



Jefferson County Board of Health Agenda

1541 Annex Road, Jefferson, WI 53549

920-674-7275

April 21, 2021

1 p.m.

Zoom Meeting or Room 205 at Jefferson County Courthouse



Board Members

Kirk Lund, Chair; Dick Schultz, Vice-Chair; Maria Dabel, Secretary; Samantha LaMuro, R.T.; Don Williams, MD

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 October 21, 2020 Meeting
6. Communications
7. Public Comment (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
8. Review of Health Department Financial Report
9. Review and Possible Action on 2021-2023 State Biennial Budget
10. Update on COVID-19 Pandemic
 - a. Statistics
 - b. Funding
 - c. Staffing and Organizational Chart
 - d. Disease Investigation and Contact Tracing
 - e. Vaccine and Clinics
 - f. Future Plans
11. Discussion of the Public Health Program
 - a. Review of Statistics
 - b. Review of Communicable Disease Cases Reported
 - c. Staffing Update Health Department and Jail
12. Operational Update of the Environmental Health Program
13. Discussion of the Public Health Preparedness Program
14. Future Agenda Items
15. Adjourn

Next Scheduled Meetings: Wednesday –TBD

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 COMMITTEE MINUTES
October 21, 2020
Virtual Video Conference
Kirk Lund, Chair; Dick Schultz, Vice-Chair; Maria Dabel, Secretary

1. **Call to Order:** Meeting was called to order by Lund at 1:13 p.m.
2. **Roll Call (establish a quorum):**
Board of Health Members present: Kirk Lund, Chair; Dick Schultz, Vice-Chair; Maria Dabel, Secretary; Samantha LaMuro; Dr. Donald Williams
Others Present: Gail Scott, Director; Sandee Schunk, Recorder; Samroz Jakvani, Epidemiologist; Tyler Kubicek, Environmental Health Specialist; Ben Wehmeier, County Administrator; Supervisor Anita Martin; Guest Ginger Hartman
3. **Certification of Compliance with the Open Meetings Law:** Scott certified compliance with the Open Meetings Law.
4. **Approval of the Agenda:** No changes to the agenda requested.
5. **Approval of Board of Health Minutes for June 2, 2020 Meeting:** *Motion by Schultz/Dabel to approve the Board of Health minutes from June 2, 2020 as printed.* Motion passed 5 – 0.
6. **Communications:** None
7. **Public Comment:** None
8. **Review of Health Department Financial Report:** Scott reported that the 2020 Immunization and Maternal Child Health (MCH) Consolidated Contract grant funding were approved to use for COVID response. CARES funding was awarded for Pandemic Planning; COVID Testing Coordination; Epidemiology & Lab Capacity and Contract Tracing for a total of \$755,521.00. The Health Department expects to receive additional funding in 2021 for Epidemiology & Lab Capacity which may include all ongoing COVID services. Financially, 2020 is fine due to the CARES funding but there may be shortfalls in 2021 depending on the need to keep on the additional COVID staff and what funding comes from the Federal and State governments. Schunk reviewed the “Grant Summary” and “Statement of Revenues & Expenditures” that reflected data through August 31, 2020 and was included in the meeting packet.
9. **Update on COVID-19 Outbreak:** Scott reviewed the handout in the meeting packet “COVID Response Highlights”, reported on daily staff meetings of the EOC - Emergency Operations Center, Huddles with Fort HealthCare, Dean and UW Systems, WIC remains virtual, Immunization Clinic services stopped, press releases continue; daily updates with Department of Health Services, massive amounts of calls coming into the business office, working with Long Term Care facilities. Samroz Jakvani, Epidemiologist, introduced himself – he lives in Chicago and works closely with schools, helps with data, metrics for schools, press releases, testing coordination, etc. Ellen Haines is a contracted employee working with long term care facilities on outbreaks and follow-up. Scott reported that 2 Communicable Disease RNs resigned during the pandemic. The COVID team has been reorganized to get back on track. Staging of positive COVID cases are pouring in with 40+ cases per day. Scott reviewed the handout in the meeting packet “Crisis Standards of Practice for COVID-19 Contact Tracing and Symptom Monitoring”. Positive cases are called and asked to call their own close contacts to quarantine and follow guidelines. Priority now is the schools, business outbreaks, long term care facility outbreaks. A “stop light” 3-tier system was developed: Red /Crisis Mode = notify all positives; Yellow/Truncated Contact Tracing = identify

household & high risk contacts; positive clients to notify their contacts; Green = back to providing total contact tracing. Scott reported the State is slow in developing guidelines for allowed activities for the general public. National Guard is providing testing at Jefferson County Fair Park with results in 48 – 72 hours. A hotline is available for clients if results are not received in 5 days. Scott reviewed the handout included in the meeting packet “Reopening Jefferson County Schools and Addressing the Spread of COVID-19” and “Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19”. Discussion followed. Jakvani reported that the numbers of individuals tested are counted not the number of tests. Schultz extended thanks and credit to Scott and staff for serving the County during COVID. Scott reviewed the handout included in the meeting packet “COVID-19 Team Structure” and reported Melissa New is a new Registered Nurse. Scott thanked Wehmeier for guiding the Health Department through the pandemic.

10. Discussion of the Public Health Program

- a. **Review of Statistics:** Scott reported that it has not been “business as usual” at the Health Department. Services that have continued: Mental Health injections, Head Start Nursing and Nutrition; follow-up on elevated lead levels, communicable disease follow-up, flu shots and TB skin tests by appointment and the Drug Free Communities Grant.
- b. **Review of Communicable Disease Cases Reported:** Scott reviewed the “Communicable Disease Report” included in the meeting packet for 01/01/2020 – 09/30/2020. Scott reported there have been 2 cases of Legionellosis with one traced to an outbreak in Jefferson County and one was traced to the Milwaukee County area. Dr. Williams reported flu cases are low and there is a push to immunize for Influenza.
- c. **Staffing Update Health Department and Jail:** Scott reported there are 26 staff working on COVID at this time – a combination of Limited Term Employees and contracted through Maxim Staffing Agency. Jail nursing ended under the County due to liability and supervising. The company that provided the doctor has taken over jail staffing.

11. Operational Update of the Environmental Health Program: Kubicek reported less field work is being completed due to COVID but they are continuing pre-inspections of new businesses, water sampling and the Legionellosis investigation at a facility in Jefferson County.

12. Discussion of the Public Health Preparedness Program: Scott reported on preparation for COVID vaccinations. Long Term Care facility residents and staff will be vaccinated by pharmacies. The State will prioritize vaccine distribution and storage requirements. The vaccine exercise was canceled due to the escalation of COVID cases. Some hospitals are at crisis level for staffing and patient capacity. Field hospital set up at State Fair Park.

13. Future Agenda Items: Please contact Gail Scott for items to be included on next meeting agenda.

14. Adjourn: *Motion by Schultz/Dable to adjourn at 2:45 p.m. Motion passed 5 – 0.*

15. Next Scheduled Meetings: Wednesdays - to be determined on a quarterly basis or if a special need arises.

Minutes recorded and prepared by: Sandee Schunk, Accountant II, Jefferson County Health Department and reviewed by Gail Scott, Director/Health Officer

Health Department 2020 Summary:					
ORG Code	Name	Revenue	Expense	Balance	
4101 (\$2,500.00 carried forward from 2019 to 2020)	Public Health	\$ 22,376.07	\$ 669,994.19	\$ (647,618.12)	C/O = \$3,247.50 to 2021
410101	Public Health DFG Director	\$ -	\$ 4,011.41	\$ (4,011.41)	
410103	Public Health DFG Nursing	\$ -	\$ -	\$ -	
410105	Public Health DFG Admin.	\$ -	\$ 3,058.44	\$ (3,058.44)	
4102	MCH Grant Cons.	\$ 19,288.00	\$ 19,427.79	\$ (139.79)	
4103	Lead Grant Cons.	\$ 5,698.00	\$ 5,698.00	\$ -	
4104	Imm Grant Cons	\$ 12,862.00	\$ 12,976.91	\$ (114.91)	
4107	PHEP	\$ 46,848.00	\$ 16,617.07	\$ 0.47	
410701	PHEP Director	\$ -	\$ 28,960.06	\$ -	
410702	PHEP Superv.	\$ -	\$ 1,270.40	\$ -	
410705	DPH PHEP COVID19	\$ 54,835.00	\$ 54,835.32	\$ (0.32)	
4108	PHHS Grant	\$ 2,552.00	\$ 2,559.72	\$ (1.72)	
4110	Environm. Hlth	\$ -	\$ 35,000.00	\$ (35,000.00)	
4111	Mental Hlth Nursing	\$ 29,882.35	\$ 29,883.15	\$ (0.80)	
4112	Head Start	\$ 6,428.36	\$ 61.85	\$ (0.00)	
411203	Head St. Nurse	\$ -	\$ 4,452.97	\$ -	
411204	Head St. Nutr.	\$ -	\$ 1,913.54	\$ -	
4113	RRFC	\$ 1,593.29	\$ 1,593.29	\$ -	
4114	TB Disp.	\$ -	\$ -	\$ -	
4118	Prepared Special Oploid	\$ 94.00	\$ -	\$ 94.00	
4120	Communicable Dis. Prev.	\$ 5,500.00	\$ 45,045.15	\$ (39,545.15)	
4121	CCS - Human Services	\$ 2,405.82	\$ 2,405.82	\$ -	
4122	Drug Free Community Gr.	\$ 101,133.69	\$ 100,967.30	\$ 166.39	
4123 (\$98.00 carried forward from 2019 JCHS)	DFC - Drug Free Coalition	\$ 5,050.00	\$ 617.41	\$ 4,432.59	C/O = \$4,530.00 to 2021
412305 (\$593.00 carried forward from 2019 JCHS)	DFC - Town Hall Grant	\$ -	\$ 592.59	\$ (592.59)	Need c/o applied to 2020
412306 (\$977.00 carried forward from 2019 JCHS)	DFC - AWY Mini Grant	\$ -	\$ 970.70	\$ (970.70)	Need c/o applied to 2020
412307	DFC - SOR Grant	\$ 5,386.00	\$ 5,386.20	\$ (0.20)	
4124	Human Services Meds	\$ 47.78	\$ 48.00	\$ (0.22)	
4125	PH Emergency Quarantine	\$ 759.00	\$ 759.27	\$ (0.27)	
4126	CARES COVID19 Grant	\$ 583,658.00	\$ 9,728.88	\$ 573,929.12	
4126410	CARES Pandemic Plan	\$ 29,996.00	\$ 29,996.25	\$ (0.25)	
4126411	CARES Testing Coord.	\$ 41,603.00	\$ 42,233.15	\$ (630.15)	
4126412	CARES Disease Interviews	\$ -	\$ 418,250.67	\$ (418,250.67)	
4126413	CARES Contact Interviews	\$ -	\$ 120,942.23	\$ (120,942.23)	
4126414	CARES Monitoring Interv.	\$ -	\$ 34,105.77	\$ (34,105.77)	
4126415	CARES EPI & Lab Capacity	\$ 22,200.00	\$ 22,206.25	\$ (6.25)	
4115	2019 Budgeted Tax Levy	\$ 857,526.00	\$ -	\$ 857,526.00	
Total Public Health ORG Accounts: 41*		\$ 1,857,722.36	\$ 1,726,563.75	\$ 131,158.61	Matches PH Finance Rev/Exp Report
4201	WIC Reg.	\$ 383,899.91	\$ 51,817.04	\$ 304.57	\$303.25 = C/O 2021 - Misc. Rev.
420101	WIC Director	\$ -	\$ 380.54	\$ -	
420102	WIC Supervisor	\$ -	\$ 1,281.97	\$ -	
420104	WIC Nutrition	\$ -	\$ 51,130.19	\$ -	
420105	WIC ADMIN.	\$ -	\$ 123,627.06	\$ -	
420106	WIC Client Serv.	\$ -	\$ 138,029.62	\$ -	
420107	WIC Immuniz.	\$ -	\$ 354.60	\$ -	
420108	WIC Outreach	\$ -	\$ 3,383.01	\$ -	
420109	WIC BF'ing	\$ -	\$ 13,591.31	\$ -	
4202	Fit Family SNAP Ed	\$ 14,075.00	\$ 14,075.08	\$ (0.08)	
4203	WIC Peer	\$ 12,279.00	\$ 2,634.08	\$ 0.19	
420304	WIC Peer Nutrit.	\$ -	\$ 2,020.30	\$ -	
420309	WIC Peer BF'ing	\$ -	\$ 7,624.43	\$ -	
Total WIC ORG Accounts: 42*		\$ 410,253.91	\$ 409,949.23	\$ 304.68	Matches WIC Finance Rev/Exp Report
Carryover Revenue from 2020 to 2021:		\$ (8,080.75)	\$ -	\$ (8,080.75)	
Apply Carryover from 2019 to 2020		\$ 4,168.00	\$ -	\$ 4,168.00	
Totals Revenue/Expenses/Tax Levy 2020:		\$ 2,264,063.52	\$ 2,136,512.98	\$ 127,550.54	Net surplus including carryovers.

Jefferson County Health Department - Statement of Revenues & Expenditures:

02/01/2021 - 02/28/2021	YTD Actual	Prorated Budget	Annual Budget	YTD Budget Variance
REVENUE:				
Total WIC	\$ 53,768.71	\$ 57,340.32	\$ 337,298.00	\$ (3,571.61)
Public Health Fee for Service	\$ 5,903.52	\$ 22,461.42	\$ 132,128.00	\$ (16,557.90)
Public Health Grant Income	\$ 308,290.00	\$ 38,488.51	\$ 226,403.00	\$ 269,801.49
Total Public Health	\$ 314,193.52	\$ 60,949.93	\$ 358,529.00	\$ 253,243.59
Total Income	\$ 367,962.23	\$ 118,290.25	\$ 695,825.00	\$ 249,671.98
EXPENSE:				
WIC 4201 - 420109	\$ 50,274.17	\$ 52,184.39	\$ 306,967.00	\$ (1,910.22)
WIC Fit Family 4202	\$ 1,780.65	\$ 3,052.86	\$ 17,958.00	\$ (1,272.21)
WIC Peer Counselor 4203-420309	\$ 1,713.89	\$ 2,103.07	\$ 12,371.00	\$ (389.18)
Total WIC	\$ 53,768.71	\$ 57,340.32	\$ 337,298.00	\$ (3,571.61)
Public Health = Tax Levy Supported Expenses	\$ 102,083.73	\$ -		\$ 102,083.73
Public Health Grants	\$ 310,150.44	\$ 28,203.68	\$ 165,904.00	\$ 281,946.76
Public Health Fee-for-Service	\$ 4,724.04	\$ 9,197.51	\$ 54,103.00	\$ (4,473.47)
Total Public Health	\$ 416,958.21	\$ 37,401.19	\$ 220,007.00	\$ 379,557.02
Total Expense	\$ 470,726.92	\$ 94,741.51	\$ 557,303.00	\$ 375,985.41
2021 SUMMARY				
Total 2021 Income YTD:	\$ 367,962.23	\$ 118,290.25	\$ 695,825.00	\$ 249,671.98
2021 County Tax Levy Applied - ORG 4115:	\$ 145,641.17	\$ 145,641.17	\$ 873,847.00	\$ -
Total 2021 Revenue:	\$ 513,603.40	\$ 263,931.42	\$ 1,569,672.00	\$ 249,671.98
Total 2021 Expense:	\$ 470,726.92	\$ 94,741.51	\$ 557,303.00	\$ 375,985.41
2021 Annual Activity (Revenue vs. Expenses) as of 02/28/2021	\$ 42,876.48		\$ 1,012,369.00	

2020 - 2021 Grant Name - ORG -	Profile #	Grant Period	Grant Amount	Balance Available	Notes:
Preparedness 4107-01-02 (CARS 130 Report)	155015	07/01/20 - 06/30/2021	\$ 54,835.00	\$ 27,650.00	
Prevention PHHS 4108	159220	01/01/21 - 09/30/2021	\$ 1,042.00	\$ 962.00	
TB Dispensary 4114	n/a	07/01/20 - 06/30/2021	Fee-for-Service	n/a	
Fit Family WIC 4202 (CARS 130 Report)	154661	10/01/20 - 10/30/2021	\$ 17,957.00	\$ 14,606.00	
BOTS Car Seat 4101	n/a	10/2020 - 9/2021	\$ 2,587.00	\$2,587.00	
WIC Grant 4201-420109 (CARS 130 Report)	154710	01/01/21-12/31/2021	\$ 297,545.00	\$ 247,840.00	
WIC "Outreach" Creative Marketing	154746	2021		\$ -	Contract Pending
WIC Farmers Market 420106	154720	1/1/2021 - 12/31/2021		\$ -	Contract Pending
WIC Peer Counselor 4203-04-09	154760	01/01/21-12/31/2021	\$ 12,370.00	\$ 10,656.00	
WIC Misc. Revenue	N/A	Carried over from 2020	\$ 303.25	\$ 303.25	
Cons. Immunization 4104	155020	01/01/21-12/31/2021	\$ 13,939.00	\$ 13,918.00	
Cons. Child Lead 4103	157720	01/01/21-12/31/2021	\$ 6,542.00	\$ 6,255.00	
Cons. MCH Blk. Grant 4102	159320	01/01/21-12/31/2021	\$ 18,133.00	\$ 18,109.00	
Cons. MCH Blk Grant 4102 "Match"/GAC	193002	01/01/21-12/31/2021	\$ 13,600.00	N/A	Report "Match" at End-of-Year
Communicable Disease CTRL & PREV 4120	155800	01/01/21-06/30/2021	\$ 5,500.00	\$ -	Grant completed Feb. 2021
Drug Free Community Grant - 4122	FED	01/01/20-10/31/2021	\$ 165,740.00	\$ 131,590.13	2020 Unused Balance & Year 2
DFC "Donations" 4123 transferred from JCHS	n/a	Ongoing	n/a	\$ 5,030.09	
DFC "AWY Grant" 412306	n/a	1/1/21 - 6/30/2021	\$ 2,000.00	\$ 2,000.00	
DFC "SOR Grant" 412307	n/a	??	??	??	Grant Pending
DONATIONS: Aurora Health Care (Cribs for Kids) 4101	N/A	2020 (carryover)	\$ 2,500.00	\$3.12	Used/March 2021 = Pack n Plays/sheets
DONATIONS: United Way TalkRead Play (Books) 4101	N/A	2020 carryover donations	\$ 719.00	\$ 719.00	Carried over to 2021
Enhancing Detection - COVID (all activity)	155806	10/1/20 - 10/31/22	\$ 371,400.00	\$ 87,414.00	Add'l \$605,200 to be added
Updated: 03/29/2021 = Balances as of 2/28/2021					
Excel/SS/Doc/2021Grant Activity					

Investing in public health will provide us the opportunity to be healthy where we live, work, learn and play.

