

Marathon County Board of Health

**Tuesday, January 8, 2019 at 7:30 AM Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403**

Committee Members: John Robinson, Chair; Sandi Cihlar, Vice-Chair; Lori Shepherd, Secretary; Mary Ann Crosby; Dean Danner; Julie Fox; Kue Her; Michael McGrail; Laura Scudiere

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

- 1. Call to Order**
- 2. Public Comment Period**
- 3. Approval of the Minutes of the December 4, 2018 Board of Health Meeting**
- 4. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 5. Policy Discussion and Possible Action**
 - A. Overview of the draft products for the 2019-2023 Marathon County Health Department Strategic Plan
 - B. Share plans for the AOD Partnership to hold an educational Marijuana Symposium series in the spring of 2019
 - C. Identify public health policy opportunities based on the review of best practices in the area of harm reduction from the Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government report dated September 10, 2018
 - D. Determine the focus for the Board of Health's legislative educational meeting to be held on February 25, 2019
 - E. Report from the Health & Human Services Committee Meeting on Policy Issues impacting Public Health (Standing Agenda Item)
- 6. Educational Presentations/Outcome Monitoring Reports**
 - A. Accomplishments from the 2018 Health Officer Plan of Work and scope for 2019
- 7. Announcements**
 - A. Other

8. Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm the February 5, 2019 meeting date
- B. Share tentative agenda items:
 - I. 2019 Licensing Fee
 - II. Continuing the review of policy opportunities from the Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government report
 - III. 2019 Health Officer Plan of Work

9. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
December 4, 2018

Present: John Robinson, Dean Danner, Michael McGrail, Laura Scudiere, Sandi Cihlar, Lori Shepherd (via Telephone)

MCHD Staff: Hannah Schommer, Aaron Ruff, Dale Grosskurth, Judy Burrows

Guests:

1. Call to Order

John Robinson called the meeting to order at 7:32 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the November 6, 2018 Board of Health Meeting

Motion to approve the minutes made by Laura Scudiere. Second by Michael McGrail. The motion was approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. None

5. Policy Discussion and Possible Action

A. Overview of the Marathon County Strategic Plan Objective 3.7: *“Ensure that every person has local access to effective mental health treatment”* and share current community initiatives being lead or supported by the Health Department

Joan Theurer shared a brief overview of the strategic plan objective 3.7. A printed copy of the objective was provided in the meeting packet. Joan reviewed the three outcome measures, and strategies to address the objective. Joan shared the strategies were developed for the County’s comprehensive plan, and additional strategies were added when developing the strategic plan. The plan is for lead departments to work with other departments to develop a work plan for each strategic plan objectives by June of 2019.

Judy Burrows shared that prior to 2016 there was not specific work being done by the Health Department around Behavioral Health. Work on the Marathon County School Based Consortium was started in 2016 to provide behavioral health services to students in all public schools in Marathon County. The consortium works with 22 agencies in the county towards one goal. Last school year, was the implementation year of having school based counselors throughout the County. Service in all schools was available by February/March of 2018.

A report was shared with the Board members, which summarizes the impacts made in the school districts across the County. Judy explained the data in the report is from students who have received behavioral health services so far. Aaron Ruff shared that 213 students across Marathon County received services in 2017-2018, and that implementation was staggered across schools.

Discussion on how the program will be able to look deeper in to the data collected. Judy shared that because some of the specific details of services provided to individuals are in medical records, there would not be access to some data. Joan Theurer shared that b.e.s.t. screening tool is being implemented at varied levels in schools in Marathon County, which will collect data on social/emotional behaviors.

Judy Burrows shared how building the capacity of teachers and other professionals in schools is being looked, at so students can be served in the school.

Discussion on how to make sure an impact is being made, given the small percentage of students in the county who are receiving services through the program.

Aaron Ruff shared that schools are taking on significant work around behavioral health, because they realize how students are being impacted by the issue. The Athens School District has implemented a new policy which includes a built-in half hour of flex time for students to build relationships with other students, and staff, through ways to develop school culture. Examples are already being heard where students' needs to attend therapy sessions are being accepted, and there is an increase in peer referrals.

Joan Theurer shared one impact will be is to normalize accessing behavioral health services in our school and communities at large.

Lori shepherd shared that the success of the program is that it is reaching the individuals with the greatest needs.

Discussion on how behavioral health issues of students in grades 6-12 are often tied to issues in family, especially in rural and farming communities. Laura Scudiere shared that a counselor from North Central Health Care travels out to provide services in the rural schools, and they have found it is not just providing services to the student, but the entire family. Sandi Cihlar suggested connecting with the National Farm Medicine Center and the resources available as they relate to working with rural families in the County.

Judy Burrows shared that the other initiative being developed in support of Behavioral Health being one of six community health priorities. Aaron Ruff provided an overview of how groups are looking at how the various initiatives addressing behavioral health, and has been working to learn about what each does.

- Marathon County School-Based Counseling Consortium
- Partnership 4 Youth: Diversion Pilot Program
- Crisis Assessment Response Team (CART)
- Evidence Based Decision Making Group
- Children & the Courts: Trauma-Informed Workgroup

Discussion on what are barriers to and the plan to address the large percentage of individuals who are not receiving services that are needed. The need initially identified was for 40 full time counselors to cover the County. The ratio of mental health providers to the population in the County is below the national average. A bigger barrier being seen is insurance coverage; deductibles, co-pays. Data is being collected on the number of families who are unable to receive services because of inability to pay.

Dean Danner suggested the public entities such as the Health Department, bring the health systems together to figure out how to focus on improving access.

Discussion on the need to build resilience within individuals, families, neighborhoods, and larger communities.

- B. Explore the focus for the Board of Health to host a legislative educational meeting in February/March

John Robinson shared that in the past legislators have been asked to join a meeting to discuss priorities and issues facing the community. The Board held discussion on potential topics to be covered in a future meeting with legislators.

- Behavioral Health Services
- Mitigating Drugs at the Local Level
- Adverse Childhood Experiences (ACEs)
- Funding for Communicable Disease Prevention

A tentative date of February 25, 2019 will be looked at for holding the legislative educational meeting.

A quorum was lost at 8:45 a.m.

- C. Report from the Health & Human Services Committee Meeting held November 26, 2018 on Policy Issues impacting Public Health

6. Educational Presentations/Outcome Monitoring Reports

- A. None

7. Announcements

- A. Other

8. Next Meeting Date & Time, Location, Future Agenda Items: January 8, 2019

- Other

The meeting adjourned at 8:45 a.m. due to a quorum not being present.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

Health Officer Notes
January 2019

Policy Discussion and Possible Action

- A. **Overview of the draft products for the 2019-2023 Marathon County Health Department Strategic Plan** – Board members will review draft products for the strategic plan and determine if there is anything missing or not clear. In addition, members will identify characteristics of a plan that would inspire them to refer to the plan.

Two plans are being developed, one to meet accreditation standards and another plan to be utilized by the department, Board of Health, and County Administration (refer to 2019-2023 Marathon County Strategic Plan Documents that lays out products for the accreditation for the public plans). The plan is to be finalized by the end of January.

Enclosed, find the following draft products to be reviewed during the meeting:

- Mission, Vision, Core Values, Essential Services, Program Areas
- Goals, Outcome Objectives, Strategies
- Roadmap for Synergy

- B. **Share plans for the AOD Partnership to hold an educational Marijuana Symposium series in the spring of 2019** – Melissa Moore, Drug Free Communities Coordinator will share the focus for the Marijuana Symposium series to be sponsored by the Marathon County AOD Partnership. Enclosed, find one page document “2019 Marijuana Symposium Overview”.
- C. **Identify public health policy opportunities based on the review of best practices in the area of harm reduction from the Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government report dated September 10, 2018** – Joan Theurer, Health Officer will provide a brief overview of the impacts of drug misuse and abuse and the demands this issue places on county government, health care, etc. The Board of Health will begin the process of reviewing best practices and identify opportunities for Marathon County, starting with harm reduction best practices on pages 14-16. Enclosed find a copy of the report.
- D. **Determine the focus for the Board of Health’s legislative educational meeting to be held on February 25, 2019** – Board members will finalize educational topics for the legislative educational meeting. Preliminary topics identified included: behavioral health, mitigating impact of drug misuse/abuse, ACEs (Adverse Childhood Experiences), Medicaid expansion, and public health funding.
- E. **Report from the Health & Human Services Committee Meeting on Policy Issues impacting Public Health** – No meeting was held in the month of December.

Educational Presentations/Outcome Monitoring Reports

- A. **Accomplishments from the 2018 Health Officer Plan of Work and scope for 2019** – Joan Theurer, Health Officer will share major accomplishments from the 2018 plan of work along with preliminary focus areas for 2019.

Announcements

- A. Other

Next Meeting Date & Time, Location, Future Agenda Items: February 5, 2018

- A. 2019 Licensing Fee
- B. Continuing the review of policy opportunities from the Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government report
- C. 2019 Health Officer Plan of Work

2019-2023 Marathon County Strategic Plan Documents
Working Draft 12/17/2018

Accreditation Full Plan	Document	Public Plan (Staff, BOH, Co. Administration)					
X	1. Letter of Introduction (Displays a public letter from a governing body president with their signature and approval statement and date.)	X					
X	2. Executive Summary (Provides a brief 1-3 page summary of the strategic planning process and major components of the plan.)	N/A					
X	3. Mission, Vision, Core Values, Essential Services, Program Areas (Foundational Public Health Services Model) (Defines each of the adopted statements.)	X					
X	4. Summary of SWOC and Environmental Scan (The analysis of the LHDs strengths and weaknesses and external trends, events or other factors that may impact community health or the health department.)	N/A					
X	5. Summary of Strategic Goals, Rationale and Current Status (Provides a description and explanation of the strategic issues selected with the rationale for selecting.)	? TBD					
X	6. Goals, Outcome Objectives, Strategies (Includes all organizational goals and objectives with measurable and time-framed targets. This may be presented in a logic model.)	X					
X	7-8. Roadmap for Synergy (Linkages to CHIP and QI: Includes the LHDs responsibilities for implementing the CHIP and linkage with some for the QI plan components. Putting Plan to Action: Some organizations share how the plan will be used and monitored.)	X					
X	9. Appendixes (List) Contains all supporting documents required for PHAB which includes: <table border="1" data-bbox="336 1003 1659 1377" style="margin-left: 20px;"> <tr> <td data-bbox="336 1003 1659 1114">a. A list of the individuals who participated in the strategic planning process and their titles through meeting minutes, Strategic Planning Committee membership report or other formal listing of participants.</td> </tr> <tr> <td data-bbox="336 1114 1659 1185">b. Summary or overview of the strategic planning process, including the number of meetings, duration of the planning process. Definitions of the Balanced Score Card.</td> </tr> <tr> <td data-bbox="336 1185 1659 1224">c. Description of methods used for the review of major elements by stakeholders.</td> </tr> <tr> <td data-bbox="336 1224 1659 1302">d. Description of the steps in the planning process such as the SWOC, environmental scan, stakeholder analysis, etc.</td> </tr> <tr> <td data-bbox="336 1302 1659 1377">e. Annual reports of progress towards goals and objectives in the plan, including monitoring and conclusions on progress toward meeting targets.</td> </tr> </table>	a. A list of the individuals who participated in the strategic planning process and their titles through meeting minutes, Strategic Planning Committee membership report or other formal listing of participants.	b. Summary or overview of the strategic planning process, including the number of meetings, duration of the planning process. Definitions of the Balanced Score Card.	c. Description of methods used for the review of major elements by stakeholders.	d. Description of the steps in the planning process such as the SWOC, environmental scan, stakeholder analysis, etc.	e. Annual reports of progress towards goals and objectives in the plan, including monitoring and conclusions on progress toward meeting targets.	List of participants - TBD Timeline X
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e. Annual reports of progress towards goals and objectives in the plan, including monitoring and conclusions on progress toward meeting targets.							



Vision To be the healthiest and safest county in which to live, learn, work and play.

Mission To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards.

Core Values are principles for which we stand and provide us direction on how people are to conduct themselves as representatives of Marathon County:

Service: responsively delivering on our commitments to all of our internal and external customers

Integrity: honesty, openness, and demonstrating mutual respect and trust in others

Quality: providing public services that are reflective of “best practices” in the field

Diversity: actively welcoming and valuing people with different perspectives and experiences

Shared Purpose: functioning as a team to attain organizational goals and working collaboratively with our policy makers, departments, employees and customers

Stewardship of Our Resources: conserving the human, natural, cultural, and financial resources for current and future generations.

Essential Services of public health:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize, promote and facilitate community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise available
8. Assure a competent public health and personal healthcare workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems.

