CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

MAY 19, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
James Ericksen	Chippewa County	District 8	Present	
Harold Steele	Chippewa County	District 2	Present	
Caden Berg	Chippewa County	District 13	Present	
Dean Mueller	Chippewa County	District 20	Present	
Kari Ives	Chippewa County	District 21	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Randy Scholz, County Administrator; Paul Brenner, Senior Fiscal Manager; Lori Wedemeyer, Human Services Fiscal Manager; Kyra Secraw, Children, Youth & Families Manager; Sam Flatland, Public Health Environmental Health Coordinator; Leslie Fijalkiewicz, ADRC Manager; Members of the Public: Lisa Mancl

3. ELECTION OF CHAIR

James Ericksen nominated Harold "Buck" Steele; Caden Berg nominated Kari Ives.
Kari Ives approved as Health & Human Services Board Chair by a majority vote.

RESULT:	**APPROVED [5 TO 3]**
AYES:	Berg, Ives, Halbleib, Wallsch, Sperlingas
NAYS:	Ericksen, Steele, Mueller
ABSTAIN:	Kyes

4. ELECTION OF VICE-CHAIR

John "Jack" Halbleib nominated Harold "Buck" Steele for vice-chair. Steele approved as Health & Human Services Board Vice-chair by unanimous vote.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Dean Mueller, District 20
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

5. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

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

6. CONSENT AGENDA

Harold "Buck" Steele made a motion to remove approval of the agenda from the consent agenda. Motion seconded by James Ericksen. Motion failed.

The stated reasons by Steele were that orientation for the Health & Human Services Board had not yet occurred and there are too many agenda items.

Steele made a motion to eliminate the business items from the agenda. Motion seconded by Ericksen. Motion failed.

Per discussion, it was clarified board orientation will occur in June and several items on this agenda have timeline importance, which is why they are on the May agenda.

John "Jack" Halbleib made a motion to approve consent agenda as presented. Motion seconded by Caden Berg. Approved 8-1 by majority vote.

RESULT:	**APPROVED [8 TO 1]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes
NAYS:	Steele

1. Approve the Agenda

2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Mar 17, 2022 7:45 AM

7. REPORTS

1. Minutes of Advisory Committees/Boards

   The minutes of the March 10, 2022 Aging & Disability Resource Center Board Meeting were presented for review.

2. Human Services Director's Program and Financial Report

   Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from his report: treatment programs for children/youth and financial, caseload, and out-of-home placement data. He also noted it is foster care and mental health awareness month. There was some confusion with the chart for out-of-home placement costs and recommendation made to show data as monthly and annually for greater clarification. Easker explained projected cost is included for transparency and budget/financial awareness. Since many acronyms are used, it was suggested to provide a list of them and/or spell them out more in the reports.

RESULT:	**DISCUSSED**

3. Public Health Director's Program and Financial Report
   Director Angie Weideman presented the Public Health Program and Financial Report.
   COVID STATS
- Worldwide: 525,493,361 cases; 6,283,923 deaths
- United States: 82,951,434 cases; 1,001,269 deaths
- Wisconsin: 1.65 million cases; 14,514 deaths
- Chippewa County: 19,173 cases; 187 deaths

   OTHER COVID INFO:
   Chippewa County moved from low level to medium level per CDC guidelines for community risk level. Of the six surrounding counties, two are at low, two at medium, and two at high. Weideman also noted the COVID numbers are based on PCR confirmed tests.

   OTHER PUBLIC HEALTH INFO:
   Public Health is paying close attention/taking preventive measures regarding Avian (bird) Influenza. Weideman also highlighted items from her report: Women, Infant and Children (WIC) Program (shortage of baby formula), NACCHO COVID-19 Hotwash (similar to a debriefing) report, strategic plan update, and the State Statute 140 review August 2022.

RESULT:	**DISCUSSED**

8. BUSINESS ITEMS

1. Set Regular Meeting Date and Time
   The Health & Human Services Board will continue to meet the third Thursday each month at 7:45 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 2
SECONDER:	James Ericksen, District 8
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

2. Public Health 2022 Program Priority Ranking
   Public Health Director Angie Weideman reviewed and explained the Public Health program ranking process. The Public Health 2022 program rankings approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 2
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

3. Public Health 2023 Financial User Fees

Public Health Director Angie Weideman presented information on 2023 consumer fees for Public Health. She will be requesting an environmental health specialist position through the budget process that is grant funded. The Public Health consumer fees for 2023 approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

4. Public Health 2021 Annual Report

Public Health Direcor Angie Weideman presented the Public Health 2021 Annual Report and highlighted several areas: accreditation, staff recognition and changes, Friend of Public Health, COVID-19 2020 and 2021 COVID-19 data comparison and other COVID related information, other communicable diseases, overdose fatality grant, Stanley tornado, Environmental Health, Nutrition/WIC, Western Regional Center, and community partnerships. The Public Health 2021 Annual Report approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Marcia Kyes, Citizen Rep
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

5. Human Services 2023 Financial User Fees

Human Services Director Tim Easker and Human Services Fiscal Manager Lori Wedemeyer presented information on 2023 consumer fees for Human Services. The Human Services consumer fees for 2023 approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Caden Berg, District 13
SECONDER:	James Ericksen, District 8
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

6. Human Services 2021 Annual Report

Director Tim Easker presented the Human Services 2021 Annual Report and acknowledged the teamwork and community partnerships that are important in effectively providing services. The Human Services 2021 Annual Report approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dean Mueller, District 20
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

7. Review Draft Resolution to Create 2 Full time Social Worker Positions in DHS for CLTS Services

Human Services Director Tim Easker and Children with Differing Abilities Manager Kyra Secraw presented and explained the need to create two full-time new social work positions in the Children with Differing Abilities Unit of the Children, Youth & Families Division.

Resolution approved for submission to the Executive Board.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Nichole Wallsch, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

8. Review Draft Resolution to Create a Full Time Mental Health Crisis Worker in DHS
   Tim Easker presented and explained the need for one full-time mental health crisis worker in the Recovery and Wellness Consortium Division of Human Services.
   Resolution approved for submission to the Executive Board.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

9. Human Services Policy 18 Revision - Dress Code
   Director Tim Easker presented and explained the minor change to the Human Services Dress Code policy. The revised dress code policy approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Caden Berg, District 13
SECONDER:	Dean Mueller, District 20
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

10. Human Services Policy 12 Revision - HIPAA Security and Privacy
    Tim Easker presented and explained the changes to the Human Services HIPAA Security and Privacy Policy, primarily eliminating duplication (because of the Chippewa County HIPAA Policy) and adding current HIPAA privacy and confidentiality standards.
    The revised HIPAA Security and Privacy Policy approved with "break room" verbiage eliminated in the Physical Security section of the policy.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	James Ericksen, District 8
SECONDER:	Caden Berg, District 13
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

9. AGENDA ITEMS FOR FUTURE CONSIDERATION

Health & Human Services Board orientation at June meeting.

10. ADJOURN

Meeting adjourned at 10:22 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	James Ericksen, District 8
SECONDER:	Dean Mueller, District 20
AYES:	Ericksen, Steele, Berg, Mueller, Ives, Halbleib, Wallsch, Sperlingas, Kyes

CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

MARCH 17, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
John Halbleib	Chippewa County	Citizen Rep (Chair)	Present	
Don Hauser	Chippewa County	District 6 (Vice-Chair)	Present	
Harold Steele	Chippewa County	District 1	Present	
James Ericksen	Chippewa County	District 5	Present	
Charlene Kervina	Chippewa County	District 10	Present	
Kari Ives	Chippewa County	District 12	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	

- **Others Present:** Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Kristen Kelm, Public Community Division Health Manager; Randy Scholz, County Administrator; Paul Brenner, Senior Fiscal Manager; Leslie Fijalkiewicz, ADRC Manager; Members of the Public: Lisa Mancl; Friends of Public Health recipients: Angie Walker, Nicole Whipp, Dennis Brown, Dave Pike, John Jimenez, Deb Johnson, Ross Wilson

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:	Kari Ives, District 12
SECONDER:	Don Hauser, District 6 (Vice-Chair)
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Wallsch, Sperlingas

1. Approve the Agenda
2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Feb 17, 2022 7:45 AM
3. Schedule Next Meeting Date - May 19, 2022

5. REPORTS

1. Minutes of Advisory Committees/Boards
   The minutes of the February 25, 2022, Professional Advisory Committee were presented for review. There were no ADRC minutes on this agenda for review, but it was noted to assure ADRC business items are approved by the ADRC Board prior to obtaining Health & Human Services Board approval.

2. Friend of Public Health Recognition
   Public Health Director Angie Weideman recognized multiple key partners during COVID 19 pandemic with the 2022 Friend of Public Health Award:

- Healthiest County to Live: Chippewa Falls Senior Center Director - Angie Walker; Medical Advisor - Dr. Stacey Sperlingas; City of Stanley (Chapman Park COVID-19 Testing Site) - Mayor Alan Haas (not present); Chippewa Valley Electric Cooperative (COVID-19 Testing Site) - Nicole Whipp Sime and Dean Ortman (not present)
- Healthiest County to Learn: Leaders within Incident Command Structure (ICS): Planning Section Chief - Leslie Fijalkiewicz, Operations Section Chief - Tim Easker, Logistics Section Chief - Dennis Brown and Russ Bauer (not present), Finance and Administration Section Chief - Paul Brenner
- Healthiest County to Work: Catalytic Combustion Corporation - Vice-President Dave Pike, City of Chippewa Falls - Lynn Bauer (not present) and Police Chief Matthew Kelm (not present)
- Healthiest County to Play: City of Chippewa - Falls Parks, Recreation, and Forestry Director John Jimenez, Heyde Center for the Arts/Heyde Center Board of Directors - Deb Johnson and Ross Wilson

3. Public Health Director's Program and Financial Report
   Director Angie Weideman presented the Public Health Program and Financial Report.
   COVID STATS

- Worldwide: 464,034,715 cases; 6,059,478 deaths
- United States: 79,631,765 cases; 968,331 deaths
- Wisconsin: 1.58 million cases, 13,868 deaths
- Chippewa County: 16,292 cases, 178 deaths

OTHER COVID INFO:

- Chippewa County is currently at a low level risk.
- People can access the CDC website for COVID related changes and recommendations.
- Public Health is now only contacting positive cases by phone if younger than 5 and over 65. Those that are ages 5 - 65 receive a survey.

OTHER PUBLIC HEALTH INFO:

- State of Wisconsin five-year 140 review will occur in August. Chippewa County is a Level III health department as it offers both mandated and non-mandated services.
- Other highlighted director report items include: Abbott Similac powdered milk formula recall and potential high risk for Pathogenic Avian Influenza (bird flu) this year.

4. Human Services Director's Program and Financial Report
   Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from his report: subsidized guardianships, application for crisis intervention services grant, recommendations by State workgroups for children with complex needs, updates on out-of-state youth placements, and increased Child Protective Services (CPS) initial assessment cases.

5. Public Health Education for 2022 Program Prioritization
   To assist in the future Public Health budget process, board members will review the current programs and

rank them according to priority in the first column. The third column shows the 2021 rankings and the second column how they were ranked by the Public health Leadership Team. The completed ranking form can be returned electronically (separate email with electronic form sent) or printed and paper copy returned. Deadline is March 25, 2022.

6. BUSINESS ITEMS

1. Public Health 2020 Amended Annual Report
   The 2020 amended Public Health annual report was presented for review and approval. (2020 Friend of Public Health was added.)

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 1
SECONDER:	Charlene Kervina, District 10
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Wallsch, Sperlingas

2. Human Services 2022 Program Priority Ranking
   The 2022 priority ranking of Human Services programs/services by the Board members was presented for review and approval. There was a suggestion to add program funding sources on future priority rankings.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Kari Ives, District 12
SECONDER:	Don Hauser, District 6 (Vice-Chair)
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Wallsch, Sperlingas

3. Human Services Policy 18 Revision - Dress Code
   Revisions to Human Services Policy 18 - Dress Code were presented for review and approval.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 1
SECONDER:	James Ericksen, District 5
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Wallsch, Sperlingas

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

Appreciation extended to all who have served on the Health & Human Services Board. Appreciation also given to Jack Halbleib for his leadership role on the Board.

8. ADJOURN

Meeting adjourned at 8:56 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Don Hauser, District 6 (Vice-Chair)
SECONDER:	Kari Ives, District 12
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Wallsch, Sperlingas

STATEMENT OF EXPLANATION
MINUTES OF ADVISORY COMMITTEES/BOARDS

Review of Advisory Committee/Boards Minutes:

- March 10, 2022 - Aging & Disability Resource Center (ADRC) Board

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

MARCH 10, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 12 (Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep, Vice-Chair	Present	
Patricia German	Chippewa County	Citizen Rep	Present	
David Alley	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Present	
Janet Mayer	Chippewa County	Citizen Rep	Absent	
Glen Howell	Chippewa County	Citizen Rep	Present	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Tim Easker, Human Services Director; Pauline Spiegel, Administrative Assistant; Jennie Schemenauer, My Choice Wisconsin Program Manager

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

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

4. CONSENT AGENDA

Approved with next meeting date correction to May 12, 2022.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Larry Marquardt, Citizen Rep, Vice-Chair
SECONDER:	David Alley, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Howell
ABSENT:	Mayer

1. Approve the agenda

2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jan 13, 2022 4:45 PM

3. Schedule next meeting date - May 10, 2022

5. REPORTS

1. Family Care Presentatiion - Inclusa and My Choice Wisconsin

   My Choice Wisconsin (Managed Care Organization) Program Manager Jennie Schemenauer presented information on the multiple programs they offer throughout Wisconsin.

RESULT:	**DISCUSSED**

2. ADRC Manager Report
ADRC Manager Leslie Fijalkiewicz presented the Manager Report and highlighted several items from her report: new ADRC caregiver support programs employee, Meals on Wheels satisfaction surveys, advocate training, 2021 final budget report, and the 2022 budget report.

RESULT:	**DISCUSSED**

3. ADRC Advocacy Report
ADRC Manager Leslie Fijalkiewicz shared current advocacy information.

RESULT:	**DISCUSSED**

4. 2022 ADRC Program Prioritization Education
ADRC Manager Leslie Fijalkiewicz provided information on the various grants utilized for ADRC services, followed by an overview of the ADRC programs and services. Board members are requested to priority rank the programs. Results will be presented at the next meeting.

RESULT:	**DISCUSSED**

5. ADRC Board 2021 Performance Evaluation Results
ADRC Manager Leslie Fijalkiewicz presented the results of the ADRC Board Performance Evaluation for 2021.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. ADRC Portion of 2021 Human Services Annual Report
The ADRC portion of the annual Department of Human Services annual performance report was presented and approved.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Patricia German, Citizen Rep
SECONDER:	Glen Howell, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Howell
ABSENT:	Mayer

7. AGENDA ITEMS FOR FUTURE CONSIDERATION
The ADRC 2021 social media report will be presented at the May 2021 meeting.

8. ADJOURN

ADRC (Aging & Disability Resource Center) Board

Minutes **March 10, 2022**
Regular Meeting **Chippewa County Courthouse, Rm 302** **4:45 PM**

Meeting adjourned at 6:15 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Alley, Citizen Rep
SECONDER:	Mary Frasier, Citizen Rep
AYES:	Ives, Marquardt, German, Alley, Frasier, Howell
ABSENT:	Mayer

STATEMENT OF EXPLANATION
HUMAN SERVICES DIRECTOR'S PROGRAM AND FINANCIAL REPORT

Human Services Director Tim Easker provides a department program and financial report for review and discussion.

Director's Report to the Health & Human Services Board
Tim Easker

Board Meeting Date: May 19, 2022

1. WCHSA Updates

Division of Children's and Families (DCF)

- **DCF April Town Hall meetings**- Three town hall meetings were held in April with Child Welfare Staff, Legal Professionals, and Directors. They covered a variety of subjects related to Putting Families First. For those that were not able to attend the most recent Fall Town Halls, you can view the recordings on the Family First website.
- **Phase 1 of Safety Planning Revision Workgroup** - The first phase of changes to danger threat language will roll out this summer with the June eWiSACWIS release (June 11, 2022). The focus of these changes has been to look at the present and impending danger threats through a race, equity, and inclusion lens. The June 2022 update will include language changes to 12 danger threats across both Present and Impending Danger. The language revisions in the June 2022 update **do not change** the original intent or function of the danger threat. DCF does not anticipate a substantive impact on current case practice or documentation.
- **2021 Wis. Act 252** – The legislation signed by the Governor in April authorizes the Department of Corrections to borrow up to $41.8 million to construct a new type 1 juvenile correctional facility in Milwaukee County to replace Lincoln Hills and Copper Lakes. The Department of Administration may approve the construction plan only if the site has support from the municipality where the site is located.
  https://docs.legis.wisconsin.gov/2021/related/acts/252
- **Raising Wisconsin** – DECE in partnership with the Wisconsin Early Care Coalition (WECA) announced in April the official launch of Raising Wisconsin, a statewide initiative dedicated to advocating for transformational change in Wisconsin's early care and education system and optimal child health and well-being. The coalition led by WECA brings together expertise and experiences from across the state to build upon the efforts of the Wisconsin Infant Toddler Policy Project and the Preschool Development Grant managed by DECE.
  Visit the Raising Wisconsin website to learn more.

Division of Health Services (DHS)

- **Proposal to Extend Medicaid Coverage for Postpartum Individuals Open for Public Comment *April 7, 2022*** – https://www.dhs.wisconsin.gov/news/releases/04722.htm
- **DHS Hosts Event to Share Findings of Innovative Local Pilot Programs Addressing the Social and Emotional Needs of Children *April 12, 2022***-
  https://www.dhs.wisconsin.gov/news/releases/041222.htm
- **Funding Awarded to Cover Room and Board Costs for Residential Opioid Use Disorder Treatment for Medicaid Members *April 21, 2022***-https://www.dhs.wisconsin.gov/news/releases/04122.htm
- **Action Required: Convert to Microsoft Edge Browser for the Program Participation System (PPS)** On June 15, 2022, the Microsoft Internet Explorer (IE) browser will reach the end of its life cycle and will no longer be supported. The first option should be to rely on your IT professionals to adapt your agency network settings following these instructions. For assistance with this transition, contact the SOS Help Desk.

- **Survey of Crisis Programs Regarding Local Law Enforcement-**We are surveying county crisis programs about their relationships with their local law enforcement agencies.
  Please complete this survey by May 20, 2022.

- **WisCaregiver Program To Expand: Employers Invited to Informational Webinar** The WisCaregiver Careers program is currently recruiting qualified employers to host new CNA training slots. A new phase of this program will expand its support to up-and-coming CNAs and participating nursing home employers through retention bonuses, employer reimbursement and success bonuses, and mentorships. WHCA/WiCAL and LeadingAge Wisconsin are hosting an upcoming Employer Kick-Off Webinars to learn more about the program and how to participate, their statewide media campaign, and CNA recruitment resources.

  Thursday, May 12, 2022, 8:30-9:30am

Department and Division Updates
Department Updates:

- The Annual CANs report for 2020 has just been released by the Department of Children and Families. Please copy and paste the link below if you wish to access the report. For a high-level overview, I would recommend focusing on the Executive Summary on pages 1.1 and 1.2. https://dcf.wisconsin.gov/files/cwportal/reports/pdf/ohc.pdf
- As mentioned last month, you will find a piece known as "In the Spotlight." This is a voluntary activity for any staff member who would like to participate. Those who choose to participate answer 2-3 questions about themselves. I hope you take a moment to get to know our staff a bit more, they are a great group!
- The state workgroup for children with complex needs has completed the first phase of the project. Several ideas were hatched including the flexibility in the licensing of foster homes which would support the utilization of Professional Foster Parents (PFPs). Currently, PFPs are a resource only in Milwaukee county. Additional recommendations include a demonstration project to provide more intensive residential services, and working with the Department of Public Instruction (DPI) in order to ultimately have them pay for the education portion of a stay in a Residential Care Center (RCC).
- May is Foster Care appreciation month. Our children's divisions rely heavily on the very special individuals who open up their homes to some of our most vulnerable citizens. Due to the ongoing high need, we find ourselves running short on homes again. If you or someone you know may be interested in becoming a foster parent, please contact Human Services for more information. I cannot express enough how deeply appreciative we are of our foster parents.
- We would like to recognize the following dedicated staff for their years of service: Hannah LaBelle (CPS - Child Protective Services), Meghan Eisenbraun (RWC - Recovery and Wellness Consortium), and Michele Snyder (Fiscal) 1 year; Jessica Gibson (ADRC) 3 years; Leslie Fijalkiewicz (ADRC) 4 years; Serena Schultz (CWDA - Children with Differing Abilities) 5 years; Sarah Hedlund (ADRC) 8 years, Bobbie Jaeger (ES - Economic Support) 9 years and Ann Teuteberg (Birth to Three) 21 years. THANK YOU!

Divisions:

Aging & Disability Resource Center (ADRC)

- In 1963, only 17 million living Americans had reached their 65th birthday. About a third of older Americans lived in poverty and there were few programs to meet their needs. Interest in older Americans and their concerns was growing. A meeting in April 1963 between President John F. Kennedy and members of the National Council of Senior Citizens led to designating May as "Senior Citizens Month," the prelude to "Older Americans Month."
- Historically, Older Americans Month has been a time to acknowledge the contributions of past and current older persons to our country, in particular those who defended our country. Every president since Kennedy has issued a formal proclamation during or before the month of May asking that the entire nation pay tribute in some way to older persons in their communities. The 2022 theme is "Age My Way."

- We are fortunate at the ADRC that many people choose to work part time as they age. Most of our nutrition program staff have already retired once and lucky for us, they reentered the workforce as part of their plan to "Age My Way." Our nutrition program also benefits by the many people who have chosen to volunteer as part of their "Age My Way" strategy!
- Currently, we have three part-time positions open in the ADRC. Each position is unique in their duties as well as the hours. Here's what we have open (contact Leslie for more information):
  - **Program Assistant** with nutrition program. The position works every other week! Approximately 26 hours, 8 a.m. -1 p.m. Lifting, bending, and driving are part of this rewarding job.
  - **Administrative Assistant**, 28 hours/week. 5-6 hours each day, Monday through Friday. Paid time off and Wisconsin Retirement. Customer service, reception, and data entry.
  - **Administrative Assistant**, part-time less than 20 hours per week. Flexible schedule, customer service, data entry, primarily working with family caregivers.
  - In addition to our paid positions, we are in urgent need of volunteers in the communities of Stanley, Boyd, and Cadott! URGENT! Plus, we can always use more in other areas of the county! Contact Kelly in the ADRC if you are interested in volunteering, 715-738-2590.

Children, Youth & Families Division

CWDA – Children with Differing Abilities

- All new staff have finished their initial training and are working on building their caseload. The ability to be waitlist free in Children's CCS (Comprehensive Community Services) and ability to stay current with new referrals is exciting!
- Rachel Lettner, our CWDA Supervisor, has accepted a position with the State of Wisconsin Department of Health Services as a Children's Long-Term Support Waiver program for the Western Region. Rachel and her family will be relocating to the Madison area. Rachel's last day with Chippewa County is June 1. Rachel has been an invaluable asset to the Department and the CWDA unit. She will be greatly missed!
- The job posting for Rachel's position closes on May 12. We will be setting up interviews as soon as possible.

Youth Justice

- There is has been a substantial increase in referrals to Juvenile Court Intake, most of the increase pertains to truancy referrals.
- Additionally, there has been an increase in referrals to Court on new cases that are managed by the ongoing Youth Justice workers.
- We have obtained some clerical support in assisting in entering Juvenile Court referrals into the eWiSACWIS system as is required by the State of Wisconsin to be done within three days of receipt of the referral. We hope this has a positive outcome in the workload volume for Kerry Krista, our Juvenile Court Intake Worker.
- Chippewa County continues to be at the table at the state level for discussions that directly impact our youth and our practice, such as out of home and out of state placements of complex needs youth and Youth Justice practice standards development.

Birth to Three:

- Birth to Three recently applied for a grant that would help support families who were/continue to be affected by hardships related to COVID; they are waiting to hear if they received this grant.
- A record number of referrals came through in March and April and May is starting off strong as well.
- The team is still down a speech therapist through their contracted provider, Prevea, and looking to fill that position due to a recent retirement.

Child Protective Services

- The number of Child Abuse and Neglect reports remain steady. Both Initial Assessment and Ongoing Workers remain busy with their caseloads; many new cases have been opened for Ongoing Services in the recent months.
- There are a number of relative homes that need to be licensed to help children achieve permanency through adoption. The Unit is excited for the Foster Care Coordinator to come back from leave at the end of May 2022 in order to help achieve this goal.
- Manager Kari Kerber and Supervisor Ashley Brott will be working on applying for a grant that would be used to: help support foster families and normalcy opportunities for children in out-of-home care, provide incentives for the retention of foster parents, and reimburse foster parents for training opportunities.

Fiscal & Contracts Division

- Song Vang the new Administrative Assistant III started on May 2 and we are glad to have her on our team. We are currently recruiting for an Account Assistant position.
- The Fiscal Team supports approximately 225 contracts with vendors that provide services to Human Services, the ADRC, and our multi-county consortium. Historically, we have offered a single email address (hsfiscal) for those providers to contact us with questions related to invoices, payment and contract matters. We will keep that address for payment questions and we recently launched a new email address that will be utilized solely for contract related matters; hscontracting@co.chippewa.wi.us. Contracts are renewed annually and having a separate mailbox for contract correspondence will improve efficiencies in the department and provide better service to our vendors.

Economic Support Division

Nothing new to share this month.

Recovery & Wellness Consortium (RWC) Division

May is mental health awareness month. Each year millions of Americans face the reality of living with a mental illness. As you may know we have several programs which work with both children and adults with a mental illness. These include Crisis, Community Support Program (CSP), and Comprehensive Community Services (CCS). The National Alliance on Mental Illness (NAMI) indicates “For 2022’s Mental Health Awareness Month, NAMI will amplify the message of “Together for Mental Health.” Together, we can realize our shared vision of a nation where anyone affected by mental illness can get the appropriate support and quality of care to live healthy, fulfilling lives.”

3. 2022 Monthly Fiscal Information

Through Month of: April 2022

Prorated 2022 Budget (total is $24,807,743):	$8,269,248	4 months
Expenses paid through April:	5,934,249	
Variance to Budget:	$2,334,999	

2022 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2022 Budget*	Over/(Under)
January	106	$369,402	$394,020	($24,618)
February	105	375,414	394,020	($18,606)
March	107	379,940	394,020	($14,080)
April	107	380,097	394,020	($13,923)

2022 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2022 Budget	Over/(Under)
January	86	15	$2,729,304	$1,577,818	$1,151,486
February	85	14	2,745,456	1,577,818	1,167,638
March	81	14	2,819,543	1,577,818	1,241,725
April	89	10	2,803,043	1,577,818	1,225,225

Note: In the February Agenda Packet the January amount showed projected cost of $2,026,367. That total was the sum of acute high cost placements. It did not include foster home placements. January has been updated to reflect the factual total of both categories.

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care
**Additional children placed with relatives (unpaid)

2022 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2022 Budget	Over/(Under)
January	13	$368,280	$713,987	($345,707)
February	11	371,700	713,987	(342,287)
March	13	407,640	713,987	(306,347)
April	13	440,254	713,987	(273,733)

2022 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2022 Budget	Over/(Under)
January	114	$662,556	$401,392	$261,164
February	117	737,190	401,392	335,798
March	170	879,884	401,392	478,392

* IMD invoices are received two months in arrears

Department of Human Services – Consumer/Caseload Data

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

Year	Screened in CPS Reports 01-01-22 to 04-30-22	Number of IA Workers	Projected End of Year based on 01-01-21 to 04-30-22	Actual End of Year
2022	84	4	252	N/A
2021	86	4	258	199
2020	108	4	324	261
2019	100	4	300	272
2018	104	4	312	250
2017	65	3	195	186

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 (05-10-22)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	10	12	12	2						
Ongoing					17	14	15	15	15	15

Total Families/Cases Open: Initial Assessment = 36; Ongoing = 91; equals 127 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to current Date of Each Year (includes Kinship)

2022	2021	2020	2019	2018	2017	2016	2015
143	148	134	156	170	148	72	46

Children/Youth Opened in CCS and/or CLTS (05-10-22)

Children/Youth Opened	13
Children Waiting to be Screened to Determine Eligibility	18
Waitlist - CCS	0
Waitlist – CCS/CLTS (Dually Eligible)	8
Waitlist - CLTS	34

Current IMD Expenditures

Children/Youth – IMD	$ 65,874
Adults – IMD	$ 154,096
Total	$ 219,970

Yearly Comparison Crisis: January – March

	Adults	Children
2022	219	67
2021	168	60
2020	217	76
2019	220	55
2018	189	45

Yearly Comparison Youth Justice Referrals

Year	Jan-Feb	End of Year
2022	44	264 (Projected)
2021	34	236
2020	64	243
2019	54	362
2018	86	351

In the Spotlight

Megan Eisenbraun - RWC

Before working at Chippewa County, what was the most unusual or interesting job you've ever had? ***I worked at the public library in high school and the campus library in college – I know both the Dewey Decimal System and the Library of Congress.***

What do you like to do when you aren't working? ***Listen to audiobooks and podcasts, and spend time with my family.***

What is your favorite thing to do in the Chippewa area? ***Explore Irvine Park and get coffee at Bridge St Brew.***

What's your proudest moment working here?
I was able to work with a social worker to help a young boy find his mother. His mother had moved away and they were unable to locate her for several years. By using our data exchange programs, I found her address and they were able to reunite.

What do you like to do when you aren't working?
I enjoy watching my kids play their many sports. They play softball, volleyball, baseball, football and basketball. We also love to go camping when not at the ball field.

What is your favorite thing to do in the Chippewa area?
I love Irvine Park. Walking through the park, enjoying the animals, taking the kids to the playground, hiking the trails, and most of all the Christmas Village.

Geri Sedlacek A-Team (CYF)

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?
Don't remember – been at Chippewa County, now into my 30th year!

What do you like to do when you aren't working? **Spend time with my grandchildren. Jesslyn, the 9-year-old spends a lot of time at our house, before and after school. We do many fun things together! She recently volunteered with me at Agnes Table.**

What chore do you absolutely like/dislike? **Cleaning my house, but since my husband retired, he is my MAID – cooks, cleans, and does the laundry!**

Which way does your toilet paper hang on the wall-over or under?
Over, is there any other way!

Beth Nyhus - ES Lead Worker

Tim Easker - DHS Director

What would you do for a career if you weren't doing this? **I would have been a meteorologist. I am fascinated by the weather. As a very young child I was terrified of the threat of tornados (thanks mom and the Wizard of Oz) but as I grew, I just really developed a deep appreciation for the power of a good storm. The amount of time I spend outdoors has also really given me an appreciation for all types of weather. As my wife said, "When we are running into the basement, Tim is running up the hill to get a better view." Mind you, the statement is not made out of admiration for bravery! Being on the Weather Channel covering a weather event as it's happening… now that's good stuff.**

What do you like to do when you aren't working? **It is not much of a secret, I love to indulge the hunter/gatherer, which runs deep in me, but I also just love being home and hanging out with the family. I also thoroughly enjoy projects that pertain to building, creating, or fixing. Best part is at the end of the day going out and looking at what you've accomplished.**

One thing you can't live without: **Oxygen! This one was just common sense.**

In the Spotlight

Allison Oliphant
CYF/Birth to 3

What's a fun fact about you many people may not know?
I do the New York Times Crossword puzzle every single day! If I don't get to it, I go back on Sunday and complete all of them from the week.

One TV show/movie you are ashamed to admit you love:
The Dallas Cowboys Cheerleaders: Making the Team. My husband is a Cowboys fan and a few years ago we toured AT&T stadium in Dallas and saw the cheerleaders' locker room. Their standards and coaches are so intense!

What is something you learned in the last day, week, month or year?
I learned that County Highway N turns into Elm St.! Having lived in Eau Claire for 15 years, I am really enjoying learning about Chippewa County and finding creative ways to get from place to place!

What's your proudest moment working here? My proudest moment was my 20th anniversary at Chippewa County. I took time to reflect back on my career, my professional growth, and how the profession has changed over the years. I am very proud of my loyalty to this agency, through the good times and bad, and that I did my best to help us weather the storms to come together on the other side.

What's a fun fact about you many people may not know? I am the oldest great-grandchild of approx. 120 great grandchildren on my paternal grandmother's side of the family.

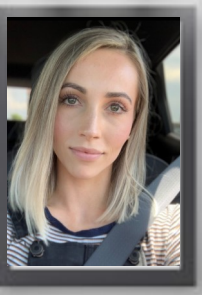
Which way does your toilet paper hang on the wall-over or under? Over! Always over! If I'm visiting your house and you do it wrong, I will probably fix it!

What's a fun fact about you many people may not know? When I lived in St. Paul, my roommate, who was from the area, asked me to try out to be a Vikings cheerleader with her. She backed out a few days before, but even though I'm a Packer's fan, I decided to go through with it for a new experience. I didn't make the team, but I did make it to the final round held on stage at Mall of America.
Where's your favorite place in the world? I love traveling! While I hope to explore more places in the future, some of my favorite places I've been to are Alaska, Ireland, and Iceland (I can't pick just one). As you can see, I'm not much of a tropical kind of gal.
Three words to best describe you:
Intuitive, Adventurous, Strong-willed

Kelly Zimmerman - ADRC

In the Spotlight

Breanna Schemenauer, Aging & Disability Resource Center



Where's your favorite place in the world?
At home; specifically in my big, comfy bed with my cat keeping my feet warm under the blankets.

One thing you can't live without:
CHAPSTICK in every room, vehicle, purse, diaper bag etc. And my giant water bottle, or I will shrivel up and die.

Jill Johnson, Fiscal

What's a fun fact about you many people may not know?
I've traveled to over 40 countries. Much of that was by myself, often with a backpack, but travel has definitely gotten a little cushier as life has progressed.

Where's your favorite place in the world?
Dakigaeri Gorge (see picture) near Kakunodate, Akita, Japan. The water of the river that carved the gorge is an amazing turquoise blue due to copper in the soil. The hike along the rim has one gorgeous vista after another, with a couple waterfalls to climb to as well.

If you could have any superpower what would it be?
The ability to fly! That would save a lot on airfare!

WELCOME to DHS: Erin Johnson, Recovery & Wellness

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?
After I graduated high school, I traveled through Europe for three months, spending two of those months in Italy, in a small town south of Florence. Some friends and I found an opportunity to work in a factory, and instead of pay, we would receive free room and board. We were in charge of packaging soaps in their boxes for a boutique in France, and assembling the label cards for Dolce & Gabbana products! Definitely the most bizarre job I have had!

What would you do for a career if you weren't doing this?
Ever since I was a child I wanted to work in the ocean. Before studying to be a social worker, my major was in archaeology, with the goal of being a marine archaeologist. I heard someone speak about social work, and I fell in love with the profession, and have never regretted changing paths, BUT maybe when I retire… ;)

Top three life highlights:
The day I met my husband (we met selling raffle tickets at a Styx/Def Leppard concert); The day my daughter Eleanor was born, The day my son Odin was born.

Jessica Barrickman, RWC Multi-County Consortium

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?
I worked at Chuck E Cheese's when I was in high school….yes I wore the mouse costume and danced for birthday parties…and I can still sing the Chuck E Cheese Birthday song (although when in costume you weren't allowed to speak, but there was a dance that went to the words)!

What is the best career lesson you have learned so far?
Every challenge is an opportunity for growth within yourself, within your team and within the system as a whole. Challenges rarely scare or worry me but excite the problem solver within me! I am an ultimate "nerd" when it comes to strategic planning and program development LOL

What would you do for a career if you weren't doing this?
I love teaching and have been a part time instructor for UW Madison and UWEC for the last 8 years. The idea of potentially doing this full time some day is in my 20 year plan. I also have a dream of being an independent contractor someday assisting agencies with organizational change. Outside of the social work arena…I have thought about massage therapy, yoga instructor, construction worker or to flip houses…different types of stress and more physically engaged!

In the Spotlight

Erica Campbell, Children, Youth & Families - CPS

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?
Right after I graduated from college, I worked for Disney World as a lifeguard. While living in Florida I had three roommates, one from Japan, one from France, and one from Germany.

What would you do for a career if you weren't doing this?
I had interest in becoming a flight attendant or a news anchor!

I
f you could learn to do anything, what would it be?
I have always been fascinated with American Sign Language as a way of communicating. When I was a child I knew over 100 signs although now only remember a few of them.

Which way does your toilet paper hang on the wall-over or under?
Either, it doesn't bother me if it's over or under!

Hannah Kleist
Children, Youth & Families - CWDA

One TV show/movie you are ashamed to admit you love:
"Wrong Missy." It's on Netflix.

If you could have any superpower what would it be?
Teleporting!! I would love to go anywhere quickly as I am not a fan of driving.

What chore do you absolutely like/dislike? **I hate dusting and washing dishes by hand.**

Before working at Chippewa County, what was the most unusual or interesting job you've ever had?
Before becoming an Economic Support Specialist I was a Neurological Personal Trainer for Marshfield Clinic. I developed personalized exercise plans with Physical Therapist for individuals with varying Neurological disorders like MS, Traumatic Brain Injuries, Parkinson's, etc.
What is the best career lesson you have learned so far?
My mom always taught me "don't burn your bridges."
What would you do for a career if you weren't doing this?
Something in Health Care.
What's a fun fact about you many people may not know?
I went to a K-12 school and my graduating class was only 24 people!
Where's your favorite place in the world?
My Grandma's House
One TV show/movie you are ashamed to admit you love:
I am a reality TV show junky! Siesta Key on MTV.
What chore do you absolutely like/dislike?
I don't have a dishwasher so I really hate doing the dishes. As the saying goes no one tells you as an adult you will always be cleaning your kitchen!

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

Health Officer/Public Health Director Angie Weideman provides a department program and financial report for review and discussion.

Chippewa County Health and Human Services Board
Department of Public Health
Angie Weideman's Director's Report

April/May 2022

COVID-19 Updates

The Public Health Director will give an update of disease numbers reported from the world level down to the Chippewa County level at the meeting. Attached is the Chippewa County COVID-19 case updates for May 9.

Administration Division

The Fiscal/Admin Team has been preparing for the summer months and the many different duties we complete during this time. We are preparing to send out the Food Safety and Recreational Licensing (FSRL) renewals as well as preparing for Beach Water testing. We continue to offer breastfeeding peer counseling, providing car seat safety checks upon request, and providing support at the COVID-19 vaccination clinics and our normal monthly immunization clinics. The Doris Vennard Committee met this month and decisions were made on this year's scholarship recipients; students have been notified of their awards.

In the past month, we have conducted our annual Respirator Fit Testing on Public Health staff. Wheelchair equipment loans have been very steady over the past month. We continue to follow-up and reach out to people who are nearing their equipment term and sending overdue letters.

Community Health Division

Highly Pathogenic Avian Influenza (HPAI)

We reported in March that we were starting to prepare for HPAI, as there was a case in Wisconsin in Jefferson County. Since March, cases in Wisconsin and the United States have increased drastically. At the time of this report, there have been no reported cases in Chippewa County, but our neighbors to the north, Barron County, have had five separate flocks impacted. The flocks that have been impacted have been both commercial and back yard flocks that needed to be depopulated. Impacted flocks are seeing increased numbers of sick birds and higher than normal death rates in the flock, therefore, testing is completed to confirm HPAI. Once a flock is identified as having HPAI, the flock manager works with the Department of Agriculture Trade and Consumer Protection (DATCP) to ensure the proper procedures are followed to depopulate and help prevent further spread. The farms impacted have had to depopulate all birds on the premise, which for some farms was in the 100 of thousands of birds.

To help prevent the spread of HPAI, farmers are asked to have a biosecurity plan in place that looks at the hygiene of the farmers, the cleaning of the barns, and eliminating exposure to wild birds. These procedures include not allowing the flock outside, closing the barn curtains, having one set of clothing for each barn, spraying down boots prior to leaving one barn to the next, and spraying down vehicles as they enter the driveways. Domestic birds (chickens and turkeys) and migratory birds (geese) can all be infected with HPAI. Humans are at risk if they work directly with the birds on a regular basis or as part of depopulation process. Wearing proper protective equipment such as mask and suits will reduce the risk. All people exposed to an infected flock will be monitored for development of symptoms.

Here in Chippewa County, we have created a work group that includes Public Health, Emergency Management, Land Conservation, UW-Extension, and a representative from DATCP. The work group has been meeting weekly to develop messaging and stay up to date with all information that has been coming in about HPAI. Communication has went out to all employees, 4H leaders and participants, and on social media to help keep individuals informed.

Due to the HPAI, DATCP has suspended the movement of domestic birds to live events. This may affect our local fairs if the order is extended beyond this order. Please see the attached DATCP News Release for more details.

COVID-19

The number of COVID-19 cases decreased in the month of March and into April, but we started seeing an increase in numbers again towards the end of April. Our COVID-19 response remains the same with LTE staff following up on cases in certain age groups and a form is sent out via email or text to others. This continues to have a good response rate. We continue to work with schools, daycares, and other community partners to answer all questions on COVID-19 response.

Vaccine clinics continue to happen twice a month. Last month a second booster was approved for all individuals over the age of 50. With this additional booster, we have seen increased numbers at our clinics again. Individuals are able to call our department to sign up or they can visit our website to sign up.

Healthy Kids Day

Staff had a booth at the YMCA's Healthy Kids Day, where they provided education on car seat safety. The event was a big success with about 250 kids visiting our booth. Most parents are surprised when they see the kid cutouts that explain the size of the kid and which seat they should be in as most move their kids too soon to the next seat or no seat at all.

Nurse Family Partnership (NFP) Nurse

We did have our NFP nurse decide to move on with her career path. We will be filling this position as soon as possible. In the meantime, other nurses from our consortium with Eau Claire and Dunn County are checking in with the families to ensure they are still receiving services.

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 April, we received 1,648 new reports: 276 confirmed (246 Coronavirus, 5 Influenza, and 13 Chlamydia); 30 probable (21 Coronavirus, 6 Lyme Laboratory Report and 2 Salmonellosis); and 1,329 that did not meet the definition of a case (1,298 Coronavirus, 16 Influenza-Associated Hospitalization, and 3 Hepatitis C). See the attached report for further breakdown by disease type.

<u>Environmental Health Division</u>

In March, Environmental Health had their Agent Evaluation, which takes place every three years. The Department of Agriculture Trade and Consumer Protection (DATCP) reviews our policies & procedures, inspection reports, and inspection numbers to determine compliance with our agent contract and to develop a work plan for the next three years. Overall, the review went well and an attainable work plan was developed.

The last two months have been busy with licensing of new establishments and change of ownerships. In March, Beefit Nutrition (Cadott) and Batman Tavern (Chippewa) changed ownership. In April, Americinn (Chippewa) and Paradise Shores (Holcombe) changed ownership and these facilities hold multiple licenses for food, lodging, and their pools. Bresina's (Grand Ave Chippewa) changed ownership and is now Sid Harvey's Diner. Wild Flour Bakery (Chippewa Falls) and Rise and Shine Coffee House (Cornell) were new establishment issued licenses. Spaeth Farms was issued two licenses, one for on-the-farm frozen meat sales and one mobile license for sale of meat at farmers markets. Two new tourist rooming houses were also licensed in Holcombe. During this time, a total of 111 inspections were logged including: 40 restaurant inspections (3 re-inspections, 3 pre-inspections, and 3 complaint inspections, 31 routine inspections), 21 retail food inspections (6 pre-inspections and15 routine inspections), 18 spring school inspections, 19 lodging (4 pre-inspection, 2 complaint, 13 routine inspections), 13 pool inspections (6 pre-inspections and 7 Routine inspections)

In April, one home in the city of Cornell was placarded due to harborage of trash leading to a rat infestation. At the time of this report, the home remains placarded but has been almost fully cleaned and pest control has been hired.

Nutrition

Women, Infant and Children (WIC) Program

Due to the Abbott Similac formula recall and current limited production of certain Similac formula, approved infant formula substitutions were extended through May 31 allowing families the opportunity to find a comparable formula.

Congress approved an extension of the increased cash value benefit (CVB) for fruits and veggies for WIC participants through September 30.

The Public Health Emergency Declaration has been extended until mid-July, which allows WIC to waive physical presence for appointments through mid-October.

Farmers Market Nutrition Program (FMNP)

The Farmers Market Nutrition Program runs June 1 – October 31. This year each eligible WIC participant will have the opportunity to receive $30 in vouchers to use at an any authorized farmers market or farmstand in Wisconsin to purchase locally grown fruits, vegetables and herbs. In 2021, Chippewa County WIC enrolled families redeemed about $9800 worth of FMNP vouchers and the Farmers Market Nutrition Program generated about $12600 in revenue for our Chippewa County authorized farmers.

WIC and UW Extension FoodWIse are partnering to provide WIC enrolled families a "Fun at the Farmers Market" session in June, July and August at the downtown Chippewa Falls Farmers Market. Families will have the opportunity to discover ways to choose, store and freeze produce, sample a seasonal farmers market recipe and participate in a scavenger hunt. WIC staff will be present to issue farmers market vouchers to eligible families and assist families with questions while shopping.

ForwardHealth

Pangya continues to assist community members with ForwardHealth program application assistance. She will present to Chippewa Valley High School seniors about ForwardHealth Programs and will be available for application assistance as needed. She has been attending COVID 19 "unwinding" trainings to prepare for when the Public Health Emergency ends. Benefit renewals have been on hold due to the Emergency but once it ends, all members will need to complete a renewal so we expect an increase in the number of residents needing assistance.

Western Regional Center (WRC)

Spring is typically the busiest time of year for the Western Regional Center, and this year was no different! We have presented a flurry of trainings, attended transition fairs and other outreach events, and assisted a number of counties in our region with special projects over the last two months. Highlights include:

-Four Youth Health Transitions trainings (One virtual event for adoptive families, one virtual event with UWEC Honors students, an in-person training for families and youth in Rice Lake, a virtual What's After High School event with Jackson County), and a Medical Home training in person with Early Ed students at CVTC in Eau Claire.

-Two huge youth transition events in which we had a booth and interacted with many families in Barron and Dunn Counties.

-Met virtually with a group of parents, CESA professionals, teachers, and Special Education Director for Superior School District to assist in the creation of a Parent Advisory Council in Douglas County.

-Met in person with the School Psychologist and some parents at Ellsworth School District at an autism support group.

-Offered five listening sessions with families of children with special needs in order to gather input to complete the 2022 Community Assessment. This year's listening sessions offered no new information, however, reinforced our awareness that we need to have an updated and more interactive website and a Facebook page to better serve our large region.

-We presented the first training in the new CARE series of family trainings, 'Caring for the Whole Family', a few months ago. In March, we observed the second training in preparation for offering this in the near future for families in our region. This second training is 'Assembling a Care Notebook'. We plan to offer all four of the CARE series trainings yet this year; the other two are 'Requesting a Shared Plan of Care', and 'Exploring Care Mapping' (we have presented this one in past years).

The biggest news from the Regional Center is that Jeanne Gustafson announced that she would be retiring on May 2. Jeanne has a unique position in which she primarily works with families of children ages 0-2 who have been identified with hearing loss or deafness, and occasionally performs the hearing screens for babies born in the home, in a program called Wisconsin Sound Beginnings. This position covers over half of the state of Wisconsin, and was 100% grant-funded until this year. Much discussion was had concerning whether or not to re-fill this position, and the decision was ultimately made not to fill the position at this time. The primary reason for this decision is that the Early Hearing Detection and Intervention (EHDI) program will be losing its Title V funding, and no alternative funding source was located by the State to fund the position after 2022. Many decisions had to be made concerning where to send the costly equipment for this program, including hearing screeners. The State made the final decision to send the existing equipment to Barron, Clark and Monroe/Vernon Counties. These communities have high Amish populations and high rates of home births, in which the early hearing screenings are especially important. This type of testing is routinely performed in the hospital when a child is born. In the above mentioned counties, there are Public Health staff who are willing to assist with some hearing screens as needed, and all other assistance will be provided by Elizabeth Seeliger, State Audiologist and Manager of Wisconsin Sound Beginnings.

Western Regional Center's first quarter data was submitted. The number of Information and Referral (I & R) calls, as well as professional consultation calls, have jumped back up to pre-COVID-19 levels. There were 72 parent/family I & R calls from January through March, and 42 calls from teachers, therapists and other professionals for consultations.

The numbers of Children's Waiver and Comprehensive Community Services referrals continue to be high, with an average of about 10 per month. There has been an increase in the number of Birth-To-Three referrals in the past few months.

The Western Regional Center would like to welcome our new County Board members (as well as our returning Board members) and extend an invitation to meet with anyone who is interested in learning more about what the Regional Center does. We are the only Regional Center in Wisconsin who also serve as the Single Point of Access for all children with special needs in a county. We have an extensive State Work Plan and we are involved in many exciting initiatives throughout our 18-county region!

NACCHO COVID-19 Hotwash

Please see the attachment in your agenda packet from NACCHO: Bridging Preparedness, Infectious Disease, and Maternal-Child Health within Cities and Counties. This details themes from around the United States and is a COVID-19 hotwash with local health department directors and staff. A hotwash is done during/after an emergency situation to learn from the intense situation and to help prepare for other emergency situations that could arise. In the Health Department, we do internal hotwashes after a foodborne outbreak, tornado, or any emergency situation in which we help with the response. In June 2021, we started doing a hotwash related to COVID-19, where we asked community partners, community members, staff, and the County Department of Administration what went well and where we could make improvements. Sadly, COVID-19 up-ticked before we were able to pull together a final report for that hotwash. COVID-19 cases slowed in March/April 2022. We have surveyed our community partners, community members, staff, and ICS leads so that we can pull together a report with findings from June 2021 and May 2022. We will share these findings once they are compiled. Once we have our report, we can compare it to the NACCHO national findings.

Strategic Planning Update

CCDPH created a strategic plan in the end of 2019 for 2020-2023. We were not able to have our strategic planning teams meet as we usually do because of the COVID-19 pandemic. Our teams will start meeting again in June to assess what we were able to complete. We will report this back to the Health and Human Services Board in July. Our staff will work with our new Board Chair and the Western Regional Office of Policy and Practice Alignment to give our strategic plan a "face-lift" to prepare for 2023-2026. In preparation for this, a survey was sent out to all public health staff, community partners, and many community members to get feedback on what the health department is doing well and where we can make improvement.

Years of Service

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

April

- Kristen Kelm, Community Health Division Manager – 9 years

May

- Anita Amodt, WRC Medical Services Screener – 4 years

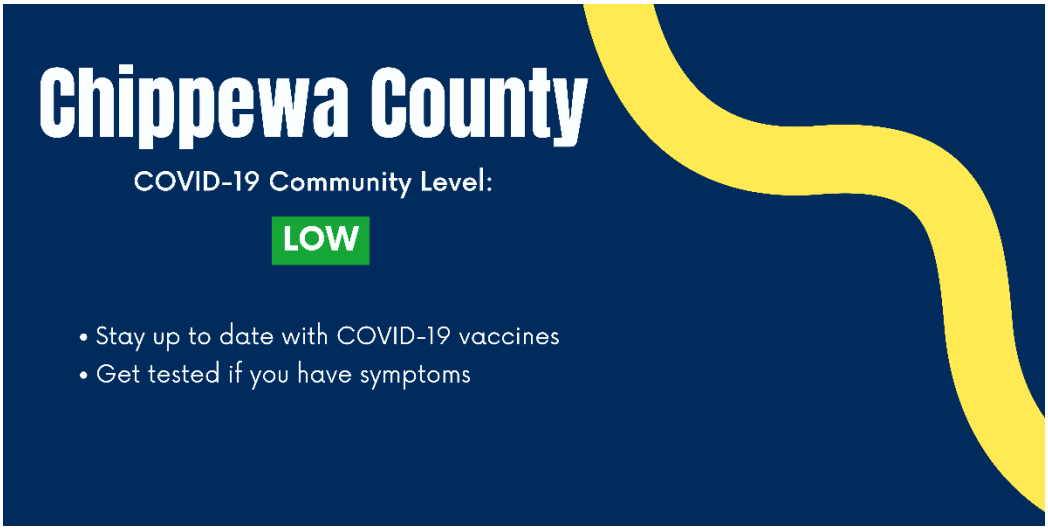
Chippewa County COVID-19 Update

COVID-19 Community Level

> *The CDC COVID-19 Community Levels metrics are designed to help minimize the impact COVID-19 has on our health care systems, while also protecting those who are most at risk of severe illness.*

Chippewa County's community level is currently low. CDC updates the status every Thursday based on three key metrics:

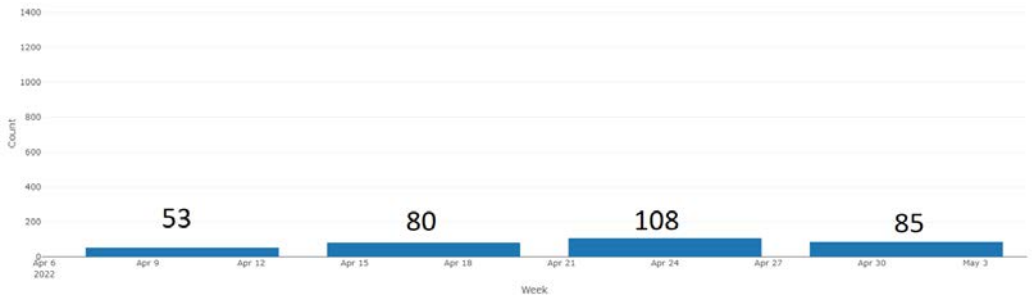
- New COVID-19 hospital admissions per 100,000 population in the past 7 days.
- The average percent of staffed inpatient beds occupied by COVID-19 patients in the past 7 days.
- The number of new COVID-19 cases per 100,000 population in the past 7 days.



COVID-19 Case Update

> *COVID-19 case counts have been trending upward in Chippewa County over the past 4 weeks, as shown in the graph. There was a total of 326 cases over the past 4 weeks. Please note that 4 out of 6 counties bordering Chippewa County moved to Medium risk last week.*

- Week of April 10: 53
- Week of April 17: 80
- Week of April 24: 108
- Week of May 1: 85



NEWS RELEASE

Wisconsin Department of Agriculture, Trade and Consumer Protection

datcp.wi.gov

DATCP Issues New Order Suspending Movement of Domestic Birds to Live Events

FOR IMMEDIATE RELEASE: May 10, 2022

Contact: Kevin Hoffman, Public Information Officer, (608) 224-5005,
kevin.hoffman@wisconsin.gov

MADISON, Wis. – The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) has issued a new order prohibiting the movement of domestic birds to all live events, including shows, exhibitions and swap meets. The order comes as the state continues to see cases of highly pathogenic avian influenza (HPAI) in domestic and wild birds.

The new order replaces the special order issued on April 7. It expands the suspension from poultry to all domestic birds and will remain in effect until 30 days after the last detection of HPAI among domestic flocks in Wisconsin. Domestic birds are defined as any avian species held in captivity, including poultry, ratites, pet birds, and farm-raised game birds that have not been released into the wild.

A listing of HPAI detections and dates can be found on the DATCP website at https://datcp.wi.gov/Pages/Programs_Services/HPAIWisconsin.aspx.

Poultry owners are strongly encouraged to continue practicing strict biosecurity and, when possible, keep their flocks indoors to prevent contact with wild birds. DATCP also asks poultry owners to register their premises. State law requires that all livestock owners register where their animals are kept, and registration helps animal health officials during disease outbreaks.

To report increased mortality or signs of illness among domestic birds, contact DATCP at (608) 224-4872 (business hours) or (800) 943-0003 (after hours and weekend). Reports also can be emailed to datcpanimalimports@wisconsin.gov.

###

Find more DATCP news in our newsroom, on Facebook, Twitter, and Instagram.

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 4/1/2022 to 4/30/2022

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	246	21	1	1298	1566
INFLUENZA-ASSOCIATED HOSPITALIZATION	0	0	0	16	16
CHLAMYDIA TRACHOMATIS INFECTION	13	0	2	0	15
LYME LABORATORY REPORT	0	6	3	2	11
GONORRHEA	4	0	3	0	7
INFLUENZA	5	0	0	2	7
HEPATITIS C, CHRONIC	1	0	0	3	4
CAMPYLOBACTERIOSIS	2	0	1	0	3
CARBON MONOXIDE POISONING	3	0	0	0	3
SALMONELLOSIS	1	2	0	0	3
HEPATITIS B, CHRONIC	0	0	0	2	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	0	2	2
CRYPTOSPORIDIOSIS	1	0	0	0	1
E-COLI, ENTEROTOXIGENIC (ETEC)	0	0	1	0	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	0	1	0	0	1
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	1	1
MEASLES (RUBEOLA)	0	0	1	0	1
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	0	1	1
PERTUSSIS (WHOOPING COUGH)	0	0	0	1	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	0	0	1	0	1
TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE)	0	0	0	1	1
Total	276	30	13	1329	1648

Default Filters: 'State' EQUAL TO 'WI'

BRIDGING PREPAREDNESS, INFECTIOUS DISEASE, AND MATERNAL-CHILD HEALTH WITHIN CITIES AND COUNTIES

A Covid-19 Hotwash with Local Health Department Directors and Staff

Prepared by:
Center for Public Health Innovation at CI International
for the
National Association of County and City Health Officials

Authors:
Yvonne Kellar-Guenther, PhD
Stacey Quesada, MPH

Report Date: March 18, 2022

CI International

NACCHO
National Association of County & City Health Officials

EXECUTIVE SUMMARY

Project Overview

The COVID-19 pandemic has been the longest pandemic in the history of the United States. Because of this, it is important for local health departments (LHDs) to take the time to reflect on their response efforts and ask *what went well* and *what needs to be addressed for future public health emergencies*. Toward this end, LHD directors and staff who participated in this project were asked to provide insight into their health department's COVID[1] response by completing a survey and participating in one of two Hotwash sessions. The overall goal of this project was threefold: 1) identify the strengths and/or weaknesses of the collaboration between MCH, infectious disease, and emergency preparedness, 2) identify strategies and tools developed during the pandemic that should be utilized in the future, and 3) identify what needs to be in place so that LHDs can ensure pregnant people and infants have access to needed support during the next pandemic.

Key Findings

Hotwash participants identified twelve vulnerable groups they were able to support during the COVID pandemic by providing education, vaccinations, and/or resources for mitigation strategies. While Maternal-Child Health (MCH) was specifically mentioned, many of the vulnerable groups also include the MCH population (e.g., domestic violence victims, homeless, migrant workers, etc.).

Participants also identified three overarching themes that emerged to make the COVID public health response unique: 1) length of the pandemic, 2) spread of misinformation, and 3) politicization around the COVID public health response. These overarching themes led to several issues for LHDs including changes in staffing, decline in staff mental health, increased need for and reliance on external partners, expansion and adaptation of communication and outreach strategies, and degradation of the public's trust in public health. It is important to note that all of these issues were extremely interdependent for

[1] COVID is used as shorthand for COVID-19 or Coronavirus Disease 2019.

LHDs during their COVID response efforts. Any one of these issues had the potential to intensify the other issues.

Staffing

The majority of directors (74%) and staff (66%) reported on the survey that their role changed as part of their LHD's COVID response. As a result, some public health programming was stopped, some diminished, and some continued as usual. While a majority (68.8%, 33/48) of LHDs in the survey reported their staffing stayed levels stayed within the same full-time employee range, 29% (14/48) said their staffing increased. New staff included 1) communications staff, 2) COVID unit staff, 3) contact tracers and case investigators, 4) epidemiologists, and 5) medical assistants.

