

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
FEBRUARY 20, 2025
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Present	
Darren Kirby	Chippewa County	District 5	Present	
James Ericksen	Chippewa County	District 8	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	8:00 AM
Marcia Kyes	Chippewa County	Citizen Rep	Absent	

Others Present: County Administrator Randy Scholz; Human Services Staff: Paul Brenner, Amy Doman, Patty Lemay, Sarah Zielke, Leslie Fijalkiewicz, and Kyra Secraw; Public Health Staff: Brittnay Fortuna, Audra Knowlton, Bre Moldrem, Nikki Hoernke, and Hailey Bomar; County Staff: Hillarie Roth-UW Extension

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	APPROVED [6 TO 0]
MOVER:	Darren Kirby, District 5
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib
ABSENT:	Wallsch, Kyes
AWAY:	Bullwinkel

1. Introduction of new Human Services Director Bobbie Jaeger - Randy Scholz
Human Services Director Bobbie Jaeger will be introduced at the March meeting.

Leslie Fijalkiewicz introduced Sarah Zielke as the new ADRC Manager. Fijalkiewicz has been acting as the Interim ADRC Manager and will be training Zielke.

2. Approve the Agenda
3. Approve the Minutes

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

February 20, 2025
7:45 AM

Health & Human Services Board - Regular Meeting - Jan 16, 2025 7:45 AM

4. Approve ADRC Board Minutes - January 9, 2025
5. Schedule Next Meeting Date - March 20, 2025

5. BUSINESS ITEMS

1. Res. 09-25: Resolution to Create a Part-Time Administrative Assistant II - Benefit Specialist Position Within the Aging & Disability Resource Center Division of the Department of Human Services - Leslie Fijalkiewicz and Toni Hohlfelder

Leslie Fijalkiewicz reviewed county statistics and current Elder Benefit Specialist responsibilities, including the increased caseload and demand. Scholz recommended increasing the limited-term position to half-time. The increased hours will provide more administrative support to the Elder Benefit Specialist.

The Health & Human Services Board supports the request to create a part-time Administrative Assistant II-Benefit Specialist position in the Aging and Disability Resource Center.

RESULT:	REFERRED TO COMMITTEE [6 TO 0]	Next: 3/4/2025 4:00 PM
MOVER:	Lee Hennick, District 15, Vice-Chair	
SECONDER:	Darren Kirby, District 5	
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib	
ABSENT:	Wallsch, Kyes	
AWAY:	Bullwinkel	

2. Public Health 2023-2026 Strategic Plan Amendments Approval - Brittnay Fortuna

Public Health Director Brittnay Fortuna stated she is seeking approval for the 2023-2026 Strategic Plan amendments that were reviewed at the January 16, 2025, meeting.

RESULT:	APPROVED [6 TO 0]
MOVER:	Lee Hennick, District 15, Vice-Chair
SECONDER:	John Halbleib, Citizen Rep
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib
ABSENT:	Wallsch, Kyes
AWAY:	Bullwinkel

3. Chippewa County Community Health Improvement Plan (CHIP) - Hailey Bomar
Planning and Promotion Specialist Hailey Bomar presented the 2025-2027 Chippewa County Community Health Improvement Plan (CHIP). She highlighted:
 - Collaborating partners
 - Mobilizing for Action Through Planning and Partnerships (MAPP) framework
 - The development process
 - Goals, objectives, and strategies for each priority area

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- Evaluation of the priority areas

Discussion was held on reducing youth substance use. Mapping retailers in the community will provide data on concentration, location to schools, and aid in targeted intervention in a specific community

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Darren Kirby, District 5
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel
ABSENT:	Wallsch, Kyes

4. Public Health 2025 Program Prioritization Approval - Brittnay Fortuna

Public Health Director Brittnay Fortuna reviewed the Public Health 2025 Program Prioritization results from the Health & Human Services Board ranking. This document will be used as a guide if impacted by federal funding cuts.

RESULT:	APPROVED [6 TO 0]
MOVER:	Darren Kirby, District 5
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib
ABSENT:	Wallsch, Kyes
AWAY:	Bullwinkel

6. REPORTS

1. Public Health Success Story - Environmental Health Division - Brittnay Fortuna

Environmental Health Specialist Bre Moldrem shared a human health hazard success story. Moldrem gave details of involvement by Public Health staff, Human Services staff, and local partners. Before and after pictures were shared. The resident is now in good health and lives in a long-term care center with her brother. The cats were taken to the Eau Claire Humane Association. The original homeowner donated \$50,000 to the Eau Claire Humane Association.

2. Human Services Policy, Practice and People - CYF - B-3 - Amy Doman/Patty Lemay

Birth to 3 Program Coordinator/Service Coordinator/Early Interventionist Amy Doman and Birth to 3 Program Teacher & Service Coordinator Patty Lemay highlighted:

- The Birth to 3 program is administered by Chippewa County Human Services.
- Best practices for the guiding principles.
- Collaboration with multiple community partners, including Dr. Bullwinkel and Public Health.
- Serve children in a natural environment and different settings.
- Primary coach approach to teaming. Each family has access to a full team of resources.
- Process - receive referrals, assign cases, schedule a meeting, determination of evaluation, and eligibility for services.
- Reviewed referral process.
- Shared data from 2024 and funding sources.

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3. Human Services Leadership/Director's Program and Financial Report - Randy Scholz/Bobbie Jaeger
The Human Services Leadership/Director's Program and Financial Report was presented for review.

County Administrator Randy Scholz stated that the County Board approved Bobbie Jaeger as the new Human Services Director.

Scholz stated Youth Justice placements are increasing. He is aware of the need for more staff in ADRC, and CPS has also seen an increase in caseload.

Scholz's last day is March 7. He expressed his appreciation for his tenure at Chippewa County.

4. Public Health Director's Program and Financial Report – Brittney Fortuna
Public Health Director Brittney Fortuna presented the Public Health Program and Financial Report. Fortuna highlighted several items from her report:

- Administration - Doris Vennard scholarship program, Preparedness Regional Exercise was held January 29, and Sarah is working on year-end fiscal closures.
- Community Health Division - Partnered with the Clinton Foundation to distribute Overdose Aid Kits (O.A.K) in local schools. This initiative built on the One Pill Can Kill event that occurred last fall. UW-Eau Claire students worked on enhancing client accessibility and experience through website updates and reviewed communicable disease data.
- Environmental Health Division - Conducted 50 inspections, nitrate water testing events, and the Well Compensation Grant program.
- Nutrition Division - WIC benefits are still available, WIC enrollment has increased, open enrollment for the Marketplace has closed; however, eligible community members can still apply for ForwardHealth benefits (foodshare, childcare assistance, and medical assistance.)
- Planning and Strategy Division - Re-accreditation process, school road tours, Grace Vanderhei started as the new Drug Free Communities Project Coordinator, Hailey Bomar has taken a job with the Minnesota Public Health, Congratulations!
- Department Funding - Most department grants are passthrough funds received by the State. The State receives many of these funds from the federal government. Public Health has one federal grant, Drug Free Communities.
- Years of Service - Congratulated Audra on her 25 years, Stephanie Abbe-23 years, and Nikki Clements-5 years.

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The Board thanked Scholz for his service and wished him good luck.

The meeting adjourned at 9:03 AM.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel
ABSENT:	Wallsch, Kyes

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
JANUARY 16, 2025
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Present	
Darren Kirby	Chippewa County	District 5	Present	
James Ericksen	Chippewa County	District 8	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	8:02 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Randy Scholz; Human Services Staff: Paul Brenner, Amy Doman, and Kyra Secraw; Public Health Staff: Brittnay Fortuna, Audra Knowlton, Sarah McQuillan, Breanna Moldrem, Kyle Ziegler, and Nikki Hoernke.

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dean Mueller, District 20
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

1. Approve the Agenda

2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Dec 19, 2024 7:45 AM

3. Schedule Next Meeting Date - February 20, 2025

5. BUSINESS ITEMS

1. Human Services Policies to Convert to Procedures - Randy Scholz/Paul Brenner

Minutes Acceptance: Minutes of Jan 16, 2025 7:45 AM (Consent Agenda)

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Chippewa County Administrator Randy Scholz briefly explained the difference between a policy and a procedure.

Human Services Senior Fiscal Manager Paul Brenner reviewed the policy list being converted to a procedure. He touched base on the reasoning for these actions, whether under County Policy, State Policy, or meets the definition of a procedure.

RESULT:	APPROVED [7 TO 0]
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

2. Human Services Policies to Delete - Randy Scholz/Paul Brenner

Human Services Senior Fiscal Manager Paul Brenner reviewed the policy list for deletion. He touched base on the reasoning for these actions, whether they are no longer relevant, part of County policy, or no longer in effect.

RESULT:	APPROVED [7 TO 0]
MOVER:	Marcia Kyes, Citizen Rep
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

3. Delete Public Health APH-Media Relations Policy - Brittney Fortuna

Public Health Director Brittney Fortuna is looking to delete the Public Health APH-Media Relations Policy as the County has a Media Communication section in the Human Resources Policy Manual.

RESULT:	APPROVED [7 TO 0]
MOVER:	Dean Mueller, District 20
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

6. REPORTS

1. Human Services Success Story - Birth to Three Amy Doman

Birth to Three Program Coordinator Amy Doman shared a success story achieved through the program. She shared the story of Rowan, a happy boy who loves music and being around his family. Rowan was diagnosed with Cerebral Palsy, along with other medical difficulties. His family worked with the Birth to Three program for therapy services and connecting him with resources in the community. Without the Birth to Three program, they would not be where they are today.

Minutes Acceptance: Minutes of Jan 16, 2025 7:45 AM (Consent Agenda)

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2. **Public Health Policy, Practice, and People – Environmental Health Division - Breanna Moldrem**
Environmental Health Specialist Bre Moldrem presented on food safety. In her presentation, she highlighted the licensing of restaurants, campgrounds, county events, DNR water testing, beach water testing, human health hazards, and radon/lead. Moldrem reviewed what they look for when conducting inspections. She shared photos from inspections containing food safety violations and provided proper education. Environmental Health will educate owners and issue violations and/or fines, with the last resort shutting down the business.

3. **Public Health 2023-2026 Strategic Plan Amendments - Nikki Hoernke**
Planning and Strategy Division Manager Nikki Hoernke reviewed the amendments to the Strategic Plan. The Plan was updated with the new Public Health branding standards. Hoernke highlighted: the additional contributors, acknowledgments, addition of brief descriptions for each division, removal of VMSG verbiage to generic performance management software language, amendments to the goals and objectives of the priority areas, monitoring the work plan progress, and engagement and communication with stakeholders.

A discussion was held on proper staffing equivalent to the programs and services provided. This is a concern across all County departments.

4. **Human Services 2024 Social Media Report - Brandi Engel**
The Human Services 2024 Social Media Report was presented for informational purposes. Scholz stated the data is consistent with what is seen across County departments.
5. **Human Services Director's Program and Financial Report – Randy Scholz**
The Human Services Leadership-Director's Program and Financial Report was presented. County Administrator Randy Scholz gave an update on the Human Services Director interview status. The Leadership Team has continued with operations. They are a really great team that has been working hard. Leslie Fijalkiewicz will act as the interim ADRC Manager. The Recovery & Wellness Consortium Division has eliminated the Comprehensive Community Services wait list. Scholz pointed out the success of reducing the number of out-of-home placements over the year.
6. **Public Health Director's Program and Financial Report – Brittnay Fortuna**
Public Health Director Brittnay Fortuna presented the Public Health Program and Financial Report. Fortuna highlighted several items from her report:

*Community Health - January is cervical cancer awareness month, seeing an increase in norovirus and providing education, Avian Influenza updates, and communicable disease numbers.

*Environmental Health - highlighted statistics from December, sanitary survey components, and data from 2024.

*Nutrition - WIC caseload increased in 2024 and the state management evaluation results were reviewed.

*Planning and Strategy - Essential Resource Purchase program for children with special health care needs, and the Chippewa Health Improvement Partnership (CHIP) held its second retreat. The CHIP has chosen a new name: Healthy Chippewa Communities.

*The vending machine will be installed in the Jail lobby today. The sharps kiosks will be installed in the next few months.

*Years of Service-Sarah celebrated six years and Bre has one year of service. Congratulations.

7. **Public Health 2025 Program Prioritization Education - Brittnay Fortuna**
Public Health Director Brittnay Fortuna reviewed the mandated and essential services, the leadership

Minutes Acceptance: Minutes of Jan 16, 2025 7:45 AM (Consent Agenda)

Health & Human Services Board

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ranking, and how it helps to assist in the future budget process. The ranking is due January 30. Audra Knowlton will email an electronic version to the members, and a few printed copies are available today.

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The meeting adjourned at 9:12 AM.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

Minutes Acceptance: Minutes of Jan 16, 2025 7:45 AM (Consent Agenda)

CHIPPEWA COUNTY**ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD****REGULAR MEETING****JANUARY 9, 2025****CHIPPEWA COUNTY COURTHOUSE, RM 302****3:30 PM****1. CALL TO ORDER****2. ROLL CALL**

Attendee Name	Organization	Title	Status	Arrived
Darren Kirby	Chippewa County	District 5, Chair	Present	
Patricia German	Chippewa County	Citizen Rep	Present	
Larry Marquardt	Chippewa County	Citizen Rep	Absent	
Don Hauser	Chippewa County	Citizen Rep	Present	
Yvonne Hedrington	Chippewa County	Citizen Rep	Present	
Cindy Spaeth	Chippewa County	Citizen Rep	Present	
Renee Thompson	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Randy Scholz Human Services Staff: Pauline Spiegel, Paul Brenner;
ADRC Staff: Kayla Colbenson, Breanna Schemenauer

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT: APPROVED [UNANIMOUS]
MOVER: Patricia German, Citizen Rep
SECONDER: Cindy Spaeth, Citizen Rep
AYES: Kirby, German, Hauser, Hedrington, Spaeth, Thompson
ABSENT: Marquardt

1. Approve the agenda
2. Approve the Minutes
3. Schedule next meeting date - March 13, 2025

5. REPORTS

1. ADRC Manager Program and Financial Report - Brenda Scheurer (written)/Randy Scholz/Paul Brenner
The written ADRC manager report was presented.
Randy shared that four candidates are being interviewed on Monday for the ADRC Manager position.
Paul reviewed the financial information.
2. ADRC Advocacy Report – Brenda Scheurer (written)/Randy Scholz

ADRC (Aging & Disability Resource Center) Board

Minutes

January 9, 2025

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Chippewa County Courthouse, Rm 302

3:30 PM

The written advocacy report was presented.

3. ADRC Social Media Metrics 2024 Report - Breanna Schemeneuer
Breanna reviewed the ADRC social media report for 2024.
4. ADRC Nutrition Program Compliance Achievement
Kayla presented the letter from GWAAR that stated Chippewa County has achieved 100 percent compliance with the Wisconsin Aging Operation Manual - Nutrition Services Chapter.

6. BUSINESS ITEMS

1. Increase Bloomer Congregate Meal Site Days - Kayla Colbenson
Due to the increased need, Bloomer meal site requests to expand their days from the current four days per week to five days per week.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Don Hauser, Citizen Rep
SECONDER:	Renee Thompson, Citizen Rep
AYES:	Kirby, German, Hauser, Hedrington, Spaeth, Thompson
ABSENT:	Marquardt

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 3:50 PM.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Yvonne Hedrington, Citizen Rep
SECONDER:	Patricia German, Citizen Rep
AYES:	Kirby, German, Hauser, Hedrington, Spaeth, Thompson
ABSENT:	Marquardt

Attachment: ADRC (Aging & Disability Resource Center) Board Minutes - 01-09-2025 (8835 : ADRC Board Minutes - January 9, 2025)

**STATEMENT OF EXPLANATION**

Resolution No. 09 - 25

RES. 09-25: RESOLUTION TO CREATE A PART-TIME ADMINISTRATIVE ASSISTANT II - BENEFIT SPECIALIST POSITION WITHIN THE AGING & DISABILITY RESOURCE CENTER DIVISION OF THE DEPARTMENT OF HUMAN SERVICES - LESLIE FIJALKIEWICZ AND TONI HOHLFELDER

1 Chippewa County is experiencing a significant demographic shift. Currently, over 27% of
2 the county's population is age 60 or older-with approximately 14,000 residents receiving
3 Medicare benefits-and this number is expected to grow rapidly over the next decade as Baby
4 Boomers age. This increase has resulted in a surge in inquiries related to Medicare, Social
5 Security, Medicaid, and other benefits. In fact, between 2021 and 2024, the demand for
6 assistance rose by 81%.

7 The Aging & Disability Resource Center (ADRC) presently relies on one full-time Elder
8 Benefit Specialist (EBS) to manage these complex issues. Given the technical expertise required
9 to navigate ever-changing Medicare regulations, as well as related Social Security and Medicaid
10 challenges, the current workload is causing delays in returning calls, scheduling appointments,
11 and processing documentation. These delays can lead to financial hardships for the county's
12 older residents, more than half of whom live alone and depend on Social Security as their
13 primary source of income.

14 To address these challenges, it is proposed that a part-time Administrative Assistant II-
15 Benefit Specialist position be created in the ADRC. This position will provide vital administrative
16 support to the EBS by managing documentation, correspondence, and basic-benefit
17 applications, thereby allowing the EBS to focus on high-level technical issues. This enhanced
18 support will result in more timely assistance and improved financial stability for older residents.

19 Funding for this position will be secured through a mix of state and federal grants, along
20 with local county levy resources. This strategic investment is essential to sustain and improve
21 critical services that support the health and financial stability of our aging community.

22

Resolution No. 09 - 25

RES. 09-25: RESOLUTION TO CREATE A PART-TIME ADMINISTRATIVE ASSISTANT II - BENEFIT SPECIALIST POSITION WITHIN THE AGING & DISABILITY RESOURCE CENTER DIVISION OF THE DEPARTMENT OF HUMAN SERVICES - LESLIE FIJALKIEWICZ AND TONI HOHLFELDER

WHEREAS, the Aging & Disability Resource Center (ADRC) provides critical assistance to Chippewa County residents age 60 and older, including support with Medicare, Social Security, Medicaid, and other public and private benefits; and

WHEREAS, the county's aging population now exceeds 27% of the total population-with more than 14,000 Medicare beneficiaries-and this number is expected to increase as Baby Boomers reach retirement age; and

WHEREAS, the sole full-time Elder Benefit Specialist is experiencing an unsustainable workload that has led to delays in returning calls, scheduling appointments, and processing necessary documentation, thereby risking financial hardship for many older residents; and

WHEREAS, more than 55% of the individuals served by the ADRC live alone and rely primarily on Social Security, making timely and effective assistance essential; and

WHEREAS, the creation of a part-time Administrative Assistant II-Benefit Specialist position will allow for improved efficiency by handling administrative tasks and basic application support, enabling the Elder Benefit Specialist to focus on complex issues; and

WHEREAS, the economic impact of these services is significant-with an estimated positive monetary impact of \$1,922,583 in 2024-and additional timely support will further enhance community stability; and

WHEREAS, the county's financial plan includes a combination of state and federal grants and local county levy funds to support these vital services; and

WHEREAS, the Health & Human Services Board and the ADRC Board have reviewed and support the creation of part-time Administrative Assistant II-Benefit Specialist position to address current service delays and to meet the evolving needs of the county's aging and vulnerable populations;

NOW, THEREFORE, BE IT RESOLVED, that effective immediately, one (1) part-time Administrative Assistant II-Benefit Specialist position is hereby created within the ADRC Division of the Department of Human Services to provide essential administrative support to the Elder Benefit Specialist; and

BE IT FURTHER RESOLVED, that the funding for the part-time Administrative Assistant II-

Benefit Specialist position shall be derived from a combination of state and federal grants and county levy funds, ensuring sustainable and comprehensive service delivery for the county's aging population.

Forwarded to the County Board by the Health and Human Services Board.

FINANCIAL IMPACT:

Financial Impact:

Funded with County Tax Levy

Total Estimated Cost for PT Wages & Benefits (1,500 hours)	\$38,161
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Currently Funded with LTE (975 hours)	\$24,826
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Estimated Additional Cost for transition of LTE to PT	\$13,335
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No additional levy is needed due to indirect cost recovery within ADRC budget.

02/20/2025 Health & Human Services Board

RESULT: REFERRED TO COMMITTEE [6 TO 0] Next: 3/4/2025 4:00 PM

MOVER: Lee Hennick, District 15, Vice-Chair

SECONDER: Darren Kirby, District 5

AYES: Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib

ABSENT: Nichole Wallsch, Marcia Kyes

AWAY: Robert Bullwinkel

Approved as to Form:

Todd A. Pauls

Todd A. Pauls, Corporation Counsel

2/10/2025

Lori Zwiefelhofer

Lori Zwiefelhofer, Finance Director

2/10/2025

Randy B. Scholz

Randy B. Scholz, County Administrator

2/10/2025



CHIPPEWA COUNTY

Department of Administration

Personnel Administration Change (PAC) Form

Action Requested:

☒ New Position☐ Fill Vacancy☒ Other (ex: increased hours)Department: Human ServicesDivision: ADRCCurrent Job Description Title: Administrative Assistant IIAnticipated Start Date: 2/17/2025

Proposed Job Description Title: (if different) _____

Direct Supervisor: _____

Current/Past Employee Name (blank if new position): Breanna Schemenauer

No. of Years Served in Position: _____

Current Status: ☐ FT ☐ PT ☐ LTE/Seasonal ☒ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ OtherProposed Status: ☐ FT ☒ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ OtherReason for vacancy or new position (if due to vacancy - please indicate the last day of work for the employee in the position):

The full time Elder Benefit Specialist has experienced a significant increase in workload over recent years. To address and assist the ADRC in meeting the needs of the public, the Administrative Assistant, trained to assist the Elder Benefit Specialist will be increasing hours from LTE (975) to PT (1500) and will provide administrative support, helping to manage the workload more effectively. This approach will serve as a temporary solution until the County has the capacity to add a second Elder Benefit Specialist, either on a part-time or full-time basis.