We carry out our mission through the following programs:

Program Area	Specific Programs
Prevent infectious disease threats to the public by:	
<ul style="list-style-type: none">Protecting the public from the spread of diseaseKeeping the public informed of threats and what they can do	Communicable Disease Surveillance, Investigation, and Control Immunization Surveillance and Clinics Tuberculosis Case Management and Therapy HIV Partner Services Sexually Transmitted Disease Clinic Rabies Control Public Health Preparedness
Prevent unsafe food and water by:	
<ul style="list-style-type: none">Working with businesses to sell food that does not make people sickTesting water from private and public drinking wells so people do not get sick	Licensing – Restaurants, Convenient Stores, Lodging, Campgrounds, Recreational Camps, Swimming Pools Water Lab Testing
Promote strong healthy families during the early years by:	
<ul style="list-style-type: none">Helping families to have babies born healthyTeaching people how to be good parentsHelping families connect to community resourcesPreventing childhood trauma and injuries	Start Right Child Health Children’s Hearing and Vision Screening Northern Regional Center for Children and Youth with Special Health Care Needs
Program Area	Specific Programs
Create places where it is easy to support healthy lifestyles by:	
<ul style="list-style-type: none">Choosing to use alcohol and other drugs safelyBreathing smoke-free airBeing activeGetting healthy, affordable foodMaking good mental health as important as good physical health	Alcohol and other Drugs Food Systems and Active Communities Tobacco Control and Prevention Changemakers for Behavioral Health
Protect against health hazards by:	
<ul style="list-style-type: none">Keeping the public informed of hazards and what they can doProtecting the public from hazards	Childhood Lead Poisoning Prevention Human Health Hazards Environmental Health Screens

-
- Making sure children are not exposed to lead

Mercury Reduction

Northcentral Radon Information Center

Monitor and address community health priorities by:

- Identifying major causes of disease, injury and premature death
- Facilitate community partnerships to address issues impacting our communities

Community Health Improvement Planning Process (CHIPP)

National Public Health Accreditation

2019-2023 GOALS, OUTCOME OBJECTIVES, AND STRATEGIES

For the Marathon County Health Department to have success in meeting the 2019-2023 strategic plan goals and outcome, the department will need to continue to be a value driven, high performance organization. Marathon County Government understands the importance to being a high performance organization. Since 2008, the Denison Culture Model has been the framework used by Marathon County Government to assess organizational culture. Every two years, employees participate in an assessment which look at the core drivers of a high performance culture: mission, consistency, involvement, and adaptability. To demonstrate Marathon County Health Department's commitment to continue to be a value drive, high performance organization, the following overarching outcome objective has been established: "By May 30, 2019 and biannually thereafter, the Health Department will score 75% or better in each of the twelve sectors on the Denison survey in the areas of mission, consistency, involvement, adaptability".

Goal 1 Citizen Perspective: **Integrate concepts of health equity into programs and initiatives that address the population health needs in Marathon County.**

Outcome Objectives

By December 31, 2020 and annually thereafter, 100% of employees will participate in a shared learning experience to further their understanding and ability to apply the concepts of health equity in their day-to-day work.

By December 31, 2020 and annually thereafter, 90% of Board of Health members will participate in a shared learning experience to further their understanding and ability to apply concepts of health equity when making policy decisions.

By December 31, 2021 and annually thereafter, 80% of Healthy Marathon County alliance members will participate in a shared learning experience to further their understanding on health equity.

By December 31, 2021 and annually thereafter, 100% of new employees will complete a training on equity within one year of employment.

By December 31, 2021 and annually thereafter, the Health Department will have revised and/or adopted four new practices to further alignment of programs, services and community initiatives to include concepts of health equity.

Strategies

Strategy 1: Build locally and contribute statewide to a learning community of health equity

Marathon County Health Department will look to and build upon what other leading health departments and the State of Wisconsin are doing to incorporate the concepts of health equity into their programs, services, and community initiatives. The department will promote a learning

community within Marathon County through creating a common definition of health equity, provide examples of what health equity looks like for program areas, and frame health equity from the worldviews of market and social justice.

Strategy 2: Develop staff’s knowledge and skill around health equity

Marathon County Health Department will develop educational resources to further employees’ awareness, knowledge and skill to be able to speak to and incorporate concepts of health equity when assessing, implementing, and evaluating program services and community initiatives. Individual, team, cross-team and department-wide learning strategies will be used to promote health equity integration across all program services and community initiatives.

Strategy 3: Make the case for investing in health equity

Marathon County Health Department will use a prevention framework to increase residents’ understanding as to the benefits of reducing or eliminating disparities in health. The department will utilize data and stories to demonstrate the case for investing in equity in health.

Strategy 4: Modify services and practices for health equity

Marathon County Health Department will assess and align program services and initiatives from a health equity lens whereby the department’s products meet the expectations of customers. Examples of products include: accessible content for website, service hours, written materials in Hmong and Spanish.

Goal 2 Employee Learning and Growth: Foster an organizational culture that supports innovation and excellence.

Outcome Objectives

By December 31, 2019 and annually thereafter, a quality improvement project is completed in each of the six major program areas of: communicable disease, community health improvement plans and processes, chronic disease prevention, environmental health and safety, family health, and human health hazards.

By December 31, 2020 and annually thereafter, benchmarks of success are established for all Priority Based Budgeting programs with an investment of \$25,000 or more.

By December 31, 2020 and annually thereafter, all new employees will attend the State of Wisconsin Division of Public Health’s public health orientation or in-house Public Health 101 training within one year of employment.

By December 31, 2020 and annually thereafter, 80% of employees incorporate one new practice into their work as a result of attending a training and/or conference.

Strategies

Strategy 1: Create professional growth expectations and promote professional development opportunities

Marathon County Health Department will set standards for professional development. Managers and direct reports share the responsibility for creating a professional development plan. Employees will be encouraged to seize professional development and leadership opportunities through training, conferences, and professional organizations. Managers will be knowledgeable of direct reports' strengths, interests and skills. Learning among colleagues will be promoted within the department and county.

Strategy 2: Further the application of professional development learning opportunities across the department

Marathon County Health Department will create additional opportunities for applying what was learned from trainings and conferences within teams and at a department-wide level.

Strategy 3: Embrace intentional innovation by creating conditions for employees to think, plan, reflect and evaluate

Marathon County Health Department will further its current learning organization culture, having employees view time spent to think, plan, reflect, and evaluate critical to assure program services and initiatives meet the needs of our residents. The department will have work spaces to support varying work styles and creativity. The department will promote a work environment where taking calculated risks and failing forward is valued and provide learning opportunities. All employees will have a basic understanding of how the Denison Culture Model informs the department to achieve organizational excellence.

Strategy 4: Foster a culture of quality improvement that maximizes the use of technology

Marathon County Health Department will further expectations on quality improvement, helping all employees see how quality improvement activities can be integrated into their day-to-day work. Employees will understand how quality improvement aligns with public health accreditation, and supports our ability to achieve establish program benchmarks of success.

Goal 3 Operations: Advance strategic collaborative partnerships at the local, regional and state level to fulfill the department's mission.

Outcome Objectives

By December 31, 2019 and annually thereafter, 85% of community partners identify they trust in the Health Department's ability to be collaborative partners as exemplified by follow-through on commitments, shared decision making.

By December 31, 2020 and annually thereafter, 50% of employees will be a member of a local community group or county-wide initiative that advances one or more program goals.

By December 31, 2021 and annually thereafter, 35% of employees will serve in a formal leadership role for a local, regional or state collaborative effort. (e.g., board, association, committee, coalition)

By December 31, 2021 and annually thereafter, the six major Health Department programs will track in-kind resources leveraged to advance the objectives in the 2018-2022 Marathon County Strategic Plan, the 2016 Comprehensive Plan, or the Marathon County Community Health Improvement Plan. The six major programs include communicable disease, community health improvement plans and processes, chronic disease prevention, environmental health and safety, family health, and human health hazards.

By December 31, 2022 and annually thereafter, 45% of employees will have done a media contact.

Strategies

Strategy 1: Demonstrate the value of partnerships in furthering the department's mission

Marathon County Health Department will develop a system to measure the contributions of partners in terms of in-kind time, money, and other resources. The department will provide an annual report to be included in the budget process.

Strategy 2: Leverage media partnerships to further program goals

Marathon County Health Department will develop an annual media plan to be more proactive in providing educational messages. The department will further relationships with media contacts across all program areas. Additional training and mentoring will occur to increase the department's bench-strength in using media to further program goals.

Strategy 3: Promote the investment in intentional partnership relationships

Marathon County Health Department will on an ongoing identify, evaluate and adjust partnership investments in order to be effective in furthering program, and the county's strategic and comprehensive plan goals. Networking at community events and conferences is viewed as valuable in building new and maintaining trusting working relationships. Employees will further their skills in how to develop and maintain effective partnerships.

Strategy 4: Position the department to be the chief health strategist in the county

Marathon County Health Department will be seen as the Chief Health Strategist in addressing the social determinates of health and collaborating across non-sector partners to advance the community health goals in Marathon County. As Chief Health Strategist, the department will further its leadership role to bring together community stakeholders, thereby leveraging resources and integrating systems to address health disparities. Further investments in facilitating decision making, along with shaping messages intended for partners, policy makers, and residents will be made.

Goal 4 Fiscal: Inform of and advance public health policy in support of the County's mission and strategic goals.

Outcome Objectives

By December 31, 2019 and annually thereafter, the Health Department will actively support or advance one statewide public policy initiative.

By December 31, 2020 and annually thereafter, the Board of Health will advance five policies to further public health's mission.

By December 31, 2021 and annually thereafter, 90% of the employees are able to state the goals of the six major program areas.

By December 31, 2020 and annually thereafter, the department will be proactive in publishing three information articles per program areas for residents about public health prevention strategies in the areas of communicable disease, chronic disease prevention, environmental health and safety, family health, and human health hazards.

Strategies

Strategy 1: Responsibly frame messages to encourage desired health outcomes

Marathon County Health Department will further employees skills in shaping stories with data to increase the policy makers' understanding of the impact of public health. As part of this strategy, the department's website will be enhanced to improve user friendliness. Products developed from the department will be viewed from what does the customer' expect, what to know.

Strategy 2: Further employees understanding of the department's role in advancing public policy

Marathon County Health Department will develop Public Policy 101 resources and training. Employees who have a role in shaping public policy will further their understanding of the public policy process, advocacy/education versus lobbying. Policy opportunities to advance program goals will be identified and monitored to determine which opportunities are advanced to the Board of Health and County Board of Supervisors.

Strategy 3: Increase employees' skill to serve as the department's ambassador for programs

Marathon County Health Department will develop key talking points for major programs to be utilized by employees when talking with partners, community members, and policy makers. Employees will be able to speak to the significant impacts of each team program services.

Strategy 4: Influence public policy through education

Marathon County Health Department will maintain and enhance its connection to state public health associations to influence public policy by seizing the opportunity to serve on the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association boards, committees, and workgroups. The Board of Health and employees will maintain and further working relationships with policy makers.

Notes:

1. An annual plan of work would be established each year with specific timeline for strategies.
2. Strategies identified at the October 24, 2018 All-Staff meeting will be retained and referred to when developing annual plan of work.

A Roadmap to Create Synergy

The 2019-2023 Strategic Plan creates a roadmap for the future of the Marathon County Health Department, affirming our mission and vision. The plan is intended to be internally focused; identifying strengths, weaknesses, opportunities, and challenges in carrying out the department's mission. In order to achieve the department's vision, that is, "to be the healthiest and safest county", the plan lays out goals, objectives, and strategies that build on our current assets.

The health department like many local health departments in Wisconsin and across the United States is in the process of being public health accreditation ready. Developing a strategic plan every five years is an effective performance management tool, one of three prerequisite planning documents for local health departments seeking national accreditation. Refer to Diagram 1.

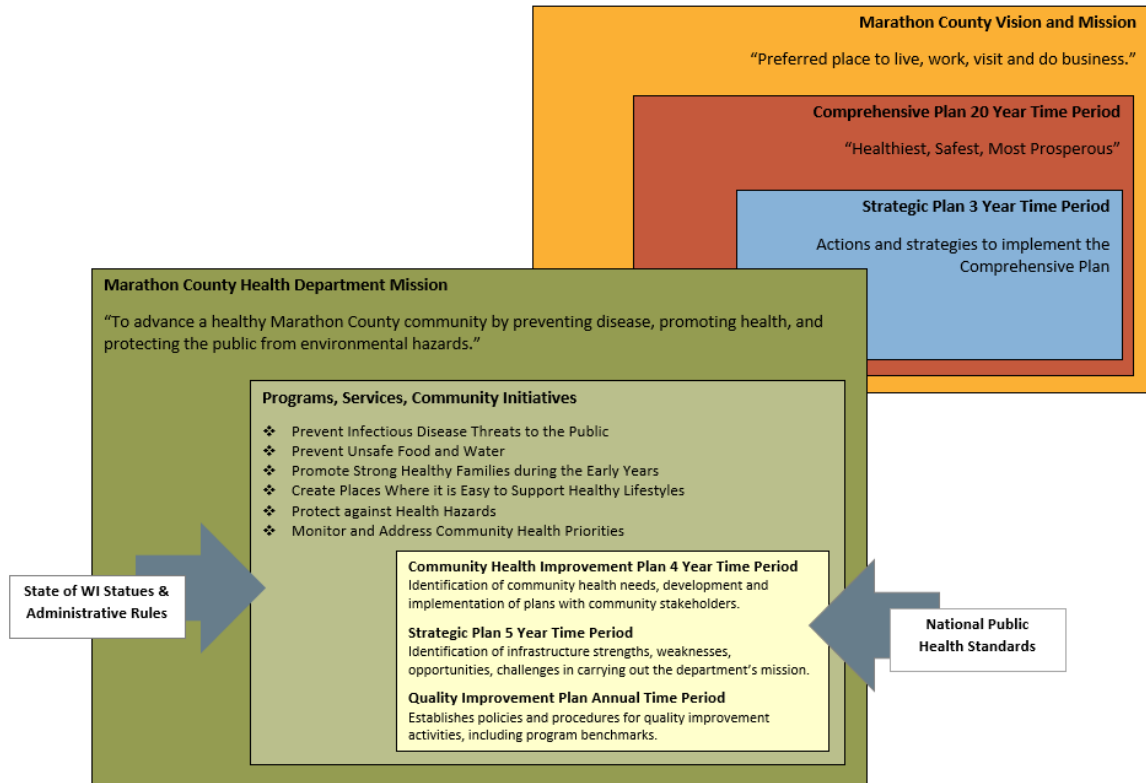
The health department's strategic plan is not a plan developed or carried out in isolation. A balanced scorecard framework was used in developing the plan, ensuring that as a department we continue to focus on citizen's perspectives, employee learning and growth, operations, and financial health. The plan reinforces the department's commitment to be performance orientated, ensuring program services and initiatives are relevant and a wise investment of county resources.

