



2025 ANNUAL REPORT

CRAWFORD COUNTY
Health & Human Services



OUR VISION

Building hope for
a lifetime

OUR MISSION

Promote and strengthen
the safety and wellbeing of
Crawford County residents



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Annual Review 2025

Dear Members of the Board,

I am pleased to present the annual summary of the Crawford County Health & Human Services Department for the past year. Our mission remains centered on promoting the health, safety, and well being of all residents, particularly those most vulnerable in our community. This year brought new challenges and progress around that mission. I am proud of the dedication and resilience our staff demonstrated in navigating a rapidly changing environment.

The past year was marked by continued demand for essential services, shifting federal guidance, and ongoing pressures in all areas of our department but specifically in child welfare, behavioral health, public health, and economic support. Despite these complexities, our department remained focused on delivering high quality, person centered services while strengthening partnerships across the community. We adapted to evolving expectations, responded to emerging needs, and worked diligently to steward local resources responsibly in anticipation of future cost shifts to county government.

One meaningful accomplishment was the work done around coordinated postvention services following incidents of suicide or sudden death. Recognizing the profound impact these events have on families, peers, and the broader community, we worked intentionally to build a unified response network.

This effort brought together local mental health

providers, EMS, law enforcement, school districts, and members of the faith community. Through shared protocols, improved communication pathways, and joint training opportunities, we hope to establish a more consistent and compassionate approach to supporting individuals and families in the immediate aftermath of loss. We still have work to do but partnerships have already demonstrated value in sharing our concerns about our current process, getting joint training around evidence-based practices and continued dialogue on this important issue. It is hoped that in 2026 we can have a unified plan that reduces response gaps, improves follow-up care, and ensures that those affected are connected quickly to appropriate supports.

Our Health Department also faced a year of significant transition as federal public health guidance became less consistent and more difficult to interpret. These rapid shifts affected core areas of public health practice, including infectious disease response, community education, and prevention strategies. The variability in federal direction created uncertainty not only for local health departments but also for the residents who rely on clear, evidence-based information to make decisions about their well-being.

In response, our team worked diligently to provide steady, reliable communication with the community. We focused on rebuilding trust in public health systems by emphasizing transparency, consistency, and accessibility in our messaging. Staff engaged directly with the

community and our state partners to ensure that information was understandable, timely, and grounded in best practices. This work reinforced the essential role our Health Department plays as a dependable asset to the community's overall health and safety.

Beyond public health, the broader Health and Human Services system experienced frequent changes to federal policy and funding structures as well as future program expectations. While these shifts were often rapid and at times inconsistent, we worked to implement the requirements given to us. We also worked to adapt to funding changes and program requirements in programs like economic support. These changes include reducing error rates and cost shifts to local and state government because of federal legislation. Some of the policy changes did not occur in 2025 but are coming in 2026 and beyond.

Like many human services agencies across the state and nation, we continued to experience workforce turnover. Recruitment and retention remain ongoing challenges, particularly in specialized areas such as child welfare and behavioral health. In response to these pressures and considering stagnation, we made the difficult decision to eliminate one therapist position. This reduction was undertaken reluctantly, with careful consideration of both fiscal realities and community needs. Even with this change, we remain committed to supporting access to therapy services, and we have seen other community partners expand their own therapy offerings, helping to maintain service availability for residents.

Out-of-home placement costs in both child welfare and adult mental health continued to rise, reflecting trends that began in 2024 and

persisted throughout the year. These costs place significant strain on county budgets and highlight the need for continued investment in prevention, early intervention, and community-based alternatives. Despite ongoing efforts to manage expenditures responsibly, the financial pressures associated with high cost out of home placements resulted in the agency finishing the year over budget by \$363,288. We remain committed to exploring strategies that reduce reliance on high-cost placements while ensuring safety and stability for those we serve.

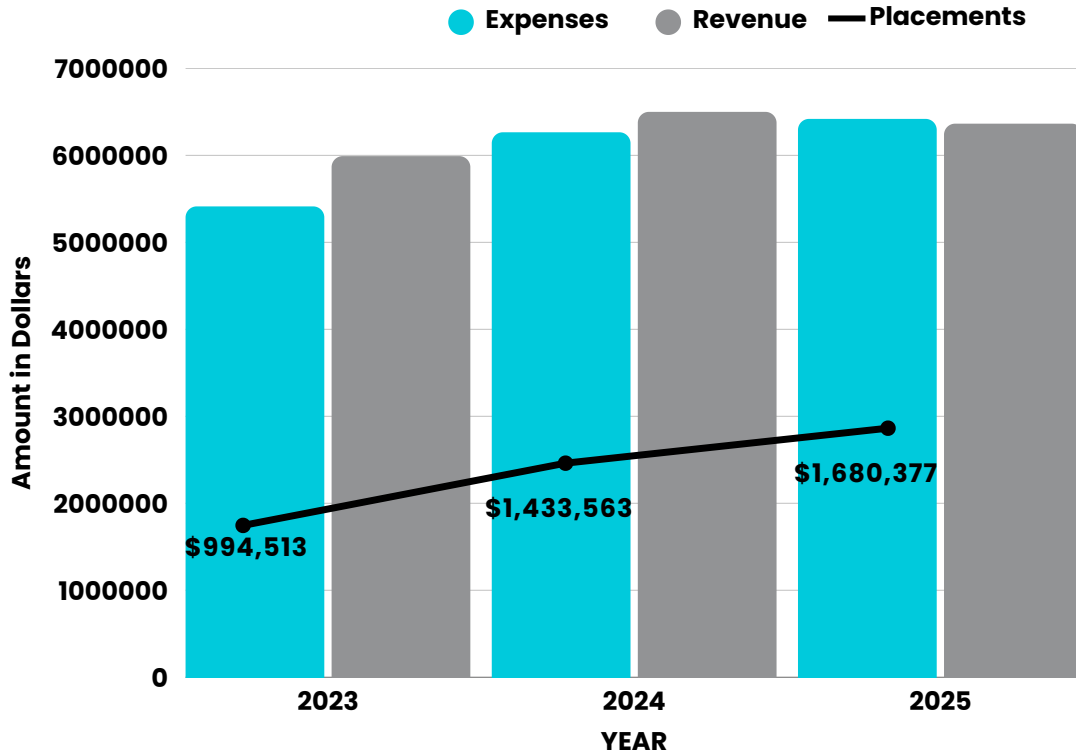
After careful consideration, we made the difficult decision to discontinue administration of the Wisconsin Home Energy Assistance Program (WHEAP). While WHEAP aligns closely with the needs of many individuals who also access our economic support services, the program is voluntary for counties. Given anticipated shifts in cost responsibilities from the state to local governments, we prioritized focusing local funding and staff capacity on mandatory programs. This decision was not made lightly. We recognize the value WHEAP provided to residents, and we worked to ensure a smooth transition.

I want to express my sincere appreciation to the Health & Human Services Board as well as the Board of County Supervisors for your ongoing support and partnership. Your commitment to the well-being of our residents enables us to carry out this important work. I also extend my gratitude to the dedicated staff of the Health and Human Services Department, whose professionalism, compassion, and resilience made it possible to navigate a complex and demanding year.

