

Marathon County Board of Health

**Tuesday, March 5, 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 February 5 and 25, 2019 Board of Health Meeting**
- 4. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 5. Policy Discussion and Possible Action**
 - A. Adopt changes to the Marathon County Agent Programs Regulation
 - B. Highlight the 2019 Health Officer Plan of Work
 - C. Legislative Updates: Follow-up from the Board of Health Legislative Education meeting, discuss the 2019-2021 biennial State of Wisconsin budget, and share 2019-2020 Legislative Session policy proposals impacting public health
 - D. Share the impact of the government shutdown would have had on food insecurity programs (e.g., Women, Infants and Children) and planning that occurred to lessen the impact on families
 - E. Report from the Health & Human Services Committee February 14 and 25, 2019 meetings on policy issues impacting public health
 - F. Determine components for the Board of Health self-assessment
- 6. Educational Presentations/Outcome Monitoring Reports**
 - A. Presentation of the Medical College of Wisconsin 2018 Teaching Award (8:30AM)
 - B. Present the 2019-2023 Marathon County Health Department Strategic Plan
- 7. Announcements**

- A. Staffing Update
- B. Other

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

- A. Confirm the April 2, 2019 meeting and tentative agenda items

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
February 5, 2019

Present: John Robinson, Kue Her, Michael McGrail, Dean Danner, Sandi Cihlar, Lori Shepherd, Laura Scudiere, Mary Ann Crosby

MCHD Staff: Sam Pinzl, Melissa Moore, Hannah Schommer, Judy Burrows, Dale Grosskurth, Eileen Eckardt

Guests:

1. Call to Order

John Robinson called the meeting to order at 7:33 a.m.

2. Public Comment Period

Joan Theurer unable to join the meeting.

3. Approval of the Minutes of the January 8, 2019 Board of Health Meeting

Motion to approve the minutes made by Lori Shepherd. Second by Dean Danner. Motion approved.

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

A. None

5. Policy Discussion and Possible Action

A. Set fees for the 2019-2020 licensing year

Dale Grosskurth shared that a 3% increase occurred in 2018, and provided additional background information regarding progress in having licensing program fees cover the costs of program oversight. The proposed increase for 2019 is also 3%, and would still require \$31,160 in levy to support the program.

Discussion on how fees in Marathon County compare to those of the State. Dale shared that currently fees are higher than the State's program. Due to the merger of state programs, there may be an associated future restructuring of fees.

Discussion on the possibility of implementing a higher percentage fee increase to reduce the reliance on levy funds.

Motion to increase to 5% in 2019 for licensing fees by Laura Scudiere. Second by Michael McGrail.

Discussion on the impact of increasing the fees at a higher level on smaller businesses. An increase to 5% would result in approximately \$8,000 less potentially needed from tax levy.

After discussion the Motion was approved.

B. Confirm educational focus for the February 25, 2019 Board of Health Legislative Educational Meeting

Judy Burrows shared information on what has happened so far regarding planning for the meeting. Judy introduced Sam Pinzl, who will talk about ACEs at the legislative meeting, Melissa Moore will talk about Substance Abuse, and Hannah Schommer will talk about Behavioral Health.

Judy provided an overview of the topics that will be covered at the meeting with legislators, and how the meeting will be structured.

- John Robinson, and Joan Theurer will start the meeting with introductions, and providing a general overview of public health.
- ACEs will be the first health priority covered, as it is foundational to the other priorities. Dr. Shepherd will be introducing the topic and sharing the specific request for the topic, and Sam will provide comments on local efforts.
- Behavioral Health will be introduced by Laura Scudiere, with Hannah Schommer sharing initiatives underway in Marathon County. Laura will share a related story with the legislators, and present the specific request for Behavioral Health
- Substance Abuse will be introduced by Laura Scudiere. Melissa Moore will share data around cigarette and vaping use by youth, as well as alcohol and marijuana use.
- Public Health Funding, and the need for Medicaid Expansion will be the final topics presented.

Judy asked if the Board members could provide input on the specific requests to be made to the legislators. Discussion on considering presenting the specific request at the start of each topic or at the start of the meeting during the overview, and again following the presentation of information about the issue.

- ACEs – continue funding family visiting programs; continue strong funding for 4K education
- Behavioral Health – current legislation inhibits children’s access to crisis services (Youth crisis stabilization funding);
 - Discussion on additional requests to consider, including funding to address increased suicide rates and prevention, and legislation to allow inmates to suspend Medicaid benefits
- Substance Abuse – more support for prevention; new substance abuse prevention funding that is not specific to a drug; look and learn about the impact of new or changed marijuana legislation in other states when considering policy changes in Wisconsin.

Ask the legislators how we can help them with information and providing guidance on policy issues. Judy will be reaching out to Board members for final details to be addressed.

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

Judy shared that the harm reduction section of the report provided at the last meeting, and pointed out specific topics such as having policies in place regarding naloxone usage, and availability in places such as schools.

Discussion on what areas of County government would benefit from having policies in place for availability of naloxone, such as social services, veterans, etc. The various departments could be assessed first, to determine what they think could be most useful. Judy indicated some work could be done to find out what other counties and health care agencies have in place.

Judy shared that the remaining information included in the document was provided for information.

Discussion on looking into how to best provide harm reduction services to the entire county, including Western Marathon County. Eileen Eckardt shared that due to the sparse population of that area of the County, it has not been looked into as far as providing harm reduction services, but there are other agencies providing services in those areas. The Health Department may not always be the agency providing the services, but could facilitate identifying where there are service gaps, and working with other agencies to cover those areas.

- D. Report from the Health & Human Services Committee Meeting on Policy Issues impacting Public Health

Mary Ann Crosby shared that the meeting had been postponed due to weather.

6. Educational Presentations/Outcome Monitoring Reports

This agenda item will be postponed to a later meeting, due to the Health Officer being unable to attend the meeting.

- A. Presentation of the Medical College of Wisconsin 2018 Teaching Award (8:30AM)
- B. Share what the impact of the government shutdown would have had on food insecurity programs (e.g., Women, Infants and Children) and action planning that was happening to lessen the impact on families
- C. 2019 Health Officer Plan of Work

7. Announcements

- A. Other

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

- A. Confirm the February 25, 2019 Legislative Educational meeting
- B. Share tentative agenda items for March 5, 2019
 - a. Share published 2019-2023 Marathon County Health Department Strategic Plan
 - b. Board of Health self-assessment tool
 - c. 2019 Marathon County Dashboard measures
 - d. Continuing the review of policy opportunities from the Prevent and Mitigate the Impact of Drug Misuse and Abuse Marathon County Government report

Sandi Cihlar shared that Julie Wilems Van Dijk has been named Deputy Secretary of Health Services for the State of Wisconsin.

Motion to adjourn made by Laura Scudiere. Second by Lori Shepherd. The meeting adjourned at 8:55 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

DRAFT

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
February 25, 2019

Present: John Robinson, Kue Her, Laura Scudiere, Dean Danner, Lori Shepherd, Mary Ann Crosby, Sandi Cihlar (via telephone)

MCHD Staff: Sam Pinzl, Judy Burrows, Joan Theurer, Dale Grosskurth, Jenna Flynn, Eileen Eckardt

Guests: Sen. Jerry Petrowski, Rep. Pat Snyder, Rep. James Edming

1. Call to Order

John Robinson called the meeting to order at 8:01 a.m.

2. Public Comment Period

John Robinson thanked the legislators in attendance for joining the meeting. John also shared there will be a training at a joint Health & Human Services and Public Safety Committee meeting focused on ACEs this afternoon.

3. Policy Discussion and Possible Action

John Robinson shared an overview of the economic impact of the issues of Adverse Childhood Experiences, Behavioral Health, and Substance Abuse on the health of the County.

A. Investing in Health of Our Communities

Joan Theurer walked through current investments in public health, and revenue sources that support the work of the health department in Marathon County.

B. Community Health Priorities for Marathon County – Share and discuss three health priorities in terms of what is the impact on residents, what is happening to reduce impacts, and resources needed to close gaps

i. Adverse Childhood Experiences (ACEs)

Lori Shepherd presented with Samantha Pinzl regarding Adverse Childhood Services (ACEs), providing information on the effect adverse childhood experiences have on health outcomes and life expectancy. Lori shared how common ACEs are in the population, and how they affect people through behavior and physical and mental health problems. The single most important way to prevent ACEs is to have a caring adult in a child's life. Lori shared data for Wisconsin, showing that the age group of 18-34 has been impacted more in the last 10 years.

Samantha Pinzl shared initiatives underway in Marathon County to address issues around ACEs. Work has been done in the last few years to educate what ACEs are, and how they impact the community. Home visiting as a form of prevention has proven to be effective in reducing ACEs, rather than interventions later in a child's development.

Lori Shepherd that funding for family visiting programs, and continued funding for early childhood education programs will be beneficial in addressing the issues around ACEs.

ii. Behavioral Health

Laura Scudiere presented on the impacts of behavioral health in Marathon County. Efforts underway in Marathon County include the Marathon County School-Based Counseling Consortium, and the Crisis Assessment Response Team (CART).

Judy Burrows shared that through data collected by the Youth Risk Behavior Survey, 30% of youth in Marathon County schools are dealing with behavioral health issues. The School-Based Counseling Consortium provides for access to behavioral health care providers while attending school.

John Robinson shared that 5% of the students being served are receiving good results, but not all students who could benefit are receiving services due to limited access to care, insurance costs, and lack of support from family.

Judy Burrows shared that additional funding for behavioral health going to schools would be useful in being able to train teachers and other school staff.

Laura Scudiere shared that increasing the amount of time for youth crisis stabilization services would be beneficial. Additionally, allowing for easier reinstatement of benefits, such as Badgercare, would be helpful for those returning to the population after incarceration.

iii. Substance Abuse

Laura Scudiere shared an overview of issues faced in Marathon County including an increase in usage of methamphetamines. Things that can be done to help address substance abuse issues in Marathon County include more support for community based prevention programs, greater flexibility in applying funding to address substances, and learning about and considering the impacts of new marijuana legislation in other states when considering legislation in Wisconsin.

John Robinson shared the appreciation for the legislators attending and their willingness to learn about the issues in Marathon County.

Joan Theurer shared that all of the issues around substance abuse and behavioral health come back to ACEs.

The meeting adjourned at 9:19 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

Health Officer Notes March 2019

Policy Discussion and Possible Action

- A. **Adopt changes to the Marathon County Agent Programs Regulation** – Dale Grosskurth, Program Director – Environmental Health & Safety will walk through proposed revisions. Enclosed, find proposed changes to increase clarity of the regulation:
- Page 12, 100.7 Permit Issuance and Requirements (3) Permit Transfer – added (f) to clarify Body Art Establishments are not able to transfer per Department of Safety and Professional Services.
 - Page 13, 100.8 Inspections (3) “Class B” or “Class C” Tavern – inserted special condition inspection term as defined on page 4, 100.3 Definitions, (17) Special Condition Inspection
- B. **Highlight the 2019 Health Officer Plan of Work** – Joan Theurer, Health Officer will walk through the major aspects of the plan and address areas needing to be clarified or strengthened.
- C. **Legislative Updates: Follow-up from the Board of Health Legislative Education meeting, discuss the 2019-2021 biennial State of Wisconsin budget, and share the 2019-2020 Legislative Session policy proposals impacting public health** – The Board of Health and Marathon County Health Department staff will share known policy proposals. Enclosed, are the following documents:
- WALHDAB/WPHA 2019-2020 Legislative Priorities,
 - Governor Tony Evers’ Plan to Address Oral Health Access Issues in Wisconsin/Overview of Dental Access Initiatives, and
 - Wisconsin Alcohol and other Drug Related Policy Proposals.
- D. **Share the impact of the government shutdown would have had on food insecurity programs (e.g., Women, Infants and Children) and planning that occurred to lessen the impact on families** – Joan Theurer, Health Officer will share what the fiscal impact would have been for families if there was an interruption of WIC benefits.
- E. **Report from the Health & Human Services Committee February 14 and 25, 2019 meetings on policy issues impacting public health** – Mary Ann Crosby, Marathon County Board Supervisor will highlight discussion and action taken by the committee impacting public health.
- F. **Determine components for the Board of Health self-assessment** – Joan Theurer, Health Officer will walk through components of a self-assessment to determine focus and methodology. Enclosed, find considerations for self-assessment from a Board of Health perspective.

Educational Presentations/Outcome Monitoring Reports

- A. Presentation of the Medical College of Wisconsin 2018 Teaching Award
- B. Present the 2019-2023 Marathon County Health Department Strategic Plan

Announcements

- A. Staffing Update – Jenny Hsu has been hired as Public Health Nurse. She has a background in inpatient and outpatient OB. She will be joining the department on March 25, 2019.
- B. Other

Marathon County Health Department Policy		
Policy Name	Marathon County Agent Programs Regulation	
Relevant <u>Policy(s)/Procedure(s)</u>	Marathon County Health Department Food Facility Enforcement Policy Marathon County Health Department Food Safety Inspection Procedures Marathon County Health Department Licensing Permit Renewal Procedure Marathon County Health Department Public Pool and Water Attraction Enforcement and Re-Inspection Policy	
Applicable To	EHS Program Staff Director of Environmental Health & Safety Health Officer	
Location	File path (insert)	
Effective Date	April 1982	
Date of Revision	July 7, 2016, December 6, 2016; February 8, 2017; February 5, 2018; March XX, 2019	
Legal and Other References	State Statutes: 66, 101, 97, 251, 125 Wisconsin Administrative Code Chapters: ATCP 74, ATCP 75 and Wisconsin Food Code, ATCP 72, ATCP 73, ATCP 76, ATCP 78, ATCP 79, SPS 390, SPS 221, and SPS 326	
Authorizing Signatures		
	Dale Grosskurth, Director of Environmental Health & Safety	Date
	Joan Theurer, Health Officer	Date

Purpose Statement

The purpose of this regulation is to protect the public health, safety and general welfare, and to improve and maintain the public health for the citizens and communities in the County of Marathon through agent program activities.

Policy

Whereas the Wisconsin Departments of Safety and Professional Services and Agriculture, Trade, and Consumer Protection, under Wisconsin State Statute Sections 101.935, 97.41, 97.615, 97.67 and respectfully, grant authority to the Board of Health of the County of Marathon as their agent and to adopt rules and regulations promulgated by state statute and administrative rule and, in addition, adopt their own regulations which may be more strict than said statute, or administrative rules; and

1 | Marathon County Agent Programs Regulation
Effective Date: April 1982
Revision Date: ~~March XX, 2019~~ February 5, 2018

Whereas Wisconsin State Statute Sections 251.04, and provides that the Board of Health of the County of Marathon shall have authority to adopt regulations to protect and improve public health; and

Whereas Wisconsin State Statute Sections 97.30, 97.41, 97.615, 251.04, and 254.51 provide that such boards shall take such measures and make such rules and regulations as shall be most effectual for the preservation of public health; and

Whereas Wisconsin State Statute Section 125.68(5) requires all "Class B" and "Class C" taverns to conform to the same sanitation requirements governing restaurant sanitation; and

Whereas the purpose of this regulation is to protect the public health, safety and general welfare, and to improve and maintain the public health for the citizens and communities in the County of Marathon; and

Whereas it is the considered opinion and judgment of the Board of Health of Marathon County that it is in the public interest and necessary for public health to provide the regulations herein contained; and

Therefore the Marathon County Board of Health does ordain the following regulations:

100.1 - Scope of Regulation

- [1] Applicability - The provisions of this regulation apply to all areas of the County.