Challenges Encountered with Respect to Hiring Temporary Staff

- Temporary staff were not really temporary. Due to the prolonged nature of the pandemic, a lot of the temporary staff have been working at the LHDs for over a year.
- There were perceived inequities between staff categories. Temporary staff often did not get paid leave, sick pay, or vacation pay. In some cases, temporary staff were paid more than the full-time permanent staff they worked with.
- The need to rapidly hire a high volume of staff put a strain on the human resources (HR) and information technology (IT) departments at LHDs.

Benefits of Hiring Temporary Staff

- New efficiencies in the onboarding process were created to meet the hiring need.
- Temporary employees have helped build a public health workforce pipeline.

Recommendations with Respect to Staffing

- Create a system to streamline the hiring of new staff.
- Classify temporary staff as limited term staff.
- Add or maintain key roles such as community liaison, communications specialists, and epidemiologists.
- Identify sustainable funding streams to cover staffing needs.

Mental Health of Public Health Staff

The demands placed on LHD staff, the duration of the COVID response, and the perceived lack of support due to the politicization of the response resulted in public health workers experiencing anxiety, depression, and burnout.[i] Directors began addressing mental health needs later in the pandemic but in the future, this needs to be addressed at the outset.

Recommendations for Supporting Mental Health of Public Health Employees

- Cross-train LHD staff to allow for mental health breaks when needed.
- Teach resiliency techniques to staff so they can engage in self-care.
- Discuss compassion fatigue and burnout so workers know when to seek help.

- Bring in external partners to provide mental health support to public health workers.
- Have dedicated staff who deliver employee wellness programming.
- Hold employee appreciation events/programs.
- Partner with mental health experts within and outside of public health to provide support and education for employees.

Collaboration

Survey respondents rated collaboration between Emergency Preparedness and Response (EPR), Infectious Disease (ID), and MCH high prior to and during the COVID response. Of concern is survey respondents' rating on the survey item "Working with MCH, EPR, and ID during our COVID response accomplished things for pregnant and postpartum people and infants in our community," which was rated low (i.e., 3 on a 5-point scale). This can be problematic; if the collaboration is not perceived to be making a difference, groups will be less likely to work together in the future. While hotwash participants shared success stories with respect to reaching various vulnerable populations - homeless, rural, victims of sexual assault, migrants, refugees, etc. - they may not realize these groups include the MCH population. Reminding staff of these important outcomes and celebrating the successes will improve their perception of the collaboration and increase their willingness to collaborate in the future.

Mutually Beneficial Collaboration Outside EPR, ID, and MCH

- Community partners helped with vaccine distribution and administration, COVID testing, monitoring for community outbreaks, disseminating public health messaging, distributing and providing needed resources, connecting with hard-to-reach populations, and providing feedback on the impact of the public health regulations on school and local businesses.
- Community partners were able to educate the public on their services at LHDs' vaccine events.
- Public health supported businesses by supporting employee health.
- Public health officials stepped in to provide services to those in quarantine and isolation (e.g., voting sites, temporary housing) that other agencies could not.

Recommendations for Building and Sustaining Collaborative Relationships

- Maintain contact with new partners; dedicate LHD staff to ensuring those relationships are sustained.
- Include partners (e.g., politicians) in planning and educate partners on all public health services.

Communication and Outreach

Hotwash participants identified several modes of communication that were utilized during the COVID response, ranging from expected modes such as social media to more innovative and unexpected modes like a pen pal system for reaching an Amish population. However, in trying to communicate and conduct outreach with their communities, LHDs were confronted with large amounts of misinformation, especially on social media. Research reveals three main types of misinformation that emerged during the COVID-19 pandemic: false claims, conspiracy theories, and pseudoscientific health therapies.[ii]

Recommendations to Combat Misinformation

- Conduct regular updates and briefings.
- Provide public facing data dashboards and update them regularly.
- Leverage partners who are respected and trusted by the community to help combat misinformation.
- Stay ahead of the information as much as possible.
- Disable comments on social media platforms if they become problematic.
- Incorporate strategies for addressing an infodemic in your preparedness and response plans.

Inconsistent messaging between different levels and even within the same levels of the government led to frustration by LHD staff and communities. It also contributed to the loss of trust in public health.

Recommendations with Respect to Inconsistent Messaging

- Encourage the use of conversation templates within your LHD and, if possible, across your region or state to ensure consistent messaging.
- Include politicians and representatives from other government agencies in your LHD's planning efforts as this may help prevent breakdowns in communication during rapidly changing responses.
- Reinforce the message that sometimes "change is good" when it comes to response efforts. Protracted responses will require changes in guidance as the emergency and the data evolve over time.

Another barrier to LHDs' communication and outreach efforts during their COVID response was a perceived lack of trust in public health.

Recommendations for Improving Trust in Public Health

- The response to a public health crisis should be led by public health. Public health should educate politicians on their emergency response plans and welcome feedback from those partners.
- Highlight your LHD's existing public health promotion and disease prevention programs.
- Be transparent and proactive: share data and information early and often.
- Work with your state to designate public health employees as first responders.
- Foster and encourage a culture that separates public health and politics.
- Find creative ways to give back to the community (e.g., food vouchers/coupons).

Planning for the Next Public Health Emergency

Hotwash participants emphasized the importance of LHDs conducting their own hotwashes, or After-Action Reviews (AARs), to ensure lessons learned are not lost and mistakes are not repeated in future pandemics. LHDs should use the lessons learned to create or update their emergency preparedness plans. The CMIST Framework[iii] and Toolkit for State and Local Planning and Response[iv] can be used to ensure the needs of vulnerable populations are met.

CONTENTS

FIGURES

INTRODUCTION

Project Overview

As we continue to endure the COVID-19 pandemic, the longest pandemic in the history of the United States, it is important for local health departments (LHDs) to stop and reflect on the last two years so that they can learn from their mistakes, celebrate their successes, and identify ways to improve their response to future public health emergencies. Toward this end, the National Association of County and City Health Officials (NACCHO) partnered with the Center for Public Health Innovation at CI International to gather input from LHD directors and staff between December of 2021 and February of 2022. Directors and staff who participated in the project were asked to provide insight into their health department's COVID[1] response by completing a survey and participating in a live Hotwash session.

The overarching goal of this project was threefold:

1. Identify the strengths and/or weaknesses of the collaboration between Maternal-Child Health (MCH), Infectious Disease (ID), and Emergency Preparedness and Response (EPR).
2. Identify strategies and tools developed during the pandemic that should be utilized in the future.
3. Identify what needs to be in place so that LHDs can ensure pregnant people and infants have access to needed support during the next pandemic.

In addition to the above goals, this project also set out to give LHDs a voice as they emerge from the stress and uncertainty of the COVID pandemic, a chance to share lessons learned with one another, and an opportunity to foster a sense of solidarity and pride in everything they have endured and accomplished over the last two years.

[1] Throughout the report, COVID is used as shorthand for COVID-19 or Coronavirus Disease 2019.

How to Read This Report

Throughout this report, colors are used to distinguish the two different categories of individuals who participated in this project: local health department **directors** and local health department **staff**. **Directors are represented by a burgundy color** in quotes and charts while **staff are represented by a green color**.

"Direct quote from a director participant." (Director)

"Direct quote from a staff participant." (Staff)

It is important to note that everyone who took part in the project completed a survey. All **staff** who completed a survey were also able to participate in the Hotwash but not all **directors** who completed a survey were able to participate in the Hotwash. Therefore, a **lighter shade of burgundy is used in charts to represent all directors** while the **darker shade of burgundy is used to represent the subset of directors who completed the survey *and* participated in the Hotwash**.

Key takeaways, recommendations, and lessons learned are interspersed throughout the report either as **bolded text in the body of the report** or in a callout box like the one shown below. These takeaways, recommendations, and lessons learned were provided by participants or were identified in supporting research.

RECOMMENDATION

Key takeaways, recommendations, and lessons learned are presented in a callout box like this.

METHODS

A survey and a hotwash with LHD directors and staff comprised the two methods of data collection for this project. The survey captured background information on participants and their LHDs and helped identify accessibility needs as well as optimal dates and times for the Hotwash. The Hotwash gathered detailed insight into LHDs' COVID response efforts through rich and reflective discussion. Preliminary findings from the survey and Hotwash were shared with NACCHO's Maternal-Child Health, Infectious Disease, and Preparedness (MIP) work group to ensure validity and to capture feedback on what might be missing. Feedback from the MIP work group, which came in the form of recommendations for response strategies, has been incorporated in the project findings which are presented throughout the report.

Overview of the Hotwash and Survey

The Hotwash discussions carried out for this project followed the After-Action Review (AAR) format which asks four main questions, listed below.

- What was supposed to happen?
- What happened?
- What did and did not go well?
- What do you recommend for the future?

To recruit for the Hotwash, the NACCHO emailed invitations to the following NACCHO work groups: Maternal, Child, and Adolescent Health; MIP; and Public Health Preparedness. These work groups include both director level and frontline LHD staff. NACCHO also promoted the Hotwash on their Virtual Communities' COVID-19 page, an online platform for NACCHO members. The recruitment email stated 1) the objectives of the hotwash, 2) that the discussion would take three hours, and 3) that NACCHO would cover participants' registration fees for their Annual Preparedness Summit. Those who were interested were instructed to complete a survey that asked questions on demographic information (for the participant and their LHD), accessibility needs, LHD's goals for their COVID response, perceived interdepartmental collaboration at the LHD, and available dates/times for participating in the Hotwash.

Overview of Survey Respondents and Hotwash Participants

A total of 59 people expressed interest in taking part in the Hotwash. Of these, 48 completed the survey: 29 directors, nine frontline staff, and 10 who did not specify whether they were a director level employee or general staff. See Appendix A for a full description of each survey respondent group. All nine staff and 29 directors who completed the survey were invited to take part in either a Staff or Director three-hour Hotwash. All nine staff and 21 out of the 29 directors participated in the Hotwash. The health service districts of the 30 hotwash participants' LHDs comprise 40 counties across 18 states.

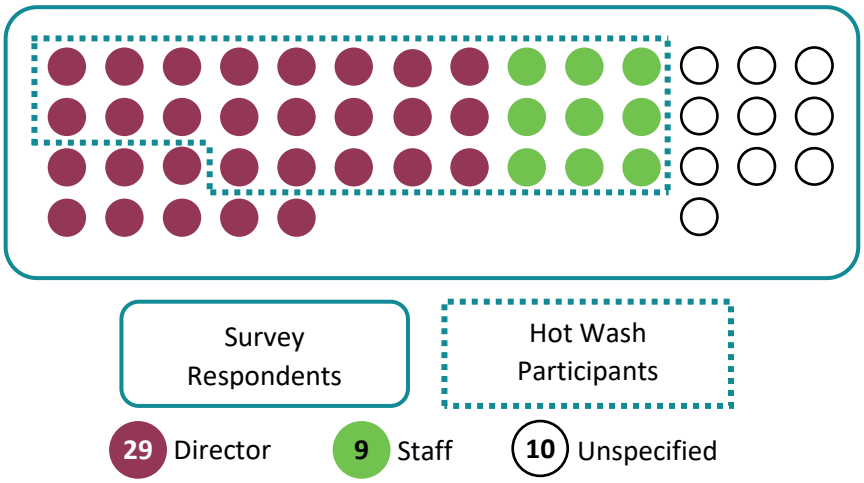


Figure 1. Overview of the representation of survey respondents in the Hotwash.

Survey respondents were asked if they work in any of the following areas: Maternal-Child Health, Infectious Disease, and Emergency Preparedness and Response. The majority of directors reported working in all three areas while the majority of staff reported working in only one (Figure 2).

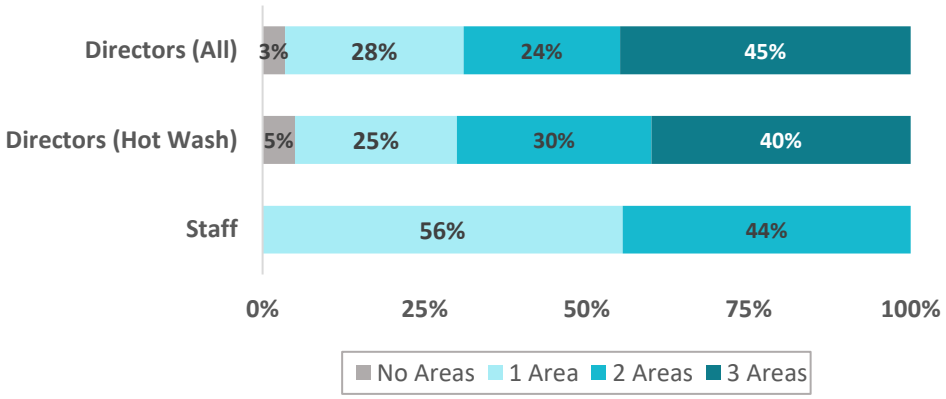


Figure 2. The Number of areas (Emergency Preparedness, Infectious Disease, and Maternal Child Health) worked in by all directors (n=29), directors who participated in the Hotwash (n=21), and staff who responded to the survey and participated in the Hotwash (n=9).

In terms of expertise, Emergency Preparedness had the most representation among survey respondents and hotwash participants, followed closely by Infectious Disease (see Appendix A). While participants were probed throughout the Hotwash to address the MCH population, less than half of the Hotwash participants actively work with that group.

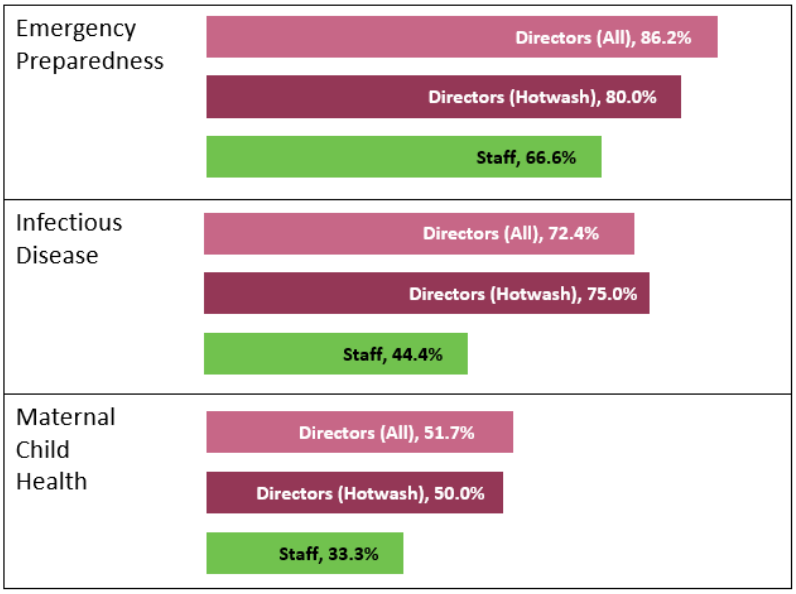


Figure 3. Areas of expertise represented by survey respondents and Hotwash participants.

OVERARCHING THEMES

Wide Diversity of Vulnerable Populations Discussed

Throughout the hotwash discussions, several vulnerable populations were identified. These groups were discussed in the context of what was done, who was missed, or because the facilitators specifically probed on the needs of pregnant people, postpartum people, and families with young children. While pregnant people, postpartum people, and families with young children came up more than other populations – most likely due to specific discussion probes – these MCH groups are part of almost all of the vulnerable populations mentioned; the focus is just on another defining factor of the populations that were discussed (e.g., homeless). This other focus is mostly likely due to that fact that only half of the participants work in MCH.

The vulnerable groups identified more than once during the Hotwash are listed below in order of most frequently mentioned to least frequently mentioned:

- population served by MCH programs;
- rural population;
- non-English speakers or English as a second language speakers (includes refugees and migrant workers);
- Hispanic population;
- homeless;
- Black, Indigenous, and People of Color (BIPOC);
- homebound; and
- victims of sexual assault and violence.

The groups that were only mentioned once include:

- multi-generational families;
- lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+);
- travelers who were stranded with COVID; and

- Amish.

Factors That Shaped the Response and Recommendations for Future Responses

During the hotwash discussions, it became clear that there were three overarching themes that made the COVID public health response unique:

- length of the pandemic;
- spread of misinformation; and
- politicization around the response.

These overarching issues drove staffing changes at LHDs, impacted public health staff's mental health, required LHDs to find new partners and/or strengthen existing community partners, affected LHDs' communication and outreach strategies, and may have contributed to a degradation of trust in public health.

Change in Staffing

As stated earlier, COVID has been the longest pandemic in the United States. This prolonged response has been problematic because the initial strategy for most local health departments was to reassign existing staff to help with the public health response (See Appendix C). The majority of directors (74%) and staff (66%) listed on the survey that their role changed as part of their LHD's COVID Response. As a result, some public health programming was stopped, some diminished, and some continued as usual. Regardless, public health agencies needed more staff. Hotwash participants stated that the new staff included (most frequently to least frequently mentioned):

> *"Personally, I think it's because this was such a protracted response. If it's only going to be one, two, three months, we're not asking people to develop a whole new program. Here we are going on three years now." (Staff)*

- communications staff (directors and staff);
- COVID unit staff (directors);
- contact tracing and case investigators (directors and staff);
- epidemiologist (directors); and
- medical assistants (staff).

While a majority (68.8%, 33/48) of LHDs in the survey reported their staffing stayed in the same range, 29% (4/48) said their staffing increased.

Challenges Due to Hiring Temporary Staff

During the hotwash discussions, directors mentioned that the increase in staffing was accomplished by hiring temporary staff. This led to some unique challenges.

- Temporary staff were not really temporary. Due to the prolonged response of the pandemic, a lot of the temporary staff have been working at the LHD for over a year. As one director stated, *"...I've got temporary staff that have been working for us for nearly 18 months."* This is problematic because temporary staff do not get sick leave, paid time off, health benefits, etc.
- Having two types of staff – permanent and temporary – has led to staff frustration and perceived inequities.

> *"We saw some of those same things with some of those temporary employees being second-class citizens, but we also saw the opposite of it in some particular instances where we hired temporary staff at a higher classification or a higher pay than full-time staff [who supervised them]." (Director)*

- The need to rapidly hire a high volume of staff put a strain on the human resources (HR) and information technology (IT) departments at LHDs.

Benefits Due to Hiring Temporary Staff

While temporary staffing posed challenges, it has also provided opportunity. Temporary staff could step in when a program needed assistance between outbreaks. *"When we had times where work slowed for some of our temp employees, I was able to do some just-in-time training and have them assist in programs that suffered over COVID response and still have them ready for the next wave." (Director)*

Directors noted that these temporary staff have helped build a workforce pipeline for LHDs. As one director stated, *"We've filled quite a few of our permanent positions with temp COVID staff."* Research reports that the COVID pandemic has had a negative impact on the public health workforce. One study reported that 66.2% of public health workers in their study reported burnout and those who planned to continue in public health for more than three years dropped from 85.2% in January 2020 to 61.6% in September 2020.[i]

Another benefit to hiring temporary staff is that it has improved the efficiency of the hiring system. As one director stated *"…we would say 'well we can't do this in our systems in these bureaucracies. We will never be able to hire folks.' Well, we hired folks, we did everything we said we couldn't do. We can't get a contract before six weeks, well we got them in three weeks…there was efficiencies that we put in place and I'm just hoping and praying and doing everything I can to keep those efficiencies in place, especially as it relates to HR, and even some IT areas and some of the other operational areas." (Director)*

Staffing Recommendations

Both staff and directors provided recommendations around staffing for future pandemics.

- There needs to be a **system in place to quickly hire** temporary staff, track their equipment, and ensure you have fiscal support to help manage the temporary funds to pay for these staff and equipment.

> *"We had to hire 300 contact tracers early on. This put a strain on HR, IT. All departments were affected by that. Moving forward, if something like this happens again, we're going to have to be able to build up capacity in a short amount of time and we should have systems in place to track equipment, laptops, as well as staff, etc." (Director)*

- **Classify temporary staff as limited term staff** so that they have access to benefits and are more equal to permanent staff.

Directors also recommended that now is the time to **start re-building the public health workforce** so that they can meet the needs of communities. As stated above, tapping into those who were temporary workers during the pandemic is one place to start but one director also talked about working with universities and colleges to find student apprentices who could gain experience to meet the minimum qualifications for their public health roles.

Directors also noted that **adding or keeping some key staff roles** was important in being ready for the next pandemic. Some roles specifically mentioned were:

- community liaisons;
- communication positions; and
- epidemiologists.

The community liaison and communication roles help LHDs in their future responses by helping to maintain the partnerships they have built during their COVID response and helping them improve communication and combat miscommunication; all key issues in the COVID response.

"I really think going forward, you know, when we think about equity, community engagement, planning, that can't be just one person trying to do all of that. We have to make sure that we have dedicated people to kind of take that on…centering equity takes work, and it's more than just saying it over and over and in meetings and in reports, it really takes a lot of, a lot of work and I think these need to be dedicated positions." (Director)

To meet these staffing goals, *"we need to think how to enhance local health departments with funding and staffing for coming pandemic or other emerging diseases." (Director)* As one director stated, a silver lining of the pandemic is that public health departments have received money to increase staffing to meet the need. However, *"new funding is not enough. For sustainable local health departments, we need sustainable funding flow to [build] local PH capacities." (Director)* A few of the directors stated that temporary federal funding is important, but that funding goes away when a new crisis emerges. The public health system needs to identify 1) **how to get sustainable funds to cover staffing needs** and 2) **mechanisms for how to get any new funding to the LHDs** because these funds can get held up at the state level.

Mental Health of Public Health Staff

As part of the COVID response, public health staff were pulled in many directions. They were asked to:

stop or reduce their everyday work to assist with the COVID response;

transition the COVID work they had been doing for months to new, temporary employees who may not have public health experience;

respond to and educate others on the changing messaging and recommendations; and

deal with the politicization of the pandemic response including anger and mistrust directed at them from community members.

Moreover, while 94% (17/18) of the directors voluntarily changed their roles due to COVID, only 57% (4/7) of staff whose roles changed said that change was voluntary. These demands, the prolonged

duration of the COVID response, and the perceived lack of support due to politicization[v] took a toll on the mental health of LHD staff. As one staff member shared, the shrinking public health workforce is because of the mental health stress public health workers have faced as part of the COVID response. *"I have colleagues diagnosed with PTSD and several have left public health." (Staff)* This view is supported by research stating that symptoms of anxiety, depression, and burnout were widely reported amongst public health workers, especially those who had been in the field between one and nine years.[i]

> *"The mental health of public health workers can't be stressed enough. We only have 16 or 17 full-time employees and out of those, four major relationships ended (marriages or serious relationships of five years or more) during the pandemic. Part of that is because when you're in direct patient care - you're a nurse or a doctor - you have at least a little bit of 'this is what you do in a crisis,' but in public health, we don't. It was interesting to see that all fall apart." (Staff)*

Mental health needs were identified as "something that did not go well" in LHDs' COVID response and as a need that has to be addressed in future pandemic responses.

Directors did identify efforts to address the mental health needs later in the pandemic response. These efforts are outlined below and should be considered early on in future public health responses.

- **LHDs designated a staff member to focus on employee wellness by:**
  - **leading staff through self-care exercises like breathing and basic exercises;**
  - **talking about work/life balance; and**
  - **putting out messages of appreciation and providing gifts like t-shirts, snacks, or water.**
- **LHDs partnered with mental health experts within and outside of public health to provide support via information, videos, etc.**
- **Therapy dogs visited work sites weekly.**

There were also recommendations for other approaches to try in the future to ensure public health staff's mental health needs are met. Suggestions included:

- **cross-training LHD staff so all staff can get mental health breaks when a public health response will take longer than a few months;**
- **actively engaging in activities to support mental health of the workers such as teaching resiliency techniques and discussing issues like compassion fatigue and burnout so workers know what to look for and are willing to seek help; and**
- **bringing in outside partners to provide mental health support to public health workers.**

STRATEGIES FOR SUPPORTING THE MENTAL HEALTH NEEDS OF LHD STAFF

- Cross-train LHD staff to allow for mental health breaks when needed.
- Teach resiliency techniques to staff so they can engage in self-care.
- Discuss compassion fatigue and burnout so workers know when to seek help.
- Bring in outside partners to provide mental health support to public health workers.
- Have dedicated staff who deliver employee wellness programming.
- Hold employee appreciation events/programs.
- Partner with mental health experts within and outside of public health to provide support and education.

Collaboration

When resources and staffing are tight, collaboration with other departments and external partners becomes key. Survey respondents felt that prior to COVID, EPR, ID, and MCH departments/units were ready to collaborate because they already had experience working together. Respondents rated their collaborative efforts as strong (see Appendix D for survey responses around collaboration between these three LHD areas). One director provided an example of how the units worked together. *"One of the things I first did when we started talking about vaccine is [reach out to] my immunizations coordinator. And I'm the director of emergency preparedness. I don't know anything about immunizations, she does…we started planning everything together well in advance of what was going on." (Director)*

While understanding the perceived level of collaboration is important, perhaps what is most important and predicts future collaboration is the belief that the collaboration was productive. **This is one area of concern.** On a five-point scale, survey respondents rated their belief that the collaboration was productive for the MCH community as "neutral"; it was the lowest average score on the collaboration scale.

Figure 4. Perception that Collaboration was Useful in Assisting MCH population Mean Item Score.

There are many articles in behavior change literature that state the importance of celebrating success to reinforce desired behaviors.[vi] It seems important, therefore, for LHDs to be able to recognize and celebrate their successes, however small, when it comes to supporting MCH and other vulnerable populations.

IT IS IMPORTANT TO HIGHTLIGHT THE IMPACT OF INTER-UNIT COLLABORATION TO ENCOURAGE FUTURE COLLABORATION

Oftentimes it can be difficult to see the impact of collaboration on the communities being served. This is especially true when the goal is to improve outcomes for the MCH population, but staff do not realize they are working with the MCH population when they are working with homeless, rural, victims of sexual assault, migrants, and refugee populations, for example. Hotwash participants shared stories of the impact of collaboration in being able to vaccinate migrant families and providing hotel rooms for members living in multi-generational households to keep "grandma separate from baby, separate from whoever is sick." (Director). These are MCH successes that came from collaborations with EPR and ID and meet the goal of improving outcomes for the MCH population. Reminding staff of these important outcomes and that they positively impacted the MCH population is important.

Expanding Partnerships

While collaboration within the LHD was strong, hotwash participants stated that the length of the pandemic, politicization of the COVID response, and the need to battle misinformation made it even more important to work with community partners. Public health professionals have excelled at partnering with agencies and community groups outside of their LHD; these partnerships became more important during the COVID response because of the barriers LHDs faced. A few hotwash participants mentioned having strong coalitions that were in place prior to the pandemic and that assisted them during the pandemic. One director explained *"…we have had the partnerships with those who serve domestic violence survivors as well as sexual assault child abuse. And so, when the schools closed down as well, you know, we also had strong partnerships with our child protective services divisions."* These partnerships were mutually beneficial; the community partners helped the public health department meet the needs of their community and the public health department helped community partners accomplish their priorities.

"We did have to really pull from our community [because of politicization]…The hospitals did start making billboards, the sheriffs department putting on [communication with pro-mask messaging]." (Staff)

Community partners helped meet community needs by:

- setting up and volunteering at vaccination sites and testing sites;
- conducting COVID testing;
- monitoring for community outbreaks;
- disseminating public health education messaging;
- distributing resources to first responders and homeless populations;
- providing resources to vulnerable populations which included pregnant people and families with young children;
- getting messaging out to hard-to-reach populations; and
- providing feedback on regulations, what they needed from the public health department, what was working, what wasn't working, etc.

Local health departments supported community organizations as well. Community partners were able to leverage LHDs' COVID-related outreach efforts to educate people on the services they provide. One director explained *"They set up a table and pass out goody bags/strike up conversations with those interested in learning more about their services available. It helps their agency and it helps the population we're serving also."* Public health could also provide direct support to businesses. *"I got a call from the plant manager, which is first time that ever happened, I said 'okay how are we gonna make this work? Let's give them the resources they need,' and that's how the…relationship started, and it grew from there." (Director)*

In some cases, public health officials stepped in to provide services these agencies could not. One public health director said they *"provided a site for voting for people who are in isolation in quarantine. We had our local elections and our election board reach out to us and we had folks get deputized to be election workers and we hosted a site so people could vote."* Below are quotes from directors in the Hotwash that highlight the various ways partnerships were utilized to support innovative response efforts.

"We worked with activists in the Burmese and Hispanic communities to bring mobile vaccination clinics to these high-risk communities and their neighborhoods." (Director)

"We had internships with the communications department - students who were struggling to find placements - developed our educational materials in various languages." (Director)

"…our wastewater surveillance [for COVID] [at university and city]…that's been an early warning indicator for us and we've been able to really inform the community based on wastewater. I think that was a strong partnership and collaboration." (Director)

"Our mayor here is actually very, I would say, public health oriented. So, we were able to work with…him to develop some mitigation techniques that he put into place..." (Director)

"We created a system using our Chamber of Commerce Tourism Board to communicate with businesses, about regulations and changes, but we also used that to get feedback on what they needed from us, what worked, what didn't work what, what we could do or not do. And they were really brutally honest, so it was helpful." (Director)

"[animal shelter] brought dogs to our vaccine events and to our offices. They provided a soothing break for everyone." (Director)

As illustrated in the last quote above, community partners also helped LHDs meet the mental health needs of their workforce.

The breadth and depth of partners was a positive outcome of the COVID response. Survey respondents identified 13 partners outside of EPR, ID, and MCH whom they collaborated with during their COVID response; hotwash participants identified another 17 (see Figure 5). While many of the partners listed may have worked with LHDs prior to COVID, the partnership was strengthened as a result of collaborating on COVID response efforts. In some cases, new partners such as voting advocacy groups came about because the LHD realized they were having a hard time reaching all of the groups in their community.

Animal Control	Animal Shelters	Businesses & Chamber of Commerce	City & County Municipalities	Clinical Services
Community Engagement (CBOs, Existing Collaboratives)	Colleges and Universities	Cultural Experts or Liaisons (e.g., CHWs)	Dentists	Election Board & Voting Advocacy Groups
Elected Officials	Environmental Health	Epidemiology	Faith Based Agencies	Federal Partners (e.g., Forestry, Ntl Guard)
Health Education	Healthcare Providers and Clinics Outside LHD	Immunizations	Jails	Law Enforcement
Long-term Care Facilities	Medical Forensics	Occupational Health Partners	Refugee Health	Schools & Childcare Centers
SNAP (Food Stamps)	State Agencies (e.g., Child Protective Services)	Transportation	Vital Records	WIC

Figure 5. All partners identified in the survey and the Hotwash.

Sustaining Partnerships

Both directors and staff highlighted the importance of keeping these collaborative partnerships going strong. Below are the recommendations suggested by hotwash participants to accomplish this task.

MAINTAIN COLLABORATION WITH COMMUNITY PARTNERS

- There is a person at the LHD whose role is to reach out and continue to work with community partners.
- Have a database of partners and contact information. Include agencies or providers that call in to public health for resources.
- Routinely check contact information to make sure it is up to date. Suggest the contact information is by role at the organization rather than by person (e.g., email address is for the role, not a specific person).
- Include politicians in preparedness and response planning efforts.
- Include community partners in preparedness and response planning efforts.
- Incorporate community partners into the local healthcare coalition. Their role could be as simple as attending once a year to stay up-to-date or being more actively involved.
- Attend community meetings to maintain relationships and, if possible, volunteer on the committee(s).
- Educate partners on all public health services.

Communication and Outreach

The protracted nature of the COVID response, in combination with the politicization around the response, led to an adaptation and expansion of the communication channels and outreach strategies LHDs use to deliver critical information and resources to their communities. With respect to communication, directors and staff who participated in the Hotwash identified several modes of communication their LHDs utilized during the COVID response, ranging from expected modes such as social media to more innovative and unexpected modes like a pen pal system for reaching an Amish population (see Figure 6).

Figure 6. Communication modes mentioned by LHD directors and staff during the Hotwash.

Communication and Outreach with Vulnerable Populations

With so many in-person services shut down, local health department directors and staff identified a wide range of strategies to conduct outreach with vulnerable and harder to reach populations during the COVID response. These strategies include:

- leveraging partners who work with vulnerable populations (e.g., Women, Infants, and Children, Department of Human Services, Ob/Gyns, non-profits, childcares, schools, etc.) to disseminate COVID-related information and guidance;
- using community health workers, or Promotoras, for outreach and education;
- using the Health Alert Network (HAN) to send important updates on vaccines and testing to Ob/Gyns, childcare centers, etc. as a means of reaching the mother and infant population;
- bringing vaccinations to those who are homebound;
- providing educational content in other languages (e.g., Spanish-speaking townhalls, educational videos in languages other than English);
- attending a weekly meeting with faith leaders from African American churches;

- sharing information and/or conducting vaccine clinics with large employers (meat processing facilities, motor companies, food distributors, agricultural businesses, etc.);
- sending LHD staff into the community to do outreach (e.g., community resource centers, churches, salons, baby stores, door-to-door, Kwanzaa event);

> *"Yes we went out to everywhere pregnant women might be...churches, salons and baby stores!" (Staff)*

- disseminating messages through community coalitions, committees, or task forces;
- tapping into voting advocacy groups to identify methods for reaching various populations as mentioned earlier; and
- conducting focus groups to tailor outreach and education efforts for vulnerable populations.

> *"Because [the community health workers] are indigenous to the communities that were at such high risk, they could talk their language. They knew what the priorities were in the neighborhood, what the concerns were for many of the people, and we had equipped with them with information to how to counter the concerns that they were experiencing." (Director)*

As mentioned earlier, partners were extremely important in helping LHDs communicate and conduct outreach with their communities during the COVID response. When asked specifically about the ways in which LHDs reached their pregnant and postpartum population during the COVID response, **many discussed the Women, Infants, and Children (WIC) program as being instrumental in ensuring this population continued receiving necessary resources and information**. According to one LHD director, *"[WIC] came down real quick with the plan to the states so I was impressed with WIC and I actually think our caseload is actually up...So, I have to give a big shout out federally to WIC and their proactive approach to getting us remote and really working with our clients as best we could."*

Other partners who helped LHDs reach the pregnant and postpartum population included Ob/Gyns, medical forensics teams, healthcare coalitions, non-profits, churches, and large employers who expanded vaccine clinics and outreach activities to include families of employees.

LEVERAGING PARTNERSHIPS FOR COMMUNICATION AND OUTREACH

WIC was recognized as a key partner for LHDs in reaching the pregnant and postpartum population during the COVID response. LHD directors and staff commended WIC for providing timely, clear plans to the states, adapting services to ensure continuity for clients and staff, and assisting LHDs with messaging by posting public health updates and information on their social media platforms, and disseminating COVID-related information at clinic visits, call centers, and food banks.

During their COVID response efforts, LHDs were not focused solely on the one-way transmission of information to their communities. They also wanted to hear back from their communities in terms of what was going well, what wasn't going well, and what their concerns, questions, and needs were. **Directors who participated in the Hotwash discussed some of the ways they sought feedback from their communities including focus groups, meetings with faith leaders, and a feedback system with businesses through the chamber of commerce. Directors who employed these feedback loops found them extremely helpful in guiding their response efforts and in reaching different populations.**

Communication Challenges

Despite such comprehensive efforts to communicate and conduct outreach with their communities, local health departments were faced with a multitude of challenges. The challenges identified during the hotwash discussions can be categorized into the themes which are listed below in order or prominence.

- social media
- misinformation
- inconsistent messaging
- response not led by public health

Social Media

Social media introduced several unanticipated barriers during the extended COVID pandemic. While some local health departments relied heavily on social media for messaging and education, others were not allowed to utilize any form of social media or were only allowed to use one or two social media platforms. Staff from this latter group of LHDs felt this was a barrier in being able to reach their communities effectively. However, those who did use social

> *"…we're not allowed to use social media, only Twitter and Nextdoor. That's a big hindrance when they're on TikTok and Instagram - that MCH universe." (Staff)*

media were confronted with waves of misinformation. In addition, some of the LHDs using social media pointed out its limitations in reaching the citizens in their health district. As stated by one hotwash participant, *"One of the things that we saw as a local health department, we were able to utilize social media to put messages out, but it became a crutch. When I analyzed the age, sex of the people using social media, it was a small percentage of our actual health district. We have 57,000 people in our health district. Only about 2,000 people that we saw on Facebook were actually from our health district. It became a crutch for us because it was really easy to pump a message out there, but we wouldn't duplicate that message to the radio, the newspaper, and the local TV channels." (Staff)*

Due to the potential challenges of social media, LHD staff and directors suggested supplementing social media with other messaging strategies to ensure a broader reach and to help dilute the misinformation being encountered on social media.

SOCIAL MEDIA RECOMMENDATIONS

- Disable comments on social media platforms if they become problematic.
- When conducting your community health improvement plan (CHIP), ask your community "what is the most effective way to reach you with important information?"
- Be sure to incorporate lessons learned with respect to social media into future preparedness and response plans.
- Incorporate multiple messaging strategies into your LHD's response plans to offset the limitations of social media.

Misinformation

Misinformation was a common barrier to response efforts, especially with respect to public health guidelines. This issue was brought up by directors and staff during the Hotwash. Although health departments were expanding and innovating their methods for disseminating evidence-based guidelines and information, local health departments were confronted with large amounts of misinformation, especially on social media. Research reveals three main types of misinformation that emerged during the COVID-19 pandemic: false claims, conspiracy theories, and pseudoscientific health therapies.[ii]

> *"Misinformation included fertility issues with mRNA vaccines. This has hindered vaccine uptake for those planning to have children." (Staff)*

The ease with which these types of misinformation were spread on social media contributed to what the Director-General of the World Health Organization referred to as a misinformation epidemic, or 'infodemic'.[vii] According to hotwash participants, a lot of their COVID response efforts had to go toward addressing this infodemic, which was affecting vaccine acceptance and vaccine uptake in their health service districts. As one hotwash participant put it, *"there really is a group that…they dispel everything … all the public health messaging. What's difficult is we had to maneuver through that. There was a lot of response to just the messaging part. It affected our maternal-child health people and our program managers and really affected those that became very vaccine hesitant in this pandemic that weren't that way prior." (Staff)*

> *"The fact that anybody can put their opinion into social media and they're talking to an echo chamber, and it gets amplified because of the algorithms of social media, they can say things like 'I heard that the vaccine will cause you to turn purple' and they're like 'oh yeah my aunt's cousin's brother's sister turned purple from it.' Now that becomes an amplified message and then you have people that do their blogs, vlogs, and they have a YouTube channel. Social media has complicated things. Someone's site might look very valid, their blog might look very official, like it's a valid scientific study, when in fact they talked to two people." (Staff)*

Responding to this unanticipated infodemic has proven extremely challenging for LHDs. However, hotwash participants found that **conducting frequent response updates or briefings, providing public facing data dashboards, utilizing a trusted spokesperson to disseminate the correct information, and disabling comments on social media were helpful tactics for countering misinformation**.

RECOMMENDATIONS FOR COMBATTING MISINFORMATION

- Conduct regular updates and briefings.
- Provide public facing data dashboards and update them regularly.
- Leverage partners who are respected and trusted by their communities to help combat misinformation.
- Stay ahead of information as much as possible.
- Disable comments on social media platforms if they become problematic.
- Incorporate strategies for addressing an infodemic in your response plans.

Inconsistent Messaging

Directors and staff who participated in the Hotwash conveyed their frustrations, as well as their communities' frustrations, with the inconsistent messaging between different levels and even within the same levels of the government. While some felt the inconsistent messaging was due to the rapidly changing situation, others felt it was due to a fragmented response which led to communication breakdowns between different government levels and sectors.

> *"Public trust has suffered immensely. I believe it's going to be a challenge to get public trust back and I think that was in part due to rapidly changing messaging and sometimes contradictory messaging at different levels of government, whether it was local, state, federal. And then sometimes messaging coming out in the media prior to any of us really even knowing the changes were forthcoming so I think that's partly it so then people stop listening to the messaging, period, or challenging it even more." (Director)*

According to a survey conducted early in the COVID pandemic, approximately 75% of US adults surveyed reported recently hearing conflicting information from health experts, politicians, and/or others.[viii] Hotwash participants felt this inconsistent or conflicting messaging contributed to a lack of trust in state and local health departments, thus making it more difficult for LHDs to disseminate crucial information effectively.

> *"…we're a small county so most of our TV coverage goes to a large population in [nearby city] and their LHD wasn't always consistent with the message that we were trying to put out. So, we were always trying to compete with them as well as trying to get the message out as much as possible. (Staff)*

Conversation templates (see Appendix F) can be a useful tool for ensuring consistent messaging, either internally at the LHD, or externally across partners. To promote consistency across other government levels and sectors, LHDs are encouraged to include politicians and government representatives in their preparedness planning efforts.

RECOMMENDATIONS FOR CONSISTENT MESSAGING

- Encourage the use of conversation templates within your LHD and, if possible, across your region or state, to ensure consistent messaging.
- Include politicians and representatives from other government agencies in your LHD's planning efforts. This may help prevent breakdowns in communication during rapidly changing responses.
- Reinforce the message that sometimes, "change is good" when it comes to response efforts. Protracted responses will require changes in guidance as the emergency and the data evolve over time.

COVID Response Not Led by Public Health

One way the response to this pandemic differed from previous public health responses is that it was not always led by public health at the state level. According to some of the hotwash participants, the inconsistent messaging was due, at least in part, to public health not being the lead agency in their state's COVID response efforts. This was brought up by staff and directors more than once in each Hotwash discussion. Specifically, participants expressed the following concerns/frustrations that stemmed from states designating a non-public health entity to lead their response:

- Politicians, specifically those not entirely sold on the science behind the pandemic, were leading the public health response.
- Public health was not viewed as a subject matter expert.
- Public health's experience with pandemic planning was ignored or unnecessarily duplicated.

> *"I feel like the change (between zika, h1n1 and covid) in [state] is a result of Health not taking the lead in the response effort. As [participant] stated, we have been doing pandemic planning for years, but the Department of Public Safety was tasked with taking the lead. In my opinion, that was the start of crumbling credibility of the public health response. I feel it would have been best received with Health in the lead, and with strong support for public health provided by other agencies." (Staff)*

"I think I want to just kind of echo what was just said in terms of the people of authority. In many instances, it was absolutely unreasonable, difficult, and just making things very problematic, and they continue to do that. This bipartisan kind of thing here, real conservative, science deniers, all that stuff, just really having to do to deal with that and having those people lead what is obviously a public health response was challenging. (Director)

Hotwash participants stressed the importance **of including politicians in LHDs' planning efforts to increase their awareness of and respect for public health's expertise in public health preparedness planning and response**.

RECOMMENDATION TO INCREASE PUBLIC HEALTH'S ABILITY TO LEAD RESPONSE TO PUBLIC HEALTH EMERGENCY

Make sure politicians and representatives from other government agencies are aware of your LHD's preparedness plans and consider inviting them to participate in future preparedness planning activities. This may help reinforce public health's role as subject matter expert when it comes to pandemic preparedness and response and convince leaders to designate public health as the lead agency in response efforts.

Loss of Trust in Public Health

The communication issues, including public health not leading the COVID response, have led to an ongoing challenge that public health will need to overcome – the loss of trust in public health. During the Hotwash discussions, directors and staff both brought up a perceived lack of trust in public health and how it has negatively impacted local health departments' ability to effectively share COVID-related information with their communities. Hotwash participants identified a variety of reasons for this waning trust including politicians speaking and acting on behalf of public health, public health not having the lead role in their state's COVID response, inconsistent messaging between the different levels of government, and an inadequate/late focus on vulnerable populations.

> *"Talking about the disjointed messaging and what contributed to the mistrust. I think one of the really challenging things from the federal level on down, is that we had politicians speaking for public health and politicians making public health decisions and recommendations." (Director)*

Hotwash participants were asked for ideas on how to rebuild the public's trust in public health. The most frequently mentioned recommendation was to shift from the heavy COVID messaging **to talking about all the services public health offers**. Participants thought the breadth and depth of what public offers was not really clear to community members. Another recommendation **was public health agencies increasing their transparency** by sharing data and information early and often. One recommendation that did not come up but could help increase trust is for **public health agencies to share how they helped and supported their community partners** (e.g. businesses, voting groups). This messaging could come directly from the community partners.

RECOMMENDATIONS TO REBUILD PUBLIC TRUST

- Highlight your LHD's existing public health promotion and disease prevention programs.
- Be transparent and proactive: share data and information early and often.
- Work with your state to designate public health employees as first responders.
- Foster and encourage a culture that separates public health and politics.
- Find creative ways to give back to the community (e.g., food vouchers/coupons).
- Share how LHDs helped community partners.

PLANNING FOR THE NEXT PUBLIC HEALTH EMERGENCY

As seen throughout the report, the hotwash participants offered many recommendations on the issues discussed above. A final set of recommendations focuses on taking the lessons learned from this pandemic to better prepare for future emergencies and ensure plans are in place to guide those efforts and the needs of vulnerable populations. First, participants recommended that groups (LHDs, specific units, coalitions) **conduct their own After-Action Review (AAR) or Hotwash**. As we stated earlier, the AAR format guides participants through four questions:

- What was supposed to happen?
- What happened?
- What did and did not go well?
- What do you recommend for the future?

There is an AAR and hotwash resource guide in Appendix F. The AAR format is gathers data on what did go well and what did not go well. If done correctly, the process is less about blame and more about highlighting what needs to continue and what new things need to be tried.

One potential outcome from a local AAR is for the group to create or update emergency plans. Both directors and staff recommended **creating or updating an existing Public Health and Emergency Preparedness plan** that could serve as a guide for the next emergency, including another pandemic. Access and Functional Needs planning and Continuity of Operation plans were mentioned. LHDs may want to update or create plans now while their experience with this pandemic is still fresh. **The CMIST Framework and Toolkit for State and Local Planning and Response can be used to ensure the needs of vulnerable populations are met**. Plans should also ensure that an Incident Management Team, with representation from all health department units, is in place. Two resources for building the IMT are listed below.

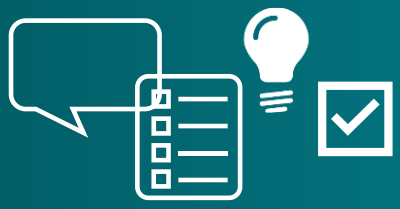
- Federal Emergency Management Agency's ICS Organizational Structure and Elements
- Incident Management Team Chart

While updating the plans is important, it may not be critical. Staff mentioned that although the plans did not account for new technology such as social media they still *"gave you a starting off point, but it's important to understand that plans are just plans and, in an emergency, they're just going to be used as a very rough draft of what you're going to be able to do. It takes innovation on the fly to be able to adequately respond to any kind of public health emergency." (Staff)*

One other suggestion was to make sure the continuity of operations plan details how the LHD intends to continue offering its regular public health services while also staffing the pandemic response.

It was also suggested that **preparedness plans explicitly address the distribution and scheduling of vaccines**. One specific example was how to create a HIPAA compliant system to schedule and document when a person receives a vaccine. A few participants also stated the preparedness plan should address a mass distribution system to get vaccines out to community sites and maximize vaccination rates. The final suggestion around vaccine distribution was to pair the administration of a new vaccine with an existing vaccine for sake of efficiency. The example given was to provide the COVID vaccine at the same time as the flu vaccine.

Hotwash participants felt it was important to use the lessons learned from this pandemic response to prepare for future public health emergencies. Writing an emergency response plan is a long, comprehensive process that will take time and resources that LHDs may not have right now. There should be support in place to help LHDs with their planning and with the resources needed to create or update those plans. As stated earlier, this pandemic has led to burnout and many public health professionals are leaving the field. The institutional knowledge needs to be captured as quickly as possible to inform future planning so public health professionals have a strong foundation of preparedness and can provide support to their workforce while serving all members of their community.



CONCLUSION

As stated throughout this report, the COVID-19 response was difficult due to length of the pandemic, spread of misinformation, and politicization around the public health response. These difficulties drove staffing changes at LHDs, impacted public health staff's mental health, required LHDs to find new partners and/or strengthen existing community partners, and affected LHDs' communication and outreach strategies. Participants also felt that these difficulties led to the public no longer trusting public health.

However, due to strong collaboration between EPR, ID, and MCH prior to COVID, and the breadth and depth of collaboration between LHDs and their community partners, public health has slowly figured out how to minimize these challenges and meet the needs of their communities. The LHDs who participated in the Hotwash highlighted the innovative response strategies (e.g., using wastewater to track outbreaks), the compassion for the workforce (e.g., addressing the public health workforce mental health needs during the latter parts of their response), and the care and concern for the community (e.g., vaccination clinics at migrant work sites and using voting advocates to find hard-to-reach communities). Hotwash participants also identified silver linings like increased efficiencies around onboarding new staff, creating a public health pipeline with the temporary employees who were part of the COVID response, and finally, being able to hire community health workers because of COVID funding. They shared their wisdom of what worked, what didn't work, and what they recommend for the next public health emergency.

It is extremely important to take the time to step back and look at what was supposed to happen, identify what actually happened, and make recommendations for the future. However, the value of that exercise is only realized if the lessons learned can be shared and utilized by LHDs, policy makers, and those who provide training, support, and funding to public health agencies. One way to support these agencies is to identify funding that aligns with the recommendations in this report to support the long-term needs of LHDs beyond this pandemic and into the preparedness phase before the next emergency. In addition, support around emergency planning should ensure the needs of vulnerable populations, especially MCH populations, are met. Additional support for LHDs should be in the form of educating the public on the need for public health to be nimble in their response to meet the needs of the community

based on the best information available to them. Finally, it is important to make sure the public health workforce's mental health needs are supported so they can perform their duties to the best of their abilities. This begins with reminding local health department employees and the public of the successes that occurred during the COVID pandemic, in large part due to the tireless efforts of LHDs.

"We've dealt with wildfires here…You don't fight every fire the same and fires change. So does the commander in charge say they just keep fighting it the same way and hope it works. No, you better change or that's insanity…But I just wanted to say [participant], you're spot on and we all should stand tall, and we all should show that we did the darndest we can. I think we did really well. We probably saved millions of lives." (Director)

REFERENCES

[i] Stone, K. W., Kintziger, K. W., Jagger, M. A., & Horney, J. A. (2021). Public health workforce burnout in the COVID-19 response in the US. International Journal of Environmental Research and Public Health, 18(8), 4369.

[ii] Naeem, S. B., Bhatti, R., & Khan, A. (2021). An exploration of how fake news is taking over social media and putting public health at risk. Health Information & Libraries Journal, 38(2), 143-149.

[iii] US Department of Health (August 2020). The CMIST Framework. https://www.phe.gov/emergency/events/COVID19/atrisk/discharge-planning/Pages/CMIST-framework.aspx. Accessed on 3/11/2022

[iv] Ringel, J. S., Chandra, A., Williams, M., Ricci, K. A., Felton, A., Adamson, D. M., ... & Huang, M. (2011). Enhancing public health emergency preparedness for special needs populations: a toolkit for state and local planning and response. Rand Health Quarterly, 1(3). https://www.rand.org/pubs/technical_reports/TR681.html. Accessed 3/11/2022.

[v] Kellar-Guenther, Y., Creel, L., & Sontag, M. The views from local health department staff who support pregnant and post-partum people on their COVID response: Findings from focus groups. (2021). https://www.naccho.org/blog/articles/the-views-of-mch-local-health-department-staff-on-their-covid-response-focus-group-findings. Accessed on 3/11/2022.

[vi] Simmons, J. and Keller, C. "Celebrating successes and next steps for the Science of Behavior Change Program." Inside National Institute on Aging: A Blog for Researchers (blog), September 30, 2020, https://www.nia.nih.gov/research/blog/2020/09/celebrating-successes-and-next-steps-science-behavior-change-program.

[vii] World Health Organization Munich Security Conference. (2020, February). Director-General, Tedros Adhanom Ghebreyesus. [(accessed on 1 March 2022)]; Available online: https://www.who.int/dg/speeches/detail/munich-security-conference.

[viii] Nagler, R. H., Vogel, R. I., Gollust, S. E., Rothman, A. J., Fowler, E. F., & Yzer, M. C. (2020). Public perceptions of conflicting information surrounding COVID-19: Results from a nationally representative survey of US adults. PloS one, 15(10), e0240776.

APPENDICES

Appendix A - Complete Demographics of Survey Respondents

Accessibility Needs to Participate in the Hotwash

The survey gathered accessibility data to ensure everyone could participate.

- Three people needed accommodations to ensure they could fully participate in the hotwash. These accommodations included turning on close captioning and increasing type for low vision.
- A few participants were not sure if the brainstorming/sharing tool used would work with their firewall. IdeaBoardz was used and there were no issues. CPHI did ask all participants to test this tool prior to the actual hotwash to identify issues.
- A few participants were worried about internet stability. The facilitators recommended these participants join Zoom for visual only and use the phone for sound so that they could hear if their internet froze up.

Size of Population LHDs Served

In terms of communities represented, the majority of survey respondents (60.4%) represented mid-sized communities (50,000-499,999) that were a mix of rural, urban, and suburban (56.3%).

Which best represents the size of the population your LHD serves?				
	Director	Staff	Unspecified	Total
Small (<50,000)	6	1	2	9
Mid-sized (50,000-499,999)	18	6	5	29
Large (500,000+)	5	2	3	10
Total	29	9	10	48

Table A-1. Which best represents the size of the population your LHD serves?

Which best represents the degree of urbanization served by your LHD?				
	Director	Staff	Unspecified	Total
Mostly Rural	7	4	2	13
Mostly Urban/Suburban	5	1	2	8
Pretty mixed – Rural and Urban/Suburban	17	4	6	27
Total	29	9	10	48

Table A-2. Which best represents the degree of urbanization served by your LHD?

Size of LHD

Survey respondents represented local public health departments with (LHDs) that ranged in size from to more than 200 FTEs at the time of the survey. The most frequently represented size was 100-199.9 full-time equivalent (FTE) (35.4%). While a majority (68.8%, 33/48) of LHDs in the survey reported their staffing stayed the same, 29% (4/48) said their staffing increased.

Which best represents the size of your LHD before COVID?				
	Director	Staff	Unspecified	Total
5-9.9 FTEs	4	1	2	7
10-24.9 FTEs	4	2	0	6
25-49.9 FTEs	4	0	1	5
50-99.9 FTEs	7	2	1	10
100-199.9 FTEs	6	1	5	12
200 or more FTEs	4	3	1	8
Total	29	9	10	48

Table A-3. Which best represents the size of your LHD before COVID?

Which best represents the size of your LHD now?				
	Director	Staff	Unspecified	Total
5-9.9 FTEs	3	1	1	5
10-24.9 FTEs	2	2	1	5
25-49.9 FTEs	5	0	0	5
50-99.9 FTEs	4	2	1	7
100-199.9 FTEs	9	2	6	17
200 or more FTEs	6	2	1	9
Total	29	9	10	48

Table A-4. Which best represents the size of your LHD now?

Public Health Areas

Survey respondents were asked which areas they worked in. Emergency Preparedness was the best represented closely followed Infectious Disease.

- 81.3% of the 48 survey respondents indicated they worked in Emergency Preparedness.
- 68.8% in Infectious Disease
- 47.9% in Maternal Child Health.

Which of the following areas do you work in? (Check all that Apply)				
	Director	Staff	Unspecified	Total
Emergency Preparedness	25	6	8	39
Infectious Disease	21	4	8	33
Maternal and Child Health	15	3	5	23

Table A-5. Which of the following areas do you work in? (Check all that Apply)

This was mirrored by the Hotwash participants.

Titles of Survey Participants

The 48 survey respondents reported 25 different job titles.

- Administrator (x2)
- Assistant Director/Deputy Director (x2)
- Bio-Defense Preparedness and Response Division Manager
- Chief Environmental Health Specialist
- Community Health Nursing Director
- COVID Lead (x2)
- Director/Executive Director (x7)
- Director Health & Emergency Management
- Director of Nursing
- Director of Public Health
- Disaster Epidemiologist
- Emergency Response Coordinator/Planner; Public Health Emergency Preparedness Coordinator (x9)
- Epidemiologist
- Health Commissioner
- Health Director (x2)
- Health Educator Consultant
- Health Officer (x2)
- Incident Commander
- LPN & Public Health Nurse (x2)
- Medical Director/ Health Authority
- Project Coordinator
- Public Information Officer/Community Engagement Specialist
- Quality Improvement Director
- Social Service Manager
- WIC

Length of Time in Public Health Field

The majority of directors who completed the survey (69%) had been in the field over 10 years (responses ranged from less than one year to over 10 years). Staff were more evenly distributed between three years and 10 years; the largest group (44.4%) had been in the public health field three to five years.

How long have you been in the public health field?				
	Director	Staff	Unspecified	Total
Less than a year	2	0	2	4
1-3 years	2	0	0	2
3-5 years	4	4	2	10
6-10 years	1	2	1	4
Over 10 years	20	3	4	27
Total	29	9	9	47

Table A-6. How long have you been in the public health field?

Appendix B – LHDs' COVID Response Goals

Survey respondents were asked to list their COVID response goals prior to the vaccine being available and after. Those responses were then coded to identify themes. Prior to the COVID vaccine being available, reducing the spread was the number one goal followed by sharing information, testing, contract tracing and education.

COVID Response Goals Prior to the Vaccine

What was the goal of your LHD's COVID response from March 2020 to when vaccines were available?				
Rank	All	Directors	Staff	Unspecified
1	Reduce the spread (39)	Reduce the spread (25)	Reduce the spread (9) Information sharing / messaging (9)	Reduce the spread (5)
2	Information sharing / messaging (26)	Information sharing/messaging (16) Testing (16)	Contact tracing/case investigations (4)	Education (2) Vaccines (2) Testing (2) Contact tracing / case investigations (2)
3	Testing (21)	Contact tracing/case investigations (10)	Testing (3) PPE (3)	
4	Contact tracing / case investigations (16)	Education (9)	Education (2)	
5	Education (13)	Reduce the impact (8)		

Table B-1. What was the goal of your LHD's COVID response from March 2020 to when vaccines were available?

Once the vaccine was available, the response goals broadened. While the goals prior to vaccination still existed, new goals were added including getting people vaccinated, partnerships, data monitoring and surveillance, and ensuring hospital capacity. As can be seen from the table below getting people vaccination was by far the primary goal. being the number one goal by far.

COVID Response Goals After the Vaccine

What was the goal of your LHD's COVID response once vaccines became available (May 2021)?				
Rank	All	Directors All	Staff	Unspecified
1	Vaccines (54)	Vaccines (36)	Vaccines (10)	Vaccines (8)
2	Information sharing / messaging (9) Reduce the spread (9)	Information sharing / messaging (7)	Education (2) Reduce the spread (2) Reduce the impact (2)	Reduce the spread (2) Contact tracing / case investigations (2)
3	Education (6) Partnerships (6) Contact tracing / case investigations (6) Reduce impact (6)	Reduce the spread (5) Partnerships (5)		
4	Data (monitoring, surveillance) (4)	Education (3) Contact tracing / case investigations (3) Reduce impact (3)		
5	Ensure hospital capacity (2)	Ensure hospital capacity (2) Data (monitoring, surveillance) (2)		

Table B-2. What was the goal of your LHD's COVID response once vaccines became available (May 2021)?

Appendix C - How Roles Changed During LHD's COVID Response

In a previous project for NACCHO, CPHI learned through focus groups with MCH staff that some LHD staff became part of the COVID response, either voluntarily or involuntarily. The ability to choose could impact how one feels about their LHD's COVID response. Therefore, the survey gathered data on whether respondents' roles changed voluntarily or involuntarily. Overall, 65% of survey respondents said their role changed as part of their LHDs' COVID response. The majority of directors (63%) and staff (44%) said they voluntarily changed roles.

