

2014 Annual Report

Richland County
Health and 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 14th Annual Report since Health and Human Services was formed in August of 2000. In 2014 there were many highlights, some of them include:

A year of significant staff change in key management staff and long-term employees – Director Randy Jacquet retired on April 10th after 27 years of service to Richland County. Business Manager Patrick Metz was appointed as Interim Director on April 11th and then hired as Director on July 1st. The Business Manager position remained vacant until November 17th. Clinical Coordinator Tracy Thorsen resigned on November 13th after 25 of service to Richland County and that position remained vacant through the end of the year. Fiscal Specialist Sally Larson retired on January 10th after 43 years of service to Richland County and Clerical Assistant Linda Rohn retired on April 4th after 27 years of service to Richland County.

As Director I want to thank each of them for their hard work and dedicated service to Richland County citizens. Their leaving represented a loss of 122 years of institutional knowledge to Richland County, but thankfully they left good notes.

An unusually high year for unbudgeted Institutional court-ordered placements – In 2014, we experienced the highest annual cost of court-ordered placements in the history of Health and Human Services at \$690,882. Prior to 2014, the annual cost has ranged from \$57,712 in 2005 to \$397,016 in 2003. Annually the County sets aside \$260,000 in segregated funds to help offset these unbudgeted costs and in 2014 the County had a total of \$315,964 set aside in these funds. That left a balance of \$374,918 uncovered. Through delayed hiring of vacant positions and healthy revenues, Health & Human Services was able to cover all but approximately \$30,000 of the remaining deficit.

Child Protection Services following the State trend – The trend statewide has been a dramatic increase in Child Protection reports over the past five years. Unfortunately, Richland County has experienced that same trend showing an increase from 94 reports in 2010 to 168 in 2014. In response, Health and Human Services dedicated more resources to the protection of children by increasing the amount of staff time to continue the high level of services provided to the community and to maintain best practice standards.

Crisis Intervention Service contacts up dramatically in 2014 – Every County in Wisconsin is required to provide emergency mental health and substance abuse services. These Crisis contacts are handled through a 24-hour emergency telephone service, walk-in emergency services during normal business hours or by mobile response to a crisis location when needed. Over the past six years, there has been a moderate decrease in after hour's crisis incidents from 243 in 2009 to 194 in 2014. However there has also been a significant increase in office hour's crisis incidents from 122 in 2009 to 275 in 2013 and then nearly doubled to 508 in 2014.

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

Sincerely,

Patrick H Metz, MPH

Richland County Health & Human Services

2014 Annual Report



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Richland County Health and Human Services

MISSION STATEMENT

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

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

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

BOARDS AND COMMITTEES

Richland County Health and Human Services Board

Board Members

Robert Bellman, Chair

Robert Holets, Chair (until May 2014)

Linda Gentes (as of May 2014)

Dr. Louis Williams

Donald Seep

Diane M. Brown

Fred Clary

Larry Jewell

Marilyn Rinehart

Virginia Wiedenfeld

Aging and Disability Resource Center of Eagle Country

Governing Board

Board Members

Robert Neal Smith, Chair

John Wenum (as of June 2014)

Diane M. Brown

Donna McGinley (as of April 2014)

Tut Gramling (as of June 2014)

Paul Bishop (as of June 2014)

Bette Smart

Donald Seep

June Leirmo

Marjorie Sheckler

Vern Demers

Commission on Aging & Disability

Commission Members

David Scribbins, Chair

Beth Busch

Carol Clausius

Laura Poindexter

Larry Jewell

Paul Kinney

Bonnie Richardson

Cindy Riley

James Lewis

Marie Rakow

Steven Boomfield

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

Committee Members

Cathy Krulatz, Chair

Mary Chris Walling (as of March 2014)

Donald Seep

Amanda Coorough

Faye Burghagen

Ricki Bishop

Tracy Thorsen

Nutrition Advisory Council

Committee Members

Mike Shields, Chair

Beverly Burns (as of May 2013)

Janine Parduhn

Marlene Curtis (as of May 2013)

Shannon Trebus

Harriett Hendricks

Kim L'Hote (until May 2013)

Scott Banker (until May 2013)

Walter Gust (as of May 2013)

Richland County KIDS Council

Council Members

Connie Vlasak, Chair

Amanda Miller

Faith Peckham

Shaun Tjossem (as of June 2014)

Breann Dray (as of June 2014)

Laurie Couey

Leah Kornish

Belinda Granger

Hallie Wiertzema

Virginia Wiedenfeld

Amanda Coorough

Kay Cunningham

Transportation Coordinating Committee

Committee Members

Marie Rakow, Chair

Angela Metz

Carol Clausins (as of May 2014)

Don Adelman

Seth Young-Campbell (as of April 2014)

Ursula Straight

Angela Young

David Scribbins

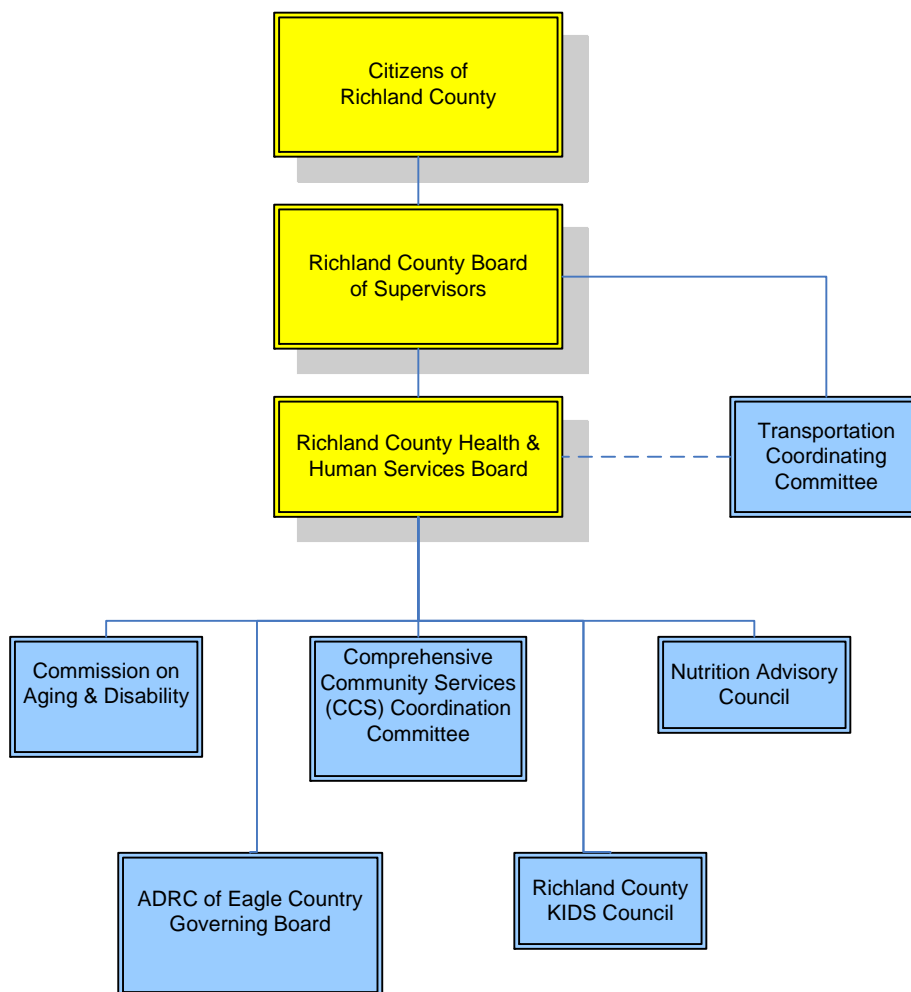
Paul Kinney

Patrick Metz

Virginia Wiedenfeld

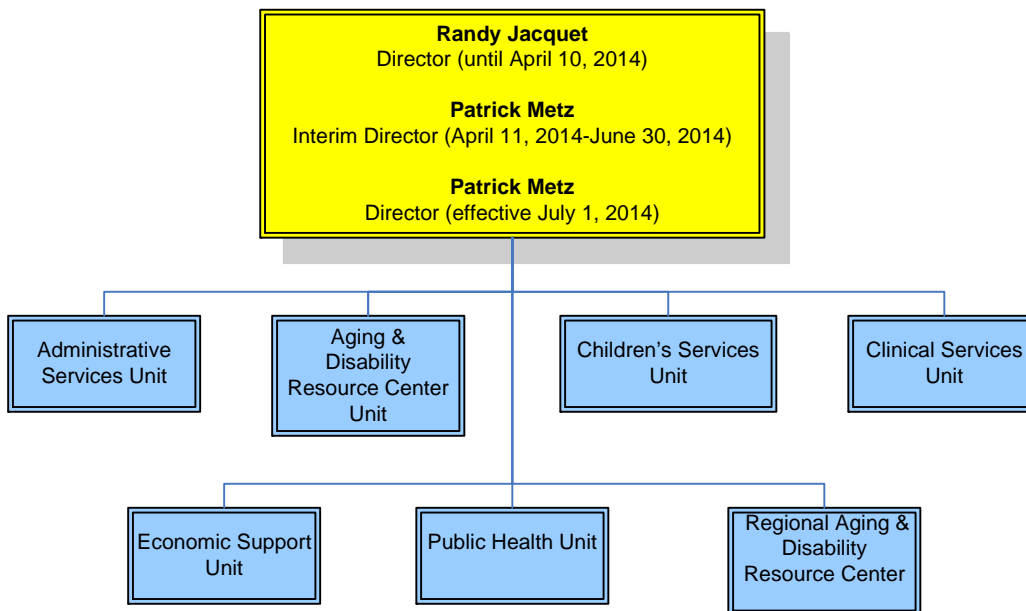
RICHLAND COUNTY HEALTH & HUMAN SERVICES

BOARD ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

UNIT ORGANIZATIONAL STRUCTURE



ADMINISTRATIVE SERVICES UNIT

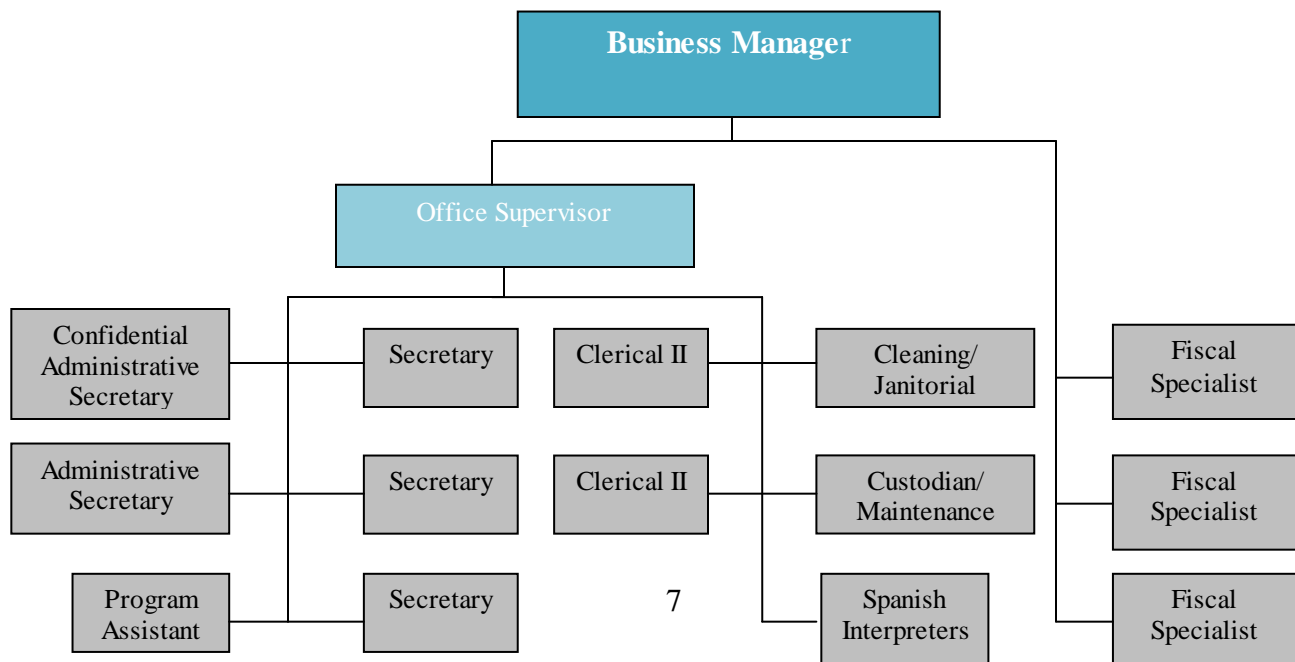
Mission Statement

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

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

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

In 2014, the Administrative Services Unit performed these responsibilities under the following organizational structure:



The Administrative Services Unit experienced significant changes in 2014; largely due to three staff announcing their retirement after many years of dedicated service to the citizens of Richland County. In January 2014, a Fiscal Specialist retired after 42 years of service and her position was not refilled until November 2014. A Clerical Assistant II retired in April of 2014 after 27 years of service and her county position has yet to be refilled. Lastly, the Director of Health & Human Services retired in April of 2014 after 27 years of service. The Business Manager immediately took over as Interim Director until July 2014 when he was formally offered the Director position. The vacant Business Manager and Confidential Administrative Secretary positions were not filled until November 2014.

This was a considerable amount of turnover and change for not only the Administrative Services Unit, but the entire agency. Collectively, we lost 96 years of institutional knowledge and experience with these three retirements. Many staff were asked to increase their workload and assume more responsibilities until these positions were filled and new staff trained. Throughout this process, we looked for ways to improve our business practices and create efficiencies within the agency. Additional cross-training occurred to assist with the ever-changing programmatic needs and budgets of each unit. Each year the Administrative Services Unit manages to rise to each challenge that is presented.

For a summary of Health and Human Services financial data for the year 2014, please refer to the Fiscal section, which reflects the agency's unaudited financial information.

AGING AND DISABILITY RESOURCE CENTER OF EAGLE COUNTRY – RICHLAND CENTER

Mission Statement

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

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

OVERVIEW

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

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

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

Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services, transportation assistance services, and adult protective services. In 2014, the Richland Center Office of the ADRC of Eagle Country processed over 16,000 incoming contacts (phone calls or walk-in customers).

KEY AREAS OF ACTIVITY

INFORMATION, REFERRAL, ASSISTANCE AND OPTIONS COUNSELING

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

In 2014, the Information and Assistance staff (I&A) received 4,653 contacts from customers. Contacts are defined as first-time customers, as well as repeat customers who contact the ADRC for assistance with a new issue or need.

2014 Information & Assistance Customers

Of the self-identified:

50% were 60 years and older;

23% were customers with physical disabilities;

10% were customers with developmental disabilities; and

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

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

In 2014, I&A staff responded to over 6,600 requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

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

PUBLICLY FUNDED LONG-TERM CARE PROGRAMS

The ADRC is the intake point for State Long-Term Care Programs. In Richland County, those programs are Family Care and IRIS (Include, Respect, I Self-Direct).

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

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

In 2014, staff completed 84 Functional Screens and enrolled **74** customers into long-term care publicly funded programming.

DISABILITY BENEFIT SPECIALIST

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

The Disability Benefit Specialist program assisted 146 Richland County residents in receiving over **\$663,179** 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 \$10,124,688. These are positive results, not only for those who successfully obtained benefits but also for the entire community, as these individuals are now able to purchase goods and services, such as housing, food, clothing and medical treatment.

ELDER BENEFIT SPECIALIST

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

The Elder Benefit Specialist works closely with Information and Assistance Specialists to provide referrals for community resources and services, options counseling, and information and assistance related to long-term care services. The Elder Benefit Specialist provides information on program eligibility criteria, assistance applying for benefits, appealing benefit denials or incorrect benefit amounts, and also offers representation in the areas of consumer debt, landlord/tenant law, and private insurance. In an effort to address the growing need for pre-retirement information and assistance, 10 Medicare workshops were offered. A total of **85** people attended to learn how to navigate all the Medicare Programs, and an additional 232 seniors received prescription drug program assistance.

In 2013, the Elder Benefit Specialist Program provided a savings to 206 county residents totaling **\$1,254,062** in Federal, State, and other funding based on the type of program.

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

EARLY INTERVENTION/PREVENTION SERVICES

In partnership with the Symons Recreation Center, the ADRC provided the funding and technical support to initiate and run 3 Stepping On programs. Stepping On is an evidence based program that significantly reduces falls for seniors. A total of **23** seniors participated in the class.

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

TRANSITION SERVICES FOR YOUTH

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

An Information and Assistant Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in 2013-2014 school year included:

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

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

ALZHEIMER’S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP)

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

In 2014, Richland County Health and Human Services received \$3,565. The funding was used to provide information, assistance and supportive services to Richland County families, and conduct outreach and education to the community. Through collaborative efforts with the Alzheimer’s and Dementia Alliance, Richland County contributed to the further development of a local Dementia Network and participated in the 2014 Alzheimer’s Walk.



THE RICHLAND COUNTY TRANSPORTATION PROGRAM

The Richland County Transportation Program has been growing slowly but steadily throughout 2014. There are three parts to the transportation program which include the Driver Escort Program, public bus routes and the on-demand wheelchair transportation to medical appointments. The focus of the Richland County Transportation program is *Connecting Our Communities*. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The Driver Escort Program provides door-to-door transportation service to the elderly (60 years and older) and disabled residents of Richland County primarily to medical appointments within an 85 mile radius. In addition, the lift vehicles are available to Richland County residents for wheel chair transportation to medical appointments.

Richland County Public Transportation & Lift Vehicle Transportation

The Richland County Public Transportation program bus routes travel along the major roads through the county Monday through Friday. This program is public transportation and is available to everyone.

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

In 2014, the Richland County Public Transportation and Lift Vehicle Transportation programs had three temporary casual drivers providing a total of **118 trips** for **274 passengers** traveling 7,778 miles.



The Driver Escort Program

In 2014, the Driver Escort Program had 23 volunteer drivers providing a total of **1,457 trips** for **1,672 passengers** traveling **184,457 miles**. The volunteer drivers donated **8,012 hours** of their time.

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

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP)

The National Family Caregivers Support Program was established as an amendment to the Older Americans Act in 2000. Funding support in 2014 totaled \$9,153 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 2014, the funds supported **120** families, provided information and assistance through the ADRC, and subsidized some transportation needs for caregiver families.