Help the state recover from the human and economic trauma. The pandemic exposed longstanding financial inadequacies in Wisconsin's public health infrastructure. As we navigate the waning months of the pandemic, we need to begin charting our course for recovery that includes addressing neglected chronic underfunding and strategic investments for the future.



BOOST PUBLIC HEALTH INFRASTRUCTURE FOR HEALTHY COMMUNITIES

\$18 MILLION

Dedicated State Funding for Local Health Departments

- Provide block grants to support public health infrastructure and fund state mandates which are supported by county and municipal levies.
- Allow for this funding to be flexible for increased alignment with their community's needs to maximize impact statewide.
- Take into account factors with allocation formula for distribution more effectively and equitably.

Committed state funding provided directly to local public health departments would enable communities to implement public health strategies more effectively and equitably.

Examples where local health departments could utilize this dedicated funding is:

- Increase community health services, like cancer screenings, substance abuse prevention, and mental health services
- Invest in programs to protect against water, air quality, and other environmental health hazards
- Develop preparedness response strategies to guarantee the capacity to respond quickly to public health emergencies
- Communicate important, accurate data and information to the public in a timely manner
- Improve quality and performance through utilization of best practices to develop public health workforce and achieve outcome goals
- Reduce disparities and advance health equity

It would also allow local health departments to administer the nearly two-dozen unfunded mandates the state has placed on local health departments.

WPHA & WALHDAB also support these two categorical funding mechanisms for direct support to local health departments and community based organizations:

\$10 MILLION

for Communicable Disease Grants

- Build on state funding to local and tribal health departments.
- Communicable Diseases can lead to a loss in productivity, increase costs, and place employees on extended sick leave.
- Limited resources are provided though threats are increasing. Wisconsin provides surveillance and follow up for a numerous amount of disease, including Zika, Lyme Disease, Hepatitis C, Influenza, Tuberculosis, and Elizabethkingia.

\$30 MILLION

for Health Equity Grants

- The pandemic exposed many ways in which some Wisconsinites across both rural and urban areas have more difficulty accessing health resources. Support for community organizations to implement community health worker models could help address those issues and advance health equity.
- Promote health equity for community organizations to implement community health worker care models.
- Community organizations, and local/tribal health departments to hire health equity strategists and implement health equity action plans.

Supporting a strong public health infrastructure is paramount with the continuing occurrences of natural disasters, increased substance use, and an increase in both infectious and chronic diseases.

Investments in public health programs represent around 10% of all health care spending in most countries, yet its impact can be substantial. An investment of \$10 per person per year in evidence-based programs in local communities that are proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than \$16 billion annually within five years, according to the Robert Wood Johnson Foundation. This is a potential savings of \$5.60 for every \$1 invested.

However, Wisconsin is not investing in taking advantage of these savings. According to The Trust for America's Health, Wisconsin state funding for public health is \$17.40 per person per year—\$36 per person per year is the national average.

Facing this fact and knowing the detrimental effects of chronically underfunding public health, we respectfully urge you to make ongoing public health funding a top priority in the 2021-23 biennial budget.

SUPPORT INCREASED INVESTMENT IN EXISTING PUBLIC HEALTH PROGRAMS ADMINISTERED BY THE DEPARTMENT OF HEALTH SERVICES

The Department of Health Services is an equal partner in a strong public health coalition. We strongly recommend supporting the following initiatives in Governor Evers' budget proposal:

Windows Plus Lead Exposure Prevention Program

Provide \$961,800 in 2021-22 and \$1,054,800 in 2022-23

Lead Screening and Outreach Grants

Provide \$50,000 annually to increase a grant for lead screening and outreach activities

Expand Eligibility for Birth to 3 Program

Provide \$3,300,000 in 2021-22 and \$6,600,000 in 2022-23

Black Women and Infants' Health

Provide \$3,500,000 annually to fund grants to address Black women's health and infant and maternal mortality.

Tobacco and Vaping Prevention

Increase funding by \$2,000,000 in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use.

Community Health Benefit

Provide \$1,000,000 in 2021-22 and \$24,500,000 in 2022-23 to fund a new MA benefit.

Postpartum Eligibility Extension

Provide \$20,948,600 in 2022-23 to reflect the estimated cost of extending benefits for MA eligible pregnant women until the last day of the month.

Community Health Workers

Provide \$14,232,000 in 2022-23 to fund coverage of community health worker services under MA.

Medication-assisted Treatment Reimbursement

Provide \$3,632,800 in 2021-22 and \$7,265,500 in 2022-23 to increase reimbursement rates for medication-assisted treatment (MAT) services for individuals with substance use disorder.

A comprehensive recovery strategy needs to include robust investments in public health. For more information, please do not hesitate to contact our government affairs consultants Tim Hoven (414-305-211) or Erik Kanter (608) 310-8833.

All people deserve the opportunity to live in a state that creates conditions for everyone to be healthy. Public policy should strive toward the elimination of health disparities.



GOVERNOR EVERS' 2021-23 BIENNIAL BUDGET

Investing in Public Health

In the past year, the importance of a robust and responsive public health system has become clear to us all. We need a modern and well-funded public health system at all levels to protect our residents and communities from communicable diseases. The budget makes investments to shore up and strengthen Wisconsin's public health system to be able to respond to current and future communicable disease threats.

LOCAL AND TRIBAL COMMUNICABLE DISEASE RESPONSE (\$10 MILLION)

Our local and tribal health departments are a primary line of defense keeping communities safe from infectious disease, but they are significantly underfunded. This ten-fold increase in state funding will help local and tribal health departments continue their COVID-19 response and be ready to respond to existing and emerging infectious diseases.

STATE SUPPORT FOR COMMUNICABLE DISEASE RESPONSE (\$3.6 MILLION)

The current DHS staff of epidemiologists, disease intervention specialists, and infection prevention specialists have been indispensable during COVID-19, but they are stretched too thin. The budget would bolster our public health workforce with 36 full-time staff to work on Wisconsin-specific communicable disease outbreaks, sexually transmitted diseases, and drug-resistant infections in health care settings.

EMERGENCY MEDICAL SERVICES (\$567,200)

The budget increases grants to local municipal and non-profit EMS agencies to strengthen the first responders providing our emergency health services. It also converts State Trauma System staff to state funding to comply with federal guidelines.

DATA TO SUPPORT SURVEILLANCE AND RESPONSE (\$375,900)

Data is crucial to the early detection and tracking of communicable disease and in coordinating the care of individuals who are suffering from disease. The Governor's Budget enhances state resources for advanced data modeling and statistical analysis to provide early warning of diseases that are present in or a threat to come to Wisconsin.

HEALTH INFORMATION EXCHANGE (\$1.3 MILLION)

The budget funds grants to support Health Information Exchange activities that allow health care providers and patients to appropriately access and securely share a patient's medical information.

HARM REDUCTION STRIKE TEAM (\$435,300)

The budget funds strike teams at DHS to respond to communicable diseases related to the opioid epidemic. By traveling to the location of the outbreak, the team will provide access to much-needed services, including vaccination, testing, counseling, and insurance enrollment.

For more information on all of Governor Evers' proposed investments in Wisconsin's health, visit www.dhs.wisconsin.gov/budget





Governor Evers' 2021-2023 Biennial Budget

Public Health and Health Equity

Karen Timberlake, Interim Secretary
March 17, 2021



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Agenda

- Public Health and Health Equity: Discussion of Key Budget Provisions in Governor Evers' Proposed 2021-23 Budget
- Questions and Next Steps

Budget Materials

- DHS Budget Website:
<https://www.dhs.wisconsin.gov/budget/index.htm>
- DHS Budget Fact Sheets:
<https://www.dhs.wisconsin.gov/budget/resources.htm>

People First: Governor Evers' Proposed Budget

Wisconsin faces unprecedented challenges. Governor Evers' proposed 2021-2023 budget puts people first by increasing and improving access to health care, expanding behavioral health services, protecting our neighbors most in need, and ensuring our public health system is robust and responsive. Now is a time for bold action, and instead of retracing our steps to go back to the way things were, we will bounce back a safer, healthier, and more equitable state. Together, we commit to putting people first to meet our challenges moving forward.

Governor Evers' proposed budget puts the people of Wisconsin first.



Invest in Coverage and Communities

Many individuals and families cannot afford health insurance in our state. This is a critical need for too many people in Wisconsin, and the situation is especially urgent for Wisconsin's communities of color. We must take action. Governor Evers' budget invests in access to affordable health care and commits to policies and funding designed to break down structural inequities and improve health outcomes.



Invest in Behavioral Health


To ensure the right supports are available at the right time for all Wisconsin residents, we are building an integrated behavioral health system that provides prevention, intervention, and treatment services to individuals across their life span in their communities. Governor Evers' budget invests in behavioral health and substance use disorder services because these services are essential to overall wellness.



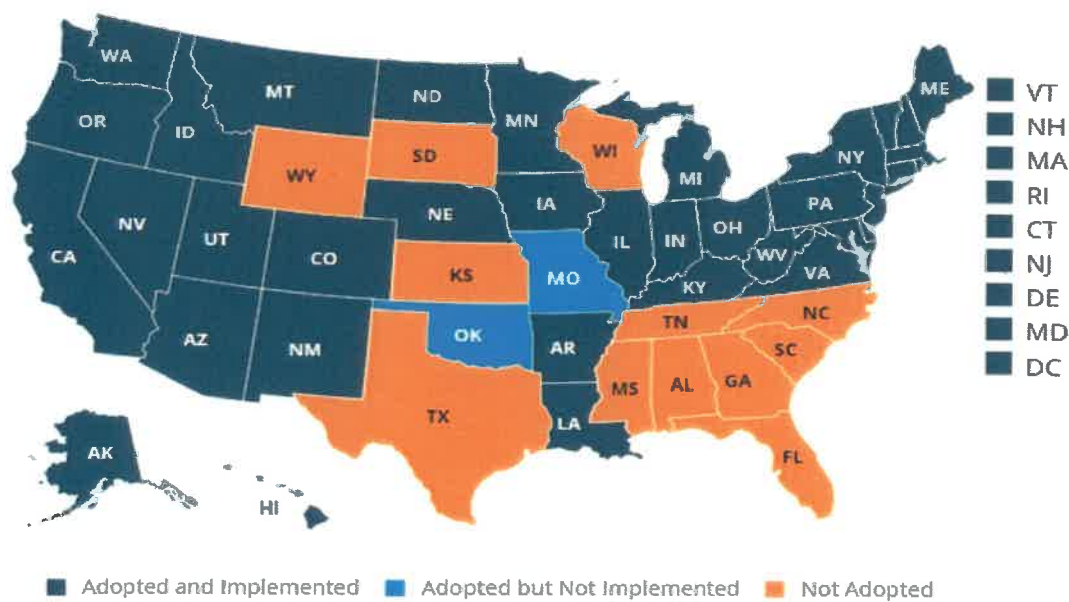
Invest in Public Health and Long-Term Care

The COVID-19 pandemic has further highlighted the importance of community preparedness and high quality care for Wisconsin residents of all ages. To rebuild together, Governor Evers' budget invests in our public health and long-term care systems, ensuring every Wisconsinite can live their best life.

Medicaid Expansion

- State GPR Savings - \$634 million
 - Additional funding available through the American Rescue Plan
 - Expands coverage to approximately 90,000 Wisconsinites, ~50,000 uninsured
- 

Status of State Action on the Medicaid Expansion Decision



SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated March 12, 2021.
<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

The background of the slide features a pattern of thin, vertical, slightly wavy lines in shades of grey and blue. A large, dark blue rectangle is positioned in the center, containing the title text. The rectangle has a thin, lighter blue border.

Investing in Public Health

Funding for Communicable Disease Response

- Funding for local and tribal health departments - \$10m
 - Funding for state communicable disease response - \$3.6m
-

Investments in State Public Health

- Harm reduction strike teams - \$435,000
- Emergency Medical Services (EMS) Local Grants - \$480,000
- Health Information Exchange Grants - \$1.3 million

Protecting Kids

- Childhood lead poisoning prevention
 - Ongoing funding for Lead Safe Homes Program
 - Windows Plus Program - \$2 million
 - Birth to 3 Eligibility expansion - \$9.9 million
 - Tobacco Use Prevention- \$2 million
-

Community Health

FQHCs

- Community Health Centers - \$4 million
 - Free and Charitable Clinics - \$4 million
-



Advancing Health Equity

Healthy Women, Healthy Babies

- Women's Health Block Grant Funding
 - Restoration of Funding - \$400,000
 - Elimination of restrictions on grant recipients
 - Extend post-partum coverage for pregnant women in Medicaid - \$21 million
 - Coverage for doula services- \$1 million
-

Health Equity and Minority Health Grants

- Health Equity Community Grants to Local and Tribal Health Departments - \$15 million
 - Minority Health Grants - \$8 million
-

Community Health

- Community Health Workers - \$29.3 million
 - Grant funding - \$15 million
 - Medicaid coverage - \$14.3 million
 - Community Health Benefit - \$25.5 million
 - Tribal Shared Savings- \$5.5 million
-

Other Key Areas of the DHS Budget

Improving Access to Behavioral Health Services

Increased Funding and New Services

- Psycho-social Rehabilitation Benefit - \$2 million
- Treatment for people involved in criminal justice system- \$6.1m

Treating and Preventing SUD

- Medication-Assisted Treatment - \$12.4 million

Supporting Local Crisis Response Regional Crisis Response - \$17.6 Million



Supporting Caregivers and Long Term Care Providers

Supporting Older Adults in the Community

- ADRC funding- \$7 million
- Dementia Care Specialists - \$3.5 million

Medicaid Funding

- Nursing Home rate increase - \$241 million
- Payments for Direct Care - \$155.6 million