Did your role change as part of your LHD's COVID response?				
	Director	Staff	Unspecified	Total
Yes	18	7	5	30
No	11	2	3	16
Total	29	9	8	46

Table C-1. Did your role change as part of your LHD's COVID response?

Were you able to volunteer to be part of your LHD's COVID response?				
	Director	Staff	Unspecified	Total
Yes, I did volunteer	17	4	2	23
Yes but I did not volunteer	3	2	3	8
Not sure if it was an option	1	3	0	4
No, there was no option to volunteer	6	0	2	8
Total	27	9	7	43

Table C-2. Were you able to volunteer to be part of your LHD's COVID response?

Survey respondents were then asked to describe their role change. This was coded into common themes. The most common theme was that roles became COVID related followed by reducing or stopping pre-COVID work responsibilities, maintaining public health operations, and vaccination work.

How did your role change as part of your LHD's COVID pandemic response?				
Rank	All	Directors	Staff	Unspecified
1	COVID related (15)	COVID related (10)	COVID related (4)	COVID related (1)
2	Less / none of usual work (6)	Maintaining public (3) health operations (3) Vaccines (3) Less / none of usual work (3)	Less / none of usual work (3)	Maintaining public health operations (1)
3	Maintaining public health operations (4) Vaccines (4)		Vaccines (1)	

Table C-3. How did your role change as part of your LHD's COVID pandemic response?

Appendix D – Collaboration Data from the Survey

One important goal of this project was to track collaboration and changes in collaboration as the result of COVID. As a result, the survey included open-ended and closed-ended questions to capture this information.

Collaboration Within LHDs

Figures x and y show which groups the survey respondents most often collaborated with prior to COVID and at the time of the survey. For directors, collaboration was higher post-COVID with all groups.

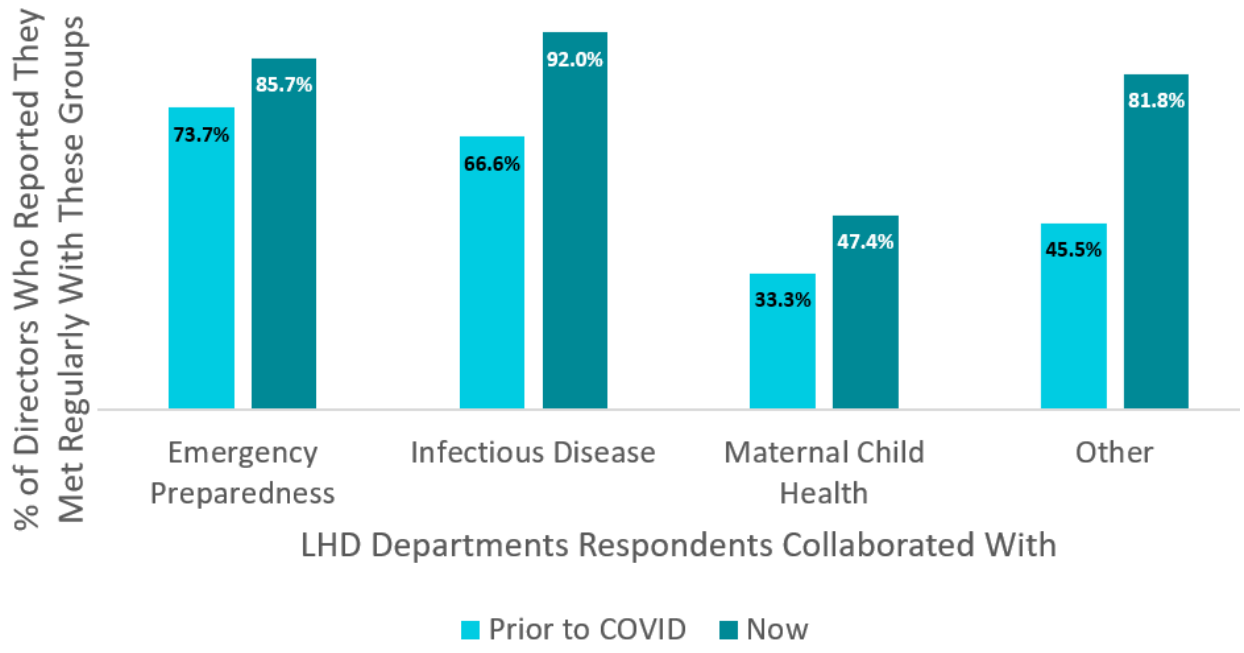


Figure D-1. Directors' perceived change in collaboration between LHD departments prior to COVID and now.

For Staff, collaboration remained relatively close pre and post COVD with the exception of the "other".

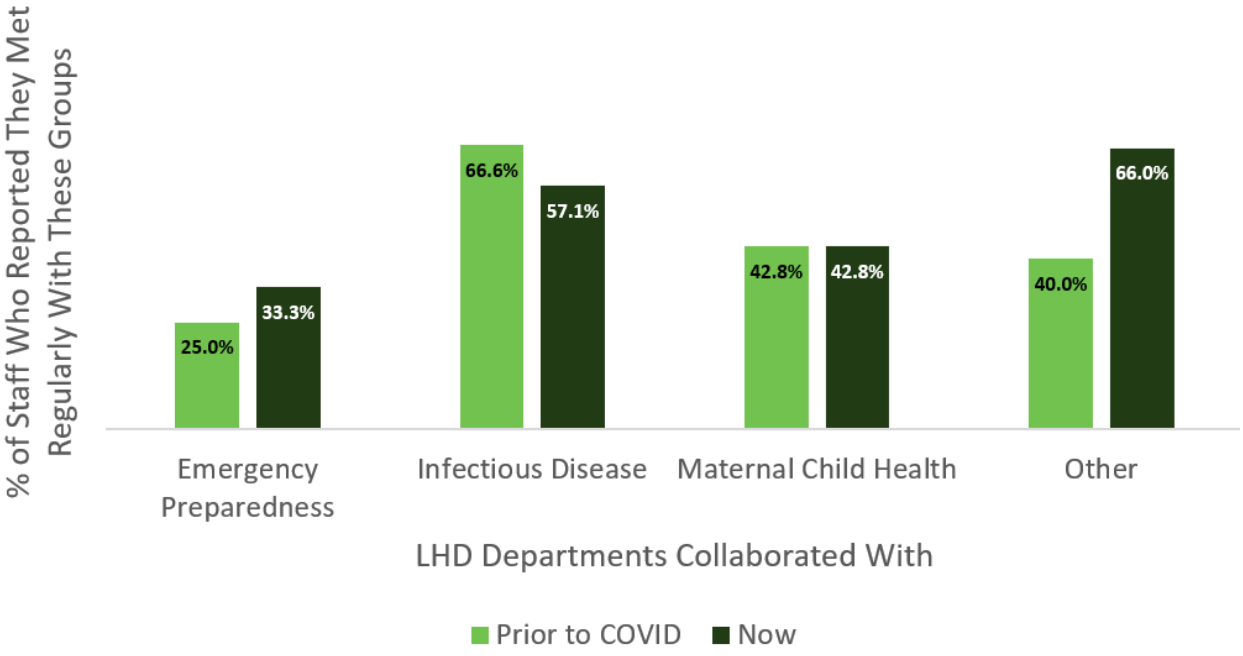


Figure D-2. Staff's perceived change in collaboration between LHD departments prior to COVID and now.

Of the three LHD groups specifically addressed in the survey, the majority of directors reported that prior to COVID, they met regularly with Emergency Preparedness (73.7%, 14/19) and Infectious Disease (66.6%, 16/24). The majority of staff also reported that they met regularly with Infectious Disease prior to COVID (66.6%, 4/6). The "other" group identified in the open-ended responses in the survey are listed in the two tables below. As mentioned in the body of the report, Survey respondents identified 13 partners outside of EPR, ID, and MCH; hotwash participants identified another 17.

Who did your unit collaborate with before COVID (besides Emergency Preparedness, Infectious Disease, and Maternal-Child Health)?				
Rank	All	Directors All	Staff	Unspecified
1	Clinical services (6) Environmental health (7)	Environmental health (6)	Clinical services (2)	Clinical services (5)
2	WIC (3)	Clinical services (4)	Environmental health (1) WIC (1) Vital records (1) Immunizations (1) Health promotion (1) Office of communication, engagement, and education (1)	Environmental health (4)
3	Health education (1) Epidemiology (1) Medical forensics (1) Community/school health (1) Transportation (1) Vital records (1) Immunizations (1) Health promotion (1) Office of communication, engagement, and education (1) Refugee health (1) SnapED (1) Animal control (1)	WIC (2)		WIC (2) Vital records (2)
4		Health education (1) Epidemiology (1) Medical forensics (1) Community/school health (1) Transportation (1) Refugee health (1) SnapED (1) Animal control (1)		Epidemiology (1) Medical forensics (1) Community/school health (1) Health promotion (1) Nutrition

Table D-1. Who did your unit collaborate with before COVID (besides Emergency Preparedness, Infectious Disease, and Maternal-Child Health)?

Who does your unit collaborate with now (besides Emergency Preparedness, Infectious Disease, and Maternal-Child Health)?				
Rank	All	Directors All	Staff	Unspecified
1	Clinical services (5)	Clinical services (3) Environmental health (3)	Clinical services (2)	
2	Environmental health (4)	Epidemiology (1) Medical forensics (1) Community/school health (1) WIC (1) Vital records (1)	Environmental health (1) WIC (1) Vital records (1) Immunizations (1) Health promotion (1)	
3	WIC (2) Vital records (2)	Nutrition (1)		
4	Epidemiology (1) Medical forensics (1) Community/school health (1) Health promotion (1) Nutrition (1)			

Table D-2. Who does your unit collaborate with now (besides Emergency Preparedness, Infectious Disease, and Maternal-Child Health)?

Measuring Changes in Collaboration

Many measures of collaboration view it as a continuum from sharing information to coordinating actions to being an integrated unit.[1] To track this movement, the survey included a collaboration scale based on Bazzoli's et al.'s work which captured perceptions around (1) shared goals, (2) effective communication, (3) sharing resources, and (4) incorporating other partners objectives into your groups work.[2]

Collaboration Prior to COVID

Based on the survey responses, the LHDs were ready to collaborate when COVID hit—both staff and directors ranked collaboration high. Because there was no significant difference in the mean scores, the figures below report the mean reported by all survey participants who answered each question, regardless of position.

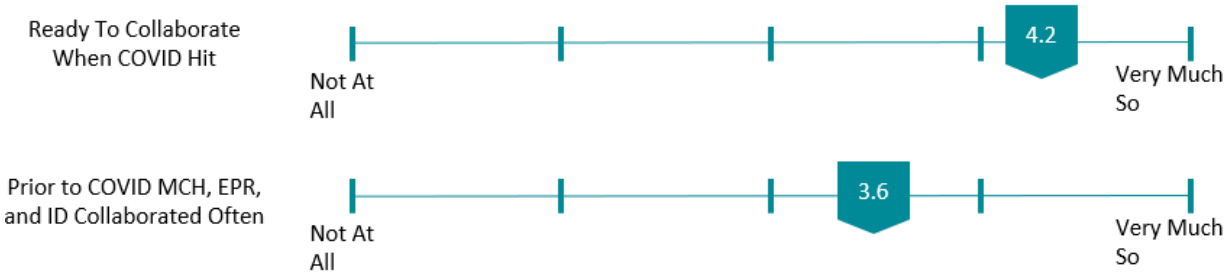


Figure D-3. Survey respondents' mean collaboration readiness pre-COVID scores.

Collaboration During COVID

As can be seen in Figure D-4, survey respondents overall felt that EPR, ID, and MCH had a strong collaboration especially around resource sharing. The weakest point was around communication and incorporating other units' objectives but even those were fairly high. It should also be noted that the highest level of collaboration – being an integrated unit—is not often the level of collaboration that most inter-disciplinary group members strive for so it is not surprising that incorporating objectives amongst units is one of the lower scores.

[1] Frey, B. B., Lohmeier, J. H., Lee, S. W., & Tollefson, N. (2006). Measuring collaboration among grant partners. American journal of evaluation, 27(3), 383-392. Frey, B. B., Lohmeier, J. H., Lee, S. W., & Tollefson, N. (2006). Measuring collaboration among grant partners. American journal of evaluation, 27(3), 383-392.

[2] Bazzoli, G. J., Casey, E., Alexander, J. A., Conrad, D. A., Shortell, S. M., Sofaer, S., . . . Zukoski, A. P. (2003). Collaborative initiatives: Where the rubber meets the road in community partnerships. Medical Care Research and Review, 60, 64S–94S.

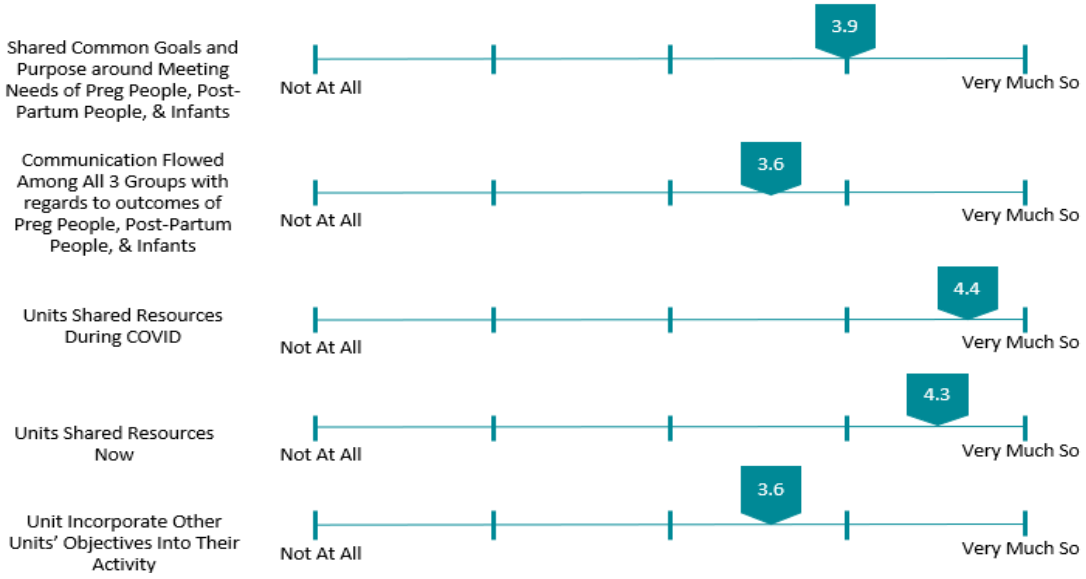


Figure D-4. Mean collaboration item scores.

Collaboration Useful

As stated in the report, the belief that the collaboration was productive was scored the lowest. This is one area of concern. On a five-point scale, survey respondents rated the belief that the collaboration was productive for the MCH community as "neutral"; it was the lowest average score on the collaboration scale.

Working with MCH, EPR, and ID during our COVID response accomplished things for pregnant and post-partum people and infants in our community.				
	Director	Staff	Unspecified	Total
not at all	4	1	0	5
2	7	0	0	7
3	5	2	0	7
4	7	5	1	13
very much so	2	0	0	2
Total	25	8	1	34

Table D-3. Working with MCH, EPR, and ID during our COVID response accomplished things for pregnant and post-partum people and infants in our community.

Appendix E – How Survey Respondents Rated Their LHD's COVID Response

How Respondents Rate Their LHD's COVID Response

Survey respondents were asked to rate their LHD's COVID Response. Their ratings are shown in Figure E-1 below.

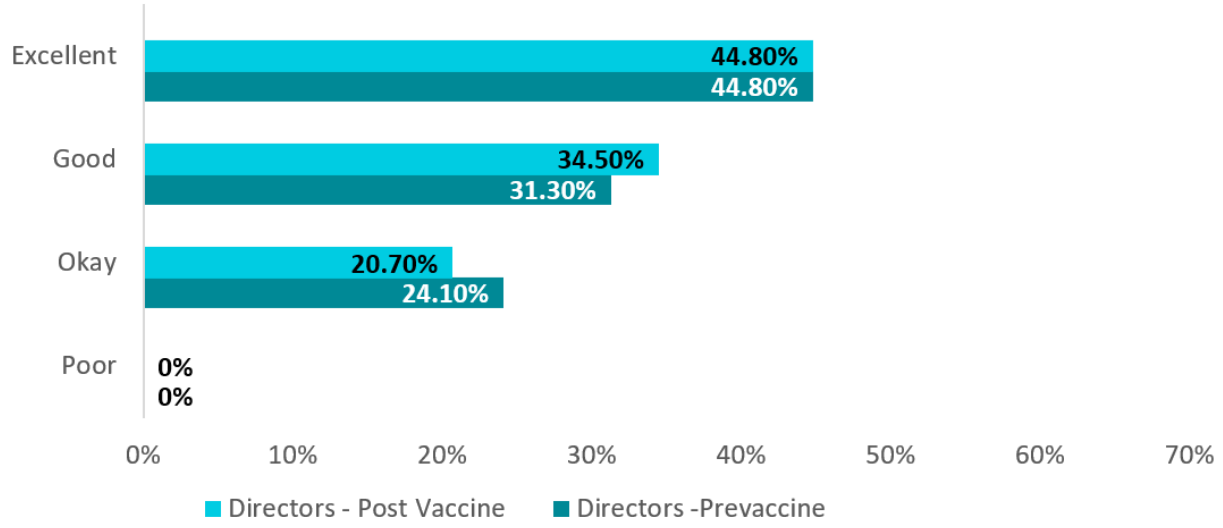


Figure E-1. The breakdown of how directors rated their LHD's COVID response prior to and following vaccination.

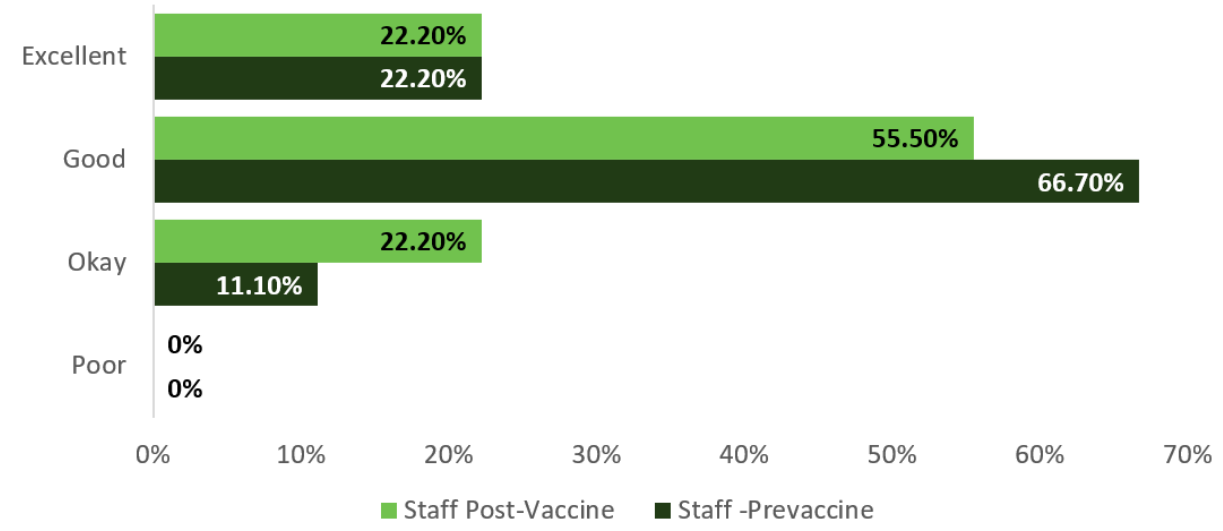


Figure E-2. The breakdown of how staff rated their LHD's COVID response prior to and following vaccination.

When making sense of the ratings it is important to note that 79.3% (23/27) of the directors and 55.5% (5/9) of the staff who completed the survey were involved in the decision around which staff, other than themselves, were pulled in for the COVID response. Furthermore, 63% (17/27[3]) of the directors and 44%

[3] Not all directors answered this question.

(4/9) of the staff who completed the survey said they chose to volunteer to be part of their LHD's COVID response while 62.1% (18/29) of the directors and 77.7% (7/9) of the staff said their role in their health department changed as part of the LHD's COVID pandemic response. It should be noted that staff who rated their LHD's initial COVID response lower were significantly more likely to only be somewhat or not at all involved in the decision of who was pulled into the COVID response (χ^2=9.2, df=4, p<.05). Staff who rated both their LHD's initial and post-vaccine response lower were significantly more likely to report that their role changed as part of the LHD's COVID response (χ^2=9.0, df=2, p<.02). See Appendix C for the analysis of how the roles changed.

Appendix F – Tools

After Action Review and Hotwash Resource Guide

Updated: 11/12/2021

This guide provides a list of resources that can be used to support the execution of after-action reviews (AARs) or hotwashes. The table below lists each resource by name and author and includes a description of the resource, a note about how it can be adapted for use by a local health department (LHD), a list of the specific tools included in with the resource, and the URL where the resource can be accessed online.

Resource Name	Author	Resource Description	Application to Local Health Departments	What's Included	Access Link

COVID-19 After Action Review Toolkit	Mathematica and Public Health Foundation	This toolkit, developed by Mathematica in collaboration with the Public Health Foundation, was designed to help organizations conduct effective, equitable, and trauma-informed AARs of their system's COVID-19 response. The toolkit contains two modules: one for planning an AAR and one for conducting an AAR. Each module contains accompanying resources to support the corresponding phase of the AAR, including templates for activities such as pain point mapping and root cause analysis fishbone diagram. In addition, the toolkit provides a list of supplemental resources and trainings to help public health authorities and their partners build knowledge, skills, and resilience on topics that are likely to be relevant to the findings of their AAR.	This resource can be immediately applied in the LHD setting. According to the developers, "[the] toolkit focuses specifically on After Action Reviews that public health authorities and their partners can conduct to assess COVID-19 response, recovery, and resiliency work."	• Four online modules:
				  ○ Overview
				  ○ Planning the AAR
				  ○ Conducting the AAR
				  ○ Resources for building resiliency following the AAR
				• Roles and responsibilities table
				• Preparation meeting agenda
				• Sample meeting agenda
				• Challenge and best practice brainstorming worksheet
				• Root cause analysis and fishbone diagram
				• Pain point mapping worksheet
					https://www.mathematica.org/features/covid-19-after-action-review-toolkit

Guide to the After Action Review	VA Center for Implementation Practice and Research Support	This resource serves as a user's guide to the AAR. The guide covers key steps and recommendations for the three main stages of an AAR: planning the AAR, conducting an AAR, and sharing the results of an AAR. The guide includes facilitator tips and ground rules which help ensure best practices for conducting	According to the authors, "this tool is for all teams who want to maximize learning from their work (ranging from one-time events to long-term projects)." This guide can be easily adapted by LHDs for the review of their COVID-19 (or other) response.	• Step-by-step user's guide • AAR report template	https://www.cebma.org/wp-content/uploads/Guide-to-the-after_action_review.pdf

Resource Name	Author	Resource Description	Application to Local Health Departments	What's Included	Access Link
		the AAR. In addition, the tool includes a report template which can be useful for capturing data during the AAR or for summarizing the data afterward.			
Guidance for After Action Review (AAR)	World Health Organization	This resource was designed to guide countries in the review of actions taken in response to any event of public health concern. The document and accompanying toolkits provide guidance on four formats for conducting an after-action review (AAR): • Debrief • Working group • Key informant interview • Mixed-method There is an accompanying toolkit for each of the formats listed above.	The authors note that every agency or organization is different and "the principles presented in this guide should be adapted to the institutional culture, practice and needs around which the review is taking place." The guidance and toolkit are not specific to a particular emergency response and can therefore be applied to any public health response (e.g., COVID-19). This resource can be helpful for local health departments (LHDs) considering different formats for an AAR (e.g., group debrief vs. key informant interviews) and can be especially useful in providing structure around designing, preparing for, conducting, and reporting on an AAR conducted in one of the four formats discussed in this resource.	• Guidance document <u>Working Group Toolkit:</u> • Planning checklist • Concept note template • Budget template • Facilitators' preparation day agenda template • Facilitators' preparation day presentation template • AAR agenda template • AAR presentation template • Activity sheet template • Trigger question database • Objective based evaluation matrix • Final report template • Workshop evaluation survey • Evaluation survey score worksheet <u>Key Informant Interview Toolkit:</u> • Planning checklist • Concept note template • Introductory email template • Team leader recruitment language • Briefing presentation template • Interview tracking sheet • Sample interview questions • Survey on observations and recommendations • Trigger questions • Objective based evaluation • Final report template	Guidance Document: https://www.who.int/publications/i/item/WHO-WHE-CPI-2019.4 Toolkits: https://www.who.int/publications/m/item/aar-toolkits

Resource Name	Author	Resource Description	Application to Local Health Departments	What's Included	Access Link
				Debrief Toolkit: • *[Could not access -hyperlink disabled for this toolkit]* Mixed Method Toolkit: • The toolkits for the other formats are to be used for a mixed-method AAR	
Guidance for Conducting a Country Covid-19 Intra-Action Review	World Health Organization	This guidance document and accompanying toolkit were designed to guide countries in conducting periodic intra-action reviews (IARs) of their ongoing COVID-19 response. This resource is focused on identifying best practices, gaps, and possible improvements to the current COVID-19 response, but the process can also contribute to improving and strengthening the response to concurrent and future emergencies.	Although designed for a large-scale intra-action review of a country's COVID-19 response, many elements from this resource can be adapted for use on a smaller scale, such as for a LHD, or for use in an after-action review. In addition, the guidance and tools can be adapted to guide the review of a non-COVID response. The toolkit can be especially useful in providing ample structure around the different phases of an intra- or after-action review: designing, preparing for, conducting, writing the report, and conducting follow-up.	• Guidance document • Concept note template • Facilitator's manual • Agenda template • Presentation template • Trigger question database • Note-taking template • Final report template • Participant feedback form • Participant feedback form - summary table • Exemplar story template • Conducting safe onsite COVID-19 intra-action reviews during the pandemic • Conducting effective online COVID-19 intra-action reviews during the pandemic - 28 April 2021	https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1
Conducting an Outbreak Hotwash: Tools and Tips	Colorado Integrated Food Safety Center of Excellence	This resource was developed to aid public health agencies in conducting a hotwash upon completion of an outbreak investigation. The document includes simple instructions for preparing for the hotwash (i.e., selecting stakeholders and topics, setting the agenda, and preparing meeting materials) and for running the hotwash. The guide includes recommendations and instructions for conducting a virtual hotwash. There is a sample agenda, action item tracking	LHDs can use this approach to conduct a streamlined AAR in which they just identify the successes and challenges in their COVID or other responses. The step-by-step instructions make this resource immediately accessible to even a novice facilitator.	• Tools and tips document which includes guidance for the different phases for an AAR (preparation, conducting, following up) • AAR participant sign-in sheet • Sample agenda • Sample action item tracking sheet • Sample evaluation	https://coloradosph.cuanschutz.edu/docs/librariesprovider203/default-document-library/conducting-an-outbreak-hotwash.pdf?sfvrsn=e1683fb9_0

Resource Name	Author	Resource Description	Application to Local Health Departments	What's Included	Access Link
		sheet, and facilitation evaluation included in this resource.			
After Action Review / Improvement Plan and Strategic Planning Toolkit	Inter Tribal Council of Arizona: Tribal Epidemiology Center[1]	This resource serves as a planning tool for Tribal government leaders and public health workers wanting to conduct an AAR. Guidance is provided on the entire AAR process, from designing to conducting to following up with stakeholders afterward. The toolkit utilizes concepts from several organizations (e.g., WHO, CDC, FEMA, etc.) and includes tribal specific considerations. The process outlined in this resource utilizes the CDC's fifteen Public Health Emergency Preparedness and Response Capabilities[2]. Prior to conducting the AAR, reviewers identify their focus areas by identifying the capabilities most relevant and important to their community.	The authors of this tool note that "The guidance for after action review (AAR) and the AAR toolkit is meant for Tribal government leaders, public health practitioners, and other stakeholders who are planning for an AAR to review actions taken in response to an incident of public health concern within Tribal communities." The comprehensive approach outlined in this tool is read for use by Tribal public health agencies but can be used to inform the AAR process in non-Tribal communities as well.	• Guidance document • Capabilities performance rating worksheet • Improvement plan matrix template • AAR report and improvement plan template	https://itcaonline.com/wp-content/uploads/2020/11/ITCA-AAR-Toolkit-Final-09.01.2020.pdf
After-Action Review Technical Guidance	United States Agency for International Development (USAID)	Like the other resources above, this handbook provides guidance on the four key stages of an AAR: planning, preparing, conducting, and following up. Key action items and recommendations are outlined for each phase of the AAR.	This generic approach outlined in this handbook can be adapted for use in any context, including that of an LHD wanting to conduct a review of their COVID response, for example. The handbook guides reviewers through an AAR process that is very similar to the processes outlined by the other resources in this guide.	• Guidance document • A checklist for planning and conducting an AAR • Logistical arrangements and setup checklist for an AAR • Sample ground rules • Sample agenda • AAR report outline	https://pdf.usaid.gov/pdf_docs/PNADF360.pdf
Guidance Notes and Template for Conducting After Action Reviews	Economic Community of West African States (ECOWAS)	These guidance notes discuss key considerations and options in planning and conducting an AAR. In addition to providing guidelines for the different stages of the AAR (e.g., planning, conducting, and following up), this resource discusses key elements of	Although some of the guidelines in this resource are specific to the context of ECOWAS and its stakeholders, many of the guidelines can be applied to the LHD setting. Specifically, the guidelines for selecting participants, group size, duration, and facilitators of the AAR can	• Guidance document • Sample agenda • Process template for facilitating an AAR • Examples of agenda organized by key stages/events	https://pdf.usaid.gov/pdf_docs/PA00WNP5.pdf

Resource Name	Author	Resource Description	Application to Local Health Departments	What's Included	Access Link
		successful AARs and offers guidelines on the group size and duration of the AAR as well as on selecting internal or external facilitators.	be especially useful for an LHD planning an AAR.	• AAR report template	

Toolkit for State and Local Planning Response

https://www.rand.org/pubs/technical_reports/TR681.html

On this website you can download a toolkit designed to improve emergency preparedness activities for state and local public health agencies.

The authors of the toolkit state "The contents include potential strategies for addressing special needs, summaries of promising practices implemented in communities across the country, information on how to select one or more practices that will work in a specific community, information on how to determine whether a practice is working, and a Web-based Geographic Information Systems (GIS) tool to identify and enumerate those with special needs in communities across the United States. Used together, this toolkit and the GIS tool are intended to provide a comprehensive resource to enable public health planners to account for special needs populations in their emergency preparedness efforts."

Citation:
Ringel, J. S., Chandra, A., Williams, M., Ricci, K. A., Felton, A., Adamson, D. M., ... & Huang, M. (2011). Enhancing public health emergency preparedness for special needs populations: a toolkit for state and local planning and response. Rand Health Quarterly, 1(3).

COVID-19 Case Investigation Script

Confirmed Case Name: _____ Date: _____

☐ **Greeting, intro, purpose**

- Good morning. May I speak with (insert case name), please? This is (insert name) from the [Health Department Name].
- I'm calling today to follow-up with you about your recent positive COVID-19 test result. We usually reach out to patients who test positive to visit with them about their symptoms and when those symptoms started so that we may help determine how long they will be contagious/how long your infectious period will be. Do you feel up to visiting at this time?

☐ **Complete CDC Case Investigation Form**

☐ **Provide summary from the Case Investigation Form**

- According to the CDC, a person is considered to be infectious for 10 days after the onset of symptoms (this varies some depending on which variant). However, the CDC indicates a person is believed to be most infectious during the 2 days before and 5 days after symptom onset. This means that you should avoid others through your **Day 5** (insert date). If you have no symptoms, or symptoms are resolving after 5 days, you may wear a mask around others an additional 5 days (Days 6-10).*

(*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.)

☐ **Please let those that you have been in close contact with while infectious know that they should watch for symptoms** for at least 10 days after the last date of exposure to you (for example, this may include friends, other family, co-workers, classmates, etc.). Close contact means that you have been within 6 feet of an individual for 15 minutes or more in a 24-hour period. An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date), until their infectious period ends.

- *For household contacts*, that means watching for symptoms for 5 days after your own infectious period ends (as they would have continuous exposure by living in the same household throughout your infectious period) and then following additional guidance (below) for masking/testing based on vaccination status.
- Those who have been *boosted, completed a primary COVID-19 mRNA vaccination series in the last 6 months*, or *completed the primary series of J&J vaccine within the last 2 months*, should consider testing on Day 5 and wearing a mask around others for 10 days.

- Those who *completed the mRNA vaccine over 6 months ago and NOT boosted*, or *those who completed the primary series of J&J over 2 months ago and are NOT boosted*, or *those that are unvaccinated*, should avoid being around others for 5 days. After that, continue to wear a mask around others for an additional 5 days. If you can't avoid people, wear a mask for 10 days. Test on Day 5, if possible.

☐ **Provide mAb information and other resource education as applicable**

☐ **Answer any final questions**

_____ _____ _____

Staff Member Date Time

Appendix G – Recommendations

Below are all of the recommendations listed throughout the report. While a majority of the recommendations came from hotwash participants, a few are based on the literature and MIP work group members' feedback. As stated in the report, the themes identified are all interdependent so a recommendation under one theme could also apply to another theme.

Highlighting the Maternal Child Health Population

- Remind LHD staff that the MCH population are part of all the vulnerable populations and thus planning should account for their needs (e.g. nutrition and feeding, basic essentials like diapers and menstrual products, etc.). All of the vulnerable groups identified are listed below.
    - rural population
    - non-English speakers or English as a second language speakers (includes refugees and migrant workers)
    - Hispanic population
    - homeless
    - Black, Indigenous, and People of Color (BIPOC)
    - homebound
    - victims of sexual assault and violence
    - lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+)
    - travelers who get stranded
    - Amish

Staffing Recommendations

- There needs to be a system in place to quickly hire temporary staff, track their equipment, and ensure you have fiscal support to help manage the temporary funds to pay for these staff and equipment.
- Classify temporary staff as limited term staff so that they have access to benefits and are more equal to permanent staff.
- Now is the time to start re-building the public health workforce. Tapping into those who were temporary workers during the pandemic is one place to start; working with universities and colleges to find student apprentices who could gain experience to meet the minimum qualifications is another.
- Adding or keeping some key staff roles is important in order to be ready for the next pandemic. Some roles specifically mentioned were:
    - community liaisons
    - communication positions
    - epidemiologists

- The public health system needs to identify (1) how to get sustainable funds to cover staffing needs and (2) mechanisms for how to get any new funding to the LHDs because these funds can get held up at the state level.

Recommendations to Meet the Mental Health Needs for Public Health Staff

- Actively engaging in activities to support mental health of the workers. This might include:
    - teach resiliency techniques;
    - discuss issues like compassion fatigue and burnout so workers know what to look for and are willing to seek help;
    - Designate a staff member to focus on employee wellness by:
        - leading staff through self-care exercises like breathing and basic exercises;
        - talking about work/life balance; and
        - putting out messages of appreciation and providing gifts like t-shirts, snacks, or water.
        - Bringing in support like therapy dogs to the worksite weekly.
- Partner with mental health experts within and outside of public health to provide support via information, videos, etc.
- Cross-training LHD staff so all staff can get mental health breaks when a public health response will take longer than a few months.

Recommendations Around Collaboration

- It is important for leadership to recognize and celebrate the small successes that occur as a result of interdepartmental or interagency collaboration. This is often missed by those who are doing the work. Doing so can highlight that the collaboration does lead to important outcomes and ensures it will continue.

Maintaining Collaborative Relationships

- There is a person at the LHD whose role is to reach out and continue to work with community partners.
- Have a database of partners and contact information. Include agencies or providers that call in to public health for resources.
- Routinely check contact information to make sure it is up to date. Suggest the contact information is by role at the organization rather than by person (e.g., email address is for the role, not a specific person).
- Include politicians in preparedness planning efforts.
- Include community partners in preparedness planning efforts.
- Incorporate community partners into the local healthcare coalition. Their role could be as simple as attending once a year to stay up-to-date or being more actively involved.
- Attend community meetings to maintain relationships and, if possible, volunteer on the committee(s).

- Educate partners on all public health services.

Communication and Outreach Recommendations

- The Women, Infants, and Children (WIC) program has proven to be instrumental in ensuring the MCH population continues receiving necessary resources and information during the COVID pandemic. Reach out to them for help with resources and information dissemination.
- Other partners who can help LHDs reach the pregnant and postpartum population include Ob/Gyns, medical forensics teams, healthcare coalitions, non-profits, churches, and large employers.
- LHDs should seek feedback from their communities using strategies such as focus groups, meetings with faith leaders, and a feedback system for businesses through the chamber of commerce. Directors who employed these feedback loops found them extremely helpful in guiding their COVID response efforts and in reaching different populations.

Social Media Recommendations

- Disable comments on social media platforms if they become problematic.
- When developing your community health improvement plan (CHIP), ask your community "what is the most effective way to reach you with important information?"
- Be sure to incorporate lessons learned with respect to social media into future preparedness plans.
- Incorporate multiple messaging strategies into your LHD's response plans to offset the limitations of social media.

Recommendations for Combatting Misinformation

- Conduct regular updates and briefings.
- Provide public facing data dashboards and update them regularly.
- Leverage partners who are respected and trusted by their communities to help combat misinformation.
- Stay ahead of information.
- Disable comments on social media platforms.
- Incorporate strategies for addressing an infodemic in your preparedness plans.

Recommendations for Consistent Messaging

- Encourage the use of conversation templates within your LHD and, if possible, across your region or even state, to ensure consistent messaging.
- Include politicians and representatives from other government agencies in your LHD's planning efforts. This may help prevent breakdowns in communication during rapidly changing responses.

- Reinforce the message that sometimes, "change is good" when it comes to response efforts. Protracted responses will require changes in guidance as the emergency and the data evolve over time.

Recommendations to Rebuild Public Trust in Public Health

- Highlight your LHD's existing public health promotion and disease prevention programs.
- Be transparent and proactive: share data and information early and often.
- Work with your state to designate public health employees as first responders.
- Foster and encourage a culture that separates public health and politics.
- Find creative ways to give back to the community (e.g., food vouchers/coupons).

Other Recommendations

- Groups (LHDs, units within LHDs, collaborative partnerships) should conduct their own hotwash or After-Action Review (See Appendix F for a list of tools)
- LHDs should either update or create a plan to help guide the response for the next public health emergency including another pandemic.
    - the CMIST Framework and Toolkit for State and Local Planning and Response can be used to ensure the needs of vulnerable populations are met.
    - The plan should address distribution and scheduling of vaccines.
- A Continuity of Operations plan should account for how to ensure all public health services can be offered while also having staff handle the pandemic response.

Appendix H – Abbreviations

AAR	After-Action Review
BIPOC	Black, Indigenous, and People of Color
CBO	Community Based Organization
CHW	Community Health Worker
COVID	Coronavirus Disease 2019
EPR	Emergency Preparedness Response
HAN	Health Alert Network
HR	Human Resources
ICS	Incident Command System
ID	Infectious Disease
IT	Information Technology
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and Others
LHD	Local Health Department
LTCF	long-term care facilities
MCH	Maternal-Child Health
MIP	MCH, Infectious Disease, and Preparedness Work Group (NACCHO)
NACCHO	National Association of County and City Health Officials
PH	Public Health
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
SNAP	Supplemental Nutrition Assistance Program
WIC	Women, Infants, and Children

Public Health (Pre-Audited) Financial Results: April 2022

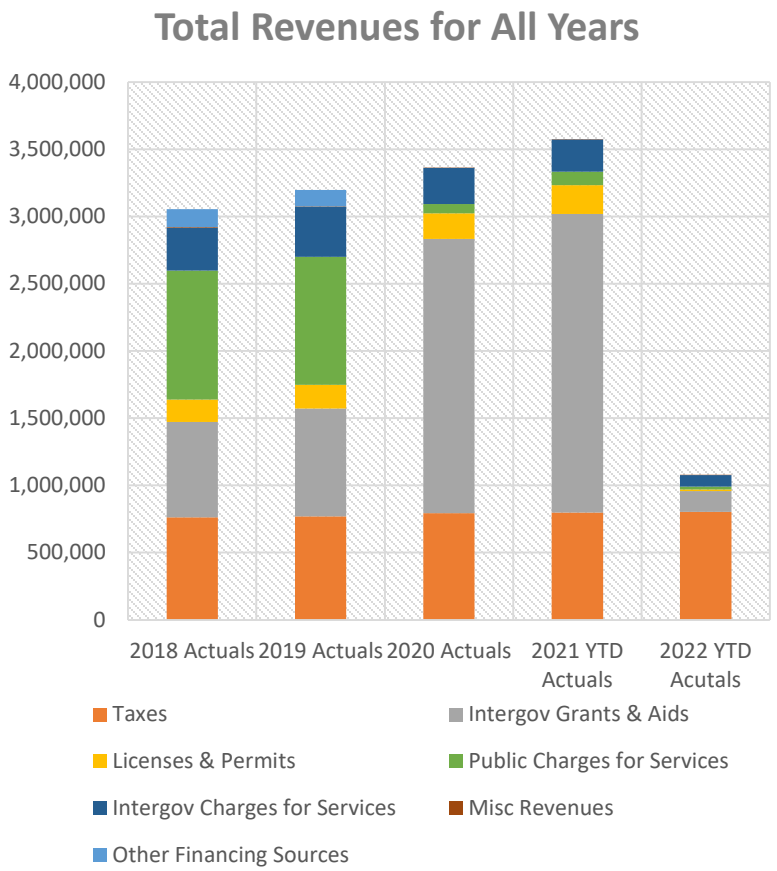
CHIPPEWA COUNTY Public Health
Prevent. Promote. Protect.

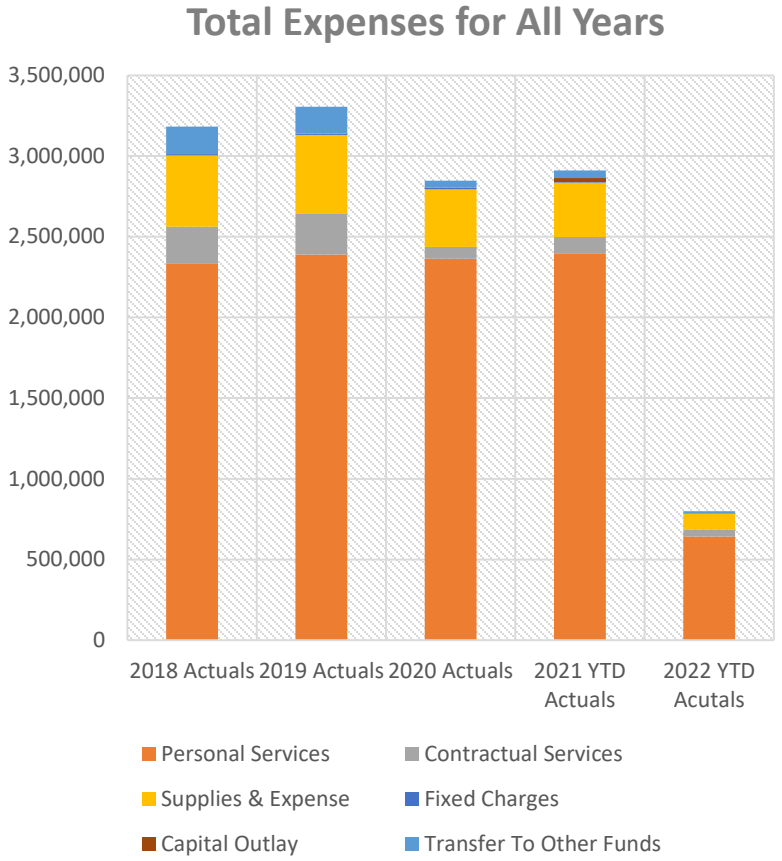
		Revenue			Expense		
Fund	Description	Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	$ (706,490.00)	$ (676,485.45)	95.8%	$ 706,490.00	$ 106,963.39	15.1%
54121	Nurse Family Partnership	(119,269.00)	(35,344.59)	29.6%	119,269.00	36,212.72	30.4%
54123	Farmers Market	(3,871.00)	(156.96)	4.1%	3,871.00	156.96	4.1%
54125	Prenatal Care Coordination	(63,686.00)	(2,472.80)	3.9%	63,686.00	3,978.59	6.2%
54128	Public Health Preparedness	(49,188.00)	7,076.32	-14.4%	49,188.00	16,348.64	33.2%
54132	Drug Free Community Grant	(132,814.00)	(30,398.74)	0.0%	132,814.00	37,047.14	0.0%
54135	Bright Start River Source	(10,594.00)	(7,607.76)	71.8%	10,594.00	759.40	7.2%
54140	WIC	(409,779.00)	(109,630.84)	26.8%	409,779.00	96,169.97	23.5%
54142	Maternal & Child Health Program	(27,664.00)	(879.56)	3.2%	27,664.00	5,150.36	18.6%
54144	Wisconsin Wins	(4,614.00)	(154.40)	3.3%	4,614.00	1,213.20	26.3%
54148	COVID Workforce	-	-	0.0%	-	91.73	0.0%
54149	Pre-Venture	(20,037.00)	(359.72)	1.8%	20,037.00	483.54	2.4%
54150	Prevention	(8,951.00)	(409.32)	4.6%	8,951.00	3,453.92	38.6%
54151	Equipment Loan Closet	(6,943.00)	(410.48)	0.0%	6,943.00	1,026.88	0.0%
54152	Western Regional Center	(189,752.00)	(5,920.88)	3.1%	189,752.00	58,784.29	31.0%
54154	Title X Reproductive Health	(14,766.00)	(2,096.64)	0.0%	14,766.00	29,008.35	0.0%
54156	FIT WIC	(37,178.00)	(3,633.92)	9.8%	37,178.00	11,305.01	30.4%
54157	Reproductive Health	(54,091.00)	(5,962.17)	11.0%	54,091.00	10,285.60	19.0%
54158	WIC BF Peer Counseling	(14,720.00)	(458.24)	3.1%	14,720.00	3,884.17	26.4%
54159	Diabetes Grant	(15,863.00)	(1,397.12)	0.0%	15,863.00	5,109.88	0.0%
54161	Health Clinics	(34,334.00)	(1,897.53)	5.5%	34,334.00	1,757.82	5.1%
54162	COVID Vaccine	(11,346.00)	(4,669.48)	41.2%	11,346.00	8,848.69	78.0%
54163	Overdose Fatality Review	(36,958.00)	(2,092.44)	0.0%	36,958.00	10,180.59	0.0%
54164	COVID Contact Tracing	(99,790.00)	(101,694.28)	0.0%	99,790.00	210,235.16	0.0%
54165	GYT - Get Yourself Tested	(2,083.00)	(38.96)	1.9%	2,083.00	38.96	1.9%
54171	Food Safety Recreation License	(257,236.00)	(56,558.48)	22.0%	257,236.00	67,154.04	26.1%
54172	Infant Immunization Grant	(16,088.00)	(1,189.44)	7.4%	16,088.00	4,346.18	27.0%
54173	Early Hearing Detection & Prev	(112,735.00)	(3,900.36)	3.5%	112,735.00	29,160.78	25.9%
54174	Forward Health Outreach	(21,318.00)	(1,277.00)	6.0%	21,318.00	4,781.65	22.4%
54176	Environmental Health	(24,525.00)	(21,281.18)	0.0%	24,525.00	4,696.61	0.0%
54180	DHS Agreement	(109,061.00)	(4,708.56)	4.3%	109,061.00	29,103.98	26.7%
54182	HCET (Health Care, Ed & Tr)	(7,796.00)	(138.56)	1.8%	7,796.00	138.56	1.8%
54184	Childhood Lead Poisoning Prev.	(9,930.00)	(576.20)	5.8%	9,930.00	2,317.20	23.3%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54190	Public Health Donation Expendi	(1,000.00)	(30.00)	3.0%	1,000.00	-	0.0%
		$ 2,634,970.00	**$ 1,076,755.74**	**40.9%**	**$ 2,634,970.00**	**$ 799,259.16**	**30.3%**

Attachment: 5-22 PH Board Financials (7001 : Public Health Director's Program and

Public Health Revenues vs Expenses Variance YTD through April 2022

CHIPPEWA COUNTY Public Health
Prevent. Promote. Protect.





STATEMENT OF EXPLANATION
SET REGULAR MEETING DATE AND TIME

Board members will agree on dates and the time for future board meetings.

STATEMENT OF EXPLANATION
PUBLIC HEALTH 2022 PROGRAM PRIORITY RANKING

The 2022 priority ranking of Public Health programs/services by the Board members will be presented for review and approval.

CHIPPEWA COUNTY Public Health Prevent. Promote. Protect.

RANK SERVICES 1-3 BELOW

MANDATED SERVICES

Board Rank 2022	Leadership Team Rank 2022	Board Rank 2021	Program	Description	Funding Sources: Tax Levy	Funding Sources: Revenue, Grants or Contracts	Funding Sources: 2022 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.	$657,379	$9,950	$667,329
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.	$18,010	$2,900	$20,910
3	3	3	Health Clinics	Includes costs associated with clinics (i.e.-TB skin testing).	$0	$33,000	$33,000

RANK SERVICES 1-27 BELOW

ESSENTIAL PREVENTION SERVICES

Board Rank 2022	Leadership Team Rank 2022	Board Rank 2021	Program	Description	Funding Sources: Tax Levy	Funding Sources: Revenue, Grants or Contracts	Funding Sources: 2022 Budget Request
1	1	1	Environmental Health-Facility Licensing	Department of Agriculture, Trade, and Consumer Protection agents to inspect facilities (i.e.-restaurants, lodging, retail) and enforce food code.	$36,457	$205,641	$242,098
2	2	2	WIC (Women Infant Children)	Provides supplemental food, nutrition education, and nutrition counseling to high-risk populations.	$69,726	$304,743	$374,469
3	3	3	Western Regional Center	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	$177,100	$177,100
4	5	4	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	$46,644	$46,644
5	7	7	Drug Free Communities (New in 2020)	Focuses on substance abuse prevention in our youth through education and programming. Systems changes through policy and ordinance changes.	$0	$125,000	$125,000

CHIPPEWA COUNTY Public Health Prevent. Promote. Protect.

ESSENTIAL PREVENTION SERVICES

Board Rank 2022	Leadership Team Rank 2022	Board Rank 2021	Program	Description	Funding Sources: Tax Levy	Funding Sources: Revenue, Grants or Contracts	Funding Sources: 2022 Budget Request
6	4	5	Nurse Family Partnership	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
7	6	8	Reproductive Health/Dual Protection/BRIDGES	Administration of the Dual Protection/BRIDGES Clinic including outreach to local partners. Reproductive health program providing testing/treatment of sexually-transmitted diseases, birth control options, and prevention of communicable disease.	$4,000	$70,523	$74,523
8	9	10	Prenatal Care Coordination (Medicaid Program)	Case management and education to pregnant women (prenatal to 60 days after birth), to assure healthy birth.	$0	$60,000	$60,000
9	8	13	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	$99,000	$99,000
10	10	6	Immunization - Consolidated Contract & Public Health	Prevention of disease through provision of immunizations and education.	$0	$15,290	$15,290
11	12	9	Forward Health Outreach	Wisconsin ForwardHealth Program assists participants with applications/renewals including WI Medicaid, BadgerCare Plus, Family Planning Waiver and FoodShare.	$0	$20,000	$20,000
12	16	20	Diabetes	Supports the design, testing and evaluation of novel approaches to address evidence-based strategies aimed at reducing risks, complications and barriers to prevention and control of diabetes and CVD in high-burden populations	$0	$15,000	$15,000

Attachment: CCDPH Program Ranking 2022 (7002 : Public Health 2022 Program Priority Ranking)

CHIPPEWA COUNTY Public Health Prevent. Promote. Protect.

ESSENTIAL PREVENTION SERVICES

Board Rank 2022	Leadership Team Rank 2022	Board Rank 2021	Program	Description	Funding Sources: Tax Levy	Funding Sources: Revenue, Grants or Contracts	Funding Sources: 2022 Budget Request
13	15	14	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
14	11	12	WI Sound Beginnings/Early Hearing Detection (regional service)	Ensures all babies born in WI are screened early for hearing loss and diagnosed/referred for intervention.	$0	$104,401	$104,401
15	20	17	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	$8,465	$8,465
16	14	16	Breastfeeding Peer Counseling	Provides peer support to breastfeeding moms on the WIC program to increase breastfeeding initiation & duration.	$0	$13,741	$13,741
17	13	11	Maternal & Child Health (MCH) - COVID	Focus on to improving the health of mothers, children, and families during the COVID-19 pandemic.	$0	$26,161	$26,161
18	17	21	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	$35,000	$35,000
19	18	18	Fit Families	Behavior change program (healthy eating and physical activity) that provides health coaching for families with children.	$0	$35,347	$35,347
20	19	19	Lead - Consolidated Contract & Childhood Lead	Provide case management and lead risk assessment of children who are/at risk of being lead poisoned.	$0	$9,363	$9,363
21	21	22	Farmers Market	Provides WIC participants with farmers market vouchers to help increase fruit and vegetable consumption.	$0	$3,536	$3,536
22	23	24	Environmental Health - Beach Water Testing	Collect water samples from public beaches to test for E.Coli to prevent disease and advise citizens.	$2,285	$0	$2,285
23	22	23	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

CHIPPEWA COUNTY Public Health Prevent. Promote. Protect.

ESSENTIAL PREVENTION SERVICES

Board Rank 2022	Leadership Team Rank 2022	Board Rank 2021	Program	Description	Funding Sources: Tax Levy	Funding Sources: Revenue, Grants or Contracts	Funding Sources: 2022 Budget Request
24	24	25	Loan Closet	Providing wheelchairs on loan for up to six months at no cost.	$0	$6,500	$6,500
25	25	26	WI WINS	Conducts compliance inspections of tobacco retailers and recognizes those not selling to youth.	$0	$4,350	$4,350
26	26	27	Charity Outreach	Dispersal of funds from Rutledge Charities for primary health care needs of residents with children as a priority.	$0	$500	$500
27	27	28	Donations	Individuals donating to Public health mainly for immunizations.	$0	$1,000	$1,000

2022 Board Prioritization Ranking results are based on five responses.

STATEMENT OF EXPLANATION
PUBLIC HEALTH 2023 FINANCIAL USER FEES

Public Health Director Angie Weideman and Public Health Fiscal Manager Sarah McQuillan will present and review the changes to the Public Health's 2022 and 2023 Consumer Fees. The attached spreadsheet shows the changes reflected in red and green between 2023, 2022, and 2021.