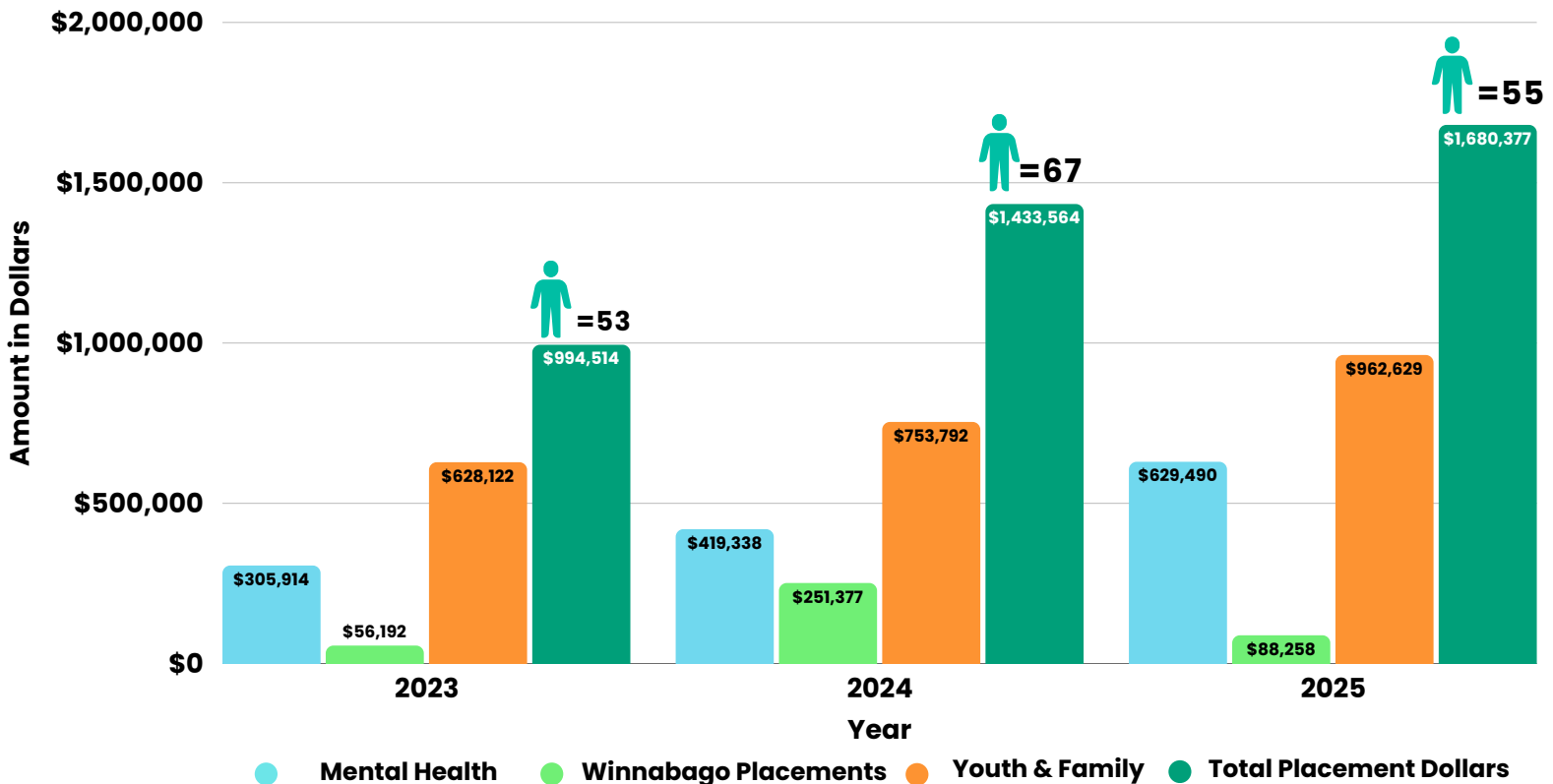
Respectfully submitted,

Dan McWilliams, Director

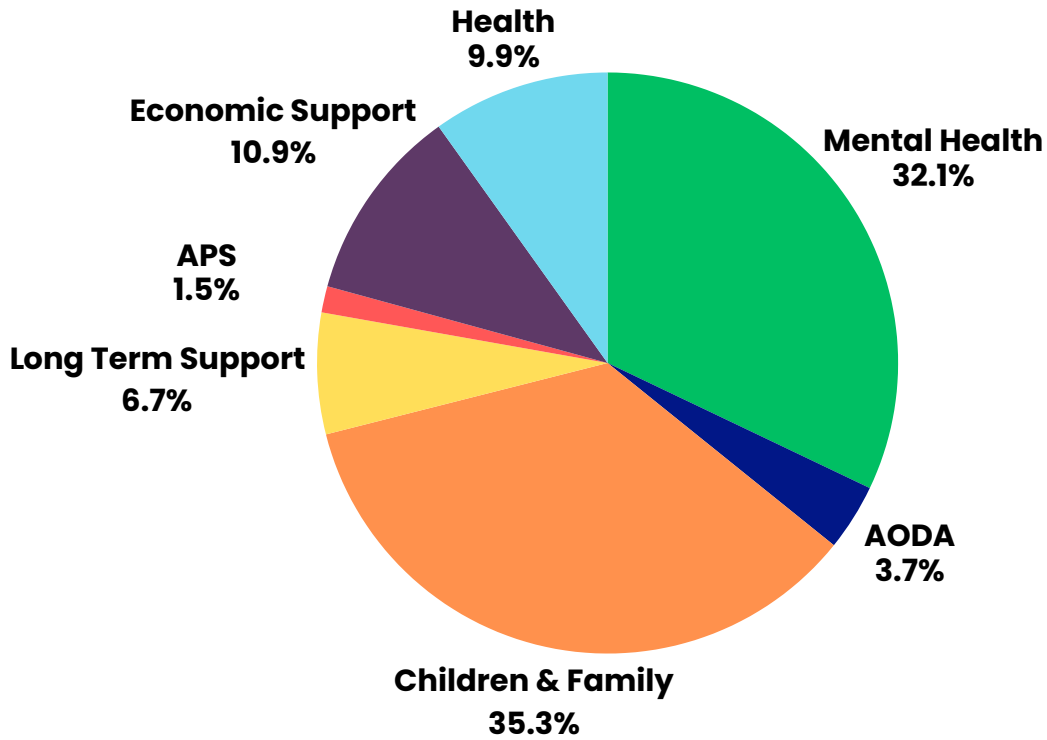
Revenue vs Expenses



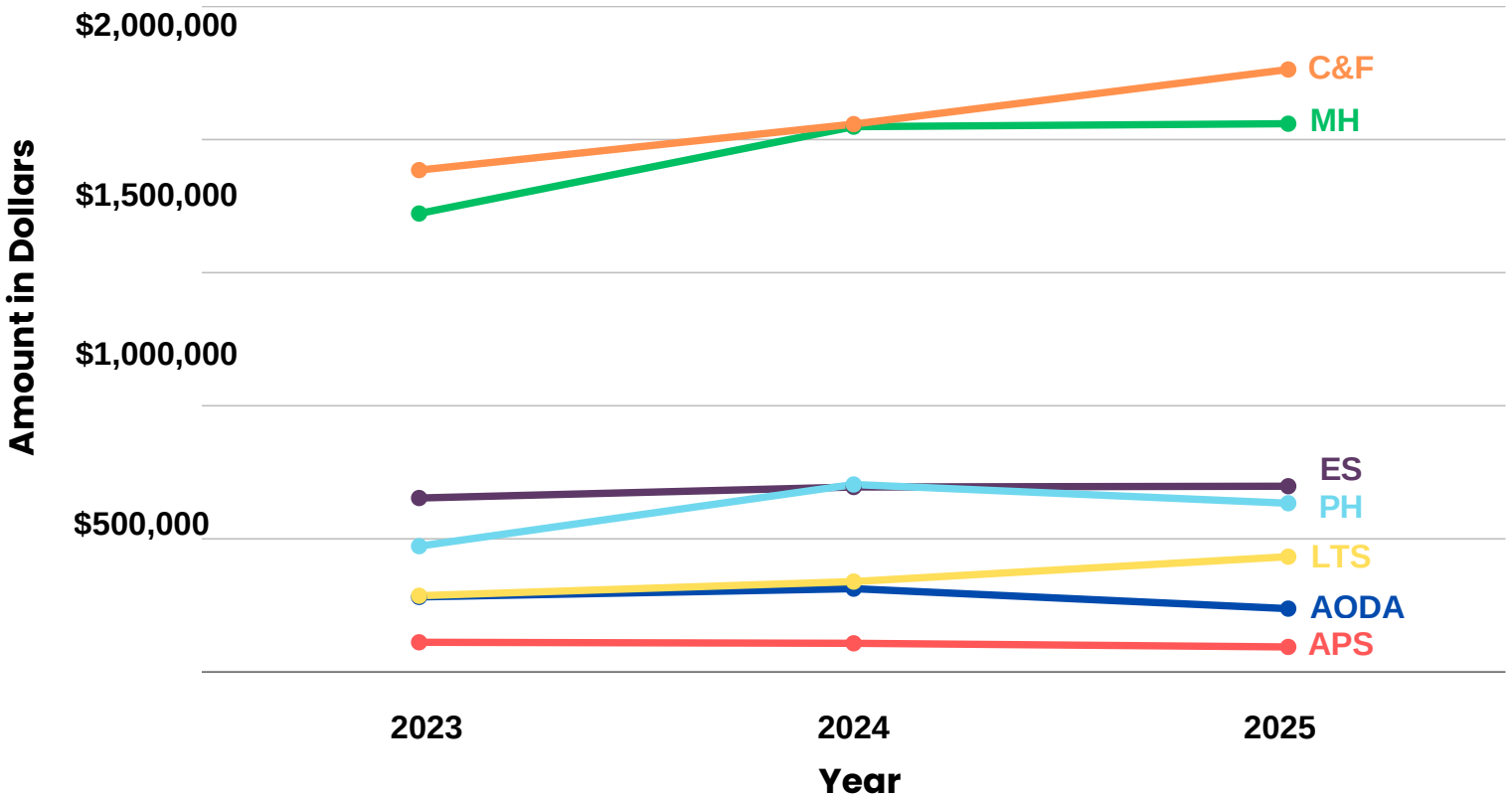
Placement Expenses



Percentage of Total Expenses by Program Area in 2025



Total Expenses by Program Area

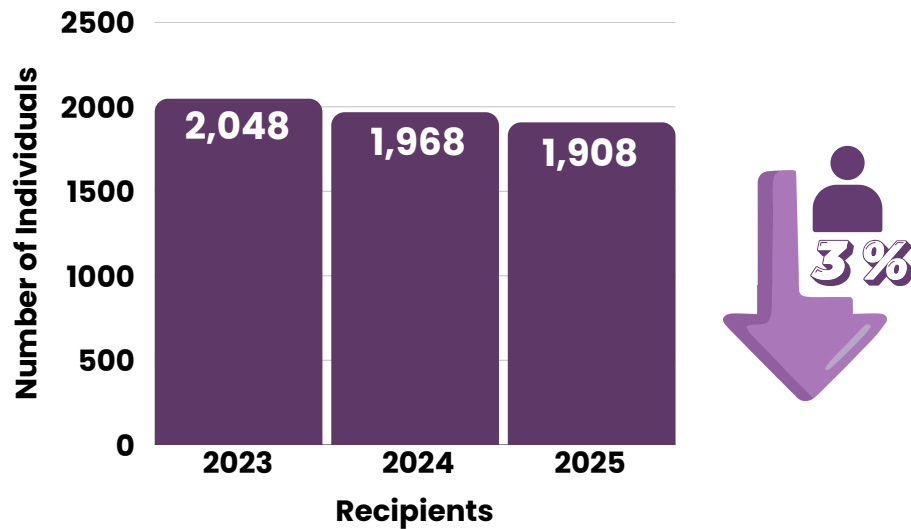


DEPARTMENT OF HEALTH SERVICES: SOCIAL SERVICE PROGRAMS	
1) ADULT PROTECTIVE SERVICES	87,980.03
2) CHILDRENS COMMUNITY OPTIONS PROGRAM	17,150.19
3) CHILDREN LONG TERM SUPPORT	-
4) COMMUNITY MENTAL HEALTH	430,722.07
5) NON-RESIDENT	-
6) BIRTH-3 PROGRAM	245,840.26
7) DHS BASE FUNDED SERVICES	1,420,540.17
8) IDP EMERGENCY FUNDS	15,685.77
9) MENTAL HEALTH BLOCK GRANT	7,939.00
10) AODA BLOCK GRANT	219,342.69
11) FEDERAL/COUNTY MATCH	98,811.00
12) WIMCR/STATE	-
13) HEALTH CHECK INITIATIVE	-
14) COORDINATED SERVICES TEAM (CST)	75,468.51
15) CLTS TPA	170,005.25
TOTAL DEPARTMENT OF HEALTH SERVICES: SOCIAL SERVICE PROGRAMS	2,789,484.94
DEPARTMENT OF HEALTH SERVICES: INCOME MAINTENANCE PROGRAMS	631,522.40
DEPARTMENT OF HEALTH SERVICES: PUBLIC HEALTH PROGRAMS	633,804.93
DEPARTMENT OF CHILDREN AND FAMILIES: SOCIAL SERVICE PROGRAMS	
16) SAFE AND STABLE FAMILY PROGRAM	85,774.62
17) FOSTER PARENT COMPETENCY BASED TRAINING	7,671.87
18) RELATIVE CAREGIVER SUPPORT GRANT	4,723.48
19) KINSHIP CARE PROGRAM	44,250.00
20) KINSHIP CARE PROGRAM/ASSESS	2,356.26
21) TARGETED SAFETY SUPPORT FUNDS	78,164.43
22) YOUTH JUSTICE INNOVATION GRANT	-
23) FAMILY FIRST	5,909.93
24) DCF BASE ALLOCATION	1,126,819.25
25) FEDERAL/COUNTY MATCH	49,178.00
TOTAL DEPARTMENT OF CHILDREN AND FAMILIES: SOCIAL SERVICE PROGRAMS	1,404,847.84
COUNTY FUNDED FOSTER CARE	(21,324.64)
DEPARTMENT OF CHILDREN AND FAMILIES: W-2 PROGRAMS	-
DEPARTMENT OF CHILDREN AND FAMILIES: CHILD CARE PROGRAMS	24,672.47
DEPARTMENT OF CORRECTIONS: YOUTH AID PROGRAMS	804,664.49
DEPARTMENT OF ADMINISTRATION: WHEAP PROGRAM	41,501.40
GREATER WI AGENCY ON AGING RESOURCES, INC: ELDER ABUSE PROGRAM	19,291.11
FAMILY CARE PROGRAM	316,077.23
OPIOID SETTLEMENT EXPENSES	-
COUNTY FUNDED EXPENSES	
Winnebago MHI	88,258.00
Miscellaneous	1,312.94
eWISACWIS User Fee	2,340.00
PDS Partnership Fee (DCF) & Behavioral Health Training Partnership Fee	1,146.00
Fleet Vehicles	8,667.28
TOTAL COUNTY FUNDED EXPENSES	101,724.22
TOTAL EXPENSES	6,746,266.39

