



**Jefferson County Board of Health Agenda**  
**Health Department Conference Room**  
**1541 Annex Road, Jefferson, WI 53549**  
**920-674-7275**  
**July 17, 2019**  
**1 p.m.**



**Board Members**

**Don Williams, MD, Chair; Conor Nelan, Vice-Chair; Dick Schultz, Secretary; Maria Dabel; Samantha LaMuro, R.T.**

- 1. Call to order**
- 2. Roll Call (establish a quorum)**
- 3. Certification of Compliance with the Open Meetings Law**
- 4. Approval of the Agenda**
- 5. Approval of Board of Health Minutes for January 16, 2019 Meeting**
- 6. Review of April 17, 2019 Meeting Notes (No Quorum)**
- 7. Communications**
- 8. Public Comment** (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
- 9. Review of Health Department Financial Report**
  - a. Review and Discussion of Income Statement
  - b. Update and Possible Action on Women's Health/Family Planning & MCH Funding
  - c. Review and Possible Action on United Way Pillar Grant, United Way Grant and Randy Schopen Grant
  - d. Review and Possible Action on Drug Free Communities Grant Budget/Staffing
- 10. Operational Update of the Environmental Health Program**
- 11. Discussion of Public Health Preparedness Program**
  - a. Recent Exercises and Meetings
- 12. Discussion of Public Health Program**
  - a. Review of Statistics
  - b. Review of Communicable Disease Cases Reported
  - c. Update on Executive Committee Discussion on Combining Boards/Committees
  - d. Dual Protection Services Update
  - e. Community Dental Clinic and Rock River Free Clinic Updates
  - f. Staffing Update Health Department
  - g. Update on Falls Prevention Program with EMS
  - h. Review of Fort HealthCare/UW School of Pharmacy Opioid Stewardship Across the Care Continuum Grant
- 13. Discussion of Health Department Monthly Report**
- 14. Future Agenda Items**
- 15. Adjourn**

**Next Scheduled Meetings: Wednesday – July 17, October 16, 2019**

*A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.*

*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 – January 16, 2019**

**Committee Members:** Don Williams, MD, Chair, Conor Nelan, Vice-Chair, Dick Schultz, Secretary, Maria Dabel, Samantha LaMuro

**Call to Order:** Don Williams, MD, called the meeting to order at 1:05 p.m.

**Roll Call/Establishment of a Quorum:** Quorum established by Gail Scott, Director.

**Board Members Present:** Don Williams, MD, Chair, Dick Schultz, Secretary, Maria Dabel, Samantha LaMuro

**Board Member Absent:** Conor Nelan, Vice-Chair, excused prior to meeting.

**Members of the Public Present:** Christina Beach-Baumgartner, Wisconsin Department of Public Health

**Staff Present:** Gail Scott, Director, Diane Nelson, Public Health Program Manager, Tyler Kubicek, Environmental Health Specialist

**Certification of Compliance with the Open Meetings Law:** Gail Scott, Director, certified compliance with the Open Meeting Law.

**Approval of the Agenda:** No changes requested.

**Approval of the Board of Health Minutes for November 28, 2018 Meeting:** *A motion was made by Schultz/Dabel to approve the November 28, 2018 meeting minutes. The motion passed 4-0.*

**Communications:** WIC clients' thank you notes were reviewed that are included in the meeting packet.

**Public Comment:** None

**Special Order of Business – Level II Health Department Designation Award:** Christina Beach-Baumgartner, Director, Southern Region Office, Division of Public Health, Department of Health Services, gave a summary of what the designation process entailed. The Health Department provided evidence that met statutory requirements and essential services to maintain a Level II designation. Christina stressed the importance of Public Health meeting the needs of the community and keeping the community healthy and well. The Board of Health was thanked for their support.

**Dual Protection Services Presentation:** Catherine Sendelbach, M.S., CHES, Family Planning/Reproductive Health Consultant, Bureau of Community Health Promotion, WI DHS/Division of Public Health, joined the meeting by telephone and explained 2 components of the Family Planning Program:

1. A comprehensive full-service clinic including an exam by a Nurse Practitioner or visit with RN.
2. Dual Protection Services. A Health Department RN would provide a Sexually Transmitted Infection (STI) screening test, treatment prescription if needed, birth control, and emergency contraception supplies including condoms. The client would be referred to a medical provider. The Department of Health Services would provide \$ 12,000 of funding through a Maternal and Child Health Title V Block Grant. BadgerCare could be billed under "Family Planning Services Only" to financially support this program. *A motion was made by Schultz/Dabel to support the Health Department looking into developing the Dual Protection Services program. The motion passed 4-0.* Chlamydia is the #1 reportable infectious disease in Wisconsin with Gonorrhea and Syphilis being #5 and on the increase. Jefferson County is considered a "desert County" for providing Family Planning Services and STI care to residents.

**Review of Health Department Financial Report**

- a. **Review and Discussion of Income Statement:** Gail Scott, Director, reviewed the November 30, 2018 Statement of Revenue & Expenditures Report included in the meeting packet that shows an estimated deficit of \$141,998.59. The 2018 budgeted reserve funding available in the amount of \$154,545 will be used to offset any year-end-deficit.
- b. **Budget Amendment for Public Health Emergency Preparedness Opioid Grant:** Gail Scott, Director, reviewed the award notification and budget amendment request for the County Board included in the meeting packet in the amount of \$20,000. The grant will be used to cover some salary/fringe benefits of Emi Reiner, Public Health Nurse, outreach and educational materials. The Budget Amendment will be presented at the February Jefferson County Board of Supervisors meeting for approval.

- c. **Donation from Aurora:** Gail Scott, Director, reviewed an e-mail notification included in the meeting packet of approval of a \$2,500 sponsorship from Aurora Health Care for the purchase of Pack-N-Play cribs. Gail Scott reported that a grant application in the amount of \$2,500 was submitted to United Way to purchase children's books in support of the "Parents as Teachers" program.

*A motion was made by LaMuro/Dabel to approve the financial report. The motion passed 4-0.*

**Operational Update of the Environmental Health Program:** Tyler Kubicek, Environmental Health Specialist, reported that they are at 52% of inspections, Holly Hisel is taking the Registered Sanitarian exam In February, Kaylie Wroblewski has received a Lead Risk Assessment certificate and Tyler will be trained in the future for DATCP standardization.

#### **Discussion of Public Health Preparedness Program**

- a. **Recent Exercises and Meetings:** Gail Scott, Director, reviewed meetings attended for Public Health preparedness.
- b. **PHEP Scholarship Awards:** Gail Scott, Director, reported that staff applied for and received scholarships to help cover costs to attend: Health Emergency Preparedness Conference, WALHDAB Operations Conference, Annual Governor's Conference on Emergency Management and Homeland Security and WPHA-WALHDAB Annual Conference.

#### **Discussion of Public Health Program**

- a. **Review of Statistics:** Diane Nelson, Public Health Program Manager, reported that the average WIC client caseload for 2018 was 92%. Don Williams, MD, suggested having a WIC sticker with contact information posted in medical exam rooms at physician clinics so clients can take a photo with a smart phone.
- b. **Review of Communicable Disease Cases Reported:** Diane Nelson, Public Health Program Manager, reviewed the cumulative 2018 reports included in the meeting packet.
- c. **Update and Possible Action on Outcome of County Board Discussion on Combining Boards/Committees:** Gail Scott, Director, gave a summary of discussion held at the January 2019 Jefferson County Board of Supervisors meeting regarding decreasing the size of the County Board and possibility of combining Board of Health and Human Services Board. Discussion followed. Members expressed concerns such as the increase in length and frequency of meetings, too many diverse topics to cover, the need to learn more about the other department's services to obtain a better understanding in order to make informed decisions, the level of expertise needed to provide oversight to both departments, and difficulty recruiting members such as a physician due to length and frequency of meetings. They concluded that the burden of combination exceeds the benefit. An Ad Hoc committee is being formed by the Executive Committee, to obtain more direction on this issue. *A motion was made by LaMuro/Dabel to make the recommendation that Board of Health remain as a free-standing Board and would like Board of Health representation on the Ad Hoc Committee. The motion passed 4 – 0.*
- d. **Community Dental Clinic and Rock River Free Clinic Updates:** Gail Scott, Director, reported that the plan for Access HealthCare to make the Community Dental Clinic one of their satellite clinics is not moving forward at this time.
- e. **Discussion and Possible Action on the Falls Prevention Program with EMS:** Gail Scott, Director, showed an informational video regarding a Falls Prevention app that EMS workers could complete when assisting with a client that has fallen. The Aging Disability Resource Center (ADRC) would receive a referral (with the client's approval) to help them connect to services and obtain assessments for prevention of future falls. Gail has already connected with the ADRC and EMS Association and they are in support of implementing this program. *A motion was made by Dabel/Schultz that the Board of Health supports the implementation of the Falls Prevention Program in Jefferson County utilizing EMS and the ADRC. The motion passed 4 – 0.*
- f. **Staffing Update Health Department and Jail:** Amanda Lenz, Public Health RN, has transferred to the jail nursing service to replace Tania Wenzel who resigned in November. Gail Scott and Diane Nelson have started interviewing for the vacated Public Health Nurse position and currently looking for more applicants. Diane Lenz, Jail LPN, is retiring and a new LPN has been hired to replace her.

- g. **Smoke-free Fair Park Update:** Gail Scott, Director, reported on a recent meeting with the Fair Park Committee and Building & Grounds Committee regarding a smoke-free Fair Park. The committees agreed to having “no smoking” signage (which includes vaping) in and near buildings and having “designated smoking areas” at the Fair Park. The committees were not in support of a totally smoke-free Fair Park.
- h. **Letter to County Board Regarding Wisconsin Healthy Communities Designation:** The letter was reviewed. The letter to be read by Conor Nelan at the February 2019 County Board meeting was signed by Board of Health members.
- i. **Retirement Recognition Letter:** Diane Lenz, Jail LPN, is retiring after 20 years of service. The letter of appreciation was signed by Board of Health members.
- j. **Thank you Letter from the Board of Health for Jail Registered Nurse:** Tania Wenzel, Jail RN, resigned after 28 years of service to pursue another position. The letter of appreciation was signed by Board of Health members.

**Discussion of Health Department Monthly Report**

- a. **Final Copy of the 2017-2020 Community Health Improvement Plan and Process (CHIPP):** Gail Scott, Director, had emailed out the final copy of the CHIPP to Board of Health members prior to the meeting.
- b. **2019 Community Health Assessment Timeline:** Gail Scott, Director, reviewed the handout included in the meeting packet.

**Future Agenda Items:** Gail Scott, Director requests any requested agenda items for the next meeting be e-mailed to her.

**Adjourn:** *A motion was made by Schultz/Dabel to adjourn the meeting at 2:38 p.m. The motion passed 4 – 0.*

**Next Scheduled Meetings:** **Wednesday – April 17, July 17, October 16, 2019.**

Minutes recorded by: Diane Nelson, Public Health Program Manager, Jefferson County Health Department

Minutes prepared by: Sandee Schunk, Accountant II, Jefferson County Health Department



# Jefferson County Health Department

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## Jefferson County – Board of Health Meeting Summary – April 17, 2019

### Board Members

**Don Williams, MD, Chair; Conor Nelan, Vice-Chair; Dick Schultz, Secretary; Maria Dabel; Samantha LaMuro, R.T.**

**Call to Order:** Don Williams, MD, unable to call the meeting to order at 1:04 p.m. due to lack of a Quorum.

**Roll Call/Establishment of a Quorum:** Quorum was not established.

**Board Members Present:** Don Williams, MD, Chair; Conor Nelan, Vice-Chair

**Board Members Absent:** Dick Schultz, Secretary, excused prior to meeting; Maria Dabel, excused prior to meeting, Samantha LaMuro, R.T., excused prior to meeting

**Members of the Public Present:** Anita J. Martin, Lake Mills, Self/Community, regarding Community Health Assessment Focus Group locations; Ronni Monroe, Aztalan; Olivia Destefano, Madison UW student; Katherine Riley, Watertown, Herzing student; Ashley Sternhagan, Madison UW student

**Staff Present:** Gail Scott, Director, Ben Wehmeier, County Administrator, Sandee Schunk, Accountant II, Recorder

### **Summary:**

Gail Scott, Director, reviewed the planned agenda and briefly reported on the following items:

- No action items due to lack of a quorum.
- Public Health Preparedness exercises and meetings included in monthly reports in meeting packet.
- Public Health statistics and Communicable Disease Reports included in the meeting packet. Reported an increase in Influenza hospitalizations involving elderly patients. Don Williams, MD, reported that not as many cases and deaths this flu season compared to last year but peaks in cases reported.
- Public Health Registered Nurse is on FMLA that routinely works on Communicable Disease follow-up. Other Public Health RNs are following up on 2 TB clients who are non-infectious but require Direct Observed Therapy with medications. Chronic Hepatitis C cases also need education and follow-up by nursing staff.
- Rock River Free Clinic and Community Dental Clinic may be eligible to be covered as a FQHC = Federally Qualified Health Center if Governor Evers declares Johnson Creek or Whitewater a healthcare shortage area. The Greater Watertown Community Health Foundation supports the Community Dental Clinic with a grant in the amount of \$100,000.00. The Dental Clinic Director will be retiring in 2019.
- The Falls Prevention Program with EMS is 75% completed to become a reality. EMS, who respond to an elderly or disabled patient due to a fall, may make an electronic referral to the ADRC (Aging Disability Resource Center) or the Health Department (for EH issues) with the patient's permission. The ADRC will do an in-home assessment and connect the patient to resources to help prevent future falls. Marquardt Home Health and Rainbow Hospice currently offer palliative care programs to at-risk Jefferson County residents. Tammy Baldwin/State Legislation is working on funding mechanisms to help keep elderly and disabled residents functioning in their home with chronic disease medication management, social support and transportation assistance.
- Interviews have been set up next week to fill a vacant Public Health RN, BSN position and replacing Diane Nelson, Public Health Program Manager, who is retiring after 9 years of service.
- Community Health Assessment - Focus Groups April 24<sup>th</sup> & 25<sup>th</sup>; a community survey is active during April 2019 and a Summit set on May 9, 2019 8:00 a.m. to noon in Watertown. More information to follow.
- The Health Department received 2 donations to buy books for the TalkReadPlay program: Randy Schopen Memorial Fund = \$500; United Way = \$2,500.
- A "letter of appreciation" was signed by Board members for Diane Nelson, Public Health Program Manager. The Health Department will have a staff potluck in her honor on Wednesday, June 12<sup>th</sup> followed by an Open House with cake in the afternoon. Her last day of employment will be Friday, July 5, 2019.
- General discussion followed regarding communicable diseases; 2020 budget planning, TalkReadPlay promotion at in-home daycares.