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
COMMUNITY HEALTH				
	Mantou/TB (Chippewa Cty Resident)	$30.00	$30.00	~~$30.00~~ $35.0
	Mantou/TB (NON Resident)	$30.00	$30.00	~~$30.00~~ $35.0
	Influenza Vaccine	$45.00 effective 9/1/20 for flu season	$45.00 effective 9/1/20 for flu season	$45.0
	Hepatitis B (other county depts)	Actual Cost of Vaccine	Actual Cost of Vaccine	Actual Cost of Vaccir
	Hepatitis B (non county/gov't)	Actual Cost of Vaccine + $25.00 (staff time/supplies)	Actual Cost of Vaccine + $25.00 (staff time/supplies)	~~Actual Cost of Vaccine~~ $50 + $25.00 (staff time/supplies
	Used sharps disposal & sharps container	$5 disposal fee per container $5 for new sharps container $10 for sharps container and disposal fee	$5 disposal fee per container $5 for new sharps container $10 for sharps container and disposal fee	$5 disposal fee per containe $5 for new sharps containe $10 for sharps container and disposal fe
Medicaid Services (Health Check, ~~Targeted Case Management,~~ Direct TB Services, and Prenatal Care Coordination)	**Health Check**			
	Immunization Administration	$25.00	$25.00	$25.0
	Mantoux/TB	$30.00	$30.00	~~$30.00~~ $35.0
	Lab Handling Fee	$14.00	$14.00	$14.0
	Lead Inspection initial	$800.00 per Medicaid billing	$800.00 per Medicaid billing	$800.00 per Medicaid billir
	Lead Inspection, Follow up	$300 per Medicaid billing	$300 per Medicaid billing	$300 per Medicaid billir
	Educational Visit After Lead Inspection	$25.00/15 mins Nurse Education per Medicaid billing	$25.00/15 mins Nurse Education per Medicaid billing	$25.00/15 mins Nurse Education per Medicaid billir
	~~**Targeted Case Management**~~			
	~~Targeted Case Management~~	$65.00/hour	$65.00/hour	~~$65.00/hour~~ remove as no longer offer servic
	Direct TB Services	$65.00/hr	$65.00/hr	$65.00/l
	Prenatal Care Coordination			
	Risk Assessment	$96.00	$96.00	$96.0
	Initial Care Plan Development	$96.00	$96.00	$96.0
	Home Visit	$65.00/visit	$65.00/visit	$65.00/vis
	Ongoing Care Coordination and Monitoring	$65.00	$65.00	$65.0
	Health Education /Nutrition Counseling - Individual	$65.00/hr	$65.00/hr	$65.00/l
	Health Education /Nutrition Counseling - Group	$25.00/hr	$25.00/hr	$25.00/l
ADDITIONAL CHARGES				
	Fee for Copy of Document	$0.25 per page	$0.25 per page	$0.25 per pag
	Federal Poverty Level			~~Usual Customary~~ Less than 101% Pover 100% Discou
	Office Visit-New			
	15-29 Minutes (Straight Forward)			$0.0
	30-44 Minutes (Low)			$0.0
	45-59 Min (Moderate)			$0.0
	Office Visit-Continued			
	0-9 Minutes (Minimal)			$0.0
	10-19 Minutes (Straight Forward)			$0.0
	20-29 Minutes (Low)			$0.0
	30-39 Minutes (Moderate)			$0.0
	Phone Visit Shipping			$0.0
	Lab Services			
	Pregnancy Test			$0.0
	Urine Test (LET/NIT)			$0.0
	STD Screening			
	HIV			$0.0
	Chlamydia (SLH)			$0.0
	Gonorrhea (SLH)			$0.0
	Shipping/Handling Lab/STD			$0.0
	STD Medications			
	Doxycycline			$0.00
	Ceftriaxone			

Attachment: PH Fees for Services 5-1-22 (7003 : Public Health 2023 Financial User Fees)

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
	Zithro (market price)			$0.0
	Supplies			
	Emergency Contraception			$0.0
	Condoms and Lube			$0.0
	Non-latex Condoms			$0.0
	Dispensing & Education Fee			$0.0
	Nuva Ring			$0.0
	Depo-Provera			$0.0
	Oral Contraceptives			$0.0
	Cycle Beads			$0.0
	Female Condoms			$0.0
	Federal Poverty Level	<150%	<150%	~~<150%~~ Over 101-150% Pover 75% Discou
	Office Visit-New			
	15-29 Minutes (Straight Forward)	N/A	N/A	~~N/A~~ $18.7
	30-44 Minutes (Low)	N/A	N/A	~~N/A~~ $27.5
	45-59 Min (Moderate)	N/A	N/A	~~N/A~~ $40.0
	Office Visit-Continued			
	0-9 Minutes (Minimal)	N/A	N/A	~~N/A~~ $8.7
	10-19 Minutes (Straight Forward)	N/A	N/A	~~N/A~~ $13.7
	20-29 Minutes (Low)	N/A	N/A	~~N/A~~ $20.0
	30-39 Minutes (Moderate)	N/A	N/A	~~N/A~~ $25.0
	Phone Visit Shipping	$4.00	$4.00	~~$4.00~~ $1.0
	Lab Services			
	Pregnancy Test	N/A	N/A	~~NA~~ $5.0
	Urine Test (LET/NIT)	N/A	N/A	~~NA~~ $2.5
	STD Screening			
	HIV	$14.00	$14.00	~~$14.00~~ $7.5
	Chlamydia (SLH)	$50.00	$50.00	~~$50.00~~ $22.5
	Gonorrhea (SLH)	$50.00	$50.00	~~$50.00~~ $22.5
	Shipping/Handling Lab/STD	$14.00	$14.00	~~$14.00~~ $3.5
	STD Medications			
	Doxycycline	Market Price	Market Price	25% of Market Pric
	Ceftriaxone	Market Price	Market Price	25% of Market Pric
	Zithro (market price)	Market Price	Market Price	25% of Market Pric
	Supplies			
	Emergency Contraception	Market Price	Market Price	25% of Market Pric
	Condoms and Lube	$0.25	$0.25	~~$0.25~~ 25% of Market Pric
	Non-latex Condoms	$1.00	$1.00	~~$1.00~~ 25% of Market Pric
	Dispensing & Education Fee	$59.00	$59.00	~~$59.00~~ $35.0
	Nuva Ring	Market Price	Market Price	25% of Market Pric
	Depo-Provera	Market Price	Market Price	25% of Market Pric
	Oral Contraceptives	Market Price	Market Price	25% of Market Pric
	Cycle Beads	Market Price	Market Price	25% of Market Pric
	Female Condoms	Market Price	Market Price	25% of Market Pric
	Federal Poverty Level	<200%	<200%	~~<200~~ Over 151-200% Pover 50% Discou
	Office Visit-New			
	15-29 Minutes (Straight Forward)	$39.00	$39.00	~~$39.00~~ $37.5
	30-44 Minutes (Low)	$56.00	$56.00	~~$56.00~~ $55.0
	45-59 Min (Moderate)	$81.00	$81.00	~~$81.00~~ $80.0
	Office Visit-Continued			
	0-9 Minutes (Minimal)	$14.00	$14.00	~~$14.00~~ $17.5
	10-19 Minutes (Straight Forward)	$25.00	$25.00	~~$25.00~~ $27.5
	20-29 Minutes (Low)	$32.00	$32.00	~~$32.00~~ $40.0
	30-39 Minutes (Moderate)	$49.00	$49.00	~~$49.00~~ $50.0
	Phone Visit Shipping	$4.00	$4.00	~~$4.00~~ $2.0
	Lab Services			
	Pregnancy Test	$9.00	$9.00	~~$9.00~~ $10.00
	Urine Test (LET/NIT)	$4.00	$4.00	~~$4.00~~ $5.00
	STD Screening			

Attachment: PH Fees for Services 5-1-22 (7003 : Public Health 2023 Financial User Fees)

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
	HIV	$18.00	$18.00	~~$18.00~~ $15.0
	Chlamydia (SLH)	$63.00	$63.00	~~$63.00~~ $45.0
	Gonorrhea (SLH)	$63.00	$63.00	~~$63.00~~ $45.0
	Shipping/Handling Lab/STD	$14.00	$14.00	~~$14.00~~ $7.0
	STD Medications			
	Doxycycline	Market Price	Market Price	50% of Market Pric
	Ceftriaxone	Market Price	Market Price	50% of Market Pric
	Zithro (market price)	Market Price	Market Price	50% of Market Pric
	Supplies			
	Emergency Contraception	Market Price	Market Price	50% of Market Pric
	Condoms and Lube	$0.25	$0.25	~~$0.25~~ 50% of Market Pric
	Non-latex Condoms	$1.00	$1.00	~~$1.00~~ 50% of Market Pric
	Dispensing and Education Fee	$82.00	$82.00	~~$82.00~~ $70.0
	Nuva Ring	Market Price	Market Price	50% of Market Pric
	Depo-Provera	Market Price	Market Price	50% of Market Pric
	Oral Contraceptives	Market Price	Market Price	50% of Market Pric
	Cycle Beads	Market Price	Market Price	50% of Market Pric
	Female Condoms	Market Price	Market Price	50% of Market Pric
	Federal Poverty Level	<250%	<250%	~~<250%~~ Over 201-250% Pover 25% Discou
	Office Visit-New			
	15-29 Minutes (Straight Forward)	$47.00	$47.00	~~$47.00~~ $56.2
	30-44 Minutes (Low)	$68.00	$68.00	~~$68.00~~ $82.5
	45-59 Min (Moderate)	$90.00	$90.00	~~$90.00~~ $120.0
	Office Visit-Continued			
	0-9 Minutes (Minimal)	$17.00	$17.00	~~$17.00~~ $26.2
	10-19 Minutes (Straight Forward)	$30.00	$30.00	~~$30.00~~ $41.2
	20-29 Minutes (Low)	$39.00	$39.00	~~$39.00~~ $60.0
	30-39 Minutes (Moderate)	$60.00	$60.00	~~$60.00~~ $75.0
	Phone Visit Shipping	$4.00	$4.00	~~$4.00~~ $3.0
	Lab Services			
	Pregnancy Test	$10.00	$10.00	~~$10.00~~ $15.0
	Urine Test (LET/NIT)	$5.00	$5.00	~~$5.00~~ $7.5
	STD Screening			
	HIV	$19.00	$19.00	~~$19.00~~ $22.5
	Chlamydia (SLH)	$77.00	$77.00	~~$77.00~~ $67.5
	Gonorrhea (SLH)	$77.00	$77.00	~~$77.00~~ $67.5
	Shipping/Handling Lab/STD	$14.00	$14.00	~~$14.00~~ $10.5
	STD Medications			
	Doxycycline	Market Price	Market Price	75% of Market Pric
	Ceftriaxone	Market Price	Market Price	75% of Market Pric
	Zithro (market price)	Market Price	Market Price	75% of Market Pric
	Supplies			
	Emergency Contraception	Market Price	Market Price	75% of Market Pric
	Condoms and Lube	$0.25	$0.25	~~$0.25~~ 75% of Market Pric
	Non-latex Condoms	$1.00	$1.00	~~$1.00~~ 75% of Market Pric
	Dispensing & Education Fee	$99.00	$99.00	~~$99.00~~ $105.0
	Nuva Ring	Market Price	Market Price	75% of Market Pric
	Depo-Provera	Market Price	Market Price	75% of Market Pric
	Oral Contraceptives	Market Price	Market Price	75% of Market Pric
	Cycle Beads	Market Price	Market Price	75% of Market Pric
	Female Condoms	Market Price	Market Price	75% of Market Pric
	Federal Poverty Level	Usual Customary	Usual Customary	~~Usual Customary~~ Over 250% Pover 0% Discou
	Office Visit-New			
	15-29 Minutes (Straight Forward)	$55.00	$55.00	~~$55.00~~ $75.0
	30-44 Minutes (Low)	$80.00	$80.00	~~$80.00~~ $110.00
	45-59 Min (Moderate)	$115.00	$115.00	~~$115.00~~ $160.00
	Office Visit-Continued			

Attachment: PH Fees for Services 5-1-22 (7003 : Public Health 2023 Financial User Fees)

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
	0-9 Minutes (Minimal)	$20.00	$20.00	~~$20.00~~ $35.0
	10-19 Minutes (Straight Forward)	$35.00	$35.00	~~$35.00~~ $55.0
	20-29 Minutes (Low)	$45.00	$45.00	~~$45.00~~ $80.0
	30-39 Minutes (Moderate)	$70.00	$70.00	~~$70.00~~ $100.0
	Phone Visit Shipping	$4.00	$4.00	$4.0
	Lab Services			
	Pregnancy Test	$11.00	$11.00	~~$11.00~~ $20.0
	Urine Test (LET/NIT)	$6.00	$6.00	~~$6.00~~ $10.0
	STD Screening			
	HIV	$19.00	$19.00	~~$19.00~~ $30.0
	Chlamydia (SLH)	$90.00	$90.00	$90.0
	Gonorrhea (SLH)	$90.00	$90.00	$90.0
	Shipping/Handling Lab/STD	$14.00	$14.00	$14.0
	STD Medications			
	Doxycycline	Market Price	Market Price	Market Pric
	Ceftriaxone	Market Price	Market Price	Market Pric
	Zithro (market price)	Market Price	Market Price	Market Pric
	Supplies			
	Emergency Contraception	Market Price	Market Price	Market Pric
	Condoms and Lube	$0.25	$0.25	~~$0.25~~ Market Pric
	Non-latex Condoms	$1.00	$1.00	~~$1.00~~ Market Pric
	Dispensing & Education Fees	$117.00	$117.00	~~$117.00~~ $140.0
	Nuva Ring	Market Price	Market Price	Market Pric
	Depo-Provera	Market Price	Market Price	Market Pric
	Oral Contraceptives	Market Price	Market Price	Market Pric
	Cycle Beads	Market Price	Market Price	Market Pric
	Female Condoms	Market Price	Market Price	Market Pric
ENVIRONMENTAL HEALTH				
	Radon Kit	$10.00	$10.00	$10.0
	HepaVac	$25.00 refundable deposit	$25.00 refundable deposit	$25.00 refundable depos
	HepaVac Bag	$2.50	$2.50	$2.5
	Meth testing of home enviornment	$350.00	$350.00	$350.0
	Temporary Food Vendor License	If NOT licensed from State: $170.00	If NOT licensed from State: $170.00	If NOT licensed from State: ~~$170.00~~ $200.0
	Temporary Food Vendor License - Non TCS Food		$75.00	~~$75.00~~ $100.0
		Temporary food stand: $30.00	Temporary food stand Inspection Fee (Licensed by State or other County): $30.00	Temporary food stand Inspection Fee (Licensed b State or other County): $30.0
		$15.00	Temporary Food Stand Inspection Fee - Non TCS Foods (Licensed by State or Other County): $15.00	Temporary Food Stand Inspection Fee - Non TCS Food (Licensed by State or Other County): $15.0
	Mobile Retail Food - Serving Meals			
		□ Full service-Simple* $550.00 ($230 permit fee + $320 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $240.00 Additional Re-inspections $320.00	□ Full service-Simple* $550.00 ($230 permit fee + $320 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $240.00 Additional Re-inspections $320.00	Full service-Simple* ~~$550.00~~ $690.0 (~~$230~~ $330 permit fee + ~~$320~~ $360.00 preinspection fe First Re-Inspection $0.0 Second Re-inspection $240.0 Additional Re-inspections $320.0
		□ Full service-Moderate* $800.00 ($330 Permit fee + $470 preinspection fee)	□ Full service-Moderate* $800.00 ($330 Permit fee + $470 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $353.00 Additional Re-inspections $470.00	Full service-Moderate* ~~$800.00~~ $1025.00 (~~$330~~ $490.0 Permit fee + ~~$470~~ $535.00 preinspection fe First Re-Inspection $0.0 Second Re-inspection $353.0 Additional Re-inspections $470.0

Attachment: PH Fees for Services 5-1-22 (7003 : Public Health 2023 Financial User Fees)

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
		□ Full service-Complex* $1310.00 ($540 Permit fee + $770 preinspection fee)	□ Full service-Complex* $1310.00 ($540 Permit fee + $770 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $578.00 Additional Re-inspections $770.00	Full service-Complex* ~~$1310.00~~ $1530.00 (~~$54~~ ~~$670.00~~ Permit fee + ~~$770~~ ~~$860.00~~ preinspection fe First Re-Inspection $0.0 Second Re-inspection $578.0 Additional Re-inspections $770.0
			□ Full service-Prepackaged* $270.00 ($105 Permit fee + $165 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $98.00 Additional Re-inspections $130.00	Full service-Prepackaged* ~~$270.00~~ $360.00 (~~$105.0~~ ~~$180.00~~ Permit fee + ~~$165.00~~ $180.00 preinspection fe First Re-Inspection $0.0 Second Re-inspection $98.0 Additional Re-inspections $130.0
	Mobile Retail Foods -Serving Meals - Service Base			
		□ Mobile Service Base-Must be an enclosed building $270.00 ($105 Permit fee + $165 preinspection fee)	□ Mobile Service Base-Must be an enclosed building $295.00 ($150 Permit fee + $145 preinspection fee) First Re-Inspection $0.00 Second Re-Inspection $98.00 Additional Re-Inspection $130.00	Mobile Service Base-Must be a enclosed building ~~$295.00~~ $360.0 (~~$150.00~~ $180.00 Permit fee + ~~$145.00~~ $180.0 preinspection fee) First Re-Inspection $0.0 Second Re-Inspection $98.0 Additional Re-Inspection $130.0
		□ Mobile Service Base-Simple* $550.00 ($230 permit fee + $320 preinspection fee)	□ Mobile Service Base-Simple* $625.00 ($275 permit fee + $350 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $240.00 Additional Re-inspections $320.00	Mobile Service Base-Simple* ~~$625.00~~ $690.00 (~~$275.0~~ ~~$330.00~~ permit fee + ~~$350.00~~ $360.00 preinspection fe First Re-Inspection $0.0 Second Re-inspection $240.0 Additional Re-inspections $320.0
		□ Mobile Service Base-Moderate* $800.00 ($330 Permit fee + $470 preinspection fee)	□ Mobile Service Base-Moderate* $920.00 ($395 Permit fee + $525 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $353.00 Additional Re-inspections $470.00	Mobile Service Base-Moderate* ~~$920.00~~ $1025.00 (~~$39~~ ~~$490.00~~ Permit fee + ~~$525~~ $535.00 preinspection fe First Re-Inspection $0.0 Second Re-inspection $353.0 Additional Re-inspections $470.0
		□ Mobile Service Base-Complex* $1310.00 ($540 Permit fee + $770 preinspection fee)	□ Mobile Service Base-Complex* $1445.00 ($595 Permit fee + $850 preinspection fee) First Re-Inspection $0.00 Second Re-inspection $578.00 Additional Re-inspections $770.00	Mobile Service Base-Complex* ~~$1445.00~~ $1530.0 (~~$595~~ $670.00 Permit fee + ~~$850~~ $860.00 preinspectio fee) First Re-Inspection $0.0 Second Re-inspection $578.0 Additional Re-inspections $770.0
	Retail Food Establishments - Not Serving Meals			
	Food sales of at least $1,000,000 or more and processes potentially hazardous foods. Complex	License Fee $950.00 Preinspection Fee $250.00	License Fee $950.00 Preinspection Fee $250.00 First Re-Inspection $0.00 Second/Additional Re-inspections $495.00	License Fee ~~$950.00~~ $1,060.0 Preinspection Fee ~~$250.00~~ $340.0 First Re-Inspection $0.0 Second/Additional Re-inspections $495.0
	Food Sales of at least $25,000 but less than $1,000,000 and processes potentially hazardous foods.Moderate	License Fee $425.00 Preinspection Fee $125.00	License Fee $425.00 Preinspection Fee $125.00 First Re-Inspection $0.00 Second/Additional Re-inspections $209.00	License Fee ~~$425.00~~ $500.0 Preinspection Fee ~~$125.00~~ $200.0 First Re-Inspection $0.0 Second/Additional Re-inspections $209.0
	Food Sales of at least $25,000 and is engaged in food processing, but does not process potentially hazardous foods. Simple -TCS	License Fee $325.00 Preinspection Fee $95.00	License Fee $325.00 Preinspection Fee $95.00 First Re-inspection $0.00 Second Re-inspection $209.00	License Fee ~~$325.00~~ $360.0 Preinspection Fee ~~$95.00~~ $160.0 First Re-inspection $0.0 Second Re-inspection $209.0
	Food sales of less than $25,000 and is engaged in food processing. Simple Non-TCS	License Fee $75.00 Preinspection Fee $25.00	License Fee $75.00 Preinspection Fee $25.00 First Re-inspection $0.00 Second Re-inspection $99.00	License Fee ~~$75.00~~ $150.0 Preinspection Fee ~~$25.00~~ $150.0 First Re-Inspection $0.0 Second Re-inspection $99.0
	Does not engage in food processing Pre-Packaged	License Fee $60.00 Preinspection Fee $20.00	License Fee $60 First Re-Inspection $0.00 Preinspection Fee $20 Second Re-inspection $99.00	License Fee ~~$60.00~~ $100.00 Preinspection Fee ~~$20.00~~ $120.00 First Re-Inspection $0.00

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
Mobile Retail Food Establishment - Not Serving Meals				
	Complex		License Fee $950.00 Preinspection Fee $250.00 First Re-Inspection $0.00 Second/Additional Re-inspections $495.00	License Fee ~~$950.00~~ $1,060.0 Preinspection Fee ~~$250.00~~ $340.0 First Re-Inspection $0.0 Second/Additional Re-inspections $495.0
	Moderate		License Fee $425.00 Preinspection Fee $125.00 First Re-Inspection $0.00 Second/Additional Re-inspections $209.00	License Fee ~~$425.00~~ $500.0 Preinspection Fee ~~$125.00~~ $200.0 First Re-Inspection $0.0 Second/Additional Re-inspections $209.0
	Simple TCS		License Fee $325.00 Preinspection Fee $95.00 First Re-inspection $0.00 Second Re-inspection $209.00	License Fee ~~$325.00~~ $360.0 Preinspection Fee ~~$95.00~~ $160.0 First Re-inspection $0.0 Second Re-inspection $209.0
	Simple Non-TCS		License Fee $75.00 Preinspection Fee $25.00 First Re-inspection $0.00 Second Re-inspection $99.00	License Fee ~~$75.00~~ $150.0 Preinspection Fee ~~$25.00~~ $150.0 First Re-inspection $0.0 Second Re-inspection $99.0
	Prepackaged		License Fee $60.00 Preinspection Fee $20.00 First Re-Inspection $0.00 Second Re-inspection $99.00	License Fee ~~$60.00~~ $100.0 Preinspection Fee ~~$20.00~~ $120.0 First Re-Inspection $0.00 Secor Re-inspection $99.0
	One Micro Market	License Fee $44.00	License Fee $44.00 First Re-inspection $0.00 Second Re-inspection $99.00	License Fee $44.0 First Re-inspection $0.0 Second Re-inspection $99.0
	Two or More Micro ~~Marts~~ Markets Same Building	License Fee $66.00	License Fee $66.00 First Re-inspection $0.00 Second Re-inspection $99.00	License Fee $66.0 First Re-inspection $0.0 Second Re-inspection $99.0
	Temporary Retail Facility (at fairs and events)	Temporary Retail License per stand = $66	Temporary Retail License per stand = $75	~~Temporary Retail License per stand = $75~~ Delete as duplicate entry
		Existing licensed = $15 per event per stand	Existing licensed = $15 per event per stand	~~Existing licensed = $15 per event per stand~~ Delete as duplicate entry
	FOOD SERVICE PERMIT			
		Prepackaged off-premise $295.00 ($150.00 Permit fee + $145.00 Preinspection fee)	Prepackaged off-premise $295.00 ($150.00 Permit fee + $145.00 Preinspection fee) First Re-Inspection $0.00 Second Re-inspection $98.00 Additional Re-inspections $130.00	Prepackaged off-premise ~~$295.00~~ $360.0 (~~$150.00~~ $180.00 Permit fee ~~$145.00~~ $180.00 Preinspection fe First Re-Inspection $0.0 Second Re-inspection $98.0 Additional Re-inspections $130.0
		Full-service – Simple $625.00 ($275.00 Permit fee + $350.00 Preinspection fee)	Full-service – Simple $625.00 ($275.00 Permit fee + $350.00 Preinspection fee) First Re-Inspection $0.00 Second Re-inspection $240.00 Additional Re-inspections $320.00	Full-service – Simple ~~$625.00~~ $690.0 (~~$275.00~~ $330.00 Permit fee ~~$350.00~~ $360.00 Preinspection fe First Re-Inspection $0.0 Second Re-inspection $240.0 Additional Re-inspections $320.0
		Full-service – Moderate $920.00 ($395.00 Permit fee + $525.00 Preinspection fee)	Full-service – Moderate $920.00 ($395.00 Permit fee + $525.00 Preinspection fee) First Re-Inspection $0.00 Second Re-inspection $353.00 Additional Re-inspections $470.00	Full-service – Moderate ~~$920.00~~ $1,025.0 (~~$395.00~~ $490.00 Permit fee ~~$525.00~~ $535.00 Preinspection fe First Re-Inspection $0.0 Second Re-inspection $353.0 Additional Re-inspections $470.0
		Full-service – Complex $1445.00 ($595.00 Permit fee + $850.00 Preinspection fee)	Full-service – Complex $1445.00 ($595.00 Permit fee + $850.00 Preinspection fee) First Re-Inspection $0.00 Second Re-inspection $578.00 Additional Re-inspections $770.00	Full-service – Complex ~~$1445.00~~ $1530.0 (~~$595.00~~ $670.00 Permit fee ~~$850.00~~ $860.00 Preinspection fe First Re-Inspection $0.0 Second Re-inspection $578.0 Additional Re-inspections $770.0
		Additional Food Prep Area (within establishment) $250.00	Additional Food Prep Area (within establishment) $250.00	Additional Food Prep Are (within establishment) $250.00

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
		Temporary Food License for 3 events in Chippewa County = $170 Existing mobile food licensed vendors = $30 per event per stand	Temporary Food License for 3 events in Chippewa County = $170 Existing mobile food licensed vendors = $30 per event per stand	~~Temporary Food License for 3 events in Chippew~~ ~~County = $17~~ ~~Existing mobile food licensed vendors = $30 per eve~~ ~~per star~~ delete as no longer applie
	LODGING PERMIT			
		Number of Sleeping Rooms Tourist Rooming House (1-4 rooms) (Cabin, Cottage, etc.) $450.00 ($150.00 Permit fee + $300.00 Preinspection fee)	Number of Sleeping Rooms Tourist Rooming House (1-4 rooms) (Cabin, Cottage, etc.) $450.00 ($150.00 Permit fee + $300.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $128.00 Additional Re-inspection $170.00	Number of Sleeping Rooms Tourist Rooming House (1- rooms) (Cabin, Cottage, etc.) ~~$450.00~~ $520.00 (~~$150.0~~ $220.00 Permit fee + $300.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $128.0 Additional Re-inspection $170.0
		Hotel / Motel / Resort (5-30 rooms) $750.00 ($250.00 Permit fee + $500.00 Preinspection fee)	Hotel / Motel / Resort (5-30 rooms) $750.00 ($250.00 Permit fee + $500.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $218.00 Additional Re-inspection $290.00	Hotel / Motel / Resort (5-30 rooms) ~~$750.00~~ $780.0 (~~$250.00~~ $280.00 Permit fee $500.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $218.0 Additional Re-inspection $290.0
		Hotel / Motel / Resort (31-99 rooms) $1050.00 ($350.00 Permit fee + $700.00 Preinspection fee)	Hotel / Motel / Resort (31-99 rooms) $1050.00 ($350.00 Permit fee + $700.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $300.00 Additional Re-inspection $400.00	Hotel / Motel / Resort (31-99 rooms) ~~$1050.00~~ $1080.0 (~~$350.00~~ $380.00 Permit fee + $700.00 Preinspectio fe First Re-inspection $0.0 Second Re-inspection $300.0 Additional Re-inspection $400.0
		Hotel / Motel / Resort (100-199 rooms) $1300.00 ($450.00 Permit fee + $850.00 Preinspection fee)	Hotel / Motel / Resort (100-199 rooms) $1300.00 ($450.00 Permit fee + $850.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $379.00 Additional Re-inspection $505.00	Hotel / Motel / Resort (100-199 rooms) ~~$1300.0~~ $1330.00 (~~$450.00~~ $480.00 Permit fee + $850.0 Preinspection fe First Re-inspection $0.0 Second Re-inspection $379.0 Additional Re-inspection $505.0
		Hotel / Motel / Resort (200+ rooms) $1800.00 ($550.00 Permit fee + $1250.00 Preinspection fee)	Hotel / Motel / Resort (200+ rooms) $1800.00 ($550.00 Permit fee + $1250.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $525.00 Additional Re-inspection $700.00	Hotel / Motel / Resort (200+ rooms) ~~$1800.00~~ $1830.0 (~~$550.00~~ $580.00 Permit fee + $1250.00 Preinspectio fe First Re-inspection $0.0 Second Re-inspection $525.0 Additional Re-inspection $700.0
		Bed & Breakfast (8 or less rooms) $450.00 ($150.00 Permit fee + $300.00 Preinspection fee)	Bed & Breakfast (8 or less rooms) $450.00 ($150.00 Permit fee + $300.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $128.00 Additional Re-inspection $170.00	Bed & Breakfast (8 or less rooms) ~~$450.00~~ $480.0 (~~$150.00~~ $180.00 Permit fee $300.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $128.0 Additional Re-inspection $170.0
	CAMPGROUND PERMIT			
		Campground (1-25 sites) $625.00 ($225.00 Permit fee + $400.00 Preinspection fee)	Campground (1-25 sites) $625.00 ($225.00 Permit fee + $400.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $180.00 Additional Re-inspection $240.00	Campground (1-25 sites) ~~$625.00~~ $670.0 (~~$225.00~~ $270.00 Permit fee $400.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $180.0 Additional Re-inspection $240.0
		Campground (26-50 sites) $890.00 ($295.00 Permit fee + $595.00 Preinspection fee)	Campground (26-50 sites) $890.00 ($295.00 Permit fee + $595.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $263.00 Additional Re-inspection $350.00	Campground (26-50 sites) ~~$890.00~~ $925.00 (~~$295.0~~ $330.00 Permit fee $595.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $263.0 Additional Re-inspection $350.0
		Campground (51-100 sites) $1100.00 ($350.00 Permit fee + $750.00 Preinspection fee)	Campground (51-100 sites) $1100.00 ($350.00 Permit fee + $750.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $319.00 Additional Re-inspection $425.00	Campground (51-100 sites) ~~$1100.00~~ $1140.0 (~~$350.00~~ $390.00 Permit fee $750.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $319.00 Additional Re-inspection $425.00

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH FEES FOR SERVICES

RED = Change July 1, 2022
GREEN = Change January 1, 2023

	SERVICE	2021 FEE	2022 FEE	2023 FEE
		Campground (101-199 sites) $1275.00 ($400.00 Permit fee + $875.00 Preinspection fee)	Campground (101-199 sites) $1275.00 ($400.00 Permit fee + $875.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $375.00 Additional Re-inspection $500.00	Campground (101-199 sites) ~~$1275.00~~ $1305.0 (~~$400.00~~ $430.00 Permit fee $875.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $375.0 Additional Re-inspection $500.0
		Campground (200+ sites) $1475.00 ($475.00 Permit fee + $1000.00 Preinspection fee)	Campground (200+ sites) $1475.00 ($475.00 Permit fee + $1000.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $435.00 Additional Re-inspection $580.00	Campground (200+ sites) ~~$1475.00~~ $1520.00 (~~$475.0~~ $520.00 Permit fee $1000.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $435.0 Additional Re-inspection $580.0
	RECREATIONAL & EDUCATIONAL CAMP PERMIT			
		$1750.00 ($550.00 Permit fee + $1200 Preinspection fee)	$1750.00 ($550.00 Permit fee + $1200 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $540.00 Additional Re-inspection $720.00	~~$1750.00~~ $1900.00 (~~$550.00~~ $600.00 Permit fee ~~$1200.00~~ $1300.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $540.0 Additional Re-inspection $720.0
	SWIMMING POOL PERMIT			
		$400.00 ($225.00 Permit fee + $175.00 Preinspection fee)	$400.00 ($225.00 Permit fee + $175.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $50.00 Additional Re-inspection $75.00	~~$400.00~~ $495.00(~~$225.00~~ $320.00 Permit fee + $175.0 Preinspection fe First Re-inspection $0.0 Second Re-inspection $50.0 Additional Re-inspection $75.0
	WATER ATTRACTION PERMIT			
		$425.00 ($225.00 Permit fee + $200.00 Preinspection fee)	$425.00 ($225.00 Permit fee + $200.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $50.00 Additional Re-inspection $125.00	~~$425.00~~ $520.00 (~~$225.00~~ $320.00 Permit fee + $200.0 Preinspection fe First Re-inspection $0.0 Second Re-inspection $50.0 Additional Re-inspection $125.0
		Slides $570.00 ($295.00 Permit Fee + $275.00 Preinspection fee)	Slides $570.00 ($295.00 Permit Fee + $275.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $50.00 Additional Re-inspection $75.00	Slides ~~$570.00~~ $625.00(~~$295.00~~ $350.00 Permit Fee $275.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $50.0 Additional Re-inspection $75.0
		Additional Slide $390.00 ($195.00 Permit Fee + $195.00 Preinspection fee)	Additional Slide $390.00 ($195.00 Permit Fee + $195.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $50.00 Additional Re-inspection $75.00	Additional Slide ~~$390.00~~ $425.00 (~~$195.00~~ $230.0 Permit Fee + $195.00 Preinspection fee) First R inspection $0.0 Second Re-inspection $50.0 Additional Re-inspection $75.0
	TATTOO & BODY-PIERCING PERMIT			
		Tattoo Establishments $475.00 ($175.00 Permit fee + $300.00 Preinspection fee)	Tattoo Establishments $475.00 ($175.00 Permit fee + $300.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $135.00 Additional Re-inspection $180.00	Tattoo Establishments ~~$475.00~~ $510.0 (~~$175.00~~ $210.00 Permit fee $300.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $135.0 Additional Re-inspection $180.0
		Body-Piercing Establishments $475.00 ($175.00 Permit fee + $300.00 Preinspection fee)	Body-Piercing Establishments $475.00 ($175.00 Permit fee + $300.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $135.00 Additional Re-inspection $180.00	Body-Piercing Establishments ~~$475.00~~ $510.0 (~~$175.00~~ $210.00 Permit fee $300.00 Preinspection fe First Re-inspection $0.0 Second Re-inspection $135.0 Additional Re-inspection $180.0
		Combined Tattoo / Body-Piercing Establishments $675.00 ($250.00 Permit fee + $425.00 Preinspection fee)	Combined Tattoo / Body-Piercing Establishments $675.00 ($250.00 Permit fee + $425.00 Preinspection fee) First Re-inspection $0.00 Second Re-inspection $221.00 Additional Re-inspection $295.00	Combined Tattoo / Body-Piercing Establishmen ~~$675.00~~ $705.00 (~~$250.00~~ $280.00 Permit fee + $425.0 Preinspection fee) First Re-inspection $0.0 Second Re-inspection $221.0 Additional Re-inspection $295.0
		Temporary Tattoo Establishments $150.00	Temporary Tattoo Establishments $150.00	Temporary Tattoo Establishments ~~$150.00~~ $180.0
		Temporary Body-Piercing Establishments $150.00	Temporary Body-Piercing Establishments $150.00	Temporary Body-Piercing Establishments ~~$150.0~~ $180.00
		Combined Temporary Tattoo / Body-Piercing Establishments $200.00	Combined Temporary Tattoo / Body-Piercing Establishments $200.00	Combined Temporary Tattoo / Body-Piercing Estab

STATEMENT OF EXPLANATION
PUBLIC HEALTH 2021 ANNUAL REPORT

The 2021 Public Health Annual Report will be presented for review and approval.

CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

2021
Annual Report

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH

Chippewa County Department of Public Health

2021 Annual Report

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

County Health Officer/Public Health Director Angela Weideman, LMFT

Leadership Team Stephanie Abbe, RD, CD; Sam Flatland, REHS; Kristen Kelm, RN, BSN; Sarah McQuillan, BS; Dawn Stark, BSW, CSW

Preparation and Coordination of Report Nikki Hoernke, BS; Allie Isaacson, RN, BSN, CLC; Audra Knowlton

Epidemiologist Komi Modji, MD, MPH, CPH

Cover Photo Allie Isaacson, RN BSN, CLC

Review/Editing Christa Cupp, MPH, MCHES; James Fenno, RPh

As we close the year, we want to say thank you. This report is the result of collaborative work of all of the dedicated staff that are employed by CCDPH and the many partners, board members, and staff from other county departments involved in work that happened over the last year. It is impossible to mention them all by name, but we are grateful for their investment of time and care during these incredibly challenging times. Together we have worked to prevent, promote, and protect health, all while navigating the many enduring and systemic crises we face.

Chippewa County Department of Public Health is nationally accredited through the Public Health Accreditation Board (PHAB). The accreditation program sets standards against which the nation's governmental public health departments can continuously improve the quality of their services and performance. In order to received accreditation, health departments must complete PHAB's rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets a set of quality standards and measures.

Table of Contents

Message from the Director

Dear Friends and Colleagues,

2021 was another trying year for health departments across the United States and the world. Again, this year, the primary concern for Chippewa County Department of Public Health (CCDPH) was responding to the COVID-19 pandemic. We faced many challenges with implementing mitigation measures in our efforts to protect the health of our communities. The rollout of safe and effective COVID-19 vaccines in early 2021 drastically changed the landscape of the pandemic. Our health department started administering the COVID-19 vaccine in early January, along with our hospital and health system partners and pharmacies. CCDPH gave just under 10,000 doses of the COVID-19 vaccine in 2021.

In 2020, CCDPH had added 15 Limited Term Employees (LTE) to help administer flu vaccines, complete disease investigations, and contact trace. Additionally, all health department employees had been re-purposed to help with COVID-19 response efforts, which carried into the spring of 2021, when our numbers at the local level began to taper down. Local case rates remained lower throughout the summer of 2021; however, we experienced high cases, hospitalizations, and deaths from the Delta and Omicron variants in the fall. In 2021, our department hired 23 LTEs to help with communications, COVID-19 vaccine rollout, disease investigation, and contact tracing in response to COVID-19. Our staff has experienced high stress, burnout, and compassion fatigue throughout the pandemic. We were extremely fortunate not to lose staff during this difficult time. Thank you to the dedicated team at CCDPH for all your efforts in 2021!

The Community Health Division focused on pandemic response and the rollout of the COVID-19 vaccine while continuing to provide many other supports and services in the community. One new initiative that has been a successful community collaboration in 2021 was the Overdose Fatality Review (OFR). These reviews aim to prevent, through education and interventions, future fatalities resulting from overdose. Additionally, accreditation efforts were ongoing in the health department, and CCDPH wrote our first Accreditation Annual report for the Public Health Accreditation Board.

In Environmental Health, we saw a rise in human health hazards and childhood lead cases. We also continued to see an increase in festivals and large gatherings in Chippewa County. Our Nutrition Division encountered many changes in 2021. Nutrition Division Manager, Judy Fedie, retired in August 2021 after 35 years of outstanding service to Chippewa County residents. Stephanie Abbe, a Registered Dietitian who has been with the health department for 19 years, was promoted to the Nutrition Division Manager in August 2021. The Forward Health Grant also moved from the Western Regional Center Division to the Nutrition Division.

The Western Regional Center experienced a significant increase in referrals for children in need of long-term support services. The Fiscal/Administration team answered thousands of COVID-19 questions and phone calls and helped schedule COVID-19 vaccine appointments. Furthermore, the Fiscal/Administration team helped transition the medical loan equipment closet in partnership with Rutledge Charities; each organization now holds a portion of the equipment. CCDPH has all wheelchairs, while Rutledge Charities houses all other equipment.

When we reflect on 2021, we remember the amazing partners Public Health has been so fortunate to work alongside! These include the Senior Center, schools, daycares, EMS services, law enforcement, long-term care facilities, libraries, bars and restaurants, manufacturers, the ADRC, and large event organizers. Our Incident Command System operated all 365 days of 2021. We are thankful to everyone who donated their time and talent to help respond to COVID-19. In the fall of 2021, we saw case numbers steadily increase as we experienced the Delta variant and then the Omicron variant. Sadly, we know we will be responding to COVID-19 into 2022. The pandemic has been challenging, and we are grateful that we had the systems and structures in place to prevent and respond to illness. We hope that Chippewa County can focus on recovery in 2022!

Your partner in health,

Angela Weideman

Angela Weideman, LMFT
Director/Health Officer
Chippewa County Department of Public Health

Our Organization

Our Vision

The Healthiest County to Live, Learn, Work, and Play

Our Mission

Prevent, Promote, Protect

Our Values

Partnership
Respect
Innovation
Dedication
Equity

Public Health Expenditures

Figure 1 shows Public Health's unaudited expenditures for 2021. COVID-19 was 36 percent of the department's expenditures with Community Health next at 28 percent. The total expenditures for 2021 were $2,902,251

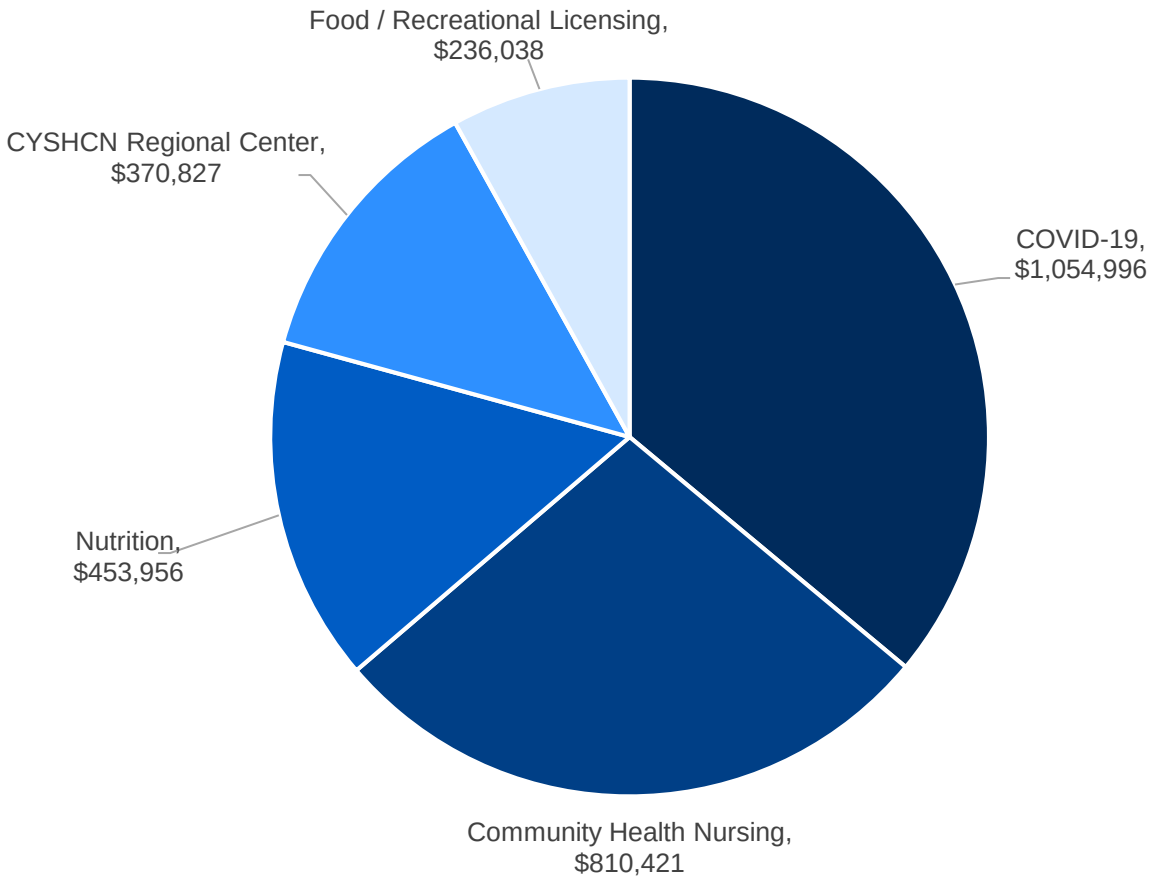


Figure 1. Public Health's 2021 unaudited expenditures

Governing Entities

HEALTH & HUMAN SERVICES BOARD (HHSB)

Chair: John (Jack) Halbleib
Vice Chair: Don Hauser
Board Members: Jenny Happel *(January-November)*, Kari Ives, Charlene Kervina, Stacey Sperlingas, Harold (Buck) Steele, Tom Thornton *(January-November)*, Keith Tompkins *(January-September)*, and Nichole Wallsch *(November-December)*

PROFESSIONAL ADVISORY COMMITTEE (PAC)

EXTERNAL MEMBERS
James Fenno, Linda Lorentz, Karen Maddox *(January-May)*, Mary Proue, and Stacey Sperlingas

PUBLIC HEALTH MEMBERS
Stephanie Abbe *(August-December)*, Judy Fedie *(January-August)*, Sam Flatland, Kristen Kelm, Sarah McQuillan *(August-December)*, Dawn Stark, and Angela Weideman

Accreditation

The Chippewa County Department of Public Health (CCDPH) became an accredited health department in March 2020. As outlined by the Public Health Accreditation Board (PHAB), the department continues with specific accreditation efforts. Accredited health departments are required to submit an annual report to PHAB. The report is due at the end of the quarter in which the health department was accredited. The annual report is comprised of two sections. Section I contains three categories for the agency to address. Category 1 provides an opportunity for the health department to report on circumstances that could potentially jeopardize continued conformity to PHAB's standards. Category 2 reports on specific measures the Accreditation Committee requested the department address. Category 3 requests the department report on adverse findings or communications related to oversight or control from federal or state funding that would put the health department at risk of losing programs. In Section II of the annual report, the health department provides information related to improvement activities, continuing processes, and emerging public health issues and innovations.

As an accredited Health Department, CCDPH strived to strengthen its collaborative relationships throughout the COVID-19 pandemic. One example of this in 2021 was the partnership between the Health Department and the Chippewa Falls Senior Center. Over the year, the two entities worked together to keep a vulnerable population safer during the COVID-19 pandemic. CCDPH offered vaccine clinics on-site to ensure the elderly population had access to the COVID-19 vaccine in a timely matter. These clinics were coordinated quickly as this population was considered a high priority. Communication between the Chippewa Falls Senior Center Director and Health Officer happened weekly. Discussions included coordination of clinics, education on mitigation efforts, assistance with communication (i.e., drafting an article for the local newsletter), and more. Through the rapport established in 2021, the Chippewa Falls Senior Center has been very receptive to recommendations brought forward by the Health Department.

Another area of focus in regards to ongoing accreditation efforts is workforce development. During the past year, flexible scheduling became a staffing strategy that CCDPH implemented to limit the spread of infectious disease and ensure continued operations of the Health Department during the pandemic. This allowed officials, managers, and staff to continue operations and conduct essential functions virtually. Based on duties to be performed in-office and remotely, workspaces were evaluated and re-designed to ensure appropriate social distancing when in the office. Offices were re-designed into PODS that offered multiple separate, self-sufficient workspaces for individuals to use when in the office to perform essential work functions safely. The new setup allowed employees to operate in a hybrid work model between their own homes and onsite.

Over the past year, CCDPH's Facebook page served as a social platform to reach multiple populations as a method of communication pertaining to COVID-19 in addition to regular community health efforts. This mode of communication was used to reach the residents of Chippewa County more easily and to keep them up to date as much as possible. Live videos, recommendations, education, vaccination locations and services were all part of the communication through Facebook. Public Health had a net growth of 354 likes in 2021 as of November 30. Of those individuals who "like" the page, 85.6 percent identify as women and 14.4 percent identify as men. Public Health posted 353 times in 2021 with an average reach of 1,665 people.

Staff Recognition

YEARS OF SERVICE (FIVE YEARS OR MORE)

20-29 YEARS

- Cheryl Gast, Account Assistant *(24 years)*
- Audra Knowlton, Administrative Assistant *(21 years)*

10-19 YEARS

- Stephanie Abbe, Nutritionist *(19 years)*
- Jenny Lenbom, Public Health Nurse *(15 years)*

5-9 YEARS

- Dawn Stark, WRC Manager *(9 years)*
- Jeanne Gustafson, WRC EHDI Regional Outreach Specialist *(8 years)*
- Kristen Kelm, Community Health Division Manager *(8 years)*
- April Krumenauer, Administrative Assistant *(8 years)*
- Rachel Potaczek – Public Health Nurse *(7 years)*
- Angela Weideman, County Health Officer/Public Health Director *(7 years)*

RETIREMENTS

- Judy Fedie, Nutrition Division Manager *(35 years)*
- Jackie Western, Nutrition Program Assistant LTE *(4 years)*

NEW HIRES

- Savannah Bertrand, WRC Program Consultant
- Jennifer Boehm, COVID Disease Investigator LTE
- Dina Brennan, COVID Disease Investigator LTE
- Sue Cooley, COVID Administrative Assistant LTE
- Emily D'Angelo, COVID Disease Investigator LTE
- Amy Duffenbach, COVID Disease Investigator LTE
- Brittnay Fortuna, Community Health Planning & Promotion Specialist LTE
- Aurea (Fernanda) Gomez Garcia, Community Health Planning & Promotion Specialist LTE
- Andrew Gustafson, COVID Disease Investigator LTE
- Luke Hebert, COVID Disease Investigator LTE
- Vanessa Hebert, COVID Contact Tracer LTE
- Janet Helgeson, COVID Disease Investigator/Registered Nurse LTE
- Karen Holden, COVID Registered Nurse LTE
- Lindsay Kohls, COVID Disease Investigator LTE
- Carol Lendle, COVID Registered Nurse LTE
- Edward Pisarcik, COVID Disease Investigator LTE
- Amy Ralph, Nutritionist
- Jordana Rau, Nutrition Program Assistant LTE
- Mary Rudd, COVID Contact Tracer LTE

- Echo Santos, COVID Disease Investigator LTE
- Carol Wilczek, COVID Disease Investigator LTE
- Pa Chia Xiong, COVID Disease Investigator LTE
- Shyla Xiong, Community Health Planning & Promotion Specialist LTE
- Zong Xiong, COVID Disease Investigator LTE
- Shaina Zwiefelhofer, COVID Disease Investigator LTE

Staffing Changes

Thank you to Nutrition Division Manager Judy Fedie for her 35 years of service to our families and Public Health! Judy's last day was August 3. She is looking forward to retirement and spending more time with her family. Nutritionist Stephanie Abbe was promoted to the Nutrition Division Manager position on August 9. Amy Ralph, MS, RD, CD, started as the new full-time Nutritionist September 7.

Jackie Western, LTE WIC Program Assistant, retired September 22. Jackie served Public Health for four years. She is looking forward to enjoying retirement and traveling with her husband, family and friends. Jordana Rau started as the LTE Nutrition Program Assistant on October 20.

COVID-19 Related Staff Changes

	2020	2021
LTE RNs for Flu/COVID	4	2
LTE Disease Investigators	9	15
LTE Contact Tracers	2	2
LTE COVID Admin		1
LTE Community Health Planning & Promotion Specialist		3

Friend of Public Health

The Friend of Public Health Award is to honor and recognize a person or agency who has exemplified and modeled public health values in the community and has supported and encouraged others to be supportive of public health. The Public Health Department usually makes one Friend of Public Health Award each spring focused on the previous year. The pandemic created many stressors and hardships, and it allowed for outstanding community partnerships to build and grow. This year, the Chippewa County Department of Public Health Leadership Team and the Professional Advisory Committee decided to award numerous Friends of Public Health related to the department's vision, which is "The Healthiest County to Live, Learn, Work, and Play." CCDPH awarded the Friends of Public Health Awards from March to June as follows:

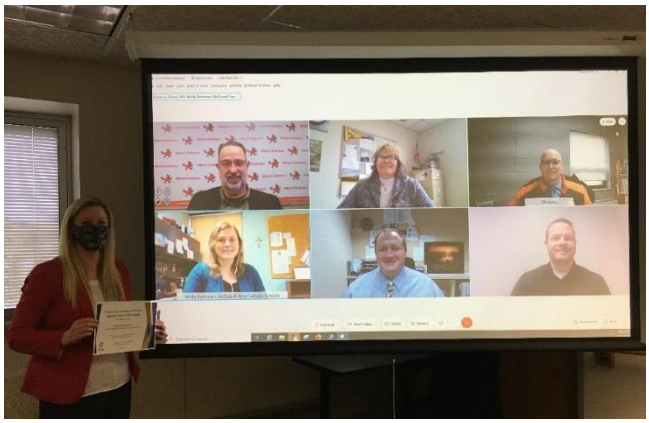
- The Healthiest County to Live - Awarded to the Chippewa County Sheriff and Chief Deputy, Local Municipality Police Chiefs, Chippewa County Jail Captain, and Chippewa Falls Fire and Emergency Services Department Chief (Honored in March).
- The Healthiest County to Learn - Awarded to School Superintendents (Honored in April).
- The Healthiest County to Work - Awarded to Kwik Trip and Nursing Homes in Chippewa County (Honored in May).
- The Healthiest County to Play - Awarded to Chris Vetter from the Leader Telegram and Mayor Greg Hoffman from the City of Chippewa Falls (Honored in June).

March Awardees Supporting the Healthiest County to Live

- Chippewa County Sheriff's Department under the leadership of Sheriff James Kowalczyk and Chief Deputy Chad Holum
- Bloomer Police Department under the leadership of Chief Jared Zwiefelhofer
- Boyd Police Department under the leadership of Chief Louis Eslinger
- Cadott Police Department under the leadership of Chief Louis Eslinger
- Chippewa Falls Police Department under the leadership of Chief Matthew Kelm
- Cornell Police Department under the leadership of Chief Brian Hurt
- Lake Hallie Police Department under the leadership of Chief Cal Smokowicz
- Stanley Police Department under the leadership of Chief Lance Weiland
- Chippewa County Jail under the leadership of Captain Curt Dutton
- Chippewa Falls Fire and Emergency Services Department under the leadership of Chief Lee Douglas

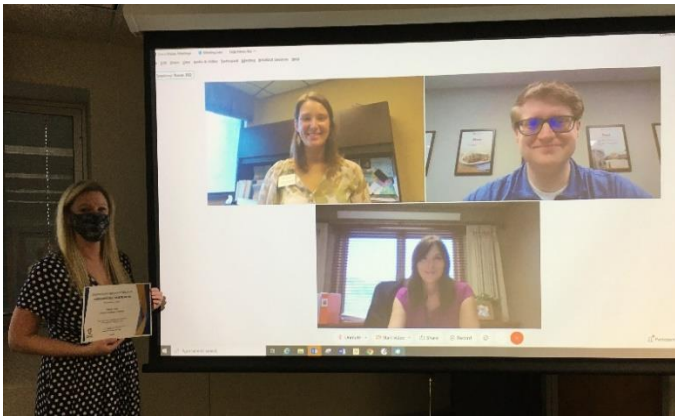
April Awardees Supporting the Healthiest County to Learn

- School District of Bloomer Superintendent Brian Misfeldt
- School District of Cadott Superintendent Jenny Starck
- Chippewa Falls Area Unified School District Superintendent Jeff Holmes
- Former CFAUSD Superintendent Heidi Eliopoulos
- Cornell School District Superintendent Paul Schley
- Lake Holcombe School District Administrator Kurt Lindau
- McDonell Area Catholic Schools President Molly Bushman
- New Auburn School District Superintendent Scott Johnson
- St. Joseph Catholic School Principal Sara Giza
- St. Paul Catholic School Principal Jackie Peterson
- St. Paul Lutheran School Principal Tom Rosenow
- Stanley/Boyd School District Superintendent Jeffrey Koening



MAY AWARDEES SUPPORTING THE HEALTHIEST COUNTY TO WORK

- Chippewa Manor under the leadership of Jill Gengler
- Chippewa Veterans Home under the leadership of Megan Corcoran
- Cornell Health Services under the leadership of Jennifer Burklund
- Dove Healthcare-Bloomer under the leadership of Joseph Muench
- Dove Healthcare-Chippewa Falls under the leadership of Cayci Wathke
- Meadowbrook under the leadership of Anna Henek
- Kwik Trip under the leadership of Angela Ames, the Retail Leadership Team, and the Food Protection Department



JUNE AWARDEES SUPPORTING THE HEALTHIEST COUNTY TO PLAY

- Mayor Gregg Hoffman on behalf of the City of Chippewa Falls
- Chris Vetter, Leader-Telegram, Chippewa News Bureau

Equipment Loan Closet

Chippewa County Department of Public Health loans commonly used durable medical equipment, free of charge, for use in the home setting to any Chippewa County resident regardless of age, race, creed, national origin, or income level.

In 2021, 294 items were loaned out to Chippewa County residents. Due to the pandemic, the Courthouse was closed for some time, and the Health Department conducted services virtually. During that time, equipment was not loaned out regularly.

RUTLEDGE CHARITIES PARTNERSHIP

Rutledge Charities and Chippewa County Department of Public Health have loan equipment programs. Both programs evaluated how to best use time, resources, and space. After assessing each organization's needs and capacity, it was decided that the Health Department would house all of the wheelchairs, and Rutledge Charities would maintain the remaining equipment (e.g., bath benches, commodes, walkers, crutches, etc.). These changes resulted in improvements that benefited both organizations and the community. The equipment transition occurred the last week of September to meet the October 1, 2021 timeline.

The Fiscal Administrative Team played a crucial part in preparing the equipment to transition to Rutledge Charities. Preparations included labeling wheelchairs received from Rutledge Charities, updating the Loan Closet Form, updating the Loan Closet Policy and Procedure, and creating a new spreadsheet of wheelchair inventory to maintain the client information electronically.

COVID-19 Response Efforts

COVID-19 continued to spread throughout the globe in 2021. The rollout of safe and effective vaccines at the start of the year marked a turning point in the pandemic. Nevertheless, 2021 brought daunting challenges, including the emergence of new variants such as Delta and Omicron, continued strain on healthcare systems, and misinformation related to vaccines and the pandemic as a whole. CCDPH played a critical role in responding to the pandemic through collaborative response efforts focused on disease investigation and contact tracing, vaccination, and effective communications grounded in fact-based messaging. As knowledge around COVID-19 continued to evolve, so did the Public Health response.

Improving Access to Care

> *Health equity is defined as providing opportunity for all to realize their highest level of health possible, free from barriers associated with race, ethnicity, gender, income, or other identifying characteristics.*

In 2021, Chippewa County Department of Public Health was awarded a $50,000 COVID-19 Vaccination Community Outreach grant from the Wisconsin Department of Health Services. A primary goal of the grant was addressing health inequities.

Specifically, for the grant, CCDPH identified those high-risk for severe illness from the COVID-19 pandemic and underserved populations in the county. According to data from the 2018 Chippewa County Community Health Assessment, approximately 46 percent of Chippewa County residents live in a rural location compared to the overall state rate of 29.8 percent (CCDPH, 2018). Rural populations are subject to many social, economic, and geographic disadvantages. These barriers affect numerous different people across Chippewa County. Populations to note include the elderly/disabled population, those living in poverty, individuals with limited or no access to internet services, residents who struggle to find transportation for healthcare needs, and ethnic minority populations, specifically the Latinx and Hmong minorities.

In response to addressing barriers and inequalities for these populations, the Health Department worked with a consortium of partners, including Chippewa County schools and the Aging and Disability Resource Center (ADRC), to develop strategies to address access to care and bring vaccine education and awareness to the residents of Chippewa County. The Consortium created educational and informative resources for the COVID-19 vaccine indicating the benefits of vaccination, facts about the vaccine, free COVID-19 vaccine clinic dates and times, etc. The Consortium mailed the resources to community residents using Every Door Direct Mailing (EDDM) provided by the United States Postal Service (USPS). The use of EDDM allowed the utilization of a mapping tool to determine which postal routes best fit the targeted population(s) based on census-derived demographic information, such as age, provided by the software. Collaboration occurred with local organizations such as utility companies and local pharmacies to include educational and informational resources (inserts in bills or with prescription pickups) and obtain mailing lists to send educational materials to community members via the USPS. Funding received through this project allowed CCDPH to purchase Kwik Trip gift cards as reimbursement for those who use their vehicle to

attend a clinic. Providing details on payment coverage, specifically for clinics held by the CCDPH, was also imperative for increased vaccine administration.

Finally, through this grant, the Health Department hired two LTE Community Health Planning and Promotion Specialists—one bilingual in Hmong and English and one bilingual in Spanish and English. These positions were new to the Health Department and were essential to meeting the needs of our Hmong and Hispanic populations. These two individuals attended clinics, traveled to local businesses (i.e., farms), and created/disseminated resources for the COVID-19 Hub and social media platforms. Once translation/interpretation services were advertised, reaching populations who faced language barriers became more accessible. The spread of COVID-19 vaccine misconceptions and myths also proved to be a barrier as the grant cycle progressed. While CCPDH remained active in social media campaigns, many community members contributed to posts by providing inaccurate discussions about the pandemic and the vaccines. Responding to these discussions with accurate and research-backed information in a timely manner proved to be challenging at times.

The new LTE Community Health Planning and Promotion Specialist positions at the Health Department will have lasting positive impacts on the Health Department. One Community Health Worker has stayed on past the grant to work with other programs and departments in outreach to minority populations. As CCDPH plans for future grants, the discussion of utilizing a community health worker model will be explored.

Fiscal Administrative Team Support

> *The Fiscal Administrative Team provides overall support to department programs and services. The Team played a vital role in supporting COVID-19 response efforts throughout 2021.*

COVID-19 response efforts by the Fiscal Administrative Team included:

- Answering COVID-19 incoming calls. The Team saw a huge increase in calls and emails from the community.
- Providing guidance on vaccination locations, testing site locations, and isolation and quarantine guidance.
- Scheduling and rescheduling vaccination appointments for clinics, including helping the public who had limited or no internet access.
- Performing administrative tasks at the Chippewa County Courthouse clinics and traveling to outlying clinics within Chippewa County.
- Periodically assisted in monitoring the public for 15 minutes after their vaccination for observation.
- Entering the vaccination data into the Wisconsin Immunization Record (WIR).
- Monitoring and answering the vaccination cell phone.
- Providing support with contact tracing and sending isolation, quarantine, and release letters, as needed.
- Assisting in sending reminder letters to individuals in Chippewa County who had not completed their second dose in the two-dose series. Updated data in WIR as some individuals received doses outside of Wisconsin.

- Working with Electronic Health Records (EHR) in the Wisconsin Electronic Data Surveillance System (WEDSS) along with other WEDSS tasks.
- Coordinating and performing respirator fit testing with Chippewa County employees and outside entities. Conducting a Respirator Fit Testing Train-the-Trainer event with the Chippewa Falls Police Department.
- Purchasing supplies and personal protective equipment (PPE).

Communication

The Coronavirus Hub page was created to inform the community and decision-makers on COVID-19 data, COVID-19 vaccine, guidance, and information was viewed by 26,733 users. The total number of hits was 111,063 pageviews, of which 42.7 percent were for the vaccine appointment page and 22.4 percent for the data page.

COVID-19 Community Testing

> *In 2021, Chippewa County offered community testing at four different locations throughout the county. The goal was to offer one testing event every week and alternate between a Chippewa Falls location and a rural location in the county to help improve access.*

Through the ICS structure, CCDPH established a Testing Strike Team to increase access to COVID-19 testing. Public Health had a designated staff member from the Environmental Health Division that acted as the Testing Coordinator. The role included outreach to facilities in the county to secure testing locations, collaboration with Emergency Management to submit official requests to Wisconsin Department of Health Service (DHS) and the Wisconsin National Guard, and test day coordination (e.g., assisting with layout, signage, and setup/breakdown).

Four test locations were utilized throughout 2021, including Chippewa Valley Electric Cooperative in Cornell, Chapman Park Community Building in Stanley, Lafayette Town Hall, and the Northern Wisconsin State Fairgrounds.

Chippewa county residents had access to testing through various other sources in the Chippewa Valley, including healthcare systems, pharmacies, and mass testing sites. CCDPH provided up to date information regarding testing options in the area through the Chippewa County COVID-19 Hub, printable flyers, and social media.

In 2021, 85,527 COVID-19 tests were done for Chippewa County residents compared to 59,394 tests in 2020. The highest testing numbers were observed in periods of case uptick as presented in the figure below.