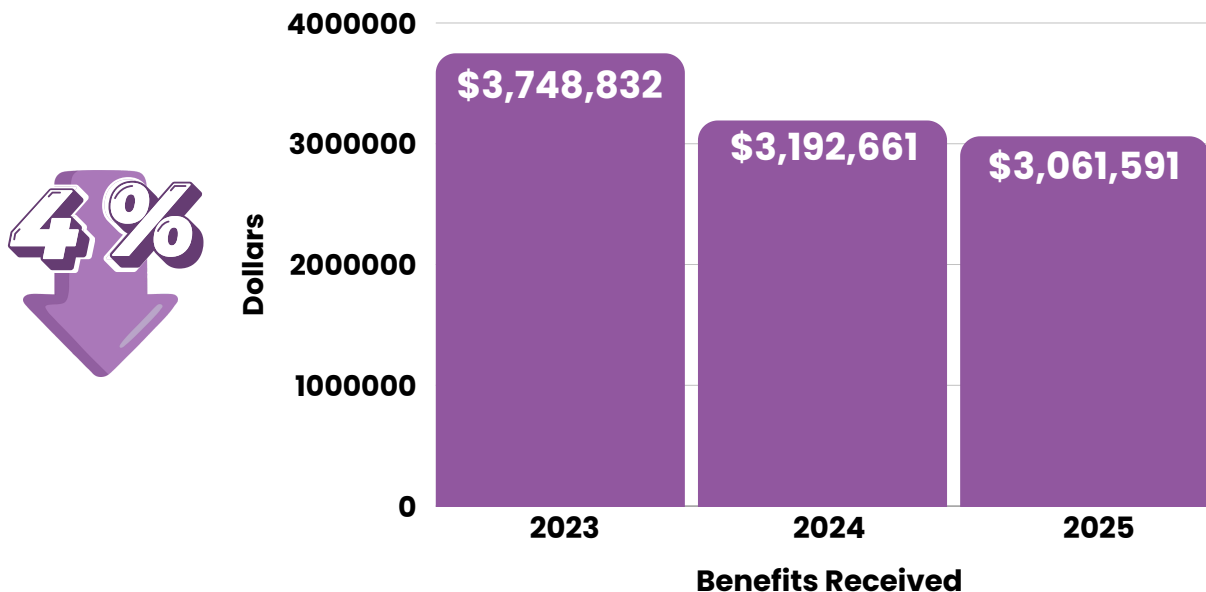
COUNTY APPROPRIATIONS	2,041,057.00
DEPARTMENT OF HEALTH SERVICES: SOCIAL SERVICE PROGRAMS	
1) ADULT PROTECTIVE SERVICES	33,839.00
2) CHILDRENS COMMUNITY OPTIONS PROGRAM	17,152.00
3) CHILDREN IN LONG TERM SUPPORT	-
4) COMMUNITY MENTAL HEALTH	167,216.00
5) NON-RESIDENT	-
6) BIRTH TO THREE	49,348.00
7) DHS BASE FUNDED SERVICES	899,620.00
8) IDP EMERGENCY FUNDS	-
9) MENTAL HEALTH BLOCK GRANT	7,939.00
10) AODA BLOCK GRANT	33,159.00
11) FEDERAL/COUNTY MATCH	98,811.00
12) WIMCR/STATE	70,896.52
13) HEALTH CHECK INITIATIVE	-
14) COORDINATED SERVICES TEAM (CST)	65,000.00
15) CLTS TPA	197,195.32
16) ROOM / BOARD RSUD MCKINSEY	-
17) OPIOID SETTLEMENT	-
TOTAL DEPARTMENT OF HEALTH SERVICES: SOCIAL SERVICE PROGRAMS	1,640,175.84
DEPARTMENT OF HEALTH SERVICES: INCOME MAINTENANCE PROGRAMS	471,302.87
DEPARTMENT OF HEALTH SERVICES: PUBLIC HEALTH PROGRAMS	143,177.00
DEPARTMENT OF CHILDREN AND FAMILIES: SOCIAL SERVICE PROGRAMS	
16) SAFE AND STABLE FAMILY PROGRAM	33,310.00
17) FOSTER PARENT COMPETENCY BASED TRAINING	-
18) FOSTER PARENT GRANT	7,671.87
19) RELATIVE CAREGIVER GRANT	5,000.00
20) KINSHIP CARE PROGRAM	47,839.01
21) KINSHIP CARE PROGRAM/ASSESS	2,356.26
22) TARGETED SAFETY SUPPORTS	53,962.28
23) YOUTH JUSTICE INNOVATION GRANT	-
24) FAMILY FIRST	5,909.93
25) SEX TRAFFICKED YOUTH	62,371.50
26) DCF BASE ALLOCATION	615,510.00
27) FEDERAL/COUNTY MATCH	49,178.00
TOTAL DEPARTMENT OF CHILDREN AND FAMILIES: SOCIAL SERVICE PROGRAMS	883,108.85
MISCELLANEOUS REVENUE/INDIRECT COSTS	410,049.54
DEPARTMENT OF CHILDREN AND FAMILIES: W-2 PROGRAMS	2,625.91
DEPARTMENT OF CHILDREN AND FAMILIES: CHILD CARE PROGRAMS	37,810.44
DEPARTMENT OF CHILDREN AND FAMILIES: YOUTH AIDS PROGRAMS	142,988.53
DEPARTMENT OF ADMINISTRATION: WHEAP PROGRAMS	30,524.35
GREATER WI AGENCY ON AGING RESOURCES, INC: ELDER ABUSE PROGRAM	10,671.00
OTHER REVENUE	
MEDICAID REVENUE	157,384.26
THIRD PARTY COLLECTIONS	186,167.76
CLIENT COLLECTIONS	199,318.03
COURT ASSESSED FEES	26,593.48
SAVINGS ACCOUNT INTEREST	23.56
TOTAL OTHER REVENUE	569,487.09
TOTAL REVENUE	6,382,978.42

During the COVID-19 pandemic, additional benefits were issued to help recipients with food insecurity and economic hardship. These emergency allotments ended after the February 2023 issuance.

Number of individuals receiving FoodShare decreased from 2024 to 2025

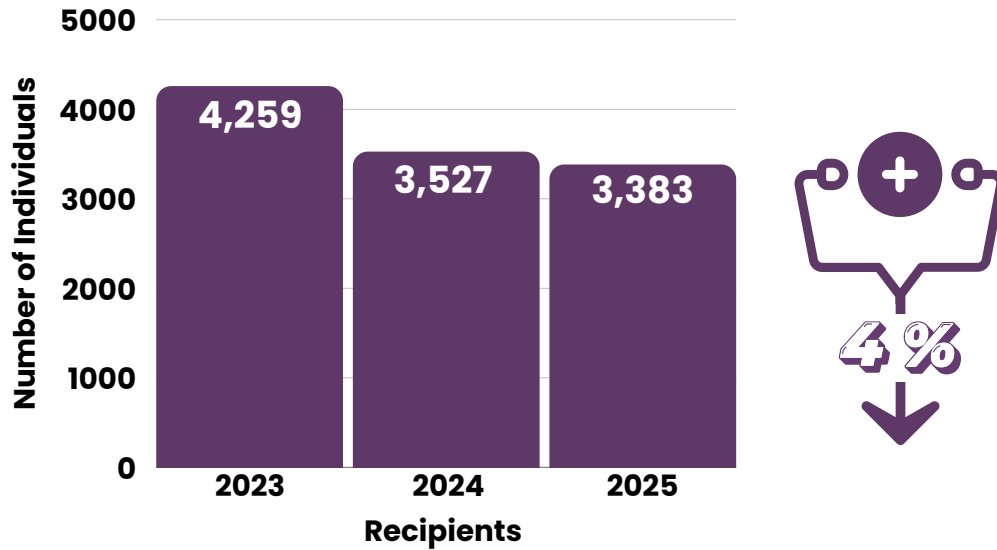


Amount of Benefits received decreased from 2024 to 2025

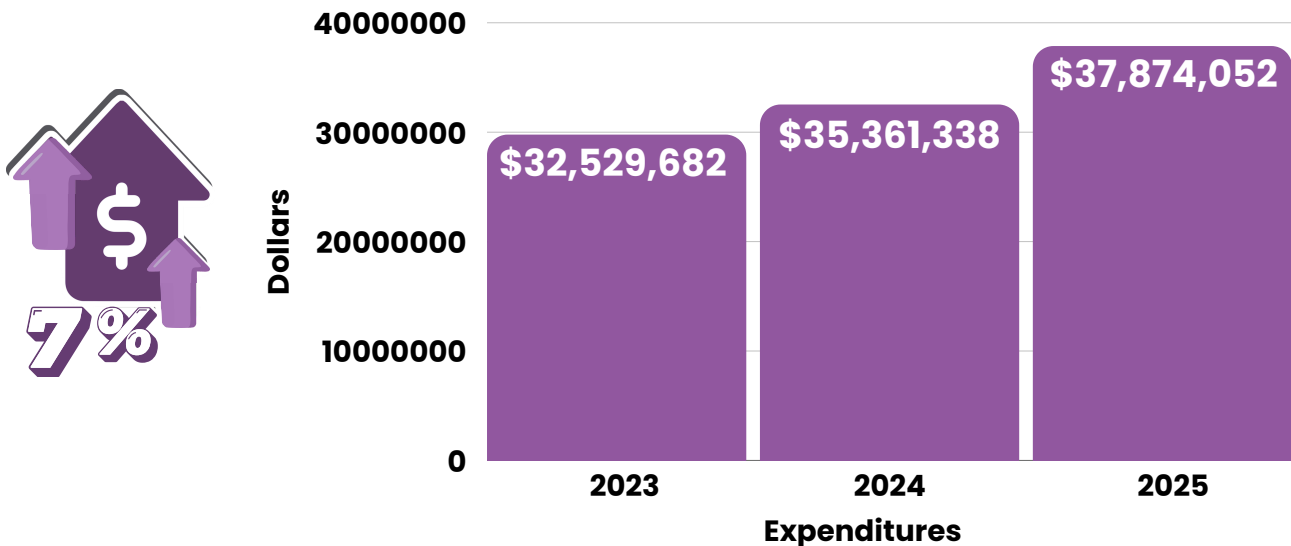


3-year comparison of number of Medicaid recipients and total expenditures.

Number of individuals receiving Medicaid decreased in 2025



Amount of Medicaid expenditures increased in 2025



The Wisconsin Shares **child care** subsidy program help make quality child care more accessible and affordable. The majority of recipients were 2- <6 years old.

TOTAL BENEFITS

\$282,138.79

**AVERAGE COST
PER CHILD**

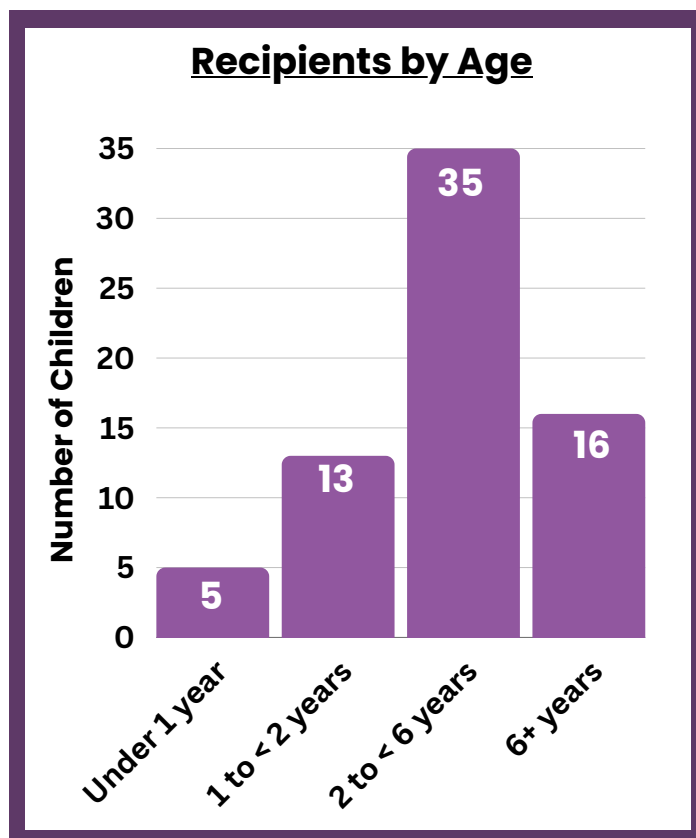
\$5,038.19



32 Families



56 Children



In 2025, the Integrated Behavioral Health Clinic continued to expand and strengthen its approach to integrated services, a model of care that treats mental health and substance use conditions together rather than separately. This approach is widely recognized as a best practice, as these conditions often interact and influence one another. By addressing both simultaneously, providers can deliver more comprehensive and effective care.

The clinic offers a range of outpatient services designed to meet diverse community needs.

These include:

- Integrated Behavioral Health Therapy (for mental health and/or substance use)
- Medication Management
- Crisis Programming
- Intoxicated Driver Programming
- Community Support Programming
- Case Management
- Involuntary Court Commitments and Settlement Orders

The year 2025 brought a change to the clinical team, transitioning from four full-time therapists to three full-time therapists. By the end of 2025, the team consisted of three full-time therapists, one part-time therapist, and a psychiatric nurse practitioner. Together, they provide coordinated care that supports both emotional well-being and recovery from substance use.

Case management is an important service for individual who may not qualify for

intensive mental health programs but still need help managing tasks that affect their day-to-day functioning—such as maintaining housing, attending appointments, or organizing responsibilities.