To ensure the strategic plan is incorporated into the day-to-day workings of the department, an annual plan of work will be developed to map out tasks and timelines to move forward outcome objectives and associated strategies. Outcome objectives will be incorporated into the health department's dashboard, evaluating our progress in meeting said objectives on an annual basis.

The 2019-2023 Strategic Plan will secure the department's future ability to address Marathon County Community Health Priorities and Plans, established in partnership with community stakeholders. As a result of the having a solid internal roadmap for the department, the Marathon County Health Department will be in a position to lead and/or support the implementation of the Marathon County Strategic and Comprehensive Plan objectives. Subsequently, the 2019-2023 Strategic Plan creates synergy beyond the department, enabling the Marathon County Health Department to have significant impacts by the leveraging partnerships with county government and community stakeholders.

Diagram 1.

Marathon County Health Department Planning Framework in Relationship to Marathon County Government



October 9, 2018

Prevent and Mitigate the Impact of Drug Misuse and Abuse

Marathon County Board of Health

January 8, 2018

Complex Problem

- Opioids prescribed for pain relief have been a major cause of drug overdoses (2016, prescription medicine was the reason for 7 out of 10 opioid-related deaths in Wisconsin)
- Over the last 10 years, deaths from people overdosing on opioids have more than doubled (Marathon County X in 2007, 13 in 2017)
- Opioids and Methamphetamine highly addicted
- Overdoses related to synthetic opioids, mainly fentanyl has recently increased
- Mental health issues are associated with substance abuse disorder – at least 6 out of 10 of those with substance use disorder also have a mental illness, 1 out of 5 people having mental health conditions also have a substance abuse disorder
- Toxic stress during childhood impacts pleasure and reward center of the brain involved in substance dependence – Connection between prescription opioid use and a person's ACE Score

“A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons ...”

- Incomplete or contradictory knowledge,
- The number of people and opinions involved,
- The large economic burden, and
- The interconnected nature of these problems with other problems.

Source: Marathon County Comprehensive Plan

Impact on Families & Communities

- Disruption of families, inability of parents to care for their children
- Impact ability to hold or get a job
- Need for additional governmental services (child welfare, law enforcement, criminal justice, medical examiner)
- Need for additional safety net services (housing, food assistance)
- Impact on health care system – EMS/Emergency Departments, Increase in Hepatitis C, medical issues associated with addiction and withdrawal

Wisconsin State Health Improvement Plan

2018 Addendum Opioids

Objective 1: Prevent initiation of opioid misuse

Reduce the percentage of adolescents who have used an opioid prescription drug for nonmedical purposes

	Baseline	Target 2020	Current 2017	Trend
WI	14.9% (2013)	<13%	11%	Goal Met
Marathon County	7.9% (2015)		7.8%	


Note: Marathon County YRBS Question: Percentage of students who had taken prescription drug (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.

Wisconsin State Health Improvement Plan



2018 Addendum Opioids

Objective 1: Reduce death and harm due to nonmedical or illicit opioid use



Reduce the number of opioid-related overdose deaths by 5%

	Baseline 2014	Target 2020	Current 2016	Trend
WI	622	<590	827 (916 in 2017)	
Marathon County	X - less than 5	X - less than 5	11 (12 2017)	

Reduce number of opioid related hospitalizations

	Baseline 2014	Target 2020	Current 2016	Trend
WI	12,134	<11,530	15,266 14,864 (2017)	
Marathon County	117		197 (148 2017)	 

Reduce the number of opioid-related overdose emergency department visits

	Baseline 2014	Target 2020	Current 2016	Trend
WI	8,041	<7,640	11,875 (11,682 2017)	
Marathon County	72		178 (133 2017)	 

Wisconsin State Health Improvement Plan

2018 Addendum Opioids

Objective 3: Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within under served populations.

Increase the number of Wisconsin counties with active DATA-waive prescribers (New)

	Baseline 2018	Target 2020	Current	Trend
WI	43	50	N/A	N/A

Increase the number of Medicaid members receiving medication-assisted treatment (New)

	Baseline 2017	Target 2020	Current	Trend
WI	14,583	17,500	N/A	N/A

Increase the number of county-authorized participants receiving medication-assisted treatment (New)

	Baseline 2017	Target 2020	Current	Trend
WI	356	450	N/A	N/A

Death & Hospitalization

- 1,235 residents deaths in 2017,
 - 17 All Drug Overdose (11 Opioids)
- 1,035 residents deaths in 2007,
 - 6 All Drug Overdose (X Opioids)
- Alcohol and Drug Abuse as Underlying or Contributing Cause of Death (2015)
 - Alcohol 43, Tobacco use 192, Other Drugs 15
- 10,438 Hospitalizations in 2015,
 - 268 Opioid Related Discharges (Admissions, Emergency Department)

Multi-Pronged Strategies Aligned Across Sectors

- **Social and Economic** – policies that either reduce or increase risk for drug misuse/abuse to include safety net programs, affordable housing, intersection between Adverse Childhood Experiences and drug use
- **Prevention** – Prevent and reduce risks to include surveillance systems, community awareness, services and supports to foster resiliency
- **Treatment** – medical care and counseling for individuals, families and loved ones
- **Harm Reduction** – Practices to lesson the negative social and/or physical consequences of human behaviors that are both legal and illegal
- **Law Enforcement and Justice** – Decriminalization and alternative justice programs and services to support an individual's recovery
- **Safety Response Services** – First responders recognize and manage overdoses and safety plans to protect children

2019 Marijuana Symposium Overview

While a great deal of attention has been given to illicit drugs such as methamphetamines and heroin, people do not start down the path to addiction there – they typically start with more accessible and accepted substances, such as alcohol and marijuana. The community conversation regarding the overall acceptance and perceived risk of marijuana use across the nation may be changing, but concerns over early drug use remain for the #2 drug impacting youth in Marathon County.

- Marathon County high school students who report ever using marijuana is on the rise – from 13.8% in 2015 to 17.8% in 2017. (Marathon County Youth Risk Behavior Survey)
 - This is a reverse trend compared to alcohol, which is on the decline from 54% to 50.2% over the same time period. (Marathon County Youth Risk Behavior Survey)
- Marathon County high school students who used marijuana in the last 30 days is also on the rise – from 5.8% in 2015 to 9.6% in 2017. (Marathon County Youth Risk Behavior Survey)
 - This is also reverse trend compared to alcohol, which has remained relatively unchanged over the same time period – 24.2% in 2015 to 24.1% in 2017. (Marathon County Youth Risk Behavior Survey)
- In 2017, 4.4% of Marathon County high school students report using marijuana before the age of 13, compared to 2.9% in 2015. (Marathon County Youth Risk Behavior Survey)
 - While this data point is not considered statistically significant, when compared to underage alcohol use, which has remained essentially unchanged between 2015 at 17% to 17.2% in 2017, it does appear trend is moving in a negative direction. (Marathon County Youth Risk Behavior Survey)

In order to have an informed dialogue in our community, the Marathon County Alcohol & Other Drugs (AOD) Partnership, with the support of Marathon County Health Department, requested financial support to host an educational symposium to be conducted over a number of months in the first half of 2019. On Wednesday, December 19th, 2018, the AOD Partnership Council received notification that the appropriations committee at Ascension St. Clare's approved the full funding request of \$16,000 to support this one-of-a-kind event.

While the legalization of marijuana for medical and recreational use is a debated public policy topic, the focus of the symposium will be to learn from experts from around the nation regarding the impacts of marijuana on youth, families, health, business, and communities – as told through a prevention, treatment and recovery, and enforcement lens. The goals of the event are to:

1. Develop a common language and understanding of frequently used terminologies – such as decriminalization, medical marijuana, CBD oil/products, and legalization for recreational use.
2. Increase understanding of marijuana's impact on youth, and how its use influences prevention and engagement efforts.
3. Gain a greater understanding of the impact of legalization, changes in use and potency, new products, and industry influence on perceptions and behaviors.

Participants will also be invited to walk through a mock room display that includes drug-related items that have been purchased right here in central Wisconsin and are readily available for young people.

Following the event, any additional conversations identified through the symposium evaluation would be hosted by the AOD Partnership, with support of Marathon County Health Department, who will include local partners in planning from the prevention, treatment, enforcement and business community.



Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government

An Inventory of Current Programs in Relationship to Best Practices along with
Program and Public Policy Recommendations
Working Draft – September 10, 2018

Drug misuse and abuse is a top priority for Marathon County Government, being identified as an objective in the 2018-2022 Marathon County Strategic Plan. Individuals, families, and communities are experiencing the impact of the heroin and methamphetamine epidemic in terms of eroding and the disrupting the lives of children and their families, decreasing an employable workforce, affecting the overall quality of life, and increasing the financial burden on county government to provide child welfare, law enforcement, and justice services.

Conclusions

Marathon County Government has been proactive in addressing the heroin and methamphetamine epidemic by participating in regional and state taskforces, piloting state initiatives, and investing in prevention efforts over the past decade.

The rate of overdose deaths among Marathon County residents is 10.4 per 100,000 residents for 2014-2016, compared to 16.3 for the State of Wisconsin. Looking at one year of data in 2016, the rate was 13.4 per 100,000 Marathon County residents compared to 18.5 for Wisconsin. (Note: The rate is age-adjusted to enable more accurate comparison with other counties.)

Marathon County Government is reliant on strong community partnerships to prevent and mitigate the impact of drug misuse and abuse. The majority of best and evidence-based practices are carried out in partnerships with private and other public sectors.

Marathon County Governmental Departments are familiar with each other's services and initiatives that align and support their department's mission and programs. Coordination of effort is supported through groups such as the Evidence Based Decision Making Team, United Way Partnership for Youth, Child Welfare and the Courts Trauma Informed Care, AOD Partnership, Western Marathon County Healthy Communities, and Early Years Coalition.

Programs that support social and economic opportunities for individuals and families can have a protective factor in building resiliency.

Current investments will need to be maintained and additional investments will be required to further current efforts and close gaps.

Overview

Purpose: To complete an inventory of Marathon County Government programs, services, and community initiatives in relationship to state and national best and evidence-based practices in support of Marathon County 2018-2022 Strategic Plan Objective 7.2 *Mitigate the Impacts of the Heroin and Methamphetamine Epidemic in Marathon County through Evidence-Based Practices*. This process included the identification of recommendations to close current gaps and increase collaborative efforts.

Method:

Inventory of Best and Evidence-Based Practices

A review of state and national best and evidence-based practices was completed in February and March of 2018. Practices and policies were sorted into the following categories:

- Safety Response Services – First responders recognize and manage overdoses and safety plans are in place to protect children.
- Law Enforcement and Justice – Decriminalization and alternative justice programs and services to support an individual’s recovery. Includes surrender of drugs without legal ramifications, drug courts, and diversion alternatives.
- Harm Reduction – Practices to lessen the negative social and/or physical consequences of human behaviors that are both legal and illegal. Includes needle exchange, naloxone education, testing for Hepatitis C, and counseling high-risk behaviors.
- Treatment – Medical care and counseling for individuals, their families and loved ones. Includes medication assisted treatment, recovery coaches, screening for risk, safe and sober living options, and continuum of treatment services.
- Prevention- Prevent and reduce risks associated with drug misuse and abuse. Includes surveillance systems, community awareness, services and supports to foster resilient children and youth.
- Social and Economic – Recognition that social and economic policies can either reduce or increase risk for drug misuse/abuse. Includes safety net programs, affordable housing, and understanding the intersection of Adverse Childhood Experiences (ACEs) and drug use.

Departments reviewed the inventory of best and evidence-based practices to identify what is currently being done and highlights gaps. The review did not include programs and services provided by community organizations and other public sectors. The review was done from March to June 2018. Departments participating in the review included: Alternative Justice, County Administration, District Attorney’s Office, Health Department, Sheriff’s Office, Social Services Department, and North Central Health Care. On July 31, 2018, the participating departments prioritized the list of 52 gaps and identified 16 gaps to address in the next 1-3 years. In addition, the group identified key assets that could be leveraged to close gaps.

Best and Evidence-Based Practices and Public Policy

Over 80 best and evidence-based practices and 15 public policies were reviewed in relationship to current Marathon County Government programs and services. The vast majority of best and evidence-based practices reviewed were practices reliant on partnerships between Marathon County Government and other public and private sectors (e.g., EMS, schools, health care organizations, businesses). For a complete list of practices and public policy refer to Attachment 1 (page 8).

Recommendations

The following are recommendations to close current gaps in terms of programs, services, community initiatives along with public policy opportunities in the next 1-3 years. In addition, key assets are listed that will need to be protected in order to close current gaps.

Criteria was established for prioritizing identified gaps. The criteria for determining which gaps to bring forward included programs, practices, community initiatives and policies that would:

- Reduce the fiscal impact of drug misuse and abuse on county governmental services.
- Reduce the impact of drug misuse and abuse on the community over the next 3-5 years.
- Likely to achieve desired outcomes as they are best-practice and/or evidence-based.
- Build and support resiliency on the part of individuals, families, and communities.
- Whereby Marathon County government can influence the change and resources are available or can be redirected.

