care Management time than other members. It was our hypothesis that after identifying these members, we would be able to focus on defining a profile that fits these members and then be able to predict which of our members would fit these categories. Our feeling is that this information will eventually help us make better and more equitable Care Manager assignments as well as help us define better protocols of care for these members.

We then met to strategize and discussed a report that we wanted to use for our data analysis. The Quality Coordinator and the Financial Reporting & Systems Supervisor collaborated on the design of the report. A draft of the report was mocked up and discussed. The report has gone through several iterations, and we feel we are on track and are making good progress.

12. Receive input from membership regarding quality of services received from the CMO.

Description of Activities: There are five topics related to this project:

- Identify the focus area for the satisfaction survey.
- Develop and implement satisfaction survey process.

- Review, analyze, and trend (if appropriate) data regarding member satisfaction.
- Write executive summary of member satisfaction survey including any required follow-up.
- Disseminate report to appropriate Committees/Boards and evaluate satisfaction survey process.

Results/Analysis: Work commenced on this project in the second quarter according to schedule. A list of potential questions was compiled, and the basic direction of the survey was established. The survey was presented to the CMO Advisory Committee for their review, and was approved. The surveys were mailed out in October.

13. Assure that Richland County citizens and members have access to information regarding Family Care services.

Description of Activities: This goal originally had three sub-goals associated with it—update the Member Handbook, review the Family Care brochure, and participate in marketing and outreach activities as requested by the ADRC. Later in the year we included the SDS (Self-Directed Services) Handbook and policies/procedures to our list of tasks.

Results/Analysis: In August, The Member Handbook was reviewed, received significant input from stakeholders and made major changes to it. The Family Care brochure was reviewed and revised in April and May. The CMO Advisory Committee approved the revised brochure on June 6. The brochure was subsequently taken to the Long-Term Care Council (LTCC) and was approved in September. We were asked by the ADRC to participate in only one activity as of this evaluation date. That request occurred early in the year and was for member comments regarding their experiences with Family Care. We complied, and the information was used in a radio interview.

- Another aspect of our marketing and outreach activities involved producing a number of articles for the Family and Friends Newsletter. The newsletter is a bi-monthly publication of Richland County Health and Human Services.

SDS was a project that materially changed course during the year. Much of that was precipitated by two major events—discovering that we were no longer able to offer Workers' Compensation insurance via our former method and switching Fiscal Agents. Both of these things occurred rather suddenly and concurrently, and a gargantuan effort was required to create new documents and procedures and put everything in place with minimal impact on either our members or their employees. We were successful in this

endeavor, but a number of other projects were temporarily put on the back burner so this could occur as timely as possible.

14. Redesign the infrastructure for prevention and wellness activities.

Description of Activities: There were three items associated with this goal:

- Identify goals and priorities for prevention and wellness activities.
- Begin implementation process for one prevention and wellness activity.
- Set up P&W (Prevention and Wellness) Work Group.

Results/Analysis: The Richland County CMO Prevention and Wellness Plan was written in April, and a work group was established in May. The work group selected activities they thought would contribute to the health and safety of our members. The activities chosen were submissions to Richland County's Family and Friends Newsletter and presentations at VARC (Vernon Area Rehabilitation Center). As mentioned in number 13, we have submitted articles to Family and Friends on the following topics: good oral care, diabetes and blindness, diabetes, foodborne illness, safe handling of raw produce, and depression: what you need to know. In addition, we have also conducted presentations on VARC on the following topics: summertime safety tips, leading a healthy lifestyle, hand cleaning, and flu and cold prevention. These presentations were very well received.

In addition, one of our Care Managers talked to a local hospital and asked them if we could display our Family Care brochures there. They agreed, and we provided the hospital with a supply of the brochures. Four of our Care Managers also volunteered for a Wisconsin Alzheimer's Association Speakers Bureau. The two topics on which they were trained were:

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

One of our Care Managers provided all the Care Managers with a coupon for obtaining free diabetes emergency necklaces for their diabetic members. Most prominently, our Financial Reporting & Systems Supervisor was featured on a local radio station on November 1 talking about her experiences with diabetes.

15. Monitor the consistent practice in implementation of practice guidelines.

Description of Activities: Our aims with this project were to develop a consistent process to measure the implementation of practice guidelines, determine if the measurement process is effective, and modify the measurement process, if necessary.

Results/Analysis: We are in the process of measuring our Diabetic Practice Guidelines by means of a Diabetic Survey which we plan on implementing early in 2008. Other Practice Guidelines will be developed in conjunction with our Performance Improvement Projects (PIP). As we develop these other guidelines, we will establish processes to measure the implementation of these guidelines. Over time, we will evaluate the effectiveness of these measurements and modify them, if necessary.

16. Continue to implement the Program Integrity Plan and monitor issues rising from Program Integrity reports

Description of Activities: Further develop provider quality program to ensure quality care and services to members. A description of planned activities includes:

- Complete provider handbook and distribute to network providers
- Hold provider fair as additional training and education for providers
- Continue to measure Adult Family Home Quality
- Further develop service standards by provider type
- Complete geoaccess audit
- Access audit—target behavioral health
- Develop training standards

Results/Analysis: The provider network developer position was open for over two months of the past ten which has reduced anticipated goal results. A new provider handbook was recently completed and will be distributed by the end of the calendar year to providers. The provider fair was not held as scheduled but will be held in the spring of 2008. At minimum, it will include provider training focusing on our new best practices: diabetes and depression. The Provider Network Developer also plans to participate in provider meetings that are held by local providers of service. She attended her first meeting in November.

We continue to measure the quality of 1-2 bed family homes. The Provider Network Developer plans to include state licensed homes (3-4 bed homes) as part of that effort in 2008. Standards were developed for supportive home care. A supportive home care quality measuring tool was also completed. These standards need to be included as part of a policy and procedures developed on how we will utilize the tool (who, when, how often).

The geoaccess audit was completed and reviewed. No issues were noted. The visual map pertaining to geoaccess needs to be updated next year.

Behavioral health access standards were developed but need additional input from our County Behavioral Health services before approval as policy. Once standards are approved we can do an audit of the access. In regard to training standards, an assisted living training was held for providers on May 24.

Training standards for different types of providers need to be developed in 2008. No work has been completed developing a daily living skills training package, and the Provider Network Developer questions this as an appropriate objective. Developing Daily Living skills standards for providers will be another area to focus on in 2008. The Provider Network Developer follows up regularly on complaints about providers.

17. Further develop provider quality program to ensure quality care and services to members

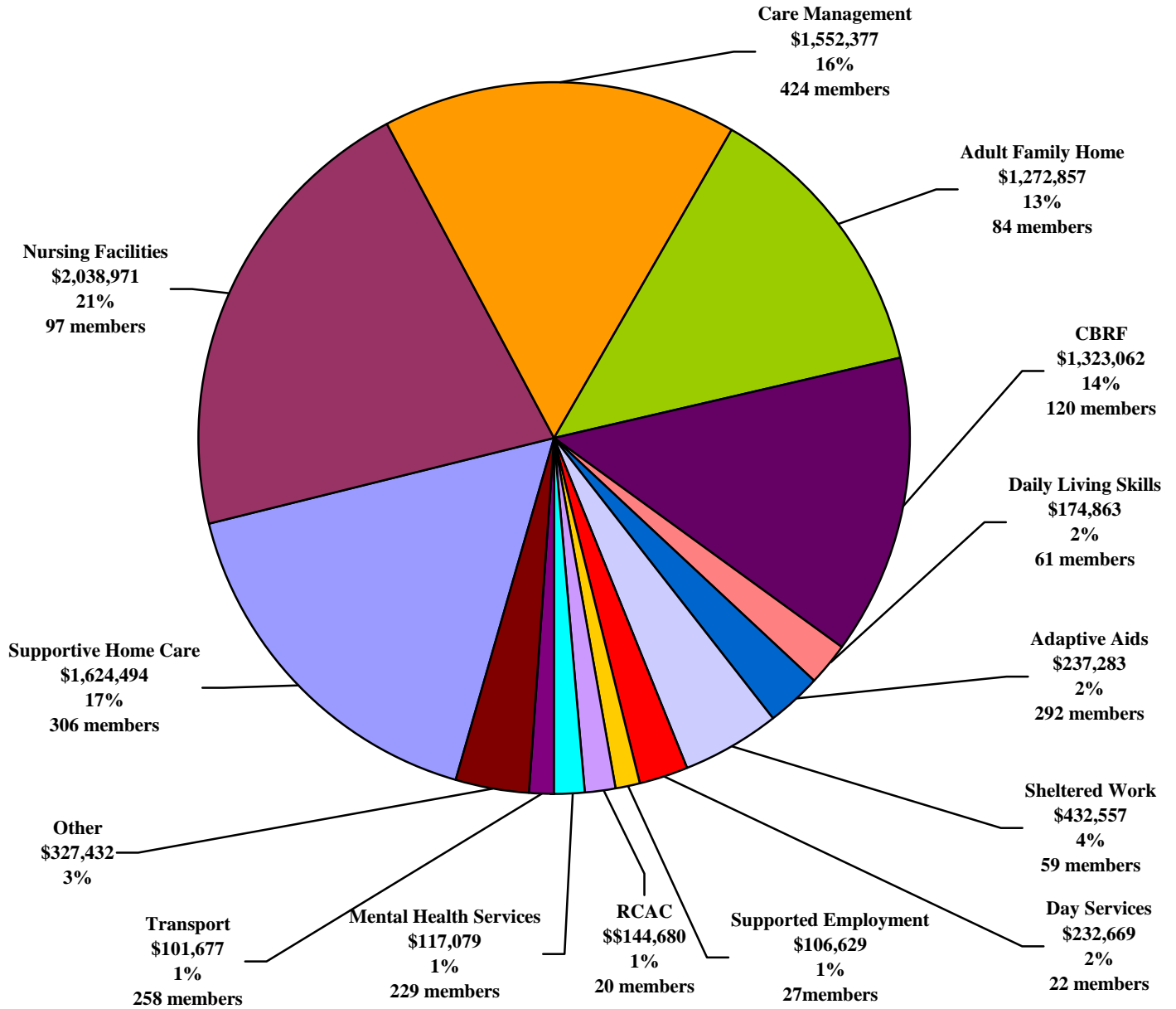
Description of Activities: Investigate and address program integrity issues as they arise, and report and trend program integrity issues quarterly.