100.2 - General Provisions

- [1] This regulation shall be referred to as the "Marathon County Public Health Agent Programs Regulation".
- [2] The effective date of this regulation shall be after adoption and promulgation by the Marathon County Board of Health and publication date as required by State Statute.
- [3] Administration and the interpretation of this regulation shall be by the Health Officer or designee. The Health Officer shall have the authority to insure compliance with the intent and purpose of this regulation.
- [4] The fees for permits shall be established by the Marathon County Board of Health to cover part or all of the cost of issuing permits, making investigations, inspections, sampling, providing education, training and technical assistance to establishments and facilities, plus the cost required to be paid to the state for each permit.

100.3 - Definitions: In this regulation

- [1] "Automated System" means a commercially available system which continuously monitors disinfectant concentrations.

- [2] "County" means the County of Marathon.
- [3] "Department" means Marathon County Health Department.
- [4] "Employee" means any person working in a public facility or establishment.
- [5] "Extensive remodeling" means the construction or repair of an existing public facility or establishment that significantly alters the design or operation of the food service area. Extensive remodeling does not include redecorating, cosmetic refurbishing, or altering seating design or capacity.
- [6] "Human Health Hazard" means a substance, activity or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously to affect the health of the public" Wisconsin State Statute 254.01(2)
- [7] "Health Officer" means the Health Officer of Marathon County, his or her designee or authorized agent. The Environmental Health Sanitarian and the Director of Environmental Health and Safety are considered designees.
- [8] "Immediate/Imminent Danger to Health" means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury based on:
(a) The number of potential injuries; or
(b) The nature, severity, and duration of the anticipated injury. [DATCP 75 Appendix]
- [9] "Manufactured Home Community" means any plot or plots of ground upon which 3 or more manufactured homes that are occupied for dwelling or sleeping purposes are located. "Manufactured home community" does not include a farm where the occupants of the manufactured homes are the father, mother, son, daughter, brother or sister of the farm owner or operator or where the occupants of the manufactured homes work on the farm.
- [10] "Non-Automated System" means a system that is entirely under the control of the owner/operator and must be manually controlled to maintain required disinfectant levels.
- [11] "Person" means any individual, partnership, association, firm, company, corporation, or other legal authority and any municipality, town, and county; whether tenant, owner, lessee, licensee or the agent, heir or assignee of any of these.

- [12] “Preinspection” refers to an inspection of a Public Facility or Establishment to determine compliance with applicable regulations prior to issuing an operating permit.
- [13] “Public Facility or Establishment” refers to a restaurant (includes taverns subject to statute or administrative rules for permitting purposes as a restaurant or retail food establishment), grocery, convenience store, bakery, body art, hotels, motel, tourist rooming house, bed and breakfast, swimming pool, campground, recreational and educational campground, manufactured home community, and any facility or establishment used by the general public that requires a permit or license under this regulation, Wisconsin Administrative Code, or Wisconsin State Statute adopted by reference in this regulation.
- [14] “Regulation” means the Marathon County Public Health Agent Programs Regulation.
- [15] “Reinspection” means a follow-up inspection conducted on a specified date, to verify that an ordered remediation has occurred or corrected in compliance with this regulation {Refer to 100.8(3)(b)}.
- [16] “Temporary Order” means an enforcement action that lasts for 14 days and can be extended for an additional 14 days pursuant to sec. 66.0417, Wis. Stats. A Temporary Order may include but is not limited to:
- (a) The immediate exclusion of an individual from employment;
 - (b) The immediate closing of the facility or establishment concerned until, in the opinion of the Health Officer, no further immediate/imminent danger to health exists;
 - (c) Restriction of employee(s)’ services to an area of the Public Facility or Establishment where there is no risk of disease transmission;
 - (d) Adequate medical and laboratory examination of the employee(s).
- [17] “Revocation” means to officially cancel or invalidate a permit previously issued due to:
- (a) Failure to comply with a Temporary Order;
 - (b) Repeated violations that have resulted in more than one Temporary Order;
 - (c) Interference with the Health Officer or designee in the performance of duties enforcing the provisions of the Marathon County Public Health Agent Programs Regulation.
- [17] “Special Condition Inspection” means inspections or consultation activities not related to permitting responsibilities which are performed to provide information assessing compliance with sanitation, equipment, or licensing standards. Consultation inspections are advisory and not enforceable under this regulation.

- [18] "Suspension" means a notice of Suspension is an enforcement action which extends a Temporary Order until a final decision is made by the Health Officer.
- [19] "Tavern" means a business with a "Class B" or "Class C" license issued under authority of WI Statute 125, in which alcohol beverages are sold for consumption on the premises, and which is not subject to statute or administrative rules requiring restaurant or retail food permitting. Taverns can fall into two categories:
- a. Taverns that sell commercially prepared food items including but not limited to pickled eggs, pickles, cured meats, and prepackaged chips. Foods may sold in individual packing or from bulk.
 - b. Taverns that sell only alcoholic and non-alcoholic beverages.
- [20] "Unique" means pertaining to one specific Public Facility or Establishment only.
- [21] Other Definitions will be found and are enumerated in the Wisconsin State Statutes and Administrative Codes referenced in this regulation and which are incorporated herein by specific references as if set forth in full.

100.4 - Conflict and Severability

- [1] *Conflict of provisions.* If the provisions of the different chapters of this Code conflict with or contravene each other, the provisions of each chapter shall prevail as to all matters and questions arising out of the subject matter of such chapter.
- [2] *Severability of code provisions.* If any section, subsection, clause or phrase of the Code is for any reason held to be invalid or unconstitutional by reason of any decision of any court of competent jurisdiction, such decision shall not affect the validity of any other section, subsection, sentence, clause or phrase or portion thereof. The Board hereby declares that it would have passed this Code and each section, subsection, sentence, clause, phrase or portion thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses, phrases or portions may be declared invalid or unconstitutional.

100.5 - Adoption and Provisions by Reference

- [1] Adoption by Reference: Except as provided in sub [2] below, this regulation adopts by reference Sections 97.12, 97.30, 97.41, 97.615, SPS 463, and 66.0417 Wisconsin Statutes, Wisconsin Administrative Code Chapters, and Wisconsin Food Code, ATCP 74, ATCP 75, SPS 390, ATCP 72, ATCP 73, ATCP 76, ATCP 78, ATCP 79, SPS 221 and SPS 326, and any successor statutes or regulations as if fully set forth. Any and all amendments and/or revisions thereto are adopted and by reference made a part of this regulation as if fully set forth herein.

[2] Exceptions:

Section ATCP 76.16 (3) WI Administrative Code is specifically modified by the Marathon County Board of Health as follows:

Pool Water Bacteriological Quality/Sampling: Samples of pool water shall be submitted by the owner/operator every two weeks at a minimum. Samples may be required on a more frequent basis for new facilities or to monitor bacteriological water quality.

100.6 - Application for Permits and Fees:

- [1] Applications for permits by Public Facilities or Establishments covered by this regulation shall be made upon such forms supplied and prescribed by the department. The department shall, within 30 calendar days of the receipt of a completed application, act upon the application, except for Retail Food Establishments. The department shall act upon a completed application for Retail Food Establishments within 15 calendar days from receipt of a completed application.
- [2] Prior to approval of an application for a permit, the department shall inspect the Public Facility or Establishment to determine compliance with the requirements of this regulation.
- [3] The fee for permits required by this regulation shall be due before the issuance of a permit. The renewal fee shall be postmarked on or before June 30 of each year. An additional \$50.00 fee shall be required whenever the renewal annual fee is not received or postmarked on or before June 30 of each year.
- [4] A preinspection fee for each new permit shall be collected at the time of application from the operator or new operator of a Public Facility or Establishment.
- [5] The preinspection fee shall be equal to the licensing permit for a new Public Facility or Establishment and for a new operator of an existing Public Facility or Establishment with extensive remodeling. The definition for Extensive Remodeling will be used in making the determination.
- [6] The preinspection fee shall be one half the licensing permit for a new operator of an existing Public Facility or Establishment without extensive remodeling. The definition for Extensive Remodeling will be used in making the determination.
- [7] A preinspection fee shall be collected when an existing Public Facility or Establishment upgrades from an Eating and Drinking Establishment to a

Restaurant permit and shall be based on the fee associated with the new licensing category.

- [8] For an existing Public Facility or Establishment without extensive remodeling and where there is an upgrade from one license category to a higher license category, only the difference between the license category fees will be collected. A pre-inspection fee is not required.
- [9] If the payment is by check or other draft drawn upon an account containing insufficient funds, the permit applicant shall pay the permit fee(s), late renewal fee charges, and any insufficient funds charges by cashier's check or other certified draft, money order, debit card, credit card, or cash, within 7 working days after receipt of notice from the department. The day on which notification occurs is day 0. If the permit applicant fails to pay all applicable fees, late renewal fees, and/or any insufficient funds charges within 7 working days after the applicant receives notice of the insufficiency, the permit is void. In an appeal concerning voiding of a permit under this paragraph, the burden is on the permit applicant to show that the entire applicable fees, late fees and processing charges have been paid. During any appeal process concerning payment dispute, operation of the establishment in question is deemed to be operation without a permit.

100.7 - Permit Issuance and Requirements:

- [1] Permit Requirements:
 - (a) The Marathon County Board of Health shall establish all pre-inspection fees and permit fees for all Public Facilities or Establishments. Permits required in this regulation are listed below:
 - (1) Public indoor and outdoor swimming pools are subject to an annual permit fee [ATCP 76, Department of Agriculture, Trade, and Consumer Protection]
 - (2) Recreational and Educational Camps are each subject to an annual permit fee [ATCP 78, Department of Agriculture, Trade, and Consumer Protection].
 - (3) Campgrounds and Camping Resorts are subject to an annual permit fee [ATCP 79, Department of Agriculture, Trade, and Consumer Protection].
 - (4) Restaurants are subject to an annual permit fee [ATCP 75, Department of Agriculture, Trade, and Consumer Protection].

- (5) Hotels, Motels, and Tourist Rooming Houses are subject to an annual permit fee [ATCP 72, Department of Agriculture, Trade, and Consumer Protection].
 - (6) Bed and Breakfast Establishments are subject to an annual permit fee [ATCP 73, Department of Agriculture, Trade, and Consumer Protection].
 - (7) Temporary public facilities or establishments that are operated on a short-term basis as defined in this regulation, Wisconsin Administrative Code, or a Wisconsin State Statute referenced in this regulation are subject to a permit fee. If possessing a valid permit issued by another agency, a temporary inspection fee may be assessed. [ATCP 75, Department of Agriculture, Trade, and Consumer Protection].
 - (8) Tattoo or body piercing establishments are subject to a permit fee. [SPS 221 Safety and Professional Services].
 - (9) Retail Food Establishments are subject to an annual permit fee [ATCP75, Department Agriculture, Trade, and Consumer Protection].
 - (10) Manufactured Home Communities are subject to an annual permit fee [SPS 326, Department of Safety and Professional Services].
 - (11) "Class B" or "Class C" taverns that sell only alcoholic and non-alcoholic beverages requesting an inspection to determine restaurant sanitation compliance in keeping with Wisconsin State Statute 125.68(5) are subject to a Special Condition Inspection and inspection fee. No permit is required under this regulation. [Wisconsin State Statute 125.68(5)].
- (b) Exemptions:
- (1) A retail food establishment permit is not required under Chapter ATCP 75.03(9) for the following:
 - a. A retail food establishment that sells only packaged foods or fresh fruits and vegetables, provided the establishment does not sell potentially hazardous food and does not engage in food processing.

- b. A retail food establishment operated by a person holding a food processing plant license under s. [97.29](#), Stats., if all the following apply:
 - 1. The person operates the retail food establishment at the same location as the licensed food processing plant.
 - 2. Sales from the retail food establishment are included in the computation of the food processing plant license fee under s. [97.29 \(3\)](#), Stats.
- c. A retail food establishment operated by a person holding a restaurant permit issued 97.30 Stats., if all of the following apply:
 - 1. The person operates the retail food establishment at the same location as the restaurant for which the person holds a permit under s. 97.30, Stats.
 - 2. Non-meal food sales from that location comprise no more than 50% by dollar volume of all meal and non-meal food sales from that location. Sales of alcohol beverages and vitamin supplements shall be excluded from the calculation of food sales under this subdivision.
- d. A restaurant, vending machine, vending machine commissary or other establishment for which a permit is issued under s.97.30, Stats., to the extent that the activities of the establishment are covered by that permit.
- e. A retail food establishment operated by a person holding a dairy plant license under s. [97.20](#), Stats., if all the following apply:
 - 1. The person operates the retail food establishment at the same location as the licensed dairy plant.
 - 2. Food sales from that location, other than sales of dairy products produced at that location, comprise no more than 25% by dollar volume of all dairy and non-dairy food sales from that location.
- f. A retail food establishment operated in conjunction with a state licensed or federally inspected meat establishment if all the following apply:
 - 1. The meat establishment is licensed under s. [97.42](#), Stats., or inspected under [21 USC 601](#) et seq. or [21 USC 451](#) et seq.
 - 2. The person operating the meat establishment operates the retail food establishment at the same location.
 - 3. Food sales from that location, other than sales of inspected meat or meat products produced at that location, comprise no more than 25% by dollar volume of all meat and non-meat food sales from that location.

- g. A retail food establishment primarily engaged in selling fresh fruits and vegetables, honey, cider, sorghum or maple syrup produced by the operator of the retail food establishment if no other food processing activities are conducted at that retail food establishment.
- h. A temporary retail food establishment operated by a religious, charitable or non-profit organization for no more than 12 days in any license year.

[2] Permit Issuance

- (a) No person shall operate a Public Facility or Establishment covered in this regulation within the County of Marathon who does not have a valid permit issued to him/her by the department, unless otherwise exempt in this regulation.
- (b) A Conditional Permit specifying corrections to be made and the time within which the corrections must be made may be issued by the Department at the time of initial issuance or renewal of a permit, or continued validity of a permit issued under this section.

The Conditional Permit shall be posted until a regular permit is issued or violations are corrected after a designated time frame determined by the Department.

If the permittee fails to meet the conditions within the specified period of time, the permit is void.

- (c) Only a person who complies with the requirement of this regulation shall be entitled to receive or retain such a permit.
- (d) A valid permit shall be posted in every Public Facility or Establishment as required in this ordinance.
- (e) A \$5.00 fee shall be assessed for each duplicate permit.