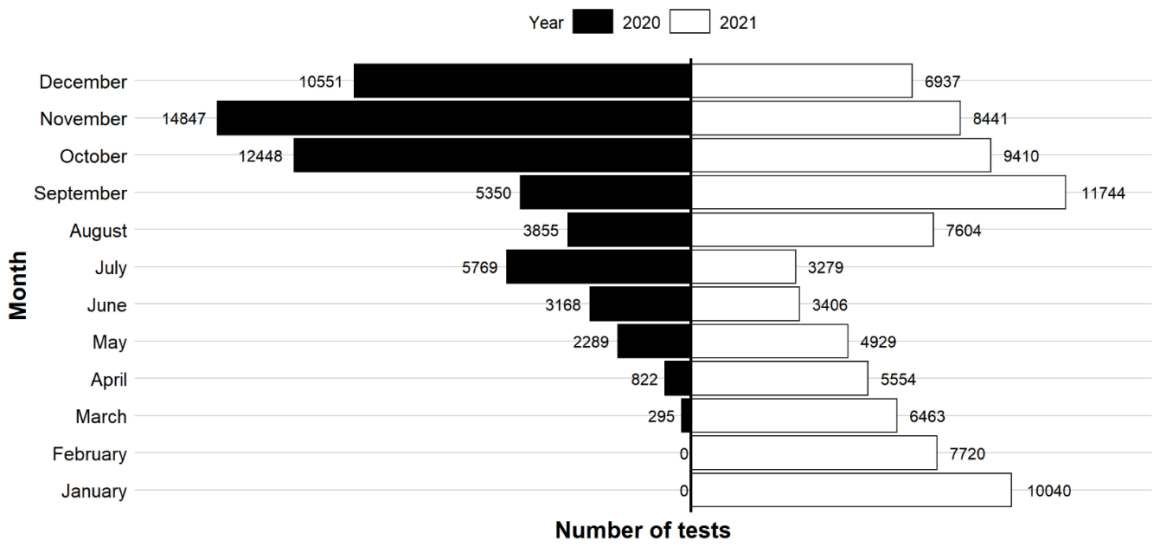


Figure 2. COVID-19 tests in 2021 compared to 2020 by month

In 2021, 7,972 positive cases, including confirmed PCR or NAAT and probable through antigen tests, were detected compared to 5,443 positive cases in 2020. In both years, most cases were detected in the last quarter, where several outbreaks occurred in various industry, occupation, and non-occupational settings.

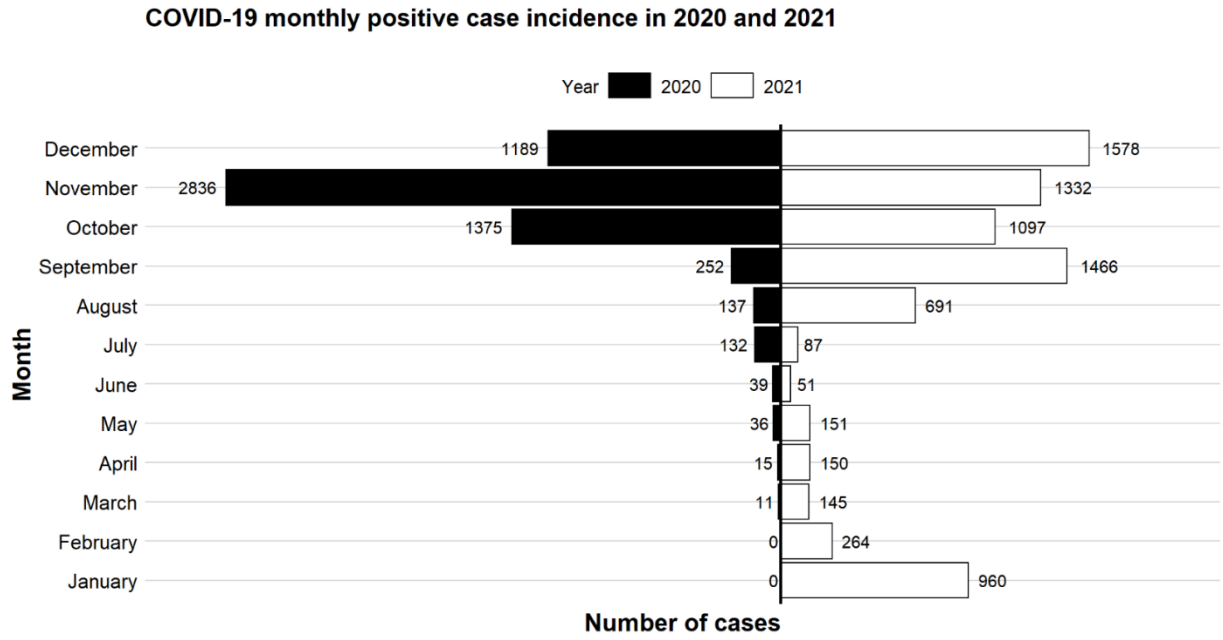


Figure 3. Number of positive cases by month in 2021 compared to 2020

Compared to 2020, cases that were detected in 2021 appeared to be younger with a median age of 37 years in 2021 versus 43 years in 2020 and with cases whose ages were under 10 and under 20 representing respectively 10 percent and 15.9 percent of all cases in 2021 versus 4.2 percent and 9.8 percent in 2020 (Table1). However, the distribution by sex, race, and ethnicity was similar in both years. There was no difference in the proportion of hospitalized and deceased cases.

Table 1. Positive cases of COVID-19 demographics and disease characteristics

	2020 (N=5443)	**2021** (N=7981)	**Overall** (N=13424)
Age			
Median [Min, Max] (years)	43.0 [1.00, 102]	37.0 [0, 102]	39.0 [0, 102]
Age category			
0 – 9	226 (4.2%)	801 (10.0%)	1027 (7.7%)
10 – 19	531 (9.8%)	1269 (15.9%)	1800 (13.4%)
20 – 29	838 (15.4%)	1001 (12.5%)	1839 (13.7%)
30 – 39	849 (15.6%)	1308 (16.4%)	2157 (16.1%)
40 – 49	864 (15.9%)	1096 (13.7%)	1960 (14.6%)
50 – 59	858 (15.8%)	986 (12.4%)	1844 (13.7%)
60 – 69	672 (12.3%)	804 (10.1%)	1476 (11.0%)
70 – 79	374 (6.9%)	473 (5.9%)	847 (6.3%)
80 – 89	176 (3.2%)	183 (2.3%)	359 (2.7%)
90+	55 (1.0%)	60 (0.7%)	115 (0.8%)
Sex			
Female	2802 (51.5%)	4157 (52.1%)	6959 (51.8%)
Male	2637 (48.4%)	3820 (47.9%)	6457 (48.1%)
Unknown	4 (0.1%)	4 (0.1%)	8 (0.1%)
Race			
American Indian or Alaska Native	10 (0.2%)	21 (0.3%)	31 (0.2%)
Asian	49 (0.9%)	91 (1.1%)	140 (1.0%)
Black or African American	33 (0.6%)	55 (0.7%)	88 (0.7%)
Native Hawaiian or Other Pacific Islander	16 (0.3%)	6 (0.1%)	22 (0.2%)
Other	88 (1.6%)	152 (1.9%)	240 (1.8%)
Unknown	577 (10.6%)	983 (12.3%)	1560 (11.6%)
White	4652 (85.5%)	6655 (83.4%)	11307 (84.2%)
Multiple Races	0 (0%)	6 (0.1%)	6 (0.0%)
Missing	18 (0.3%)	12 (0.2%)	30 (0.2%)
Ethnicity			
Hispanic or Latino	51 (0.9%)	124 (1.6%)	175 (1.3%)
Not Hispanic or Latino	4801 (88.2%)	7046 (88.3%)	11847 (88.3%)
Patient Declined	3 (0.1%)	3 (0.0%)	6 (0.0%)
Patient Not Asked	3 (0.1%)	18 (0.2%)	21 (0.2%)
Unknown	583 (10.7%)	789 (9.9%)	1372 (10.2%)
Missing	2 (0.0%)	1 (0.0%)	3 (0.0%)
Hospitalization			

	2020 (N=5443)	2021 (N=7981)	Overall (N=13424)
Hospitalized	225 (4.1%)	267 (3.3%)	492 (3.7%)
Not Hospitalized	5218 (95.9%)	7714 (96.7%)	12932 (96.3%)
Death*			
No	5366 (98.6%)	7904 (99.0%)	13270 (98.9%)
Yes	77 (1.4%)	77 (1.0%)	154 (1.1%)

** The number of deaths in the table is the number of deceased cases whose episode date or positive test date was in 2020 or 2021. In 2020, 72 cases passed away and 71 cases passed away in 2021.*

Communities with the highest case count were Chippewa Falls, Bloomer, Cadott and Stanley (Figure 4). However, after adjusting by specific community population, Chippewa Falls, Bloomer, Jim Falls, Cornell and Stanley had the highest case rate.

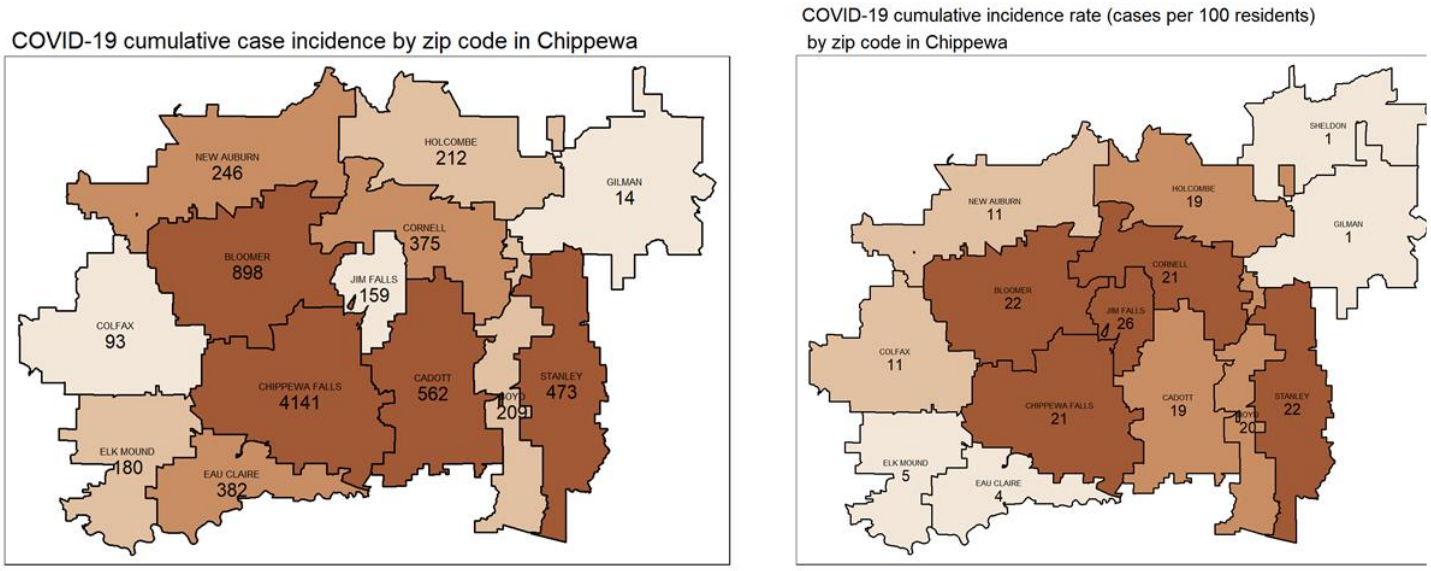
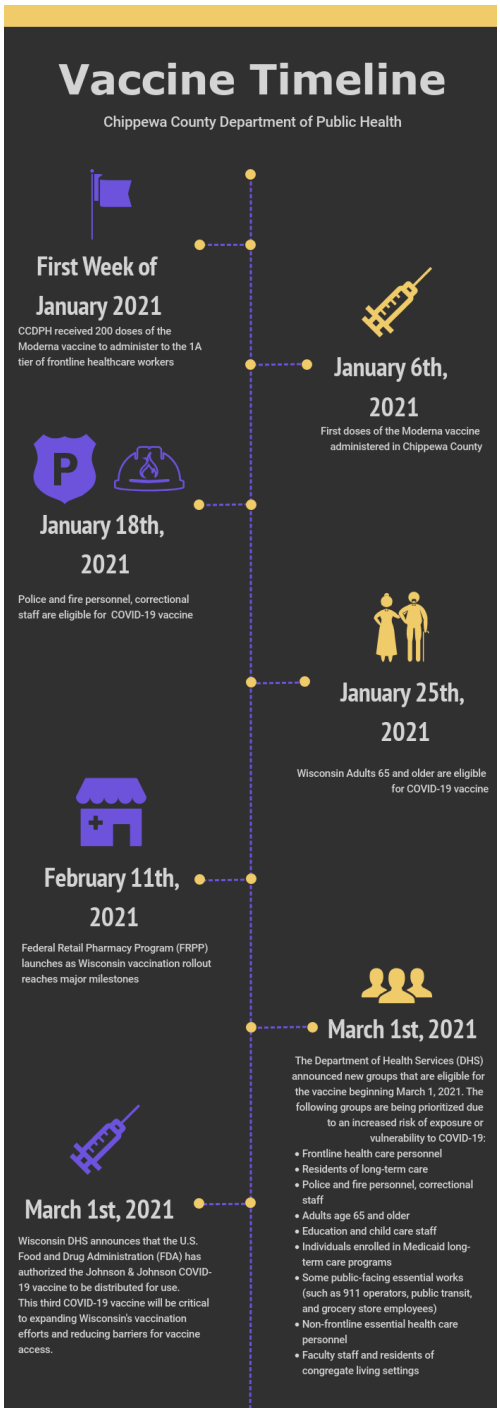


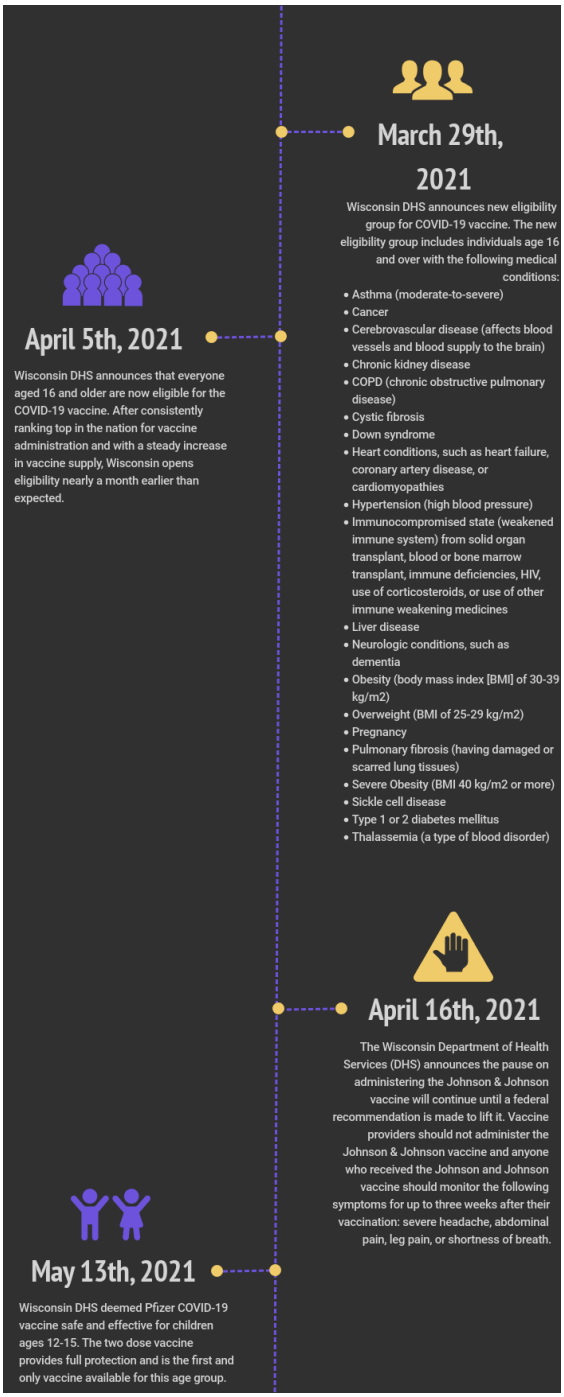
Figure 4. COVID-19 cumulative case incidence (left hand side) and rate (right hand side) by zip code

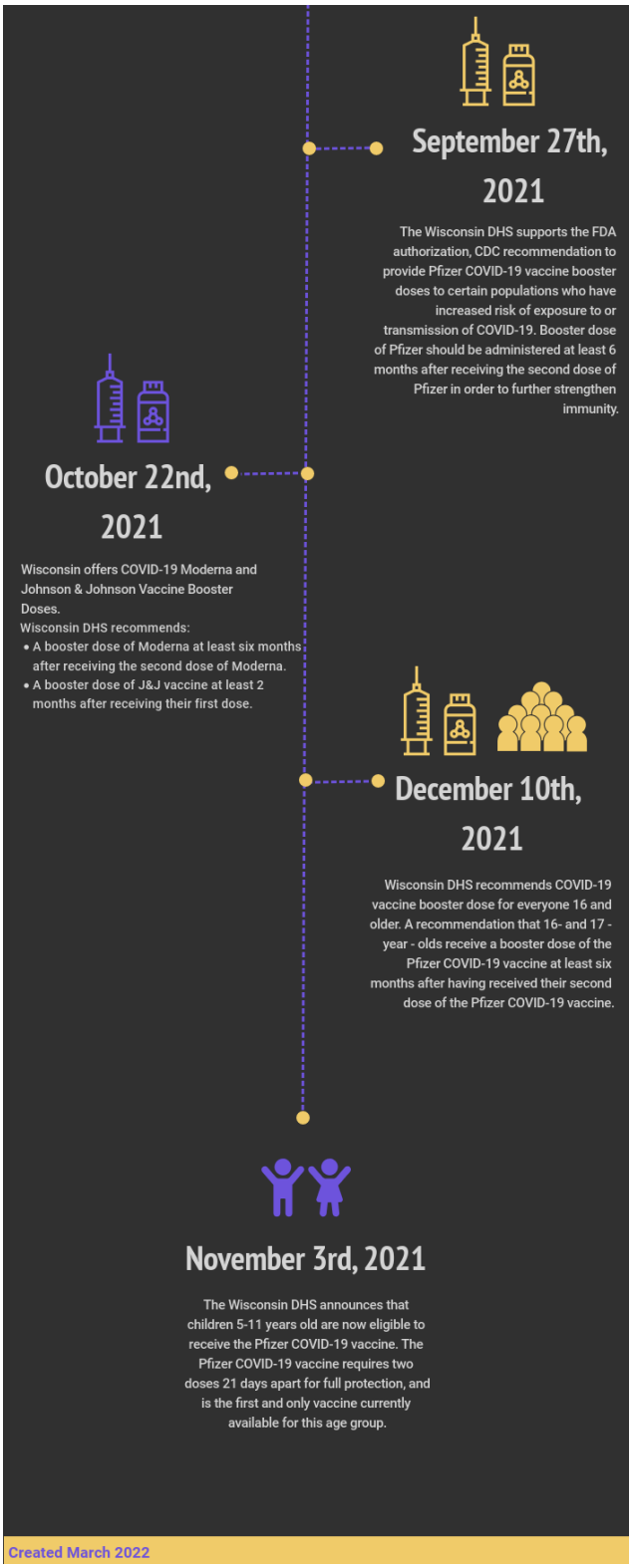
Note: COVID-19 cases were extracted from the Wisconsin Electronic Disease Surveillance System (WEDSS) and the population count from the American Community Survey (ACS) 2019. For multi-jurisdictional communities or zip codes (Gilman, Sheldon, Holcombe, New Auburn, Colfax, Elk Mound, Eau Claire and Stanley), COVID-19 positive cases were limited to residents within Chippewa County boundaries. However, due to limitations of ACS 2019 data to restrict population county to Chippewa County boundaries, the disease rate is more likely underestimated.

COVID-19 Vaccination Efforts

The rollout of safe and effective vaccines marked a turning point in the pandemic. The vaccine rollout began in January 2021, with a focus on some of the most vulnerable populations, including health care workers, residents of long-term care facilities and people 65 and older. By April 2021, all adults were eligible for vaccination. In May 2021, the FDA extended its emergency use authorization for the Pfizer vaccine to children 12 and older. In November, children ages 5 to 11 became eligible to receive Pfizer vaccine.







CCDPH established a Mass Vaccination Task Force through the ICS structure to address the community's needs as COVID-19 vaccines became available. This group collaborated with vaccination partners throughout the county to ensure equitable access to vaccines in the timeliest manner possible. The task force decided that CCDPH would provide only the Moderna vaccine, given the department's capacity and storage/handling capability. Additionally, vaccinating partners throughout the county had the ability to provide other vaccine brand options. A local vaccinator group consisting of hospitals, clinics, pharmacies, and other health departments met weekly to address the changing needs of the community, updates on what providers were offering, and collaborative efforts to vaccinate the population.

One aspect of the vaccination efforts that required much attention was scheduling clinics and clients. CCDPH offered various options to reduce scheduling barriers. People could schedule by calling the Health Department, online through Sign Up Genius, and at a later point, walk-in options were offered. The schedules were posted to the Health Department's website and shared by email to specific eligible populations. During the early months, vaccine coordinators kept a backup list of eligible/interested individuals that could report to a clinic location on short notice to decrease vaccine wastage in instances of no-shows, cancellations, or the availability of an extra dose.

CCDPH hired additional nursing staff and administrative staff to assist with the COVID-19 vaccination clinics. All staff who participated in the vaccination efforts completed comprehensive training to administer COVID-19 vaccinations and ensure proper storage and handling. The additional staff allowed for flexibility in clinic schedules. Thus, the department held clinics in early morning hours, evenings, multiple days per week, and even weekend offerings. Staff was also able to offer vaccines to homebound individuals as well as "onsite clinics" to schools, businesses, farms, and other entities, as requested. At the peak, approximately 240 people were vaccinated daily through CCDPH clinics.

A top priority of CCDPH's COVID-19 vaccination efforts included equitable distribution and access to the vaccine. Through the COVID-19 Vaccination Community Outreach grant awarded to CCDPH from the Wisconsin Department of Health Services, the Health Department hired two LTE Community

Health Planning and Promotion Specialists—one bilingual in Hmong and English and one bilingual in Spanish and English. These two individuals attended clinics, traveled to local businesses (e.g., farms), and created/disseminated resources. Their outreach efforts helped reach populations who faced language barriers, making the vaccine and information more accessible.

CCDPH collaborated with many agencies to ensure that Chippewa County residents were aware of COVID-19 vaccination clinics and had access to the vaccine. Outreach was done through the UW-Extension office via email/newsletter to farms providing details on vaccine clinics and the eligibility for populations as they changed. Postcards were created and sent out through the mail system and supplied to local pharmacies to hand out to patrons. The Chippewa Falls Senior Center included information in their newsletters and Facebook page. CCDPH collaborated with the Stanley Library to connect non-English speaking individuals in the rural area to vaccines. A CCDPH nurse went onsite to some farms and businesses that employed non-English speaking residents and offered COVID-19 vaccines, while the library provided an interpreter for these clinics.

In 2021, 55.7 percent (36,025 residents) of Chippewa County residents received at least one dose of COVID-19 vaccines, of which 99.4 percent (35,797 residents) completed their vaccine series. Thus, the proportion of residents who completed their vaccine series was 55.4 percent. Chippewa Falls, Bloomer, and Jim Falls are the communities with the highest vaccination rate (greater than 50 vaccinated residents per 100 residents), as presented in Figure 5.

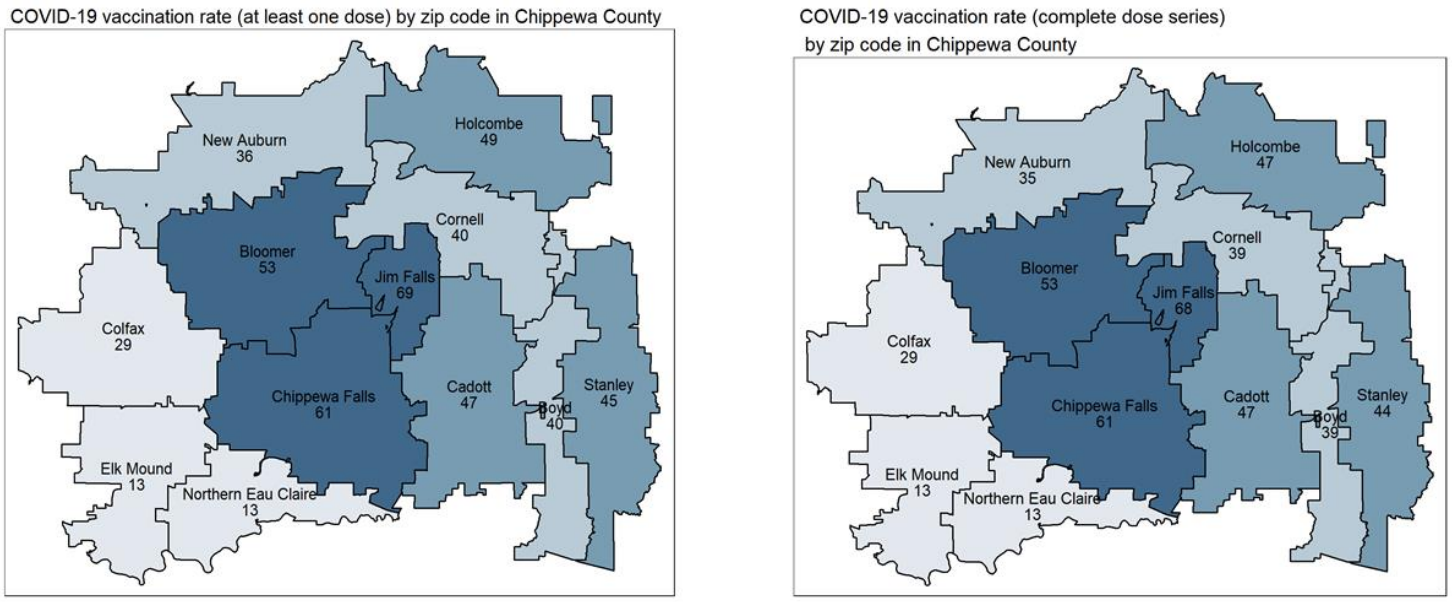


Figure 5. COVID-19 vaccination rate by zip code. Residents who received at least one dose (left hand side) and residents who completed the vaccine series (right hand side).

Note: COVID-19 vaccine data was extracted from the Wisconsin Immunization Registry and the population count from the American Community Survey (ACS) 2019. For multi-jurisdictional communities or zip codes (Gilman, Sheldon, Holcombe, New Auburn, Colfax, Elk Mound, Eau Claire and Stanley), COVID-19 positive cases were limited to residents within Chippewa County boundaries. However, due to limitations of ACS 2019 data to restrict population county to Chippewa County boundaries, the vaccination rate is more likely underestimated.

Disease Investigation and Contact Tracing Efforts

Disease investigation and contact tracing are fundamental activities used by public health agencies to prevent the spread of infectious diseases. Disease investigation and contact tracing work together to help slow the spread of COVID-19. Disease investigation involves working with a patient that has been diagnosed with COVID-19 to educate, isolate, and identify contacts who may have become exposed through their interactions with the patient. Contact tracing involves the follow-up and support of these contacts to encourage quarantine and educate on minimizing the further spread of the disease. As the COVID-19 pandemic evolved through 2021, so did the goals and efforts around disease investigation and contact tracing.

CCDPH began 2021 with teams of disease investigators, consisting of LTE staff, Health Department staff, and full-time Public Health Nurses as the team captains. At that time, all members of the Health Department were assisting in response efforts. This included staff from all divisions: Community Health, Nutrition, Environmental Health, Fiscal/Administration, and Western Regional Center. Staff took part in multiple levels of the response, partaking in the ICS structure, communications, disease investigation and contact tracing. Many of these staff members were simultaneously managing their own programs. As the spring months arrived, COVID-19 cases started decreasing. This allowed the department to transition staff to their previous roles within their divisions. At this time, the Community Health team and the LTEs continued with disease investigations. The numbers continued to decline through the summer months, and LTEs separated from the department. During this time, the COVID-19 follow-up went down to the intake nurse handling cases.

In August, cases began increasing locally and across the state; this was the beginning of the Delta variant wave. The Public Health Nurses were brought back into the COVID-19 response, and additional LTEs were hired to assist with the surge of cases. Once again, CCDPH formed disease investigation teams to handle the steady increase in case numbers. Many factors contributed to the ongoing surge in cases through the final quarter of 2021. All Chippewa County schools were conducting in-person learning with minimal mitigation measures in place. The year started with schools conducting contact tracing and following appropriate quarantining guidelines. This process changed as the year progressed, and by the end of 2021, all Chippewa County schools were quarantine-optional for in-school close contacts. Compounded with the winter holidays and the highly contagious Omicron variant, this resulted in soaring case numbers through the remainder of 2021.

In the last week of December 2021, the CDC developed new recommendations related to isolation and quarantine, which shortened the time individuals needed to be in isolation or quarantine (Figure 6). The new guidance was adopted by the State of Wisconsin and subsequently by the Chippewa County Department of Public Health. The department's response efforts continued to adjust and evolve along with the ever-changing landscape of the COVID-19 pandemic, highlighting the flexibility and adaptability of CCDPH.

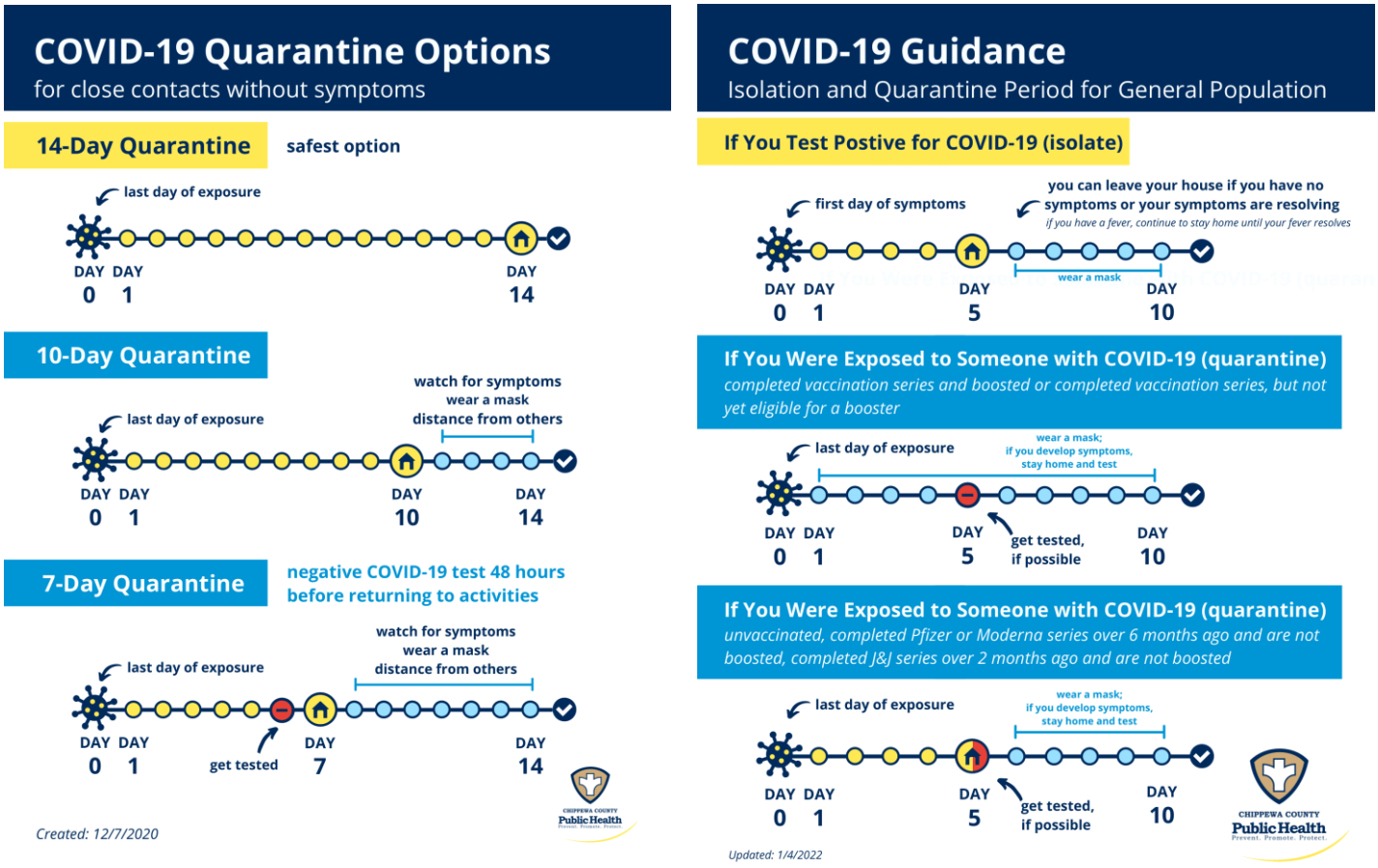
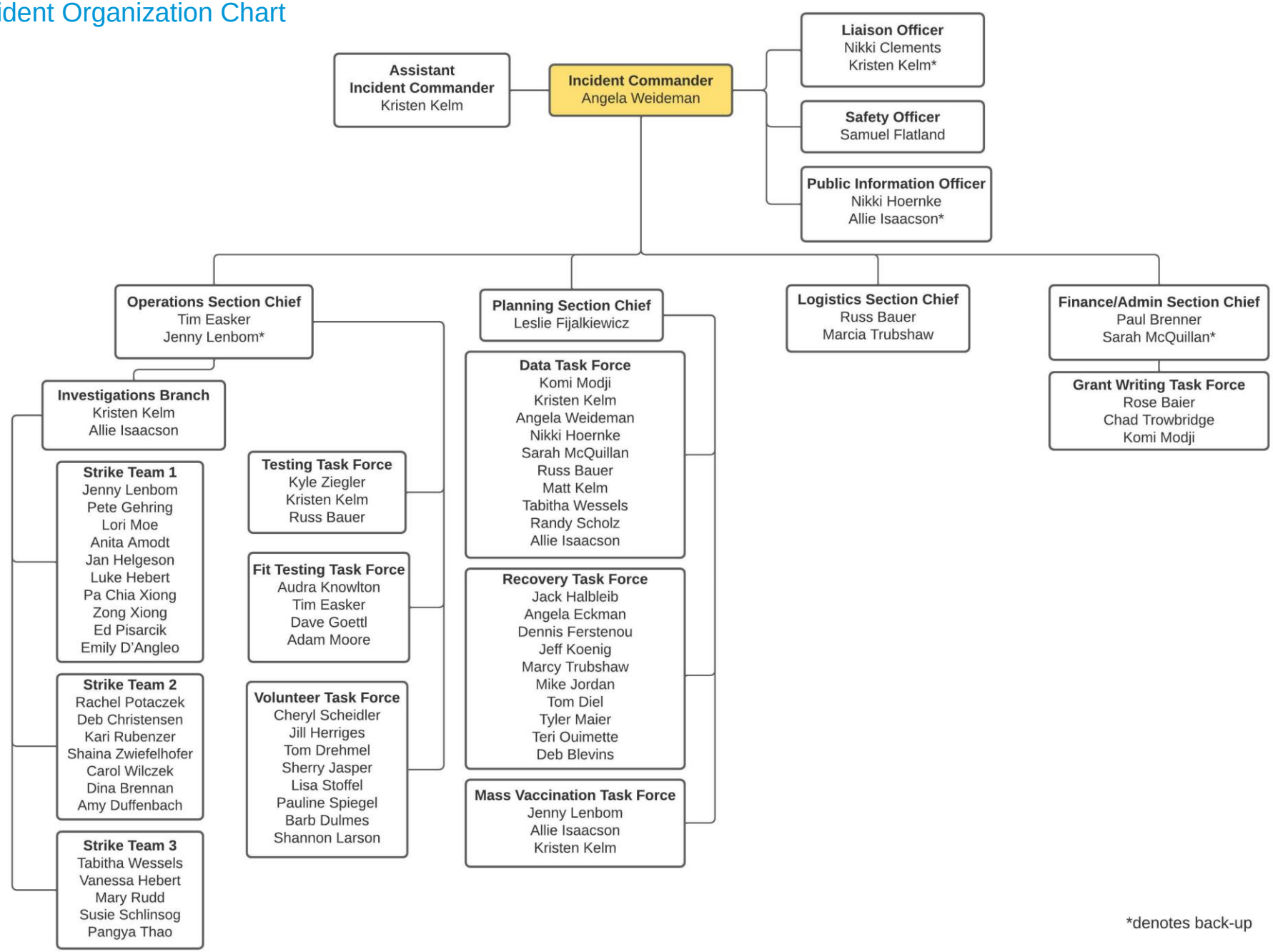


Figure 6. Changes to CDC COVID-19 quarantine guidance. Quarantine guidance for unvaccinated individuals in 2021 (left hand side) and updated isolation and quarantine guidance, effective December 27, 2021 (right hand side).

Note: Prior to December 27, 2021, any positive case of COVID-19 was to isolate for ten days from the onset of symptoms. The isolation period was reduced to five days with symptom improvement as of December 27, 2021. Throughout most of 2021, fully vaccinated individuals who were not experiencing symptoms were exempt from quarantine recommendations. This guidance evolved to reflect booster dose recommendations and was reduced for the general population on December 27, 2021.

Incident Organization Chart



*denotes back-up

Division Updates

COMMUNITY HEALTH

9,319

COVID-19 Vaccines Administered

172 **NFP Visits**

(108 telehealth / 64 in-person)

21 Moms Served **18** Babies Served

1,006

Flu Shots Administered

3,160

Condoms Given Out

Attachment: CCDPH Annual Report 2021 Final (7004 : Public Health 2021 Annual Report)

Communicable Disease

> *Wisconsin has specific reporting requirements that support Public Health's responsibilities to control the incidence and spread of communicable diseases in our state. The diseases and conditions identified by the Bureau of Communicable Diseases are considered to have significant public health impact, and thus, local health departments have a primary responsibility for follow-up with any confirmed or suspected cases.*

In 2021, there were 25,773 communicable diseases reported in Chippewa County. As a result of follow up, 7,691 cases were confirmed (514 probable, 671 suspect, 16,897 not a case). The top reported illnesses in 2021 were:

- Coronavirus, Novel 2019 (COVID-19): 7,268
- Chlamydia: 146
- Gonorrhea: 54
- Gastrointestinal Illnesses: 79

WI Wins

> *Wisconsin Wins is a science-based, state-level initiative designed to decrease youth access to tobacco products and help retailers avoid fines. The Wisconsin Department of Health Services contracts with local partners to conduct investigations, retailer education and training, media outreach, and community education. The goal of WI Wins is to use positive reinforcement to create healthier communities by congratulating clerks who don't sell tobacco to youth and educating those who do.*

In 2021, CCDPH completed **21 outreach activities** targeting diverse audiences in Chippewa County (i.e., retailers, local law enforcement, general public, youth, parents, and educators). These activities fell under the following categories:

- Administrative (i.e., mapping tobacco retailers)
- Public Outreach
    - Community Education (i.e., include information about WI Wins in a local newsletter and present to local coalition members)
    - Local Leader Outreach (i.e., presentation to Health and Human Services Board on WI Wins and other alcohol and tobacco-related efforts)
    - Retailer Education (i.e., host contest to encourage retailers to use free, online training resources for new employees)
- Media Outreach (i.e., press conference thanking retailers for not selling tobacco products to underage youth, press release, social media post

Overdose Fatality Review (OFR)

> *The overdose fatality review (OFR) process is modeled after the public health death reviews and criminal justice crime incident reviews. These reviews share many common principles: focus on prevention, comprehensive case review, multidisciplinary collaboration, identification of risk and protective factors, identification of missed opportunities, and the development and implementation of data-driven prevention and intervention strategies. OFR strives to better understand the nature of overdose fatalities through comprehensive information sharing, develop innovative proactive responses, and strategically focus limited enforcement and intervention activities on identifiable risks.*

In July 2020, The Chippewa County Department of Public Health received funding through the Wisconsin Department of Health Services and the Wisconsin Department of Justice co-fund. Before the first review, significant planning and preparation efforts took place to establish the team. One-on-ones were conducted with key partners to build a collaborative response, the group participated in training and met with the State Coordinator. Additionally, MOU agreements were established with all key partners for HIPPA and Privacy compliance. The OFR team consists of EMS, Law Enforcement, HSHS Pharmacist, HSHS Community Health, Chippewa County Department of Public Health, Coroner, District Attorney's Office, Department of Corrections, Wisconsin Department of Health Services, Investigations, and Drug Enforcement Administration (DEA).

Due to COVID-19 response efforts in late 2020 and early 2021, the OFR Team held its first review on June 6, 2021. The group holds bi-monthly meetings. Initially, the team reviewed one case per meeting and have since moved to review two cases per meeting. To date, OFR has reviewed six cases and will be doing two cases with each session moving forward to complete the review of 2020 cases.

The OFR team was invited to present a Vignette at the National Conference in June 2022. The Vignette aims to highlight prevention efforts in Chippewa County regarding overdose deaths.

The coordinator of the OFR attends bi-monthly Community of Practice calls and bi-monthly meetings with the State TA for one-on-one updates and support. The state requires the team to complete quarterly reporting on progress, activities, and prevention efforts. Data from the review process is reported in the state REDCap system. This system allows the team to visualize trends and themes regarding overdose deaths in Chippewa County. This data is utilized at the local and state levels to analyze trends.

Car Seat Safety Outreach

> *Child passenger safety (CPS) technicians use their knowledge and expertise to provide education and hands-on assistance to teach parents and caregivers how to correctly install and use car seats. CPS technicians also keep up-to-date on the latest technical information about child passenger safety through various continuing education opportunities.*

CCDPH has three trained child passenger safety technicians: Allie Isaacson, April Krumenauer, and Jenny Lenbom. The CPS technicians work with families to ensure that car seats are installed properly

while educating parents and caregivers on best practices around car seat safety. With the ongoing pandemic, the team expanded services to offer education virtually, in addition to home and office educational visits. In total, 53 car seat checks were completed by the CPS technicians in 2021. If families could not afford a car seat, a seat was supplied to the family, free of charge, through funding from a Wisconsin Department of Transportation grant. Twenty-five seats were distributed to families in need during the 2021 funding period.

Safe Kids Wisconsin offered a limited number of Child Passenger Safety Installation Site Stipends in 2021. CCDPH applied for this stipend and was awarded $500 to purchase CPS-related materials. The program utilized the stipend to obtain life-sized child figures related to car seat recommendations for educational purposes. “I’m Safe” coloring books were also purchased to hand out at community events.

The CPS technicians partnered with the Chippewa Falls Police Department’s National Night Out event to offer community car seat checks and education. The event was well attended, and the CPS technicians completed 19 car seat checks. Additionally, CCDPH set up a booth to display the life-sized child figures and offered child passenger safety education to event attendees.

Nurse Family Partnership (NFP)

> *Nurse-Family Partnership (NFP) is a voluntary home visiting program for mothers who are committed to giving their babies the best possible future. The program is based on years of research and is designed to assist new mothers with parenting, anticipating and adapting to baby’s changing needs, mentoring for school and work, connecting new mothers with a support network, and referring to community resources. The NFP nurse meets with the family during the prenatal period and until the child’s second birthday.*

Chippewa County Department of Public Health continued participation in the NFP Consortium with Eau Claire and Dunn Counties. CCDPH has one full-time NFP nurse. Due to the ongoing COVID-19 pandemic, the nurse displayed immense flexibility, assisting with response efforts when needed while maintaining her NFP client load. The nurse offered both virtual and in-person visits to meet the needs of her clients while balancing health and safety.

The following client success story was shared by Susan Schlinsog, CCDPH NFP Nurse:

"I have been working with a mom in the Nurse Family Partnership Program for over a year. When she first joined the program, she was unsure that she wanted to be a mom yet. She has type 1 diabetes and was willing to do what she needed to have a healthy pregnancy. Before delivery, and even for some time following the child's birth, she would refer to her son as "the baby." She would provide him with all the necessary care, but it was evident that real attachment was lacking. As he grew, she would get excited about his milestones. I began to notice a change in how she addressed him and how she interacted with him. During one visit, she said that she liked to have him with her at all times and looked for excuses for others not to take him. Earlier on, she would find reasons for others to take the child and care for him. She started working a job that allows her to work from home so she can keep him with her and not have to send him to daycare. She has come a long way from the mom who wasn't even sure she wanted to be a mom, and it has been a privilege and an honor to witness their journey."

Preparedness – Stanley Tornado Response

Public Health plays a crucial role in Emergency Preparedness. Local public health agencies receive funding through the Wisconsin Department of Health Services to focus on preparedness efforts. Public Health creates plans, coordinates trainings and exercises, and obtains resources to develop, coordinate, and disseminate information, warnings, and notifications to the public using a "whole community approach."

On December 15, 2021, an EF2 tornado, as confirmed by the National Weather Service, touched down in the city of Stanley, leaving destruction on its seven-mile path. The weather incident was declared a part of a Serial Derecho. A Derecho is defined as wind gusts of at least 58 miles per hour or greater over a 240-mile path. The incident on December 15 marked the first-ever Derecho recorded in the United States in December. Over the next few days, CCDPH staff members and the Health Officer collaborated with Chippewa County Emergency Management to assess areas most impacted by the tornado. The members from Public Health met at the Stanley-Boyd Fire station, the established command post, to review the Incident Command System (ICS) structure and begin the assessment process.

On December 16, the team assessed specific populations, including assisted living facilities and nursing homes. They visited the facilities and met with each agency's management to evaluate what they needed for assistance and ensure that evacuation plans were in place, should the need present. On December 17, CCDPH staff presented back to the ICS command post. The Chippewa County Emergency Management Director provided them an overview of the ArcGIS system along with a list of "major-unlivable" homes, "minor/moderate livable" homes, and other businesses/establishments to complete damage assessments. Using the ArcGIS

system app, they identified the location, took photos, categorized residential or commercial property, and documented the extent of the damage. This information was then sent to the state for data collection to aid in the damage assessment process.

Reproductive Health

> *Chippewa County Department of Public Health receives funding through Wisconsin's Reproductive Health and Family Planning program. This program supports clinics across the state to provide family planning, reproductive and sexual health services. The program ensures family planning services for all who need them.*

Nurses continued to provide reproductive health services, as able, per client request. In 2021, 44 reproductive health visits were conducted with 35 unduplicated clients. Services included STD testing days at the Chippewa County Jail and the Open Door Clinic. The program established a new partnership with the Open Door Clinic to offer free reproductive health services, including testing for sexually transmitted diseases. CCDPH hopes to build upon this collaboration moving forward.

Due to the pandemic, outreach efforts for the reproductive health program were affected, leaving a surplus supply of condoms. In response, the program shifted its approach and reached out to area businesses, including retailers, convenience stores, and campgrounds. CCDPH provided about 2,500 condoms to facilities throughout the county that requested them.

Strengthening Families Program (SFP)

> *Strengthening Families Program (SFP) is a research-based program that is designed to improve home life for the entire family. Together, families learn ways to decrease stress, increase communication, gain problem solving skills, and build a happy, healthy home. This 11-session virtual program is brought to families in the comfort of their home, and is facilitated by a pair of family coaches from right here in our community. There is no cost to the family to participate. Almost 50 Chippewa Falls Area Unified School District (CFAUSD) families have already completed SFP and would recommend the program to others.*

SFP is coordinated by the CFAUSD. CCDPH collaborated with the district by having staff trained as family coaches for the program. CCDPH staff assisted with facilitating two cohorts in 2021. Participants were provided a survey after completing the program. Findings at-a-glance:

- Results showed 100 percent of respondents said they would recommend the SFP to others.
- At the end of the program, at least 75 percent of respondents reported "very often/often" for every behavior/skill measured in the survey, meeting several program goals such as setting more appropriate consequences and better problem solving with their child.
- Respondents gained the most skills in: Talking with their children about ways to resist peer pressure, talking to their children about risks associated with alcohol, tobacco, & drug use, having an established time and place for family meetings, and setting clear and firm family rules.

- Respondents reported the following values of the SPF: Quality time, increased listening and family communication, increased problem solving, rules and empowerment, and mindfulness.

Participant Testimonial:

"Our family was transitioning through separation and finalizing a divorce in the first few weeks of the Strengthening Families Program. The SFP program was an unexpected opportunity and a phenomenal gift to our family during this trying time. The skills and materials in the program were better encompassed than those I'd learned in several months of professional therapy on my own. The program provided an opportunity to involve the kids and work through things as a family to open the lines of communication. The program has helped us significantly structure our bonding time, family function, and recognize the joy of one another's company, which has improved the overall quality of our family life! We're beyond grateful for the program experience. We're also grateful for the passionate, kind, and gracious instructors, and all those who dedicated their time to teaching and putting the SFP program together! My kids most enjoyed connecting with other families during the program, making meals together, doing the activities, and being rewarded for their challenges in completing assignments! I most enjoyed building upon mindfulness skills, learning and engaging with my kids, and truly spending quality time together. I would recommend the SFP program to absolutely anyone. Thank You, SFP!"

ENVIRONMENTAL HEALTH

10

Beaches Routinely Monitored

540

Facility Inspections Completed

36

Human Health Hazards

37

Radon Tests Sold

Attachment: CCDPH Annual Report 2021 Final (7004 : Public Health 2021 Annual Report)

Environmental Health Professionals prevent illness and promote health through inspections of human health hazards, management of elevated blood lead levels in children, and enforcement of applicable codes for various facilities in Chippewa County. The goal of the program is to reduce exposure to food-borne, water-borne, and recreational hazards in the community.

Food Safety and Recreational Facility Inspections

Chippewa County Department of Public Health acts as an "Agent of the State," which enables the department to be the licensing and inspection agent for retail food and recreational facilities within the county. The agent contract requires that each licensed facility be inspected at least once per year. At the beginning of 2021, Environmental Health staff were still involved in the COVID-19 pandemic response. As the Health Department added staff to perform COVID-19 response activities, Environmental Health staff transitioned back to routine inspection work and completed over 500 inspections.

Facility Type	Inspections
Temporary Food Vendors	70
Recreational Water Facilities/Pools	10
Tattoo/Body Piercing Establishments	2
Food Facilities (Restaurants)	185
Schools	26
Recreational/Education Camps	5
Lodging (Hotels, Motels, Tourist Rooming Houses)	63
Retail Food Establishments	70
Campgrounds	51
Pre-Inspections (New establishment or change of ownership)	53
Re-Inspections	5

Human Health Hazard Investigations

In 2021, there were 36 documented human health hazard investigations.

Human Health Hazard	Investigations
Indoor Air Quality/Mold	4
Unsafe Housing/Hoarding	18
Drinking Water Quality Complaint	4
Licensed Food Establishment Complaint	1
Licensed Lodging Establishment Complaint	2
Trash Accumulation/Rodent Harborage Complaint	7

Lead

Lead poisoning can be considered a housing-based environmental disease. Childhood exposure to lead can result in reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects. Most exposures to children occur in homes built before 1978. In 1978, lead was banned from being added to paint and varnish for residential use. However, since lead was used in paint and varnish for many years, there is still lead present in underlying layers of paint and varnish and the soil.

The Chippewa County Department of Public Health receives notification anytime a child in the county has a blood lead level over 5µg/dcl and begins interventions. CCDPH performs a full risk assessment at the primary residence of any child who has a blood lead level greater than 10µg/dcl. In 2021, five homes had full risk assessments conducted, and the lead assessor issued health orders to the property owner for the removal or remediation of the lead hazards.

Water Quality

Water quality can impact health in a variety of ways. From drinking water to swimming water to water sources that provide food, it is essential to be aware of its quality and effects on human health. Whenever water quality issues are identified in Chippewa County, the Environmental Health Division works to notify the public of potential health risks, recommend remediation, and ensure safe water sources at public facilities. In 2021, CCDPH investigated and collaborated on numerous water quality concerns.

- **Manganese**: Routine water testing of some high-capacity wells in the Jim Falls area by the Department of Natural Resources (DNR) identified high levels of manganese. Manganese occurs naturally in rocks and soil and is often found in ground and surface water. The human body needs some manganese to stay healthy, but too much for an extended period can be harmful resulting in memory, attention, and motor skills problems. Environmental Health worked closely with the DNR, DHS, and Chippewa County Department of Planning & Zoning. The team identified private wells in the area of concern, conducted follow-up testing of some private wells, notified the property owners of possible high manganese levels, provided test kits to concerned citizens, and offered advice on rectifying the issue to any affected well owners.
- **Lead**: In 2019, the City of Bloomer Water Utility exceeded its lead limit in drinking water. This led to the utility removing all public and private lead lateral lines throughout the city. This project was completed in 2021. Because of the exceedance, the DNR also required that all lead-jointed mains be removed from the infrastructure. The City of Bloomer secured funding through the United States Department of Agriculture (USDA) and, throughout 2022 and 2023, plans to complete the removal of all lead-jointed water mains.
- **PFAS**: Perfluoroalkyl and polyfluoroalkyl (PFAS) are a group of artificial chemicals used in consumer products since the 1950s. Some of these products have been phased out but are still found in grease-resistant paper, non-stick cookware, stain-resistant fabrics, cleaning fabrics, and firefighting foam. Scientists continue learning about the various health effects that PFAS can have on the body, but many studies have shown a relationship between PFAS in blood and harmful health effects. Routine testing by the DNR identified elevated PFAS levels in the City of Eau Claire wells that provide the municipal water supply. Half of these wells are located in Chippewa County. Since this identification, the Environmental Health Division has

met with DNR staff regularly to stay informed of remediation efforts to this municipal water supply.

Beach Water Testing

Chippewa County is home to 153 lakes that provide a bounty of recreational activities. During the summer months, you will often find families enjoying their day at one of the county's public beaches. The Chippewa County Department of Public Health routinely monitors ten public beaches for water quality. Monitoring is conducted weekly from Memorial Day through Labor Day. At the beginning of each week, a staff member visits each of these beaches to collect a water sample and record visual observations of the beach's condition. Water samples are shipped overnight to the Wisconsin State Lab of Hygiene for analysis. Results are typically received within 24 to 48 hours and immediately shared with all beach operators. Beach operators then post signs in a highly visible location notifying the public of the swimming conditions, based on the water sample E. coli results. Throughout 2021, beach water quality remained "very good" in Chippewa County. As a result, no beaches required advisories or closures.

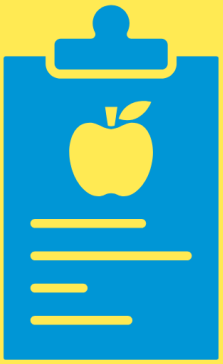
Standard Notice

Good= E. coli less than 235 cfu

Advisory = 235-1000 cfu E. coli

Closed = E. coli greater than 1000 cfu

NUTRITION



2,356

Registered Dietitian Visits

$563,889

Revenue to Chippewa County WIC Venders

80% of Babies Started Breastfeeding

72% Breastfeed for 3+ Months

43% Breastfeed for 6+ Months

1,330

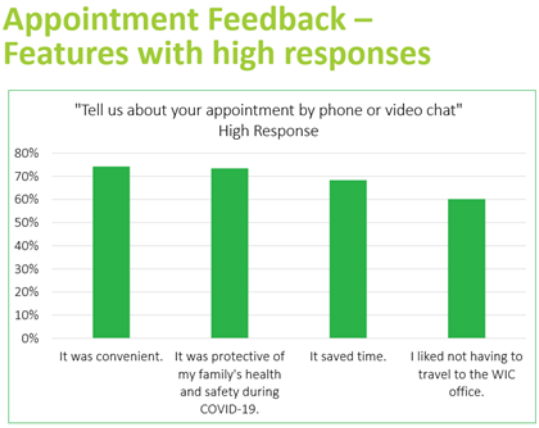
Unduplicated People Served

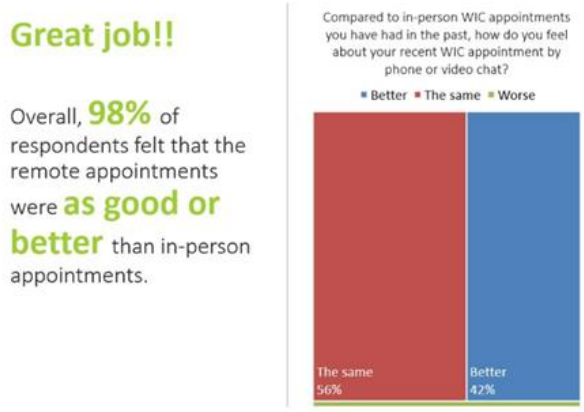
Women, Infant, Children (WIC) Program

> *WIC is the nation's premier public health nutrition prevention program. WIC helps families get the essential nutrients they need during critical times of growth and development. The goals of WIC are to improve long-term health outcomes and food security for families. WIC serves pregnant, breastfeeding and post-partum women, infants, and children younger than 5. WIC provides nutrition education, breastfeeding education and support, supplemental nutritious foods, and connections to other community services.*

In 2021, the Chippewa County WIC program served 1,330 unduplicated individuals. In addition to nutrition education and counseling, WIC offered 278 referrals to community resources, including health care providers, dentists, food pantries, FoodShare, Birth-to-Three (B-3), Western Regional Center, Public Health, lactation services, Prenatal Care Coordination, mental health services, and tobacco cessation.

The Nutrition Division continued to provide WIC services virtually, in accordance with State and USDA waivers. In 2021, a Statewide survey was conducted to understand participant experiences with WIC appointments and shopping during COVID-19. Overall, participants were satisfied with remote services.



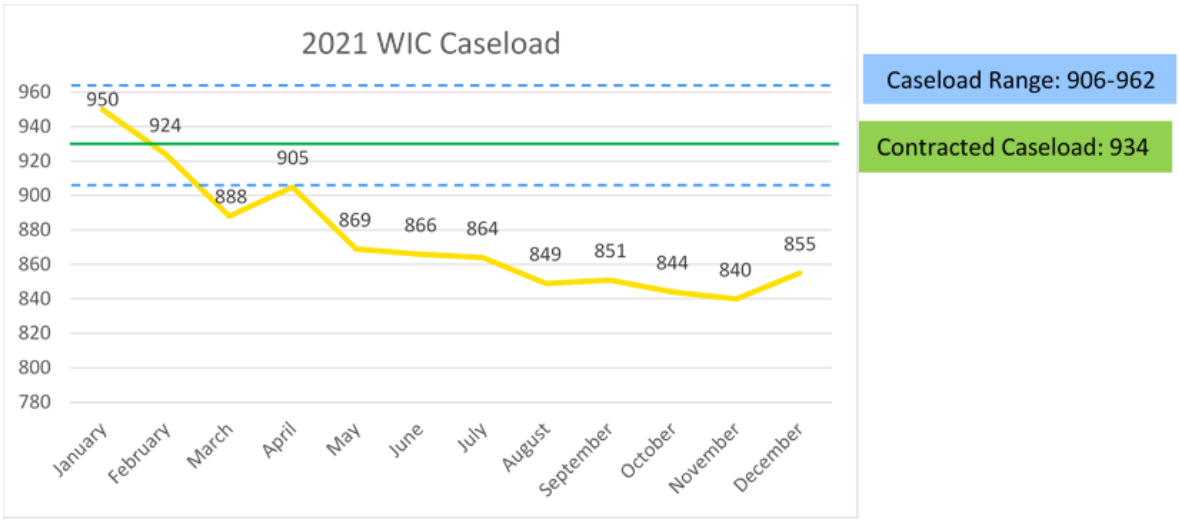


WIC caseload is on a slight downward trend at the county, state, and federal levels. Annual unduplicated participation for Chippewa WIC was down about 6 percent from 2020. Numerous factors may have contributed to this trend:

- There was a significant increase in the number of people receiving FoodShare benefits, along with an increase in the amount of FoodShare dollars received. This improved access to food resources for WIC families.
- FoodShare benefits allow some added flexibility, as benefits can be utilized with online grocery store pickup. WIC benefits cannot offer this option and must be used in person. Thus, families may have found shopping with FoodShare easier and safer during the pandemic.
- Some WIC families also received school pandemic EBT dollars and the child tax credit.