Marathon County Government's Assets to Protect

Marathon County Government has a work culture committed to using best-practice and evidence-based decision making in the planning and evaluating of programs, services, and community initiatives. In order to continue to make the inroads that Marathon County Government has made in preventing and mitigating the impact of drug misuse and abuse, Marathon County Government will need to protect and maintain current programs and initiatives with an eye toward continuous improvement. Assets worth noting in need of continued support include:

Safety Response

- Marathon County Drug Endangered Children (DEC) as a model for other communities in Wisconsin

Law Enforcement and Justice

- Marathon County's law enforcement is forward thinking in addressing the drug misuse/abuse epidemic
- Marathon County Drug Court incorporates program/services to meet individual and their families' goals (e.g., housing, reunification)

Harm Reduction

- ARCW (AIDS Resource Center of Wisconsin) has a close working relationship with county government departments in promoting harm reduction practices; examples include needle exchange, Narcan (Naloxone) training

Treatment Services

- North Central Health Care expansion of Intensive outpatient, Community Based Residential Facilities (CBRF) beds, and day treatment services within the past year. In addition, the expansion of the medication monitored treatment program from 6 to 14 beds.
- North Central Health Care is partnering with the Medical College of Wisconsin and Psychiatric Residency program thereby expanding local psychiatric services
- The City of Wausau has an outpatient medication assisted treatment facility that partners with county government
- Marathon County community leaders are open to establishing communities of recovery (e.g., sober living, worksites) and wellness services for the whole person and their loved ones

Prevention

- Marathon County Government has rich partnerships between the private and public sectors in addressing prevention and early intervention services focused on infants to school age children
- Marathon County values the role community coalitions' play to address community issues. An example is the AOD Partnership, a multisector coalition, with public and private investments being made to address drug misuse/abuse in Marathon County.
- The LIFE Report conducted every two years, provides up-to-date data on the impact of drug misuse and abuse

Social and Economic

- In recent years, Marathon County's public and private sector have increased their understanding of the relationship between Adverse Childhood Experiences (ACEs), Trauma Informed Care (TIC) and the impact of drug misuse and abuse

Priority Gaps to Close in 2018-2020

To close identified gaps, it is critical Marathon County Government Standing and Program Committees increase their understanding of the scope and complexity of this issue, the benefits of investing in current and future initiatives, along with awareness of best and evidence-based practices underway. The following are prioritized gaps that would further protect Marathon County from the misuse and abuse of drugs.

Safety Response

- Lack of formal and informal resources to keep children in their homes safely, whereby children can remain with their parents as a result of having services in place to monitor the safety of children

Law Enforcement and Justice

- Evaluate the implementation of the Drug Court and modify as needed. For the Drug Court to be successful there is a need for supportive and transitional housing as well as access to medication assistant treatment.
- Lack of formal support services for youth involved in the criminal justice system
- Need for additional capacity to provide treatment and diversion alternatives

Public Policy

- Increase the number, funding and reach of Wisconsin drug courts (State Policy Recommendation Wisconsin's Heroin Epidemic: Strategies and Solutions)
- Expand the number of specialized courts in Wisconsin to create Family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance-related offenses (State Policy Recommendation Wisconsin's Heroin Epidemic: Strategies and Solutions)

Harm Reduction

- Marathon County Government does not have a policy on the use of naloxone for employees

Treatment Services

- Lack of knowledge of the benefits associated with medication assisted treatment and the fact medication assisted treatment is an evidence-based best practice. There is a high level of stigma regarding medication assisted treatment.
- Need to create more safe and sober options to include best practice recovery programming (there is interest on the part of property owners and investors, need for infrastructure, planning supports). Need to reduce stigma associated with safe and sober housing. Need to explore existing zoning laws.
- Lack of continuum of care including a regional treatment center
- Promote the United Way of Wisconsin's addiction treatment and recovery hotline once it becomes available

Prevention

- Support local municipalities to establish medication drop boxes in rural Marathon County communities which currently do not have one
- Continue funding for home visitation and parent education services for expectant and new parents who are disadvantaged and at risk
- Further employee education on misuse and abuse of drugs. Provide workplace supervisory training on how to identify, confront and report drug use.

- Public Policy
- Current state law on prescription drug monitoring does not include dental clinics or veterinarians

Social and Economic

- Further awareness and alignment of resources regarding the link between Adverse Childhood Experiences (ACEs), Trauma Informed Care and drug misuse and abuse

References

Source	Year	Full Citation
Combating Opioid Use: A Report to Governor Scott Walker	2016	Governor's Task Force on Opioid Use; Combating Opioid Use: A Report to Governor Scott Walker. 2016
County Health Rankings	Continual	See Individual Practices
Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health	2016	U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
Healthy Wisconsin	2017	Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment; Wisconsin State Health Assessment and Health Improvement Plan. February, 2017.
Northwoods Coalition kNOW Meth Report	2018	Northwoods Coalition; kNOW Meth Report: Recommendations for Reducing the Use and Impact of Methamphetamine in Wisconsin. January, 2018.

<u>Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy</u>	2017	Trust for America's Health; Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy. Washington, DC. November, 2017.
<u>Reducing Wisconsin's Prescription Drug Abuse: A Call to Action</u>	2012	Wisconsin State Council on Alcohol and Other Drug Abuse, Prevention Committee, Controlled Substances Workgroup; Reducing Wisconsin's Prescription Drug Abuse: A Call to Action. Madison, Wisconsin. January, 2012.
<u>Screening Brief Intervention and Referral to Treatment (SBIRT) Report to the State Council on Alcohol and Other Drug Abuse</u>	2013	Wisconsin State Council on Alcohol and Other Drug Abuse, Planning and Funding Committee, SBIRT Ad-hoc Committee; Screening Brief Intervention and Referral to Treatment (SBIRT) Report to the State Council on Alcohol and Other Drug Abuse. Madison, Wisconsin. May, 2013.
<u>Wisconsin's Heroin Epidemic: Strategies and Solutions</u>	2014	Wisconsin State Council on Alcohol and Other Drug Abuse, Prevention Committee, Heroin Ad-hoc Committee; Wisconsin's Heroin Epidemic: Strategies and Solutions: Analysis and Recommendations for Reducing Heroin Abuse in Wisconsin. Madison, Wisconsin. July, 2014.

Attachment 1 – Inventory of Best and Evidence-Based Practices and Public Policies

The following list all best and evidence-based practices and public policies by category. The level of evidence varies among the listed practices and public policies. A brief description how the best practice is being carried out by Marathon County Government along with identified gaps is included.

Category	Page Number
Safety Response	9
Law Enforcement and Justice	10-13
Harm Reduction	14-16
Treatment	17-22
Prevention	23-34
Social and Economic	35-38

Safety Response

Best Practice	Description	What is Being Done	Gaps
<p>Equip healthcare providers and first responders to recognize and manage overdoses</p> <p>First Responder education kits</p>	<p>Require that all ambulances carry opioid antagonists such as naloxone, and ensure that all EMTs and paramedics are trained and authorized by law to administer it.</p> <p>Education kits would provide first responders with information on best practices and community resources.</p>		
<p>Develop safety plans for children that are adult or child implemented</p>	<p>Harm reduction recognizes that continued parental or caregiver drug use may occur and practical strategies to protect children are necessary. Safety plans may be created by anyone and should be appropriate for the child's age and developmental level.</p>	<p>Marathon County Department of Social Services</p> <p>Safety plans occurring with protective services and child welfare programming (birth-18 years of age)</p>	<p>Lack of formal/informal resources to keep children in the home safely; a place where children can be placed with the parents or other supports coming into the home to monitor</p> <p>Limited time funding from the State of WI Department of Children and Families</p>
<p>Expand Drug Endangered Children (DEC) programs in every county and tribe in the state</p>	<p>A DEC program is a multidisciplinary team most commonly composed of members of law enforcement, human services, prosecutors, the medical community, health departments, probation and parole, schools, treatment centers, non-profit groups and concerned community members. DEC programs work within their county or tribe to defined 'drug endangered child' and the specific types of drugs that harm their community and endanger their children.</p>	<p>Sheriff's Office, Department of Social Services</p> <p>DEC program in place, protocols in place, accurately identifying, ensuring interview use, focus on collaboration among multidisciplinary team</p>	<p>Explore how we could implement DECSYS (DEC identification program felony drug cases)</p> <p>Further education with general practitioners and emergency room services</p>

Law Enforcement and Justice

Best Practice	Description	What is Being Done	Gaps
<p>Reduce barriers to prevent overdose</p>	<p>Law enforcement and other first responders are often called to respond to emergencies where intentional or unintentional narcotics overdoses occur. Allow for family members or other caregivers to obtain opioid antagonists (naloxone) when there is concern for a user's safety. Community-based training programs should be promoted as a venue for receiving training in naloxone administration.</p>	<p>Marathon County Sheriff's Office & rural first responders are trained</p> <p>State law changed to allow more first responders to be trained and utilize naloxone</p> <p>AIDS Resource Center of WI provide trainings at ATTIC</p>	<p>Trainings in the jail for inmates and family members to administer naloxone</p>
<p>Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications</p>	<p>The fear of potential legal consequences for possession of these items serves to deter many individuals from doing so, contributing to the potential that these items are either disposed of in an unsafe manner or continue to be possessed.</p>	<p>Currently being explored by the Sheriff's Office, Wausau Police Department and North Central Health Care</p>	
<p>Angel Initiative Program</p>	<p>Implement and maintain a Police Assisted Addiction and Recovery Initiative - Angel Initiative Program at local law enforcement agencies.</p>	<p>Currently being explored by the Sheriff's Office, Wausau Police Department and North Central Health Care</p>	
<p>Build Bridges between law enforcement and</p>	<p>Law enforcement agencies should designate an officer to be active on local community anti-drug coalitions</p>	<p>In place, with the AOD Partnership and Evidence-Based Decision Making Team (formerly</p>	

community-based prevention efforts	Community groups and law enforcement agencies should actively participate in each others' respective conferences and trainings.	CJCC – Criminal Justice Coordinating Council)	
Drug courts	Drug courts are specialized courts that offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration. These courts intensively supervise offenders, require drug testing and treatment and impose graduate sanctions for failed drug tests or program non-compliance. Drug courts can specialize in subpopulations such as juvenile offender or adults charged with drunk driving.	Justice Alternatives, launched Drug Courts in January 2018. Criminal felony charges are necessary to be eligible for drug court. Capacity to serve up to 25. Priority given to parents who care for children.	Evaluate program and adjust as needed. Drug courts need supportive and transitional housing and access to medication assistant treatment. Increase the number, funding and reach of Wisconsin drug courts (Wisconsin’s Heroin Epidemic: Strategies and Solutions) Expand the number of specialized courts in Wisconsin to create family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance-related offenses (Wisconsin’s Heroin Epidemic: Strategies and Solutions)
Criminal Justice Coordinating Council	Incentivize and support the formation of a Criminal Justice Coordinating Council and other similar task forces to support youth impacted by drug abuse	Justice Alternatives - Evidence Based Decision Making group has evolved to meet the Criminal Justice Coordinating Council (CJCC) function with a focus on the adult system. Marathon County had the first CJCC in the state	Lack of formal support services for youth

		Department of Social Services co-leads the United Way Partnership for Youth which serves as the juvenile Criminal Justice Coordinating Council in the county	
Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of substance use disorders (SUDs)	<ul style="list-style-type: none"> - Provide training opportunities for prosecutors assigned to drug cases regarding laws specifically related to persons with SUDs - Provide training and professional development opportunities to equip professional with the skills to recognize and understand SUDs - Partner with local substance abuse prevention coalitions and Departments of Public Health to assure consistent messaging and understanding of community drug-related problems 	<p>Justice Alternative – ATTIC provides train the trainer on motivational interviewing. Training is broad in scope and can provide to diverse audiences</p> <p>Aware of and seize opportunities to partner around AOD initiatives at the regional and state level (e.g., Governor’ Task Force, Wausau Police Department has two state certified trainers, Northwoods Coalition</p>	Marathon County could benefit from additional training and consistency across law enforcement system and agencies
Treatment and diversion alternatives	<p>Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have substance use disorders</p> <p>Expand diversion and rehabilitation programs, which are considered best practice and incorporate family interventions into services provided. Examples include: wellness court, alternative sentencing, skill building, drug court.</p>	<p>Justice Alternative and Sheriff’s Office work closely with Probation and Parole</p> <p>Marathon County Evidence-Based Decision Making Team</p> <p>District Attorney’s Office pre and post charge, pre-trial services deciding on who and what kind of supervision and linking individual to support services</p>	Need for additional capacity to provide treatment and diversion alternatives