[3] Permit Transfer

- (a) Permits are not transferable for retail DATCP facilities under § State Statute 97.30(2) and in ATCP 75.03 between persons or establishments.
- (b) Department of Agriculture, Trade, and Consumer Protection restaurant permits, ATCP 75.104(3), An individual may transfer a permit to an immediate family member, as defined in s. [97.605 \(4\) \(a\) 2](#), Stats., if the

individual is transferring operation of the restaurant. A sole proprietorship that reorganizes as a business entity, as defined in s. [179.70 \(1\)](#), Stats., or a business entity that reorganizes as a sole proprietorship or a different type of business entity may transfer a permit to the newly formed business entity or sole proprietorship if the restaurant remains at the location for which the permit was issued and at least one individual who had an ownership interest in the sole proprietorship or business entity to which the permit was issued has an ownership interest in the newly formed sole proprietorship or business entity. Except as provided in this subsection, no permit issued under this subchapter is transferable from one premise to another or from one person or entity to another.

(c) Department of Agriculture, Trade, and Consumer Protection hotel, tourist rooming house, vending machine commissary or vending machine permits, s. 97.605 (4)(b) No permit issued under this section is transferable from one premises to another or from one person, state or local government to another except as provided in (1) and (2) below.

(1) A permit issued under this section may be transferred from an individual to an immediate family member, as defined in s. 97.605 (4)(a)2., if the individual is transferring operation of the facility to the immediate family member.

(2) Except as provided in par. a. or b., no license is transferable from one premises to another or from one person to another.

a. The holder of a license issued under this section may transfer the license to an individual who is an immediate family member if the holder is transferring operation of the hotel, tourist rooming house, bed and breakfast establishment, or vending machine to the immediate family member.

b. A sole proprietorship that reorganizes as a business entity, in s. [179.70 \(1\)](#), or a business entity that reorganizes as either a sole proprietorship or a different type of business entity may transfer a license issued under this section for operation of a hotel, tourist rooming house, bed and breakfast establishment, or vending machine commissary to the newly formed business entity or sole proprietorship if the following conditions are satisfied:

1. The hotel, tourist rooming house, bed and breakfast establishment, or vending machine commissary remains at the location for which the license was issued.
2. At least one individual who had an ownership interest in the sole proprietorship or business entity to which the license

was issued has an ownership interest in the newly formed sole proprietorship or business entity.

(d) Department of Agriculture, Trade, and Consumer Protection campgrounds and camping resorts, recreational and educational camps, and public swimming pools, s 97.67.

(1) A separate license is required for each campground, camping resort, recreational or educational camp, and public swimming pool.

(2) Except as provided in par. a. or b., no license issued under this section is transferable from one premises to another or from one person, state or local government to another.

a. A license issued under this section may be transferred from an individual to an immediate family member, as defined in s. [97.605 \(4\) \(a\) 2.](#), if the individual is transferring operation of the campground, camping resort, recreational or educational camp, or public swimming pool to the immediate family member.

b. A sole proprietorship that reorganizes as a business entity, as defined in s. [179.70 \(1\)](#), or a business entity that reorganizes as a sole proprietorship or a different type of business entity may transfer a license issued under this section for a campground, camping resort, recreational or educational camp, or public swimming pool to the newly formed business entity or sole proprietorship if all of the following conditions are satisfied:

1. The campground, camping resort, recreational or educational camp, or public swimming pool remains at the location for which the license was issued.

2. At least one individual who had an ownership interest in the sole proprietorship or business entity to which the license was issued has an ownership interest in the newly formed sole proprietorship or business entity.

(e) Permits are not transferable for DSPS manufactured home communities under SPS 326.08.

(f) [Permits are not transferable for DSPS body art facilities under SPS 221.04\(1\)\(a\)2.](#)

Comment [DG1]: Added for clarification

[4] Certification of restaurant operator or manager:

- (a) The operator or at least one manager of a facility or establishment, required under the Wisconsin Food Code, shall have a valid Food Service Operator course completion certificate issued by the Wisconsin Department of Agriculture, Trade, and Consumer Protection approved trainer.
- (b) The operator or a manager of a new or change-of-operator restaurant and shall become certified within 90 days after the restaurant opens for business.
- (c) If more than one restaurant operated by the same person is located on the same property or contiguous properties, only the operator or one manager is required to be certified.

100.8 - Inspections

[1] Inspection Frequency

An inspection of Public Facilities or Establishments shall be performed at least once per license year. Additional inspections of facilities and establishments shall be performed as often as necessary for the enforcement of this regulation.

[2] Inspection and Sampling

Representatives of the department, after proper identification, may enter, at normal business hours, any premises for which a permit is required under this regulation to inspect the premises for the purpose of determining compliance with this regulation, secure samples or specimens, examine and copy relevant documents and records or obtain photographic or other evidence needed to enforce this regulation {Reference Wisconsin State Statutes 97.12, 97.65, 66.0417, and Administrative Code SPS 221.06 and 326.09}. Should access be denied, the department may obtain a special inspection warrant in addition to actions set forth in 100.9.

[3] "Class B" or "Class C" Tavern -Taverns that sell only alcoholic and non-alcoholic beverages.

"Class B" or "Class C" taverns need to be in keeping with restaurant sanitation compliance per Wisconsin State Statute 125.68(5). Taverns requesting an inspection shall include the following areas of sanitation and be performed as a "Special Condition Inspection".

- (a) Cleaning and sanitizing multiuse equipment and utensil surfaces
- (b) Handwashing equipment and supplies
- (c) Toilet facilities

Comment [DG2]: Added for clarification

- (d) Employee hygiene or hygiene practices
- (e) Employee health as related to diseases transmissible through food based on diagnosis including but not limited to Norovirus, Hepatitis A, Shigella, Enterohemorrhagic or Shiga Toxin-producing Esherichia coli, and Salmonella or symptoms including but not limited to vomiting, diarrhea, jaundice, or a lesion.
- (f) Provision of potable water and protection from cross contamination and sewerage disposal
- (g) Maintaining the establishment in a clean condition and in good repair
- (h) Pest control

[3] Report of Inspections:

Whenever an inspection of a Public Facility or Establishment is made, the findings shall be recorded on an inspection report form. The inspection report form shall summarize the requirements of this regulation. A copy of the completed inspection report form shall be furnished to the holder of the permit or his/her agent in charge of the Public Facility or Establishment at the conclusion of the inspection.

[4] Correction of Violations:

- (a) A reinspection shall be conducted when a violation(s) or Human Health Hazard has not been brought into compliance by the operator of a Public Facility or Establishment. The completed inspection report form shall specify a reasonable period of time for the correction of the violation(s) or Human Health Hazard found. Correction of the Human Health Hazard or violation(s) shall be accomplished in the period specified.
- (b) A \$100.00 fee may be assessed for a first reinspection, a \$200.00 fee may be assessed for a second reinspection, and a \$300.00 fee may be assessed for a third reinspection when a violation(s) or Human Health Hazard has not been brought into compliance by the operator of a Public Facility or Establishment. A reinspection fee will not be assessed when the violation(s) or Human Health Hazard has been brought into compliance.

[5] Approved Comparable Compliance:

When it appears that strict adherence to a provision of this regulation or an administrative code is impractical for a particular facility or establishment, the facility or establishment may seek a variance approval to that rule through the Wisconsin Department of Agriculture, Trade, and Consumer Protection or Department of Safety and

Professional Services as applicable . Satisfactory proof must be provided that the grant of a variance will not jeopardize the public's health, safety or general welfare. If a variance is granted, there shall be documentation as to the extent of the variance and the specific reasons for it. The applicant shall be given a copy of the documentation.

100.9-Temporary Order

- [1] Whenever, as a result of an examination, the County has reasonable cause to believe that any examined food constitutes, or that any construction, sanitary condition, operation or method of operation of the premises or equipment used on the premises creates an immediate/imminent danger to health, the Health Officer or designee may issue a temporary order either verbally or in writing and cause it to be delivered to the permittee (his/her employee, agent, assignee, or representative), or to the owner or custodian of the food, or to both. If the Temporary Order is delivered verbally, a written notice shall be sent within 72 hours excluding weekends and legal holidays. The order may prohibit the sale or movement of the food for any purpose, prohibit the continued operation or method of operation of specific equipment, or require the premises to cease any other operation or method of operation which creates the immediate/imminent danger to health, or set forth any combination of these requirements. The Health Officer or designee may order the cessation of all operations authorized by the permit only if a more limited order does not remove the immediate/imminent danger to health. Except as provided in par. [2], no temporary order is effective for longer than 14 days from the time of its delivery, but a temporary order may be reissued for one additional 14-day period, if necessary to complete the analysis or examination of samples, specimens or other evidence.
- [2] If the analysis or examination shows that the construction, sanitary condition, operation or method of operation of the premises or equipment constitutes an immediate danger to health or safety, the department or agent, within the effective period of the temporary order specified in par. [1], shall provide written notice of the findings to the owner, operator or responsible supervisor. Upon receipt of the notice, the temporary order remains in effect until a final decision is issued under s. [ATCP 75.108](#). The notice shall include a statement that the facility has a right to request a hearing under s. [ATCP 75.108](#) within 15 days after issuance of the notice.
- [3] No food described in a temporary order issued and delivered under par. [1] may be sold or moved and no operation or method of operation prohibited by the temporary order may be resumed without the approval of the Health Officer or designee, until the order has terminated or the time period specified in par. [2] has run out, whichever occurs first. If the Health Officer or designee, upon completed analysis and examination, determines that the food, construction, sanitary condition, operation or method of operation of the premises or

equipment does not or no longer constitutes an immediate/imminent danger to health, the permittee, owner or custodian of the food or premises shall be promptly notified in writing and the temporary order shall terminate upon his or her receipt of the written notice.

100.10- Notice of Suspension

- [1] If the analysis or examination shows that the food, construction, sanitary condition, operation or method of operation of the premises or equipment constitutes an immediate/imminent danger to health, the permittee, owner or custodian shall be notified within the effective period of the temporary order issued under par. 100.9 [1]. Upon receipt of the notice, the temporary order remains in effect until a final decision is issued under sub. [100.10 [2]], and no food described in the temporary order may be sold or moved and no operation or method of operation prohibited by the order may be resumed without the approval of the village, city or county.
- [2] A notice issued under sub. [1] shall be accompanied by notice of a hearing before the Marathon County Health Officer, or his or her designee. The County shall hold a hearing no later than 15 days after the service of the notice, unless both parties agree to a later date. A final decision shall be issued within 10 days of the hearing. The decision may order the destruction of food, the diversion of food to uses which do not pose a immediate/imminent danger to health, the modification of food so that it does not create a immediate/imminent danger to health, changes to or replacement of equipment or construction, other changes in or cessations of any operation or method of operation of the equipment or premises, or any combination of these actions necessary to remove the immediate/imminent danger to health. The decision may order the cessation of all operations authorized by the permit only if a more limited order will not remove the immediate/imminent danger to health.
- [3] All notices, written or verbal, shall contain reasons for the Health Officer or designee's belief that a violation(s) or Immediate/Imminent danger to Health exists.
- [4] The Health Officer or designee may lift the suspension at any time if the reasons for the suspension no longer exist.

100.11 - Revocation of Permits:

Prior to revocation the department shall notify, in writing, the person issued the permit of the specific reason(s) for which the permit is to be revoked. The permit shall be revoked at the end of the 10 working days following service of such notice unless a written request for hearing is filed with the department. The day on which notification occurs is day 0. If no request for hearing is filed within the 10 day period, the revocation of the permit becomes final.

100.12 – Appeals:

Any person having a substantial interest that is adversely affected by an administrative determination made on behalf of the County pursuant to any of the provisions of this Regulation may have such determination reviewed as provided in Chapter 68, Wis. Stats., and in conformance with the following procedures:

- [1] Any person having a substantial interest that is adversely affected by a determination by a staff person or persons may, within 30 days of notice to such person of such determination, request in writing a review of the determination before the Health Officer. The request shall state the ground or grounds upon which the person adversely affected contends that the decision should be modified or reversed. The request for review shall be made to the staff person or persons who issued the initial determination, the Environmental Health and Safety Director or to the Health Officer.
- [2] The Health Officer shall review the initial determination and make a decision within 15 days of receipt of the request for review. The time for review may be extended by agreement with the person aggrieved. The decision shall state the reasons for such decision and shall advise the person aggrieved of the right to appeal the decision, the time within which the appeal shall be taken and the office or person with whom notice of appeal shall be filed.
- [3] Any person having a substantial interest that is adversely affected with the decision of the Health Officer (pursuant to the review procedure, set forth above, or by a decision regarding suspension or revocation of a permit under §100.9[4] or §100.10, above) may appeal to the Marathon County Administrative Board of Review by requesting a hearing within 30 days of notice of the Health Officer's decision. The request must be in writing and must be filed with or mailed to the office of the Health Officer.
- [4] The Marathon County Administrative Board of Review shall constitute the appeals board to provide a hearing of the appeal of the Health Officer's decision. A member of the Board shall conduct the hearing within 15 days of receipt of the notice of appeal. The hearing will be conducted pursuant to s. 68.11, Wis. Stats. The procedures of the hearing shall be in accordance with the Marathon County General Code of Ordinances, Chap. 24.

100.13 -Penalties

- [1] In the case of violations of State of Wisconsin Administrative Codes enforced under this regulation, the penalty for violation of any of the provisions of this regulation shall be a penalty as provided in applicable Administrative Code or Wisconsin State Statute.

- [2] In all other cases, any person convicted of violating a provision of this regulation shall be subject to a forfeiture not less than \$100 nor more than \$1,000. Each and every violation of the provisions of this regulation shall constitute a separate offense. Each day of noncompliance after the order is served is a separate offense.
- [3] Prosecution of violations of this Regulation shall be conducted by the Office of Corporation Counsel for Marathon County.

This regulation shall take effect upon passage and publication.