Bargaining Unit: ☐ WPPA-Patrol Officers/Investigators ☒ Non-RepresentedFLSA Status: ☐ Exempt ☒ Non-ExemptIs the position mandated? ☐ Yes ☒ No

If yes, provide statute, regulation, etc.

The position is not mandated under Wis. Stat. § 46.283(3). However, the County is required to ensure that the services provided by the Elder Benefit Specialist are available to the public. This position will serve as a supportive role to assist the Elder Benefit Specialist in fulfilling these obligations.

Position Justification Description (Why is the position needed?):

The Elder Benefit Specialist has experienced an increased workload over the last few years. This position will assist with the workload by handling administrative duties. It will serve as a temporary solution until the County has the capacity to add an Elder Benefit Specialist in either a part-time or full-time capacity.

Measurement of Job Performance (e.g. clients, caseload, work output, etc.)

This position will enhance the Elder Benefit Specialist's capacity to serve a greater number of customers and reduce the time required to deliver those services. The state tracks data on the number of citizens served, making it easy to generate reports and monitor the impact of these efforts.

Are there opportunities to consolidate, eliminate and/or outsource the job responsibilities?

☐ Yes ☒ No

Please explain:

I am not aware of any available opportunities. This is a responsibility the state has assigned to the County.

Is this a new position? ☐ Yes ☒ No

Would its creation cause the future elimination of another position? ☐ Yes ☒ No

If yes, please explain:

For new positions, are there alternatives to the services that this individual would provide (temporary help, part-time vs. full-time, help from other county departments, use of overtime, eliminating unnecessary work)? ☐ Yes ☒ No

Please explain:

PLEASE ANSWER BOTH QUESTIONS (for WRS & ACA purposes)

In the first twelve months from the new position or refill position start date:

Do you intend to work this position 600 or more hours? ☒ Yes ☐ No

Do you intend to work this position 1200 or more hours? ☒ Yes ☐ No

Requested Annual Hours: ☐ 2088 ☒ 1500 ☐ 1044 ☐ 975 ☐ Other: _____

Description of Anticipated Work Schedule Will work with the employee and Elder Benefit Specialist for a schedule.

(i.e. 8 hrs/5 days per week, 10hrs/4 days per week, 9 hrs/4 days a week and 4 hours on Fridays)

What are the consequences or impact of **not** filling this position?

There is a concern that the current Elder Benefit Specialist may experience burnout due to the demanding workload, which could result in citizens getting delayed services they need.

For new positions, is there office space available for this position? ☐ Yes ☐ No (if no, complete Office Relocation Form)

Will this require an office move/relocation? ☐ Yes ☒ No (if yes, complete Office Relocation Form)

How does this position fit into the long-range and strategic plans of the Department and/or the County?

Providing this service is both an integral part of our ongoing mission to serve the citizens of Chippewa County and a mandate required by the state.

TOTAL FISCAL IMPACT/FUNDING SOURCES

Will be verified by Finance Division

2025 BUDGETED AMOUNT FOR POSITION - From 2025 Position Based Budget (PBB) Report

21,021	+	3,805	=	24,826
Annual Salary per PBB		Total Benefits per PBB		Total Budgeted for Position

Number of Hours Budgeted for Position per 2025 PBB Report: 975General Ledger Account Number to Charge Salary to: 205-70-54600 This employee's rate is > control point - rate below is her present rate
(If more than 1 account number please attach a separate document with the associated percentages)**2025 ANNUAL FISCAL IMPACT**

Minimum Fiscal Impact	Starting Wage/Hire (WPPA) \$ <u>n/a</u>	of Pay Grade <u>7</u>														
<table border="0"> <tr> <td>\$ <u>n/a</u></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Starting Hourly Rate</td> <td></td> <td>Maximum Hours (2088, 1500, 1044 or 975)</td> <td></td> <td>Total Wages Minimum Impact</td> </tr> </table>			\$ <u>n/a</u>	X		=		Starting Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)		Total Wages Minimum Impact				
\$ <u>n/a</u>	X		=													
Starting Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)		Total Wages Minimum Impact												
<table border="0"> <tr> <td></td> <td>+</td> <td></td> <td>+</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Total Wages Minimum Impact</td> <td></td> <td>Fringe Benefits* (Use percentage below)</td> <td></td> <td>Health Insurance **</td> <td></td> <td>Total Minimum Fiscal Impact 2025</td> </tr> </table>				+		+		=		Total Wages Minimum Impact		Fringe Benefits* (Use percentage below)		Health Insurance **		Total Minimum Fiscal Impact 2025
	+		+		=											
Total Wages Minimum Impact		Fringe Benefits* (Use percentage below)		Health Insurance **		Total Minimum Fiscal Impact 2025										

Control Point Fiscal Impact	Control Point Wage (GME)/Max Step (WPPA) \$ <u>21.56</u>	of Pay Grade <u>32,340</u> <u>7</u>														
<table border="0"> <tr> <td>\$ <u>21.56</u></td> <td>X</td> <td><u>1500</u></td> <td>=</td> <td><u>32,340</u></td> </tr> <tr> <td>Control Point Hourly Rate</td> <td></td> <td>Maximum Hours (2088, 1500, 1044 or 975)</td> <td></td> <td>Total Wages Control Point Impact</td> </tr> </table>			\$ <u>21.56</u>	X	<u>1500</u>	=	<u>32,340</u>	Control Point Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)		Total Wages Control Point Impact				
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<table border="0"> <tr> <td><u>32,340</u></td> <td>+</td> <td><u>5,821</u></td> <td>+</td> <td><u>n/a</u></td> <td>=</td> <td><u>38,161</u></td> </tr> <tr> <td>Total Wages Control Point Impact</td> <td></td> <td>Fringe Benefits* (Use percentage below)</td> <td></td> <td>Health Insurance **</td> <td></td> <td>Total Control Point Fiscal Impact 2025</td> </tr> </table>			<u>32,340</u>	+	<u>5,821</u>	+	<u>n/a</u>	=	<u>38,161</u>	Total Wages Control Point Impact		Fringe Benefits* (Use percentage below)		Health Insurance **		Total Control Point Fiscal Impact 2025
<u>32,340</u>	+	<u>5,821</u>	+	<u>n/a</u>	=	<u>38,161</u>										
Total Wages Control Point Impact		Fringe Benefits* (Use percentage below)		Health Insurance **		Total Control Point Fiscal Impact 2025										

* Percentages to Use: General WRS Position: 19% Current LTE: 18%
 Protective WRS Position: 27.5% New LTE: 11.5%

**Health Insurance Annual Premium: Full Time = \$25,224 WPPA = \$24,290

2025 OTHER COSTS

Please define and breakdown "other" costs here:

***"Other" includes, but is not limited to: equipment, office space, vehicle, on-call pay etc.

Personal equipment (tools, uniforms, safety equipment)	\$ _____
Mileage and meals	\$ _____
Training expenses (including memberships)	\$ _____
Computer equipment	\$ _____
Office furniture and supplies	\$ _____
Other operating expenses	\$ _____
Renovation/relocation costs	\$ _____
Total Other Costs	\$ _____ NA

2025 FUNDING SOURCES

☐ Federal/State (Specify) _____	_____ %	\$ _____
☒ County Tax Levy _____	35 %	\$ 13,335
☐ County Other (Specify) _____	_____ %	\$ _____
☒ Grant (Specify) <u>GWAAR</u>	13 %	\$ 4,965
☒ Grant (Specify) <u>ADRC</u>	52 %	\$ 19,861
☐ Other (Specify) _____	_____ %	\$ _____
TOTAL	100%	\$ 38,161 *

*Must match above total maximum fiscal impact and other costs

Will any of the listed funding sources expire during the duration of the position? ☐ Yes ☒ No

If yes, please indicate what sources will expire, with expiration dates:

Note - the employee's current hourly rate exceeds the control point. The fiscal impact above uses the employee's actual rate

If yes, please indicate where the funding will come from after the sources of funding have expired:

2025 ACTUAL YTD EXPENDED FOR POSITION – To be Completed by Finance Division

As of pay date: 1/24/25

<u>1385.23</u>	+	<u>154.45</u>	=	<u>1539.68</u>
Wage Less Overtime		Fringe Benefits Less Overtime		Total YTD Expended for Position

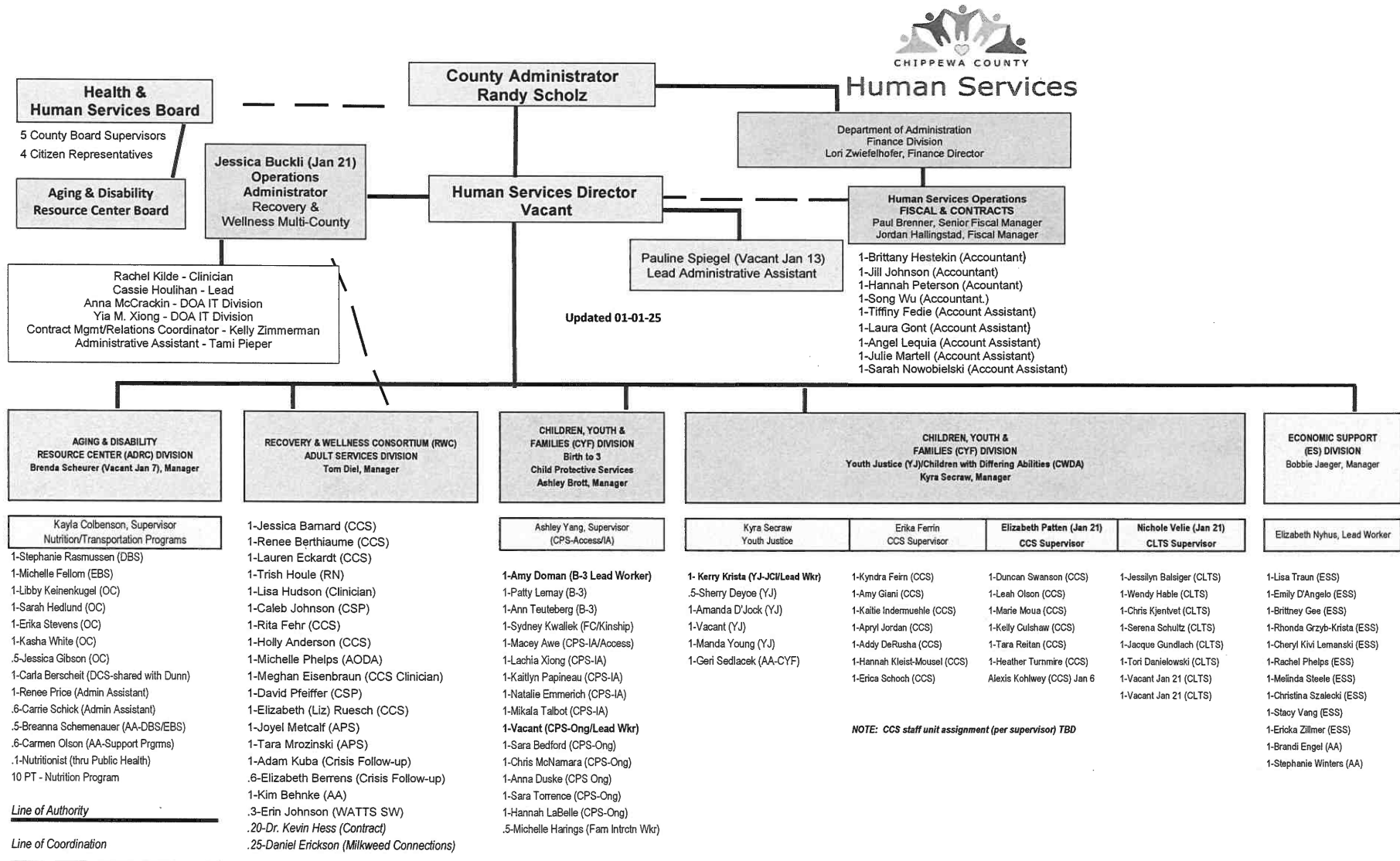
Retirement/Resignation Pay out Amount: N/A Budgeted Amount: 24,826.00

NOTE: Attach an updated organizational chart and the approved job description located on the K:drive/Human Resources. All recommended changes for consideration should be indicated with highlights and strikeouts and emailed to the Human Resources Director. Positions will not be considered absent job descriptions and org charts.

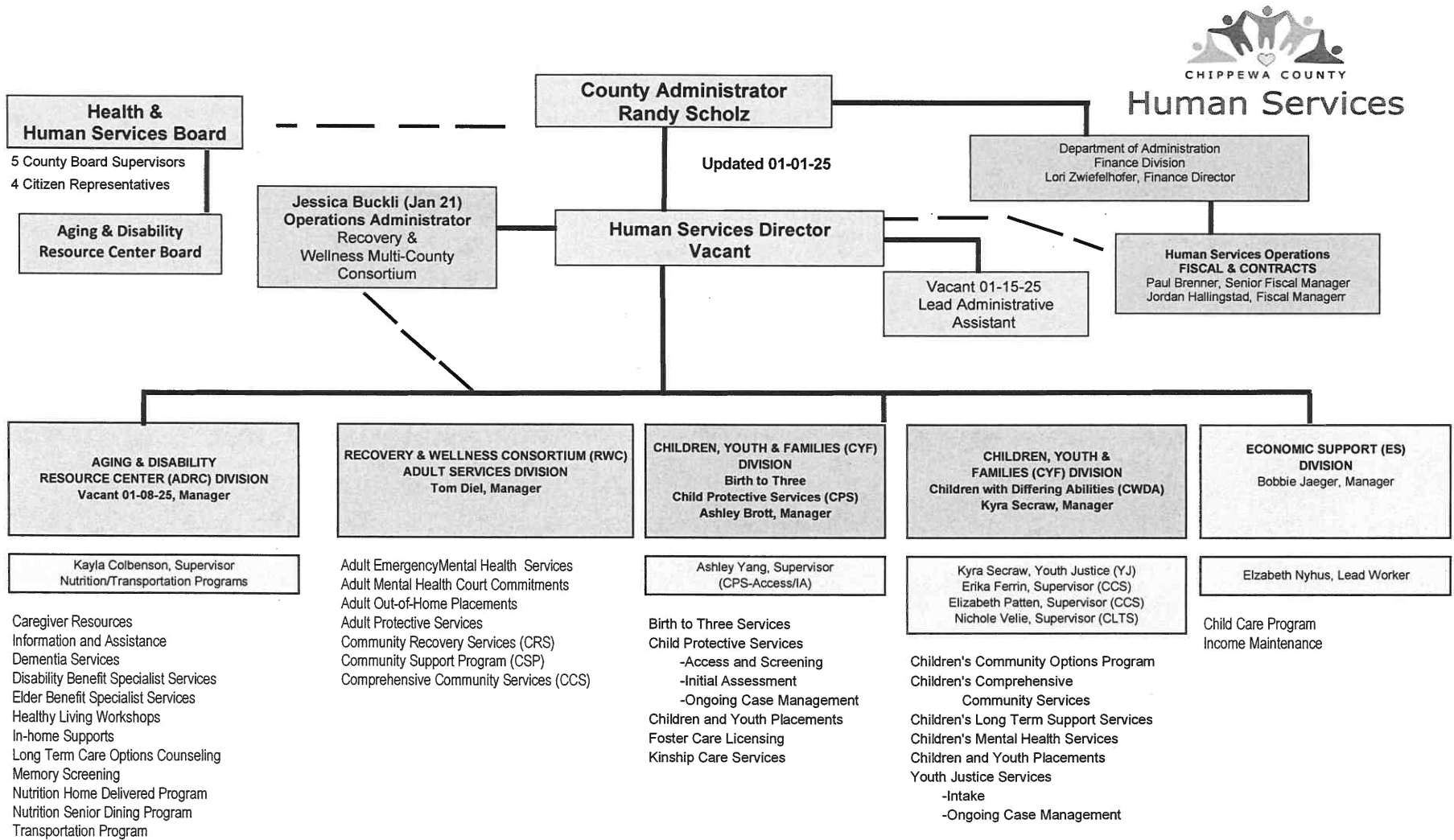
- | | |
|--|---|
| 1. <u>Randy Scholz</u> <u>1/22/2025</u>
Department Head Recommendation Date | 4. <u>[Signature]</u> <u>1-29-25</u>
County Administrator Approval Date
☒ Approved ☐ Denied |
| 2. <u>[Signature]</u> <u>1-27-25</u>
Human Resources Division Review Date
☒ Recommend ☐ Not Recommend | 5. _____ Date
County Board Approval
☐ Approved ☐ Denied
Resolution No. _____
** New Positions Only ** |
| 3. <u>[Signature]</u> <u>1/29/25</u>
Finance Division Review Date
☒ Recommend ☐ Not Recommend | |

Comments: _____

Chippewa County Department of Human Services Organizational Chart - Employees



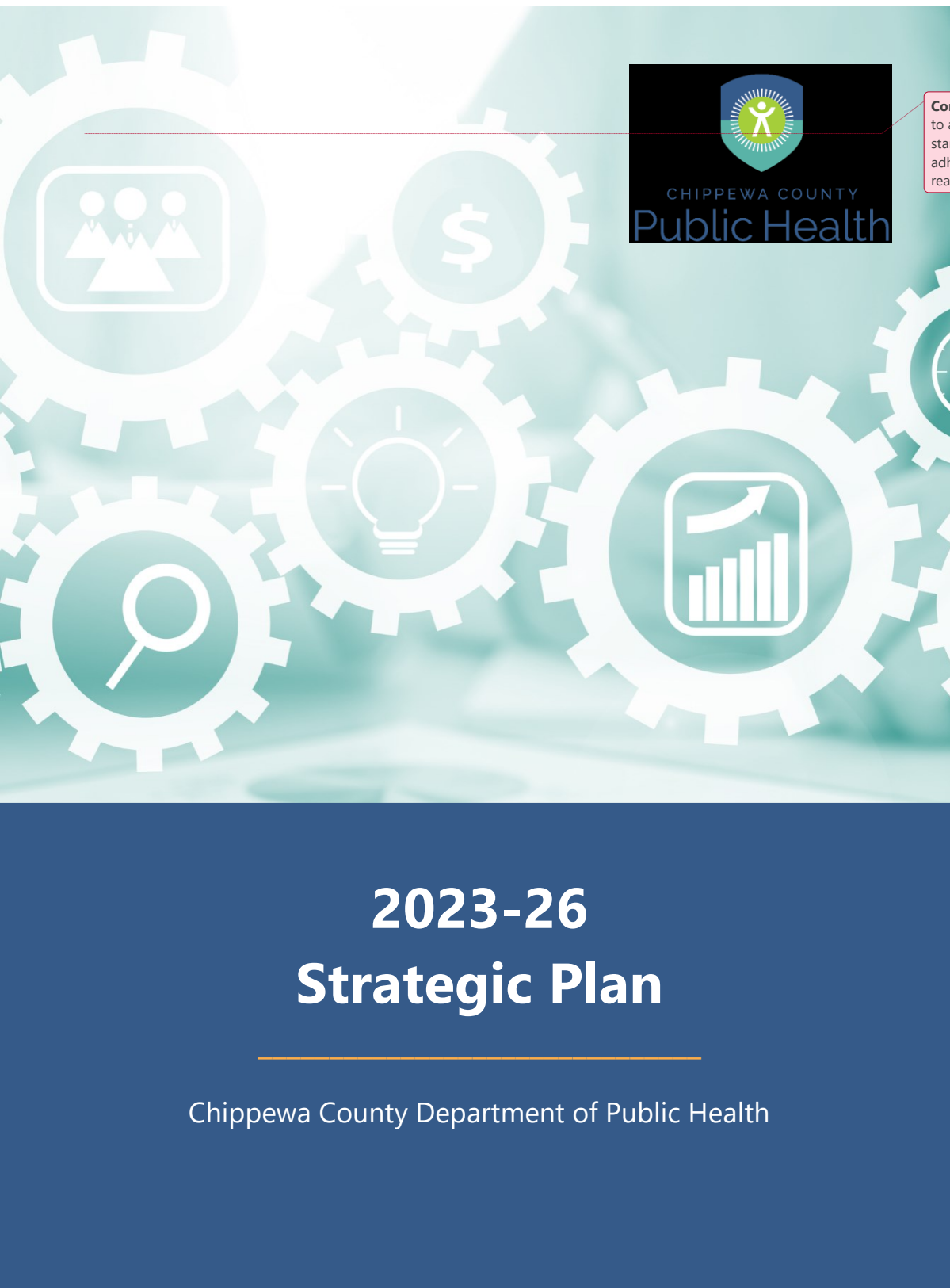
Chippewa County Department of Human Services Organizational Chart - Services





STATEMENT OF EXPLANATION
PUBLIC HEALTH 2023-2026 STRATEGIC PLAN AMENDMENTS APPROVAL
- BRITTNAY FORTUNA

Public Health Director Brittnay Fortuna seeks approval from the Board members for the Public Health 2023-2026 Strategic Plan amendments that were presented at the January Health & Human Services Board meeting.