Results/Analysis: No program integrity issues were noted or reported. We followed up on licensed providers who had been cited. (Two were cited and completed the recommended activities.) The State licenses these homes. We do not utilize unlicensed homes or include them in our network of providers.

SERVICES PROVIDED

The CMO provides multiple services to members. The highest cost categories are listed in the pie chart below.

SERVICES COST ANALYSIS



Other Services	Cost	# of People Served
Respite	\$ 98,126	5
CSP	\$ 70,689	10
Meals	\$ 68,020	86
Home Health	\$ 41,915	82
Fin Mgmt	\$ 36,789	126
Skilled RN	\$ 10,169	27
Housing	\$ 1,062	7
Other	\$ 663	4

Southwest Wisconsin Care Management Coalition – Family Care Expansion

Who is the Southwest Wisconsin Care Management Coalition? In 2005, the Department of Health and Family Services requested proposals from Counties/private entities around the State to plan toward Family Care expansion. Richland County joined with seven other counties to form the Southwest Wisconsin Care Management Coalition. The Coalition applied for a planning grant in 2005 and was awarded \$100,000 in 2006. Unspent funds from 2006 were carried over into 2007 in order to continue funding the planning process. The eight counties are working together to plan to create Aging and Disability Resource Centers and to form a regional care management organization. The eight counties include: Crawford, Iowa, Grant, Green, Juneau, Lafayette, Richland, and Sauk.

The continued planning for expansion of Family Care into seven other counties has been both time consuming and rewarding. Several notable activities occurred in 2007 toward planning Aging and Disability Resource Centers and a regional Care Management Organization including:

- The Coalition members continued to hold routine meetings to plan, share ideas, build consensus, and keep everyone current regarding planning activities.
- The Coalition developed, submitted and was awarded additional financial assistance for 2008 in the amount of \$272,900 to assist in the implementation of Family Care expansion in Southwest Wisconsin.
- The Aging and Disability Resource Centers decided to create two regional Centers: one serving Juneau, Sauk, Richland, and Crawford Counties with the other serving Grant, Iowa, Lafayette, and Green Counties.
- There are four active work groups within the Southwest Wisconsin Care Management Coalition including:
 - Governance: members included the Directors of the various Human/Social/Unified Services that signed the original grant. Topics of discussion included overall governing structure and potential operational structure of a regional managed care entity. An educational session was held for County Board members from each County in October 2007 regarding different governing structures.
 - Communications Planning: members included several volunteers from multiple County agencies and Independent Living Resources. This work group provided support and tools to various Counties for public presentations and forums.
 - Aging and Disability Resource Center: members included representatives from every Coalition County, Independent Living

Centers, and the Area Agency on Aging. This work group submitted a written plan in December 2007 to the Wisconsin Department of Health and Family Services in order to create Aging and Disability Resource Centers throughout the Southwest Wisconsin Care Management Coalition area.

- Data Analysis: members included fiscal and program specialists from each of the partnering counties. The purpose is to identify historic costs in order to better predict future costs of services.
- Care Management and Quality: members include the Long Term Support Supervisors from each Coalition County and Independent Living Resources. This work group is charged with creating care management and quality tools for each County.
- The Coalition continues to update a Southwest Wisconsin Care Management Coalition web site. The site includes vision/mission information, contact information for Coalition members, and agendas and minutes of Coalition meetings. The website address is: swcmc.org.

The Southwest Wisconsin Care Management Coalition plans to implement a regional managed care organization for a minimum of two counties in 2008.



Southwest Wisconsin Care Management Coalition

Providing long-term care services to the frail elderly, adults with physical disabilities, and adults with developmental disabilities.

Coalition Members include eight counties:

Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk

PUBLIC HEALTH UNIT

Mission Statement

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

Programs and Services

Communicable Disease

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

Maternal Child Health Programs

Postpartum Home Visits
Prenatal Care Coordination
HealthCheck
Fluoride

General Public Health Programs

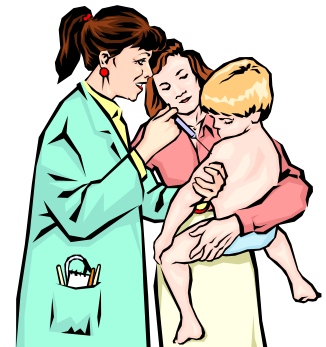
Foot Care
Loan Closet
Public Health Home Visits
Wisconsin Well Woman Program
Wisconsin WINS
School Health
Jail Health
Ronald McDonald Care Mobile
Richland Community Free Clinic

Environmental Health

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

Preparedness & Response

Nutrition



COMMUNICABLE DISEASE

Immunizations: Public Health provides all routine childhood immunizations without cost to the recipient. Most vaccines are purchased by the Bureau of Public Health and provided without restriction by Public Health. Some vaccines are purchased by the Bureau of Public Health through the "Vaccines for Children" (VFC) Program. The use of these vaccines is more restrictive in that there are

eligibility requirements (recipients must be un/underinsured or on Medicaid or BadgerCare eligible). Adult Td (Tetanus-diphtheria) and Tdap (Tetanus-diphtheria-acellular pertussis) is also purchased by the Bureau of Public Health and provided without charge by Public Health

Some vaccines including Hepatitis B for adults and Influenza and Pneumonia vaccine for adults are purchased by public health and administered fee for service. Adult Td (Tetanus-diphtheria) and Tdap (tetanus-diphtheria-acellular pertussis) are provided free of charge at all clinics and after injuries as needed. Adult Hepatitis B vaccine is purchased by Public Health and provided at a nominal fee. Hepatitis A and Hepatitis B vaccines are provided free of charge to persons diagnosed with Hepatitis C their close contacts. The Bureau of Public Health provides this vaccine.

Changes in immunization program recommendations over the last year include the addition of the Human Papillomavirus Vaccine (Gardasil) for females 9-18 years. Two thousand one hundred ten vaccines were provided at 1473 client visits.