Board of Health members and guests departed at 1:35 p.m. Scheduled Agenda items will be discussed at the next Board of Health meeting on July 17, 2019 at 1:00 p.m.

Summary prepared by: Sandee Schunk, Accountant II, Jefferson County Health Department



# Jefferson County Health Department - Statement of Revenues & Expenditures:

01/01/2019 - 05/31/2019	YTD Actual	Prorated Budget	Annual Budget	YTD Budget Variance
<b>REVENUE:</b>				
<b>Total WIC</b>	\$ 151,824.76	\$ 138,334.00	\$ 337,400.00	\$ 13,490.76
Public Health Fee for Service	\$ 47,387.51	\$ 58,139.23	\$ 141,803.00	\$ (10,751.72)
Public Health Grant Income	\$ 66,706.03	\$ 51,707.15	\$ 126,115.00	\$ 14,998.88
<b>Total Public Health</b>	\$ 114,093.54	\$ 109,846.38	\$ 267,918.00	\$ 4,247.16
<b>Total Income</b>	\$ 265,918.30	\$ 248,180.38	\$ 605,318.00	\$ 17,737.92
<b>EXPENSE:</b>				
WIC 4201 - 420109	\$ 138,356.96	\$ 126,109.85	\$ 307,585.00	\$ 12,247.11
WIC Fit Family 4202	\$ 9,266.65	\$ 7,218.05	\$ 17,605.00	\$ 2,048.60
WIC Peer Counselor 4203-420309	\$ 4,201.15	\$ 5,006.10	\$ 12,210.00	\$ (804.95)
<b>Total WIC</b>	\$ 151,824.76	\$ 138,334.00	\$ 337,400.00	\$ 13,490.76
Public Health = Tax Levy Supported Expenses	\$ 388,254.50	\$ 435,863.62	\$ 1,063,082.00	\$ (47,609.12)
Public Health Grants	\$ 77,500.47	\$ 58,639.43	\$ 143,023.00	\$ 18,861.04
Public Health Fee-for-Service	\$ 28,329.47	\$ 34,418.27	\$ 83,947.00	\$ (6,088.80)
<b>Total Public Health</b>	\$ 494,084.44	\$ 528,921.32	\$ 1,290,052.00	\$ (34,836.88)
<b>Total Expense</b>	\$ 645,909.20	\$ 667,255.32	\$ 1,627,452.00	\$ (21,346.12)
<b>2019 SUMMARY</b>				
<b>Total 2019 Income YTD:</b>	\$ 265,918.30	\$ 248,180.38	\$ 605,318.00	\$ 17,737.92
<b>2019 County Tax Levy Applied - ORG 4115:</b>	\$ 359,754.58	\$ 359,754.58	\$ 863,411.00	\$ -
<b>Total 2019 Revenue:</b>	\$ 625,672.88	\$ 607,934.96	\$ 1,468,729.00	\$ 17,737.92
<b>Total 2019 Expense:</b>	\$ 645,909.20	\$ 667,255.32	\$ 1,627,452.00	\$ (21,346.12)
<b>Deficit = 2019 Annual Activity (Revenue vs. Expenses):</b>	\$ (20,236.32)		\$ (158,723.00)	
<b>2019 Budgeted Reserve Funds Applied to Deficit:</b>		\$ 65,076.43	\$ 158,723.00	\$ 65,076.43
<b>2019 "estimated" balance* as of 05/31/2019:</b>	\$ (20,236.32)			

## Fund Balance Summary per Finance 12/31/2018:

Unadjusted fund balance, 12/31/2018:	\$ 507,331.00
2019 Prepaid Expenditures:	\$ (14,620.00)
Fund Balance applied against 2019 tax levy/budget:	\$ (158,723.00)
Unassigned Fund Balance as of 12/31/2018:	\$ 333,988.00
Working Capital ( required = 2 month minimum) = 2019:	\$ (265,429.00)
Working Capital (3 month goal) = 2019:	\$ (132,715.00)
Amount used for 2019 budget from Working Capital 3 month goal:	\$ (64,156.00)
Remaining 3 Month Goal Working Capital for Budget year 2020:	\$ 68,559.00

Matches Finance

**DHS CARS STAFF INTERNAL USE ONLY****CARS PAYMENT INFORMATION**

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

<b>Agency #:</b>	<b>Agency Name:</b>	<b>Agency Type:</b>	<b>CARS Contract Start Date</b>	<b>CARS Contract End Date</b>	<b>Program Total Contract:</b>
<b>28</b>	<b>JEFFERSON CO HD</b>	<b>930</b>	<b>1/1/2019</b>	<b>12/31/2019</b>	<b>\$342,644</b>

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
154710	WIC TOTAL GRANTS		\$293,965	\$4,586	\$298,551	N/A
154746	WIC OUTREACH		-	\$6,437	\$6,437	N/A
159322	WH/FP RH 20.435 (1)(EV)		-	\$6,168	\$6,168	6-month
159320	CONS CONTRACTS MCH		\$19,488	\$12,000	\$31,488	6-month
					\$342,644	

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## Community Overview

**Description of Community:** Jefferson County is a suburban county located in the southeast part of Wisconsin and has a population of 84,352. Jefferson County is comprised of 16 townships, 5 villages and 6 cities for a total of 27 municipalities. One-third of the population lives in a rural area. There are 13 school districts in Jefferson County. Jefferson County is predominantly white. The following the breakdown of the racial and ethnic groups in the county: White (89.6%), Hispanic (7.1%), African American (0.9%), Asian (0.9%), and Native Indian/Alaskan Native (0.5%). Of the total population, 21.3% is below 18 years of age and 16.5% are 65 years and older. The population of females in the county is 50%. The percentage of people living in poverty is 8.5% and the percentage of people unemployed and seeking work is 3.2%. The percentage of children living in poverty is 10%. The median household income is lower in Jefferson County than in Wisconsin. The unemployment rate is low, but many people make below the self-sufficiency wage, so poverty is common. According to the County Health Rankings, Jefferson County's adult smoking is 15% and excessive alcohol use is 25%. The percentage of alcohol-impaired driving deaths is 38%, which is higher than the state average of 36%. The rate of drug overdose deaths is 17 per 100,000 and the rate of opioid-related hospital visits is 360 per 100,000. The percentage of people who are uninsured and children who are uninsured is 6% and 4%, respectively. The high school dropout rate is 9% compared to 11% in the state.

**Historical perspectives that have had an impact on youth substance use:** Jefferson County is located midway between two metropolitan areas of Madison and Milwaukee. Many drugs make their way to Jefferson County between the major cities by way of Interstate 94, which cuts across the county. Drug diversion activities occur in the small towns as well as in the larger cities as drug dealers can set up shop anywhere they can find a customer base. Because of the effective work of prevention and enforcement activities, it has become harder in the last few years to obtain prescription medications to sell illegally. Jefferson County's alcohol use remains a concern as social norms contribute to excessive drinking and underage alcohol consumption. Alcohol is readily available to youth in many social situations, even being supplied by parents at times. Youth also have access to tobacco products through friends and family members, but they can also buy them online or in stores. The use of electronic vaping devices has exploded and youth in focus groups report that 70% of their peers use e-cigarettes. Some people suggest that the lack of recreational activities in the rural communities leads to youth boredom and drug experimentation. Marijuana use among youth is trending up and the perception of harm is low. This may be due in part to the current direction of Wisconsin lawmakers to legalize marijuana use. Several communities in Wisconsin have conducted nonbinding referendums and there is strong public support for legalizing marijuana and medical uses of marijuana. The Governor of Wisconsin supports legalization of medical marijuana and decriminalizing small amounts for personal use. With legalization in other states, marijuana has become easier to access and the quality of the products has become more potent. This has led to youth and adults seeking concentrated THC. THC is also odorless, so it is easy to conceal and the use of it in electronic vaping devices is on the rise. Marijuana growing in Jefferson County has slowed over the years, but production may increase with the rising number of hemp farms.

## **Project Narrative**

### **1. What is the history of the coalition and how does it currently operate to prevent youth substance use in the community?**

A. The Jefferson County Drug Free Coalition (JCDFC), established in 2017, is a collaborative organization working to prevent substance abuse in Jefferson County, Wisconsin. Prior to the JCDFC, the Delinquency Prevention Council (DPC) was the main group working on youth substance use prevention. When the DPC disbanded in 2011, the Alcohol, Tobacco, and Other Drug Abuse (ATODA) Partnership Council continued with the work, but by 2016, this group had very few members left. At this time, the coalition engaged in strategic planning and developed a new mission statement and strategic objectives to prevent substance abuse and advocate for policy change at the local level. After completing the strategic planning process, the ATODA Partnership Council became the Jefferson County Drug Free Coalition. By 2018, the coalition had recruited members from over 20 organizations and monthly meeting attendance increased from 3 people in 2017 to between 15 and 20 people in 2018. Members include representatives from schools, city council, business, recovery organizations, government, and law enforcement. Youth members are represented by Jefferson County Connections (JCC), a youth leadership organization. In 2018, a Leadership Team was formed with key stakeholders to provide oversight for the coalition. Recently, 6 members of the Leadership Team attended the statewide prevention conference and 16 members received training on trauma informed care to advance the coalition's knowledge about health equity.

Between 2017 to the present, the coalition has worked tirelessly to recruit new partners and strengthen existing partnerships. The coalition first reached out to the schools that had become less participatory in the coalition due to funding cuts over the years. With the coalition's support, 3 middle schools and 7 high schools in 7 school districts completed the Youth Risk Behavior Survey (YRBS) in the spring of 2019 compared to 3 middle schools and 1 high school in 3 districts that participated in 2017. In addition, the coalition has devoted considerable time to activities which have significantly increased public outreach and presence in the community. These activities have included:

- Presentations, press releases, radio interviews, newsletters, and regular updates on social media about coalition events and activities;
- Presentations to the Jefferson County Board of Health, Jefferson County Board, Police Chiefs, Community Justice Coordinating Council, and City Councils

Furthermore, the coalition has provided education and advocated for policy change, which are two effective strategies for preventing substance abuse. The coalition sponsored several community education events related to underage drinking and opioid use that engaged community members and sparked a call to action. Other activities included training on the use of Narcan, organizing drug take back events, distributing drug deactivation kits, and developing an opioid and drug resource toolkit for community members. The coalition has responded to the concerns around tobacco use and vaping by educating and advocating for policy change.

Activities that highlight this work include:

- Surveying 486 people attending the Jefferson County Fair about a tobacco free fair park
- Presenting the survey findings to the Board of Health, which unanimously supported a proposal to strengthen current County ordinance (2018)

B. The mission statement of the Jefferson County Drug Free Coalition is: To prevent and reduce the abuse of alcohol, tobacco, and drugs among youth and the greater community through county-wide collaboration. The coalition aims to achieve its mission by focusing on long term environmental strategies, such as advocating for and communicating about policy changes,

which are essential for providing education, changing behaviors and changing social norms around substance use. The coalition will collaborate with people throughout the community and engage youth as key partners in this effort.

## **2. What are the current youth substance abuse problems in your community and the methods of assessment and data collection?**

A. Tobacco use among youth is a huge concern and a growing epidemic in Jefferson County and in Wisconsin. Between 2014 and 2018, electronic cigarette use increased 154% among Wisconsin high school students and 272% among middle school students. In Jefferson County, e-cigarette use is highly prevalent in schools as it can be used discreetly. School district policies and procedures differ widely in how they address these issues. Alcohol is the most commonly used substance among youth. Cultural norms around drinking contribute to underage drinking and excessive alcohol use. Jefferson County is home to several outdoor festivals where heavy drinking and underage alcohol use occurs.

### **Local data from environmental scans and compliance checks in 2018:**

- 97% of tobacco retailers surveyed sold electronic cigarettes and 95% sold both tobacco products and alcohol
- 1.2 tobacco retailers per 1,000 people and 1.58 alcohol outlets per 500 people
- 23% of municipalities require the \$100 maximum tobacco licensing fee
- 5% failing rate for tobacco compliance checks (60 total)
- 23% failing rate for alcohol using youth decoys in 2018 (one police department only)

Marijuana is the most commonly used illegal drug among youth. With the legalization of marijuana in other states, marijuana has become more potent and available to youth. Prescription drug misuse is a widespread problem in the community, but trends show that it is relatively low in comparison to tobacco, alcohol and marijuana use. Among all substances, perception of harm is lowest for marijuana use.

B. Alcohol and drug use cause school related and legal problems for our youth. In 2014, there were 27 alcohol related suspensions and expulsions in the public schools of Jefferson County. (More recent data is unavailable at this time.) The high school dropout rate in 2017 was 9% in Jefferson County and this rate has increased slightly in the last 3 years. There have been 79 disciplinary actions reported in one high school in the 2018/2019 school year related to drug use. Of these, 49% involved the use of electronic vaping devices, 23% was related to drug use, and 28% was related to smoking. Another high school reported 23 suspensions involving tobacco use and/or vaping (91%), and drug use (9%). Suspensions involving tobacco use and/or vaping and drug use has been seen in middle school students as well. Some schools have experienced almost 4 times more incidents for use or possession of vaping devices this year than in the previous year. Law enforcement data shows us that 37% of liquor law arrests and 14% of drug possession arrests were of juveniles in 2017 contributing to many legal issues. Youth with alcohol and drug issues are treated by County Human Services, other treatment providers, and in hospitals. In 2018, 20% of youth in the Jefferson County Youth Justice program had drug-related charges and 17% received substance abuse counseling. Additionally, 33% of youth in the juvenile justice program had an AODA diagnosis. This number has increased from 26% in 2017. Emergency room data related to youth substance abuse is not available at this time; however, the coalition plans to work with hospitals to track this local data. Youth aged 15-24 involved in a suspected opioid overdose decreased from 8 in 2018 to 5 in 2019.

C. Complete 2019 Youth Risk Behavior Survey (YRBS) results, including all required core measures will be available in the summer of 2019. Though not indicated on the table, 19.4% of high school students in the same survey reported using an electronic vaping device in the last 30 days. The following table reflects 2017 data:

Substance	30-day Use		Per. Parental Disapproval	
	6-8	9-12	6-8	9-12
Alcohol	6.2%	26%	71.2%	NA
Binge Drinking	1.3%	13.2%	NA	NA
Tobacco	0.7%	4.6%	88.3%	NA
Marijuana	1.5%	12.5%	89.2%	NA
Rx Drug (lifetime)	5.2%	7.9%	NA	NA

The following table reflects 2018 survey data from 1 high school and 1 middle school in Jefferson County. These schools are not included in the preceding survey data. Alcohol is the most commonly used substance among high school students. Perception of harm is lowest for marijuana followed by alcohol use. Perception of parental and peer disapproval is lowest for alcohol followed by marijuana use.