Case management enhances traditional therapy by:

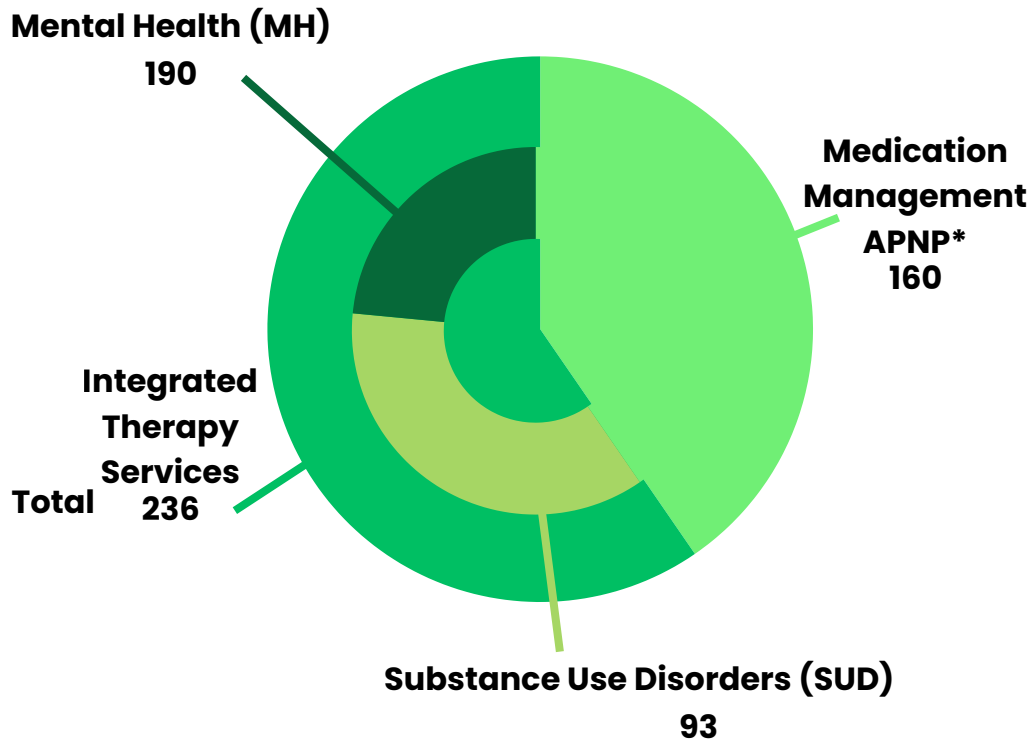
- Reinforcing skills learned in sessions within real-life settings
- Providing hands-on support in the community
- Helping individuals build independence and confidence

Therapists and case managers work collaboratively to identify individuals who may benefit from short-term support and develop personalized plans tailored to each person's needs. This team-based approach ensures continuity of care and improves overall outcomes.

As an Integrated Behavioral Health Unit, the clinic emphasizes person-centered care. Staff use evidence-based practices to help individuals build skills, strengthen resilience, and achieve their personal goals. Central to this process is the development of a trusting therapeutic relationship, which allows providers to tailor treatment plans that reflect each individual's strengths, preferences, and unique life circumstances.

Overall, the integration of services continues to provide meaningful, community-based support and plays a vital role in improving both mental health and substance use outcomes.

Number of Individuals Served by Program



Integrated Behavioral Health Services is defined as a direct contact with an individual.

MENTAL HEALTH

1,988



= 10.5

AVERAGE SERVICES

SUBSTANCE USE DISORDER

1,045



= 11.2

AVERAGE SERVICES

APNP*

1,847



= 11.5

AVERAGE SERVICES

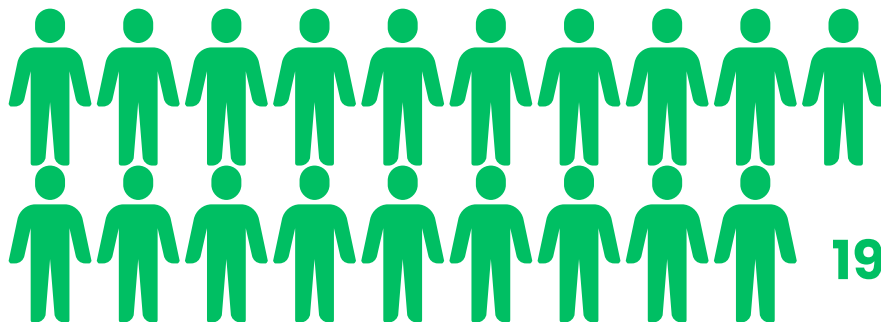
*APNP: Advanced Practice Nurse Prescriber

The **Community Support Program (CSP)** is designed to serve individuals experiencing symptoms consistent with persistent mental illness. It was developed to provide a structured range of services that mirror the support typically found in an inpatient behavioral health setting, while enabling individuals to remain within their community. By offering this level of care in a less restrictive environment, the program

promotes stability, independence, and ongoing recovery.

The CSP is staffed by a multidisciplinary team that includes one psychiatrist, one clinical coordinator, one APNP, one full-time CSP staff member, one part-time CSP staff member, one registered nurse, and one mental health technician, all of whom work collaboratively to support participants' clinical and daily living needs.

Community Support Program (CSP)



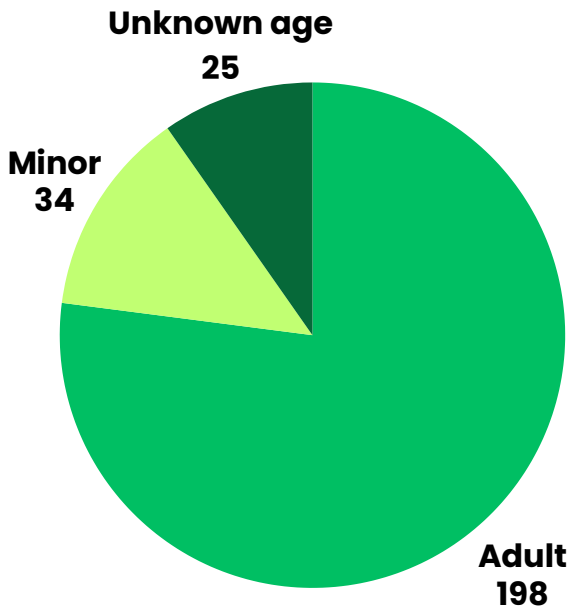
19 Individuals

TOTAL NUMBER OF CSP SERVICES

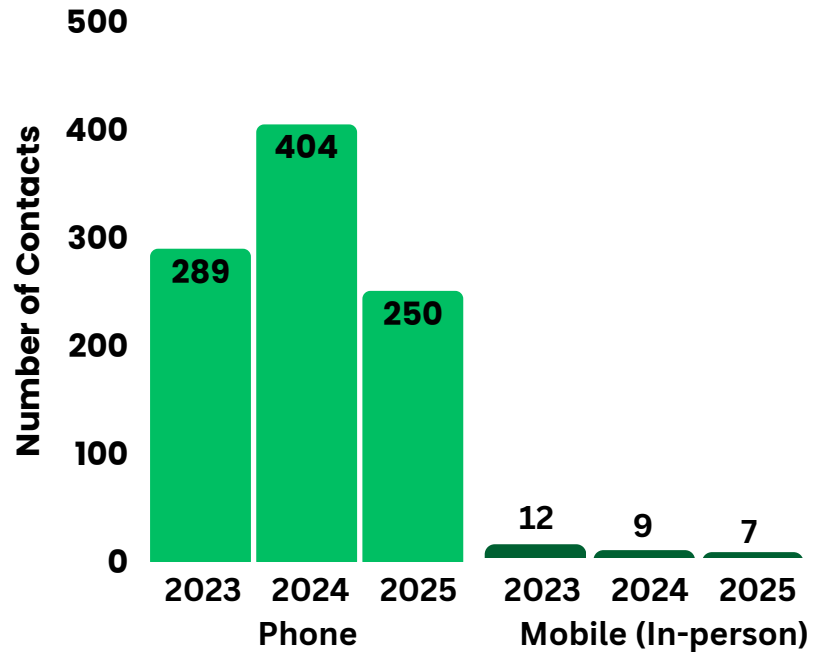
4,306

Crisis Program via Crisis Line

Crisis Contact by Age



Total Crisis Contact by Type



Total 257 Contacts

***1 full time Crisis Social Worker**

**EMERGENCY
DETENTION**

6

**SUBSTANCE USE
RELATED**

20

**VOLUNTARY
HOSPITALIZATIONS**

27

**DEMENTIA
RELATED**

9

Comprehensive Community Services (CCS) is a program that helps people of all ages live their best lives. It focuses on unique needs that relate to mental health and substance use.

We provide this service in partnership with Vernon County under the name STRIVE. It is a Medicaid Waiver Program, waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered to individuals who qualify.

CCS CLIENTS

48

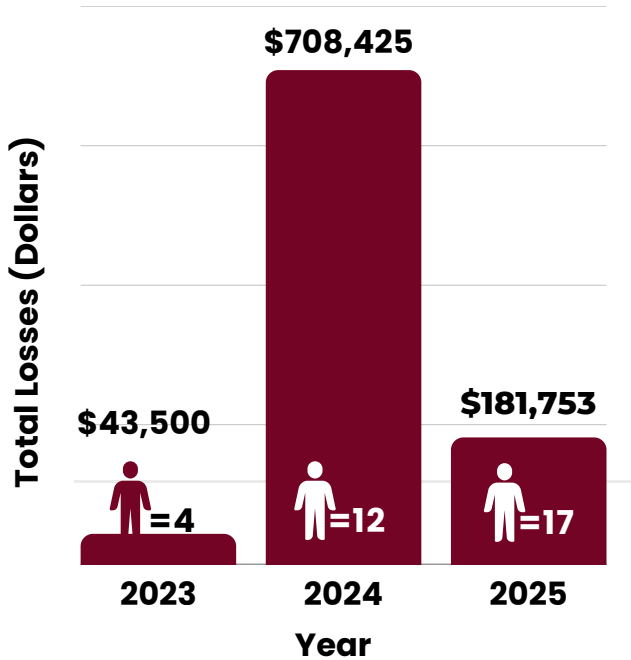
**REIMBURSEMENTS
FOR SERVICES**

\$1,172,224.03

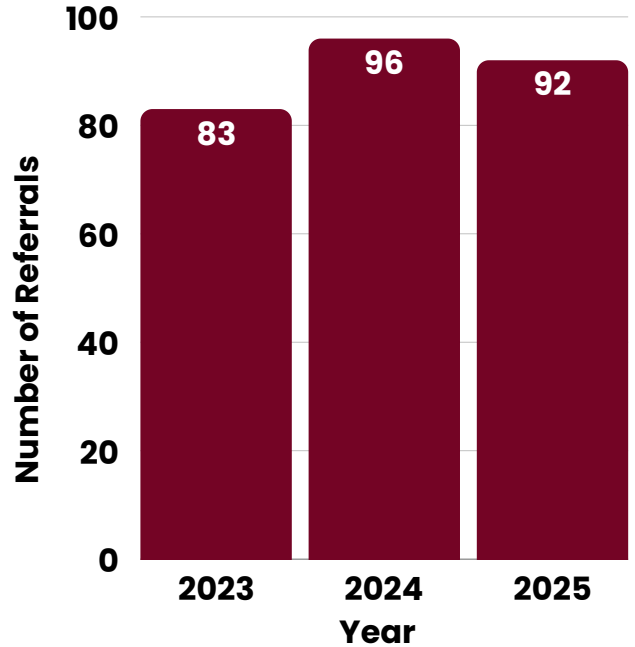
**AMOUNT PAID TO PROVIDERS
FOR SERVICES**