Immunization Statistics:

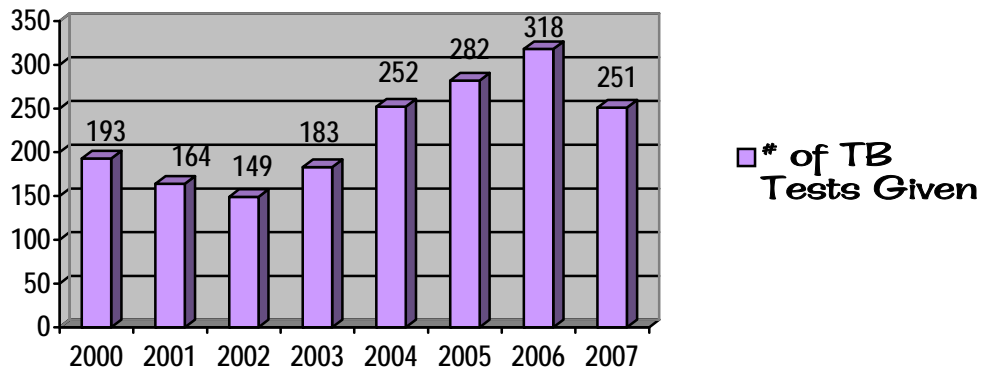
Immunization	2002	2003	2004	2005	2006	2007
Comvax	74	89	74	57	74	38
DtaP	217	210	194	148	188	105
Hepatitis A	0	1	0	0	1	39
Hepatitis B	421	125	52	31	32	15
Adult Hepatitis B	n/a	82	110	62	48	36
Hib	21	18	33	27	24	14
Influenza	1650	1480	1580	1708	1274	1177
MMR	125	131	107	86	126	62
Pneumonia	66	97	85	63	54	43
Polio	170	166	138	120	162	82
Prevnar	65	107	96	107	123	73
Td	185	127	133	117	52	128
Varicella	93	63	95	65	80	101
Menactra	n/a	n/a	n/a	11	19	61
Td-Pertussis	n/a	n/a	n/a	n/a	44	87
HPV (Gardasil)	n/a	n/a	n/a	n/a	n/a	49
TOTAL	1371	2696	2697	2603	2274	2110

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

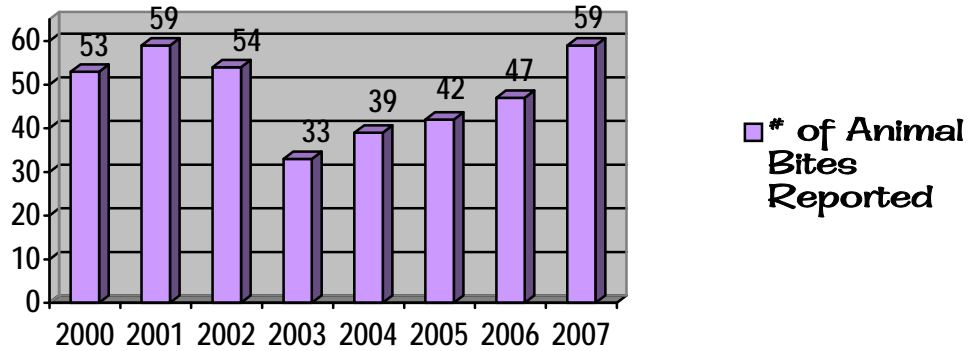
Communicable Disease Statistics:

Reportable Disease	2002	2003	2004	2005	2006	2007
Campylobacter	3	3	6	8	9	5
Chlamydia	21	31	21	22	24	25
Cryptosporidium	5	7	5	7	6	3
E.Coli 0157:H7	0	4	0	2	2	0
Giardia	1	3	4	5	1	5
Gonorrhea	0	1	0	1	0	1
Hepatitis A	0	0	0	0	1	0
Hepatitis B	0	1	0	1	2	2
Hepatitis C	5	4	3	6	2	3
Herpes	4	5	2	7	4	1
Histoplasmosis	0	1	1	0	0	0
LaCrosse Encephalitis	1	0	2	0	2	0
Legionella	0	0	0	0	0	0
Lyme Disease	37	25	52	46	59	81
Measles	0	0	0	0	0	0
Meningitis (Bacterial)	0	0	0	0	0	0
Meningitis (Viral)	0	0	0	1	0	1
Mumps	0	0	0	0	0	8
Pertussis	2	1	20	3	0	2
Salmonella	2	4	2	3	2	3
Shigella	0	1	0	0	0	0
Syphilis	0	1	0	1	0	0
West Nile	1	1	0	0	0	0

Tuberculosis Prevention and Control: Tuberculin skin testing is provided through Public Health at a nominal cost. Preventive medication is available to anyone who has TB infection or disease and cannot afford to pay for treatment. PHNs provide monitoring and assistance throughout the course of medication. There were no cases of active tuberculosis in Richland County in 2007, one person received preventative medication, and 251 persons received skin tests.

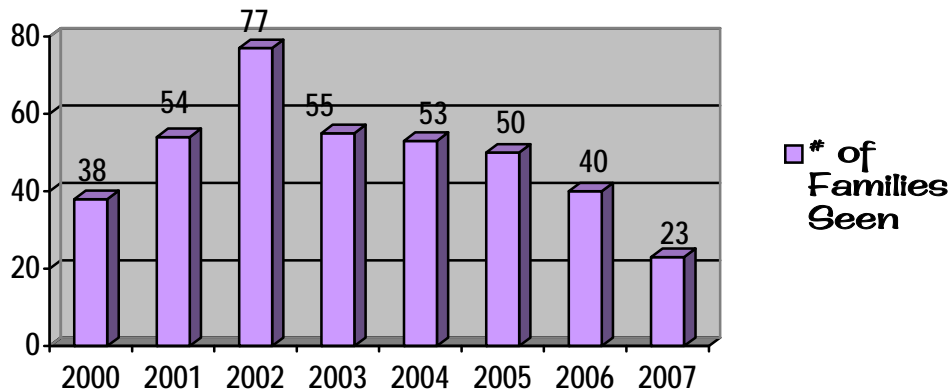


Rabies Prevention and Control: The County's Rabies Control Policy provides the procedures for law enforcement and public health follow up of animal bites/potential rabies exposure to humans. Investigation and follow up were provided on 59 animal bites in 2007.

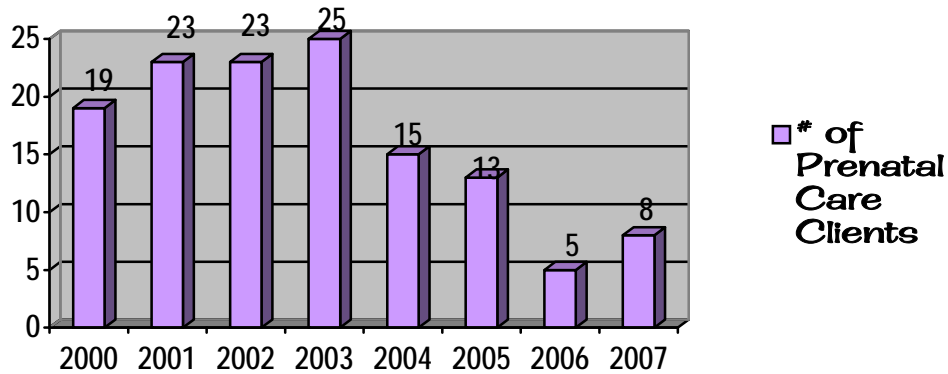


MATERNAL CHILD HEALTH PROGRAMS

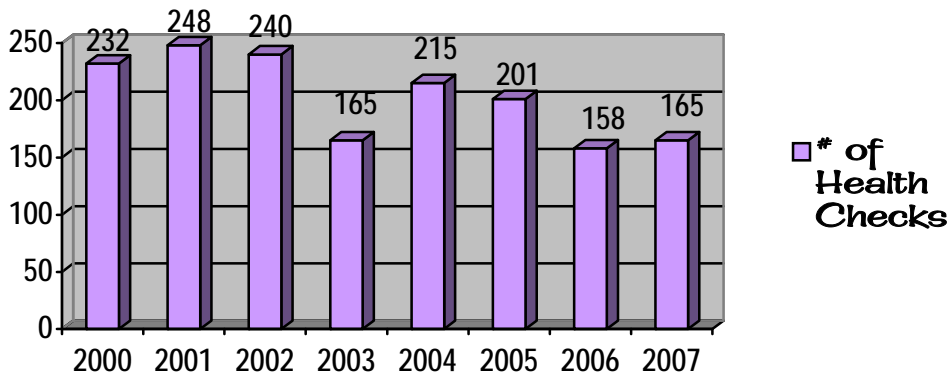
Postpartum Home Visits: Home visits by PHNs provide maternal education, support and newborn assessment. The Maternal Child Health Block Grant funds the program. Twenty three families were seen in 2007.



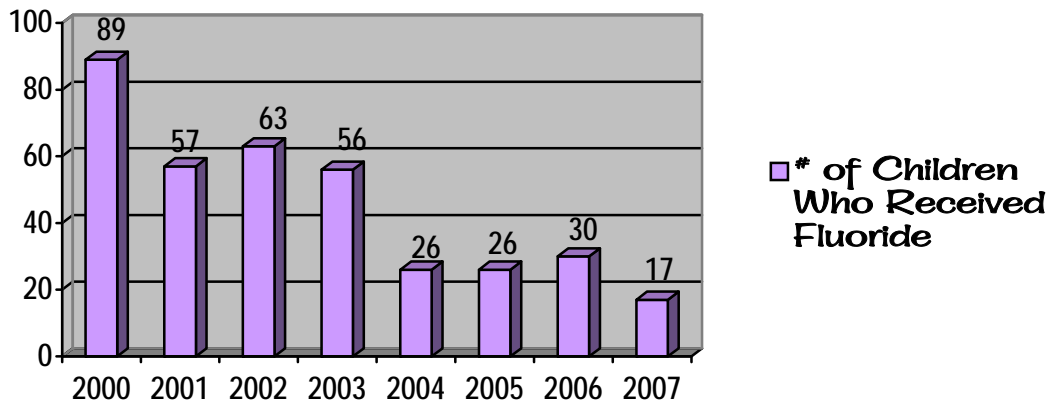
Prenatal Care Coordination: PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Eight women received prenatal care coordination services in 2007.