<p>Making drugged driving a priority issue IACP/NHTSA Certificate for Law Enforcement Agencies</p>	<p>Law enforcement agencies should consider the IACP/NHTSA certificate to ensure that officers who pull over drugged drivers can spot the right signs and adopt appropriate responses.</p>	<p>Justice Alternative – OWI Court accepts drugged drivers</p>
<p>Increase Drug Recognition Expert (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) trainings statewide</p>	<p>Wisconsin DOT should continue providing this funding and expand these training opportunities in order to equip law enforcement agencies with enhanced skills when conducting roadside investigations and to establish a broad-base of law enforcement expertise across the state.</p>	<p>Marathon County Sheriff’s Office has a number of individuals trained</p>
<p>911 Good Samaritan Law</p>	<p>Raise public awareness regarding 2013 Wisconsin 911 Good Samaritan Legislation (Wisconsin Act 194). This includes:</p> <ul style="list-style-type: none"> - Educate law enforcement regarding law changes about limited immunity for 911 callers and overdose victims - Inform and educate PWIDs about law changes - target the community regarding law changes through PSAs 	<p>AOD Partnership (Health Department) and AIDS Resource Center of WI through newsletter and meetings</p>
<p>Medical Marijuana Legalization</p>	<p>Policies that legalize marijuana for medical purposes remove civil or criminal penalties and permit the sale and use of medical marijuana for eligible patients.</p> <p>Policies that legalize marijuana for recreational use allow possession of a limited amount of marijuana for personal, non-medical use.</p>	<p>Marathon County Government does not have a formal position on legalization of medical marijuana or recreational use allowing possession of a limited amount</p>

Harm Reduction

Best Practice	Description	What is Being Done	Gaps
<p>Needle exchange programs</p>	<p>Needle exchange programs limit the adverse effects associated with drug use to individuals and communities and limit the exposure of police, emergency workers, healthcare providers and others in the community to contaminated needles. These programs also provide important points for individuals seeking help and connections to treatment and other social services.</p>	<p>Health Department does STD/HIV testing along with HIV Partner Services. As part of services, harm reduction education is provided along with referrals to the AIDS Resource Center of WI (Wausau & Marshfield). Health Department did provide needle exchange services, however was discontinued due to lack of interest.</p>	<p>Further referral linkages among county departments and health care organizations</p>
<p>Safe Injection Sites</p>	<p>Staff do not administer drugs, but they are available to provide clean needles as well as counseling, monitoring and treatment for overdoses, and connections with social services. Studies suggest that safe injection facilities do not increase illicit drug use and help connect users to services and treatment.</p>	<p>None</p>	<p>Explore the merits of establishing safe injection sites</p>
<p>Naloxone education and distribution programs</p>	<p>Naloxone is a prescription medication that reverses overdoses caused by opioids. It is not a controlled substance and does not have potential for abuse. States have expanded access through legislation that permits prescriptions to people who are likely to encounter</p>	<p>North Central Health Care staff trained and policy for internal use being developed for case managers and residential care workers</p>	<p>Marathon County Government does not have a policy on naloxone for county departments</p>

	<p>someone who might overdose or standing orders by health care providers. State and communities can further expand access to naloxone through education, training, and distribution programs that reach drug users and their families and friends and efforts to ensure that all first responders are trained and authorized to administer naloxone.</p> <p>Procure funding for training on naloxone administration, including co-prescriptions of naloxone for any script written for an opioid. Training should be provided to pain management facilities, medical or dental providers prescribing opioids for pain relief, family members/caregivers of individuals with who use/abuse opioids</p>	<p>Law enforcement (police departments and sheriff's) and first responders are trained and carry naloxone</p> <p>AOD Partnership (Health Department) facilitates hosting trainings along with partners provided by the AIDS Resource Center of WI (trainings are free)</p> <p>State legislation passed permitting school personnel such as school nurses to administer an opioid antagonist such as Naloxone to a student on school premises if a student overdoses while at school</p>	
<p>Increase and expand fatal opioid overdose prevention training and establish protocols for facilities that house or serve individuals with opioid overdose risk</p>	<p>The intent of this recommendation is to provide the opportunity for someone to appropriately respond to an overdose, thereby, reducing the risk of harm or death. Overdose prevention training should be expanded to include:</p> <ul style="list-style-type: none"> - Active drug users - Non-drug using family, friends, or significant other - Pain Management Clinics - AODA Treatment centers, half-way houses and recovery homes - Jails/Prisons and other law enforcement centers 	<p>None</p>	<p>North Central Health Care and Marathon County Jail currently doesn't provide overdose prevention training</p>

- Community-based organizations which may serve people who use opioids (e.g. homeless shelters, domestic violence shelters, faith-based organizations)
- Hospitals and other health care facilities through committees or workgroups of medical professionals
- Collaborating with board members of recovery groups
- Developing overdose response protocols for facilities that house people with SUDs or who are recovering from an SUD

Testing for Hep C (HCV) and HIV should be available in outreach settings that are frequented by people who inject drugs

In order to prevent the further transmission of Hep C (HCV) and HIV, harm reduction and substance abuse treatment programs should integrate HCV, HIV and STD testing into screening and intake protocols

Health Department does provide harm reduction counseling at STD/HIV clinics along with HIV Partner Services. Testing sites at Aspirus Wausau Family Medicine and the County Jail. The Health Department works closely with other healthcare organizations such as Bridge, Healthfirst, AIDS Resource Center of WI, and HOPE.

North Central Health Care arranges for STD and HEP C (HCV) screenings upon admission for the Medically Monitored Treatment program through a primary care provider

Improve access to the western part of Marathon County

Treatment Services

Best Practice	Description	What is Being Done	Gaps
<p>Medication Assisted Treatment</p>	<p>Experts advise that the best evidence-based treatment approaches for many individuals with opioid and alcohol dependency include pairing counseling with MAT when certain medications can ease or eliminate withdrawal symptoms, relieve cravings, and support sustained recovery. Includes methadone, buprenorphine, and naltrexone.</p> <p>Research clearly demonstrates that MAT leads to better treatment outcomes compared to behavioral treatment alone.</p> <p>Medication-assisted treatment (MAT) for opioid dependence provides medications to individuals diagnosed with opioid use disorder, usually with counseling and behavioral therapies. As of August 2017, the FDA has approved methadone, buprenorphine, and extended release injectable naltrexone for MAT. Limited insurance coverage and appointment availability and lack of prescribing physicians are often barriers to MAT.</p>	<p>North Central Health Care - Incorporating using Vivitrol into uniformed practice</p> <p>Wausau Comprehensive Treatment Center provides medication-assisted therapy</p>	<p>Lack of knowledge of the benefits & that it is an evidence-based best practice</p> <p>There is a high level of stigma regarding Medication Assisted Treatment</p> <p>Need for more providers to incorporate Medication Assisted Treatment into their practice & programmatic support to carry out</p>
<p>Non-Medication Assisted Treatment</p>	<p>Provide accessible Non-MAT throughout Wisconsin for all populations through multiple service providers and delivery</p>	<p>North Central Health Care – On occasion have offered</p>	

	systems. Different pathways to recovery not medically assisted (e.g., mindfulness, bio-feedback).	mindfulness minute and laughter yoga on inpatient unit	
Expand Behavioral Health Workforce (Recovery Coaches)	<p>Encourage more Americans to become Behavioral Health Providers through financial incentives, including higher compensation, grants scholarships and loan forgiveness</p> <p>Expand and develop more types of behavioral health providers in the workforce (peer support, recovery coaches, health educators) who can provide behavioral health treatment</p>	<p>North Central Health Care - Psychiatry Residency program (through MCW), Primary Care Residency (through UW), Students through MCW, NTC nursing students, point to hire in trainees.</p> <p>AOD Partnership (Health Department) & North Central Health Care – Training arranged for Recovery Coaching in 2017-18.</p>	<p>Encourage more Americans to become Behavioral Health Providers through financial incentives, including higher compensation, grants scholarships and loan forgiveness (Pain in the Nation: The Drug, Alcohol, and Suicide Crisis and the Need for a National Resilience Strategy)</p> <p>Need for a dedicated coordinator to support Recovery Coaching services (refer to recovery coaching on page 20)</p>
Provide treatment for persons while incarcerated	Increase the amount of jails that provide substance abuse treatment and support to individuals who are incarcerated, including aftercare of those individuals	North Central Health Care - Mental Health Counseling for the jail , AOD counseling 1:1 and groups	Challenge in providing meaningful AOD services for short term incarceration
Establish adolescent treatment options throughout the state	Adolescent populations need to receive fair and equitable services in-line with services provided to adults with SUDs but which recognize the special needs of adolescents and young adults.	<p>North Central Health Care - Adolescent treatment 1:1, provides crisis services on short term basis</p> <p>Adolescent treatment groups held at Peaceful Solutions Counseling</p>	<p>Lack continuum of care, in need of higher levels of care, including inpatient care</p> <p>Need more outpatient providers who see adolescents with substance use disorders</p>

<p>Provide positive proactive supportive services for pregnant women and people with SUDs with dependent children.</p>	<p>For pregnant women using heroin the standard of care is methadone maintenance therapy. Critical to the success of opioid agonist therapy is the use of supportive services, including behavioral therapy and assistance with domestic violence issues, employment, housing, food and education needs.</p>	<p>Social Services - protective services (unborn child abuse for substance use by pregnant woman), community response services</p> <p>North Central Health Care - prioritize pregnant women for their MMT program & refer into Start Right</p> <p>Start Right Program (Health Department and Children's) provide case management services</p> <p>Support services available Wausau Comprehensive Treatment Center</p>	<p>Lack of continuum of care for postpartum women and their children</p> <p>Lack of clarity on unborn child abuse reporting law, difficult to prove on non-schedule 3 & 4 - WI laws deemed unconstitutional</p> <p>Lack of reporting for unborn child abuse, due to patient/medical provider relationship</p>
<p>Screening Brief Intervention and Referral to Treatment (SBIRT)</p>	<p>SBIRT offers an evidence-based, comprehensive, and cost-effective public health approach to address risky and problem drinking and other drug use.</p> <p>Ranges from informal counseling to structured therapies. They often include feedback to the individual about their level of use relative to safe limits, as well as advice to aid the individual in decision making.</p>	<p>Inconsistent among health care partners and even within health care systems</p> <p>North Central Health Care utilizes motivational interviewing and screens for drug use for individuals presenting for mental health</p>	<p>Need for consistent use among and within health care systems, including behavioral health counseling agencies</p>
<p>Safe and sober living options</p>	<p>Expand the number of safe and sober living options.</p>	<p>Diversion programs have safe and sober living options</p>	<p>Need to create more safe and sober options to include best practice programming (there is interest in</p>

		<p>North Central Health Care - Hope House (2 years old) - Have to be in community treatment program to get services (5 beds)</p> <p>North Central Health Care - Community Corner Clubhouse provides social support</p> <p>Randlin Homes is a community option</p>	<p>terms of property owners and investors, need for infrastructure, planning supports)</p> <p>Need to reduce stigma associated</p> <p>Need to explore existing zoning laws</p>
Regional treatment centers	Open and maintain Regional Treatment Centers in communities demonstrating high need that would include polysubstance and use multiple treatment modalities	North Central Health Care	<p>Lack of continuum of care</p> <p>Need to address affordability and accessibility of treatment</p>
In-patient stabilization centers/facilities throughout Wisconsin	Establish in-patient stabilization centers/facilities throughout Wisconsin to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.	<p>North Central Health Care - primarily for low risk cases and refers out for high risk cases</p> <p>Detox for inpatient unit (capacity 16) - ambulatory detox unit but patients are ineligible due to health complexities</p>	<p>Need for continuum of care for post-detox</p> <p>Need for more detox services and expanded levels of detox in different settings</p>
Recovery schools	Permitting UW's Office of Educational Opportunity to charter a recovery school		
Recovery coaches	One of the most important aspects of a recovery coach is that they have a shared experience. A 'Recovery Corps' based on the AmeriCorps model is recommended. Additionally, a grant program that would	AOD Partnership (Health Department) and North Central Health Care in the process of establishing a Central WI Recovery Coaching Network	Need a dedicated coordinator to provide infrastructure

	allow up to 25 hospitals with high rates of drug overdoses care to hire in-house recovery coaches is recommended as well as placing recovery coaches in correctional facilities.		
Create and maintain Recovery Oriented Systems of Care (ROSC)	<p>A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.</p> <p>ROSC embrace the idea that severe substance use disorders are most effectively addressed through a chronic care management model that includes longer term, outpatient care, recovery housing, and recovery coaching and management checkups.</p>	North Central Health Care – provides aspects of this (inpatient, outpatient, psychiatry, case management, sober living, MMT, day treatment, IOP (Intensive Outpatient))	Needed, does not exist
Recovery supports	Refers to the collection of community services that can provide emotional and practical support for continuing remission as well as daily structure and rewarding alternatives to substance use. This includes mutual aid groups, recovery coaching, recovery housing, recovery management check-ups, recovery based education, recovery community centers (community centers have yet to be studies in rigorous fashion, therefore is it	North Central Health Care Clubhouse - Social model providing events and activities (typically serves low SES)	Need to reduce stigma which prevents individuals from accessing support

	not possible to estimate their effectiveness		
Support activities to reduce risk or enhance protection	<p>Support activities include:</p> <ul style="list-style-type: none"> - Increase number of sober activities and events - Increase access to peer support groups - Cultivate recovery supportive worksites - Recognize business that are supportive of individuals in recovery by providing incentives - Advocate for resources in rural areas - Provide funding and technical assistance to ensure basic needs are met to support whole recovery for individuals or those impacted by addiction - Incentivize state funding opportunities to include partnerships 	<p>AOD Partnership (Health Department) and North Central Health Care development of Central WI Network of Recovery Coaches</p> <p>North Central Health Care Clubhouse</p>	Need to further support activities in terms of sector, type and location across the county
Addiction treatment and recovery hotline	A hotline could provide a single door to the wide range of services available. Staffed by trained counselors and peer specialists, the call center and website would connect people to resources in their region, help them navigate insurance or Medicaid, and be a listening ear in a difficult hour.	<p>North Central Health Care Crisis Center is listed in United Way of Marathon County 211</p> <p>Marathon County's CART (Crisis Assessment Response Team)</p>	Currently have supports intended for mental health but lack of supports for substance abuse – United Way of Wisconsin is in the process of establishing an addiction treatment and recovery hotline
Doctor-to-Doctor hotline	A doctor-to-doctor consultation service would serve rural areas especially, where doctors may lack specialized knowledge of addiction medicine.	<p>North Central Health Care – hiring new staff, Addictionologist</p> <p>North Central Health Care, ties to the Medical College of WI Psychiatry program</p> <p>North Central Health - Primary Care extender program</p>	