ADULT PROTECTIVE SERVICES ACTIVITIES

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

Adult-At-Risk/Elder Abuse and Neglect Reporting

Total number of reports:	129
Self Neglect	76
Financial Exploitation	21
Neglect by Other (s)	22
Physical Abuse	1
Sexual Abuse	1
Emotional Abuse	8

Elder Abuse and Neglect Funds

Richland County receives a limited amount of State funding to provide specific services and assistance to persons age 60 and over who meet abuse and neglect criteria outlined by the State. In 2014, the State allocation of \$10,544 served **37** county residents.

Adult Protective Services Court Action

The role of APS in court actions involving guardianships and the protective services process is another way that HHS assures the health, safety and protection of our most vulnerable citizen's rights. Working closely with the Richland County Corporation Counsel, APS assists individuals and guardians through the guardianship process. In 2014, 57 court actions were completed for 30 people. Court action can include creating guardianship of estate and person, protective services and placement of an individual, creating successor guardianships, terminating guardians of person and estate, emergency protective placement, and change of venue. It is the responsibility of the APS Program to complete a comprehensive study for all persons protectively placed to assure individuals are placed in the least restrictive and most integrated setting, as well as conduct annual reviews. In 2014, 66 people received annual protective placement reviews.

AGING & DISABILITY RESOURCE CENTER OF EAGLE COUNTRY

Serving: Crawford, Juneau, Richland, & Sauk Counties

Mission Statement

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



REGIONAL MODEL

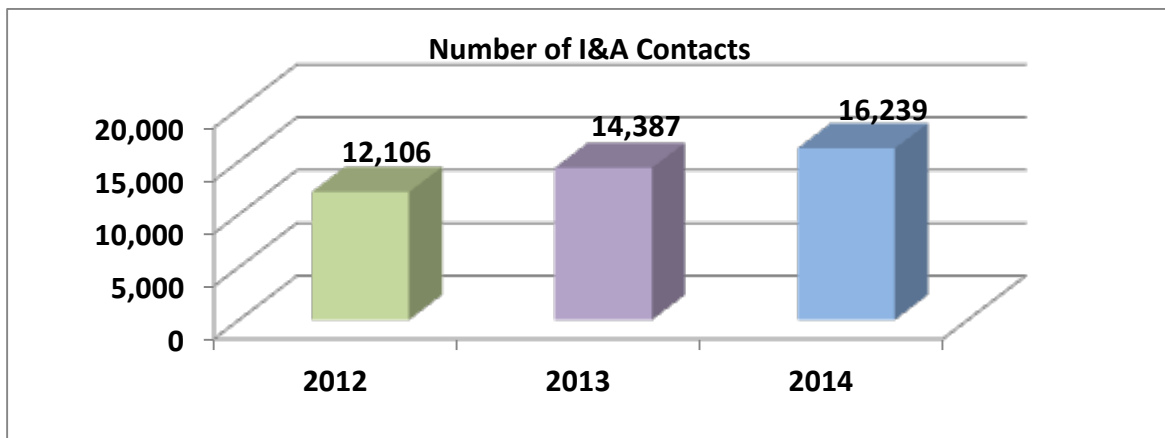
The regional model provides seamless cross border service to customers. The region has shown positive service delivery outcomes that are and consistent, standardized, high quality, and cost-effective. ADRCs across the state continue to play a large role in piloting many research projects with a large aim of finding ways to assist people in remaining in the community longer, which brings cost efficiencies to the state of Wisconsin's health care system.

ADRC of EAGLE COUNTRY GOVERNING BOARD

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

INFORMATION & ASSISTANCE SPECIALISTS

The ADRC of Eagle Country has 12 Information and Assistance Specialists that serve our elderly population as well as customers 17 years old and older with a variety of disability types. Together they explore options for meeting long term care needs, review resources, and offer guidance to enable people to make choices that allow the customer to live a rewarding, and meaningful life, now and in the future. Through our marketing and outreach efforts we strive to educate people on what services the ADRC offers. As a result the Information and Assistance Specialists saw a 13% increase from 2013 in the number of customer contacts. People are finding the ADRC to be a valuable resource for support and guidance in meeting their needs, and are spreading the word!



Enrollment and Disenrollment into Long-Term Care Programs: If the customer is eligible for public long-term care programs, the I&A Specialist can explain what programs are available, and help the customer enroll in the program of their choice. This may include completing a Long Term Care Functional Screen, which determines if a customer is eligible for public long-term care programs. When a customer is considering leaving a long-term care program, The I&A Specialist can do disenrollment counseling to let them know their options, and the impact on their public benefits if they disenroll.

**"It's nice to have the ADRC. Doesn't take long to get answers.
They can really help us when we need it."**

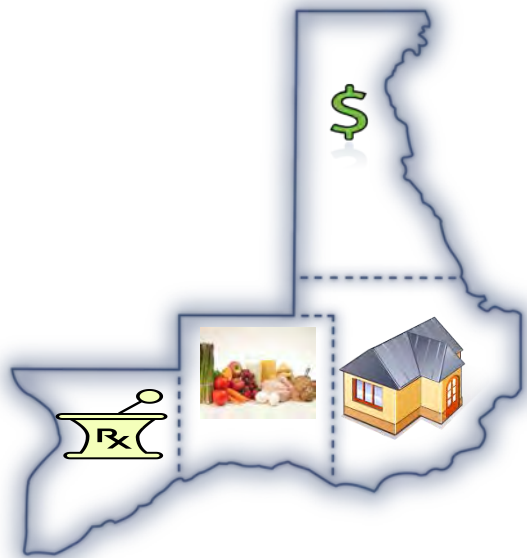
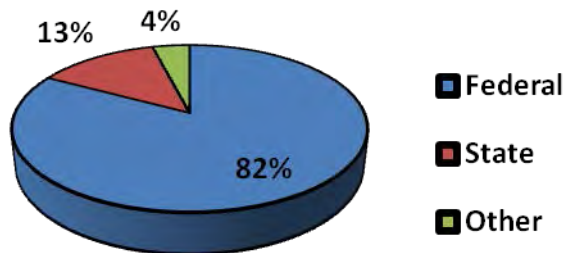
**"The ADRC has helped me through the whole process.
I would still be trying to figure out everything."**

DISABILITY & ELDER BENEFIT SPECIALISTS

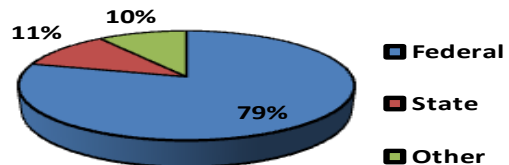
The 5 **Disability Benefit Specialists (DBS)** across the region provide services to people ages 18-59 with physical or developmental disabilities, mental illness and substance abuse disorders. The Disability Benefit Specialists provide reliable and accurate information and assistance on public and private benefit programs. The DBSs assisted 976 people in 2014. They have access to an attorney from Disability Rights of Wisconsin for ongoing training, support, and guidance in complex matters of appeals and advocacy.

The 5 **Elder Benefit Specialists (EBS)** across the region provide services to people 60 years of age and older who are having problems with their private or government benefits, consumer problems, or age discrimination. The EBSs assisted 1,954 people in 2014. Elder Benefit Specialists receive ongoing training and are monitored by attorneys knowledgeable in elder law. These attorneys are also available to assist older persons in need of legal representation on benefit matters.

Disability Benefit Specialist Monetary Impact 2014
\$8,424,671



Elder Benefit Specialist Monetary Impact 2014
\$9,375,292



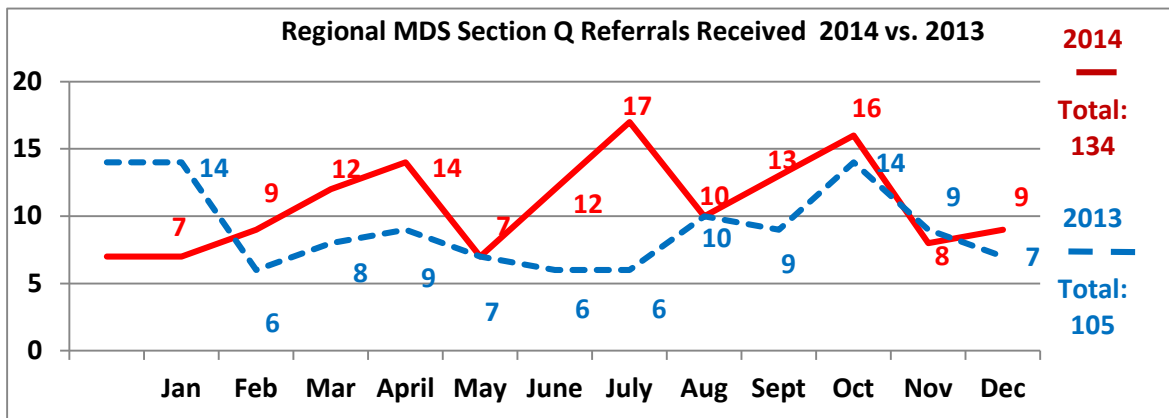
Monetary Impact

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

BUILDING STRONG RELATIONSHIPS

Nursing Home Visits: During 2014, in an effort to strengthen its relationships with local nursing homes. ADRC staff visited nursing homes and shared information and outreach materials. The materials shared included: ADRC brochures, posters with tear off contact information to be placed in areas where residents and families can view; and ADRC stickers and File of Life refrigerator magnets for discharge folders. These visits were also used to establish a known contact person within each nursing home. This relationship building would allow for any future conversations between the nursing home and the ADRC to be within the scope of a well established relationship.

The ADRC tracks referrals from nursing homes when residents are requesting information about options for returning to their home or an assisted living facility. As a result of this year's visits the referrals from nursing homes has gone from 105 in 2013 to 134 in 2014. This was a 27.6% increase.



Nursing Home Relocation Grant: The ADRC receives \$34,560 annually from a Nursing Home Relocation Grant. When staff spend time with residents and their families on community options counseling to return home or to an assisted living facility as well as outreach, these activities are 100% federally funded. In 2014, the ADRC's received an additional \$3,997 due to our efforts in this area.

Residents of nursing homes and their families do not always know about community services, support, and housing options. In Wisconsin, the annual Medicaid nursing home days dropped from 8.8 million in 2002 to 5.7 million in 2012, a 35 % reduction, saving taxpayers well over \$300 million/year. The number of older adults in WI nursing homes decreased by 9,000 and the Medicaid budget spent on nursing homes dropped from 62% to 31 % over the same period.

ADRC of Eagle Country Governing Board Discussion of Unmet Needs:

The ADRC contract with the Wisconsin Department of Health Services states the "ADRC shall assist its governing board in identifying the unmet needs of its customer populations." The ADRC of Eagle Country and the Governing Board will use these results to target outreach, education, prevention and system advocacy efforts. To the extent feasible, the ADRC shall advocate for the development of local services and resources to address the unmet needs.

List challenges for older adults, persons with developmental, intellectual disabilities, physical disabilities and mental health issues in striving for economic security and a quality of life in their communities:

1. **Homelessness:** Background checks including history of violence are run in affordable housing complexes, which make it extremely difficult for those with criminal or financial records to receive Affordable Housing. No available overnight shelters.
2. **Behavioral Health Facilities Who Serve People Challenged by Dementia with Aggressive Tendencies:** Facilities need to be evaluated on skill level and expand to offer adult day care.
3. **Transportation:** Need transportation to medical appointments, especially for those in rural areas. There are long drives to medical facilities and either no drivers or too high a cost.
4. **Physical Accessibilities in Communities:** Winter particularly difficult, sidewalks, ADA.
- * 5. **Lack of Awareness/Stigma/Outreach of ADRC:** The public needs to know who can come to the ADRC and services offered. ADRC stigma-only for elderly and indigent; try to get info out to the communities that it's not just for the 'old and poor'. Campaign needed.
6. **24 hour in Home Care – Adult Day Services:** Care 24 hours a day is not available or very limited. Adult day services-out of home care during the day.
- * 7. **Social Isolation:** Causes increase in depression, memory loss, and poor nutrition. Continue to explore options to reach people who are isolated. Discuss options for community social activities.
8. **Nutrition:** Are our customers getting proper nutrition? It can be hard to cook for just one or two. Food security issues-difficult access to enough food.
9. **Funding for ADRC to Serve Private Pay:** Funding to service private pay has been flat for years.
10. **Trustworthy Financial Advisors:** Customers of ADRC need trustworthy financial advisors. Some people have had bad experiences in the past and are leery of seeking a professional or family member for financial help/advise.
11. **Scams and Financial Exploitation:** ADRC's target demographic is very vulnerable sales pitches/scams by phone, email, etc.

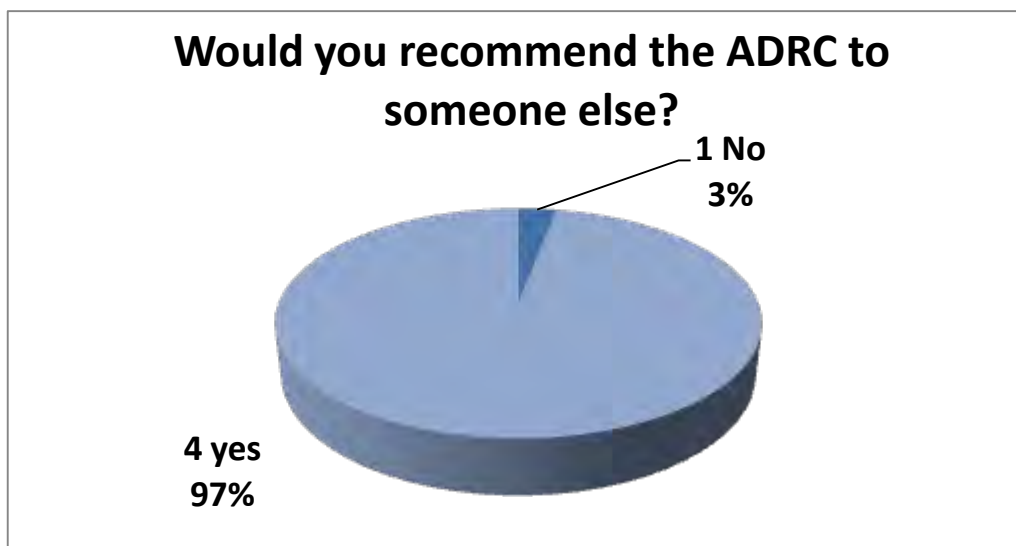
* The Board prioritized these unmet needs for the region in 2015.

ADRCs – A WISCONSIN “SUCCESS STORY”

In February 2010, the U.S. Administration on Aging (AoA) honored the Wisconsin Department of Health Services with and an Outstanding Achievement Award for “its pioneering work and continued innovation with Aging and Disability Resource Center.”

Addressing an audience of people who are developing ADRCs across the country, federal officials recognized Wisconsin as the creator of ADRCs and emphasized that the Wisconsin model is a model other states should follow, indication that Wisconsin embraces AoA’s vision and goals for ADRCs nationwide.

A 2014 report was released by AARP, the Commonwealth Fund, the Scan Foundation and Raising Expectations: This Score Card places **Wisconsin ADRC functions Forth place in the country with a score of 64 on a scale of 0-70.**



“Small comforts ... are valued when you’re in chronic pain and 88-years-old. Such as familiar family voices and caring loved ones near you. Thank God for the resources provided at the ADRC that helped keep dad in his home.”



In 2014, the Active Aging Research Center (AARC) focused solely on recruitment for our Randomized Control Trial (RCT) to test our technology, ElderTree.

ElderTree (ET) - ET is a website designed and maintained by the Center for Health Enhancement Systems Studies (CHESS) at the University of Wisconsin - Madison. It is a safe, secure, and easy-to-use website that offers support for people sixty-five year of age and older. Support is provided through expert tips, a personal health tracker, social connections, trip planning, driving information, and caregiver and family communication.

How does the RCT work? - Recruitment started in November of 2013. AARC is seeking help from 200 older adult participants in our area. AARC's plan was to recruit in Richland and Sauk counties, but expanded to Juneau and Crawford in 2014. In the RCT half of the participants will get to use ElderTree and receive accompanying touch screen laptop and internet connection if they don't already have one. The other fifty-percent will be in the control group, not getting to use ET but asked to fill out surveys. The RCT lasts eighteen months from the time a participant is enrolled.

AARC Marketing and Outreach - The Study Coordinator would sit down with staff from each ADRC office and develop an outreach plan. This included local contacts, meal sites, media outlets, apartment complexes, and community events the coordinator could speak at. Using the ADRC as a resource and a reference in the community was extremely affective. Many people are leery if they hear about a study that offers "free computers." Partnering with the ADRC's provided legitimacy and recognition when doing presentations and one-on-ones.

AARC Recruitment - Each coordinators goal was to reach 200 participants in the RCT. We currently have 128 enrolled in our four-county area. The county breakdowns are as follows:

- Richland - 60
- Sauk - 36
- Juneau - 26
- Crawford - 6

Recruitment didn't start in Juneau until mid-summer, and Crawford was just starting in December of 2014.