HealthCheck: Provides physical assessment including vision and hearing screening, height, weight, and nutritional assessment, developmental assessment, blood lead and hemoglobin, and immunizations for Medicaid/Healthy Start/Badger Care eligible children ages birth to 21 years. Through cooperation with the Wisconsin Nutrition Education Program, a Registered Dietician also provides nutrition counseling to HealthCheck families. Medicaid provides reimbursement on a per client basis. One hundred sixty-five HealthCheck assessments were completed in 2007.

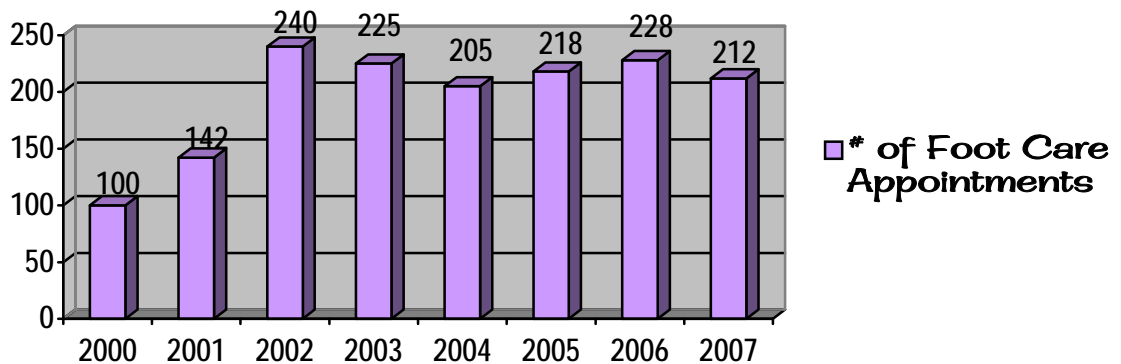


Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are provided free of charge to residents with private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2007, 17 children received supplemental oral Fluoride.



GENERAL PUBLIC HEALTH PROGRAMS

Foot Care: Foot and nail care are provided at a nominal fee for older or disabled adults who are unable to complete independent routine foot care. Two hundred twelve foot care clinic appointments were completed in 2007.

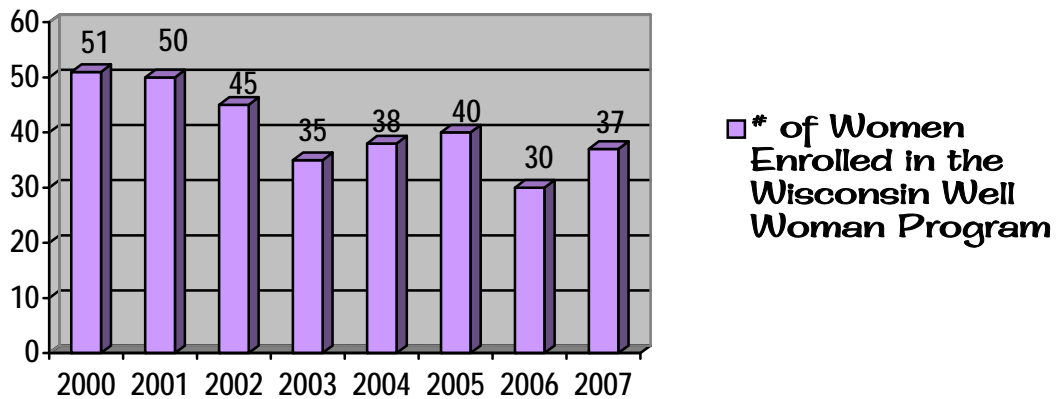


Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but returned if the equipment is returned within one month. In 2007, 199 Richland County residents borrowed equipment from the Loan Closet.

Public Health Home Visits: Public Health makes home visits to area residents when a health related concern is reported about a homebound individual. These reports are often at the request of relatives and/or friends who are concerned about someone's health or welfare. It might be that the person is ill and doesn't

realize how sick they are, or that the person simply won't ask for help. Most time the person is responsive to the PHN visit and often the nurse can assist the person to seek the health care they need.

Wisconsin Well Woman Program: The Wisconsin Well Woman Program (WWWP) provides breast and cervical cancer screening exams for eligible women. This program makes these screenings available to women who would not otherwise be able to afford the screenings. Well Woman Medicaid provides the full range of Medicaid benefits for women who have been screened through the WWWP and are in need of treatment for breast or cervical cancer or pre-cancerous conditions. Thirty-seven women received screening through the Well Woman Program in 2007.



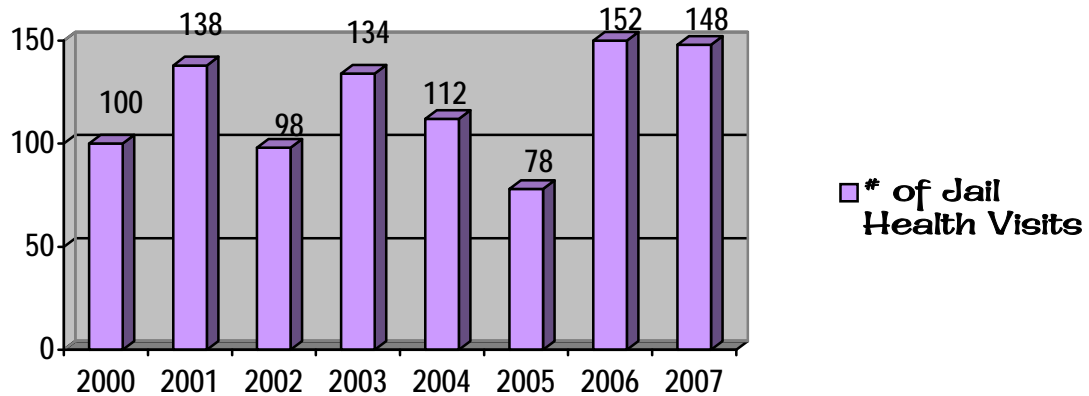
Wisconsin Wins: Public Health works with area youth to conduct the Wisconsin Wins program. The goal of Wisconsin Wins is to reduce youth tobacco access and use. Wisconsin Wins focuses on retailers and their efforts to prevent sales of tobacco products to minors. In order to evaluate how successful retailers are in preventing sales, compliance checks are made at all businesses that are licensed to sell tobacco in Richland County.

The compliance checks involve teens who attempt to purchase tobacco products. Clerks who refuse to sell tobacco are recognized and rewarded for their efforts. Those who do proceed with a sale are reminded about the law and may receive a citation from the Sheriff's Department for permitting the sale to minors.

In 2007, forty-three compliance checks were completed with no citations issued.

School Health: Public Health provides school nursing services for Ithaca and Weston and five parochial schools in Richland County. Services provided include vision and hearing screening, immunization record assessment, investigation and follow up on all reports of communicable disease, and assistance with issues related to student health. Public Health has a contractual arrangement with the Ithaca and Weston Districts and is reimbursed for nursing time.

Jail Health: Non-emergency health care for inmates of the Richland County Jail is provided by Public Health. The management of medical care in county jails has become increasingly complex; inmates have more medical and mental health issues and typically require intervention by public health staff for issues related to medication or other health problems. Public Health is reimbursed by the Sheriff's Department for nursing time spent on jail health issues. One hundred forty-eight jail health visits were made in 2007.



Ronald McDonald Care Mobile: The Care Mobile is a healthcare initiative for uninsured and underserved children established by Ronald McDonald House Charities-Global (RMHC-Global), the charitable foundation of the McDonald Cooperation. The project's clinical partner is the University of Wisconsin Children's Hospital (UWCH) and UWCH leases a fully equipped dental clinic bus from the foundation to provide dental health care access in underserved areas. UWCH provides dental health staff including a dentist, a dental hygienist, and a dental assistant and receives support from the local RMHC, RMHC-Madison for operation of the dental bus. RMHC-Madison works within a 16 county region in Wisconsin and northern Illinois, and Rockford Memorial Hospital is partnering to provide dental health staff for the Illinois counties. UW has the dental bus approximately half of the time.

Public health coordinated the examination, prophylaxis, and treatment of dental work for 21 Richland County children in 2007. Twelve of these children required follow-up appointments and 9 were considered to have their work completed.