In summary, with increased access to more food resources, coupled with the flexibility of online shopping and grocery pickup with the FoodShare Program, families with enough food resources

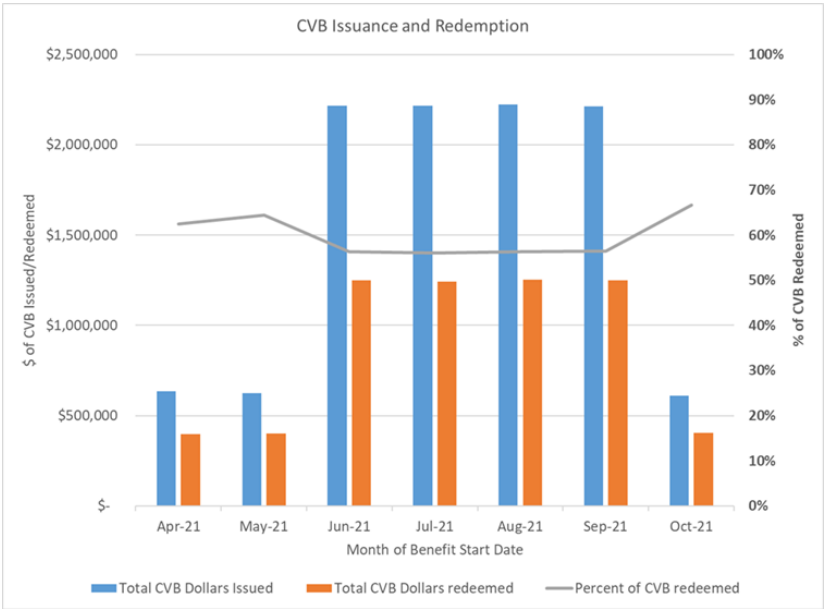
pulled back from participating in the WIC Program. However, these increased FoodShare benefits and child tax credits are unlikely to be permanent, and WIC participation is anticipated to rebound.



In 2021, there were two changes to the WIC food package. Greek yogurt was added as an option for families, and the cash value benefit (CVB) for fruits and vegetables was temporarily increased.

Originally, children received $9 per month, and women received $11 per month towards fruits and vegetables. From June through September, the benefit increased to $35 per participant per month. In October, the amount was decreased back to the original benefit. In November, it was again expanded to $24 per child per month, $43 per month for pregnant and postpartum women, $47 per month for fully and mostly breastfeeding women, and $70.50 per month for fully breastfeeding women of multiples. This increase will continue through September 2022. The recent expansion aligns with expert recommendations to provide benefit levels at 50% of recommended fruit and vegetable intake based on the National Academies of Sciences, Engineering, and Medicine (NASEM) guidance.

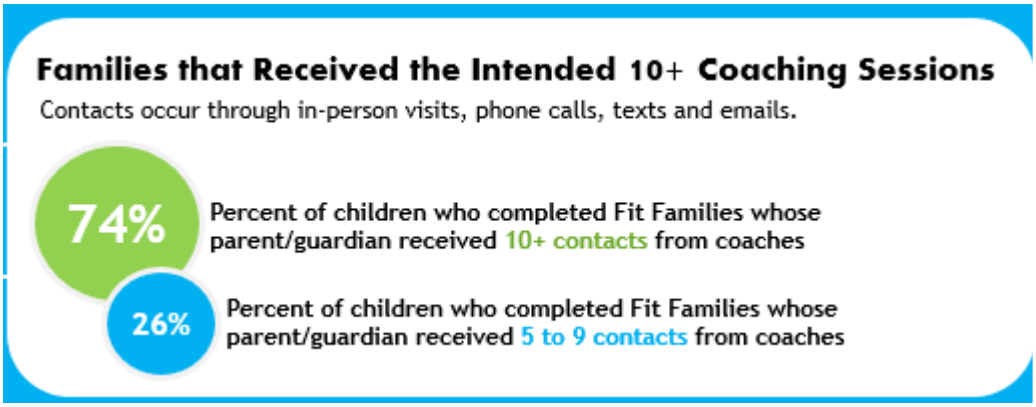
During CVB expansion, Wisconsin WIC families had 3.5 times the access (issuance) to fruits and vegetables, and they redeemed three times the amount of fruits and vegetables during the expansion. This calculates to over 1.2 million dollars' worth of fruits and vegetables each month! The chart shows the State CVB issuance, redemption, and redemption rate of CVB before and during the increase, as well as when benefit values went back down in October.

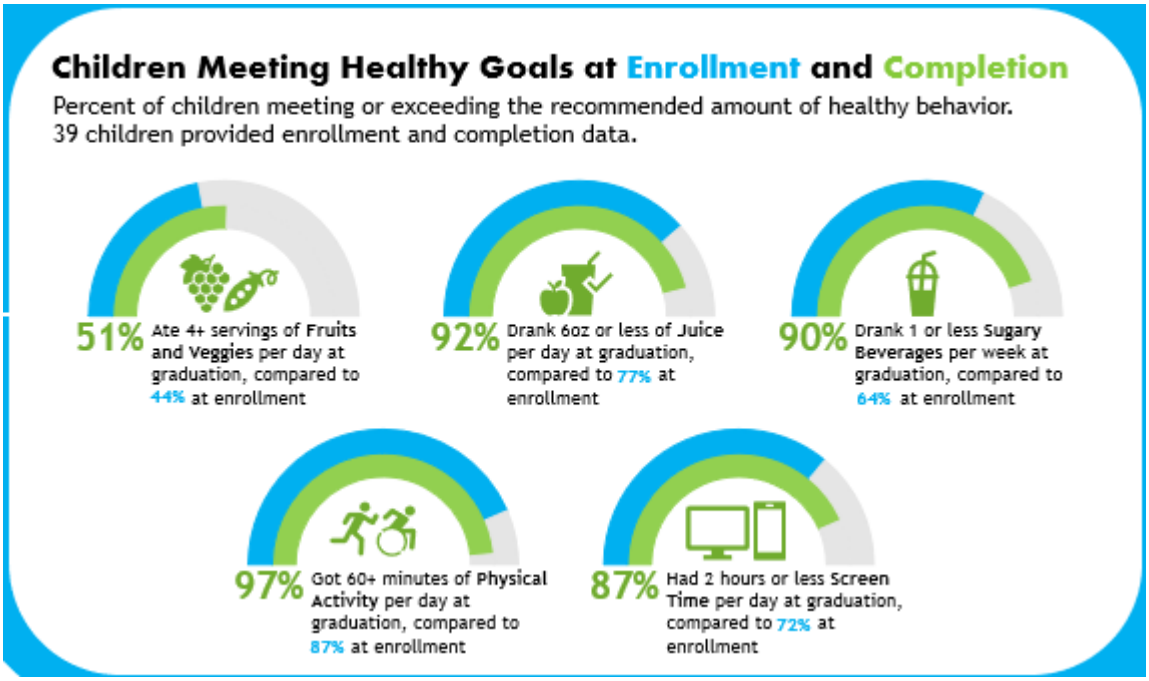


Fit Families

Fit Families is a year-long nutrition education program supported by SNAP-ed. It targets families of two to four-year-old children enrolled in the WIC. Fit Families Coaches offer support and tools every month to help children learn healthy eating and activity behaviors and encourage parents and caregivers to be positive role models by participating in the goals they set for their children. Children that have completed Fit Families have shown significant positive results of eating more fruits and vegetables, drinking less juice and less sugar-sweetened drinks, being more physically active, and watching less TV and screens.

The fiscal year for this grant runs from October through September. Data below are from those children who enrolled in fiscal year 2020 and subsequently graduated in fiscal year 2021. Chippewa County's Fit Families caseload is 50.





Farmers Market Nutrition Program

Wisconsin WIC Farmers Market Nutrition Program provides WIC participants with the opportunity to purchase locally-grown fresh fruits, vegetables, and herbs at farmers markets. It also provides nutrition education and the resources to encourage the consumption of fresh fruits, vegetables, and herbs. The Farmers Market Nutrition Program runs June-October.

Chippewa County WIC-enrolled families utilized the WIC Farmers Market Nutrition Program (FMNP) benefits to purchase $9,804 of Wisconsin locally grown fresh fruits, vegetables, and herbs. In 2021, the benefit increased, allowing each eligible participant the opportunity to receive $30 vouchers each month during this timeframe. In contrast, during 2020, the benefit was distributed with each eligible family receiving $30 vouchers, regardless of family size. This change in the program resulted in numerous benefits, including increased support for local vendors and improved access to fresh produce for young families in our communities.

- Authorized Chippewa County locations included Klinger's Farm Market, Chippewa Falls Farmers Market, Macs Berries, and Connell's Family Orchard.
- Fifty-four percent of benefits provided to families were redeemed compared to the state average of 37 percent.

Breastfeeding Peer Counseling Program

The goal of this program is to encourage and support WIC enrolled pregnant and breastfeeding women meet their personal breastfeeding goals. Peer support is provided by mothers who are currently or have successfully breastfed their child(ren). They provide emotional support, encouragement, education about breastfeeding, help with solving common problems and referrals to lactation specialists when needed.

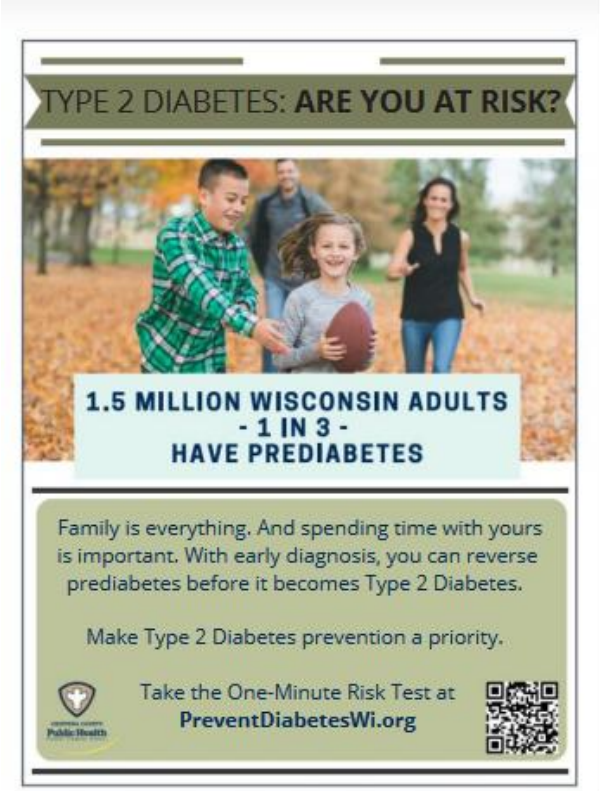
Over the past year, texting has become the primary method of support requested in the breastfeeding peer program. Texting improved connection and increased engagement with breastfeeding moms. In 2021, the Chippewa County breastfeeding peer counselor was able to provide 329 contacts by phone, email, and text to WIC-enrolled pregnant and breastfeeding mothers.

Diabetes Prevention

This five-year CDC funded grant focuses on supporting organizations in increasing prediabetes awareness. The grant strives to reach underserved populations at the most significant risk for developing Type 2 Diabetes and increase enrollment in CDC-recognized lifestyle change programs (diabetes prevention programs) through tailored communication and messaging.

Year 3 of the Diabetes Prevention Grant wrapped up at the end of September 2021. The current focus of the grant is on collaboration with large employers in Chippewa County and at least one community organization. Collaborative efforts aim to increase prediabetes awareness and promote

enrollment in a diabetes prevention program. Additional grant objectives include assessing the feasibility of a local referral system and implementing a prediabetes awareness communication plan.



ForwardHealth Grant

> *The ForwardHealth Grant has two main goals. The first goal is to assist residents with applications and renewals for Wisconsin's Forward Health Programs (Medicaid, Badger Care Plus, Family Planning Waiver, and Food Share) using ACCESS. ACCESS is Wisconsin's online portal. The second goal is to provide training and technical assistance to area health care providers and partner agencies on ACCESS.*

This grant transitioned from the Western Regional Center to the Nutrition Division in July 2021. Work continues on building partnerships with the Chippewa Falls School District, Open Door clinic, and one new additional community member.

WESTERN REGIONAL CENTER

18

Counties Served through WRC Grant

199 Families Served

111 Professional Consultations

65 Outreach Events

33

Counties Served through WI Sound Beginnings Grant

362

Families Served through DHS Contract

(249 B-3, 113 Children's Waiver and CCS referrals)

Attachment: CCDPH Annual Report 2021 Final (7004 : Public Health 2021 Annual Report)

Western Regional Center (WRC) for Children and Youth with Special Health Care Needs (CYSHCN)

> *The Western Regional Center for Children and Youth with Special Health Care Needs focuses on improving programs and services through promoting family partnership, medical home connections, adequate and consistent health insurance, early and continuous screening, accessible community-based services, and transition to adult services.*

Wisconsin has five Regional Centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them. The Centers are staffed by specialists who can help get answers, find services, and connect families to community resources. Their services are free and private.

The Western Regional Center for Children and Youth with Special Health Care Needs has been located in Chippewa County for over 25 years and serves 18 counties and two tribal health centers. The WRC is 100 percent funded through Title V federal funds.

The primary roles of the WRC are to:

- Provide consultations and assistance to families of CYSHCN with timely and accurate information, referrals, and follow-up. The types of assistance provided include:
    - Information on a child's special needs
    - Problem-solving
    - Information about services in the community or state
    - Assistance locating doctors, medical care, specialty, and dental care
    - Communicating with schools
    - Health benefits assistance
    - Transition planning
    - Parent support
    - Assistance locating mental health services
- Provide consultations and outreach to providers, professionals, and agencies who work with CYSHCN families. This includes:
    - Meet with providers at health clinics throughout the region
    - Provide assistance and information to county Birth-to-Three staff, social workers, and public health agencies
    - Provide consultations as requested by school staff, therapists, physicians, and many other professionals
    - Assist families and school staff with accommodating a child’s needs to enable the child to attend school
- Promote Family Support and Family Leadership concepts by offering families opportunities to learn, develop skills, and partner with providers in decision making.
- Collaborate with the Medical Home statewide hub to implement a regional component of the statewide plan.
- Collaborate with the Access/Health Benefits Counseling hub to support families with complex health coverage situations.

- Partner with the Youth Health Transition statewide hub by disseminating recruitment information/training opportunities and sharing transition needs with statewide partners.
- Provide Regional CYSHCN Leadership through offering regional training and technical assistance to local agencies and identifying pressing issues.

Wisconsin Sound Beginnings (WSB)

> *Wisconsin Sound Beginnings is our state's Early Hearing Detection and Intervention (EHDI) program. WSB works to ensure that all babies born in Wisconsin have a hearing screen at birth, receive timely diagnosis if needed, and are referred for early intervention services. With this idea in mind, the position through Chippewa County Department of Public Health provides follow-up service for families of infants in need of further hearing screen and/or diagnostic testing. The service area for this work covers Western, Northern, Northeastern, and part of Southern Wisconsin.*

In 2021, through WSB, eight home hearing screens were completed for out-of-hospital births (e.g., home births). The number offered has been lower the past two years due to COVID-19 and safety precautions. Additionally, WSB worked over the past several years to ensure families with an out-of-hospital birth were offered screening in other ways, such as, outreach to midwives to offer the screening or placing hearing screeners. While this may lower WSB's screening, this is great in terms of sustainability and efficiency in the continuum of care.

Families experienced delays in appointments due to healthcare clinics not offering many typical services as a result of the COVID-19 pandemic. Additionally, parents experienced hesitancy in taking their infant back to a birth center or audiologist because they didn't want to risk exposure to COVID-19.

The Chippewa County WSB position continued to cover almost the entire state with the exception of part of Southeastern Wisconsin causing this position to have the highest number of cases to follow-up with in the state of Wisconsin.

Parents Reaching Out (PRO)

> *This position also covers the Western and Northern regions of Wisconsin with the **Parents Reaching Out program**. This is a program for families that have an infant recently diagnosed with a decreased hearing level.*

In the Western and Northern regions, 29 children under the age of three were diagnosed with a decreased hearing level.

- WSB connected with 19 of these families of which 15 accepted the PRO program and four declined participation
    - Four families were unresponsive to outreach efforts
    - Contact is still being attempted with six families

Single Point of Access

Through a contract with the Chippewa County Department of Human Services, the Western Regional Center acts as the Single Point of Access for all children in Chippewa County with special needs. Chippewa County is the only county in Wisconsin who utilizes this model and the Western Regional Center is the only Regional Center in Wisconsin who provides this role. The role includes managing referrals to Birth-To-Three, Children's Long-Term Waivers, Children's Comprehensive Community Services (CCS), and referrals for any children referred to the Coordinated Services Team (CST) who may be eligible for additional services, including completion of Functional Screens to establish eligibility for programs.

Referral numbers remained high in 2021, with 249 Birth-to-Three referrals, and 113 Children's Waiver and Comprehensive Community Services (CCS) referrals. The primary referral sources for these programs are providers during well child checkups, schools, and in-home services. Still getting children referred and connected to services was a huge success, considering these services were greatly impacted by the COVID-19 pandemic.

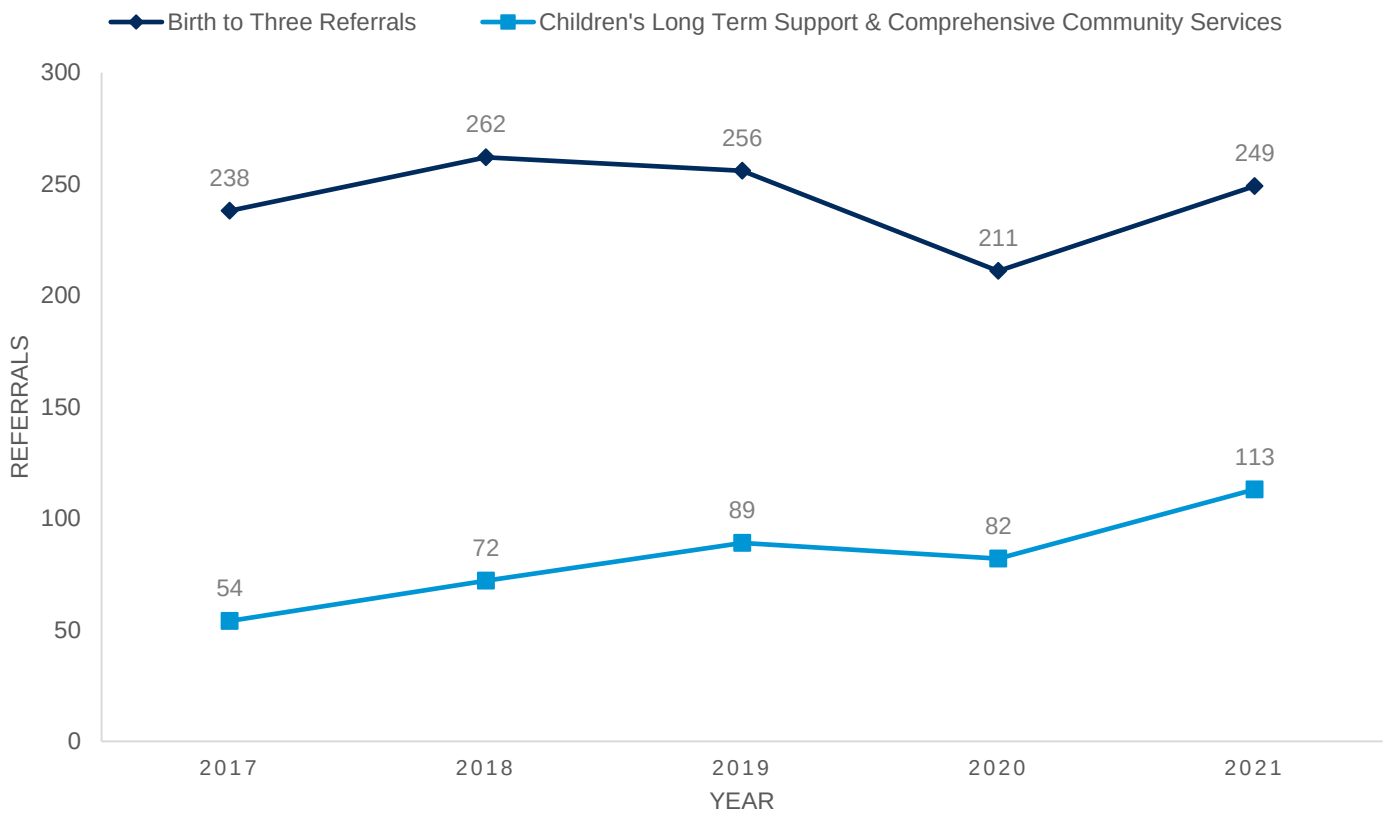


Figure 7. Chippewa County Single Point of Entry (SPOE) Referral Trends

Community Partnerships

In addition to community partnerships listed below, CCDPH has collaborated with over 200 partners, including schools, law enforcement, healthcare, local businesses, faith leaders, and community organizations, meeting weekly to address the pandemic and to protect community members from COVID-19.

Boys and Girls Club

Environmental Health staff supports the Boys and Girls Club by being part of their Safety Committee. Duties include quarterly safety meetings, conducting an annual safety site visit of the club location, and performing an annual inspection of the club's food service.

Chippewa Health Improvement Partnership (CHIP)

Many Health Department staff were included on action teams of the coalition including chairing the Voices in Prevention (VIP) Action Team and Health Equity Advocacy Team (HEAT).

- VIP worked on prevention projects to reduce youth tobacco and alcohol and other drug use. We, in partnership with CHIP, are in Year 3 of 5 of the Drug-Free Communities (DFC) grant. The DFC grant provides Chippewa County with $125,000 per year.
- The purpose of the HEAT is to reduce disparities and improve health outcomes across populations and communities throughout Chippewa County. Advancing equity to HEAT means a transfer of power—putting community plans and policies in place that remove the barriers that lead to inequities and providing opportunities and resources to everyone. Advancing health equity looks like community awareness, engagement, connections, and growth in order to develop strategies and solutions, and these strategies and solutions come from those in the community with less power, not those at the top.

County Schools

Throughout 2021 joint meetings between the schools and the Health Department were held to discuss COVID-19 and other topics of concerns.

Educational Institutions

CCDPH continued to serve as a community nutrition rotation site for the UW-Stout Dietetic Internship Program. Judy Fedie and Stephanie Abbe served as preceptors to the interns. There was one intern in 2021.

Community Health had students from area universities that completed hours for their nursing degrees and community health education

The Western Regional Center has an Affiliation Agreement with UW-EC and supervises social work interns. In 2021, WRC had an intern for 430 hours over the winter semester.

Fit Families

WIC continues to partner with the Fit Families Program, funded by SNAP-Ed. Fit Families is an evidence-based behavior change program for families with children ages 2-4 years old focusing on eating fruits and veggies, choosing healthy beverages, increasing physical activity and decreasing

screen time. Fit Families participants are recruited from the WIC population and direct education contacts are coordinated with WIC Program visits including nutrition education contact visits.

Human Services Funded Programs

The Western Regional Center (WRC) acts as the single point of access for all children in the county with special needs. As such, WRC completed all Birth-To-Three, Children's Waiver, and Comprehensive Community Services intakes and functional screens to determine eligibility for children's long-term support programs, in coordination with the Chippewa County Department of Human Services Children's Long-Term Support Unit.

Mental Health Matters

Staff members worked on this initiative in joint effort with Eau Claire City-County Health Department. Activities included ACEs and Resiliency Training with schools and businesses.

Northwest Wisconsin Breastfeeding Network (NWBN)

Staff served on the NWBN Board but transitioned out of this position in the fall due to staff changes and capacity. Staff continue to participate in the Network. NWBN worked on reorganizing priorities that were established at the community breastfeeding forums in 2019. Priorities were grouped into four subcommittees: Community, Social Media, Clinic/Hospital and Professional Education. NWBN welcomed a guest speaker, Meilah Chayang who presented on Outreach and Breastfeeding Support for Hmong Women and Families. The biannual conference continues to be on hold due to the pandemic.

River Source Family Center

Staff provided education focusing on a wide variety of health topics at summer playgroups. Handouts and Facebook messaging was also developed around topics each month.

Rutledge Charities

Donations were received from Rutledge Charities to help with gas cards and medications for the uninsured.

Take a Stand Against Meth

CCDPH collaborates with local Law Enforcement, Human Services, local schools, and the faith-based community to educate the public on the dangers that methamphetamine presents to our community.

United Way of the Greater Chippewa Valley

Staff were on the Education and Health Initiative Committees which reviewed grantees throughout the year. Staff supported projects of the committees they were on.

UW Extension - FoodWise

WIC partnered with FoodWise in 2021 to provide numerous virtual education sessions for WIC participants. This also included a Fun at the Farmers Market class at the downtown Chippewa Falls Farmers Market.

CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

Chippewa County Department of Public Health
711 N Bridge Street
Chippewa Falls, WI 54729

https://www.co.chippewa.wi.us/ccdph

STATEMENT OF EXPLANATION
HUMAN SERVICES 2023 FINANCIAL USER FEES

Health & Human Services Board approval requested for revisions to Consumer Financial Services user fees for 2023. Attached is a document showing the changes from 2022 to 2023. The first document is for all programs. The second document is without CCS (Comprehensive Community Services).

Consumer Financial Services 2023 Rates

Children and Family Services		
Service	2022	2023
Foster Home - Monthly	$254 - $2,000	$300 - $2,000
Treatment Foster Home - Monthly	$2,216 - $2,504	$2,263 - $2,541
Group Home – Monthly	$7,028 - $8,102	$7,028 - $12,273
Residential Care Center - Monthly	$5,425 - $26,102	$10,936 - $22,625
Institutional Placement - Daily	$1,448	$1,521
Respite - Daily	$41 - $525	$41 - $525
Daily Living Skills - Hourly	$22 - $64	$38 - $64
Mentoring – Hourly	$32 - $37	$32 - $37
Drug Screens – Per Screen	$10 - $374	$10 - $710
Family Interactions – Hourly	$81	$82
Family Outreach - Hourly (Formally Parent Outreach)	$74	$74
Family Centered Treatment - Hourly	$145	$148
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate
Children with Differing Abilities Services		
B-3 Service Coordination – Hourly	$117	$117
Therapy (Physical, Occupational, Speech)	$33.75/unit or $135/session	$33.75/unit or $135/session
Respite – Daily	$12 - $20	$13 - $21
Waiver Services Areas (Autism, Developmental Disabilities, Coordinated Service Team, Mental Health, Family Support, Physical Disabilities)		
• Daily Living Skills – Hourly	$38	$40
• Mentoring – Hourly	$24	$25
• Supportive Home Care – Hourly	$12 - $20	$13 - $21
• Counseling & Therapeutic Services - Hourly	85% of the Providers Usual & Customary Rate – Max of $170	85% of the Providers Usual & Customary Rate – Max of $179
Guardianship	$125	$125
Western Region Recovery & Wellness Consortium		
Buffalo Service Facilitation – Hourly	$125 - $130	$117 - $163
Chippewa Service Facilitation – Hourly	$101 - $134	$103 - $114
Pepin Service Facilitation – Hourly	$130 - $132	$113 - $138
Detoxification – Daily	$656 - $1,497	$676 - $1,542
Inpatient – Daily	$370 - $1,549	$375 - $1,595
Institutional Placement - Daily	$1,448	$1,521
Adult Family Home – Daily	$100 - $277	$155 - $277
Community Based Res. Home – Daily	$91 - $280	$70 - $201
Recovery House – Daily	$21	$22
Intake-Intoxicated Driver's Program – Hourly	$51	No longer using
Intake-AODA	$100 - $148	$103 - $153
Supportive Employment – Hourly	$39	$40
Crisis Intervention-Counseling/Transportation – Hourly	$323 - $335	$323 - $335
Drug Screens – Per Screen	$10 - $374	$10 - $710
Medications	Full Rate	Full Rate
Community Recovery Services - Hourly	$192	$198
Medication Management – Hourly	$54 - $117	$67 - $89
Psychiatric Services – Hourly	$148 - $405	$99 - $405

Consumer Financial Services 2023 Rates

Psychologist Services - Hourly	$126	$74 - $82
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate
Western Region Recovery & Wellness Consortium (CCS Program)		
Services	Full Cost of Service	Full Cost of Service
Screening and Assessment	$100.92 - $180.61/hour	$80.12 - $180.61/hour
Service Planning	$100.92 - $180.61/hour	$80.12 - $180.61/hour
Service Facilitation	$100.92 - $180.61/hour	$80.12 - $180.61/hour
Diagnostic Evaluations	$70.92 - $366.13/hour	$96.22 - $366.13/hour
Medication Management	$35.67 - $567.21/hour	$50.14 - $373.63/hour
Physical Health Monitoring	$35.67 - $336.96/hour	$65.59 - $336.96/hour
Peer Support	$67.68 - $145.79/hour	$55.41 - $145.79/hour
Individual Skill Development and Enhancement	$38.83 - $324.62/hour	$38.83 - $324.62/hour
Employment-Related Skill Training	$38.83 - $227.83/hour	$38.83 - $292.94/hour
Individual and/or Family Psychoeducation	$38.83 - $265.30/hour	$38.83 - $255.55/hour
Wellness Management and Recovery/Recovery Support Services	$38.83 - $336.96/hour	$38.83 - $336.96/hour
Psychotherapy	$60.81 - $265.30/hour	$83.62 - $255.55/hour
Substance Abuse Treatment	$61.55 - $255.55/hour	$61.55 - $255.55/hour
Youth Services		
Foster Home – Monthly	$254 - $2,000	$300 - $2,000
Treatment Foster Home – Monthly	$2,216 - $2,504	$2,263 - $2,541
Group Home – Monthly	$7,028 - $8,102	$7,028 - $12,273
Shelter-Non-secure Detention – Daily	$261	$396
Residential Care – Monthly	$5,425 - $26,102	$10,936 - $22,625
Secure Detention – Daily	$200	$225
Juvenile Correction – Daily	$350	$317 - $400
Institutional Placement – Daily	$1,448	$1,521
Respite Care – Daily	$41 - $525	$41 - $525
Daily Living Skills – Hourly	$22 - $64	$38 - $64
Juvenile Probation/Supervision – Monthly	$25	$25
Mentoring – Hourly	$32 - $37	$32 - $37
Drug Screen – Per Screen	$10 - $374	$10 - $710
Electronic Monitoring – Daily	$8 - $9	$8 - $9
Family Centered Treatment – Hourly	$145	$148
In Home Therapy - Hourly	$104	$107
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate

Consumer Financial Services 2023 Rates

Children and Family Services		
Service	2022	2023
Foster Home - Monthly	$254 - $2,000	$300 - $2,000
Treatment Foster Home - Monthly	$2,216 - $2,504	$2,263 - $2,541
Group Home – Monthly	$7,028 - $8,102	$7,028 - $12,273
Residential Care Center - Monthly	$5,425 - $26,102	$10,936 - $22,625
Institutional Placement - Daily	$1,448	$1,521
Respite - Daily	$41 - $525	$41 - $525
Daily Living Skills - Hourly	$22 - $64	$38 - $64
Mentoring – Hourly	$32 - $37	$32 - $37
Drug Screens – Per Screen	$10 - $374	$10 - $710
Family Interactions – Hourly	$81	$82
Family Outreach - Hourly (Formally Parent Outreach)	$74	$74
Family Centered Treatment - Hourly	$145	$148
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate
Children with Differing Abilities Services		
B-3 Service Coordination – Hourly	$117	$117
Therapy (Physical, Occupational, Speech)	$33.75/unit or $135/session	$33.75/unit or $135/session
Respite – Daily	$12 - $20	$13 - $21
Waiver Services Areas (Autism, Developmental Disabilities, Coordinated Service Team, Mental Health, Family Support, Physical Disabilities)		
• Daily Living Skills – Hourly	$38	$40
• Mentoring – Hourly	$24	$25
• Supportive Home Care – Hourly	$12 - $20	$13 - $21
• Counseling & Therapeutic Services - Hourly	85% of the Providers Usual & Customary Rate – Max of $170	85% of the Providers Usual & Customary Rate – Max of $179
Guardianship	$125	$125
Western Region Recovery & Wellness Consortium		
Buffalo Service Facilitation – Hourly	$125 - $130	$117 - $163
Chippewa Service Facilitation – Hourly	$101 - $134	$103 - $114
Pepin Service Facilitation – Hourly	$130 - $132	$113 - $138
Detoxification – Daily	$656 - $1,497	$676 - $1,542
Inpatient – Daily	$370 - $1,549	$375 - $1,595
Institutional Placement - Daily	$1,448	$1,521
Adult Family Home – Daily	$100 - $277	$155 - $277
Community Based Res. Home – Daily	$91 - $280	$70 - $201
Recovery House – Daily	$21	$22
Intake-Intoxicated Driver's Program – Hourly	$51	No longer using
Intake-AODA	$100 - $148	$103 - $153
Supportive Employment – Hourly	$39	$40
Crisis Intervention-Counseling/Transportation – Hourly	$323 - $335	$323 - $335
Drug Screens – Per Screen	$10 - $374	$10 - $710
Medications	Full Rate	Full Rate
Community Recovery Services - Hourly	$192	$198
Medication Management – Hourly	$54 - $117	$67 - $89
Psychiatric Services – Hourly	$148 - $405	$99 - $405

Consumer Financial Services 2023 Rates

Psychologist Services - Hourly	$126	$74 - $82
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate
Youth Services		
Foster Home – Monthly	$254 - $2,000	$300 - $2,000
Treatment Foster Home – Monthly	$2,216 - $2,504	$2,263 - $2,541
Group Home – Monthly	$7,028 - $8,102	$7,028 - $12,273
Shelter-Non-secure Detention – Daily	$261	$396
Residential Care – Monthly	$5,425 - $26,102	$10,936 - $22,625
Secure Detention – Daily	$200	$225
Juvenile Correction – Daily	$350	$317 - $400
Institutional Placement – Daily	$1,448	$1,521
Respite Care – Daily	$41 - $525	$41 - $525
Daily Living Skills – Hourly	$22 - $64	$38 - $64
Juvenile Probation/Supervision – Monthly	$25	$25
Mentoring – Hourly	$32 - $37	$32 - $37
Drug Screen – Per Screen	$10 - $374	$10 - $710
Electronic Monitoring – Daily	$8 - $9	$8 - $9
Family Centered Treatment – Hourly	$145	$148
In Home Therapy - Hourly	$104	$107
Guardianship	$125	$125
Assessments	Per Evaluation: Full Rate	Per Evaluation: Full Rate

STATEMENT OF EXPLANATION
HUMAN SERVICES 2021 ANNUAL REPORT

Board members are requested to review and approve the 2021 annual performance report for Human Services.

CHIPPEWA COUNTY

Human Services

2021 Annual Performance Report

Director Message:

Where 2021 will end up fitting into the grand scheme of history has yet to be determined. We are through the second year of a global pandemic and all that comes with it. To a certain extent we are modern day pioneers navigating through unknown territory. Terms such as the great resignation, endemic, etc. have become this year's additions to our vocabulary. As strange as the year started off, it also ended on an equally strange and rare event, a tornado in December. To steal a phrase commonly used to describe the month of March, "2021 came in like a lion and left like a lion."

Bringing it back to issues under the purvey of Human Services, the need for services remains high. Based on the latest Community Health Assessment (CHA), substance use, mental health, and alcohol misuse are the top three concerns, followed closely by obesity. These concerns were duly noted and commonly represented in the issues we found ourselves tackling throughout the year. While not listed as a concern of the CHA, a growing aging population continues to stress an already stressed system.

There were also many issues that needed to be addressed on the larger state level that impact us on the local as well as regional basis. We worked with legislators, state partners, and others to find solutions. Children with complex needs and the lack of in-state resources is one of those issues that has garnered an all hands-on deck call to action, which remains a work in progress. We also saw our work with legislators and others bear fruit in the form of a $15 million dollar state award to HSHS (St Joseph's and Sacred Heart) to expand acute psychiatric services for children and adults. This was a huge win that will benefit law enforcement, families, and our community as a whole.

We understand that government cannot solve all of societies woes, it takes an entire community working together to help address the root cause of the issues previously noted. Human Services for the most part is charged with intervention. We typically become involved after a situation has developed and assistance is needed. This is why we appreciate and nurture the collaborations and partnerships with the dozens of non-profits, churches, schools, other government agencies, medical professionals, etc. It is through all working together that we can hit those root cause issues, which in turn impacts our community for the better.

The year has been one of planning, preparation, and continuing to work towards an environment where folks want to work. The "Stay Survey" (county-wide employee survey) was a great tool and gave us insight where we were doing well and other areas that needed attention. During the time of the stay survey, the strategic planning process was also occurring within Human Services. Interestingly, some of the items noted in individual units and division strategic plans addressed some of those same concerns brought up in the Stay Survey.

As previously noted, the great resignation has been a phenomenon, which for the most part was a 2021 event. While we still saw some resignations, we did not have as much difficulty filling these positions as others. There are several counties within the western region, and for that matter throughout the state of Wisconsin, who have really struggled to fill open positions. I believe this can be attributed to the work of the department of administration, our leadership team, and of course our staff - who set the tone and create the culture. We know we are not perfect and are humble enough to admit mistakes, correct course, and move on.

You have probably heard me say before that working in the Department of Human Services is not for the feint of heart. It takes dedication, courage, resiliency, and an undying resolve to want to leave things better than we found them. As I mentioned earlier, we are all pioneers and in a sense, finding our way daily, trying to do the next right thing. Please take a moment to read through this annual report and celebrate the successes. We have changed lives and improved circumstances, which will hopefully make a generational impact.

I would like to especially thank all of our dedicated employees, the Department of Administration, ADRC and Health & Human Services Boards, as well as the full County Board for their dedication, support, and understanding.

MISSION

Strengthening our community through partnerships and services to promote dignity, increase resilience, and provide hope.

VISION

Everyone reaching their full potential to live their best life.

VALUES

Advocacy

Compassion

Empowerment

Partnership

Respect

ORGANIZATIONAL GOALS

- ⇒ **Build a culture of community engagement.**
- ⇒ **Utilize data driven decision making.**
- ⇒ **Demonstrate fiscal responsibility.**
- ⇒ **Build a culture of service.**
- ⇒ **Continue to build and maintain a healthy workplace.**

Economic Support

The Economic Support Division administers programs and services that assist eligible Chippewa County consumers, empowering them to achieve positive outcomes when they face economic challenges. The Economic Support Division helps families in need to become self-sufficient and independent from public assistance. This is done by assessing each family's financial situation to determine eligibility for public assistance programs. Chippewa County Economic Support is part of the Great Rivers ten-county consortium (GRC).

Achievements/Successes of 2021:

Operations

- GRC lead teams work together in updating the policy and process manual they developed to fill in the gaps of state and federal policies, plus it defines the case management and administrative process. This provides the consistency to better meet contract measurement and performance in targeted case reviews. It also improves GRC quality control and creates assistive tools for staff.
- Successful roll back of some COVID policies (C-9 ending, FoodShare renewals and interviews, SWICA processing).
- Successful transition to Cornerstone. (New Web based learning tool)
- GRC agency lobbies opened with restrictions and found ways to serve customers safely.

Staffing

- Vacancies: (The consortium-wide) GRC had only four IM (General Income Maintenance) resignations in 2021 and one EBD (Elderly, Blind, Disabled) lead retirement. Chippewa County had no vacancies or turnover.
- New Staff: One EBD Lead, one BR (Benefit Recovery) staff, four Family, and one EBD.

Benefit Recovery (BR)

- Began fraud home visits again and have seen an increase in FoodShare trafficking referrals. FoodShare trafficking is the sale of FoodShare cards or benefits in violation of program rules. Our Benefit Recovery staff investigate these and impose sanctions or repayments when violation issues occur.
- BR Team worked through all childcare backlogged referrals and is now working in real time.
- BR Team worked through most backlogged IM referrals until policy changes in December.

Child Care

- 2021 Child Care TCR: 35 Cases Reviewed/5 Cases in Error – 14 percent error rate.
- Annual Child Care Subsidy Review- no findings or recommendations.

IM Programs

- MER (Management Evaluation Review): No corrective actions. GRC staff were praised for being patient, encouraging, knowledgeable, helpful, friendly, courteous, and offering very good customer service and information. It was also mentioned that it was very hard to discover any findings for GRC due to our improved error rate and excellent work by staff.
- MER: AER Rate (Active Error) 6.59 percent and CAPER (Case and Procedural Error Rate) Rate 13.89 percent.

Challenges of 2021:

- COVID related policy changes and workload implications.
- Systems transition from internet explorer.
- Transition to new web-based training platform.
- State systems not able to integrate new federal rules leading to state errors in case and procedural case processing.

Service/Program	Consumer Data for 2021
FoodShare	7,093
Medical Assistance	12,233
Child Care	224
Total	**19,550**

The simplest version of the ADRC mission is to say that we are here to help older people and people with disabilities remain as independent as possible in the setting of their choosing. Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased, and timely information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone - individuals, concerned families or friends, or professionals working with issues related to aging or disabilities - can go for information tailored to their situation. It isn't about what we feel is best for the individual, but rather it's about presenting options so they can make an informed choice.

We also recognize that people don't always know what they need…that's okay too because ADRC staff have extensive training at asking the right questions. The questions not only help people figure out what they need or want, but also help identify their strengths. When help is requested with applying or connecting to programs or services, ADRC staff will assist.

The ADRC of Chippewa County provides more than information and assistance. We also have programs that can help people remain in their home. Meals on Wheels, Senior Dining, Transportation Coordination, Caregiver Respite, In-Home Support, Healthy Living workshops, Memory Screening, Dementia-related programs, and Brain Health education are just some of the programs our agency offers. Our Options Counselors present customers with an array of choices that can help their situation along with assistance in accessing if needed. We also have highly trained Benefit Specialists that assist with Medicare, Social Security, Consumerism, Housing, Medical Assistance, and other private and public benefit questions. Complicated issues require extensive training and our Benefit Specialists work directly with attorneys who specialize in all of these areas as they relate to older people and people with disabilities.

One thing that sets ADRCs apart from other governmental agencies is the fact that we are legislatively required to provide advocacy on behalf of the people we serve. Sometimes that means talking to local businesses and sometimes that means connecting with legislators. But most importantly, it means providing people with information so they are empowered to advocate on their own behalf.

Achievements/Successes of 2021:

- Went live on Facebook resulting in more program participation, volunteers and candidates for position vacancies.
- Started offering Mind Over Matter health promotion program.
- Developed Three-Year Plan with public, staff, and board input.
- Created a Strategic Plan with staff input.
- Collaborated with six counties to create television ads that promote COVID vaccination.
- Held our first ADRC 101 session for ADRC Board, Human Services staff, and public.
- Hosted virtual Aging Advocacy Day for advocates to connect with legislators.
- Identified cost savings with restructuring of programs/staff/services.

AGING & DISABILITY RESOURCE CENTER (Continued)

Challenges of 2021:

- Continued funding gaps for most programs and services.
- Increase in the number of consumers with complex needs.
- Maintaining staff engagement with most staff working from home.
- The meal provider in Cadott sold the business so we had to restructure the program to ensure continued Meals on Wheels delivery in the area.
- Two retirements with combined longevity of nearly 50 years.
- Numerous changes to Greater Wisconsin Agency on Aging Resources (GWAAR) fiscal claims requiring additional staff time each month.
- Juggling of everyone's responsibilities with six employee personal leaves during the year (also an achievement and evidence of staff teamwork!).

Aging & Disability Resource Center Board

thank you

Kari Ives (Chair), Vern Weeks (Vice-chair—Term Expired April 2021)
Larry Marquardt (Vice-chair—Term began May 2021), Janet Mayer
Glen Howell, Mary Quinlan (Term expired May 2021), Dave Alley
Patricia German, Mary Frasier (Term began July 2021)

Service/Program	Consumer Data for 2021
Bridging Chippewa County	18,000 copies distributed
Caregiver Respite	35 consumers 2430 hours respite service
Dementia Related Services	81 consumers 10 programs/services
Disability Benefits	87 consumers* 123 cases*
Elder Benefits	367 consumers 500 cases/contacts
Healthy Living Workshop Sessions	21 consumers 398 classes/sessions
Information and Assistance/Options Counseling	5,838 consumer contacts
***In-home Supports (housekeeping)**	25 consumers 460 service units
Nutrition Program	438 consumers 42,611 meals
Transportation	5,063 rides 254,062 miles

*2021 Data entry is not complete at the time of this report.

CHILDREN, YOUTH & FAMILIES DIVISION

The Children, Youth & Families (CYF) Division is comprised of four units:

- Birth to Three Program
- Child Protective Services
- Children with Differing Abilities Services
- Youth Justice Services

Birth to Three

Birth to 3 is Wisconsin's early intervention program for infants and toddlers with developmental delays and disabilities and their families. Opportunities are provided for a child to increase skills and abilities. The goal is to help children participate in their communities. In addition to the skills the child develops, Birth to Three programs are committed to providing services in a way that makes sense for each family. This "family centered" program recognizes the importance of parents, family, and friends in a young child's life. The early intervention team will provide ideas and techniques to help a family enhance their child's development and learning potential.

Achievements/Successes of 2021

- Chippewa and Eau Claire Counties were awarded almost $100,000 for a social emotional grant through the Wisconsin Department of Health Services. This grant cycle went through the end of 2021. After being trained in late 2020, the service coordinators and contracted therapists that are part of the Birth to Three team through Prevea put their knowledge of the Devereux Early Childhood Assessment (DECA) and Your Journey Together (a parenting program) into use with the families they serve. The team continues to build on their knowledge with technical assistance, and feel comfortable utilizing the skills they have learned in order to increase social emotional development of children. During the year, the team added reflective practice into their team meetings. This is something that is sustainable throughout 2022.
- One of the service coordinators began in the Infant, Early Childhood and Family Mental Health Capstone Certificate Program through the University of Wisconsin – Madison. She has been bringing information back to the team that had led to improved coordination of services and improved the knowledge of other members of the Birth to Three team.

Challenges of 2021

- COVID-19 continued to impact the way that services were delivered to families. Throughout 2021, there were a number of times that services could only be held virtually due to the spike in COVID cases in our region. Due to this, some families elected to put services on hold or end services early and some others struggled through technology issues in order to ensure their children were receiving services that benefited them. Service Coordinators and Therapists continued to be supportive and ensure that their families had what they needed in order to be successful.

BIRTH TO 3

CHILDREN, YOUTH & FAMILIES (Continued)

Child Protective Services

The Child Protective Services (CPS) unit assesses families whose children may have been abused or neglected. When an intensive approach is necessary, ongoing services are provided to families. Services may include foster care, parenting support, or other resources to keep children safe. CPS works closely with law enforcement, community organizations, courts, schools, and other community providers to keep children safe and empower families. CPS also provides foster care licensing, foster care placement, and the Kinship program. When safety cannot be reached with a family, the unit works with the court system to find alternative permanency for a child, such as adoption or guardianship.

Achievements/Successes of 2021

- Child Protective Services served 191 children. Eighty-two children were removed in 2021. Forty-four children achieved permanency; of those, 31 achieved permanency through reunification and 13 children achieved permanency through guardianship.
- Chippewa County wrote for and was awarded the Targeted Safety Supports Funds (TSSF) Grant for $76,100. Social Workers worked diligently to use the money in creative ways as a number of resources that would have typically been used had reduced their staff. Nineteen children were served through 2021 using TSSF funds.
- Staff finished trainings through the state in Applied Learning Communities (ALCs) and created several guides to incorporate safety standards. This allows for staff to be more engaged and efficient in their work with families.
- Staff continued collaboration with Comprehensive Community Services to offer additional services to clients with mental health and substance addictions.
- Manager Kari Kerber and Foster Care Coordinator Abby Smasal joined the Take a Stand Against Meth Coalition and are collaborating with the faith-based group to increase foster care recruitment. The hope is to continue to coordinate with the Take a Stand Against Meth Coalition and present at Town Hall meetings when they start up again.

- Child Protective Services was able to give all children in Foster Care Christmas gifts due to generous donations from the community.

Challenges of 2021

- Three social workers (two Initial Assessment and one Ongoing) left the Child Protective Services Unit. One moved to a different position within Human Services and two sought employment elsewhere. Three new Child Protective Services staff were hired to replace these staff.
- There continues to be a need for new foster homes throughout Chippewa County in order to keep children in their preferred school district and near their friends/family in order to minimize trauma.
- Parents are struggling to meet their court ordered conditions. Housing has been a tremendous hurdle. Parents are having a difficult time being seen for mental health, alcohol, and other substance abuse treatment; many providers are full or have a waitlist.

CHILDREN, YOUTH & FAMILIES (Continued)

Children with Differing Abilities

Children with Differing Abilities (CWDA) is the unit that provides services and support to children who have been diagnosed with a physical, developmental, or mental health disability and determined to be functionally eligible in accordance with federal and state standards. Services within the Children with Differing Abilities Unit are voluntary and designed to assist families to maintain their children safely in the community and at home.

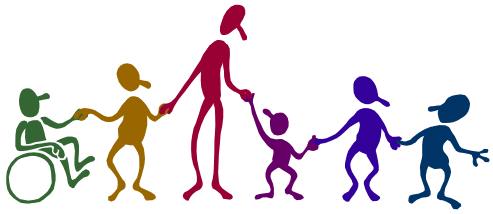
The Children with Differing Abilities Unit is comprised of one manager, one supervisor, three Children's Long-Term Support Waiver (CLTS-Waiver) Support and Service Coordinators, and nine Children's Comprehensive Community Services (CCS) Service Facilitators.

Achievements/Successes of 2021

- Staff continued to show resilience working through a pandemic and meeting the needs of their consumers, while maintaining a strong team bond within the CWDA Unit.
- CWDA staff successfully implemented the statewide waitlist elimination project and operated waitlist free for three months in the first half of the year.
- CWDA Unit received County Board approval to add an additional four CWDA staff (one CLTS Waiver, three CCS) to combat our growing waitlist.
- A CWDA Unit Supervisor was also added in 2021 to help build more infrastructure within the growing unit.
- By providing CCS services to youth in the community, we had a cost savings of $1.7 million by delaying out-of-home placements for seven youth, who required out-of-home placement in 2021. Additional placements were completely prevented.
- The CLTS Waiver program staff hosted the first family event in December 2021 to allow enrolled consumers to meet others and network, while providing a fun, inclusive activity.

Challenges of 2021

- To no one's surprise, learning to deliver services during the middle of a pandemic, shutdowns, and social distancing was challenging, but staff rose to the challenge and were able to meet the needs of consumer and requirements of the programs.
- Missing the human connection has been difficult for staff in the ability to build relationships with consumers as well as colleagues.
- Staff turnover and maternity leaves were a challenge to manage and impacted staff caseload sizes, as well as the waitlist.
- The number of referrals to the CLTS and CCS program remained at a high average throughout the year, resulting in a growing waitlist.



CHILDREN, YOUTH & FAMILIES (Continued)

Youth Justice

Youth Justice is the unit that works with youth referred to court under Wisconsin Statutes 938. Those youth have either committed a delinquent act, are habitually truant from school, or have uncontrollable behavioral issues. Youth Justice social workers work in conjunction with the legal system, the youth, and parents by developing a plan to reduce risk factors such as substance abuse, negative peer associations, truancy, and other risk factors that negatively influence youth behavior and provide the youth with competencies for a successful future.

Chapter 938 or 48 are the only statutes that allow for placing children out of the home in foster care, group home, or residential treatment level of care. When complex needs youth require one of these out-of-home placements, they typically come through the court system in our unit via Chapter 938-Juvenile in Need of Protection and/or Services-Uncontrollable. Ongoing Youth Justice workers work diligently with families and service providers to keep youth in the community.

The Youth Justice Unit is comprised of one Juvenile Court Intake social worker and three and a half social workers providing ongoing services.

Achievements/Successes of 2021

- We were awarded the Community Intervention grant again, continuing and enhancing our ability to deliver Aggression Replacement Training (ART) for medium to high risk youth. It was great returning to providing this service in person versus a virtual format.
- Staff continue to be able to attend trainings via virtual formats.
- We continue to work with the State of Wisconsin in their statewide rollout of the YASI, a risk assessment tool for juvenile youth entering the system.
- Youth justice staff continue to be active in Wisconsin Juvenile Court Intake Association (WJCIA). Our Juvenile Intake Worker, Kerry Krista, has been an active board member for several years. This year, she holds the President's position. WJCIA is active in supporting Youth Justice practice and policy on a state and local level, including but not limited to trainings, networking, advocating for legislative change, etc.
- Total Youth Justice youth out-of-home placements decreased by 15 percent from 2020.

Challenges of 2021

- The State continues to implement new data entry requirements for all juvenile referrals under Chapter 938. This has substantially increased the work of the Juvenile Intake Worker and we are not able to partner with support staff to assist with this due to the nature of the workflow and required timeframes.
- Increased eWiSACWIS (Wisconsin's web access management system) requirements for Youth Justice ongoing staff and increase cost of placements due to the Qualified Residential Treatment Programs (QRTP) certification implemented by the State to capture IV-E dollars from the federal government.
- We continue to see a lack of resources in the State of Wisconsin to serve some of our high needs youth, ultimately resulting in out-of-state placements. These youth's primary need is mental health and since the mental health statute doesn't allow for placement outside of a hospital or their parental home, these kids are opened in Youth Justice under 'JIPS (Juvenile in Need of Protection and/or Services) for Uncontrollable' when placement is necessary.
- There is a lack of county level foster homes and treatment foster homes in the state that will accept adolescent youth, thus forcing us to place in higher level of care facilities at a significantly higher cost.
- Lack of affordable and accessible mental health services for youth.

CYF Service/Program	Consumer Data for 2021
Birth to Three Program	252
Child Protective Services	1258
Children's Crisis Services	238
Children's Waiver Services	146
Children's Comprehensive Community Services	103
Juvenile Court Intake Referrals	236
Youth Justice Ongoing Court Supervision	84
Total	**2,317**

WESTERN REGION
Recovery & Wellness Consortium

Chippewa County Recovery Wellness Consortium (RWC) is a part of the nine county Western Region Consortium. The RWC is a resource hub for individuals experiencing mental health emergency (crisis), mental illness and/or substance use disorders. Programs available for participation are Crisis Services (including case management of mental health commitments), Community Support Program (CSP), and Comprehensive Community Services (CCS). A service facilitator is assigned to each consumer who becomes their advocate and helps the individual navigate the mental health service in their community. Functional and financial criteria determine program eligibility. Service array in all programs include psychiatry, mental health and substance abuse counseling, supported employment and individual skill development; allowing the individual to achieve human connection within their community. Chippewa County maintains a collaborative relationship with Buffalo and Pepin Counties. Referred to as regionalization, this collaboration means we all act as one entity with Chippewa (Lead County) providing administrative and clinical oversight of the Medicaid certified programs (CSP and Crisis). This relationship allows citizens in Buffalo and Pepin counties access to these certified programs.

Comprehensive Community Services

Chippewa is the lead county in the nine-county consortium for Comprehensive Community Services (CCS). CCS is a self-directed program that looks to the consumer to identify their goals in recovery. The consumer is given choices of psychosocial services they can engage in and who they want to be part of the recovery team (providers, family members, friends, and other natural supports). Participating counties act independently of each other; however, the consortium's structure creates efficiencies in terms of administration, information technology, and fiscal management. Operations Manager Jessica Barrickman oversees the adherence and interpretation of the state codes and federal Medicaid rules that guide CCS.

Community Support Program

The Community Support Program (CSP) serves adults with a serious mental illness. This wraparound program includes a variety of psychosocial services designed to support and maintain the individual in the community. Services may include assistance in developing community living skills, individual and group therapy, education about mental illness and substance use disorders, supported employment, and social/recreational skill development.

Emergency Mental Health Services (Crisis)

Emergency Mental Health (EMH) is referred to as crisis services. Crisis means a situation caused by an individual's mental disorder that results in high levels of stress and anxiety for the individual or person providing care for the individual, which cannot be resolved by available coping methods of the individual or by the persons supporting the person. Chippewa County provides a coordinated system of crisis services that provides immediate response to assist the person experiencing the crisis episode. Chippewa County contracts with Northwest Connections to provide crisis call center, mobile and case management services. The EMH program works with individuals who poses a risk of harm to self or others or display probability of physical impairment due to impaired judgment caused by their mental illness and/or substance use disorder. The team triages crisis phone calls daily and provides linkage and follow-up services to individuals that have reached out to the crisis line that are in our county.

Adult Protective Services (APS)

Adult Protective Services (APS) investigates allegations of abuse, neglect, or financial exploitation to adults and elder adults at risk. Adults at Risk is defined as any adult who has a physical or mental condition that impairs the ability to care for their needs and who has experienced, is experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. Elder Adult at Risk is defined as any person age 60 or older.

APS staff help with the completion of power of attorney documents, supported decision-making agreements, and the petitioning of legal guardianship for Chippewa County residents. Financial guidelines apply to receive assistance with guardianships and protective placements. Substitute decision-making is necessary if someone is unable to effectively communicate their decisions or lacks the capacity to evaluate and receive necessary information to make informed decisions regarding healthcare and basic living needs. Supported decision making is a way for people with disabilities to get help from trusted family members, friends, and professionals to help ensure an individual understands situations and potential outcomes so they can make their own decisions. The APS team values the right for all competent adults to be their own decision-maker.

RECOVERY & WELLNESS CONSORTIUM (Continued)

Achievements/Successes and Challenges of 2021

- This was a year in which we were challenged to navigate through the ongoing pandemic. Resilience became the strength of RWC staff. The toll that the pandemic has taken on in our community became evident in the higher level of acuity in the symptoms present during a crisis event.
- In 2021, we saw a 4 percent decrease in the use of mental health crisis services for adults, 7 percent decrease in emergency detentions, with 49 percent of all emergency detentions being dismissed. Of the 104 emergency detentions, 27 of the individuals were placed in state IMD (Winnebago Mental Health Institute). A number of the admissions to WMHI were the result of the individual testing positive to COVID and local behavioral health providers being unwilling to accept COVD positive individuals. Of the 27 placements at WMHI, 37 percent were consumers placed into facilities (group homes and Adult Family Homes) by our neighboring counties outside of Chippewa County. Several of our neighboring counties have been willing to accept financial responsibility for their residents. There continues to be a need at the state level to address financial responsibility for consumers involuntarily placed in a residential setting outside their county of residency.
- In 2020, Adult Protective Services (APS) was brought back under RWC Division. The challenge we are faced with is to improve efficiencies and collaboration between APS and Crisis Services resulting in outcomes that preserve dignity and protect the individual's right to remain their own decision-maker. The National Center for Victims of Crime notes a trend during the pandemic in which one in five adults self-reported being a victim of some type of abuse, neglect, or financial exploitation. This a rather large jump from pre-pandemic years.
- In 2022, RWC will explore having APS workers become certified crisis workers to ensure a seamless continuity of care to all residents..
- To expand the efforts to address substance use disorders in Chippewa County, the RWC team participated in a collaboration with Chippewa Area Recovery Resources (CARR). CARR is Chippewa County's contracted substance abuse outpatient provider. Starting in 2021, CARR offered several additional evidence-based programs such as basic AODA education, mindfulness, relapse prevention, family education, and Trauma Recovery and Empowerment (TREM) for woman and men. This collaboration resulted in CARR increasing services to more residents of Chippewa County.