Dated this ~~March XX, 2019~~ February 5, 2018



Health Department - Health Officer's 2019 Plan of Work

Mission - "Do we know where we are going?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>2019-2023 Marathon County Strategic Plan Annual Plan of work will provide opportunities for team and development level.</p> <p>Who: Joan Theurer, MCHD Directors</p>	<p>National public health accreditation standards require a strategic plan be developed every five years. This is the second time the department has created a 5-year strategic plan, having the previous plan from 2013-2018. Overarching goal in implementing the 2019-2023 strategic plan is to have staff involvement and ownership.</p>	<p>Strategic Plan Workgroup members not in a formal leadership role will have a key role in presenting the plan to the department.</p> <p>A plan of work for 2019 will be developed, providing opportunities for staff involvement.</p> <p>75% of employees will be able to state one contribution they made in 2019 to advance one or more goal of the 2019-2023 Marathon County Health Department's Strategic Plan.</p>	<p>February 2019</p> <p>March 2019</p> <p>December 2019</p>		
<p>Incorporate the 2019-2023 Marathon County Health Department Strategic Plan outcome measures into the department's performance</p>	<p>A performance dashboard was established in 2014 and is reviewed/ revised annually. Outcome measures from the department's 2019-2023</p>	<p>2019-2023 Department's Strategic Plan Outcome Measures are incorporated into the Department's Performance Dashboard.</p>	<p>February 2019</p>		



Health Department - Health Officer's 2019 Plan of Work

<p>dashboard. Who: Joan Theurer</p> <p>Contribute to the implementation of the 2018-2022 Marathon County Strategic Plan.</p> <p>Who: Joan Theurer, Judy Burrows, Management Team</p>	<p>strategic plan need to be incorporated into the performance dashboard.</p> <p>Marathon County Health Department contributed to the development of the plan in 2017 and 2018, co-developing project charter to guide the implementation of the plan. The department is charged with leading on two of the objectives: 3.7 mental health treatment and 7.2 mitigate drugs. In addition, the department will have a supporting role for 3.4 child success, 6.3 water, 12.3 cost effective services.</p>	<p>A plan for work will be in place to guide the implementation of strategic plan objectives 3.7 and 7.2.</p> <p>MCHD All-Staff able to state how their work supports one or more of Marathon County's strategic plan objectives.</p> <p>Board of Health's agenda will reflect two or more policy discussion or action in support one or more strategic plan objectives.</p> <p>MCHD program plans will be aligned to Marathon County Strategic Plan objectives 3.4, 3.7, 6.3, 7.2 strategies. Program outcomes will contribute to the Marathon County Strategic Plan outcome measures.</p>	<p>June 30, 2019</p> <p>December 31, 2019</p> <p>December 31, 2019</p> <p>December 31, 2019</p>		
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Health Department - Health Officer's 2019 Plan of Work

	The 2019-2021 LIFE Report will be the basis for identifying community health priorities for 2021-2024.	having one new funding partner as the result of the LIFE report in 2020.			
<p>Health Department Strategic Plan Crosswalk</p> <p>Citizen Perspective: Integrate concepts of health equity into programs and initiatives that address the population health needs in Marathon County. Operations: Advance strategic collaborative partnerships at the local, regional, and state level to fulfill the department's mission.</p>					
<p>Marathon County Strategic Plan</p> <p>Objective 3.3: Ensure that every child makes it to adulthood with health, stability, and growth opportunities. Objective 3.7: Ensure that every person has local access to effective mental health treatment. Objectives 6.3: Protect and enhance the quantity and quality of potable groundwater and potable surface water supplies. Objective 7.2: Mitigate the impacts of heroin and methamphetamine epidemics in Marathon County through evidence-based practices.</p>					



Health Department - Health Officer's 2019 Plan of Work

Adaptability - "Are we listening to the marketplace?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Marathon County Health Department will have a system in place to measure the contributions of partners in terms of in-kind time, money and other resources for major program areas.</p> <p>Who: Joan Theurer, Season Welle, MCHD Directors</p>	<p>Currently no system exists for identifying what program areas will track for in-kind contributions of partners that further program goals. Priority-based budget model tracks revenue, however does not track in-kind contributions from partner organizations. Partners are instrumental in leverage resources to advance program and community initiatives goals.</p>	<p>Program and community initiatives will be identified as well as what in-kind contributions will be tracked.</p> <p>Department-wide system will be developed.</p>	<p>August 31, 2019</p> <p>October 31, 2019</p>		
<p>Employees will further their ownership for quality improvement activities.</p> <p>Who: Joan Theurer, QI Team</p>	<p>Marathon County Health Department established a quality improvement plan in 2012. The plan updated in 2017 lays out expectations for quality improvement activities for the department. A cross-team QI Team meets</p>	<p>90% of employees will have contributed to a quality improvement activity.</p> <p>Three quality improvement projects will create leadership opportunities for MCHD All-Staff (e.g., facilitate</p>	<p>December 31, 2019</p> <p>December 31, 2019</p>		



Health Department - Health Officer's 2019 Plan of Work

<p>Marathon County Health Department's policies, procedures and medical orders are up-to-date.</p> <p>Who: Joan Theurer, MCHD Directors</p> <p>Reassess readiness for Public Health Accreditation.</p> <p>Who: Joan Theurer, MCHD Directors, Board of Health</p>	<p>3-4 times per year.</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. Baseline: 18% up-to-date December 31, 2016 compared to 94% on November 24, 2018.</p> <p>Marathon County Health Department last assessed readiness for accreditation in August 2014.</p>	<p>QI tool).</p> <p>Minimum of five formal QI projects will be completed.</p> <p>95% of policies, procedures, medical orders will be up-to-date.</p> <p>Maintain current scores in the standard domains, while improving the department's score for the domain "workforce".</p> <p>Board of Health will determine the merits of investing in being accredited.</p>	<p>December 31, 2019</p> <p>Quarterly, 2019</p> <p>September 30, 2019</p> <p>October 31, 2019</p>		
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Health Department - Health Officer's 2019 Plan of Work

Health Department Strategic Plan Crosswalks
Fiscal: Inform of and advance public health policy in support of the County's mission and strategic goals.
Marathon County Strategic Plan
Objective 12.3 Promote cost-effective public services.



Health Department - Health Officer's 2019 Plan of Work

Consistency - "Does our system create leverage?"					
Objective	What We Have Already Done	Outcomes	Timeline	Progress	Updates
<p>Develop a plan to address findings from the Denison Organizational Culture Survey.</p> <p>Who: Joan Theurer, MCHD All-Staff</p>	<p>Since 2008, the Denison Culture model has been the framework used by Marathon County Government to assess and shape organizational culture. In 2017, the health department scored 75% or better in each of the twelve sectors on the Denison survey in the areas of mission, consistency, involvement, and adaptability. Survey will be conducted in February 2019, with findings being shared in April.</p>	<p>90% of employees will be able to state 2 assets and 2 challenge areas, and identify their contribution to strong organizational culture.</p> <p>A department level plan will be in place that address the findings from the Denison Organizational Culture Survey.</p>	<p>June 30, 2019</p> <p>November 30, 2019</p>		
<p>Everyone is responsible for giving and receiving "on and off" track feedback.</p>	<p>In May 2014, Marathon County Health Department established and defined key behaviors of honesty, respect and personal accountability as foundational in supporting the department's core</p>	<p>Every day, everyone at the Health Department will choose to contribute to strong work culture.</p>	<p>Ongoing</p>		
<p>Create a culture of trust between employees and supervisors.</p>		<p>All employees will demonstrate skill to give and</p>	<p>Ongoing</p>		



Health Department - Health Officer's 2019 Plan of Work

<p>Identify inconsistencies in managers “practice what they preach”.</p> <p>Create opportunities for employees to share on core values are demonstrated in their day-to-day work.</p> <p>Who: Joan Theurer, Management Team</p>	<p>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 provided u-tube videos, team discussions and two training sessions. In 2018, practice sessions were offered, having training on giving and receiving feedback incorporated into new employee orientation.</p> <p>Rounding recognitions are tied to behaviors that support core values.</p>	<p>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> <p>A cross-team approach will be utilized for the department’s organizational culture orientation of new employees.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>May 31, 2019</p>		
<p>Health Department Strategic Plan Crosswalk Employee Learning and Growth: Foster an organizational culture that supports innovation and excellence.</p>					
<p>Marathon County Strategic Plan Objective 12.3: Promote cost-effective public services.</p>					



Health Department - Health Officer's 2019 Plan of Work

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>Who: Joan Theurer, Management Team</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. At the end of 2018, 11 employees participated in the leadership program, having 9 graduates serve as mentors.</p>	<p>All employees will be rounded every 4-6 weeks.</p>	Ongoing		
		<p>Employees will recognize others' contributions.</p>	Ongoing		
		<p>Employees will be provided team, department and countywide leadership opportunities.</p>	Ongoing		
		<p>Employees will be aware of their strengths and associated shadows, and identify opportunities within their position to use their strengths.</p>	Ongoing		
		<p>Management Team will incorporate one new leadership and/or management practices.</p>	Ongoing		
<p>Implement one change in how we work to further inclusivity</p>	<p>In December 2018, Marathon County Government</p>	<p>Management Team will promote a trusting and safe</p>	Ongoing		



Health Department - Health Officer's 2019 Plan of Work

2019-2020 LEGISLATIVE PRIORITIES

Heading into the 2019-2020 legislative session, WPHA and WALHDAB decided that three overarching themes should be incorporated in all of our efforts:

1. Building and retaining public health infrastructure through public health funding.
2. Infusing health and equity in all policies.
3. Improving public health workforce succession planning to support consistent and efficient delivery of services.



Along with these overarching themes, WPHA and WALHDAB decided to detail specific priorities and will actively engage in policy next legislative session that will focus on four social determinants of health.

JUSTICE REFORM

- **Increase treatment alternatives and diversion program (TAD) funding for mental health and substance abuse issues.**
There has been bipartisan interest in this issue the past few sessions, particularly with the HOPE (Heroin, Opioid Prevention and Education) Agenda. Last session, there were several bills introduced (and some that became law) which provided funding for mental health and substance abuse.
- **Increase funding allocated to counties for juvenile justice services to fund all costs associated with bringing 17-year-old first time juvenile offenders back to the juvenile justice system.**
Juvenile justice reform has been identified as an important issue to several active members of WPHA and WALHDAB. Corrections, particularly involving juveniles, has been a bipartisan topic of discussion recently in Wisconsin politics.

EARLY CHILDHOOD EDUCATION

- **Fully fund School Breakfast Program.**
State statute asks the state to fund school breakfast at 15 cents per each breakfast served. However, due to the popularity of the program, state funding only allows for an 8 cent reimbursement. We are seeking additional dollars to ensure the program is fully funded.

HOUSING

- **Expand low income housing tax credits for developers and rental assistance vouchers for renters.**
Near the end of last session, Wisconsin Act 176 earned bipartisan support and became law. The bill is just one example of a tax credit that helps encourage the development of low-income housing. WHEDA oversees many types of tax credits that support low-income housing developments, which focus on assisting developers as well as renters. Essentially, the tax credits lower construction and labor costs for developers and monthly rent for renters. With an aging population, low income senior housing tax credits are becoming more common in municipalities.
- **Funding for programs to eliminate / abate lead paint, soil and pipes, including but not limited to a statutory provision requiring that lead remediation dollars be used for that dedicated purpose.**
Lead abatement garnered significant bipartisan support last session, including Wisconsin Act 137, which provides financial assistance to replace lead service lines. There is also a dedicated fund in the DHS portion of the state budget meant to address lead poisoning lead exposure service. However, state statute does not explicitly limit the ability of the fund to be used for other purposes.

INCOME STABILITY & EMPLOYMENT

- **Supporting and expanding Paid Family Leave.**
Last session, there were bipartisan efforts to address paid family leave initiatives. Republican legislators explored opportunities to create paid family leave savings accounts. Democrats proposed ways for companies and municipalities to provide paid family leave. WPHA and WALHDAB support efforts to maintain financial stability for individuals on family leave.
- **Increase Earned Income Tax Credit and move from one-time to monthly payments.**
In the last state budget, Governor Walker increased funding for this program from \$30,100,000 in 2017-2018 to \$35,000,000 during the 2018-2019 fiscal year. Tax credits are a popular legislative idea and it is one that we believe will continue to be of bipartisan interest.
- **Establish tax credit for family caregivers.**
A new tax credit can potentially save health care associated costs because it will provide financial assistance to families who care for family members at home.
- **Increase workforce training/transitional jobs.**
This issue has drawn bipartisan support, and we believe, will continue to do so into the next session. Wisconsin has low unemployment. However, there is a major labor shortage in some sectors due to a lack of workers with the necessary and required skills to perform certain jobs in an evolving economy.

ABOUT PUBLIC HEALTH

Public health is a broad science with a focused goal of protecting and improving the health of Wisconsin citizens. Over the last century, public health has dramatically increased life expectancy through such scientific advancements as vaccination, infectious disease control and chronic disease prevention. It has become increasingly clear that health outcomes are primarily driven by the social and economic conditions in which we live, work, play, pray, grow up, and grow old. That's why public health is increasing its emphasis on education, income and employment, housing, and other "social determinants of health."

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the citizens of the state.

About WPHA:

The Wisconsin Public Health Association is the largest statewide association of public health professionals in Wisconsin. Established in 1948, WPHA exists to improve, promote and protect health in Wisconsin. WPHA strives to be diverse in its constituency, rich in partnerships and valued for its policy recommendations and best practices. WPHA is the collective voice for public health in Wisconsin.

About WALHDAB:

The Wisconsin Association of Local Health Departments and Boards is the statewide leader and voice for local governmental public health. WALHDAB was founded in 1991 to serve local health departments and boards of health.

Governor Tony Evers' Plan to Address Oral Health Access Issues in Wisconsin

Governor Evers has included a multi-pronged oral health package in the 2019-21 biennial budget. The package includes a \$43.4 million investment to address issues of oral health access throughout the state by addressing the following areas:

- Increased dental Medicaid reimbursement rates for non-profit providers by 50 percent if at least 50 percent of their patients are enrolled in Medicaid. For-profit providers serving at least 50 percent of Medicaid patients would see a 30 percent increase.
- Authorization of dental therapy licensure and funding for Wisconsin colleges willing to create a dental therapy education program.
- Increased funding for Wisconsin Seal-A-Smile to expand the program's capacity to provide preventive school-based oral health services to children across the state.
- Increased funding to low income and community dental clinics to provide safety net services to Medicaid and uninsured patients.
- Incentivizing providers to serve in rural areas by expanding the rural dental loan repayment program.
- Funding for staff at the Department of Health Services - Oral Health Program.

2019-21 STATE BIENNIAL BUDGET SUMMARY

Governor Tony Evers introduced the 2019-21 State Biennial Budget on February 28, 2019.

County-related highlights of the Governor's proposed two-year spending plan include:

- **Child Welfare:** The Governor's budget allocates an additional \$15 million annually in the Children and Families Aids allocation beginning in CY20.
- **Juvenile Corrections:** The Governor's budget provides additional funding for SRCCCYs and returns 17 year-olds to the juvenile justice system. The budget creates a sum sufficient appropriation to reimburse counties for costs associated with this policy change.
- **County Transportation:** The Governor's budget increases county general transportation aids and general transit aids by 10 percent. The budget also increases funding for the local road improvement program by 4 percent and allocates an additional \$3 million annually for the seniors and individuals with disabilities specialized transportation aids program.
- **Shared Revenue:** The Governor's budget increases county shared revenue by 2 percent beginning in 2020. This is the first proposed increase in over a decade.
- **Property Taxes:** The Governor's budget allows counties to increase their property tax levies by the greater of the percentage change in equalized value due to net new construction or 2 percent. The budget also amends assessment practices by incorporating language from last session's dark store and *Walgreens v. City of Madison* reversal legislation.
- **County Conservation:** The Governor's budget allocates \$10.4 million annually for county land conservation staffing and cost-sharing grants, the highest funding amount in over a decade.
- **Broadband Expansion:** The Governor's budget increases the broadband expansion grant program to \$39.3 million in each year of the upcoming biennium. This is an increase of nearly five-fold over current funding levels.