\$1,036,240.40

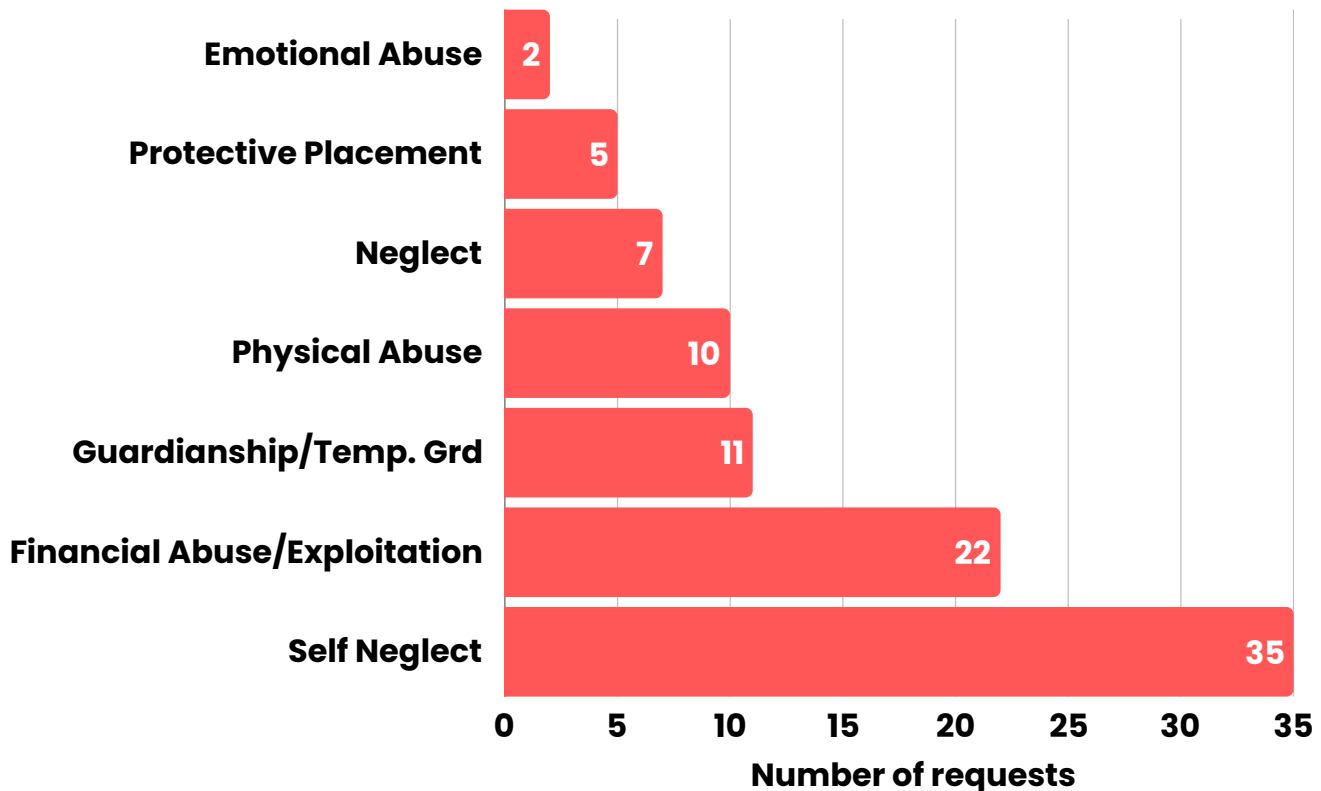
Financial Losses from Exploitation



New Referrals for APS



APS Referrals by Allegation Type*

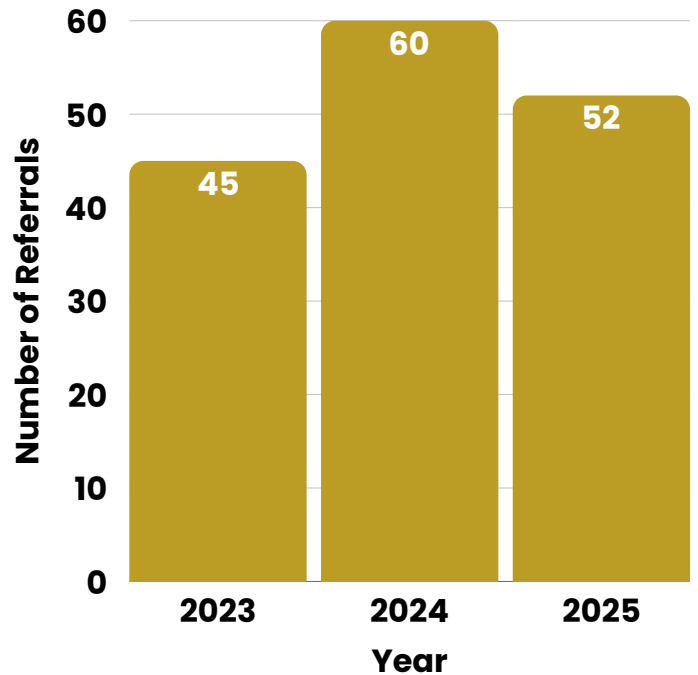


*Elder abuse and financial exploitation is under reported.

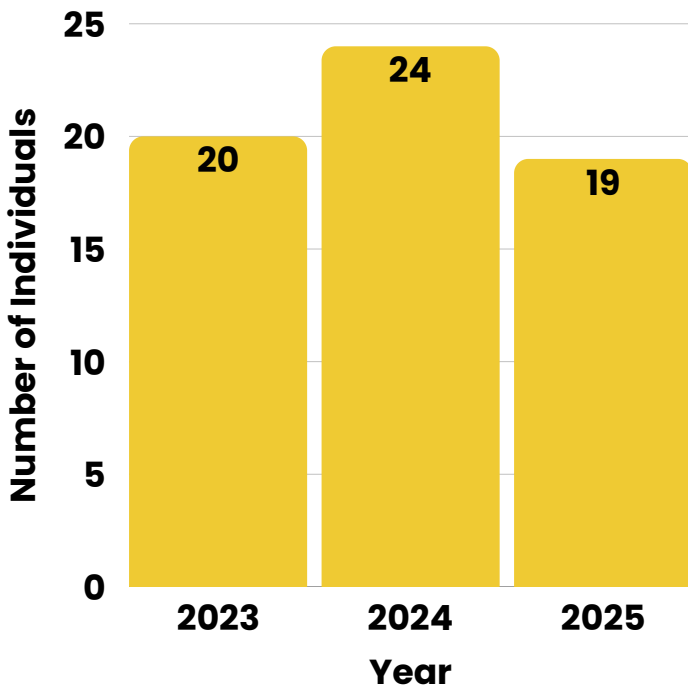
Special Education Program

The first three years are the most important building blocks of a child's future. Wisconsin Birth to 3 program helps children under the age of 3 who have delays or disabilities.

New Referrals for Birth to 3



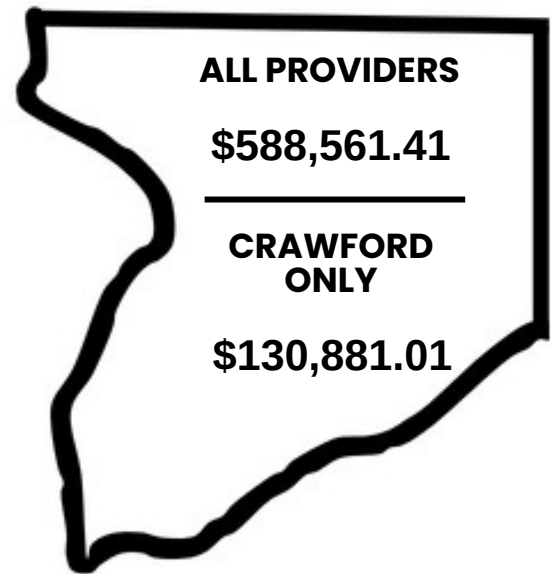
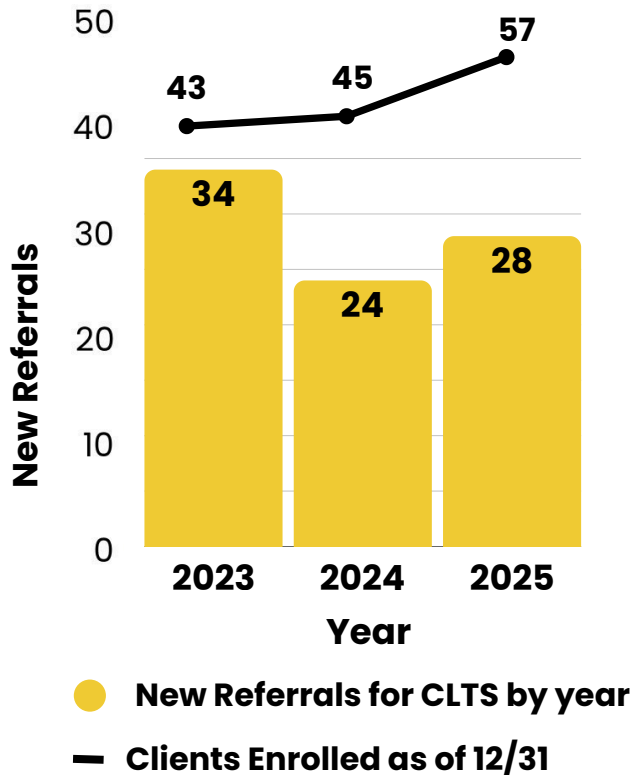
Clients Enrolled as of 12/31



Early Intervention

“Early intervention” is the term used for the services and supports for babies and young children and their families.

New Referrals for 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. The CLTS Program aims to keep kids at home instead of at an institution.

CLTS is a home and community-based service waiver. It uses a Medicaid waiver to fund services for kids with disabilities. A waiver lets states use Medicaid to fund additional non-medical services and supports not normally offered.

*If a child remains functionally eligible they may stay on the program until age 18.

CPS received 158 reports this year which is an increase from 2024. It is important to note that it is still less than 2023.

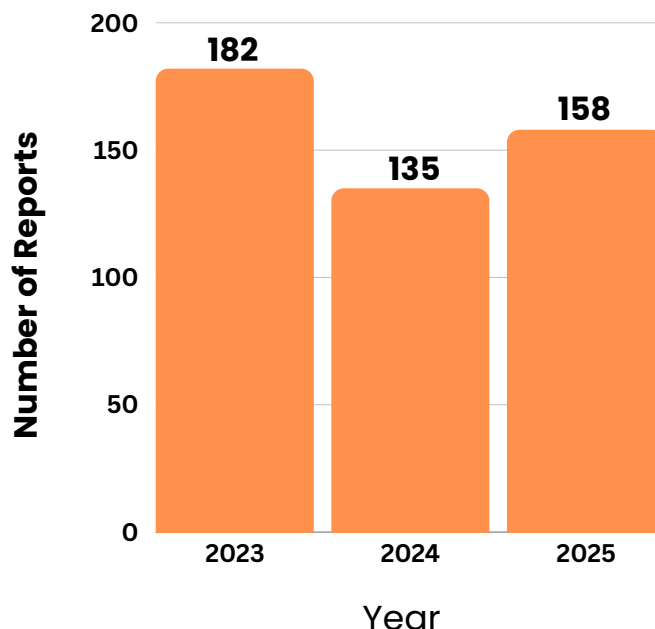
Neglect, physical abuse, and sexual abuse are the primary types of maltreatment investigated. 47 alleged victims of neglect were identified, as well as 15 alleged victims of physical abuse, and 11 alleged victims of sexual abuse.

44 of these reported allegations of maltreatment were screened in and investigated. There were a total of 69 identified victims within those 44 assessments.