Next Steps/Discussion

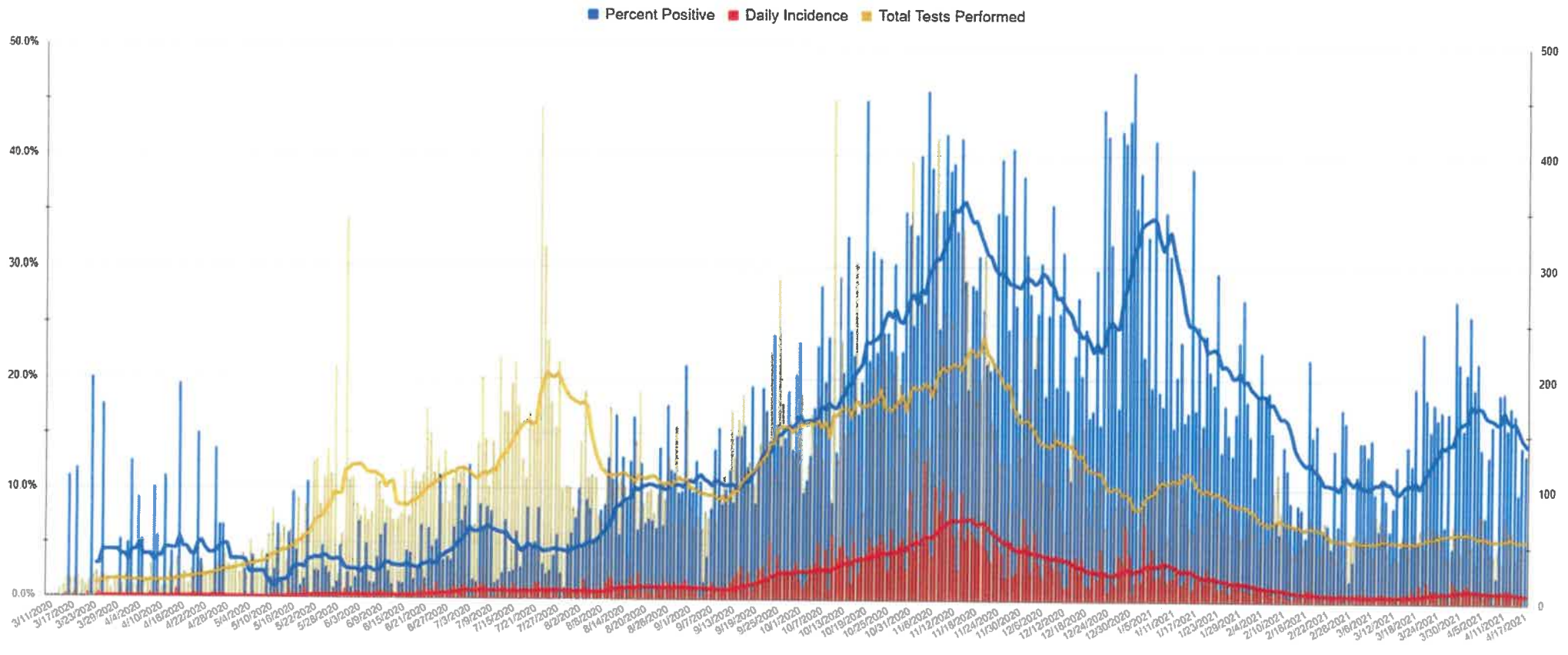
Jefferson County Board of Health

April 21st, 2021

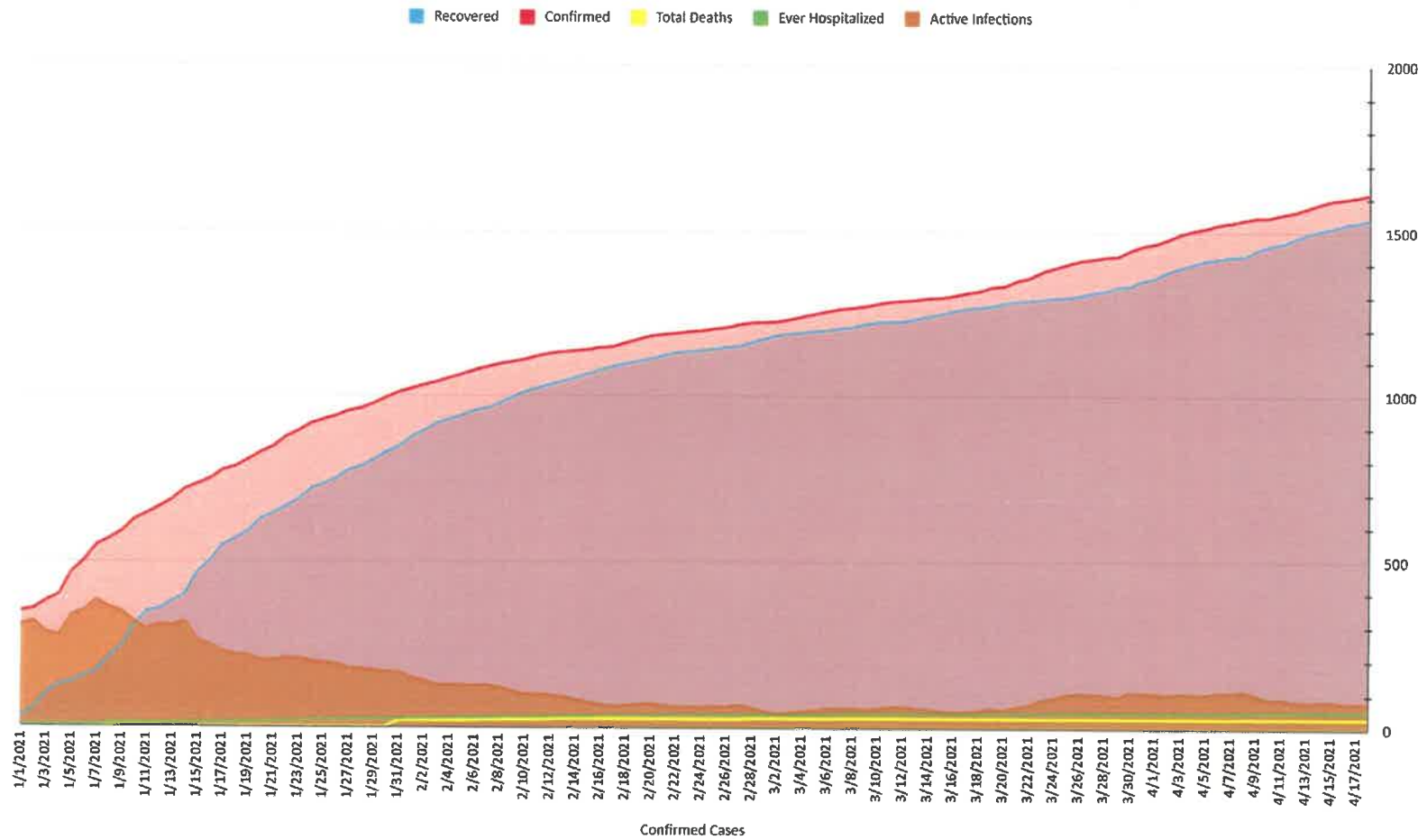
Jefferson County Health Department

Gail Scott - Health Officer / Director
Samroz Jakvani - Epidemiologist / Public Information Officer

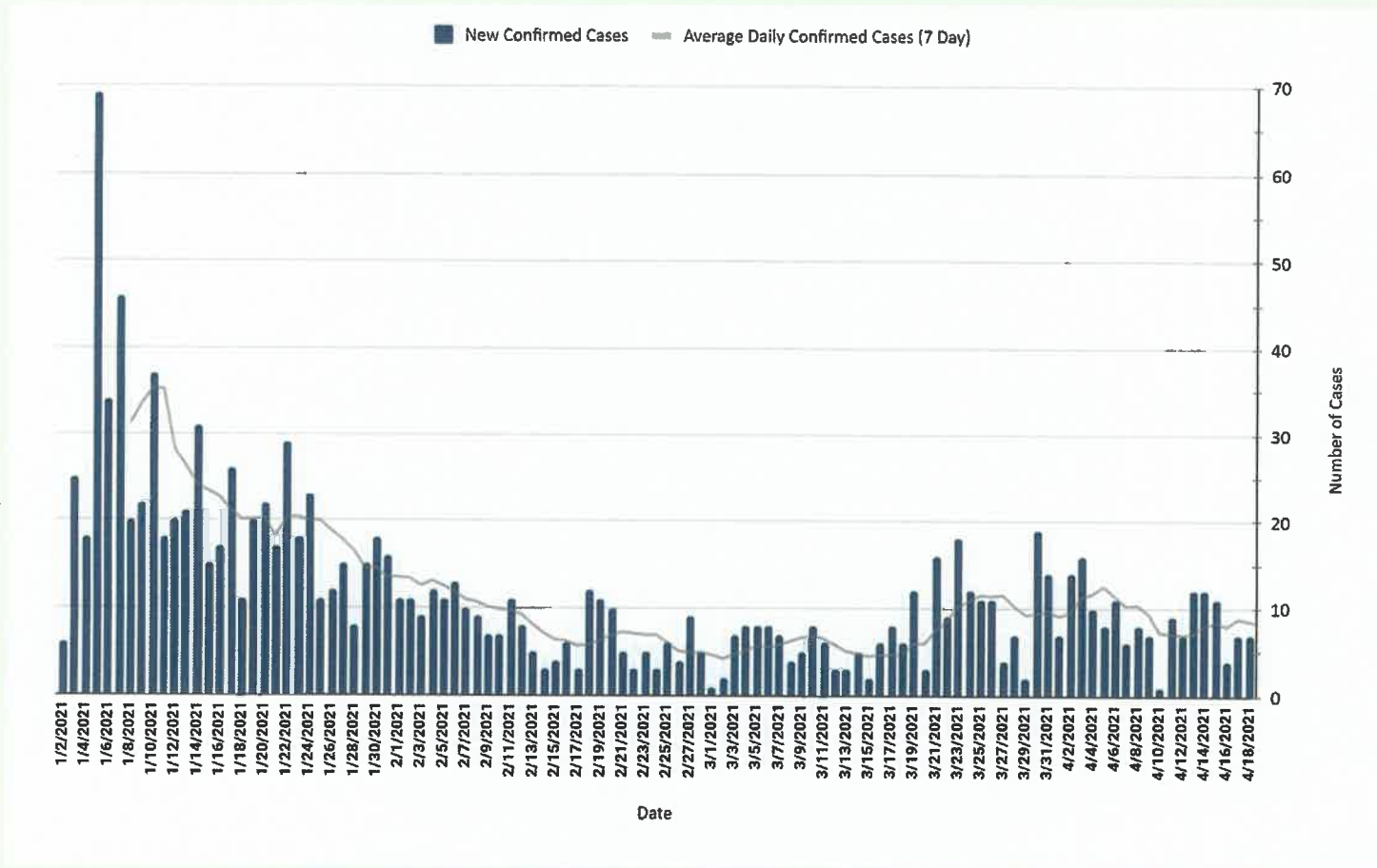
Jefferson County COVID-19 Cumulative Epidemic Curve (03/2020 – YTD 2021)



Jefferson County COVID-19 Case Status (2021 YTD)



Jefferson County Confirmed Cases by Date 2021 YTD



Number of reported confirmed and probable COVID-19 cases by date of symptom onset or diagnosis: Jefferson County (2020 – 2021 YTD)

Updated: 4/19/2021 (Total: 9,385)

Select County:

Jefferson County

Select Case Status:

☐ Confirmed

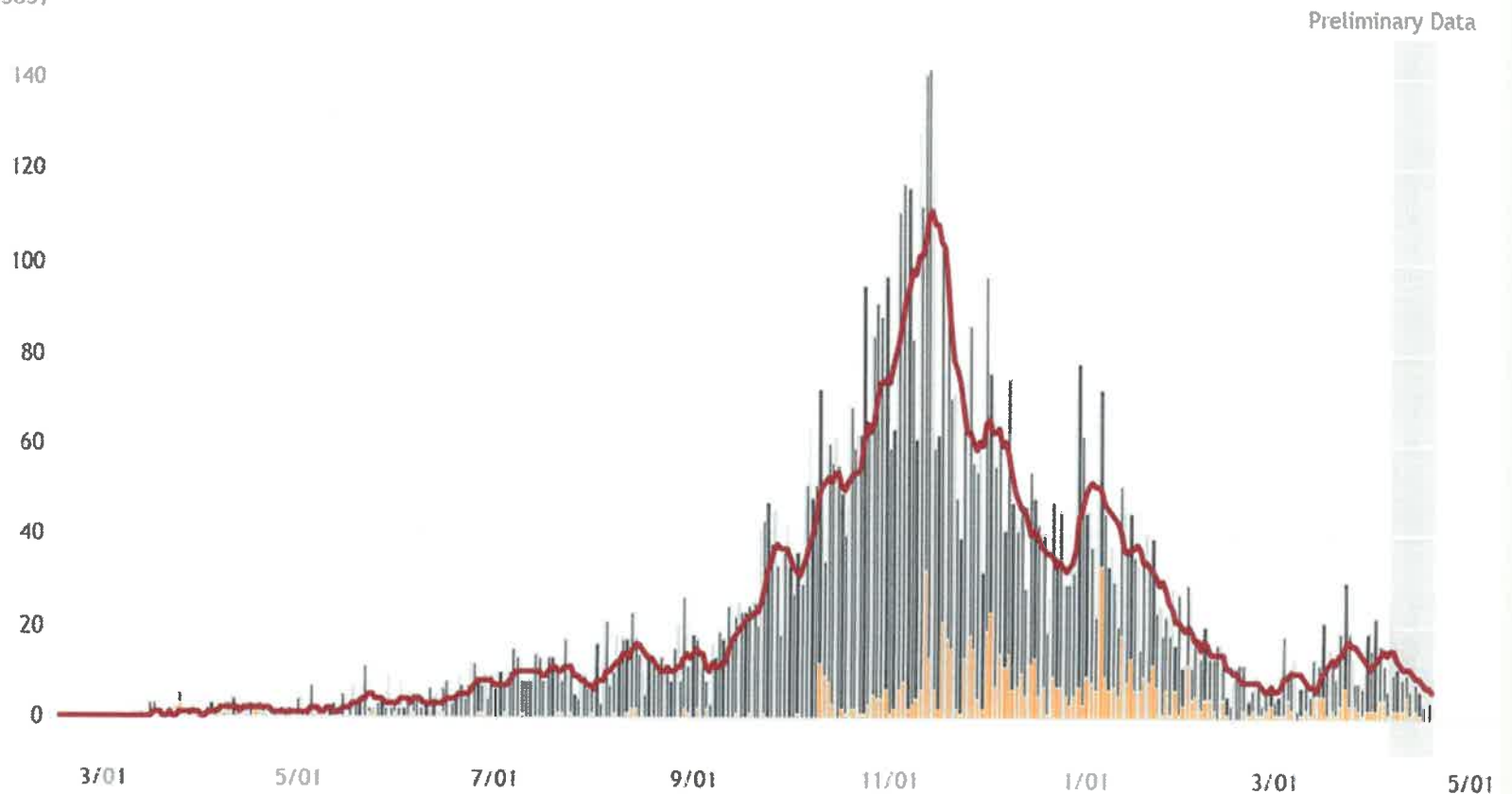
☐ Probable

☒ Confirmed and Probable

Confirmed cases

Probable cases

7-day average



Number of reported confirmed and probable COVID-19 cases by date of symptom onset or diagnosis: Wisconsin (2020 – 2021 YTD)

Updated: 4/19/2021 (Total: 651,948)

Preliminary Data

Select County:

10,000

Wisconsin

Select Case Status:

☐ Confirmed

8,000

☐ Probable

☒ Confirmed and Probable

Confirmed cases

6,000

Probable cases

7-day average

4,000

2,000

0

3/01

5/01

7/01

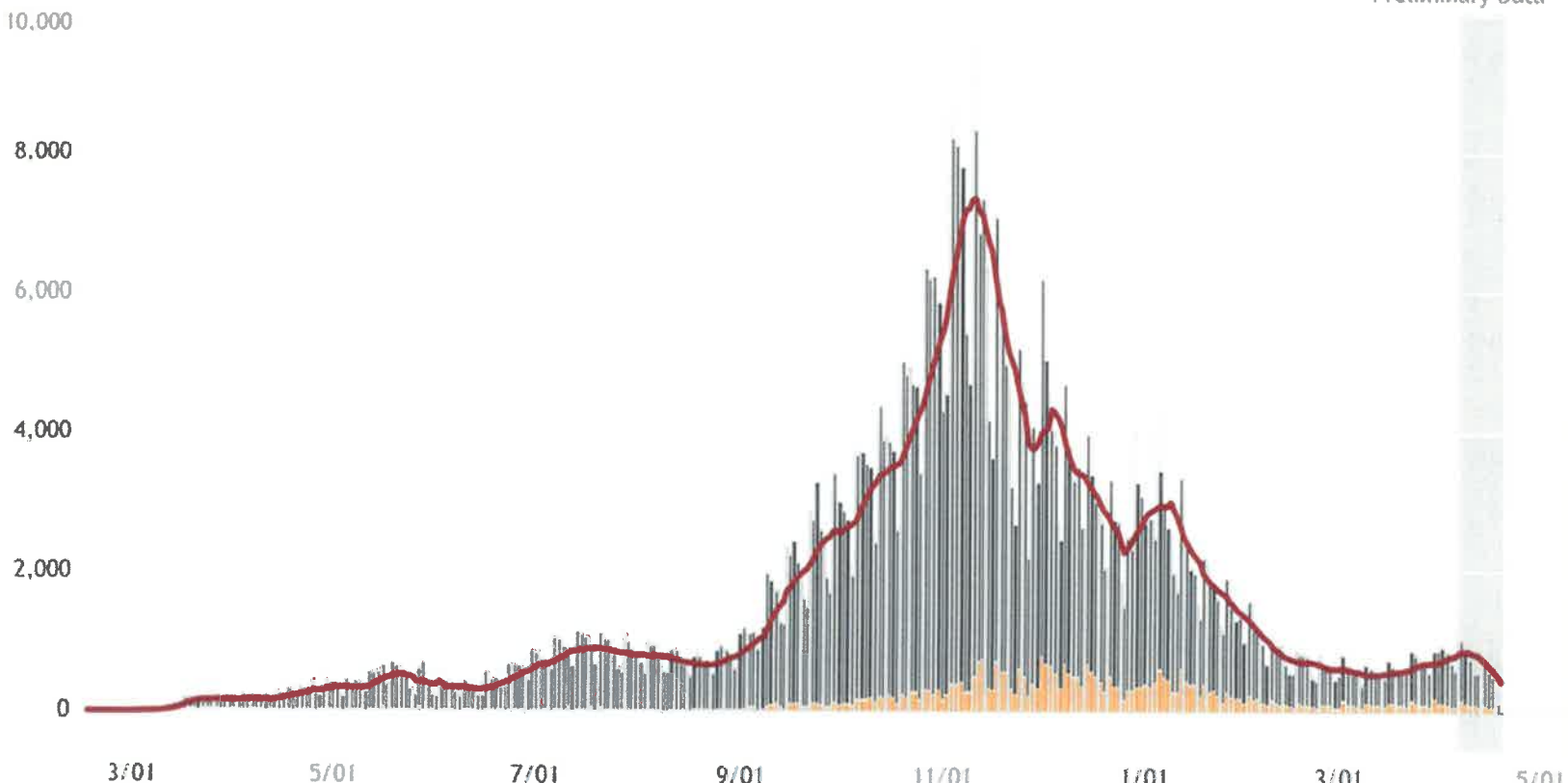
9/01

11/01

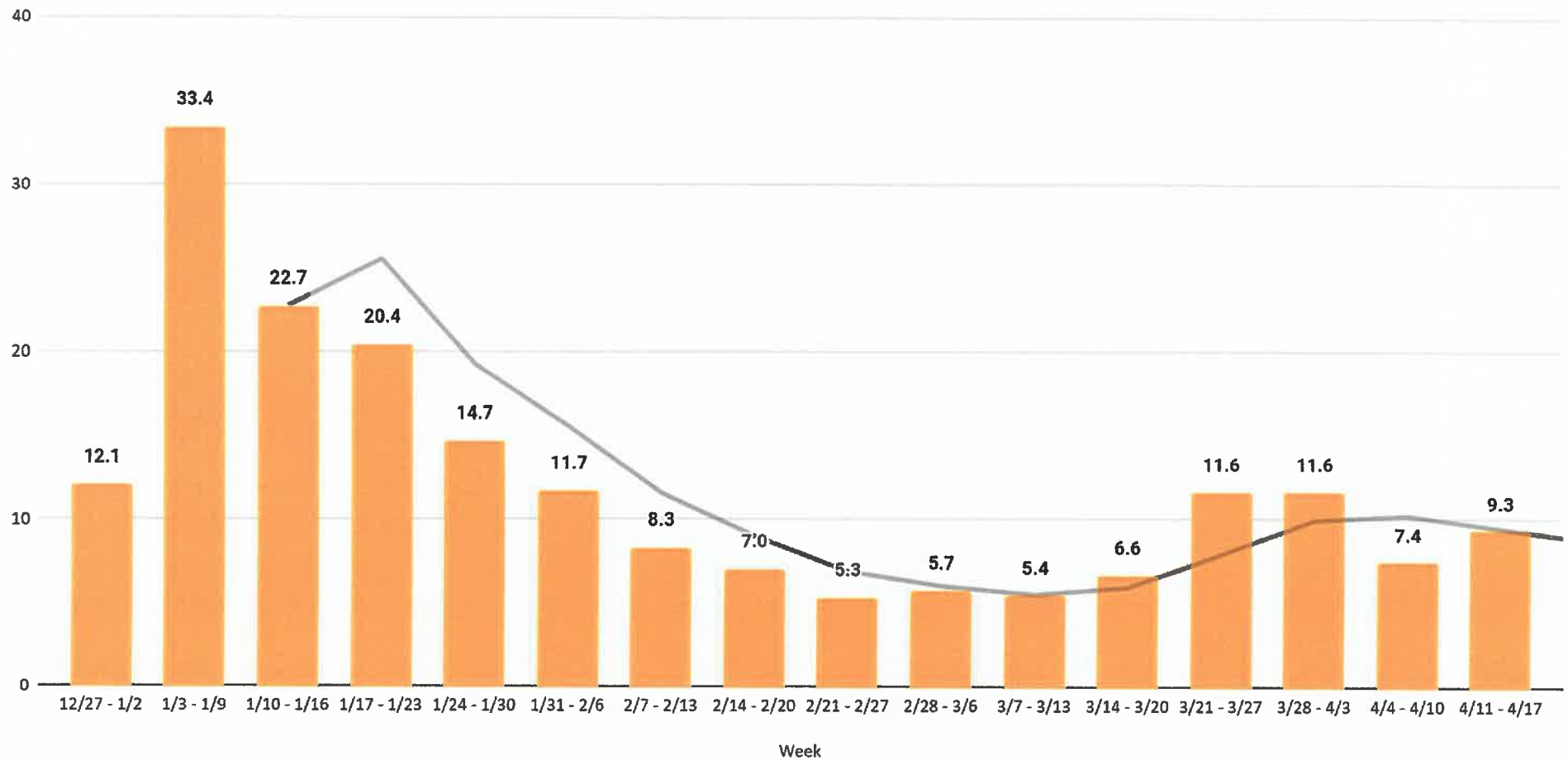
1/01

3/01

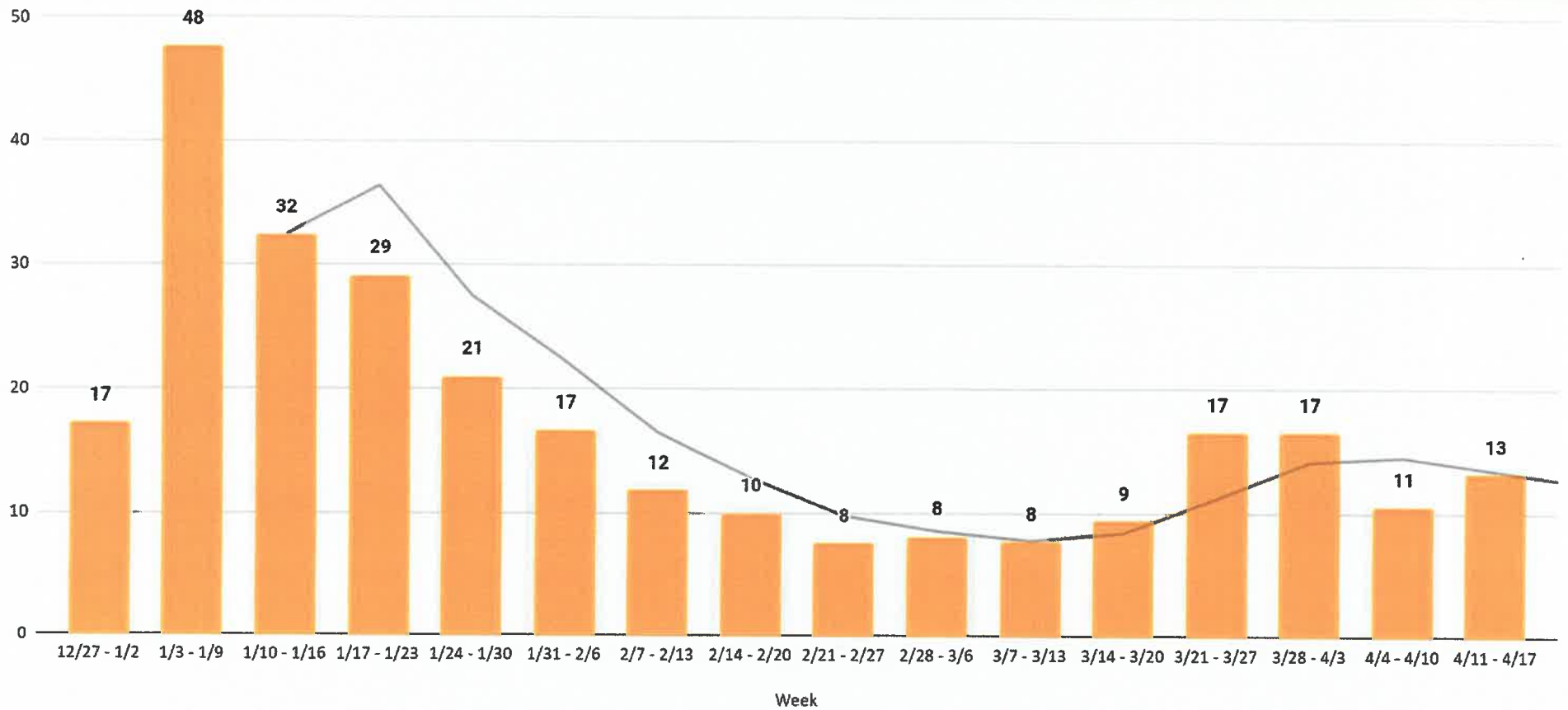
5/01



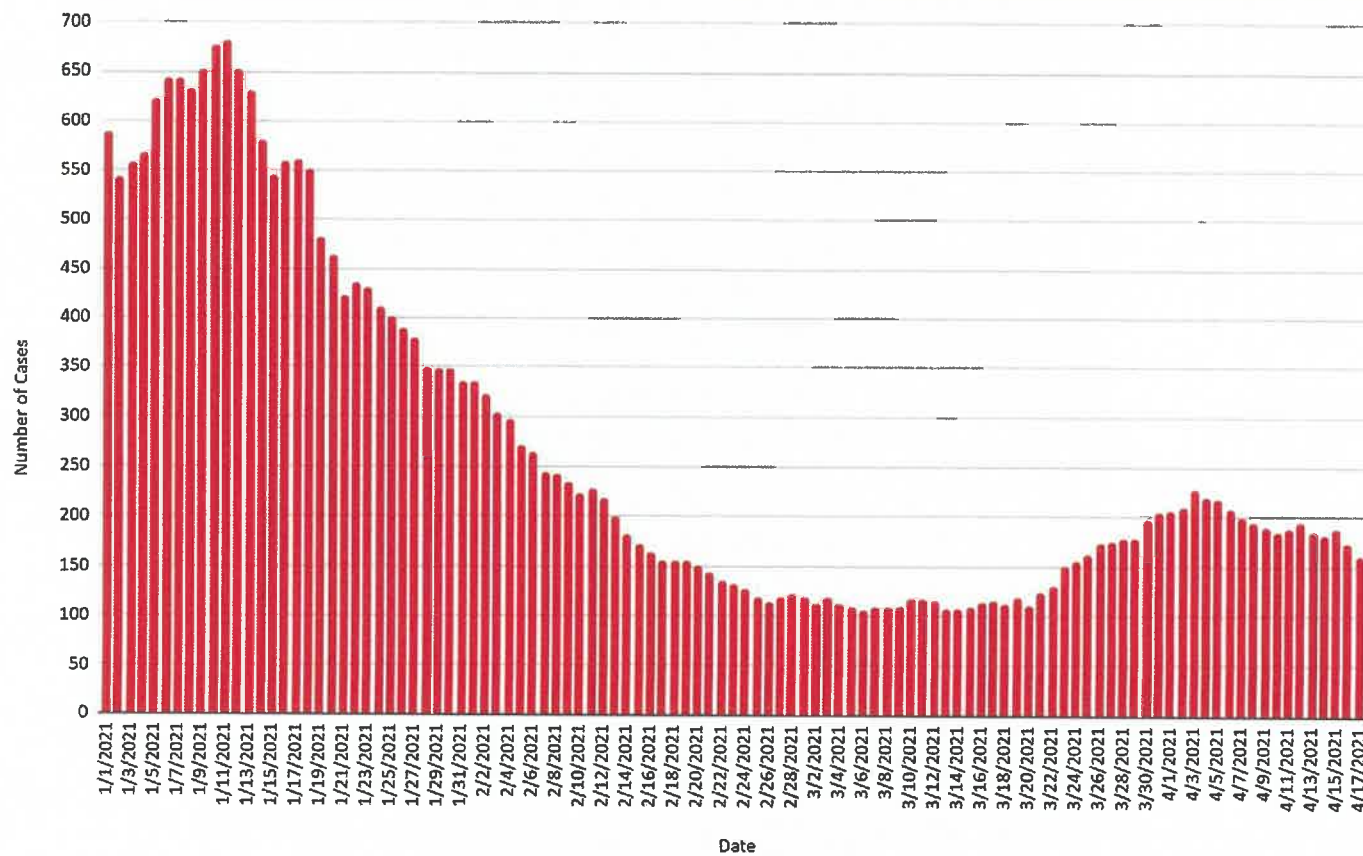
Jefferson County Average Daily Case Incidence by Week (2021 YTD)



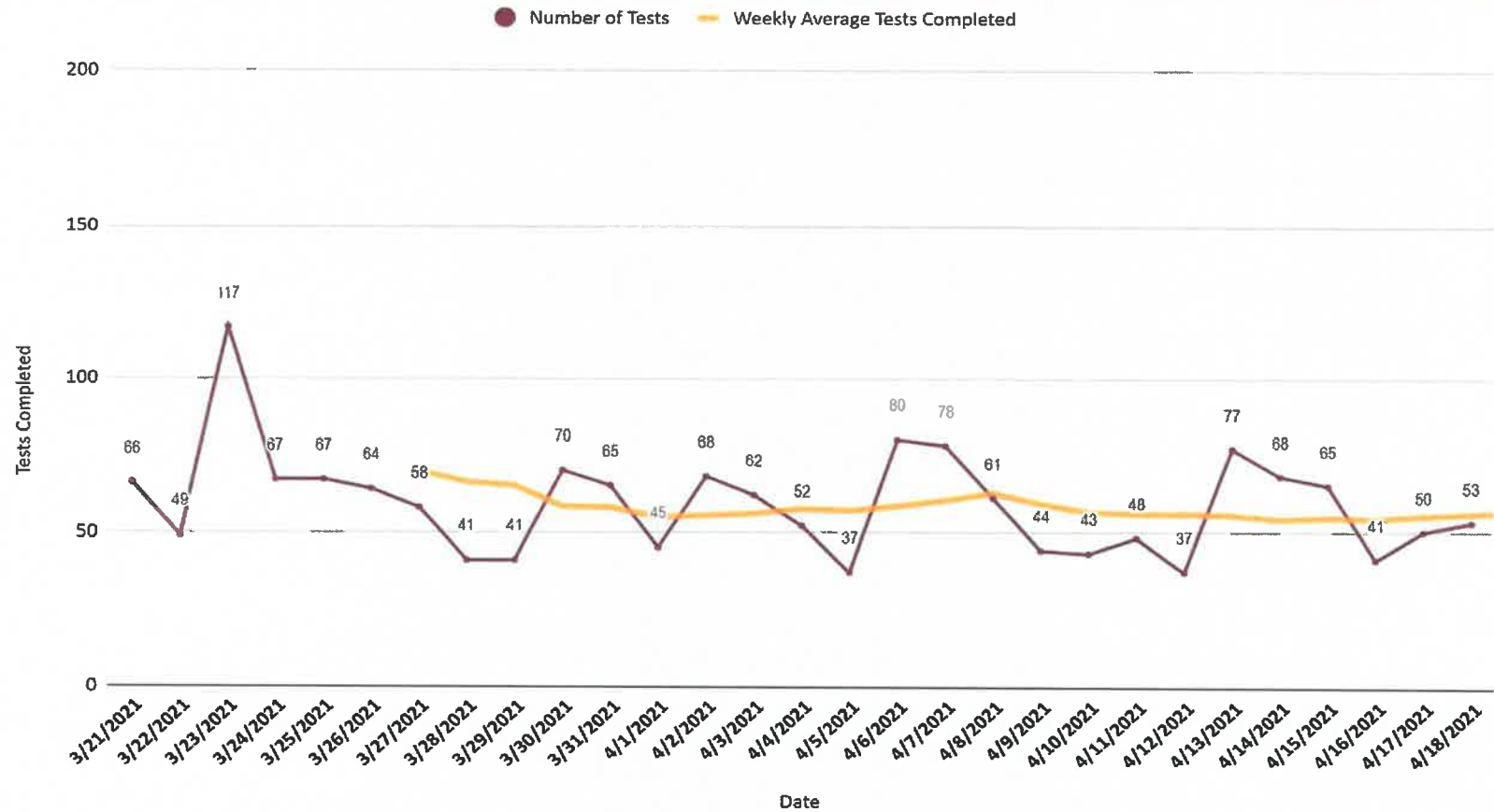
**Jefferson County Average Daily Case Incidence
Adjusted per 100,000
by Week (2021 YTD)**