The WCA Government Affairs staff has prepared the following summary of county-related provisions in the Governor's budget. Please contact the WCA Government Affairs team with any questions and please visit the WCA website at www.wicounties.org as the summary will be updated as additional information is obtained.

Historically, the statutory language of the state budget bill has been released the night of the state budget address. However, the bill has not yet been released. Therefore, an updated summary will be provided in the next few days after WCA staff has reviewed the legislation.

AGRICULTURE, ENVIRONMENT AND LAND USE

Stewardship Reauthorization: The Governor's budget extends the Warren Knowles-Gaylord Nelson Stewardship 2000 program until fiscal year 2021-22 at current funding levels using authorized unobligated bonding authority. The extension of the program will allow the department and stakeholders to identify future options for the program.

Water Quality and Environmental Protection: The Governor's budget recommends increasing position authority to provide 4.0 FTE project positions to facilitate implementation of water quality restoration and improvement plans. The Governor's budget also recommends providing additional conservation fund-supported general obligation bonding authority of \$4 million to provide grants that facilitate implementation of water quality restoration and improvement plans. The Governor's budget further recommends increasing expenditure authority by \$76,600 SEG and position authority by 1.0 FTE SEG position in each fiscal year to implement the water quality grant program. Finally, the Governor recommends increasing expenditure authority by \$1,457,900 SEG in each year of the biennium to fund river and lake protection grants.

State Park Funding: The Governor's budget recommends increasing funding to the state park system to reflect the greater costs associated with increased park system attendance. The total funding increase is approximately \$2.8 million in the biennium.

Wisconsin Forestry Practices Study: The Governor's budget provides \$450,000 in funding for the implementation of the recommendations made in the Wisconsin Forestry Practices Study.

Forest Fire Protection Grants: The Governor's budget increases funding for the Forest Fire Protection Grant Program to enable the department to provide more grants to local fire departments.

Targeted Runoff Conservation Activities: The Governor's budget provides \$6.5 million in environmental fund-supported general obligation bonding authority for nonpoint source pollution abatement - targeted runoff management infrastructure projects. The Governor also recommends providing \$400,000 SEG in each year for nonpoint source pollution abatement -targeted runoff management grants.

Soil and Water Resource Management Bond Authority and Cost Share Grants: The Governor's budget provides \$10 million in SEG-supported general obligation bonds for grants to counties for implementation of land and water resource management plans, including cost-share grants to landowners. This funding level is an increase of \$3 million from the previous biennium.

Urban Nonpoint: The Governor's budget provides \$4 million in environmental fund-supported general obligation bonding authority for urban nonpoint source cost-sharing.

Contaminated Sediment Bonding: The Governor's budget provides \$25 million in environmental fund-supported general obligation bonding authority for contaminated sediment removal for sites in the Great Lakes or its tributaries that are on Wisconsin's impaired waters list.

Dam Repair and Removal: The Governor's budget provides \$4 million in GPR-supported general obligation bonds for grants to be used for dam repair, reconstruction and removal projects.

Nonpoint Source Pollution Funding Adjustments: The Governor's budget increases expenditure authority by \$1,500,000 SEG in each year for nutrient management cost-sharing. The Governor also recommends increasing the amount the department may allocate for producer-led watershed grants to \$750,000 in each year

Permitting of Concentrated Animal Feeding Operations (CAFO): The Governor's budget provides expenditure and position authority in the amount of \$425,000 in each year of the biennium to oversee the permitting, inspection and enforcement of concentrated animal feeding operations (CAFO) in Wisconsin. The Governor's budget also recommends increasing the annual fee assessed to operators of CAFOs and establishing an application and renewal fee for the operation of a CAFO.

County Conservation Staffing and Cost Sharing Grants: The Governor's budget provides a \$1.4 million annual increase in grant funding to counties for county conservation staff to support land and water conservation activities. The annual base funding allocation for the program will increase from \$8.96 million annually in the 2017-19 biennium to \$10.396 million annually in both years of the 2019-21 biennium.

Industrial Hemp Program: The Governor's budget provides expenditure and project position authority to assist in the licensing, registration and testing of industrial hemp.

Replacement of Lead Service Lines: The Governor's budget authorizes \$40 million in GPR-supported bonding for the replacement of up to 50 percent of the cost to replace lead service lines through the Safe Drinking Water Loan Program. It is estimated that there are 170,000 lead service lines in Wisconsin. The lead service line program would be structured as a forgivable loan.

Private On-site Wastewater Treatment System Replacement or Rehabilitation Program (Wisconsin Fund): The Governor's budget eliminates the sunset date (June 30, 2021) for the Private On-Site Wastewater Treatment System Replacement or Rehabilitation Program. The

program will continue to assist residence owners and small commercial establishments meeting certain income and eligibility criteria to repair or replace eligible failing private on-site wastewater treatment systems.

COUNTY ORGANIZATION AND PERSONNEL

Broadband Expansion: The Governor's budget includes several initiatives to aid in the expansion of broadband across Wisconsin. First, the Governor's budget recommends an increase in expenditure authority for the Public Service Commission (PSC) broadband expansion grant

program to \$39.3 million in each year of the biennium. This allocation includes a minimum of \$2 million annually from the universal service fund, a transfer of \$6.9 million in FY20 and \$17.3 million in FY21 from the Department of Administration e-rate funds, and an allocation of \$30.4 million in GPR in the first year of the biennium and \$20 million in the second year.

The Governor's budget also recommends the modification of current law to provide a goal for the state to provide all homes and businesses within the state access to high-speed broadband with a minimum download speed of at least 3 megabits per second by the year 2025. The Governor's budget also includes a modification to current law to adjust the definition of broadband "underserved" as an area that lacks access to service of download speeds of at least 25 megabits per second and upload speeds of at least 3 megabits per second and "unserved" as an area that lacks access to service of download speeds of at least 10 megabits per second and upload speeds of at least 1 megabit per second. Finally, the Governor's budget would modify state statutes that in any way discourages municipalities from providing broadband service to residents in broadband "unserved" and "underserved" areas.

Elections: The Governor's budget modifies current law regarding voting requirements that were included in 2017 Wisconsin Act 369. This includes provisions related to student identification cards used for voting, identification card receipts and in-person absentee voting.

The Governor's budget recommends that the Wisconsin Elections Commission work with the Department of Transportation to facilitate automatic voter registration, and that the Commission implement the initial registration of all eligible voters in a timely fashion.

Redistricting: The Governor's budget directs the Legislative Reference Bureau to redraw legislative and congressional redistricting maps and appropriate \$10,000 biennially for that purpose.

UW-Extension: The Governor's budget provides funding of \$1.5 million in each year of the biennium and 20 new county-based UW-Extension agricultural positions.

Veterans: The Governor's budget recommends that County Veterans Service Officer Grants appropriations be consolidated into a single appropriation. No additional funds were included in the Governor's budget for this grant program.

Minimum Wage: The Governor's budget includes an increase in the state's minimum wage. Minimum wage would be increased by \$1 on January 1, 2020 and by \$0.75 in each year beginning January 1, 2021 for three years. Thereafter, the minimum wage would increase based on the consumer price index yearly.

Prevailing Wage: The Governor's budget reinstates Wisconsin's prevailing wage law.

The Governor's budget also repeals the prohibition on contracts between labor unions and employers that specify the employer may only hire unionized workers. Further, the Governor's budget repeals the following as a condition of obtaining or continuing employment: refraining or resigning from membership or affiliation with a labor organization; becoming or remaining a member of a labor organization; paying dues to a labor organization; or paying a third party amounts in place of dues to a labor organization.

The Governor's budget also repeals 2017 Wisconsin Act 3 which prohibited agreements (collective bargaining, project labor agreements or community workforce agreements) between governments and labor organizations on public works projects.

HEALTH AND HUMAN SERVICES

Department of Health Services (DHS)

Medicaid Expansion: The Governor's budget expands Medicaid under the federal Affordable Care Act by covering all low-income Wisconsin residents who earn incomes between 0 and 138 percent of the federal poverty level. An additional 82,000 Wisconsinites will receive healthcare coverage through Medicaid. The Governor's budget anticipates \$320 million in GPR savings through this initiative.

Childless Adult Demonstration Project: The Governor's budget repeals the childless adult demonstration project to remove work requirements, premiums, copayments and health risk assessments for enrollees, as well as the requirement that individuals be in compliance with child support orders or cooperate in the paternity determination of a child.

FoodShare Work Requirements: The Governor's budget repeals the drug screening and testing requirements for able-bodied adults seeking to participate in the FoodShare program. The Governor's budget repeals the work requirement on able-bodied adults with dependents age 6 to 18; repeals the FoodShare eligibility requirement that requires individuals be in compliance with child support orders or cooperate in the paternity determination of a child; repeals the pay for performance incentive for FoodShare Employment and Training program vendors.

Medicaid Waivers: The Governor's budget repeals 2017 Wisconsin Act 370 to preserve the constitutional authority of the executive branch to submit federal waivers and state plan amendments under the Medicaid program.

Medicaid Community Health Benefit: The Governor's budget creates a Medicaid community health benefit that invests \$45 million for non-medical services to reduce and prevent health disparities that result from economic and social determinants of health. Services include but are not limited to housing referral services, stress management, and nutritional counseling.

Income Maintenance Administration Allocation: The Governor's budget provides no increase in the income maintenance administration allocation.

FoodShare Employment and Training: The Governor's budget reduces funding for the FoodShare Employment and Training program to reflect changes in work requirements.

Medicaid Dental Access: The Governor's budget:

- Increases Medicaid reimbursement rates for dental providers who provide services to Medicaid and BadgerCare Plus patients to increase access to dental services under the Medical Assistance program.
- Ends the dental reimbursement pilot project.
- Creates a dental therapist training program.

- Increases the maximum award under the rural provider loan payment program.
- Increases expenditure authority for the Seal-A-Smile program.
- Increases funding for low-income dental clinics to expand services and deliver better access.
- Increases payments to dental providers that serve Medicaid recipients with physical and intellectual disabilities.

Childhood Lead Poisoning: The Governor’s budget:

- Increases blood lead testing.
- Creates a health service initiative to provide funding to abate lead hazards in homes where Children’s Health Insurance Program (CHIP) participants reside (this initiative will receive federal funds at the enhanced FMAP rate).
- Provides a grant for lead abatement in non-CHIP eligible homes (\$1 million GPR).
- Provides 1.14 FTE positions to administer the health service initiative.
- Expands Birth to 3 services to children that are lead poisoned. Eligibility criteria will be lowered from a blood lead level of 10 mcg/dL to 5 mcg/dL to allow more children to receive services. The Governor also recommends utilizing surplus Community Options Program high-cost funds to provide a funding increase to the Birth-to-3 program (\$1.55 million in FY20 and \$7,600,000 in FY21).

These initiatives are funded with \$24,996,000 in FY20 and \$27,158,700 in FY21.

Children’s Long-Term Support: The Governor’s budget provides additional funding to eliminate the waiting list for the Children’s Long-Term Support program. Base funding for the program was \$81.4 million in FY19. The budget increases that amount to \$117.3 million in FY20 and \$119.9 million in FY21. As of July 2018, there were 2,054 children on a waiting list for services. This provision creates parity between long-term care eligibility for children and adults.

The Governor’s budget also recommends streamlining the intake, application, and screening functions for children’s long-term care programs by implementing a statewide contract to administer all Katie Beckett Medicaid screens and all initial screens for the CLTS program and the Children’s Community Options Program.

As part of a statewide contract, the governor recommends providing for children’s services navigators (five) and children’s disability resource specialists (two) to help direct families towards available community resources, programs, and services. The Governor also recommends providing for children’s disability ombudsmen (two) to provide advocacy services for children with long-term support needs.

Children with Disabilities: The Governor’s budget provides \$2.1 million in FY20 and \$2.4 million in FY21 to reduce bureaucracy and help families of children with disabilities identify available services and supports in the community that will meet their needs.

Mental Health Services:

Crisis Intervention Services: The Governor's budget recommends the state begin to pay for a portion of the nonfederal share of Medicaid Crisis Intervention services. The Governor's budget proposes to begin sharing the costs of crisis intervention services between the state and the counties. Moving forward, counties will provide a 75 percent maintenance of effort payment based on CY17 expenditures, which will give counties freedom to provide services to additional individuals and expand the services they offer.

Crisis Stabilization Facilities: The Governor's budget creates a new grant program to establish five regional crisis stabilization facilities. These facilities are designed to help individuals in crisis and reduce involuntary commitments at state-run institutions.

Definition of Crisis: The Governor's budget expands the definition of crisis to include substance abuse and dementia related crises.

Crisis Program Enhancement Grant: The Governor's budget allows the Crisis Program Enhancement Grant to be used to establish or expand a crisis program.

The Governor's budget funds these initiatives with \$9,210,100 in FY20 and \$30,547,900 in FY21.

Mental Health Services Under BadgerCare Plus: The Governor's budget recommends increasing noninstitutional rates for physicians and medical clinics that provide mental health, behavioral health, and psychiatric services. The \$69 million investment will provide more services for Medicaid recipients who seek mental health and behavioral health care.

Peer Run Respite Centers for Veterans: The Governor's budget fully funds the peer run respite center for veterans. The facility will provide peer support services and hospital diversion services at no cost to veterans struggling with a mental health or substance abuse disorder.

Youth Crisis Stabilization Facility: The Governor's budget fully funds a youth crisis stabilization facility. The facility will provide residential mental health services to children whose needs are greater than what is available in their community but not severe enough to warrant commitment to an institution.

Substance Use Disorder: The Governor's budget provides \$898,800 in FY21 to develop a Hub-and-Spoke treatment model utilizing the Medicaid Home Health Benefit to provide care coordination for individuals at three opioid treatment centers across the state. The Governor's budget allows methadone as an appropriate treatment at these clinics. The Hub-and-Spoke model relies on regional hubs to support an individual's initial treatment and spokes to provide maintenance treatment in local communities.

Healthy Women, Health Babies Initiative: The Governor's budget:

- Increases funding for the Women's Health Block Grant by \$193,600 GPR and removes the restrictions on which organizations Title V and X funding can be supplied.
- Allocates 5.0 FTE positions to create an Infant Mortality Prevention Program to address disparities in birth outcomes in our state.

- Expands postpartum eligibility for women in the Medicaid program up to 300 percent of the FPL from 60 days to 12 months by providing \$22,988,000 in FY21 (requires a Medicaid waiver).
- Provides an additional \$1,012,500 TANF in FY20 and \$2,175,000 TANF in FY21 to expand home visiting to support expecting mothers and mothers with infants and small children.

Tobacco Cessation: The Governor’s budget provides an additional \$3.3 million GPR annually for tobacco cessation activities.

Healthy Aging Programs: The Governor’s budget creates a \$250,000 GPR grant to provide healthy aging programs (falls prevention and chronic disease management).