	30-day Use		Perception of Harm		Per. Parent Disapproval		Per. Peer Disapproval	
	6-8	9-12	6-8	9-12	6-8	9-12	6-8	9-12
Alcohol	1.6%	26%	81.3%	75.6%	85.0%	70.8%	87.8 %	41.2%
Binge Drinking	0.8%	13.3%	NA	NA	NA	NA	NA	NA
Tobacco	2.4%	3.6%	89.4%	82.5%	93.6%	92.7%	91.8%	73.4%
Marijuana	1.6%	8.4%	76.5%	52.4%	92.0%	87.8%	91.8%	60.0%
Rx Drug	3.2%	3.3%	91.1%	83%	92.0%	94.7%	95.1%	81.2%

#### **HS focus group (2018) and youth survey findings (2019):**

- Youth get their alcohol from older friends and some parents provide it at parties
- Some groups such as athletes are known to be “partiers” and are not punished for using
- 34% of HS athletes reported parents host parties even though they sign a code of conduct
- 29% of athletes say that most parents are aware of drug use but look the other way
- Perception that 70% of students use electronic vaping devices, JUUL being the most popular
- Youth say it is easy to obtain tobacco products on the Internet, through friends or siblings

#### **Key Themes from Stakeholder interviews (2018):**

- Underage alcohol use is not seen as dangerous as other drugs and parents allow it
- Youth grow up thinking that alcohol is a part of everyday life, present in most social situations
- Adults lack understanding about new, discreet tobacco products that are popular with youth
- Alcohol and tobacco emerged as high priorities due to availability and easy access

D. Based on current data, the coalition plans to target prevention activities that focus on alcohol and tobacco use. Alcohol is the most common drug used by youth between 12-18 and use increases noticeably between middle school and high school. Youth have access to alcohol in the home and in social settings. The coalition will also work on preventing tobacco use and specifically, the use of e-cigarettes. Youth can easily obtain or share products with friends and retail access is a concern with both this and alcohol. Exacerbating this problem is that adults have little knowledge about the products because many of them are used discreetly.

### **3. What is the coalition’s 12-Month Action Plan for addressing youth substance use in the community?**

**DFC Goal One: Increase community collaboration**

**Objective 1:** By October 30, 2020, the coalition will increase membership by 6 adult members and 3 youth members ages 12-18 as measured by coalition membership numbers.

**Strategy 1:** Provide information to the community about the coalition's mission and strategic objectives, and tangible ways to get involved in coalition committees and activities

Activity	Who is responsible?	By When?
Distribute folders that include information about coalition membership at community forum	Project Coordinator, Program Director	Oct. 30, 2020
Meet one on one with 2 policy makers or key stakeholders to recruit them to coalition	Coalition staff, Jefferson County Connections (JCC) adult leaders	Mar. 30, 2020
Identify and meet with 3 youth groups or school clubs to recruit youth	Project Coordinator, faith sector representatives, school representatives	June. 30, 2020
Provide coalition membership information and new member interest sign up at tabling events	Coalition staff, sector reps, youth, members, community partners	Oct. 30, 2020
Identify ways to recruit youth, parents and volunteers through alternative meeting times or locations	Leadership team, members	June 30, 2020

**Objective 2:** By October 30, 2020, members who actively participate in meetings, events and strategic planning will increase from 20% in 2018 to 60% in 2020 as measured by attendance sheets.

**Strategy 1:** Strengthen internal capacity of coalition through engagement opportunities

Activity	Who is responsible?	By When?
Develop onboarding packet for new members	Coalition staff, Leadership Team	Jan. 31, 2020
Assign all members to sub-committees	Coalition staff and members	June 30, 2020
Establish Data Team	Coalition staff, Leadership Team	Oct.30, 2020
Establish School Action Team	Coalition staff, Leadership Team, school reps	June 30, 2020

**Objective 3:** By October 30, 2020, 75% of members will report being able to implement SPF, health equity and environmental strategies as measured by the annual coalition survey.

**Strategy 1:** Enhance skills of youth and coalition members through training opportunities

Activity	Who is responsible?	By When?
SPF training for members twice yearly	Program Director, coalition partners	Sept. 30, 2020
5 Leadership Team members participate in policy and health equity training	Leadership Team, tobacco policy coordinator, alcohol policy expert	Mar. 30, 2020
2 members attend WI Substance Abuse Prevention Skills Training	Sector reps	June 30, 2020
Train 25 youth at JCC Annual Conference on youth advocacy and health equity	Tobacco coordinator, Project Director, JCC adult leaders	May 31, 2020
Identify 1 adult member and 1 youth to attend the CADCA Midyear Training in 2021	JCC adult leaders, JCC youth	June 30, 2020
Provide training to teachers in the implementation of evidence-based school programs	Teachers, school contacts, curriculum trainer	June 30, 2020

**DFC Goal Two: Reduce Youth Substance Abuse**

**Objective 1:** By October 30, 2020, decrease retailers selling alcohol to youth ages 12-18 from 23% in 2018 to 15% in 2020 as measured by failed compliance checks conducted by local law enforcement.

**Strategy 1: Enhance skills of retailers, law enforcement and youth decoys to successfully complete alcohol compliance checks**

Activity	Who is responsible?	By When?
Provide training to retailers and servers about compliance checks, liquor laws and checking ID	Law enforcement, businesses	Mar. 30, 2020
Research ways to share best practice approach in implementing alcohol compliance checks	Coalition staff, law enforcement	Oct. 30, 2020
Research best recruitment method for youth decoys in alcohol compliance checks	Project Coordinator, local colleges and school contacts	Mar. 30, 2020

**Strategy 2: Change consequences for businesses completing alcohol compliance checks**

Activity	Who is responsible?	By When?
Conduct 30 alcohol compliance checks	Coalition coordinator, law enforcement, youth	June 30, 2020
Develop and offer education to retailers that fail alcohol compliance checks	Coalition staff, law enforcement	Oct. 30, 2020
Publicly thank and list businesses that pass alcohol compliance checks via social media	Program Director, members	Oct. 30, 2020

**Strategy 3: Change physical environment of retail businesses to discourage youth buying and reduce attractiveness of alcohol products**

Activity	Who is responsible?	By When?
Install "We Card" signs at all businesses that sell alcohol	Coalition staff, members, businesses	Mar. 30, 2020
Conduct 10 environmental scans	Youth, coalition members	June 30, 2020
Identify 3 building and sign code violations and the placement of alcohol ads	Coalition members, youth, municipal building inspector	Oct. 30, 2020
Develop strategies with 3 business partners to reduce theft and placement of alcohol products aimed at youth	Coalition staff, youth, business partners	Oct. 30, 2020

**Strategy 4: Develop police department policies that reduce youth access to alcohol products in the retail environment**

Activity	Who is responsible?	By When?
Outreach to police departments to provide technical assistance regarding alcohol compliance checks	Program Director	Dec. 31, 2019
2 police representatives will commit to working on policies and procedures regarding alcohol compliance checks	Program Director, law enforcement	Feb. 28, 2020

**Objective 2: By October 30, 2020, increase youths ages 12-18 perception of parent disapproval of alcohol use from 78% in 2018 to 85% in 2020 as measured by YRBS surveys.**

**Strategy 1: Provide information to parents and other adults to discourage supplying or buying alcohol for youth**

Activity	Who is responsible?	By When?
Disseminate Social Host liability messages using social marketing	Coalition members, school reps, faith reps	May 31, 2020
Distribute educational materials for the state's underage drinking prevention campaign	Coalition members, law enforcement reps, community members, business	May 31, 2020



Develop social marketing campaign targeted at parent or adult buying or providing alcohol	Coalition members, parent reps, school reps, youth	June 30, 2020
Publish 4 articles in school parent newsletter about alcohol risks on brain development	Coalition staff, school reps, school nurses	May 31, 2020
Host 1 community forum to present YRBS survey results and plan priority actions	Youth, coalition staff, school reps, Leadership Team	Oct. 30, 2020

#### Strategy 2: Enhance access to information for Spanish speaking individuals

Activity	Who is responsible?	By When?
Translate newsletters and marketing messages into Spanish	Coalition staff, interpreters	June 30, 2020

Objective 3: By October 30, 2020, increase youths ages 12-18 perceived harm of alcohol use from 78% in 2018 to 85% in 2020 as measured by YRBS surveys.

Strategy 1: Provide support for youth groups to develop peer to peer social norms campaigns to prevent underage alcohol use

Activity	Who is responsible?	By When?
Meet monthly to plan, market, and organize campaigns	Project Coordinator, schools, JCC youth, youth	Apr. 30, 2020
Identify businesses or other partners to help sponsor activities related to campaign	Coalition staff, youth, faith groups	June 30, 2020
Evaluate after each campaign to determine if successful and how they can be improved	Project Director	Sept. 30, 2020

Objective 4: By October 30, 2020, decrease youths ages 12-18 use of alcohol on school grounds or school sponsored events by 5% from baseline as measured by school suspension numbers.

Strategy 1: Support school policies that align with best practices to prevent alcohol use

Activity	Who is responsible?	By When?
Gather school policies on alcohol substance abuse across all school districts	School Action Team, Project Director, school reps	Mar. 31, 2020
School districts will adopt co-curricular code consistent with best practices	Coalition staff, school administration, school board	Oct. 30, 2020

Objective 5: By October 30, 2020, decrease retailers selling tobacco to youth ages 12-18 from 5% in 2018 to 3% in 2020 as measured by failed compliance checks conducted by WI Wins.

Strategy 1: Enhance skills of retailers and youth decoys to successfully complete tobacco compliance checks

Activity	Who is responsible?	By When?
Provide training to retailers about tobacco compliance checks and checking IDs	Law enforcement, businesses, tobacco coordinator	Oct. 30, 2020
Research ways to share best practice approach in implementing tobacco compliance checks	Project Coordinator, local colleges, school contacts	Mar. 30, 2020
Research best recruitment method for youth decoys in tobacco compliance checks	Coalition staff, law enforcement	Mar. 30, 2020

Strategy 2: Change consequences for businesses completing tobacco compliance checks

Activity	Who is responsible?	By When?
Conduct 58 tobacco compliance checks throughout community	WI Wins, law enforcement, youth	July 30, 2020

Give ticket and/or provide education to retailers that fail tobacco compliance checks	Coalition staff, tobacco coordinator, law enforcement	July 30, 2020
Publicly list and thank businesses that pass compliance checks via social media	Program Director, law enforcement	Aug. 31, 2020

**Strategy 3: Change physical environment of retail establishments that sell tobacco products to decrease youth access and prevent sale of tobacco products**

Activity	Who is responsible?	By When?
Conduct 10 environmental scans	Project Coordinator, youth, tobacco coordinator	Sept. 30, 2020
Share results of scan with community members	Coalition members, youth, rotary clubs, community organizations, tobacco coordinator	Oct. 30, 2020
Develop strategies with 3 business partners to reduce theft and placement of tobacco products aimed at youth	Coalition staff, youth, tobacco coordinator	Oct. 30, 2020

**Objective 6: By October 30, 2020, decrease youths ages 12-18 use of tobacco on school grounds or school sponsored events by 5% from baseline as measured by school suspension numbers.**

**Strategy 1: Support school policies that align with best practices to prevent tobacco use**

Activity	Who is responsible?	By When?
Evaluate school policies across all school districts for inclusion of e-cigarette use	Tobacco coordinator, school representatives	June 30, 2020
School districts will adopt co-curricular code consistent with best practices	School Action Team, school administration, school board	Aug. 31, 2020

**Objective 7: By October 30, 2020, increase parents and youths ages 12-18 awareness of youth tobacco use by 10% from baseline, as measured by tracked media impressions.**

**Strategy 1: Provide information to youth and parents about the risks of tobacco use**

Activity	Who is responsible?	By When?
Provide information to parents, youth and community members on website and social media	Project Coordinator	June 30, 2020
Present tobacco use information to 4 health classes and 2 parent groups	Coalition staff, school, tobacco coordinator, faith representatives	June 30, 2020
Write 2 letters to the editors aimed at parents about tobacco use	Coalition staff	June 30, 2020
Host 1 community forum to discuss survey results and plan priority actions	Youth, coalition staff, school representatives, Leadership Team	Oct. 30, 2020

**Strategy 2: Enhance access to information for Spanish speaking individuals**

Activity	Who is responsible?	By When?
Translate newsletters, marketing messages into Spanish	Coalition staff, interpreters	June 30, 2020

**Objective 8: By October 30, 2020, increase youths ages 12-18 perceived harm of tobacco use from 86% in 2018 to 90% in 2020 as measured by YRBS surveys.**

**Strategy 1: Provide support for youth groups to develop peer to peer social norms campaigns to prevent tobacco use**

Activity	Who is responsible?	By When?
Meet monthly with JCC Youth to plan, market, and organize campaigns	Project Coordinator, schools, JCC youth, youth	Apr. 30, 2020

Identify businesses or other partners to help sponsor activities	Coalition staff, youth	June 30, 2020
Evaluate after each campaign to determine if successful and how they can be improved	Program Director	Sept. 30, 2020

#### **4. How will the coalition monitor and evaluate the effectiveness of the 12 – Month Action Plan?**

A. The coalition will collect both quantitative data, including but not limited to core measures, and qualitative data to measure the effectiveness of its action plan by matching indicators to their established logic model and aligning actions to the logic model.

Long-term Indicators	How to be collected?	By who?	How often?
30 day use of alcohol and tobacco	WI YRBS	School sector rep, Program Director	Biennially

Intermediate Indicators	How to be collected?	By who?	How often?
Perception of harm of alcohol and tobacco use	WI YRBS, focus groups	School sector rep, Program Director	Biennially, annually
Perception of peer/parent disapproval of alcohol and tobacco use	WI YRBS, focus groups	School sector rep, Program Director	Biennially
Parental awareness of tobacco products	Parent survey	Program Director	Twice yearly
School referrals/suspensions related to ATOD use	Referral/suspension data	School reps, Program Director	Quarterly

Short-term Indicators	How to be collected?	By who?	How often?
Alcohol and Tobacco Compliance Check rates	Law enforcement report after compliance checks	Law enforcement rep	Twice yearly
Police reports of adults hosting parties	Police reports, youth focus groups	Law enforcement reps, Program Director	Quarterly
Adult arrests/citations for hosting parties	Police reports, interview	Law enforcement rep, Program Director	Quarterly
Police reports on underage drinking	Police reports, interview	Law enforcement rep, Program Director	Quarterly
Number of schools with comprehensive ATOD policies	School policy inventory, interview	School rep, Program Director	Annually
Number of municipalities with maximum license fees	Public record, interview	Program Director	Annually
Media impressions related to tobacco use	Counted and tracked in Reach software	Program Director	Monthly

The coalition will contract with an evaluator who will assist the coalition in developing and implementing a data collection and effectiveness measurement plan, which will include an output monitoring system based on the Centers for Disease Control and Prevention's recommended methodology for community coalitions. This is bolstered by on the ground one-on-one evaluation support from an evaluator. Progress toward expected outcomes will be measured using online monitoring system (Reach Software) that tracks the following six key Coalition outputs: 1. Community Change: Community changes are new or modified programs, policies or practices in the community facilitated by the coalition to reduce substance abuse. 2.

