



Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

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Agenda

Jefferson County Board of Health
1541 Annex Road, Jefferson, WI 53549
Health Department Conference Room

July 16, 2014

1 p.m.

Board Members

Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, MD

1. Call to order
2. Roll Call/Establishment of a Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the Agenda
5. Public Comment
6. Election of Officers
7. Approval of May 21, 2014 Meeting Minutes
8. Communications
9. Financial Report
 - a. Income Statement
 - b. Vehicle Usage Report
 - c. WIC/Public Health Emergency Preparedness (PHEP)/Public Health Improvement Grant Amendments
 - d. 2015 Budget Prep and Finance Committee Hearing Date/Time
10. Operational Update of the Environmental Health Program
11. Jail Strategic Plan Presentation – Kathy Eisenmann
12. Public Health Preparedness
13. Public Health Program and Review of Statistics
 - a. Communicable Disease Cases Reported
 - b. 140 Review
 - c. Wisconsin Well Woman Program Transition
 - d. Public Health Nurse Hire
14. Personal Care Program and Review of Statistics
15. Director's Report
 - a. County Board Report
 - b. Director's Report
16. Status of Rock River Free Clinic and Community Dental Clinic
17. Next Meeting Date/Time/Agenda Items: July 16, September 17, November 19, 2014
18. Adjourn

The Board may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

Jefferson County Board of Health
Meeting Minutes – Wednesday, May 21, 2014
Jefferson County Health Department Conference Room
1541 Annex Road, Jefferson, WI. 53549

Call to Order:

Benjamin Wehmeier, County Administrator, called the meeting to order at 11:00 a.m.

Roll Call/Establishment of a Quorum:

Quorum established.

Board Members Excused Prior to Meeting: Ed Morse, Chair; Don Williams, M.D.

Board Members Present: Dick Schultz, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie

Staff Present: Gail Scott, Director/Health Officer; Diane Nelson, Public Health Program Manager; Jeff Larkin, Environmental Specialist; Sandee Schunk, Clerical/Recorder

Guests Present: Benjamin Wehmeier, County Administrator

Certification of Compliance with the Open Meetings Law: The meeting was properly noticed.

Review of the Agenda: No changes requested.

Public Comment: None

Election of Officers:

B. Wehmeier opened the floor for nominations for Board of Health Chair: *Motion by J. McKenzie to nominate D. Schultz as Chair; second by M. Wiesmann; motion carried.*

D. Schultz took over leadership of the meeting and accepted nominations for Vice-Chair: *Motion by J. McKenzie to nominate Ed Morse as Vice-Chair; second by M. Wiesmann; motion carried.*

D. Schultz accepted nominations for Secretary: *Motion by J. McKenzie to nominate Marie Wiesmann to continue as Secretary; second by D. Schultz; motion carried.*

Approval of March 19, 2014 Meeting Minutes:

Motion by J. McKenzie to accept the minutes as written; second by M. Wiesmann; motion carried.

Communications: None

Financial Report:

- a) **Income Statement:** G. Scott reviewed the handout of the March 2014 "Statement of Revenue & Expenditures". G. Scott reported that Care Wisconsin MCO revenue is being watched closely due to contracted rates that were lowered effective January 1, 2014. A written proposal will be sent to Care Wisconsin this week requesting consideration of an increase in the reimbursement rate for two service codes. Approximately 60 – 70 Personal Care Program clients are covered under Care Wisconsin funding.
- b) **Vehicle Usage Report:** G. Scott reported that the new Jeep Cherokee arrived last week. The new vehicle will be added to the "Vehicle Usage Report" to monitor savings in staff mileage reimbursement. The jeep has 4-wheel drive which will be useful for staff when making home visits in winter driving conditions.

- c) **Budget Amendment Policy:** G. Scott reviewed the handout that was adopted by the Jefferson County Board on Tuesday. This policy requires completion of a request form for budget adjustments/amendments and lists four levels of approval required, dependent on the dollar amount.
- d) **WIC/Public Health Emergency Preparedness (PHEP)/Public Health Improvement Grant Amendments:**
 G. Scott reviewed two handouts that show an increase of \$46,976 in WIC grant funding; \$600 increase in the PH Improvement grant funding and \$500 increase in Public Health Emergency Preparedness grant funding for **2014**. G. Scott explained that the \$500 increase in Public Health Emergency Preparedness was a stipend for completing an agenda for a "Mass Fatality Plan" meeting. The Preparedness grant ends on June 30, 2014 and still has funding to be used. G. Scott and Donna Haugom from Jefferson County Emergency Management have been in discussions with a consultant who will develop a Mass Fatality Plan and facilitate the meeting for a contracted amount of \$1,000.
 G. Scott explained that in December 2013, WIC 2014 funding was listed at \$295,726; in April 2014 it was announced that actual funding would be released in May when sequestration dollars would be released at the Federal level. On May 2, 2014 the WIC amendment was received for a total contracted amount of \$342,702. G. Scott reported that WIC has 5 desktop computers that are due for replacement. Due to the additional funding received, these will be replaced in 2014.
 G. Scott reported that the 2014 WIC budget was submitted to the State WIC Fiscal office yesterday for approval. B. Wehmeier advised that the "Budget Amendment Policy" form would need to be filled out and it will be presented to the County Board for approval per the new policy that requires its completion for increased (or decreased) funding of \$25,000 or more. Per M. Wiesmann, she will speak to the County Board if need be, to help obtain their support of accepting the increased WIC funding.
- e) G. Scott reported that the Health Department 2015 budget preparation will be starting soon and is scheduled for presentation to the County Finance Committee on September 8th at 10:45 a.m. Board of Health members are welcome to attend the Budget Hearing.

Operational Update of the Environmental Health Program

J. Larkin reported that 2nd inspections required at schools are completed. The first visit is a routine inspection of the kitchen; the second visit makes sure there is a food safety program in place.

J. Larkin reported that routine service inspections of restaurants, food stores and swimming pools are ongoing.

G. Scott reported that a complaint was received from a food vendor about the \$187.00 license fee for the annual "Fort Atkinson Rendezvous – Buckskinners" event. J. Larkin reported this is the standard one year licensure fee. Inspections of all food vendors for this event will be completed this Friday, May 23rd.

J. Larkin reported he is in the process of obtaining a "Lead Risk Assessment Certification" by late August. Should a blood lead level greater than 15 micrograms be reported in a child 6 years of age or under, they will do a risk assessment at the residence. At this time, someone from the State makes those visits due to no one being certified in Dodge and Jefferson Counties.

Once certified, he will obtain samplings, assess the residence to identify lead impact areas, check for chipped lead-based paint, use XRF equipment readings, analyze values from the State Lab of Hygiene and make a summary report of the findings to determine if lead abatement process is needed.

G. Scott reported that WIC and Well Child Clinics provide finger pokes for lead testing. If an elevated lead level is found, the child is referred to their physician.

D. Nelson reported that if a blood lead level is greater than 10 micrograms, the Health Department provides follow-up and follows the State Lead Program protocol. If a lead level is greater than 15 micrograms, Environmental Health steps in to provide follow-up.

D. Nelson reported that any amount of lead has an impact on a child and would like follow-up done on blood lead levels of 5 – 9 micrograms with education of the parents in ways to prevent increased lead exposure.

J. Larkin reported that follow-up on nuisance complaints are ongoing. Yesterday a visit was made to a motel in Watertown for a bed bug inspection. Bed bugs can be found in electrical outlets, behind bed head boards, on mattresses, behind pictures on the wall, etc. and can live one year after feeding. Specially trained dogs can be used to “sniff” out bed bugs.

B. Wehmeier reported that there is \$200,000 of Economic Development grant money available for low-to-moderate income residents in Jefferson County for abatement funding, septic repair, wells, window replacements, etc. Owners of rental properties can apply for grant money but there is a lot of paperwork involved for the renter and owner.