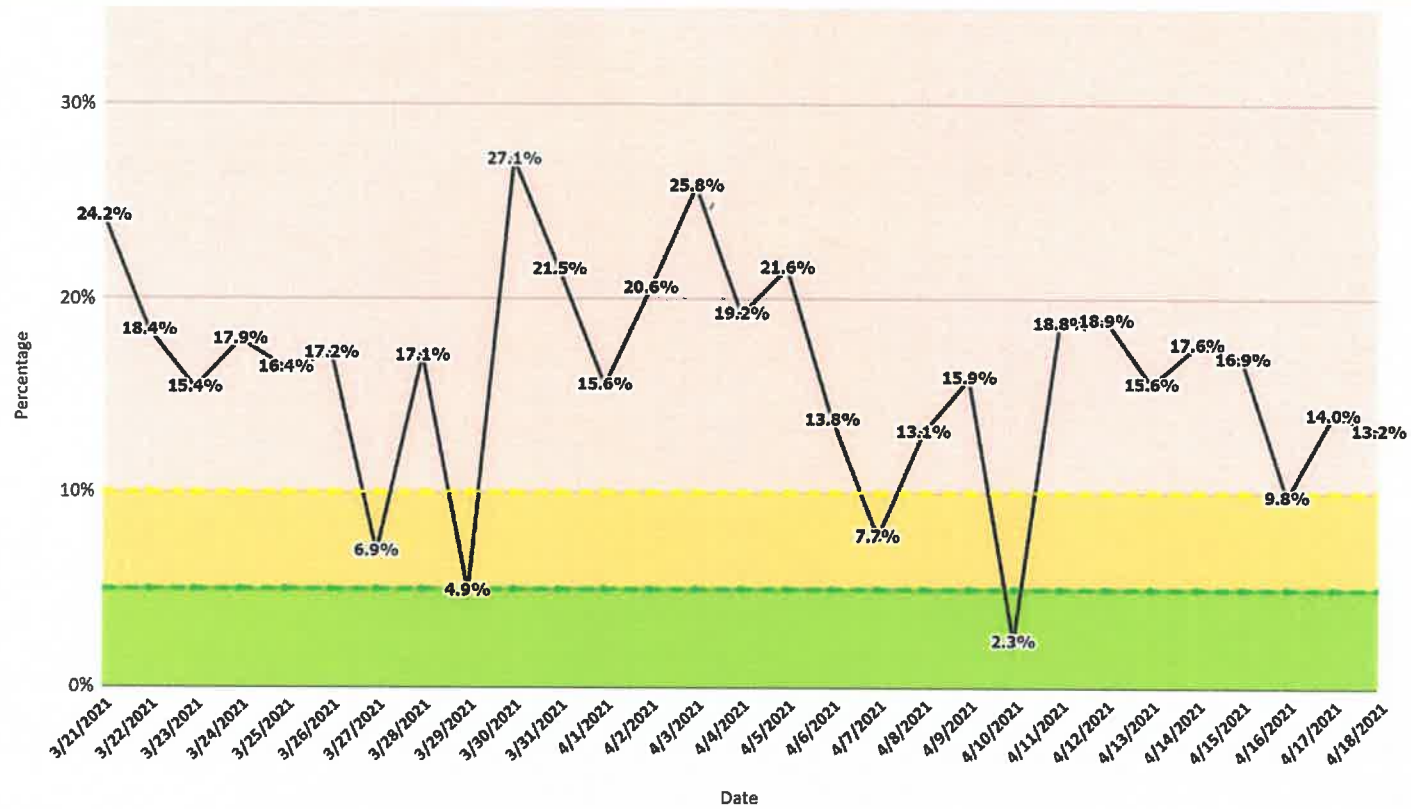
Jefferson County COVID-19 14-Day Case Rate Adjusted per 100,000 by Week (2021 YTD)



Jefferson County COVID-19 PCR Tests Performed (Prior 28 Days)



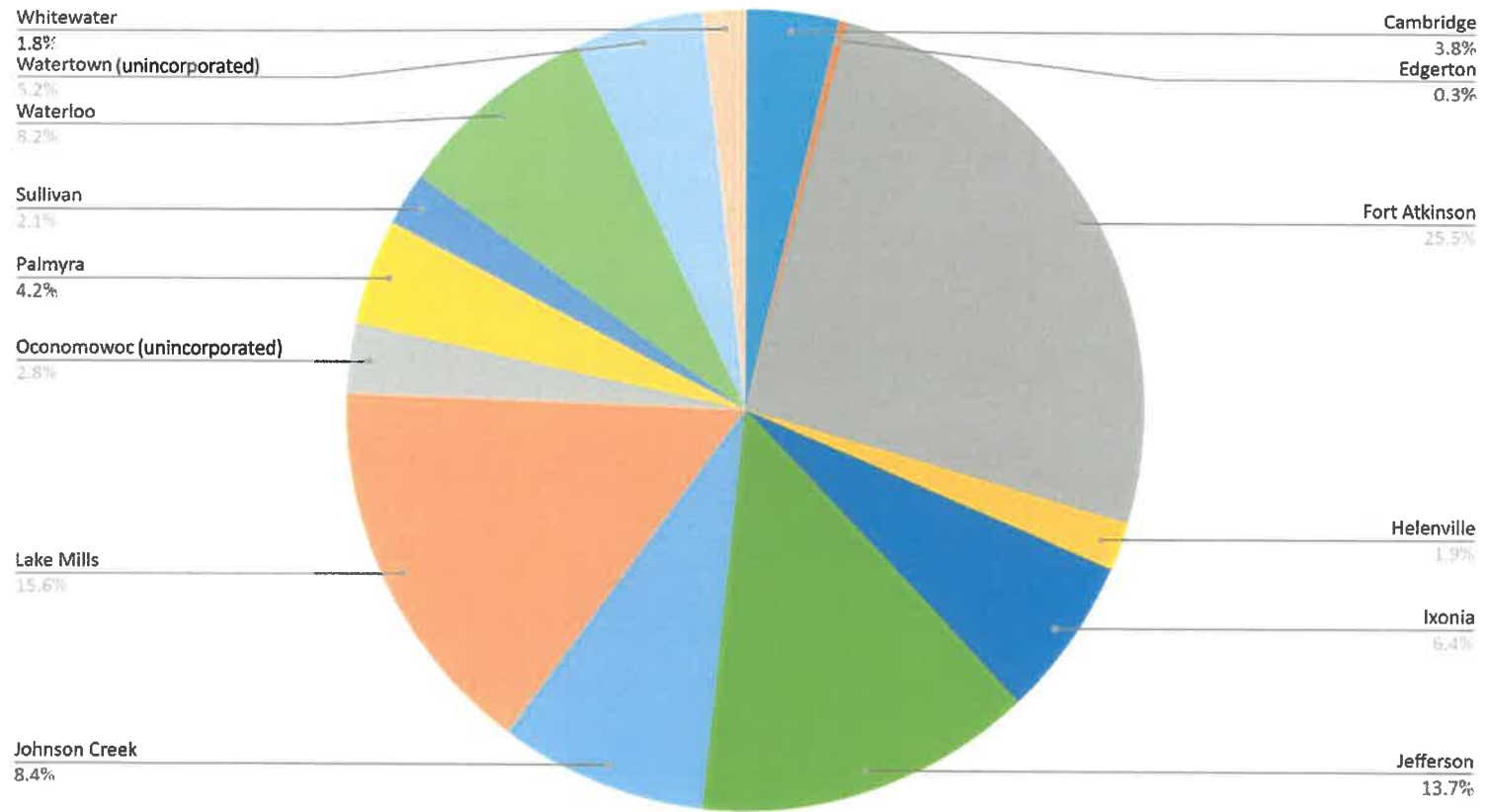
Jefferson County Positivity Rate / Daily Positive Tests as a Percentage of All Tests (Prior 28 Days)



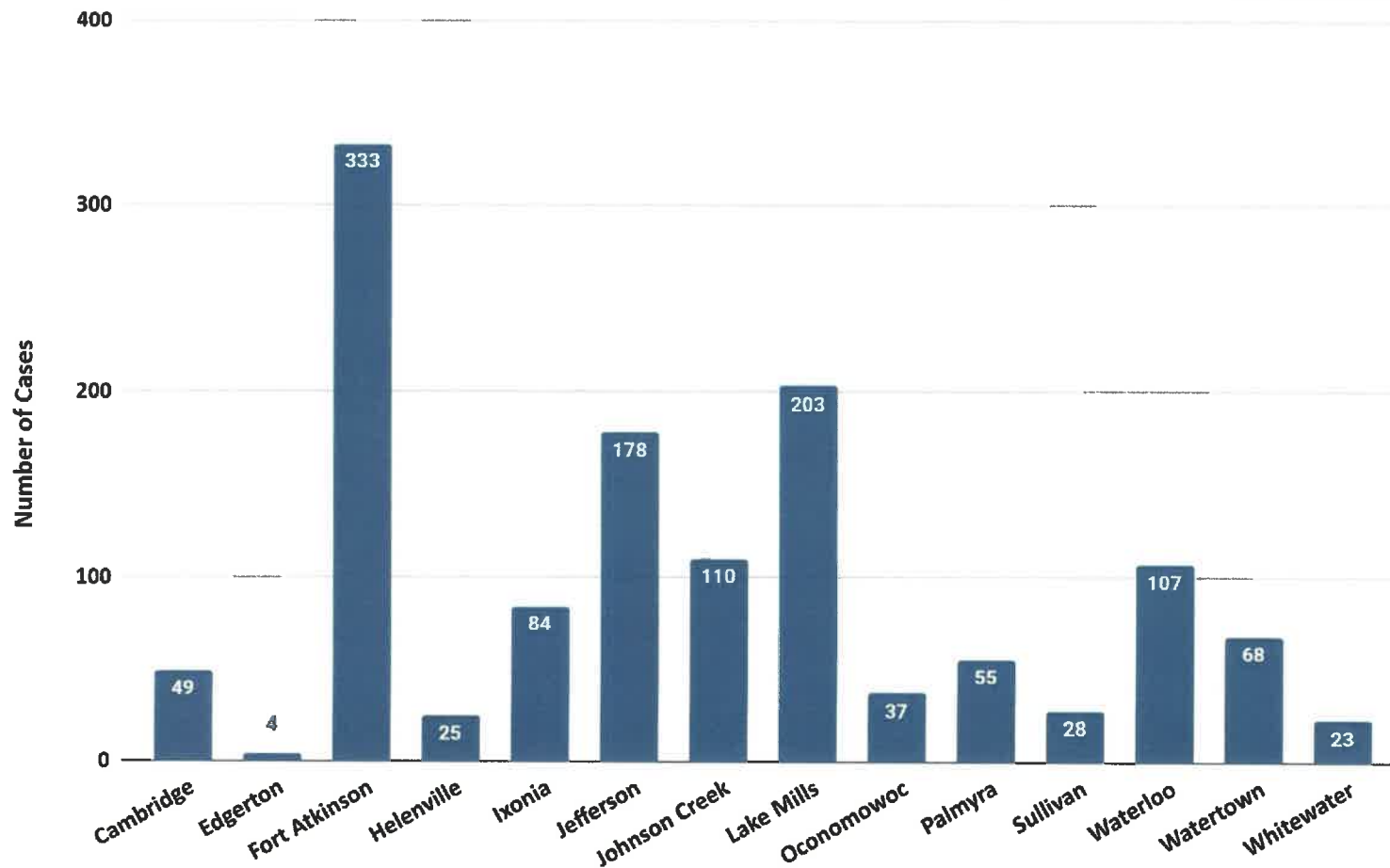
7 - Day Total: 16.1%

14 - Day Total: 14.5%

Jefferson County COVID-19 Cases by Location (2021 YTD)

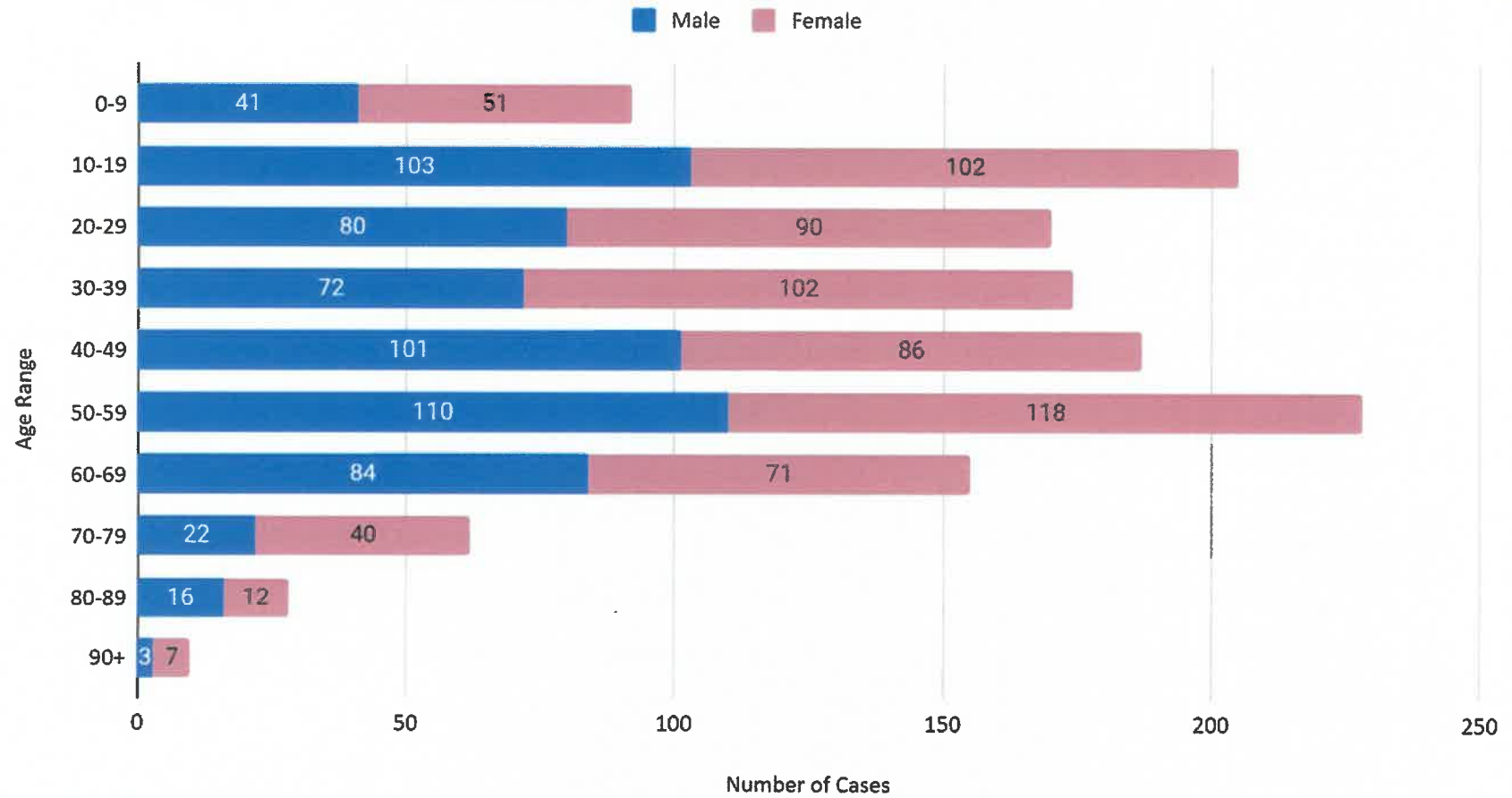


Jefferson County COVID-19 Cases by Location (2021 YTD)

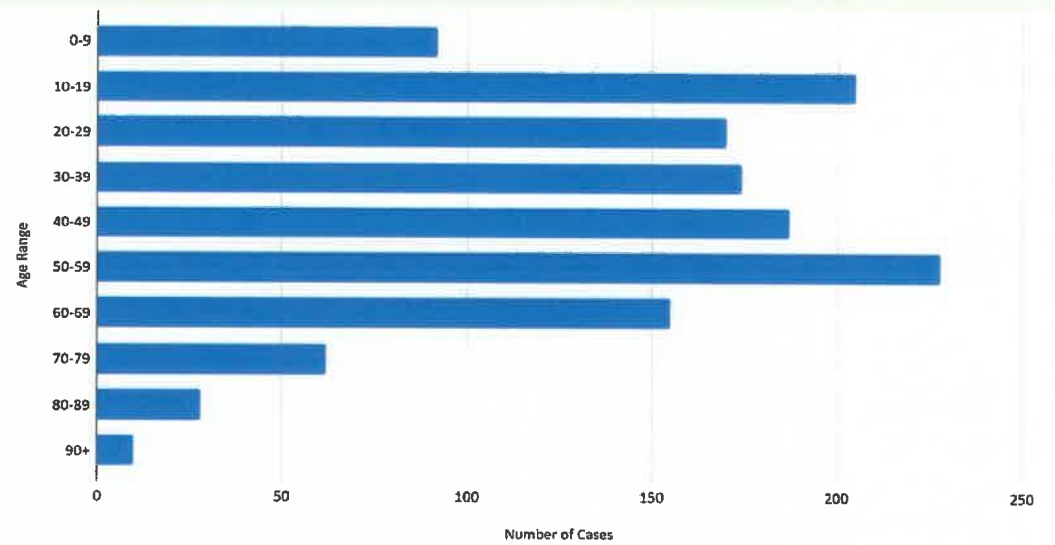
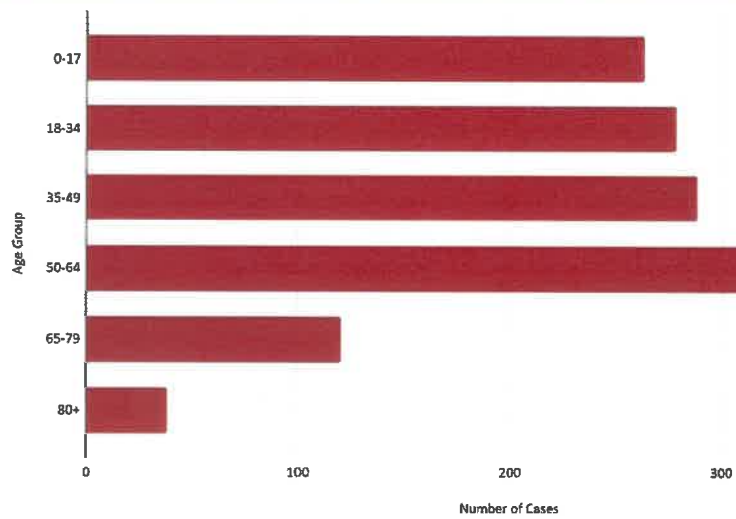


Data for Watertown and Oconomowoc are only provided for the unincorporated areas of those cities.