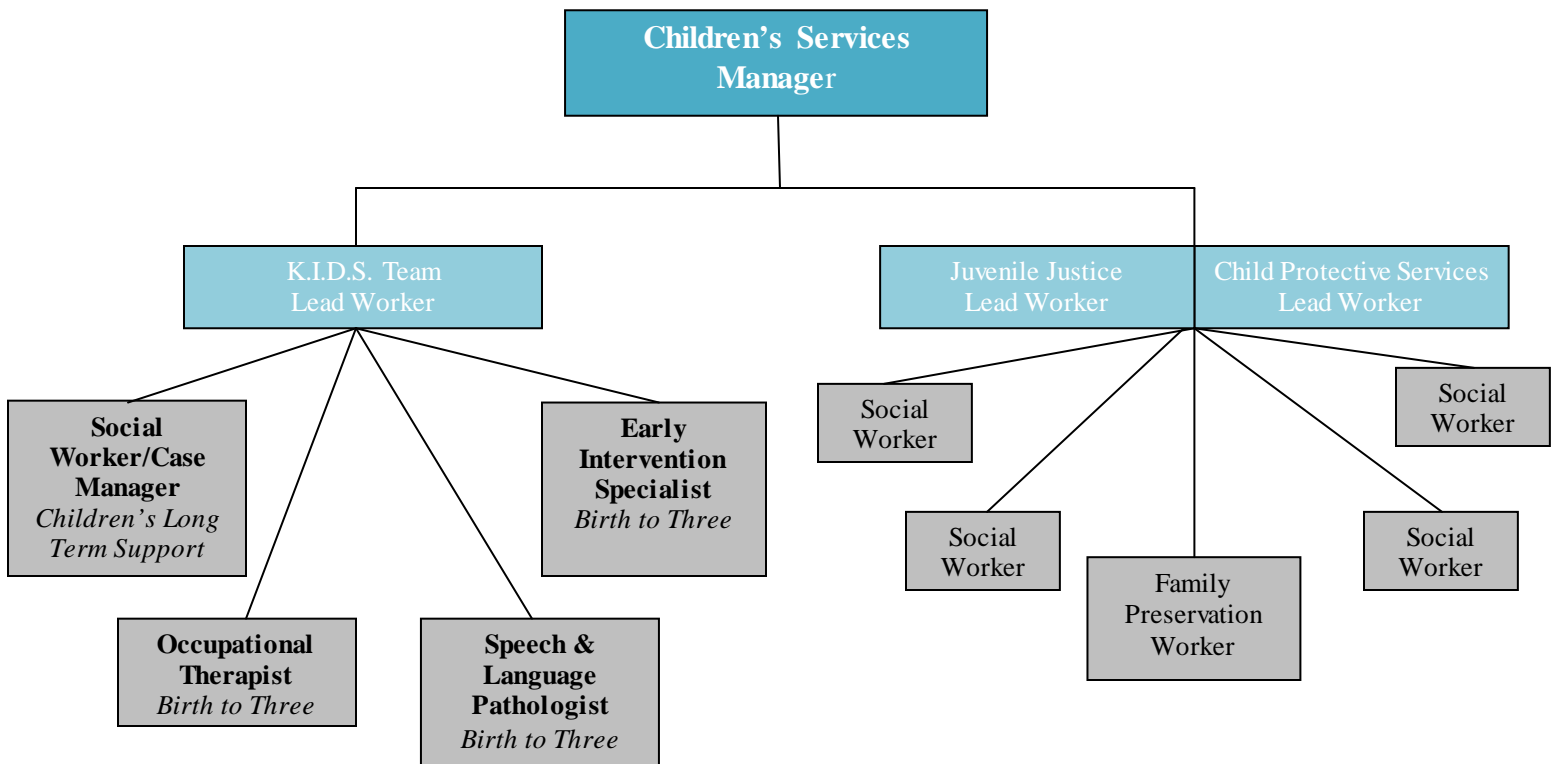
CHILDREN'S SERVICES UNIT

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

Those six programs are as follows:

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

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



BIRTH TO THREE PROGRAM

The Richland County Birth to Three Program is eligible to children ages 0 to 3 years, who are county residents. The program is free to many families; however there is a cost share to those who can financially manage, depending on their income. The program operates a no wait-list policy, which means that all eligible children will be served regardless of how many are already being served within the program. The main criteria for program eligibility is that the child must show a 25% delay in one or more of the key areas of development (social-emotional, physical, cognitive, adaptive and/or communicative) or have a diagnosed condition which is likely to result in a developmental delay or have atypical development.

Services Provided

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

Funding Sources

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

In 2014, the Richland County Birth to Three Program served **31** children. During 2014, **16** children became dis-enrolled in the program for reasons ranging from the child turning three and transitioning to early childhood, to levels of delay changing over time, and through parent choice to terminate services. Referrals come from a variety of sources.



CHILDREN'S LONG TERM SUPPORT PROGRAM

Formerly Children with Disabilities Program

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

Case Management Services

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

Funding Sources

- *Medicaid (Federal)*
- *Family Support (State)*
- *Taxes (Local)*
- *Parental Cost Share (Individual)*
- *Private Pay (Third Party Insurance)*



In 2014, there were **0** children placed on the Richland County wait-list and it is a state & local goal to try to remain waitlist free. The program served a total of **49** children during the year, of which **30** received Waivers Support; a funding source which indicates full time enrollment in the program, and **19** children received Family Support; a funding source that both meets the crisis needs of families in the program, and those currently on the wait list.

CHILD PROTECTIVE SERVICES

Children's Protective Services (CPS) is one of the programs of the Child and Adolescent Services Team (CAST) that directs intervention into family life where abuse and neglect is suspected or where children are deemed to be "at risk" by their primary caregivers. The focus of protective services intervention is to maintain the child safely in the least restrictive environment and within their natural family homes where possible. This can involve a variety of activities including making referrals to community services that can carry out detailed and focused interventions to meet the specialized needs of the child or family.



Children's Protective Services are structured to:

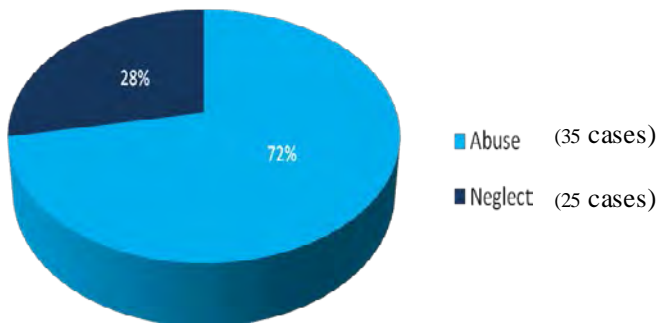
- Prioritize the health and welfare of children by encouraging the reporting of suspected abuse and neglect.
- Identify support, counseling, and other services to empower families to survive the effects of child abuse and neglect.
- Promote safe and stable family homes for children, whether this is with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

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

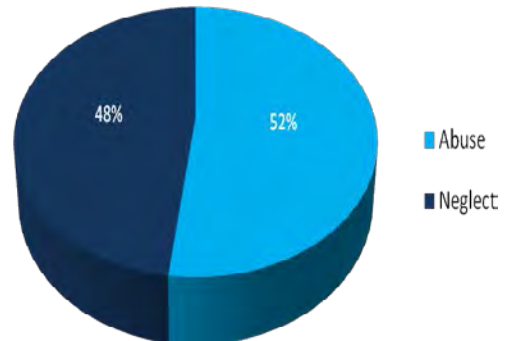
The table below reflects how child abuse and neglect reporting has changed over a five year period. In Richland County, we have seen an increase in reporting over the last decade which follows state trends.

<i>SERVICE</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>
<i>Total CPS Reports</i>	94	98	133	158	168
<i>Total Alleged Victims</i>	114	113	167	220	230
<i>Total Services Reports</i>	49	60	96	143	125

Investigated Reports by Maltreatment Type (2014)



Investigated Reports by Maltreatment Type (2013)



From August – December of 2014, there was a notable drop in service cases. This is most evident in the juvenile population where delinquency referrals were down during that time frame. Although there has been an increase in reported physical & sexual abuse, neglect continues to be closely related within the numbers. The agency has also increased the practice of filing protective orders for multiple categories of abuse and neglect.

A snapshot review of out of home placements costs for 2014 demonstrated that by maintaining higher level of services to the community, the agency can generate an approximate savings of \$300,000/year in out of home treatment expenses.

Due to the intensive nature of CPS protective worker positions, the agency has struggled to sustain a qualified workforce. This has led to increased caseloads and fewer workers. In order to sustain a high level of commitment to the community, the agency will be working closely with partner agencies to maximize supervision of high risk youth.

JUVENILE JUSTICE

Juvenile Justice is the second program of Child and Adolescent Services Team (CAST). Juveniles served by this program are 17 years of age or younger, have been alleged to have violated a State or Federal law and/ or they are habitually truant from school (as defined by Wisconsin law). The focus of the program is to address juvenile delinquency in ways that prevent young people from ending up within the prison system in the future. This may involve stipulating corrective actions to unlawful behavior, incorporating the young person's family in actions to reduce offending behavior, and pursuing referrals to services that will address the root causes of offending behavior in juveniles. By working with young people separately from the adult criminal system it allows the program to work from a supportive systems perspective while maintaining individual responsibility. The type of referrals that the program sees has remained static over the last year.

Services Provided:

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

The disposition or legal processing of a juvenile delinquency case can take many forms dependent on the nature of the offense, the history of the offender, and the support system in place around the offender to reduce recidivism.

There were **37** referrals in total for 2014; of those, **28** referrals saw case action and **5** of these are repeat offenders. These numbers are significantly down from previous years.

FOSTER CARE and KINSHIP CARE

Foster Care is the third program of the Child and Adolescent Services Team (CAST). Having caring, responsive foster parents to envelope the child and work closely with the family to overcome these traumatic experiences is key to the safe reunification of children back to stable family homes. Foster parents receive payment towards the direct costs of caring for County children in need of out of home care. The rates are established by the State and implemented by the County.



The Foster Care Program has been largely responsible for the licensing of Level 1 and Level 2 homes locally. In 2014, there was a significant decrease in foster home placement due to an increase in kinship licensing. We continue to work on expanding our foster homes and building on local resources for our children.

INDEPENDENT LIVING SERVICES

Richland County receives a small stipend to help youth who age out of care to achieve independence post 18 years. In 2014, we have 0 new youth who qualified for these services.

CLINICAL SERVICES UNIT

Mission Statement

To individuals and families...

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

To the community...

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

SERVICES

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

In 2014, Clinical Services staff assisted **821** individuals in one or more of its programs.

RECOVERY

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

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



CRISIS INTERVENTION SERVICES

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

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

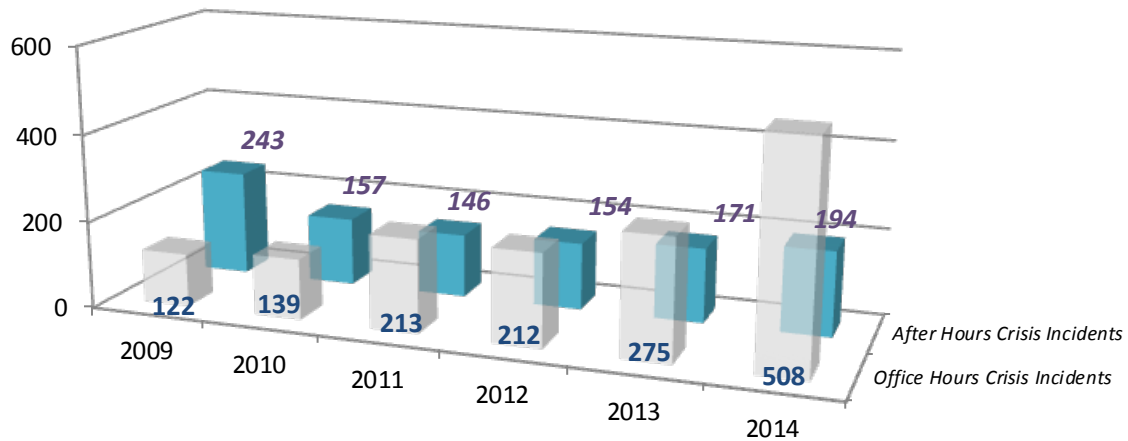
The types of responses to a crisis situation may be conducted by the 24-hour emergency telephone system, walk-in emergency services during business hours, or by mobile response to the crisis location when needed.

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

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

Crisis Contacts: In 2014, Health and Human Services provided Crisis services to a total of 132 individuals. Some people may have had repeat crises or required additional contacts to address the crisis situation. Northwest Connections handled 194 afterhours crisis contacts and Clinical Services staff handled 508 crisis contacts during office hours. The total number of crisis contacts include all full crisis assessments completed by staff and the total number of linkage and follow-up contacts after a crisis has occurred.

Crisis Incidents

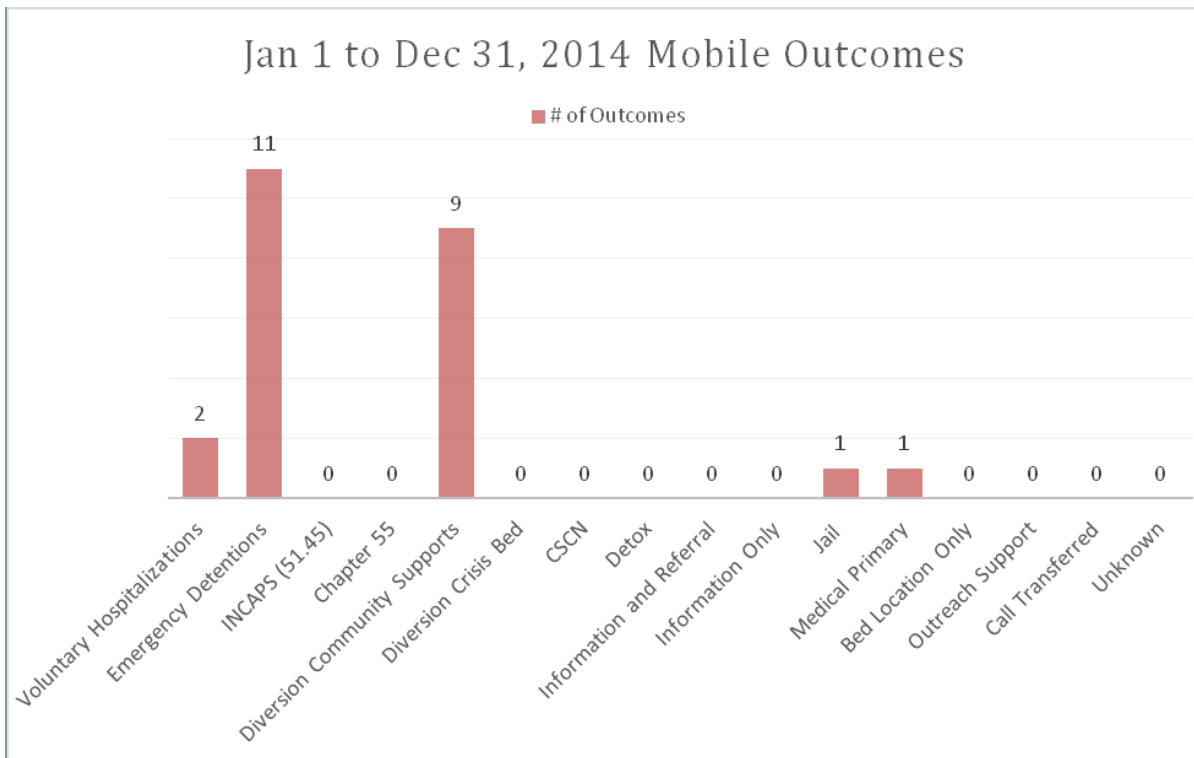


Emergency Hospitalizations: Emergency hospitalizations decreased by 28% compared to the previous year. The five-year average for emergency hospitalizations continues to drop since establishing the afterhours crisis system with Northwest Connections. Richland County averaged 68 emergency hospitalizations annually in the five years prior to implementing the new system, while the average has been 38 per year since beginning the new crisis system in 2011.

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

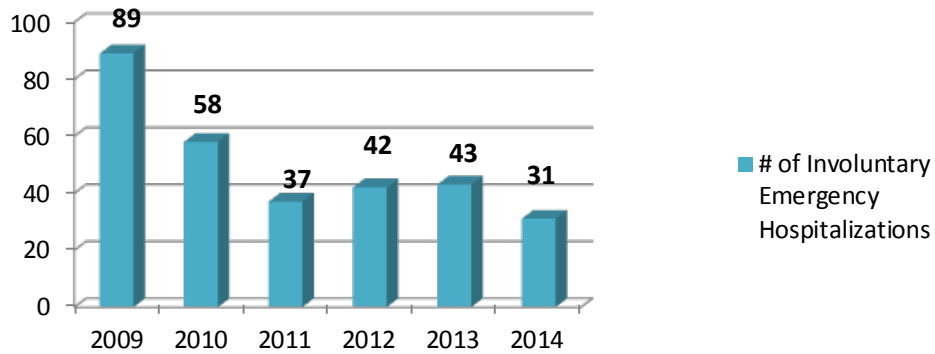
Northwest Connections Mobile Response Outcomes: The mobile response system is activated when there is a need for onsite intervention/assistance or there is a concern that an emergency hospitalization may occur. The role of the Mobile Crisis Worker is to conduct an assessment and try to resolve the crisis by using community supports thereby avoiding the need for hospitalization. Mobile Crisis Workers responded to 24 crisis situations in 2014. Northwest’s mobile response services were able to divert the need for ten (10) hospitalizations by implementing community supports, follow-up, and service linkage.

Outcomes of Mobile Crisis Response Incidents (total=24)

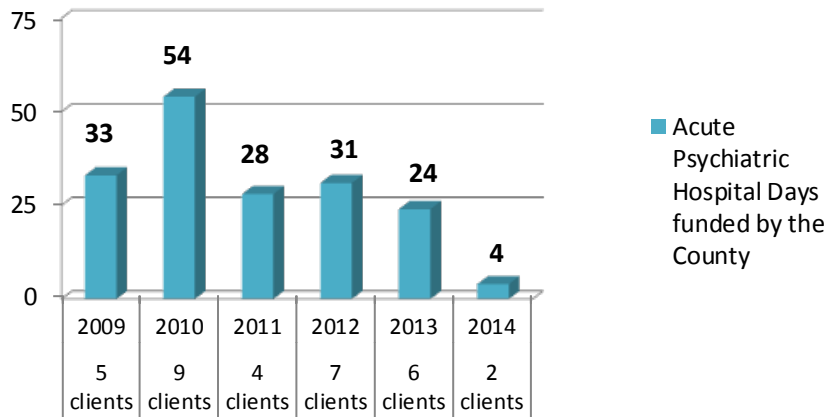


INPATIENT PSYCHIATRIC AND INSTITUTIONAL SERVICES

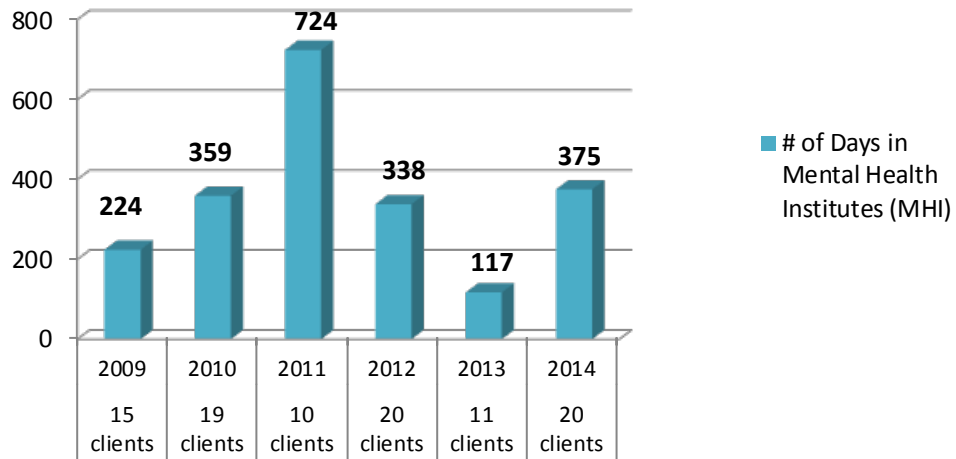
Clinical Services facilitates voluntary and involuntary hospitalizations for individuals who need this inpatient psychiatric service. Involuntary hospitalizations (*sometimes called emergency detentions*) occur when a person is determined to present a substantial risk of harm to him/herself or to others due to a suspected mental illness. The person is detained by law enforcement or the court and placed at a psychiatric facility in order to be evaluated. If the person is determined to pose an ongoing risk to him/herself or to others, a civil commitment process may be pursued to assure that the person gets necessary treatment. Clinical Services has maintained a low number of involuntary hospitalizations since implementing its certified crisis program which includes contracting with Northwest Connections to provide afterhours telephone and mobile crisis response. The chart below shows the number of involuntary hospitalizations for the last five years.



