

**Richland County
Community & Health Services Standing Committee**

May 30, 2024

NOTICE OF MEETING

Please be advised that the Richland County Community & Health Services Standing Committee will convene on Thursday, June 6, 2024 at 9:30 AM in the Richland County Board Room of the Courthouse at 181 West Seminary Street, Richland Center, WI 53581.

Information for attending the meeting virtually (if available) can be found at the following link:

<https://administrator.co.richland.wi.us/minutes/community-and-health-services-committee/>

If you have any trouble accessing the meeting, please contact MIS Director Barbara Scott at 608-649-5922 (phone) or barbara.scott@co.richland.wi.us (email).

Agenda

1. Call To Order
2. Roll Call
3. Verification Of Open Meetings Law Compliance
4. Approval Of Agenda
5. Approval Of Minutes From May 2, 2024 Meeting
6. Public Comment
7. Reports
 - A. HHS Director –Departmental Activities & Projects
 - B. ARPA Utilization
 - C. DHS 140 Review
 - D. 2023 Health & Human Services Annual Report
 - E. Health & Human Services Organizational Chart Review
 - F. HHS Expenditures Report (Vouchers & Expenditures Over \$2,000 But Less Than \$10,000)
 - G. 2024 HHS Budget Summary & Richland County Placement Report
8. Contract Approvals
9. Resolutions
 - A. Resolution Approving The Utilization Of Opioid Settlement Funds To Offer Grants To The Community To Allow For The Prevention, Treatment, And/Or Recovery Of Opioid Drug Use
10. Correspondence
11. Future Agenda Items
12. Adjourn

A quorum may be present from other Committees, Boards, or Commissions. No committee, board or commission will exercise any responsibilities, authority or duties except for the Community & Health Services Standing Committee.

Derek S. Kalish
County Clerk

Richland County Community & Health Services Standing Committee

May 2, 2024

The Richland County Community & Health Services convened on Thursday, May 2, 2024 in person and virtually at 9:30 AM in the County Boardroom of the Richland County Courthouse.

Call To Order: Committee Chair Glasbrenner called the meeting to order at 9:31 AM.

Roll Call: Deputy Clerk Hege conducted roll call. Committee members present: Mary Miller, Marty Brewer, Sandra Kramer, Ingrid Glasbrenner, Michelle Harwick, Dr. Jerel Berres, Francis Braithwaite. Committee members absent: Daniel McGuire and Cynthia Chicker.

Verification Of Open Meetings Law Compliance: Deputy Clerk Hege confirmed the meeting had been properly noticed.

Approval Of Agenda: Motion by Brewer, second by Braithwaite to approve agenda. Motion carried and agenda declared approved.

Approval Of Minutes From April 11, 2024 Meeting: Hearing no additions or corrections from those present, Committee Chair Glasbrenner declared the April 11, 2024 minutes approved as presented.

Public Comment: None present for Public Comment.

Confirmation of Community & Health Services Standing Committee Vice-Chair: Committee Chair Glasbrenner briefly explained that at the County Board meeting on April 23, 2024, a second was never made to the nomination of Marty Brewer for Vice-Chair of the Community and Health Services Standing Committee. Committee Chair Glasbrenner asked if there were any other nominations for Vice-Chair, hearing none, Committee Chair Glasbrenner entertained a motion to close nominations for Vice-Chair of the Community and Health Services Standing Committee and to cast a unanimous ballot. Motion by Kramer, second by Miller to close nominations for Community and Health Services Standing Committee Vice-Chair and to cast a unanimous ballot. Motion carried and Brewer confirmed as Community and Health Services Standing Committee Vice-Chair.

Reports:

A. HHS Overview: HHS Director Clements gave a brief overview of the HHS operations and offerings to the County.

B. HHS Expenditures Report (Vouchers & Expenditures over \$2,000, But Less Than \$10,000): HHS Director Clements gave a brief overview of the HHS billing and payment procedures. Discussion ensued.

C. 2024 HHS Budget Summary & Richland County Placement Report: Director Clements gave a brief overview of the 2024 HHS Budget Summary and Richland County placement process. Discussion ensued.

D. 2024 Contract Monitoring Report: Director Clements gave a brief overview of the 2024 Contract Monitoring Report. Brief discussion ensued. Brief discussion ensued.

E. HHS Administrator Report: Director Clements gave report on the general operations of the Health and Human Services Department, including their involvement with Youth Government Day for area high school students, employee recruitment and turn over, and proposed restructuring of the Behavioral Health Unit. Director Clements gave an update on the plan to hire a Mental Health Case

Richland County Community & Health Services Standing Committee

Manager in place of a mental health therapist as approved by County Administrator Pesch. Discussion ensued.

F. Addition Of Transportation Coordinating Committee Member: Director Clements gave a brief overview of the recommendation made to County Administrator Pesch for the addition of David Scribbins to the Transportation Coordinating Committee to replace Robert Shiere. County Administrator Pesch will be forwarding the recommendation to the County Board for approval.

G. Child Support Updates: Melony Walters, Caseworker and Financial Specialist for the Child Support Agency gave a brief over view of the Child Support Agency's role and duties, staffing, and continuing education of staff, and billing processes. Brief discussion ensued. Chair Glasbrenner recommended that the Child Support Agency report to the Community and Health Services quarterly due to their expenditures being minimal. Ms. Walters will be making her next report at the July 2024 Community and Health Standing Committee meeting.

Contract Approvals: There were no contracts for approval.

Resolutions:

- A. Purchase of New Phones For Community Services Building. Director Clements briefly explained the resolution. Brief discussion ensued. Motion by Harwick, second by Kramer to forward the resolution on to County Board for approval. Motion carried and the resolution will be forwarded on to County Board.
- B. Purchase Of Network Switches For Community Services Building. Director Clements briefly explained the resolution. Brief discussion ensued. Motion by Harwick, second by Miller to forward the resolution on to County Board for approval. Motion carried and the resolution will be forwarded on to County Board

Discussion & Possible Action: Set Future Meeting Date(s) And Time(s): Committee Chair Glasbrenner gave a brief review of past meeting dates and times and reviewed the recommendation that future meeting dates be within the first week of the month so that the meeting would fall before the Executive Standing Committee meeting and the County Board meeting. Brief discussion ensued. Committee Chair Glasbrenner set the meeting date as the first Thursday of the month at 9:30 AM.

Correspondence: none

Future Agenda Items: Fund Monitoring, HHS Annual Report, and 140 Review Presentation for Public Health.

Adjourn: Committee Chair Glasbrenner entertained a motion to adjourn to June 6, 2024 at 9:30 AM. Motion by Kramer, second by Berres. Motion carried and meeting adjourned at 10:55 AM



Myranda H. Hege
Deputy County Clerk

June 2024 HHS Updates

Economic Support

The following shows the number of phone calls Richland County ESS (Economic Support Specialist) handled in April of 2024 compared to April of 2023. Our goal is to handle 8.9% of calls for the consortium.

Month Of April in the Year of:	Total calls handled by Capital Consortium:	Out of those, Richland County handled:	Percentage of calls Richland Co ESS handled:
2023	25,363	2,512	9.9%
2024	25,640	3,390	13.2%

The following statistics are for the rest of the casework/tasks ESS are required to do. Casework includes these items that are handled within the CARES Worker Web (CWW) system: Applications, Renewals, Six Month Report Forms (SMRFs), Documents, Discrepancies, Alerts, and ACCESS change reports. There are several tasks within each of these items.

Month Of April in the Year of:	Total non- phone tasks handled by Capital Consortium:	Out of those, Richland County handled:	Percentage of non- phone tasks Richland Co ESS handled:
2023	77,086	8,549	11%
2024	106,072	13,182	12.4%

In addition to those responsibilities for Richland County ESS, they are required to be the in-office On-Call Worker one to two times per month. This means they are available to the agency staff and visitors (by phone or walk-in) who have questions regarding public assistance benefits. The On-Call ESS answers general questions and case specific questions for those customers who stop in at the office or call in to the local agency. These On-Call workers also handle issuing the temporary Quest cards, any in-person appointments that customers request, and assist customers with getting to their drug tests in the Public Health Unit (for the Foodshare program). In **April** of 2024, there were **74** of these types of contacts.

The consortium is preparing for a busy June 2024. This is due to June being the last month of Unwinding. This month will also be busy with all the Child Care Subsidy changes as children transition from being in school for the majority of the week to being in daycare the majority of the week. Parents

need more hours to be authorized for their child(ren) to attend a daycare in the summer. In September, it will be the reverse with parents not needing as many hours authorized due to their child(ren) going back to school.

As you can see by the statistics, Richland County ESS always go above and beyond what is expected of them. They are a dedicated team working towards the common goal of assisting families and single adults to get the assistance they need.

Behavioral Health

Outpatient Clinic:

During the month of April, our Psychiatric Nurse received 6 referrals to our providers. The providers are currently booking out 3-4 months for appointments.

Comprehensive Community Services (CCS):

In the month of April we received 10 CCS referrals. We currently have 20 people on our "To Served List." We are looking to hire two mental health case managers. We have had one accept, and they will be starting July 1, 2024.

Crisis:

In the month of April we had 28 Northwest Connections notes come in. Our crisis worker had 2 mobile responses and 2 walk-in crisis assessment. Richland County had 4 individuals on settlements or commitments.

Mental Health & Substance Abuse (AODA):

At this time we have no mental health therapist on staff. We are not taking any outpatient mental health referrals. Our AODA counselor finally got her license, and is starting the credentialing process.

APS:

Our APS worker had 9 referrals in the month of April.

Treatment Court:

During the month of March, Treatment Court had 0 referrals.

Birth to Three (BT3)

During the month of March, we had 0 referrals for BT3.

Children's Long-Term Support (CLTS)

During the month of March, we had 2 referrals for CLTS.

Coordinated Services Team (CST):

During the month of April, we had 0 referrals for CST.

Unit Highlights

After many long months of going back and forth with DSPS (Department of Safety and Professional Services), Kiah Holtzman was able to get her Substance Abuse Counselor-In Training License.

Child and Youth Services

We currently have one opening in Child and Youth Services for a case manager position.

Eric Ives is finalizing the plans for the YES Program for this summer. The program will run on Tuesday's and Thursday's from 10 AM to 12 PM. These sessions will be split between being held at The Union and at RCHHS. There are approximately 8 youth enrolled into the program. One additional worker will assist during this time if all participants are there. Eric is planning on doing a few different fundraisers over the summer as well. Eric has been talking with The Union about collaborating to fundraise to get some sensory items for children with Autism. This is still a work in progress and nothing has been finalized yet. We typically do a cook-out at the end of summer to support The Sheriff's Office and Police Department K-9's, which will be held at RCHHS this year.

CYS currently has 17 children in out of home placement. Of these, 8 are in a relative placement (kinship), 7 are in non-relative foster care/treatment foster care and 2 are in a group home. We had one child reach permanence with paternal grandparents out of state at the end of April. We also had two children successfully complete their trial reunification with parents. We are currently working on trial reunification for a family of two children, which is set to begin early June. Both of these children were placed with paternal grandmother. We are also working on a trial reunification for a family of three children that had all been placed in treatment foster care. This is set to begin in June as well. We are also beginning another trial reunification for one child who was placed with maternal grandmother. We will continue working with this family on getting two more children in home under a trial reunification throughout the summer. They are also placed with maternal grandmother.

The CYS team continues to attend mandated trainings, as well as voluntary trainings, to expand our knowledge and tools we can use with families.

ADRC

The ADRC's 2nd Annual 3K/5K Wellness Stride to celebrate Older Americans month and ADRC month on May 23rd was a great success. The ADRC partnered with Symons Recreation to host this intergenerational walk/run. The youngest participant was 1 year old and the oldest was 84 years old. It was a great example of bringing people of all ages together to enjoy each other's company.

The ADRC partnered with the Richland Hospital to host a Dementia Live event on May 30th. There was a total of five sessions held, two of which were specifically for staff of the hospital and three sessions for community members. As our population ages, instances of dementia grow. This program helps caregivers and community members experience what it is like to live with dementia.

The ADRC's new benefit specialists both started in April. They have been working hard on completing intense training related to their positions. They have both started taking appointments and referrals, and are meeting with consumers.

Transportation bus drivers will be taking a diversity and sensitivity course in June. This 4-hour virtual workshop aims to educate bus drivers on appropriate behavior and communication with people with disabilities. The workshop covers various topics including assisting difficult customers, driver assistance and the ADA, service animals, effective communication, and disability awareness and sensitivity. This workshop is appropriate for both fixed-route and demand responsive bus operators.

Public Health

The Public Health Specialist position was filled by a qualified candidate with former PH experience. RCHHS Public Health welcomes Steven Moss who began work on May 20.

The CHIP Kickoff event is scheduled for May 29th from 10:00 to 11:30 AM at RCHHS lead by Evan Ewing, Public Health Specialist.

Our next community vaccine clinic is scheduled for Thursday, June 23rd, 2024 from 10:00 AM to 4:00 PM. This includes all VFC (Vaccine for children) as well as some limited VFA (Vaccine for Adults). Flu vaccines will no longer be offered for the 2023-2024 after June 30th, 2024. We continue to have the COVID vaccine available for children through VFC for children that qualify (uninsured/underinsured) and the BAP (Bridge Access Program (for qualifying adults).

Betty Nigh, RN, provided additional hours for TB testing to occur at area agencies due to increased demand from these agencies for employees to meet requirements to begin work. The total number of TB skin tests given in April was significantly higher than the months of January, February, and March combined! We anticipate the May totals will also be higher (will share those totals at the end of June). Brandie would like to highlight this coordination as a success for the public health unit in strategically utilizing staff to meet the needs of the community. Not only does it help employers, it benefits the overall health of the community by providing robust screening for TB/LTBI. Thank you to Betty for her service to Richland County PH and the community! Moving forward, the goal for PH is to establish 2 Monday's per month for these clinics; individual appointments will be considered for clients if staffing permits and if circumstances warrant an immediate need for screening.

Thank you to all who expressed appreciation to our agency nurses during the month of May. The messages, gifts, and acknowledges are greatly appreciated!

Finally, the last success that Brandie would like to highlight is that Richland County Public Health received notification from the DHS 140 program coordinator that State Health Officer, Paula Tran, signed a determination letter re-certifying Richland County Public Health as a Level II Health Department. Thank you to all RCHHS agency staff, PH staff, and board members that were present at the meeting to make this a success!

ARPA Spending Plan	Budgeted	Expensed/Encumbered as of 5/16/2024
Staff time focusing on our CHIP goals surrounding AODA use and Mental Health access.	\$ 17,800.00	\$ 17,800.00
Pharmaceutical grade refrigerator	\$ 11,127.60	\$ 11,127.60
Cabinet units for clinic room for vaccine storage/supplies	\$ 1,501.00	\$ 1,500.31
Printer to print and hand out vaccine information	\$ 250.00	\$ -
Marketing Software (Canva)	\$ 126.00	\$ 126.59
Invoicing Software	\$ 1,000.00	\$ 1,022.03
County Website	\$ 24,200.00	\$ 24,200.00
Office 365 Upgrade	\$ 72,603.72	\$ 66,000.00
Network Switches	\$ 48,471.28	\$ 48,471.28
All Agency Training	\$ 10,000.00	\$ 5,000.00
Finance Software	\$ 71,036.12	\$ 71,036.12
Leadership training for HHS Leadership.	\$ 12,144.28	\$ 12,144.28
Leadership training for County Leadership.	\$ 21,675.00	\$ 21,675.00
Agency phone upgrade	\$ 24,765.00	\$ 24,765.00
Contracted staff to provide vaccines.	\$ 29,000.00	\$ 10,000.00
Cell Phone	\$ -	\$ 108.00
Deep-L Translation Subscription	\$ 1,400.00	\$ 344.52
BP Machine & Vaccine Supplies	\$ 3,000.00	\$ -
Digital Data Logger - Annual Fee	0	\$ 100.00
PAPR Machine	\$ 3,000.00	\$ -
WPHA-WAHL DAB Annual Conference	\$ 500.00	\$ 521.00
Budget Total	\$ 353,600.00	\$ 315,941.73
Total Funding Available	\$ 353,600.00	\$ 353,600.00
Remaining Balance	\$ -	\$ 37,658.27

**Richland County Community and Health Services Committee
Agenda Item Cover**

Agenda Item Name: ARPA Funds Spending Plan

Department:	HHS	Presented By:	Tricia Clements and Stephanie Ronnfeldt
Date of Meeting:	June 6, 2024	Action Needed:	No Action Needed
Disclosure:	Open Session	Authority:	N/A
Date submitted:	May 28, 2024	Referred by:	N/A

Recommendation and/or action language:

Review the spending plan of the American Rescue Plan Coronavirus Fiscal Recovery Funding for Local and Tribal Health Departments.

Background:

In March of 2021, Richland County Health Department was awarded \$353,600 in ARPA Coronavirus Fiscal Recovery Funds. The original scope of work focused on the local health department's work pertaining to responding directly to the pandemic. In 2023, the focus was expanded to also include tasks that could ensure that health departments be in a better position for a future pandemic. This allowed Richland County HHS to look at future needs of the unit, the agency and the county. Please see the attached spending plan for complete details.

Attachments and References:


155811 Spending Plan	

Financial Review:

(please check one)

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

Approval:



Tricia Clements, Director

Review:



Candace Pesch, Administrator

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

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May 23, 2024

Ingrid Glasbrenner, Chair
Richland County Community & Health Services Committee
323 South Central Ave
Richland Center, WI 53581

Dear Chair Glasbrenner:

The Department of Health Services (DHS) congratulates the Richland County Public Health for demonstrating the infrastructure and program capacity to be certified as a Level II Health Department. I am happy to report the Richland County Public Health provided all services required by statute and rule.

I want to acknowledge the work of the Richland County Public Health staff. Brandie Anderson, health officer, did an excellent job of providing quality evidence of meeting statutes and rules. I am acutely aware of the stress of operating a health department and that the demands on public health directors and professionals have increased exponentially during this state and global pandemic. Public health work impacts everyone and every corner of the community and succeeds when it is a shared effort. I applaud the dedicated efforts of Brandie and the Richland County Public Health staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Richland County Community & Health Services Committee for maintaining a strong public health department. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Richland County Public Health will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

A handwritten signature in black ink, appearing to read "Paula Tran".

Paula Tran
State Health Officer and Administrator

c: Brandie Anderson, Health Officer
Candace Pesch, Richland County Administrator
Tricia Clements, RCHHS Agency Director
Dr. Neil Bard, RCPH Medical Advisor
Joe Larson, Southern Region Director



DHS 140 Review Report

Richland County Public Health

Date: March 7, 2024

Review Level: II

Review Participants

Local Health Department Representatives	
Name	Title
Brandie Anderson	Health Officer, Richland County Health & Human Services
Cindy Chicker	Richland County Health & Human Services, Member
Tricia Clements	Richland County Health & Human Services, Director
Evan Ewing	Public Health Specialist
Ingrid Glasbrenner	Richland County Health & Human Services, Chair
Troy Morris	Grant County Health Department, Environmental Coordinator
Betty Nigh	Public Health Nurse (contract)--virtual
Rose Welsh	Public Health Specialist
Wisconsin Department of Health Services (DHS), Division of Public Health (DPH) Staff	
Name	Bureau/Office and Title
Sharon Beck, RN, BSN	DHS 140 Program Coordinator, Office of Policy and Practice Alignment (OPPA)
Joseph Larson, RN, BSN	Southern Region Director, OPPA
Deborah L. Heim, PhD, MN, RN, PHNA-BC	Public Health Nurse Consultant, OPPA

Contact Information for Post DHS 140 Review Correspondence

Board of Health Chair	Other requested local official(s) and VIPs
Ingrid Glasbrenner, Chair Richland County Community & Health Services Committee 323 South Central Ave Richland Center, WI 53581	Candace Pesch, Richland County Administrator 181 West Seminary Street Richland Center, WI 53581
Local Health Officer	
Brandie Anderson, Health Officer 221 West Seminary Street Richland Center, WI 53581	Tricia Clements, RCHHS Agency Director 221 West Seminary Street Richland Center, WI 53581

Strengths and Best Practice Opportunities

Highlights, Strengths, and Impacts of Efforts

Area	Highlight(s)
Supported Workforce	Richland County Health & Human Services (RCHHS) has had a lot of personnel turnover since 2023. The health officer changed after the previous, long serving health officer retired. After an unsuccessful recruitment for public health nurses, RCHHS reclassified two positions as public health specialists with the full support of the HHS director and their board of health. Two new employees have joined RCHHS in the last six months. In the DHS 140 Review, it was apparent that the staff are enthusiastic and supported in their new roles through training opportunities, networking, and the support of their health officer, HHS director, and their Health and Human Services Board.
Partnerships	RCHHS has strong partnerships inside the health and human services organization. They partner with the ADRC, transportation, emergency manager, behavioral health unit, and others to meet the needs of Richland County. In addition, they are a strong partner in the community through their work with schools, healthcare systems, and numerous coalitions. RCHHS is also active in regional partnerships such as the environmental health coalition, WALHDAB, Southwestern Wisconsin Behavioral Health Partnership, and Southwestern Wisconsin Community Action Program. RCHHS has worked to maintain and strengthen their partnerships following the COVID-19 pandemic.
Leadership	The DHS 140 review team felt it was clear that RCHHS has excellent staff. Those RCHHS staff that are new to the profession and practice of public health bring skills and knowledge of their prior professional life to RCHHS. The health officer brings her prior experience as a public health nurse and has steered her department through staffing changes and the COVID-19 pandemic. Her dedication to public health and ability to take on many roles within the department is an asset to RCHHS.