Community Actions: Community actions are the steps taken by the coalition to implement community changes. It is important to track these activities targeting community changes. Outside influences may impact the accomplishment of community changes and tracking these efforts tracks the efforts of the coalition. 3. Services Provided: Services provided are events that are designed to provide instruction or to develop the skills of people in the community. Services provided include classes, programs, screenings, and workshops. Records on services provided include the number of classes or programs conducted and the number of participants in those classes or programs. 4. Media/Information Coverage: Media events are instances of coverage of the initiative, its projects or issues in the newspaper, newsletters, online or on the radio or television. 5. Resources Generated: Acquisition of funding for the initiative through grants, donations or gifts-in-kind. Resources generated can include money, materials and people's time. 6. Organizational Improvements are classified in three ways: Organizational Change; Training Attended; and Technical Assistance.

Using online software, the coalition will collect information related to key events occurring outside the control of the coalition and indicator data. The coalition will also collect trend data on coalition short-term, intermediate and long-term indicators.

An evaluation team will be created to collaborate with our evaluator and do regular analysis of the coalition outputs. As the number of coalition outputs in the online documentation software increase and indicator data is updated, an analysis of contribution for specific local conditions, risk factors and ultimately problems will occur to review coalition efforts in relation to changing community behaviors. The analysis of contribution includes the following steps 1. Collection of dose (outputs); 2. Establish a time sequence; 3. Demonstration of a plausible mechanism; 4. Account for alternative explanations and 5. Showing similar effects in similar contexts. In addition to determining outcome successes, the coalition will also review its efforts regarding building community collaboration, increasing membership, and engaging new areas of the coalition. The coalition will track its membership numbers, number of partnerships, training and technical assistance utilized, and organizational development to identify its key successes as related to Goal 1 of the DFC program. Yearly coalition capacity surveys will allow for this evaluation to take place in addition to a review of existing records.

B. The use of output data obtained from Reach dashboards, as well as mid-year, annual, and coalition capacity reports will assist in transferring the information to the community in manageable language. The coalition will focus on presenting data collected and coalition efforts in that area to specific sectors in a fashion that is relevant to them, i.e. "where kids get alcohol," to the parents, and compliance check data to retailers. The coalition will communicate about its activities and outcomes through various mechanisms including social media, email lists, newsletters, web site, and reports. Information will be shared to parents through the school newsletter, school text messages or automated school phone calls. Press releases and articles will be sent to local media contacts. Coalition leaders will connect with newspapers and radio contacts to reach older adults through this media. An annual report and a one-pager highlighting the coalition successes will be available in print and online. This will be shared with the Jefferson County Board of Health, the Jefferson County Board and other policy makers. The one-pager will also be used for outreach and recruitment efforts, and will be tailored for specific audiences. A community forum will be planned annually to share information with community about the YRBS survey and prioritize action plans. Additionally, information about the coalition will be translated into Spanish and reviewed for cultural sensitivity. This will be for both print and electronic communication. The coalition will continue to work with the publisher of the

Spanish language newsletter for inclusion of articles and professional interpreters who have provided services at previous coalition sponsored events.

**5. How will the coalition engage youth in its efforts to prevent youth substance use?**

A. Youth members are represented by Jefferson County Connections (JCC), an organization of youth from 4 high schools in Jefferson County. JCC student representatives plan drug free activities throughout the year and organize an annual youth leadership conference. JCC student representatives recruit youth through one on one school contacts and the offered social activities. JCC's adult mentors and school sector representatives facilitate communication between the youth and Jefferson County Drug Free Coalition. Adult mentors recruit youth through a variety of school clubs, such as student council, Spanish club and community service clubs. They also administer a survey at the annual conference to measure satisfaction with the conference and to gauge their interest in being a JCC youth representative the following year. The coalition retains youth by offering them skills to become leaders and to make positive life choices. For example, this year's conference featured a poverty simulation, vaping and tobacco use information, and a discussion about discrimination. Youth also receive an informal orientation at time of joining. JCC adult mentors provide guidance and support to JCC youth at monthly meetings. They provide the supplies, transportation, and other funding as needed, in order to make the activities successful. The coalition has plans to ensure that youth membership is representative of the community it serves by expanding its outreach to youth outside of JCC. These populations would include youth in the middle schools and the smaller school districts that are not involved in JCC. The coalition plans to reach out to churches, especially those that serve a large Hispanic population to recruit youth. The coalition has reached out to one large faith-based youth organization through its faith sector representatives and has plans for a future collaboration. Lastly, the coalition has made plans to reach out to high risk youth who are involved in the youth justice and youth empowerment programs within Jefferson County Human Services.

B. The coalition will collect both quantitative and qualitative data to measure the effectiveness of youth engagement projects that are aligned to the coalition's logic model and work plan. The following table describes how the coalition will evaluate the effectiveness of youth engagement:

Indicator	How to be selected?	Who will collect it?	How often?
Number of youth who join coalition	Coalition membership, JCC annual survey	Program Director, JCC adult mentor	Quarterly, annually
Youth member retention	Coalition membership	Project Coordinator, JCC adult mentor	Annually
Youth level of engagement	Annual JCC youth survey	JCC adult mentor	Annually
Youth involved on Leadership Team	Coalition membership	Program Director	Annually
Number of youth engaged in skill building	Conference, training and meeting attendance	Project Coordinator, JCC adult mentor	Monthly
Skill and knowledge attainment	Pre and post surveys	Project Coordinator	Quarterly
Outcomes of youth advocacy projects	Count and track in Reach software	Project Coordinator, JCC adult mentor	Monthly
Media impressions	Count and track in Reach software	Program Director	Monthly

**Budget Narrative and Justification****Drug Free Communities Grant Program effective October 31, 2019 – October 30, 2020****Jefferson County Drug Free Coalition****A. Personnel:****Table 4: FEDERAL REQUEST**

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Program Director	Emi Reiner	\$71,076	50%	\$35,538
(2) Project Coordinator	TBD	\$40,000	100%	\$40,000
			<b>Total</b>	<b>\$75,538</b>

**NARRATIVE JUSTIFICATION:** (1) The Program Director provides oversight of DFC grant activities, including documentation of DFC grant funds, data collection, evaluation, training, and implementation of the work plan. (2) The “Contracted” Project Coordinator assists with public outreach, recruitment, providing support for youth engagement efforts, and other duties as assigned by the Program Director.

**Table 5: NON-FEDERAL MATCH**

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Administrator	Gail Scott	\$111,403	10%	\$11,140
(2) Financial Manager	Sandee Schunk	\$55,610	5%	\$2,781
			<b>Total</b>	<b>\$13,921</b>

**NARRATIVE JUSTIFICATION:** (1) The Project Administrator provides oversight of the DFC Support Program, including fiscal and personnel management, and will lead efforts to create an infrastructure and a sustainability plan for future programs and services. (2) The Financial Manager will ensure payment of accounts payable and submit quarterly reports to grantor and coalition.

**SOURCE OF MATCH FUNDS:** Jefferson County Health Department**FEDERAL REQUEST: \$75,538****NON-FEDERAL MATCH: \$13,921****B. Fringe Benefits****Table 6: FEDERAL REQUEST**

Component	Rate	Wage	Cost
FICA	7.65%	\$35,538	\$2,719
Retirement	6.75%	\$35,538	\$2,399
Insurance	26%	\$35,538	\$9,240
		<b>Total</b>	<b>\$14,358</b>

**NARRATIVE JUSTIFICATION:** Fringe benefits reflects current rate for agency.

**Table 7: NON-FEDERAL MATCH**

Component	Rate	Wage	Cost
FICA	7.65%	\$13,921	\$1,065
Retirement	6.75%	\$13,921	\$940
Insurance	26 %	\$13,921	\$3,619
		<b>Total</b>	<b>\$5,624</b>

**NARRATIVE JUSTIFICATION:** Fringe benefits reflects current rate for agency.

**SOURCE OF MATCH FUNDS:** Jefferson County**FEDERAL REQUEST: \$14,358**



**NON-FEDERAL REQUEST: \$5,624****C. Travel****Table 10: FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(1) Coalition Academy Week 1	Arlington, VA	Airfare	\$325/flight x 2 persons	\$650
(2) Coalition Academy Week 1	Arlington, VA	Car Rental	\$200/week, unlimited mileage	\$200
(3) Coalition Academy Week 2	Arlington, VA	Airfare	\$325/flight x 2 persons	\$650
(4) Coalition Academy Week 2	Arlington, VA	Car Rental	\$200/week, unlimited mileage	\$200
(5) Coalition Academy Week 3	Arlington, VA	Airfare	\$325/flight x 2 persons	\$650
(6) Coalition Academy Week 3	Arlington, VA	Car Rental	\$200/week, unlimited mileage	\$200
(7) WI Prevention Training	TBD	Hotel	\$82/night x 2 persons	\$164
(8) WI Prevention Training	TBD	Per Diem (meals)	\$38/day x 2 days	\$76
(9) Local travel	County wide	Mileage	1,000 miles x 0.58/mile	\$580
		<b>Total</b>		<b>\$3,370</b>

**NARRATIVE JUSTIFICATION:** (1-6) The grant will provide for two coalition staff to attend the required Coalition Academy for new DFC grantees. (7-8) Two coalition members will attend the WI Substance Abuse Prevention Regional Training. (9) Approximately 1,000 miles of travel is predicted for the Project Coordinator to do outreach and attend events and meetings. Local travel rate is based on the agency's mileage reimbursement rate.

**Table 9: NON-FEDERAL MATCH**

Purpose of Travel	Location	Item	Rate	Cost
(1) Coalition implementation	Coalition meetings	Mileage	Average 15 miles/meeting x 468 meetings x 0.58/mile	\$4,072
(2) Local travel	Outreach activities	Mileage	1000 miles x 0.58/mile	\$580
		<b>Total</b>		<b>\$4,652</b>

**NARRATIVE JUSTIFICATION:** (1) 12 coalition members will attend 12 meetings per year; 6 Leadership Team members will attend 12 meetings per year; 20 youth members will attend 8 JCC meetings per year; 4 coalition members will attend 6 youth meetings per year; 10 coalition members will attend 2 community events; 6 coalition members will attend 4 Action Team meetings; 6 coalition members will attend 2 School Action Team meetings; and 6 coalition members will participate in 2 trainings for retailers and servers. (2) Coalition staff outreach activities will total 1,000 miles per year. Local travel rate is based on the agency's mileage reimbursement rate.

**SOURCE OF MATCH FUNDS:** Coalition members, schools, Jefferson County

**FEDERAL REQUEST: \$3,370**

**NON-FEDERAL MATCH: \$4,652**

**D. Equipment: None**

**E. Supplies:****Table 12: FEDERAL REQUEST**

Item(s)	Rate	Cost
(1) Coalition promotional items	1,000 items @\$2.50 each	\$2,500
(2) Laptop Computer/tablet	\$1,000	\$1,000
(3) Printer	\$300	\$300
	<b>Total</b>	<b>\$3,800</b>

**NARRATIVE JUSTIFICATION:** (1). Pens, magnets, and other giveaways for coalition promotion activities and outreach. (2). Computer for Project Coordinator. (3) Printer for Program Director.

**Table 13: NON-FEDERAL REQUEST**

Items(s)	Rate	Cost
(1) General office supplies	\$50/mo. x 12 months	\$600
(2) Postage	\$37/mo. x 12 months	\$444
(3) Copies	10,000 copies x 0.10/copy	\$1,000
(4) Computer software	\$125	\$125
	<b>Total</b>	<b>\$2,169</b>

**NARRATIVE JUSTIFICATION:** (1) Office supplies used by schools and coalition partners for coalition communication; (2) Postage for school newsletters and back pack flyers sent to parents (3) Copies for meetings, flyers, and newsletters; (4) Updated computer software for coalition staff.

**SOURCE OF MATCH:** All 8 school districts in Jefferson County, Jefferson County, coalition members, stakeholders and community partners.

**FEDERAL REQUEST: \$3,800**

**NON-FEDERAL REQUEST: \$2,169**

**F. Contract****Table 14: FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
(1) To be selected	Evaluation	\$100/hour x 100 hours to include collection of core measures, creation of evaluation report, coalition evaluation support, and activity evaluation support, pre/post survey development		\$10,000
(2) Law Enforcement	Alcohol Compliance Checks	\$50/check x 30 checks		\$1,500
(3) Youth	Alcohol Compliance Checks	\$20/check x 30 checks		\$600
(4) Advertising	Newspaper	\$197/ad x 12 ads		\$2,364
(5) Advertising	Cinema	\$2,500 for 13 weeks plus \$1,500 for digital ad targeting		\$4,000
(6) Training and technical assistance	To be decided	\$100/hour	88 hours x \$100/hour	\$8,800

			<b>Total</b>	<b>\$27,264</b>

**NARRATIVE JUSTIFICATION:** (1) The evaluator will help develop the monitoring and evaluation plan, create the survey tools, and write an annual evaluation report. (2) Law enforcement will conduct 30 alcohol compliance checks using youth decoys. (3) Youth will receive incentives for participating in alcohol compliance checks. (4) Advertising and marketing for hiring the Project Coordinator for up to two months, coalition events, and recognition of businesses that do not sell alcohol or tobacco products to minors. (5) 13 weeks of onscreen ads plus digital ad targeting. (6) Training and technical assistance needs as determined by the coalition.