Public Health Preparedness

a) Special Needs Population Task Force

G. Scott reported that 100 participants attended the Fort HealthCare disaster preparedness training for daycare providers. A follow-up seminar may be provided in the future.

b) Operation Mayhem Exercise

G. Scott reported on the virtual (Adobe Connect) exercise that was a follow-up to last year’s mock ice storm. The State set up the exercise with the southern region counties. The exercise was held in the Health Department conference room which served as the Emergency Operations Center – EOC. One complaint was related to the use of too many systems making communication cumbersome. The participants involved in the exercise included the Fort Atkinson Fire Department, Fort Atkinson Police Department, Ryan Brothers Ambulance Service, Jefferson County Emergency Management, Benjamin Wehmeier acting as Public Information Officer (PIO), Jefferson County Health Department staff and the Jefferson County Coroner. Fort HealthCare had someone participate via telephone and the Jefferson County Sheriff’s Department did not have anyone available to attend. On May 20th, G. Scott met with Donna Haugom from Emergency Management to develop an “after-action plan” listing the strengths and weaknesses of the exercise. An outcome of the exercise is the need to further develop a Fatality Management Plan. Health Department staff will attend future trainings when they are available.

c) Tri-County Exercise

G. Scott reported that she was in attendance along with Donna Haugom and her program assistant from Jefferson County Emergency Management and Captain Duane Scott from the Jefferson County Sheriff’s Department at an exercise held at the Country Springs Hotel in Waukesha. The exercise was a mock tornado that hit Walworth County, Milwaukee County and the Johnson Creek Outlet Mall. The exercise went well although it was difficult to hear parts of the conference. An after-action meeting was held yesterday with a group plan to work on a Memo of Understanding (MOU) to share equipment between Departments of Public Works.

Public Health Program and Review of Statistics

a) Communicable Disease Cases Reported

D. Nelson reviewed the handout of “Monthly Disease Incident Counts” included in the meeting packet. She reported that the confirmed case of Pertussis was in a family that was not up-to-date on vaccines. It was also reported that Pertussis cases have decreased. A mumps outbreak in Madison included 56% cases related to the University with 63% having had 2 doses of the Measles, Mumps Rubella (MMR) vaccine.

D. Nelson reported that the Middle East Respiratory Syndrome (MERS) has shown up in Indiana, Florida and Illinois. At this time, the Center for Disease Control (CDC) is not worried and surveillance is being done.

M. Wiesmann asked that a report of month-to-month or yearly disease trends would be helpful to the Board of Health. It was decided that a quarterly report would be run and shared with the Board. G. Scott reported that the trends are watched internally in the Health Department. A report of a 3 year trend will also be run for a future meeting.

b) 140 Review

G. Scott reported that every 5 years a Chapter 140 Review is completed to comply with State statutes and Administrative Rules to be certified as a Level 1, 2 or 3 Health Department. The Health Department signed up for the review in September 2014. One Public Health RN is assisting G. Scott in updating department policies and manuals in preparation of the review. It was noted that paper manuals are hard to keep up-to-date and information will be updated and put on a shared drive instead of on paper in 3-ring binders.

c) Wisconsin Well Woman Program

G. Scott reported that the restructuring of this breast and cervical screening program has been delayed until mid-year 2015. The program's participating medical providers will be able to complete a "Request for Application" (RFA) in December 2014 to be considered for continued participation in the revised program. A statewide committee of Public Health Department Directors and Well Woman Program Coordinators will be meeting to plan the restructuring details with the State WWWP office.

d) Public Health Nurse Resignation

G. Scott reported that Public Health Nurse, Sarah Born, has submitted her resignation effective July 31, 2014. Sarah has served as the Health Department's clinic, immunization and communicable disease nurse and is very knowledgeable in these areas. Sarah will be missed by the Health Department and local medical providers whom rely on her for her expertise. The open position will be advertised locally and this position must be filled as a State mandate of the Health Department. D. Schultz suggested a bi-lingual Spanish speaker be considered to fill the open position. It will be requested that the new staff member be allowed to over-lap one month with Sarah for training purposes.

Personal Care Program and Review of Statistics

G. Scott reported the statistic report was not available for the meeting packet and she will send it out via e-mail.

Director's Report

a) 2013 Annual Report

G. Scott disbursed copies and reviewed the highlights of the 2013 Annual Report.

M. Wiesmann stated she was impressed with the report and requests an update on the "Quality Improvement Plan" in a future meeting.

b) Director's Report Included in Packet

G. Scott reported that the monthly report for the Jefferson County Board and her Director's Report are available for review in the meeting packet.

G. Scott reported that Serena Jahnke-Berg, Public Health RN, has received training and certification as car seat installation technician.

G. Scott reported that the Health Department is working with the Jefferson Police Department and Jefferson County Sheriff's Department to educate and improve child passenger restraint compliance.

G. Scott reported that CPR classes have been held for inmates at the Jefferson County jail and future training will include "safe sleep" classes.

G. Scott reported that 270 postcards have been sent to teenagers regarding the Human Papilloma Virus (HPV) vaccine.

G. Scott reported that benchmarking is done to look at the immunization statistics of children at 24 months of age.

G. Scott reported that a meeting was held with the Aurora Summit Hospital in Oconomowoc regarding increasing WIC and Prenatal Care Coordination referrals.

Status of Rock River Free Clinic and Community Dental Clinic

G. Scott reported there was not an update available on the Rock River Free Clinic as a quorum was not met at their last Board meeting.

G. Scott reported that the Community Dental Clinic received a \$90,000 State Oral Health Grant that will allow for replacement of outdated equipment and the hiring of another dentist.

Next Meeting Date/Time/Agenda Items: July 16, September 17, November 19, 2014

Next meeting will be on Wednesday, July 16, 2014 at 1:00 p.m. in the Health Department Conference Room.

Adjourn

Meeting ended at 12:20 p.m. by default as M. Wiesmann had to leave before adjournment so quorum not established for a motion to adjourn.

Respectfully submitted,
Sandee Schunk - Recorder

Jefferson County Health Department - Statement of Revenues & Expenditures					
01/01/2014 - 05/31/2014					
	YTD Actual	Prorated Budget	Annual Budget	YTD Variance	
REVENUE:					
Personal Care Medical Assistance	147,926.28	119,196.00	283,800.00	28,730.28	
Personal Care Private Pay	29,337.20	13,860.00	33,000.00	15,477.20	
Personal Care - Care WI Private Pay	151,846.79	176,400.00	420,000.00	-24,553.21	
Personal Care Human Services	27,104.00	28,484.40	67,820.00	-1,380.40	
Personal Care Other Revenue	4.27	0.00	0.00	4.27	
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00	
Personal Care WIMCR Funding	0.00	21,000.00	50,000.00	-21,000.00	
Total Personal Care	356,218.54	358,940.40	854,620.00	-2,721.86	
Total WIC	125,882.45	141,336.30	336,515.00	-15,453.85	
Public Health Fee for Service	42,428.51	58,189.32	138,546.00	-15,760.81	
Public Health Grant Income	55,085.86	51,722.58	123,149.00	3,363.28	
Total Public Health	97,514.37	109,911.90	261,695.00	-12,397.53	
Total Income	579,615.36	610,188.60	1,452,830.00	-30,573.24	
EXPENSE:					
Personal Care Salary & Benefits	45,086.27	43,157.52	102,756.00	1,928.75	
Personal Care Contracted Services	330,025.03	283,222.80	674,340.00	46,802.23	
Personal Care Operating Expense	6,023.94	27,461.70	65,385.00	-21,437.76	
Total Personal Care	381,135.24	353,842.02	842,481.00	27,293.22	
WIC Salary & Benefits	103,969.62	121,012.50	288,125.00	-17,042.88	
WIC Contracted Services	2,672.81	4,143.72	9,866.00	-1,470.91	
WIC Operating Expense	19,240.02	16,180.08	38,524.00	3,059.94	
Total WIC	125,882.45	141,336.30	336,515.00	-15,453.85	
Public Health Salary & Benefits	399,001.93	406,118.58	966,949.00	-7,116.65	
Public Health Contractual	13,634.32	28,101.78	66,909.00	-14,467.46	
Public Health Operating Expense	65,218.56	84,804.30	201,915.00	-19,585.74	
Capital Equipment	27,364.50	0.00	0.00	27,364.50	
Total Public Health	505,219.31	519,024.66	1,235,773.00	-13,805.35	
Total Expense	1,012,237.00	1,014,202.98	2,414,769.00	-1,965.98	