Best Practice Opportunities for Public Health Practice, Function, and Staffing

Area	Opportunities
Public Health Nursing Services	Public health nursing is a foundational area of public health. All local health departments in Wisconsin are required to conduct a general public health nursing program. Currently, RCHHS provides a generalized public health nursing program through the work of their health officer, who also serves as their public health nurse, and a part-time contracted nurse. The role of health officer is a unique position with considerable statutory mandates and administrative obligations. A full-time public health nurse would enhance the level of services provided to the community as well as providing continuity of operations for public health nursing services in the event of staff absence, public health emergency, or other unforeseen circumstance. It would also strengthen the operational capacity of RCHHS.
Environmental Health	Until December 2023, Richland County Health and Human Services was part of a 5-county environmental health consortium led by Grant County. Effective January 2024, a public health specialist with RCHHS is handling environmental concerns. RCHHS does not have a sanitarian on staff but continues to work closely with the previous environmental health coordinator who is now with Grant County. This transition is an opportunity for RCHHS to maintain the high level of service previously provided.
Performance Management & Quality Improvement	<p>The department tracks comprehensive data which is used to monitor progress on initiatives and community trends. The department uses the data to determine areas for improvement or additional support, for example increased radon levels or a higher incidence of LTBI.</p> <p>RCHHS doesn't have a formal QI plan. Informal QI includes moving up flu clinic timing to increase vaccination rates, as well as completing after action reviews. RCHHS self-identified this as an area of improvement and would benefit from a more formalized QI plan which outlines clear organizational goals and a system to track progress.</p>

Discussion Notes

Area	Summary
Jurisdiction and Structure	<p>Richland County is located in the southwestern region of Wisconsin. The county has a population of 18,000 and is largely rural. There are 16 towns, 5 villages, and 1 city within Richland County. Located in the driftless region of the state, Richland County is known for its tall bluffs and ample trout streams. Fishing, hunting and other outdoor recreation are popular activities. The population is 94% Caucasian, 3% Hispanic, and 2% Amish. Less than 1 % of the population identify as African American, Asian, or Native American. Twenty-five percent of the population is age 65 or older. Major employers in the area are manufacturing and agriculture based including Rockwell Automation, Foremost Farms USA, Schreiber Foods, Seats INC, and farms of various sizes. There are many organic farms, while others are conventional farms. Other employers include the county, school districts, local health care systems (1 hospital and 2 nursing homes). UW Platteville-Richland campus closed in May 2023.</p> <p>The Richland County Public Health Unit operates within Richland County Health & Human Services (RCHHS). The staff consists of the health officer and two public health specialists. The health officer, Brandie Anderson, took over after the prior health officer retired from several decades with the department in various roles. A public health nurse is contracted and works part time as needed on projects. The health officer reports to the Richland County Health & Human Services director. In the DHS 140 Review, it was apparent that the staff are enthusiastic and supported in their new roles thru training opportunities, networking, and the support of their health officer, HHS director and their BOH. Supported Workforce is a strength of RCHHS. See “Highlights, Strengths, and Impacts of Efforts” for more information.</p>

Area	Summary
Board of Health	<p>Richland County has a combined Health and Human Services and Veterans committee ("the board") that meets monthly. Prior to April 23, 2024, the combined board included eleven members with only nine members voting on public health related issues. With the recent spring elections, the board reconfigured to include only nine members. The board includes a physician and registered nurse. The board is diverse in several ways including diversity in age, those that identify as male and female, inclusion of veterans, and geographic representation across the county. The board also includes a farmer, small business owner, and several retirees.</p> <p>The board has been responsive and supportive of the health department, especially throughout the pandemic response. For example, when the health department struggled to recruit a public health nurse, the board helped to establish a public health specialist role within the department. Members of the board are involved and responsive, providing guidance on the opioid settlement fund, engaging in the Partners for Prevention coalition, and connecting within the community at the free clinic or various community events. The board members identify key needs, such as with physical and mental health and social issues, focused on prevention.</p>
Community Health Assessment and Improvement	<p>RCHHS identified two priorities through their community health assessment and community health improvement plan (CHA/CHIP) process: mental health and substance misuse. They collaborated on the process with the local hospital. The local hospital identified mental health, substance misuse, and obesity as their priority areas. The CHA/CHIP process included utilization of primary data from the hospital CHNA, surveys, key stakeholder interviews and a “data walk” by the public health nurses. This collaboration allowed for complementing plans between RCHHS and the hospital.</p> <p>Partners for Prevention, a coalition for substance use prevention, and RCHHS are targeting adult binge drinking. The health officer serves as vice-president for the coalition. Another workgroup will be created including stakeholders from the Southwestern Wisconsin Behavioral Health Partnership and will focus on reducing barriers to access care. The behavioral health unit within RCHHS is a collaborative partner. Behavioral health and public health have jointly planned activities for mental health month, and behavioral health is promoting the CHIP kickoff event. The process involves educating the community on their CHIP and recruiting community members to participate and gain community ownership over the process. They’re promoting the event through radio interviews and the Chamber of Commerce. Their goal is to bring in community members with lived experience to join the CHIP process to discuss their challenges with mental health and/or substance abuse.</p>

Area	Summary
Community Health Assessment and Improvement (continued)	<p>RCHHS will facilitate these workgroups with the goal of having community members/partners take ownership of the action steps. They're looking to implement COMET (changing the mental and emotional trajectory) trainings on how to work with someone with mental illness. They partner with Richland County Children and Family Advocacy Council (RCCFAC), Sources of Strength at schools, Strengthening Families Program, and the library. They strive to improve access to mental health services, while reducing barriers to care. RCHHS will facilitate more conversations through partnerships with Southwestern Wisconsin Behavioral Health Partnership and Southwestern Wisconsin Community Action Program (SW CAP).</p> <p>Partnerships are a strength of the RCHHS. See "Highlights, Strengths, and Impacts of Efforts" for more information.</p>
Surveillance and Investigation	<p>RCHHS utilizes a variety of data sources to identify public health issues and make decisions. RCHHS collected data for their current community health assessment (CHA) by using an online survey, key stakeholder interviews, and community forums. Communication was provided in both English and Spanish, to assist in reaching their Hispanic community. The prior health officer was a liaison to the Amish community, and RCHHS is actively working to build relationships and trust within the Amish population. RCHHS also uses data from trusted partners, such as County Health Rankings and Roadmaps, State of Wisconsin, and DPH. RCHHS strives to ensure data is reflective of all populations by utilizing a variety of approaches, partnerships, and data sources.</p> <p>RCHHS aggregates data collected to identify issues, which in turn informs decisions. For example, the data showed that tick borne illnesses are prevalent in the community. RCHHS is providing education on preventing tick bites and tick-borne illnesses and has given away prevention kits at outreach events. They were a trusted source of information during the COVID-19 pandemic and continue to provide guidance on masking and infection control. Lastly, a manufacturing plant had a salmonella outbreak among its employees. RCHHS provided free testing and education to prevent further spread.</p>
Communicable Disease Control Level II: Foundational Public Health Services (FPHS): Communicable Disease Control	<p>RCHHS addresses communicable disease in their community through a creative use of their limited staff, and strong relationships with partners, including the hospital infection preventionist, school nurses and nursing home staff. The public health specialists assist with the logistics of communicable disease follow up and have improved communications with county staff, community partners, and the public. RCHHS has also seen a rise in LTBI cases, many of whom are from other countries. Managing the cases requires work with multiple partners and extensive support by a PHN. RCHHS has seen increased participation in monthly VFC clinics and annual flu clinics.</p>

Area	Summary
<p>Other Disease Prevention</p> <p>Level II: FPHS: Access and Linkage to Health Services</p> <p>Level II: FPHS: Chronic Disease and Injury Prevention</p>	<p>The health department and its community partners have identified several needs related to physical activity/nutrition, social connectedness, and alcohol use. They identified connections with upstream interventions related to social connectedness and physical, emotional, and systemic safety. The health department uses partnership and resource sharing to highlight and connect people to existing partner programs. For example, the parks department holds community programs that combine exercise with social connections, and the ADRC provides healthy aging programs in rural areas. As an HHS agency, there are natural connections through the HHS board to partner and support other agencies working in this area. RCHHS has just started to review the most recent state health plan priorities.</p> <p>The health department is also actively engaged with Partners for Prevention, specifically related to alcohol misuse, and changing the culture of binge drinking. This includes conversations and promotion of best practices, specifically connecting with local community events to share ways to separate children from adults who are drinking, promote alcohol-free events, and working with local law enforcement on alcohol sales compliance checks and using "place of last drink" data for prevention and education.</p>
<p>Emergency Preparedness and Response</p>	<p>The entire Richland County Health and Human Services department protects the most vulnerable during emergencies. Public health partners with other areas in the HHS structure, including the county ADRC, transportation, and nutrition programs. Their external partners include schools, the local hospital, and SCWIHERC. Department staff have historically maintained a strong relationship with their emergency management staff. Plans are in place to prepare for emergencies by getting new staff familiar with their COOP, completing ICS training, completing an EOC exercise and planning for the fall mass flu clinic. Richland County has a new interim emergency manager, and the public health department is working to develop a relationship and bring public health issues forward when planning for emergencies. In an emergency RCHHS utilizes their PIO, radio messaging, press releases, and area partners to promote messaging.</p>
<p>Health Promotion</p>	<p>Post pandemic, RCHHS is rebuilding as an organization and returning to pre-pandemic operations. They recognize the role partnerships play in the rebuilding process and new staff has helped energize the process. The community is more aware of communicable diseases, and they are seeking more information from the health department.</p> <p>RCHHS identified animal bites as a growing concern in the community. They created a brochure on rabies and animal bite prevention which will be distributed to dog owners when obtaining their pet license. The brochure is also available through veterinarians' offices, at the emergency room, and by law enforcement.</p>

Area	Summary
<p>Health Promotion (continued)</p> <p>Level II: FPHS: Maternal, Child, and Family Health</p>	<p>RCHHS has increased messaging and promotion regarding flu clinics. They partner with SWCAP and ADRC and information is shared through ADRC newsletters. They use ADRC meal sites for vaccination clinics. Public health staff attend community events and provide education. For example, staff distributed radon test kits, and conducted presentations on diabetes prevention in adult family homes/assisted living facilities, and will be attending a Senior expo within the next month to share additional public health resources.</p> <p>Health literacy is considered in the wording of materials used by RCHHS. Accessible language is used and they do not use or assume knowledge of acronyms. The target audience is considered with communications to boost visibility. For example, digital communication (social media) versus written communication (brochures).</p> <p>RCHHS no longer has a prenatal care coordination program (PNCC) but does receive referrals from local hospitals for maternal and child health (MCH) services, including home visits. A public health specialist creates informational birth packets to send new parents and they do have a public health nurse contractor who can contact clients and do MCH visits as needed.</p>
<p>Human Health Hazard Control</p>	<p>Until December of 2023, Richland County Public Health was part of a 5-county environmental health consortium led by Grant County. Effective January 2024, a public health specialist with RCHHS is handling environmental concerns. RCHHS does not have a sanitarian on staff but continues to work closely with the previous environmental health coordinator who is now with Grant County. Continuity of operations was considered as part of the transition.</p> <p>RCHHS receives complaints regarding human health hazards and then investigates. For example, they had a complaint about a property regarding animal living conditions, hoarding, and piles of garbage. After initial problems gaining access to the property, RCHHS was able to build trust with the owners. RCHHS partnered with multiple agencies to remediate the property.</p>

Area	Summary
<p>Human Health Hazard Control (continued)</p> <p>Level II: FPHS: Environmental Public Health</p>	<p>RCHHS providers support, leadership, and resources related to public health. Due to their location in the driftless region and resulting unique geography, RCHHS has identified that their regulations for wells and septic tanks may need to be different to help ensure clean drinking water. They are also doing a study on farming practices and how farm run off is handled. Nitrates, arsenic, and E. Coli are all common well water containments in the area. Nearby Iowa and Vernon counties recently opened water testing labs which has helped identify issues more quickly. Previously, samples were sent to the state labs which delayed results. Flooding is also a common issue and can affect drinking water. RCHHS provides well water sample kits and does free testing for homes with pregnant women and young children.</p> <p>Environmental Health is an opportunity for RCHHS. See “Best Practice Opportunities for Public Health Practice, Function, and Staffing” for more information.</p>
<p>Policy and Planning</p>	<p>The health department has started a process for standardized review of operating procedures. This process included some changes in the lead and bloodborne pathogens policies. The County is also working on transparency in local ordinances by working to publish them online for public access. The health officer is involved with these conversations both as a leader in the department and a member of the Partners for Prevention Coalition. Involvement with the Wisconsin Association of Local Health Departments and Boards has also helped with understanding and engagement with state policy and ways to affect policy change.</p> <p>The department uses effective partner engagement to meet needs of the community. For example, staff connect with the Spanish speaking population within the local free clinic. They work with the local extension office related to land use planning, zoning, and sanitation due to staff turnover and vacancies in the County zoning department. They continue to review and update MOUs with other entities and counties. These are reviewed annually.</p>

Area	Summary
Leadership and Organizational Competencies	<p>The department is applying several resources (NACCHO, Region V training center) to update their vision, mission and values statements and align it with their CHA/CHIP. They have worked with a range of partners, including the tourism board, local NAMI, free clinic and ministerial association, to identify the most pressing health issues in their community. For example, they identified a need to increase engagement with the Spanish speaking community. RCHHS provides materials in English and Spanish and is evaluating data from the free clinic to better understand the needs of this segment of their community. They have also seen a rise in LTBI cases, many of whom are from other countries. Managing the cases has required them to work with multiple partners. The department maintains a strong working relationship with their county legal resources. They protect the privacy of client data through password protected devices, locked offices and file cabinets, and a private room for conversations.</p>
Performance Management and Quality Improvement	<p>The department tracks comprehensive data which is used to monitor progress on initiatives and community trends. The department uses the data to determine areas for improvement or additional support, for example increased radon levels or a higher incidence of LTBI.</p> <p>RCHHS doesn't have a formal QI plan. Informal QI includes moving up flu clinic timing to increase vaccination rates, as well as completing after action reviews. RCHHS self-identified this as an area where they are working to improve. See "Best Practice Opportunities for Public Health Practice, Function, and Staffing" for more information.</p>
Workforce Development	<p>RCHHS provides training opportunities for staff, and each agency within Richland County Health and Human Services has their own training budget. Job descriptions do include core public health competencies. Licenses and required certifications are verified upon hire. They maintain a spreadsheet with licenses/certification and the expiration dates. A reminder is sent to staff when the expiration date is nearing, and staff are required to submit an updated license/certification after renewal. Background checks are completed prior to hiring and every four years. Performance evaluations are completed six months after hiring and annually thereafter.</p> <p>RCHHS promotes staff development by providing opportunities for training and education. For example, staff are also encouraged to attend the annual WPHA/WALHDAB conference and the PHIP. The health officer also attended the WALHDAB Operations conference where they learned of strengths assessments and looks forward to implementing them. The department is doing an 8-week leadership training with SW Tech for all management staff and they also attend HHS agency-wide trainings.</p>

Area	Summary
Public Health Nursing Services	<p>The health department provides a generalized public health nursing program through the work of their health officer, who serves as their public health nurse. The health department is currently recruiting for a full-time public health nurse. The health officer applies the nursing process and nursing perspective to all levels of preventive care, from individual to population level. For example, the health officer participates in the county's overdose prevention program. The ability to respond to requests and new initiatives in this area is limited by the lack of a full-time PHN separate from the health officer. For example, they have seen a rise in LTBI cases, which require extensive PHN support to manage. RCHHS is working to meet staffing needs by hiring a part time contract nurse.</p> <p>Public health nursing services is an opportunity for RCHHS to enhance the level of services provided to the community as well as strengthening the operational capacity of the department. See “Best Practice Opportunities for Public Health Practice, Function, and Staffing” for more information.</p>

Richland County Community and Health Services Agenda Item Cover

Agenda Item Name: Public Health 140 Review

Unit	Public Health - HHS	Presented By:	Brandie Anderson, Health Officer Joe Larson, Southern Region Consultant, OPPA
Date of Meeting:	June 6, 2024	Action Needed:	No Action Needed
Disclosure:	Open Session	Authority:	N/A
Date submitted:	May 28, 2024	Referred by:	Brandie Anderson, Health Officer

Recommendation and/or action language: No action requested/needed – information only.

Background: Public Health Departments in Wisconsin are required to complete a DHS 140 Review process every 5 years. Richland County Public Health completed this on March 7th, 2024. Paula Tran, State Health Officer, has recommended that Richland County Public Health be granted the designation as a Level 2 Health Department based on the results of the review. The final report was provided to Richland County on May 24, 2024.

Attachments and References:

Richland County DHS 140 Report	2024 Determination letter

Financial Review: N/A

(please check one)

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

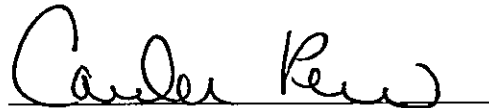
No financial impact.

Approval:



Department Head

Review:



Administrator, or Elected Office (if applicable)

**Richland County Community and Health Services Committee
Agenda Item Cover**

Agenda Item Name: 2023 Health and Human Services Annual Report

Department:	HHS	Presented By:	Tricia Clements and Management Team
Date of Meeting:	June 6, 2024	Action Needed:	Consent to submit to full county board
Disclosure:	Open Session	Authority:	Statute authorizing action
Date submitted:	May 28, 2024	Referred by:	HHS Director

Recommendation and/or action language:

Consent to submit the 2023 Annual Report to the full county board.

Background:

Each year, Richland County Health and Human Services submits an annual report to the County Board, Wisconsin Department of Health Services and Wisconsin Department of Children and Family Services. The annual report is a summary of achievements, services provided and work completed by the Department.

Attachments and References:

2023 Annual Report -	

Financial Review:

(please check one)

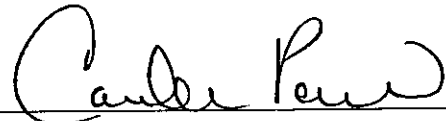
<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input checked="" type="checkbox"/>	No financial impact		

Approval:



Tricia Clements, Director

Review:



Candace Pesch, Administrator



2023

Annual Report

Public Health

Economic Support

Child & Youth Services

Behavioral Health Services

Administrative & Financial Services

ADRC of Eagle County – Richland Center

Community Services Building
221 W. Seminary Street, Richland Center, WI 53581
Phone: (608) 647-8821 Fax: (608) 647-6611
ADRC Phone: (608) 647-4616 or (877) 794-2372 Fax: (608) 647-6611



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FROM THE DIRECTOR

To: Honorable Richland County Board Supervisors and Citizens of Richland County

On behalf of the Health and Human Services and Veterans Standing Committee and agency staff, I am pleased to present the 2023 Annual Report. This document contains program and statistical information related to services; listing of our associated committees, boards and contract providers; and financial data related to our budget.

In early 2023, Rose Kohout retired as the Public Health Officer/Manager. She was a calming force throughout the COVID-19 pandemic. This brought on a new Manager/Public Health Officer. With this change, also came restructuring. Public Health transitioned from being all nurses to incorporating public health specialists into the unit.

A new manager was hired in the Behavioral Health Unit. The year brought periods of time that the unit was fully staffed; something that had not happened in years.

Our Administrative and Building Operations Manager left in 2023. This is a position that we did not fill as her duties were absorbed by the Business and Financial Services Manager and the Confidential Administrative Secretaries.

Our Economic Support unit spent their second half of the year focusing on Medicaid Unwinding. Throughout the pandemic, those with Medicaid had continuous coverage. Beginning in May, the workers began completing reviews on these cases to determine eligibility. Our staff worked hard and took on more than their expected share of the consortium caseload.

The beginning of 2023 brought a change to the ADRC region. The ADRC of Eagle County went from a four-county consortium with Sauk, Juneau, Crawford and Richland to a three with Sauk leaving. The senior nutrition program also moved to the ADRC from Public Health. This brought depth to the program and increased collaboration.

Child and Youth Services enjoyed stability in 2023. There was minimal staff turnover. The unit added a full time Family Preservation Worker.

Staff continue to amaze me. They prioritize the individuals they serve. They work hard and want to see people succeed. In the summer, we had a half day staff development day. This was a great opportunity to get everyone together and be revitalized. It is the goal to do this again this year. Another goal we have for 2024 is to increase collaboration across units within the Department. It is the hope that the all agency training will help to accomplish this.

As you review this report, I hope you won't hesitate to reach out with your questions. This, as well as past reports, program information, staff contacts, and meeting minutes are available on our website at www.co.richland.wi.us.