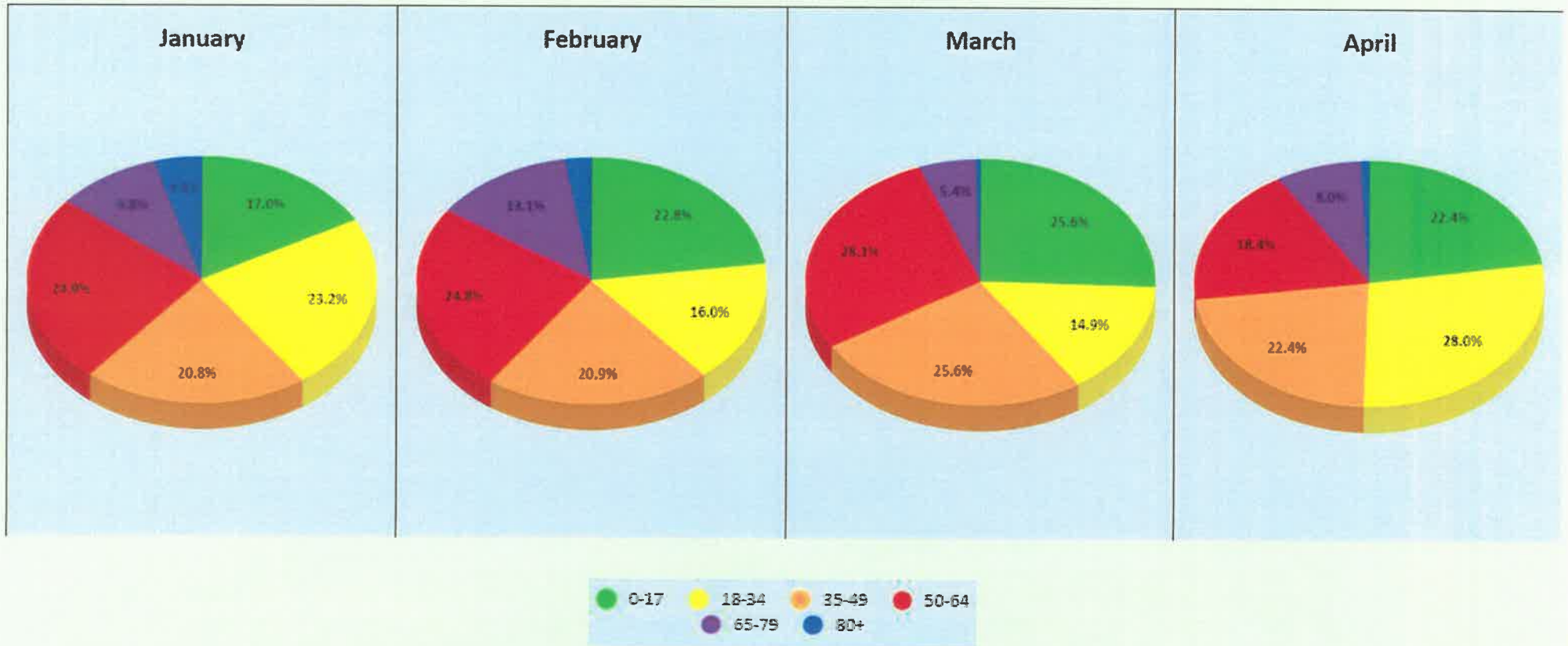
Jefferson County COVID-19 Cases by Age and Sex (2021 YTD)



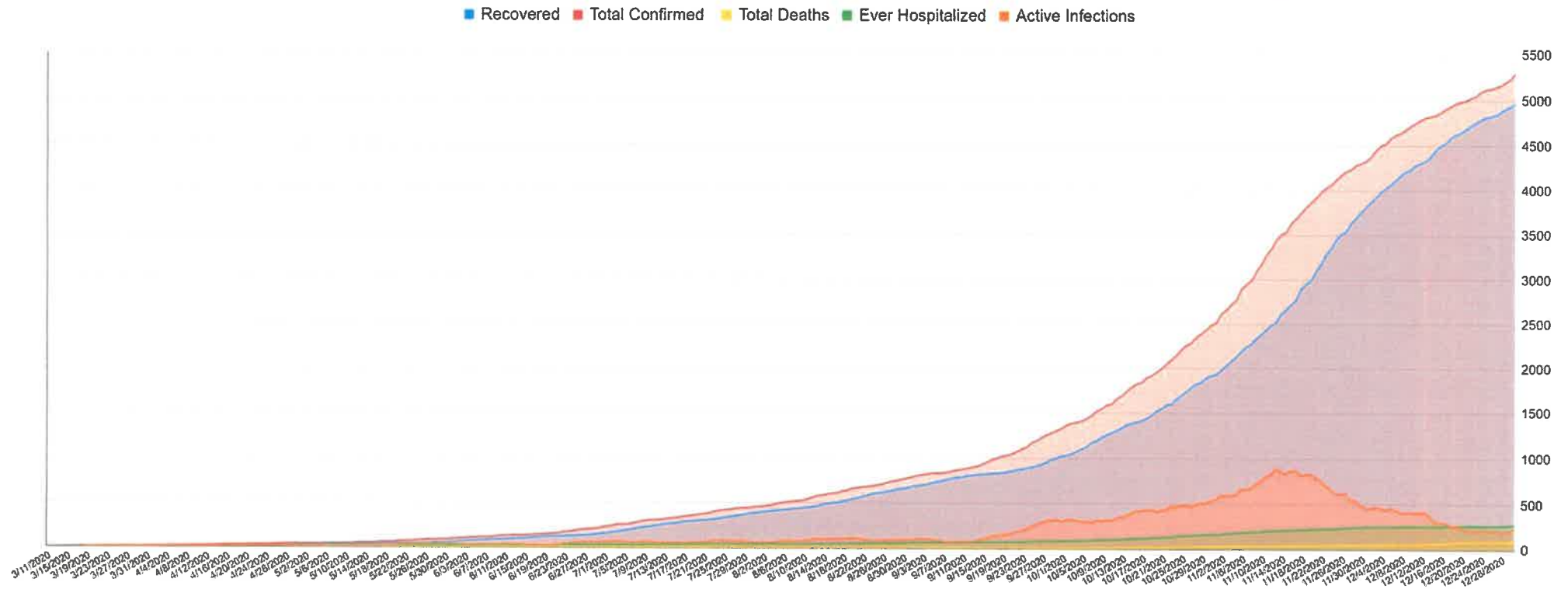
Jefferson County COVID-19 Cases by Age Groups (2021 YTD)



Jefferson County Case Data by Age Group (2021 YTD)

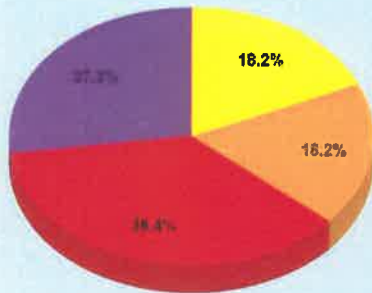


Jefferson County COVID-19 Case Status (2020, Cumulative)

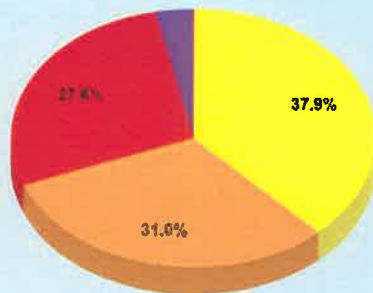


Jefferson County COVID-19 Case Data by Age Group (2020, Cumulative)

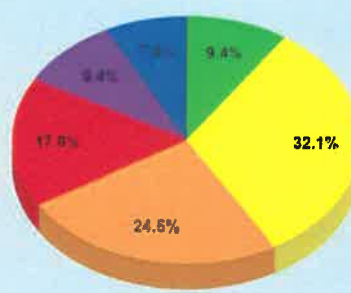
March



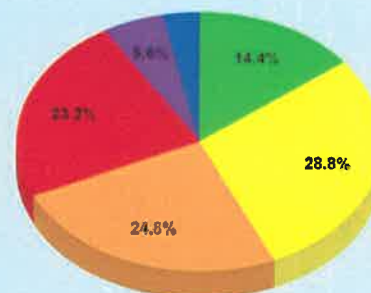
April



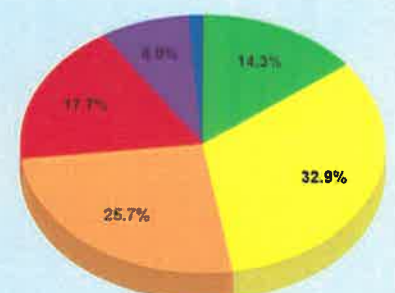
May



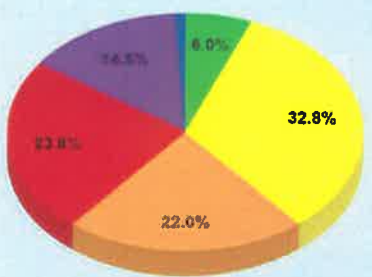
June



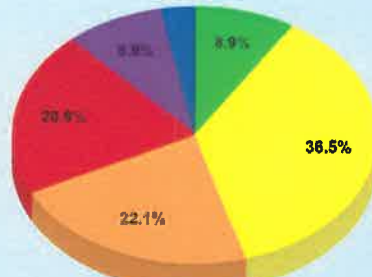
July



August



September



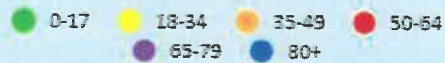
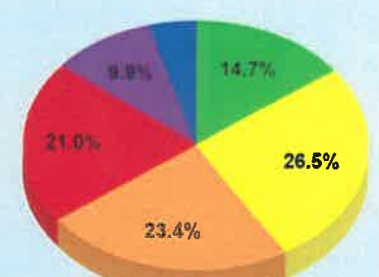
October



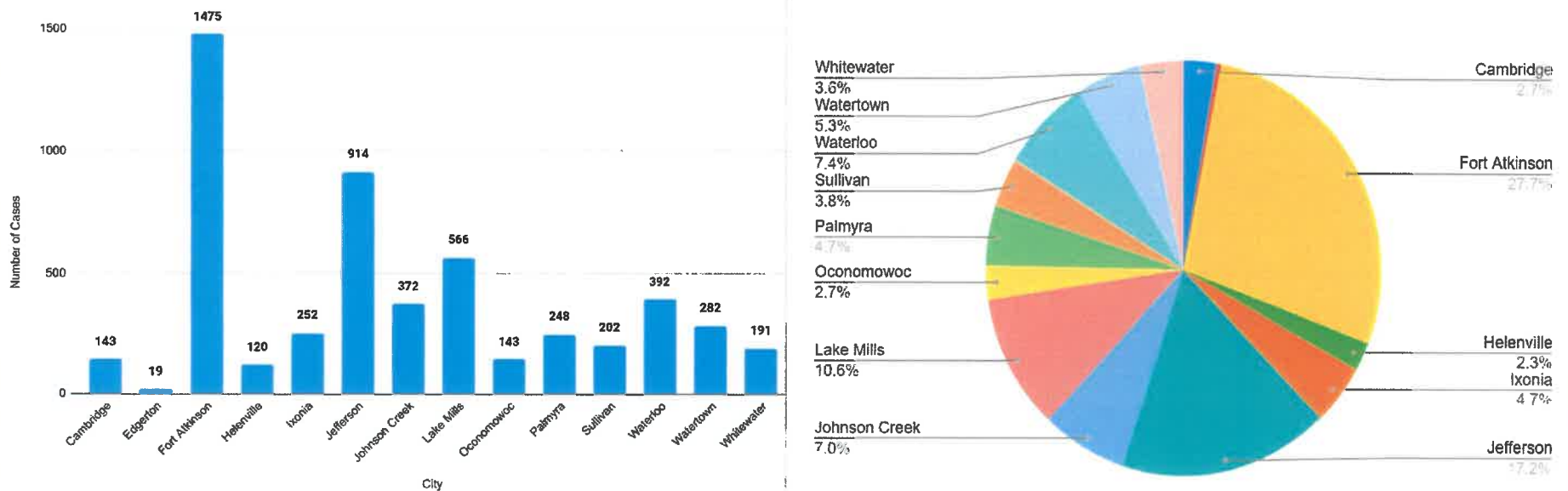
November



December

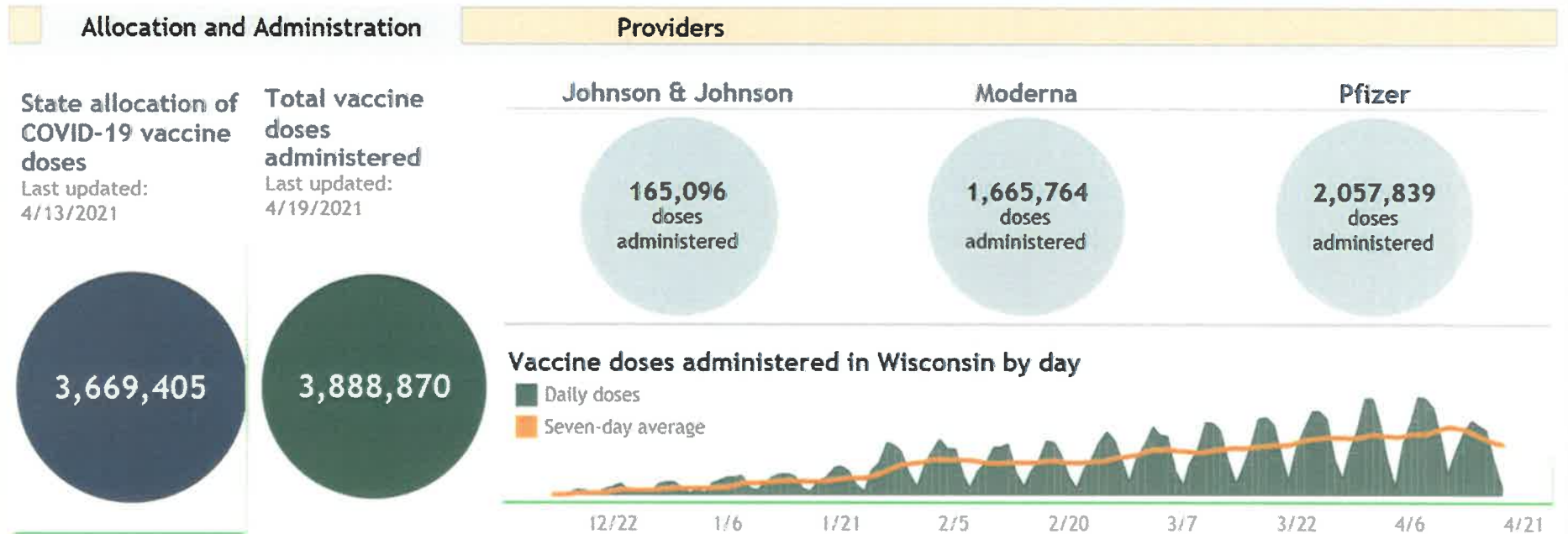


Jefferson County COVID-19 Cases by Location (2020, Cumulative)



Data for Watertown and Oconomowoc are only provided for the unincorporated areas of those cities.

2020-2021 Statewide Vaccine Administration

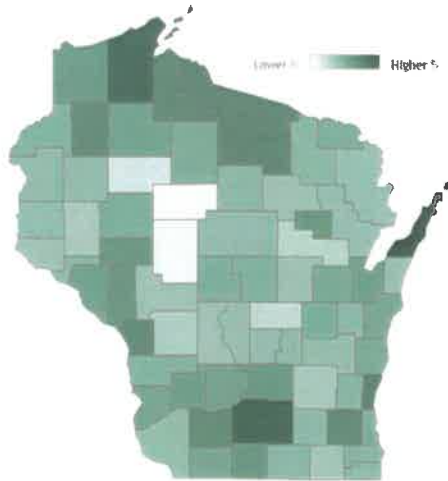


Total vaccine administration data includes federal allocation to vaccinators who do not receive vaccine from the State of Wisconsin.