SUMMARY				
Total Income	579,615.36	610,188.60	1,452,830.00	-30,573.24
County Funding Tax Levy & Conting. Transfer	372,657.18	372,657.18	887,279.00	
2013 Restricted Carryover Funds	18,078.02		23,893.30	
2013 Operating Carryover to reduce tx lvy			44,660.00	
2013 Capital Auto Carryover	27,364.50		30,000.00	
Total Revenue	997,715.06	982,845.78	2,438,662.30	14,869.28
Total Expenditures	1,012,237.00	1,014,202.98	2,414,769.00	-1,965.98
Net Surplus (Deficit)	-14,521.94			16,835.26

Prior Year Carryover Funds:	23,893.30
BU 4635 - PH Preparedness \$6,195.30	\$ 664.02
BU 4406.646 WIC Fit Families \$3,749	\$ 3,749.00
BU 4501 - Car seats \$284.00	
BU 4632 - PH Preparedness \$13,665.00	\$ 13,665.00
= Total Carryover Applied:	\$18,078.02

Year	Public Hlth. 4501 Mileage Pd	Public Hlth. 4501 Fuel Cost	Pers. Care 4301 Mileage Pd	Pers. Care 4301 Fuel Cost	WIC 4406 & Peer 4456 Mileage Pd	WIC 4406 & Peer 4456 Fuel Cost	Total Annual Mileage Pd	Total Annual Fuel Cost	Total Annual Travel Exp.	Routine Maint. 535352	Non- Routine Repairs	Total Annual Costs	Van Mileage Logged	Mileage Expense "Saved"	Rate per mile
2008	\$ 14,442.00	\$ -	\$ 11,660.00	\$ -	\$ 2,593.00	\$ -	\$ 28,695.00	\$ -	\$ 28,695.00	\$ -	\$ -	\$ 28,695.00	n/a	n/a	
2009	\$ 10,557.00	\$ -	\$ 15,599.00	\$ -	\$ 1,178.00	\$ -	\$ 27,334.00	\$ -	\$ 27,334.00	\$ -	\$ -	\$ 27,334.00	n/a	n/a	
2010	\$ 7,065.20	\$ 287.57	\$ 923.50	\$ 61.19	\$ 368.00	\$ 602.60	\$ 8,356.70	\$ 951.36	\$ 9,308.06	\$ -	\$ -	\$ 9,308.06	n/a	n/a	
2008: County vehicles not used/Personal Care = large volume visits															
2009: County vehicles not used/Personal Care nurses contracted w/Care WI = large volume visits															
2010: County vehicles utilized more often when available/Personal Care downsized with Family Care implementation															
VAN	Purchased: 2/15/2011		\$22,105.00												
2011	\$ 5,953.46	\$ 874.65	\$ 329.60	\$ 502.74	\$ 30.93	\$ 609.63	\$ 6,313.99	\$ 1,987.02	\$ 8,301.01	\$ 86.59	\$ -	\$ 8,387.60	9,478	\$ 5,260.29	0.555
2012	\$ 6,558.26	\$ 507.54	\$ 280.34	\$ 530.04	\$ 474.46	\$ 729.30	\$ 7,313.06	\$ 1,766.88	\$ 9,079.94	\$ 133.52	\$ 889.50	\$ 10,102.96	10,437	\$ 5,792.54	0.555
*2013	\$ 6,533.38	\$ 516.95	\$ 422.31	\$ 246.27	\$ 51.42	\$ 499.84	\$ 7,007.11	\$ 1,263.06	\$ 8,270.17	\$ 138.38	\$ -	\$ 8,408.55	8,447	\$ 4,772.56	0.565
**2014	\$ 2,833.56	\$ 165.32	\$ 244.85	\$ 32.08	\$ 124.88	\$ 231.16	\$ 3,203.29	\$ 428.56	\$ 3,631.85	\$ 305.23	\$ -	\$ 3,937.08	3,119	\$ 1,746.64	0.560
Van:													31,481	\$ 17,572.02	
JEEP	Purchased: 05/14/2014		\$27,290.00												
2014													182	\$ 101.92	0.56
Totals:	\$ 21,878.66	\$ 2,064.46	\$ 1,277.10	\$ 1,311.13	\$ 681.69	\$ 2,069.93	\$ 23,837.45	\$ 5,445.52	\$ 29,282.97	\$ 663.72	\$ 889.50	\$ 30,836.19	31,663	\$ 17,673.94	

*2013 expenses = as of 12/31/2013 (paid @ \$0.565/mile)

**2014 expenses = as of 05/31/2014 (paid @ \$0.56/mile)

Public Health Program Statistics 2014

Public Health Statistics	2013	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2014
Blood Lead Level Screenings	611	50	35	53	41	64	38							281
Blood Lead Level ($\geq 10\mu\text{g/dL}$)	10	1	3	1	1	3	2							11
Car Safety Seat Inspections	96	29	11	10	10	25	11							96
Communicable Disease Cases	278	42	23	32	21	28	11							157
County Jail Client Visits	3631	328	321	364	372	331	335							2051
EH Dept. of Ag Agent Inspections														
EH Dept. of Health Agent Inspections														
Nuisance Complaints														
Fluoride Clients	84	13	13	0	0	2	5							33
Fluoride Varnish Contacts	51	3	0	0	2	2	2							9
Health Education Attendees	874	23	7	196	321	36	0							583
Health Education Sessions	40	6	4	8	4	6	0							28
Hearing / Vision Screening Sch (H-403, V-715)	769	0	0	0	0	0	0							0
Immunizations Given	2677	131	75	78	95	75	63							517
Immunization Clients	1805	89	50	41	46	40	37							303
Mental Health CSP Visits	669	43	48	50	47	40	56							284
Office Clients Blood Pressures	54	2	0	0	1	7	5							15
Office Clients Mental Health Meds	75	5	7	6	7	6	7							38
Office Clients TB Skin Tests	144	27	24	20	28	17	35							151
Paternity Tests	175	0	1	0	0	0	1							2
PHN Well Water Samples	63	1	7	3	6	2	1							20
Pregnancy Tests	73	4	3	5	0	6	1							19
Public Health Contacts	3567	401	315	262	274	351	305							1908
Well Child/HealthCheck Clinic	183	9	5	5	8	7	10							44
W1 Well Woman Program Clients	129	9	13	17	6	10	9							64
WIC Monthly Caseload Average	1449	1377	1325	1335	1320	1312	1306							1329
WIC Breastfeeding Peer Support Visits*	560	70	54	41	59	47	42							313

*Program started in Aug 2010

Monthly Disease Incident Counts by Resolution Status Jefferson County, June 2014

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-06 AND Jurisdiction equal to Jefferson County

Resolution Status		Incident Count				
		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Pertussis (Whooping Cough)	0	0	0	3	3
	Brucellosis	1	0	0	0	1
Category II	Campylobacteriosis (Campylobacter Infection)	2	0	1	0	3
	Chlamydia Trachomatis Infection	5	0	5	0	10
	Hepatitis B	0	0	0	1	1
	Hepatitis C	0	1	1	0	2
	Influenza	0	1	0	0	1
	Lyme Disease	0	0	1	0	1
	Varicella (Chickenpox)	0	0	0	1	1
	Streptococcal Infection, Other Invasive	1	0	0	0	1
Not Reportable	Tuberculosis, Latent Infection (LTBI)	0	0	3	0	3
Total		9	2	11	5	27

Data last refreshed on Monday, July 7, 2014 9:52:50 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Monthly Disease Incident Counts by Resolution Status

Jefferson County, January- June 30, 2014

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-01, 2014-02, 2014-03, 2014-04, 2014-05, 2014-06 AND Jurisdiction equal to Jefferson County