Respectfully,
Tricia Clements, Director
Richland County Health and Human Services



MISSION STATEMENT

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 & COMMITTEES

Boards & Committees (as of 12/31/2023)

Richland County Health and Human Services & Veterans Standing Committee

Ingrid Glasbrenner, Chair

Kerry Severson, Vice Chair
Cindy Chicker, Secretary
Timothy Gottschall
Francis Braithwaite
Donald Seep

Ken Rynes
Lee Van Landuyt
Dr. Jerel Berres
Sherry Hillesheim

Commission on Aging & Disability Board

Virginia Wiedenfeld
Carolyn Denman
Sandra Kramer
Larry Engel

Angela Metz
Julie Fleming
David Scribbins
Linda Symons

Nutrition Advisory Council

Roseanne Knower
Lee Van Landuyt

Linda Symons
Virginia Wiedenfeld

Comprehensive Community Services (CCS) Coordination Committee

Beth Muth
Connie Welte
Brandi Christianson
Nathan McBain
Charlie Hillman

Jessica Brown
Anna Carlson
Mackenzie Fisher
Dr. Jerel Berres



BOARDS & COMMITTEES

Coordinated Services Team (CST) Coordinating Committee

Shari Johnson
Amanda Miller
Ashley Kramer
Marjorie Fillyaw
Sue Sharp
Sarah Iverson
Sherry Hillesheim
Leah Garner

Cindy Chicker
Lisa McDougal
Tara Ruhland
Angela Tjaden
Brandie Anderson
Laurie Couey
Briana Turk

Mississippi Valley Health Services Commission

Dr. Jerel Berres

Ken Rynes

Transportation Coordinating Committee

Sandra Kramer, Chair

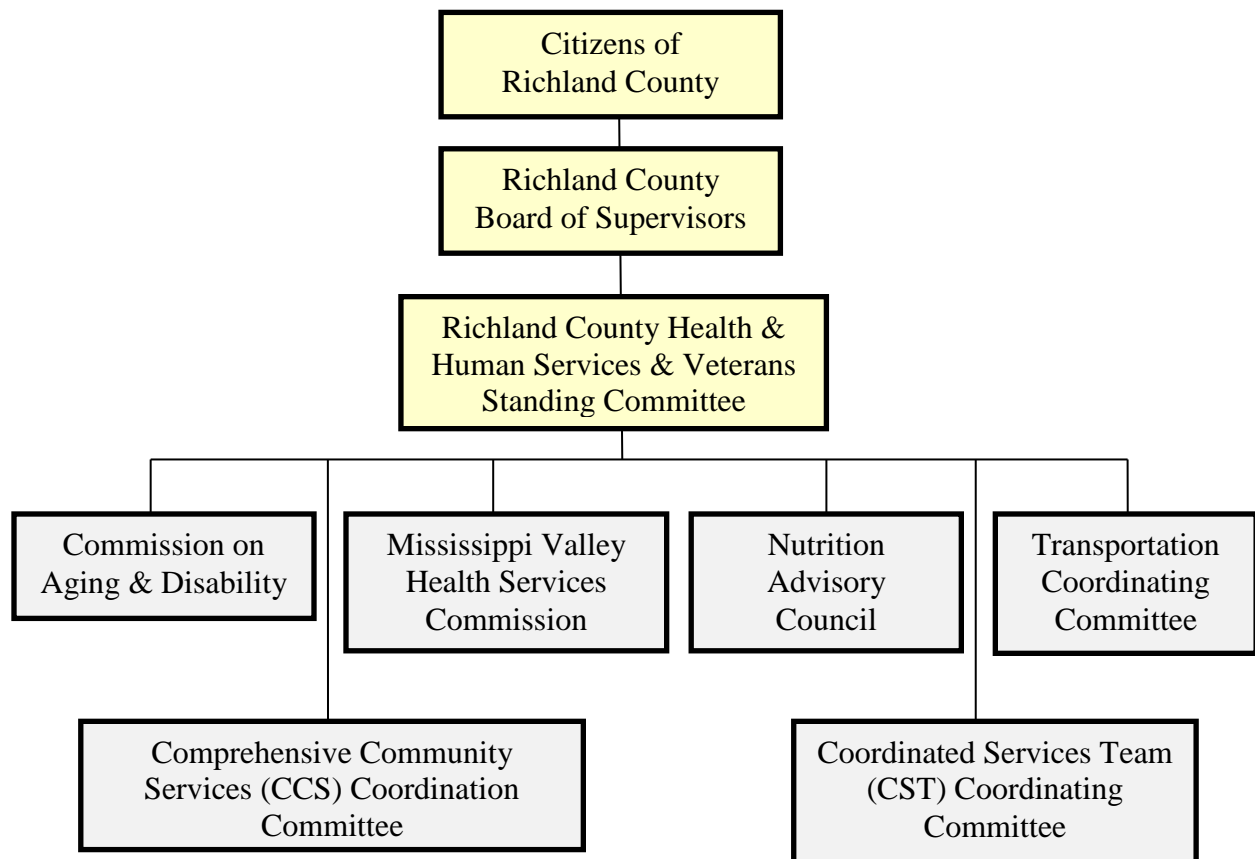
Donald Seep
Sandra McKittrick
Robert Shiere
Aaron Gray
Cindy Riley
Mary Miller

Jesse Nelson
Richard McKee
Darin Steinmetz
Linda Symons
Jeremy Walsh



BOARD ORGANIZATIONAL STRUCTURE

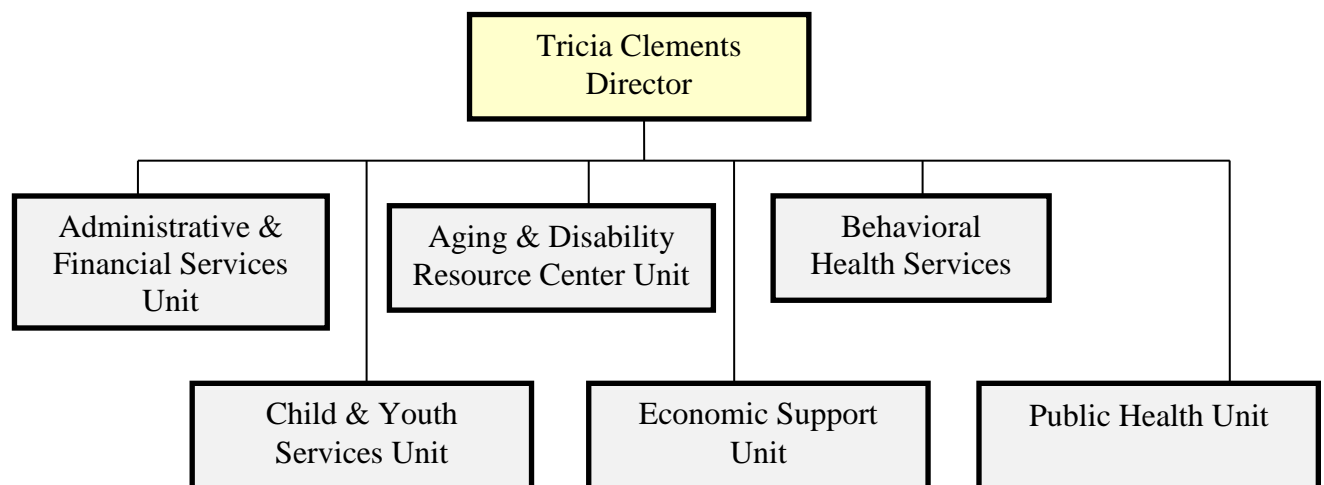
BOARD ORGANIZATIONAL STRUCTURE





UNIT ORGANIZATIONAL STRUCTURE

UNIT ORGANIZATIONAL STRUCTURE





ADMINISTRATIVE & FINANCIAL SERVICES UNIT

ADMINISTRATIVE & FINANCIAL SERVICES UNIT

Mission Statement

The Administrative and Financial Services 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 & Financial Services Unit is in place to provide support to the entire agency, regardless of program. Here is just a partial list of their areas of responsibility:

- Accounts Payable
- Accounts Receivable
- Annual Budget Preparation
- Board & Committee Support
- Cleaning & Building Maintenance Coordination
- Client Rights & Complaints
- Contracts Management
- Fiscal Reporting
- Grant & Program Claiming & Reconciliation
- Data Entry & Tracking
- Human Resources
- Office Management
- Payroll
- Public Health Immunization Clinics
- Public Information Dissemination
- Reception & Information
- Representative Payee services
- Social Media – HHS Facebook Page
- Insurance Billing
- Audit Research & Coordination

The unit staff wholeheartedly embrace the mission of striving to support agency staff and clients in an accurate, timely and considerate manner no matter the circumstances. Each and every one of them has a servant's heart in that regard.

This heart has never been more evident than with how they handled the resignation of the Administration and Building Operations Manager followed by the elimination of the position in early 2023. As a result, we consolidated the Administration & Building Operations Unit and the Business & Financial Services Unit. We are now the Administrative & Financial Services Unit under one manager.

In addition to the organizational change, the duties of the Administration and Building Operations Manager had to be absorbed. The majority of which were added to the plate of the Confidential Administrative Secretaries. This could only occur with the dedication and focus needed to streamline processes and seek out efficiencies all while continuing to provide the same high level of support the unit is known for.



ADMINISTRATIVE & FINANCIAL SERVICES UNIT

With that said, on top of this change, Administrative & Financial Services staff were able to meet some of the 2023 goals they set for themselves. Of special note:

- **DocuSign:** Unit staff successfully expanded the use of DocuSign in 2023 resulting in the use of DocuSign to provide efficiencies in other areas of Administration including but not limited to Human Resources paperwork. DocuSign also continued to be used to securely process over 100 annual provider contracts totaling over \$7.5m. DocuSign saves on paper and postage costs, improves the turnaround time, and expands the overall efficiency of the contracting process.
- **Electronic Health Record (EHR) System:** Unit staff were an integral part of the planning and roll-out of the new Engage module of the Behavioral Health Services Electronic Health Record (EHR) system, Tebra (previously known as Kareo), to improve efficiencies related to Main Front Desk support and document storage/filing.
- **Human Resources:** In 2023, some Human Resources functions were to be centralized at the county level. While this did not happen, it did not prevent unit staff from spending time improving processes that will remain within the unit when this does happen such as internal payroll, time-tracking, and onboarding to name a few.
- **Revenues:** Unit staff remained diligent in maximizing revenues by building tracking and monitoring systems into their billing practices for the plethora of Behavioral Health programs as well as putting those processes in writing.
- **WIMCR:** All Administrative & Financial Services staff once again achieved success in WIMCR reporting that resulted in a positive revenue adjustment.
- **Billing:** Significant strides were made to fully implement paperless EHR billing in order to complete more real-time billing in 2023. This will continue as a goal into 2024 as more programs and providers are added to Tebra and become proficient with electronic processes.
- **Financial Interviewing:** Our financial interviewing process was improved and has increased our capture of insurance information before a client is seen. This pre-appointment contact allows us to gather proper authorizations prior to a client's appointment.
- **Cross-Training:** Unit staff never shy away from continually cross-training each other to prevent lapses in completing the work required to accomplish the mission. The agency thanks each of them for this commitment.



ADMINISTRATIVE & FINANCIAL SERVICES UNIT

2023 Financial Summary (Un-audited)

2023 Core Expenses

Expenses by Program	2023 Budget	Actual
Administrative Services		
Staff	\$763,757	\$563,160
Building & Operating Costs	\$291,591	\$281,499
Public Health		
Public Health	\$335,192	\$208,510
Aging & Disability Resource Center		
Elderly Services	\$365,273	\$346,942
Nutrition	\$256,053	\$288,847
Resource Center	\$421,249	\$401,544
Economic Support Unit		
ES Programs	\$971,094	\$865,804
Child & Youth Services		
Children & Youth Programs	\$745,247	\$604,032
CPS Contracted Services	\$83,883	\$66,325
Behavioral Health		
MH Outpatient/Crisis Services	\$778,818	\$564,122
AODA Outpatient	\$215,092	\$87,822
CCS	\$2,873,893	\$2,393,667
Adult Protective Services	\$93,881	\$85,553
Treatment Court	\$157,614	\$129,951
Birth to Three Program	\$195,933	\$190,492
Children with Disabilities	\$177,280	\$152,858
Total	\$8,725,849	\$7,231,130



ADMINISTRATIVE & FINANCIAL SERVICES UNIT

2023 Revenues

Revenue by Source	Actual
County Tax Levy	\$956,085
Medicaid/Medicare (Inc. WIMCR)	\$2,563,340
ARPA Funding	\$81,757
Other Funding	\$154,921
State-Base County Allocation	\$799,243
State-Categorical Programs	\$3,002,414
Total	\$7,557,761

End of Year Core Budget Balance

End of Year Core Budget Balance	+ \$326,631
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2023 Placement Expenses

Adult (Fund 54)	
Budget	\$705,000
Expenses	-\$903,608
Tax Levy	\$705,000
Other Revenue	\$438,889
Fund 54 Balance	\$240,281
Children (Fund 44)	
Budget	\$680,000
Expenses	-\$836,737
Tax Levy	\$680,000
Other Revenue	\$113,390
Fund 44 Balance	-\$43,347

End of Year Placement Balance

End of Year Placement Balance	+ \$196,934
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ADMINISTRATIVE & FINANCIAL SERVICES UNIT

2023 Health & Human Services Contracts (Over \$10,000)

• A&J Vans dba A&J Mobility	\$64,789
• Annika Mersmann	\$13,015
• Children's Hospital of WI	\$70,525
• Chileda Institute	\$283,365
• Community Care Resources	\$96,737
• Cornerstone Foundation	\$179,590
• Coulee Region Psychiatric Services	\$34,500
• Diane's Adult Family Home	\$91,384
• Driftless Counseling, LLC	\$808,146
• Evergreen Manor, Inc.	\$33,589
• Family Services of NE WI	\$16,593
• Forward Home for Boys	\$108,504
• Impact Community Planning Group	\$15,105
• Jean Warrior, Ph.D	\$13,110
• Jessica Leinberger Counseling	\$23,766
• Logan James Herr Foundation, Inc.	\$23,050
• M Squared NC, LLC dba Action Fence	\$19,474
• Memorial Hospital of Boscobel, Inc.	\$11,647
• Northwest Counseling & Guidance Clinic	\$85,602
• Premier Financial Management Services	\$148,551
• RTP (WI), S.C.	\$57,627
• Rural Wisconsin Health Cooperative	\$56,213
• Shay Rehabilitation & Psych Services	\$188,163
• SW WI Workforce Development Board	\$39,100
• Tellurian, Inc.	\$45,035
• TLC Home Care, LLC	\$71,693
• Vista Care Wisconsin	\$742,334
• Dean Saner, Psy. D.	\$11,864
• Hailey Schneider	\$39,328
• Hansen Assessments	\$12,900
• Highland Spring Counseling	\$15,945
• KSMS – Our House	\$15,198
• Miramont Behavioral Health	\$120,544
• Options Lab	\$10,523

221 West Seminary Street • Richland Center, WI • 53581

Phone: (608) 647-8821 Fax: (608) 647-6611 E-Mail: rchhs@co.richland.wi.us



BEHAVIORAL SERVICES UNIT

BEHAVIORAL HEALTH SERVICES UNIT

Mission Statement

To Individuals and families... Behavioral Health 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... Behavioral Health 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.

Overview

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

Treatment Court

Treatment Court is an alternative to an incarceration program for non-violent adult offenders for whom substance abuse was a contributing factor in their criminal activity. Richland County currently has Sobriety Court for those convicted of alcohol related offenses, and Drug Court for those convicted of drug related offenses. This program works closely with the Circuit Court of Richland County.

In 2023, Richland County Treatment Court served 16 consumers.

Outpatient Clinic

Richland County HHS has an outpatient mental health and substance abuse clinic that provides mental health therapy, substance abuse counseling, psychological assessments, and psychiatric care. The clinic is staffed by two therapists, a substance abuse counselor, a psychiatric nurse, a psychiatric nurse practitioner, a psychologist, and a psychiatrist. Our outpatient clinic also

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BEHAVIORAL SERVICES UNIT

conducts Intoxicated Driver Assessments to assess treatment needs of those convicted of driving under the influence. Lastly, our clinic provides Choices, an educational program that is offered as an alternative sentence by the courts for underage drinking charges.

In 2023, the Behavioral Health Clinic completed 94 Intoxicated Driver Assessments, 82 Mental Health Assessments, 27 Substance Abuse Assessments, and 94 Psychiatric Assessments. 13 underage youth completed the Choices program.

Crisis

Crisis services are set up to give an individual someone to talk to, to provide a response of them, and to help find a place to go if needed to ensure the safety of themselves and/or others. Behavioral Health Staff provide walk-in crisis services, and mobile responses to crisis during regular business hours of Health and Human Services. During non-business hours, Northwest connections is a contracted service that response to crises in Richland County.

In 2023, Northwest Connections had 367 crisis contacts. Richland County HHS Crisis Staff has 1183 crisis contacts. This brings the total for 2023 to 1550 crisis contacts in Richland County.

An emergency detention occurs when an individual is taken into custody after it has been determined that they pose a risk to themselves or others. The individual is transported to a designated treatment facility where they may remain in custody for up to 72 hours while assessments are completed to determine the individuals needs and whether additional involuntary treatment is required.

In 2023, Richland County had 21 people emergency detained.

Adult Protective Services (APS)

Adult Protective Services (APS) helps elderly adults and adults at risk who have been abused, neglected, or financially exploited.

In 2023, there were 118 APS referrals



BEHAVIORAL SERVICES UNIT

Comprehensive Community Services (CCS):

Comprehensive Community Services (CCS) is a fully funded program by Medicaid that helps individuals of all ages with mental health and/or substance use disorders. The goal of CCS is to help consumers live as independently as possible in their home communities. CCS is an intensive mental health program where consumers receive treatment in their homes and the community.

In 2023, 47 consumers were served in CCS.

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).

In 2023, 11 consumers received mental health residential services.

Children's Long-Term Support (CLTS) Program

The Children's Long-Term Support (CLTS) program helps children with disabilities and their families through supports and services that help children grow and live their best lives in their home and community.

In 2023, 78 children were served in CLTS.

Birth to Three (BT3)

Birth to 3 (BT3) is an early intervention special education program that helps children under the age of 3 who have delays or disabilities.

In 2023, 61 children were served in BT3.

Coordinated Services Team (CST)

Coordinated Services Team (CST) is for children who are involved in multiple system of care such as mental health, substance use, child welfare, juvenile justice, special education, or developmental disabilities.

In 2023, 3 children were served in CST



AGING & DISABILITY RESOURCE CENTER

AGING & DISABILITY RESOURCE CENTER OF EAGLE COUNTY *Richland Center Office*

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 and Juneau Counties. The ADRC provides information and assistance services designed to inform and connect county residents to programming, services, and public benefits. The ADRC serves:

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

The ADRC's Elder Benefit Specialist and a Disability Benefit Specialist provide benefits-related counseling and services to the elderly, as well as adults with disabilities between the ages of 18 and 59 years. Through the ADRC, customers can also access health-related information and services that focus on early intervention/prevention. Staff also provide intake and eligibility determination for the publicly-funded long-term care programs called IRIS (Include, Respect, I Self-Direct) and Family Care. The ADRC also provides low vision support services and transportation assistance services. In 2023, the Richland Center Office of the ADRC of Eagle Country processed 14,939 incoming contacts (phone calls or walk-in customers).



AGING & DISABILITY RESOURCE CENTER

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 2023, ADRC Specialists received 4638 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. These contacts were requests, concerns or needs that generated the provision of information, referral, assistance, options counseling, short-term case management, or early intervention/prevention services.

Publicly Funded Long-Term Care Programs

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

Eligibility determination and enrollment into both Family Care and IRIS is a complex process that occurs through the coordinated efforts of Economic Support, the Family Care Organization or IRIS Independent Consultant Agency, and the Aging and Disability Resource Center. It is the ADRC Specialists 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 2023, staff completed 89 Functional Screens and enrolled 77 customers into long-term care publicly funded programming.



AGING & DISABILITY RESOURCE CENTER

Disability Benefit Specialist

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

In 2023, the Disability Benefit Specialist program assisted 131 Richland County residents in receiving over \$658,315 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 \$17,920,014. These positive results are 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.

Elderly 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 ADRC 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



AGING & DISABILITY RESOURCE CENTER

assistance, 10 Medicare workshops were offered. In 2023, 47 people attended to learn how to navigate Medicare Programs and an additional 294 seniors received other assistance.

In 2023, the Elder Benefit Specialist Program provided a savings to 341 Richland County residents totaling \$1,658,169 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 hold Tai Chi, Strong Bodies, PALS (Physical Activity for Lifelong Success) and SAIL (Stay Active and Independent for Life) classes which are evidence based programs that significantly reduce falls for seniors.

A Total of 35 seniors participated in the classes.

Transition Services for Youth

Transition services for youth involve developing collaborative relationships with area schools and community agencies in order to assist young adults/students who have physical or developmental disabilities, have mental health or substance abuse disorders and are in need of long-term care. Transition services assist students and their families in accessing information, options counseling, and connections to needed services. An ADRC Specialist is assigned to each client to take the lead in developing and promoting transition services. Transition activities in the 2022-2023 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 adult 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.

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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 2023, Richland County Health and Human Services received \$5532. The funding was used to provide information, assistance, supportive care services to Richland County families, and conduct outreach and education to the community.

Dementia Care Specialist

The Dementia Care Specialist (DCS) is a person employed by the Aging & Disability Resource Center (ADRC) of Eagle Country's Regional Office who is responsible for assisting individuals and families living with dementia to continue to be active in their community and remain in their homes for as long as they are able. The DCS also ensures the ADRC staff are knowledgeable about dementia and are prepared to meet the needs of the people they serve in a supportive, helpful manner.