Each child required an average of 2 appointments. The value of the dental work completed for Richland County children was \$10,556, and the average value of dental work per child was \$517.

Type of dental care provided:

Restorative (fillings, crowns)	26	29%
Preventive (cleaning, fluoride treatment, sealants)	3	3%
Adjunct Services (local anesthesia)	22	25%
Diagnostic (exams, evaluations, x-rays)	29	35%
Oral Surgery (extractions)	9	10%
Endodontics (pulpectomies)	0	0%
Other	0	0%
TOTAL	<u>80</u>	
Number of Children on Assistance	10	100%
Number of Children receiving MA/BadgerCare	8	80%

RICHLAND COMMUNITY FREE CLINIC

Access to health care is an issue across the nation, and in the winter of 2006-07 a partnership was formed to address local access to health care. The Richland Community Free Clinic was developed through the interdisciplinary efforts of the Richland Medical Center, The Richland Hospital, Richland County Health & Human Services, Southwest CAP, and local pharmacies.

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

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

The Free Clinic opened June 5, 2007 and through the end of December 2007, 273 unduplicated clients were seen.

Clients 0-10 yrs	4	Clients 41-50 yrs	57
Clients 11-20 yrs	39	Clients 51-60 yrs	52
Clients 21-30 yrs	72	Clients 61-65 yrs	16
Clients 31-40 yrs	33		

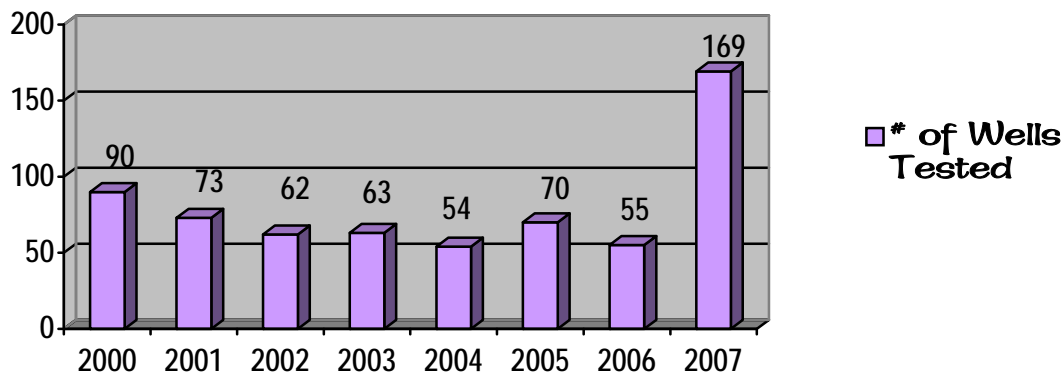
ENVIRONMENTAL HEALTH

Richland County has been part of a five county environmental health consortium since the mid-1980's. The consortium pools federal prevention block grant dollars to employ a Registered Sanitarian as an Environmental Health Consultant to assist with investigation and resolution of environmental health issues. The EH Consultant assists with investigation and follow up of human health hazard complaints as well as coordinating several other environmental health programs provided by Public Health.

2007 Environmental Health Statistics:

<u>Home Visits</u>	45	<u>Contacts (EH Consultant)</u>	234
Lead	1	Lead	17
Radon	2	Radon	20
Water	2	Water	17
Asbestos	0	Asbestos	5
Solid Waste	9	Solid Waste	22
Housing	16	Housing	41
Rodent	1	Rodent	0
Indoor Air	14	Indoor Air	48
Sewage	0	Sewage	1
Animal/Vector	0	Animal/Vector	6

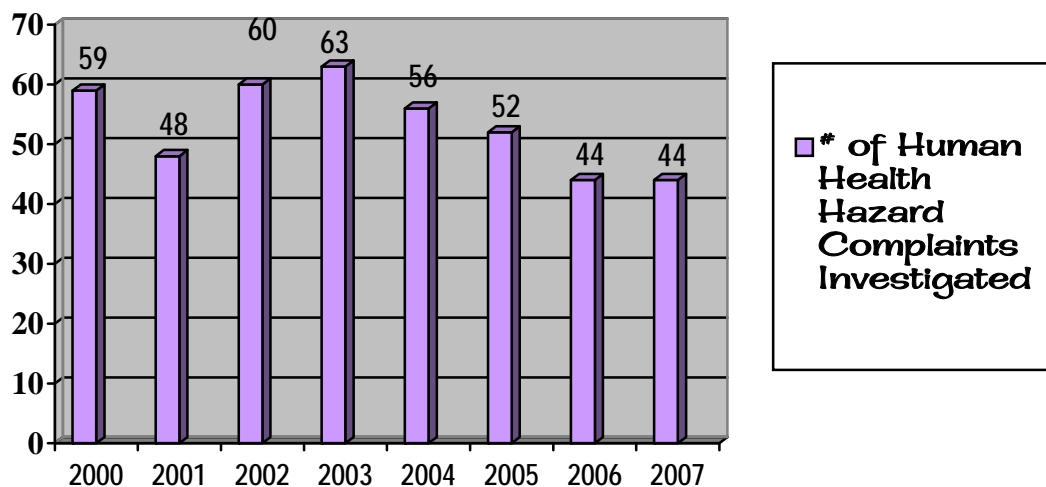
Private Well Water Testing: Water sampling kits are available for testing private wells for bacteria, nitrates and fluoride. The test can be completed free of charge if the testing is done for health reasons. The Environmental Health Consultant is available for consultation for problems related to water quality. One hundred sixty-nine private wells were tested through public health in 2007. This significant increase for 2007 is attributed to the flooding that occurred in Richland County in August.



Radon: Radon is one of the most serious health hazards that can be found in indoor air and is completely invisible, having no odor or color. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. Twenty-one short-term home radon test kits were distributed in 2007.

Childhood Lead Poisoning Prevention: Lead poisoning occurs when a large dose or small amounts of lead over time are ingested or inhaled. Prevention is still the best solution for lead poisoning and finding and removing sources of lead are effective methods to accomplish this. The Environmental Health Consultant can evaluate a building for lead base paint and offer consultation on remediation of lead base paint hazards. Childhood blood lead screening is provided by Public Health, and in 2007 one hundred thirty-four children were screened. Treatment for an elevated blood lead level depends on the degree of elevation and involves removing the hazard.

Human Health Hazards: According to Wisconsin State Statute 254.59(1) the local health officer is responsible for ordering the abatement or removal of any human health hazard found within the jurisdiction of the local health department. Public Health provides investigation and follow-up of complaints of human health hazards in Richland County. In 2007, investigation and follow-up were provided in regard to forty-four complaints. Human health hazard complaints include concerns about unsanitary or unhealthy living conditions, nuisance complaints, air and/or water quality, asbestos, hazardous materials, lead, animals/vectors, sewage, and solid waste. Often working with the property owners is enough to get the hazard removed or abated but occasionally it is necessary to issue "orders of abatement" allowing that if a hazard is not removed by a certain time (usually 30 days), the County can and will abate the human hazard. The municipality will be responsible for the cost of the abatement and the cost is then assessed as an additional tax on the property by the municipality.



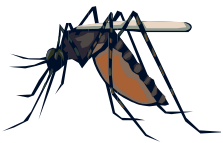
Mercury Collection: In July of 2007, Richland County Health and Human Services Public Health held a weeklong mercury thermometer collection.

Mercury thermometers can be easily broken if dropped during use and there are newer safer alternatives.

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

Exposure to mercury can be harmful to human health. While metallic mercury generally does not absorb very well if it is swallowed, breathing its vapors is very dangerous. When metallic mercury is touched it can slowly pass through the skin. Short term exposure to high levels of mercury can cause neurological effects, such as confusion, hand tremors, chills, chest tightness, bronchitis, pneumonia, abdominal pain, nausea, vomiting, loss of appetite, bleeding gums, leg pain, lung and kidney damage, skin rashes, and a burning sensation in the feet. Even more serious effects can occur with continued exposure to mercury.

Mercury is a fast-moving liquid and spreads quickly, so promptly containing and controlling both the liquid and its vapors are very important. Liquid mercury evaporates at room temperature and gives off harmful, invisible, and odorless vapors.



Mosquito Surveillance: The counties in the environmental health consortium contracted with the La Crosse County Health Department to provide surveillance for sources of potential mosquito habitat in our counties in an effort to control mosquito borne disease.

The focus of the surveillance was to find areas that provide ideal conditions for mosquito breeding and growth, and to abate those conditions. Education about the surveillance, the potential hazard that unrimmed tires present (since they provide excellent habitat for mosquito breeding and growth), how to properly remove tires, and how to protect families from mosquito borne diseases was provided.