Resolution Status		Incident Count				
		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Haemophilus Influenzae Invasive Disease	0	0	0	1	1
	Measles	0	0	0	1	1
	Pertussis (Whooping Cough)	2	0	0	20	22
	Tuberculosis	0	0	0	1	1
Category II	Brucellosis	1	0	0	0	1
	Campylobacteriosis (Campylobacter Infection)	7	0	1	0	8
	Chlamydia Trachomatis Infection	64	0	6	1	71
	Cryptosporidiosis	4	0	0	0	4
	E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1	0	0	1	2
	Giardiasis	2	0	0	0	2
	Gonorrhea	3	0	0	2	5
	Hepatitis B	1	1	0	5	7
	Hepatitis C	11	4	4	3	22
	Influenza	14	11	0	5	30
	Invasive Streptococcal Disease (Groups A And B)	4	0	0	0	4
	Lyme Disease	0	0	3	1	4
	Mumps	0	0	0	1	1
	Mycobacterial Disease (Nontuberculous)	3	0	0	0	3
	Pelvic Inflammatory Disease	1	0	0	0	1
	Salmonellosis	3	0	0	0	3
	Streptococcus Pneumoniae Invasive Disease	4	0	0	0	4
	Syphilis	0	0	0	1	1
	Toxoplasmosis	0	0	0	1	1
	Varicella (Chickenpox)	1	0	0	6	7
Not Reportable	AFB Smear Positive	0	0	1	0	1
	Influenza	2	0	0	0	2
	Norovirus Infection (Norwalk/Norwalk-Like)	14	0	0	0	14

Data last refreshed on Monday, July 7, 2014 9:48:40 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Monthly Disease Incident Counts by Resolution Status

Jefferson County, January- June 30, 2014

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-01, 2014-02, 2014-03, 2014-04, 2014-05, 2014-06 AND Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Not Reportable	Parapertussis	1	0	0	0	1
	Streptococcal Infection, Other Invasive	4	0	0	0	4
	Tuberculosis, Latent Infection (LTBI)	0	0	3	3	6
Total		147	16	18	53	234

Data last refreshed on Monday, July 7, 2014 9:48:40 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Monthly Disease Incident Counts by Resolution Status

Jefferson County, January- June 30, 2013

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2013-01, 2013-02, 2013-03, 2013-04, 2013-05, 2013-06 AND Jurisdiction equal to Jefferson County

Resolution Status		Incident Count				
		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Hepatitis A	0	0	0	3	3
	Pertussis (Whooping Cough)	3	1	4	27	35
	Tuberculosis	0	0	0	1	1
Category II	Arboviral Disease	0	0	0	1	1
	Campylobacteriosis (Campylobacter Infection)	9	0	0	0	9
	Chlamydia Trachomatis Infection	66	0	0	0	66
	Cryptosporidiosis	4	0	0	0	4
	E-COLI, SHIGA TOXIN-PRODUCING (STEC)	3	0	0	0	3
	Ehrlichiosis / Anaplasmosis	0	0	0	1	1
	Giardiasis	1	0	0	0	1
	Gonorrhea	1	0	0	2	3
	Hepatitis B	0	0	0	2	2
	Hepatitis C	6	2	0	1	9
	Influenza	19	6	0	1	26
	Invasive Streptococcal Disease (Groups A And B)	4	0	0	0	4
	Lyme Disease	0	0	1	1	2
	Mycobacterial Disease (Nontuberculous)	7	0	0	0	7
	Rocky Mountain Spotted Fever	0	0	0	1	1
	Salmonellosis	4	0	0	0	4
	Shigellosis	0	0	0	1	1
	Streptococcus Pneumoniae Invasive Disease	2	0	0	2	4
	Syphilis	0	0	1	0	1
	Toxoplasmosis	0	0	0	1	1
	Varicella (Chickenpox)	3	3	0	3	9
Environmental	Metal Poisoning (Non-Lead)	0	0	0	1	1
Not Reportable	Norovirus Infection (Norwalk/Norwalk-Like)	2	0	0	0	2
	Not Reportable	0	0	0	2	2

Data last refreshed on Monday, July 7, 2014 9:50:03 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

Monthly Disease Incident Counts by Resolution Status

Jefferson County, January- June 30, 2013

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2013-01, 2013-02, 2013-03, 2013-04, 2013-05, 2013-06 AND Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Not Reportable	Streptococcal Infection, Other Invasive	3	0	0	0	3
	Tuberculosis Culture Pending	0	0	0	1	1
	Tuberculosis, Latent Infection (LTBI)	0	0	0	1	1
Total		137	12	6	53	208

Data last refreshed on Monday, July 7, 2014 9:50:03 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

**Jefferson County Health Department
2014 Personal Care Program Statistics**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2013	2014	2015
Admissions	7	7	2	4	0	4								24	40
Discharges	8	6	5	1	3	0								23	45
RN Visits	19	19	14	15	14									81	137
St. Coletta Hours	994	855	898	833	843	888							5311	13	11,418
St. Coletta Clients	14	13	13	13	13	14								13	15
MA Card Hours	922	860	967	952									3701	3701	6,347
MA Card Clients	10	10	9	9									10	10	8
Elderly Service Hours	234	208	228	274									944	944	2,449
Elderly Service Clients	31	32	34	38									32	32	28
Private Pay Hours	281	245	249	250									1025	1025	2,992
Private Pay Clients	11	11	11	12									11	11	11
COP Hours	5	4	3	3									15	15	555
COP Clients	1	1	1	1									1	1	5
Care WI Hours	1,645	1,516	1604	1743									6,508	6,508	19,447
Care WI Clients	68	68	69	66									68	68	67
Total Hours	4,081	3,688	3949	4055									15,773	15,773	43,208



JEFFERSON COUNTY HEALTH DEPARTMENT

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

www.jeffersoncountywi.gov

May 2014 Monthly Report

- Completed Memorandums of Understanding (MOUs) between Jefferson County WIC & the Health Department
- Planning for June Mass Fatality Plan meeting with Jefferson County Emergency Management
- Explored hiring a consultant to assist the County with the Mass Fatality Plan and to facilitate the planning meeting
- Completed the Public Health clinical spring semester with the wrap up of projects and final evaluations for 9 nursing students (at various levels of education) and 1 communication student.
- Gail Scott, RN, BSN completed 2013 Annual Report
- Gail Scott, RN, BSN and Diane Nelson, RN, BSN, MS attended the Environmental Health Hazard Workshop
- Gail Scott, RN, BSN and Diane Nelson, RN, BSN, MS met with Becky Bertram, UW Madison School of Nursing Clinical Coordinator, regarding the Public Health clinical
- Gail Scott, RN, BSN attended the Tri-County Preparedness Exercise regarding a mock tornado in Johnson Creek
- Gail Scott, RN, BSN monitored the rivers for flooding and need for public information
- Board of Health meeting
- Gail Scott, RN, BSN attended the Wisconsin Association of Local Health Departments and Boards and Public Health Preparedness monthly meeting
- Gail Scott, RN, BSN attended a presentation by the Maternal and Child Health program on the Block Grant
- Management and staff attended the Heroin Summit
- Management, Jail Nursing staff and Jail staff participated in three Strategic Planning sessions facilitated by Kathy Eisenmann of UW-Extension
- Gail Scott, RN, BSN provided input to the Preventive Health and Health Services Block Grant State Advisory Committee
- Gail Scott, RN, BSN attended the Community Dental Clinic Board of Directors meeting
- Gail Scott, RN, BSN and Diane Nelson, RN, BSN, MS met with Jefferson County Human Services Director Kathi Cauley and Psychiatrist Mel Haggart to talk about nursing assessment services for mental health patients
- Gail Scott, RN, BSN met with County Board Chair Jim Schroeder
- Gail Scott, RN, BSN attended the Rock River Free Clinic Board of Directors meeting
- Gail Scott, RN, BSN attended the Department Head meeting
- Public Health Nurse monthly staff meeting
- Gail Scott, RN, BSN and Diane Nelson met with the OB/Peds/NICU Manager at Aurora Summit Hospital to discuss referrals and Health Department services (part of QI Plan)
- Gail Scott, RN, BSN presented information on Health Department services to Child Care Providers
- Gail Scott, RN, BSN attended a follow-up meeting with Jefferson County Emergency Management and Jefferson County Sheriff's Department regarding the Tri-County exercise
- Gail Scott, RN, BSN attended the LEPC meeting
- Gail Scott, RN, BSN and Sandee Schunk listened to the Wisconsin Medicaid Cost Reporting (WIMCR) webcast regarding Prenatal Care Coordination (PNCC)