- **Individual Consultations:** Individuals and their families plan for their future by providing information on what to expect, decisions they may want to consider in advance and resources available to support individuals living with these changes.
- **Dementia Live:** The Dementia Live experience gives participants an idea of what it is like to have dementia. This is done by altering their senses and providing them with tasks to do in a controlled setting. In just 15 minutes participants gain greater awareness and understanding of the daily struggles affecting persons with dementia.

In 2023, Dementia Live was provided to local banks, HHS staff, local EMS, Sheriff's Department, Richland Center Police Department and individual families.



AGING & DISABILITY RESOURCE CENTER

The Richland County Transportation Program

In 2023 the Richland County Transportation program saw a large increase in need for transportation including medically necessary, food security, social recreation, personal business and quality of life trips. The Transportation program has four main services it provides including the driver escort program, public bus routes, public bus grocery routes and on-demand wheelchair transportation to medical appointments. The public bus routes are designed to provide transportation to rural residents and bordering communities in an effort to connect them with Richland Center and surrounding counties. The driver escort program provides door-to-door transportation service to the elderly and disabled community members of Richland County to medical appointments within an 85-mile radius.

- **Richland County Public Transportation & Lift Vehicle Transportation:** In 2023, the Richland County Public Transportation and Lift Vehicle Transportation programs had four temporary casual drivers who provided a total of 1498 trips.
- **Richland County Driver Escort Program:** In 2023, the Driver Escort Program had 20 volunteer drivers providing a total of 4049 one-way trips traveling 154,986 miles. Volunteer drivers donated a total of 5488 hours of their time.

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 2023 totaled \$12,636 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 older persons age 60 and over.

In 2023, the funds supported 33 local families, provided assistance through the ADRC and subsidized some transportation needs for caregiver families.

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AGING & DISABILITY RESOURCE CENTER

Senior Nutrition Program

In May 2023, the Richland County Nutrition Program moved to the Aging & Disability Resource Center of Eagle Country Richland County Office. Since the population served and other Older American Programs are under the ADRC of Eagle Country it was an easy transition to also take on the Elder Nutrition Program.

Goals of the Richland County 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 has three active meal sites and delivers meals to homebound individuals from two of those three locations. In the spring of 2023, the Request for Proposals (RFP) process was completed, resulting in a change in vendors for the program.

For the 2023 year, 3 meal sites operated with congregate dining at each location:

- **Richland Center:** The Grab N' Go program still operated at the Richland Center Site and has good attendance for this service as well as congregate meals, averaging 5-10 Grab N'Go meals and 15-20 Congregate meals daily. Meals on Wheels continued to be provided M-W-F's from the Richland Center location. During 2023 approximately 90-110 hot home delivered meals were provided each M-W-F. Frozen meals were offered for individuals who were in need of meals 5-7 days per week.
- **Cazenovia:** In 2023 20-25 individuals were provided congregate meals every Wednesday, and 10 home delivered meals each day delivery is offered.
- **Rockbridge:** In 2023, there was an increase in attendance, and the site remained open 3 days per week. It is hoped that the partnership of the Senior Nutrition Program with Bethlehem Lutheran Church will bring a variety of benefits including bridging the gap between generations.

The Senior's Farmers' Market Nutrition Program operates June through September, offering vouchers valued at \$35 to low-income older residents to purchase fresh, locally grown fruits, vegetables and herbs from certified farmers.

In 2023, Richland County was allocated 196 sets of vouchers, of which 189 were utilized



ECONOMIC SUPPORT

ECONOMIC SUPPORT UNIT

Mission Statement

The Richland County Health and Human Services Economic Support Unit believes that all persons requesting our assistance have the right to be treated with respect, dignity and confidentiality. Our Mission is to provide all individuals within the Capital Consortium access to services needed to achieve economic stability within the programs we administer, including referrals to other appropriate agencies.

Overview

Income Maintenance Consortia have been around since 2012. Richland County is a member of the Capital Consortium, which also includes Adams, Columbia, Dane, Dodge, Juneau, Sauk and Sheboygan. Richland County ESS (Economic Support Specialists) handle cases from all of these counties. There is a large number of programs administered by the unit, including:

- FoodShare
- Wisconsin Shares/Child Care Subsidy
- BadgerCare Plus
- Caretaker Supplement/CTS
- Medicaid for Elderly, Blind, Disabled
- Day Care Certification
- Program Integrity, Fraud and Front End Investigations

Economic Support Specialists

In 2015, the consortium was looking to increase the number of Economic Support Specialists (ESS) and chose to have them hired by Richland County. This brought eight additional ESS positions, as well as one Lead Worker position into the community. The unit currently has thirteen Economic Support Specialists, one Lead Worker, and one Manager. All thirteen specialists handle calls on the Call Center, and based on the number of workers in Richland County, the unit has a goal to handle 8.9% of all call center calls. That goal was exceeded 2023!

Total Calls Handled by the Consortium in 2023	Total Calls Handled by Richland County ESS:	Percentage of Calls Handled by Richland County ESS:
313,962	32,293	9.4%



ECONOMIC SUPPORT

In addition to handling calls on the Call Center, Economic Support Specialists (ESS), manage a caseload. Currently, a Family ESS averages 730 cases each while the Elderly, Blind, and Disabled ESS averages 700 cases each. Casework consists of processing applications, renewals, six-month report forms (SMRFs) for FoodShare, processing documents, discrepancies, alerts, and ACCESS Change Reports. Several tasks are required for each of these processes. For example, there are several tasks required for each Application that is processed.

Total Tasks Handled by Consortium in 2023	Total Tasks Handled by Richland County ESS in 2023	Percentage of Tasks Handled by Richland County ESS in 2023
1,169,671	107,574	9.1%

Economic Support Specialists (ESS) have 30 days to process an application. The benchmark for application processing timeliness is 95%. This means at least 95% of applications for FoodShare, BadgerCare, and Caretaker Supplement/CTS are completed within those 30 days. The Capital Consortium processed a total of 71,346 applications in 2023 with a timeliness rate of 98.18%. Richland County processed 5,683 of those applications with a timeliness rate of 98.74%. Richland County ESS work hard to meet and exceed the benchmarks set by the state.

In addition to their regular daily tasks, each Economic Support Specialist takes one to two days a month to be the unit contact person for agency staff, county staff, and the community. In 2023, we averaged about 40 contacts per month.

2023 Population of Richland County 2023	2023 Richland County Residents Receiving Economic Independence Assistance	2023 % of Richland County Population Receiving Economic Independence Assistance
17,014	4,895	28.7%

The following link will give you more information on what an Economic Support Specialist does. <https://wchsa.org/economic-support-staff>

FoodShare

In 2023, the average number of cases open for Foodshare in Richland County was 1,198, and 372,086 for the entire State of Wisconsin. The FoodShare program brought \$4,379,474 into Richland County's economy, for an average of \$364,956 per month. In 2023, \$1,497,926,181 of Foodshare benefits were paid out to Wisconsin residents, for an average of \$124,827,182 per month.



ECONOMIC SUPPORT

Year:	Total Number of Recipients (unduplicated) in Richland County:	Adults:	Children:	Number of Assistance Groups:
2023	3,250	2,092	1,186	1,671
2022	3,248	2,128	1,158	1,679

Year:	Total Number of Recipients (unduplicated) in Wisconsin:	Adults:	Children:	Number of Assistance Groups:
2023	930,518	581,116	360,327	492,517
2022	938,312	586,082	362,638	495,543

The following link will give you more information on the FoodShare program, including income limits. <https://www.dhs.wisconsin.gov/foodshare/index.htm>

Medicaid (Including BadgerCare and Elderly, Blind Disabled Medicaid)

Richland County ESS enrolled as many as 15,142 people into the Medicaid program in 2023. Of those, 4,212 were Richland County residents. In the 2022 calendar year, the most recent data available, Medicaid expenditures paid on behalf of Richland County residents (including EBD & Long Term Care programs) totaled \$43,665,499. In 2021, that amount was \$38,387,662.

The following link will provide more information on BadgerCare Plus.
<https://www.dhs.wisconsin.gov/badgercareplus/index.htm> .

The following link will provide more information on Medicaid.
<https://www.dhs.wisconsin.gov/medicaid/index.htm> .

Caretaker Supplements/CTS

Caretaker Supplement (CTS) is a cash benefit for parents who get SSI payments and who meet program rules.

In 2023, 12 Richland County children received \$29,495 in assistance.

The following link will provide more information on Caretaker Supplements/CTS.
<https://www.dhs.wisconsin.gov/ssi/caretaker.htm> .



ECONOMIC SUPPORT

Wisconsin SHARES/Child Care Subsidy

This program assists parents with paying for quality child care while they are participating in an approved activity.

Number of participating families in 2023:	Number of children served:	Total benefits utilized:
24	44	\$121,382.05

The following link will provide more information on Wisconsin SHARE/Child Care Subsidy.
<https://dcf.wisconsin.gov/childcare>.

Program Integrity, Front End Investigations and Fraud

Richland County continues to create a consistent and timely approach to program integrity by sub-contracting with Dane County. Dane County has full-time staff and resources dedicated to this department. Economic Support Specialists make referrals in the BRITS system. The Dane staff will work those referrals and, if appropriate, overpayment, repayment, and/or sanctions will be established. Referrals could even be made to the district attorney for prosecution.

In 2023, 35 fraud or overpayment referrals were created on Richland County residents. Of those referrals, overpayments in the amount of \$31,328 were established.

The following link to the Office of the Inspector General will provide more information on program integrity. <https://www.dhs.wisconsin.gov/oig/index.htm>

Daycare Certification

The Richland County Economic Support Unit is responsible for certifying day care facilities. There were no certified day care providers in Richland County in 2023. (There are currently 8 licensed facilities.)

The following link will provide more information on Child Care Regulation.
<https://dcf.wisconsin.gov/ccregulation>.



CHILD & YOUTH SERVICES UNIT

CHILD & YOUTH SERVICES UNIT

Mission Statement

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 four individual program initiatives, all mandated through the State departments of Children & Families, Health Services, and Corrections.

Those four programs are as follows:

- Child Protective Services
- Youth Justice
- Foster Care and Kinship Care
- Independent Living

Child Protective Services

Children's Protective Services (CPS) is a key component of the Child Welfare system in Richland County. CPS involvement is warranted when there is a referral indicating a child may be unsafe, abused or neglected, or at risk of maltreatment. CPS identifies and addresses underlying family conditions that make children unsafe or at risk of maltreatment and implements a variety of safety plans with families in attempts of mitigating concerns by the least restrictive means possible. CPS workers in Richland County are required to follow strict laws and standards when determining if CPS intervention is warranted.

2023 CPS Reports	
Reports Received	275
Alleged Victims	436
Initial Assessments	61
Child Welfare Reports	79
Child Welfare Cases Opened	52



CHILD & YOUTH SERVICES UNIT

Child Welfare Model for Practice:

1. **Trust** – CPS workers approach complex family situations with honesty and integrity to support positive change.
2. **Engagement** – CPS established relationships with families through collaboration, empathy and partnership. The voices of families are included and welcomed in planning.
3. **Accountability** – We are accountable for the children, youth, and families in our community and are responsible for providing trauma-informed, culturally sensitive services. It is our job to learn, self-correct, innovate, and work towards positive outcomes.
4. **Trauma-Informed Practices** – CPS workers understand the impact of trauma on children and families and recognizes that practice is most effective when trauma is considered.
5. **Respect** – We acknowledge the worth, ideas and experience of every person and family system.
6. **Culturally Responsible** – We seek to reduce all biases and disparities at the individual, agency, and system level and treat clients with fairness and equity and serve them within the context of their identity, family, community, tribe, history, culture and traditions.
7. **Workforce Support** – The system promotes teaming amongst workers, supports professional development and seeks to ensure the safety of all workers and provides support to address secondary trauma.
8. **Family Centered** – Workers engage with families with a strengths-based perspective, supports teaming and advocate for appropriate services and supports to meet the needs of families, youth, and caregivers. Families and youth are the drivers for change and are empowered to make decisions with the recognition that they are the experts on their needs.



CHILD & YOUTH SERVICES UNIT

Youth Justice (Juvenile Justice)

Youth Justice (also known as Juvenile Justice) is the second component of the local Child Welfare system, which serves children who are 17 years of age or younger, who have been alleged to have violated laws. The focus of interventions is to interrupt destructive, delinquent behavior and also prevent youth from ending up in the adult prison system in the future. Services traditionally provided include: processing juvenile referrals, making recommendations to the court, case management and service coordination, collection and distribution of restitution, electronic monitoring, and reunification for youth who have been placed out of the home.

In 2023, there were 25 Youth Justice Referrals, 7 cases ended up with Supervision and Services, 4 cases that were pending in the court process at the end of the year.

There is a new vision for Youth Justice being implemented at the state level which encompasses a vision for accountability of youth rather than on punishment. This movement stems from recent research that indicates traditional sanctions such as sending youth to secure detention, often increases recidivism and pulls them deeper into the system. Under the new vision, the needs of victims are taken into account and clearly addressed, and stakeholders such as social workers and judges share an understanding of accountability that truly allows youth to take account for, and learn from their mistakes. Accountability for youth includes: repairing harm, opportunity to learn and grow, engagement in the process rather than simply the outcome, building youth support systems. As part of this program Child and Youth Services staff have begun to be trained in an evidence based assessment and planning tool (YASI-Youth Assessment Screening Instrument). The department is further working with ADA Amy Forehand and Judge Lisa McDougal to develop a protocol and procedure to utilize this tool to assess recidivism risk of youth and develop case planning that addresses specific identified needs of the youth involved in the Youth Justice System.

YES (Youth Empowerment Services)

One particular effort in Richland County to support youth and provide restorative justice opportunities is our YES program. YES provides youth with opportunities to develop life skills and supportive relationships with peers and adults. Participating youth share their collective energy and creativity in completing projects that benefit our community and explore topics such as self-esteem, citizenship, and cooperation.



CHILD & YOUTH SERVICES UNIT

Foster Care, Kinship Care, Subsidized Guardianship

CPS tries to keep families together whenever possible and works hard to make in-home safety plans. When it is not possible to do so however, children need sensitive and caring alternate caregivers to support the family through transitions, separations and reunifications. The CPS unit in Richland County licenses level 1 and level 2 foster homes and supports an array of relative or kinships homes. Richland County utilizes relative placements as much as possible. We conduct diligent outreach to relatives when a child is placed out of their home. We support these alternate caregivers with the training and support from our Foster and Kinship Coordinator.

Guardianship is a legal permanency option for children placed in out of home care through the child welfare system. A caregiver who is appointed guardian of a child by the court has the duty and authority to make important legal decisions for the child without severing the child's legal relationship to their parents and other family members. Subsidized guardianship supports the legal permanence option of guardianship and allows the guardian to continue receiving a monthly payment to offset the costs of caring for the child.

Richland County receives a small stipend to help youth who age out of care to achieve independence post 18 years. In 2015, the state began assuming responsibilities for this activity statewide by regions. In 2016, Richland County relinquished activity and funding to the State and no longer provides this service locally. Our regional services are delivered out of Platteville through a private partnership contracted by the state.



PUBLIC HEALTH UNIT

PUBLIC HEALTH UNIT

Overview

2023 was a year of restructure and resilience for the Public Health Unit, as they experienced a year of significant staffing changes. With the retirement of a tenured health officer, an additional staff nurse, as well as an environmental health consultant, public health suffered a deficit of institutional knowledge & skills. The remaining staff nurse assumed the interim Health Officer role for the public health unit and was eventually appointed to the permanent position. Fortunately, nursing duties continued for some specific services such as administering vaccines, TB skin tests, and medications for latent TB infection (LTBI) by the public health officer/nurse and another registered nurse in the agency, whose primary role is providing psychiatric nursing services. MOU agreements with two neighboring counties were developed to ensure delivery of other mandated services such as communicable disease surveillance, animal bites, and immunization services.

Due to unsuccessful attempts to fill the vacant public health nurse positions, a new Public Health Specialist position was created and filled by two qualified candidates who began work in October 2023. A nurse was contracted with to conduct mass vaccination flu clinics in the Richland County schools. Despite initial challenges coordinating these clinics, there was a slight increase in the overall number of children vaccinated against influenza. Sincere appreciation is extended to all of the staff working in or assisting the Public Health unit during this year of transition.

On a positive note, the Public Health Emergency Order ended in May of 2023 with a shift back to surveillance of communicable disease, in which the number of reported COVID cases and requirements for follow up decreased significantly. Although COVID vaccine demand decreased for several months, Wisconsin Department of Health Services implemented the Bridge Access Program (BAP), to ensure that COVID vaccines would remain available to uninsured and underinsured adults beginning in the fall. COVID vaccines were also approved to be provided as a VFC (Vaccine for Children) program vaccine and public health was able to secure the Pfizer COVID vaccine product once again for all age groups and continues to keep this product on hand.



PUBLIC HEALTH UNIT

Immunizations

Richland County Public Health staff follow guidance provided by the State of Wisconsin Immunization Program to provide life-saving immunizations to eligible Richland County families. Dr. Neil Bard serves as the public health medical advisor for standing orders, and immunizations offered by public health are provided under the Vaccine for Children (VFC) and Vaccines for Adults (VFA) programs. These programs focus on providing immunizations to uninsured or underinsured families, including Medicaid eligible, American Indian, or Alaskan Native client populations. Additionally, in the fall influenza immunizations are made available for the entire community. All ACIP recommended vaccines continue to be offered to qualifying families.

Immunization	2022	2023	Immunization	2022	2023
COVID Pfizer Bivalent 12+	299	-	Polio	2	1
COVID Pfizer 5-11yrs	17	-	Prevnam	3	2
COVID Pfizer 12+	315	-	Td	6	4
COVID Pfizer 6mos-4yrs	8	1	Varicella	5	5
COVID Pfizer Bivalent Booster	6	3	Menactra	-	4
DTaP	4	1	Td-Pertussis (Tdap)	11	8
Hepatitis A	7	4	Covid-19	719	-
Hepatitis B	6	1	HPV (Gardasil)	1	2
Adult Hepatitis B	-	-	RotaTeq	-	2
Hib	1	-	DTaP-Hib-Polio (Pentacel)	2	2
Influenza	534	457	DTaP-Polio (KINRIX)	-	-
MMR	2	3	Proquad (MMRV)	1	3
Pneumonia	-	-			

Total Immunizations	2022	2023
	1,949	503

In July of 2023, staff successfully completed a scheduled visit by the Wisconsin Immunization Program, ensuring continuation of immunization services for Richland County Residents including:

- Vaccine for Children Immunization Clinics
- Vaccine clinics for local school districts
- Vaccines to area care facilities serving the elderly & Disabled populations



PUBLIC HEALTH UNIT

Communicable Disease Investigation & Follow-Up

In Wisconsin reportable diseases are divided into three categories. In Wisconsin reportable diseases are divided into three categories. Category I diseases are considered to be of urgent Public Health importance and are to be reported immediately to local Public Health. Category II diseases must be reported to local Public Health within 72 hours of the identification of a case or suspected case. Category III disease (HIV and AIDS) is to be reported to the state epidemiologist within 72 hours of identification of a case or suspected case.

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

Disease Group	2022	2023	Disease Group	2022	2023
Babesiosis	1	2	Influenza	39	87
Campylobacteriosis	8	6	Invasive Streptococcal Disease (Groups A&B)	2	3
Carbapenemase producing organisms	1	0	Metal Poisoning (non-lead)	3	1
Carbon Monoxide Poisoning	4	6	MRSA	0	3
Chlamydia Trachomatis Infection	38	38	Mycobacterial Disease (Nontuberculous)	2	2
Coronavirus	2086	465	Not Reportable	0	1
Cryptosporidiosis	4	2	Pathogenic E. Coli	0	67
Ehrlichiosis/Anaplasmosis	9	2	Pertussis (Whooping Cough)	7	10
Environmental & Occupational Lung Diseases	4	0	RSV	0	1
Giardiasis	1	1	Salmonellosis	3	1
Gonorrhea	8	6	Shigellosis	1	0
Haemophilus Influenza Invasive Disease	1	0	Streptococcus Pneumoniae Invasive Disease	3	5
Hepatitis B	0	1	Tuberculosis, Class A or B	1	0
Hepatitis C	2	3	Tuberculosis, Latent Infection (LTBI)	1	0
Histoplasmosis	1	0	Vancomycin-Resistant Enterococci	1	0
			Yersiniosis	1	0

Total Diseases	2022: 2,282	2023: 759
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PUBLIC HEALTH UNIT

TB Skin Test

Public Health provides a comprehensive tuberculosis (TB) prevention and control program including TB skin testing. TB skin tests are most often completed as a pre-employment requirement, but may be requested or recommended as follow-up to a potential exposure.

135 total TB skin tests were provided by Public Health in 2023

TB Skin Dispensary

The Wisconsin Department of Health Services Tuberculosis (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. The Wisconsin Department of Health and Human Services Tuberculosis Program provides oversight and consultation to local health departments in the management of confirmed or suspected TB and LTBI cases.

In 2023, the Wisconsin DHS TB dispensary program was accessed 4 times for dispensing of medications in Richland County; 3 times for new clients (the fourth client finished treatment in the beginning of 2023). Richland County Public Health nursing staff provided direct observation therapy (DOT) medication services to all 3 clients in the clinic setting, each over the course of approximately 12 weeks. There were 2 “suspect” cases of LTBI reported, and one determined to be “not a case”, for a total of 6 LTBI cases requiring public health follow up and some level of case management in 2023.