Dementia Care Specialists: The Governor’s budget provides \$2.8 million annually to expand the dementia care specialists program to all aging and disability resource centers in the state. That equates to 27 positions for non-tribal ADRCs and 3 tribal positions.

Nursing Home Rate Increases: The Governor’s budget provides \$8.7 million in FY20 and \$17.8 million in FY21 for a 2.5 percent general rate increase for nursing homes with a 1.5 percent increase targeted to direct care workforce and 1.0 percent for acuity.

Workforce Shortages: The Governor’s budget:

- Provides \$14.8 million in each year to increase the direct care and services portion of the capitation rates DHS provides to long-term care managed care organizations in recognition of the direct caregiver workforce challenges facing the state.
- Provides \$3.3 million in FY20 and \$13.4 million in FY21 to fund rate increases for personal care direct care services (1.5 percent increase year over year).

Department of Children and Families (DCF)

Children and Family Aids: The Governor’s budget increases funding for Children and Family Aids by \$15 million GPR beginning in CY20, as well as funding the costs related to the 2.5 percent foster care rate increase included in the 2017-19 biennial budget.

Child Support: The Governor’s budget increases funding for county child support agencies by \$750,000 GPR in FY20 and \$1,500,000 in FY21.

The Governor’s budget also ends the birth cost recovery program.

The Governor’s budget increases the custodial parent child support filing fee from \$25 to \$35 to bring Wisconsin in compliance with federal regulations.

Children First: The Governor’s budget provides \$1,140,000 TANF in each fiscal year to increase the capitated payment from \$400 to \$800 in the Children First program to ensure noncustodial parents who are in arrears in meeting their child support are receiving adequate services to help them meet their child support obligations.

Foster Care Rate Increase: The Governor's budget provides \$258,300 GPR/FED in FY20 and \$777,900 GPR/FED in FY21 for a 2 percent increase in foster care rates in each calendar year (2% increase in CY20 and an additional 2% in CY21).

The Governor's budget also recommends authorizing foster care payments for children living with their parents when the parents are seeking treatment in a residential alcohol or drug abuse treatment facility. This is required by the recently enacted federal Family First Prevention Services Act.

Kinship Care Rate Increase: The Governor's budget provides \$247,200 TANF in FY20 and \$770,500 TANF in FY21 for a 2 percent increase in kinship care rates.

Drivers Licenses for Foster Care Youth: The Governor's budget creates a program that will help youth in foster care be able to drive by covering the cost of drivers education classes, license costs and insurance. The program is allocated \$89,700 GPR in FY20 and \$289,200 GPR in FY21.

Runaway and Homeless Youth Shelters: The Governor's budget increases funding for runaway and homeless youth shelters by \$250,000 GPR in each fiscal year to expand services in rural areas.

Juvenile Justice

17-Year-Olds: The Governor's budget reverts jurisdiction of 17-year-old offenders from adult court to juvenile court for acts committed on or after January 1, 2021, and provides sum sufficient funding to Wisconsin counties to cover eligible costs associated with returning these youth to the juvenile justice system. The sum-sufficient appropriation will start with a base of \$5 million GPR in FY21 and will be used to reimburse counties for the increased costs associated with raising the age that a circuit court or municipal court exercises adult court jurisdiction from 17 to 18. Expenses eligible for reimbursement will be determined by the Department of Children and Families in consultation with representatives of the counties.

Lincoln Hills/Copper Lake: The Governor's budget removes the January 1, 2021 closure date for Lincoln Hills/Copper Lake and commits to transferring youth out of the facilities as soon as a Type 1 or SRCCCY facility that meets the needs of the youth is available. The intention is to close Lincoln Hills as soon as it is possible to ensure a safe and appropriate placement for all youth.

The Governor's budget includes funding for building up to three new Type 1 facilities at a total cost of \$115 million.

The Governor's budget requires DHS approval for a county to place a juvenile at MJTC, allows DHS to directly bill counties for juveniles placed at MJTC and eliminates JFC approval of the MJTC expansion.

SRCCCYs: The Governor's budget provides \$100 million for SRCCCY grants to counties, and allows counties to apply for Youth Aids for start-up costs.

The Governor's budget changes the deadline for counties to submit SRCCCY grants from March 31, 2019 to July 1, 2019, and changes the date that the Juvenile Corrections Grant Committee must submit SRCCCY recommendations to JCF from July 1, 2019 to October 1, 2019. The budget also allows counties to submit grants prior to the deadline and allows the committee to forward early applicants to JCF prior to the deadline under 14-day passive review to ensure that counties that are ready to move forward are able to do so without delay.

The budget also requires legislative minority representation on the Juvenile Corrections Grant Committee.

The Governor's budget provides \$3.5 million GPR in FY21 to reimburse one-time start-up costs for counties that create SRCCCYs. Expenses eligible for reimbursement will be determined by the Department of Children and Families in consultation with representatives of the counties.

MJTC: The Governor's budget increases treatment capacity and improves mental health treatment services to juveniles who need services by providing 50.5 FTE positions and \$3.1 million in FY21 for a 14-bed expansion at the Mendota Juvenile Treatment Center.

Youth Aids: The Governor's budget proposes nonstatutory language directing the Department of Children and Families and counties to examine potential modifications to the overall youth aids formula.

Youth Justice System: The Governor's budget recommends adding an additional position and increasing expenditure authority to provide training, performance monitoring, data collection and analysis to set standards of practice for the youth justice system.

JCI Rates: The Governor's budget increases the daily rates for placements at Lincoln Hills/Copper Lake:

	\$501	FY20
	\$513	July 1, 2020 to December 2020
	\$588	January 1, 2021 – June 30, 2021

Other:

Homelessness: The Governor's budget increases funding for the following homeless prevention programs:

- \$500,000 GPR in each year for the Homelessness Prevention Program and \$300,000 GPR in each year for the creation of a new diversion program.
- \$500,000 GPR in each year for the State Shelter Subsidy Grant.
- \$900,000 GPR in each year for the Housing Assistance Program.
- \$500,000 TANF in each year for the Homeless Case Management Services Grant.
- \$250,000 GPR in each year for the Skills Enhancement Grant at DCF.
- \$500,000 GPR in each year to create a new Housing Quality Standards grant.
- \$300,000 GPR in each year to create a grant for housing navigation.

The Governor's budget repurposes funding from the Employment Services Grant program to support 1.0 FTE position within DOA's Division of Energy, Housing and Community Resources to support the expanded programs and convert 1.0 federal FTE position to program revenue service funded with TANF.

Elderly and Disabled Transportation Aids: The Governor's budget increases elderly and disabled transportation aids by \$6 million over the biennium (\$3 million in each year of the budget).

JUDICIAL AND PUBLIC SAFETY

Decriminalization of Marijuana: The Governor's budget recommends the decriminalization of marijuana in amounts of 25 grams or fewer. Further, the Governor recommends creating an expungement process for those convicted of possessing, manufacturing, or distributing less than 25 grams of marijuana and have completed their sentence or probation. Finally, the Governor is recommending a process be established for individuals to petition for the dismissal of their conviction for small amounts of marijuana.

State Public Defender: The Governor's budget recommends that the private bar rate be increased to \$70 per hour (currently rate is set statutorily at \$40 per hour) by January 1, 2020 by providing \$8.6 million in FY20 and \$16.6 million in FY21. The Governor's budget does not provide any additional funds to counties to offset the Supreme Court Rule to increase the county court appointed attorney rate from \$70 per hour to \$100 per hour starting January 1, 2020.

Treatment Alternatives and Diversion (TAD) Program Expansion: The Governor's budget provides \$1 million in both years of the biennium as a one-time increase for TAD. Of the \$1 million, \$500,000 would be used for expansion of existing programs and the other \$500,000 for new programs.

Opening Avenues to Reentry Success (OARS): The Governor's budget provides one position and expenditure authority for the expansion of the OARS program. OARS is currently available in 44 counties and supports the prison to community transition of inmates living with a serious and persistent mental illness who are medium-to-high-risk of reoffending.

Dispatcher Assisted Cardiopulmonary Resuscitation (CPR): The Governor's budget provides additional monies to support the ongoing cost of the Dispatcher Assisted CPR program established in 2017 Wisconsin Act 296.

Office of Emergency Communications: The Governor's budget recommends transferring the Interoperability Council, the Wisconsin Interoperable System for Communications program, the 9-1-1 Subcommittee, the Next Generation 9-1-1 program, the public safety broadband program and the land mobile radio program to the Department of Transportation from the Department of Military Affairs. The 2017-19 state budget moved the aforementioned programs from multiple state departments to be housed under one department, the Department of Military Affairs within the Office of Emergency Communications.

District Attorneys: The Governor's budget recommends 19.6 new assistant district attorney positions, as well as funding and position authority to increase part-time assistant district attorney positions to full-time (6.90 positions). The Governor's budget also recommends one-time funding (\$307,300 in FY20 and \$918,000 in FY21) for pay progression for assistant district attorneys and deputy district attorneys.

TAXATION AND FINANCE

Shared Revenue: The Governor’s budget increases funding for the County and Municipal Aid Program (shared revenue) by 2 percent starting in 2020.

Levy Limits: The Governor’s budget modifies the current levy limit program by allowing county property tax levies to increase by the greater of the percentage change in equalized value due to net new constructions or 2 percent beginning with levies set in 2019.

Levy Limits – Covered Services: The Governor’s budget eliminates the requirement that local governments make a negative levy adjustment based on fees generated from certain municipal services.

Levy Limits – Transit Services: The Governor’s budget creates a levy limit exemption for cross-municipality transit routes where the counties and municipalities meet a number of criteria. The criteria includes that the counties and municipalities claiming the exclusion must be adjacent, must have entered an intergovernmental cooperation agreement to provide new or enhanced transit services across county boundaries, and that each participating county or municipality must pass a referendum approving the agreement.

Dark Stores / Property Assessments: The Governor’s budget amends assessment practices by incorporating the statutory language from last legislative session’s dark store and *Walgreens v. City of Madison* reversal legislation (2017 Assembly Bills 386 and 387).

Property Tax Transparency: The Governor’s budget requires local property tax bills to include information containing the gross reduction in state aid as a result of private school choice programs.

Property Tax Credits: The Governor’s budget repeals the school levy tax credit and the first dollar credit. The Governor’s budget converts the school levy and first dollar credits into general equalization aids to schools beginning in fiscal year 2021.

General Fund Transfer: The Governor’s budget repeals the 0.25 percent general fund tax transfer to the transportation fund.

Homestead Tax Credit: The Governor’s budget restores indexing for the Homestead Credit beginning in tax year 2020.

Tax Incremental Financing (TIF): The Governor’s budget limits the percentage of a TIF district’s project costs that can go toward cash grants for developers to 20 percent. The Governor’s budget also requires TIF project plans to contain “stress tests” in their financial projections so that local governments better understand the risks of TIF utilization.

Sales and Use Tax: The Governor’s budget includes language explicitly requiring internet marketplace providers to collect and remit sales and use tax on taxable sales that they facilitate on their websites on behalf of third parties.

Sales Tax Exemptions: The Governor's budget eliminates the sales tax exemptions for the sale of live game birds and clay pigeons and eliminates the sales tax exemption for the sale of farm-raised deer.

Real Estate Transfer Fee Exemption: The Governor's budget modifies two current law exemptions to the real estate transfer fee. The first change clarifies that the exemption for transfers from a subsidiary corporation to its parent corporation does not apply in cases where a noncorporate entity owns a majority of shares in the corporation. The second change would modify the exemption to transfers for the purposes of providing security for debt or other obligations to specify that the exemption does not apply to conveyances between different owners.

TRANSPORTATION AND PUBLIC WORKS

Segregated Transportation Fund: The Governor's budget funds the state's infrastructure with approximately \$6.6 billion, up from \$6.1 billion in the current biennium. New transportation revenues are generated by an eight-cent increase in the gas tax (\$485 million), elimination of the minimum markup on motor fuel, an increase in the heavy vehicle registration fee (\$36 million), an increase in the title fee (\$36 million) and by a proposed activation of the hybrid vehicle surcharge fee (\$9.7 million). In total, the increase in revenue for the Segregated Transportation Fund is approximately \$566 million in the biennium. The budget also reinstates indexing of the gas tax rate to the consumer price index.

General Transportation Aids: The Governor's budget increases county general transportation aids (GTA) from \$111,093,800 in the 2017-19 budget cycle to \$122,203,200 by calendar year 2020.

Routine Maintenance Agreements: The Governor's budget maintains funding and preserves recent increases for Routine Maintenance of the State Trunk Highway System (STH) performed by counties.

General Transit Aids: The Governor's budget increases annual funding for General Transit Aids by 10 percent or \$11,073,800 by the second year of the biennium.

Transit Capitol Assistance: The Governor's budget establishes a Transit Capitol Assistance Program to aid in the replacement of buses for eligible applicants. A total of \$10 million is allocated in the second year of the biennium to establish the program.

Paratransit Aids: The Governor's budget increases funding for Paratransit Aids by 10 percent or by \$275,000 in FY 2020 and again in FY 2021. This is a total funding increase of \$550,000 over the biennium.

Local Bridge Improvement Assistance: The Governor's budget maintains level funding for the Local Bridge Improvement Program, resulting in \$22.9 million in both years of the biennium.

Local Road Improvement Program (LRIP): The Governor's budget increases the funding for the Local Road Improvement Program (LRIP) by 4 percent in the 2019-21 biennium. A total of \$1,288,000 will be added to the overall program. Funding for the county component of LRIP, the

County Highway Improvement Program (CHIP), (Discretionary Program funding) will be funded at \$5,569,400 in FY 2020 and \$5,688,400 in FY 2021.

Majors Projects: The Governor's budget provides \$558 million in total funding for the Major Highway Development Program in the 2019-21 biennium. The total funding level for the program was \$669 million in the 2017-19 biennium. This is a funding decrease for the program of approximately \$111 million.

Southeast Mega Projects Program: The Governor's budget increases funding for the Southeast Mega Projects Program from \$122 million in the 2017-19 biennium to \$332 million in the program. This is a proposed funding increase of approximately \$210 million for the upcoming budget cycle.

State Highway Rehabilitation Funding: The Governor's budget provides an increase in the program from approximately \$1.7 billion in 2017-19 to \$1.9 billion. This is a funding increase of approximately \$176 million over the previous budget cycle.

Seniors and Individuals with Disabilities Specialized Transportation Aids: The Governor's budget increases funding for the program by \$3 million in each year of the biennium. This amounts to a \$6 million, or approximately 24% increase, in funding in the 2019-21 biennium.

Passenger Rail Bonding: The Governor's budget provides \$45,000,000 in general fund supported general obligation bonding for passenger rail improvements for travel between Milwaukee and Chicago.

Harbor Assistance Program: The Governor's budget increases funding of the Harbor Assistance Program by \$13,200,000 in FY20. In addition, the Governor's budget recommends giving priority to municipalities in which a shipbuilder in the state is conducting operations. Finally, the Governor's budget recommends providing \$39,000,000 in transportation fund-supported general obligation bonding for the program.