- Sandee Schunk completed and submitted the WIMCR Cost Report for PNCC
- Serena Berg, RN, BSN completed the National Child Passenger Safety Certification Training Program to be a Certified Car Safety Seat Technician
- Diane Nelson, RN, BSN, MS participated in the first Jefferson County Citizens Review Panel with Jefferson County Human Services Child Protective Services
- Community Event – 4-H Dairy Breakfast to promote safe child passenger restraint as recommended by the Child Death Review team. Health Department Public Health Nurses/Car Safety Seat Technicians Marsha Hake, RN, BSN and Mary Stearns, RN, BSN had a display table and kicked off the “Fix It or Ticket” program in partnership with the Sheriff’s Department
- Diane Nelson, RN, BSN and Sarah Born, RN, BSN are working with a Medical Science Liaison Pharm D vaccine specialist with Glaxo Smith Kline to find a simple, impactful way to market flu vaccine to local businesses
- Monthly Jail Nurses meeting including Fort Health Care Emergency room representative, quarterly meeting with Advanced Correctional Health, the contracted jail medical services
- Followed up on 28 confirmed and probable reportable communicable diseases
- Serena Berg, RN, BSN and Jackie Behm, RN, BSN attended the quarterly Southern Region Wisconsin Division of Public Health Prenatal Care Coordination Meeting
- Kathy Cheek, RN, BSN attended the monthly JUMP (Jefferson United Motivating People to Wellness) meeting - Fort Healthcare’s movement for the healthiest community
- Diane Nelson, RN, BSN, MS and Serena Berg, RN, BSN completed the Keeping Kids Alive Community Logic Model for 2014 as part of the Title V MCH Block grant requirements
- Tania Wenzel, RN, BSN and Diane Lenz, LPN, Jail Nurses, attended the State Jail Health Conference
- Sarah Born, RN, BSN and Shirley Gehrke, LPN attended the Wisconsin Immunization Registry (WIR) User Group meeting
- Jail inmates received needed vaccines such as Hepatitis A & B and Tetanus, Diphtheria, Pertussis (Tdap) with a total of 30 vaccine provided in May
- Mary Stearns, RN, BSN taught CPR to Jail inmates
- Kathy Cheek, RN, BSN; Serena Berg, RN, BSN and Shirley Gehrke, LPN held Blood Pressure Clinics at community Senior Centers

Focus for June 2014

- ❖ Approval/finalization of the Jail Strategic Plan with the Jail and UW-Extension
- ❖ Updating policies and procedure in preparation for the State 140 Review
- ❖ Further development of the QI Plan, working on QI projects
- ❖ Completing the Public Health Preparedness Capabilities Assessment by June 30
- ❖ Completion of the Maternal and Child Health Systems Assessment
- ❖ Updating the Emergency Operations Plan
- ❖ Development of a County-wide Mass Fatality Plan with Emergency Management, Coroner and other emergency response partners
- ❖ Closing out the 2013-2014 Public Health Emergency Preparedness (PHEP) grant
- ❖ Further development of the Community Health Improvement Plan (CHIP)
- ❖ Working on partnership and further development of the “Fix It or Ticket” program between local Law Enforcement and Certified Car Safety Seat Technicians in the community
- ❖ Recruiting for a full time Public Health Nurse due to a resignation and a limited part time weekend Jail nurse



JEFFERSON COUNTY HEALTH DEPARTMENT

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June 2014 Monthly Report

Staff Member(s)	Event Attended or Activity
Gail Scott, RN, BSN	Wisconsin Association of Local Health Departments and Boards and Public Health Preparedness monthly meeting
Gail Scott Diane Nelson	Met regarding the Jail Strategic Plan with Kathy Eisenmann of UW-Extension and Jail Management
Gail Scott, RN, BSN	Attended the Department Head meeting
Mary Stearns Serena Berg	Jail inmates received needed vaccines such as Hepatitis A & B and Tetanus, Diphtheria, Pertussis (Tdap)
All available staff	Public Health Nurse monthly staff meeting
Sarah Born	Followed up on confirmed and probable reportable communicable diseases
Serena Berg, RN, BSN Jackie Behm, RN, BSN	Completed the Prenatal Care Coordination audit
Kathy Cheek, RN, BSN	Attended the monthly JUMP (Jefferson United Motivating People to Wellness) meeting - Fort Healthcare's movement for the healthiest community
All staff and management	Development of 140 Review documentation and entry into Portal by Amy Fairfield and Sarah Born with input from all staff and management
Diane Nelson, Gail Scott, Mary Wollet, Marsha Hake, Vickie Gallardo, Serena Jahnke Berg, Jackie Behm, Carla WIC Registered Dietitian Student	June 19 th participated in the Fort HealthCare Annual Healthy Lifestyles Summit
Kathy Cheek	Attended, as a member, the Community Coordinated Response Team (CCRT) community awareness subcommittee meeting on 6/2. Developing a recognition award for a person, organization or project that addresses, exposes and/or educates our community about domestic violence.
Kathy Cheek	As a member, attended I Team quarterly meeting. This a group of professional community members that address abuse in elderly and other vulnerable adults.
Kathy Cheek	As a member, attended Breastfeeding Coalition. This is a group of professional members from the community that educate and promote breast feeding in our community. We are currently working on the breast feeding station at the Jefferson County Fair and to raise awareness for August (national breast feeding month). Our next project is to assist companies in becoming a breast feeding friendly workplace for moms returning to work.
Gail Scott, Kathy Cheek, Jackie Behm, Amy Fairfield, Sarah Born	Attended Communicable Disease conference in Oconomowoc.
Gail Scott and Diane Nelson	Attended the Children's Health Alliance 20 th Anniversary Gala

Gail Scott	Orientation meeting for County Board
Gail Scott	Presented Annual Report to County Board
Gail Scott	Quarterly meeting with County Administrator
Gail Scott	Attended the Community Health Improvement Plan (CHIP) meeting
WIC Staff, Sandee Schunk	June 2 nd and June 5 th WIC biannual audit visit from State WIC
Gail Scott and Sandee Schunk	Developed WIC budget, budget accepted by State WIC program
Jail Nurses and Diane Nelson	Quarterly Continuous Quality Improvement meeting with contracted medical service, Advanced Corrections Care, at jail
Diane Nelson	Attended the HPV Summit in Madison sponsored by the American Academy of Pediatricians to discuss strategies of networking with clinics to improve HPV immunization completion rates
Diane Nelson	Attended the Keeping Kids Alive coordinators meeting in Portage as the Jefferson County Child Death Review Team coordinator. Presented 2014 recommendation/ activities towards the partnership with law enforcement on work to start the "Fix It or Ticket" program to make children in Jefferson County more safely secured in car safety seats.
Gail Scott, Diane Nelson, Tania Wenzel (Jail applicants)	Interviewed 2 Jail Nurse applicants and 8 Public Health Nurse applicants
Gail Scott and Sandee Schunk	Developing 2015 Budget
Diane Nelson	Reducing Recidivism Coalition meeting, monthly 1-1 with all staff
Gail Scott	Finished Public Health Emergency Preparedness objective and Capabilities Assessment

Focus for July 2014

- ❖ Approval/finalization of the Jail Strategic Plan with the Jail and UW-Extension
- ❖ Updating policies and procedure in preparation for the State 140 Review
- ❖ Further development of the QI Plan, working on QI projects
- ❖ Updating the Emergency Operations Plan
- ❖ Development of a County-wide Mass Fatality Plan with Emergency Management, Coroner and other emergency response partners
- ❖ Closing out the 2013-2014 Public Health Emergency Preparedness (PHEP) grant
- ❖ Further development of the Community Health Improvement Plan (CHIP)
- ❖ Working on partnership and further development of the "Fix It or Ticket" program between local Law Enforcement and Certified Car Safety Seat Technicians in the community
- ❖ Focus Group training
- ❖ New staff orientation



Jefferson County Jail Health Program

Plan Proceedings Report



A Strategic Vision
for the Future of
the Program

jchd

Process Designed, Facilitated and Report Written By:
Kathleen A. Eisenmann
Associate Professor
Family Living Agent
University of Wisconsin-Extension, Jefferson County
May 2014

Planning Team Participants

Gail Scott, RN, BSN Director/Health Officer

Captain Paul Wallace

Staff

Diane Nelson, RN, BSN, MSN

Sgt. Lisa Handrow

Diane Lenz, LPN

Sarah Luebke, LPN

Deputy Dan McGonagil

Holly Pagel

Tania Wenzel, RN BSN

Introduction

The visioning process began as an outgrowth of the Jefferson County Health Department's 2013 strategic planning process. As part of that process, the Health Department identified an opportunity to improve the effectiveness of the jail nursing program. The jail nursing program is conducted in collaboration with the Jefferson County Sheriff's Department. The program's purpose is to provide health care services to jail inmates incarcerated in the county jail.