PREPAREDNESS AND RESPONSE

Richland County is part of the Southwest Wisconsin Public Health Preparedness and Response Consortia. There are 12 such consortia throughout the State. Each consortia or region is responsible for developing a preparedness plan containing several key elements aimed at improving our readiness for acts of terrorism and other man made or natural disasters. The consortia receive grant funding from the CDC to assist with the completion of the preparedness requirements. Consortia staff funded by the grant includes a program coordinator and a program assistant, and are housed at the Crawford County Health Department. In 2007, Richland County Health and Human Services Public Health received \$24,544 to assist with preparedness efforts, and \$10,535 to assist with pandemic influenza preparedness. This funding was used to provide staff time and pay expenses for preparedness activities and trainings.

NUTRITION

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

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

At the current time, Richland County has five operating meal sites: Richland Center (Town & County Presbyterian Church); Viola (Viola Village Offices); Germantown (St. Anthony's School); Boaz (Karen's Supper Club) and Rockbridge (Rockbridge Elementary School).

2007 Nutrition Statistics:

<u>Site</u>	<u>Number of Meals Served to Eligible Participants</u>	
	<u>Congregate</u>	<u>Home Delivered</u>
Richland Center	5,172	16,605
Viola	3,546	1,251
Germantown	246	3,537
Boaz	552	0
Rockbridge (Nov. & Dec. only)	4,938	336
Richland Hospital	<u>0</u>	<u>5,024</u>
TOTAL	14,454	26,753

The Richland Center, Germantown, and Viola Meal Sites operate 5 days per week, and include home deliveries; the Boaz meal site is open on Wednesdays; and the Rockbridge Meal Site is open Monday, Wednesday, and Friday each week. Arrangements can be made for the delivery of home delivered meals five days per week within Richland Center with a prescription from a healthcare provider. Arrangements can also be made for frozen meals on the weekends or weekly for persons who live in more remote areas of the County. Regular 5 day/week delivery of meals also requires a prescription from a healthcare provider.

RESPONSE TO AUGUST FLOODING

As part of the County's response to the August flooding, Public Health reported to the Emergency Operations Center during the initial stages of the emergency, and played an active role throughout the County's response.

Initially, Public Health assisted Emergency Management (Planning Section) as well as the Operations and Logistics sections to contact and obtain resources (including shelter opening, volunteer management, etc.) and triage phone calls. As the situation unfolded, Public Health developed media releases related to flood safety to be broadcast on WRKO and assisted with procurement of food and shelter supplies, and flood clean up kits (through the Salvation Army and the Red Cross).

As the emergency moved into the recovery phase, Public Health and DNR Wardens visited persons whose homes sustained damage significant enough to indicate there may be health and safety issues and provided information on available resources, water safety, well disinfection, and clean up.

In addition, Public Health:

- Contacted each township and made arrangements to get information, water test kits and clean up kits to rural residents at agreed upon township locations.
- Provided Tetanus shots on a walk in basis the week after the flood.
- Provided water test kits fee-exempt to residents and assisted with testing and related questions.
- Provided information on clean up and prevention of mold growth.
- Provided information on water safety, flood cleanup safety, environmental safety, etc. to media throughout the emergency.

Emergency Management, Zoning, and Public Health accompanied the FEMA and SBA representatives on the initial damage assessment over the weekend of August 25 and 26, and Public Health staffed the Disaster Recovery Center

during its hours of operation from noon on Thursday, August 30th through Friday, September 7th, including the holiday weekend.

During the flood emergency, the major public health issues people faced were water safety, well disinfection, mold, flood water damage and clean up (including injury prevention), and disease prevention.

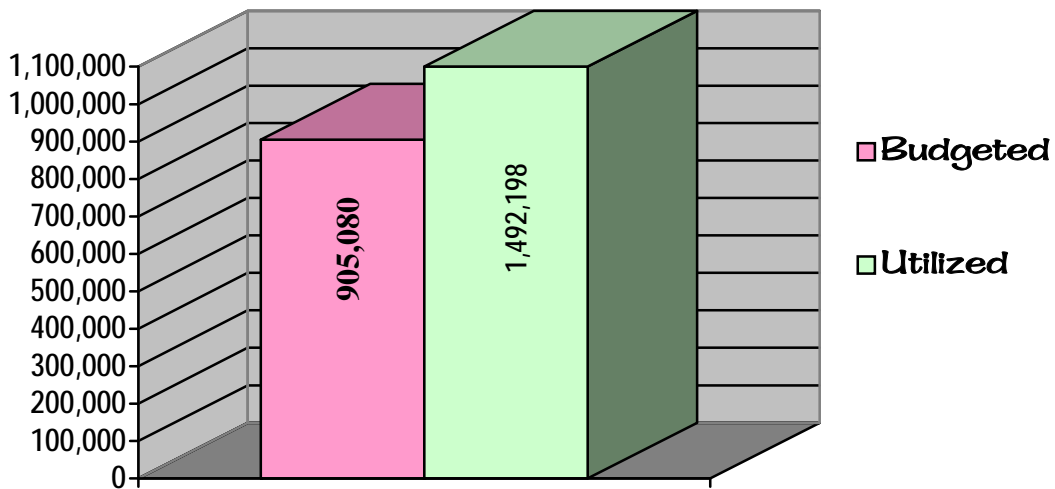
While the August flooding stretched our resources as well as the resources of the entire County and caused immeasurable damage and loss to families, the response provided was a great example of the individual and agency cooperation that occurs in Richland County.

FISCAL

(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

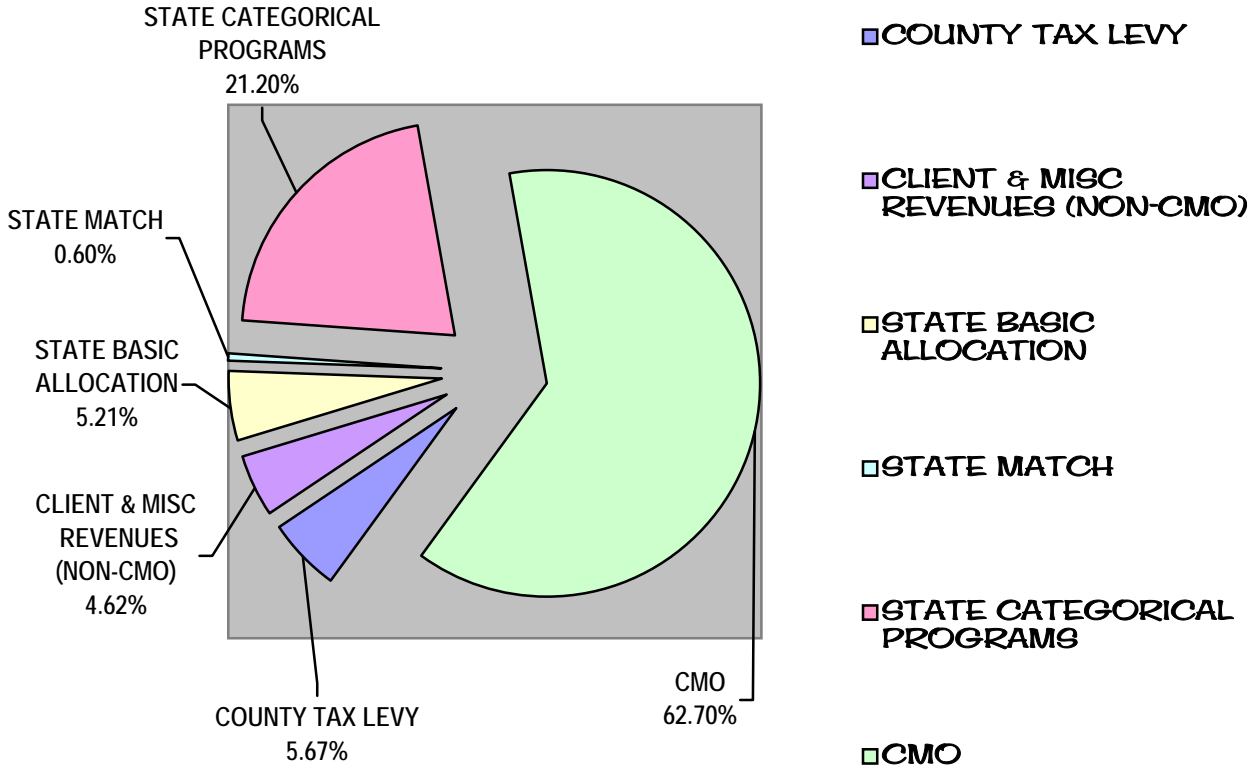
COUNTY TAX LEVY BUDGETED VS. USED



Budgeted	\$ 905,080
Utilized	\$ 1,492,198
Variance [Over Budgeted Amount]	\$ (-587,118)
Unbudgeted Institution Costs	\$ 242,578
Amount Over Budget Without Institution Costs	\$ 344,540