Inpatient Psychiatric Hospitalization: Most inpatient hospital stays are funded by private medical insurance, Medicare or Medicaid. Health and Human Services funds the emergency involuntary hospitalization when an individual does not have insurance or other financial means to pay for it. Richland County contracted with Gundersen Lutheran, Mayo Health Systems, and Southwest Healthcare for inpatient services in 2014. The chart below shows the number of hospital days funded by Health and Human Services each year.

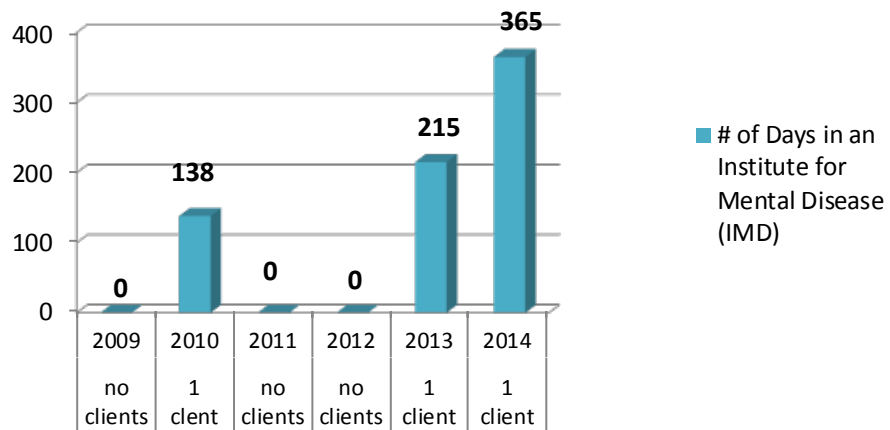


Mental Health Institutional Placements: For long-term care and treatment needs in 2014, Richland County placed individuals at Mendota and Winnebago Mental Health Institutes through March 31, 2014. After March 31, 2014, Richland County primarily used Winnebago Mental Health Institute when necessary due to a State change that limited the types of patients treated at Mendota. These facilities were also used as a last resort placement when an acute psychiatric unit was not available for short-term emergency hospitalizations. The chart below shows the total number of days of institutional care funded annually by Richland.



In 2010, the State of Wisconsin began requiring counties to fund a portion of the cost of mental health institutional stays for children age 21 and under. Previously, these placements were covered by a combination of Federal Medicaid and State matched funding. The state shifted the responsibility for the matched funding (*approximately 25%*) from state to county governments. Two of the twenty individuals shown in the chart above for 2014 were under the age of 21 and accounted for 74 days of care.

Institutes for Mental Disease: Richland County may also use Trempealeau County Health Care Center, an Institute for Mental Disease (IMD) for long-term mental health care. The County's use of institutional care varies significantly from year to year based upon the individual circumstances of the people requiring this type of longer-term treatment. Some years, no individuals require this level of care. There was one person placed in an IMD in 2014.

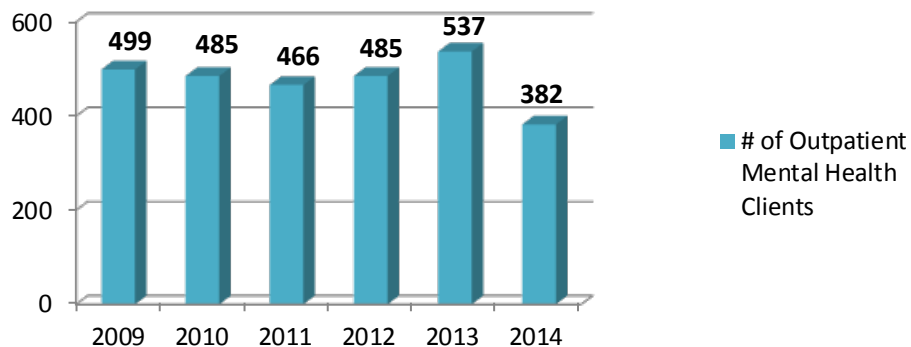


OUTPATIENT CLINIC

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

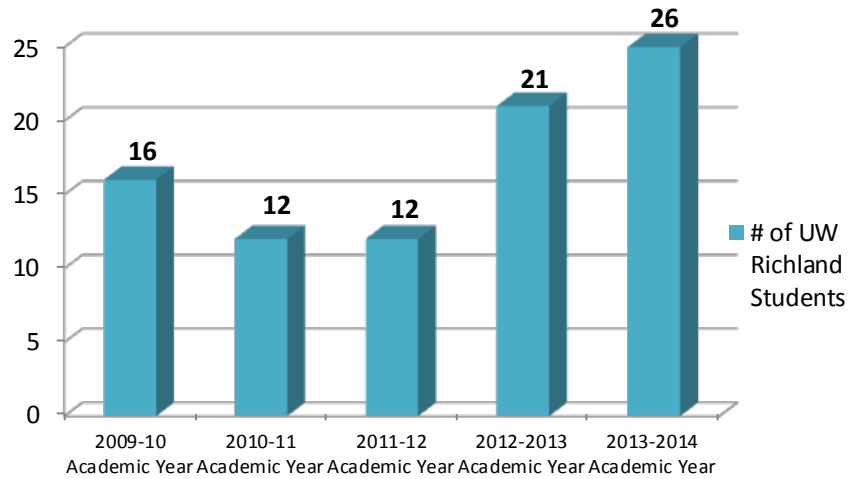
Mental Health Treatment Services: Licensed treatment professionals provide psychotherapy, psychiatric care, and psychological testing/evaluation for people coping with depression, anxiety, parent-child conflict, school adjustment problems, child behavioral issues, abuse, relationship issues, adjustment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

During 2014, Clinical Services provided psychotherapy to 174 individuals, psychiatric care/medication management to 195 people and conducted 42 psychological evaluations. A total of 21 individuals were seen in 2014 for group therapy. The chart below shows the total number of unduplicated consumers who received one or more types of outpatient mental health treatment services each year.



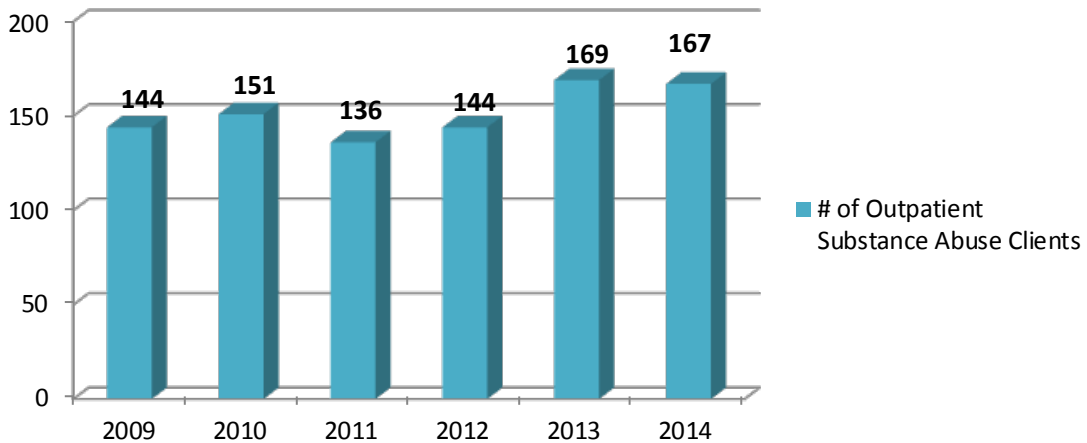
UW-Richland Campus Counseling Services: Clinical Services has provided Campus Counseling Services to University of Wisconsin-Richland under a contract agreement since 2009. A licensed mental health professional is available on campus during the academic year to provide assistance for students who are feeling stressed, depressed, or have other emotional concerns. Services are provided at no cost to the student. In addition to counseling services, Health and Human Services provides training and consultation to residence hall and other campus staff; consults with the campus Threat Assessment Group; provides mental health and substance abuse in-services and screenings to the student body; and is also available to provide assistance in any type of mental health emergency. Over the course of 2014, a total of 26 individuals were seen for mental health services at UW-Richland. Through the contract with

UW-Richland, a staff member is able to provide support services at the campus two half days per week.



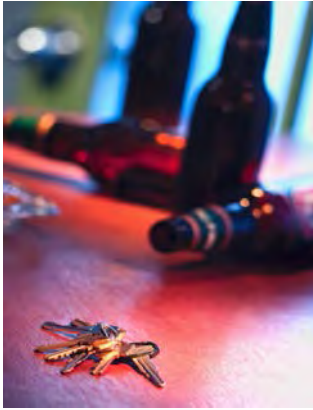
Substance Abuse Treatment Services: Substance abuse counseling is a specialized treatment focused on assisting individuals to stop or minimize the negative effect of addiction on their lives. In 2014, Clinical Services substance abuse counselors provided assessment, referral, and treatment to 167 adults and teens struggling with substance use disorders.

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

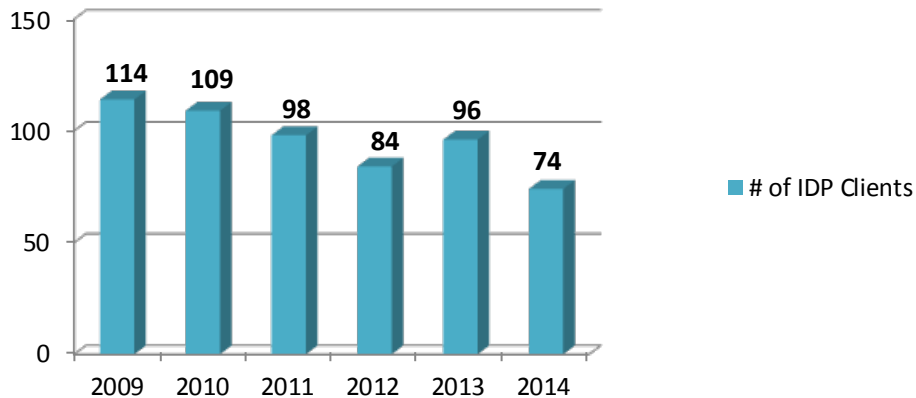


INTOXICATED DRIVERS PROGRAM

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

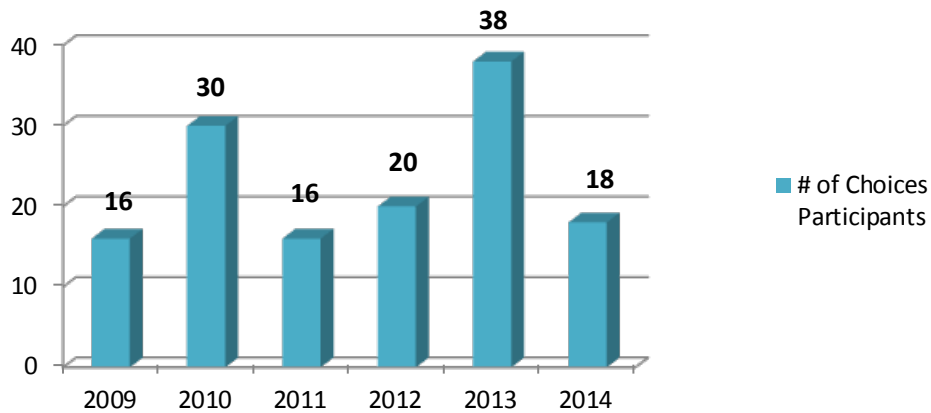


In addition to fines and criminal penalties, when an individual is convicted of operating a motor vehicle while intoxicated, state law mandates that he or she be ordered to complete an Intoxicated Drivers Program (IDP) Assessment. The IDP assessor conducts a specific type of assessment for this program, and based upon the results, the offender is referred to the appropriate education or treatment program. Approximately half of those assessed in 2014 were referred to a treatment program.



CHOICES

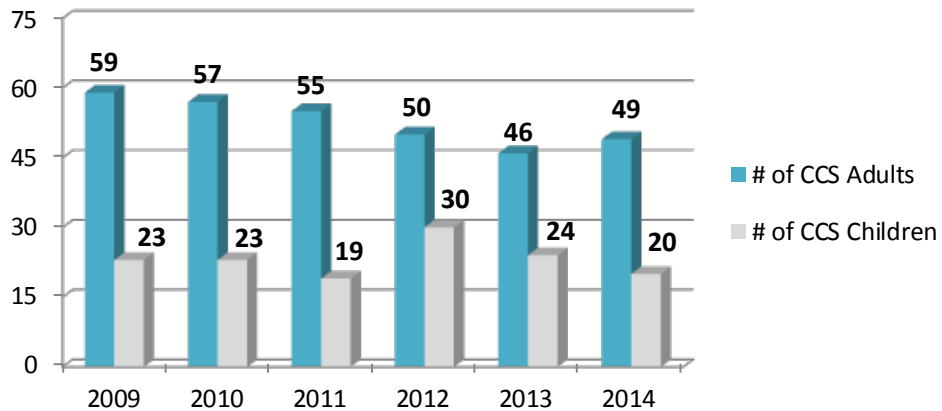
Choices is an educational program that is offered as an alternative sentence by the court to violators of the underage drinking laws of Wisconsin. Underage offenders may face a fine, loss of driver's license, and as a result of the conviction, increased insurance rates. The Choices option allows a first offender the opportunity to keep his or her driver's license and avoid a conviction record. The program uses the evidence-based PRIME for Life curriculum which has been shown to improve low risk decision making among participants. A total of 18 people participated in the Choices Program in 2014.



COMPREHENSIVE COMMUNITY SERVICES

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

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



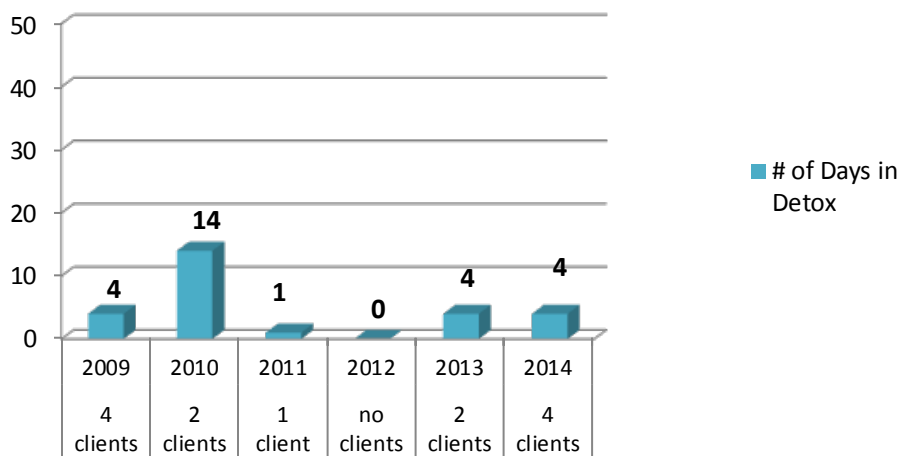
COORDINATED SERVICES TEAM INITIATIVE

During 2014, Richland County began to implement the Coordinated Services Team Initiative. The Coordinated Services Team or CST Program serves children who are involved in multiple systems of care. These children are considered to be at risk of out of home or institutional placement. The CST process involves both natural and formal supports for a child in wraparound services. During 2014, the CST process was started with five families. Through participation in CST it is hoped that children and their families will be able to utilize natural supports to meet their highest potential in the community.



DETOX SERVICES

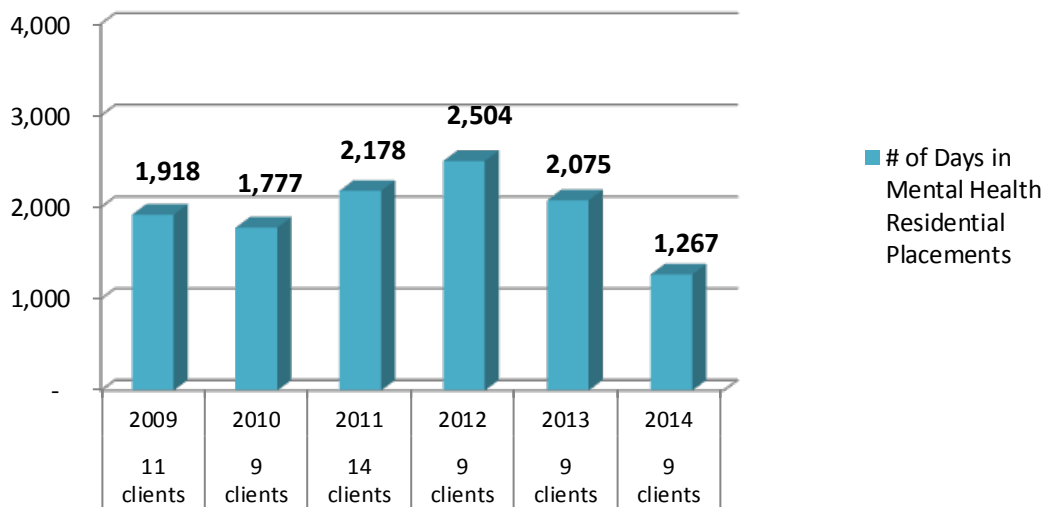
Detox refers to the process the body goes through to rid itself from alcohol. This can be very dangerous for individuals who heavily abuse alcohol. Richland County had contracts with Gundersen Lutheran, Mayo Health Systems, and Tellurian UCAN, Inc. for certified detox programs. Four individuals were sent to certified detox facilities in 2014. Detox in Richland County was primarily managed on the general medical unit at the Richland Hospital. The chart below shows the county-funded detox services at certified detox facilities.