Rabies Prevention & Control

Public Health works with the Richland County Sheriff’s Department, the Richland Center Police Department, the Richland County District Attorney and the Corporation Counsel, as well as local veterinary services and animal shelters to assure that procedures outlined in the Rabies Prevention and Control Policy are followed when there is an animal bite to a human. When Public Health receives a bite order from Law Enforcement, public health staff contact both the animal owner, to assure the owner understands the requirements for quarantine and vaccination of the biting animal, and the victim to assure understanding of potential consequences of an animal bite and the importance of medical attention after an animal bite. Once the quarantine is complete or a rabies test result is obtained, Public Health contacts the person who was bitten to report the outcome.

221 West Seminary Street • Richland Center, WI • 53581

Phone: (608) 647-8821 Fax: (608) 647-6611 E-Mail: rchhs@co.richland.wi.us



PUBLIC HEALTH UNIT

In 2023 staff provided follow up on a total of 67 cases for rabies control

In 2023, public health staff authorized fee exempt testing for 17 specimens, which were primarily dogs, but also included bats, squirrels, goats, cats, and raccoons. These specimens were submitted to the Wisconsin State lab of Hygiene, or WSLH, and there were no positive rabies cases that resulted from those tests.

Maternal Child Health Program

Richland County Public Health provides Maternal Child Health (MCH) home visits as part of the Wisconsin Healthiest Families statewide initiative that strives to improve systems to address family supports, child development, mental health and safety and injury prevention. In 2023, there were 7 MCH referrals received by Richland County Public Health from area healthcare providers. 1 client accepted a home visit from Public Health, with additional phone consultation and follow up provided to other referred clients. Richland County Public Health also provided information in birth packets sent to 151 families which included brochures from SWCAP WIC, Birth to 3, and information on milestone developments, immunizations, and car seat safety.

Loan Closet

The Richland County Public Health Department has a supply of medical equipment to be provided for short-term use for our area residents. A small deposit is required which is returned when the resident no longer needs the equipment.

In 2023, the loan closet rented out 324 items throughout the year.

Richland Community Free Clinic

The Free Clinic provides primary health care to people and is staffed by medical professionals and community volunteers on Tuesday mornings at The Richland Hospital. Public Health continued to assist at the Free Clinic until March of 2023. With the abrupt decrease in staff capacity, a decision was made to offer support from ADRC staff to assist with sharing resources to clients in the absence of public health nurses. In the fall, public health nursing staff were able to offer a vaccine clinic specific for flu shots during the flu season to those that were eligible.



PUBLIC HEALTH UNIT

Environmental Health

Richland County was part of a five county consortium through the end of 2023 to provide environmental health services to residents of Richland County. The Grant County Health Department was the lead agency and fiscal agent for the Environmental Health Consortia and employed one Registered Sanitarian who was the Environmental Health Coordinator for all five counties, which included Grant, Iowa, Lafayette, Vernon, and Richland. The Grant County Environmental Health Coordinator assisted with investigation and follow-up of human health hazard complaints and coordinated environmental health programs listed below, with the assistance of public health staff accompanying on some home visits.

2023 Environmental Health Contacts		2023 Environmental Health Home Visits	
Lead	18	Lead	3
Radon	30	Radon	1
Water	12	Water	0
Asbestos	9	Asbestos	1
Solid Waste	42	Solid Waste	9
Air Quality	28	Air Quality	3
Sewer	6	Fit Testing	2
Animal/Pest	14	Animal/Pest	0
Housing	41	Housing	13
Total	200	Total	32

Private Well 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 test kits available at the agency and the fees are sent directly to the Wisconsin State Laboratory of Hygiene with the sample. The Public Health department is happy to help explain the results of the water tests or consult on concerns related to water quality.

Radon Test Kits

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 foundations. Radon can get trapped in homes where it



PUBLIC HEALTH UNIT

can build up and have a negative impact on health. The Public Health Department has free radon kits to test for this gas.

In 2023, 55 Radon test kits were distributed and 34 test kits returned.

Childhood Lead Poisoning Prevention

Lead poisoning in children can be difficult to detect, resulting in devastating long term effects including reduced IQ and attention span, learning disabilities, developmental delays and other health and behavioral issues. Preventing exposure requires preventing children from coming into contact with lead hazards by identifying and repairing the hazards.

Children are screened by the collection of a capillary blood sample which is sent to the Wisconsin State Laboratory of Hygiene (WSLH) for analysis. Public Health Nurses and the Environmental Health Coordinator make home visits to provide education and assessment of the child's environment for lead hazards.

Property owners are responsible to comply with lead hazard reduction measures ordered by Public Health. Lead poisoning screening and prevention activities provide essential tools to identify risk and eliminate exposure.

131 Richland County children were screened for lead exposure in 2023 with 12 reported cases of elevated blood lead test results.

Preparedness & Response

In the fall of 2023, preparedness/response efforts shifted away from COVID-19 response. Richland County Public Health is a member of the Region #5 South Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC) which participates in trainings/education pertaining to preparedness & response services and capabilities.

The mass immunization influenza clinics offered in the Richland county schools in October of 2023 served as an emergency preparedness functional exercise and was successfully completed by all public health staff within their respective roles.

Richland County Health & Human Services

Organizational Chart

Health & Human Services Director (1)

Administration &
Building Operations

Business & Financial
Services

Aging & Disability
Resource Center

Behavioral Health
Services

Child & Youth
Services

Economic Support

Public Health

Business & Financial
Services Manager (1)

Confidential Administrative
Secretary (2)

Fiscal Specialist (3)

Secretary (1.5)

Aging & Disability
Resource Manager (1)

Secretary (1)

Clerical Assistant (1)

ADRC Specialist (3)

Elder Benefit
Specialist (1)

Disability Benefit
Specialist (1)

Nutrition Program
Coordinator (1)

Behavioral Health Services Manager
(1)

Business Systems Analyst (1)

CLTS & BT3 Supervisor (1)

Adult Protective Services Worker (1)

APS/Crisis Professional (1)

Mental Health Therapist (1)

Substance Abuse Counselor (1)

Treatment Court Coordinator (1)

Mental Health Case Manager (4)

CLTS & BT3 Case Manager (2)

CST Coordinator (1)

Psychiatric RN (1)

Child & Youth
Services Manager (1)

Child & Youth
Services Supervisor
(1)

Child & Youth Case
Manager (4)

Youth Aide Worker
(1)

Family Preservation
Worker (1)

Economic Support
Manager (1)

Economic Support
Lead Worker (1)

Economic Support
Specialist (13)

Public Health
Manager/Local
Health Officer (1)

Public Health
Specialist (2)

Color Key

Management

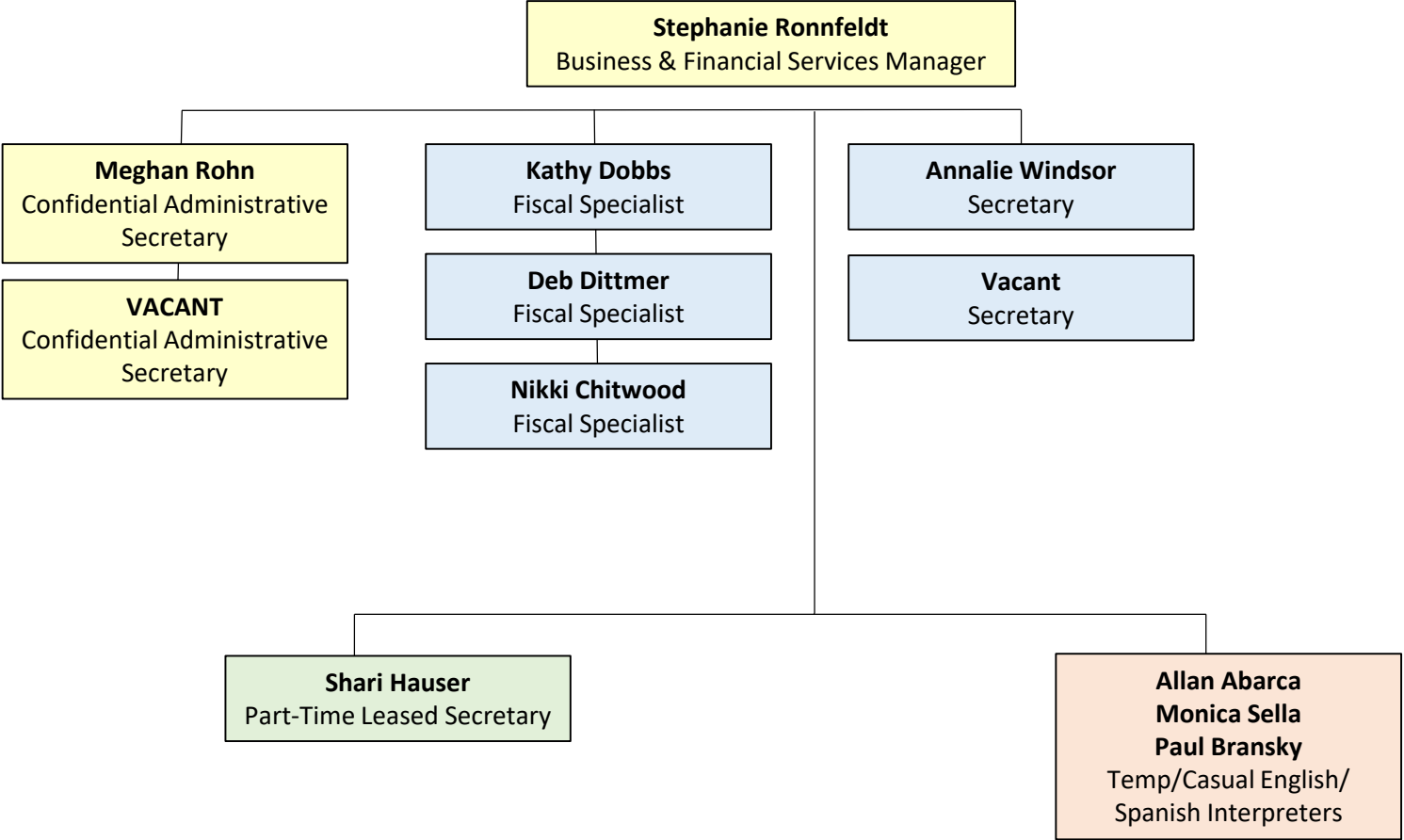
County Employee

Leased Employee

Temp/Casual

Contracted Staff

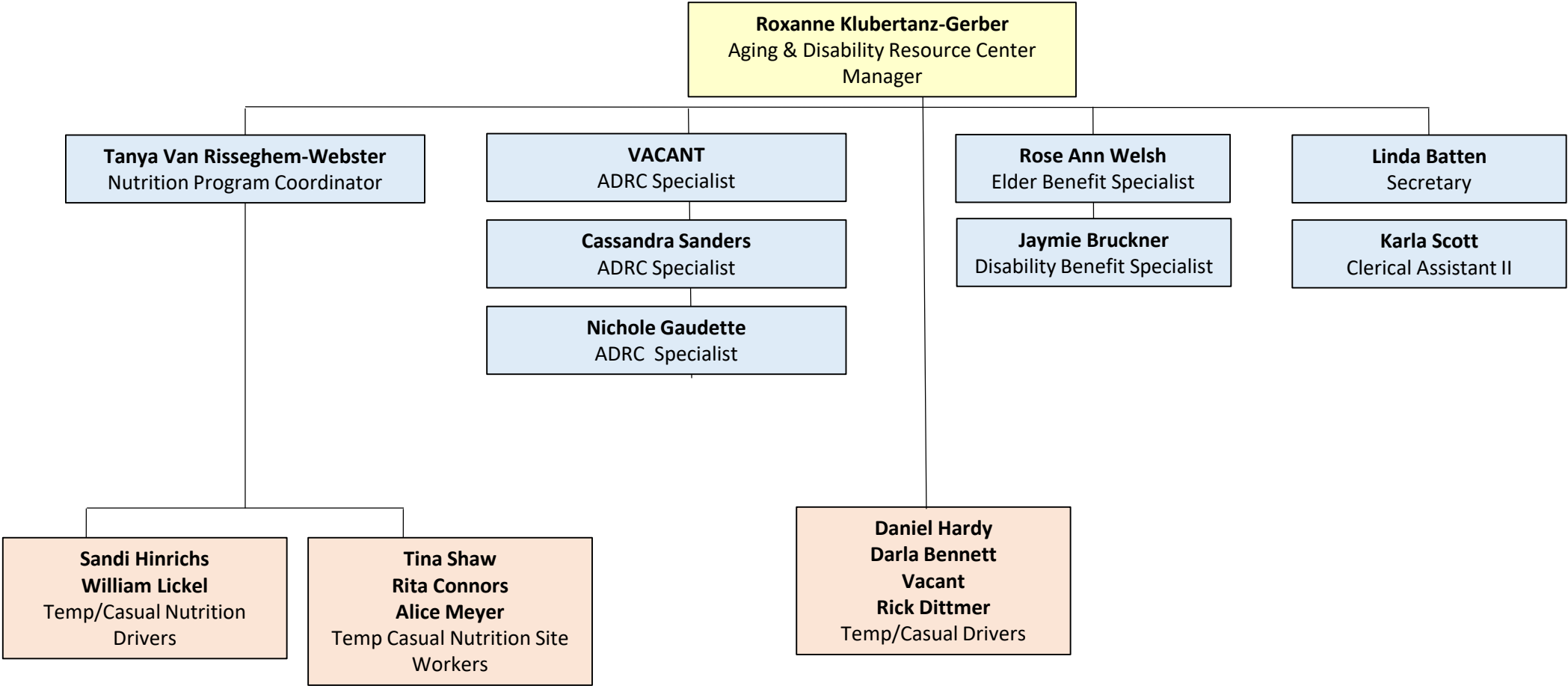
Richland County Health & Human Services
Administration & Building Operations / Business & Financial Services Unit
Organizational Chart



Color Key

Management
County Employee
Leased Employee
Temp/Casual
Contracted Staff

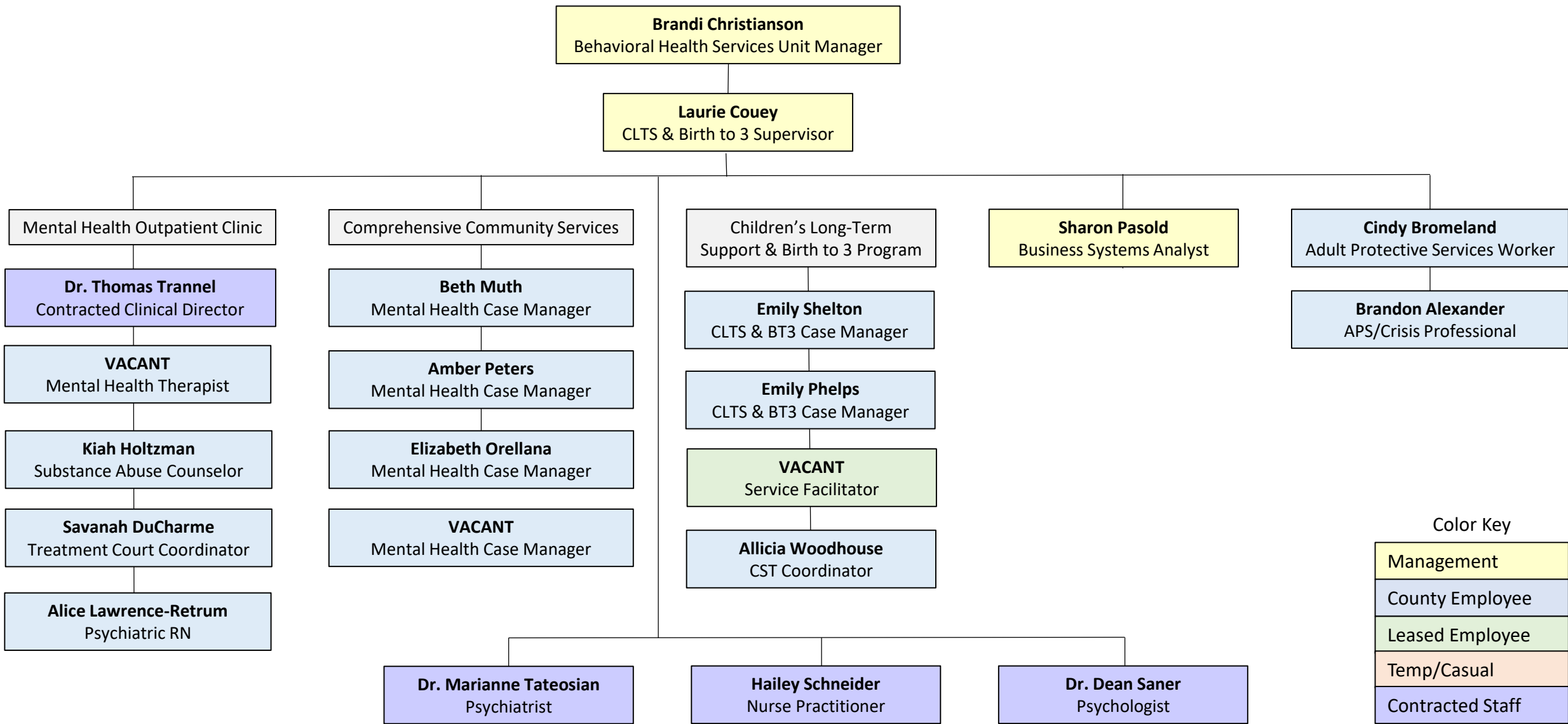
Richland County Health & Human Services
Aging & Disability Resource Center
Organizational Chart



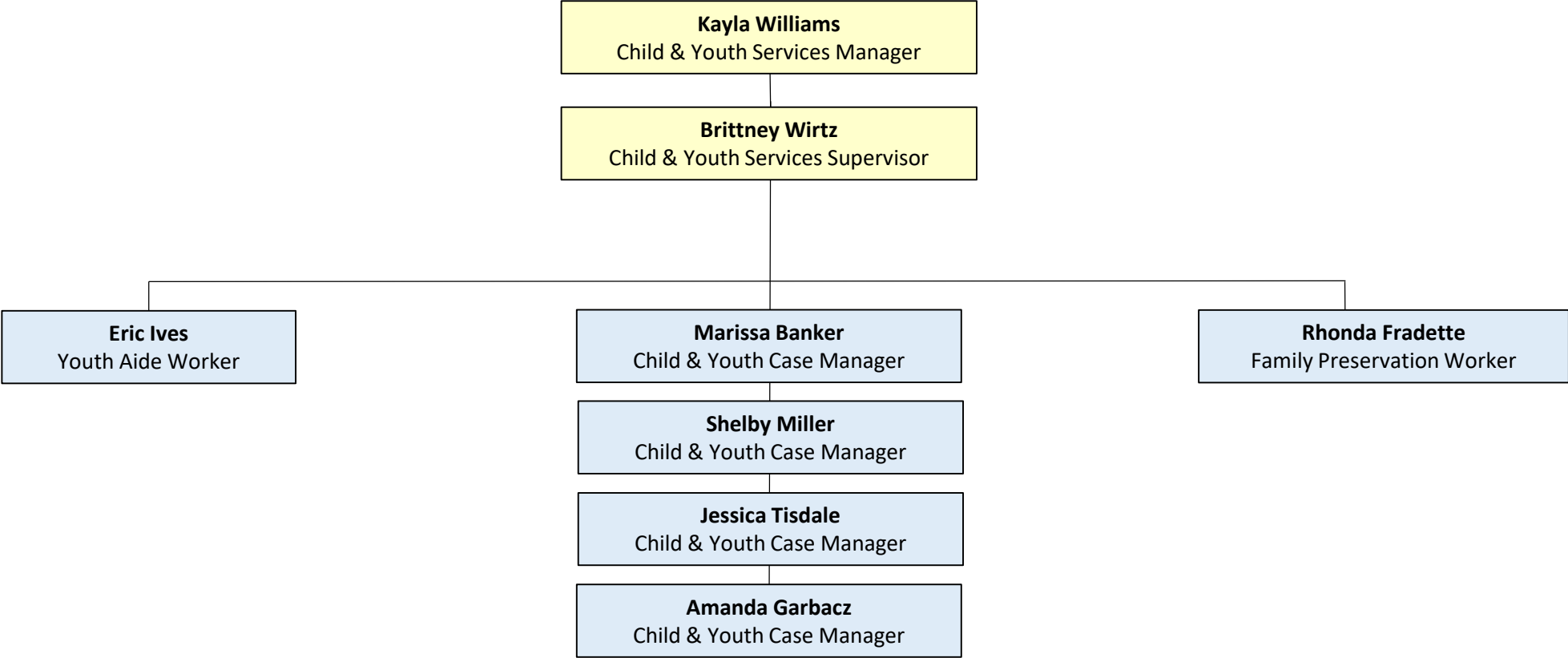
Color Key

Management
County Employee
Leased Employee
Temp/Casual
Contracted Staff

Richland County Health & Human Services
Behavioral Health Services Unit
Organizational Chart