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

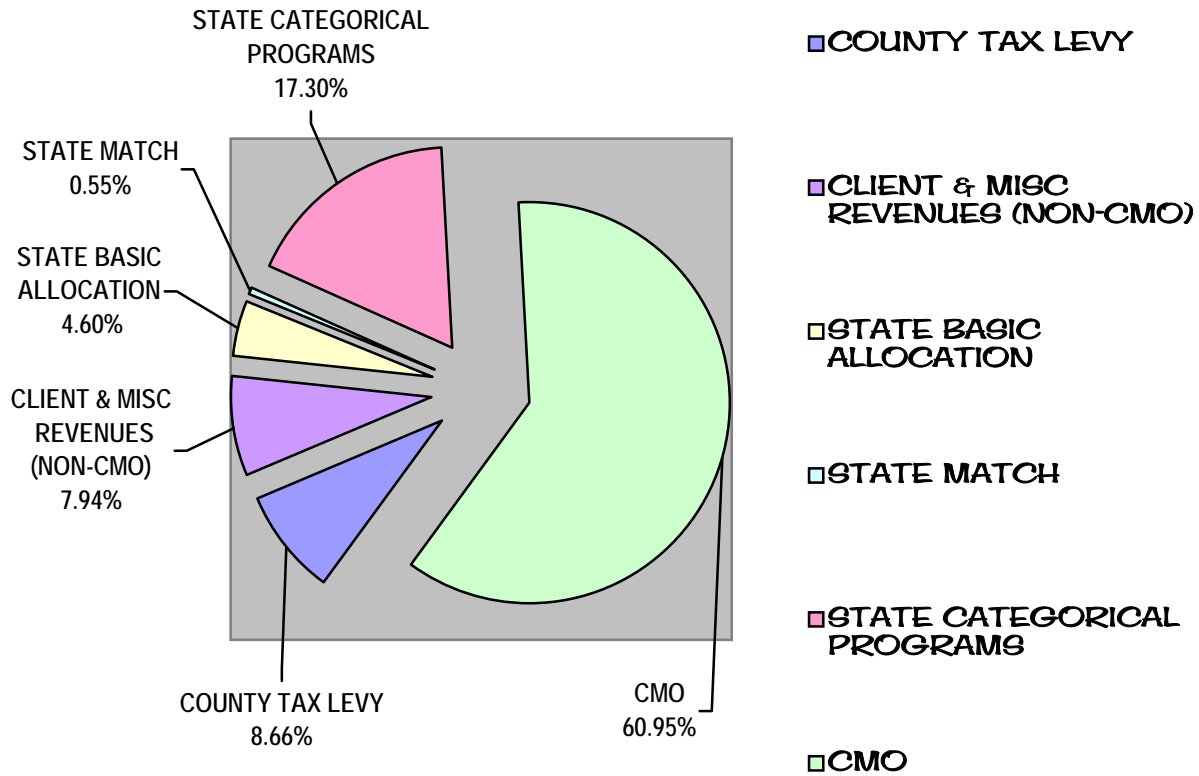
BUDGETED REVENUE



COUNTY TAX LEVY	\$ 905,080
CLIENT & MISC REVENUES (NON-CMO)	\$ 736,415
STATE BASIC ALLOCATION	\$ 830,928
STATE MATCH	\$ 95,624
STATE CATEGORICAL PROGRAMS	\$ 3,382,963
CARE MANAGEMENT ORGANIZATION (CMO)	\$ 10,002,829
TOTAL	\$ 15,953,839

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

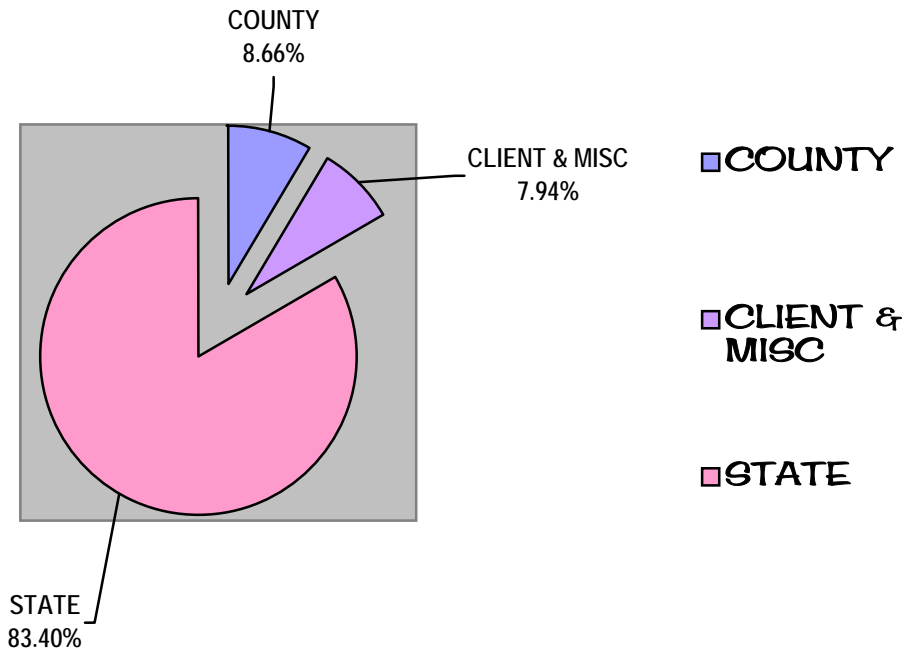
ACTUAL REVENUE SOURCES



COUNTY TAX LEVY	\$ 1,492,198
CLIENT & MISC REVENUES (NON-CMO)	\$ 1,367,975
STATE BASIC ALLOCATION	\$ 791,033
STATE MATCH	\$ 95,624
STATE CATEGORICAL PROGRAMS	\$ 2,980,486
CARE MANAGEMENT ORGRANIZATION (CMO) STATE & CLIENT REVENUES	\$ 10,501,647
TOTAL	\$ 17,228,963

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

TOTAL ACTUAL REVENUES CLIENT/STATE/COUNTY



COUNTY	\$ 1,492,198
CLIENT & MISC	\$ 1,367,975
STATE	\$ 14,368,790
TOTAL	\$ 17,228,963

APPENDIX

Richland County Health & Human Services

2007 Health & Human Services Contracts (Over \$10,000)*

Aegis Therapies	\$70,847	Integrated Development Services	\$28,958
Attorney Henry Plum	\$75,371	Irv Balto, LCSW	\$19,425
B-Care Corporation	\$101,317	Jean Warrior, Ph.D.	\$22,804
Boscobel Area Health Care	\$34,054	John Hoffman AFH	\$42,853
Capital Newspapers	\$10,016	L & J Pub and Restaurant	\$15,207
Christopher Nevers, O.D.	\$31,725	LaCrosse County Human Services	\$26,840
Clemens Schmidt, M.D.	\$62,100	Lad Lake	\$122,421
Community Care Resources	\$63,147	Lori Knapp – Richland, Inc.	\$157,429
David Dati, LCSW, LMFT	\$28,888	Matekel's Family Group Home	\$73,377
Deer Valley AFH	\$30,123	Mystic Creek	\$27,590
Deloitte Consulting, LLC	\$52,355	Paragon Development Systems	\$56,385
Fillyaw AFH	\$53,326	Richland Hospital	\$84,223
Franciscan Skemp Healthcare	\$24,513	Roberta Bell, LCSW	\$16,060
Fred Koenecke, M.D.	\$23,558	St. Anthony's School	\$10,016
Fretz TFH	\$21,864	SW WI Workforce Development Board	\$485,884
Gander's Cleaning Service	\$34,624	Tellurian UCAN, Inc.	\$32,816
Goodwill Industries/BBA	\$21,614	Trempealeau County Health Care	\$142,606
Harris AFH	\$13,388	VARC, Inc.	\$47,332