Commented [NH1]: The entire document was to align with the department's revised branding standards. Additionally, it was reviewed and refined to adhere to AP style guidelines and improved for readability.

Chippewa County Department of Public Health

2023–26 Strategic Plan

A publication of the Chippewa County Department of Public Health (CCDPH)

Strategic Plan Development Team

The following individuals were instrumental in writing the 2023–26 Strategic Plan. Roles listed reflect their positions at the time of the plan's development. Updates to roles are noted where applicable:

- Nikki Hoernke, Community Health Planning and Promotion Specialist (now Planning and Strategy Division Manager), Chippewa County Department of Public Health
- Kari Ives, Chair, Chippewa County Health and Human Services Board
- Kristen Kelm, Community Health Division Manager (served in this role until March 2023), Chippewa County Department of Public Health
- Komi Modji, Epidemiologist (served in this role until September 2023), Chippewa County Department of Public Health
- Angela Weideman, Director/Health Officer (served in this role until April 2023), Chippewa County Department of Public Health
- Emily Wievel, Public Health Strategist, Wisconsin Department of Health Services Division of Public Health Office of Policy and Practice Alignment

Commented [NH2]: Updated from strategic plan team to development team. Included details of transitions, such as those who left or changed positions since the initial publication.

Additional Contributors

Since the publication of the Strategic Plan, the following individuals have joined the department and contributed to ongoing implementation efforts:

- Hailey Bomar, Planning and Promotion Specialist, Chippewa County Department of Public Health (joined in May 2023)
- Brittnay Fortuna, Director/Health Officer, Chippewa County Department of Public Health (joined in May 2023)

Commented [NH3]: Added contributors who joined after the plan's development, noting their roles and start dates.

Acknowledgments

Thank you to Christa Cupp and Emily Wievel with the Wisconsin Department of Public Health Division of Public Health, Office of Policy and Practice Alignment for their guidance during the strategic planning process. Their expertise and support were invaluable.

Thank you to our community partners and stakeholders for their time in providing feedback on our work and the strengths and weaknesses of the department.

Finally, we thank Chippewa County Health and Human Services Board for their participation, feedback, and support.

Commented [NH4]: Streamlined wording for acknowledgments while maintaining key details.

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Introduction

Purpose

The strategic plan defines and determines the health department's roles, priorities and direction over the next three years. It provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it and how it will know whether efforts are successful.

Organization Overview



The department is comprised of five divisions:

- **Community Health:** Promotes health and prevents disease through immunizations, harm reduction, maternal and child health, and communicable disease control. Key programs include the Nurse-Family Partnership, naloxone administration training, the reproductive health clinic, and mental health training.
- **Environmental Health:** Manages human health hazards, monitors water and air quality, and inspects food, lodging, body art, and recreational facilities. Oversees lead and radon prevention and promotes safe drinking water.
- **Fiscal/Admin:** Supports the department by managing budgets, administrative operations, and the equipment loan closet, ensuring efficient use of resources.
- **Nutrition:** Improves nutrition and food security through WIC, breastfeeding support, and healthy eating initiatives such as Farmers Market Nutrition Program and Fit Families.
- **Planning and Strategy:** Leads strategic planning, quality improvement, and coalition building. Oversees programs such as the Children's Resource Center - West and the Drug-Free Communities grant and facilitates health assessments and improvement efforts.

Commented [NH5]: Enhanced understanding of departmental structure and division-specific roles by adding brief descriptions of each division.

Commented [NH6]: Updated division name and descriptions to reflect the 2023 reorganization.

Strategic Planning Process

The Chippewa County Department of Public Health utilized the National Association of City and County Health Officials (NACCHO) Strategic Planning Process for Local Health Departments as a guide during the 2020–23 strategic planning process and plan development. Due to the unprecedented COVID-19 pandemic, most strategic planning efforts halted as resources, such as staff time, were reallocated to response efforts. The department opted for a facelift of the previous plan.

The process outlined below included input from staff, community partners, and Health and Human Services Board members. The department consulted with staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, for support in the strategic planning process.



Organize

In spring 2022, the department kicked off the 2023–26 strategic planning process by identifying key staff and external partners to be part of the strategic plan core team. The community health planning and promotion specialist served as the lead from strategic planning efforts. Other internal key staff included the health officer/director, community health division manager, and epidemiologist. External partners invited to participate included the chair of the Health and Human Services Board and staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, both of whom agreed to participate.

All staff, except for limited-term employees, are members of at least one strategic priority area team. Since the department opted for a facelift, most staff employed during the 2020–23 strategic planning process remained on the same strategic priority area teams. Upon hire, the health officer/director meets with each new staff during orientation. Based on this meeting, staff are assigned to teams that align with their experience, education, and interests.

Assess

The department conducted a community survey from May 5-20, 2022. The survey, which also included questions for the second COVID-19 after-action report, was disseminated to Chippewa County community members, the COVID-19 incident command system, and department staff via text message, email, and social media.

The strategic plan planning portion of the community survey gathered feedback about the strengths and weaknesses of the Chippewa County Department of Public Health. Participants were asked to provide details about each strength and weakness and rate them on a scale of importance: low, moderate, or high.

A total of **99 people** participated in the survey. Qualitative analysis, including theme deduction, was performed on answers to open-ended questions to identify the most predominant themes.

Strengths	58% of respondents indicated communication was a strength of the department.	14% thought services were a strength.	Compassionate and caring and professionalism were each reported by 11% of respondents .	Additional strengths included knowledgeable and collaboration .
Weaknesses	Public health guidance and communication quality were both reported as a weakness by 20% of respondents .	16% felt a weakness of the department was they were under-equipped .	12% of respondents reported interference with personal liberties as a weakness.	Additional weaknesses included promptness and unelected officials making decisions .

Demographics (e.g., age, race, ethnicity, sex, and total household income) were standardized using the 2016-2020 American Community Survey (ACS) five-year estimates to adjust the results and make them representative of the county demographics. Responses regarding strengths and weaknesses were stratified by rating level and participant type and adjusted by demographics. See Appendix A for full results.

The findings from the survey were presented to the core team on June 7, 2022. Results of the community survey, along with the SWOT (strengths, weaknesses, opportunities, and threats) analysis from the 2020–23 strategic planning process, the community health assessment, and the community health improvement plan, were used to inform the decision to keep the same four strategic priorities from the previous strategic plan.

The four strategic plan priority areas are:



Communication



Health Equity



PM/QI



Workforce and
Engagement

Plan

In summer 2022, the department moved into the planning phase. First, the department's epidemiologist developed a webinar that explained the community survey design, analysis, and findings for the strategic plan priority area team leads. Additionally, core team members presented an overview of the strategic planning process and the findings to all department staff on June 15, 2022.

Teams then updated the 2023–26 work plan using various data sources, tools, and frameworks, which included:

2022 Strategic Plan Community Survey (Appendix A)

2019 SWOT Analysis (Appendix B)

2021 Chippewa County Community Health Assessment (CHA)

2019–2021 Chippewa County Community Health Improvement Plan (CHIP)

10 Essential Public Health Services

Foundational Public Health Capabilities

Public Health Accreditation Board (PHAB) Standards and Measures, Version 2022

As teams worked on updating their goals, objectives, and activities, several staff members reported to core team members that they or their teams were struggling to understand the strategic planning process and their role in it. The core team discussed this and recognized that many staff members were hired after the 2020–23 strategic planning process. Additionally, typical orientation and hiring practices had not occurred due to the county being in a public health emergency during the COVID-19 pandemic. The core team decided to take a step back and developed a presentation that included topic such as:

- What strategic planning is
- Why it is important
- What the chain of command entails
- Roles and expectations

This presentation was delivered to staff at an all-staff meeting in September 2022. Additional resources were shared and created to educate on other public health topics and frameworks.

Throughout the planning process, teams shared their drafted action plans with the core team and during the strategic planning team leads meetings. In October 2022, the first draft of the strategic plan was ready for review.

Review

The core team reviewed the strategic plan from November-December 2022. The final draft was presented to the Chippewa County Health and Human Services Board for approval on February 16, 2023.

Implement

The Health and Human Services Board approved the 2023–26 Strategic Plan on February 16, 2023. The department integrated the final plan into the department's performance management system.

Commented [NH7]: Removed VMSG and general references to the department's performance management system. The PM/QI team is actively revising the performance management policy. This reflects ongoing efforts to enhance efficiency and ensure processes meet department goals and needs.

Goals and Objectives



Communication

Goal 1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences while cultivating a positive relationship between the department and the community

Objective 1.1: Develop a procedure for non-emergency communications by December 31, 2023

Objective 1.2: Review the department-wide brand strategy by December 31, 2024

Objective 1.3: Develop a comprehensive outreach strategy by December 31, 2023

Objective 1.4: Complete a quality improvement project on CCDPH's website by December 31, 2025

Goal 2: Improve internal communication to increase efficiencies and support a positive workplace culture

Objective 2.1: By December 31, 2024, update the communication plan to include best practices around internal communication (e.g., preferred methods of communication, guidelines for emails)

Objective 2.2: Review the communication plan annually, and update it as needed



Health Equity

Goal 3: Promote a culture of Health Equity throughout the County of Chippewa

Objective 3.1: Collaborate with the Communications Team to increase the capacity to communicate with individuals who may experience barriers to receiving information by December 31, 2025

Objective 3.2: Increase awareness within CCDPH about health equity by December 31, 2025

Objective 3.3: Develop a CCDPH Health Equity Plan by December 31, 2023

Objective 3.4: Collaborate with Workforce Development and Leadership to evaluate recruitment and hiring practices to include health equity by December 31, 2025

Objective 3.5: ~~Build capacity on the health equity team by recruiting at least one external partner by December 31, 2023~~

Objective 3.6: Have ongoing engagement with the public health system and the community in promoting health through collaborative processes

Performance Management / Quality Improvement (PM/QI)

Goal 4: Build and foster a culture of quality improvement (QI) among public health staff across projects and activities ~~by December 31, 2025~~

Objective 4.1: ~~Establish a QI oversight structure by June 30, 2025~~ Every six months, update the existing QI activities reporting procedure to be in accordance with the current QI implementation efforts

Objective 4.2: Facilitate the completion and documentation of at least one QI project annually by 100% of divisions using standardized reporting tool ~~Managers lead and document at least one QI project in each division yearly~~

Objective 4.3: Provide at least one annual training on ~~evidence-based PM/QI~~ tailored to staff needs, with 100% participation across all division ~~tools to public health staff yearly~~

Objective 4.4: ~~By the end of each year, provide a brief summary report or dashboard on PM/QI activity status in the department and evaluate the impact of PM/QI on services~~

Objective 4.5: Foster regular discussions of QI progress and challenges during division and all-staff meetings ~~Prioritize PM/QI time during monthly all-staff and division meetings to discuss projects, issues, progress, and solutions so that it becomes a routine method in the department~~

Goal 5: ~~Establish a performance management system to enhance accountability and drive continuous quality improvement (CQI) Utilize evidence-based practices and other forms of information for decision-making to maintain best practices in program implementation and evaluation by managers by December 31, 2025~~

Objective 5.1: ~~Revise and adopt a performance management policy by May 31, 2025~~

Objective 5.2: ~~Develop and implement a tool for drafting performance measures by June 30, 2025~~

Objective 5.3: ~~Develop at least five performance measures per division, totaling 30 measures agency-wide by September 30, 2025~~

Objective 5.4: ~~Create and launch a performance management dashboard by October 31, 2025~~

Objective 5.1: ~~Review PM/QI best practices every year by dedicated staff (e.g., PM/QI, interns) through literature review or consultation with evaluation experts and update the PM/QI plan, as needed~~

Objective 5.2: Make sure annual refresher trainings are being offered to managers, project leads, and staff when appropriate

Objective 5.3: In the last quarter of each year, dedicate a space for creative thinking taking into consideration the current needs, health equity and changes in the vision and direction of public health as a whole



Workforce and Engagement

Goal 6: Improve workplace culture and ~~public health skills~~ by December 31, 2025

Objective 6.1: ~~Review the Workforce Development Plan annually, and update it as needed~~

Objective 6.2: ~~Improve~~increase employee engagement ~~from 2023 to 2026~~ by using the Chippewa County engagement survey

Objective 6.23: Develop a strategy to create connections with all staff ~~in a telecommuting environment by December 31, 2025~~

Objective 6.4: Increase staff knowledge and skills of the of the public health core competencies through professional development (e.g., trainings, conferences)

Goal 7: Improve public health skills by December 31, 2025

Objective 7.1: Review the Workforce Development Plan, which includes succession planning, annually, and update as needed

Objective 7.2: Increase staff knowledge and skills of the Core Competencies for Public Health Professionals

Linkage with Other Plans

The strategic plan is not intended to be a stand-alone document; rather, it is designed to align with other key assessment, planning, and evaluation efforts, including the community health improvement plan (CHIP) and the quality improvement/performance management (PM/QI) plan. During the strategic planning process, department staff and the core team considered how the plan would integrate with other departmental and community-driven plans. While the strategic plan is unique in addressing emerging organizational issues and new initiatives, its priorities have a synergistic relationship with these other plans.

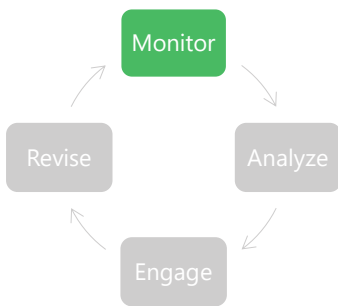
The strategic plan aligns directly with the 2019–2021 CHIP, which has a goal of advancing health equity in Chippewa County. One activity outlined in the strategic plan is active participation the Chippewa Health Improvement Partnership, now known as Chippewa County Health Communities, Health Equity Advocacy Team to promote health equity throughout the Chippewa County.

Another area of alignment is with the department's PM/QI plan. The PM/QI plan is reviewed and managed by the strategic plan team focusing on PM/QI. It emphasizes continuous improvement across all areas of the health department, including the strategic plan teams. Tracking for the strategic plan is conducted within the department's performance management system to support continuous monitoring of goals and areas of improvement.

Finally, teams developed their objectives and activities to align with the Public Health Accreditation Board (PHAB) Standards and Measures, 2022 Version, ensuring relevance to their respective priority areas. For example, PM/QI objectives and activities were primarily developed using guidance from PHAB Domain 9.

Putting the Plan in Action

The strategic plan is a living document that will be routinely reviewed, monitored, and updated based on progress, changing needs, and priorities. Performance management will be used to monitor and revise the strategic plan throughout the three-year assessment and planning cycle using the following cycle.



Monitor Work Plan Progress

Implementation of the work plan involves contributions from four priority area teams: Communication, Health Equity, Performance Management/Quality Improvement (PM/QI), and Workforce and Engagement. These teams are integral to the success of the strategic plan, with specific roles designed to ensure accountability and progress:

Team Leads

Leads facilitate meetings, monitor progress on assigned action steps, and ensure accountability. Selected for their expertise and capacity to guide teams effectively, they act as liaisons, communicating successes, barriers, and resource needs to managers and other relevant teams.

Managers

Managers provide strategic oversight by sharing updates on departmental or county-wide policies, advocating for necessary resources, and troubleshooting roadblocks during leadership discussions. They align team activities with the department's broader vision and priorities.

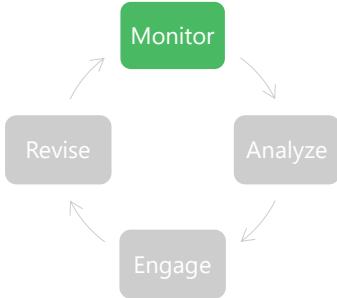
Team Members

All staff contribute as team members by attending meetings, completing assigned tasks, and collaborating to achieve objectives. Their diverse skills and expertise ensure effective execution of the work plan.

Collaboration Across Teams

Priority area teams play a central role in implementing the strategic plan, but existing leadership and divisional teams also contribute significantly. These teams may lead or support

Commented [NH8]: Improved clarity and focus by addressing staff feedback about challenges in the project structure. Clarified role expectations to help teams complete projects more efficiently and strengthened communication across teams to reduce duplicate efforts. Updated role descriptions emphasize the main responsibilities of Leads, Managers, and Team Members, providing more flexibility to adapt to the changing needs of public health. Clear examples demonstrate how teams can work together effectively, especially when goals overlap. These updates also improve capacity by encouraging resource sharing, streamlining workflows, and helping teams prioritize work to meet department goals.



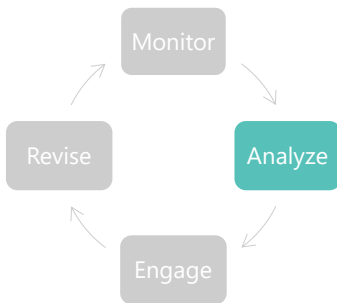
Monitor Work Plan Progress (cont.)

specific goals within their scope, fostering a unified approach that maximizes resources and minimizes duplication.

Collaboration is supported through:

- Shared Platforms: Centralized tools enable progress tracking, updates, and transparent communication.
- Joint Meetings: Monthly meetings address cross-cutting goals, align efforts, and encourage resource sharing among teams.

The dynamic nature of public health requires adaptability. For example, if a health equity objective overlaps with workforce engagement priorities—such as addressing disparities in staff recruitment and retention—teams can reassign tasks or pool expertise to effectively address the need. Similarly, if a communications objective overlaps with an operational duty within a division—such as disseminating updates about a new departmental policy—teams can collaborate by leveraging their respective strengths. The communications team might focus on developing clear messaging, while the operational division ensures timely and accurate dissemination to internal and external stakeholders through established workflows. These collaborative approaches ensure clarity, efficiency, and consistency in achieving shared goals while addressing evolving priorities.

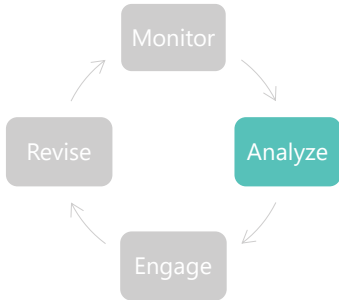


Collect, Analyze, and Report Performance Data

All goals and objectives are tracked using a performance management system designed to assist with the planning, implementation, and evaluation of strategic and operational initiatives. This system provides a centralized platform for monitoring progress, ensuring accountability, and aligning activities with departmental priorities.

Data Entry and Updates

Each team assigns leads for specific objectives and activities, who are responsible for collecting and updating data and



Collect, Analyze, and Report Performance Data (cont.)

measures within the performance management system. Team leads are responsible for ensuring that all relevant data is updated on time, in collaboration with assigned team members. Teams are encouraged to review and update their goals, objectives, and activities during each priority team meeting to maintain accurate records. At a minimum, updates are required quarterly.

Quarterly Period	Activity Entry Deadline	Report Deadline
Q1 (Jan 1–Mar 31)	Apr 5	Apr 10
Q2 (Apr 1–Jun 30)	Jul 5	Jul 10
Q3 (Jul 1–Sep 30)	Oct 5	Oct 10
Q4 (Oct 1–Dec 31)	Jan 5	Jan 10

The **Planning and Strategy division** is responsible for analyzing and developing reports to inform stakeholders of progress, as outlined in the next section.

Commented [NH9]: Updated from core team to Planning and Strategy division.

Engage and Communicate with Stakeholders

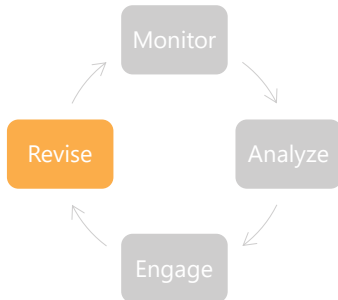
It is essential to be transparent and keep stakeholders informed on the progress of the strategic plan. The department will use various methods to engage and communicate with stakeholders including:

- Presentations
- Reports
- Meetings

The table below outlines the frequency and type of communication by stakeholder.

	Q1	Q2	Q3	Q4
Health and Human Services Board				
Department Leadership				
Strategic Plan Team Leads				
All Department Staff				

Commented [NH10]: The core team will be reim with members brought together on an ad hoc basis a for specific initiatives. Increased meetings with lead will ensure the strategic direction is maintained and communication loops are strengthened, fostering ali across teams and enhancing overall effectiveness.



Revise and Update the Strategic Plan

Based on the steps above, the strategic plan may need to be updated and revised to better meet the department's capacity, resources, and local context. The department has a procedure for plans that outlines the process for revisions to the plan. The following process is in alignment with the existing procedure.