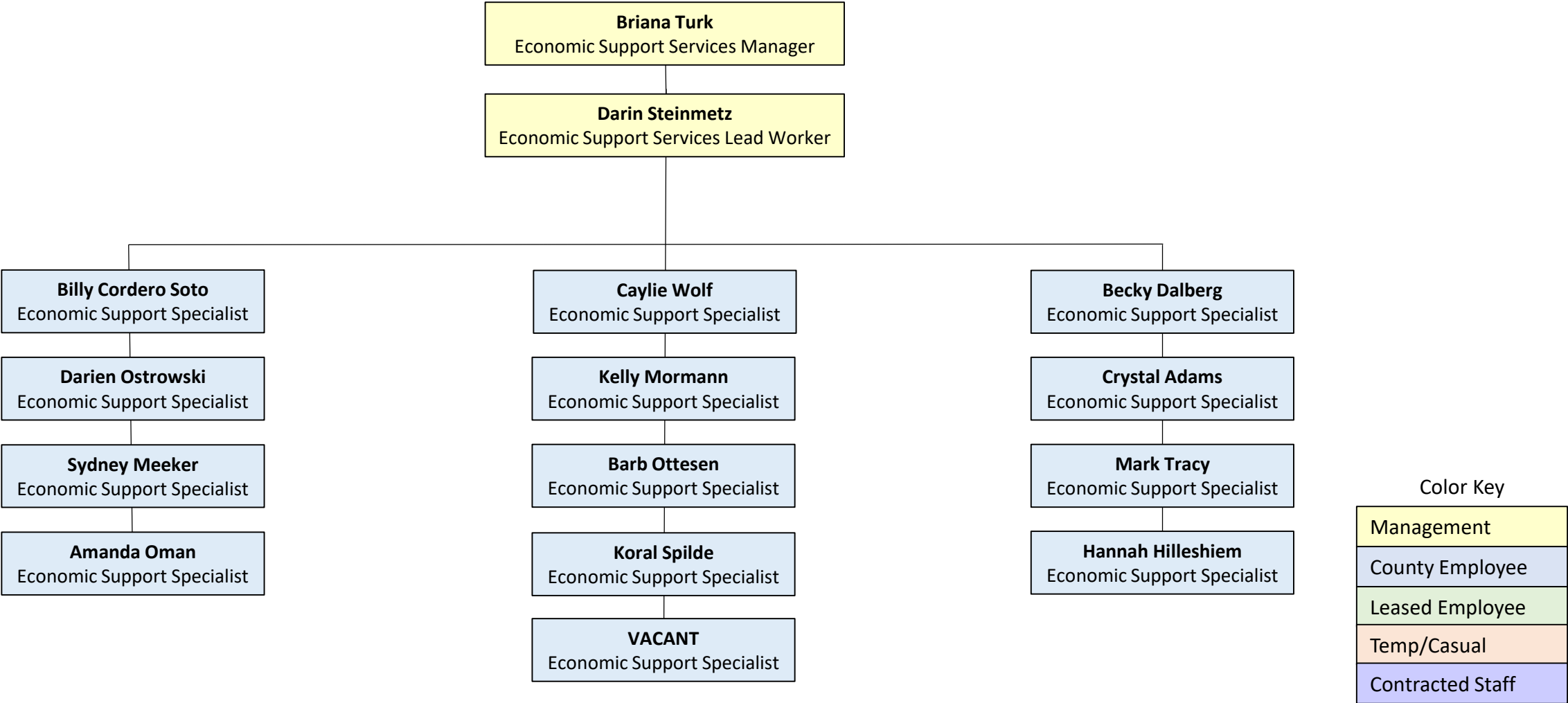
Richland County Health & Human Services
Child & Youth Services Unit
Organizational Chart



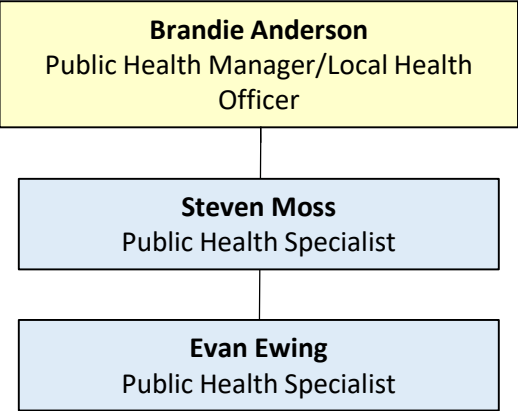
Color Key

Management
County Employee
Leased Employee
Temp/Casual
Contracted Staff

Richland County Health & Human Services
Economic Support Services Unit
Organizational Chart



Richland County Health & Human Services
Public Health Unit
Organizational Chart



Color Key

Management
County Employee
Leased Employee
Temp/Casual
Contracted Staff

**RICHLAND COUNTY HEALTH AND HUMAN SERVICES
VOUCHERS – June 6, 2024**

Unit		Amount
Richland County Health and Human Services 2024 Volunteer Driver Expense	15	\$ 10,578.42
Richland County Health and Human Services 2024 Paid Invoices	19	\$ 30,536.27
TOTAL	34	\$ 41,115.69

TRANSPORTATION DRIVER EXPENSE							
	Check #	Date	Driver Name	Vendor #	Description	Fund	Amount
1	37993	5/9/2024	Ruth Brennum	1059	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 1,439.16 \$ -
2	37994	5/9/2024	William Butteris	6368	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 1,299.80 \$ -
3	37995	5/9/2024	William Drea	4163	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 433.49 \$ -
4	37996	5/9/2024	Virginia Gieseke	4628	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 303.51 \$ -
5	37997	5/9/2024	Daniel Hardy	2503	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 202.34 \$ 13.07
6	37998	5/9/2024	Janice Hill	4599	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 613.72 \$ -
7	37999	5/9/2024	Janice Hubbard (Stowell)	1930	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 873.01 \$ -
8	38000	5/9/2024	Sharon Jones	1038	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 955.42 \$ -
9	38001	5/9/2024	Cindy Maly	6338	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 1,039.17 \$ 7.39
10	38002	5/9/2024	Kathleen Maly	4448	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 83.08 \$ -
11	38003	5/9/2024	Donald McCarthy	4546	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 600.99 \$ 2.70
12	38004	5/9/2024	Sandra McKittrick	4449	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 637.17 \$ -
13	38005	5/9/2024	Pamela Moran	6110	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 732.98 \$ 13.48
14	38006	5/9/2024	Vicki Olson	2512	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 150.75 \$ -
15	38007	5/9/2024	Arnold Joseph Richter	2000	Mileage Meals	63.5563.0000.5339 63.5563.0000.5335	\$ 1,177.19 \$ -

\$ 10,578.42

2024 PAID INVOICES							
	Check #	Date	Vendor	Vendor Name	Description	Account #	Amount
1	38020	5/10/24	6167	US Bank National Association	Paid by County Clerk		\$ 10,929.94
2	37906	5/7/24	1657	Tech Com Inc./Genuine Telecom	Acct #581900	56.5511.0000.5225	\$ 657.20
					Acct #33500		\$ -
3	37907	5/7/24	6390	Kettner/Christopher E DBA Mazo Catering	Meals Richland Center	59.5588.0000.5322	\$ 8,187.50
					Meals Rockbridge	59.5581.0000.5322	\$ 875.00
					Meals Germantown	59.5583.0000.5322	\$ 1,475.00
					Meals Frozen	59.5588.0000.5322	\$ 2,160.00
4	37908	5/7/24	1640	Language Line Services	HHS Acct #9020531051	56.5503.0000.5216	\$ 864.85
						10.5211.0000.5216	\$ 47.25
						56.5511.0000.5216	\$ 22.55
						53.5507.0000.5999	\$ 91.15
5	38022	5/16/24	1390	CDW Government	Cust #12083465	56.5502.0000.5999	\$ 18.89
					Cust #12083465	56.5520.0000.5999	\$ 77.71
					Cust #12083465	53.5507.0000.5319	\$ 144.78
					Cust #12083465	53.5529.0000.5319	\$ 117.89
					Cust #12083465	56.5511.0000.5313	\$ 174.65
6	38023	5/16/24	32084	Kinyon/Amanda	Mileage	56.5408.0000.5339	\$ 47.94
					Meals	56.5408.0000.5335	\$ 35.22
7	38024	5/16/24	2274	Kwik Trip Stores Inc	Acct #00546282	56.5502.0000.5339	\$ 85.63
8	38025	5/16/24	1640	Language Line Services	HHS Acct #9020531051	56.5503.0000.5216	\$ 1,094.63
						56.5511.0000.5216	\$ 10.48
						56.5502.0000.5216	\$ 30.08
9	38026	5/16/24	32085	Larson/Sue	Mileage	56.5408.0000.5339	\$ 145.04
					Meals	56.5408.0000.5335	\$ 25.00
10	38027	5/16/24	5160	Midwest Monitoring	Inv #DT0424116	56.5502.0000.5999	\$ 360.81
11	38028	5/16/24	1295	Pellitteri	Acct #409700	56.5511.0000.5297	\$ 256.24
12	38029	5/16/24	570	Pratt Freight Service Inc	Inv #043024	56.5511.0000.5297	\$ 100.00
13	38030	5/16/24	2414	Premier Cooperative	Acct #4675320	59.5588.0000.5351	\$ 86.53
					Acct #4672501	63.5563.5310.5351	\$ 293.96
14	38031	5/16/24	577	Staples Inc/Quill	Acct #2771316	56.5502.0000.5999	\$ 151.52
						56.5511.0000.5319	\$ 92.59
						56.5511.0000.5319	\$ 11.33
15	38032	5/16/24	1774	Rhyme Business Products	Agreement #003-1945245	56.5511.0000.5313	\$ 439.57
16	38033	5/16/24	648	Shopping News/Woodward Comm	Adv #59333	53.5507.0000.5326	\$ 775.00
17	38034	5/16/24	1802	UW Madison		56.5502.0000.5157	\$ 30.00
					Cust #AR-0001924	56.5502.0000.5157	\$ 80.00
18	38035	5/16/24	902	Walshs Ace Hardware	Acct #100526	56.5511.0000.5319	\$ 429.90
						56.5511.0000.5360	\$ 75.65
19	38036	5/16/24	2815	Waystar Inc	Acct #73467	56.5477.0000.5214	\$ 34.79
						TOTAL	\$ 30,536.27

5/06/24 STATEMENT DATE - 04/08/2024-05/03/2024 TRANSACTIONS				
US Bank National Association #6167 Acct #4866-9100-1450-2740				
		Vendor Name	Account #	Amount
1	4/8/24	WI DMV	56.5511.0000.5999	\$ 173.48
2	4/7/24	Fairfield Inn & Suites	56.5484.0000.5992	\$ 693.04
3	4/8/24	Black Earth Children's Museum	56.5484.0000.5992	\$ 95.00
4	4/8/24	WI State Park	56.5484.0000.5992	\$ 29.80
5	4/8/24	Bingocize	56.5407.0000.5999	\$ 249.60
6	4/9/24	Reliance.com	56.5530.0000.5750	\$ 18.50
7	4/8/24	Kwik Trip	63.5563.0000.5351	\$ 400.00
8	4/8/24	Amazon	56.5546.0551.5992	\$ 362.96
9	4/10/24	WI Dept of Justice	59.5583.0000.5999	\$ 10.00
10	4/10/24	Kareo Tebra Technologies	56.5477.0000.5214	\$ 709.74
			56.5472.0000.5214	\$ 798.03
			56.5481.0000.5999	\$ 596.23
11	4/12/24	Amazon	56.5546.0551.5992	\$ 177.84
12	4/12/24	WI State Parks	56.5484.0000.5992	\$ 46.02
13	4/12/24	WI State Parks	56.5484.0000.5992	\$ 46.02
14	4/12/24	WI State Parks	56.5484.0000.5992	\$ 29.80
15	4/15/24	Amazon	63.5563.0000.5311	\$ 22.99
16	4/16/24	Chula Vista Resort	56.5404.0000.5336	\$ 90.00
17	4/17/24	Glacier Canyon Lodge	56.5519.0000.5999	\$ 196.00
18	4/17/24	WALHDAB Conference	56.5519.0000.5999	\$ 325.00
19	4/18/24	Webstaurant Store	59.5580.0000.5319	\$ 319.70
20	4/21/24	Amazon	59.5580.0000.5319	\$ 86.03
21	4/18/24	Kwik Trip	56.5408.0000.5999	\$ 200.00
22	4/22/24	Dr. Mary Barbera	56.5546.0552.5994	\$ 497.00
23	4/18/24	Amazon	63.5563.5310.5352	\$ 80.00
24	4/23/24	UW LaCrosse	56.5472.0000.5325	\$ 265.00
25	4/23/24	UW LaCrosse	56.5472.0000.5325	\$ 265.00
26	4/23/24	UW LaCrosse	56.5472.0000.5325	\$ 265.00
27	4/23/24	Amazon	56.5546.0552.5994	\$ 189.99
28	4/25/24	Prevention Research Instit	56.5478.0000.5312	\$ 1,000.00
29	4/25/24	Amazon	56.5546.0551.5992	\$ 19.99
30	4/23/24	Amazon	56.5546.0552.5994	\$ 153.56
31	4/25/24	Amazon	59.5580.0000.5319	\$ 77.04
32	4/25/24	Amazon	56.5546.0551.5992	\$ 129.99
33	4/26/24	Amazon	56.5530.0000.5750	\$ 69.60
34	4/26/24	Amazon	56.5530.0000.5750	\$ 35.60
35	4/25/24	Kwik Trip	56.5408.0000.5999	\$ 120.00
36	4/29/24	UW Stevens Point	56.5478.0000.5325	\$ 35.00
37	5/2/24	Workplace/Facebook	56.5511.0000.5214	\$ 288.00
38	5/2/24	Amazon	56.5546.0551.5992	\$ 970.19
39	5/2/24	Amazon	56.5546.0552.5994	\$ 14.99
40	5/2/24	Best Western/Oshkosh	56.5501.0000.5336	\$ 202.00
41	5/3/24	Jefferson Street Inn	59.5580.0000.5336	\$ 98.00
42	5/3/24	WI Dept of Justice	59.5588.0000.5999	\$ 10.00
43	5/3/24	WI Dept of Justice	59.5588.0000.5999	\$ 20.00
44	4/19/24	KaTom Restaurant	59.5581.0000.5319	\$ 273.21
45	5/3/24	UW Green Bay	56.5511.0000.5157	\$ 175.00
TOTAL				\$ 10,929.94

2024 Health and Human Services Budget

Expenses	5/6/2024		Current Month = 33%	
Program	Total	2024 Budget	Actual	% Utilized
Administrative Services	896,163			
Staff		562,081	184,032	32.7%
Building & Operating Costs		334,082	104,603	31.3%
Public Health	296,074			
Public Health		296,074	85,608	28.9%
Aging & Disability Resource Center	1,113,229			
Elderly Services		357,460	98,816	27.6%
Nutrition		304,954	78,158	25.6%
Resource Center		450,815	129,218	28.7%
Economic Support Unit	1,079,618			
ES Programs		1,079,618	298,629	27.7%
Child & Youth Services	797,109			
Children & Youth Programs		717,186	178,715	24.9%
CPS Contractual Services		79,923	19,125	23.9%
Behavioral Health	4,341,404			
MH Outpatient / Crisis Services		769,538	181,415	23.6%
AODA Outpatient		160,071	22,467	14.0%
CCS		2,683,591	760,400	28.3%
Adult Protective Services		137,834	22,147	16.1%
Treatment Court		158,523	38,552	24.3%
Birth to Three Program		212,118	53,885	25.4%
Children with Disabilities		219,729	41,828	19.0%
HHS Board Approved Budget	8,523,598	8,523,598	2,297,596	27%
Budget Balance (Through April)				
Revenues (with Tax Levy)	2,520,361			
WMHI Charges Through April	-16,882	*		
Anticipated Revenue	755,939			
Received Revenue	1,470,278			
Minus Expenses	-2,362,596			
Anticipated Expenses	-65,000			
Actual Expenses	-2,297,596			
Equals Budget Balance	157,765			
Chargeback				
Budget Balance Prior to Chargeback	157,765			
Chargeback for MH Institute Thru April (that have not occurred)	3,523	**		
New Core Budget Balance after Chargeback	161,288			
*MH Institute charges reduce Fund 56 revenue.				
*Chargeback reimburses Fund 56 from Placement Funds.				

RICHLAND COUNTY
2024 ADULT PLACEMENTS
Fund 54

ADULT INSTITUTIONAL AND INPATIENT PLACEMENTS

Includes Mental Health Institutes, Trempealeau County Health Care, private inpatient hospitals, detox facilities, and crisis stabilization facilities
Cost Range: \$625 to \$1,451 per day

<i>INSTITUTIONAL</i>	<i>JAN</i>	<i>FEB</i>	<i>MAR</i>	<i>APR</i>	<i>MAY</i>	<i>JUN</i>	<i>JUL</i>	<i>AUG</i>	<i>SEP</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>
<i>Days of Stay</i>	74	1	11	6								
<i># of Individuals</i>	3	1	2	2								
<i>Cost of Stay</i>	\$134,192	\$1,419	\$20,749	-\$3,891								
<i>Reimbursements</i>	(\$34,357)	(\$80,849)	\$0	(\$3,523)								
<i>County Expense</i>	\$99,835	(\$79,430)	\$20,749	(\$7,413)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			**Anticipated	**Anticipated								
<i>CRISIS STABILIZATION</i>	<i>JAN</i>	<i>FEB</i>	<i>MAR</i>	<i>APR</i>	<i>MAY</i>	<i>JUN</i>	<i>JUL</i>	<i>AUG</i>	<i>SEP</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>
<i>Days of Stay</i>	0	0	0	0								
<i># of Individuals</i>	0	0	0	0								
<i>Cost of Stay</i>	\$0	\$0	\$0	\$0								
<i>Reimbursements</i>	\$0	\$0	\$0	\$0								
<i>County Expense</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

YTD ADULT CRISIS STABILIZATION

<i>Days of Stay</i>	0
<i># of Individuals</i>	0
<i>Cost of Stay</i>	\$0
<i>Reimbursements</i>	\$0
<i>County Expense</i>	\$0

YTD ADULT INSTITUTIONAL

<i>Days of Stay</i>	92
<i># of Individuals</i>	5
<i>Cost of Stay</i>	\$152,470
<i>Reimbursements</i>	(\$118,729)
<i>County Expense</i>	\$33,741

ADULT COMMUNITY RESIDENTIAL PLACEMENTS

Includes Community-Based Residential Facilities and Adult Family Homes
Cost Range: \$26 to \$2053 per day

	<i>JAN</i>	<i>FEB</i>	<i>MAR</i>	<i>APR</i>	<i>MAY</i>	<i>JUN</i>	<i>JUL</i>	<i>AUG</i>	<i>SEP</i>	<i>OCT</i>	<i>NOV</i>	<i>DEC</i>
<i>Days of Stay</i>	186	174	186	180								
<i># of Individuals</i>	6	6	6	6								
<i>Cost of Stay</i>	\$7,928	\$7,416	\$7,928	\$7,672								
<i>Reimbursements</i>	(\$100)	(\$2,088)	(\$5,680)	(\$4,904)								
<i>County Expense</i>	\$7,828	\$5,328	\$2,248	\$2,768	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

YTD ADULT RESIDENTIAL

<i>Days of Stay</i>	726
<i># of Individuals</i>	6
<i>Cost of Stay</i>	\$30,943
<i>Reimbursements</i>	(\$12,771)
<i>County Expense</i>	\$18,172

<i>FUND 54 BEGINNING BALANCE</i>	\$705,000	
TOTAL EXPENSE IN FUND 54:	\$51,913	7% utilized
<i>FUND 54 REMAINING BALANCE</i>	\$653,087	

RICHLAND COUNTY
2024 CHILD PLACEMENTS

Fund 44

CHILD INSTITUTIONAL, INPATIENT, AND DETENTION PLACEMENTS

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

Cost Range: Institutional \$625 to \$1451 per day; Detention up to \$500 per day

INSTITUTIONAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<i>Days of Stay</i>	0	0	0	0								
<i># of Individuals</i>	0	0	0	0								
<i>Cost of Stay</i>	\$0	\$0	\$0	\$0								
<i>Reimbursements</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>								
County Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

DETENTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<i>Days of Stay</i>	0	0	0	0								
<i># of Individuals</i>	0	0	0	0								
<i>Cost of Stay</i>	\$0	\$0	\$0	\$0								
<i>Reimbursements</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>								
County Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

YTD CHILD INSTITUTIONAL		YTD DETENTION	
<i>Days of Stay</i>	0	<i>Days of Stay</i>	0
<i># of Individuals</i>	0	<i># of Individuals</i>	0
<i>Cost of Stay</i>	\$0	<i>Cost of Stay</i>	\$0
<i>Reimbursements</i>	<i>\$0</i>	<i>Reimbursements</i>	<i>\$0</i>
County Expense	\$0	County Expense	\$0

CHILD FOSTERCARE AND TREATMENT FOSTERCARE PLACEMENTS

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

Cost Range: Group Hm \$335 to \$630; Tx FC \$119 to \$121 per day; Regular FC \$22 per day

GROUP & TX FC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<i>Days of Stay</i>	248	232	248	240								
<i># of Individuals</i>	8	8	8	8								
<i>Cost of Stay</i>	\$52,164	\$48,981	\$52,004	\$50,507								
<i>Reimbursements</i>	<i>(\$1,047)</i>	<i>(\$1,047)</i>	<i>(\$1,047)</i>	<i>(\$1,047)</i>								
County Expense	\$51,117	\$47,934	\$50,957	\$49,461	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

REGULAR FC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<i>Days of Stay</i>	66	87	93	90								
<i># of Individuals</i>	3	3	3	3								
<i>Cost of Stay</i>	\$1,320	\$1,320	\$2,798	\$2,014								
<i>Reimbursements</i>	<i>(\$205)</i>	<i>(\$93)</i>	<i>(\$150)</i>	<i>(\$111)</i>								
County Expense	\$1,115	\$1,227	\$2,647	\$1,903	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

YTD GROUP HOME & TREATMENT FOSTERCARE		YTD REGULAR FOSTERCARE	
<i>Days of Stay</i>	968	<i>Days of Stay</i>	336
<i># of Individuals</i>	8	<i># of Individuals</i>	3
<i>Cost of Stay</i>	\$203,656	<i>Cost of Stay</i>	\$7,452
<i>Reimbursements</i>	<i>(\$4,187)</i>	<i>Reimbursements</i>	<i>(\$560)</i>
County Expense	\$199,469	County Expense	\$6,892

FUND 44 BEGINNING BALANCE	\$680,000	
TOTAL EXPENSE IN FUND 44:	\$206,361	30% utilized
FUND 44 REMAINING BALANCE	\$473,639	

NOTIFICATIONS (6-6-24) 2024 New & Amended Richland County HHS Contracts/Agreements/MOUs		
TRANSITIONS AT HOME <i>(Information Only – No action needed)</i>	County Administrator has given approval to enter into an agreement with <u>Transitions at Home</u> to provide supportive homecare services for individuals being served by the Aging and Disability Resource Center. (Mount Horeb)	Agreement with <u>Transitions at Home</u> for a total amount not to exceed \$5,000.