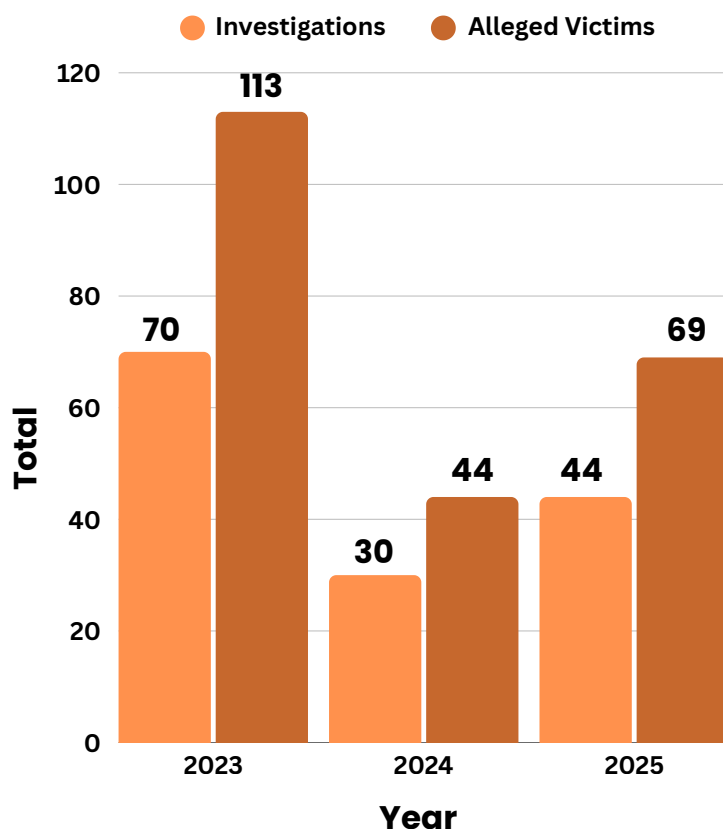
All of these numbers are an increase from 2024, it is important to note that there was a significant decrease in 2024. When looking at a longer span of time, these numbers are still a decrease overall. There are a number of factors that could have contributed to the change in numbers, including education provided to community partners who are mandated reporters. This education helps reporters to identify when families may not be unsafe but could benefit from prevention services. Crawford County continues to prioritize prevention efforts. In 2025, 66 additional families were reached out to by workers offering services when concerns did not rise to the level of abuse or neglect but rather provided education and connection to community resources when deemed appropriate.

In addition to the new cases shown on the following pages, youth and family services staff carry ongoing caseloads with youth and their families from previous years.

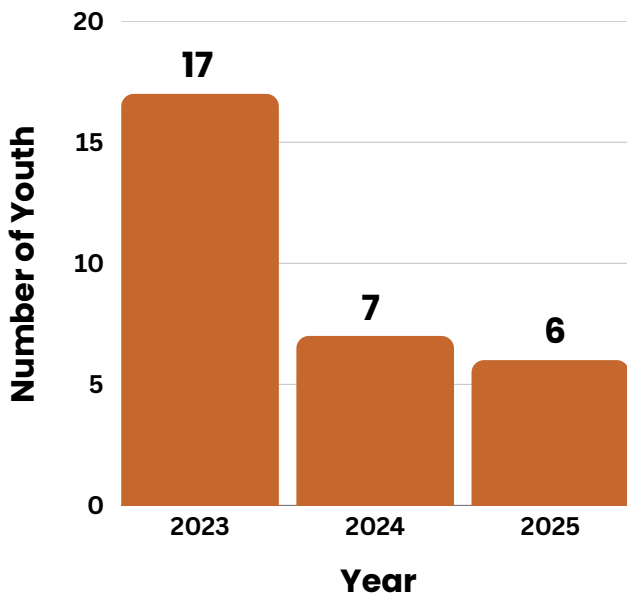
Child Protective Services Reports



CPS Investigation and Alleged Victims



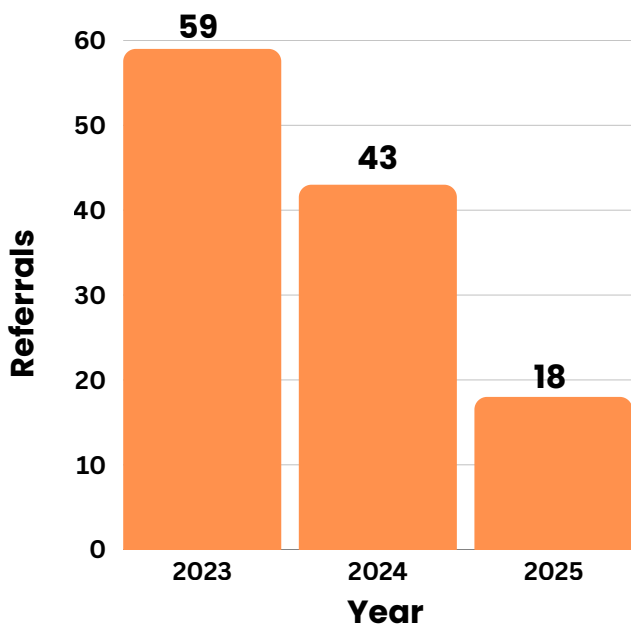
Youth Under Formal Petition



The department continues to implement an evidence-based risk assessment tool with youth called the YASI, which has assisted with decision-making and recommendations regarding when a Formal Petition is necessary and how to best intervene with youth referred to the Youth Justice (YJ) system. This is likely some of the result of the decrease in youth under formal petition over the last three years.

Crawford County along with partners from CESA, DCF, and County school districts worked together on a truancy reform and those results are being seen in decreased referrals. In 2025, no truancy referrals were made and truancy was able to be addressed through the tiered approach. This is a great example of how multidisciplinary teams are able to work together with the goal of preventing families from entering the youth justice system and achieving more youth attending school regularly.

Youth Justice Referrals



18 YJ Referrals

18 Delinquency Related

0 Truancy Issues

Removals: 4 children were removed from the home during the 2025 reporting period. Out of those, 1 was removed due to child abuse & neglect concerns, 1 was removed due to being juveniles in need of protection or services and 2 were removed for delinquency related concerns.

Crawford County continues to prioritize keeping children with family when removal is necessary. During the course of 2025 (excluding children placed in kinship care), 19 placements were open for children in Crawford County. 13 children were served through either voluntary or court-ordered kinship. 8 children remained open in OHC at the end of 2025. Of the 8 children open in OHC at the end of 2025, 4 of these children were with relatives (50%). Of the children not placed with relatives: 1 was placed in a Treatment Foster Home, 1 in a group home, 1 Supervised Independent Living and the last child was in a Residential Care Center (RCC). The Subsidized Guardianship last year was captured under county foster homes, however, this year it is reflected as its own placement type. Those are cases where permanency was found with a relative previously.

Crawford County was also successful in keeping children with family when children were discharged from care as 11 children were discharged from placement in 2025 with the majority (6 children) obtaining permanency via guardianship with a relative. The remaining 4 children were reunified with a parent/caregiver and one transferred to adult care.



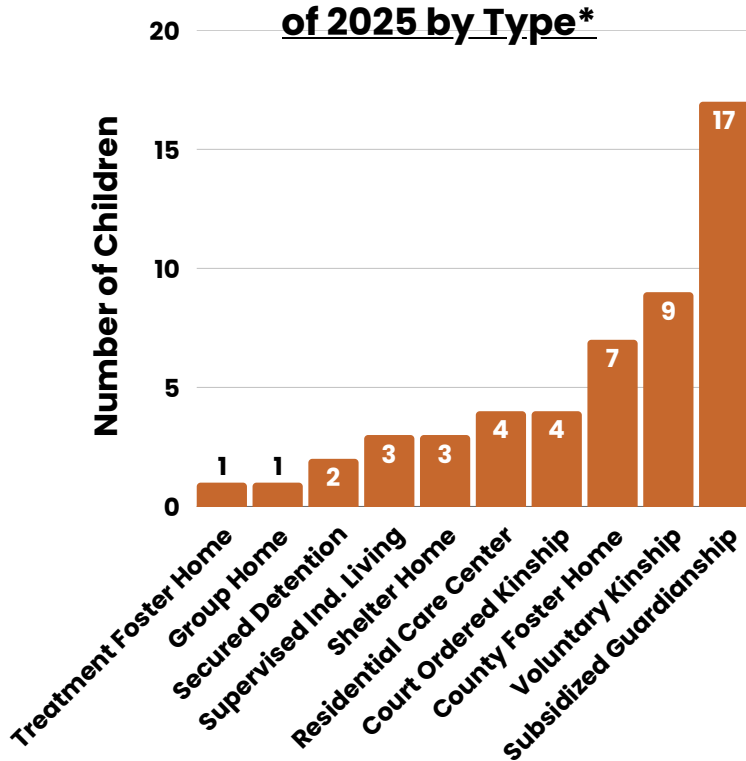
Discharged from Placement

6 Guardianship with Relative

4 Reunified with a Parent/Caregiver

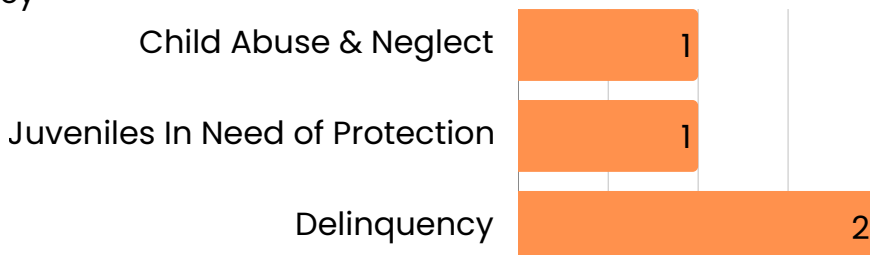
1 Transferred to Adult Care

Children Placed for Any Portion of 2025 by Type*

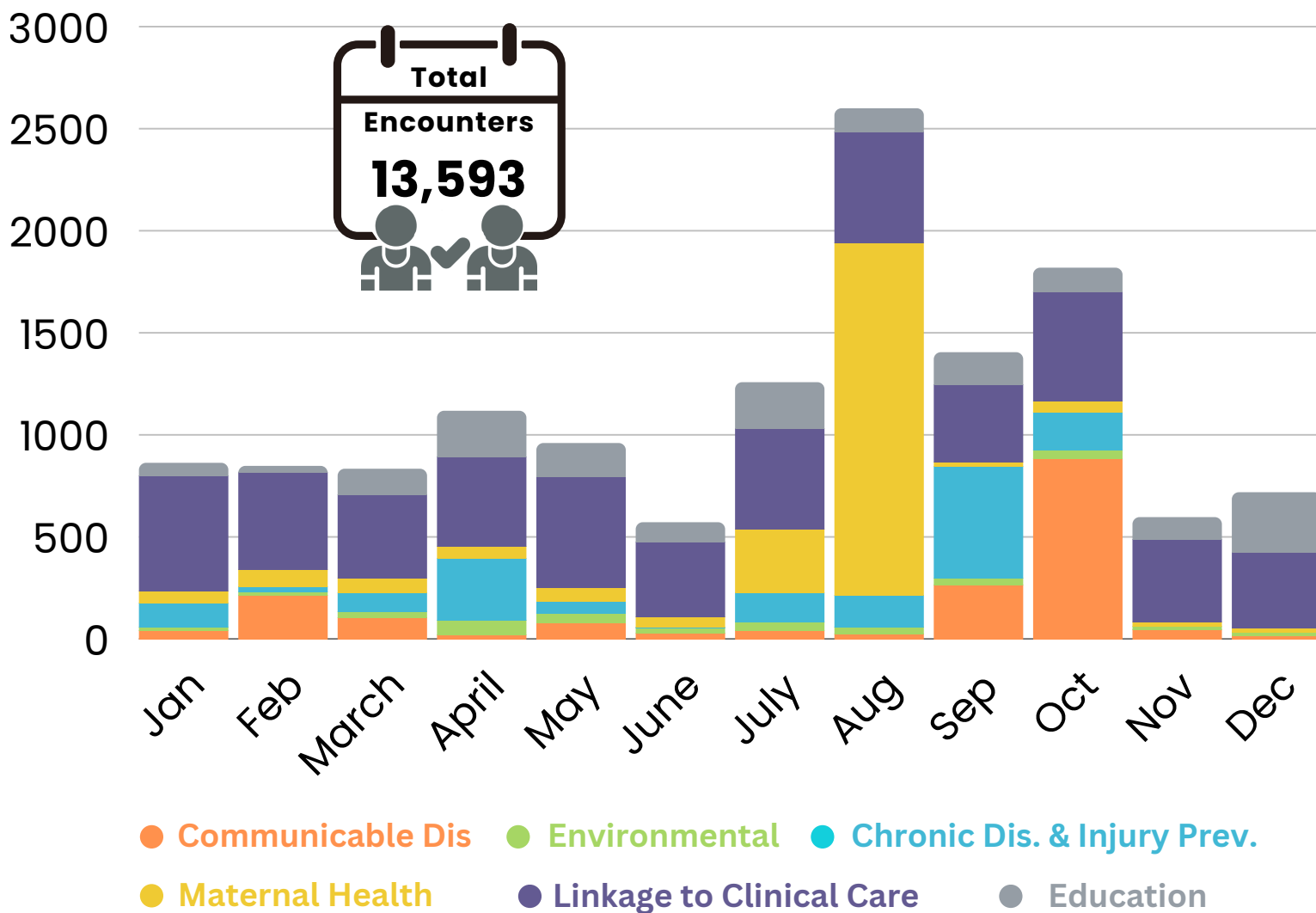


*This graph was broken down to isolate subsidized guardianship as this is a long term permanency outcome.