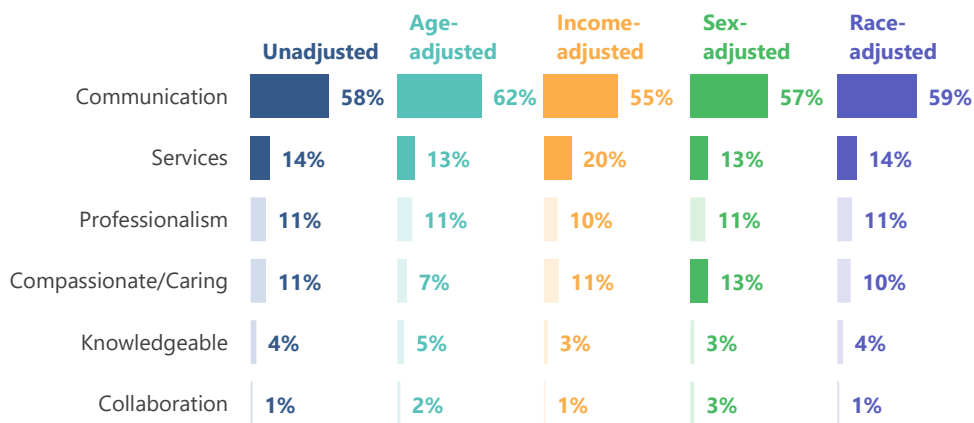
1. Strategic plan priority area team receives approval from the team's upper leadership member to review and revise the plan.
2. Strategic plan priority area team saves a copy of the plan.
3. Strategic plan priority area team tracks changes when editing the plan.
4. Once all revisions are completed, the strategic priority area team leads send an email to the core team for review.
5. After review, the core team lead documents any edits in the plan's revision record (see Appendix C).
6. Once finalized, Health Officer/Director takes the plan to Health and Human Services Board for review and approval annually.
7. If approved, Health Officer/Director moves the former plan and renames it to include the archive date.
8. Health Officer/Director saves the updated plan.
9. The core team lead communicates updates to plan at the next department all-staff meeting.

Appendix A: 2022 Community Survey

Label	Chippewa County, Wisconsin		Our Sample	
	Estimate	Percent	Estimate	Percent
Total	64,175		99	
Sex				
Male	33,274	51.8%	25	25.3%
Female	30,901	48.2%	71	71.7%
Age				
15 to 19 years	3,582	5.6%	1	1.0%
20 to 24 years	3,242	5.1%	1	1.0%
25 to 34 years	7,792	12.1%	4	4.0%
35 to 44 years	8,265	12.9%	19	19.2%
45 to 54 years	8,513	13.3%	12	12.1%
55 to 59 years	4,438	6.9%	16	16.2%
60 to 64 years	5,107	8.0%	12	12.1%
65 to 74 years	6,749	10.5%	28	28.3%
75 to 84 years	3,007	4.7%	6	6.1%
85 years and over	1,660	2.6%	0	0.0%
Median age (years)	41.3		58.5	
Race				
White	60,665	94.5%	95	96.0%
Black or African American	986	1.5%	4	4.0%
American Indian and Alaska Native	204	0.3%	4	4.0%
Asian	893	1.4%	1	1.0%
Native Hawaiian and Other Pacific Islander	2	0.0%	1	1.0%
Hispanic or Latino (of any race)				
Hispanic or Latino (of any race)	1,185	1.8%	4	4.1%
Not Hispanic or Not Latino	62,990	98.2%	94	95.9%
Total households				
Less than \$10,000	983	3.8%	5	5.1%
\$10,000 to \$14,999	1,127	4.3%	2	2.0%
\$15,000 to \$24,999	2,432	9.3%	3	3.0%
\$25,000 to \$34,999	2,256	8.7%	6	6.1%
\$35,000 to \$49,999	3,762	14.4%	13	13.1%
\$50,000 to \$74,999	4,996	19.2%	13	13.1%
\$75,000 to \$99,999	3,658	14.0%	21	21.2%
\$100,000 to \$149,999	4,652	17.9%	23	23.2%
\$150,000 to \$199,999	1,066	4.1%	5	5.1%
\$200,000 or more	1,112	4.3%	7	7.1%

Qualitative analysis (i.e., theme deduction) was performed on responses of open-ended questions to identify the most predominant themes. Demographics (i.e., age, race, ethnicity, sex, total household income) were standardized using the 2016-2020 American Community Survey (ACS) 5-year estimates to address recruitment bias and allow adjustment for representativeness. Responses (strengths and weaknesses) were stratified by rating level, participant type (community member, public health staff, County Board, ICS member) and adjusted by demographics.

Strengths



Communication

- Angela and her dept did a good job communicating the status of covid in our county
- Tons of useful information!
- If something serious were to happen, you are able to get that out to the public.
- Called several times for guidelines and they were very attentive
- Regular updates on Covid cases, mitigation in news. Timely information and resources on website.

Services

- The set up and efficiency behind getting the COVID vaccine and boosters was above and beyond what was expected.
- I was able to get my family over 5 vaccinated with ease & convenience, including flu vaccines
- Willing to provide covid clinics in out laying towns (e.g., Cadott). Helping people with limited travel assistance to get to a clinic.

- The public knowledge and supports through the WIC [Women, Infant, Children] office is great.

Compassion and Caring

- I believe they truly care for the residents of Chippewa County
- The things our Public Health employees have endured through the pandemic are insane. I have so much respect for the staff and leadership of the Public Health department in Chippewa County! It was almost unbearable to see the unjustified personal attacks and negative comments coming from people in our community. The emotional toll of the deaths and hospitalizations in our community were very noticeable on the faces of our PH employees because they cared.
- My family needed a wheelchair due to an injury and I was so happy to be able to get one on loan. It helped us out so much.
- My daughter needed help with milk etc for the little ones and ccd helped
- Our family had COVID prior to vaccines being made and CC [Chippewa County] nurses were awesome calling to check on us. They were so kind and caring staff are caring and compassionate, and knowledgeable

Professionalism

- One can tell a professional by their confidence, knowledge, and skill.
- In spite of a subset of the population conditioned by unethical politicians to mistreat health practitioners, you continued to work in the public interest.
- Not playing into politics and sticking to facts; speaking up for those whose voice may be lost in the crowd; being truthful and honest in sharing information with the public

Weaknesses

	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Public Health Guidance	20%	18%	22%	15%	20%
Communication Quality	20%	18%	24%	17%	20%
Under-equipped	16%	9%	15%	15%	16%
Interference w/ Personal Liberties	12%	10%	8%	13%	11%
Promptness	8%	24%	8%	10%	8%
Political Interference	6%	5%	4%	6%	6%
Unelected Officials Making Decisions	4%	2%	5%	2%	4%
Other	8%	4%	7%	15%	8%
None	8%	9%	6%	7%	8%

Public Health Guidance

- Following orders vs thinking of ways NOT to endanger the citizens. Vaccines are risky & have caused harm the media won't allow.
- When family tested positive, we were expecting outreach with information and guidance, but never heard from anyone.
- Sadly, I don't think the health department has authority or respect from several people in the community at large. Your recommendations for masking or other Covid mandates were not taken seriously by all.
- Would be nice to see some research done on things before posting on fb or making suggestions. Some people can't get shots or wear masks with tons of scientific studies that prove it. The CDC provides basic info but there's more to their recommendations. Have they read line 13.1 on any vaccine insert?

Communication Quality

- finding ways to get information in the hands of all individuals within the community. The elders, non-English speaking, those without internet or social media.

- When covid hit and continues to be an issue, the health department played games with people and our children's lives and didn't know the truth facts but continue to enforce bad policies.
- Made people afraid instead of reassuring them that this was a virus and not to be feared, respected and cautious but not afraid.
- Need occasional TV updates on covid so public realize that there is still potential danger of being infected
- As explained in my previous answer, the communication which started strong seemed to be abandoned.
- I understand the limitations of sharing information with public due to privacy and business reputation concerns. But would like more specific sources of spread. Church? Bars? Out of state transmission, etc.

Promptness

- It took 8 days for us to be notified that my daughter needed to stay at home for being exposed to COVID
- When exposure was high the call backs were delayed
- When calling/leaving a message, there's a really slow response time.
- Daycare told me my daughter could not come due to an exposure. They said CCPH was supposed to have contacted me. So, I called CCPH asking for the exposure date. They said their notes indicated they called and left a message. However, I never received a missed call or a message.

Appendix B: 2019 SWOT Analysis

The 2019 strategic planning process included input from staff, community partner, and Health and Human Services Board members. The department consulted with Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment (OPPA), staff to collect and analyze data and support the department in the development of work plans and the strategic plan.

In order to develop a clearer picture of strengths, gaps, and barriers, consultants from OPPA led the staff through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. A SWOT analysis examines both internal factors (strengths and weaknesses) and external factors (opportunities and threats) that might influence future work. Staff were given the option to perform the SWOT analysis electronically or in person to best meet their needs.

To draw themes from the SWOT analysis, OPPA consultants compiled all CCDPH staff SWOT results into one document and community partner survey results into another. These compilations were scanned for recurring words and statements, which were then cross-referenced using a word cloud tool. The themes from both documents were reviewed by another OPPA consultant for consistency and highlighted within the documents.

The final step was to cross-examine the themes from both the staff and community partner analyses and highlight the themes that appeared in both. Themes from the staff SWOT analysis are listed in Table 1 below.

Table 1.

Themes from Staff SWOT Analysis

**Items in bold were mentioned multiple times*

Strengths	Weaknesses
• Innovative: Level 3 Health Department; Services that cover the life span; Health equity focus • Leaders in the community • Leadership within CCPHD: New managers; Leader with mental health background • Partnership: CHA/CHIP; Collaborations • Staff ○ Community Engagement: Involved; Charitable; willing to do outreach ○ Customer Service: Friendly; Professional; Prompt ○ Experience/Knowledge: Diversity of experience; Expertise; Educated staff	• Accountability and follow-through • Communication with department of Admin/State • External Communication • Inconsistent leadership/management policies: Flexibility for personal schedules; Flexibility not reciprocal; job responsibilities and assignments • Internal Communication: Staff availability; Who to contact/when; Continuity of operations; Top-down; Multiple calendars; Trust, gossip, and assumptions; Clear, concise, and timely communication • Leadership: Continuity; Presence of Director in office • Moving Targets

Strengths (cont.)	Weaknesses (cont.)
○ Passionate: Client-focused; Responsible ○ Resourceful/Adaptable: Evidence-based practice and research; Troubleshooting; Moving targets; Resourceful when seeking funding; Solutions focused; Open to new ideas ○ Flexible with their personal and work schedules ○ Teamwork: Supportive of each other both personally and professionally; Approachable; Employee recognition; Colors training	• Orientation and Staff Education: Inconsistent; Time to meet staff and learn roles; On the job training; Learning styles; follow up on surveys and learning • Personnel; Matching strengths to programs; Change • Policies and Procedures: Details; Draft status; Rigid • Technical/Computer Skills • Time: Burn out; Too much documentation; Complicated time coding; Not enough staff; Rural outreach; Unable to take time off • Work Space
Opportunities	Threats
• Accreditation • Chronic disease prevention • Communication with dentists • Community: Invested in CCPHD; Awareness of CCPHD; Marketing • Employees: Skills; Internships; Fellowships • Expansion: Small community; Public transportation; Opportunities to expand programming • Funding: Grants and Medicaid expansion • Health Equity: Health in All Policies • Jail programming • New partnerships and opportunities: local businesses; Rural communities • Partnerships/Relationships: ADRC; CHA/CHIP; Regional/state staff availability • Restructuring of job tasks • Technology and Innovation: QI; VMSG; Training; Improving/expanding technology	• Changing health care systems: Buy-outs, and mergers • Community perceptions: Knowledge/support of PH; HHS Board understanding of CCPHD; Partner buy-in; Prevention is a tough sell; Gov't as authority or helpful; Willing to accept assistance; Communication barriers • Funding: Lack of funding; Timing of award; Competition for grants; Regionalization of services • Less home care communication • Local dynamics: Poverty; Transportation; Technology; Rural outreach; Schools are different • Politics: Changing administrations; Legislation that affects residents; Mixed messaging • Staff retention: Competition with larger HDs • Time • Unwillingness to share knowledge • Working leaders • Working with the State: State doesn't understand rural/local needs and structures; Timely notification and guidance; Reporting requirements; Health literacy/complex wording of state forms

The OPPI consultants also developed a community partner survey, which the Core Team distributed electronically to a list of over 300 community partners (approximate 10% response rate) and the Chippewa County Health and Human Services Board. Community partners were asked specifically about strengths and challenges of CCDPH. Themes from the community partner survey are found in table 2.

Table 2.

Themes from the Community Partners Survey**Items in bold were also themes in the staff SWOT analysis*

Strengths	Challenges
• Collaboration and partnership: teamwork; willing to share knowledge and expertise; communication; work with schools • Community Involvement: visible; trusted • Desire to improve; creative; open to change • Employees: Committed; competent; caring; customer service; dedicated; enthusiastic; knowledgeable; prompt response; skilled • Leadership: at director level; supportive board • Stability of staffing; low turnover • Willing to address community needs: able to reach all age groups; able to identify needs; concerned about residents; effort to address needs; emphasis on prevention; flexibility; passion	• Access to services outside of Chippewa Falls: rural communities • Communication: visibility and knowledge of Public Health Services; reaching a broad audience • Funding: decreased resources with increased needs; CHIP does not include strong fiscal plan to achieve goals; reinvestment of services • Politics • Local dynamics: pressures on residents including economic, employment, food insecurity, family stability; large geographic area; mental health, substance use; unhealthy weight; vulnerable populations • Staffing: burn out; doing more with less staff; retention; retirements and resignations • Systems thinking; Working with other agencies • Time

Chippewa County Department of Public Health Staff Full SWOT Analysis Results

	Helpful	Harmful
Internal	Strengths	Weaknesses
	• Adaptable to moving targets • All levels of staff are involved in our work. It's not just managers or Angie telling us to do things; they are also involved. • Approachable; use each other as resources • Change in leadership team- new managers • Charitable • Chippewa health improvement partnership • Client-focused; passion for helping • Collaborations/community partners • Colors training • Community partners • Customer Service • Dedicated staff • Diversity of experience • Employee recognition • Engaged with the community; charitable • Expertise	• Accountability • Assumptions • Basic life skills • Change in leadership • Clear, Concise, and timely internal communication • Communication • Communication across divisions • Communication from top down both internally and with Dept. of Administration • Complex procedures • Computer skills • Continuity • Continuity of operations during staff absences • Details in procedures and training • Divisions are very different • Documentation requirements take away from time to do job

	<i>Helpful</i>	<i>Harmful</i>
	Strengths (cont.)	Weaknesses (cont.)
Internal	• External communication • Friendly reception and intake • Great partnership for the CHA and CHIP with community partners • Having a leadership team in place • Health equity work • Helpful Policies and Procedures • High achievers (staff) • High expectations • High rate of helping children with special health care needs • Innovative Programming • Leader with mental health background • Level 3 health department • Open to new ideas and changes to programs (for example all the health equity work) • Opportunities for professional development • Passion • Passionate staff • Personable and welcoming • Professionalism • Prompt response to referrals and phone calls • Provide services that cover the life span • Resourceful with funding • Responsible staff make sure clients do not fall through the cracks • Seek out funding • Serving more men • Solution focused • Staff educated and involved • Staff is flexible with work schedules • Supportive of each other, both personally and professionally • Team building exercises • Teamwork • Teamwork and morale is good—people laughing and having fun regularly • Troubleshooting skills • Use of evidence-based practice and research • Willingness to volunteer and do outreach • Work well with partners • Working leaders • Years of experience	• Efficiency/time management • Extensive learning curve for new staff • Flexibility for personal schedules; inconsistent across divisions and with different managers; flexibility not reciprocal • Follow through • Follow through on surveys and team learning • Getting to know staff and roles during orientation • Gossiping • Hard to know what is happening with other divisions • Having a closed mind to ideas • Inefficiency due to lack of knowledge of what others are doing (communication) • Keeping calendars, email, and voicemail up to date • Lack of tech skills • Matching programs to strengths or passion; conversations with staff about assignments • Moving Targets • Multiple calendars • No enough staff to handle the work load resulting in long travel times, working over hours, having to take on other positions to meet needs of clients, actually having to turn down referrals because we don't have enough staff. • Not able to take time off because of low staff. Adds to stress and burnout • On the job training • Orientation process standardization, follow up, and consistency • P&Ps in draft status • Presence of Director in the office • Redundancy in documentation • Rigid processes; Gray areas not reflected in Policies and Procedures • Rural outreach • Seem to be at capacity for all of our divisions and programs—there is no time, energy, or funding available for people to take on other projects • Space – our loan closet is a very busy much needed service but lacks good working storage space for dirty, cleaned and reserved equipment.

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths (cont.)	Weaknesses (cont.)
		• Staff in or out • Step by step procedures • Taking on more without eliminating something; burn out • Teaching to different learning styles • Time for orientation and review • Time to code timesheets • Time to do job • Timesheets are complicated • Trust issues both internally and externally • Understanding job responsibilities and availability • Who to contact and when • Workflow – our WIC clinic is struggling to find a good way to serve clients timely using the main reception area instead of their own reception area. WIC doesn't have enough staff to have their own reception area open.
External	Opportunities	Threats
	• Accreditation • Availability of Regional/state staff • Awareness of Chippewa County Public Health • Businesses • Chronic disease prevention • Collaboration with partners; schools and healthcare systems • Community invested and involved in public health work • Create list for dentist about fluoride • Grant writing • Grants • Health equity • Health in All Policy • Improve tech skills • Jail programming • Marketing of HHC • Medicaid expansion possibility still • Men served • Mid-west/small community (expansion) • Need of public transportation • New employees • Partnership with ADRC • QI projects • Relationships and social network connections builds community trust • Restructure job tasks • Rural communities • Share knowledge • Technology improving • Think there is still a high need for our services in rural areas that we are missing	• Being close to Eau Claire HD—they are larger and very well recognized, so they get more funding, have more opportunities, can pay staff better. • Changes in legislation that affects population served • Changing and competing healthcare systems • Clinic buy-outs and mergers • Communication barriers with the public • Community perception of government • Funding • Health and human services board and DOA not knowing what Public Health does or is about • Lack of finances/budget cuts • Lack of funding • Lack of funding for chronic disease prevention work • Lack of public support • Lack of staff • Language of external forms sounds intimidating; too complex or threatening • Less home care communication • Limited technology and access in rural areas • Mixed messaging • No transportation across the county • Notification/guidance from state • Other departments wanting to work with us • Partner buy-in • Pay for Performance going away • Perception of department as authority versus helpful

External	<i>Helpful</i>	<i>Harmful</i>
	Opportunities (cont.)	Threats (cont.)
	• Train staff to work with a victim mentality • Using employee's skills • Utilization of interns and fellows • VMSG • Work with other departments to assure we are not duplicating services	• Physical location of health department; not centralized • Politics; changing administrations and rules • Poverty • Prevention is a hard sell • Prevention is hard to fund • Regionalization of services • Regulations • Reporting requirements • Rural outreach • Schools are very different • Split funding with Eau Claire • Staff retention • State supported software and data systems changes • The State doesn't understand rural populations, local needs, and local structures for reporting requirements • Time • Timing of funding awards • Unwillingness to share knowledge with others • Willingness of community to accept help or follow up • Working leaders

Appendix C: Revision Tracking

[illegible]

Chippewa County Department of Public Health

711 N Bridge Street
Chippewa Falls, WI 54729

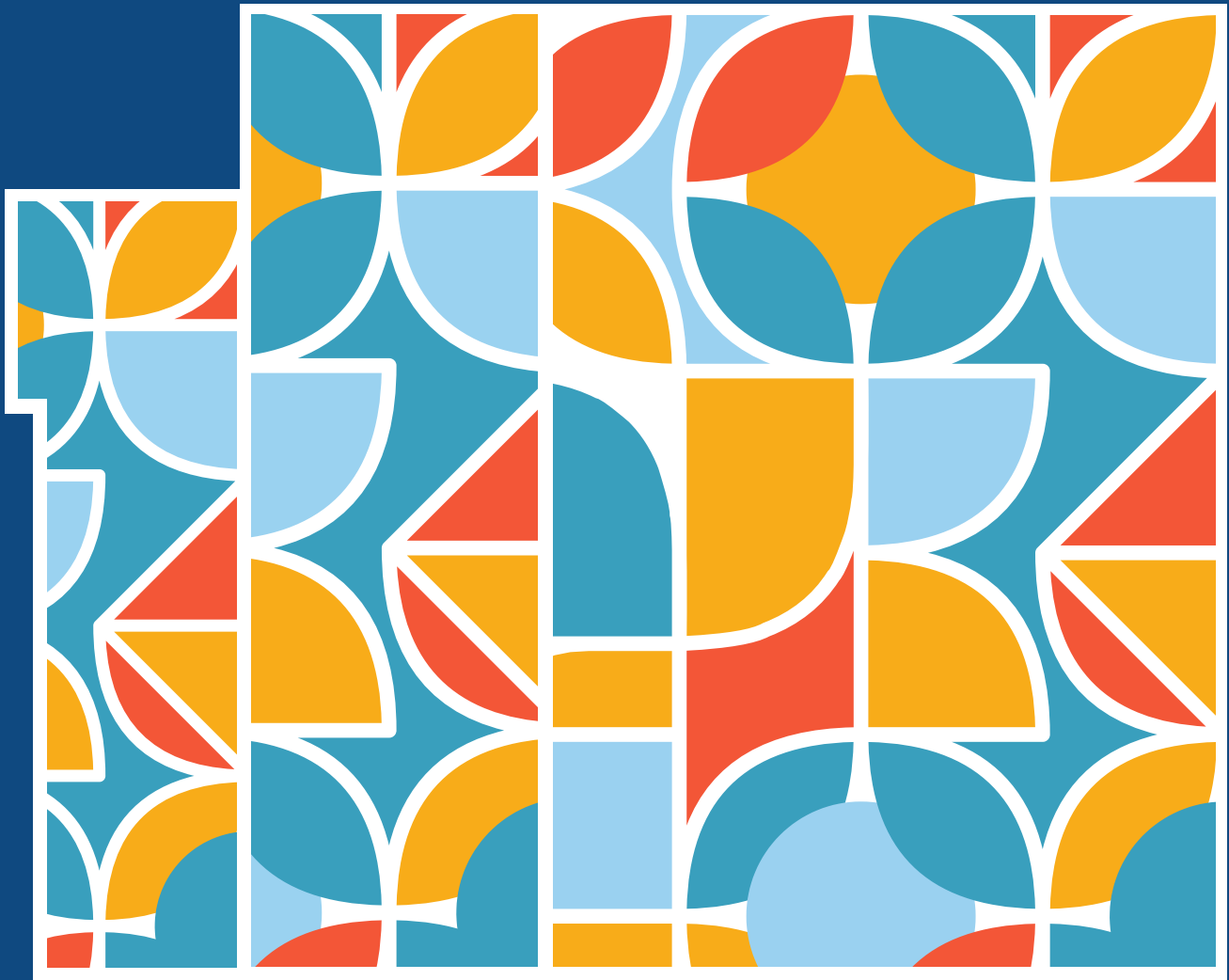
<https://www.chippewacountywi.gov>





STATEMENT OF EXPLANATION
CHIPPEWA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
- HAILEY BOMAR

Planning and Promotion Specialist Hailey Bomar will present the Chippewa County Community Health Improvement Plan (CHIP). Public Health Director Brittnay Fortuna seeks approval by the Board.