**Table 15: NON-FEDERAL MATCH**

Name	Service	Rate	Other	Cost
(1) Coalition members	Participation in coalition activities as outlined in the 12 month action plan	\$24.69/hour	15 members x 5 hours/month x 12 months x \$24.69/hour	\$22,221
(2) Community Forum (2 total)	Attend Community Forum	\$24.69/hour	50 attendees x 3 hours x 2 forums \$24.69/hour	\$7,407
(3) Youth Leadership Conference (annually)	Attend Youth Leadership Conference (100 youth)	\$8/hour	100 youth x 6 hours x \$8	\$4,800
(4) Youth Leadership Conference (annually)	Attend Youth Leadership Conference (12 adult members)	\$24.69/hour	12 members x 6 hours x \$24.69/hour	\$1,777
(5) JCC youth meetings (monthly)	Attend JCC and other youth group meetings	\$8/hour	20 youth x 2 hours/meeting x 15 meetings x \$8	\$4,800
(6) JCC youth sponsored drug free activities (quarterly)	Attend JCC sponsored drug free activities	\$8/hour	100 youth x 3 hours x \$8/hour	\$2,400
(7) JCC youth social marketing campaign	Volunteer, develop social marketing campaign	\$8/hour	25 youth x 20 hours x \$8	\$4,000
(8) Tobacco coordinator	Coordination of environmental scan, tobacco education and policy evaluation	\$24.69/hour	14 hours/week x 52 weeks x \$24.69/hour	\$17,974
(9) WI Wins	Tobacco compliance checks (58 checks/year)	\$66/check	58 checks x \$66	\$3,828
(10) Law enforcement	Alcohol Compliance Checks	\$50/hour	\$50/hour x 10 hours	\$500
(11) Law enforcement	Participate in Drug take backs (52 hours/year)	\$24.69/hour	52 hours/year x 9 police depts x \$24.69/hour	\$11,554
(12) Alcohol Server & Tobacco training (annually)	Attend Alcohol Server & Tobacco training (40 attendees)	\$24.69/hour	40 attendees x 2 hours x \$24.69/hour	\$1,975

(13) Training on evidence-based programs	Attend Training on evidence-based programs	\$24.69/hour	35 teachers x \$24.69/hour	\$864
(14) Media sponsorship	Radio and print	\$35/hour	\$35/hour x 20 hours	\$700
(15) Media sponsorship	Cinema ads	\$1,000 for 13 weeks		\$1,000
			<b>Total</b>	<b>\$85,800</b>

**NARRATIVE JUSTIFICATION:** (1) Coalition member contribution is based on the total amount of time members will spend on activities as outlined in the 12-month action plan. The hourly rate is calculated by the value of volunteer time for 2018. (2) The Community Forum is outlined in the action plan. (3-7) Youth member participation is based on the activities outlined in 12-month action plan. (8) The tobacco coordinator will provide oversight of the environmental scan, policy evaluation and the tobacco compliance checks, as outlined in the action plan. (9) WI Wins is the program that conducts tobacco compliance checks throughout the county. (10) Law enforcement will conduct additional alcohol compliance checks. (11) All 9 police department agencies have a medication drop box and participate in biannual drug take back events. (12) The coalition will provide training to businesses and community members about the responsible sale of alcohol and tobacco products. (13) The coalition will provide training to teachers about evidence-based prevention programs in the schools. (14) Media coverage includes time for radio interviews, researching and writing articles. (15) NCM will provide 25% match on 13 weeks of cinema ads worth \$1,000.

**SOURCE OF MATCH FUNDS:** Coalition members, youth, law enforcement, schools, tobacco coordinator, businesses

**FEDERAL REQUEST: \$27,264**

**NON-FEDERAL MATCH: \$85,800**

#### **G. Construction: NOT ALLOWED**

#### **H. Other**

**Table 16: FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Annual CADCA membership	Annual	\$300
(2) WI Prevention Conference registration	\$185/person x 2 persons	\$370
	<b>Total</b>	<b>\$670</b>

**JUSTIFICATION:** (1) Annual CADCA membership fee. (2) Registration for 2 people to attend the Wisconsin Substance Abuse Prevention Training.

**Table 17. NON-FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Space Rental for events	\$200/event x 6 events	\$1,200
(2) Telephone/Internet Service	\$150/mo. x 12 mo.	\$1,800
(3) Computer/Tech Support	\$100/mo. x 12 mos.	\$1,200
(4) Spanish translation and interpreter services	\$40/hour x 20	\$800
(5) Coalition meeting space (40	\$100/meeting x 40	\$4000

meetings/year)		
(6) Office space rental for staff	92.7 square feet x \$19.62/sq. feet	\$1,818
(7) Youth meetings (8/year)	\$100/meeting x 8	\$800
(8) Coalition storage rental	62 square feet x \$19.62/sq. feet	\$1,216
	<b>Total</b>	<b>\$12,834</b>

**JUSTIFICATION:** (1) Space rental for the 3 youth activities, 1 youth conference and 2 community forums. (2) Telephone and internet support for Program Director. (3) Computer and tech support for the Program Director. Telephone, Internet and tech support is provided by Jefferson County. (4) Spanish translation and interpreter services for doing outreach to Spanish speaking youth and parents will be donated by coalition members, schools and Jefferson County. (5) Coalition meeting space for monthly meetings is donated by community partners. (6) Office rental costs for coalition staff is donated by Jefferson County. (7) Meeting space is for various youth and coalition activities outlined in the action plan. (8) Coalition storage is supplied by Jefferson County.

**SOURCE OF MATCH FUNDS:** Media, community partners, Jefferson County

**FEDERAL REQUEST: \$670**

**NON-FEDERAL MATCH: \$12,834**

**Indirect cost rate: N/A**

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A): \$125,000**

**NON-FEDERAL MATCH – (enter in Section B column 2 line 6i of form SF-424A): \$125,000**

**INDIRECT CHARGES:**

**FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A): \$0**

**NON-FEDERAL MATCH – (enter in section B column 2 line 6j of form SF-424A): \$0**

**TOTAL: (sum of 6i and 6j):**

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) \$125,000**

**NON-FEDERAL MATCH - (enter in Section B column 2 line 6k of form SF-424A) \$125,000**

**Provide the total proposed project period and federal funding as follows:**

**Proposed Project Period**

a. Start Date: 10/31/2019

b. End Date: 10/30/2024

**Table 18: BUDGET SUMMARY**

Category	Federal Request	Non-Federal Request	Total
Personnel	\$75,538	\$13,921	\$89,459

<b>Fringe</b>	<b>\$14,358</b>	<b>\$5,624</b>	<b>\$19,982</b>
<b>Travel</b>	<b>\$3,370</b>	<b>\$4,652</b>	<b>\$8,022</b>
<b>Equipment</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Supplies</b>	<b>\$3,800</b>	<b>\$2,169</b>	<b>\$5,969</b>
<b>Contractual</b>	<b>\$27,264</b>	<b>\$85,800</b>	<b>\$113,064</b>
<b>Other</b>	<b>\$670</b>	<b>\$12,834</b>	<b>\$13,504</b>
<b>Total Direct Costs</b>	<b>\$125,000</b>	<b>\$125,000</b>	<b>\$250,000</b>
<b>Indirect Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Project Costs</b>	<b>\$125,000</b>	<b>\$125,000</b>	<b>\$250,000</b>

**Table 19: FUTURE YEARS BUDGET SUMMARY**

Projected Future Years	Federal Request	Non-Federal Match
Year 2	\$125,000	\$125,000
Year 3	\$125,000	\$125,000
Year 4	\$125,000	\$125,000
Year 5	\$125,000	\$125,000
<b>TOTAL (2-5 )</b>	<b>\$500,000</b>	<b>\$500,000</b>

**Table 20: FUTURE YEARS AND PROJECTED TOTAL\***

Category	2 <sup>nd</sup> Project Year Federal	2 <sup>nd</sup> Project Year Match	3 <sup>rd</sup> Project Year Federal	3 <sup>rd</sup> Project Year Match	4 <sup>th</sup> Project Year Federal	4 <sup>th</sup> Project Year Match	5 <sup>th</sup> Project Year Federal	5 <sup>th</sup> Project Year Match
Personnel								
Program Director	\$35,538	\$0	\$36,782	\$0	\$38,609	\$0	\$39,941	\$0
Project Coordinator	\$40,000	\$0	\$40,400	\$0	\$40,804	\$0	\$41,212	\$0
Project Administrator	\$0	\$11,140	\$0	\$11,530	\$0	\$11,934	\$0	\$12,352
Financial Manager	\$0	\$2,781	\$0	\$2,878	\$0	\$2,979	\$0	\$3,083
Fringe Benefits	\$14,358	\$5,624	\$14,859	\$5,821	\$15,598	\$6,025	\$16,136	\$6,236
Travel	\$3,370	\$4,652	\$2,525	\$4,652	\$1,500	\$4,652	\$1,500	\$4,652
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$2,500	\$2,169	\$2,500	\$2,169	\$2,500	\$2,169	\$2,500	\$2,169
Contract								
Evaluation	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000	\$0
Targeted Media	\$6,364	\$1,700	\$6,364	\$1,700	\$6,364	\$1,700	\$6,364	\$1,700
Training	\$10,100	\$2,839	\$8,800	\$2,839	\$6,855	\$2,839	\$4,577	\$2,839
Compliance Checks	\$2,100	\$4,328	\$2,100	\$4,328	\$2,100	\$4,328	\$2,100	\$4,328



Coalition Members	\$0	\$76,933	\$0	\$76,933	\$0	\$76,933	\$0	\$76,933
Other	\$670	12,834	\$670	\$12,150	\$670	\$11,441	\$670	\$10,708
Total Direct Costs	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A): \$125,000

**\*FOR REQUESTED FUTURE YEARS:**

- (1) The budgeted amount for travel is the same in Year 1 as in Year 2 because the coalition plans to attend the CADCA Midyear training in Year 2. Starting in Year 3, the travel budget decreases because it is anticipated that the coalition will be attending fewer out of state trainings. The budgeted amount for supplies will decrease in Years 2 through 5 because the computer, printer and hardware will not need replacement after Year 1. The budgeted amount for training in Year 2 is higher than in Year 1 because the coalition anticipates expenses for developing a web site in Year 2. However, the budgeted training costs will decrease between Budget Years 3 through 5 because it is anticipated that the coalition will require less training in the last 3 years of this grant period.
- (2) For Year 2, the anticipated costs for salaries will remain the same as in Year 1. For Years 3 to 5, salaries are based on a 1% Cost of Living increase per year plus 2.5% employee step increases per pay grade. Fringe benefits will increase according to salary increases. The Project Coordinator salary is based on a 1% Cost of Living increase per year.

**Public Health Preparedness Meeting/Trainings**  
**January 1, 2019 – July 1, 2019**

National Weather Service (NWS) Alerts and Webinars
South Central Wisconsin Healthcare Emergency Readiness Coalition meetings
Emergency Medical Services (EMS) Association meetings
Local Emergency Planning Committee (LEPC) meetings
Public Health Emergency Preparedness (PHEP) Q&A Webinars
Spring Flood Outlook Training
Flood Risk Mapping Training
SCWIHERC Family Assistance Center Workshop
PHEP Presentations to UW and Edgewood College Nursing Student with Emergency Management

## **Public Health Program Statistics 2019**

Public Health Statistics	2018	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2019
Blood Lead Level Screenings	468	31	33	34	40	33	26							197
Blood Lead Level (> 10ug/dL)	6	1	0	0	0	0	0							1
Blood Lead Levels (5-9 mcg/dL)	24	1	3	0	1	0	1							6
PHN Well Water Samples	21	6	5	0	1	1	0							13
Car Safety Seat Inspections	101	11	3	19	3	13	5							54
Cribs for Kids/ Safe Sleep	12	2	1	1	2	0	0							6
County Jail Client Visits	4095	281	297	307	316	361	330							1892
Jail immunizations	47	7	13	7	0	20	0							47
Comm Disease Confirmed/Probable	490	35	54	46	38	32	33							238
Specimen submission for rabies	24	1	1	1	1	0	1							5
Healthy Smiles Referrals	43	2	2	5			x			x			x	9
Fluoride Varnish Contacts	97	8	3	5	0	4	1							21
Mental Health CSP Visits	678	64	58	57	68	55	52							354
Prenatal Care Coordination visits	63	3	4	3	5	6	2							23
First Breath Enrollees	5			2	0	0	x			x			x	2
Talk Read Play/ parenting home visits	26	4	7	8	6	14	5							23
ASQ developmental screenings	43	4	4	4	2	2	1							44
Public Health Contacts	2908	216	207	164	130	172	88							977
Immunizations Given	1278	34	48	18	58	54	27							239
Immunization Clients	854	13	18	9	15	26	14							95
Office Clients Blood Pressures	27	3	1	1	1	-	-	-	-	-	-	-	-	6
Office Clients Mental Health Meds	223	22	20	22	19	17	17							117
Office Clients TB Skin Tests	205	11	9	19	17	12	9							77
Office Pregnancy Tests	46	3	2	4	2	1	4							16
WIC Monthly Caseload Average	1251	1106	1100	1066	1060	1069	1027							86%
WIC Breastfeeding Peer Support Visits	500	40	28	38	39	52	44							241



**Wisconsin Department of Health Services  
Division of Public Health  
PHA VR - WEDSS**

**County Board of Health Report**

**Jurisdiction: Jefferson County**

**Received Date: 6/1/2019 to 6/30/2019**

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CHLAMYDIA TRACHOMATIS INFECTION	17	0	1	0	18
PERTUSSIS (WHOOPING COUGH)	0	0	5	7	12
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	1	0	0	5	6
HEPATITIS C, CHRONIC	0	0	2	3	5
LYME LABORATORY REPORT	0	0	4	0	4
SALMONELLOSIS	2	2	0	0	4
E-COLI, ENTEROPATHOGENIC (EPEC)	0	1	2	0	3
GONORRHEA	2	0	1	0	3
CAMPYLOBACTERIOSIS	0	1	1	0	2
MUMPS	0	0	0	2	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	2	0	0	0	2
VARICELLA (CHICKENPOX)	0	0	0	2	2
E-COLI, SHIGA TOXIN- PRODUCING (STEC)	1	0	0	0	1
GIARDIASIS	1	0	0	0	1
LYME DISEASE (B.BURGDORFERI)	0	0	1	0	1
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	1	0	0	0	1
MYCOBACTERIAL DISEASE (NON- TUBERCULOUS)	1	0	0	0	1
Q FEVER, unspecified	0	0	1	0	1

*Investigation:*



Disease	Confirmed	Probable	Suspect	Not A Case	Total
SHIGELLOSIS	1	0	0	0	1
<b>Total</b>	<b>29</b>	<b>4</b>	<b>18</b>	<b>19</b>	<b>70</b>

Default Filters: 'State' EQUAL TO 'WI'

**Women's Health-Family Planning/Reproductive Health Program- Dual Protection Site Visit Checklist**

**Organization:**

<b>Section One: Basic Dual Protection Interventions</b>	<b>Verification</b>	<b>Notes</b>
<b>1 <u>STD Testing and Treatment:</u></b>		
1.1 Patient has completed STD/STI Test History and Assessment Form		
1.2 Chlamydia (CT) and Gonorrhea (GC) screening, including these sources: GC/CT testing in women, a self-collected vaginal (SCV) swab is the recommended method. Urine is an alternative. Urogenital GC/CT testing in men		
1.3 Follows the WI Women's Health Family Planning (WH FP) Selective Screening Criteria for CT and GC testing as shaded on the STD/STI Test History and Assessment Form		
1.4 Human Immunodeficiency Virus (HIV) Screening on site		
1.5 Syphilis Screening- blood specimen on site or by referral (optional)		
1.6 STI treatment medications available on site		
1.7 Educational/Anticipatory Guidance and PT Ed materials given		
1.8 Standard Dual Protection Kit Provided		
<b>2 <u>Pregnancy Testing:</u></b>		
2.1 Patient has completed Pregnancy Test History and Assessment Form		
2.2 Pregnancy test supplies available on site		
2.3 Implement Contraceptive Education/Counseling and Coordination of Care		
2.4 On site laboratory		
2.5 Offer an initial supply of contraception on site (oral hormonal and depo)		
2.6 Capacity for Medicaid BadgerCare Express Enrollment for Pregnant Women		
2.7 Educational/Anticipatory Guidance and PT Ed materials given		
2.8 Standard Dual Protection Kit Provided		
<b>3 <u>Dual Protection Kits and Education:</u></b>		
3.1 Patient has completed Dual Protection History and Assessment Form		