An initial plan management team was developed including Gail Scott (Health Officer); Capt. Paul Wallace (Jail Division Supervisor); Diane Nelson (Health Dept. Manager) and Chief Deputy Jeff Parker. The management team met in early January 2014 to:

- provide a planning process overview, plan for the plan and create a draft timeline
- identify and develop the planning team

The management team will also guide the planning process. Representatives from both the Sheriff's and Health departments were selected to form the planning team. Ben Wehmeier, County Administrator, was also added to the team.

The planning process took place over three sessions in May 2014. Planning sessions were scheduled in May in order to accommodate an April 2014 national conference on jail nursing program accreditation. Ms. Eisenmann facilitated the planning process using a research-based comprehensive framework.

This proceedings report was approved by the Jefferson County Board of Health and Law Enforcement Committees at subsequent meetings. The proceedings of the plan process are included in this report along with the plan itself.

Individual Beliefs, Values and Guiding Principles

The participants began the process by identifying their individual beliefs, values and guiding principles about the public health and safety work they do and how they implement those beliefs, values and principles in their work. This disclosure helps the group establish a shared understanding and consensus about what underlies the work they do and how they demonstrate those values, principles and beliefs in their work. In addition, disclosure builds a foundation for planning because it's important that the plan developed reflect the values and beliefs of those involved. A particularly unique aspect of this group is its significant level of shared values and beliefs about the work done by the program. This is noteworthy given the different professional backgrounds of the program staff.

<u>Beliefs, Values and Guiding Principles</u>	<u>Put into Practice By:</u>
*** Faith	Not be judgmental
* Social justice	Respectful
** Empowering others – educating	Treat everyone the same
*** Fairness – treat everyone the same	Tell everyone the way it is
**** Truthfulness – integrity	Care for people – deputies and staff – guidance
*** Compassion	Very open
* Autonomy	How you provide care
Empathy	Educating and empowering clients
Tolerance	** Importance of communication
Consistency	** Teamwork
Look at situation from both sides	Good practice
Hope and Recovery	Safe Provision of Nursing care
** Safety > personnel, inmates, integrity	Operational Procedures
Equality without favoritism	Treat everyone the same
Teamwork	Don't do this alone

* Denotes item that received particular emphasis

Mandates

Mandates are formal and informal rules that govern the program. Formal rules may include but are not limited to bylaws, written policies/procedures, standards, and contracts or other agreements. Informal rules include organizational or community norms and expectations about how the program will conduct its business and have relationships with its key stakeholders. Informal mandates are the “unwritten rules” observed by the program staff.

Understanding and clarifying organizational mandates is helpful in a strategic thinking process because these mandates are key components of the program’s purpose or mission. Clarity about what is mandated will increase the likelihood that the mandates will be met. Research on goal setting indicates that one of the most important determinants of goal achievement is the clarity of the goals themselves. (Bryson, 2004, *citing* Locke, Shaw, Saari, and Latham 1981; Mazmanian and Sabatier, 1983; Boal and Bryson 1987b). Understanding the organizational mandates and what is required also assists the program in creating a mission that is not limited to just those mandates. The process helps the program look beyond what is required to what its potential purposes could be - based on what is not forbidden (Bryson, 2004).

Formal Mandates

- | | | |
|----------------------------|----------------------------------|-----------------------------|
| ◇ Essential Standards | ◇ Federal Law | ◇ Policies & Procedures |
| ◇ Important Standards | ◇ Contract with advanced medical | > lack of knowledge of both |
| ◇ 58 out of 66 written | services | depts. requirements |
| policies – some are not in | ◇ PREA (sexual assault) | |
| compliance with standards | ◇ State Law | |

Informal Mandates

- | | |
|--|---|
| □ Show up for work— take roles very seriously | □ *** Transient environment creates shifting expectations |
| □ Good communication | |
| □ Good attitude | □ Emergent <-----> Non-Emergent Decisions |
| | Medically necessary decision-making happens frequently |
| □ Inmates respectful to nurses and deputies & vice versa | |
| □ Families expect exemplary care of inmates | □ Collaborative environment between nurses and deputies |
| □ Public expects cost effective program | □ People working in jail have to want to be there – commitment > special people |

Stakeholder Analysis

Participants identified those individuals or groups that either affect or are affected by the program. Identification of key stakeholders is an important first step of the process because it is these key individuals and organizations that will most influence the program as it works toward its vision of the future. Stakeholders are first grouped into two major categories—those internal to the organization and those who are external to the organization.

External Stakeholders

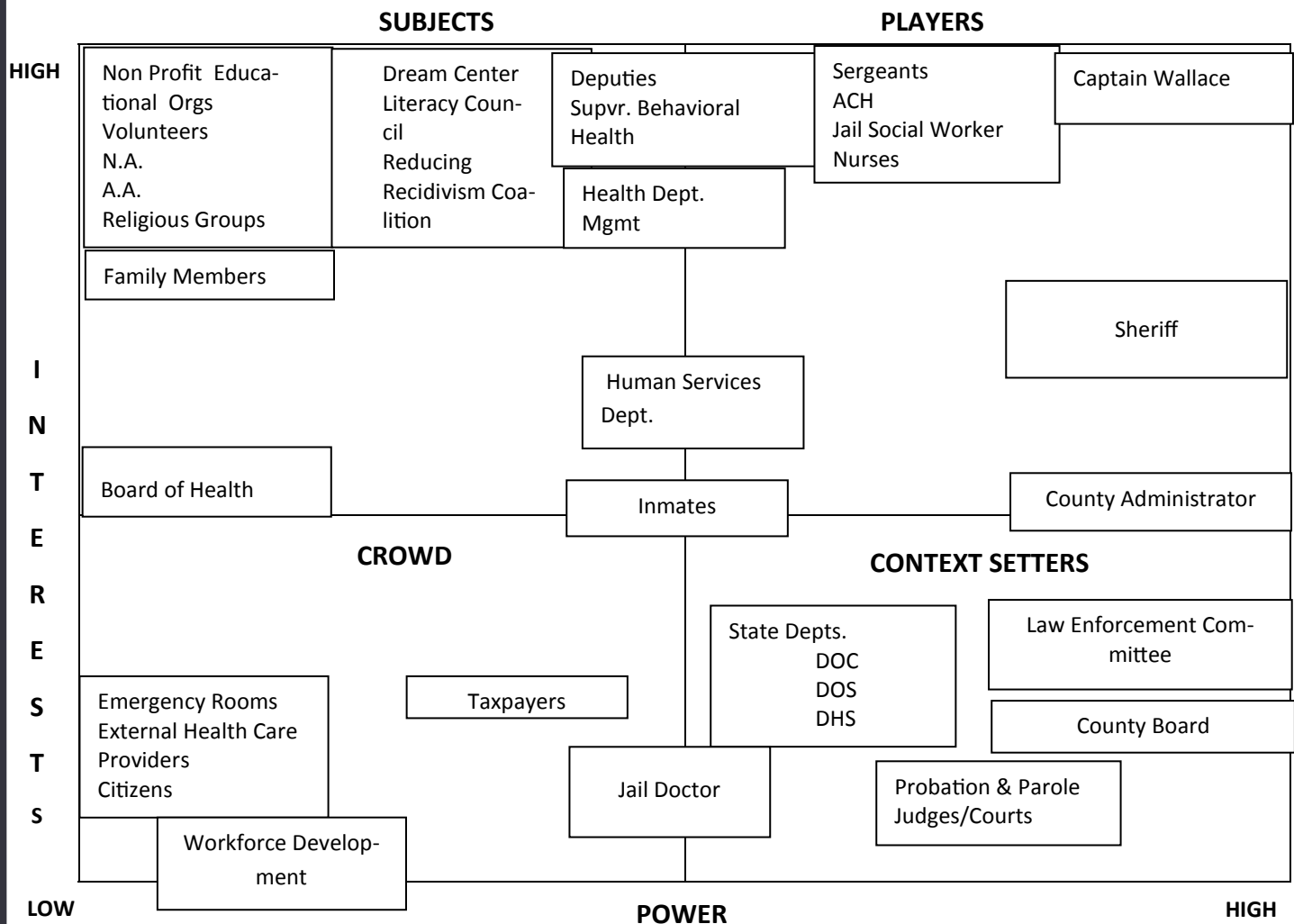
Probation & Parole	Dept. of Justice	Workforce Development
Dream Center	Non-Profit Educ. Organizations	Human Service – Entire Dept.
ACH	Dept. of Health Services	Reducing Recidivism Coalition
Literacy Council	County Board	External Health Providers
County Citizens	Taxpayers	Emergency Rooms
Alcoholics Anonymous	Board of Health	Judges/Court System
Dept. of Corrections	Volunteers	Family Members
Narcotics Anonymous	Law Enforcement Committee	