Children Removed from Home



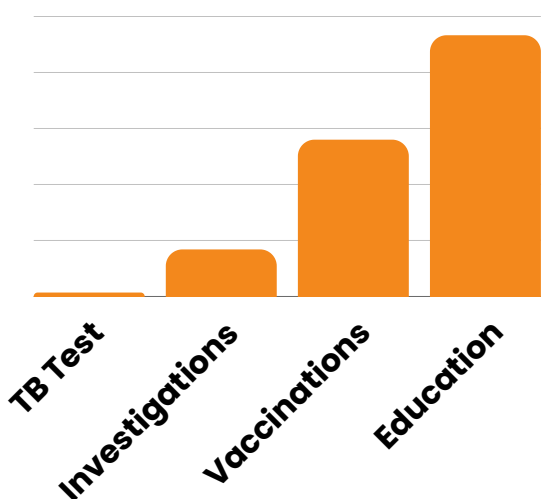
The Crawford County Health Department uses the Foundational Public Health Services (FPHS) framework to describe and report the comprehensive range of services provided to protect and promote the overall health and safety of the community.



Protecting the health of the community by controlling disease spread through prevention and mitigation of outbreaks.

In 2025, there was a total of 4,105 encounters in communicable disease control.

Total Encounters



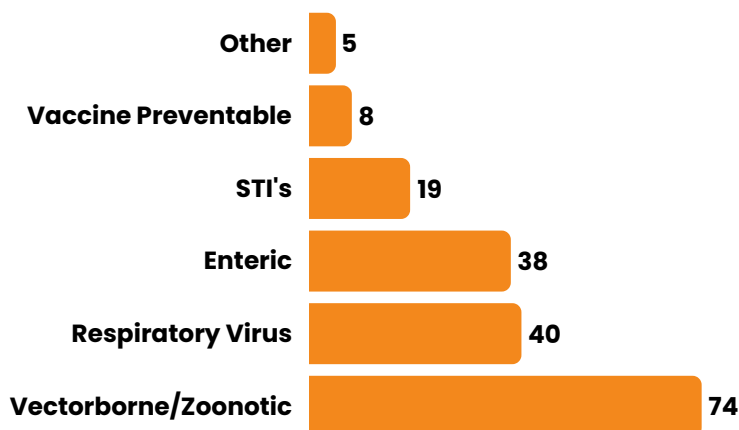
Outreach & Education

Outreach to schools, parents, health care providers and individuals help to keep the community informed of current disease outbreaks as well as best practices and resources for preventing disease spread.



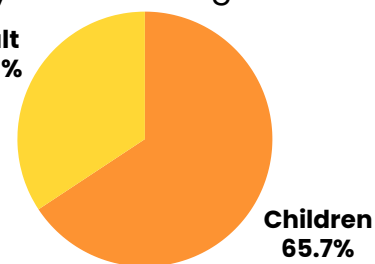
Disease Investigations

Local health departments must respond to over 70 reportable diseases through investigations, contact tracing, surveillance and education. The graph below shows the number of diseases reported in Crawford County in 2025 by categories.



Vaccinations

The focus of our vaccination program is to ensure anyone that wants a vaccine can get a vaccine. We provide vaccinations to those that are vulnerable and may have financial or physical challenges in obtaining vaccinations.



HIGHLIGHT



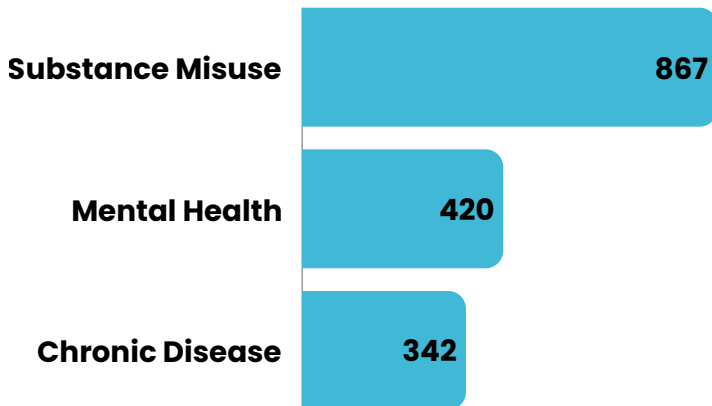
Increased Vaccination Promotion

288 HPV & Meningitis Family Education.

Focuses on reducing long-term health issues and physical harm through lifestyle improvements, screenings, and environmental changes.

Education, intervention, and collaboration with community organizations are directed toward three priority areas: mental health, substance misuse, and chronic disease prevention.

Total Encounters



Substance Misuse

The primary outreach was with youth for tobacco/nicotine prevention through education and tobacco compliance checks, with over 700 encounters. Opioid Prevention and NARCAN promotion accounted for over 100 encounters.



Mental Health

Education efforts included resiliency training, QPR (Question, Persuade, Refer), and postvention. Staff promoted the CredibleMind mental health platform, participated in the Driftless Region Mental Health Coalition, and contributed to an internal suicide prevention workgroup.



Chronic Disease

The majority of encounters occurred through the nine-week Crawford County on the Move walking program. Additional encounters came from the Powerful Tools for Caregivers and Heart Health programs.



HIGHLIGHT

Postvention Partnership

Postvention included:

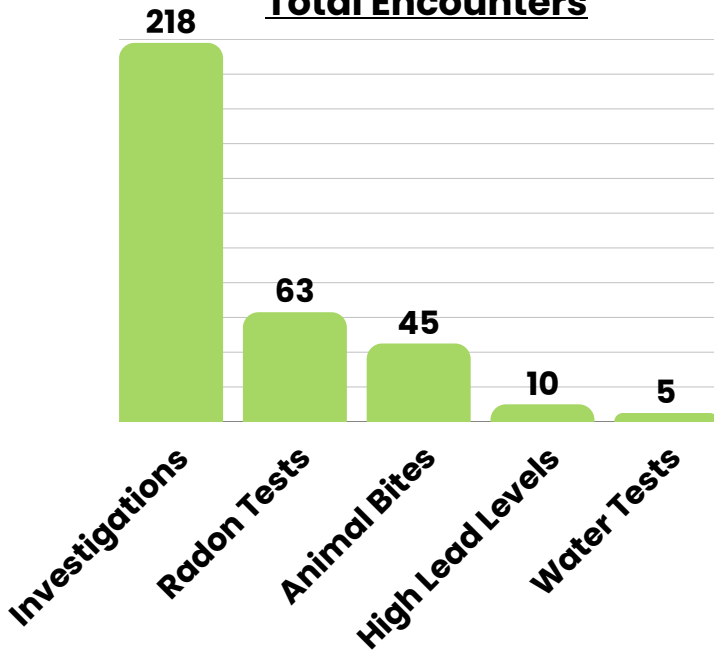
- 4 Trainings
- 82 Participants
- 10 Trainers

Postvention is the response after a suicide that focusses on supporting survivors, fostering healing, and reducing future risk.

20 organizations have committed to working together on a coordinated response.

Identifies, monitors, and mitigates physical, chemical, and biological hazards in the environment that affect human health. It ensures safety in air, water, food, and built environments.

Total Encounters

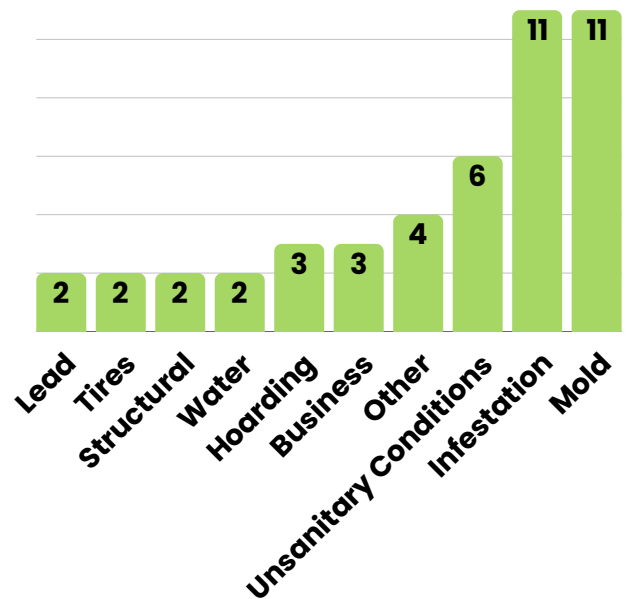


Human Health & Safety Reports

The health department must investigate all HHS complaints. While some are referred to other agencies or determined to be out of our scope, we work with all inquiries to educate and connect to resources.



HHS Complaints



Animal Bites & High Lead

Staff follow-up with all individuals with animal bites and high childhood lead levels to provide guidance and education.

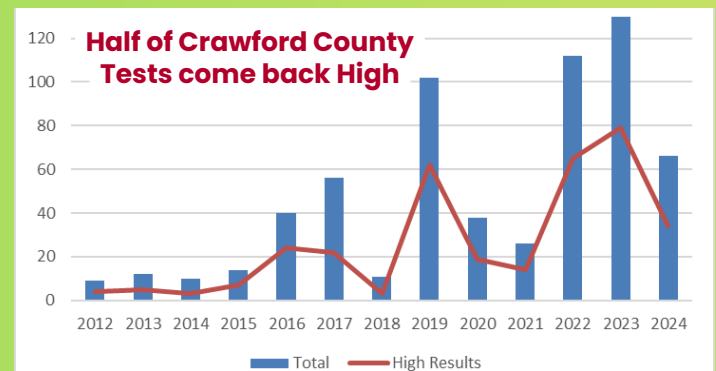


HIGHLIGHT

Radon Testing

Free radon tests are distributed from November - March every year.

Radon is the 2nd leading cause of lung cancer. Testing and mitigating saves lives.



Aim to improve the health, safety, and well-being of women, infants, children, adolescents, and families.

The health department helps to connect families to services and resources that improve the health and safety of children.

Total Encounters

Newborn Outreach	156
WIC Encounters	29
Car Seat Program	10
Fluoride Varnish	4

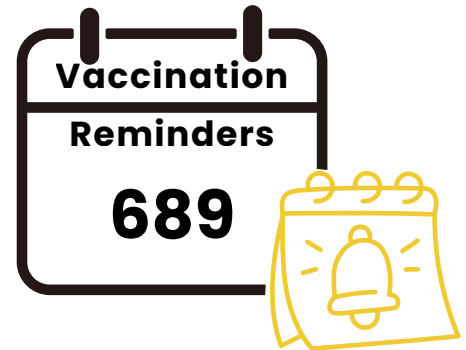
Car Seat Program

The car seat program ensures caregivers know the proper way to install and use their car seat. Car seats are available for families in need of a primary seat.