**Women's Health-Family Planning/Reproductive Health Program- Dual Protection Site Visit Checklist**

3.2 Standard Dual Protection Kit (36 male condoms, 2 female condoms and 2 emergency contraceptives) provided		
3.3 Warm Referral to medical home given		
3.4 Educational/Anticipatory Guidance and PT Ed materials given		
<b>4 Primary Initial Contraceptive Method:</b>		
4.1 Patient has completed Initial Contraception History and Assessment Form		
4.2 Limited provision of contraceptives on site (oral hormonal and depo)		
4.3 Warm referral to local full service family planning provider		
4.4 Video Assisted Capacity (optional)		
4.5 Contraceptive Assessment performed		
4.6 Educational/Anticipatory Guidance and PT Ed materials given		
4.7 Standard Dual Protection Kit Provided		
<b>5 Health Insurance Eligibility Screening and Enrollment (FPOS):</b>		
5.1 Family Planning (PT 71) Medicaid Certified		
5.2 Express Enrollment (online capacity for FPOS)		
5.3 Tracking system to assure Continuous Enrollment into FPOS		
<b>Section Two: For All Patients</b>	<b>Verification</b>	<b>Notes</b>
<b>1 Health Insurance Eligibility Screening and Enrollment (FPOS):</b>		
1.1. Patient was screened for eligibility for FPOS		
1.2. Patient was eligible for FPOS		
1.3. Patient was temporarily enrolled?		
1.4. Clinic submitted Continuous Enrollment application for the patient		
<b>2 Documentation:</b>		
2.1. Written consent for release of patient information is obtained		
2.2. Patient has signed HIPAA acknowledgement form		

**Women's Health-Family Planning/Reproductive Health Program- Dual Protection Site Visit Checklist**

2.3. Details of encounter and interventions for all components of care is accounted for in the Patient Health Care Record		
2.4. Services and supplies provided and received is verified by patient and staff signatures		
2.5. Assure use of Client Visit Record (billing sheet) for each visit		
2.6. Assure accurate CPT and ICD-10 Coding proficiency		
2.7. All services and supplies and other pertinent transaction details is recorded in the Client Visit Record (CVR)		
2.8. All procedures and codes recorded on the CVR are supported by documentation in the Patient Health Care Record		
<b>Section Three: Administrative</b>	<b>Verification</b>	<b>Notes</b>
<b>1 Services, Privacy, and Financial:</b>		
1.1. Assure agency schedule of charges for all dual protection services		
1.2. Assure patient privacy and confidentiality: mechanisms are in place (from initial contact through registration and enrollment; provision of services, referral and administrative functions; including data management and billing) to protect the privacy of all patient information including their status as a family planning patient		
1.3. "No-contact" patient record clearly and conspicuously flagged per agency policy to prevent unauthorized contact.		
1.4. Assure financial processes in place for documenting the visit, billing appropriately, verifying billing and remittance		
<b>2 Agreements</b>		
2.1. Comply with all State Statutes that pertain to Family Planning program-list references		
2.2. Assure standing orders are signed from Medical Director for providing ALL dual protection services; STD testing and treatment, PG testing, DP supplies and provision for an initial supply of contraception		
2.3. Establish a WI State Laboratory of Hygiene Account and Business Agreement		
2.4. Establish a STD program business agreement included process for 340 B program		
2.5. Establish billing method - PT 71 certification		
2.6. Partnership Agreement with full service family planning provider- for continuous supplies and reproductive home		

**Women's Health-Family Planning/Reproductive Health Program- Dual Protection Site Visit Checklist**

2.7. Capacity for Video Assisted Patient Services (VAPS) (optional)		
2.8. Identified vendor for contraceptive supplies and dual protection supplies		
2.9. Provide trauma informed care approaches to all patients		
2.10. If appropriate, local pharmacy business agreement		
<b>3 Facilities</b>		
3.1. Assure compliance with Lab set-up (CLIA, WSLH, OSHA, DOT (handling, packaging and transporting lab specimens		
3.2. Procurement of all lab supplies and medicines for all essential services		
3.3. Quality assurance system (practice standards, patient privacy, confidentiality, audit systems and record or EMR security)		
3.4. Physical space and equipment for service provision		
3.5. Commitment to staff proficiency and training		
3.6. Routine medical supplies (paper goods, syringes etc.)		
<b>4 Quality Control</b>		
4.1 A monthly detailed review of patient records (randomly selected) and documentation throughout the entire chain of service documentation.		
4.2 A formal organized internal process, including a record of findings, corrective actions and appropriate follow-up.		

## Partnering with a WI Health System to Optimize Opioid Stewardship Across the Care Continuum

Project Details	
Time line	1 year (July 2019 – June 2020)
Sponsor	UW-Madison Institute for Clinical and Translational Research
Partners	UW School of Pharmacy Fort HealthCare

There is a critical need to address the opioid crisis in Jefferson County, Wisconsin where the death rate due to opioids has nearly tripled in recent years. Fort HealthCare (FHC), the primary health care system and only hospital in Jefferson County, has recognized this public health crisis and has been activated to address it.

An opioid stewardship program (OSP) involves coordinated activities designed to improve, monitor, and evaluate opioid use. OSPs are ideal for comprehensively addressing ways that opioids are prescribed, promoting treatment of opioid problems, educating patients about safe opioid use, and employing existing technology to assess OSP benefits.

With support from the University of Wisconsin Institute for Clinical and Translational Research, the University of Wisconsin School of Pharmacy Sonderregger Research Center for Improved Medication Outcomes (SRC) is partnering with FHC to develop a community-wide multicomponent sustainable intervention in which FHC will be at the center, with research support provided by researchers in the SRC, and buy-in and implementation support from the community partners (see figure).

This project is crucial to developing a real-world OSP that addresses the concerns and leverages the assets for all members of the community that have been touched by the opioid crisis. It is imperative that as many stakeholders as possible guide the development, implementation, and evaluation of this intervention.

The project goals are to:

- choose OSP goals that are important to FHC and Jefferson County,
- describe how stakeholders decide on OSP activities needed to achieve these goals, and
- begin deciding on OSP activity features, including objectives, resources, outcome measures, and success criteria.

This project will involve a series of problem-solving sessions for actively engaging stakeholders to decide on OSP activity features. We will recruit 10 participants from each of three stakeholder groups: 1. FHC providers, 2. community health stakeholders, and 3. patients affected by the opioid crisis.

Importantly, this project supports federal and state efforts to reduce opioid harms, and will serve as a model for how communities can effectively plan and coordinate activities responding to the opioid crisis. Findings from this project also will expand FHC's ability to plan, create, and draft OSP policies within their health system. Ultimately, these health system changes have the potential not only to improve treatment decisions and patients' health, but also to save patients' lives.

For more information, contact Martha Maurer, Project Manager, at [mamaurer@wisc.edu](mailto:mamaurer@wisc.edu)







## Jefferson County Health Department

### January 2019 Monthly Report

#### Financial Report

Due to 2018 close-out still in process by Finance, December Financial Report is not available.



Craig Holler, Emi Reiner and Michael Clish at WFAW

#### Car Seat Update by Vicki Gallardo, RDT

We did 11 car safety seat checks last month.

10 Bureau of Transportation Safety grant seats were provided and 1 non-grant was checked for proper installation.



#### Jefferson County Drug Free Coalition by Emi Reiner, MPH, BSN, RN

Outreach at the Cambridge Wellness Fair - table for the Health Department, WIC and the Drug Free Coalition – 200 community members attended.

Completed the midterm report for the STR Opioid Grant – 30 medication lock bags and 1,000 deactivation kits distributed, one town hall completed out of 2 planned.

Alliance for Wisconsin Mini-Grant application was submitted – funds will go to the Youth Leadership Conference and the Prom Campaign to prevent underage drinking.

Radio program with Michael Clish to promote the Drug Take Events and Narcan trainings (photo below).

Coalition members met with Representative Cody Horlacher about prevention priorities in the county.

Presented to the Building & Grounds and Fair Park Committees about tobacco free fair park policy.

7 Facebook posts in January with the most engagement with Narcan training postings; page views up 200% compared to previous month; engagement increased 50% from previous month; 2,800 people reached, up 80% from previous month.



#### Director's Report by Gail Scott, BSN, RN

I applied for a United Way grant to support the purchase of books for the Talk Read Play program. Interviews in February.



I requested and obtained a \$2,500 grant from Aurora Health Care for the purchase of cribs for the Cribs for Kids program.

I met with Sharon Olson, Jefferson County ADRC and Jim Acker, Watertown EMS to facilitate a pilot Falls Prevention program.

#### Trauma Informed Care by Mary Bender, BSN, RN

The Health Department staff was trained on "Trauma Informed Care" in January.

Diane, Mary and Amy also attended an Introduction to Compassion Resilience training sponsored by the Greater Watertown Community Health Foundation. Staff will be attending a full day facilitation training that we can bring back to our co-workers. Compassion resilience is the capacity to sustain strength, hope and purpose over the long-term, while extending love, dignity and care to those facing complex challenges.

We are playing a very big part in making this a Trauma Informed Care community!

#### It's a Girl!

The Health Department Staff will all become "Aunts" again soon! A baby shower was held for Katrina and Bob Wichlacz who will welcome a precious baby girl into their family.



#### Vivitrol Program for Addiction Treatment

##### By Katrina Wichlacz, MSN, RN

Jefferson County Health Department and Human Services met in January for a 2019 biannual review of the Jefferson County Vivitrol Program. This program offers the dual treatment of injectable Vivitrol (naltrexone) medication and counseling, as an option for clients who are committed to overcoming their opioid addiction.

Many referrals are received from Human Services and the Drug Court. The therapists, nurses and other involved staff have been thrilled to see some clients already reach their goals of sobriety because of their dedication to this program.

### Immunization Coalition Update by Katrina Wichlacz, MSN, RN

Jefferson County Immunization Coalition met at the end of January. JCIC members participated in a great discussion about immunization education and hosting a CDC speaker from Atlanta, Georgia. The CDC speaker will be in Jefferson County on April 22, 2019 to discuss general immunization updates. The coalition will also be inviting a local speaker to discuss building vaccine confidence amongst health care providers. A formal event and agenda will be sent out in the coming months.



### Board of Health Report

January 16, 2019 highlights included:  
Received the Level II Health Department designation after a successful 140 Review conducted by the Department of Health Services (DPH).  
Heard a presentation from DPH on Sexually Transmitted Diseases testing/treatment and Dual Protection Services, passed a motion in support of developing this program.  
Passed a motion in support of amending the budget for the \$20,000 PHEP Opioid grant.  
Passed a motion in support of the Board of Health remaining a free-standing board.  
Passed a motion in support of a Falls Prevention pilot program with EMS and ADRC.

### Dear Lovely Ladies at the WIC program,

As our youngest child just turned five a few weeks ago, we are officially done with WIC and have moved on! I



wanted to share how blessed I have been to work with you all! You have all been unfailingly kind and gracious, and through the support of WIC, God has provided so much for our family. I want you all to know that you matter, you encourage young moms like me, you make our kids smile, and you make a difference. You are appreciated!!!

WIC Mom and her five children

### Public Health Report by Diane Nelson, MS, BSN, RN

Mary Bender successfully completed the Certified Lactation Consultant (CLC) training and requirements to become a Lactation Consultant. Congratulations Mary.  
Interviewed and hired an RN and LPN for the jail, now in orientation.  
Interviewed two nurses for PHN position.  
After Action Wrap up for Adult Pilot Immunization grant.  
UW Preceptor workshop regarding incoming UW student nurses.  
Arrangements made for 2 additional students one from Herzing and one from American Military University online schools for nursing clinicals.  
Demo training regarding possibly using a bar code scanner in the immunization clinic



**Public Health**  
Prevent. Promote. Protect.

### WIC Update by Mary Wollet, RD

This month, WIC had a dietetics intern from Mount Mary University. Her name is Robyn Voge. Robyn has jumped right into the WIC daily routine and learned our computer system and nutrition assessment quickly. She is especially good with our young clients. Her last day will be Friday, Feb 8.

The government shutdown affected the WIC program, as it is funded by the United States Department of Agriculture. We are fortunate that in Wisconsin, we were able to operate fully with no decrease in benefits to participants, or our operation. State WIC staff do a great job of keeping local WIC staff informed, with emails and teleconferences.

Jefferson County WIC was closed on Monday, January 28, due to inclement weather. We were able to post a message on our Facebook page that we were not open that day. All WIC staff made it in to the office the rest of the week. Appointments were rescheduled, and benefits were issued over the telephone to ensure the safety of our WIC participants.

### Goals for February 2019

- ✓ Distribute the final Community Health Improvement Process & Plan (CHIPP).
- ✓ Develop the Health Department Strategic Plan Report.
- ✓ Continue with Priority Based Budgeting.
- ✓ Due to Amanda Lenz transferring to the Jail, recruit a for a Public Health Nurse replacement.
- ✓ Participate in the United Way Grant application interview for talk/read/play books.
- ✓ Plan for the next Community Health Assessment with Dodge County and City of Watertown Health Departments, hospitals and community partners.
- ✓ Complete Community Dental Clinic Annual Report
- ✓ Hire a Public Health Nurse.



## Jefferson County Health Department

### February 2019 Monthly Report

#### 2018 Revenue & Expense Summary

Revenue: \$562,537.83

2018 Budgeted Tax Levy: \$842,691.00

Total Revenue: \$1,405,228.83

Expenses: \$1,554,038.81

Net Balance: (\$148,809.98)

2018 Budgeted Fund Balance available: \$154,545.00

2018 Budgeted Fund Balance not used: \$5,735.02

#### Director's Report by Gail Scott, BSN, RN

I was invited to speak at Fort HealthCare Healthy Community Coalitions Steering Committee meeting regarding the Community Health Improvement Process and Plan and how the coalitions can help to implement the plan.