Internal Stakeholders

Capt. Wallace—Jail Division Supervisor	Nurses
ACH – Policies & Procedures Rules	County Administration
Health Dept. Management	JCHS Behavioral Health Supervisor
Sergeants	Jail Social Worker
Deputies	Inmates
Sheriff	Dr. Butler

Stakeholder Analysis

Further analysis of these key stakeholders was done to determine their influence on the program. The planning group identified a number of stakeholder groups who could be comprised of members holding various levels of interest in the program's purpose or power to influence the program in achievement of its purpose. Those groups are repeated in the grid below.



Research on organizational development shows the most effective organizations allocate their time between their stakeholders, spending most of their time with the players (those who have most interest and power), less time with the context setters and subjects (those that either have high interest or high degrees of power) and a minimal amount of time with the crowd (those that have low interest or power). This allocation of time increases organizational effectiveness because the majority of time is spent with stakeholders who must be taken into consideration in order to address the program's purpose or strategic issues. (Bryson, 2004). Satisfying these key stakeholders will be important to the formulation of strategic issues later in the process.

Mission/Purpose Statement

Visionary or strategic planning is ultimately about purpose, meaning, value and virtue. It is philosophical at its base. (Bryson, 2004) Achieving clarity and common understanding about the organization's purpose, meaning, value and virtue is a key precursor to developing a meaningful vision/mission statement and identifying strategic issues. This clarity and common understanding provide an influence into organizational identity, a connection to the outside world, define an organization's relationship to its key stakeholders, provide a basis for identification of strategic issues that are in line with core values and philosophy, and articulate a social justification for the organization as a public institution.

The planning team was asked to respond to a series of six questions in order to assist them in developing a common understanding and clarity as to the purpose, meaning, value and virtue of the program. The planning team's chief charge was to craft a vision for the program's future as an accredited program. The first step to creating that vision is to understand the program's present purpose. In the course of that discussion, the planning team considered what the purpose said about the program and what was unique about the program. Those characteristics are below:

What Social Needs/Community Interests does the Jail Nursing Program exist to serve?

Education/Prevention

Connection with outside providers

Prevent Death: Improve Health

Reducing Recidivism through education and referrals

Healthcare practices – public safety protection

Cost effective care – ROI

How Should the Program Respond to those Basic Needs?

Adequate training	Be proactive – keep growing instead of reactive
Discharge planning	Mental health & AODA issues/needs/treatment
Good communication amongst everyone (professionals & inmates)	Budget (with enough money)

What is the role of the Program in Responding to these Needs and How is that Role Different from other Health Care Providers?

<u>Program's Role</u>	<u>Different from Other Providers</u>
<p>Triage</p> <ul style="list-style-type: none"> -level of care -patient advocacy 	<p>Higher difficulty in maintaining professionalism > challenge > recidivism> personal safety</p>
<p>Deputies have a safety role for Nurses and vice versa</p>	<p>Less focus on prevention as a core mission (acute care & maintenance)</p>
<p>A lot of reciprocity between staff > closed environment necessitates reciprocity</p>	<p>Jail deputies have deep and ongoing relationship with inmates (constant contact)</p>
<p>*** Dealing with multiple complex issues different from Sheriff and Health Dept., in limited environment (resources) (limits of contract). Different roles in a more intense environment.</p>	

* Denotes item that received particular emphasis

What are the Program's Core Values & Philosophies?*

Quality of care at reasonable cost

Continuity of care

How should the Program Respond to its Key Stakeholders?

Legally – confidentiality issues pose challenges

Keep lines of communication open, be receptive within limitations and requirements

Open door policy – come see what we do

Cost/benefit analysis (ROI) – demonstrated > depth & breadth, prevention work > Low opportunity cost to program > Public awareness

** Keep lines of communication open with stakeholders > confidentiality issues sometimes create communication barriers

*See also the section on Beliefs & Values

** Denotes item that received particular importance.

What is Unique about the Program?

- ▶ Local Health Dept. Nurses
- ▶ Shared goal is safety > driver of health care
- ▶ Inmates are more likely to be unhealthy, untreated
- ▶ Education > Healthcare practices
- ▶ Jail is a unique health care environment – transient nature affects type and quality of care; inmates aren't free to leave and not always open, honest about health status
- ▶ High number of inmates with mental health; AODA issues makes it even more unique > affects informal expectation of care (it's a continuum)
- ▶ Advanced correctional health care – contract for services
- ▶ Recidivism – goal is reduction through education & referral

Purpose Key Themes

- Environmental Influence; Transient Nature; Depth and Breadth is Unique (working for outcomes that are difficult even under the best of circumstances)
- Communication
- Safety & Security
- External Stakeholder Relationships Could be Improved
- *Drug & Alcohol Treatment
- *Impact of Mental Health & AODA Issues are Pervasive
- Long-term Impacts are Limited by Environment
- Individual Inmates Access to Resources is Limited

* Denotes item that received particular emphasis

Purpose Statement & Vision of the Future

Purpose Statement

A purpose statement has the following key components:

Core function

Reason for being; “the work”

Unique service; skill; ability

Intentions toward clientele

The planning team considered its purpose in light of the discussion and determined it needed to draft a meaningful statement which should be reviewed by the program staff and management.

SWOT Analysis

Assessing the internal and external environments in which the organization operates is the next crucial step in the planning process. This and the other initial steps in the process are really a comprehensive look at the organization as a whole in relationship to the environment in which it operates. Public institutions must understand their internal and external environments in order to respond effectively to changes in those environments and to develop strategies to effectively link those environments in the process of meeting the organization's purpose and achieving its vision. (Bryson 2004) Internal and external environmental scans are performed as follows.

This step of the process analyzes the internal environment (program strengths and weaknesses) in relationship to its external environment (program opportunities and threats). This analysis is important because it assists the program in building on available strengths and opportunities and minimizing potential weaknesses or threats to its future success. It is a key step in laying the ground work for developing a vision of the program's future and identification of strategic issues. The planning team developed the following set of strengths and weaknesses.

STRENGTHS

- ◇ Care for Inmates
- ◇ Communication
- ◇ Compassion – Professional
- ◇ Good Sense of Humor
- ◇ Living Values & Beliefs
- ◇ Good Work Ethic - Teamwork
- ◇ Strong, Experienced Staff
- ◇ Good Advocates for Inmates
- ◇ Great Team

SWOT Analysis

WEAKNESSES

- | | |
|---|---|
| ◇ *Medical History Gathering | ◇ Burnout – Staff |
| ◇ Environmental fit for personnel – nurses | ◇ Lack of Resources |
| ◇ Teamwork – Expectation | ◇ Medical Providers contracted |
| ◇ Environment – physical; emotional challenging | ◇ Restrictions |
| ◇ Outside perceptions > stereotypes | ◇ Program affects too: Continuity of care – once discharged; physical and mental health Inmates expectations of program. Detox Unit Expectation |

The planning committee switched views and considered the program's external environment by assessing its opportunities and threats.