Service/Program	Consumer Data for 2021
Adult Crisis Services	818
Adult Emergency Detentions/Petitions	104
Adult Protective Services	290
Comprehensive Community Services (Adults)	80
Community Support Program	43
New Guardianships	49
Protective Placements	5
Substance Abuse Services	60
Total	1,449

Fiscal & Contracts Division

The Fiscal & Contracts Division supports the Department with the a variety of activities including:

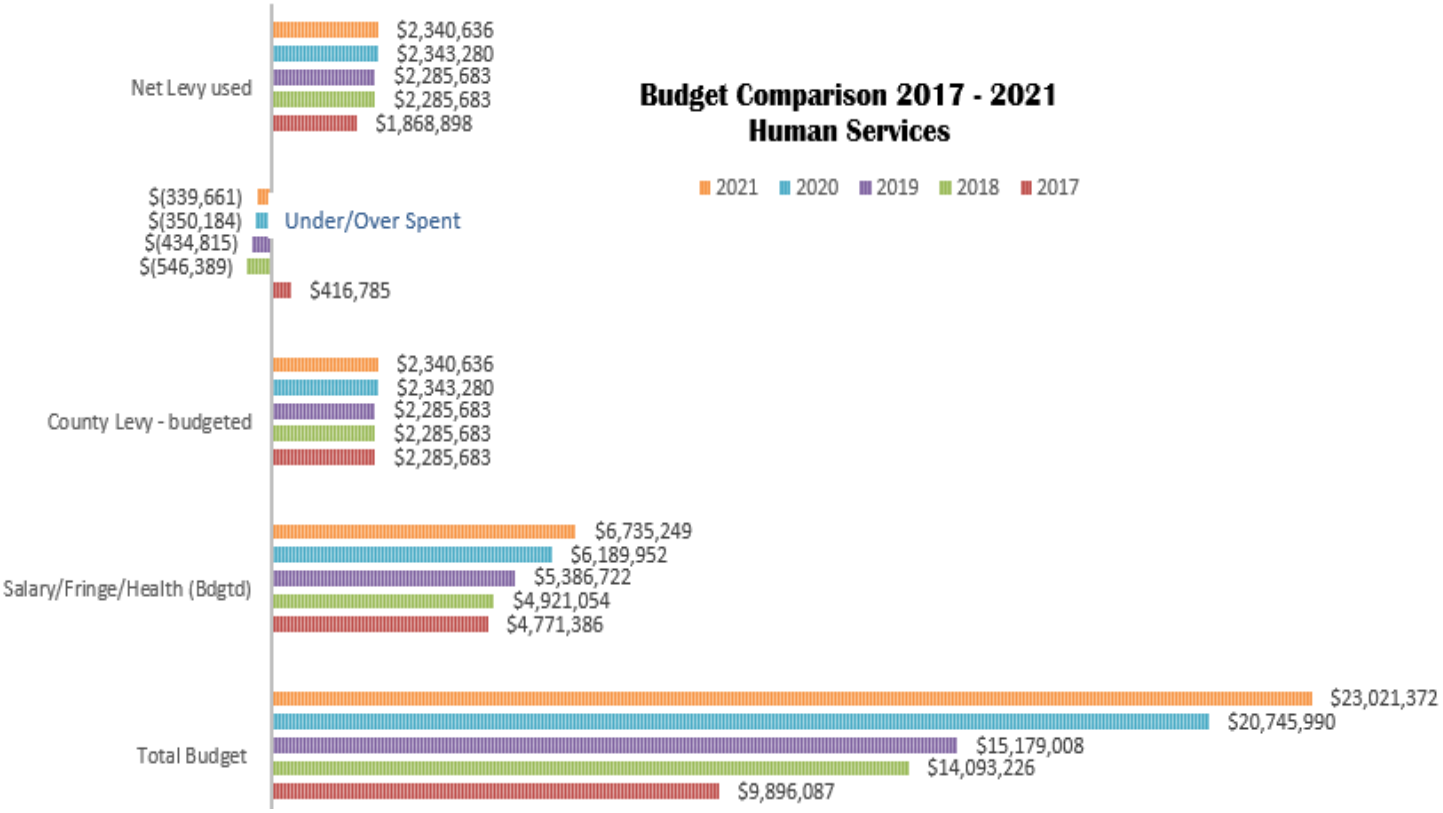
- Medicaid and consumer billing.
- Vendor contracting and payments.
- Budget planning and analysis.
- Grant claiming and reconciliation reporting.
- Financial accounting and reporting.

In 2021, we continued to operate in a COVID environment. Medicaid approved temporary tele-medicine service delivery at the start of the pandemic and most of those procedures were made permanent in 2021. Fortunately, we had already made numerous changes to our billing systems and documentation so making these services permanent was relatively seamless.

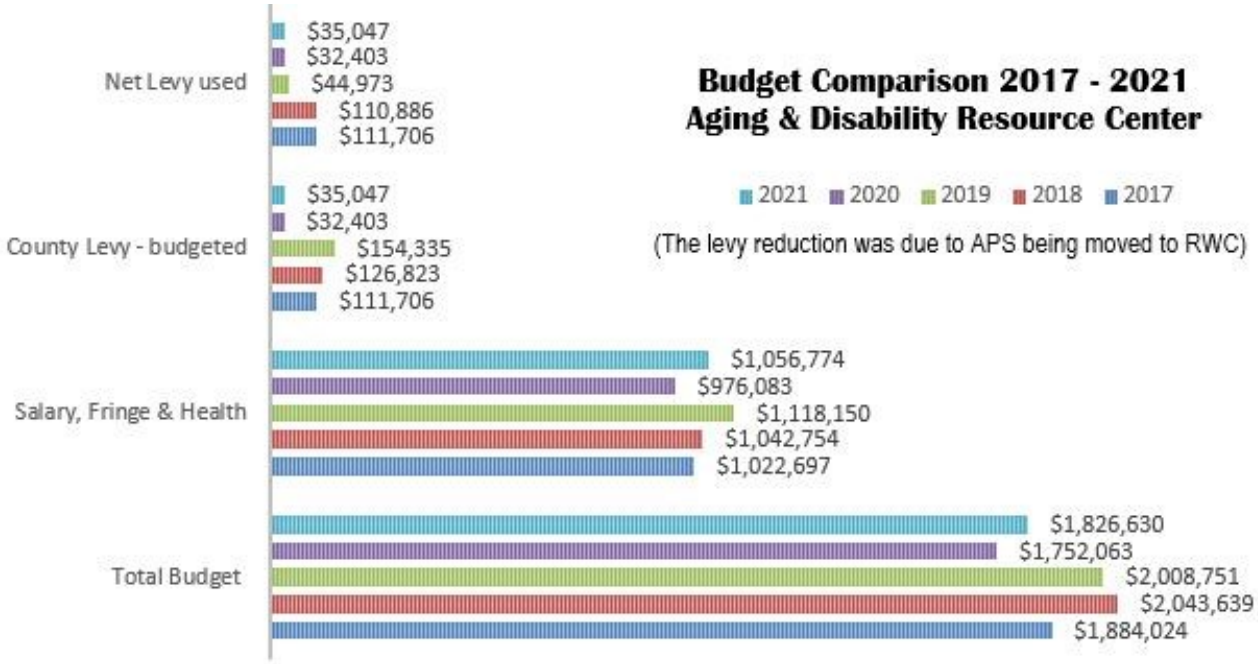
Financially, acute child and youth placement costs and Institute for Mental Disease (Winnebago) costs drove a deficit of $339,661 (unaudited) for the year. This deficit was comparable to the deficit amount we experienced in 2020.

As noted below, total 2021 expenses were $29,442,166 and our budget total was $23,021,372. The difference of $6,420,794 consists of the deficit of $339,661 and the remaining $6,081,133 consists of Comprehensive Community Services (CCS) costs incurred by the Regional Wellness Consortium. The $6,081,133 will be paid by Medicaid and through the CCS Reconciliation that takes place December 2022.

2021 REVENUE	**$29,102,505**
2021 EXPENSE	**$29,442,166**
2021 DEFICIT	**($339,661)**



Fiscal & Contracts Division (Continued)



Thank you to our Health & Human Services 2021 Board Members
John (Jack) Halbleib (Chair), Don Hauser (Vice-chair)
Kari Ives, Stacey Sperlingas, Tom Thornton, Jenny Happel,
Charlene Kervina, Harold (Buck) Steele, Keith Tompkins, Nichole Wallsch
(Remembrance of Tom Thornton who passed away 11-23-21)

We also extend appreciation to the many community entities who partnered with us throughout 2021.

A BIG THANK YOU for valuing community and service to others.

Special Remembrance of DHS Social Worker
Michael (Tony) Hudson
1974 - 2022

DRAFT

STATEMENT OF EXPLANATION

Resolution No.

RESOLUTION TO CREATE TWO FULL-TIME SOCIAL WORKER POSITIONS IN THE DEPARTMENT OF HUMAN SERVICES FOR THE PROVISION OF CHILDREN'S LONG TERM SUPPORT SERVICES

Passage of this resolution will create two (2) full-time social worker positions in the Children Youth and Families Division, Children with Differing Abilities Unit of the Department of Human Services. These positions will provide early intervention services for children with physical and developmental disabilities through the Children's Long-Term Support (CLTS or "waiver") program. One position is to be filled immediately with the second to be filled when consumer numbers dictate another position is needed. The CLTS program is a fully funded/reimbursed Medicaid program and requires no additional funding from Chippewa County. The government branches at both the federal and state level continue to add funding in an effort to have services provided early in a child's life.

The Wisconsin Department of Health Services (WIDHS) which administers this program does not allow for waitlists to exist. This mandate was effective as of July of 2020. WIDHS also took charge of the existing waitlist ordering counties to open a certain number of children on the waitlist each month. Chippewa County worked hard at eliminating the waitlist and up until June of 2021 was compliant with the no waitlist requirement. However, on March 23, 2022 a non-compliance letter was received from the state indicating Chippewa County was in violation of the waitlist requirement.

There are currently 29 children on the CLTS waitlist with 8 waiting to be screened. The Department of Human Services has averaged 4 new participants per month to the program since July of 2021. Since July of 2020, the total number of participants in the children's CLTS program has almost doubled going from 71 to 127, which includes discharges. Current social workers are at capacity.

The consequences of not having services available to children when needed include: families may be unable to stay together because functional skills must be learned at an early age and funding for deep end services will be required at a much higher cost to taxpayers (e.g. hospitalization, crisis intervention, and intense community-based services).

Without the addition of the requested positions to address the waiting list, the Department will remain out of compliance with the State. This resolution will authorize the

Department of Human Services to use the federal and state funds already allocated to the CLTS program in 2022 and continue into future fiscal years.

Resolution No.

RESOLUTION TO CREATE TWO FULL-TIME SOCIAL WORKER POSITIONS IN THE DEPARTMENT OF HUMAN SERVICES FOR THE PROVISION OF CHILDREN'S LONG TERM SUPPORT SERVICES

WHEREAS, the Department of Human Services is the service facilitator for federal and state funding through the Children's Long Term Support (CLTS) Program, which provides early intervention services for children with physical and developmental disabilities; and

WHEREAS, CLTS services are provided to children who meet certain functional and financial eligibility requirements; and

WHEREAS, the Wisconsin Department of Health Services has mandated that no county agency shall have a wait list for their CLTS program, effective July 1, 2020; and

WHERERAS, the CLTS program was averaging 4 new participants per month in 2021, and since July 2020, the total number of children enrolled in CLTS has nearly doubled going from 71 to 127; and

WHEREAS, current CLTS workers are at capacity and if the waitlist issues are not addressed, it is anticipated that it will grow to about 120 children by July of 2022; and

WHERERAS, the CLTS program is a fully funded/reimbursed Medicaid program and requires no additional funding from Chippewa County; and

WHEREAS, the government branches at both the federal and state level continue to add funding in an effort to have services provided early in a child's life; and

WHEREAS, the consequences of not having services available to children when needed include families being unable to stay together because functional skills must be learned at an early age, leading to costlier county taxpayer funded out-of-home, deep end services (e.g. hospitalizations, institutional out of state placements); and

WHEREAS, it is the recommendation of the Director of the Department of Human Services and the County Administrator that the Children Youth and Family Services Division, Children with Differing Abilities Unit, be provided with two (2) new position to provide CLTS services to provide early intervention services to children with special needs; and

WHEREAS, it is also recommended that one position would be filled immediately with the second to be filled when consumer numbers dictate another worker is required; and

WHEREAS, these CLTS positions would be fully funded through CLTS funding from the state and federal governments; and

WHEREAS, the Health and Human Services Board has reviewed and does approve the creation of two (2) full-time social worker positions in the Children Youth and Families Division, Children with Differing Abilities Unit of the Department of Human Services to provide CLTS services to children;

NOW, THEREFORE BE IT RESOLVED, that effective upon passage of this resolution, two (2) full-time Social Worker position are hereby created in the Children Youth and Families Division, Children with Differing Abilities Unit of the Department of Human Services to work to eliminate the CLTS program waitlist and serve consumers as they become eligible; and

BE IT FURTHER RESOLVED, that one social worker position shall be filled immediately and the second social worker position shall be filled when consumer numbers of eligible CLTS individuals support the need for the position to be filled; and

BE IT FURTHER RESOLVED, that these positions shall be funded by Medicaid revenue generated by the positions; and

BE IT FURTHER RESOLVED, that should the state and federal funding necessary to fund these positions no longer be available or be reduced significantly, these positions may be eliminated by the County Administrator.

Forwarded to the County Board by the Executive Committee.

FINANCIAL IMPACT:

Funded by Medicaid Case Management Billing (2-Positions)

Wages	$123,718.40
Benefits	70,863.90
Equipment	4,000.00
Total Estimated Costs	$198,582.30

06/7/2022 Executive Committee

Approved as to Form:

Todd A. Pauls, Corporation Counsel 5/9/2022

Lori Zwiefelhofer, Finance Director 5/9/2022

Randy B. Scholz

Randy B. Scholz, County Administrator 5/9/2022

110

CHIPPEWA COUNTY
Department of Administration
Personnel Administration Change Form

Action Requested: ☒ New Position ☐ Fill Vacancy ☐ Other (ex: increased hours)

Department: Human Services Division: CYFS-CWDA

Current Job Description Title: (new) Anticipated Start Date: _____

Proposed Job Description Title: (if different) Social Worker I - Two Positions (CLTS- 1 to fill immediately; 1 to hold in abeyance)

Direct Supervisor: Rachel Lettner

Current/Past Employee Name (blank if new position): _____ No. of Years Served in Position: _____

Current Status: ☐ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Proposed Status: ☒ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Reason for vacancy or new position (if due to vacancy - please indicate the last day of work for the employee in the position):

Wait list grows in CLTS cases due to staff being at capacity and supervisor currently carrying a half-time caseload, who should not have a caseload. This PAC is for 2 positions in CLTS that we are requesting to address or current capacity issues in the CWDA unit and the trend identified that additional staff will soon be needed. A wait list is not allowed by the State and Chippewa County is currently on an action plan with the State to resolve the wait list.

Bargaining Unit: ☐ LAW-Nurses ☐ WPPA-Patrol Officers/Investigators ☒ Non-Represented

FLSA Status: ☒ Exempt ☐ Non-Exempt

Is the position mandated? ☒ Yes ☐ No

If yes, provide statute, regulation, etc.

The CLTS Program's federal assurances under the § 1915(b)(4) federal application,requires that county waiver agencies must have the capacity to ensure each child eligible for program enrollment has timely access to support and service coordination. Section 6.1.1 HCBS Waiver Manual for the CLTS Waiver Program, children must be enrolled in the CLTS Program within 30 days from the date determined they are enrollable.

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

To maintain the Children's Long Term Support (CLTS) Program and come into compliance with State regulations of no wait list.

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

55% productivity hours per month/fully funded position.

Are there opportunities to consolidate, eliminate and/or outsource the job responsibilities? ☐ Yes ☒ No
Please explain:

Due to the complexities and fiscal responsibilities of the programs it is best administered in-house.

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: ☒ 2080 ☐ 1500 ☐ 1040 ☐ 975 ☐ Other: _____
Description of Anticipated Work Schedule 8hrs/5days per week
(i.e. 8 hrs/5 days per week, 8 hrs/4 days per week)

What are the consequences of **not** taking this personnel action?

large wait list, possible additional State action due to waitlist, staff burn out, staff turn over, lack of access to waiver services in the county for our youth.

What is the impact of not filling the position in:

3 months: increased wait list
6 months: increased wait list, staff burn out
12 months: increased wait list, possible State action, likely staff turnover, increase in out of home placements
Not at all: large wait list, State actions, staff turnover, increased high end out of home placements

For new positions, is there office space available for this position? ☒ Yes ☐ No
Will this require an office move/relocation? ☐ Yes ☒ No
Can the position costs be offset by eliminating or reducing a lower priority function? ☐ Yes ☒ No
Please explain:

No lower priority functions are identified.

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

Provide support and services to children with disabilities.

TOTAL FISCAL IMPACT/FUNDING SOURCES

Will be verified by Finance Division

2022 BUDGETED AMOUNT FOR POSITION (From 2022 PCR and BER)

n/a - new positions (Per Personnel Cost Report (PCR)) + _____ (Per Benefit Estimate Report (BER)) = _____ **Total Budgeted for Position**

Number of Hours Budgeted for Position per 2022 Personnel Cost Report: _____

General Ledger Account Number to Charge Salary to: 208-80-54533
(If more than 1 account number please attach a separate document with the associated percentages)

ANNUAL FISCAL IMPACT

Minimum Fiscal Impact Starting Wage/Hire (WPPA) 23.61 of Pay Grade O SW I

23.61 (Starting Hourly Rate) X 2080 x 2 positions (Maximum Hours (2080, 1500, 1040 or 975)) = 98,217.60 (Total Wages Minimum Impact)

98,217.60 (Total Wages Minimum Impact) + 18,170.26 (Fringe Benefits* (Use percentage below)) + 47,976 (Health Insurance **) = 164,363.86 **Total Minimum Fiscal Impact 2022**

Position Point Fiscal Impact Position Point Wage/Max Step (WPPA) 29.74 of Pay Grade Q SW III

29.74 (Position Point Hourly Rate) X 2080 x 2 positions (Maximum Hours (2080, 1500, 1040 or 975)) = 123,718.40 (Total Wages Maximum Impact)

123,718.40 (Total Wages Position Point Impact) + 22,887.90 (Fringe Benefits* (Use percentage below)) + 47,976 (Health Insurance **) = 194,582.30 **Total Maximum Fiscal Impact 2022**

* Percentages to Use: General WRS Position: 18.5% Protective WRS Position: 24% Current LTE: 17.9% New LTE: 11.5%

**Health Insurance Annual Premium: Full Time = $23,988 WPPA = $21,589

2022 ACTUAL YEAR-TO-DATE EXPENDED FOR POSITION (To be completed by Finance Division)

_____ (Wage Less Overtime) + _____ (Fringe Benefits Less Overtime) = -0- **Total YTD Expended for Position**

Retirement/Resignation Pay out Amount: _____ Budgeted Amount: _____

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	$ 4,000
Office furniture and supplies	$
Other operating expenses	$
Renovation/relocation costs	$
Total Other Costs	$ 4,000

2022 FUNDING SOURCES

☒ Federal/State (Specify)	Medicaid case management billing	100 %	$ 198,582.30
☐ County Tax Levy		%	$
☐ County Other (Specify)		%	$
☐ Grant (Specify)		%	$
☐ Grant (Specify)		%	$
☐ Other (Specify)		%	$
	TOTAL	100%	$ 198,582.30 * OK by

***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:

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

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. Positions will not be considered absent job descriptions.

1. Tim Easker 4/5/22
Department Head Recommendation Date

2. [signature] 4/5/22
Human Resources Division Review Date
☒ Recommend ☐ Not Recommend

3. Lori Burgenhofer 4/5/22
Finance Division Review Date
☒ Recommend ☐ Not Recommend

4. [signature] 4.6.22
County Administrator Approval Date
☑ Approved ☐ Denied

5. _____
County Board Approval Date
☐ Approved ☐ Denied
Resolution No. _____
** New Positions Only **

Comments: _____

CHIPPEWA COUNTY
JOB DESCRIPTION

Job Title: Social Worker I, II, III

FLSA: Exempt

Salary Range: **Social Worker I - O**
Social Worker II – P
Social Worker III - Q

Reports To: Human Services Division Manager/Supervisor
(Divisions – ADRC, CYFS or RWC)

Department: Human Services

Date: August 2019

JOB SUMMARY

The job duties of the Social Worker I, II, and III include but are not limited to provide the following types of services: needs assessment, crisis intervention, case planning, advocacy and development of community resources; to provide services to both children and adults with varying disabilities and functioning levels; and to provide responsive, courteous and efficient service to County residents and the general public.

DUTIES AND RESPONSIBILITIES

The duties described below are indicative of what the Social Worker I, II might be asked to perform. This job description is to incorporate any county ordinances created for the position of Social Worker I, II, and III. This is not an exhaustive list of job responsibilities and therefore other duties may be assigned:

Administrative Functions:

- Work to achieve involvement and participation of the client, client's family, and client's natural support system in resolving problems.
- Work with consumers to assess and develop goal oriented, time limited service plans to address identified needs.
- Work to protect children, elderly and at-risk adults; preserve families and individuals in the community; or to help prevent out-of-home placement.
- Assess and evaluate prospective consumer's immediate situation, determine appropriate response, and assure that response is made. Assess and intervene as necessary in crisis situations. Refer to and involve and other community resources as needed.
- Work to achieve active involvement and participation of schools, court, health care providers, and other appropriate community resources in resolving problems.
- Advise consumers when services are either not available or inappropriate.
- Explain the consequences of non-compliance with court orders to clients who are involuntarily referred, monitor client utilization of services, and inform the court of consumer's adherence to court orders.
- Coordinate access to services, monitor cases to ensure that services are provided in an appropriate and timely manner, review progress, and terminate services when goals are attained.
- Teach consumers about available community resources and how to independently gain access to needed services.
- Work to achieve services and treatment objectives without duplication of effort and with maximum effective use of staff time and available resources.

- Maintain a complete record for all assigned cases; complete required written assessments, reports, and other related paperwork as necessary, including use of the computer.
- Attend and participate in staff meetings, supervision times, and other scheduled meetings.
- Develop professional knowledge and skills by attending training events, conferences, and workshops.
- When assigned, speak to the community and other organizations to provide public education.
- Develop and maintain the ability to problem-solve and to perform duties in an independent manner while exercising good judgment.
- Use discretion with consumers; observe rules of confidentiality and maintain non-judgmental attitude.

Customers:

- All prospective, current or past DHS consumers.

Team Members:

- Any professional or paraprofessional we work with in the serving of consumers.

QUALIFICATION REQUIREMENTS

To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required at the time of hire or for the continuation of employment.

EDUCATION AND/OR EXPERIENCE:

Social Worker I

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years s of hire.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker II

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker III

- Master's degree in Social Work or a related field (e.g. professional counseling, psychology, sociology, etc.) and possess, or will be able to obtain a Social Work Certification or a Professional Counselor License within two years of hire, meeting the criteria per Wis. Stats. MPSW 14.01 or MPSW 11 or another license from a human service related field.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Note: Upon hire, anyone in possession of a Professional Counselor license or another license from another human service related field will be unable to utilize the title social worker, publicly identify themselves as a social worker, or practice utilizing the title of Social Worker. The term "social worker" is exclusive solely for the purpose of this job description.

Placement at SW I, SW II, SW III upon hire will be determined based on qualification requirements listed under Education and/or Experience. Current employees requesting a change shall refer to Procedure for Requesting a Pay Grade Adjustment on the Employee Portal.

SKILLS AND ABILITIES

- Ability to maintain a professional demeanor when dealing with the public.
- Ability to establish customer relationships and have strong interpersonal skills.
- Ability to relate effectively with clients, coworkers and the public.
- Ability to take control of situations, dictating subordinate activities in a responsible manner.
- Knowledge of laws and regulations of the State of Wisconsin that affect the delivery of services by the Department of Human Services.
- Working knowledge of Chapters 48 and 938 of the Wisconsin statutes.
- Working knowledge of Chapter 51, 54 and/or 55.
- Ability to comprehend, retain and apply County, State, and Federal policies and legislation, i.e. local ordinances, procedure manuals, codes, etc.

EQUIPMENT KNOWLEDGE REQUIRED

- Ability to operate various types of equipment – standard office equipment, computer and intermediate knowledge of Microsoft Office software, etc.
- Ability to use GPS and GIS data relating to county landmarks, roads, and businesses.
- Other equipment could be required.

LANGUAGE SKILLS

- Ability to communicate effectively with other members of the staff, supervisor, and the public.
- Ability to communicate in both written and verbal form.
- Ability to develop, interpret and implement local policies and procedures; written instructions, general correspondence; Federal, State, and local regulations; MSDS sheets, safety manuals; and warning labels.

MATHEMATICAL SKILLS

- Ability to perform basic mathematical calculations.

REASONING ABILITY

- Ability to respond to complaints and grievances posed by the public.
- Ability to define problems and deal with a variety of situations.
- Ability to think quickly, maintains self-control, and adapt to stressful situations.

PHYSICAL AND WORK ENVIRONMENT

The physical and work environments described are representative of those that must be met by an employee to successfully perform the functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these functions.

Physical Environment:

- The duties of this job include physical activities such as stooping, kneeling, sitting, standing, reaching, walking, lifting and/or move (up to 10 pounds), grasping, talking, hearing/listening, seeing/observing, and repetitive motions.
- Specific vision abilities required by this job include close, distance and peripheral vision; depth perception; and the ability to adjust focus.

Work Environment:

- Works in an office setting as well as working with clients in their homes.
- There can be dangerous and intense situations requiring law enforcement back up such as mental health crisis situations, drug endangered homes and entering homes where there could be a possible risk of physical injury and unpredictability.
- Must be available on a 24 hour basis flexible time schedule. Schedule to be worked out with Department.
- May require travel in all types of weather conditions and changing temperatures.

Chippewa County Department of Human Services
Organizational Chart - Employees

CHIPPEWA COUNTY Human Services

Health & Human Services Board
5 County Board Supervisors
4 Citizen Representatives

Aging & Disability Resource Center Board

County Administrator
Randy Scholz

Jessica Barrickman
Operations Administrator
Western Region Recovery & Wellness Consortium

Human Services Director
Tim Easker

Department of Administration
Finance Division
Lori Zwiefelhofer, Finance Director

Human Services Operations
FISCAL & CONTRACTS
Paul Brenner, Senior Fiscal Manager
Lori Wedemeyer, Fiscal Managerr

1-Jill Johnson (DOA Finance Div)
1-Susan Jakusz (DOA Finance Div.)
1-Brittany Hestekin (DOA Finance Div)
1-Angel Lequia
1-Julianne Nyberg
1-Tammy Taylor
1-Melissa Kaeding
1-Michelle Snyder
1-Vacant (AA)

Pauline Spiegel
Lead Administrative Assistant

Rachel Kilde - Clinician RWC Multi-County Consortium
Denise Eder - Lead RWC Multi-County Consortium
Andrea Tweed - DOA IT Division
RWC Multi-Cty Consortium

Updated 04-05-2022 - Proposed CWDA Positions

AGING & DISABILITY RESOURCE CENTER (ADRC) DIVISION
Leslie Fijalkiewicz, Manager

1-Kay Hebert (DBS)
1-Jordyn (Jordy) Miles (EBS)
1-Holly Anderson (OC)
1-Sarah Hedlund (OC)
1-Erika Stevens (OC)
1-Kasha White (OC)
.5-Jessica Gibson (OC)
1-Kelly Zimmerman (Nutrition/Transp)
1-Carla Berscheit (DCS-shared with Dunn)
1-Michelle Fellom (AA)
.6-Renee Price (AA)
.5-Breanna Schemenauer (AA-DBS/EBS)
.6-Sue Flosi (AA) March 21
10 PT - Nutrition Program

Line of Authority

Line of Coordination

RECOVERY & WELLNESS CONSORTIUM (RWC) ADULT SERVICES DIVISION
Tom Diel, Manager

1-Ann Rueden (CCS)
1-Amanda (Mandy) Heindl (CCS)
1-Trish Houle (RN)
1-Lisa Hudson (Clinician)
1-Caleb Johnson (CSP)
1-Caitlin Mitchell (CCS)
1-Michelle Phelps (AODA)
1-Meghan Eisenbraun (CCS)
1-David Pfeiffer (CSP)
1-Joyel Metcalf (APS)
1-Britney Kopp (APS)
1-Kim Behnke (AA)
.3-Erin Johnson (WATTS SW)

1-Cody Butchert(Northwest Contract-Crisis Follow-up)
1-Marie Reynolds (Northwest Contract-Crisis Follow-up)
.20-Dr. Daniel Hanson (Contract)
.25-Daniel Erickson (Milkweed Connections)

CHILDREN, YOUTH & FAMILIES (CYF) DIVISION
Birth to 3
Child Protective Services
Kari Kerber, Manager

Ashley Brott, Supervisor
Erica Campbell, Lead Worker

1-Patty Lemay (B-3)
1-Allison Oliphant (B-3)
1-Ann Teuteberg (B-3)
1-Renee Berthiaume (CPS)
1-Michelle (Missy) Collins (CPS)
1-Sara (Dutter) Torrence (CPS)
1-Wendy Hable (CPS)
1-Beth Holm (CPS)
1-Lauren Miller (CPS)
1-Christopher McNamara (CPS)
1-Abigail Smasal (FC/Kinship)
1-Kalin Hiess (CPS)
1-Kristin Wojtalewicz (CPS)
1-Hannah LaBelle (CPS)

CHILDREN, YOUTH & FAMILIES (CYF) DIVISION
Children with Differing Abilities
Youth Justice
Kyra Secraw, Manager

Rachel Lettner, Supervisor

1-Erika Cooley (CWDA/CCS)
1-Jessilyn Balsiger (CWDA/CLTS)
1-Kyndra Feirn (CWDA/CCS)
1-Hannah Kleist (CWDA/CCS)
1-Kaitie (Dreger) Indermuehle (CWDA/CCS)
1-Tara Mrozinski (CWDA/CCS)
1-Serena Schultz (CWDA/CLTS)
1-Tracy Xiong (CWDA/CCS)
1-Janelle Shearrow (CWDA/CCS)
1-Amanda Conrad (CWDA/CCS)
1-Carli Reynolds (CWDA/CCS)
1-Kerri Nowicki (CWDA/CLTS)
1-Proposed Position ((CWDA/CLTS)
1-Proposed Position ((CWDA/CLTS)
1-Amanda D'Jock (YJ)
1-Dianna Ruiz (YJ)
1- Kerry Krista (YJ-JCI)
1-Manda Young (YJ)
.5-Sherry Deyoe (YJ)
1-Geri Sedlacek (AA: CYF)

ECONOMIC SUPPORT (ES) DIVISION
Bobbie Jaeger, Manager

Elizabeth Nyhus, Lead Worker

1-Cindy Carlson (ESS)
1-Brittney Gee (ESS)
1-Rhonda Grzyb-Krista (ESS)
1-Melinda Steele (ESS)
1-Danielle Jones (ESS)
1-Cheryl Kivi Lemanski (ESS)
1-Christina Szalecki (ESS)
1-Rachel Phelps (ESS)
1-Ericka Zillmer (ESS)
1-Stacy Vang (ESS)
1-Brandi Engel (AA)
1-Laura Gont (AA)

DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Tony Evers
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

DELIVERED VIA EMAIL:
teasker@co.chippewa.wi.us
ksecraw@co.chippewa.wi.us

March 23, 2022

Tim Easker, Director
Chippewa County Department of Human Services
711 N. Bridge St., Room 306
Chippewa Falls, WI 54729

Dear Mr. Easker:

I am reaching out to follow up on the status of Chippewa County's participant enrollment into the Children's Long-Term Support (CLTS) Program. Based on the most recent CLTS waitlist and enrollment data, 38 children who reside in Chippewa County who are eligible and fully funded are not yet enrolled; 30 of these children have waited more than 120 days past their referral date to the CLTS Program. This status is out of compliance with program requirements and needs your attention to rectify.

The CLTS Program's federal assurances under the § 1915(b)(4) federal application, as approved by the Centers for Medicare & Medicaid Services (CMS), requires that county waiver agencies (CWAs) must have the capacity to ensure each child eligible for program enrollment has timely access to support and service coordination.

This requirement was further detailed in the Department's 2022 State/County Contract, CLTS Program Appendix # 40AM, Section III: Conditions on Earning and Use of Funds, Item D, which indicates:

> *The County shall have capacity to ensure each CLTS participant has timely access to support and service coordination, according to the requirements Federally approved by CMS under s. 1915(b)(4) The Department agrees to work with the County if and when the County has difficulty in maintaining sufficient capacity.*

As described in section 6.1.1 of the Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program, children must be enrolled in the CLTS Program within 30 days from the date DHS determined they are enrollable and fully funded for services. Most Wisconsin county waiver agencies are meeting this requirement. You are receiving this notice of CLTS enrollment noncompliance, as Chippewa County is one of a small handful of counties that has not

successfully met the timely enrollment requirement for 90 percent of eligible children to participate in the CLTS Program.

In order to evidence our federal requirements to assure timely access statewide, we are looking to Chippewa County to develop a plan which identifies specific actions to achieve enrollment compliance, to align with the statewide enrollment timeline in place for eligible children in Wisconsin.

We recognize that Chippewa County shares our goal of timely access, and we are here to work with you to remedy this deficit. Please reach out to Susan Larsen, BCS Program Integrity and Compliance Section Manager, via email at susan.larsen@dhs.wisconsin.gov within 10 days to schedule any needed discussion or reply in writing within 30 days as to the actionable steps Chippewa County will take to resolve this situation.

Sincerely,

Deborah Rathermel, Director
Bureau of Children's Services
Division of Medicaid Services

Cc: Kyra Secraw, CLTS Lead, Chippewa County
Curtis Cunningham, Assistant Administrator, Division of Medicaid Services
Susan Larsen, Manager, DMS/BCS/Program Integrity and Compliance Section
Lori Garsow, DMS/BCS/Children and Family Program Specialist

Chippewa County Department of Human Services

Children With Differing Abilities (CWDA) Position Requests

Consumer needs continue to grow!

Health & Human Services Board 05/19/2022
Executive Committee 06/07/2022
County Board 06/14/2022

CHIPPEWA COUNTY
Human Services

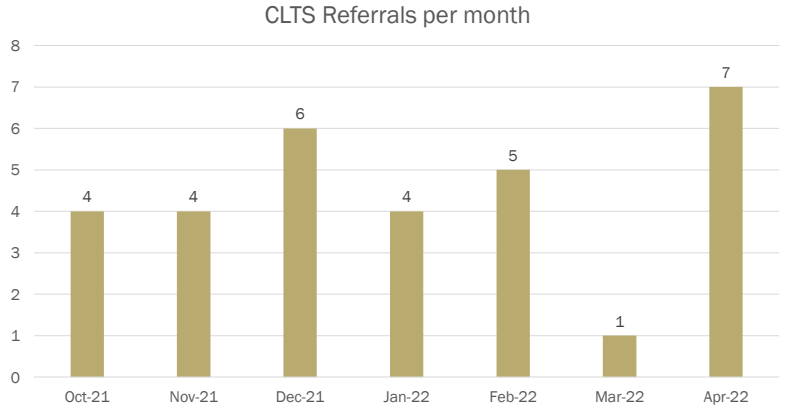
Children's Long Term Support-Waiver (CLTS)

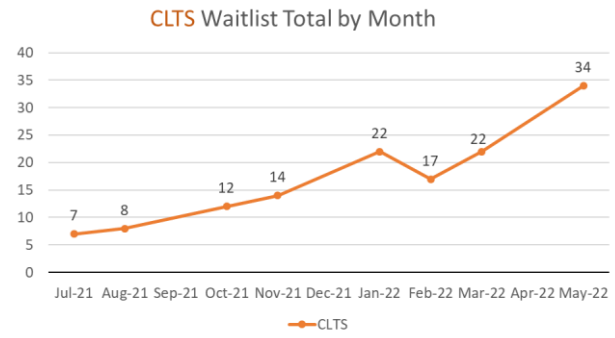
- Voluntary Program
- Funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home/community.
- Eligible children include those with:
  - Developmental disabilities
  - Physical disabilities
  - Severe emotional disturbances
- Services
  - Include but not limited to: Respite for caregivers, skill development, non-traditional therapies, home modifications for accessibility, equipment & supplies not covered by insurance & safety equipment for children with severe autism.
    - In order to get a service there must be an assessed need
- Fully funded through Medicaid

History

- **2020**: The State mandated waitlist elimination by November 2020.
  - Staff took on additional workload to meet requirements and to come into compliance.
- **Oct. 2021**: County Board approved hiring of 1 CLTS worker and 3 Children's CCS workers.
- **Oct. 2021**: Lead worker was promoted to Supervisor without ability to have half-time caseload absorbed.
- **2021/2022**: Supervisor still carrying a half-time caseload and should have no caseload.
  - Taking away from
    - Meeting CLTS standards of current caseload
    - Meeting the needs of the consumers on caseload
    - Supervisory duties and roles
    - Quality Assurance
    - Strategic plan goals
- *Supervisor turn-over as of June 1st, 2022*

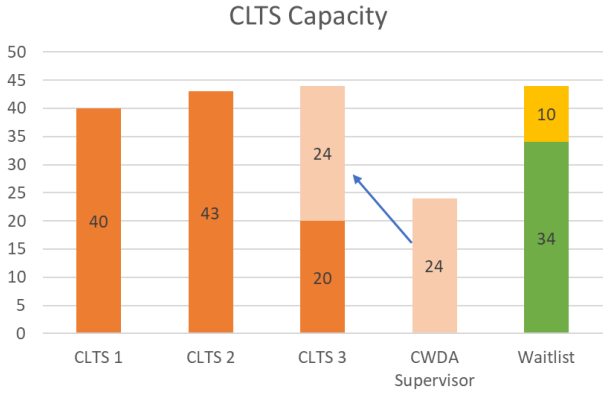
Referral Information





Current Waitlist Numbers

34 + 10 being screened



- 3 FTE staff
- 127 open cases

Staffing Needs

- We are requesting two CLTS staff.
  - One to hire now
  - One to hold in abeyance until needed.

DRAFT

STATEMENT OF EXPLANATION

Resolution No.

RESOLUTION TO CREATE A FULL-TIME MENTAL HEALTH CRISIS WORKER IN THE RECOVERY AND WELLNESS CONSORTIUM OF THE DEPARTMENT OF HUMAN SERVICES

Passage of this resolution will create one (1) full-time social worker position in the Recovery and Wellness Consortium (RWC) Division, of the Department of Human Services. This position will provide linkage and coordination services for individuals in Chippewa County who have experienced a mental health crisis. The position would become effective upon passage of this resolution.

This position falls under Department of Health Services Chapter 34 of the Wisconsin Administrative Code (DHS 34), Emergency Mental Health Service programs. Chippewa County is certified to provide services under DHS 34. Linkage and coordination services are a required component of a certified DHS 34 program. Crisis services are provided to individuals experiencing a mental health crisis which usually means a person is contemplating harming themselves or others.

Citizens who are experiencing a mental health crisis typically access services via the telephone crisis line, a mobile worker or both. In some instances, a third party such as law enforcement may initiate the contact with crisis services.

Linkage and coordination services occur the following day by a social worker who contacts the individual and/or the family/caregiver for the purpose of achieving one or more of the following outcomes: 1) Connection of a consumer with other programs to obtain ongoing mental health treatment, support and services, and coordination to assist their family during the period of transition from emergency to ongoing mental health treatment; 2) Coordination with other mental health providers in the community for who the program is designated as a crisis care backup, to ensure adequate information is available if a crisis occurs; 3) Coordination with law enforcement, hospital emergency room personnel and other county service providers to offer assistance and intervention when other agencies are the initial point of contact for a person in a mental health crisis. This position is also responsible for following consumers through the court process when an emergency detention has occurred.

The numbers of children and adults accessing crisis services over the last three years have remained fairly consistent; 2019-1,176, 2020-1,079 and 2021-996. Of those accessing

crisis services, linkage and coordination was provided to approximately 85% of those individuals. The remaining 15% are enrolled in other county programs such as Comprehensive Community Services and already have an assigned case worker who provides follow-up.

As previously noted Chippewa County is a certified DHS 34 program. The benefits of certification include a comprehensive delivery of services for those experiencing a crisis as well as the ability for this position to bill Medicaid for their time spent working with those citizens who have Medicaid. The services provided by this position can reduce the need for individuals entering a higher level of care such as Winnebago Mental Health Institute which costs $1,450 per day or if someone is already in such a placement, this position can work to reduce the length of stay.

Chippewa County currently contracts with Northwest Connections for 1.5 FTE to provide this service. In 2022, rates were increased by Northwest Connections and the annual cost is now $158,425. The RWC has since determined that a 1 FTE will be sufficient to fill this role. The maximum county cost for a social worker would be $97,291. This represents a cost savings of $61,134. To make a comparison to the current staffing pattern, if we were to hire 1.5 FTE county staff, the maximum cost is $133,943, which still represents a cost savings of $24,482.

Resolution No.

RESOLUTION TO CREATE A FULL-TIME MENTAL HEALTH CRISIS WORKER IN THE RECOVERY AND WELLNESS CONSORTIUM OF THE DEPARTMENT OF HUMAN SERVICES

WHEREAS, the Recovery and Wellness Consortium Division of the Department of Human Services (RWC) is a certified crisis program pursuant to Department of Health Services Chapter 34 of the Wisconsin Administrative Code (DHS 34), Emergency Mental Health Service Program and as such, the RWC must include linkage and coordination services for citizens who seek services through the emergency mental health program; and

WHEREAS, individuals seeking services through the emergency mental health program are experiencing a mental health crisis which can include being a danger to themselves, others or both; and

WHEREAS, a crisis mental health worker in a certified DHS 34 Crisis program is able to generate Medicaid revenue as they are required to provide linkage and coordination services; and

WHERERAS, the crisis worker is responsible for follow-up services with individuals who have experienced a mental health crisis by linking them with additional services, coordinating care with existing providers, working with the courts and Corporation Counsel in the case of emergency detentions, and in other ways to reduce mental health symptoms; and

WHEREAS, the crisis worker position helps to reduce costs associated with deep end services such as placement at Winnebago Mental Health Institute or assists in shorter placement stays if the person is in a deep end placement; and

WHEREAS, the services provided by the crisis worker also lead to better outcomes for individuals through engagement with those services and by reducing the need for repeated use of the crisis services; and

WHEREAS, the RWC is currently contracting with Northwest Connections to provide 1.5 contracted crisis mental health workers to meet the mandates of DHS 34; and

WHEREAS, the current cost through Northwest Connections for the 1.5 contracted workers is $158,425, but the cost for a full-time county staffed position would be $97,291, which would represent a savings of $61,134 for the RWC and Chippewa County; and

WHEREAS, it is the recommendation of the Director of the Department of Human Services and the County Administrator that a new crisis services position be created in the RWC to provide linkage and coordination services to individuals who have experienced a mental health crisis; and

WHEREAS, it is also recommended that the new crisis services position take effect upon passage of this resolution and that the position be funded through existing local, state and federal funding from the state and federal governments; and

WHEREAS, the Health and Human Services Board has reviewed and does approve the creation of one (1) full-time social worker position in the Recovery and Wellness Consortium Division of the Department of Human Services to provide linkage and coordination services to children and adults;

NOW, THEREFORE BE IT RESOLVED, that effective upon passage of this resolution, one (1) full-time Social Worker position is hereby created in the Recovery and Wellness Consortium Division of the Department of Human Services; and

BE IT FURTHER RESOLVED, that this position shall be funded by existing local and state revenue as well as Medicaid revenue generated by this position; and

BE IT FURTHER RESOLVED, that commencing in 2022, the Department of Human Services shall utilize existing local and state revenue as well as Medicaid revenue generated to permanently fund this position; and

BE IT FURTHER RESOLVED, that should the state and federal funding necessary to fund these positions no longer be available or be reduced significantly, this position may be eliminated by the County Administrator.

Forwarded to the County Board by the Executive Committee.

FINANCIAL IMPACT:

Funded by Medicaid and DHS Basic Allocation Grant. (There will also be a positive fiscal impact to Chippewa County by terminating the agreement with Northwest Connections for the provision of 1.5 crisis workers.)

Wages	$61,859.20
Benefits	35,431.95
Equipment	2,000.00
Total Estimated Costs	$99,291.15

06/7/2022 Executive Committee

Approved as to Form:

Todd A. Pauls, Corporation Counsel 5/9/2022

Lori Zwiefelhofer, Finance Director 5/9/2022

Randy B. Scholz, County Administrator 5/9/2022

CHIPPEWA COUNTY
Department of Administration
Personnel Administration Change Form

Action Requested: ☒ New Position ☐ Fill Vacancy ☐ Other (ex: increased hours)

Department: Human Services Division: Recovery Wellness Consortium

Current Job Description Title: Social Worker Anticipated Start Date: 7/18/22

Proposed Job Description Title: (if different) Social worker- crisis and linkage follow up.

Direct Supervisor: Tom Diel

Current/Past Employee Name (blank if new position): _____ No. of Years Served in Position: _____

Current Status: ☐ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Proposed Status: ☒ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Reason for vacancy or new position (if due to vacancy - please indicate the last day of work for the employee in the position):

RWC currently contracts for 1.5 FTE positions with Northwest Connections. There has been a substantial rate increase in 2022 . Present yearly expense $158,435 . By bringing these positions in house will save estimated $24,482. Present proposal is for one FTE. WITH ESTIMATED SAVINGS OF $61,134. Furthermore these social work positions are closely align with mission of RWC and have similar functions as other social work positions in RWC,
At this time it is believed that one full time position will meet the current needs within the department.

Bargaining Unit: ☐ LAW-Nurses ☐ WPPA-Patrol Officers/Investigators ☒ Non-Represented

FLSA Status: ☒ Exempt ☐ Non-Exempt

Is the position mandated? ☐ Yes ☒ No
If yes, provide statute, regulation, etc.

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

This is position is vital in connecting consumers that come through crisis with mental health services both internally and externally with community partners. This position will focus on engagement of consumer into services through the use of motivational interviewing (MI) skills. Through assertive community outreach and MI it is expected that consumers will be able to be safely managed in the community setting impacting on a reduction of placement cost.

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

This position will have expectation of achieving a level of billable hours (90 hours) that will generate medicaid revenue. The individual in this position will be expected to enroll consumers into Community Recovery Services (CRS) for any medicaid eligible consumer who is in a long term placement setting.

Are there opportunities to consolidate, eliminate and/or outsource the job responsibilities? ☐ Yes ☒ No
Please explain:

This position was originally contracted and the current provider substantially increase the rate that no longer made it economically feasible.

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: ☒ 2080 ☐ 1500 ☐ 1040 ☐ 975 ☐ Other: _____
Description of Anticipated Work Schedule 8am-Noon & 12:30pm- 4:30pm
(i.e. 8 hrs/5 days per week, 8 hrs/4 days per week)

What are the consequences of **not** taking this personnel action?

Higher placement cost in Institute of Mental Disease (IMD) and group homes..
Population served are at high risk of harm to self and others.

What is the impact of not filling the position in:

3 months: higher placement cost, community members safety at risk.
6 months: higher placement cost, community members safety at risk.
12 months: higher placement cost, community members safety at risk.
Not at all: higher placement cost, community members safety at risk.

For new positions, is there office space available for this position? ☒ Yes ☐ No
Will this require an office move/relocation? ☒ Yes ☐ No
Can the position costs be offset by eliminating or reducing a lower priority function? ☐ Yes ☒ No
Please explain:

All current social work positions in the RWC are at full capacity case load and are working with most vulnerable portion of our population.

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

Promotes good mental health which allows for Chippewa County residents to achieve their full potential.

TOTAL FISCAL IMPACT/FUNDING SOURCES

Will be verified by Finance Division

2022 BUDGETED AMOUNT FOR POSITION (From 2022 PCR and BER)

n/a - new position (Per Personnel Cost Report (PCR)) + _____ (Per Benefit Estimate Report (BER)) = _____ **Total Budgeted for Position**

Number of Hours Budgeted for Position per 2022 Personnel Cost Report: _____

General Ledger Account Number to Charge Salary to: 209-84-54303
(If more than 1 account number please attach a separate document with the associated percentages)

ANNUAL FISCAL IMPACT

Minimum Fiscal Impact Starting Wage/Hire (WPPA) 23.61 of Pay Grade O SW I OK DH

23.61 (Starting Hourly Rate) X 2080 (Maximum Hours (2080, 1500, 1040 or 975)) = 49,108.80 (Total Wages Minimum Impact)

49,108.80 (Total Wages Minimum Impact) + 9,085.13 (Fringe Benefits* (Use percentage below)) + 23,988 (Health Insurance **) = 82,181.93 **Total Minimum Fiscal Impact 2022**

Position Point Fiscal Impact Position Point Wage/Max Step (WPPA) 29.74 of Pay Grade Q SW III OK DH

29.74 (Position Point Hourly Rate) X 2080 (Maximum Hours (2080, 1500, 1040 or 975)) = 61,859.20 (Total Wages Maximum Impact)

61,859.20 (Total Wages Position Point Impact) + 11,443.95 (Fringe Benefits* (Use percentage below)) + 23,988 (Health Insurance **) = 97,291.15 **Total Maximum Fiscal Impact 2022**

* Percentages to Use: General WRS Position: 18.5% Protective WRS Position: 24% Current LTE: 17.9% New LTE: 11.5%

**Health Insurance Annual Premium: Full Time = $23,988 WPPA = $21,589

2022 ACTUAL YEAR-TO-DATE EXPENDED FOR POSITION (To be completed by Finance Division)

-0- (Wage Less Overtime) + -0- (Fringe Benefits Less Overtime) = -0- **Total YTD Expended for Position**

Retirement/Resignation Pay out Amount: _____ Budgeted Amount: _____

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	$ 2,000
Office furniture and supplies	$
Other operating expenses	$
Renovation/relocation costs	$
Total Other Costs	$ 2,000

2022 FUNDING SOURCES

☒ Federal/State (Specify)	Medicaid fee-for-service billing	56 %	$ 55,603.04
☐ County Tax Levy		%	$
☐ County Other (Specify)		%	$
☒ Grant (Specify)	DHS BCA State Grant	44 %	$ 43,688.11
☐ Grant (Specify)		%	$
☐ Other (Specify)		%	$
TOTAL		100%	$ 99,291.15 * OK by

***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:

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

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. Positions will not be considered absent job descriptions.

1. Tim Easker 3/30/22
Department Head Recommendation Date

2. [signature] 3/31/22
Human Resources Division Review Date
☒ Recommend ☐ Not Recommend

3. [signature] 3/31/22
Finance Division Review Date
☒ Recommend ☐ Not Recommend

4. [signature] 4-1-22
County Administrator Approval Date
☒ Approved ☐ Denied

5. _____
County Board Approval Date
☐ Approved ☐ Denied
Resolution No. _____
** New Positions Only **

Comments: _____

CHIPPEWA COUNTY
JOB DESCRIPTION

Job Title: Social Worker I, II, III

FLSA: Exempt

Salary Range: **Social Worker I - O**
Social Worker II – P
Social Worker III - Q

Reports To: Human Services Division Manager/Supervisor
(Divisions – ADRC, CYFS or RWC)

Department: Human Services

Date: August 2019

JOB SUMMARY

The job duties of the Social Worker I, II, and III include but are not limited to provide the following types of services: needs assessment, crisis intervention, case planning, advocacy and development of community resources; to provide services to both children and adults with varying disabilities and functioning levels; and to provide responsive, courteous and efficient service to County residents and the general public.

DUTIES AND RESPONSIBILITIES

The duties described below are indicative of what the Social Worker I, II might be asked to perform. This job description is to incorporate any county ordinances created for the position of Social Worker I, II, and III. This is not an exhaustive list of job responsibilities and therefore other duties may be assigned:

Administrative Functions:

- Work to achieve involvement and participation of the client, client's family, and client's natural support system in resolving problems.
- Work with consumers to assess and develop goal oriented, time limited service plans to address identified needs.
- Work to protect children, elderly and at-risk adults; preserve families and individuals in the community; or to help prevent out-of-home placement.
- Assess and evaluate prospective consumer's immediate situation, determine appropriate response, and assure that response is made. Assess and intervene as necessary in crisis situations. Refer to and involve and other community resources as needed.
- Work to achieve active involvement and participation of schools, court, health care providers, and other appropriate community resources in resolving problems.
- Advise consumers when services are either not available or inappropriate.
- Explain the consequences of non-compliance with court orders to clients who are involuntarily referred, monitor client utilization of services, and inform the court of consumer's adherence to court orders.
- Coordinate access to services, monitor cases to ensure that services are provided in an appropriate and timely manner, review progress, and terminate services when goals are attained.
- Teach consumers about available community resources and how to independently gain access to needed services.
- Work to achieve services and treatment objectives without duplication of effort and with maximum effective use of staff time and available resources.

- Maintain a complete record for all assigned cases; complete required written assessments, reports, and other related paperwork as necessary, including use of the computer.
- Attend and participate in staff meetings, supervision times, and other scheduled meetings.
- Develop professional knowledge and skills by attending training events, conferences, and workshops.
- When assigned, speak to the community and other organizations to provide public education.
- Develop and maintain the ability to problem-solve and to perform duties in an independent manner while exercising good judgment.
- Use discretion with consumers; observe rules of confidentiality and maintain non-judgmental attitude.

Customers:

- All prospective, current or past DHS consumers.

Team Members:

- Any professional or paraprofessional we work with in the serving of consumers.

QUALIFICATION REQUIREMENTS

To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required at the time of hire or for the continuation of employment.

EDUCATION AND/OR EXPERIENCE:

Social Worker I

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years s of hire.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker II

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker III

- Master's degree in Social Work or a related field (e.g. professional counseling, psychology, sociology, etc.) and possess, or will be able to obtain a Social Work Certification or a Professional Counselor License within two years of hire, meeting the criteria per Wis. Stats. MPSW 14.01 or MPSW 11 or another license from a human service related field.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Note: Upon hire, anyone in possession of a Professional Counselor license or another license from another human service related field will be unable to utilize the title social worker, publicly identify themselves as a social worker, or practice utilizing the title of Social Worker. The term "social worker" is exclusive solely for the purpose of this job description.

Placement at SW I, SW II, SW III upon hire will be determined based on qualification requirements listed under Education and/or Experience. Current employees requesting a change shall refer to Procedure for Requesting a Pay Grade Adjustment on the Employee Portal.

SKILLS AND ABILITIES

- Ability to maintain a professional demeanor when dealing with the public.
- Ability to establish customer relationships and have strong interpersonal skills.
- Ability to relate effectively with clients, coworkers and the public.
- Ability to take control of situations, dictating subordinate activities in a responsible manner.
- Knowledge of laws and regulations of the State of Wisconsin that affect the delivery of services by the Department of Human Services.
- Working knowledge of Chapters 48 and 938 of the Wisconsin statutes.
- Working knowledge of Chapter 51, 54 and/or 55.
- Ability to comprehend, retain and apply County, State, and Federal policies and legislation, i.e. local ordinances, procedure manuals, codes, etc.

EQUIPMENT KNOWLEDGE REQUIRED

- Ability to operate various types of equipment – standard office equipment, computer and intermediate knowledge of Microsoft Office software, etc.
- Ability to use GPS and GIS data relating to county landmarks, roads, and businesses.
- Other equipment could be required.

LANGUAGE SKILLS

- Ability to communicate effectively with other members of the staff, supervisor, and the public.
- Ability to communicate in both written and verbal form.
- Ability to develop, interpret and implement local policies and procedures; written instructions, general correspondence; Federal, State, and local regulations; MSDS sheets, safety manuals; and warning labels.

MATHEMATICAL SKILLS

- Ability to perform basic mathematical calculations.

REASONING ABILITY

- Ability to respond to complaints and grievances posed by the public.
- Ability to define problems and deal with a variety of situations.
- Ability to think quickly, maintains self-control, and adapt to stressful situations.

PHYSICAL AND WORK ENVIRONMENT

The physical and work environments described are representative of those that must be met by an employee to successfully perform the functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these functions.

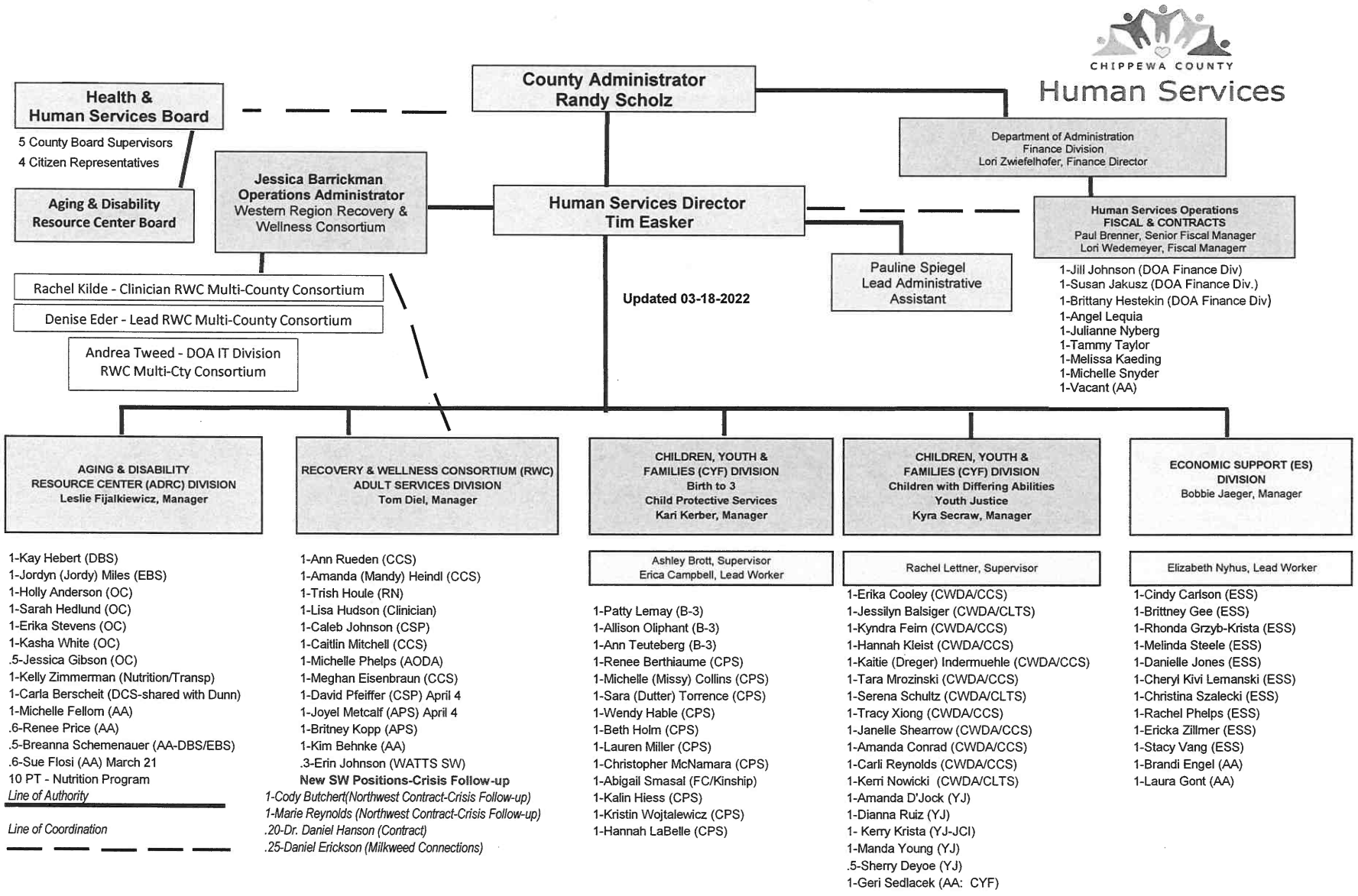
Physical Environment:

- The duties of this job include physical activities such as stooping, kneeling, sitting, standing, reaching, walking, lifting and/or move (up to 10 pounds), grasping, talking, hearing/listening, seeing/observing, and repetitive motions.
- Specific vision abilities required by this job include close, distance and peripheral vision; depth perception; and the ability to adjust focus.