Jefferson County COVID-19 Vaccine Administration (2020-2021 YTD, Cumulative)

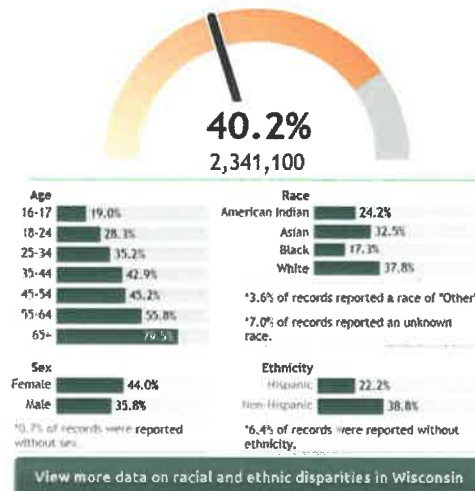
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



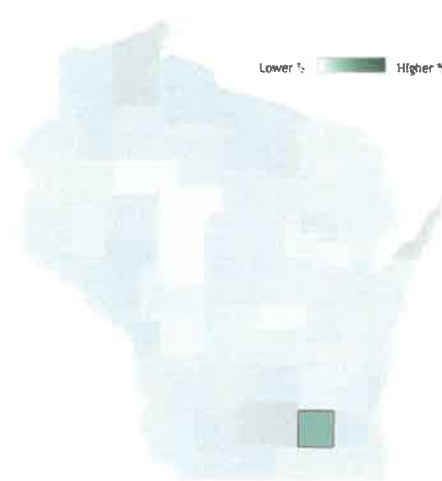
Percent of Wisconsin residents who have received at least one dose

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 16 years of age for whom the vaccines are not authorized.



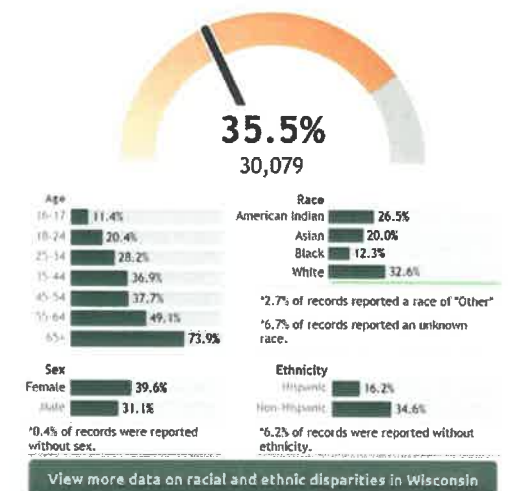
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data

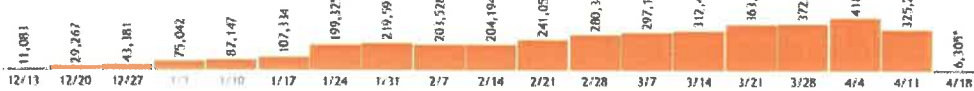


Percent of Jefferson County residents who have received at least one dose

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 16 years of age for whom the vaccines are not authorized.

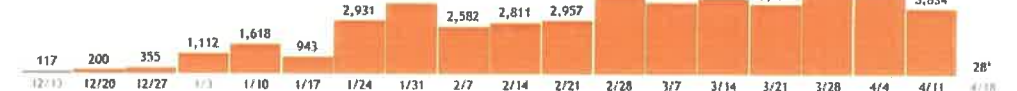


Vaccine doses for Wisconsin residents by week
(Total: 3,797,373)



*Current week may be incomplete.

Vaccine doses for Jefferson County residents by week
(Total: 49,294)

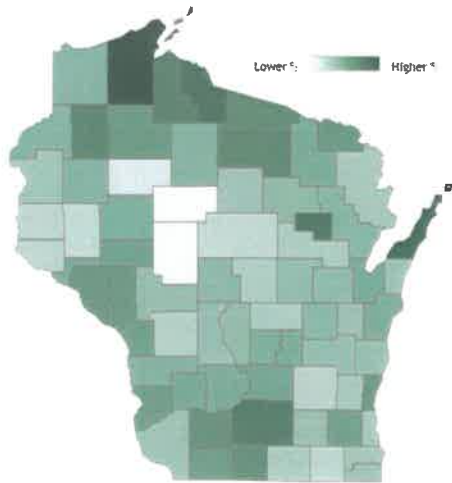


*Current week may be incomplete.

Jefferson County COVID-19 Vaccine Administration (2020-2021 YTD, Cumulative)

Percent of Wisconsin residents who have completed the vaccine series by county

Click a county to filter data



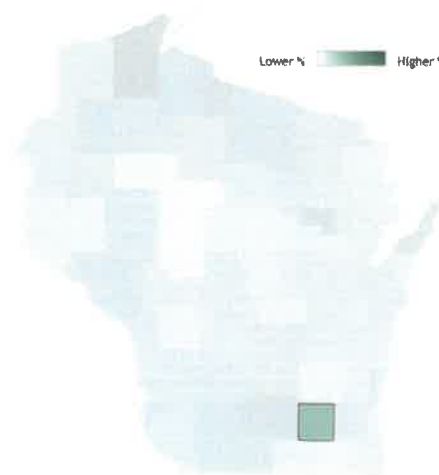
Percent of Wisconsin residents who have completed the vaccine series

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 16 years of age for whom the vaccines are not authorized.



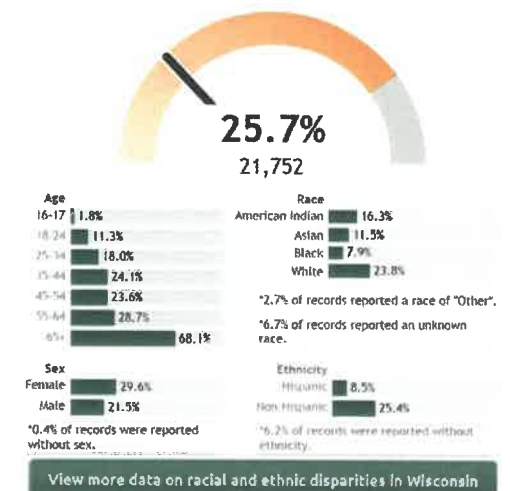
Percent of Wisconsin residents who have completed the vaccine series by county

Click a county to filter data

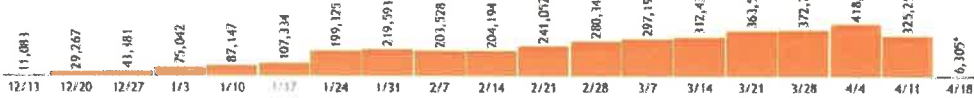


Percent of Jefferson County residents who have completed the vaccine series

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 16 years of age for whom the vaccines are not authorized.



Vaccine doses for Wisconsin residents by week
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Vaccine doses for Jefferson County residents by week
(Total: 49,294)

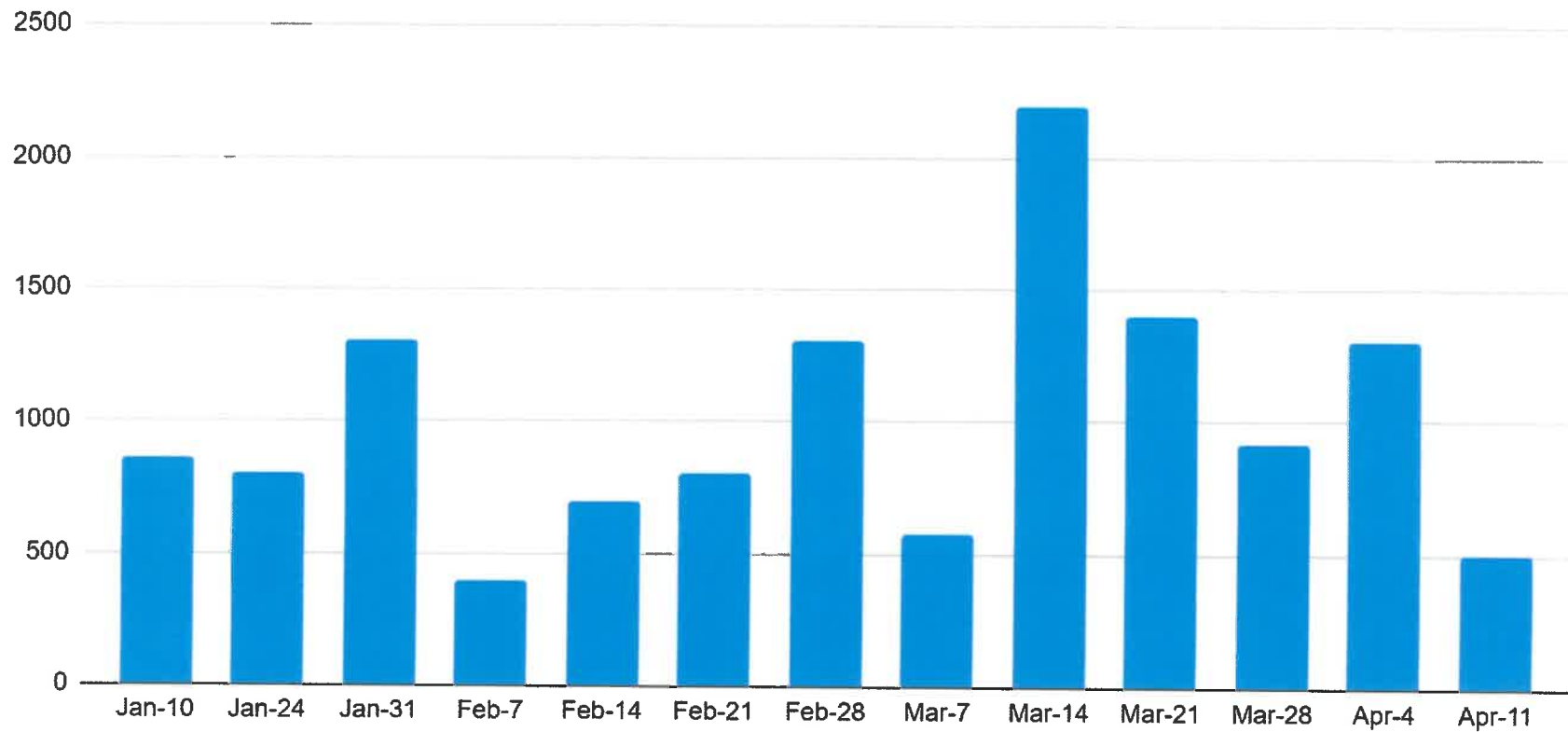


*Current week may be incomplete.

Jefferson County Weekly Vaccine Administration (2020-2021 YTD, Cumulative)

Total doses administered: 13,026

Total number of clients: 9,400



Jefferson County COVID-19 Disease Investigation

(2020-2021 YTD, Cumulative)

- Deaths (cumulative): 112
- Outbreaks
 - Current: 14
 - 10 businesses
 - 4 school buildings
 - Cumulative: 185
- Contact Investigations
 - Current: 14
 - Cumulative: 4,653
 - 714 (15%) converted to confirmed cases
- Contact Tracing
 - Currently, all confirmed cases contacted within 24 hours

CARS PAYMENT INFORMATION**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.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
28	JEFFERS ON CO HD	230	10/1/2020	10/31/2022	\$976,600

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155806	ENHANCIN G DETECTIO N-COVID		\$371,400	\$605,200	\$976,600	N/A
					\$976,600	

Epidemiology and Laboratory Capacity
DHS/DPH and LTHDs
Grant/Contract Deliverables and Expectations
2020-2022 ELC Enhancing Detection LTHD Supplement Award

Contacts	Division Program Contact		Program Contact	
	Name	Traci DeSalvo	Name	Renee Leinbach
	Email	Traci.DeSalvo@wi.gov	Email	Renee.Leinbach@wi.gov
	Phone	608-267-7321	Phone	608-698-5835

Background

This award, the Epidemiology and Laboratory Capacity Enhancing Detection supplement, will provide critical resources to local and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing & epidemiologic surveillance related activities. This includes, but is not limited to, increasing workforce capacity, vaccination, testing, laboratory capacity, infection control and contact tracing. Further details on allowable costs are outlined below.

Contract Period of Performance:

The grant start date is October 1, 2020 and the end date is October 31, 2022.

Generalized Funding Statement

Funding to each Local or Tribal Health Department is as follows:

- A \$250,000 base award will be offered to each jurisdiction
- Additional award funding will be based on a population multiplier
- Local or Tribal Health Departments who have chosen to increase their workforce capacity using the Population Health Institute Response Corps will have the appropriate portion of their award paid directly to the Response Corps
- Local Public Health Departments should report expenses to CARS Profile 155806.
- Tribal Public Health Departments should report expenses to CARS Profile 65506.

Expenditure reports will be prepared according to contract monitor instructions and submitted to the contract monitor at the same time expenses are submitted to the DHS CARS unit for payment. The Expenditure Report form (F-00642) is e-mailed to CARS (dhs600rcars@wi.gov)

Scope of Work Summary

These funds are broadly intended to provide critical resources to local and tribal health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities and activities to support COVID-19 vaccination of community members. LTHDs' role in vaccination efforts will include coordinating access to vaccine through identifying local vaccinators (e.g. pharmacies, health care systems, etc.) and/or providing vaccine directly through mass vaccination clinics. Until there is adequate vaccine for the general public, these activities will focus on identifying and connecting eligible populations with vaccinators through a phased immunization process. The state will provide guidance on vaccine phases, allotment and delivery of vaccine to local vaccinators, and surge teams to enhance local vaccination resources. The goal is for LTHDs to vaccinate 500,000+ Wisconsin residents. Resources provided via this award mechanism should support necessary expenses required for mass vaccination of eligible community members and testing capacity for COVID-19/SARS-CoV-2, including the ability to process, manage, analyze, use, and report the increased data produced. These funds cannot be used for costs that are already covered by any other federal source (i.e. duplicating resources from an Immunization award).

Examples of allowable costs include:

- Personnel (term, temporary, students, overtime, contract staff, etc.) E.g. laboratorians, informaticians, epidemiologists, data managers/analysts, data visualization specialists, health communicators (including those specializing in risk communications), vaccinators, health educators, contact tracers, management & budget staff as well as administrative support, infection prevention & control staff. (May also include support for community health workers and organizations working with populations at higher risk for COVID-19.)
- PPE or other supplies (PPE being used to protect health care workers that are vaccinating, taking samples, processing specimens, conducting tests, etc.)
- Collection supplies, test kits, reagents, consumables & other necessary supplies for existing testing or onboarding new platforms
- Hardware & software necessary for robust implementation of electronic laboratory & surveillance data exchange between recipient & other entities, including healthcare entities, jurisdictional public health & CDC.
- Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, & evaluation of control measures to reduce the spread of disease (e.g. GIS software, visualization dashboards, cloud services).
- Reporting &/or enrollment incentives.
- Contracts with academic institutions, private laboratories, &/or commercial entities including contracts to increase workforce capacity.
- Expenses associated with vaccination, case investigation, follow up, & contact tracing (including travel, software/hardware, etc.)
- Costs associated with testing and monitoring of isolated individuals as well as facilitating isolation to prevent spread of COVID-19. May include wrap around services as necessary.
- Support for social services that will facilitate compliance with isolation and quarantine.

Examples of non-allowable costs include:

- Research as defined by CDC
- Clinical care
- Medication for patient treatment
- Purchasing vaccines
- Construction
- Stockpiling PPE resources

Reporting Requirements	Due Date
Submit CARS reports	Monthly
Report summarizing activities supported by the funding	Quarterly

Grantees are required to comply with all Wisconsin ELC Enhancing Detection Award and program requirements, practice guidelines and reporting requirements set by the Centers of Disease Control and as described in the Notice of Award. In addition to the service and program requirements referenced above, administrative and operational requirements are summarized below.

- Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds.
- Submission of monthly CARS expense reports.
- Quarterly reports will be completed by all awardees summarizing activities supported by the funding.