CHIPPEWA COUNTY

Community Health Improvement Plan

2025-2027

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We are pleased to present our 2025-28 Community Health Improvement Plan. This document is the product of intensive work by our coalition to develop strategies and objectives that will strengthen the health and well-being of our community by working together and providing fair access to resources.

Through extensive collaboration and shared decision-making, we have identified our most pressing health priorities and developed targeted approaches to address them. This plan reflects the diverse voices of our community members, healthcare providers, and local organizations who contributed their expertise and insights.

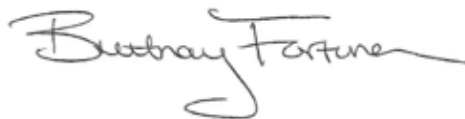
Chippewa County Healthy Communities (formerly Chippewa Health Improvement Partnership) has a strong history – for over 20 years, we’ve sustained a network of dedicated partners and community members with a vision to create a healthy and thriving community for all. Over the years, this network has demonstrated a commitment to implementing community initiatives that improve the health of our county.

This plan is more than just a document, but a roadmap to our shared future. We invite you to join in this vital work. Together, we can transform these strategies into meaningful improvements in health outcomes for all residents of Chippewa County.

With gratitude and commitment,



Carrie Mathwig
Chair
Chippewa County Healthy Communities



Brittney Fortuna
Health Officer/ Director
Chippewa County Department of Public Health

Aspirus Health	Deenah King
Big Brothers Big Sisters NW Wisconsin	Kristin Karnes-Frederickson
Bloomer High School	Malia Clements
Boys and Girls Clubs of the Greater Chippewa Valley	Ashley Maggard
Chippewa County Criminal Justice Services	Rose Baier Tiffany Berg
Chippewa County Department of Human Services	Timothy Easker Trisha Houle Tom Diel
Chippewa County Department of Public Health	Stephanie Abbe Maryn Bengs JoAnna Bernklau Hailey Bomar Nicole Clements Brittnay Fortuna Nikki Hoernke Allie Isaacson Rachel Potaczek Amy Ralph
Chippewa Falls Area Unified School District	Ann Zenner
Community Foundation of Chippewa County	Denna Grangaard Jill Herriges
Community Members	Pamela Guthman Barb Tzanakas
Family Support Center	Geri Segal
L.E. CDC Outreach Chippewa County	Jenn Barrett
Lake Holcombe School District	Nicole Crosby

Marshfield Clinic Health System | Sonia Afrose
Anna Lucas

Mayo Clinic Health System | Maria Seibel

Mentor Chippewa | Erin Gregory
Lisa Husom

Molina Healthcare | Allison Navin

Neighbor to Neighbor Ministry | Lidixe Montoya

New Auburn School District | Ashley Weinert
Kayla Westrich

The Community Table | T.J. Atkins

United Way of the Greater Chippewa Valley | Billie Jo Burgraff
Isabella Hong

UW Center for Tobacco Research and Intervention | Susan Lundsten

UW Extension | Margo Dieck
Sandy Tarter
Jeanne Walsh

Wisconsin Literacy | Shannon-Mason Young

YMCA of the Chippewa Valley | Adrianna Dahlberg
Carrie Mathwig

CHIPPEWA COUNTY HEALTHY COMMUNITIES COALITION CHAIRS

Pathway to Health

Billie Jo Burgraff, United Way of the Greater Chippewa Valley

Voices in Prevention

Maria Seibel, Mayo Clinic Health System

Mental Health and Well-being

Isabella Hong, Community Member

Erin Gregory, Mentor Chippewa

A Community Health Improvement Plan (CHIP) is a long-term plan to address public health issues in a community. The development and implementation of the plan engages community members and local organizations in addressing local health issues. Through collaboration, we can solve the complex issues that impact the health of our community.

The community health improvement process begins with a Community Health Assessment (CHA). The Chippewa County CHA was conducted during 2023 and 2024. The CHA process involved a community survey, analysis of data collected by health agencies, and conversations with the community about the data that was collected.

In the next stage of the community health improvement process, the data collected by the CHA is used to develop a strategic plan for impacting the needs identified by the CHA. In Chippewa County, this plan was developed by a team of community members and over 25 organizations - including the health department, local non-profits, and healthcare systems. This process opened the door for resource sharing and multi-sector solutions to the needs identified in the CHA.

Collaborators in the community health improvement process used community data and their collective experience living and working in Chippewa County to select priority areas to work on for the next three years. The priority areas identified were mental health, substance misuse, and improved access to health resources. Once these priorities were established, the collective broke into subcommittees for each issue to come up with goals, objectives, and activities that address the problems in each priority area.



ACCESS

PATHWAY TO HEALTH



SUBSTANCE MISUSE

VOICES IN PREVENTION



MENTAL HEALTH

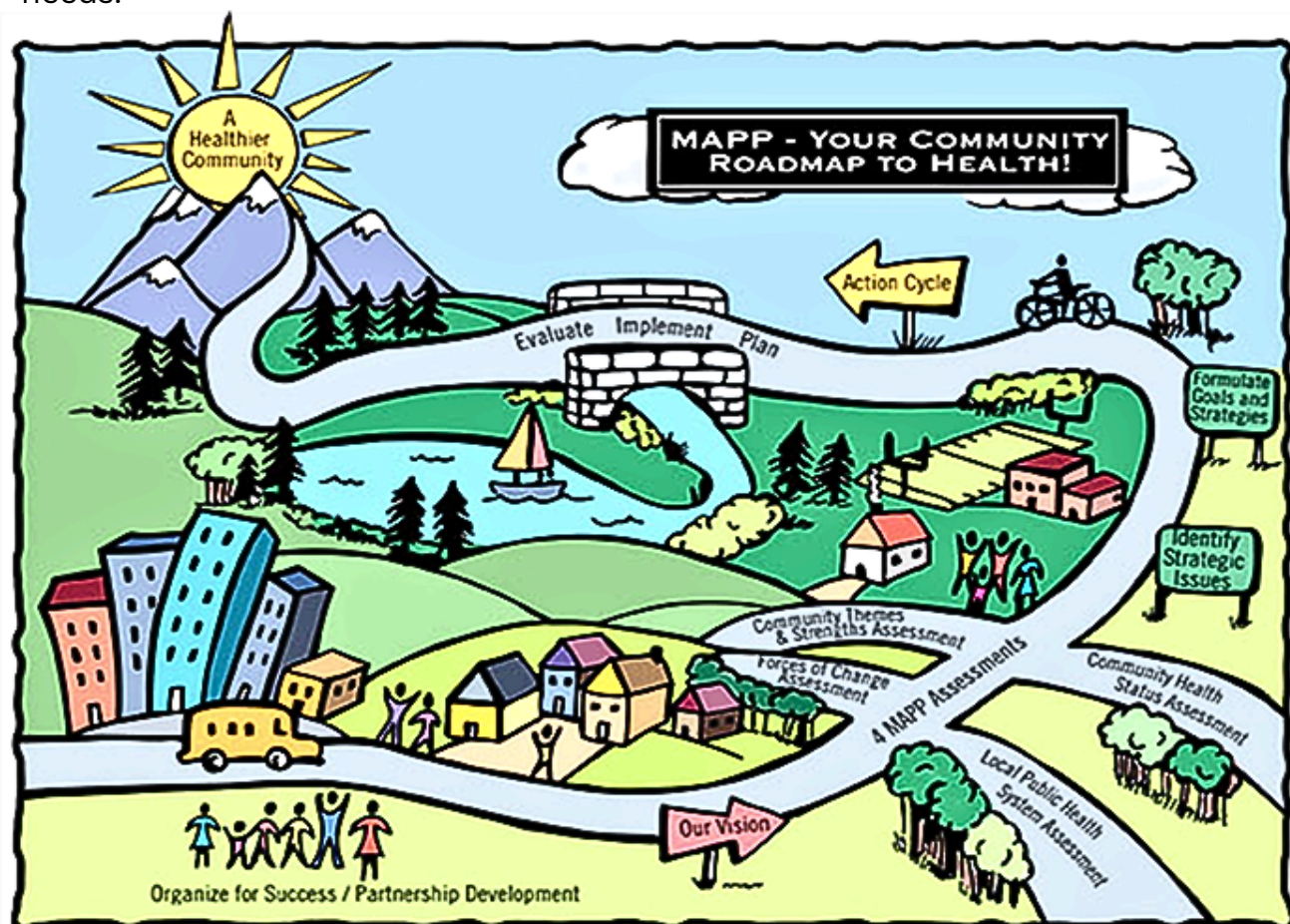
MENTAL HEALTH & WELL-BEING

This Community Health Improvement Plan (CHIP) represents a comprehensive, collaborative effort to address the most pressing health challenges facing our residents while building upon our community's existing strengths and resources. Through collaboration, we've built a roadmap to a healthier community and a shared commitment to creating lasting, positive change in our community's health landscape.

Frameworks provide essential structure and standardization for complex community health initiatives. They help us systematically assess needs, align resources, and implement evidence-based interventions. Without frameworks, planning processes risk becoming fragmented or overlooking critical components. Frameworks also promote accountability by establishing clear metrics and timelines while ensuring diverse community voices are incorporated throughout the process. This structured approach increases the likelihood of achieving meaningful, sustainable health improvements. We used pieces from three frameworks to guide this process.

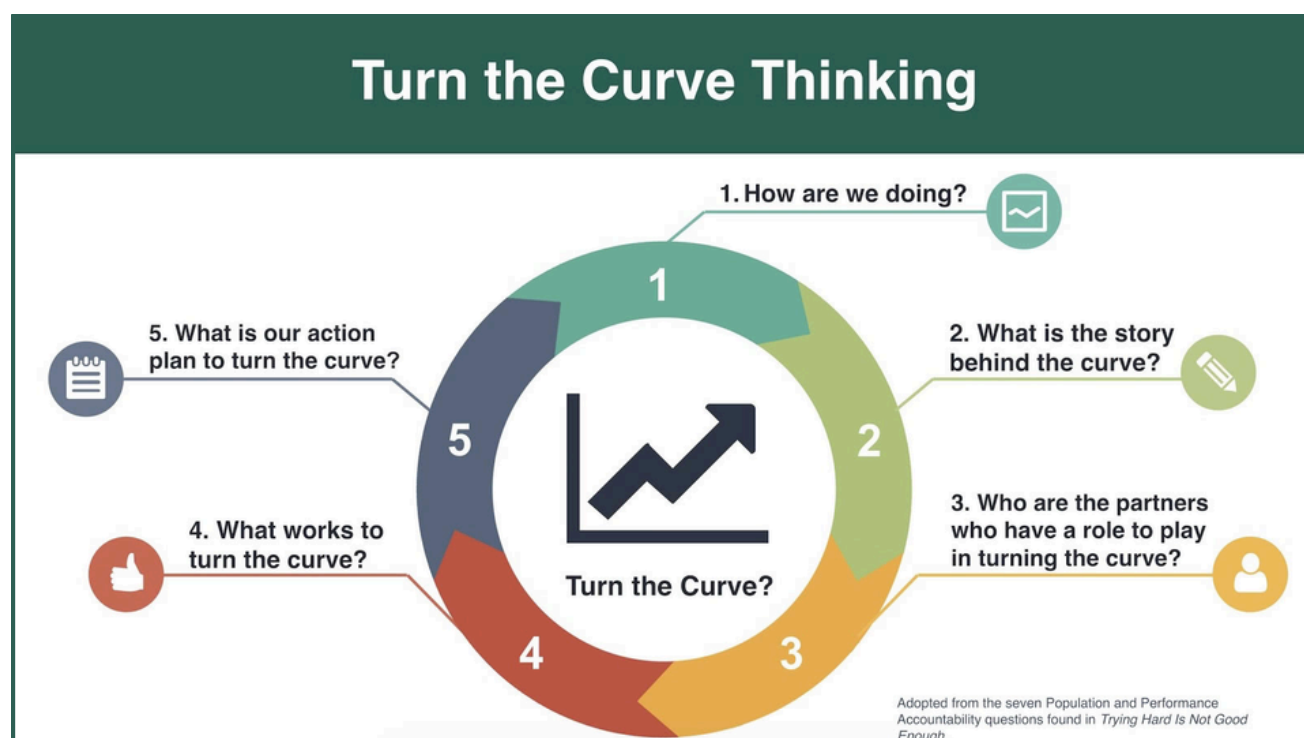
MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

The Mobilizing for Action through Planning and Partnerships (MAPP) framework guided our community health improvement planning process. This community-driven strategic process aims to achieve health equity through shared leadership and community engagement. MAPP's structure informed our vision building, priority setting, and resource assessment activities. By leveraging collective resources and partnerships, we developed achievable goals and objectives aligned with community needs.



RESULTS-BASED ACCOUNTABILITY (RBA)

In this round of the community health improvement planning process, we set out to focus on outcomes rather than just activities. The RBA framework helped us think about the types of activities that would “turn the curve” for the health problems in our community. Performance measures track both the quantity and quality of services delivered, while impact measures assess whether community health indicators are improving. This data-driven approach ensures resources are directed toward strategies that demonstrably improve community wellbeing. By utilizing both performance measures and impact measures, we can assess three essential questions: "How much did we do?", "How well did we do it?", and "Is anyone better off?"



Data played a dual role in our planning process: guiding initial problem prioritization and measuring implementation success. Each subcommittee identified two types of metrics for their goals and objectives: internal performance measures and external impact indicators tracked by other agencies. While this measurement framework didn't fit every goal, it established a foundation for robust evaluation.

SEVEN STRATEGIES FOR COMMUNITY CHANGE

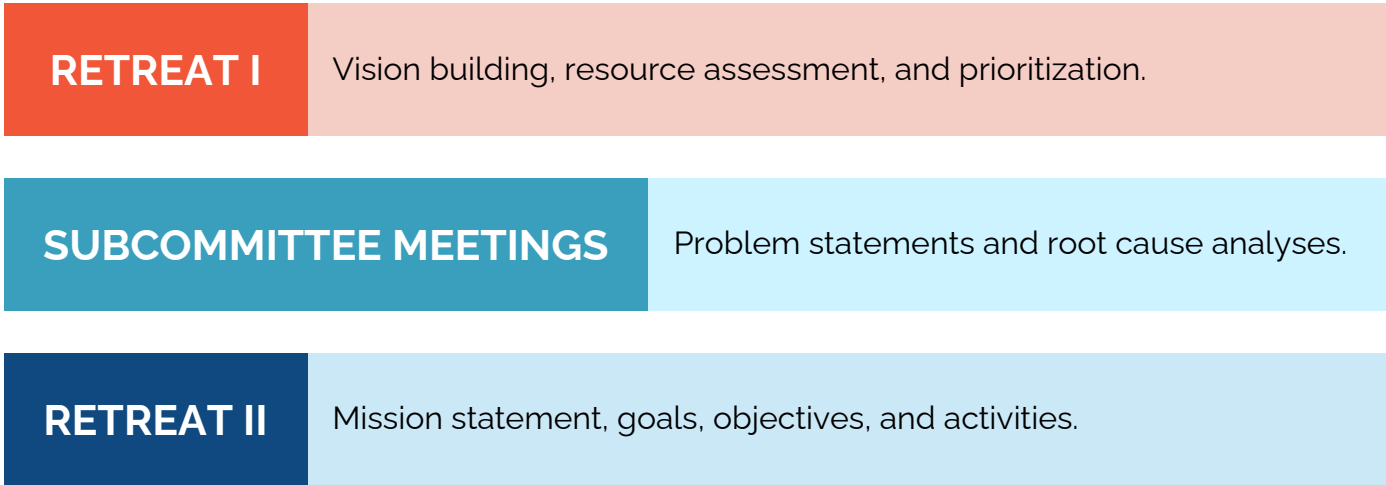
This framework from the Community Anti-Drug Coalitions of America (CADCA) is primarily used for coalitions focused on substance misuse, but we applied it to the context of our community health improvement planning process to encourage out-of-the-box thinking that promotes systemic change.

Subcommittees used this framework to think about activities that target both individuals and the environment they live, work, and play in. This framework promoted holistic thinking about the problems in our community and the kinds of activities that would make an impact measurable by the RBA framework.

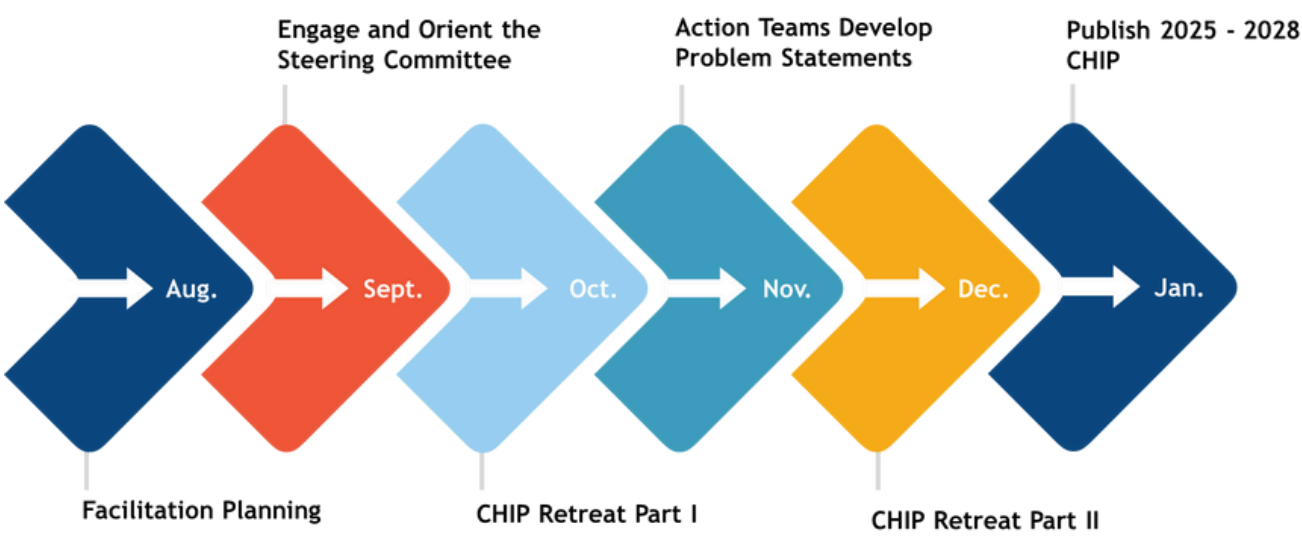


While subcommittees didn't necessarily come up with activities for each level, this process encouraged new ideas. For more information about the Seven Strategies framework and examples, visit nationalcoalitioninstitute.org.

Guided by the MAPP framework, we chose to break up the community planning process for the CHIP into three parts: two retreats, with a planning meeting for each subcommittee in between the retreats.



The CHA was published in July 2024, and the CHIP process began shortly after in September 2024.



The health department and Chippewa County Healthy Communities jointly led this initiative. The coalition Steering Committee reviewed and approved the MAPP framework, logic model development structure, timeline, and provided initial input.