Prevention

Best Practice	Description	What is Being Done	Gaps
<p>Local surveillance system to support data collection efforts to monitor drug use in Marathon County</p>	<p>Problem indicators should include:</p> <ul style="list-style-type: none"> - Pharmacy robberies, lost in transit reports, consumer thefts outside of pharmacies, emergency room drug admissions, school incident reports, Aids Resource Centers for Wisconsin (ARCW) needle exchange program, naloxone use reports <p>Monitoring Program Should Include:</p> <ul style="list-style-type: none"> - Instances of Narcan dosing by EMS personnel as well as in Emergency Rooms - Naloxone use reports from needle exchange programs such as the program of the AIDs Resource Centers of Wisconsin (ARWC) - Positive tests for non-medical prescription drug use - Emergency room reports for overdoses - Reportable diseases related to injection drug use, such as hepatitis or HIV <p>Strong surveillance is essential to understanding public health issues within specific areas and developing effective strategies to address and evaluate them</p>	<p>No formal multi-sector process, currently sector driven. Partners conversationally state what is occurring</p> <p>Health Department tracks and reports on reportable diseases such as hepatitis and HIV, on a weekly basis to infection control practitioners and annually to the community</p> <p>Health Department through the LIFE Report reviews substance abuse data with community partners every two years. County-wide benchmarks established with the 2017-2020 Community Health Improvement Plan.</p>	<p>No formal multi-sector process for reviewing problem indicators</p> <p>No formal multi-sector process for monitoring programs listed, with exception of reportable diseases</p>
<p>Enhance coroner practice in Wisconsin</p>	<p>Increase support to County Coroner and Medical Examiner offices to support</p>	<p>Medical Examiner Officer and Health Department –</p>	

	<p>toxicology screening to make accurate determination of cause of death - Provide guidance to coroners and medical examiners regarding recommended drug testing protocols to ensure that fee-for-service laboratories they choose are able to provide the desired scope of testing</p>	<p>Establishing an Overdose Fatality Review Team as result of grant award in May 2018</p>	
<p>Proper disposal and Take Back programs</p>	<p>These strategies help to ensure only intended patients access opioid medications and reduce the number of unused medications that may be available in homes and institutions. These efforts ensure that unused drugs are either taken out of circulation or properly disposed of. Proper drug disposal programs accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. Programs can use in-person drop-offs, mail-in efforts, or permanent secure collection receptacles and can be administered by state or local governments, municipal trash and recycling services, pharmacies, hospitals, clinics, or community organizations partnered with law enforcement.</p> <p>Additionally, providers and pharmacies may supply patients with safety bags along with their medications where they can seal unused medications. The bags contain a neutralizing agenda that</p>	<p>Solid Waste and Health Department - Currently 7 drop boxes locations at the following local police departments:</p> <ul style="list-style-type: none"> • Wausau • Everest Metro • Rothschild • Kronenwetter • Marathon • Spencer • Colby-Abbotsford • Edgar (end of 2018) <p>Mosinee & Edgar participate in one-day events and Stratford has participated in the past</p> <p>Participation is on a voluntary basis</p> <p>100% of pharmacies distribute info & currently exploring info distribution via dental clinics & faith based communities</p>	<p>Support of local municipalities to establish drop boxes in rural Marathon County</p> <p>Research alternatives, including drug deactivation systems</p>

	deactivate the drugs so they can then be disposed of in regular garbage.	Rebranded drop box program in 2018	
Increase community awareness through media and outreach campaigns	<p>Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of substance use disorders (SUDS)</p> <p>Provide Information: presentations, public service announcements, brochures, public awareness campaigns, community meetings, town halls, forums, etc.</p>	<p>AOD Partnership with the support of the Health Department along with Western Marathon County Healthy Communities, the following:</p> <ul style="list-style-type: none"> • Pushback Against Drug Abuse is a Marathon County initiative • Directories have been established through 211 • Three annual events sponsored by the AOD Partnership: Annual Spotlight Recognition Event, Faces of Recovery Luncheon, Recovery Summit • Marathon County Youth Risk Behavior Survey and Marathon Co. Teen initiative • Active member of Northwoods Coalition & utilize their outreach and educational materials as appropriate • Participate in National Recovery Month • Previously used Drive Sober or Get Pulled Over 	<p>Specific sectors are not fully engaged in outreach efforts, including: businesses, faith based communities (bolster), civic and community groups, basic needs organizations</p> <p>Lack of diversity of sectors within rural communities</p>

		<ul style="list-style-type: none"> • Takebackyouth.org (local initiative) • Establishing Central WI recovery coaching network 	
Ensure services for pregnant women and drug-affected newborns	Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn	<p>Wausau Comprehensive Treatment Center (formally Wausau Health Services) provides pregnancy support groups & is linked to Start Right (Health Department)</p> <p>North Central Health Care Lakeside Recovery prioritizes pregnant women to the top of the intake list</p> <p>Health Department Start Right works closely to ensure pregnant individuals are linked to needed treatment services</p> <p>Social Services - contracts with Meta House which provides Medication Assistant Treatment, coordinate with probation parole</p>	<p>Lack of continuum of care in Marathon County</p> <p>Currently, need to separate mothers from newborns to ensure infant safety - lack of programs that take children & parents</p> <p>Develop a safe way to ask for help - treatment without ramifications & engaging Department of Social Services</p>
Home visiting programs	High quality home visiting programs are one of the strongest evidence bases for results in improving health and broader support for low-income families with young children. Help to ensure needs are identified and individuals and families are connected with critical healthcare,	Health Department with a contract with Children’s Hospital - Start Right program serves approximately 210 children (Birth-Age 5) and their families per year.	Funding for Start Right has been flat for the past decade, limiting the number of children/parents who could benefit from home visiting services.

	mental health and social services, including financial, employment and food assistance services.		
Promote and support parenting skills	Evidence-based parenting skill and family relationship programs provide caregivers with support and are designed to give parents the tools they need to succeed, as well as enhance positive parent-child interactions and improve children's behavioral and emotional skills and abilities.	Refer to Home Visiting Programs above. In addition, Children's Hospital provides Play N'Learn and educational sessions in all communities in Marathon County and provides a Warm Line 24/7. LENA (Library, Medical College of WI, Children's Hospital) launched in 2018, having the first class of 18 parents complete the course.	Continue to maintain services
Continuum of services and supports to foster resilient children and youth	Invest in quality child care and early childhood education Support social-emotional learning in child care and early education programs Support a continuum of services between early care and education to elementary school	Several county departments are members of the Early Years Coalition including: Social Services, Library, Health, North Central Health Care, and Marathon County Special Education. Early Years Coalition focus is improving the quality of child care, and promote social-emotional learning. Social Services - Continuum of services and supports to foster resilient children and youth Assist financially through eligibility of WShares	Further the work of the Early Years Coalition There is currently greater demand than services able to be provided

		Completes Young Star ratings for family childcare certifications	
Foster supportive school environments through; positive climate, school-based programs, and increased school health services	<p>Prioritizing a healthy positive school climate for all individuals in the school</p> <p>Investing in evidence-based emotional learning, life and coping skill programs</p> <p>School-Based programs share a focus on building social, emotional, cognitive and substance refusal skills and provide children accurate information on rates and amounts of peer substance use. Examples include: LifeSkills Training, keepin'it REAL, Project Toward No Drug Abuse</p> <p>School-based and Tween/Teen Screenings and Identification of Risks</p> <p>Expand both the number of school counselors and other mental health personnel in schools, and professional opportunities</p> <p>Increase school health services including mental, behavioral and oral health, and improve coordination across education, health and other social services</p>	<p>United Way's Partnership for Youth (Social Services, co-chair) – goal is to provide services in the community and within the schools so they remain out of the justice system</p> <p>Social Services through contracts with Peaceful Solutions Counseling GAIN (Global Appraisal of Individual Needs) & SASSI (Substance Abuse Subtle Screening Inventory) – AODA and mental health assessments for truancy kids</p> <p>Implementation of b.e.s.t tool in school districts (Marathon County Special Education), screening along with training and intervention</p> <p>School Based Counseling Consortia (staff supported by the</p>	<p>Further working partnerships with school districts</p>

	Adopt and support the wide and sustained use of evidence-based substance misuse and prevention programs in schools	Health Department) provide school-based mental health services in all public schools in Marathon County beginning in 2018 Bridging Brighter Smiles services (mobile fluoride varnish, sealant, check carries, referral to dentist) in school districts	
Provide opportunities to support youth participation in activities that reduce risk and enhance protection	Meaningful youth participation involves recognizing and nurturing the strengths, interests and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them. These benefits are known to protect youth against risk-taking behavior. Communities should - - Promote afterschool activities/community engagement - Provide education through youth groups - Include cultural activities to improve protective factors - Encourage the use of peer to peer led groups (SADD, SODA, STOMP) - Encourage youth to participate in substance abuse prevention coalition efforts - Provide youth programming through alternative, private and public schools,	Trauma Informed Care (TIC) Child Welfare in the courts (County Admin, Corp Counsel, Social Services, Sheriff, DA, Guardians Adlitem, Judges, Wausau School District) Youth led activities Department of Social Services contract with Boys and Girls Club Department of Social Services contracts with Professional Services Group (PSG) for community alternatives to residential and correctional care for youth CHOICES Program - provides a program for truancy kids to recognize an error in thinking	Determine what further role Marathon County plays in supporting youth serving organization activities that reduce risk and enhance protection

	<p>youth serving organizations, assemblies, churches and small groups.</p> <ul style="list-style-type: none"> - Provide resources for youth to learn how to cope with stress - Provide resources and education for youth who are living with family members who have a SUD - Implement evidence-based substance abuse strategies in schools using SAMHSA's National Registry - Research Adverse Childhood Experiences and provide trauma informed services for youth and families 	<p>and be able to make better choices - DSS contracts with Peaceful Solutions</p> <p>Western Marathon County Healthy Communities</p> <p>ACEs community group (Health Department)</p> <p>School-based Mental Health Consortium</p>	
Family-based program that support strong families	<p>Examples Include: Strengthening Families Program: For Parents and Youth 10-14, Strong African American Families, Familias Unidas, Coping Power</p>	<p>None aware of</p>	
Mentoring programs to reduce delinquency	<p>Mentoring programs focused on reducing delinquency enlist mentors to develop relationships and spend time individually with at-risk mentees for an extended period. Mentors have greater knowledge, skills, or experience than mentees, but are not in professional or pre-determined relationships with the mentees such as parent-child or teacher-student.</p>	<p>United Way Partnership for Youth (BBBS, Boys & Girls Club)</p> <p>Bigs in Blue (Wausau PD)</p> <p>Teen LEAP (Children's Hospital)</p>	
Youth serving organizations enhance employees skills through training on drug recognition	<p>Create or update policies for youth serving organizations to require all employees to obtain training on drug recognition methods and refer youth who are living in a drug endangered</p>	<p>AOD Partnership (Health Department) promotes and supports Drug Recognition trainings and/or links organizations to them</p>	

	environment or showing signs of personal drug use (e.g., Drug Impairment Training for Educational Professionals)		
Provide funding to support substance abuse prevention coalitions	As community coalitions conduct local assessments, build capacity and implement and evaluate a local plan that involves all community sectors, they build the relationships and foundation for broad-based community buy-in for prevention services.	The county supports a full time staff person dedicated to facilitating and leading the work of the AOD Partnership as well as broad AODA practices	
Promote safe and healthy neighborhoods	Provide innovative and comprehensive multi-agency approaches to ensure public health; public safety; community revitalization through neighborhood outreach and engagement; and promotion of neighborhood watched to prevent crime and instill a sense of community	Marathon County Crime Stoppers Neighborhood Groups (Wausau) City of Wausau leads, Parks Department and Sheriff's Office involved	Opportunity to increase county's involvement in neighborhood groups
Workplace drug policies	Establish a clear written workplace drug policy Establish consistent drug testing policies Consider hiring policies that do not discriminate against past drug use or criminal history	Marathon County Policies and Procedures Chapter 20 Employee Conduct Section 21 Drug Free Workplace and Alcohol and Other Drug Abuse Policy is in place	Evaluate Marathon County Government drug testing policies

<p>Workplace employee education and assistance</p>	<p>Provide or expand assistance for employees who are misusing or abusing drugs to assist employees in times of personal setback or crisis, many businesses offer an important employee health benefit known as Employee Assistance Programs (EAPs).</p> <p>Provide employee education and prevention resources - the entire workplace needs to know about the benefits of the drug-free workplace programs regarding savings to the bottom line including health insurance rates and safety concerns. Trainings need to include review of the workplace policy, drug trends, what to look for, how to report and available resources for those needing help.</p>	<p>Employee Resources – EAP services available to employees</p>	<p>Further employee education on misuse and abuse of drugs</p>
<p>Workplace supervisory training</p>	<p>Provide supervisors training in how to identify, confront and report drug use.</p>	<p>Employee Resources is consulted as needed</p>	<p>Provide supervisor training on how to identify, confront and report drug use</p>
<p>Healthcare/Allied Health professionals</p>	<p>Mandate education and training for health care professionals</p> <p>Establish guidelines to reduce diversion of prescription drugs by those who handle prescription medications in the course of their daily work</p> <p>Screen children and caregivers for ACEs and other risk factors beyond traditional health concerns.</p>	<p>Unknown current practices of Healthcare System Partners</p>	<p>Determine what role Marathon County Government plays in shaping health care organizations’ practices</p>