Work Environment:

- Works in an office setting as well as working with clients in their homes.
- There can be dangerous and intense situations requiring law enforcement back up such as mental health crisis situations, drug endangered homes and entering homes where there could be a possible risk of physical injury and unpredictability.
- Must be available on a 24 hour basis flexible time schedule. Schedule to be worked out with Department.
- May require travel in all types of weather conditions and changing temperatures.

Chippewa County Department of Human Services
Organizational Chart - Employees



STATEMENT OF EXPLANATION
HUMAN SERVICES POLICY 18 REVISION - DRESS CODE

Board approval is requested for a minor revision to the Human Services Dress Code policy.

Chippewa County Department of Human Services
POLICY/PROCEDURE
Number 18

Title: Dress Code

I. **POLICY**: This Chippewa County Department of Human Services policy addresses the manner in which all staff shall be dressed in order to promote an atmosphere of professionalism in meeting the needs of consumers and is a consistent reflection of the 'best of public service'. Appearance shall reflect good judgment in a business environment.

II. **APPLICABILITY**: Applies to all staff employed within the Chippewa County Department of Human Services.

III. **DEFINITIONS**: Chippewa County Department of Human Services (CCDHS)

IV. **PROCEDURE**:

1. Clothing apparel shall be well maintained; no holes or frays. Additionally, at no time whether standing, bending, or sitting shall a person's midriff be exposed in the front or back.
2. Logos depicting alcohol, drug use, or tobacco products shall not be permitted.
3. Skirts, shorts, and skorts shall be no shorter than two inches above the top of the kneecap while standing.
4. Spaghetti or thin strapped tops shall only be worn as an undergarment. All tops shall have a modest neck line.
5. Due to health and safety issues, shoes or dress sandals shall be worn at all times. Beach flip flops~~, or tennis shoes~~ are not acceptable~~. Running, walking or tennis shoes are permitted on breaks for exercise purposes. If an exception is required, please speak to the Human Resources Division.~~
6. Tattoos and body art depicting alcohol, drug use, or tobacco products shall be completely covered during work hours or while representing CCDHS.
7. Blue jeans are permitted on Fridays, while attending a training, or other director approved "casual days." Shorts and blue jeans are not to be worn for court appearances or when representing CCDHS as a trainer, presenter, or panel member.
8. If you are unsure your attire is appropriate, ask your division manager or director.
9. In general, the manager or director constitutes appropriate professional attire. Manager or director may temporarily suspend any provision of this policy as appropriate to the scheduled activity of the individual employee.

Prepared by: Larry Winter with input by Rose Baier, Ann Holm, Melissa Christopherson, Tom Diel, Jessica Hughes, Sue Klinger, Michelle Grambort, Mark Nelson, and Linda Hebert

Revised 03-01-22 and 04-14-22 by: Human Services Leadership Team

Director Approval:
(Signature Required)  Date: March 18, 2010

Human Service Board Approval Date: March 18, 2010 Revision Approval: 07-19-18; 03-17-22, **05-19-22**
Human Service Board Chair:

(Signature Required)
Effective: March 18, 2010

Revised: July 19, 2018; March 1, 2022, **April 14, 2022**

STATEMENT OF EXPLANATION
HUMAN SERVICES POLICY 12 REVISION - HIPAA SECURITY AND PRIVACY

The initial HIPAA Security and Privacy policy for Human Services was created in 2011 with some revisions 2012 - 2015. Since that time, the Chippewa County Information Technology Department has implemented a county-wide HIPAA Privacy and Security Policy, so the majority of items in the Human Services policy are redundant as they now fall under the umbrella of the county policy. Several other items are also being removed and will be added to the DHS Consumer Rights Policy (to be presented at a future date). The DHS policy has been revised accordingly. Because this is a major revision, three documents are attached for clarity. The first document is a page by page summary of the revisions and the "why" for the revisions. Use this as a guide when reviewing the second document, which is the original policy showing all the detailed changes. The third document is a clean version of what the policy will be with the approved revisions.

Human Services Policy #12 – HIPAA Security and Privacy
Revised May 2022 - Summary of Revisions

Deleted verbiage shown in red

Revision verbiage shown in blue

- **Page 1: Applicability**
  - Deleted the words "and contractees" – *no longer applicable*
- **Page 1: Definitions**
  - Deleted CPO, CRGPC, DPO, HITECH, Hybrid Entity, MNR, WHEAP- *no longer applicable*
- **Page 1–3: Policy and Procedure**
  - Deleted "Introduction" and "Department Composition/Access to Private Information" Sections - *no longer applicable*
- **Page 3: Consumer Rights – Right to Access Private Records**
  - Deleted current verbiage in this section – *replaced with reworded/updated verbiage*
- **Page 4: Consumer Rights – Right to Request Amendment to Records**
  - This section deleted – *Added to DHS Consumer Rights Policy*
- **Page 4: Consumer Rights - Right to Access Complaint Process**
  - This section deleted- *Added to DHS Consumer Rights Policy*
- **Page 4: Consumer Rights – Right to be Free of Intimidation**
  - This section deleted - *Added to DHS Consumer Rights Policy*
- **Page 4–5: Consumer Rights – Right to be Informed of Privacy Practices**
  - This section deleted – *Included in Chippewa County's Information Privacy/Security Policies*
- **Page 5: Consumer Rights – Right to Authorize Release of Private Information**
  - Bullet 1 - Added "Attachment A – Authorization for Release of Confidential Information Form"
  - Deleted bullet 2 ("Internally initiated requests to release information") – *no longer applicable*
- **Page 5: Consumer Rights – Right to Request Accounting of Disclosure**
  - No revisions to this section except for Attachments E and F renamed to B and C.
- **Page 5-6: Physical Security**
  - Deleted bullets 1 – 7 ("Visibility of Private Identifying Information" – "Dual Relationships") - *Included in Chippewa County's Information Privacy/Security Policies*
- **Page 6: Physical Security**
  - Retained bullet 8 ("Verbal Sharing of Private Information")
- **Page 6: Physical Security**
  - Deleted bullets 9 – 15 ("Personal Computer Usage" – "When a staff member leaves their workplace for the day . . . . ") - *Included in Chippewa County's Information Privacy/Security Policies*
  - Retained bullet 16 ("When a staff member utilizes any machine . . .") with added verbiage ("Ensure you are using lock print feature . . . .")
  - No revision to bullet 17 ("CCDHS director and division manager . . . ") except to add: (Attachment D – Confidentiality Compliance Review Form)
  - Added bullet 18 ("Telecommuting staff . . . ")
  - Retained bullet 19 ("When a staff member is discussing any consumer related information . . .") with added verbiage ("Individuals who are working in cubicles . . . ")
- **Page 6-7: Wisconsin Home Energy & Assistance Program**
  - This section deleted – *Chippewa County no longer provides this program*
- **Page 7: Email Communication Containing Personal Identifying Information**
  - This section deleted - *Included in Chippewa County's Information Privacy/Security Policies*

- **Page 7: Training on Privacy**
  - Bullet 1 – "and contractees" deleted – *no longer applicable*; Attachment G changed to Attachment E and replaced with the correct form that is currently used for new staff onboarding.
  - Bullet 2 – no revision
- **Page 7-8: HITECH Act – Breach Notification Rule Summary**
  - This section deleted - *Included in Chippewa County's Information Privacy/Security Policies*
- **Page 8: HITECH – What You Must Do**
  - This section deleted - *Included in Chippewa County's Information Privacy/Security Policies*
- **Page 8: HITECH Act – Examples of Breaches of Unsecured PHI**
  - This section deleted - *Included in Chippewa County's Information Privacy/Security Policies*
- **Page 9: Dates and Other Information**
  - Revision Dates and Other Verbiage Additions
- **Page 10: Attachment A – Request for Amendment of Private Information**
  - Attachment removed – *no longer applicable (part of County Policy)*
- **Page 11: Attachment B – Consumer Rights Grievance and Privacy Resolution Request Form**
  - Attachment removed – *included in DHS Client Rights Policy*
- **Page 12-16: Attachment C – Notice of Privacy Practices**
- Attachment removed – *no longer applicable (part of County Policy)*
- **Page 17-18: Attachment D – Authorization for Release of Confidential Information**
  - No change except renamed to Attachment A
- **Page 19: Attachment E – Request for an Accounting of Disclosures**
  - No change except renamed to Attachment B
- **Page 20: Attachment F – Consumer Disclosure Tracking Log**
  - No change except renamed to Attachment C
- **Page 21: Attachment G – Acknowledgement of Receipt of Notice of Privacy Practices**
  - Attachment removed – no longer applicable
- **Page 22: Attachment H – Confidentiality Compliance Review**
  - No change except renamed Attachment D
- **Page 23 – Added Attachment E – HIPAA Security and Privacy Policy Acknowledgement**
- **Page 24-25: Attachment I – WHEAP Applications Transit Log**
  - Attachment removed - *Chippewa County no longer provides this program*

Chippewa County Department of Human Services
POLICY AND PROCEDURE
Number 12

Title: Administrative – HIPAA Security and Privacy

I. **PURPOSE**: This Chippewa County policy addresses the manner in which all Department of Human Services staff shall comply with their responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Human Services security and privacy regulations.

II. **APPLICABILITY**: This policy applies to all staff ~~and contractees~~ employed or assigned to the Chippewa County Department of Human Services that has access to individually identifiable health information. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every staff's responsibilities.

III. **DEFINITIONS**:

- ARCI - CCDHS Authorization for Release of Confidential Information
- CCDHS - Chippewa County Department of Human Services
- ~~CPO - County Privacy Officer~~
- ~~CRGPC - Consumer Rights Grievance and Privacy Coordinator~~
- ~~DPO - Department Privacy Officer~~
- HIPAA - Health Insurance Portability and Accountability Act
- ~~HITECH - Health Information Technology for Economic and Clinical Health Act~~
- ~~Hybrid Entity – provider of healthcare and other health care functions~~
- ~~MNR - Minimum Necessary Rule~~
- PHI - Protected Health Information
- NPP - CCDHS Notice of Privacy Practices
- RAPI - CCDHS Request for Amendment to Privacy Information
- ~~WHEAP - Wisconsin Home Energy & Assistance Program~~

IV. **POLICY AND PROCEDURE**:

Introduction

- ~~**Data** - All staff shall respect the privacy of consumers and hold in confidence all information obtained in the course of service. Consumer identifiable information is protected by various state and federal laws. Data identifiable to specific consumers and retained by the Chippewa County Department of Human Services (CCDHS) shall be protected as confidential or private information according to existing law. CCDHS retains private information electronically, on paper documents, on microfilm, or the memories of staff or contractees. Private information retained by CCDHS is comprised of both health and non-health information. Private information shall be protected in ways that meet the requirements established for PHI in the HIPAA of 1996. PHI is defined by HIPAA as Individually identifiable health information that is created by or received by the organization, including demographic information, that identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to: 1. Past, present or future physical or mental health or condition of an individual 2. The provision of health care to an individual 3. The past, present, or future payment for the provision of health care to and individual. Whenever State and Federal privacy laws set standards that differ from corresponding HIPAA standards (e.g. Open Records Law, Freedom of Information Act); the standards that provide the higher degree of privacy protection shall prevail.~~

- ~~**Workforce –** Employees, volunteer (board members, community representatives), trainees (students), contractors and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.~~

- ~~**Organization** - For purposes of HIPAA, it is important to recognize that CCDHS is part of a larger single, legal entity known as Chippewa County Government. According to HIPAA, Chippewa County Government is a 'hybrid entity' meaning only the part that entity handles PHI. As a hybrid entity, Chippewa County Government shall identify which of its members have access to its PHI.~~

- **Ongoing Compliance** – The County Privacy Officer (CPO) has oversight responsibility for development and implementation of HIPAA policies and procedures within Chippewa County Government. The CPO for Chippewa County Government is the Corporation Counsel. Periodically, the CPO shall convene a HIPAA Steering Committee. The HIPAA Steering Committee shall analyze any related law/rule changes and review the County's HIPAA policy, procedures and practices, any related consumer complaints or other concerns, and assesses the need for any ongoing training.
- Within CCDHS, the director shall serve as the Department Privacy Officer (DPO) and delegate certain functions to the Consumer Rights Grievance and Privacy Coordinator (CRGPC) or division managers. These functions are detailed in the body of this policy.

Department Composition/Access to Private Information

- **Hybrid Entity** - CCDHS is, on its own merits, hybrid in nature. By hybrid, it is meant that components of CCDHS as well as some staff outside of CCDHS but within the Chippewa County Government entity perform one of three distinct roles described by HIPAA: Health Plan, Health Provider, and Other Health Care Functions. Together these three roles comprise CCDHS's health care component.
- The Health Plan function includes approving types and amounts of health services for individual consumers as well as approving payment. CCDHS functions as a Health Plan in areas that include but are not limited to the Medicaid Programs.
- The Health Provider function is performed whenever reimbursement is sought from a Health Plan (includes but is not limited to: MA, Medicare, private insurance). CCDHS functions as a Health Provider when it provides any service (including case management) that it bills to MA, Medicare, private insurance or other Health Plan.
- Other Health Care Functions refer to duties performed by staff within the entity which are not directly related to Health Plan or Health Provider functions where the duties still require some access to PHI. Examples of Other Health Care Functions include but are not limited to: team case activity involving sharing PHI between both Health Providers and non-health service providers within CCDHS, Maintenance Department staff who access locked rooms where PHI is stored in order to perform maintenance duties, and Information Systems Department staff microfilming PHI.
- **Minimum Necessary Rule (MNR) –** As described above, aspects of CCDHS perform Health Plan and Health Provider functions while the rest of CCDHS does not. Areas of CCDHS not performing plan/provider functions shall still have occasional use of PHI (for example, for team case involvement) and frequent use of other private consumer information. All such intra-department use does not require consumer written authorization. Instead the concept of MNR shall be followed.
- Formerly known as the 'need to know' principle, the MNR limits the extent or degree CCDHS performs authorized sharing of private information. The MNR is defined as using or disclosing the least amount of information necessary to accomplish the intended purpose of the use, disclosure or request. This practice pertains not only to PHI but all private information on consumers. CCDHS staff and assigned staff shall all follow the MNR. Contractees who are Health Providers but do not have direct access to CCDHS maintained private information shall be contractually required to comply with HIPAA. Contractees who have direct access to CCDHS maintained private information shall also be contractually required to comply with HIPAA even if they are not Health Providers. The level of CCDHS staff or contractee access to electronic records shall be determined individually by the CCDHS according to what is deemed minimally necessary for performing work duties. Discussions with staff shall not take place unless there are specific reasons the staff need the information to perform their duties.
- **Business Associates** - Individuals and entities that are not under contract as human service providers but have access to CCDHS private information (e.g. an independent auditor) shall sign a business associate agreement with CCDHS and comply with the terms of that agreement.
- **Contracted Services** - All human service provider contracts and service agreements shall require compliance with HIPAA standards.
- **Liability** - Each staff member of CCDHS has the responsibility of assuring the privacy of records, consumer information, and other information utilized for business purposes to which they have access. Violation of the rules and regulations herein may result in disciplinary action, up to and including discharge as well as fines and criminal charges. Personal legal liability continues after employment ceases with CCDHS.

- ~~Minor violation(s) - may lead to an email, verbal conversation, guidance and counseling or be addressed as part of a staff members performance review. Example, leaving business related documents on top of the workspace after 4:30 p.m. or upon leaving for the day.~~

- ~~Medium violation(s) - may lead to guidance and counseling or formal discipline. Example, manager conducts a monthly workspace review and finds a post-it, email, or other document(s) with consumer or work-related information visible.~~

- ~~Severe violation(s) – may lead to formal discipline. Example, manager conducts a monthly workspace review after 4:30 p.m. and finds file(s), assessments, or case load roster visible.~~

Consumer Rights – Right to Access Private Records

- ~~**Documentation -** Private consumer data retained by CCDHS is actually possessed, or owned by the consumer who is the subject of the data. CCDHS is the caretaker of the consumer's information. CCDHS respects the consumer's (or consumer's legal representatives) right to access, inspect and obtain a copy of their own private information which is under CCDHS's care. Consumer requests to access private records are to be made in writing to the CRGPC and directed to the appropriate program manager. Requests shall be filed in the case record.~~
- ~~**Denial of Access** - There are certain program specific exceptions (not listed here) where the consumer does not have a right to access. Examples where denial of access may occur include (but are not limited to): research purposes, situations where access may endanger the consumer or others and situations where the private information was obtained from someone under a promise of confidentiality. (For additional information about these exceptions, please consult the appropriate program manager.)~~
- ~~If the request is partially denied, CCDHS shall, to the extent possible, give the consumer access to the remaining requested information. If access is denied because CCDHS does not have the requested data but knows where the data is maintained, CCDHS shall ask the consumer to direct their request to that maintaining entity. If denying the request for record access, CCDHS program manager shall provide the consumer with a written explanation of the reason for denial as well as a description of the complaint process. Via this complaint process, the consumer may request the CCDHS CRGPC to have the decision reviewed again. At the completion of another review, the consumer shall receive a written notice of the determination.~~
- ~~**Timelines** - CCDHS shall take action within 30 days after receipt of the request. One 30-day extension is permitted if CCDHS provides the consumer with a written explanation for the delay and the date by which the access request shall be processed.~~
- ~~**Logistics** – The consumer and CCDHS shall arrange a mutually convenient time and place for carrying out the request. If the consumer record contains private information about other consumers, family members, etc.; the data needs to be copied and the identifying information about others removed before it is presented to the consumer. The consumer may choose to inspect and/or copy the information in the requested form or format (e.g. electronic, microfilm, or paper). If the information is not available in the format requested, the information shall be provided in a readable, hard copy format.~~
- ~~**Copying/Mailing** – If the consumer requests a copy of the requested information, and/or requests the copy be mailed, CCDHS shall charge a reasonable copying fee as directed by Chippewa County ordinance.~~

- Record release requests from consumers or agencies which come into CCDHS are to be processed by the designated Admin staff
- Release of Information forms do not need to be signed by the consumer
- Requests can come in via any medium chosen by the consumer or agency requesting the records
- Requests shall be processed upon receipt when possible but no later than within 15 days of receipt of the request and sent to the consumer through their preferred method of delivery (email, paper, faxed documents). Both parties shall agree that it is an acceptable delivery method.
- An individual may request their information verbally, by text or email. To ensure the information is in fact being requested by the correct person, consumers shall be asked for identifying information such as address, date of birth, social security number or other identifying information as deemed appropriate.
- Record requests shall be documented by the Admin staff on the Client Disclosure Tracking Form and saved on the O: Drive along with a copy of the documents sent. including the method of request, how it was delivered and if sent unsecured whether a general caution was provided as to the risks of sending the information via

unsecured and the manner of identification. PHI shall only be sent unsecured to consumers. Information sent to another provider shall only be sent via secured format.

- Documents generated by a third party shall also be released if they were used in any decision-making process for the consumer.
- CCDHS can charge consumers for the time spent and cost of the supplies (if necessary) for the records requested

~~Consumer Rights – Right to Request Amendment to Records~~

- ~~If upon inspection of their case record, the consumer believes it is inaccurate or incomplete, the consumer has the right to request an amendment to the record. Consumers are to make amendment requests to the CRGPC by completing the ***CCDHS Request for Amendment of Private Information (RAPI) – Attachment A*** and forward to appropriate program manager for resolution. A CCDHS program manager shall assure CCDHS responds to the request as outlined on the RAPI form. When another entity informs CCDHS of having granted an amendment that also covers CCDHS data, CCDHS shall also amend its record in accordance with the informing entity's decision. Whether the request for amendment is denied or granted, the completed RAPI form and any associated correspondence shall be linked to the area of the consumer record that is the subject of the request.~~

~~Consumer Rights – Right to Access Complaint Process~~

- ~~A consumer has the right to file a complaint if a consumer believes his/her rights were violated. The consumer may also file a complaint concerning CCDHS's privacy policies and procedures, even without alleging a violation of rights. This complaint process is also to be followed for consumers challenging a denial of requests to access their records and denials of requests to amend records. The CCDHS CRGPC is responsible for receiving consumer privacy complaints, which are to be documented on the ***Consumer Grievance and Privacy Resolution Form – Attachment B*** and forwarded to the appropriate program manager for resolution. The program manager shall provide a written response to the consumer and CCDHS complaint file (retained minimum of seven years, with some exceptions per division procedure) within 30 days from the date the complaint was filed. Consumers are permitted to have a representative of their choice to represent their interests during the complaint process.~~
- ~~Consumers who request an outside agency to review their complaints may contact the Secretary of the Federal Department of Health & Human Services at 200 Independence Avenue, S. W. Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.~~

~~Consumer Rights – Right to Be Free of Intimidation~~

- ~~Any intimidation of or retaliation against consumers, families, friends, or other participants in the complaint process is prohibited. Staff who violate this policy are subject to disciplinary action up to and including termination.~~
- ~~If the consumer's rights have been violated, staff who violated those rights are subject to disciplinary action up to and including termination. CCDHS shall mitigate, to the extent feasible, any known harmful effects of the violation.~~

~~Consumer Rights – Right to Be Informed of Privacy Practices~~

- ~~At the onset of services, (except in an emergency) CCDHS shall make a good faith effort to obtain written acknowledgement of receipt of the ***CCDHS Notice of Privacy Practices (NPP) – Attachment C***. The NPP describes use and disclosure activity performed by CCDHS without consumer release of information. The NPP also lists the privacy rights of the consumer. The NPP is required by HIPAA only pertaining to PHI. While not all of the private information retained by CCDHS is PHI, most consumer files (with the exclusion of the Economic Support Division) contain at least some PHI. Because of this, CCDHS (except in Economic Support) shall make a good faith effort to provide the NPP to all consumers it serves.~~
  - ~~Good faith effort means the NPP shall be posted and be available in paper copy form in each CCDHS reception area. Good faith effort also means the CCDHS Notice of Privacy Practices must be offered when first meeting each consumer. The consumer shall acknowledge receiving the NPP by signing the 'Acknowledgement of Receipt of the Notice of Privacy Practices' page at the back of this document. Once signed, the 'Acknowledgement of Receipt of the Notice of Privacy Practices' page shall be removed from the NPP document and placed in the consumer record. If the signed 'Acknowledgement of Receipt of the NPP's page is not obtained, the effort to obtain and the reason why it was not obtained shall be documented in the consumer record.~~

- NOTE: Attempting to provide the NPP to consumers is qualitatively different than the consumer giving informed consent to receive treatment or other human services. There continues to be areas within human services where the higher standard of informed consent is required in addition to providing the NPP.

Consumer Rights – Right to Authorize Release of Private Information

- Except where already permitted by law, the sharing of consumer private data requires a release of information authorized by the consumer or the consumer's legal representative. (Attachment A – Authorization for Release of Confidential Information)
- **Internally initiated requests to release information** - All requests shall be made using the ***CCDHS Authorization for Release of Confidential Information (ARCI) form - Attachment D.*** In circumstances where the consumer or consumer representative is unable to provide written authorization to release information in a timely fashion, verbal authorization is sufficient to authorize release of information. Verbal authorizations shall be documented in the consumer file. In all such circumstances, verbal authorization should be followed up with written authorization and the program manager is to be informed. All written authorizations for CCDHS to release information shall be documented on the ARCI form.
- Signature(s) of consumers on the ARCI shall be witnessed by a CCDHS staff member if the request to release information is initiated by CCDHS. When other entities initiate the request to release private information, the requesting department/agency is to secure the proper authorization for that release.
- **Externally initiated requests to release records** - Outside requests regarding active cases shall be directed to the involved program area manager. Requests concerning closed cases shall be directed to the program manager responsible for the related service area. Outside requests for access to CCDHS documents created by an entity other than CCDHS shall be redirected to the entity that created the documents unless court ordered to re-release, released to an attorney authorized to receive any and all information on a consumer or where permitted by statute.
- The person releasing information shall sign, date, and identify the information released directly on the release form. Release forms shall be filed together in the case record.

Consumer Rights – Right to Request Accounting of Disclosure

- Upon consumer request, CCDHS shall provide an accounting of all releases of information it performed. The request, which can be made orally if it is to be provided directly to the consumer, is to be documented on the ***Request for an Accounting of Disclosures form - Attachment E B.*** Requests are to be made to the program manager. The program manager shall assure the ***Disclosure Tracking Log - Attachment F C*** is completed and sent within required timeframes.

Physical Security

- **Visibility of Private Identifying Information** - Consumer identification and records shall not be exposed in plain view of other consumers, visitors, and non-department staff. Screen savers shall be set to activate to prevent information on the desktop from being exposed during time away from a staff workstation.
- **Passwords** - Individual passwords shall be used to access electronically stored private data and those passwords shall only be known by the individual user. Access to various sets of electronic consumer records shall be limited according to what is minimally necessary for each staff member to perform their assigned responsibilities.
- **Non-Business Hours Record Security** - Staff shall turn their computer off or hit restart function if not returning to their work station before 4:30 p.m. of that work day. Any hard copy files shall be placed in a secure location. When the office is closed, CCDHS premises shall be locked in order to protect CCDHS resources including consumer private information. Individuals able to access locked CCDHS premises are either providers or business associates legally responsible to protect private information.
- **Off Premises Use of Consumer Records** - Staff are not authorized to take consumer records off CCDHS premises for meetings, on-call, or to work at home. Files shall be allowed at court proceedings. Consumer individual documents may be taken off CCDHS premises; however, the MNR applies.
  - Staff are also authorized to access electronic records from computer sites outside CCDHS offices. Staff remotely accessing electronic consumer records shall assure that no unauthorized access occurs.
- **Close Client Records** – Once a client record is closed, the file shall be maintained in the designated file room.
- **Destruction of Consumer Records** – All discarded staff notes not intended to go into the consumer record shall be shredded daily. For example, notes including consumer data not intended to be included in the consumer record are to be treated as consumer documents and shall be shredded when ready for disposal. Documents to be disposed shall be placed in a bin designated for disposal. Staff who have a confidential

~~disposal container at their workstation shall empty the container by the end of each workday. Consumer case records shall be retained by CCHDS for at least seven years (with some exceptions per division procedure). In the event of a lawsuit, consumer private information related to the lawsuit shall not be destroyed but shall be sequestered.~~

- **Verbal Sharing of Private Information** - All standards regarding the limits of sharing private information contained in this policy and applicable state and federal law do apply to the verbal sharing of such information. In addition, care shall be taken that verbal sharing of private information is conducted in settings where conversations cannot be overheard by individuals not authorized for disclosure of private information. No discussion regarding consumers should ever take place in hallways, open areas of the CCDHS premises or public places outside of the CCDHS premises. This applies even if no names are mentioned.

- ~~**Personal Computer Usage** – Use of CCDHS computer equipment shall comply with the Chippewa County Computer Use policy and CCDHS computer policy. Staff shall be allowed to access electronic records from computer sites outside CCDHS offices. Staff shall remotely access electronic records but shall assure that no unauthorized access occurs.~~

- ~~**Phone Texting** – Use of personal phone device for the purposes of texting work-related information is not allowed. However, if the circumstances possess imminent danger to others or self, texting shall be allowed for this purpose only.~~

- ~~**Workspace Area –** At the conclusion of the workday, staff shall ensure that their workspace is clear of all business and non-business-related documents/files. This includes consumer files, notes, post-its, etc. Work related telephone lists of professionals such as DHS staff, police department, school counselors, therapists etc. may be hung on staff bulletin boards in their work space as long as the list is clearly marked as such. The lists shall not contain personal cell phone numbers or other information which the general public would not have access to.~~

- ~~Photographs or artwork by consumers shall not be visible at any time in the workspace.~~

- ~~When a staff member leaves their workspace for longer than 10 minutes, ensure that no consumer information is visible to anyone that may enter or walk by the workspace. This also includes minimizing any open files/programs/web-based applications or lock the computer by simultaneously pushing the WINDOWS + L KEYS.~~

- ~~If a staff member is going to be gone for less than 10 minutes, consumer information may be left on their desk but office doors shall be closed. For those with exposed work stations, consumer information shall either be covered, turned over or otherwise not be visible. This includes computer screens.~~

- ~~When a staff member leaves their workspace for the day, their office shall be locked.~~

- When a staff member utilizes any machine that prints or copies consumer information, immediately secure this information to ensure confidentiality. Ensure you are using lock print feature. Anyone scanning documents shall verify that their employee number was entered correctly to ensure that the documents are going to the correct email address.

- CCDHS director and division managers shall conduct a review of staff offices and workspaces once a month after 4:30 p.m. The results shall be submitted to the CCDHS director by the last business day of each month. (Attachment E – Confidentiality Compliance Review Form.)

- Telecommuting staff will adhere to individual plans noted in their annual telecommuting agreements. When a staff member takes consumer documents which contain any PHI, they shall ensure the security of the document(s) at all times. For example, documents shall not be left in unlocked vehicles, unsecured in their residence or in any other manner which could potentially allow for unauthorized disclosure of the information.

- When a staff member is discussing any consumer related information with another staff member, (e.g. phone, in person, break room) this shall occur in an enclosed office or conference room ensuring the door is closed. Individuals who are working in cubicles shall not utilize speaker phone when talking with consumers.

- ~~**Wisconsin Home Energy & Assistance Program** – WHEAP coordinator shall ensure that all applications and documentation provided by the consumer be kept in a key secured container while being transported to and from outreach sites.~~

  - ~~The WHEAP coordinator shall ensure a log is maintained of all applications in transit. (See Attachment I.)~~
  - ~~When Tier One sensitive data are printed or physically displayed on medium that is in transit:~~

1. The data shall be stored in a location secured by a durable physical barrier requiring a key, such as a locking metal file case, locking vehicle trunk, lock box, or delivery truck.
2. Always be attended be a WHEAP coordinator.
3. When transporting hard copies containing Tier One data, a log shall be maintained of applications in transit from the point of origin and point of receipt.
4. The log of hard copy applications in transit will be made available upon request.

- When Tier Two sensitive data are printed or physically displayed on medium that is in transit, it shall always be attended by the WHEAP coordinator.

Email Communication Containing Personal Identifying Information

- All information shared with outside agencies through email communication is to be securely sent when personal identifying information is included in the email.
  - All emails sent within our internal email system are automatically encrypted; therefore, "secure" in the subject line is not applicable.
  - All emails that contain personal identifying information can be sent outside of our organization (Chippewa County) when there is a need to know by the receiving party.
  - When sending identifiable information to an outside entity the word "Secure" shall be entered into the subject line of the email. This shall encrypt the information.
  - The following is considered personal identifying information:
    - Full Name
    - Date of Birth
    - Social Security Number
    - MCI Number
    - Address
    - Telephone Number
  - When sending a scanned document to an outside agency, the word "secure" shall be placed in the subject line to ensure encryption.
  - The use of initials or first name only can be used in an email without having to put the word "secure" in the subject line.

Training on Privacy

- At implementation of updated policy, all staff of the CCDHS staff and contractees with access to consumer private information retained by CCDHS shall receive a copy of the **HIPAA Security and Privacy Policy and Procedures** document and its attachments as a part of CCDHS's HIPAA training effort. All new staff of CCDHS and new contractees with access to consumer private information retained by CCDHS shall receive and read a copy of this policy and its attachments as a part of the orientation process to CCDHS. All staff and contractees with access to consumer private information retained by CCDHS shall then sign the ***General Privacy Practices*** ***HIPAA Security & Privacy*** ***Acknowledgment Form - Attachment G E.*** Ongoing training shall be provided on an as needed basis.
- At minimum, a yearly refresher and updated training shall be provided to all staff. This supports the organization's value of continuous quality improvement.

HITECH Act - Breach Notification Rule Summary

- Violations (breaches) under the HIPAA Privacy Rule may require notification per the Breach Notification Rule of the Health Information Technology for Economic and Clinical Health Act (HITECH).
- Violations apply to electronic information (non-encrypted), paper and oral information.
- The Breach Notification Rule makes exceptions to what is considered a violation and supersedes HIPAA Privacy Rule in the following instances.
  - Any accidental receipt, access or use by a workforce member or Business Associate workforce member made in good faith and within their scope of authority that does NOT result in further use or disclosure in a manner not permitted under the Privacy Rule.
  - Any accidental disclosure by workforce members as above to other workforce members and the information is not further used or disclosed in a manner not permitted under the Privacy Rule.

- Any accidental disclosure to an unauthorized person when the unauthorized would not reasonably have been able to retain the information.

- Business Associates are required to notify CCDHS covered entities of known or suspected breaches within their organizations and are equally responsible under law as the covered entity.
- CCDHS covered entities shall log and investigate all known or suspected violations of the HIPAA Privacy Rule.
- Risk assessments of **verified** privacy violations shall be conducted to determine if breach notification is required.
- Breach notification is required if there is a substantial risk of harm to the individual.
- Harm is defined as financial, reputational or other.
- Investigation and notification (if required) shall be completed within 60 days of the date of discovery of the breach or the date when the discovery should have been known.
- CPO and DPO must conduct and document the risk assessments according to criteria outlined in the rule.
- Risk assessments are forwarded to Risk Management for the final determination regarding notification requirements.
- Risk Manager is responsible for the notification to affected parties and to law enforcement, media, and HHS as defined in the rule.
- Logs and risk assessments shall be submitted to the Secretary of HHS on an annual basis.

HITECH Act – What You Must Do

- Report all privacy/confidentiality or security violations and concerns to the CPO or DPO immediately. This includes division managers.
- Report any security concerns regarding electronic information or devices to the DPO or program manager immediately.
- Shred all confidential paper documents when no longer needed.
- Use encryption whenever sending confidential and private information outside the CCDHS network. Staff can encrypt any message by putting the word "secure" in the subject line of the e-mail.
- Use confidential in your subject line when communicating individual identifying information through internal e-mail.
- **Protect and keep secure all private and confidential information.**

HITECH Act – Examples of Breaches of Unsecured PHI

- Workforce members access out of curiosity the health records of a neighbor, relative, friend, etc. who is treated within the organization.
- Stolen or lost laptop containing unsecured protected health information.
- Papers containing protected health information found scattered along roadside after improper storage in truck by a workforce member or business associate responsible for disposal.
- Posting of consumer or resident information on Facebook.
- Misdirected e-mail listing consumer or resident information to an external group list.
- Lost flash drive containing database of consumers/residents.
- Provider accessing the health record of divorced spouse for information to be used in a custody hearing
- EMT takes a cell phone picture of resident or consumer and transmits photo to friends
- Misfiled resident/consumer information in another person's medical record, which is brought to the organization's attention by the resident/consumer.
- Medical record copies in response to payers request lost in mailing process and never received.
- Misdirected fax of resident/consumer records to local store instead of the requesting provider's fax.
- Briefcase containing resident/consumer medical records or other documents stolen from car.
- PDA with resident identifying wound photos lost.
- Intentional and non-work-related access by staff member to resident/consumer information.
- Medical record documents left in public access location.

Prepared by: Larry Winter, Pauline Spiegel, Alice Bates, and Connie Goss
01-01-2022 Revision by: Tim Easker, Ashley Bailey, Andrea Tweed
Director Approval:
(Signature Required)

Date: 10-12-11

Health & Human Services Board Approval Date: 10-20-11; 05-19-22

Human Services Board Chair
(Signature Required)

Effective: 12-17-09

Revised: 10-20-11, 12-12-12, 10-01-13, 12-3-14, 02-04-15, 03-12-15, 05-01-15, 06-01-15, 05-01-22

~~Attachment A~~

REQUEST FOR AMENDMENT OF PRIVATE INFORMATION			
Consumer Name:		Request Date:	
Street Address:		Birth Date:	
City/State/Zip:			

WHAT NEEDS TO BE AMENDED/CORRECTED & WHY

Entry to be amended:	
Date & Author of entry:	

Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual.

Names & Addresses:

I understand that CCDHS may or may not amend the case record with an amendment based on my request, and under no circumstances is CCDHS permitted to alter the original case record. In any event, this request for an amendment will be made part of my permanent case record.

_____ _____

Signature of Consumer or Consumer's Legal Representative Date

FOR DEPARTMENT USE ONLY

To be completed within 60 days of request (or 90 days with written explanation for extension provided to consumer.)

Date received:	❑ Accepted	❑ Denied

If denied, check reason for denial:

- ❑ Data was not created by this organization
- ❑ Data is not available to the consumer for inspection as permitted by federal law
- ❑ Data is not part of consumer's designated record set
- ❑ Data is accurate and complete

Comments:

- ❑ If denied, the individual was, in writing, informed of the reason for denial and how to further challenge this denial via the complaint process. (attach letter of communication)
- ❑ If approved, the Department informed other affected entities that also need to make the same approved amendment.

_____ _____

Signature/Title of Staff Member Date

~~Attachment B~~

Chippewa County Department of Human Services

711 North Bridge Street, Room 305, Chippewa Falls, WI 54729-1876
Consumer Rights Grievance and Privacy Coordinator: Pauline Spiegel
Phone: 715-726-7816 Fax: 715-726-7736 E-mail: pspiegel@co.chippewa.wi.us

CONSUMER RIGHTS GRIEVANCE AND PRIVACY RESOLUTION REQUEST FORM

In the interest of resolving your concern, please complete this form. Attach additional pages, if necessary.

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Person completing form (if different than above):

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Please describe your concern:

When did this happen?

Where did this happen?

Identify any staff members involved:

Have you talked to these staff members? ☐ **Yes** ☐ **No**

What do you want the Department to do in response to your concern?

~~Attachment C~~

CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES

NOTICE OF PRIVACY PRACTICES

In order to provide you services, Chippewa County Department of Human Services may have health or medical information (may include, but not be limited to, mental health or substance abuse information) about you in your file.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Chippewa County Department of Human Services (CCDHS) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when CCDHS releases your health information, only the information needed to achieve the purpose of the use or disclosure is released. If you have questions about any part of this Notice or if you want more information about the privacy practices at Chippewa County Department of Human Services please contact Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

How Chippewa County Department of Human Services may Use or Disclose Your Health Information

The following categories describe the ways that Chippewa County Department of Human Services may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

3. **Activities of Health Plans are not Considered to be Treatment. Example statements for Treatment**: We may use or disclose your health information to a physician or other health care provider to treat you. Activities of health plans are not generally considered treatment, except some managed care and similar insurers may provide limited treatment services in addition to Payment/Health Care Operations functions.

4. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

5. **Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

6. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

7. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

8. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

10. **National Security.** We may disclose your health information for military, prisoner, and national security.

11. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.

12. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

13. **Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

14. **Research**. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

When Chippewa County Department of Human Services May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about

you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.

Genetic Information and Underwriting Activities
Chippewa County Department of Human Services is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any health information for underwriting purposes and the policy or contract of health insurance or health benefits is not written with us or not issued by us, we will not use or disclose that health information for any other purpose, except as required by law.

Applicability of More Stringent State Law

Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information Chippewa County Department of Human Services is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.We will let you know if we can comply with the restriction or not.

2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.We are not required to agree to your request.

3. **Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. **Right to Request Amendment.** You have a right to request that Chippewa County Department of Human Services amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make you request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

5. **Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your health information made by us in the past six years, except that we do not have

to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. Chippewa County Department of Human Services will provide one list per 12 month period free of charge; we may charge you for additional lists.

6. **Right to a Copy.** You have a right to receive an electronic or paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

7. **Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured protected health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

Changes to this Notice and Distribution
Chippewa County Department of Human Services reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

Complaints
Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. Chippewa County Department of Human Services will not retaliate against you in any way for filing a complaint. All complaints to Chippewa County Department of Human Services must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at http://www.hhs.gov/ocr/privacy/hipaa/complaints/ or call (800) 368-1019.

Effective Date of This Notice: October 1, 2013

CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES
ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received Chippewa County Department of Human Services Privacy Notice.

_____
Print Name

_____ _____
Consumer's Signature or Personal Representative's Signature Date

_____
If Personal Representative, describe relationship

FOR OFFICE USE ONLY

Chippewa County Department of Human Services staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice? [ ] Yes [ ] No

2. Please explain why the patient did not sign an acknowledgement form and Chippewa County Department of Human Services efforts in trying to obtain the patient's signature (check all that apply):

- ☐ Consumer elects not to sign
- ☐ Consumer unable to comprehend
- ☐ Consumer communication barrier
- ☐ Legal representative not available
- ☐ Consumer/legal representative left before signature obtained
- ☐ Consumer bypassed registration – not available
- ☐ Other:

Completed by:

_____ _____ _____
Worker Signature Title Date

Attachment ~~D~~ A

CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

CONSUMER NAME:	DATE OF BIRTH:

I hereby request and authorize:

Agency:	Chippewa County Department of Human Services	**Attention:**
Address:	711 North Bridge Street	
City, State, & Zip Code:	Chippewa Falls, WI 54729	
Phone/FAX Number:	715-726-7788 **FAX:** 715-726-7736	

☐ **TO RELEASE TO** ☐ **TO OBTAIN FROM** ☐ **TO EXCHANGE WITH** ☐ **TO RELEASE TO SELF**

Name:	**Phone/FAX Number:**
Agency:	
Address:	
City, State, & Zip Code:	

the following information from my records:

☐ Verbal Information
☐ Psychological Tests/Evaluation(s)
☐ Behavioral Health Records:
  ☐ Assessments ☐ Clinical Notes
  ☐ Treatment Plan ☐ Discharge
☐ Social Work Reports
☐ Medical and/or Related Health Records
☐ Financial Records/Accounts
☐ Student Academic/Administrative Records
☐ Vocational Records/Evaluation(s)
☐ Other: _____

In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release treatment records pertaining to:

☐ Mental Health ☐ Alcohol Abuse ☐ Drug Abuse
☐ Developmental Disabilities ☐ Other _____

Time period for which records are requested:

☐From (date) _____ to _____	☐All	☐Update

The purpose of such disclosure is:

☐ Verify/Determine Eligibility for Services ☐ Provide Case Management ☐ Continuity of Care*
☐ Evaluation and/or Placement ☐ Provide Treatment Services ☐ Other(Specify): _____

*Coordination of care received by a patient over time and across multiple health care providers.

- ☐ I also specifically authorize the release of my medical information **created after the date of my signature.**
- I hereby release Chippewa County from all legal responsibility or liability that may arise from this act. I also understand that a copy of this release will be considered as valid as the original.
- Unless cancelled or otherwise noted below, **this authorization will remain in effect for one year**.

  ☐ Authorization expires as of _____ (date).

In compliance with Wisconsin law, which requires special permission to disclose otherwise privileged information, I specifically authorize the use and disclosure of my "highly confidential information" selected above, if any. I have had an opportunity to review and understand the content of this authorization form, including the notices that appear on the back of this form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Consumer:		**Date:**
Signature of Person Legally Authorized to Consent:	**Relationship**	**Date:**

REDISCLOSURE NOTICE TO PATIENT: I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards if such person(s) and/or organization(s) re-disclose my health information.

DISCLOSURE NOTICE TO RECIPIENT OF PATIENT HEALTH CARE RECORDS: Unless otherwise authorized by Section 146.82 of the Wisconsin Statutes, you are prohibited from making any further disclosure of patient health care records without the specific written authorization of the person who is the subject of such records.

DISCLOSURE NOTICE TO RECIPIENT OF MENTAL HEALTH, ALCOHOL, AND/OR DRUG TREATMENT RECORDS: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person who is the subject of such information or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

- **Right to receive a copy of this authorization** – I understand that if I sign this authorization, I will be provided with a copy of this authorization.
- **Right to refuse to sign this authorization** – I understand that I am under no obligation to sign this form and that the person(s) and/or organizations(s) listed on the other side may not condition treatment, payment, enrollment in a health plan, or eligibility for health care benefits on my decision to sign this authorization except regarding:
    - research-related treatment
    - the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party
    - other exceptions (specify) _____
- **Right to withdraw this authorization** – I understand I may cancel this authorization at any time. If I want to cancel this authorization, I must do so in writing and give the written cancellation document to the agency I authorized to release information. I understand that my cancellation will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed herein have made prior to receipt of my cancellation form.
- **Right to inspect or copy the health information to be used or disclosed** – I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. **Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. (Section 51.30 Wisconsin Stats HFS 92.03-02-06 Wisconsin Adm. Code)**
- **Mental health treatment records** – I understand that I have the right to inspect and receive a copy of my mental health treatment records to the extent required by HFS 92.05 and 92.06 of the Wisconsin Administrative Code.
- **Re-release of records – Chippewa County Department of Human Services will not re-release records without a court order or consumer release.**

Attachment ~~E~~ B

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

CONSUMER INFORMATION

Date of Request: _____ Case Record No.: _____

Name: _____ Date of Birth: _____

Address: _____

_____

Address to send disclosure accounting (if different from above):

_____

_____

DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request. The time frame does not precede April 14, 2003.*

From: _____ To: _____

FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is $_____. I understand that there is (check one):

_____ No fee for this request

_____ A fee for this request in the amount specified above and I wish to proceed.

RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

_____ _____

Signature of Consumer or Legal Representative Date

FOR DEPARTMENT USE ONLY

Date request received: _____ Date accounting sent: _____

Extension requested: ____ Yes ____ No

If yes, give reason: _____

Consumer notified in writing on this date: _____

Staff member processing request: _____

Attachment ~~F~~ C

Consumer Disclosure Tracking Log

(up to six years – not earlier than April 14, 2003)

Consumer Name: _____

Date Received	Name of Requestor	Address (If Known)	Private Information Disclosed	Date Disclosed	Disclosed By:

~~Attachment G~~

CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES
ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received Chippewa County Department of Human Services Privacy Notice.

_____
Print Name

_____ _____
Consumer's Signature or Personal Representative's Signature Date

_____
If Personal Representative, describe relationship

FOR OFFICE USE ONLY

Chippewa County Department of Human Services staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice? [ ] Yes [ ] No

2. Please explain why the patient did not sign an acknowledgement form and Chippewa County Department of Human Services efforts in trying to obtain the patient's signature (check all that apply):

☐ Consumer elects not to sign
☐ Consumer unable to comprehend
☐ Consumer communication barrier
☐ Other:
☐ Legal representative not available
☐ Consumer/legal representative left before signature obtained
☐ Consumer bypassed registration – not available

Completed by:

_____ _____ _____
Worker Signature Title Date

Attachment ~~H~~ D
Confidentiality Compliance Review

Department: Human Services

Division: _____ **Manager:** _____

Date of Confidentiality Compliance Review: _____

Name	In Compliance	Correction Needed	Action Taken
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Manager Signature:	Date:

Director Signature:	Date:

Attachment E

HIPAA Security and Privacy Policy Acknowledgement

I acknowledge that I have read and understand the HIPAA Security and Privacy Policy and Procedures, and its attachments.

In addition, my signature verifies that I have attended HIPAA training on date indicated below.

Signature _____ Date _____

~~Attachment I~~

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)
WHEAP Applications in Transit Log

Outreach Location:	Date:

1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

41. _____ 64. _____

42. _____ 65. _____

43. _____ 66. _____

44. _____ 67. _____

45. _____ 68. _____

46. _____ 69. _____

47. _____ 70. _____

48. _____ 71. _____

49. _____ 72. _____

50. _____ 73. _____

51. _____ 74. _____

52. _____ 75. _____

53. _____ 76. _____

54. _____ 77. _____

55. _____ 78. _____

56. _____ 79. _____

57. _____ 80. _____

58. _____ 81. _____

59. _____ 82. _____

60. _____ 83. _____

61. _____ 84. _____

62. _____ 85. _____

63. _____ 86. _____

Chippewa County Department of Human Services
POLICY AND PROCEDURE
Number 12

Title: Administrative – HIPAA Security and Privacy

I. **PURPOSE**: This Chippewa County policy addresses the manner in which all Department of Human Services staff shall comply with their responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Human Services security and privacy regulations.

II. **APPLICABILITY**: This policy applies to all staff employed or assigned to the Chippewa County Department of Human Services that has access to individually identifiable health information. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every staff's responsibilities.

III. **DEFINITIONS**:

- ARCI - CCDHS Authorization for Release of Confidential Information
- CCDHS - Chippewa County Department of Human Services
- HIPAA - Health Insurance Portability and Accountability Act
- PHI - Protected Health Information
- NPP - CCDHS Notice of Privacy Practices
- RAPI - CCDHS Request for Amendment to Privacy Information

IV. **POLICY AND PROCEDURE**:

Consumer Rights – Right to Access Private Records

- Record release requests from consumers or agencies which come into CCDHS are to be processed by the designated Admin staff
- Release of Information forms do not need to be signed by the consumer
- Requests can come in via any medium chosen by the consumer or agency requesting the records
- Requests shall be processed upon receipt when possible but no later than within 15 days of receipt of the request and sent to the consumer through their preferred method of delivery (email, paper, faxed documents). Both parties shall agree that it is an acceptable delivery method.
- An individual may request their information verbally, by text or email. To ensure the information is in fact being requested by the correct person, consumers shall be asked for identifying information such as address, date of birth, social security number or other identifying information as deemed appropriate.
- Record requests shall be documented by the Admin staff on the Client Disclosure Tracking Form and saved on the O: Drive along with a copy of the documents sent. including the method of request, how it was delivered and if sent unsecured whether a general caution was provided as to the risks of sending the information via unsecured and the manner of identification. PHI shall only be sent unsecured to consumers. Information sent to another provider shall only be sent via secured format.
- Documents generated by a third party shall also be released if they were used in any decision-making process for the consumer.
- CCDHS can charge consumers for the time spent and cost of the supplies (if necessary) for the records requested

Consumer Rights – Right to Authorize Release of Private Information

- Except where already permitted by law, the sharing of consumer private data requires a release of information authorized by the consumer or the consumer's legal representative. ***(Attachment A – Authorization for Release of Confidential Information Form)***
- Signature(s) of consumers on the ARCI shall be witnessed by a CCDHS staff member if the request to release information is initiated by CCDHS. When other entities initiate the request to release private information, the requesting department/agency is to secure the proper authorization for that release.
- **Externally initiated requests to release records** - Outside requests regarding active cases shall be directed to the involved program area manager. Requests concerning closed cases shall be directed to the program manager responsible for the related service area. Outside requests for access to CCDHS documents created by an entity other than CCDHS shall be redirected to the entity that created the documents unless court ordered to re-release/ released to an attorney authorized to receive any and all information on a consumer or where permitted by statute.
- The person releasing information shall sign, date, and identify the information released directly on the release form. Release forms shall be filed together in the case record.

Consumer Rights – Right to Request Accounting of Disclosure

- Upon consumer request, CCDHS shall provide an accounting of all releases of information it performed. The request, which can be made orally if it is to be provided directly to the consumer, is to be documented on the ***Request for an Accounting of Disclosures form - Attachment B.*** Requests are to be made to the program manager. The program manager shall assure the ***Disclosure Tracking Log - Attachment C*** is completed and sent within required timeframes.

Physical Security

- **Verbal Sharing of Private Information** - All standards regarding the limits of sharing private information contained in this policy and applicable state and federal law do apply to the verbal sharing of such information. In addition, care shall be taken that verbal sharing of private information is conducted in settings where conversations cannot be overheard by individuals not authorized for disclosure of private information. No discussion regarding consumers should ever take place in hallways, open areas of the CCDHS premises or public places outside of the CCDHS premises. This applies even if no names are mentioned.
- When a staff member utilizes any machine that prints or copies consumer information, immediately secure this information to ensure confidentiality. Ensure you are using lock print feature. Anyone scanning documents shall verify that their employee number was entered correctly to ensure that the documents are going to the correct email address.
- CCDHS director and division managers shall conduct a review of staff offices and workspaces quarterly after 4:30 p.m. The results shall be submitted to the CCDHS director by the last business day of each quarter. ***(Attachment D – Confidentiality Compliance Review Form)***
- Telecommuting staff will adhere to individual plans noted in their annual telecommuting agreements. When a staff member takes consumer documents which contain any PHI, they shall ensure the security of the document(s) at all times. For example, documents shall not be left in unlocked vehicles, unsecured in their residence or in any other manner which could potentially allow for unauthorized disclosure of the information.
- When a staff member is discussing any consumer related information with another staff member, (e.g. phone, in person, break room) this shall occur in an enclosed office or conference room ensuring the door is closed. Individuals who are working in cubicles shall not utilize speaker phone when talking with consumers.

Training on Privacy

- At implementation of updated policy, all staff of the CCDHS staff with access to consumer private information retained by CCDHS shall receive a copy of the **HIPAA Security and Privacy Policy and Procedures** document and its attachments as a part of CCDHS's HIPAA training effort. All new staff of CCDHS with access to consumer private information retained by CCDHS shall receive and read a copy of this policy and its attachments as a part of the orientation process to CCDHS. All staff with access to consumer private information retained by CCDHS shall then sign the ***HIPAA Security and Policy Acknowledgment Form - Attachment E.*** Ongoing training shall be provided on an as needed basis.
- At minimum, a yearly refresher and updated training shall be provided to all staff. This supports the organization's value of continuous quality improvement.

Prepared by: Larry Winter, Pauline Spiegel, Alice Bates, and Connie Goss
05-01-2022 Revision by: Tim Easker, Ashley Bailey, Andrea Tweed
Director Approval:
(Signature Required)

Date: 10-12-11; ***05-01-22***

Health & Human Services Board Approval Date: 10-20-11; ***05-19-22***

Human Services Board Chair
(Signature Required)

Effective: 12-17-09

Revised: 10-20-11, 12-12-12, 10-01-13, 12-3-14, 02-04-15, 03-12-15, 05-01-15, 06-01-15, ***05-01-22***

Attachment A

CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

CONSUMER NAME:	DATE OF BIRTH:

I hereby request and authorize:

Agency:	Chippewa County Department of Human Services	**Attention:**
Address:	711 North Bridge Street	
City, State, & Zip Code:	Chippewa Falls, WI 54729	
Phone/FAX Number:	715-726-7788 **FAX:** 715-726-7736	

☐ **TO RELEASE TO** ☐ **TO OBTAIN FROM** ☐ **TO EXCHANGE WITH** ☐ **TO RELEASE TO SELF**

Name:	**Phone/FAX Number:**
Agency:	
Address:	
City, State, & Zip Code:	

the following information from my records:

☐ Verbal Information
☐ Psychological Tests/Evaluation(s)
☐ Behavioral Health Records:
  ☐ Assessments ☐ Clinical Notes
  ☐ Treatment Plan ☐ Discharge
☐ Social Work Reports
☐ Medical and/or Related Health Records
☐ Financial Records/Accounts
☐ Student Academic/Administrative Records
☐ Vocational Records/Evaluation(s)
☐ Other: _____

In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release treatment records pertaining to:

☐ Mental Health ☐ Alcohol Abuse ☐ Drug Abuse
☐ Developmental Disabilities ☐ Other _____

Time period for which records are requested:

☐From (date) _____ to _____	☐All	☐Update

The purpose of such disclosure is:

☐ Verify/Determine Eligibility for Services ☐ Provide Case Management ☐ Continuity of Care*
☐ Evaluation and/or Placement ☐ Provide Treatment Services ☐ Other(Specify): _____

*Coordination of care received by a patient over time and across multiple health care providers.

- ☐ I also specifically authorize the release of my medical information **created after the date of my signature.**
- I hereby release Chippewa County from all legal responsibility or liability that may arise from this act. I also understand that a copy of this release will be considered as valid as the original.
- Unless cancelled or otherwise noted below, **this authorization will remain in effect for one year**.

  ☐ Authorization expires as of _____ (date).

In compliance with Wisconsin law, which requires special permission to disclose otherwise privileged information, I specifically authorize the use and disclosure of my "highly confidential information" selected above, if any. I have had an opportunity to review and understand the content of this authorization form, including the notices that appear on the back of this form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Consumer:		**Date:**
Signature of Person Legally Authorized to Consent:	**Relationship**	**Date:**

REDISCLOSURE NOTICE TO PATIENT: I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards if such person(s) and/or organization(s) re-disclose my health information.

DISCLOSURE NOTICE TO RECIPIENT OF PATIENT HEALTH CARE RECORDS: Unless otherwise authorized by Section 146.82 of the Wisconsin Statutes, you are prohibited from making any further disclosure of patient health care records without the specific written authorization of the person who is the subject of such records.

DISCLOSURE NOTICE TO RECIPIENT OF MENTAL HEALTH, ALCOHOL, AND/OR DRUG TREATMENT RECORDS: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person who is the subject of such information or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

- **Right to receive a copy of this authorization** – I understand that if I sign this authorization, I will be provided with a copy of this authorization.
- **Right to refuse to sign this authorization** – I understand that I am under no obligation to sign this form and that the person(s) and/or organizations(s) listed on the other side may not condition treatment, payment, enrollment in a health plan, or eligibility for health care benefits on my decision to sign this authorization except regarding:
    - research-related treatment
    - the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party
    - other exceptions (specify) _____
- **Right to withdraw this authorization** – I understand I may cancel this authorization at any time. If I want to cancel this authorization, I must do so in writing and give the written cancellation document to the agency I authorized to release information. I understand that my cancellation will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed herein have made prior to receipt of my cancellation form.
- **Right to inspect or copy the health information to be used or disclosed** – I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. **Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. (Section 51.30 Wisconsin Stats HFS 92.03-02-06 Wisconsin Adm. Code)**
- **Mental health treatment records** – I understand that I have the right to inspect and receive a copy of my mental health treatment records to the extent required by HFS 92.05 and 92.06 of the Wisconsin Administrative Code.
- **Re-release of records – Chippewa County Department of Human Services will not re-release records without a court order or consumer release.**

Attachment B

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

CONSUMER INFORMATION

Date of Request: _____ Case Record No.: _____

Name: _____ Date of Birth: _____

Address: _____

_____

Address to send disclosure accounting (if different from above):

_____

_____

DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request. The time frame does not precede April 14, 2003.*

From: _____ To: _____

FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is $_____. I understand that there is (check one):

_____ No fee for this request

_____ A fee for this request in the amount specified above and I wish to proceed.

RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

_____ _____

Signature of Consumer or Legal Representative Date

FOR DEPARTMENT USE ONLY

Date request received: _____ Date accounting sent: _____

Extension requested: ____ Yes ____ No

If yes, give reason: _____

Consumer notified in writing on this date: _____

Staff member processing request: _____

Attachment C

Consumer Disclosure Tracking Log

(up to six years – not earlier than April 14, 2003)

Consumer Name: _____

Date Received	Name of Requestor	Address (If Known)	Private Information Disclosed	Date Disclosed	Disclosed By:

Attachment D
Confidentiality Compliance Review

Department: Human Services

Division: _____ **Manager:** _____

Date of Confidentiality Compliance Review: _____

Name	In Compliance	Correction Needed	Action Taken
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Manager Signature:	Date:

Director Signature:	Date:

Attachment E

HIPAA Security and Privacy Policy Acknowledgement

I acknowledge that I have read and understand the HIPAA Security and Privacy Policy and Procedures, and its attachments.

In addition, my signature verifies that I have attended HIPAA training on date indicated below.

Signature _____ Date _____