At the initial retreat in October, partners collaborated on a vision statement, reviewed community data, and prioritized local health issues. Each person was given two sticky notes of each color to indicate their prioritization:

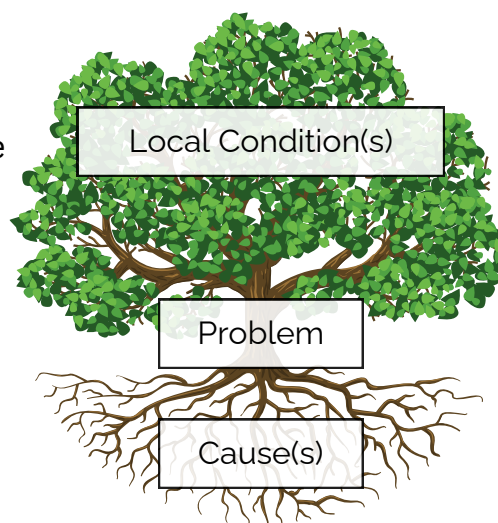
- I believe this issue needs to be addressed URGENTLY.
- I believe this issue is a top priority.
- I believe this issue is important to our community, but not urgent.



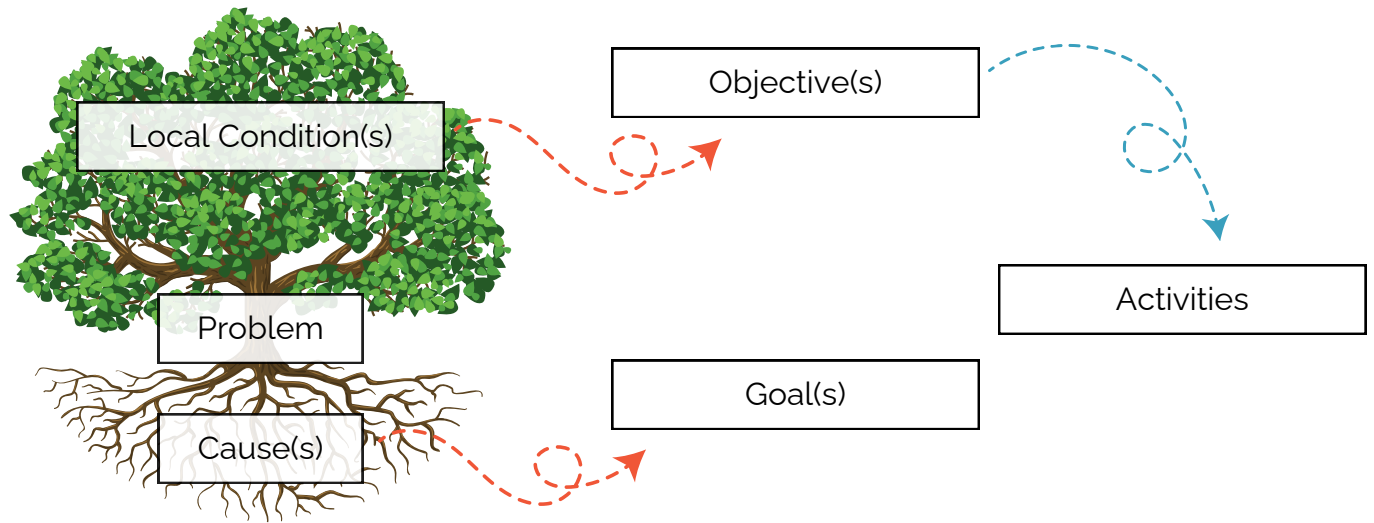
After votes were tallied and feedback was solicited from the group, substance misuse, mental health, and access to healthcare/resources were identified as the top priorities. The access category was accepted at that time as a broad enough category to accommodate concerns about housing and affordable living.

In the subcommittee meetings in November, the identified problems were broken down using a root cause analysis.

For each priority area, partners worked to develop problem statements that provided clarity to the issue. From there, root causes were attributed to each problem statement. At the end of the subcommittee meetings, partners were encouraged to think about the local conditions (or symptoms) of the problem in our community, which served as the foundation for objective statements in the final retreat. Data was selected to support both problem statements and root causes.



At the final retreat in December, groups focused on developing goals, objectives, and activities using the foundation they built in the subcommittee meetings.



To ensure data-driven decision making, each working group established dual measurement systems: performance metrics to track progress of specific activities, and impact metrics to assess broader community health outcomes. Performance measures focused on program outputs and deliverables that groups could directly influence. Impact metrics drew from existing community health indicators collected by other organizations to evaluate long-term success. This measurement framework helped align activities with quantifiable community improvement goals.



GOAL 1: Chippewa County residents are confident in navigating the healthcare system.

Measured through results from the community health assessment and a planned community survey.

OBJECTIVE 1.1 By December 2027, Chippewa County residents will have greater understanding healthcare resource navigation.

Measured through results from planned pre- and post-training surveys.

STRATEGIES

- Provide informational sessions on navigating the healthcare system.
- Create a resource guide available in multiple languages.
- Explore funding options for mobile clinics or Hamilton boxes.
- Enhance partnerships and networking between public health, healthcare, and other community stakeholders.

GOAL 2: Chippewa County residents have access to healthy food.

Measured through results from the community health assessment and the number of food access points

OBJECTIVE 2.1 By December 2027, access to culturally appropriate and healthy food will increase by initiating partnerships with local producers, including community gardens, food pantries, and grocery stores.

Measured by number of trainings provided and the number of partners established.

STRATEGIES

- Provide training on how to use and prepare veggies at the farmer's market.
- Provide information on the importance of culturally appropriate foods to food pantries.
- Recognize farmers markets who accept EBT.
- Maintain and enhance Monday Market at the Y.

GOAL 1: Chippewa County residents will have increased knowledge of mental health.

Measured by the number of trainings provided and the number of individuals trained.

OBJECTIVE 1.1

By December 2027, provide trainings in the community to increase skills related mental health.

Measured through results from pre- and post- training evaluations.

STRATEGIES



- Develop materials to promote training events.
- Provide both in-person and virtual training events to increase accessibility.
- Provide certifications and recognize individuals who complete training.
- Provide stickers for individuals to display their qualifications to create a safer space for individuals experiencing mental health challenges.
- Work with organizations to include training as part of their onboarding/continuing education process.

OBJECTIVE 1.2 By December 2027, implement a campaign to increase mental health awareness

Measured by the number of materials distributed.

STRATEGIES



- Create promotional materials in multiple languages, with a focus on health literacy.
- Offer educational sessions.
- Create a mental health passport program.
- Install a mural to promote mental health awareness.
- Work with local organizations to promote mental health awareness days.

GOAL 2: Increase access to mental health services in Chippewa County.

Measured by the types of materials created and tracked distribution of materials.

OBJECTIVE 2.1 By December 2027, increase cross-collaboration and coordination among community stakeholders.
Measured by the number of partners involved.

STRATEGIES



- Host a collaboration meeting with community stakeholders to enhance transparency about resources available in the community.
- Create a newsletter for community stakeholders to maintain communication on resources.
- Create a virtual directory.

OBJECTIVE 2.2 By December 2027, Chippewa County residents will have greater understanding of healthcare resource navigation.
Measured by the number of hits to resource hub and Facebook Meta metrics for posts regarding resources.

STRATEGIES



- Create a resource guide.
- Create a virtual resource hub.

Chippewa County Healthy Communities receives the **Drug-Free Communities Grant**, which supports youth substance use prevention. These activities are implemented by the Voices in Prevention action team. The grant's activities are evaluated annually, and the funding can be renewed for two terms.

GOAL 1: Reduce youth substance use.

Measured through results from the Youth Risk Behavior Survey (YRBS).

OBJECTIVE 1.1:

By September 2025, there will be a decrease of 3% in the number of Chippewa County high schoolers who consumed alcohol in the past 30 days and 1% in the number of middle school students who consumed alcohol in the past 30 days, as evidenced by the Youth Risk Behavior Survey.

OBJECTIVE 1.2:

By September 2025, there will be a decrease of 1% in the number of Chippewa County high school students who consumed electronic vapor products in the past 30 days, as evidenced by the Youth Risk Behavior Survey.

OBJECTIVE 1.3:

By September 2025, there will be a decrease of 1% in the number of Chippewa County high school students who used marijuana in the past 30 days, as evidenced by the Youth Risk Behavior Survey.

STRATEGIES



- Provide information and interactive presentations to youth, parents and school staff.
- Offer training to parents, school staff, and coalition members to enhance prevention efforts.
- Share resources on trends, data, and dangers of substance use.
- Provide Drug Take Back days to promote disposal of devices and materials.
- Conduct compliance checks for retailers across the county to prevent sales to youth and recognize retailers who comply with I.D. checks.
- Work with schools to provide alternatives to suspension for students caught using substances.
- Collaborate with law enforcement, legislators, and other partners to promote and enhance policies that prevent or reduce substance use among youth.

GOAL 2: Change the culture of alcohol use in Chippewa County.

Measured by parent perception of risk and peer perception of risk. Source: Youth Risk Behavior Survey.

OBJECTIVE 2.1: By December 2027, increase community knowledge and awareness of alcohol misuse.

Measured by community use (social media shares and copies distributed) of the best practices guide.

STRATEGIES



- Create a best practice guide for community events.
- Link recovery resources on the Public Health website and other sites as appropriate.
- Promote awareness of alcohol misuse through presentations, informational materials, and resource-sharing.

GOAL 3: Decrease the number of opioid-related deaths in Chippewa County.

Measured by the number of opioid-related deaths. Source: Wisconsin Department of Health Services Opioid Dashboard.

OBJECTIVE 3.1: By December 2027, increase harm reduction resources.

Measured by the number of naloxone units distributed, number of naloxone administration trainings held, number of individuals trained, and number of naloxone access points.

STRATEGIES



- Provide education on public health's resource mailing program.
- Provide naloxone administration training sessions.
- Increase access to fentanyl testing strips and naloxone.
- Map naloxone access points.
- Work with schools on policy to increase access to naloxone and aid kits.

GOAL 4: Chippewa County residents will understand the dangers of vaping.

Measured by parent perception of risk and peer perception of risk. Source: Youth Risk Behavior Survey.

OBJECTIVE 4.1: By December 2027, increase awareness of vaping risks through outreach and education.

Measured by the number of educational presentations and the number of outreach sessions.

STRATEGIES



- Conduct outreach and presentations at community events.

OBJECTIVE 4.2: By December 2027, assess the impact of vaping in the community.

Measured by the number of retailers mapped and the number of locations the map is shared.

STRATEGIES



- Create a map of CBD/Vape/THC retailers.

The Chippewa County health priorities mirror what’s going on statewide. In the 2023-2027 State Health Improvement Plan (SHIP), similar priorities were identified to our own, specifically in the areas of mental health, well-being, and the social and environmental conditions that impact health.

WISCONSIN SHIP	CHIPPEWA COUNTY CHIP
Social and Community Conditions	Pathway to Health
Person and Community Centered Health Care	
Social Connectedness and Belonging	Mental Health and Well-being
Mental and Emotional Health and Well-being	
Physical, Mental, and Systemic Safety	Voices in Prevention

These shared priorities signal a shift in the process of developing health improvement plans and moving toward equity-centered frameworks that emphasize the role of social, cultural, and environmental factors in the health of individuals and communities.

This shift is important because it recognizes that health is influenced by more than just medical care—it’s shaped by the broader context of people's lives. Social, cultural, and environmental factors, such as income, education, access to healthcare, community support, and living conditions all play a crucial role in determining health outcomes. By focusing on these factors through equity-centered frameworks, health improvement plans can address the root causes of health disparities, ensuring that vulnerable and underserved populations receive the attention and resources they need. This approach aims to create more fair and just systems that reduce inequalities and promote well-being for all, especially those who have historically faced disadvantages. Such a shift also fosters a more comprehensive understanding of health, moving beyond individual behavior to include the systemic factors that contribute to health outcomes.

Evaluation of each priority area will be completed by Chippewa County Department of Public Health, in collaboration with the Chippewa County Healthy Communities coalition, every six months.

Partner organizations chair each subcommittee and collaborate with the health department's coalition coordinator to monitor performance measures. The health department's evaluator will conduct biannual assessments of both performance and impact indicators when external data is updated, ensuring comprehensive tracking of progress.

Using the RBA framework, evaluation will aim to answer these questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

At each evaluation interval, subcommittees will have the opportunity to restructure or update goals and objectives, based on emerging community trends or new data.

Using the MAPP framework, assessments will be conducted regularly during this CHIP cycle to assess and maintain engagement with the process. These assessments include:

- Community Themes & Strengths Assessment
- Forces of Change Assessment

Every three years, the health department assesses organizational capacity for health equity work through a collaborating partner survey. The results from this survey will guide work for the next CHIP cycle, in conjunction with the new CHA results.



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STATEMENT OF EXPLANATION
PUBLIC HEALTH 2025 PROGRAM PRIORITIZATION APPROVAL -
BRITTNAY FORTUNA

5.4

The 2025 priority ranking of Public Health programs/services by the Board members will be presented for review and approval.

RANK SERVICES 1-3 BELOW

MANDATED SERVICES

					Funding Sources		
Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
1	1	1	Public Health Nursing (i.e.-Communicable Disease Follow-up/Intake)	Prevention and control of communicable disease, foodborne outbreaks, tuberculosis, and rabies through surveillance, investigation and education.	\$511,477	\$27,780	\$539,257
2	2	2	Environmental Health (i.e.-Human Health Hazards)	Investigation and enforcement of Chippewa County Ordinance relating to human health hazards from vermin infestations, accumulations of trash or rubbish, pollution of surface water, unfit housing, and more.	\$69,005	\$2,500	\$71,505
3	3	3	Health Clinics	Includes costs associated with clinics (i.e.-TB skin testing, flu clinics).	\$0	\$31,000	\$31,000

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

					Funding Sources		
Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
1	1	1	WIC (Women Infants and Children)	Provides supplemental food, nutrition education, and nutrition counseling to high-risk populations.	\$94,500	\$292,655	\$387,155
2	2	2	Environmental Health - Facility Licensing	Department of Agriculture, Trade, and Consumer Protection agents to inspect facilities (i.e.-restaurants, lodging, retail) and enforce food code.	\$0	\$325,000	\$325,000
3	3	3	Children's Resource Center West	Provides information and referral resources to families with children birth to 21 with a long-term health concern. Systems work to develop parent leaders, ensure smooth transition for teens.	\$0	\$214,000	\$214,000
4	5	7	Nurse Family Partnership (NFP)	Evidence-based program pairing Public Health Nurse with first-time, low-income moms from prenatal through second birthday. NFP empowers first-time moms to transform their lives and create better futures for themselves and their babies. Through the structured home-visit schedule the nurse and mom build a trusting relationship that the mom can rely on for advice and guidance. NFP helps prevent Adverse Childhood Experiences (ACEs) and helps with parent-to-child attachment.	\$14,330	\$98,000	\$112,330

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
5	4	4	Planning & Strategy	Leads essential public health initiatives, including state mandated health department requirements such as DHS 140 review, department annual report, community health assessment, and community health improvement plans. Additionally, leads grant right efforts, the department's strategic planning process and pursuit/maintenance of national accreditation.	\$293,131	\$0	\$293,131
6	6	5	Reproductive Health/Dual Protection	Reproductive health program providing testing/treatment of sexually-transmitted diseases, birth control options, and prevention of communicable disease. Expanding to have annual visits by nurse practitioner.	\$4,000	\$51,788	\$55,788
7	7	9	Public Health Emergency Preparedness (PH Emergency Plan)	Includes awareness and understanding of potential public health emergencies, collaboration with other agencies, and determination of personnel needs in emergencies.	\$0	\$44,039	\$44,039
8	9	8	Drug Free Communities	Focuses on substance abuse prevention in our youth through education and programming. Systems changes through policy and ordinance changes.	\$0	\$125,000	\$125,000
9	8	6	Immunization - Consolidated Contract & Public Health	Prevention of disease through provision of immunizations and education.	\$0	\$15,286	\$15,286
10	10	10	DHS Contract (in Regional Center)	Conducting intake for Birth to Three program and Children's Long Term Support Waivers. Meets with families who have children transitioning to adult services to help transition plan. Intake for children's Comprehensive Community Services (CCS) for Human Services.	\$0	\$153,375	\$153,375
11	11	11	Maternal & Child Health (MCH) - Adolescent Suicide	Focus of program is working with the schools and community to provide training on suicide awareness and having crisis plan in place that has a Postvention lens.	\$0	\$29,167	\$29,167
12	13	12	Preventure	Evidence based program aimed at preventing the start of use of substances including alcohol, tobacco, and other drugs. Funded with Human Services AODA prevention money. Nurses and school staff will be trained to deliver the program.	\$0	\$19,268	\$19,268

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
13	12	13	Environmental Health - Transient Non-Community Public Drinking Water	Site inspections, also known as sanitary surveys, are conducted to identify whether a water system's components and facility's system of operation complies with state administrative codes and requirements. A Transient Non-Community Water System is one that serves at least 25 people at least 60 days of the year, including churches, seasonal campgrounds, gas stations, restaurants, public restrooms, taverns and motels.	\$0	\$51,500	\$51,500
14	14	* New Program	Water Lab	The water lab provides critical testing services to ensure public health and environmental safety. For privately owned wells, the lab conducts bacteria and nitrate testing for drinking water, evaluates beach water for contamination to protect recreational users, and monitors compliance with water quality standards. By identifying potential hazards, the lab supports informed decision-making and safeguards the community from waterborne illnesses and environmental risks.	\$0	\$3,500	\$3,500
15	15	15	Forward Health Outreach	Wisconsin ForwardHealth Program assists participants with applications/renewals including WI Medicaid, BadgerCare Plus, Family Planning Waiver, Wisconsin Shares Child Care Subsidy and FoodShare.	\$0	\$30,000	\$30,000
16	17	14	Prenatal Care Coordination (Medicaid Program)	Case management and education to pregnant women (prenatal to 60 days after birth), to assure healthy birth.	\$0	\$25,000	\$25,000
17	19	20	Fit Families	Behavior change program (healthy eating and physical activity) that provides health coaching for families with children.	\$0	\$37,774	\$37,774
18	16	* New Program	WI Wayfinder	Wisconsin Wayfinder enhances the Children's Resource Center West by providing additional funding to support its increased call volume resulting from a recent marketing campaign. This funding allows for expanded outreach, improved response times, and strengthened systems to meet growing community needs.	\$0	\$76,463	\$76,463
19	18	16	Overdose Fatality Review	Focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive and cohesive public health approach.	\$0	\$25,000	\$25,000

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
20	20	21	Breastfeeding Peer Counseling	Provides peer support to breastfeeding moms on the WIC program to increase breastfeeding initiation & duration.	\$0	\$17,780	\$17,780
21	21	18	Lead - Consolidated Contract & Childhood Lead	Provide case management and lead risk assessment of children who are at risk of being lead poisoned.	\$0	\$9,025	\$9,025
22	23	* New Program	CHIP Coalition	CHIP is a coalition dedicated to strengthening the health and well-being of Chippewa County by working together and ensuring fair access to resources. Guided by its vision of a healthy and thriving community for all, CHIP focuses on mental health, substance misuse, and access to health resources. The department serves as the backbone support agency for the coalition.	\$0	\$4,500	\$4,500
23	22	17	Healthy U	Program to do Mindfulness training in schools.	\$14,600	\$14,600	\$29,200
24	24	19	Prevention	Enhances the health and well being of residents by collaborating with area agencies and community to improve health status and quality of life.	\$0	\$8,474	\$8,474
25	25	26	Farmers Market	Provides WIC participants with farmers market vouchers to help increase fruit and vegetable consumption.	\$0	\$3,535	\$3,535
26	26	22	Loan Closet	Providing wheelchairs on loan for up to six months at no cost.	\$0	\$2,700	\$2,700
27	27	25	WI WINS	Conducts compliance inspections of tobacco retailers and recognizes those not selling to youth.	\$0	\$4,620	\$4,620
28	28	23	Environmental Health - Beach Water Testing	Collect water samples from public beaches to test for E.coli to prevent disease and advise citizens.	\$0	\$0	\$0
29	29	24	Bright Starts (River Source)	Provides personal Parents as Teachers visits from a parent educator, parent group connections, screenings, and resources in collaboration with River Source Family Center.	\$0	\$10,000	\$10,000
30	30	27	Charity Outreach	Dispersal of funds from Rutledge Charities for primary health care needs of residents with children as a priority.	\$0	\$500	\$500
31	31	28	Donations	Individuals donating to Public health mainly for immunizations.	\$0	\$1,000	\$1,000

2025 Board Prioritization Ranking results are based on 7 responses.



STATEMENT OF EXPLANATION
PUBLIC HEALTH SUCCESS STORY - ENVIRONMENTAL HEALTH DIVISION
- BRITTNEY FORTUNA

6.1

Public Health Director Brittney Fortuna will share a Human Health Hazard success story.

A Human Health Hazard – Success Story

BY: KYLE ZIEGLER, ENVIRONMENTAL HEALTH SPECIALIST

Beginning



Middle



Middle cont.



End



End cont.





STATEMENT OF EXPLANATION
HUMAN SERVICES POLICY, PRACTICE AND PEOPLE - CYF - B-3 - AMY
DOMAN/PATTY LEMAY

6.2

Last month, Birth to 3 staff shared a success story. This month Birth to 3 Program Coordinator/Service Coordinator/Early Interventionist Amy Doman and Birth to Three Program Teacher & Service Coordinator Patty Lemay will present a deeper dive into the program and services available.