Freight Rail Preservation Program: The Governor's budget provides \$30,000,000 in transportation fund supported general obligation bonding for the freight rail preservation program.

Volkswagen Settlement: The Governor's budget allocates 60 percent of the remaining \$25 million in Volkswagen emissions settlement funds to be dedicated to the replacement of public transit vehicles and 40 percent towards electric vehicle charging stations. Additionally, the budget modifies current law by reducing the percentage of the total grant award returned to the state through a shared revenue reduction by the Milwaukee County and city of Madison public transit systems from 75 to 20 percent.

Railroad Crossing and Repair: The Governor's budget increases funding for railroad crossing and repair by \$465,000 in each year of the biennium to address a backlog of projects. The total funding increase for the program in the 2019-21 biennium is \$930,000.

Next Generation Air Traffic Control Systems: The Governor's budget increases state funding by \$1 million in each year of the biennium to aid local airports in the conversion to Next Generation Air Traffic Control System.

Project Labor Agreements (PLA): The Governor's budget restores a local unit of government's ability to require that a bidder enter into a Project Labor Agreement (PLA).

State Prevailing Wage Requirements: The Governor's budget restores Prevailing Wage requirements for projects using state dollars.

Local Government Use of Eminent Domain Authority for Bicycle and Pedestrian Facilities: The Governor's budget restores the ability of local governments to use eminent domain authority for the installation of bike and pedestrian paths.



WI Alcohol & Other Drug Related Policy Proposals – 2019-2020 Legislative Session

Marathon County Senators: Petrowski (29), Moulton (23), Tiffany (12)

Marathon County Assembly: Snyder (85), Spiros (86), Edming (87), Kulp (69), Felzkowski (Czaja) (35)

Subject	Bill #'s	Description	Local Authors	Status	Notes <i>(italicized=direct quotes from proposed legislation)</i>	Linked to Best Practice (see SCAODA Reports or Opioid Task Force Report)
Medications	SB 26/AB 24	<i>Step therapy protocols for prescription drug coverage and requiring the exercise of rule-making authority.</i>	Spiros, Edming, Felzkowski, Kulp	S – Read in Committee on Health & Human Services (2/8/2019)	<i>Step therapy protocol” means a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition, whether self-administered or physician-administered, that are medically appropriate for a particular patient are covered under a policy or plan.</i>	Opioid Task Force discussion
				A – Read in Committee on Health (2/12/19)		
Medications	SB 22	<i>Regulating the sale of prescription drugs below cost.</i>	⊙	S – Read in Committee of Economic Development, Commerce & Trade (2/8/2019)	<i>This bill exempts prescription drugs from the Unfair Sales Act. Under current law, the Unfair Sales Act, also known as the “minimum markup law,” prohibits retailers and wholesalers from selling merchandise, including prescription drugs, for less than the cost of the merchandise to the seller. Under the bill, the prohibition on below-cost sales does not apply to prescription drugs.</i>	
				A – No Bill		

Alcohol	SB7/AB15	<i>Requiring persons accused of violating traffic laws and ordinances related to driving while intoxicated to appear in person in court.</i>	Spiros	S – Read in Committee on Judiciary & Public Safety (1/29/2019)	<i>Under this bill, a person who receives a citation for an OWI-related civil traffic violation or who receives a citation for an ordinance in conformity therewith is required to appear in court to plead guilty, no contest, or not guilty to the charge. If the person fails to appear in court, the court is required to enter a default judgment against the person and impose the applicable penalties and a \$300 surcharge for the person's failure to appear.</i>
				A – Read in Committee on Criminal Justice & Public Safety (2/8/2019)	
Alcohol	SB 6/AB16	<i>Committing a fifth or sixth offense related to operating a vehicle while intoxicated and providing a penalty.</i>	Spiros	S – Read in Committee on Judiciary & Public Safety (1/29/2019)	<i>Under this bill, for a fifth or sixth OWI offense, a sentencing court is required to impose a sentence that orders the person to spend at least 18 months confined in prison.</i>
				A – Read in Committee on Criminal Justice & Public Safety (2/8/2019)	
Alcohol	SB 8/AB17	<i>Mandatory period of confinement for homicide by intoxicated use of a vehicle and providing a penalty.</i>	Spiros	S – Read in Committee on Judiciary & Public Safety (1/29/2019)	<i>Under this bill, a person who is convicted of homicide by intoxicated use of a vehicle must be sentenced to a mandatory minimum period of confinement in prison of five years. The bill creates an exception to the mandatory minimum sentence created in this bill if the decedent was a passenger in the person's car and the court finds that the best interests of the community will be served and that the public will not be harmed. If the court sentences a person to a period of confinement that is less than the mandatory minimum sentence, the bill requires the court to put its findings in writing.</i>
				A – Read in Committee on Criminal Justice & Public Safety (2/8/2019)	
Alcohol	SB 9/AB18	<i>Penalties for offenses related to operating a vehicle while intoxicated and providing a penalty.</i>	Spiros	S – Read in Committee on Judiciary & Public Safety (1/29/2019)	<i>This bill criminalizes a first offense relating to operating a vehicle while intoxicated (OWI-related offense).</i> <i>This bill also includes the person can petition to have it removed from history if no other OWI offense occurs</i>
				A – Read in Committee on Criminal Justice & Public Safety (2/8/2019)	

Edited February 13, 2019

					within 5 years of 1 st offense. Additionally, 2 nd offenses would carry an increased fine and penalty under the bill.	
Alcohol	SB 10	<i>The intoxicated operation of snowmobiles and providing a penalty.</i>	Kulp	S – Read in Committee on Judiciary & Public Safety (1/29/2019) A – No bill at this time	<i>This bill establishes an absolute sobriety requirement for the purpose of operating a snowmobile for any person under the age of 21.</i> This bill would cover the gap between 19-21 for 0.00 BAC.	

**Marathon County Board of Health Self-Assessment
Considerations – March 5, 2019**

Background: An annual self-assessment or evaluate is a standard of practice among boards. The Public Health Governing Entity Assessment Instrument (National Association of Local Boards of Health) is a self-assessment tool designed around the Ten Essential Public Health Services. The self-assessment tool supports the Six Functions of Public Health Governance. The self-assessment questions for each of the ten essential services is based on the public health governance functions.

The self-assessment tool is aligned with the Public Health Accreditation Board (PHAB) standards. The rating scale ranges from no activity to optimal activity. The tool has 44 questions. Link <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Governance-Instrument-FINAL-4-09-13.pdf>

Ten Essential Public Health Services	Six Functions of Public Health Governance
<ol style="list-style-type: none"> 1. Monitor health status to identify and solve 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 community partnerships and action 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 unavailable 8. Assure competent public and personal health care 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 	<ol style="list-style-type: none"> 1. Policy Development 2. Resource Stewardship 3. Legal Authority 4. Partnership Engagement 5. Continuous Improvement 6. Oversight

What aspects do you want to assess?

- Effective meeting processes (e.g., ensuring everyone’s voice is heard, how decisions are made, challenging members to make tough decisions)
- Ability to carry out governance functions tasked to the Board (e.g., adequate knowledge of public health functions, public health issues)

What method of self-assessment would be meaningful?

- Individual members complete a self-assessment, ratings are compiled and shared
- Facilitated group conversation using open ended questions or an established self-assessment tool

2019- 2023

STRATEGIC PLAN



Acknowledgements

Project Sponsor: *Joan Theurer*, Health Officer
Group Process Facilitator: *Amanda Ostrowski*, Health Educator
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Community Stakeholders

Marathon County Health Department All-Staff

▶ A Leap of Faith

The 2019-2023 Marathon County Health Department Strategic Plan has been created to inspire fellow colleagues and stakeholders to take a leap of faith and set in motion the actions we need to take to be relevant in our communities. Like any organization that matures, we had a choice to do more of the same, or to challenge ourselves to remain pertinent to those we serve. As an organization, we chose to challenge ourselves to serve better.

Over the past year, the department has spent time reflecting and planning for our future. As part of the process we looked at our strengths, weaknesses, opportunities, and the challenges facing us. The Marathon County Health Department Strategic Plan is a leadership tool for the department; realizing that without a deliberate decision making process and having a roadmap for our future, fate would shape our future.

For local health departments, the strategic plan is internally focused. The plan protects the assets we have built while managing our weaknesses, keeping our eye on the opportunities and challenges public health faces. Local health departments have been charged with a new role, being the change leader in their community to address the health conditions impacting our residents. As a change leader, we will need to take calculated risks to carry out the strategic plan, hence the term leap of faith.

The mission of the health department is vast, heavily reliant on partnerships and stakeholders for us to succeed in our mission. Our ability to continue to form and maintain meaningful partnerships is a key element in this plan.

I invite anyone reading this to join me in taking a leap of faith so we can serve better. Together we will achieve our vision, “To be the healthiest and safest county in which to live, learn, work, and play”.

In good health,

A handwritten signature in black ink, appearing to read 'Joan Theurer', with a long horizontal flourish extending to the right.

Joan Theurer, Health Officer

▶ MISSION

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

▶ VISION

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

▶ CORE VALUES

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** is responsively delivering on our commitments to all of our internal and external customers
- ▶ **INTEGRITY** is honesty, openness, and demonstrating mutual respect and trust in others
- ▶ **QUALITY** is providing public services that are reflective of “best practices” in the field
- ▶ **DIVERSITY** is actively welcoming and valuing people with different perspectives and experiences
- ▶ **SHARED PURPOSE** is functioning as a team to attain organizational goals and working collaboratively with our policy makers, departments, employees and customers
- ▶ **STEWARDSHIP OF RESOURCES** is 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

THE DIFFERENCE THE MARATHON COUNTY HEALTH DEPARTMENT MAKES...

Prevent infectious disease threats to the public by,

- ▶ Protecting the public from the spread of disease
- ▶ Keeping the public informed of threats and what they can do

Prevent unsafe food and water by,

- ▶ Working with businesses to sell food that does not make people sick
- ▶ Testing water from private and public drinking wells so people do not get sick

Promote strong healthy families during the early years by,

- ▶ Helping families to have babies born healthy
- ▶ Teaching people how to be good parents
- ▶ Helping families connect to community resources
- ▶ Preventing childhood trauma and injuries

Create places where it is easy to support healthy lifestyles by,

- ▶ Choosing to use alcohol and other drugs safely
- ▶ Breathing smoke-free air
- ▶ Being active
- ▶ Getting healthy, affordable food
- ▶ Making good mental health as important as good physical health

Protect against health hazards by,

- ▶ Keeping the public informed of hazards and what they can do
- ▶ Protecting the public from hazards
- ▶ Making sure children are not exposed to lead

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

GOAL 1

Citizen
Perspective

Integrate concepts of health equity into programs and initiatives that address the population health needs in Marathon County.

OUTCOME MEASURES

1.A

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.

1.B

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.

1.C

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.

1.D

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

1.E

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.

STRATEGY AND RATIONALE

1.1

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 by creating a common definition of health equity, providing examples of what health equity looks like for program areas, and framing health equity from the worldviews of market and social justice.

1.2

Further knowledge and skill around health equity among employees, Board of Health, and community partners

Marathon County Health Department will develop educational resources for employees, Board of Health members and community partners to further their awareness, knowledge, and skill in regards to health equity. This will enhance their ability to 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.

1.3

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 health equity.

1.4

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 on websites, service hours, and written materials in Hmong and Spanish.

GOAL 2

Employee Learning and Growth

Foster an organizational culture that supports innovation and excellence.

OUTCOME MEASURES

2.A

By December 31, 2019 and annually thereafter, a quality improvement project will be 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.

2.B

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

2.C

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.

2.D

By December 31, 2021 and annually thereafter, 80% of employees will incorporate one new practice into their work as a result of attending a training and/or conference.

STRATEGY AND RATIONALE

2.1

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.

2.2

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 the department.

2.3

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

Marathon County Health Department will further its current learning organizational culture by having employees take time to think, plan, reflect, and evaluate program services and initiatives to assure they 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 provides learning opportunities and is valued. All employees will have a basic understanding of how the Denison Organization Culture Model informs the department to achieve organizational excellence.

2.4

Foster a culture of quality improvement that maximizes the use of technology

Marathon County Health Department will further expectations of quality improvement by 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 established program benchmarks of success.

GOALS

Operations

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

OUTCOME MEASURES

3.A

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

3.B

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.

3.C

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, etc.).

3.D

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.

3.E

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

STRATEGY AND RATIONALE

3.1

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 furthering health outcomes in terms of in-kind time, money, and other resources. The department will provide an annual report to be included in the budget process.

3.2

Leverage media partnerships and social media to further program goals

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

3.3

Promote the investment in intentional partnership relationships

Marathon County Health Department will continue to identify, evaluate, and adjust partnership investments in order to be effective in furthering programs', and the county's strategic and comprehensive plan goals. Networking at community meetings, events, and conferences is valuable in building new and maintaining trusting working relationships. Employees will further their skills in developing and maintaining effective partnerships.

3.4

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 priorities 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



Inform and advance public health policy in support of the County’s mission and strategic goals.

OUTCOME MEASURES

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

- 4.B ▶ By December 31, 2020 and annually thereafter, the Board of Health will advance five policies to further public health’s mission.

- 4.C ▶ 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.

- 4.D ▶ By December 31, 2021 and annually thereafter, 90% of the employees will be able to state the goals of the six major program areas.

STRATEGY AND RATIONALE

4.1

Responsibly frame messages to encourage desired health outcomes

Marathon County Health Department will further employees skills in shaping stories with data to increase policy makers' and the public's understanding of the impact of public health programs and services. The department's website will be enhanced to improve user friendliness and service products will be developed through the customer's eyes and what they expect.

4.2

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, and the difference between advocacy and 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.

4.3

Increase employees' skills 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 about each teams' program services impacts.

4.4

Influence public policy through education

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

▶ A Roadmap for 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 in which to live, learn, work, and play", 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 requisite planning documents for local health departments seeking national accreditation. Refer to Diagram 1.