MENTAL HEALTH RESIDENTIAL SERVICES

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

Nine individuals received residential services in 2014. Four of the individuals who were placed in residential facilities needed in long-term placements (*6 month or longer*). Two individuals required transitional placements as a “step down” from inpatient psychiatric hospitalizations. Two individuals were able to successfully transition from long-term residential facilities to independent living during 2014. The chart below shows the total residential days funded by Health and Human Services per year along with the number of clients served.



ECONOMIC SUPPORT UNIT

Mission Statement

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

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

Capital Consortium Member for Income Maintenance

PROGRAMS ADMINISTERED

Badger Care Plus
Caretaker Supplement (CTS)
Day Care Assistance
FoodShare
FoodShare Employment & Training

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

The Role of the Economic Support Unit

In 2014, the job of the Economic Support staff remained very challenging due to its ever changing nature. While some believe the Economic Support Specialist merely enters data into the computer to determine a customer's eligibility, they would be wrong. While they do interview clients to determine eligibility and enter data submitted, they must also verify the information received, process changes, and navigate a variety of computer systems. All the while, they continue to interpret program policy and in 2014 administered 56 policy changes or clarifications. The most significant change was the implementation of a new policy regarding BadgerCare+ eligibility. They remain proficient in applying these policies while also managing 600 cases per family worker and 800 cases per Elderly, Blind, Disabled worker. These significantly higher caseloads remain manageable with the assistance of the Capital Call Center to which Richland County dedicates 1.8 full time equivalents. Joining the Capital Consortium in 2012 allowed for workload sharing across seven counties and this continued partnership provides for increased efficiencies and better customer service for the citizens of Richland County.

In addition to client contacts, there is also daily interaction with both agency staff and other professionals in the community. The Economic Support Specialist is many times viewed by their clients as their "Social Worker" because of the help they provide in their time of need. The agency thanks each one of them for their commitment to the families and individuals they serve.

The Role of the Capital Consortium

2014 was Richland County's third year being part of the Capital Consortium for Income Maintenance programs. There are seven counties that make up this consortium: Adams, Columbia, Dane, Dodge, Juneau, Richland, and Sauk. Throughout the year, there was continuous communication, coordination and cooperation on a daily basis to ensure that delivery of services remained consistent and in keeping with the Economic Support mission. Because of overall workload and caseload increases, the relief that came from consolidation has helped immensely.

Another key component of this relationship was the creation of the Capital Call Center. Our participants and new applicants call a toll free number and speak to someone immediately with questions (general or case specific), to report changes, to complete renewals and to apply for benefits. Every county has agents on the phone, and in 2014, we provided the equivalent of 1.8 full-time agents to the Call Center. An agent is an Economic Support worker and they have to be fully trained in all Economic Support programs. In 2014, the Capital Call Center accepted 250,836 calls. Richland County Economic Support Specialists accepted almost 7,000 of those calls. In addition, the callers experienced wait times of less than five minutes.

It should be noted that these wait times are an increase from 2013. However, this is the result of an expansion of our "one-touch" philosophy. "One-touch" means exactly that. The Call Center agent does everything in their power in one phone call to make all the changes, process all the documents, or do an interview without rescheduling an appointment. As part of "one-touch," in July 2014, we stopped pre-scheduling renewal appointments. Instead, the customer is directed to call at their convenience and the entire process, including gathering a telephonic signature, is completed in that one phone call. Phone calls do take more time, but the result is a timelier and more streamlined renewal experience preventing case closures and thereby avoiding the re-application process.

BADGER CARE PLUS **(Family, CORE, Basic)**

BadgerCare Plus (BC+) is a State/Federal program that provides health coverage for Wisconsin families as well as single individuals. Potential BC+ members include:

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

The persons listed above are eligible if they meet all other BC+ non-financial and financial requirements. In years past, single individuals could apply for BC+ but were put on a waiting list. New in 2014, BC+ expanded to allow single individuals the opportunity to be enrolled in BC+ without waiting if they met all other requirements. As a result of this change, 240 individuals were enrolled in BC+ in 2014 that would not have been insured otherwise.

In 2014, 3,057 individuals were enrolled in BC+, FPOS, & Well Woman.
This compares to 2,949 individuals at the end of 2013.

Note: While 2014 total benefit amounts were not available at the time of this report due to delayed provider billing, in 2013 \$29,635,253 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

CARETAKER SUPPLEMENT (CTS)

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

In 2014, 6 families received \$23,850 in assistance.

DAY CARE ASSISTANCE

Wisconsin Shares - Working together
to make
child care costs affordable



Steps toward receiving day care assistance are:

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

If eligible for assistance, payments are made to the provider directly. A review, every six months, of the applicant's income and activities is necessary to continue receiving assistance.

The Economic Support Unit is also responsible for certifying Day Care facilities. Currently, there are 18 certified providers in Richland County. To be certified, a provider will have a home visit, background check, and must comply with other qualifying requirements. Packets are available for providers wishing to become certified.

**In 2014, as many as 74 families and 126 children
at one time received assistance with day care.
\$179,887 was paid to providers of behalf of those families.**

FOODSHARE

A Recipe for Good Health

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

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

**In 2014, Richland County had an average
of 2,803 FoodShare recipients per month.
Benefits paid totaled \$3,371,032.**

*This compares to 2,921 recipients
per month in 2013.
Unduplicated recipient numbers were not
available at the time of this report.*



FOODSHARE EMPLOYMENT AND TRAINING

The federally legislated purpose of the FoodShare Employment and Training Program (FSET) is to evaluate the strengths, needs and preferences of the job seeker, who is a recipient of FoodShare, then provide services that will result in successful competitive employment, while promoting economic self-sufficiency. For several years, this has been a voluntary program that offered supportive services that included, but was not limited to, child care assistance as well as mileage reimbursement. In 2014, Richland County evaluated 3-5 referrals per month, but no actual enrollments occurred. In 2015, this program will be administered by a private vendor.

FRAUD & FRONT-END INVESTIGATIONS

Richland County continues to administer these programs to ensure accuracy in benefits. Based on criteria for potential fraud, the Economic Support unit investigates all reports of potential fraud, follows-up on wage discrepancy reports received quarterly from the state as well as reviews reports received from the state OIG submitted through the Fraud hotline. Following an investigation, if substantiated, individuals must repay any benefits they were not entitled to and sometimes the consequences result in sanctions from future benefits and possibly even referrals to the district attorney for prosecution. Significant effort, however, is put into front-end prevention to avoid errors in benefits from the onset by confirming and verifying questionable application information before issuance.

In 2014, over 350 cases were looked at for potential fraud. Of these cases, the majority were unsubstantiated as they were the result of wage reports through unemployment that simply needed clarification. One case, not related to wages, did result in recovery efforts of an overpayment totaling \$37,847.

MARKETPLACE ASSISTANCE

New in 2014, and in keeping with the Economic Support Mission, the unit took on the responsibility of providing families and individuals with assistance as they navigated the new health insurance requirements associated with the Affordable Care Act. The Patient Protection and Affordable Care Act, as of January 1, 2014, required all individuals be insured. With this requirement, insurance was made available through the Federally-facilitated Marketplace during an Open-enrollment period.

To help the Richland County community through this process, Richland County Health and Human Services became a *Certified Application Counselor Organization*. This designation allows our agency to certify staff and volunteers as individual *Certified Application Counselors (CACs)*. With a CAC on staff, and through collaboration with community partners, Richland County Health and Human Services provided assistance to over 200 individuals during weekly enrollment sessions during the first Open-enrollment period. In addition, we coordinated two public information sessions with over 100 attendees in total learning more about the Health Insurance Marketplace and the Affordable Care Act.

MEDICAL ASSISTANCE PROGRAM

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

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

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

This compares to 1,008 individuals in 2013.

Note: While 2014 total benefit amounts were not available at the time of this report due to delayed provider billing, in 2013 \$29,635,253 was spent on healthcare services for Richland County recipients of Medical Assistance and BadgerCare Plus.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)

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

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

Of particular note in 2014, Wisconsin, as did many other states, suffered from a Propane (LP) shortage. Richland County was hard hit by LP prices that, for some, exceeded \$6.00 per gallon. The state of Wisconsin was quick to release additional funding to meet the needs of our residents that faced the shortage and the increased prices.

In addition, this crisis didn't fluster the Richland County WHEAP intake staff as they worked tirelessly to ensure families and individuals did not go without heat. During this timeframe, they distributed over \$122,364 in benefits above our normal annual allocation of \$13,504. Included in these efforts, many of our most vulnerable residents were also selected to participate in a *Summer Fill* program that allowed Wisconsin to increase their LP supply allotments thereby keeping prices low and preventing a future crisis.

In Federal Fiscal Year 2014, 920 households received Energy Assistance in Richland County for a total of \$508,039.

In 2013, 918 households received Energy Assistance for a total of \$530,681.

In Federal Fiscal Year 2014, 290 households received Crisis Assistance, totaling \$143,769.

In 2013, 320 households which received Crisis Assistance for a total of \$46,611.

In Federal Fiscal Year 2014, 13 households received Furnace Repair/Replacement Assistance, totaling \$14,593.

In 2013, 11 households received Furnace Repair/Replacement Assistance for a total of \$19,197.

Websites of Interest

Access: www.access.wisconsin.gov

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

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

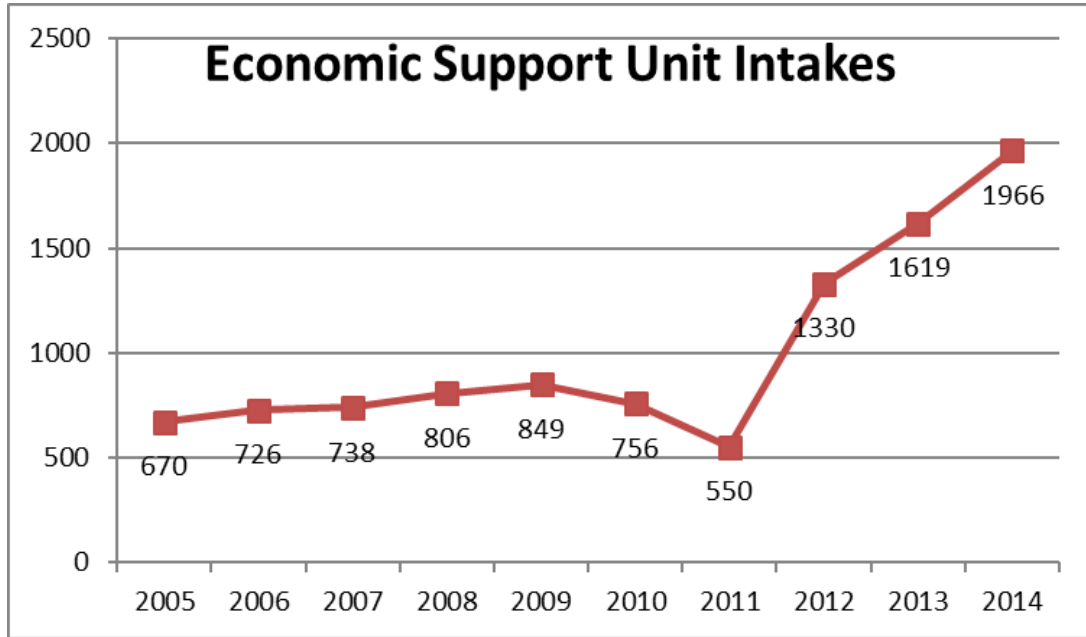
Wisconsin Department of Workforce Development:

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

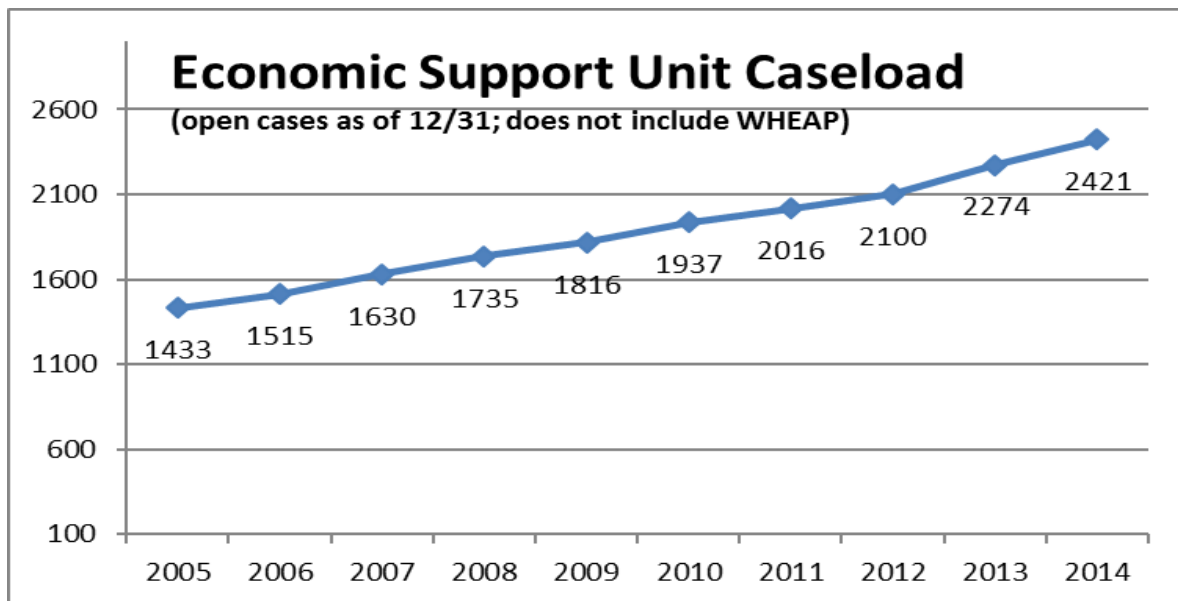
Wisconsin Department of Children & Families: <http://dcf.wisconsin.gov/>

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

Statistics for Richland County



**Note regarding the high intake numbers after 2011: The Consortium model is required to meet certain Performance Measures. In order to monitor operations as a Consortium, detailed reports were created to ensure those measures were met. Part of our "Intake" requirements now include the timely processing of ALL new program requests for assistance – not just initial applications. For example, a family could apply for BadgerCare Plus in February and then apply in July for FoodShare. These are considered TWO "Intake" applications. This is not new to our operations, but prior to 2012 all tracking was done manually. Now, we can systematically collect data regarding these counts.



PUBLIC HEALTH UNIT

Mission Statement

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

PROGRAMS AND SERVICES

Communicable Disease

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

General Public Health Programs

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

Nutrition

Senior Congregate & Home Delivered Meals

Maternal Child Health Programs

MCH Systems Initiative
Prenatal Care Coordination
HealthCheck
Fluoride
Child Passenger Safety

Environmental Health

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

Preparedness & Response

Preparedness & Response Highlights



Public Health
Prevent. Promote. Protect.

COMMUNICABLE DISEASE



Immunizations: Routine childhood immunizations are considered one of the greatest public health accomplishments of the 20th century. Vaccines prevent disease in people who receive the vaccines and protect those who come in contact with unvaccinated persons. Before routine childhood immunizations many children died from diseases like pertussis and measles. Vaccine preventable diseases may be rare in the United States, but they still exist.

The recent measles outbreak related to the Disney Park in California and Wisconsin's own issue with recent pertussis outbreaks underscore the importance of childhood immunizations.

Changes related to the Affordable Care Act now require insurances cover routine childhood immunizations. In Wisconsin, due to the way public health vaccine is funded, public health can no longer immunize persons who have insurance with vaccine coverage, regardless of a high deductible or co-pay. Public Health can only immunize those individuals who are covered by ForwardHealth, BadgerCare, or Medical Assistance, or are uninsured with State supplied vaccine.

Public Health continues to provide influenza and pneumonia vaccine each fall, but the number of persons at the clinics continues to decrease as more and more providers offer influenza and pneumonia vaccines.

New in 2014, Public Health conducted a preparedness mass clinic exercise with local school districts. By conducting this exercise we were able to use state supplied influenza vaccine to students at Ithaca, Weston, and St. Mary's, and at Doudna, Jefferson, Lincoln, the Richland Middle School, and Richland Center High School in the Richland District. Public Health was able to exercise a mass clinic situation as well as provide a valuable service to local school districts and families. 607 students were immunized against influenza during the exercise.

Immunization Statistics:

Immunization	2007	2008	2009	2010	2011	2012	2013	2014
Comvax (Hib & HepB)	38	23	33	n/a	n/a	n/a	n/a	n/a
DtaP	105	90	101	27	10	24	13	12
Hepatitis A	39	40	38	58	43	87	43	39
Hepatitis B	15	14	31	32	18	16	6	13

Adult Hepatitis B	36	14	44	53	45	29	9	12
Immunization	2007	2008	2009	2010	2011	2012	2013	2014
Hib	14	14	14	20	13	7	1	1
Influenza	1177	1146	1171	916	771	647	602	1036
MMR	62	60	69	71	35	33	10	23
Pneumonia	43	41	27	60	26	14	19	26
Polio	82	76	82	28	18	8	15	24
Prevnar	73	55	60	76	31	16	4	16
Td	128	102	26	26	5	5	1	2
Varicella	101	186	195	156	99	73	17	24
Menactra	61	84	109	48	47	31	19	24
Td-Pertussis (Tdap)	87	449	407	372	272	260	134	70
HPV (Gardasil)	49	79	89	67	39	44	28	26
Rota Teq	n/a	21	34	18	10	5	2	8
Twinrix (HepA-B)	n/a	8	6	3	9	0	2	2
H1N1 Influenza A	n/a	n/a	1909	495	n/a	n/a	n/a	n/a
DTPaP-Hib-Polio (Pentacil)	n/a	n/a	n/a	30	19	13	4	14
DTPaP-Polio (KINRIX)	n/a	n/a	n/a	22	13	15	0	n/a
TOTAL	2110	2502	4445	2578	1523	1327	929	1372

Communicable Disease Investigation and Follow Up: According to Wis. Stats. 252.05, any health care provider who “knows or has reason to believe a person treated or visited by him or her has a communicable disease” is required to report. Per Administrative Rule DHS 145.04 (1), this includes reporting of “a case or suspected case...” And, according to DHS 145.05, the local health department is required to confirm the illness and determine as far as possible all sources of infection and exposures to the infection.