<p>Pain management practice and prescribing practices</p>	<p>Education for practitioners is a critical component to reducing incidences of prescription drug misuse - including support for continuing education support, particularly as the field and guidance may change over time. Recommended subject matter include: treating pain in a holistic manner, appropriate prescribing, critical thinking skills, use of state PDMPs and addiction identification and referral to treatment.</p> <p>Improve pain management practice in Wisconsin in accordance with best practices including widely distributing the CDC's Opioid Prescribing Guidelines</p>	<p>Unknown current practices of Healthcare System Partners</p>	<p>Determine what role Marathon County Government plays in shaping health care organizations' practices</p>
<p>Prescription drug monitoring programs</p>	<p>PDMPs are electronic databases, housed in state agencies that track prescribing and dispensing of controlled substances. PDMPs can be used by prescribers and pharmacists to view prescriptions written for and dispensed to individual patients, by law enforcement agencies to identify drug diversion or pill mills, or by state medical boards to identify potentially problematic prescribers.</p>	<p>Prescribers, pharmacies, and law enforcement are required to report in to the PDMP</p>	<p>Current law does not include dental clinics or veterinarians</p>
<p>Support multi-sector engagement and coalition initiatives</p>	<p>Drug-Free Community grants support community-based coalitions that work to prevent youth substance misuse, and federal funds require a local-support match.</p>	<p>Health Department provided staff through a Drug-Free Community grant that ended in 2014. Since 2016, the county supports a full-time staff person dedicated to facilitating and</p>	

	<p>Create a broad based community coalition to assess and prioritize risk and protective factors and substance use rates, using a school survey of all students in 6, 8, 10, and 12. Coalition then chooses evidence based interventions that address their chosen priorities.</p> <p>Support Community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse and overdose deaths.</p> <p>Recruit employers, local government agencies, medical centers and non-profits to participate in substance abuse prevention and intervention activities</p> <p>PRomote School-Community-university Partnerships to Enhance Resilience (PROSPER) - focuses on community-based collaboration and capacity building that links the land-grant university Cooperative Extension System with the public school system. Local teams select and implement family-focused evidence-based interventions in Grade 6 and a school-based EBI in Grade 7.</p>	<p>leading the work of the AOD Partnership as well as broad AODA practices.</p> <p>A tri-ethnic survey is used to assess community readiness in Marathon County to address alcohol and other drugs. AOD Partnership has an annual plan of work. AOD Partnership has broad representation of sectors.</p>	
<p>Funding to support medical training programs</p>	<p>Amending the rural hospital graduate medical training program funding statute to clarify that grant funds may support addiction fellowships within one of the specialty fields for which doctors may train</p>		<p>Federal Policy, determine role of Marathon County government in advancing policy</p>

Social and Economic

Best Practice	Description	What is Being Done	Gaps
<p>Ensure economic opportunity through program and policy support</p>	<p>Experts call for additional investment in infrastructure and the workforce (such as direct job creation, adult education, job training, and apprenticeship programs) and maintenance of current education grants (e.g. Pell grants) and safety net programs (e.g. SNAP) in the short term; and policies that reduce economic inequality, boost income and wage stagnation, bolster affordable housing, improve public health and healthcare, reform criminal justice and education systems, and continue to support programs that bolster low and moderate income families in the long-term</p>		<p>Determine Marathon County Government’s role in advocating for programs and policy that address social and economic issues impacting individuals and families</p>
<p>Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)</p>	<p>EITC and CTC provide money to low-income individuals who are working (EITC) and who have children (CTC). Studies show the higher amount of refundable tax credit a child's family receives, the more likely that child is to have better school performance, attend college, earn more as an adult and avoid the early onset of disabilities and other illnesses associated with child poverty.</p>		

Temporary Assistance for Needy Families (TANF)	TANF provides block grants to states to supplement state spending in support of low-income families	Department of Social Services administered funds	
Minimum wage increases			
Family and medical leave	A small percentage of the U.S. workforce has access to paid family leave benefits to support time off after a child is born. Nearly half of U.S. employees do not work for a company that is required to offer leave under the federal Family and Medical Leave Act, and more than half of those who do cannot afford to take the unpaid leave that the law provides. This can make it more difficult to breastfeed, causes stress for the parent and child and makes it more difficult for parent and children to establish positive, nurturing relationships.		
Unemployment insurance	Federal-State unemployment insurance programs support states in providing short-term assistance for many families to fill a gap between jobs - states can define the maximum amount and duration of benefits		
Affordable housing initiatives	Housing Choice Vouchers, Section 8 Project-Based Rental Assistance and Public Housing		

	<p>Provide education on the Fair Housing Act for landlords who offer Section 8 housing and advocate for persons with a felony to live in Section 8 housing</p> <p>State and Local Housing Trusts</p>		
<p>Local, State, and Federal place-based community/neighborhood development initiatives</p>	<p>These initiatives focus on how to improve the overall quality of neighborhoods and areas, supporting housing, equal education and job opportunities, crime reduction, active living and quality healthcare. Examples include: Neighborhood Revitalization Initiative, Choice Neighborhoods, Promise Zones and Strong Cities, Strong Communities. Residing in areas that offer lots of opportunities, such as high-performing schools, high-quality parks and strong community activities, reduce stress and help improve mental health and well-being.</p>		
<p>Food assistance programs</p>	<p>Supplemental Nutrition Assistance Program (SNAP) - SNAP (FoodShare in WI) is the largest nutrition assistance program in the U.S providing benefits to individuals.</p> <p>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) - WIC is a federal grant-based program that provides nutrition support to low-income pregnant,</p>	<p>Department of Social Services administers program</p> <p>Healthfirst is the provider of WIC, locations throughout Marathon County</p>	

	<p>postpartum and breastfeeding women, infants and children up to age 5 who are at risk for inadequate nutrition.</p> <p>School Meal Programs - The National School Meal Programs provides a free or reduced-cost meal to students from families earning below 185% of the federal poverty guidelines. School meal programs are widely credited with reducing levels of student truancy and behavioral issues and raising levels of student concentration and achievement.</p>		
<p>Focus on the intersection of Adverse Childhood Experiences (ACEs) & drug use</p>	<p>ACEs -- Maternal Depression, Emotional & Sexual Abuse, Substance Abuse, Domestic Violence, Homelessness, Incarceration, Mental Illness, Divorce, Physical & Emotional Neglect -- are rooted in Adverse Community Environments such as -- Poverty, Discrimination, Community Disruption, Lack of Opportunity, Economic Mobility, & Social Capital, Poor Housing Quality & Affordability, Violence</p>	<p>Adverse Childhood Experiences (ACEs) identified as a 2017-2020 community health priority</p>	<p>Further awareness of the link between ACEs and drug misuse and abuse</p>



Health Department - Health Officer's 2018 Work Plan

Mission - "Do we know where we are going?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Develop 2019-2023 Marathon County Health Department Strategic Plan.</p> <p>Who: Joan Theurer, Amanda Ostrowski, Management Team.</p>	<p>The Health Department published five-year strategic plan on October 2013. National public health accreditation standards require a strategic plan be developed/updated every five years.</p> <p>Annual report of accomplishments from the 2013-2018 Strategic Plan provided to the Board of Health and MCHD All-Staff.</p>	<p>Strategic plan is keeping with Public Health Accreditation Board (PHAB) standards.</p> <p>Strategic plan utilizes balanced scorecard and Denison Organizational Culture models. Plan is aligned to the County's Comprehensive Plan and Strategic Plan.</p> <p>Strategic plan is accepted by the Board of Health.</p>	<p>December 4, 2018</p>	<p>In Progress Anticipated Date of Completed February 1, 2019</p> <p>In Progress Anticipated Date of Completed January 31, 2019</p>	<p>12/7/2018 Draft products for the 2019-2023 Marathon County Strategic Plan are in the process of being finalized. Draft products to be presented at the January Board of Health meeting. Two plan documents will be written for two different audiences: 1) Comprehensive plan that meets Public Health Accreditation Standards; and 2) Abbreviated plan for Health Department Staff, Board of Health and County Administration. The final plan is to be shared at the February Board of Health and the MCHD All-Staff meeting.</p>
<p>Update Marathon County Health Department's Performance Dashboard measures.</p> <p>Who: Joan Theurer, Management Team</p>	<p>Performance Dashboard was established in 2014, reviewed and revised annually.</p>	<p>2019 Performance Dashboard measures are developed based on strategic plan objectives.</p>	<p>December 31, 2018</p>	<p>In Progress Anticipated Date of Completed January 31, 2019</p>	<p>12/7/2018 Strategic Plan Outcome Objectives will be accepted at the January Board of Health meeting. 2019 Performance Dashboard measures are in the process of being drafted.</p>



Health Department - Health Officer's 2018 Work Plan

<p>Provide technical assistance in the development of the Marathon County 2018-2022 Strategic Plan.</p> <p>Who: Joan Theurer, Amanda Ostrowski</p>	<p>Marathon County Health Department contributed to the development of the plan in 2017, including creating a project charter, facilitating processes to identify priority objectives, inventory of programs/services in support of the Comprehensive Plan objectives, and framework for the 2018-2022 strategic plan.</p>	<p>Marathon County 2018-2022 Strategic Plan will have clear goals, objectives, strategies and measures; including assignment of departments.</p> <p>A plan for implementation will be in place that includes scope, role, authority, tasks.</p>	<p>March 15, 2018</p> <p>June 30, 2018</p>	<p>Accomplished</p> <p>Accomplished</p>	<p>3/20/2018 Strategic Plan accepted by the Marathon County Board of Supervisors.</p> <p>11/14/2018 A charter was developed to guide implementation process of the Marathon County 2018-2022 Strategic Plan. The charter along with template work plan to be shared with County Administrator on 12/12/2018.</p>
<p>Increase understanding of how MCHD programs align with the 2018-2022 Marathon County Strategic Plan.</p> <p>Who: Joan Theurer</p>	<p>Health Officer and Public Health Educator involved in the development of the 2018-2022 Marathon County Strategic Plan.</p>	<p>MCHD All-Staff able to state how their work supports one or more strategic plan objectives.</p> <p>Board of Health able to state how the department supports one or more strategic plan objectives.</p>	<p>May 30, 2018</p> <p>May 30, 2018</p>	<p>Accomplished Ongoing</p> <p>Accomplished Ongoing</p>	<p>4/25/2018 Overview of Marathon County Strategic Plan provided at MCHD All-Staff meeting. Colleagues identified programs/services in support of strategic objectives the department is leading.</p> <p>6/5/2018 Overview of Marathon County Strategic Plan provided at the Board of Health meeting.</p> <p>10/2 and 12/4/2018 7.2 and 3.7 Strategic Plan objectives being led by the department revisited at the Board of Health meetings.</p>



Health Department - Health Officer's 2018 Work Plan

<p>Ensure policies, procedures and medical orders are up-to-date.</p> <p>Who: Joan Theurer, Management Team</p>	<p>In 2017, the process for review/approval was remapped. Concentrated effort was made to retire policies/procedures no longer applicable, review and revise existing documents. Considerable progress has been since December 31, 2016 at 18% compared to estimate 70% or greater as of January 15, 2017-TBD).</p>	<p>90% of policies, procedures, medical orders will be reviewed and revised as needed annually.</p>	<p>Ongoing</p>	<p>Accomplished Ongoing</p>	<p>11/20/2018 94% of the department's 111 policies, procedures and medical orders are up-to-date.</p> <p>5/2/2018 Policy and procedure on department's standard updated. A new inventory in Excel was developed. Oversight of tracking inventory delegated to Director of Operations, providing quarterly updates to Health Officer.</p>
<p>Serve as fiscal agent for the Northern Regional Center for Children and Youth with Special Health Care Needs.</p> <p>Who; Joan Theurer, Julia Stavran, TBD</p>	<p>Marathon County Health Department has been the fiscal agent for the Northern Regional Center since January 2005. Julia Stavran, Program Coordinator is retiring as of March 23, 2018. The Board of Health reviewed the merits of continuing to serve as a fiscal agent on September 5, 2017 with the decision for the</p>	<p>Program Manager will be hired and on staff.</p> <p>Program Manager will successfully complete six-month orientation</p>	<p>May 15, 2018</p> <p>November 15, 2018</p>	<p>Accomplished</p> <p>Accomplished</p>	<p>5/21/2018 New Program Manager joined. Orientation underway.</p> <p>2/5/2018 Recruitment efforts began.</p> <p>11/20/2018 Program Manager is fully orientated to her role and is working independently.</p>