#### Jail Vaccine Update by Melissa Koenigs, LPN

Every month I go to Jefferson County Jail to vaccinate our incarcerated population. Over the last few months the numbers have been down. Barriers identified were not enough education about the vaccines that are needed and not providing education about what they protect against. Posters for the immunizations usually go up the week of immunizations. For the month of February posters were hung up 2 weeks prior to the date to increase awareness. During my time at the jail on the weekends I reviewed WIR and discussed needed immunizations with any inmate I had contact with during sick visits and with any new inmates that were booked. During this time I provided education on their vaccine history and included education on the diseases that these vaccines prevent. The interesting thing is the inmates asked a lot of questions and I was able to educate on vaccine myths and update them with credible information. For the month of February I saw 6 clients and gave a total of 13 vaccines which just about doubled the amount given in the month of January.

#### Jefferson County Drug Free Coalition by Emi Reiner, MPH, BSN, RN

Two drug take back events were held in February to decrease the community's supply of unused and expired medications in an effort to prevent and reduce medication misuse. The first event was held in Fort Atkinson at Riverview Manor and the second was held in Whitewater at Fairhaven Senior Services. In Fort Atkinson 30 pounds (estimate) of medications were collected, and in Whitewater, the total was 15 pounds (estimate) of medications. At the Whitewater event, Officer Hinz of the Whitewater Police Department shared information to a small audience about the dangers of misusing opioids and overall drug trends in the community. The Jefferson County Drug Coalition provided information about the location of permanent drug drop off locations, Narcan trainings, and other community resources. They also gave away 15 drug deactivation kits and 5 lock bags. Drug take back events like these raise awareness about the opioid epidemic and gives people concrete ways to help prevent and reduce drug abuse. Additionally, these events increase access to medication disposal for community members. Partnering organizations were: Riverview Manor, Fairhaven Senior Services, Fort Atkinson Police Department, Whitewater Police Department, Jefferson County Clean Sweep/Solid Waste, Jefferson County Health Department, Walworth County Health and Human Services, and Americorps VISTA. The Jefferson County Drug Free Coalition provided funding for officer's time, supplies and promotion of these events.



See pictures below from the events.

Pictured in Whitewater (l to r): Officer Jacob Hinz, Lacy Croswell, Sam Waggoner, Emi Reiner

Pictured in Fort Atkinson (l to r): Emi Reiner, Officer Steve Riggs, Sam Waggoner





## 2019 Immunization Coalition Meeting

Monday April 22, 2019 4:30-8:30 p.m.

Comfort Inn and Suites: 1650 Doris Drive, Fort Atkinson, WI 53538

**Intended Audience:** This event is intended for health care staff who administer immunizations or facilitate the administration of immunizations: Nurses, medical assistants, physicians, physician assistants, nurse practitioners, pharmacists, public health staff, and school nurses.



**Speaker** - JoEllen Wolicki, Nurse Educator with the CDC - Immunization Schedule 2019, Immunization Updates, How to Reduce Barriers to Immunization & Increase Immunization Rates

**Speaker** - Margaret Hennessy, MD-Physician Chair, Department of Pediatrics at Ascension in Racine, WI - Vaccine Hesitancy-How To Talk to Parents



Display by Vicki Gallardo, RDT, WIC Program

## Public Health Report by Diane Nelson, MS, BSN, RN

3 car seats were checked, 2 were grant seats. A car seat event will be held on Saturday, March 9, 2019 at the Jefferson Fire Station.

Variety of student nurses requesting clinical experiences at the Health Dept. 3 online program students spent time with us in February.

Annual meeting with Fort Hospital OB/delivery and IM/Peds clinic managers for updates in the departments with the goal of improving our collaboration and services.

All Children Health Team meeting with GWCHF- Mary B.

Talk Read Play planning meetings with Birth to 3 and Child Protective Services to improve referral process between us to improve services to our at risk participants.

Site visit from HRSA for grant audit and how the Healthy Smiles for Moms and Babies has developed and run.

Community Resilience Exploration luncheon- Mary B and Diane.

Immunizations 48 vaccinations given to 18 clients.

Followed 5 active pertussis cases in February.

Continue to be short staffed with 2 PHNs out and one PHN position vacant.

## Goals for March 2019

- ✓ Develop the Health Department Strategic Plan Report.
- ✓ Complete scoring in Priority Based Budgeting.
- ✓ Continue to recruit for a BSN Public Health Nurse.
- ✓ Participate in the United Way Grant application interview for talk/read/play books.
- ✓ Plan for the next Community Health Assessment with Dodge County and City of Watertown Health Departments, hospitals and community partners.
- ✓ Develop the 2018 Annual Report.
- ✓ Continue training in Trauma Informed Care and Resiliency.
- ✓ Participate in the SCWIHERC Surge Test Exercise.
- ✓ Meet with FoodWise and WIC to facilitate collaboration.
- ✓ Learn more about suicide prevention by attending QPR (Question, Persuade, Act) training.



## WIC Update by Mary Wollet, RD

MW attended the WIC Regional Directors' meeting accompanied by our Mount Mary University dietetics intern, Robyn Voge. We received updates from Well Badger, First Breath and WIC Vendor staff, reviewed the 2019-2020 Nutrition Services Plan, and reviewed findings from 2018 Management Evaluations. Our regional consultant also answered questions about the upcoming deadline for Program Information Materials, a yearly submission.

Our student, Robyn, completed her Community Dietetics internship with us. After her time with us, she is seriously considering WIC and Public Health as a career choice.

MW attended a JUMP (Jefferson United Motivating People to Wellness) coalition meeting. We discussed plans for continuing open swims at the high school pool, community garden raffle and continued support of the Jefferson West Elementary garden club.

WIC staff have decided to continue with the MomStrong campaign, which started in 2018. The State WIC Office will provide a grant to pay for this outreach and marketing campaign.

As part of the Fit Families program, we are offering a stair climbing challenge for Health Department staff during February and March. Participants may choose their level of structure height—Big Ben, Space Needle, Rib Mountain, or even Mount Everest (definitely a team effort!).





## Jefferson County Health Department

**March 2019  
Monthly Report**

### Budget Summary

2019 - Revenue & Expenses as of 2/28/2019

Revenue (collected & billed/to-be-collected): \$95,653.37

Prorated Budgeted Tax Levy Applied: \$143,901.83

**Total Revenue: \$239,555.20**

**Expenses: (\$260,473.99)**

Net "estimated" balance as of 2/28/2019: (\$20,918.79)

Note: 2019 Budgeted Fund Balance available  
to cover any deficit at year-end: \$158,723.00

### Randy Schopen Give Someone a Chance Foundation Grant Award

The Health Department received a \$500 award from the Randy Schopen Foundation to purchase books for the talkreadplay program.

### United Way of Jefferson and North Walworth Counties Grant Award

The Health Department was awarded \$2,500 to purchase books for the talkreadplay program. Combined with the Randy Schopen Foundation grant this will allow the Health Department to purchase about a year's supply of books.



**talkreadplay**  
with your child every day



**Randy Schopen**  
*Give Someone A Chance*  
**Foundation, JCF**

### Community Health Assessment – Important Dates and Timeline

Dodge and Jefferson Counties will again be conducting a Community Health Assessment under the leadership of the Dodge-Jefferson Community Health Partnership (DJHCP). Members include:

- Beaver Dam Community Hospital
- Dodge County Human Services and Health Department
- Fort HealthCare
- Greater Watertown Community Health Foundation
- Jefferson County Health Department
- Watertown Department of Public Health
- Watertown Regional Medical Center



### Important Dates

Focus Groups in Dodge and Jefferson Counties – April 24 and April 25, 2019

Community Health Assessment Survey – April 2019

Community Health Summit on May 9, 2019 from 8 a.m. to Noon in Watertown

Implementation Plan Meeting - June 4, 2019

### Public Health Report by Diane Nelson, RN, BSN, MSN

Suicide Prevention training QPR (Question, Persuade, Refer) was sponsored by the Zero Suicide Coalition and Fort HealthCare. Several HD staff attended.

JCHD was one of 4 Health Departments who participated in the Adult Pilot Immunization grant. The Health Department has been asked by the State Immunization Program to participate in a statewide webinar to talk about our successes and challenges.

JCHD has also be asked by the State Immunization Program to participate in a statewide webinar to share our Jail Immunization Program experience, our processes and procedures as well as barriers encountered in setting it up. The State Immunization Program is looking to more aggressively immunize at risk adults, particularly with the increased incidence of Hepatitis A in the homeless population across the country.

Collected Daycare Immunization rates as per state requirements. The numbers need to be analyzed closer but was surprising to see how may daycare students had personal waivers.

Prenatal Care Coordination Medicaid audit results were received. Our response/dispute on their specific findings was submitted with additional supporting documentation. Now we are awaiting their response and their final audit report.

Retirement of long term Jail Nurse Diane Lenz, LPN

### Director's Highlights by Gail Scott, BSN, RN

I participated in the Wisconsin PHHS Statewide Advisory Committee meeting.

WFAW interview with Michael Clish to promote the Car Safety Seat event held on March 9, 2019.

In anticipation of possible flooding, I attended the Spring Flood Outlook and Flood Risk Mapping trainings.

I met with the ADRC and EMS Association President to discuss the implementation of the Falls Prevention Program.

## 2019 Immunization Coalition Meeting

**Monday April 22, 2019 4:30-8:30 p.m.**

Comfort Inn and Suites:

1650 Doris Drive, Fort Atkinson, WI 53538

**Intended Audience:** This event is intended for health care staff who administer immunizations or facilitate the administration of immunizations: Nurses, medical assistants, physicians, physician assistants, nurse practitioners, pharmacists, Public Health staff, and school nurses.

**Speaker - JoEllen Wolicki,** Nurse Educator with the CDC Immunization Schedule 2019, Immunization Updates, How to Reduce Barriers to Immunization & Increase Immunization Rates

**Speaker - Margaret Hennessy,** MD-Physician Chair, Department of Pediatrics at Ascension in Racine, WI Vaccine Hesitancy-How To Talk to Parents



## Drug Free Coalition Update by Emi Reiner, RN, BSN, MPH

The coalition was awarded a mini-grant from the Alliance for Wisconsin Youth (AWY) to support youth substance use prevention activities. The total mini grant amount was \$2,500. Additionally, the coalition received a mini grant for \$750 to organize an event related to underage alcohol use.

### PHEP Opioid Grant Update

The Opioid and Drug Awareness Toolkit is in its second draft stage with several more drafts to go before it is complete. Sam Waggoner, the VISTA Worker has been tremendously helpful in fact checking and developing new content related to tobacco and marijuana use. Several people have generously provided their recovery stories to be included in the toolkit. The CDC's prescription drug awareness advertisement started its run on 3/3 at the AMC movie theatre in Johnson Creek.

### Outreach

Troy and Emi presented information about tobacco use and vaping to community members as part of Cambridge School District's speaker series.



## Alcohol Use Awareness Month Proclamation

The coalition received support from the Jefferson County Board of Supervisors, the City of Jefferson and the City of Watertown to proclaim April as Alcohol Use Awareness Month. Pictured above is Emi Reiner being presented the proclamation from the City of Jefferson Mayor Dale Oppermann at the City Council meeting. Pictured at left is Emi receiving the proclamation from Mayor John David.



## Goals for April 2019

- ✓ Develop the Health Department Strategic Plan Report.
- ✓ Continue to recruit for a BSN Public Health Nurse.
- ✓ Recruit for a Public Health Program Manager and prepare for the transition.
- ✓ Develop the 2018 Annual Report.
- ✓ Attend the Family Assistance Center Workshop and Tabletop Exercise.
- ✓ Conduct the Community Health Assessment Focus Groups; prepare for the Community Health Assessment Summit.
- ✓ Prepare for and conduct annual update for Interpreters.

## WIC Update by Mary Wollet, RD

On March 6, Mary participated in a PRAMS (Pregnancy Risk Assessment Monitoring System) webinar. Our WIC project has been selected to participate in a year-long pilot project to promote the PRAMS survey among post-partum women in Wisconsin.

Mary, Diane and Gail met with the new FoodWise Coordinator for Jefferson and Walworth Counties, Lisa Krolow. Jefferson County WIC is partnering with FoodWise to provide nutrition education to mutual clients. Lisa came to a WIC late clinic on March 26, to observe clinic flow and speak with participants.

Health Department staff completed their month-long stairclimbing challenge. Participants chose a landmark to climb (Big Ben, Space Needle, Empire State Building, and others). Each landmark had a number of flights of stairs associated with it. We had breakfast and a travelogue describing the landmarks to celebrate our successes.

Emi Reiner, Public Health Nurse, acted as a monitor for the Jefferson High School Open Swim, sponsored by JUMP (Jefferson United Motivating People to Wellness). Emi reports that 70 people participated in the open swim.



## Jefferson County Health Department

### April 2019 Monthly Report

#### Budget Summary

2019 – Revenue & Expenses as of 3/31/2019:

Revenue collected & billed/to-be-collected: \$137,959.57

Prorated Budgeted Tax Levy Applied: \$215,852.75

Total Revenue: \$353,812.32

Expenses: (\$375,072.14)

Net “estimated” balance as of 3/31/2019: (\$21,259.82)

Note: 2019 Budgeted Fund Balance available to cover any deficit at year-end: \$158,723.00

#### Public Health Report by Diane Nelson, RN, BSN, MSN

- ◆ Annual Tuberculosis (TB) Summit attended by Melissa.
- ◆ Wisconsin Injury and Violence Prevention Summit attended by Diane.
- ◆ Annual MCH conference Eau Claire, mandatory attendance for MCH grant, Mary Bender and Diane attended. Mary presented with a Sauk County PHN colleague.
- ◆ Putting the Pieces Together Drug Endangered Children (DEC) workshop - attended by Mary B and Diane. It was the start of establishing a DEC team in Jefferson County.
- ◆ Community Health Assessment focus group attended by Gail, Emi and Diane for input on what various service agencies in the county are encountering and issues to address.
- ◆ GWCHF Community of Practice QI brainstorming - attended by Amy and Nancy.
- ◆ Continued Public Health clinical for 2 UW Madison and 2 online nursing students.
- ◆ Continued 3 times a week directly observed Tuberculosis (TB) medication treatment.
- ◆ Many challenges in the case have required a good amount of time.
- ◆ Annual Sheriff's Department Jail Deputy Medical training was given in April by Amanda
- ◆ PNCC audit final results (see report below).
- ◆ Diane met with GWCHF and Fort Health Care Nursing Management for discussion of how we can better collectively serve newborns and at risk/underserved families.
- ◆ Interviewing for Public Health Program Manager position.

#### Car Seat Update by Vicki Gallardo

We did 3 car seat inspections for April – 1 grant seat provided. We had a car seat informational table (Vicki, Nancy, Mary attended) and information on TalkReadPlay at the Children's Share and Care Fair in Fort Atkinson on April 27th.

Pictures from the Children's Share and Care Fair.