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

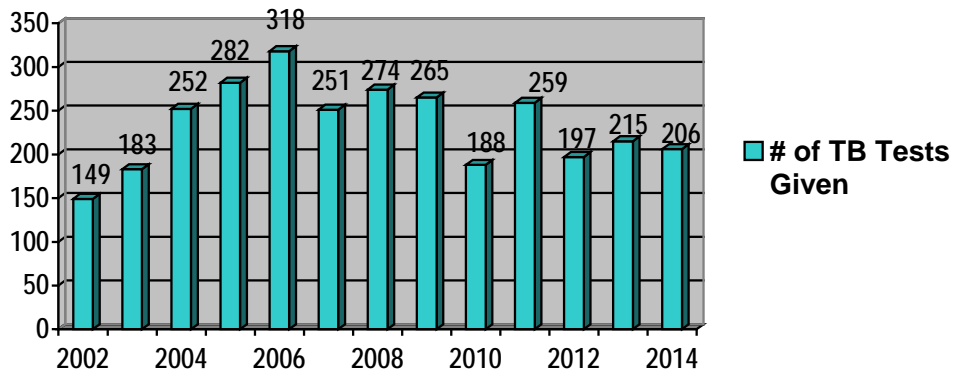
Communicable Disease Statistics:

Reportable Disease	2007	2008	2009	2010	2011	2012	2013	2014
Active Tuberculosis	0	0	0	0	0	0	0	1
Arbovirus Illness	0	0	0	0	0	0	1	1
Babesiosis	0	0	0	0	0	0	2	0
Blastomycosis	0	0	0	0	0	0	0	1
Brucellosis	0	0	0	0	0	0	0	1
Campylobacter	5	6	5	15	19	8	13	5
Chlamydia	25	23	27	22	30	28	21	43
Cryptosporidium	3	6	4	2	7	1	4	2
E. Coli	0	6	0	0	4	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	2	5	5	3	4	2
Giardia	5	0	2	2	3	2	2	0
Gonorrhea	1	0	1	0	0	3	1	2
Hepatitis A	0	0	0	0	1	0	0	1
Hepatitis B	2	2	0	2	2	2	1	3
Hepatitis C	3	4	2	7	6	10	4	16
Herpes	1	n/a	n/a	n/a	n/a	1	0	0
Histoplasmosis	0	0	0	0	0	0	0	1
Influenza Hospitalizations	0	0	35	0	5	4	10	4
Invasive Haemophilus Influenza	0	0	0	0	0	0	0	1
LaCrosse Encephalitis	0	1	0	0	0	0	0	3
Legionella	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	1	0	0	0
Lyme Disease	81	60	75	54	41	35	45	36
Measles	0	0	0	0	0	1	4	0
Meningitis (Bacterial)	0	0	0	0	0	0	0	0
Meningitis (Viral)	1	0	0	0	0	1	0	0
Mumps	8	0	0	0	0	0	0	0
Mycobacterial Disease	0	0	1	1	2	0	5	1
Pertussis	2	1	0	6	6	28	18	16
Salmonella	3	2	3	4	7	6	5	5
Shigella	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	1	3	2	2	1	0
Syphilis	0	0	0	0	0	3	0	0
Q Fever	0	0	0	0	1	0	1	1
Toxic Shock Syndrome	0	0	0	0	0	0	0	1
Tuberculosis/Latent Infection (LTBI)	0	0	1	0	5	5	1	29
West Nile	0	0	0	0	0	2	0	0
Varicella	0	0	3	0	3	3	5	Non reported

Toxoplasmosis	0	0	0	1	0	0	1	2
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Tuberculosis (TB) Prevention and Control: Tuberculosis is a disease that current public health staff have not seen—until 2014. Richland County’s first active case of TB in many years was a learning experience for everyone involved. Significant public health nurse time and energy went into prevention and control related to this one case, and the public health intervention, in addition to prompt recognition by the health care provider, prevented what could have easily turned into an outbreak. While it is difficult to quantify all of the time and cost related to just this one case, the public health nurses spent many hours and sometimes entire days on prevention and control related activities. Seventy-nine persons were identified as contacts of this one case and received skin tests, 28 persons were referred to a health care provider for further evaluation and testing, and 28 persons required preventive medication. Twenty-five required direct observed therapy. Direct observed therapy (DOT) requires that a public health nurse actually watch the person take their medication to assure compliance with the medication regimen because there are multiple medications that have to be taken for 6-9 months and there can be significant side effects from the medications, AND it is critically important that people complete their treatment in order to prevent TB infection from becoming TB disease.

TB Skin Tests: Public Health provides TB skin tests for persons who may need them as a pre-employment requirement. In 2014, 206 skin tests were provided by Public Health.



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

TB Dispensary services provided by Public Health include Tuberculin skin testing; medication for treatment of disease and TB infection; directly observed therapy; TB contact investigation; and TB case management. In addition, Public Health has MOUs with the Richland Medical Center and the Richland Hospital for the provision of certain clinically indicated services that public health does not provide, and reimburses the Medical Center and the Hospital at the current Medicaid rate. In 2014, **51** people received care under the TB Dispensary Program.

Ebola: In the late summer of 2014, with guidance from the CDC, state and local health departments began to develop a response to the Ebola Virus Disease (EVD) outbreak in West Africa. Ebola is a virus in the family of viral hemorrhagic fevers. It was first discovered in 1976 in the central African country of Democratic Republic of Congo. Since then it has appeared sporadically throughout the African continent. The reservoir or natural site where the virus exists is unknown, but scientists believe the first person becomes infected through contact with an infected animal such as a fruit bat or monkey, or through butchering of infected animals for meat. Once the virus is present in human populations, it is transmitted by direct contact with blood and/or body fluids of an infected person (even after death) or exposure to objects that have been contaminated with infected secretions. Symptoms of Ebola most commonly start 8-10 days after coming into contact with the Ebola virus but can occur as early as 2 days up to 21 days after the exposure. It is only when symptoms are present that the disease can be spread to others. Ebola is a serious disease with a high fatality rate. The illness affects many of the body's organ systems and often causes severe illness. Unfortunately there are no available medications to cure Ebola and no vaccine or medicine to prevent Ebola. Symptoms of Ebola include: fever, headache and joint and muscle aches, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding.

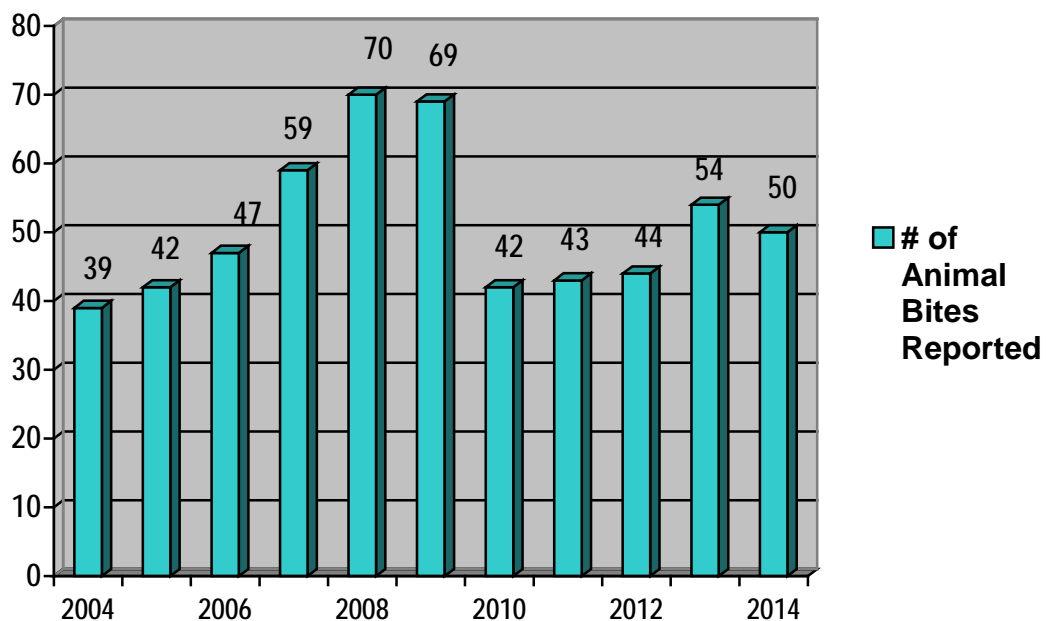
Ebola is spread by direct contact with blood or other body fluids of a person who has symptoms of or has recently died from Ebola. Ebola is not spread by casual contact or through food, water or air. The risk of contracting Ebola to the general public in the United States is extremely low. The only way Ebola can be spread is if a person had been in area where Ebola is occurring in the last 21 days and has been in contact with blood or body fluids of a person who has or has died from Ebola, and has developed symptoms of Ebola.

Travelers arriving to the United States are screened upon entry, and the Wisconsin Department of Health Services is notified of all individuals from the affected West Africa countries travelling to Wisconsin. Local public health departments are in daily communication with these individuals and are checking to assess the presence of fever or other symptoms. By actively monitoring these individuals the risk of transmission is minimized by ensuring that if these

individuals become ill they will be identified as soon as possible after symptom onset so they can be rapidly isolated, evaluated, and receive medical care if necessary. While it may seem that Richland County is a world away from West Africa, with modern communication and air travel our worlds are not that far apart. Many volunteers from many countries and are working in West Africa to control the spread of Ebola, students travel and study all over the world, business is global, and international travel is common. Richland County did have a traveler who returned to the County from West Africa and we monitored this individual for 21 days for symptoms of Ebola Virus Disease. Public Health worked with the State Division of Public Health to develop a plan for the monitoring process and worked with local Emergency Management and the Sheriff's Department as well as University Hospital to develop a plan for transport for evaluation and treatment if the person were to have become symptomatic. Fortunately the person had no symptoms and was released after the 21 day monitoring period without incident.

National, State, and Local Public Health has been and continues to prepare for Ebola and other infectious diseases. Richland County has an Ebola response plan and will continue to work with our partners to refine and improve our efforts to control communicable disease.

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 50 animal bites/human exposures in 2014. Those included 36 bites/human exposures from dogs and 14 bites from other animals.



MATERNAL CHILD HEALTH PROGRAMS

Maternal Child Health Systems Initiative: The Maternal Child Health program addresses eight priority areas that were identified in the State's 2010 MCH needs assessment. Some of these areas include collaboration and coordination, non-duplication, accessibility, accountability and quality improvement. Public health is working with community partners to improve services and supports that assist families in their efforts to be healthy and active.

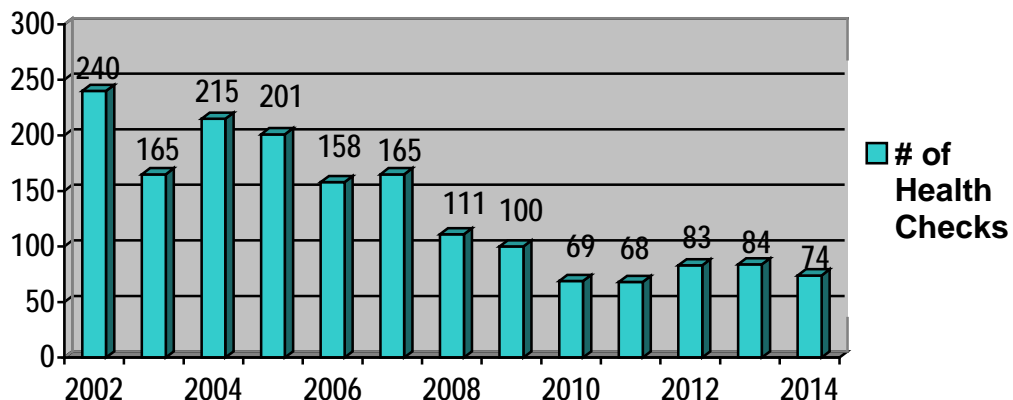
Prenatal Care Coordination: PHNs provide prenatal case management services including a range of support services and care coordination for high-risk Medicaid/ Healthy Start/Badger Care eligible pregnant women. Medical assistance provides reimbursement for services provided. Six women received prenatal care coordination services in 2014.



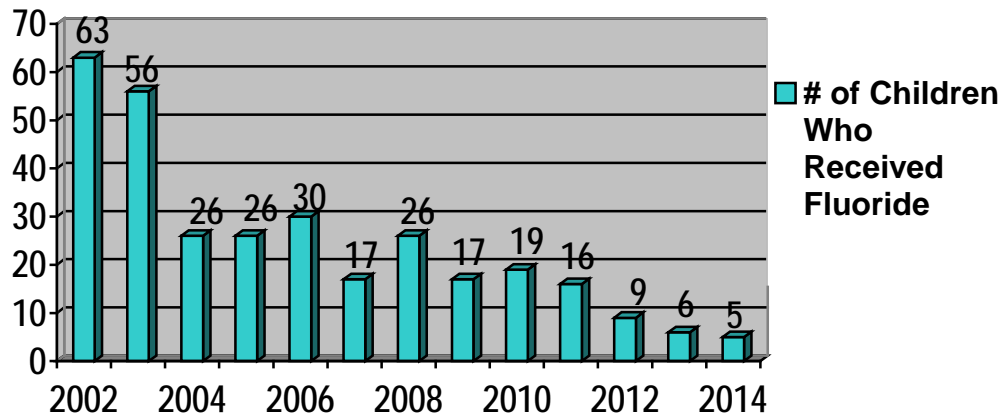
HealthCheck: HealthCheck is a comprehensive and preventive healthcare program for children under the age of 21. It is the name Wisconsin has given to a Federal Medicaid benefit, the Early and Periodic Screening, Diagnosis and treatment (EPSDT) benefit.

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

HealthCheck provides screening exams for childhood health problems and gives a right to treatment that is considered medically necessary for any problems that are found in the exams. In 2014, 74 HealthCheck screenings were completed.



Fluoride: Oral Fluoride is made available for children whose water supply has been proven to be deficient in Fluoride. Water sample test kits are available to residents for testing of private wells. If the water is found to be deficient in Fluoride, supplemental Fluoride can be purchased at a nominal cost. In 2014, 5 children received supplemental oral Fluoride.



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

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

Fluoride varnishes were provided for 38 children in 2014.



Child Passenger Safety: In 2014, Public Health received a Department of Transportation Child Passenger Safety Grant for the purchase of child passenger safety seats (car seats) for families who cannot afford to purchase them. Before a child can receive a car seat, a child passenger safety technician is required to select and fit the seat as well as provide education to the family on proper installation and safety. Extensive training is required to attain and retain certification. Public Health and Early Head Start have certified child passenger technicians on staff. In 2014, 46 children received child passenger safety seats through the program.

GENERAL PUBLIC HEALTH PROGRAMS

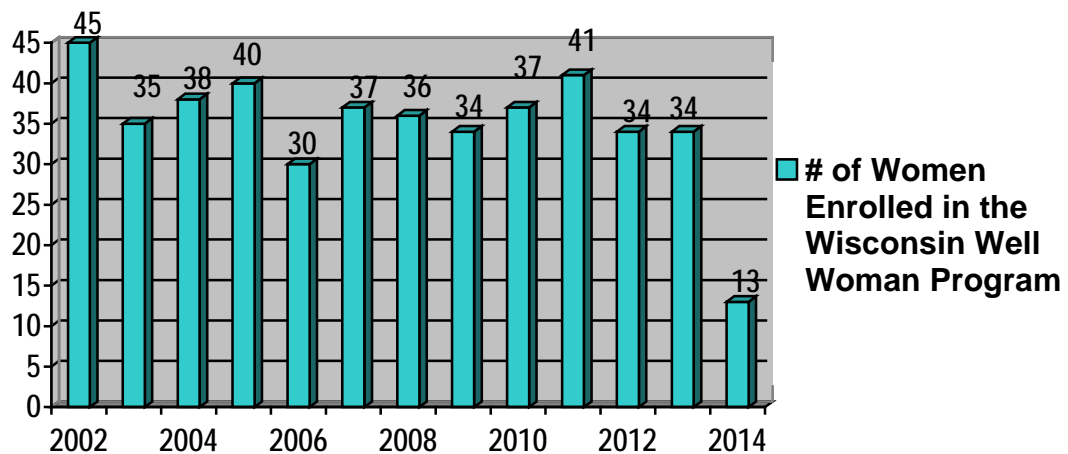


Loan Closet: The Loan Closet provides durable medical equipment for short-term use by Richland County residents. A deposit is required (which provides for repair and/or replacement of equipment), but is returned if the equipment is returned within one month. In 2014, 261 Richland County residents borrowed equipment from the Loan Closet.

Wisconsin Well Woman Program: Since December of 2013, the Department of Health Services has been working on restructuring the Wisconsin Well Woman Program (which provides breast and cervical cancer screening for low income eligible women) to increase flexibility in anticipation of fewer participants as women access services through BadgerCare or the federal health insurance Marketplace.

Providers have been selected to form a new provider network and include health systems, Federally Qualified Health Care Centers, hospital outpatient clinics, and rural health clinics, and will continue to offer screening, diagnostic, and case management services. The Department of Health Services has assured that no woman will have to travel more than 50 miles for screening services. Regional coordinators will provide services currently offered by local program coordinators including help with eligibility, application, and access questions.

In 2014, 13 women were served through Richland County's Well Woman Program. The decrease is expected as more women transition to care through Affordable Care Act options.





Wisconsin Partnership Program:

A great deal was accomplished the first year of Public Health's Wisconsin Partnership Program grant.

During the second year of the grant, we continued to build on the programs developed in the first year, and started discussions on the sustainability of the programs and the FIT Coalition once the grant ends.