OPPORTUNITIES

- | | |
|--|---|
| ◇ Dialogue with program that is accredited. | ◇ Tours > statistics; promotion of programs |
| ◇ 24 hour nursing | ◇ * Showcase evidenced based programs |
| ◇ Increased Behavioral Health Services | ◇ * ROI |
| ◇ * Educate people with power about what we do | |

* Denotes item that received particular emphasis

SWOT Analysis

THREATS

- | | |
|--|---|
| ◇ Perceptions – stereotypes of jail | ◇ Detox expectation |
| ◇ Lack of understanding value for program > inmates don't deserve care | ◇ Continuity of care – after detox, now what? > between medical providers |
| ◇ Medical history information > lack engagement; understanding providers | ◇ * Lack of appreciation, knowledge for professional roles in program |

Vision Sketch of the Future

The planning team considered its mission, mandates, key stakeholders and environmental analysis in a lengthy discussion of a vision for the future. The consensus of the planning team was to adopt the following sketch for the vision of the program's future:

Mission:

- *Totally resourced
- Underlying values; beliefs remain unchanged > more consistently provided
- 24/7 program provision
- Short treatment in jail – continuity of care – improving health of inmates
 - > prevention; planning
 - > referrals for care
- Mental Health Staff – Full time
 - > provide assessment or better placement

People:

- Still the best – best trained
- Specially certified > accredited staff
- Psychiatrist/counselor
- Full-time with benefits > be competitive
- Professionally attractive to staff

* Denotes item that received particular emphasis

VISION SKETCH OF THE FUTURE

Resources:

- Psychiatric > nurse-practitioner
- Increase nurses; dentists; physicians
- Increase mental health resources (in-county detox)
- Increase health equipment
- More technology > radiology > mobile work station
- Prevention programs
- Safety

Culture:

- Quality Improvement
- Unchanged Values & Beliefs
- Teamwork is strengthened because increased resources; people
- Good communication
- Continued reciprocity between program staff

Structure:

- Improved Physical Environment
- Increased mental health assessment process > social worker (diagnostic)
- Increased physician structure

Vision Sketch (cont'd)

External Support:

- Increased Understanding of Program
- Increased Advocacy for Program Support
- Improved Inmate Health
- Improved Program Outcomes
- Evaluation in Place
- Continuous Quality Improvement
- Improved External Partnerships
 - more communication
 - increased learning
 - more win-wins

Vision Gaps

The planning team examined their Vision Sketch for gaps between where they are now as a program and their vision for the future. The team identified the following gaps:

- Increase staff – nursing; mental health social worker > at least more hours
- Increase community & external decision-makers' understanding of program
- Establishing referral relationships with external programs - having external agencies/programs and depts. understanding increase > communication mtg.: "What we all do"

Vision Themes

The planning team identified the following key points or themes to their vision of the program's future.

- Increase mental health service
- 24/7 Care
- Quality care with good outcomes
- Continuity care; involved with outside resources – discharge plan
- Culture remains same – values, beliefs > teamwork; reciprocity
- Increase improve programs
- Increase community awareness
- Decrease stereotypes
- Increase awareness; professionalism self-promotion

Vision of the Future

In a “vision of success” approach to strategic planning, there are two primary areas of strategic importance necessary to achieve the vision:

Areas of Strategic Importance

- Being able to describe the vision in clear, understandable way
- Being able to determine how do you get from where you are now to where you want to be?

Strategic Issues

Strategic issues are fundamental policy or change challenges that affect an organization. Each participant identified their top issues based on their interpretation of alignment with key stakeholders, adherence to formal/informal mandates, vision of the future, and environmental analysis. The planning team then discussed their respective top issues and selected five issues. The planning team felt three issues were critical and needed to be addressed first. The issues are noted in descending order of importance:

1. How do we increase program staffing in order to move the program closer to our vision/accreditation and improve its effectiveness?
2. What can we do to increase support from key policy makers/decision-makers to improve the program and move towards accreditation?
3. How can we increase financial resources available to meet program needs and achieve accreditation?
4. How can we increase the availability of mental health treatment within the program and improve outpatient referral and continuity of care?
5. What can we do to lower the transient nature of the environment and reduce recidivism?

STRATEGY DEVELOPMENT

Strategic Issue: *How do we increase program staffing in order to move the program closer to our vision/accreditation and improve its effectiveness?*

Desired Outcomes:

- ▶ Increase quality and effectiveness
- ▶ 24/7 Nursing coverage; Increase more productive citizens
- ▶ Full-time mental health Discharge planning (increase hours)
- ▶ Improved assessments Decrease liability costs
- ▶ Decrease recidivism
- ▶ Decrease cost > fewer hospitalizations

Possible Alternatives to Achieve Outcomes

Strategy Alternatives	Barriers to Achievement
Different staffing model	Need more information on standards to implement a different model.
*Increase number of staff hours	Budget and Recruitment

* indicates strategy chosen as most likely to succeed

STRATEGY DEVELOPMENT

Strategy Alternative Most Likely to Succeed: Increase number of staff hours

Action Steps

1. Share information and educate decision-makers on why its needed and how we will recruit qualified candidates
2. Develop training program
3. Policy & procedure review
4. Continuing professional development
5. Resources acquired (space, technology)

Responsibility

1. Human Services/Health Dept./Sheriff's Dept with Jail Division support
2. Human Services/Health Dept./Current Team
3. Current Team
4. Current Team
5. Human Services/Health/Sheriff's Depts.

Resources Needed:

- | | |
|----------|---|
| ■ Time | ■ Supervisory Time |
| ■ Budget | ■ Current Staff Time |
| ■ Space | ■ Education/Understanding of Policymakers |

Achieve Results When:

- Additional Hours/Staff
- Mental Health Social Worker Full-time
- Discharge Plans Completed
- Deputies Not Dispensing Medications, Conducting Health Assessments— no longer acting in the role of nurse/provider.

STRATEGY DEVELOPMENT

Strategic Issue: *What can we do to increase support from key policymakers/decision-makers to improve program and move toward accreditation?*

Desired Outcomes:

- ▶ More Resources
- ▶ Increased Support from Policymakers
- ▶ Increased Contact with Policymakers and increased understanding

Possible Alternatives to Achieve Outcomes

Strategy Alternatives	Barriers to Achievement
Data—Demonstrate Need for Additional Resources (Cost Benefit Analysis)	Lack well informed players in the system; Lack of study or research base; will it be possible to retain consultant?

STRATEGY DEVELOPMENT

Strategy Alternative Most Likely to Succeed: Data—Demonstrate Need for Additional Resources (Cost Benefit Analysis)

Action Steps

Responsibility

- | | |
|--|--|
| 1. Get on policy board's agenda regarding need for cost/benefit analysis | 1. Human Services/Health Dept./Sheriff's Dept with Jail Division support |
| 2. Literature Review on Efficacy of Analysis | 2. Behavioral Health Supervisor |
| 3. Contact Lafollette Institute at UW-Madison | 3. Health Dept. |

Resources Needed:

- | | |
|--------------------------------|-------------------------------------|
| ■ Sheriff's Support | ■ Data and People to Communicate It |
| ■ Multiple Committees' Support | ■ Time |

Achieve Results When:

- 24/7 Staff Coverage
- Mental Health Social Worker Full-time
- Discharge Plan Process Implemented
- Policymaker Support

Conclusion

The program managers and staff will take this plan and further develop strategies, proposals and action steps to address each of the issues using a research-based framework. The Board of Health and Law Enforcement Committees and their respective Departments have committed to the implementation of this plan and will be reviewing its progress on a regular basis over the course of the next three years.

Adaptation of Research

The methods and processes used to develop this strategic plan were based on the following research:

Bryson, John M. (2004). Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement (3rd. ed.) San Francisco, CA: Jossey-Bass, Inc.

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Krueger, Richard A. (1994) Focus Groups: A Practical Guide to Applied Research (2nd. Ed.) Thousand Oaks, CA: Sage Publications, Inc.

Nadler, G. & Chandon, W.J. (2004). Smart Questions: Learn to Ask the Right Questions for Powerful Results San Francisco, CA: Jossey-Bass, Inc.

Winer, Michael and Ray, Karen. (1996). Collaboration Handbook: Creating, Sustaining and Enjoying the Journey Saint Paul, MN: Amherst H. Wilder Foundation.