#### City of Lake Mills Wisconsin Police Department

Yesterday at 8:00 AM

Officer Jessica Johnson recently participated in a drug take back event held at Club 55. Emi Reiner, MPH, RN of the Jefferson County Health Department (middle) is always looking for places to sponsor a take back event. As you can see they had a pretty good haul! Turning these drugs in helps keep them out of the hands of kids and drug seekers and ensures that drugs are disposed of in an environmentally responsible manner and do not end up in our waterways. If you want to hold an event contact Emi at (920) 674-7232 or [EmiR@jeffersoncountyiwi.gov](mailto:EmiR@jeffersoncountyiwi.gov)





### Healthy Smiles by Emi Reiner, RN, BSN, MPH

We referred 11 women to the Community Dental Clinic through our Healthy Smiles project. We continue to work with the dental clinic to make sure our prenatal clients have their oral health needs met and to reduce any barriers to women accessing care. The outcomes and lessons learned from the Healthy Smiles quality improvement sites will be highlighted in a Healthy Smiles for Mom and Baby Implementation Guide which will be released soon. CHAW had asked me to be co-presenter on this topic at the WI Public Health Association Conference, but had to decline because I will be unavailable.

### Youth Leadership Conference by Emi Reiner

The Jefferson County Connections had a great turnout for their 10th Youth Leadership Conference. We talked to the youth about the use of e-cigarettes and had them create messages that would target middle to high school-aged youth. Messages included: "your lungs hate when you vape" and "eat fruit don't smoke it." Additionally, the youth came up with ideas for the schools to prevent the problems associated with vaping such as requiring "clear bags" and doing "more thorough checks." The four school groups will take their ideas and plan for a campaign focused on vaping and/or other drugs to be implemented in the fall of the next school year.

### Goals for May 2019

- ✓ Develop the Health Department Strategic Plan Report.
- ✓ Continue to recruit for a BSN Public Health Nurse.
- ✓ Hire a Public Health Program Manager and prepare for the transition.
- ✓ Complete/print the Annual Report.
- ✓ Attend the Community Health Assessment Summit.
- ✓ Prepare for and conduct annual update for Interpreters.

### Prenatal Care Coordination (PNCC) by Mary Bender, RN, BSN

Our first PNCC audit was completed in April. 24 charts were audited, with findings on only 7 of them. We were able to dispute and amend one claim bringing the total down to 6. In the end, we were required to return approximately 10 % (\$1,500.00) of our \$15,000.00 revenue due to missing documents/documentation.

The Statewide PNCC meeting was held April 16th. Mary Bender and a Sauk County PHN presented the Southern Region's QI project "Caring for my Body, Mind and Soul: A Postpartum Assessment Tool."

### Drug Endangered Children Multidisciplinary Team Training by Mary Bender, RN, BSN

Mary Bender, Mary Wollet and Diane Nelson attended "Drug Endangered Children (DEC)- A Multidisciplinary Team Training" on April 24th. A DEC program is a multidisciplinary team most commonly composed of members of law enforcement, human services, prosecutors, the medical community, health departments, probation and parole, schools, treatment centers, non-profit groups and concerned community members. Wisconsin DEC exists to help make a difference in the lives of children who are in danger because their parents or caregivers are using, dealing or manufacturing drugs. There are currently 53 active DEC programs in WI and Jefferson County Human Services is leading the charge toward becoming a DEC County.

### Brain Science of Addiction Webinar by Emi Reiner, RN, BSN, MPH

We had 20 people who participated in our webinar titled "Brain Science and Addiction." The webinar was presented by Amy Anderson, Director of Mental Health and Substance Use Disorders at UW-Madison, Division of Continuing Studies. The audience included healthcare professionals, treatment providers, public health, school staff and recovery professionals.

### WIC Update by Mary Wollet, RD

On April 10, Nancy Schneider, Jennifer Gaal and Mary Wollet had a meeting to develop ideas for the Health Department's booth at Farm Technology Days. We decided to use educational materials already developed by Health Department staff: Distracted Driving and Wisconsin Farmers Market. Mary met with Lavern Georgson of UW-Extension and he gave his approval to our application.

Mary Wollet and Jennifer Gaal attended the Watertown Children's Day Fair on April 13 at the Watertown High School. Our "Build MyPlate" activity was a hit. We also offered pencils, activity books and story books to attendees. The fair was well-attended by 650 people.

Mary Wollet did computer testing with the State WIC Office Farmers Market Program Manager on April 30. This testing checks enhancements to Farmers Market check issuance procedure and the ease of use for WIC staff.





## Jefferson County Health Department

### May 2019 Monthly Report

#### Budget Summary

##### 2019 – Revenue & Expenses as of 4/30/2019:

Revenue collected & billed/to-be-collected: \$194,889.50

Prorated Budgeted Tax Levy Applied: \$287,803.67

Total Revenue: \$482,693.17

Expenses: (\$494,805.88)

Net “estimated” balance as of 4/30/2019: (\$12,112.71)

Note: 2019 Budgeted Fund Balance available to cover any deficit at year-end: \$158,723.00

#### Public Health Report by Diane Nelson, RN, BSN, MSN

We conducted 13 car seat inspections in May; 7 grant seats were provided and we checked 6 non-grant seats.

WI Department of Public Health Immunization Program invited Jefferson County to present their 2018 Adult Vaccine Pilot Program in a webinar that was broadcast to WI local health departments. This pilot program was a collaborative partnership between Jefferson County Health Department and the Rock River Free Clinic from October–December 2018. Katrina Wichlacz, Public Health Nurse, was the main speaker and Kristin Wallace, Rock River Free Clinic Executive Director, contributed as a guest speaker.

Staff attended the WPHA/WALHDAB Annual Conference in WI Dells and the Dodge-Jefferson Community Health Summit in Watertown.

Jefferson County Drug Free Coalition received a United Way Pillar Grant to print the Opiate & Heroin Awareness Toolkit in Spanish.

#### Healthy Community Gold Designation

Barb Morrison Gudgeon, Community Dental Clinic, Kathi Cauley, Jefferson County Human Services, Traci Wilson, Fort HealthCare, Gail Scott, Health Department, Emi Reiner, Health Department, Joe Nehmer, Jefferson County Parks, and Craig Holler, Alcohol and Drug Treatment Courts receive a sign from Fort HealthCare to be posted in the County indicating the Healthy Community Gold designation.



#### Measles Vaccine Rate Data

Is the Community Protected against a Measles Outbreak? We could do better! According to the Department of Health Services here are the 2018 statistics:

Age	% Vaccinated with MMR	Healthy People 2020 Goal
By age 24 Months	86%	90%
5 – 6 Years	82%	95%
5 – 18 Years	85%	95%

Bulletin board by Vicki Gallardo, DTR, WIC Program



Good morning friends,

Let the record show that Emi Reiner came to our church youth group last night to do a presentation on the dangers and consequences of vaping. She was outstanding. We thoroughly appreciated her challenge, the way she made it interesting and various, and her insight and spirit of concern for our teens. She has made this a topic about which we can have open and honest conversations with our teens and parents, and these conversations will go even further than last night went. Thank you, Emi, for the important role you are playing in Jefferson County.

You have my permission to raise her salary. Smiles.

Dr. Dwayne C. Morris, Jefferson County Supervisor  
District 7 – Watertown

From WIC Facebook page:

*"This WIC program is amazing and caring. We moved to California and I don't even use our WIC benefits because of how poorly they treated us compared to the compassionate, knowledgeable and kind staff I first worked with in Jefferson County. Thankful they work so hard to educate and provide for their community and hope that all WIC Programs can be more like Jefferson County one day."* WIC participant

### Blanket Donation

The Health Department received a visit from three 3<sup>rd</sup> graders at Rockwell Elementary. They completed a mini-grant project called "Cozy Sleep." Material for the blankets was donated by the Hintz family and purchased through funds provided by the Fort Atkinson Vietnam Veterans of America. The girls made tie-blankets in a variety of sizes and materials. The blankets were then donated to the Jefferson County Health Department for community members who may be in need. The girls enjoyed picking out fabric, working together to complete the blankets and then taking them to the Health Department. In the photo front row: Madison Nichols, Mira Smith, and Lyla Hintz. Back row: Emi Reiner, Diane Nelson, Amy Fairfield and Mary Bender



### Goals for June 2019

- ✓ Continue to develop the Health Department Strategic Plan Report.
- ✓ Continue to recruit for a BSN Public Health Nurse.
- ✓ Orientate the new Public Health Program Manager in preparation for Diane Nelson's retirement.
- ✓ Present the Annual Report to the County Board.
- ✓ Conduct annual update for Interpreters.
- ✓ Evaluate staffing needs with personnel changes.

### WIC Update by Mary Wollet, RD

Mary Wollet and Emi Reiner attended a JUMP (Jefferson United Motivating People to Wellness) meeting.

Mary Wollet and Vicki participated in the monthly MomStrong campaign phone call. A new video is being developed. Plans are underway for an August enrollment week.

Mary Wollet and Jennifer participated in a webinar outlining the application process for the WIC Breast Feeding Peer Counselor grant. This is noncompetitive, and a way for the state WIC Office breast feeding staff to gather information about local projects' peer counselor programs. Deadline for application is August 16, 2019.

WIC staff is gearing up for the 2019 FMNP (Farmers Market Nutrition Program) starting on June 3, 2019. Eligible WIC families receive \$35 to purchase Wisconsin-grown fruits, vegetables and herbs at local farmers markets and farm stands. The Farmers Market season is a fun time for both WIC families and WIC staff. It's also a win-win for participants and Wisconsin farmers.





## Jefferson County Health Department

June 2019  
Monthly Report

### Budget Summary

#### 2019 – Revenue & Expenses as of 5/31/2019:

Revenue collected & billed/to-be-collected: \$265,918.30

Prorated Budgeted Tax Levy Applied: \$359,754.58

**Total Revenue: \$625,672.88**

**Expenses: (\$645,909.20)**

**Net “estimated” balance as of 5/31/2019: (\$20,236.32)**

**Note: 2019 Budgeted Fund Balance available to cover  
any deficit at year-end: \$158,723.00**

### Public Health Report by Gail Scott, RN, BSN, Director/Health Officer

- Working on the Community Health Assessment Implementation Plan and Community Health Improvement Plan and Process with Dodge County and City of Watertown.
- Annual Interpreter Update.
- South Central Wisconsin Healthcare Emergency Readiness Coalition (SWIHERC) membership meeting.
- Diane Nelson presented a webinar with the State Immunization Program on Vaccinations in the Jail Setting.
- Gail Scott provided the Annual Report to the County Board.
- A new Public Health Nurse was hired. Beth Alleman will start on July 15, 2019
- Amy Fairfield presented on the Developmental Screening Quality Improvement Project on the Communities of Learning webinar.
- Edgewood College Students started their Public Health clinical with instructor Jackie Wolff-Ellifson.
- Car Seat Update: total of 5 seat checks for June – 4 grant seats provided. Mary and Nancy attended the Lake Mills Night Out.

### Community of Practice with the GWCHF by Amy Fairfield, RN, BSN

“I Screen, You Screen, We All Screen!” was the theme of the Community of Practice event we attended in Milwaukee earlier this month with the Greater Watertown Community Health Foundation (GWCHF). We collaborated and learned from our partners around the state who have successfully implemented Ages and Stages (ASQ) screening programs and events in their communities. The ASQ detects developmental delays early and leads to interventions that improve child outcomes. We left with inspiration and new knowledge on how we can apply this information to our own community to support our goal that Every Child Thrives in health, learning and life! Thanks to our partners for sharing their passion with us



### Welcome Elizabeth Chilsen, RN, BSN, MSN Public Health Program Manager

I grew up in Saint Francis, WI and currently live in Muskego, WI. I received my BSN from Alverno College in 2012 and my MSN-Executive Nurse Leadership from Purdue University-Global in 2018. My husband Jamin and I have been married for five years and together since we were thirteen years old. We have two beautiful Australian Shepherds and in December of 2018, we welcomed our son, Izaiah, into the world. I have been working in public health since I was a nursing student. Over the years, I was able to work with many programs, but much of my experience has been with woman's health, chronic disease prevention and management, maternal and child health, immunizations, and quality improvement. I am delighted to be a new member of Jefferson County Health Department and I am already so amazed by the work being done. I am excited to see what the future holds and to continue providing such quality care to those who need it.



### Fight the Bite Kits

Jefferson County Health Department is participating in a State-wide "Fight the Bite" campaign to assist individuals in avoiding tick and mosquito bites and their associated diseases. The Health Department, with the assistance of the Fort Atkinson Girl Scouts, put together 400 "Tick Kits" to be distributed throughout the county. The kits contain:



- Fight the Bite Tick Kit Cards
- Tick Safety Guide Cards
- Alcohol swabs
- Bandages
- Insect repellent wipes
- Tweezers
- Mini plastic bags
- Red plastic tick pouches
- Fight the Bite Stickers

### Health Department Appreciation for a Job Well Done!

#### Co-workers Honor Diane Nelson, RN, BSN, MS Upon Her Retirement



*After 9 years of quality work and management of staff, Diane Nelson is retired. We will miss her immensely and wish her happiness and health in the many years to come!*

### Goals for July 2019

- ✓ Continue to develop the Health Department Strategic Plan Report.
- ✓ Orientate the new Public Health Nurse.
- ✓ Submit application for the Drug Free Communities Grant.
- ✓ Participate in educational activities at the Jefferson County Fair.
- ✓ Participate in the Jefferson County Farm Technology Days.
- ✓ Continue to work with the State in developing Dual Protection services.
- ✓ Assist South Central Wisconsin Healthcare Readiness Coalition (SWIHERC) in developing a Closed Points of Dispensing Workshop and Exercise.
- ✓ Continue working on Community Health Assessment Implementation Plan.
- ✓ Meet regarding Healthy Communities Designation.

### WIC Update by Mary Wollet, RD

Jennifer Gaal, Vicki Gallardo and Mary Wollet attended the June 4 meeting of the Jefferson County Breast Feeding Coalition here at the Health Department. Plans were reviewed for the Jefferson County Fair and Farm Technology Days in July. All staff attended a retirement lunch for Diane Nelson, Public Health Program Manager on June 12. Diane is a good friend to WIC and we will miss her! Welcome to our new PH Manager, Elizabeth Chilsen!

Mary Wollet and Jennifer Gaal joined with Nancy Schneider and Mary Bender at the Fort Atkinson Farmers Market on June 15. We offered the "Build Your Plate" nutrition activity, as well as books and brochures related to nutrition. Our nurses, Nancy and Mary, talked about child passenger safety with market goers.

Jennifer and Mary participated in a webinar by the State WIC Office outlining the procedure for applying for a WIC Breastfeeding Peer Counselor grant, which included frequently asked questions. This is the first year we have had to apply for these funds, and the process is non-competitive. The application is due in mid-August. Jennifer attended a WIC Regional Director meeting on June 27, in Mary's place.