Farm to School: Our Farm to School Outreach Specialist worked with the Richland School District (RSD) administrators to approve the process for purchasing local produce from farmers. She developed a "New Farmer Protocol Packet" with regulations, farm visit checklist and logistics information and conducts farm inspection visits for each farmer who sells to the RSD. The Farm to School Outreach Specialist has contacted over 100 farmers via letter, email and phone to find farmers interested in selling produce to the RSD.

The WPP grant continues to support the AmeriCorps Nutrition Educator who does monthly education in RSD, Ithaca and Lone Rock elementary school classrooms on the Harvest of the Month item and other food/nutrition topics. School gardens were developed at all schools in the RSD and produce from the gardens were used in the meal program at The Richland Middle School and Richland Center High School.

During the summer, 18 Food Service staff from RSD, Kickapoo and Weston got trained by Chef Monique Hooker. Chef Monique does food service trainings for schools with Farm to School programs to teach easy methods for incorporating and storing local produce, demonstration on basic knife skills and how to utilize an industrial food processor for quick raw produce processing. The grant also purchased an industrial Robot Coupe food processor for RSD.

In the 2014-15 school year, RSD Food Service Director purchased local products from 8 different local farmers and has menued the Harvest of the Month item at

least one time per month. This is a substantial increase from last year where the Harvest of the Month item was never menued.

NEW! The Harvest of the Month and Farm to 'School' program expanded to include the UW-Richland Roadrunner Café and the Richland County Senior Nutrition Meal sites. The UW-Richland Roadrunner Café is open to working with local products, is very creative and has been wonderful to work with. Our Senior Nutrition Program Coordinator was a Health Educator Intern with the WPP grant and her knowledge of the program has helped to smoothly bring the Senior Nutrition program into the Farm to School program. Monthly nutrition education is done at the meal sites and the UW-Richland Roadrunner Café purchases the local Harvest of the Month product and menus it twice each month.

Nutrition Prescriptions/Food for Life Cooking Class: The first full year of Food for Life (FFL) classes included 4 sets of 4 classes with 68 participants. "The Food for Life Year 1 Evaluation" report by Scott Consulting Partners, LLC includes data from paired pre-post surveys and post class phone interviews from the first two cohorts. This report is available upon request. In general the knowledge of the Mediterranean diet and cooking behavior changes were statistically significant and support continuing the classes. Sustainability of the program has been at the forefront of discussions for year 2 as the referral process currently in place at the Richland Medical Center can be leveraged to continue the program and exploration of a 'group visit' could potentially allow for payment for Physicians to teach the classes. The Health Educator at the RMC has started to shadow County Health Educator to initiate the 'handing-off' process from grant project to RMC run class.

Supplemental Nutrition Assistance Program (SNAP) at the Farmers Market: The sale of SNAP tokens to be used at the Richland Area Farmers Market increased to \$247 of which \$228 were redeemed. This is a big increase from the \$88 tokens that were sold last year. In addition, 19 educational sessions were held at the market, 5 by Pine River Food Coop staff and the remainder by Richland FIT volunteers.

Youth Component: In July Youth Empowered Solutions! (YES!) of North Carolina came to Richland Center to do two trainings on youth advocacy and empowerment. 19 youth and 25 adults from Richland County were trained. 4 youth were 'hired' using funds from the grant to develop an advocacy campaign around healthy eating or physical activity. Retaining the youth has been difficult and we have yet to get a campaign off the ground.

Community Wide Campaign: Promoting healthy eating and physical activity to create a 'culture of health' in the community is the goal of the Richland FIT initiatives and programs. We concluded the FITness Champions campaign but

have started “Meet Up” events for people to get together to try new activities. Kayaking on the Pine River has been the most successful ‘meet-up’ thanks to support from Pine River Paddle and Tube, LLC who gives us a discount for the outings. The Richland Medical Center also started Monday Night Bike Rides where local physicians lead a group bike ride through town. Opportunities for community members to be active together are a need that has been brought up again and again in community discussions.

Community Garden: Our community coalition group morphed into a community garden group because of lack of ability to do more than one project at a time. The garden group worked with the Park and Recreation Director to get approval to use land where the old community center was for a community garden. The group conducted 114 interest surveys of which 65% of respondents were interested in a community garden being established and 45 wanting to have a plot. Building planning is underway with the hope to break ground in May 2015.



Community Transformation Grant: The two-year Transform Wisconsin grant came to an end in December 2014. The focus of the grant was increasing physical activity in Richland County utilizing two evidence based strategies that aligned with 14 other grantees across the state. During 2014, the focus was to implement the Active Schools Core 4+ program in the Richland School District.

Active Schools Core 4+ is a program to ensure school age kids are getting the recommended 60 minutes of physical activity each day. Components of the program are:

1. Increase active minutes during Physical Education class
2. Active Recess
3. Active Classrooms
4. Before/After school activities
5. Homework or “extra” credit

Our Health Educator partnered with Doudna, Jefferson and St. Mary’s elementary schools and decided to start with the Active Classrooms component. An active classroom incorporates physical activity throughout the day by adding movement into the lesson plan or by taking short activity breaks to allow students to get out of their seats and move. Physical activity breaks typically last about 3-5 minutes, but may be longer when added into the lesson plan. Benefits of an active classroom are:

- Increase minutes of physical activity among students to improve overall health
- Improves behavior, attendance rates and test scores
- Increases memory, concentration and the overall capacity for learning

For 9 months, from December of 2013 through November of 2014, Doudna and Jefferson Elementary schools tracked the number of added minutes of physical activity each month using a calendar tracker. A rigorous evaluation was conducted by the Wisconsin Clearing House (grant administrator) and a final report is yet to be received. The participation rate of classrooms per school that implemented Active Classrooms is below.

Month	Doudna	Jefferson
January 2014	61%	50%
February 2014	35%	30%
March 2014	30%	20%
April 2014	17%	20%
September 2014	26%	70%
October 2014	30%	60%
November 2014	8%	10%

The biggest obstacle for school staff in implementing Active Classrooms is the time it takes to find activities to get the kids moving. This barrier was eliminated by creating two resources; "The Active Classrooms Toolkit" and "Active Classrooms Activity Calendar".

The Toolkit contains background on the importance of physical activity during the school day and resources to help schools implement the strategy.

The Activity Calendar is an interactive calendar with links to two activities for each day of the school year. Teachers can bring this up on their computer and then click the links for age appropriate physical activity games/videos/dances. This resource was shared with the teachers at Doudna, Jefferson and St. Mary's in the fall of 2014 and will live on the school servers for all teachers to have access to.

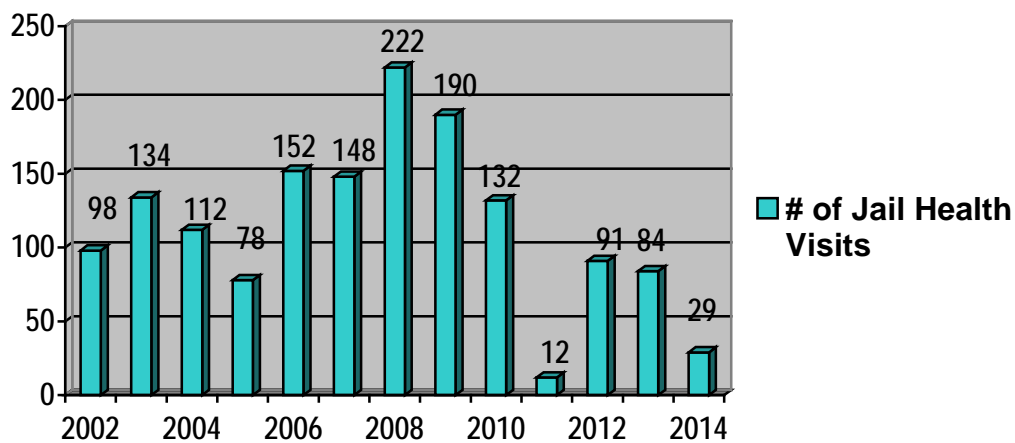
In November of 2014, the Health Educator position ended and County support for Active Schools implementation stopped. When the evaluation report is finished, it will be shared with the Richland School District and any response or continuation of the strategies will be led by them.



Tobacco Control/Wisconsin Wins: The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. Locally, our tobacco control coalition “South Central Wisconsin Tobacco Free Coalition” works with the Sheriff’s Department to conduct investigations to establish retailer compliance with the law. The Wisconsin Wins campaign also includes retailer education and training, media outreach, and community education. In 2014, 14 inspections were completed and there were 2 sales.

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

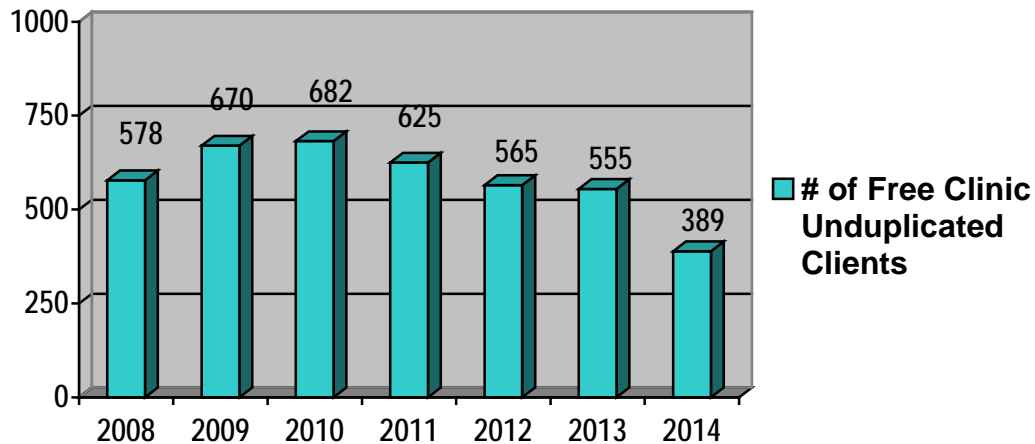
Jail Health: Public Health has a long history of assisting the Richland County Sheriff’s Department in its legal obligation to make health care available to inmates. Over the last few years it had become more and more difficult to secure physician oversight for the Jail Health Program, and in April of 2014 the Sheriff’s Department contracted with Advanced Correctional Healthcare (ACH) for the provision of medical care for inmates. Public Health nurses provided skilled nursing services to inmates through March of 2014. From January to March of 2014, 29 jail health visits were made by Public Health.



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

Public Health provides assistance at the Richland Community Free Clinic each Tuesday morning at the Richland Medical Center. The PHN assists with eligibility determination and provides information on needed services for the patient and his/her family such as housing, food resources, and fuel and financial assistance. Referrals are made to family planning, WWWP, WIC, Head Start, Clinical Services, the ADRC, and other agencies as needed. Influenza and Td vaccines are provided on site. There continues to be a great need for dental and vision care for the uninsured.

The Free Clinic logged **823** visits in 2014 and saw **389** unduplicated clients.



Age of unduplicated patients seen at the Free Clinic

Age	2008	2009	2010	Age	2011*	2012	2013	2014
0-10 years	18	12	13	0-17 years	22	21	16	14
11-20 years	81	54	57	18-44 years	358	303	290	219
21-39 years	241	311	324					
40-64 years	230	283	276	45-64 years	239	236	245	150
65-74 years	7	7	8	65-74 years	6	5	4	4
Over 75 years	1	3	4	74-84 years				2

* Age range report was modified in 2011.

ENVIRONMENTAL HEALTH

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

2014 Environmental Health Statistics:

<u>Home Visits</u>	<u>40</u>	<u>Contacts (EH Consultant)</u>	<u>265</u>
Lead	3	Lead	24
Radon	4	Radon	44
Water	2	Water	23
Asbestos	0	Asbestos	29
Solid Waste	2	Solid Waste	30
Housing	8	Housing	28
Indoor Air	19	Indoor Air	35
Sewage	0	Sewage	34
Animal/Vector	2	Animal/Vector	18

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

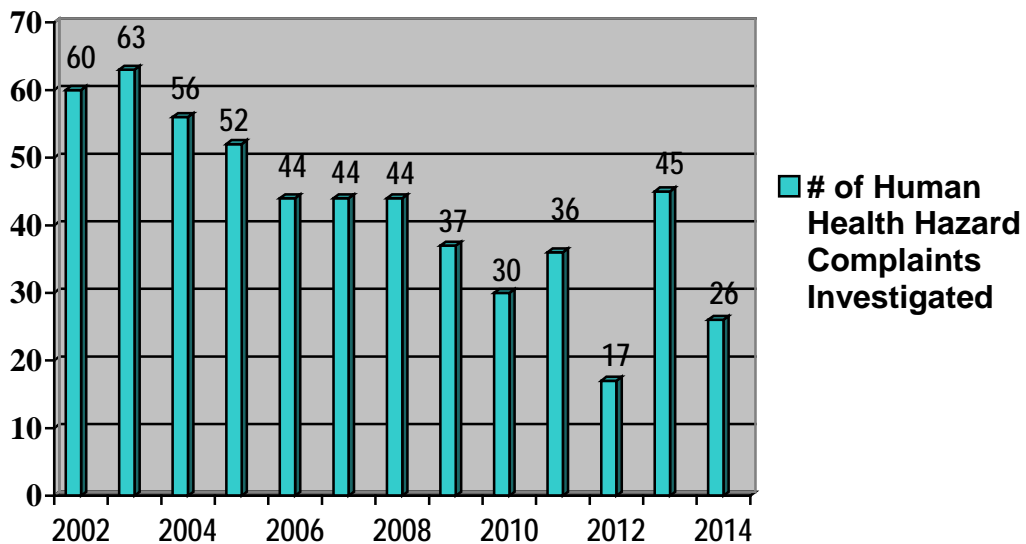
Radon: Radon is a radioactive gas that comes from the natural decay of uranium, which is found in nearly all soils. Radon typically moves up through the ground to the air above and seeps into homes through cracks and other holes in the foundation. Radon gas can be trapped inside the home where it can build up. Free radon test kits are available through Public Health each year and making repairs to eliminate radon gas can be simple and affordable. **21** short-term home radon test kits were distributed in 2014.

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 **83** children were screened in 2014. 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.

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. In 2014, investigation and follow up were provided in regard to **26** complaints.



PREPAREDNESS AND RESPONSE

Preparedness and Response: In 2011, the CDC developed 15 capabilities to serve as national public health preparedness standards. During the 2013-14 contract year Wisconsin's Public Health Agencies worked on capabilities to close gaps in community recovery, fatality management, and mass care.

Contract deliverables for Public Health include:

- Completion of the Capabilities Planning Guide
- Updating and submission of Point of Dispensing List
- Participation and completion all requirements for a Homeland Security Exercise and Evaluation Program complaint exercise
- Completion of Performance Measures online tool
- Participation in discussions with State Preparedness staff regarding closing the Capability gaps, including training needs, sharing of best practices, etc.
- Submission of required budget and financial information
- Maintenance of emergency contacts in the PCA Portal Alerting (Everbridge) system
- Continuation of responsibility to assure that all staff are trained in use of personal protective equipment (PPE), National Incident Management System (NIMS), completion of a local mass fatality plan, and the Incident Command System (ICS)

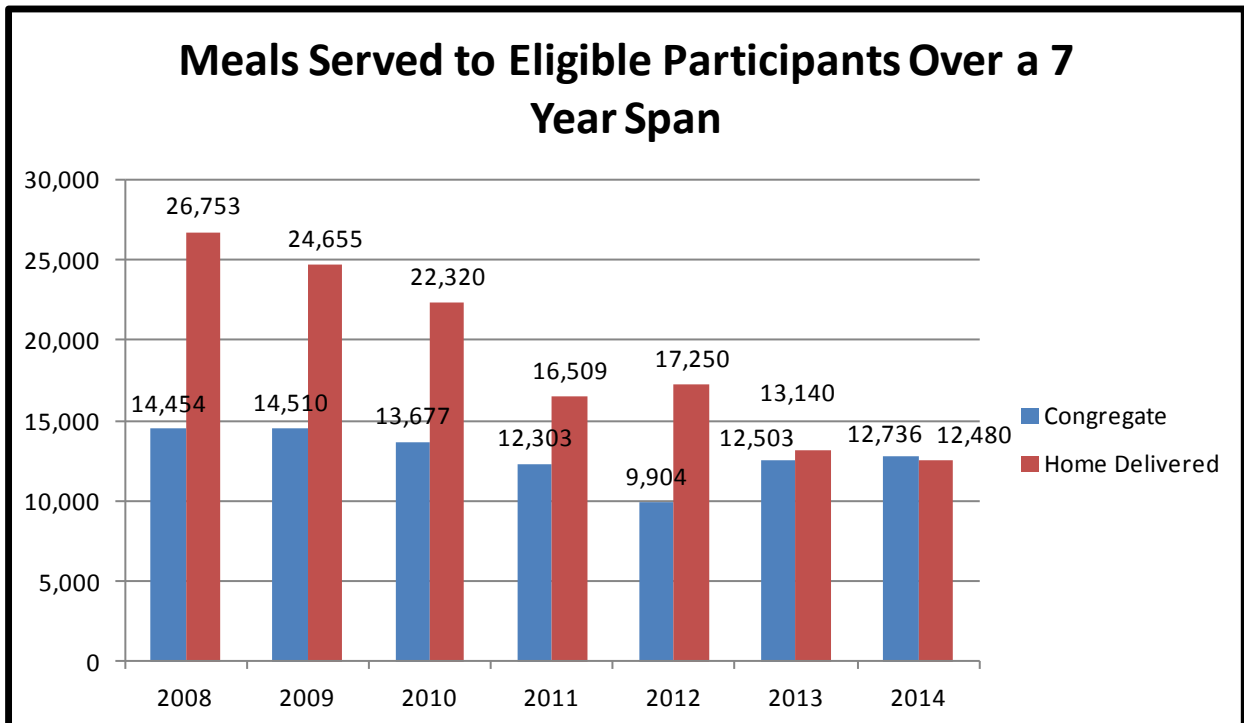
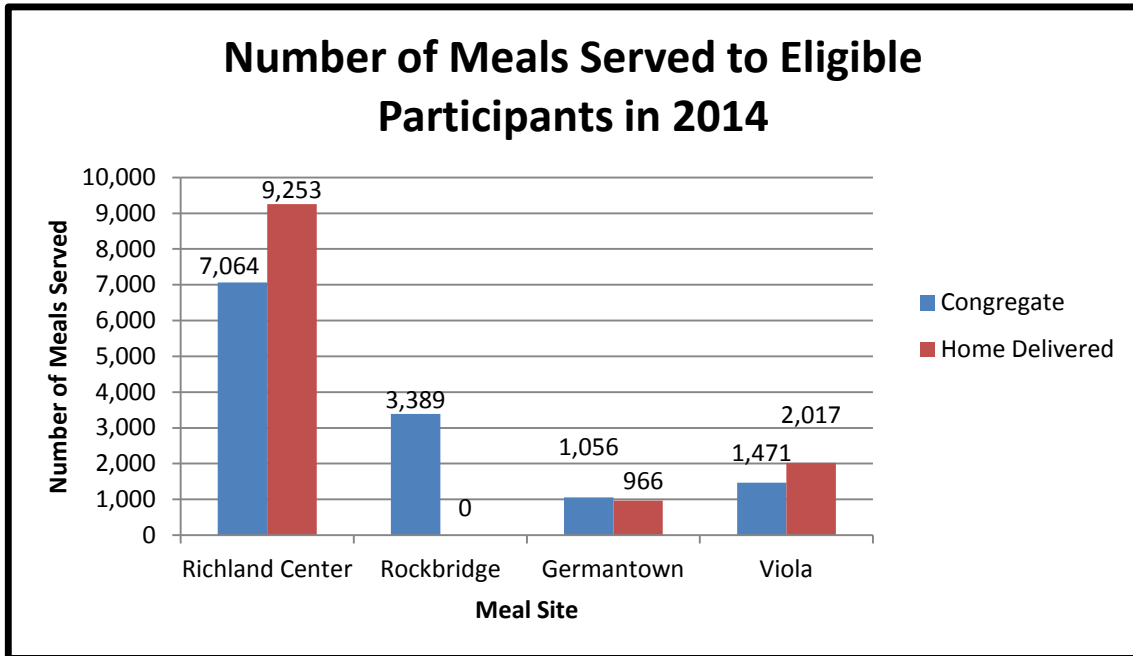
NUTRITION

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

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

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

Nutrition Statistics:



2014 Nutrition Program Highlights:

Volunteers donated 5272 hours of service at the congregate meal sites and **volunteer drivers donated 746 hours** using their own vehicles and gas to deliver noon meals to homebound seniors.