Chippewa County Birth to 3 Program

In Wisconsin, early intervention is known as the Birth to 3 Program. This type of program is required by the federal government under Part C of the Individuals with Disabilities Education Act (IDEA). The Wisconsin Department of Health Services (DHS) supports each county Birth to 3 program at the state level.

Wisconsin's Birth to 3 Program Guiding Principles

- Children's optimal development depends on their being viewed first as children and second as children with a problem or disability.
- Children's greatest resource is their family.
- Children are best served within the context of family.
- Parents are partners in any activity that serves their children.
- Just as children are best supported within the context of the family, the family is best supported within the context of the community.
- Professionals are most effective when they work as a team member with parents and others.
- Collaboration is the best way to provide comprehensive services.
- Early intervention enhances the development of children.

Services Occur In Child's Natural Environment

- Natural Environments are the settings, activities, and routines that are meaningful to children and their families.
- Natural environments are home-based and community-based including: home, extended family members' homes, foster homes, childcare, library, stores, family resource centers, parks, children's museum

Primary Coach Approach To Teaming an evidence-based practice that incorporates:

- That every family has access to a full team of early interventionists that include a service coordinator, a teacher, a speech/language pathologist, a physical therapist and an occupational therapist
- A family's primary provider will work with each family through a coaching model to support the family and their child's caregivers in expanding on what they already know to support their child's learning and development.
- A primary provider will support each family in promoting their child's participation in everyday routines and activities that are important to their family.
- The Birth to 3 team also meets on a regular basis to provide additional support and may also join the primary coach on visits.

What is the process?

- Referral is made and assigned to a Service Coordinator
- Service Coordinator will contact family and based on conversation the Service Coordinator may schedule a time to meet with the family in their home.
- 1st meeting with family is completed and together the Service Coordinator decides with the parent if they want to move towards an evaluation
- If family is moving forward, an evaluation team of two members is determined based on concerns
- Evaluation is completed using a Standardized testing tool, looking at 5 developmental areas: Cognition, Adaptive, Communication, Motor, and Social-Emotional Development. Children can qualify by:
 - Exhibiting a delay greater than 25% in any one area of development
 - Having a diagnosed disability that is considered by the state to lead to a high probability of having a developmental delay
 - Atypical development, based on professional opinion of the evaluator that adversely impacts child development

Parents still have a choice to accept services. If they want we then develop an Individualized Family Service Plan (IFSP).

Who Can Make a Referral?

- Anyone can make a referral for a child to the Birth to 3 program. Referrals typically come from:
 - Medical Providers
 - Parent/ Guardian/ or other family members
 - Other Community Agencies such as WIC, Early Head Start, Daycare Providers
 - Child Protective Services

Data from 2024

- We had 232 referrals during the 2024 year
- We had 164 children that started new services
- We had 58 children that transitioned out or closed during the year
- Our October 1st Child count, which the state uses to determine funding was 78

Any Questions?

- Birth to 3 is a voluntary program
- Some families may have a cost but the cost is based on family size and income based off of the Federal Poverty Guidelines
- The Office of Special Education Program (OSEP) monitors county programs based on 10 federal indicators that measure the elements necessary to implement high quality early intervention.



**STATEMENT OF EXPLANATION
HUMAN SERVICES LEADERSHIP/DIRECTOR'S PROGRAM AND
FINANCIAL REPORT - RANDY SCHOLZ/BOBBIE JAEGER**

6.3

The Human Services Leadership/Director's Program and Financial Report will be presented for review and discussion. (An acronym list is also included for reference.)



CHIPPEWA COUNTY

Human Services

Acronym List

Acronym	What it Stands For
ACL	Administration on Community Living (federal)
ADRC	Aging and Disability Resource Center
AFCSP	Alzheimer's Family Caregiver Support Program
AL	Assisted Living
AODA	Alcohol and Other Drug Abuse
APS	Adult Protective Services
B-3	Birth to Three
BADR	Bureau on Aging & Disability Resources
ABRF	Community Based Residential Facility
CCOP	Children's Community Options Program
CCS	Comprehensive Community Services
CHIPS	Children in need of Protection and/or Services
CILWW	Center for Independent Living of Western Wisconsin
CLTS	Children's Long-Term Support (<i>sometimes referred to as "waiver" or "CLTS-waiver"</i>)
CPS	Child Protective Services
CRS	Community Recovery Services
CSP	Community Support Program
CST	Coordinated Services Team
CWDA	Children with Differing Abilities
CYF	Children, Youth & Families
DCF	Department of Children and Families (State of Wisconsin)
DHS	Department of Health Services (State of Wisconsin)
EBD	Elderly, Blind and Disabled
ED	Emergency Detention
ENP	Elderly Nutrition Program
EMHS	Emergency Mental Health Services (Crisis)
ES	Economic Support
FEA	Fiscal Employment Agency
GRC	Great Rivers Consortium
GWAAR	Greater Wisconsin Agency on Aging Resources
ICA	IRIS Consultant Agency
IMD	Institute for Mental Disease (<i>Winnebago, Mendota, Trempealeau, etc.</i>)

Acronym	What it Stands For
IRIS	Include, Respect, I Self Direct
JCI	Juvenile Court Intake
JIPS	Juvenile in need of Protection and/or Services
LSS	Lutheran Social Services
LTC	Long Term Care
MA	Medical Assistance (<i>Medicaid</i>)
MCO	Managed Care Organization
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
RCAC	Residential Care Apartment Complex
RCC	Residential Care Center
RWC	Recovery and Wellness Consortium (<i>This can be a bit confusing as there is the nine-county CCS Consortium – WRRWC) for which Chippewa is the lead county, as well as the county's own adult mental health and substance abuse division (RWC) in Human Services.</i>)
SNF	Skilled Nursing Facility
SSA	Social Security Administration
TFC	Treatment Foster Care
TPR	Termination of Parental Rights
WCHSA	Wisconsin Counties Human Services Association
WRRWC	Western Regional Recovery and Wellness Consortium (multi-county RWC)
YIT	Youth in Translation
YJ	Youth Justice

Created 06-01-22; Reviewed 2023; Reviewed and Revised April 2024

Leadership/Director's Report to the Health & Human Services Board

Board Meeting Date: February 20, 2025

1. WCHSA Updates – None at this time

2. Department and Division Updates

Department Updates

- Work Anniversary CONGRATS and THANKS to the following staff for their service and dedication:
 - One Year – Lauren Eckardt (RWC)
 - Five Years – Kyndra Feirn (CYF/CWDA)
 - Five Years – Christina Szalecki (ES)
 - Nine Years – Rachel Kilde (RWC)
 - Ten Years – Erika Ferrin (CYF/CWDA)
 - Thirty-Three Years – Geri Sedlacek (CYF)

Divisions:

Aging & Disability Resource Center (ADRC)

- Several new hires since the last report include: Sarah Zielke as ADRC Manager, Vicky Steinmetz as Nutrition Site Aide (Bloomer), and Jennifer Buckley as Program Aide. Also, Leslie Fijalkiewicz started back in January as Interim ADRC Manager.
- Our partnerships with Mayo, Stanley Dance and Event Center, ADRC of Eau Claire County, Bloomer Senior Center, Public Health, and UW-Extension, to name just a few, ensure that healthy living programs reach many Chippewa County residents. If you know of other potential partners, please share your ideas.
- The DOT reviewed and approved the transportation grant for 2025, so we should receive it in the coming weeks. This was Kayla's first DOT grant application, and she did a great job.
- Café 60 has been going great. We have 26 registered participants, which is four times the number of registered participants we had in the traditional model. Unfortunately, we were also notified that the restaurant will be closed in February due to some unforeseen circumstances beyond our control. Kayla is already looking at options to ensure folks have opportunities to dine elsewhere as soon as possible. We will work with our state and regional contacts to make this as expeditious as possible.

Children, Youth & Families (CYF) Division

Birth-to-Three (B-3)

- Birth-to-Three had twenty-one referrals for January. Chippewa County Birth-to-Three Program was just awarded a grant for \$750.00 from the Knights of Columbus. They will use part of this grant money towards training staff about feeding and oral motor ties and some program supplies to add to the lending library to utilize with the families Birth-to-Three works with. Birth-to-Three hopes to expand this training opportunity to include other nearby Birth-to-Three Programs in the region. Birth-to-Three was also awarded a grant in December through the Essential Resource Purchase Program; Children's Resource Center-West allowed us to purchase an iPad to use during our home visits to show families a tool that might help bridge communication delays with their toddlers. Birth-to-Three added some books to the professional development library and an additional few lending library tools for families to use.

Child Protective Services (CPS)

- In January 2025, the Access line received sixty-six reports alleging Child Abuse and/or Neglect. Of those 66 reports, 17 were screened in to assess for safety. Unfortunately, due to the extreme nature of some of the calls, Initial Assessment Workers have been unable to close some cases successfully. Two children were removed in January 2025 and several cases will be transitioning to the Ongoing Unit in the next one to two months. 2024 was a very good year for reunifying children and closing cases; therefore, in January 2025, no children were reunified and no cases were closed. Child Protective Services is very excited to welcome Jessilyn Balsiger and Amy Giani to the team; they are both transferring from the Children with Differing Abilities Unit and filling vacant positions in Child Protective Services.

Children with Differing Abilities (CWDA)

- We welcome two additional supervisors to the CWDA team, Nichole Velie and Elizabeth Patten. Nichole and Elizabeth have been social workers in the CLTS and Children's CCS Programs respectively. They bring a high level of leadership skills to these positions and we are excited to have them join supervisor, Erika Ferrin, in the CWDA unit.
- We also would like to recognize the addition of Jennifer Van Sleet, the new clinician in the RWC division, who will be providing clinical oversight to the Children's CCS group. Welcome, Jennifer!
- Along with our partners in Public Health, Single Point of Entry (SPOE), we are working closely with DHS at the State and their data team in identifying discrepancies in the data they are currently using to inform the public facing the CLTS Dashboard, as well as determining our compliance with the timeline of referral to enrollment into the CLTS program.

Youth Justice (YJ)

- Caseloads are higher than what is optimal for successful results and we are seeing a significant impact with the increase of out-of-home placements. Youth Justice out-of-home placements significantly impact the overall DHS budget, due to the extremely high cost associated with them. Even with the filling of our vacant position, we will continue to have higher-than-optimal caseloads. We have informed administration and look forward to sharing more detailed information in the near future.
- We are transitioning Duncan Swanson to the vacant Youth Justice position. He is currently a Children's CCS case manager in the CWDA unit. Duncan has a bachelor's degree in Criminal Justice and is very eager to put his knowledge and skills into practice within the Youth Justice unit. Duncan's first official day in Youth Justice will be February 17. Welcome, Duncan!

Economic Support (ES) Division

- Messaging was added to the Great Rivers Call Center to address concerns over the Executive Order. Callers will hear "If you are calling because you're concerned about your Medicaid or FoodShare benefits and what you may be hearing about federal policy changes, we want you to know that at this time, Medicaid and FoodShare in Wisconsin are continuing to serve people who rely on these critical programs. Keep your doctor's appointments and watch for your FoodShare benefits in February. To get the latest about your benefits, you don't need to call—visit our Medicaid and FoodShare member news pages on the Wisconsin Department of Health Services website. We update them regularly with timely information members need to know. Again, Medicaid and FoodShare are continuing to serve members in Wisconsin."

Recovery & Wellness Consortium (RWC) Division

- Chippewa County in collaboration with Dunn and Polk Counties has been awarded a two-year grant funding for a Certified Parent Peer Specialist (CPPC) through the crisis Continuum of

Services. This will allow the Recovery Wellness Consortium (RWC) to contract with Milkweed Connections for CPPS.

- CPPS are similar to regular peer supporters, as both draw on lived experience to inform their work. However, CPPS have specific experience parenting youth with mental health and/or substance use challenges. CPPS will work with parents, caregivers, and families to provide non-judgmental support and advocacy. They help empower parents in a number of ways, from helping to navigate service systems to modeling and teaching parenting skills and behaviors to simply letting folks know that they are not alone in their experiences.

3. 2025 Monthly Fiscal Information

Through Month of: January 2025

2025 Budget (total is \$37,539,226):	\$3,128,269	Prorated – 1 month
Expenses paid through January 31	460,107	
Variance to Budget:	2,668,162	

Note: The January Over/(Under) amounts are an estimated annualized amount for each placement category.

2025 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2024 Grant Amount*	Over/(Under)
January	80	\$351,072	\$454,500	(\$103,428)

2025 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2025 Budget	Over/(Under)
January				\$1,046,000	

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care

**Additional children placed with relatives (unpaid)

2025 Adult Mental Health CBRF Out-of-Home Placements:

Month	Out of Home	Projected Cost	2025 Budget	Over/(Under)
January			\$479,041	

2025 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2025 Budget	Over/(Under)
January			\$878,000	

* January invoice not received as of board publication date

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred)

Month	Kinship Amount Paid	Kinship Monthly Grant Amount
January	\$29,256	\$37,875
Total	\$29,256	\$454,500

Month	Children & Youth Placements	Children & Youth Monthly Budget
January	\$113,819	\$87,167
Total	\$128,947	\$1,046,000

Month	Adults in CBRF Placement	Adult CBRF Monthly Budget
January	0	\$39,920
Total		\$479,041

Month	IMD	IMD Monthly Budget
January	0	\$73,166
Total		\$878,000

Child Protective Services (CPS) Screened-in CPS Reports Yearly Comparison

Year	Screened in CPS Reports January	Number of IA Workers	End of Year
2025	17	4	N/A
2024	13	4	180
2023	16	4	167
2022	24	4	189
2021	25	4	199

WCHSA Caseload Recommendations

Initial Assessments: 11 cases per worker with no more than 6 new assessments per worker per month

Ongoing: 10 cases per worker with no more than 15 children per worker

Current CPS Family Caseloads (02-12-25)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	6	7	7	5						
Ongoing					3	8	5	4	5	Open

Total Families/Cases Open: Initial Assessment = 25; Ongoing = 25; equals 50 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1-31 for each year listed below (includes Kinship)

2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
98	49	114	138	143	128	153	132	126	56	41

Children/Youth Opened in CCS and/or CLTS (Feb 2025)

Children/Youth Opened in January	13
Children Waiting to be Screened to Determine Eligibility	13
Waitlist – CCS	9
Waitlist – CLTS	6

Current IMD Expenditures (January 2025)

(Jan invoice not received yet)

Children/Youth – IMD*	\$
Adults – IMD	\$
Total	\$ n/a

Yearly Comparison Crisis: Jan –December 2024

	Adults	Children
2024	690	133
2023	764	142
2022	614	158
2021	582	169
2020	651	171

Yearly Comparison Youth Justice Referrals

Year	Jan-Nov	End of Year
2024	254	277
2023	214	243
2022	221	263
2021	201	236
2020	193	243



STATEMENT OF EXPLANATION
PUBLIC HEALTH DIRECTOR'S PROGRAM AND FINANCIAL REPORT –
BRITTNAY FORTUNA

6.4

Public Health Director Brittnay Fortuna provides a department program and financial report for review and discussion.



Administration Division

January was a busy month for the Administrative Team. April contacted our schools with application information for the Doris Vennard Scholarship. The Doris Vennard Scholarship was established with funds left by Doris Vennard for worthy and in-need Chippewa County High School graduates, who will be pursuing a one to four-year degree in a nursing profession.

Public Health staff, Emergency Management, and local partners participated in the 2025 Preparedness Regional Exercise held Wednesday, January 29, at the Chippewa Falls Fire Station. Audra took minutes for the event to aid in the completion of the Executive Summary and Improvement Plan.

Christina has been working on wrapping up the 2024 flu & COVID-19 vaccine billing, PNCC, Lead, TB, and Reproductive Health billing. Sarah is working on year-end fiscal closure and preparing for 2025. We continued vital community support services, including Breastfeeding Peer Counseling, immunization support, Radon test and water sample kit distribution, wheelchair loans, car seat safety education, and providing car seats to families in need.

Community Health Division

Overdose Aid Kits (O.A.K.)

The Chippewa County Department of Public Health has partnered with The Clinton Foundation to provide 31 Overdose Aid Kits to all Chippewa County Public Schools. These kits mark a significant step toward making life-saving resources, such as Narcan nasal spray, more accessible. This initiative builds on the success of last October's "One Pill Can Kill" events, where the department collaborated with the Chippewa County Healthy Communities coalition to raise awareness about the dangers of counterfeit pills and substance use. Schools responded enthusiastically to the campaign and expressed a desire to do more. The Overdose Aid Kits represent the next step in safeguarding our youth and equipping the community to address the risk of overdose.

The Overdose Aid Kits are metal boxes containing Narcan—an FDA-approved opioid overdose reversal medication—along with other essential tools, including CPR breathing barrier masks, step-by-step Narcan administration instructions, DisposeRx packets for safe disposal of unused medications, fentanyl test strips to detect the presence of the potent opioid in other substances, and informational resources about substance use support at local, state, and national levels. These kits are crucial for increasing access to life-saving supplies, particularly in rural areas like Chippewa County, where obtaining such resources can be challenging. By making these tools widely available, the county is ensuring individuals are prepared to respond to emergencies and potentially save lives.

To raise awareness and promote the use of these kits, the New Auburn School District hosted an installation assembly in January. The event featured several speakers, including State Senator Jessie James, Jessica Geschke from The Clinton Foundation, Holly Mulder, a community member with lived experience and years in recovery, and JoAnna Bernklau from Public Health, who provided Narcan Administration Training. Each shared their knowledge and experiences, emphasizing the importance of these resources for the community. In addition to New Auburn School District, the group also made stops at Lake Holcombe School District and Chippewa Falls High School – delivering their district's OAKs and supplies.

- Chippewa Falls Middle & High Schools: 4
- Chippewa Valley High School: 2
- Chippewa Falls Elementary Schools: Halmstad, Hillcrest, Jim Falls, Parkview, Stillson, and Southview: 6
- Stanley-Boyd School District: Boyd Elementary, Elementary, Middle & High Schools: 4
- Cornell Elementary School, Middle & HS School: 3
- School District of New Auburn: 2
- Lake Holcombe School District: 3
- Cadott Jr. High & High School: 3
- Bloomer School District: 4



Enhancing Client Accessibility and Experience Through Website Updates

With valuable input and feedback from UW-Eau Claire Nursing Students, our agency has implemented significant enhancements to our website, aimed at improving the client experience. Notable updates include the addition of a walkthrough video, staff bios, and an easy-to-use online appointment request form—all designed to foster trust and enhance accessibility.

The walkthrough video, in particular, serves as a valuable resource in reducing anxiety for new clients by providing a clear understanding of what to expect during their visit. Additionally, the online appointment request feature offers both convenience and inclusivity, eliminating potential barriers such as phone anxiety. Within just one week of launching this feature, we saw immediate engagement, demonstrating its value in meeting client needs.

These updates reflect our ongoing commitment to improving client comfort and streamlining access to our services.

<https://www.chippewacountywi.gov/government/public-health/public-health-programs/bridges-clinic>

Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In January, we received 148 new reports: 62 confirmed (27 Influenza-Associated Hospitalization, 11 Chlamydia, and 10 Coronavirus, COVID-19); 9 probable cases (4 Lyme Laboratory Reports, 2 Coronavirus, COVID-19, and 1 Influenza); and 38 that did not meet the definition of a case (7 Hepatitis A, 5 Lead-blood levels-Adult, and 5 Hepatitis C). See the attached report for further breakdown by disease type.

Environmental Health Division (EH)

The Environmental Health team completed 50 routine food safety and recreational licensing inspections in January. The team received two complaints early in the month that did not result in any corrective actions.

January is usually a slow month for the TN water program as we submit year-end information and data to our DNR representative and game plan for the upcoming year. Bre and Kristen completed six sanitary surveys this month and processed nine TN water samples. Lafayette, Anson, and Auburn townships all have been added to the DNR program to support monitoring the water quality for the county water refill stations. Our water lab processed 15 county residents' bacteria samples this month as well.

Our county nitrate screening event was a huge hit as Bre and Kyle completed 47 water samples with nine free certified lab tests given, meaning 19 percent of those screenings showed high nitrate levels. A second event in January hosted in the Township of Estella had 10 nitrate screenings.

An amazing opportunity has been passed through WI legislation and the Well Compensation Grant Program has been reopened! The grant program provides funding to eligible landowners or renters to

replace, reconstruct, abandon, or treat contaminated private water supplies that serve a residence or provide water to livestock. Five million in financial assistance has been approved to address chemical, bacterial, arsenic, and nitrate contamination in private wells. We have sent an email and application steps to all of our contacts who received a high nitrate result during their free screening. Previously when this federal funding was available, Chippewa County residents had submitted the most number of applications. We are hopeful to see that funding be awarded to Chippewa County residents again! For more information: [Well Compensation Grant Program | Wisconsin DNR](#) (The website is currently being updated with 2025 information).

Nutrition Division

Women, Infants and Children (WIC) Program

Funding Updates

Recent federal policy actions have raised a lot of questions about their potential impact on state benefits. At this time, Wisconsin's WIC clinics remain open and WIC benefits are available. A federal Temporary Restraining Order is in place, which holds that President Trump and federal agencies "shall not pause, freeze, impede, block, cancel or terminate" awards and obligations on the basis of the recent Office of Management and Budget (OMB) memo, or on the basis of the President's recently-issued Executive Orders. Wisconsin's Medicaid and FoodShare programs continue to serve Wisconsinites as well.