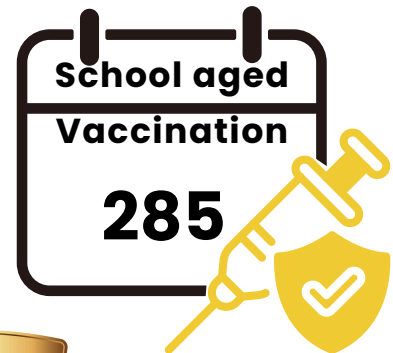
Vaccination Outreach

Monthly vaccination reminder letters are sent to families of children that are due for scheduled vaccinations.



School Flu Clinics

Flu vaccinations are offered to school-aged youth and administered at schools. 1,651 letters were distributed to families providing information on influenza vaccinations.



HIGHLIGHT

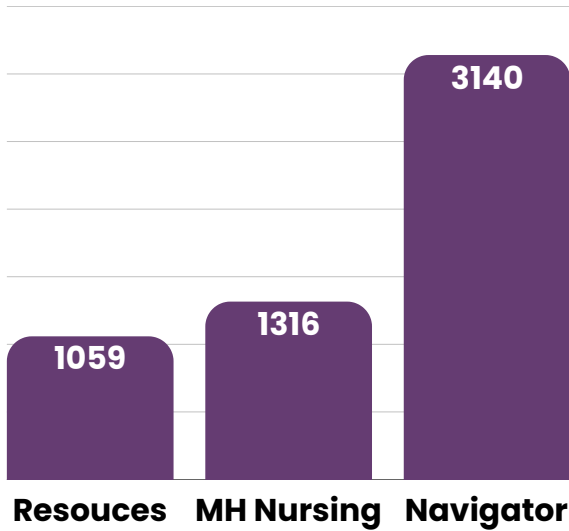
Connecting with New Arrivals

Letters are sent to all families with newborns, sharing community & health department resources.



Helping individuals to connect to health resources and clinical care services that benefit their overall health.

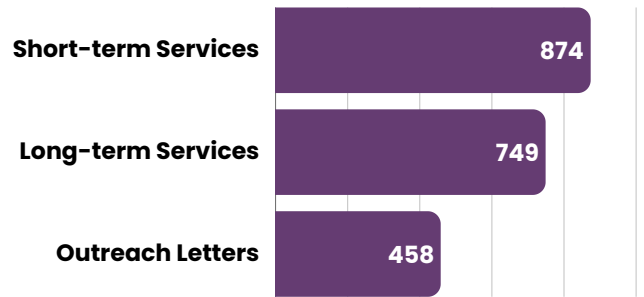
Total Encounters



Community Health Navigator



Connects individuals to resources they need through case management. These connections include housing, food, clothing, healthcare, and more.



Connection to Health Resources

The County Resource Guide and CredibleMind Mental Health website are the primary resource platforms the health department updates and promotes.

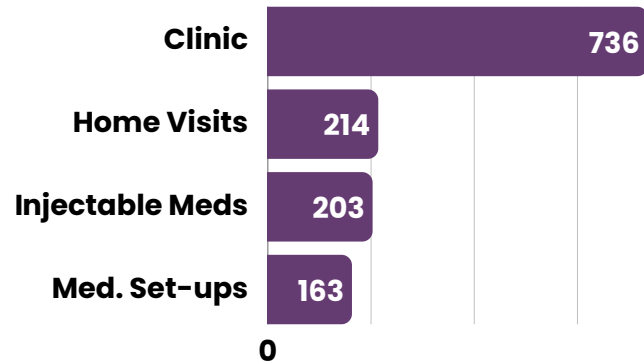


In 2025, we recorded 224 encounters with the resource guide and 835 users of CredibleMind.

Mental Health Nursing



Provides treatment plans, medication education and aid in communications between the provider and clients.



Promotion of Resources

Specific outreach for CredibleMind and the Resource Guide took place with many partners.

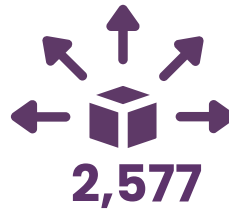
- Tavern League
- Schools
- Agriculture Business
- County Offices
- Libraries
- Healthcare Facilities

Health Boxes

The One Stop Health Box vending machines are strategically placed throughout the county to provide free hygiene products, fentanyl testing strips, naloxone (also known as Narcan), gun locks, and other health-related items.

These boxes help individuals have access to healthcare and harm reduction products close to home.

These products are free which eliminates the financial barriers that can exist when trying to stay safe and healthy.



Items Distributed

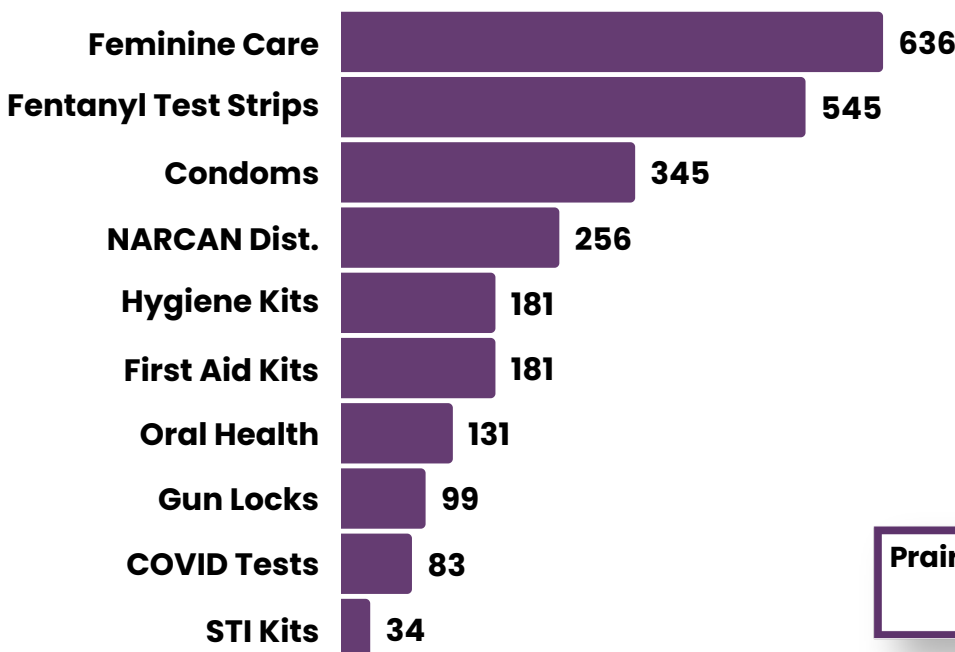


We leveraged social media, newsletters, and local fairs to share information about the machines. The tactic that had the most significant impact was working with local partners to help communicate about the vending machines.

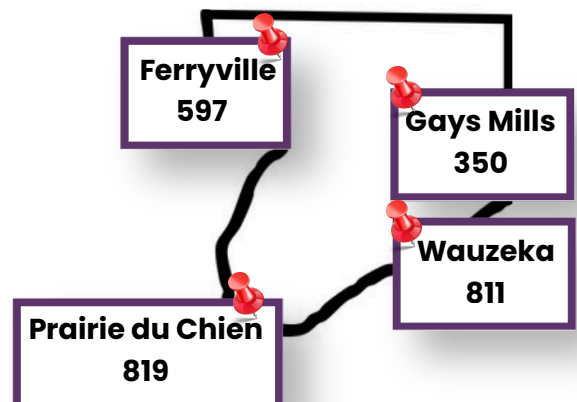
Many of the machines are placed in or near these community partners, which has helped build community awareness and trust.

Since building and maintaining relationships with community groups, Crawford HHS has seen an increase in machine usage, indicating community engagement and need.

Distribution by Item Type



Distribution by Location



HEALTH INSURANCE?

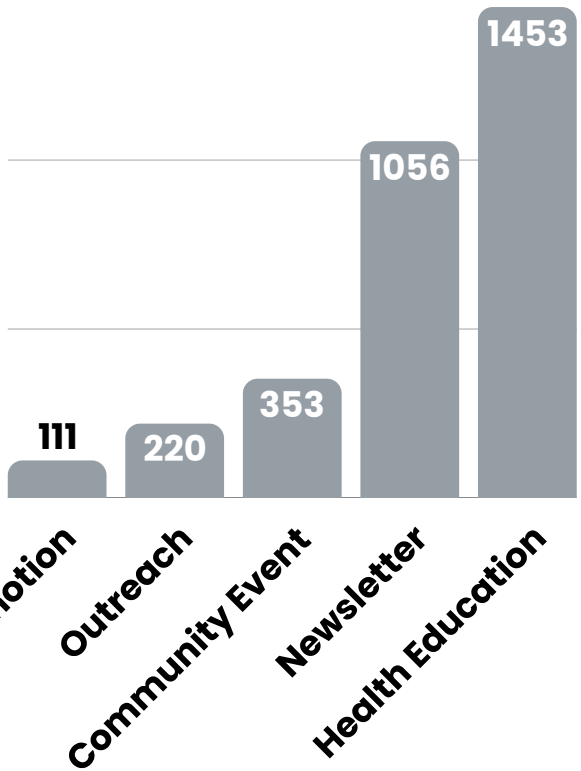
Covering Wisconsin offers easy to follow How-to Sheets
There are many individual and family health insurance coverage options



DAWN ADAMS
PUBLIC HEALTH SPECIALIST, CRAWFORD CO. HEALTH DEPT. NEWS8000+ 6:04 73°

Empower individuals and communities to improve their health by increasing knowledge, influencing behavior, and informing policy.

Total Encounters



Community Events

Attending community events strengthens relationships with partners and provides education and resources to individuals.

Health Education

Formal education events are provided to a variety of businesses, organizations, schools and communities that cover topics from all foundational areas.

Outreach

Letters and emails are used to convey important health information to targeted groups such as school nurses, healthcare partners and the amish community.

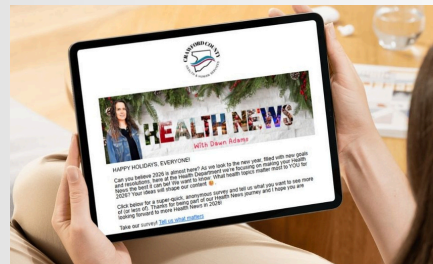
Media

Media outreach includes newspapers, radio/TV, and social media. We made 413 media outreaches in 2025.



Electronic Newsletter

Our monthly newsletter was updated and expanded in 2025. It is delivered through email and available on our website. Subscribers increased from 32 to 121 through the year.



SUMMARY

Over the past year, the Crawford County Health & Human Services Department has made meaningful progress in strengthening community partnerships and prioritizing essential services. Notably, we expanded coordinated postvention efforts with local mental health providers, EMS, law enforcement, schools, and the faith community while trying to create a more unified and compassionate response to suicide and sudden death. Our Health Department also played a critical role in rebuilding trust in public health systems as federal guidance around infectious disease and prevention became less consistent. Through clear communication, steady leadership, and strong collaboration with community partners, we worked to ensure residents continued to receive reliable, evidence-based information.

At the same time, our department

demonstrated resilience in adapting to frequent changes in federal policy and funding uncertainty. In addition, we faced other operational pressures, including workforce turnover, recruitment challenges, and rising out-of-home placement costs in both child welfare and adult mental health. These financial strains contributed to the agency finishing the year over budget by \$363,288. In response to funding stagnation, we also made the difficult decision to eliminate a therapist position, while continuing to support community access to therapy services alongside expanding partner agencies. Through my narratives in this report, I fail to mention our agency was flooded and many staff had to work remotely for large parts of the summer and fall last year. We persevered through that challenge as well and found ways to continue to provide high quality services.

WHAT'S NEXT?

Looking ahead, we anticipate continued uncertainty at the federal level, particularly regarding funding structures and program expectations. These unknowns will require careful planning, strong communication, and ongoing collaboration with county leadership and community partners. We look forward to taking on the challenges that will be presented to our department in 2026 while staying firmly committed to our mission to promote the safety and well-being of all Crawford County residents.



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