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

2007 CMO Provider Network

ABBY VANS	\$3,185	BURKHAMER/THOMAS	\$540
ABLENET INC	\$161	CAMPBELL HOUSE	\$60,306
ACCESS ABILITY HOME MEDICAL & REHABILITATION EQUIPMENT	\$3,865	CARLEY/HEATHER DBA CARLEY ADULT FAMILY HOME	\$12,416
ANEW HEALTHCARE SERVICES INC	\$392,940	CENTER MASSAGE	\$790
ARNDORFER/ELLEN	\$3,500	CERVEN/RHONDA	\$46,861
ASH CREEK PLUMBING & HEATING	\$3,334	CLEMENTS/KATHRYN	\$0
ASSISTED CARE INC	\$60,190	COMMUNITY HME LLC	\$50,223
ASSOCIATED ROLLX VANS	\$187	COMMUNITY PHARMACY	\$42
BAKER ADULT FAMILY HOME	\$15,893	COMMUNITY SERVICE ASSOCIATES	\$1,633
BASARICH/JANE A	\$1,131	CR THERAPY	\$1,898
BAUER/DON	\$130	CREATIVE DIMENSIONS IN CARE	\$242,513
BETHEL HOMES & SERVICES	\$52,694	CULLIGAN WATER CONDITIONING	\$467
BETTER DAYS INC	\$17,296	CURVES FOR WOMEN	\$175
BINDL SNOWPLOWING & SALTING	\$100	D & P ENTERPRISES	\$525
BOHLMAN DRUGSTORE INC	\$7,696	DEGEN BERGLUND	\$609
BURGETTE/DIANE R	\$40,649	DEITELHOFF/CYRIL & MARIBETH	\$632
BURGHAGEN SR/LEO	\$26,890	DIABETIC DRUG STORE	\$23

DIVINE SAVIOR HEALTHCARE	\$2,785	KAUL COMMUNICATIONS	\$140
DOERFER/KATHY	\$350	KEPLER ADULT FAMILY HOME	\$15,292
EAGLE ENTERPRISES INC	\$1,012	KICKAPOO EXCHANGE NATURAL	\$374
EARTH TOUCH LLC	\$325	KING/TRACY & STEVEN	\$26,317
ELECTROMED INC	\$1,169	KOVELAN/NAOMI	\$5,850
EMPI	\$20	LAKEVIEW HEALTHCARE FACILITY	\$79,266
ESSLINGER/BRIAN DBA FIREDOG RACING	\$98	LAROSH MUSCULAR THERAPY INC	\$1,850
EXPRESS MEDICAL SUPPLY INC	\$924	LEBANSKY/RUTH M	\$2,068
FAMILY & CHILDREN'S CENTER	\$454	LINS/DONNA	\$0
FAMILY SERVICES	\$495	LORI KNAPP RICHLAND INC FISCAL AGENT	\$260,193
FILLYAW/GERALD	\$6,192	LORI KNAPP-RICHLAND INC	\$531,517
FOECKLER/BRIAN	\$61,448	LYLE TYDRICH/SNOW REMOVAL	\$430
FRANCISCAN SKEMP HEALTH SYSTEM	\$12,190	MAPLEWOOD OF SAUK PRAIRIE	\$3,224
FRAZIER/DEB J DBA FRAZIER AFH	\$2,228	MARSHALL/GAIL AND PAUL	\$9,189
GEM MEDICAL SUPPLIES INC	\$63	MARSHALL/MICHAEL	\$2,713
GGNSC MUSCODA LLC DBA RIVERDALE HLTHCARE & REHAB	\$286,605	MCCARVILLE/HOLLY DEER VALLEY ADULT FAMILY HOME	\$126,818
GREENWAY MANOR	\$48,873	MERITER HOME HEALTH	\$512
GUNDERSEN LUTHERAN COULEE INC	\$8,938	MILL CREEK ADULT FAMILY HOME LLC	\$104,204
HARVEST GUEST HOME	\$131,101	MILL CREEK ADULT FAMILY HOME LLC DBA BUCKHORN HOUSE	\$6,885
HEALTH SCIENCE	\$389	MISTER G'S RICHLAND OUTLET	\$150
HEARTLAND-PRESTON INC DBA PRESTON PLACE	\$2,206	MJ CARE INC	\$1,806
HHS AODA	\$177	MOLZOF/LARRY AND MARY ADULT FAMILY HOME	\$1,987
HHS CLINICAL SERVICES	\$6,789	MURPHY DBA DAWN NEVEAH HAVEN ADULT FAMILY HOME	\$2,632
HHS COMMUNITY SUPPORT PROGRAMS	\$70,689	NATIONAL PEDORTHIC SERVICE	\$3,057
HHS ELDER SERV-NUTR CAZENOVIA	\$324	NESBIT/SUSAN	\$2,310
HHS ELDERLY SERV-RICHLAND HOSP	\$9,414	OPPORTUNITY CENTER	\$14,388
HHS ELDERLY SERV-TRANS	\$1,020	ORR/EDWARD & LAURIE	\$35,234
HHS LTS-CARE MANAGEMENT	\$1,552,377	OUR HOUSE LLC	\$439,532
HHS LTS-SUPPORTIVE HOME CARE	\$48,401	PAVLAK/RICHARD	\$27,467
HHS REP PAYEE SERVICES	\$14,850	PRATT FREIGHT SERVICE INC	\$950
HHU HOME MEDICAL EQUIPMENT	\$1,533	RC TRUCK AND AUTO	\$480
HOFFINE/KRISTI DBA WHEAT HOLLOW ADULT FAMILY HOME	\$563	RECREATE LLC	\$1,760
HOFFMAN/JOHN	\$6,525	RED APPLE SERVICES LLC	\$5,800
HOME DELIVERY INCONTINENCE	\$1,312	REEDSBURG AREA MEDICAL CENTER	\$112
HOME HEALTH UNITED	\$15,372	REM WISCONSIN INC	\$83,950
HOMEWARD BOUND INC	\$227,846	RICHLAND CTY CARE LLC	\$8,342
ILS LLC	\$182,398	RICHLAND ELECTRIC COOPERATIVE	\$25,210
INFINITE ABILITY INC	\$72,642	RICHLAND FAMILY PRESC CENTER	\$5,945
JIM QUIST	\$190	RICHLAND HOSPITAL INC/THE	\$23,983
JOHNSON/TAMMY & LEONARD	\$13,181	RICHLAND MOBIL MART	\$2,000

RIVERDALE HEALTHCARE & REHAB	\$56,333	TERRY FILLYAW AFH	\$52,099
RIVERS FAMILY THERAPY CENTER	\$1,820	THRIFTY WHITE PHARMACY	\$10,978
ROBINSON/LARRY	\$870	TOWNE TAXI	\$59,160
SAMMONS PRESTON INC	\$74	UNIVERSITY HOSPITAL & CLINIC	\$126
SANNES SKOGDALEN	\$10,548	UPLAND HILLS HOME CARE	\$30,296
SAUK COUNTY HEALTHCARE	\$23,733	UPLAND HILLS MEDICAL EQUIP	\$77
SAUK PRAIRIE MEMORIAL HOSPITAL	\$20	UW HOSPITAL & CLINICS	\$0
SCHMITT WOODLAND HILLS	\$1,156,001	VARC INC	\$546,606
SEARS	\$454	VERNON MANOR	\$17,115
SERENITY ADULT FAMILY HOME	\$1,256	VERNON MEMORIAL HOSPITAL	\$310
SHARP/DONNA	\$0	VERNON TELEPHONE COOPERATIVE	\$232
SHEPARD/JENNIFER E	\$9,790	VISTA HOUSE LLC	\$3,038
SHIREMAN VETERINARY CLINIC	\$119	VON BEHREN/KENDA DBA ALLISON PARK GROUP HOME	\$122,122
SHOE BOX	\$35	VON BEHREN/KENDA DBA BURTON ADULT FAMILY HOME	\$212,445
SOLAR TOWN PHARMACY	\$19	VON BEHREN/KENDA DBA KALEIDOSCOPE THERAPIES	\$11,120
SPILDE/JOYCE	\$1,386	VONBEHREN & AMANDA OMAN/THOMAS	\$11,671
SPRING GREEN PHARMACY	\$224	WALGREENS HOME CARE INC	\$66,634
ST JOSEPHS REHABILITATION CTR	\$3,658	WHEELS OF INDEPENDENCE INC	\$58
SUNRISE MEADOW	\$160,815	WHISPERING PINES CONST LLC	\$7,096
SUPERIOR HEALTH LINENS	\$189	WI COUNCIL OF THE BLIND	\$93
SYMONS RECREATION CENTER	\$4,962	WORKERS COMPENSATION OF SELF DIRECTED SUPPORTS	\$33,784
TALK TO ME TECHNOLOGIES LLC	\$13,960	YOUNG/BETH	\$5,619

Richland County Health and Human Services

Office Locations

Community Services Building

221 West Seminary Street
Richland Center, WI 53581

*Administrative Services
Children's Services Unit
Economic Support Unit
Long Term Support Unit
Public Health Unit*

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

Courthouse 1st Floor

181 West Seminary Street
Richland Center, WI 53581

*Aging & Disability
Resource Center*

(608) 647-4616 or
1 (877) 641-4616
Fax: (608) 647-8962

West Office

1000 Highway 14 West
Richland Center, WI 53581

*Clinical Services Unit
Business Office*

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

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