On Dec 20, 2024, Congress passed a continuing resolution (CR) providing ongoing funding for the federal government through March 14, 2025. The legislation includes authority for WIC to continue to spend the funds necessary to serve all eligible individuals who seek services.

Nutrition Education Platform

Wisconsin WIC is transitioning from using WICHealth.org to ONE (Online Nutrition Education) for secondary nutrition education for WIC participants who choose this option. WIC staff have been busy learning ONE and entering families into that platform which will then interface with our WIC electronic health record. ONE allows dietitians to share pertinent nutrition education materials with families via their account, email, or text message.

ForwardHealth Grant

Open Enrollment ended January 15, 2025. However, those needing health insurance are encouraged to apply for BadgerCare Plus or Medicaid, which are open all year long. Have questions or need help applying? Contact Pangya Thao at 715-726-7900 extension 2114 or pthao@chippewacountywi.gov



Planning and Strategy Division

As we move into February, the Planning & Strategy Division is beginning the process of pulling together partners to form an Access to Care Collaborative. Recognizing that barriers to healthcare remain a challenge for many community members, we are working to engage key stakeholders in discussions about how we can collectively enhance access to services. This early planning phase will involve identifying partners, gathering data, and determining the scope of the collaborative's work. We look forward to working with healthcare providers, social service organizations, and community partners to develop meaningful solutions that improve health outcomes.

Our team has also been actively coordinating school road tours, which officially kicked off this month. These visits provide an opportunity to connect with school staff, discuss health-related priorities, and strengthen partnerships that support student well-being. The tours have been well received so far, and we look forward to continuing these efforts in the coming months.

We are also working with the department to establish a Quality Improvement (QI) Council and launch a new performance management system. These efforts will provide a structured approach to evaluating and improving our programs, ensuring accountability, and aligning our work with best practices in public health. The QI Council will serve as a collaborative space for identifying opportunities for improvement and implementing data-driven solutions to enhance the department's overall effectiveness.

We are excited to share a staffing update. Grace has officially joined our team as the Drug-Free Communities Project Coordinator. She will be leading efforts to engage community partners, implement prevention strategies, and support youth substance use prevention initiatives. We are thrilled to have her on board and look forward to the impact she will make in this role.

Finally, the Children's Resource Center-West team held a retreat last month to reflect on the past year, celebrate accomplishments, and discuss opportunities for growth. We are excited to share a summary of last year's impact in next month's update and look forward to continuing to make a difference in the lives of children and families this year.

Years of Service



CONGRATULATIONS to the following staff for their hard work and dedication to providing excellent customer service to the citizens of Chippewa County.

- ❖ Audra Knowlton, Administrative Assistant – 25 years
- ❖ Stephanie Abbe, Nutrition Division Manager – 23 years
- ❖ Nikki Clements, Planning and Promotion Specialist – 5 years



**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2025 to 1/31/2025

Disease	Confirmed	Probable	Suspect	Not A Case	Total
INFLUENZA-ASSOCIATED HOSPITALIZATION	27	0	0	0	27
CORONAVIRUS, NOVEL 2019 (COVID-19) - ASSOCIATED HOSPITALIZATION	10	0	10	0	20
CHLAMYDIA TRACHOMATIS INFECTION	11	0	1	0	12
HEPATITIS C, CHRONIC	2	0	1	5	8
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	8	0	8
HEPATITIS A	0	0	0	7	7
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	7	0	7
CORONAVIRUS, NOVEL 2019 (COVID-19)	4	2	0	0	6
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	5	5
LEAD-BLOOD LEVELS - ADULT	0	0	0	5	5
LYME LABORATORY REPORT	0	4	0	1	5
RESPIRATORY SYNCYTIAL VIRUS (RSV) - ASSOCIATED HOSPITALIZATION	1	0	4	0	5
CARBAPENEMASE PRODUCING ORGANISM (CPO)	0	0	0	3	3
PERTUSSIS (WHOOPING COUGH)	1	0	0	2	3
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	0	0	3	0	3
CARBON MONOXIDE POISONING	0	1	1	0	2

Disease	Confirmed	Probable	Suspect	Not A Case	Total
E-COLI, ENTEROPATHOGENIC (EPEC)	0	0	2	0	2
EHRlichiosis/ANAPLASMOSIS, undetermined	0	0	0	2	2
HEPATITIS B, CHRONIC	0	0	0	2	2
INFLUENZA	1	1	0	0	2
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	2	0	0	0	2
VARICELLA (CHICKENPOX)	0	0	0	2	2
ANAPLASMOSIS, A. phagocytophilum	0	0	0	1	1
COCCIDIOIDOMYCOSIS	0	0	1	0	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1	0	0	0	1
HEPATITIS C, ACUTE	1	0	0	0	1
MEASLES (RUBEOLA)	0	0	0	1	1
PARAPERTUSSIS	0	0	0	1	1
SALMONELLOSIS	0	1	0	0	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	0	0	1	0	1
TOXOPLASMOSIS	0	0	0	1	1
TUBERCULOSIS, LATENT INFECTION (LTBI)	1	0	0	0	1
Total	62	9	39	38	148

Default Filters: 'State' EQUAL TO 'WI'



Public Health Financial Results

Unaudited December 2024

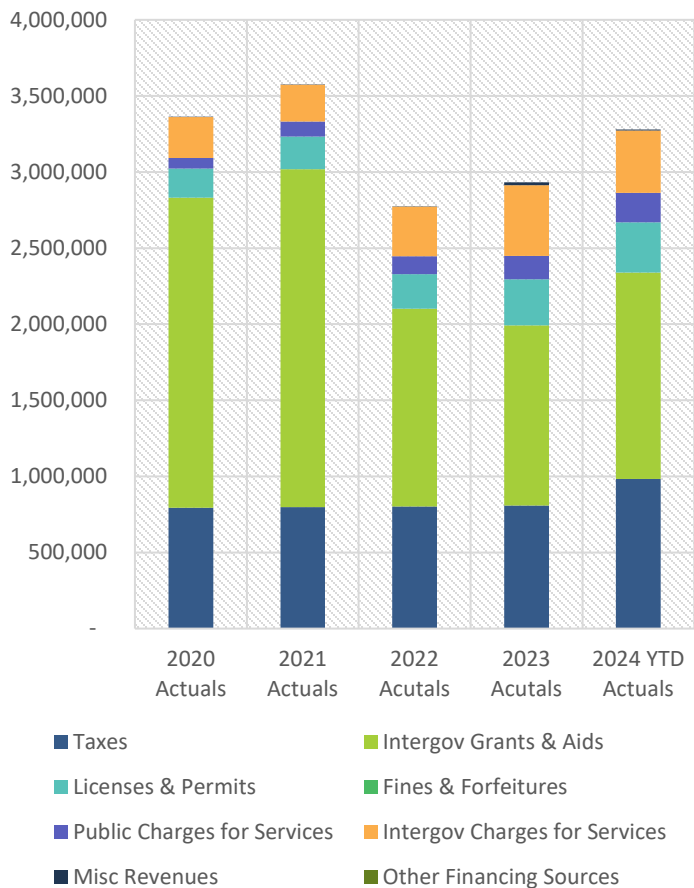
Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (516,549.00)	\$ (567,990.74)	110.0%	\$ 516,549.00	\$ 611,286.04	118.3%
54121	Nurse Family Partnership	(125,744.00)	(115,645.71)	92.0%	125,744.00	120,263.68	95.6%
54123	Farmers Market	(4,261.00)	(4,016.68)	94.3%	4,261.00	4,599.43	107.9%
54125	Prenatal Care Coordination	(67,710.00)	(20,542.59)	30.3%	67,710.00	26,803.08	39.6%
54127	Healthy U	(15,683.00)	(15,546.68)	99.1%	15,683.00	26,436.92	168.6%
54128	Public Health Preparedness	(52,389.00)	(36,741.24)	70.1%	52,389.00	41,968.08	80.1%
54129	TN Program	(51,189.00)	(41,397.89)	80.9%	51,189.00	51,249.15	100.1%
54139	CHIP Coalition	-	(3,738.60)		-	3,738.60	
54132	Drug Free Community Grant	(141,600.00)	(171,871.20)	121.4%	141,600.00	157,360.70	111.1%
54133	Iron Will Endowment Fund	(1,881.00)	(2,622.96)	139.4%	1,881.00	2,622.96	139.4%
54135	Bright Start River Source	(11,192.00)	(11,041.96)	98.7%	11,192.00	10,404.83	93.0%
54138	Planning & Strategy	(365,415.00)	(371,744.65)	101.7%	365,415.00	258,635.89	70.8%
54140	WIC	(475,766.00)	(521,738.64)	109.7%	475,766.00	431,253.93	90.6%
54142	Maternal & Child Health Program	(29,630.00)	(31,937.80)	107.8%	29,630.00	32,148.61	108.5%
54144	Wisconsin Wins	(5,011.00)	(3,672.28)	73.3%	5,011.00	3,405.50	68.0%
54148	COVID Workforce	(26,692.00)	(9,292.24)	34.8%	26,692.00	9,656.59	36.2%
54149	Pre-Venture	(21,018.00)	(14,579.27)	69.4%	21,018.00	14,579.27	69.4%
54150	Prevention	(9,498.00)	(9,658.72)	101.7%	9,498.00	9,251.80	97.4%
54151	Equipment Loan Closet	(3,055.00)	(2,610.32)	85.4%	3,055.00	3,194.19	104.6%
54152	Childrens Resource Center	(243,932.00)	(236,163.57)	96.8%	243,932.00	230,501.37	94.5%
54154	Title X Reproductive Health	(6,120.00)	(14,158.56)	231.3%	6,120.00	14,263.78	233.1%
54156	FIT WIC	(42,152.00)	(49,755.15)	118.0%	42,152.00	47,040.71	111.6%
54157	Reproductive Health	(56,016.00)	(53,388.98)	95.3%	56,016.00	47,708.17	85.2%
54158	WIC BF Peer Counseling	(20,372.00)	(21,465.71)	105.4%	20,372.00	22,872.82	112.3%
54161	Health Clinics	(32,651.00)	(46,744.89)	143.2%	32,651.00	42,722.01	130.8%
54162	COVID Vaccine	(28,157.00)	(23,226.27)	82.5%	28,157.00	20,468.82	72.7%
54163	Overdose Fatality Review	(39,144.00)	(27,361.20)	69.9%	39,144.00	23,741.18	60.7%
54164	COVID Contact Tracing	(95,392.00)	(134,352.47)	140.8%	95,392.00	124,394.89	130.4%
54165	GYT - Get Yourself Tested	(2,231.00)	(1,402.08)	62.8%	2,231.00	1,384.96	62.1%
54166	Water Lab	-	(4,390.00)		-	19,458.56	
54171	Food Safety Recreation License	(321,733.00)	(361,820.93)	112.5%	321,733.00	375,286.03	116.6%
54172	Infant Immunization Grant	(17,402.00)	(18,034.36)	103.6%	17,402.00	17,085.83	98.2%
54173	Opioid Abatement	-	-		-	-	
54174	Forward Health Outreach	(22,823.00)	(26,970.43)	118.2%	22,823.00	24,864.29	108.9%
54176	Environmental Health	(95,131.00)	(94,048.60)	98.9%	95,131.00	40,009.07	42.1%
54178	Public Health Infrastructure	-	(7,472.00)		-	7,472.45	
54180	DHS Agreement	(155,965.00)	(123,819.36)	79.4%	155,965.00	123,819.36	79.4%
54182	Environmental Tracking	-	(8,492.00)		-	8,491.69	
54184	Childhood Lead Poisoning Prev.	(10,082.00)	(7,548.64)	74.9%	10,082.00	7,543.73	74.8%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54188	WI Wayfinder	-	(50,000.00)		-	50,829.81	
54189	Sensory Friendly Vaccination	-	(9,000.00)		-	8,300.49	
54190	Public Health Donation Expendi	(1,000.00)	(2,442.08)	244.2%	1,000.00	2,442.08	244.2%
		\$ 3,115,086.00	\$ 3,278,447.45	105.2%	\$ 3,115,086.00	\$ 3,079,561.35	98.9%



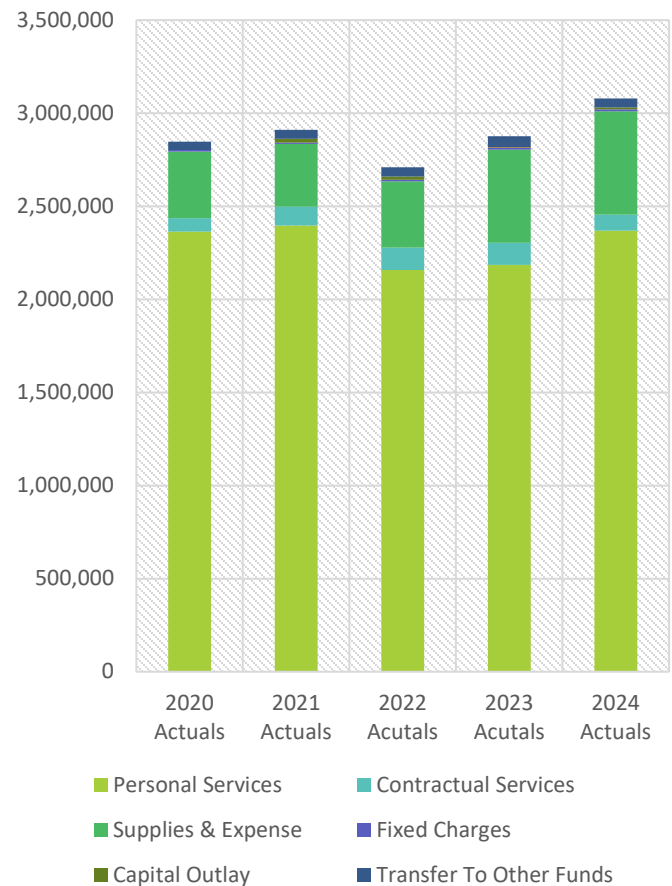
Public Health Revenue vs Expenses

Variance Year-to-Date through December 2024

Total Revenues for All Years



Total Expenses for All Years





Public Health Financial Results

January 2025

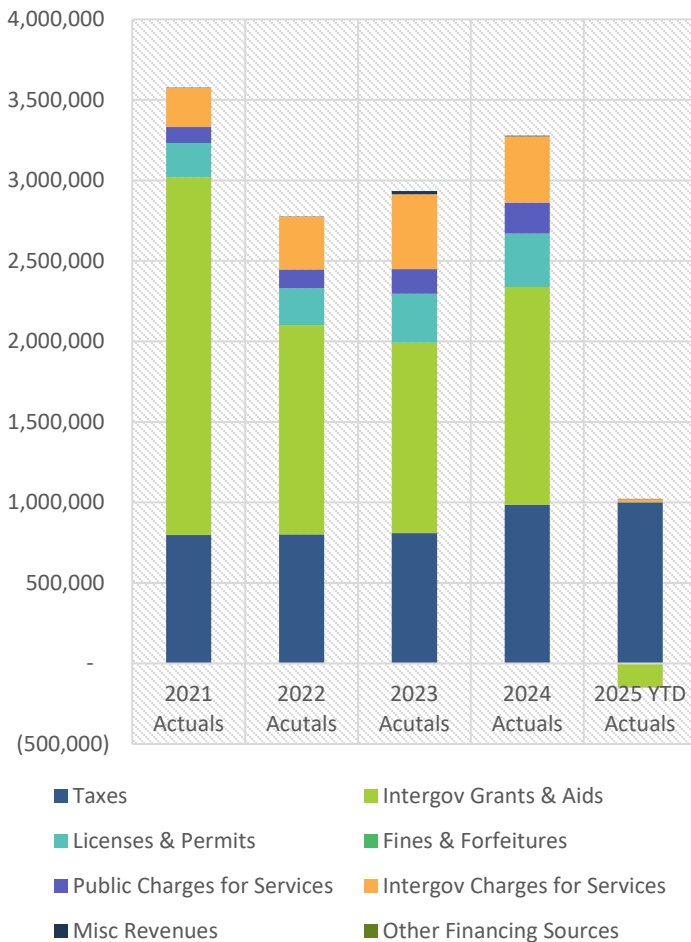
Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (593,947.00)	\$ (514,703.15)	86.7%	\$ 593,947.00	\$ 30,046.97	5.1%
54121	Nurse Family Partnership	(123,650.00)	(14,992.38)	12.1%	123,650.00	2,165.58	1.8%
54123	Farmers Market	(3,930.00)	(23.14)	0.6%	3,930.00	59.34	1.5%
54125	Prenatal Care Coordination	(27,536.00)	(88.51)	0.3%	27,536.00	716.04	2.6%
54127	Healthy U	(31,393.00)	(15,944.96)	50.8%	31,393.00	429.30	1.4%
54128	Public Health Preparedness	(47,943.00)	3,156.54	-6.6%	47,943.00	2,246.59	4.7%
54129	TN Program	(56,587.00)	832.35	-1.5%	56,587.00	2,601.05	4.6%
54130	CHIP Coalition	(4,500.00)	2,616.31	-58.1%	4,500.00	-	0.0%
54132	Drug Free Community Grant	(139,083.00)	(824.09)	0.6%	139,083.00	2,113.47	1.5%
54133	Iron Will Endowment Fund	(1,881.00)	(2,190.73)	116.5%	1,881.00	-	0.0%
54135	Bright Start River Source	(10,997.00)	(10,058.35)	91.5%	10,997.00	149.65	1.4%
54138	Planning & Strategy	(325,662.00)	(295,034.55)	90.6%	325,662.00	19,229.82	5.9%
54140	WIC	(433,809.00)	(18,147.97)	4.2%	433,809.00	25,907.90	6.0%
54142	Maternal & Child Health Program	(32,143.00)	(174.14)	0.5%	32,143.00	831.51	2.6%
54144	Wisconsin Wins	(5,065.00)	13.97	-0.3%	5,065.00	66.75	1.3%
54148	COVID Workforce	-	-	#DIV/0!	-	-	#DIV/0!
54149	Pre-Venture	(20,747.00)	(86.57)	0.4%	20,747.00	222.01	1.1%
54150	Prevention	(9,346.00)	2,238.95	-24.0%	9,346.00	3,204.15	34.3%
54151	Equipment Loan Closet	(2,997.00)	(17.38)	0.6%	2,997.00	171.07	5.7%
54152	Childrens Resource Center	(242,490.00)	9,369.93	-3.9%	242,490.00	13,787.66	5.7%
54153	WIC Endowment	-	(2,547.62)	#DIV/0!	-	-	#DIV/0!
54154	Title X Reproductive Health	(6,000.00)	3,710.57	-61.8%	6,000.00	3,083.44	51.4%
54156	FIT WIC	(41,447.00)	2,582.06	-6.2%	41,447.00	2,074.89	5.0%
54157	Reproductive Health	(55,193.00)	3,948.58	-7.2%	55,193.00	2,336.91	4.2%
54158	WIC BF Peer Counseling	(19,995.00)	(129.60)	0.6%	19,995.00	2,024.21	10.1%
54161	Health Clinics	(32,652.00)	155.06	-0.5%	32,652.00	611.57	1.9%
54162	COVID Vaccine	(23,032.00)	2,232.61	-9.7%	23,032.00	506.74	2.2%
54163	Overdose Fatality Review	(27,347.00)	8,052.69	-29.4%	27,347.00	1,523.40	5.6%
54164	COVID Contact Tracing	-	3,340.00	#DIV/0!	-	17.93	#DIV/0!
54165	GYT - Get Yourself Tested	(2,195.00)	(11.42)	0.5%	2,195.00	29.29	1.3%
54166	Water Lab	(3,627.00)	(367.46)		3,627.00	516.64	
54171	Food Safety Recreation License	(357,141.00)	(3,178.71)	0.9%	357,141.00	19,548.25	5.5%
54172	Infant Immunization Grant	(16,794.00)	209.59	-1.2%	16,794.00	852.45	5.1%
54173	Opioid Abatement	(1,694.00)	(99.11)		1,694.00	959.69	
54174	Forward Health Outreach	(33,744.00)	316.94	-0.9%	33,744.00	832.39	2.5%
54176	Environmental Health	(79,337.00)	(69,738.18)	87.9%	79,337.00	1,629.17	2.1%
54178	Public Health Infrastructure	(72,867.00)	3.13		72,867.00	838.29	
54180	DHS Agreement	(173,446.00)	(1,174.42)	0.7%	173,446.00	8,328.08	4.8%
54182	Environmental Tracking	-	1,123.00		-	584.06	
54184	Childhood Lead Poisoning Prev.	(9,927.00)	2,595.21	-26.1%	9,927.00	221.49	2.2%
54186	Charity Outreach Program	(250.00)	-	0.0%	250.00	-	0.0%
54188	WI Wayfinder	(81,987.00)	27,052.89		81,987.00	828.91	
54189	Sensory Friendly Vaccination	-	-		-	-	
54190	Public Health Donation Expendi	(1,000.00)	(383.72)	38.4%	1,000.00	-	0.0%
		\$ 3,153,381.00	\$ 876,365.78	27.8%	\$ 3,153,381.00	\$ 151,072.77	4.8%



Public Health Revenue vs Expenses

Variance Year-to-Date through January 2025

Total Revenues for All Years



Total Expenses for All Years