Health Department - Health Officer's 2018 Work Plan

<p>Seize opportunities to further the mission of the department. Examples: Title X, CD funding</p> <p>Who: Joan Theurer, Management Team, Board of Health</p>	<p>department to continue to serve as fiscal agent for 15-county region.</p> <p>Health Officer serves on the WALHDAB Communicable Disease Funding workgroup to determine funding allocations and parameters for the appropriation of funds from the 2017-2019 Budget Bill.</p> <p>Board of Health supported the exploration of Marathon County Health Department to serve as fiscal agent for Langlade, Lincoln, Taylor and Wood counties to expand reproductive health services at the December 5, 2017 meeting.</p>	<p>Opportunities were explored to further the department's mission by the Health Officer with Board of Health.</p>	<p>Ongoing</p>	<p>Accomplished Ongoing</p> <p>Accomplished Ongoing</p>	<p>12/7/2018 Continue to serve on and provide guidance to the WALHDAB Communicable Disease Funding Workgroup. Anticipate taking on a greater leadership role in 2019 to create products in making the case for the state's investment in communicable disease at a local level.</p> <p>11/20/2018 Given nature of state award, outreached to Price County to serve as fiscal agent given Marathon County's procurement policy. To evaluate the benefit in investing resources to serve as fiscal agent for 2019-2021 grant application.</p> <p>5/1/2018 Board of Health supported the Health Department to serve as fiscal agent for Title X funds on behalf of Langlade, Lincoln, Taylor and Wood counties. Sole source determination completed in April.</p>
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Health Department - Health Officer's 2018 Work Plan

<p>Integrate Healthy Marathon County Pulse into community assessment and improvement plans.</p> <p>Funding by community partners will be sustained into 2019.</p> <p>Who: Joan Theurer, Aaron Ruff, Janine Foggia</p>	<p>Healthy Marathon County Pulse was released in January 2018. Data platform is possible due to a funding partnership. Workgroup of community partners guides the implementation and evaluation.</p>	<p>Inventory of data sets of the LIFE Report Health & Wellness completed in relationship to Healthy Marathon County Pulse, having gaps in data closed.</p>	June 1, 2018	Accomplished	5/25/2018 Inventory of gaps in data indicators used for the Health & Wellness section completed, with majority of gaps closed.
		<p>LIFE Executive Committee to explore the merits of using Healthy Marathon County Pulse data platform to support the development of the 2019-2021 LIFE Report.</p>	October 1, 2018	Accomplished Ongoing	12/3/2018 LIFE Executive Committee decided to move forward in having Marathon County Pulse serve as the platform for LIFE Subcommittee assessment phase and creating LIFE report indicator pages.
		<p>Healthy Marathon County Pulse funding partners will confirm commitment for another year of funding based on success measures.</p>	September 30, 2018	Accomplished	<p>5/25/2018 Meetings underway with the LIFE Executive Committee to determine the feasibility of using Healthy Marathon County Pulse as the data platform for all LIFE Subcommittees' indicators. Mapping of current LIFE indicators in relationship to Healthy Marathon County Pulse completed. Determination as to feasibility to be done in summer.</p> <p>5/15/2018 Confirmed funding among Healthy Marathon County Funding Partners for 2019.</p>



Health Department - Health Officer's 2018 Work Plan

Health Department Strategic Plan Crosswalk

Citizen Perspective: Assure programs and initiatives are in place to address the public health needs in Marathon County.

Operations: Strengthen the department's ability to promote and implement public health policy in support of the county's mission and strategic goals.
Advance collaborative partnerships at the local, regional and state level to fulfill the department's mission and to maximize resources.

Fiscal: Promote understanding of the value public health contributes to the community.

Marathon County Strategic Plan

Objective 12.3 – Promote cost-effective public services.



Health Department - Health Officer's 2018 Work Plan

Adaptability - "Are we listening to the marketplace?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Marathon County will develop a comprehensive plan to mitigate the impact of drug misuse/abuse.</p> <p>Who: Joan Theurer, Janine Foggia (UW Population Health Fellow), Department Heads, County Administration</p>	<p>Marathon County Comprehensive Plan objective "7.2 Mitigate Heroin and Meth in Marathon County utilizing best practices" was selected as priority objective for the 2018-2022 Marathon County Strategic Plan.</p> <p>Marathon County has a number of departments contribute to addressing drug misuse/abuse. The county currently does not have a comprehensive plan.</p>	<p>Marathon County programs that address drug misuse/abuse will be coordinated and aligned.</p> <p>Comprehensive plan will be presented to the Health & Human Services and Public Safety Committees.</p>	<p>September 15, 2018</p>	<p>Accomplished</p>	<p>9/17/2018 Presented the working draft report "Prevent and Mitigate the Impact of Drug Misuse and Abuse" to the Public Safety and Health & Human Services Committees.</p> <p>5/25/2018 Inventory of best practices for prevention, treatment, law enforcement/justice, safety response, and social/economic completed. Mapping is underway and 1-1 interviews expected to be completed by June 30th.</p> <p>2/8/2018 Project Charter developed and shared with County Administration, Chairs H&HS & Public Safety Committees, County Board Chair and key Department Heads.</p>
<p>Further contributions by employees in quality improvement activities.</p>	<p>Marathon County Health Department established a quality improvement plan in 2012. The plan updated in 2017 lays out</p>	<p>90% of employees will have contributed to a quality improvement activity.</p>	<p>May 1, 2019</p>	<p>Accomplished</p>	<p>12/7/2018 100% of employees contributed to quality improvement activity, having 62% of employees participate in a program specific activity.</p>



Health Department - Health Officer's 2018 Work Plan

Who: Joan Theurer, QI Team	expectations for quality improvement activities for the department.	Three MCHD All-Staff meetings will feature a QI project.	December 31, 2018	Accomplished Ongoing	12/7/2018 QI process or projects were featured during 4 of 8 MCHD All-Staff meetings.
	A cross-team QI Team meets 3-4 times per year.	Minimum of four QI projects will be completed.	December 31, 2018	Accomplished Ongoing	12/7/2018 To date, 18 formal QI projects were completed among 8 different program/administration areas, utilizing 12 different QI tools. Comprehensive evaluation was done for the Water Testing Lab, presenting program options at the April 3, 2018 Board of Health. In process of implementing program recommendations.
Reassess readiness for Public Health Accreditation.	Marathon County Health Department last assessed readiness for accreditation in August 2014.	Maintain current scores in focus domain areas.	Ongoing	Accomplished Ongoing	12/7/2018 Continue to maintain established practices adopted that meet Public Health Accreditation Standards.
Who: Joan Theurer, Management Team, Board of Health		Improve score in focus domain "workforce".	November 2018	Accomplished Ongoing	11/25/2018 The Workforce Development Plan developed was reviewed by the Management Team. Identified plan for closing current gaps in 2019.
		Revisit the benefits of investing in being accredited.	December 2018	Ongoing	12/7/2018 Continue to prioritize work to maintain and close current gaps in standards.



Health Department - Health Officer's 2018 Work Plan

Health Department Strategic Plan Crosswalks

Citizen Perspective: Assure programs and initiatives are in place to address the public health needs in Marathon County.

Operations: Create and maintain systems to assure desired outcomes are met. Maximize utilization of technology in support of the department's mission. Improve organizational culture to assure programmatic and operational excellence.

Fiscal: Assure adequate resources to support department priorities.

Marathon County Strategic Plan

Objective 7.2 Mitigate the impact of heroin and methamphetamine epidemics in Marathon County through evidence-based practices.

Objective 12.3 Promote cost-effective public services.



Health Department - Health Officer's 2018 Work Plan

Consistency - "Does our system create leverage?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Everyone is responsible for giving and receiving "on and off" track feedback.</p> <p>Create a culture of trust between employees and supervisors.</p> <p>Identify inconsistencies in managers "practice what they preach".</p>	<p>In May 2014, Marathon County Health Department established and defined the key behaviors of honesty, respect and personal accountability as foundational in supporting the department's core values. SMART Behavioral Core Value examples were established in the summer-fall of 2014, being evaluated and adjusted in the summer of 2016.</p> <p>In 2017, a "Giving and Receiving" Feedback educational plan was launched. The plan was developed and implemented by cross-team workgroup and</p>	<p>Every day, everyone at the Health Department will choose to contribute to strong work culture.</p> <p>All employees will demonstrate skill to give and receive "on and off track" feedback by all employees.</p> <p>Supervisors and staff address behaviors not in keeping with core values.</p> <p>Employees exuberate pride and joy in their work.</p>	Ongoing	Ongoing	<p>11/28/2018 Reinforced concepts of "giving and receiving" feedback in presenting information on to effectively give and receive tasks/projects at MCHD All-Staff.</p> <p>8/16/2018 Orientation on "Giving and Receiving Feedback", "Parent, Child, Adult" and "Shield Up/Shield Down" to new employees, having mentors and supervisor participate. Session opened to all employees who wanted a refresher.</p> <p>3/6/2018 Health Officer Coffee held on Parent, Child, Adult and Shield Up/Shield Down.</p> <p>2/19/2018 Practice session on "giving and receiving" feedback held on February 14, 2018.</p>



Health Department - Health Officer's 2018 Work Plan

	<p>provided u-tube videos, team discussions and two training sessions.</p> <p>Rounding recognitions are tied to behaviors that support core values.</p>		Ongoing	Ongoing	12/7/2018 Rounding acknowledgements continue to be tied to core values either through postings, emails, etc.
<p>Health Department Strategic Plan Crosswalk</p> <p>Employee Learning and Growth: Promote a work environment that fosters innovation and excellence.</p>					
<p>Marathon County Strategic Plan: N/A</p>					



Health Department - Health Officer's 2018 Work Plan

Involvement - "Are our people aligned and engaged?"					
Objectives	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Promote activities and opportunities for everyone to contribute their strengths and leadership.</p> <p>Employee recognition will be meaningful to employees.</p> <p>Define leadership practices; supervisor autonomy; and boundaries and authority when delegating to be clear and consistent.</p>	<p>Marathon County Health Department began rounding in 2013. In spring of 2016, MCHD All-Staff shaped the department's Recognition Plan. In 2014, all employees' strengths were inventoried. On an ongoing basis, the Management Team incorporates new leadership/management concepts. Graduates of the Marathon County Leadership Program are encouraged to serve as mentors. In 2017, six employees served as mentors.</p>	<p>All employees will be rounded every 4-6 weeks.</p>	Ongoing	Ongoing	12/7/2018 Health Officer continues to monitor frequency of rounding by managers at twice a year.
		<p>Employees will recognize others' contributions.</p>	Ongoing	Ongoing	12/7/2018 Rounding along with the "gratitude" and "pickle" board provide opportunities for recognition along with encouragement of submitting nominations for Core Value.
		<p>Employees will be provided team, department and countywide leadership opportunities.</p>	Ongoing	Ongoing	12/7/2018 Leadership opportunities are provided through Sunshine, United Way Basket, Innovations, ACE/TIC series, Wellness Committee, Newsletter Editorial Board, and LDP. Four employees are serving as mentors for the class of 2018. One employee is enrolled.
		<p>Employees will be aware of their strengths and identify opportunities within their position to use their strengths.</p>	Ongoing	Ongoing	12/7/2018 All teams are in the process of leading discussions on individual members "Strengths and Shadows". Department inventory



Health Department - Health Officer's 2018 Work Plan

		Management Team will incorporate two new leadership and/or management practices.	December 31, 2018	Accomplished	12/7/2018 Management Team identified leadership and management topics for 2018. Topics explored included: Delegation, Motivating People for High Performance, Leadership Styles, Compassionate Leadership, and Positive Mindset. Concepts are being incorporated into conversations and practices (e.g., MCHD All-Staff focused on “giving and receiving tasks” to reinforce steps in effective delegation throughout the department.
Health Department Strategic Plan Crosswalk					
Employee Learning and Growth: Promote a work environment that fosters innovation and excellence.					
Marathon County Strategic Plan: NA					



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

**YTD Disease Incidents by Episode Date
Incidents for MMWR Weeks 1 - 50 (Through Week of December 15, 2018)
Jurisdiction: Marathon County**

Disease Group	2018					Total
	Week 46	Week 47	Week 48	Week 49	Week 50	
Arboviral Disease	0	0	0	0	0	2
Babesiosis	0	0	0	0	0	5
Blastomycosis	0	0	0	0	0	3
Campylobacteriosis (Campylobacter Infection)	0	2	1	0	0	50
Chlamydia Trachomatis Infection	7	4	8	7	11	323
Coccidioidomycosis	0	0	0	0	0	1
Cryptosporidiosis	0	0	1	0	0	38
Cyclosporiasis	0	0	0	0	0	8
Ehrlichiosis / Anaplasmosis	0	0	0	0	0	3
Giardiasis	0	2	0	1	0	37
Gonorrhea	0	1	1	2	4	49
Haemophilus Influenzae Invasive Disease	0	0	0	0	0	2
Hepatitis B	0	0	0	0	0	7
Hepatitis C	0	0	1	0	0	24
Influenza	1	0	0	0	0	147
Invasive Streptococcal Disease (Groups A And B)	1	1	0	1	0	19
Legionellosis	0	0	0	0	0	4
Listeriosis	0	0	0	0	0	1
Lyme Disease	0	0	0	0	0	45
Meningitis, Other Bacterial	0	0	0	0	0	1
Mycobacterial Disease (Nontuberculous)	0	0	0	0	0	14
Parapertussis	0	0	0	0	0	8
Pathogenic E.coli	0	0	0	0	0	15
Pertussis (Whooping Cough)	0	0	0	0	0	13
Salmonellosis	0	0	0	0	0	17
Shigellosis	0	0	0	0	0	1
Streptococcus Pneumoniae Invasive Disease	0	0	1	1	1	15
Syphilis	1	0	0	0	0	3
Tuberculosis	0	0	0	0	0	1
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	0	15
Varicella (Chickenpox)	0	0	0	0	0	5
	10	10	13	12	16	876