APPROVAL NEEDED (6-6-24) 2024 New Richland County HHS Contracts/Agreements/MOUs		
LIFE IN HARMONY MUSIC THERAPY LLC.	Request Board approval to enter into a contract with <u>Life in Harmony Music Therapy LLC.</u> to provide counseling and therapeutic services for children being served by the Children’s Long-Term Support Waiver Program. (West Salem)	Contract with <u>Life in Harmony Music Therapy LLC.</u> for a total amount not to exceed \$20,000.

APPROVAL NEEDED (6-6-24) 2024 Amended Richland County HHS Contracts/Agreements/MOUs		
YOU ARE ENOUGH COUNSELING, LLC	Request Board approval to amend the contract with <u>You Are Enough Counseling, LLC</u> due to an additional need for a variety of services to Comprehensive Community Services consumers in the Behavioral Health Services Unit. (Avoca) <i>This will Required County Board Approval</i>	<i>Original Contract Amount: 49,500.00</i> Requesting Board approval to amend the current contract with <u>You Are Enough Counseling, LLC</u> to a total amount not to exceed \$100,000.
ARNESON COUNSELING, LLC	Request Board approval to amend the contract with <u>Arneson Counseling, LLC</u> due to an additional need for a variety of services to Comprehensive Community Services consumers in the Behavioral Health Services Unit. (Richland Center) <i>This will Required County Board Approval</i>	<i>Original Contract Amount: 49,500.00</i> Requesting Board approval to amend the current contract with <u>Arneson Counseling, LLC</u> to a total amount not to exceed \$85,000.
RED MAPLE CONSULTING SERVICES, LLC	Request Board approval to amend the contract with <u>Red Maple Consulting Services, LLC</u> due to an additional need for a variety of services to Comprehensive Community Services consumers in the Behavioral Health Services Unit. (Gays Mills) <i>This will Required County Board Approval</i>	<i>Original Contract Amount: 49,500.00</i> Requesting Board approval to amend the current contract with <u>Red Maple Consulting Services, LLC</u> to a total amount not to exceed \$150,000.

**Richland County Community and Health Services Committee
Agenda Item Cover**

Agenda Item Name: Opioid Settlement Funds Distribution

Department:	HHS	Presented By:	Tricia Clements
Date of Meeting:	June 6, 2024	Action Needed:	Vote and refer to full county board
Disclosure:	Open Session	Authority:	Full County Board
Date submitted:	May 28, 2024	Referred by:	Opioid Settlement Funds Committee

Recommendation and/or action language:

Vote to approve the recommendation of the Opioid Settlement funds committee to provide grants that support efforts to education, training, reduce and prevent harm from consequences of opioids to the community.

Background:

Richland County was the recipient of Opioid Settlement Funds. In total, Richland County is expected to receive up to \$489,794 through the end of 2038. Over the past 14 months, a committee made up of Richland County employees and board member, Richland Center Police, and community AODA professionals and stakeholders met 5 times to discuss the best utilization of the funds. In the end, the committee determined it would be best to offer grants to the community. Please see attachments for complete details.

Attachments and References:

Opioid Settlement Funds Use Assessment	Grant program document
Opioid Steering Committee Funding Request form	

Financial Review:

(please check one)

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

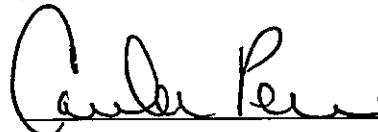
No financial impact.

Approval:



Tricia Clements, Director

Review:



Candace Pesch, Administrator



Richland County Health & Human Services

Tricia Clements, Director

To: Public Notification – Grant Program

Date:

Richland County is the recipient of Opioid Settlement Funds. In total, Richland County is expected to receive up to \$489,794 through the end of 2038. In February of 2023, the Richland County Health and Human Services/Veterans Standing Committee approved the creation of a committee to determine the best utilization of these funds with Health and Human Services(HHS) taking the lead. The committee was comprised of county employees: including staff from HHS, Sheriff's office, District Attorney's office, Child Support, and the Judge; Richland Center Police Department, community AODA professionals and community stakeholders. The committee met in April, July, September and November in 2023 and again in May of 2024 to determine how these funds could best serve the community.

The committee process started with reviewing the Richland County Opioid Settlement Funds Use Assessment completed by Southwestern Wisconsin Regional Planning Commission. Three primary goals were identified; prevention, treatment and recovery.

Prevention activities educate and support individuals and communities to reduce the risk that individuals will begin using or misusing opioids. Investment in proactive measures would reduce the need for reactive measures.

Treatment includes measures to help individuals stop using opioids, stay drug-free, and be productive in the family, at work and in society. The Needs Assessment found that in Richland County, the need for treatment exceeds the capacity.

Recovery is about returning people to lifestyles that are productive and functioning in their family, workplace, and communities. The first step in long-lasting recovery are preventing overdose deaths and finding treatment options. There needs to be an understanding that the recovery process happens slowly. Part of supporting those in recovery is removing barriers to long term recovery, providing life skills education and guidance.

The Needs Assessment provided three recommendations.

1. Increase capacity of existing services within the designated agencies.
2. Task a person or a position with coordinating the existing resources either in Richland County, or regionally so that information is more widely available and not in "silos."
3. Find ways to help remove or reduce barriers.

The committee had brainstorming sessions to determine the best utilization of the funds. In the end, it was determined that the best utilization of the funds would be to offer grants to the community to allow for the

prevention, treatment and/or recovery of opioid drug use and its various effects. Since these funds will be available over a period of 14 years, the needs of the community may change and the utilization of these funds may fall under a different category. Ultimately, the application must address how the proposed grant would meet the needs of the community related to Opioid Use.

When to apply:

Grant applications will be accepted twice a year and will be reviewed by the Community and Health Services Committee with final approval by the full county board.

Who can apply:

Richland County non-profit organizations and those that serve Richland County residents, businesses in Richland County, schools (including Richland Center, Ithaca, Weston, River Valley, Riverdale, and Kickapoo) and local governmental agencies.

Eligible projects:

Projects that support efforts to educate, train, reduce, and prevent harm from consequences of opioids. Funds can also be used to support those that work directly with individuals who are impacted by the Opioid Epidemic. Please refer to page 116 of [Final Distributor Settlement Agreement](#) to see the full list of opioid remediation eligibility.

Application process:

Applications can be submitted to the Director of Richland County HHS. The Opioid Settlement Committee will review the applications and present recommendations to the Richland County Community and Health Services Committee. This committee will then submit final recommendations to the full county board for their approval. Once a project is awarded, they are allowed to start the month following the award being granted.

All applicants will be available at the Richland County Community and Health Services Committee to answer questions. Awards will generally be between \$1000 and \$25,000. Projects can be renewed annually if funding allows and all reporting requirements have been met.

If a Richland County Department requests funds, the request can be made directly to the Richland County Community and Health Services Committee to expediate time specific requests.

Grant award:

Grant funds will be distributed quarterly on a reimbursement model unless otherwise approved by the full county board. All projects must be operational within three years of the project start date.

Grant reporting:

Quarterly reports are to be submitted to Director of HHS and will be shared with the Richland County Community and Health Services Committee. They are to be submitted by the 15th of the month in January, April, July and October. Payment will be made by the 15th of the following month. Report templates and reimbursement processes will be shared once funding has been approved.

RICHLAND COUNTY

Opioid Settlement Funds Use Assessment



SOUTHWESTERN WISCONSIN
REGIONAL PLANNING
COMMISSION

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Planning Assistance Provided by:



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Introduction

Richland County has been awarded approximately \$489,794.00 as of litigation settled through November, 2022. A portion of the settlement funds was received in 2022, and the projected last payment should be received in 2038 (Appendix A). There may be additional settlement funds as pending litigation gets settled. Eligible uses to address the opioid epidemic include prevention, treatment, and recovery.

This needs assessment defines activities tied to opioid prevention, treatment, and recovery, provides a current inventory of Richland County assets, and identifies service gaps in each category. According to interviewees, this epidemic has affected the region for over 15 years; therefore, it is imperative that funds are used proactively to prevent the loss of any more lives or adverse impacts to people in the region. Richland County decision makers may use this document as a guide to understanding the opportunities and priorities for spending the aforementioned litigation funds and identify opportunities for regional collaboration in addressing the epidemic and its impacts.

There may be an opportunity for county officials to securitize a portion of the settlement funds, which would guarantee receipt of those funds; however, legal counsel will need to determine if securitizing funds is a qualified expenditure based upon final settlement documents. Securitization of funds is the process where interest in receivables are packaged, underwritten, and sold in the form of “asset-backed” securities, essentially, this transfers the risk of ownership to parties more willing or able to manage them.¹ If county officials are able to, and decide to pursue securitizing, they would receive a lesser amount; however, a large portion of the total would be received in the first couple of years, reducing the risk in the event of bankruptcy of one or more of the defendants named in the settlement (Appendix A).

Figure 1. Substance Use Disorder Continuum of Care



Table 1: Richland County current opioid litigation settlement funds

	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
Richland County	\$ 489,794.00	\$ 384,492.00

¹ <https://www.occ.treas.gov/topics/supervision-and-examination/capital-markets/financial-markets/securitization/index-securitization.html>

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

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

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

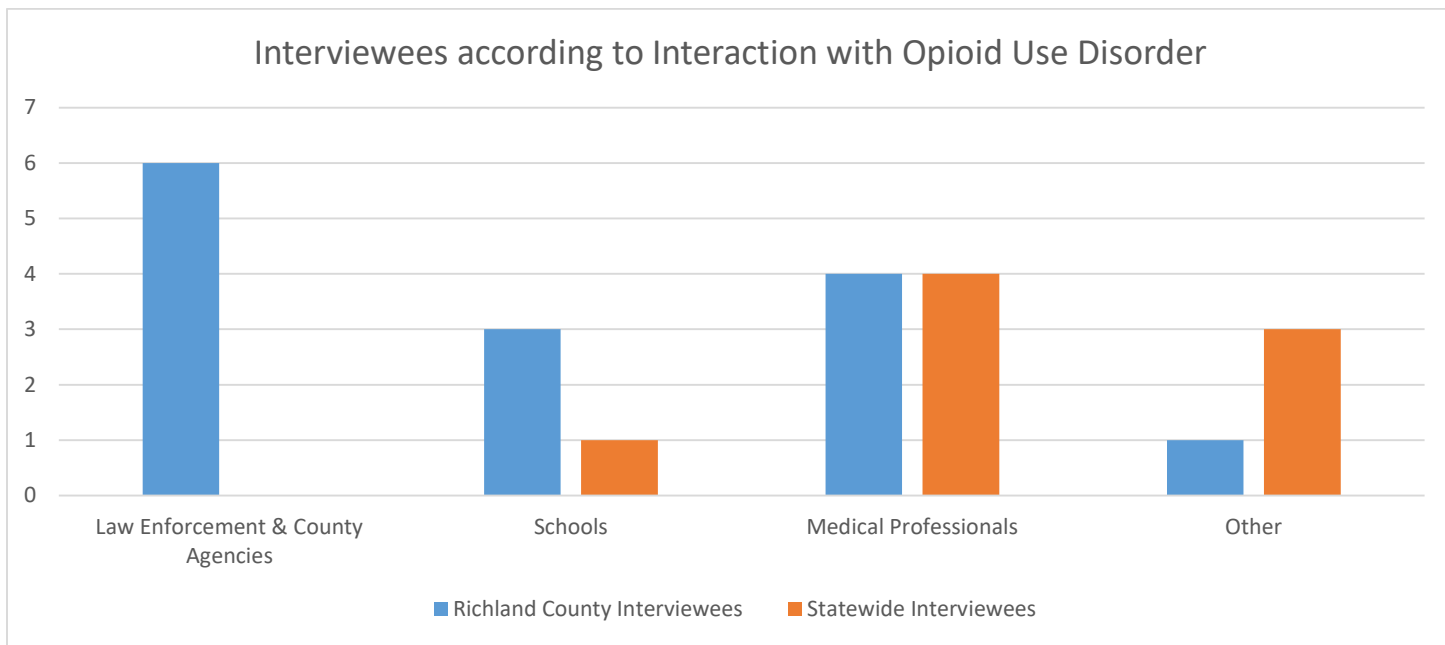
Richland County interviewees:

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

State and regional interviewees:

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

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



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

Recommendations

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

- **Prevention**

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

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

*Prevention
Treatment
Recovery*

- **Treatment**

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

- **Recovery**

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

Prevention

Prevention activities educate and support individuals and communities to reduce the risk that individuals will begin using or misusing opioids; which often leads to the development of substance use disorders (SUD). According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), substance use and misuse “can make daily activities difficult and impair a person’s ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States.”² Consistent use of evidence-based prevention programs help decrease the number of people suffering from OUD, save lives, and reduce costs of:

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

Investment in proactive measures would greatly reduce the need for reactive measures. When asked what we need to do differently in fighting the Opioid Epidemic, Nettie Collins, Richland County Jail Sergeant stated, “*We need to start prevention efforts early on, and be consistent when implementing them all the way through the school years.*” Prevention should be used in systems and settings where people of all ages and all backgrounds can be reached. In addition to reaching the general population, specifically designed programs to reach those with higher risk of being affected by OUD are also imperative. According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), “Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in America.”³

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

Prevention Assets

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

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

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

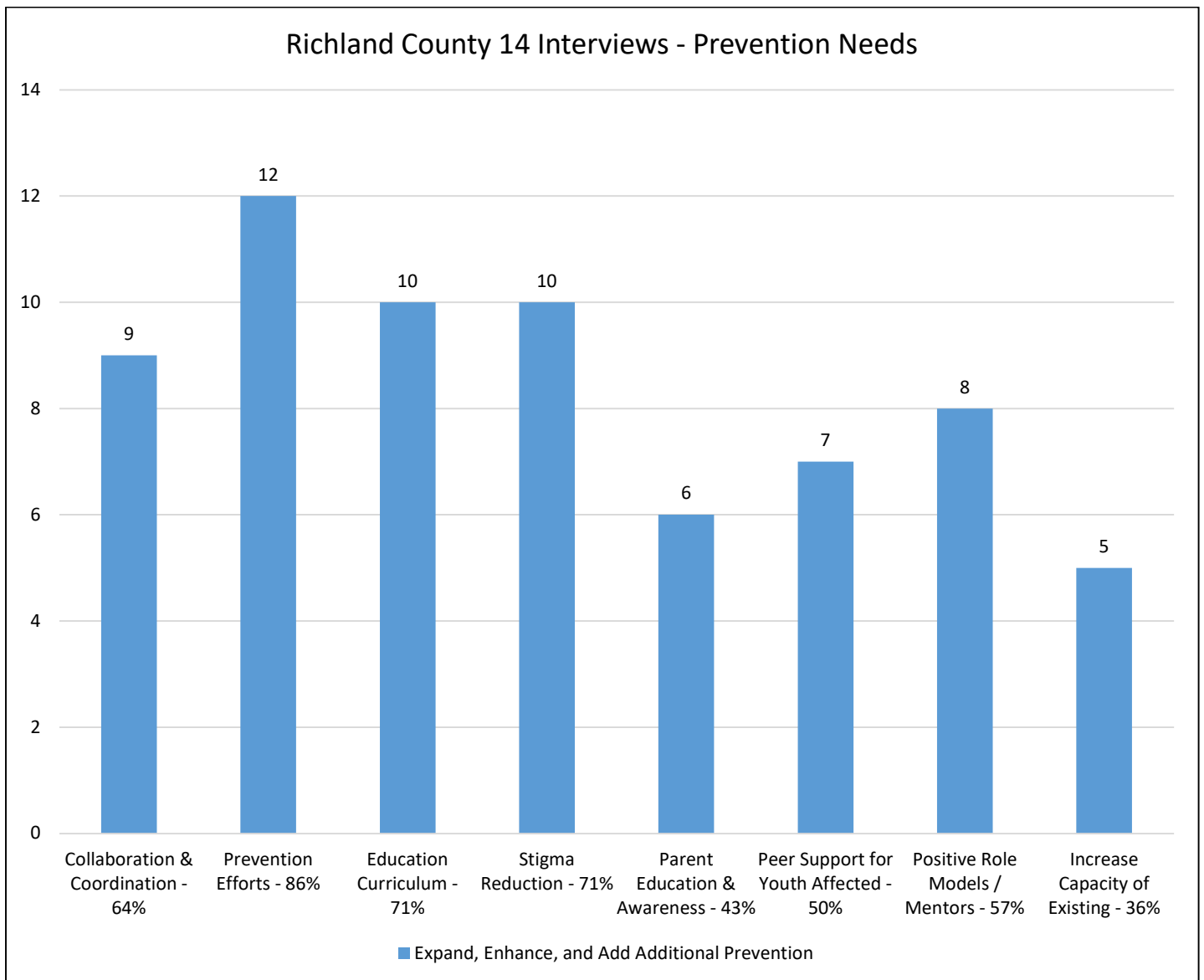
³ <https://www.samhsa.gov/find-help/prevention>

Prevention Needs

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

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

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



Prevention Recommendation

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

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

Treatment

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

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

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

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

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

Treatment Assets

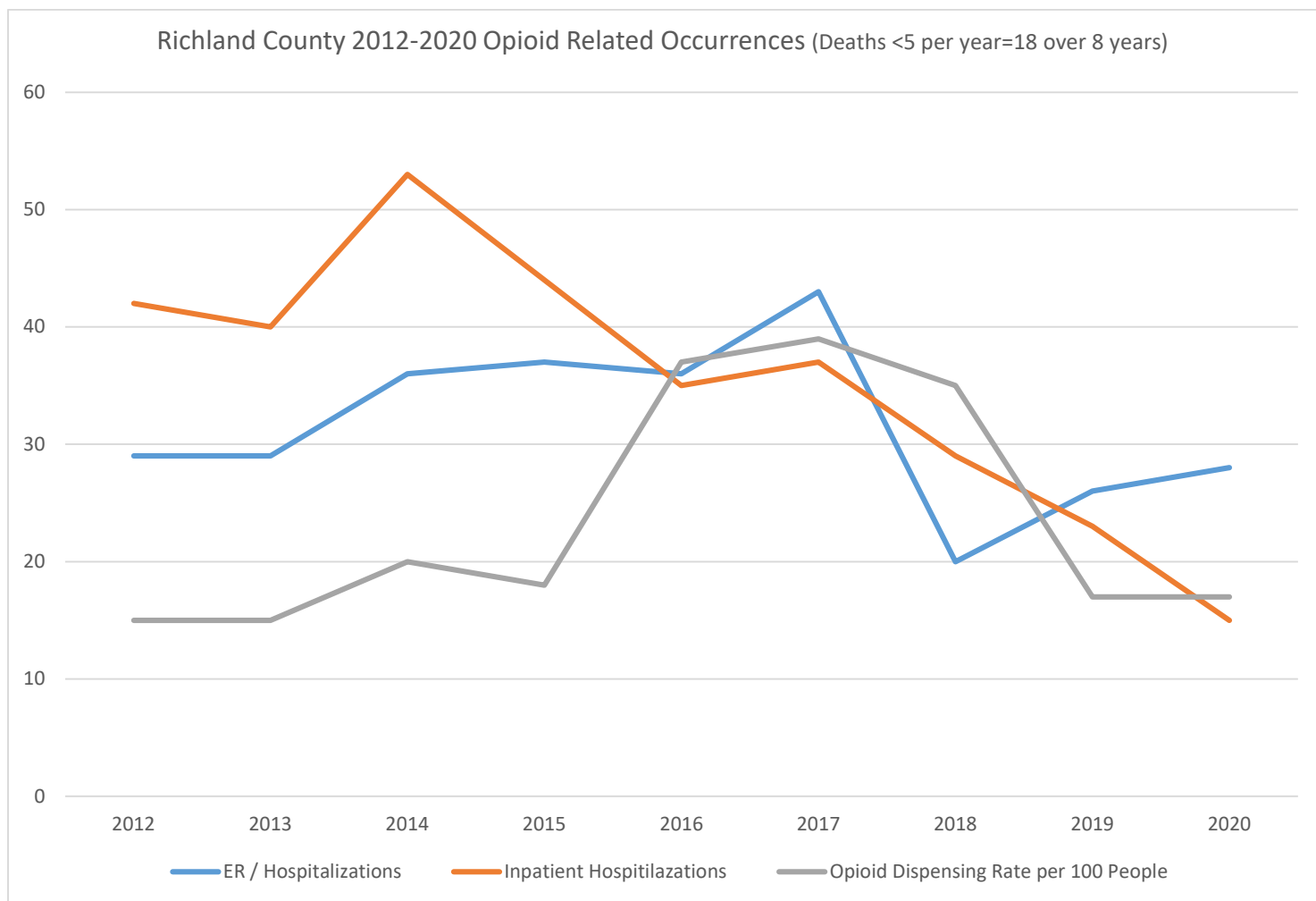
Richland County has some treatment options available through county agencies. These treatment options currently being offered include:

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

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

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

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

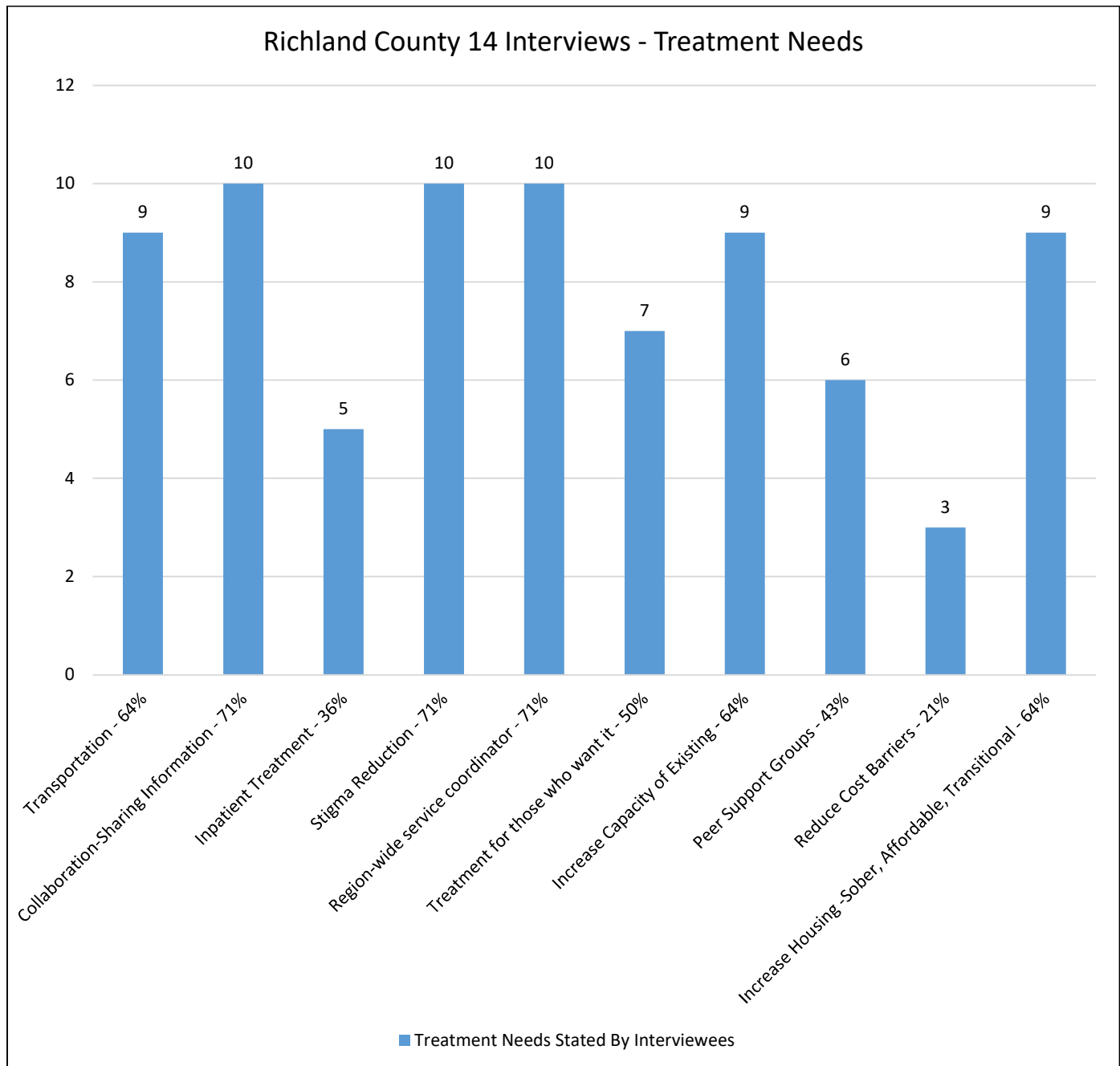


Treatment Needs

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

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

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



Treatment Recommendation

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

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

Recovery

Returning people to lifestyles that are productive and functioning in their family, workplace, and communities is the key goal for recovery. The first steps to long-lasting recovery are preventing overdose deaths and finding treatment options. The recovery process happens slowly. Even with high quality treatment and medical care, it can take 8-years or longer.⁴ Evidence-based treatment approaches including combining behavioral therapies with medication in a recovery plan to increase the chance of success.

Recovery Assets

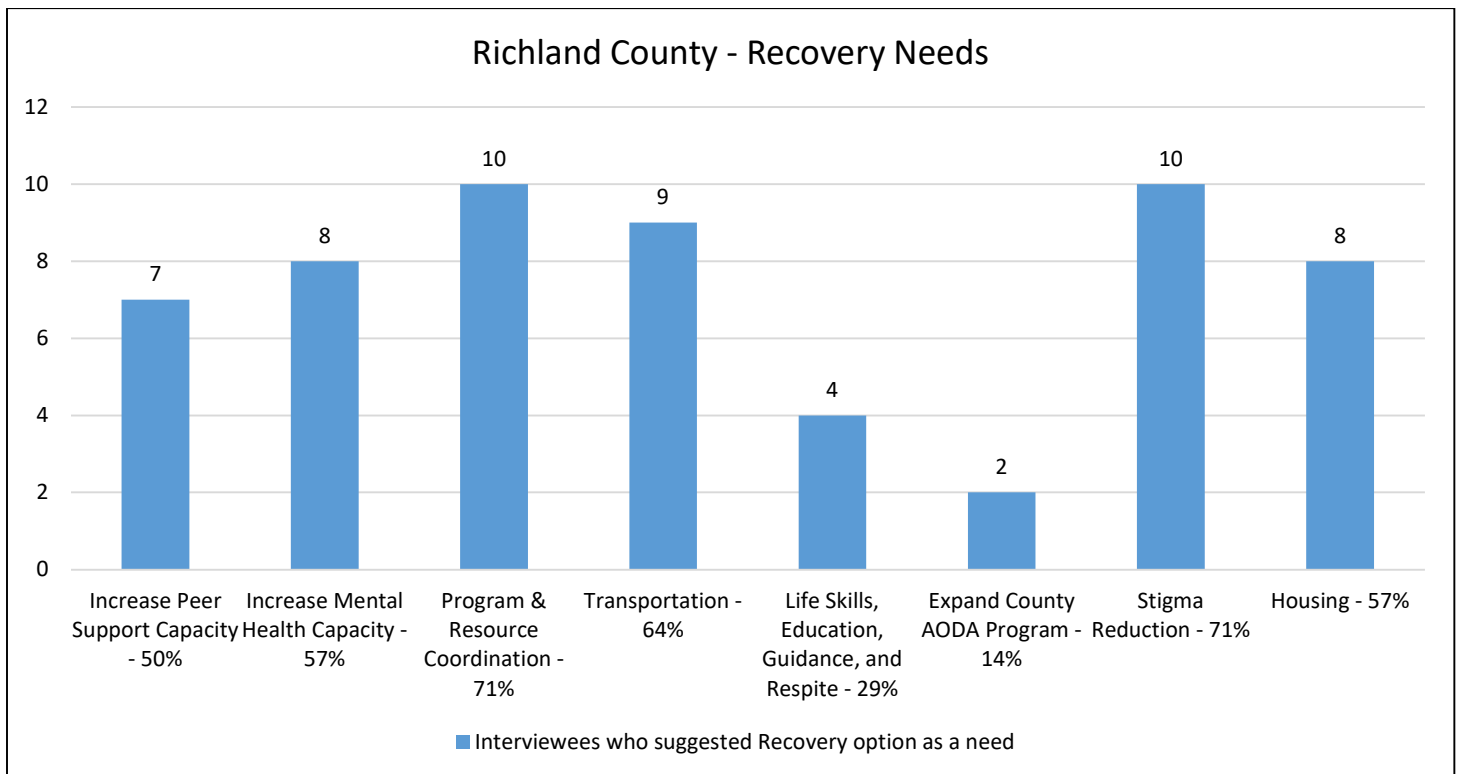
Recovery assistance opportunities are lacking throughout Richland County and the region. Resources in Richland County include:

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

Recovery Needs

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

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



⁴ <https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment>

Recovery Recommendation

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

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

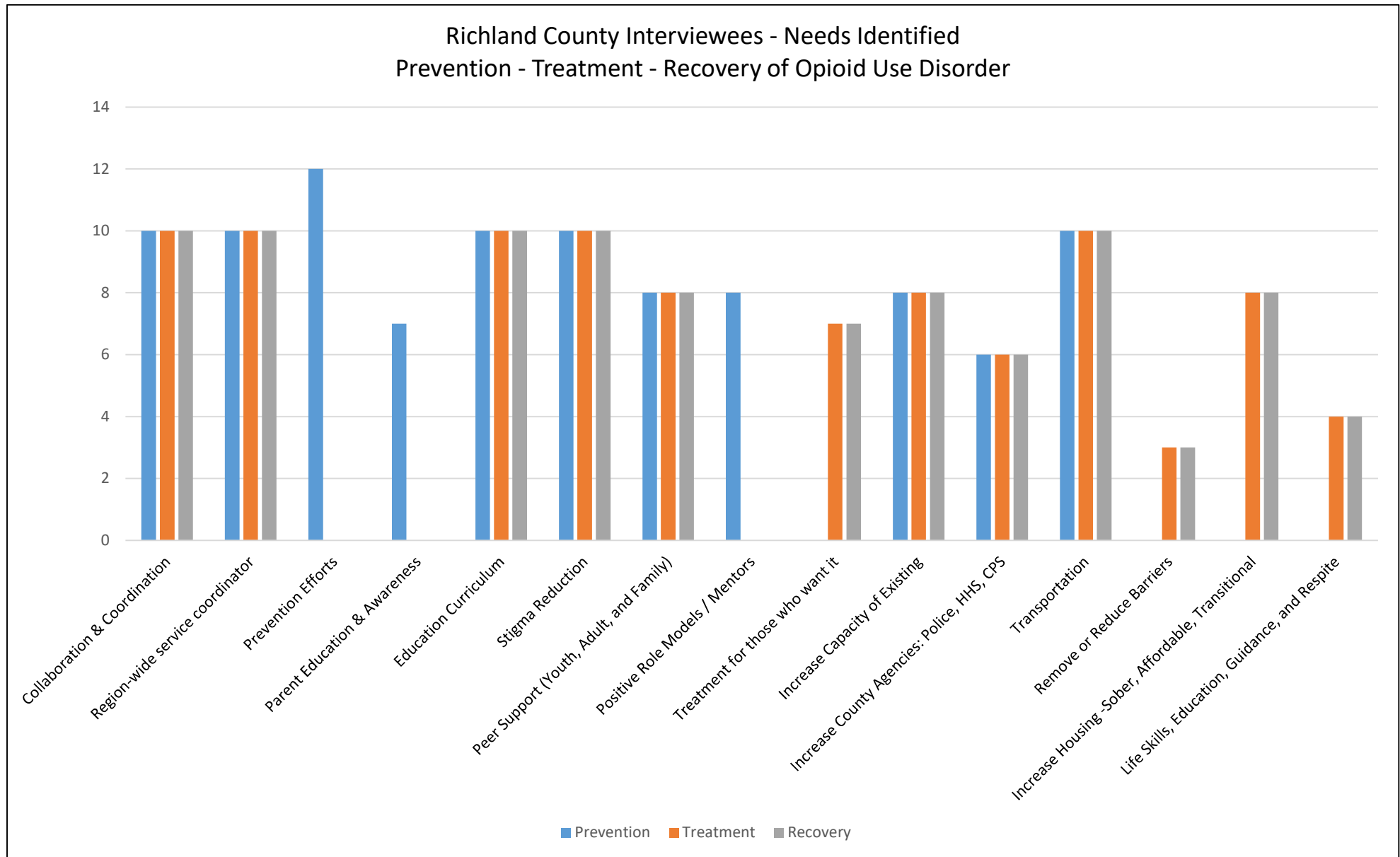
Summary of Community Consensus and Recommendation

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

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

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

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



Appendix

Appendix A: Settlement funds

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

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

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

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

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

	Total Settlement Funds Awarded	Approximate Total Funds for Use (Partially Securitized)
State of WI	\$ 120,000,000.00	
Grant County	\$ 1,118,892.00	\$ 878,327.00
Green County	\$ 1,047,000.00	\$ 821,894.00
Iowa County	\$ 626,854.00	\$ 492,071.00
Lafayette County	\$ 301,068.00	\$ 236,339.00
Richland County	\$ 489,794.00	\$ 384,492.00

Appendix B: Interviewees, questions and answers

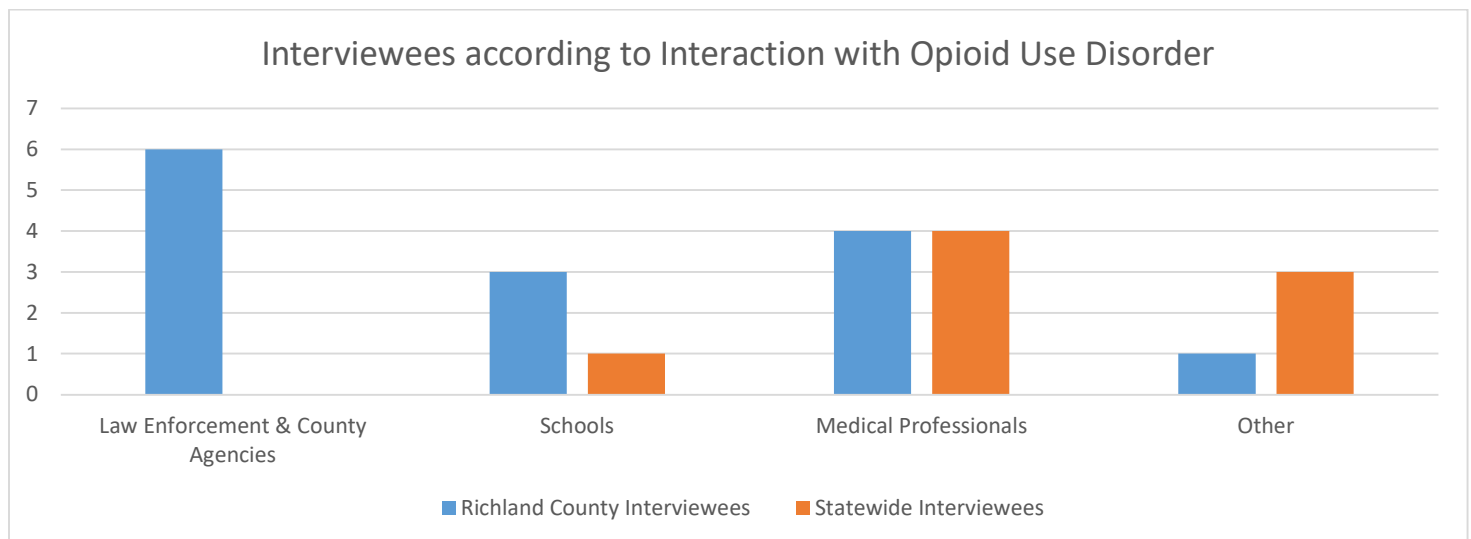
Interviews were conducted via telephone, virtual meeting, or in-person of fourteen individuals throughout Richland County as identified early on by Tricia Clements of Richland County HHS, and others identified during the interview process. Richland County interviewees included:

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

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

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

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



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

Table 12: Interview Questions and Interviewee Answers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What Programs and Services are needed in the area?

What Programs / Services are needed in the area?

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

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

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

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

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

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

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

We need treatment facilities and transportation resources.

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

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

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

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

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

What do we need to do differently?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix C: Sources

Quantitative and qualitative data was used from the following sources:

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WI Dept of Health Services, Moving Prevention Upstream. P-02695. June, 2020. Retrieved from https://www.dhs.wisconsin.gov/publications/p02695.pdf
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Appendix D: State of WI Intended spending

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

Table 10: WI DHS Approved Spending

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

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

\$31,000,000.00

Appendix E: County & Regional Resources for Richland County Residents

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

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

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

Appendix F: Definitions

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

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

RICHLAND COUNTY

Opioid Steering Committee Funding Request Form



APPLICATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON (first and last name): _____ TITLE: _____

PHONE NUMBER: _____ EMAIL: _____

GRANT PROJECT TITLE: _____

GRANT AMOUNT REQUEST: _____ TOTAL COST OF PROJECT/INITIATIVE: _____

TYPE OF ORGANIZATION:

☐

Non-Profit

☐

County Agency

☐

County Department

☐

School District

☐

City/Village/Township

☐

State/Federal Agency

☐

Other: _____

Project Start(date): _____

Time to Complete Project:

☐

1 year

☐

2 years

☐

3 years

How does this project meet the grant requirements:

☐

Prevention Efforts

☐

Treatment and Recovery Efforts

☐

Address Provider Shortage

☐

Connecting People To Resources And Expanding Resources

Organizations Background Information, including any mission statement and purpose:

APPLICATION CERTIFICATION

I certify that I am authorized by my organization to apply for and implement this grant. I confirm the information in the application is complete and accurate. I understand that the information provided may be subject to further verification by Richland County and I will provide the information required to verify this data as requested. If this grant is received, I agree to the guidelines outlined in the application packet.

Signature of Applicant

Date:

I. **Project Need:** Identify the problem or need to be addressed.

II. **Project Goals and/or desired Outcomes:** Please use SMART goals when listing your goals.

III. Project Timeline: Provide a detailed timeline including planning, development, and implementation. Grantees have up to three years to complete the project.

IV. Is this a New or ongoing project? Explain:

V. Budget Narrative-Identify other Principal Sources of Support: (Describe the financial plan for current and future support of the proposed project. What is the rationale for the amount requested? If other funding is necessary to complete the project budget, where will it come from How will you sustain the project in the future?)

VI. Detailed Project Budget: Use the budget template included with this application (or one of your own) to outline expenses and any additional revenue for your project. Please refer to the grant guidelines for ineligible expenses

Please list any additional funding sources that may be involved in the completion of this project.	
(Examples may be earned, donated, other grants, levy etc.	Total
TOTAL PROJECT REVENUE	\$ 0.00

**Richland County Opioid Steering Committee
Funding Request- Project Budget**

Organization Name:

Total Grant Request:

EXPENSES				
Budget Item Description	Budget Category (construction, supplies, equipment, marketing, other)	Quantity	Cost per Item	Total
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
TOTAL EXPENSES				\$ 0.00

RESOLUTION NO.24- _____

Resolution Approving The Utilization Of Opioid Settlement Funds To Offer Grants To The Community To Allow For The Prevention, Treatment, And/Or Recovery Of Opioid Drug Use.

WHEREAS Richland County is the recipient of Opioid Settlement Funds and is expected to receive up to \$489,794 through the end of 2038, and

WHEREAS a committee was created to determine the best utilization of these funds and it was determined grants would be offered to Richland County non-profit organization and those that serve Richland County Residents to allow for the prevention, treatment, and/or recovery of opioid drug use and its various effects, and

WHEREAS grant applications will be accepted twice a year to be reviewed by the Opioid Settlement Committee and recommendations will be presented to the Community and Health Services Committee with final approval by the full County Board, and

WHEREAS awards will generally be between \$1,000 and \$25,000 and projects can be renewed annually if funding allows and reporting requirements have been met.

NOW THEREFORE. BE IT RESOLVED by the Richland County Board of Supervisors that the Richland County Department of Health and Human Services is hereby authorized to utilize Opioid Settlement Funds to offer grants to the community to allow for the prevention, treatment, and/or recovery of opioid drug use through the end of 2038, and

BE IT FURTHER RESOLVED grant applications will be accepted twice a year to be reviewed by the Opioid Settlement Committee and recommendations will be presented to the Community and Health Services Committee with final approval by the full County Board, and

BE IT FURTHER RESOLVED grant awards shall not exceed Opioid Settlement funds received by Richland County, and

BE IT FURTHER RESOLVED that this Resolution shall be effective immediately upon its passage and publication

VOTE ON FOREGOING RESOLUTION

RESOLUTION OFFERED BY THE COUNTY BOARD
MEMBERS OF THE COMMUNITY & HEALTH
SERVICES STANDING COMMITTEE
(06 JUNE 2024)

AYES _____ NOES _____

RESOLUTION _____

FOR AGAINST

DEREK S. KALISH
COUNTY CLERK

MARY MILLER
MARTY BREWER
SANDRA KRAMER
INGRID GLASBRENNER
MICHELLE HARWICK
DANIEL MCGUIRE

DATED: JUNE 18, 2024