Health & Human Services hired a Nutrition Coordinator in May of 2014 who has a degree in Health Education from UW La Crosse with a minor in Nutrition. Having the Nutrition Coordinator position provides much needed support for the meal sites and for the program.

The Volunteer Appreciation Breakfast was held May 15, 2014 at the Phoenix Center. The volunteers are what make the program work, and the breakfast is a small way of thanking them for their time and dedication.

The Senior Farmer's Market Nutrition Program (SFMNP) vouchers offered low-income older residents an opportunity to purchase fresh, locally-grown fruits, vegetables and herbs from certified farmers. In 2014, we had 104 sets of vouchers each valued at \$25.00 – making \$2,600 worth of fresh fruits and vegetables available to our seniors. In addition to offering nutritious foods, the SFMNP also supports the local economy by increasing the use of farmers' markets.

The required local training for all Nutrition Program staff was held July 22, 2014. Training was facilitated by the Nutrition Program Coordinator. Topics included:

- Food Safety and Sanitation/Prevention of Foodborne Illness
- Fire Safety
- ADRC/Elder Benefit Specialist and What They Do
- First Aid and Bloodborne Pathogens/Communicable Disease
- Accident Prevention and Safety in the Workplace
- Immunizations/Flu & Pneumonia Season

The required regional site manager training was held September 24, 2014 in Viroqua. This was an all day training facilitated by the counties included in our region. The theme was compassion. Topics included:

- Food Safety
- Meal Site Revitalization Projects Statewide
- Food Allergy Awareness
- How to Have a Dementia Friendly Dining Program
- Participants Rights and Responsibilities and Handling Meal Site Situations such as Bullying, Food Safety, Policy and Procedure, Ethics and Boundaries, and Current Affairs

The Nutrition Program received a \$1,000 grant from Meals on Wheels America to do some updates for the Viola Meal Site in an effort to increase attendance at that meal site location. An Ad Hoc Committee has been created to assure that the funding gets used appropriately.



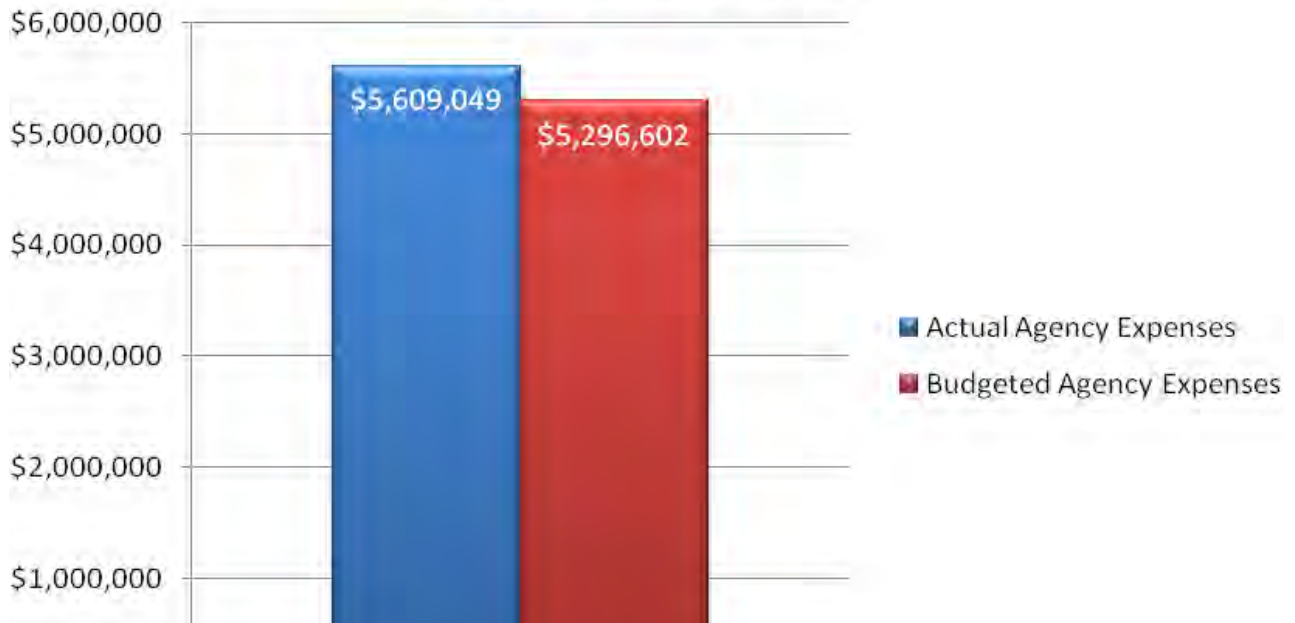
We have also partnered with Richland FIT's Farm to School Program by including Harvest of the Month in Senior Nutrition menu planning. Including Harvest of the Month in our menu planning allows us to procure and provide locally grown foods. In addition to providing fresh fruits and vegetables, Harvest of the Month provides nutrition education for our seniors and supports the local economy.

FISCAL

(Un-audited Figures)

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

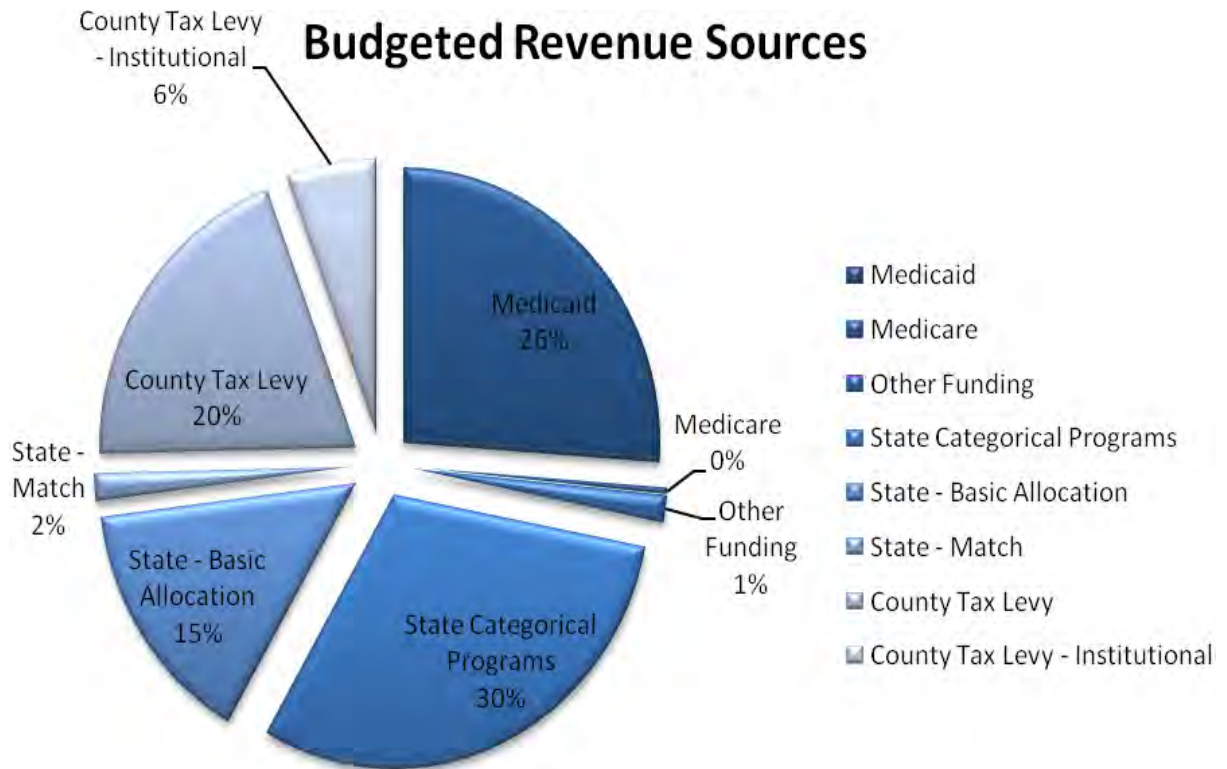
Agency Expenses



Institutional Expenses

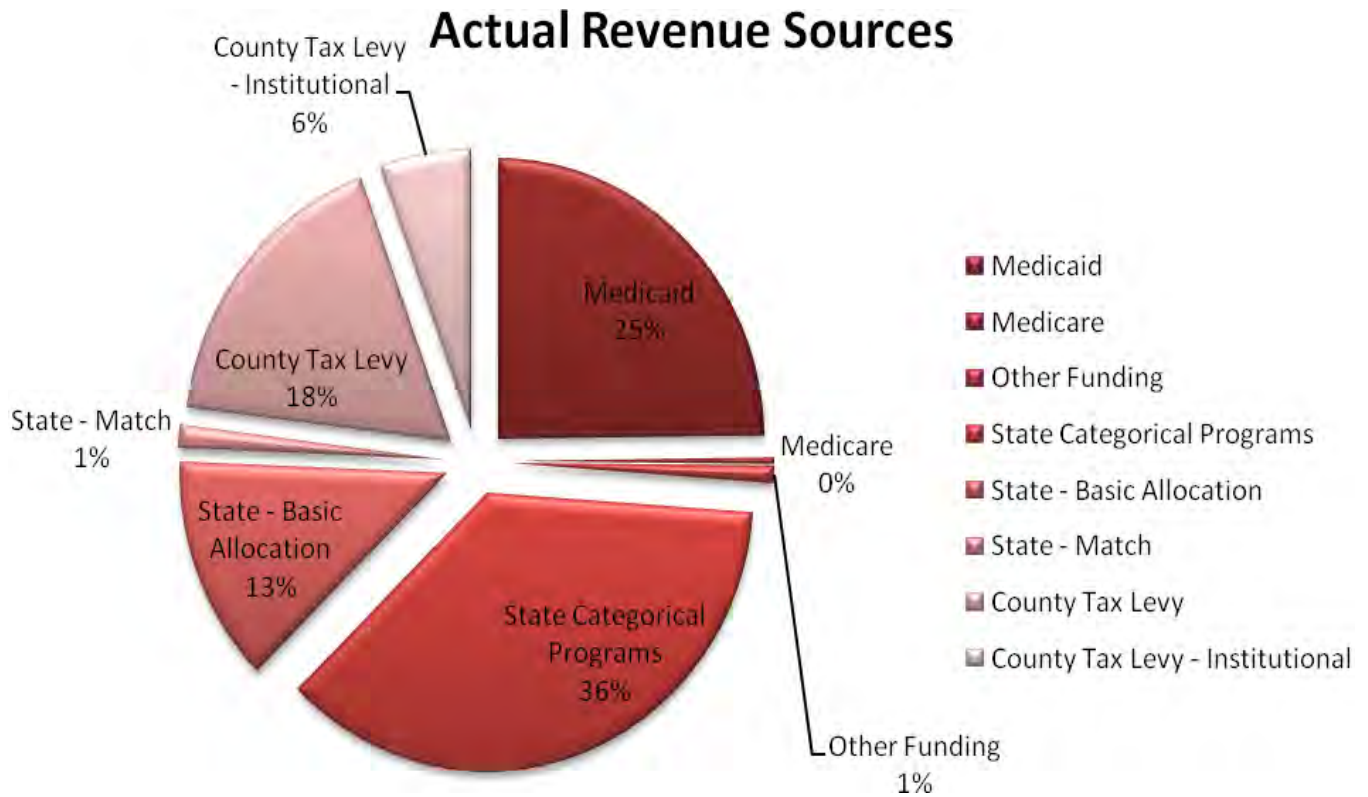


RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$ 1,100,199
County Tax Levy - Institutional	\$ 315,964
Medicaid	\$ 1,459,845
Medicare	\$ 20,000
Other Funding	\$ 112,685
State - Basic Allocation	\$ 822,979
State Categorical Programs	\$ 1,690,141
State - Match	\$ 90,753
Total	\$ 5,612,566

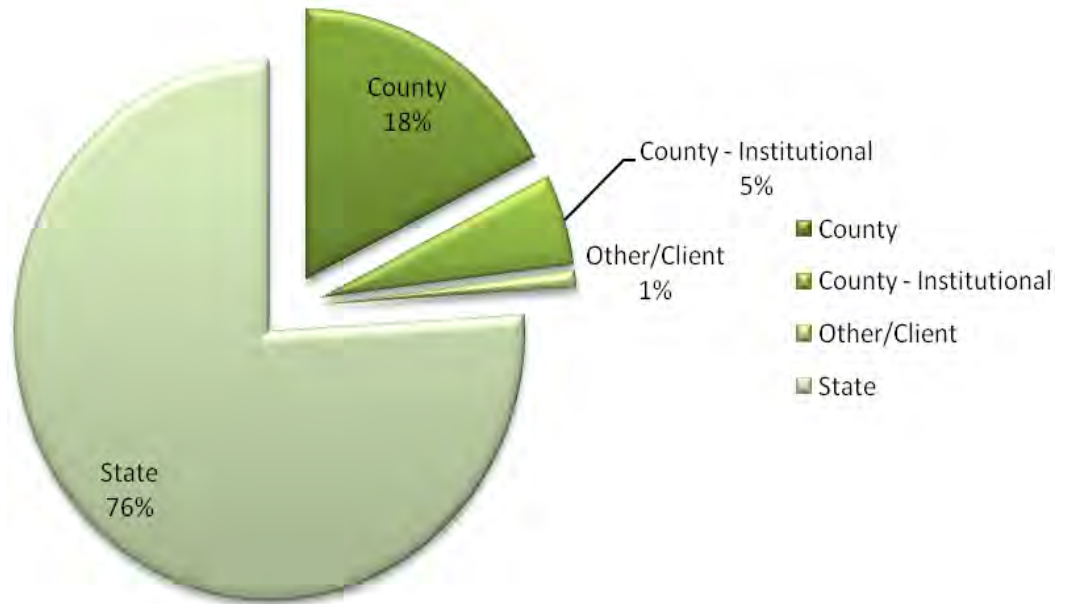
RICHLAND COUNTY HEALTH AND HUMAN SERVICES



County Tax Levy	\$	755,215
County Tax Levy - Institutional	\$	690,882
Medicaid	\$	1,556,210
Medicare	\$	21,013
Other Funding	\$	87,489
State - Basic Allocation	\$	819,174
State Categorical Programs	\$	2,287,989
State - Match	\$	81,959
Total	\$	6,299,931

RICHLAND COUNTY HEALTH AND HUMAN SERVICES

Total Actual Revenue Sources



County	\$	755,215
County - Institutional	\$	690,882
Other/Client	\$	61,870
State	\$	4,766,345
Total	\$	6,299,931

APPENDIX

Richland County Health and Human Services

2014 Health & Human Services Contracts (Over \$10,000)*

ADRC of Eagle Country – Crawford	\$231,837	Northwest Counseling & Guidance Clinic	\$46,370
ADRC of Eagle Country – Juneau	\$357,102	Northwest Passage	\$39,068
ADRC of Eagle Country – Sauk	\$711,711	Oconomowoc Developmental Training Ctr	\$79,896
Breining Law Office	\$17,757	Psychology Center	\$14,707
Chileda Institute	\$70,734	Richland Hospital	\$87,817
E. Rackley Ivey, M.D.	\$193,275	Scott Consulting Partners, LLC	\$21,615
Family & Children's Center	\$60,098	SW WI Workforce Development Board	\$386,165
Family Works Programs, Inc.	\$81,174	Streamline Healthcare Solutions, LLC	\$33,790
Fillyaw AFH	\$38,731	Tazee's Wonder Bar & Restaurant	\$18,886
Hoffman AFH	\$20,888	Tellurian UCAN, Inc.	\$15,658
Jean Warrior, Ph.D.	\$17,974	Therapy Without Walls, LLC	\$12,158
Kanton AFH	\$23,250	TLC Senior Home Care	\$28,196
Lucky Star 3 Corporation	\$31,696	Trempealeau County Health Care	\$98,783
Mayo Clinic Health System	\$17,495	VARC, Inc.	\$16,268

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

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

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

Clinical Services Unit
Economic Support Unit
Public Health Unit

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

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

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

PLEASE VISIT OUR WEBSITE AT www.co.richland.wi.us