Jefferson County Health Department 2020 Staff

Regular Health Department Staff**

Working on COVID full-time

COVID and other Health Department duties

Director/Health Officer: Gail Scott, RN, BSN, Director/Health Officer**

Public Health Program Manager: Elizabeth Chilsen, RN, MSN Public Health Program Manager**

Office – Answer numerous phone calls from the public, vaccine appointments and entering data into WIR

Sandee Schunk, Business Office Manager**

Michele Schmidt, Public Health Program Assistant & COVID staging**

Sally Albertz (LTE)

Kim Liakopoulos (P/T COVID)

Kathy Hart (P/T COVID and COVID Clinics)

Public Health Nurses

Amy Fairfield, RN, BSN**

Emi Reiner, RN, BSN**

Keeley Johnson Crosby, RN, BSN**

Mary Bender, RN, BSN**

Melissa New, RN, BSN**

Nancy Schneider, RN, BSN**

Public Health Nurses (LTE/COVID-19 Response)

Margo Wall, RN, BSN (LTE)

Renee Saric, RN, BSN (Maxim)

Joyce Lynch, RN, BSN, MSN (Maxim)

Jodi Tessmer, RN, BSN (Maxim)

Alison Ulrich, RN (LTE)

Melinda Vose, RN (LTE)

Contact Tracers (LTE/COVID-19 Response)

Aaron Pate (Maxim)

Courtney Long (LTE)

Dinorah (Nora) Galindo (LTE)

Jean Waggoner (LTE)

Lauren Schauer (LTE)

Patti York (LTE)

Jaqueline Rivera (Contract)

Sebastian Keinhofer Maldonado (Maxim)

Simone Bruch (Maxim)

Shannyn Kincade (LTE)

Jordyn Miller (LTE)

Lindsay Wren (LTE) in 2021

Long Term Care Consultant (COVID-19 Response)

Ellen Haines, RN, BSN, LLC (Contract)

Marketing/Messaging/Business Campaign

Shannon Hough (LTE)

Lead Contact Tracer/Social Media/Clinic Scheduling

Ben Van Haren (LTE)

Epidemiologist/School Consultant/PIO for COVID-19

Samroz Jakvani, MPH (Contract)

School Consultant and Clinic Manager in 2021

Pam Streich

WIC Program

Jennifer Gaal, RDN, WIC Program Director/Supervisor**

Madelyn Valentine, RDN, WIC Registered Dietitian**

Vicki Galardo, DTR**

Patty Pohlman, WIC Clerk**

Amber Kruessel (WIC Peer Counselor)

Laryssa Germundson (WC Peer Counselor)

Interpreters (Contracted)

Vilma Staude Laryssa Germundson Socorro Olson Raul Sosa Cruz Juanita Villalobos; added Lilybeth Mallacoccio in 2021

Disease	Confirmed Cases (01/01/2021 - 04/19/2021)
Enteric/Gastrointestinal	
Campylobacteriosis	1
Cryptosporidiosis	1
Cyclosporiasis	0
E. Coli, Pathogenic Shiga Toxin (STEC) = 1 Enteropathogenic (EPEC) = 0 Enterotoxigenic (ETEC) = 0	1
Giardiasis	0
Listeriosis	0
Salmonellosis	0
Shigellosis	0
Yersiniosis	0
Invasive Bacteria	
Invasive Strep A (1) & B (2)	3
Mycotic (fungal)	
Coccidioidomycosis	0
Respiratory	
SARS-CoV-2 (COVID-19)	1,312
Influenza	0
Influenza Hospitalizations	0
Legionellosis	0
Tuberculosis, Latent Infection (LBTI)	1
Sexually Transmitted	
Chlamydia Trachomatis	48
Gonorrhea	9
Vaccine Preventable	
Haemophilus Influenzae, Invasive Disease	0
Hepatitis B, Acute	0
Hepatitis B, Chronic	0
Mumps	0
Pertussis	0
Strep Pneumonia	0
Varicella (Chickenpox)	1
Vectorborne	

Lyme Disease (B. Burgdorferi:6) (B. Mayonii: 0)	0
Arboviral Illness, West Nile Virus	0
Zoonotic	
Q Fever	0
Other	
Carbon Monoxide Poisoning	2
Hepatitis C, Acute	0
Hepatitis C, Chronic	5
Methicillin Resistant Staph Aureus (MRSA)	0
Mycobacterial Disease	1
Norovirus Infection	0

Disease	Confirmed Cases (01/01/2020 - 12/31/2020)
Enteric/Gastrointestinal	
Campylobacteriosis	18
Cryptosporidiosis	9
Cyclosporiasis	3
E. Coli, Pathogenic Shiga Toxin (STEC) = 0 Enteropathogenic (EPEC) =8 Enterotoxigenic (ETEC) = 0	8
Giardiasis	6
Listeriosis	0
Salmonellosis	10
Shigellosis	0
Yersiniosis	0
Invasive Bacteria	
Invasive Strep A (1) & B (9)	10
Mycotic (fungal)	
Coccidioidomycosis	0
Respiratory	
SARS-CoV-2 (COVID-19)	5,349
Influenza	16
Influenza Hospitalizations	41
Legionellosis	2
Tuberculosis, Latent Infection (LBTI)	7
Sexually Transmitted	
Chlamydia Trachomatis	172
Gonorrhea	37
Vaccine Preventable	
Haemophilus Influenzae, Invasive Disease	1
Hepatitis B, Acute	0
Hepatitis B, Chronic	0
Mumps	0
Pertussis	0
Strep Pneumonia	4
Varicella (Chickenpox)	0
Vectorborne	

Lyme Disease (B. Burgdorferi:6) (B. Mayonii: 0)	6
Arboviral Illness, West Nile Virus	0
Zoonotic	
Q Fever	0
Other	
Carbon Monoxide Poisoning	0
Hepatitis C, Acute	1
Hepatitis C, Chronic	19
Methicillin Resistant Staph Aureus (MRSA)	0
Mycobacterial Disease	13
Norovirus Infection	0

CDC COVID-19 Year End Progress Report

Response ID:160 [Data](#)

1.

Background

The Office of Preparedness and Emergency Health Care (OPEHC) has provided CDC COVID-19 funding to support activities for completion by local and tribal public health agencies (LPHAs) during the budget period from March 5, 2020, to March 15, 2021, with the goal of preventing, preparing for, and responding to COVID-19. Because the state has since received a no-cost extension for this funding, LPHAs have until March 15, 2022, to complete these activities.

Local public health departments and tribal health centers were given discretion to utilize this funding for activities that align with any prioritized CDC COVID-19 activities in the following domains: Incident Management for Early Crisis Response, Jurisdictional Recovery, Information Management, Countermeasures and Mitigation, Surge Management, and Biosurveillance. Each domain includes one or more capabilities. For example, Domain 1: Incident Management for Early Crisis Response includes the following capabilities: Emergency Operations Coordination, Responder Safety and Health, and Identification of Vulnerable Populations. This is consistent with guidance from the Centers for Disease Control and Prevention (CDC) and [CDC COVID-19 Response Supplemental Funding: Local Public Health Agency and Tribal Health Center Guidance](#).

Instructions

Please complete the following year-end progress report based on activities conducted by your local public health agency or tribal health center. You will be asked to indicate the activities you conducted using CDC COVID-19 funds and share what went well, challenges, and/or other notes related to those activities. You may find it helpful to review your initial CDC COVID-19 budget and any modifications that have been made to that budget over the course of the project period.

At any point while filling out the progress report, you may click "Save and continue later" in the upper right corner of the screen and enter your email address. Your work will be saved and you will be sent a link that can be used at any time to return to where you left off. If you prefer, you may draft your responses in a Word document version of this survey, which is available on the PCA Portal. If you choose this option, you will still need to copy and paste your responses into this survey form when you have finished in order to successfully submit your year-end progress report.

Thank you for your valuable time and input. Please contact Hannah Sorensen at hannah.sorensen@dhs.wisconsin.gov with any questions.

Please select your jurisdiction

JEFFERSON CO HD

2. Domain 1: Incident Management for Early Crisis Response

Did your local public health agency or tribal health center complete any activities in Domain 1: Incident Management for Early Crisis Response?

Domain 1 includes the following capabilities:

Emergency Operations and Coordination

Responder Safety and Health

Identification of Vulnerable Populations

Yes

Capability: Emergency Operations and Coordination

Please select the activity/activities performed for this capability:

Conduct jurisdictional COVID-19 risk assessment.

Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders.

Implement public health actions designed to mitigate risks in accordance with State and/or CDC guidance.

Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies.

Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response.

Staff the EOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism.

Use established systems to ensure continuity of operations and implement COOP plans as needed.

Establish call centers or other communication capacity for information sharing, public info and direct residents to available resources.

Activate emergency hiring authorities and expedited contracting processes.

Assess the jurisdiction's public health and health care system training needs.

Provide materials and facilitate training designed to improve the jurisdiction's public health and health care system response.

Focus on infection prevention and control strategies and implementation, triggers for crisis, and contingency standards of care.

Ensure plans and jurisdictional response actions incorporate the latest State and/or CDC guidance and direction.

Capability: Responder Safety and Health

Please select the activity/activities performed for this capability:

Implement PPE sparing strategies for public health and health care system workforce in accordance with federal guidelines.

Establish a team of communicators that can interpret State and/or CDC guidance and assist with implementation of worker safety and health strategies.

Purchase PPE.

Capability: Identification of Vulnerable Populations

Please select the activity/activities performed for this capability:

Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

Update response and recovery plans to include populations at risk.

Enlist other governmental and non-governmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them to available social services.

Leverage social services and behavioral health within the community.

Domain 1: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 1 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

Jefferson County quickly implemented an EOC structure that included all county departments, other community leaders, local medical systems, non-profit agencies serving vulnerable populations and all emergency responder groups. We hired a LTC specialist to assist in working with our many LTC facilities. We hired an epidemiologist to assist us in tracking the pandemic

and in pandemic response. We worked with our schools and local media to provide best practice strategies. Challenges included staffing, with some staff resigning and trying to hire a large enough workforce quickly. The Health Department tripled its staff in a short amount of time. This made training which was a urgent matter difficult at times. Once all staff were in place and a model of response was established things went smoothly.

3. Domain 2: Jurisdictional Recovery

Did your local public health agency or tribal health center complete any activities in Domain 2: Jurisdictional Recovery?

Domain 2 includes the following capabilities:

Jurisdictional Recovery

Yes

Capability: Jurisdictional Recovery

Please select the activity/activities performed for this capability:

Recovery efforts to restore to pre-event functioning.

Conduct a Hotwash/After Action Review and develop an improvement plan.

Domain 2: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 2 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

We are still developing plans for post-pandemic response and Health Department structure and staffing. This may look somewhat different than the pre-pandemic model. We have periodically held a Hotwash/AAR, such as after each of our vaccine clinics, to see where our gaps and needs are.

4. Domain 3: Information Management

Did your local public health agency or tribal health center complete any activities in Domain 3: Information Management?

Domain 3 includes the following capabilities:

Information Sharing

Emergency Public Information and Warning and Risk Communication

Yes

Capability: Information Sharing

Please select the activity/activities performed for this capability:

Ensure information sharing among public health staff, health care personnel, airport entry screening personnel, EMS providers, and the public.

Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders.

Develop new systems or utilize existing systems to rapidly report public health data.

Develop community messages that are accurate, timely and reach at-risk populations.

Capability: Emergency Public Information and Warning and Risk Communication

Please select the activity/activities performed for this capability:

Ensure redundant platforms are in place for pushing out messages to the public and the health care sector regarding risks to the public, risk of transmission, and protective measures.

Work with health communicators and educators on risk communication efforts designed to prevent the spread of COVID-19 virus.

Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications).

Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed.

Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed.

Contract with local vendors for translation (as necessary), for printing, signage, audiovisual and public service announcement development and dissemination.

Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors.

Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging.

Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (for example, diagnostic testing, clinical guidance).

Domain 3: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 3 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

The Health Department had well-established relationships with our local and regional media. We were often approached for radio or on-camera interviews. We supplied timely and frequent press releases and information was developed for our website, social media, Dashboard, newspaper, memos for staff, schools, LTC facilities, guidance documents as well as numerous interactions with the public, other governmental agencies and other county departments. We designated 2 PIOs, Health Department Director and Epidemiologist. Consistent messaging was provided during frequent interactions with our schools and others.

5. Domain 4: Countermeasures and Mitigation

Did your local public health agency or tribal health center complete any activities in Domain 4: Countermeasures and Mitigation?

Domain 4 includes the following capabilities:

Nonpharmaceutical Interventions

Quarantine and Isolation Support

Distribution and Use of Medical Material

Yes

Capability: Nonpharmaceutical Interventions

Please select the activity/activities performed for this capability:

Develop plans and triggers for the implementation of community interventions, such as:

- Activating emergency operations plans for schools, higher education, and mass gatherings;

- Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and
 - Integrating interventions related to social service providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations.
- Anticipate disruption caused by community spread and interventions to prevent further spread such as:
- Planning for school dismissal including continuity of education and other school-based services (for example, meals);
 - Ensuring systems are active to provide guidance on closure of businesses, government, and social services;
 - Ensuring that services (for example, housing, transportation, food) are in place to provide guidance on closure of businesses, government, and social services;
 - Ensuring systems are in place to monitor social disruption (for example, school closures); community members impacted by social distancing interventions.

Capability: Quarantine and Isolation Support

Please select the activity/activities performed for this capability:

- Provide lodging and wraparound services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible to be paid for by another source.
- Identify and secure safe housing for persons subject to restricted movement and other public health orders.
- Monitoring of travelers arriving from other countries and providing for quarantine of nonresidents.
- Providing security services, masks, thermometers, telephones, and other supplies for quarantined or isolated travelers.

Capability: Distribution and Use of Medical Material

Please select the activity/activities performed for this capability:

- Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including:
 - Enhance immunization information systems
 - Maintain ability for vaccine-specific cold chain management
 - Activate mass vaccination clinics for emergency response
 - Assess and track vaccination coverage
 - Rapidly identify high-risk persons requiring vaccine
 - Plan to prioritize limited MCM based on guidance from CDC and the Department of Health and Human Services (HHS).
- Ensure jurisdictional capacity for distribution of MCM and supplies.

Domain 4: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 4 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

We are currently in the midst of mass vaccination clinics. We have the capability of vaccinating up to about 1,100 people a day. We have not established a permanent site where we can vaccinate about 600 people a day. The only hinderance to this is vaccine supply and now vaccine hesitancy. We have worked well with our community partners and Emergency Management in the distribution of supplies and vaccine.

6. Domain 5: Surge Management

Did your local public health agency or tribal health center complete any activities in Domain 5: Surge Management?

Domain 5 includes the following capabilities:

Surge Staffing
Public Health Coordination with Healthcare Systems
Infection Control

Yes

Capability: Surge Staffing

Please select the activity/activities performed for this capability:

Activate mechanisms for surging public health responder staff.

Activate volunteer organizations including but not limited to Medical Reserve Corps.

Capability: Public Health Coordination with Healthcare Systems

Please select the activity/activities performed for this capability:

In partnership with the Wisconsin Department of Health Services, regional healthcare emergency readiness coalitions (HERCs), and other partners, identify/develop triggers for enacting crisis/contingency standards of care.

Coordinate with regional healthcare emergency readiness coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs.

Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control.

Actively monitor health care system capacity and develop mitigation strategies to preserve health care system resources.

Execute authorities for responding to health care system surge and implement activities to mitigate demands on the health care system. Plan to activate crisis/contingency standards of care.

Capability: Infection Control

Please select the activity/activities performed for this capability:

Follow updated State and/or CDC guidance regarding infection control and prevention and personal protective equipment.

Engage with health care providers and healthcare coalitions to address issues related to infection prevention measures, such as: changes in hospital/health care visitation policies and social distancing.

Address issues related to infection control practices in hospitals and long-term care facilities, such as PPE use, hand hygiene, source control, and isolation of patients.

Domain 5: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 5 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

Jefferson County has a large number of LTC facilities. We worked very closely with them throughout the pandemic to provide them with guidance and best practice mitigation strategies and hired a LTC nurse to work with them. We also interacted frequently with our SCWIHERC and local/regional medical system partners in the pandemic response.

7. Domain 6: Biosurveillance

Did your local public health agency or tribal health center complete any activities in Domain 6: Biosurveillance?

Domain 6 includes the following capabilities:

Public Health Surveillance and Real-Time Reporting
Public Health Laboratory, Testing, Equipment, Supplies, and Shipping
Data Management

Yes

Capability: Public Health Surveillance and Real-Time Reporting

Please select the activity/activities performed for this capability:

- Conduct surveillance and case identification (such as, public health epidemiological investigation activities such as contact follow-up).
- Assess risk of travelers and other persons with potential COVID-19 exposures.
- Enhance surveillance systems to provide case-based and aggregate epidemiological data.
- Enhance systems to identify and monitor the outcomes of severe disease, including among vulnerable populations.
- Develop models for anticipating disease progression within the community.

Capability: Public Health Laboratory, Testing, Equipment, Supplies, and Shipping

Please select the activity/activities performed for this capability:

- Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing.
- Provide testing for impacted individuals.
- Other - Write In: Worked with the WI National Guard and JC Emergency Management to set up a COVID-19 testing site.

Capability: Data Management

Please select the activity/activities performed for this capability:

- Ensure data management systems are in place and meet the needs of the jurisdiction.

Domain 6: Year-End Progress Reporting

Briefly share what went well, challenges, and/or other relevant notes for Domain 6 activities performed. Note: You do not need to report successes and challenges for every activity indicated above. Rather, please comment on key successes and challenges pertaining to this domain.

Challenges have been working with the current data system - WEDSS as the pandemic grew larger and staff were stretched to do disease investigations and contact tracing. We developed a surge model to use when staff were overwhelmed. The best move for us was hiring an Epidemiologist to assist us with data, modeling and reporting.

8.

Thank you for completing this COVID-19 Progress Report. Your report has been successfully submitted.