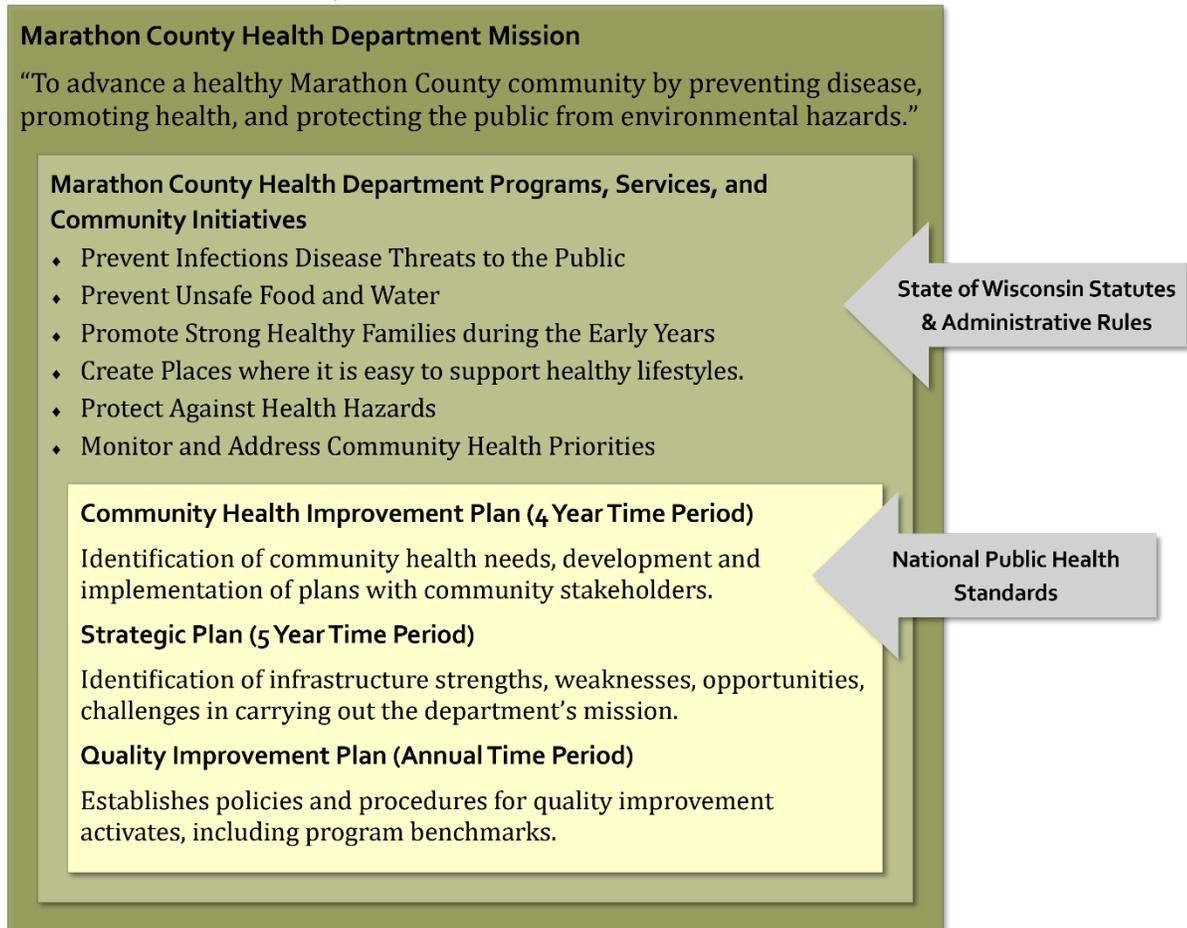
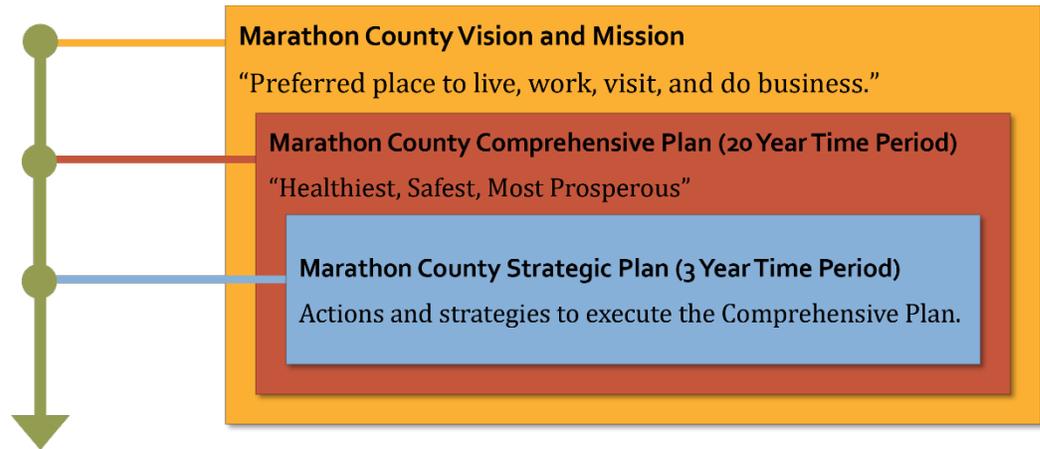
The health department's strategic plan is not a plan developed or carried out in isolation. A tool known as a balanced scorecard framework was used in developing the plan to ensure that as a department we continue to focus on citizen's perspectives, employee learning and growth, operations, and financial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

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 and resources to address Marathon County public health needs through our program services. As a result of 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 create significant impacts by leveraging partnerships with county government and community stakeholders to achieve our vision, “to be the healthiest and safest county in which to live, learn, work, and play.”

Diagram 1





SUPPORTING DOCUMENTS

Why is this important for the future of the Health Department?

- ▶ Demonstrates alignment to Marathon County’s goal of being the healthiest, safest, most prosperous County in the State.
- ▶ Creates a balance between what residents view as important with what is needed to prevent disease and protect the public with resources available.
- ▶ Adheres to carrying out best and evidence-based practices in order to use resources wisely, enhance impacts, and to establish and maintain credibility.
- ▶ Aligns with Marathon County’s and the Health Department’s core values of diversity and service.
- ▶ Ensures programs and initiatives are inclusive and accessible to everyone.
- ▶ Supports the overarching community health priority, “Social and Economic Factors that Influence Health”, a state and national focus.
- ▶ Acknowledges and honors targeted universalism—considers some people need more and some people need fewer services.
- ▶ Displays we are adaptable and responsive to community needs.

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

What do we currently have in place that supports us in achieving the identified goals?

- ▶ Social and Economic Factors that Influence Health is a 2017-2020 Marathon County Health Department's Community Health Priority. The health priority was selected by the Board of Health and representatives from Healthy Marathon County.
- ▶ The Health Department has begun to increase employees' awareness of the concepts and research behind health equity since 2017 through team discussion, department training, and statewide conferences.
- ▶ The Health Department has begun efforts to increase an understanding of health equity and awareness of the implications for advancing community health priorities among partners.
- ▶ The Health Department program services are adjusted according to need, and products are developed based on consumers' expectations with the end user in mind.
- ▶ The Health Department employees have an understanding of how poverty, education, language, and mental health impacts housing choices and how we provide services.
- ▶ Grant funds received from the State of Wisconsin for Marathon County Health Department programs have a focus on health equity.
- ▶ The MarathonCountyPulse.org can house data, disaggregate data, and share [equity or inequity] in reports on the website.
- ▶ The Health Department is advancing components of health equity through community initiatives such as RISEUP and collaborations with the Marathon County Conservation, Planning, and Zoning Department on the public transit system.

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

Why is this important for the future of the Health Department?

- ▶ Attracts and keeps quality employees.
- ▶ Invests in how the work of the Health Department is carried out, that is through people, with 73% of budget allocated to employees and only 5% in operations.
- ▶ Engages employees - happy employees are motivated and focused in carrying out the department's mission.
- ▶ Reinforces the pride Marathon County government takes in being seen as a leader and a learning organization, where it is okay to take calculated risks and fail forward.
- ▶ Commits the Health Department to continuous quality improvement, striving to be innovative in our fields.
- ▶ Aligns with Public Health Accreditation Standard on workforce development.
- ▶ Drives the Health Department to pay attention to the balance of what employees want and what residents expect. Community needs and work force needs change; therefore, as employees and as an organization, the department needs to be able change and evolve.
- ▶ Requires time and resources when thinking and planning with innovation and excellence in mind; if innovation and quality improvement is not pursued as an organization, the department will not be as effective in meeting residents' needs and expectation.
- ▶ Contributes to the Health Department's credibility within the community, both with residents and other organizations. The department has been given opportunities because it is seen as credible in the community, region, and state.
- ▶ Ensures an organization is able to adapt to meet changing service needs.
- ▶ Acknowledges that as a government entity there are boundaries to the department's ability to pursue innovation compared to the private sector.
- ▶ Supports innovation and quality improvement; technology within the department is about inclusion and not substitution. When adding a new technology, the other options are not taken away. Technology enhances the quality of our work by increasing security, efficiency, and the use of resources, such as time and money.

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

What do we currently have in place that supports us in achieving the identified goals?

- ▶ The Health Department allocates funds for continuing education in the budget each year that includes subscriptions, registration fees, travel, lodging/meals, professional license/certification fees, professional association fees, and paid time.
- ▶ The Health Department's Quality Improvement Team has been in place since 2013 and meets 3-4 times per year.
- ▶ The Health Department established a Quality Improvement Plan in September of 2012 which outlines expectations for quality improvement in the department.
- ▶ The Health Department presents annual team accomplishments at the January all-staff meeting.
- ▶ The Health Department employees are "rounded" with every six weeks.
- ▶ The Health Department employees created the Innovations group as a means to share new concepts across teams with all who are interested.
- ▶ The Health Department have several staff who serve on local, regional, or statewide boards and committees in leadership roles.
- ▶ The Health Department has begun the task of reviewing job standards to ensure alignment with national Core Competencies for Public Health Professionals.
- ▶ The Health Department's leadership supports staff in participating in non-traditional learning opportunities.
- ▶ The Health Department's leadership supports team retreats that contribute to team building, improving culture, learning, and growth.
- ▶ The Health Department has had 11 graduates from the Marathon County Leadership Development program since 2014 and 9 graduates have served as a mentors.
- ▶ The Health Department and Marathon County Leadership is committed to continuing education, viewing itself as a learning organization. The Health Department creates leadership opportunities for staff through in-house workgroups; and supports leadership opportunities through regional and state workgroups, committees, advisory groups, and boards.
- ▶ The Health Department is a site for student field experience and internships.
- ▶ The Health Department is looked to pilot new IT initiatives and processes within Marathon County Government.
- ▶ The Health Department Administrative Support Team has expanded their technological skills in the areas of Microsoft Office Suite products, and website development and maintenance.

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

Why is this important for the future of the Health Department?

- ▶ Enables the Health Department to leverage resources, to increase our reach, and to provide services more effectively and efficiently.
- ▶ Aligns strategies across organizations to achieve similar outcomes.
- ▶ Shares responsibility across many sectors for solving public health related issues and associated “wicked” problems which are not ours to solve alone. Creates synergy to cultivate the conditions of Collective Impact, which results in a community working together to minimize negative impacts of the issue; provides an opportunity for us to learn from others’ successes and failures; and enhances the ability to be innovative.
- ▶ Requires us to be mindful in what partnerships we want to engage in so we don’t extend beyond capacity.
- ▶ Creates opportunities for the social justice and market justice worldviews to intertwine.
- ▶ Aligns with Marathon County’s and the Health Department’s core values of shared purpose, stewardship of resources, and quality.
- ▶ Leverages resources to do the work that the Health Department wouldn’t be able to do alone by; maintaining or increasing funding, garnering support from policymakers, increasing the department’s credibility, and establishing sustainability of what has already been built by the department.

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

What do we currently have in place that supports us in achieving the identified goals?

- ▶ The Health Department employees serve on a number of statewide committees and workgroups; and local, regional, or statewide Boards.
- ▶ The Health Department has working relationships with Municipalities, Marathon County Departments, and other Local Health Departments that contribute to shared purpose and health priorities.
- ▶ The Health Department has working relationships with multi-sector public, non-profits, and private sector organizations to advance program service goals.
- ▶ The Health Department leads and/or participates in a number of community initiatives to advance the department's mission.
- ▶ The Health Department has made investments to increase staff skills in basic meeting participation and facilitation, and advanced facilitation of decision making processes to enhance effectiveness of our partnerships.
- ▶ The Health Department has invested in strategic partnerships to leveraged cash and in-kind resources in furthering the department's mission and program goals.

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

Why is this important for the future of the Health Department?

- ▶ Allows policymakers and residents to make an informed choice as to allocation of resources.
- ▶ Contributes to aligning residents and policy makers expectations of what is needed to fund quality governmental public health services.
- ▶ Provides an avenue for other counties and local jurisdictions to adopt similar policy changes and regulations to address public health issues.
- ▶ Impacts shaping people's behavior more than education alone can do.
- ▶ Reduces the need for and level of program services to individuals and families.
- ▶ Supports a core function of public health; identify and educate on the need for public policy, advise on unintended consequences in relation to public policy, and assist organizations to adhere to policies put into place.
- ▶ Leverages resources to do the work that the Health Department wouldn't be able to do alone by; maintaining or increasing funding, garnering support from policymakers, enhancing the department's credibility, and establishing sustainability of what has already been built by the department.
- ▶ Creates avenues for organizations to align their services and identify ways in which they can contribute.
- ▶ Enhances the understanding of the value of prevention and what role the health department plays.
- ▶ Provides an opportunity to address the intersection of individual rights and government intervention for the common good.

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

What do we currently have in place that supports us in achieving the identified goals?

- ▶ The Marathon County Board of Health understands their role and responsibility to advance public health policy to the County Board of Supervisors and advocate for program services to meet the public health needs in the county.
- ▶ The Health Department and Marathon County Board of Health has existing relationships with local, state, and federally elected officials.
- ▶ The Health Department played a leadership role in developing the 2016 Marathon County Comprehensive Plan and the 2018-2022 Marathon County Strategic Plan, thereby increasing the County Board of Supervisors understanding of the mission of the Health Department and the impacts program services make.
- ▶ The Marathon County Board of Health in 2017 established a Policy Opportunities and Strategies document to guide their work.
- ▶ The Marathon County Board of Health includes a health impact statement for resolutions adopted since 2015.
- ▶ The Health Department began to create an Executive Annual Report in 2014 as a way to share annual accomplishments with the Marathon County Board of Supervisors, partners, and general public.
- ▶ The Health Department utilizes a number of social media networks to communicate and coordinate community initiatives led by the department as well as provide information on program services.
- ▶ The Health Department programs and initiatives are featured in Marathon County Government e-Newsletter. The e-Newsletter is widely distributed among policy makers, other governmental entities, and businesses. A Public Health Educator joined the Editorial Board in the summer of 2018.

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



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



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

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 6 (Through Week of February 9, 2019)

Jurisdiction: Marathon County

Disease Group	2019				
	Week 3	Week 4	Week 5	Week 6	Total
Blastomycosis	0	0	1	0	1
Campylobacteriosis (Campylobacter Infection)	0	0	0	0	3
Chlamydia Trachomatis Infection	6	7	8	10	50
Cryptosporidiosis	0	0	0	1	1
Gonorrhea	2	1	1	0	10
Haemophilus Influenzae Invasive Disease	0	0	0	0	1
Hepatitis B	0	0	1	0	1
Influenza	0	2	0	1	3
Invasive Streptococcal Disease (Groups A And B)	2	0	0	0	3
Mycobacterial Disease (Nontuberculous)	1	0	0	1	3
Pertussis (Whooping Cough)	0	0	0	0	2
Salmonellosis	0	0	0	0	1
Streptococcus Pneumoniae Invasive Disease	0	1	0	3	4
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	1
	11	11	11	16	84