



BOARD OF HEALTH AGENDA
June 23, 2021, 5:15 PM
Virtual Meeting Held Via WebEx

Board of Health 2020-2024 Goals:

Maintain Health Department's fiscal stability

Support and advocate for public health priorities

Review new and changing community/Health Dept priorities

Ongoing Board of Health improvements

Health Department Mission:

Promoting health and safety for all Eau Claire communities

Health Department Vision:

ECCCHD will be a leader in assuring healthy people in healthy communities

Location: Remote Meeting via WebEx Events

Public Access Link:

<https://eauclairecounty.webex.com/eauclairecounty/onstage/g.php?MTID=e8d1219f4f540e00d3a41d3226ed6ecc0>

Password: fcYtFxSU772

Dial In: +1-415-655-0001

Access Code: 145 062 1836

**Mute personal devices upon entry*

For those wishing to make public comment regarding an agenda item, you must e-mail Gina Holt at gina.holt@co.eau-claire.wi.us at least 90 minutes prior to the start of the meeting. Your email will be shared with the Board of Health. If you also wish to speak regarding your email you will be called on during the public comment session.

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent Agenda – 5 minutes
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided.* -5 minutes
3. COVID-19 Update- <https://www.eauclairewi.gov/Home/ShowDocument?id=32975>
<https://coronavirus-and-covid-19-information-hub-eccounty.hub.arcgis.com/>
4. Consent Agenda (Action Required-approved for full content)-5 minutes
 - a. Approval of minutes from May 26, 2021, meeting -enclosed
 - b. Approval of Get Yourself Tested funding-enclosed
5. Other information items from staff for the Board-20 minutes
 - a. Director/Health Officer Report
 - b. Correspondence/Media-enclosed
 - c. Service Recognition-enclosed
 - Alyssa Streveler, Environmental Health Specialist-10 years
 - d. Health Department transition/gaps in 2021 – updates-verbal
 - e. Fee Framework 2022 Discussion-enclosed

PLEASE NOTE: Due to requirements contained in the Wisconsin Open Meetings Law, only those matters placed on this agenda may be considered by the Board of Health at this meeting. If any member of the public desires that the Board of Health consider a matter not included on this agenda, he or she should contact a Board of Health Member or the Health Department Director to have the matter considered for placement on a future Board of Health agenda. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-4854, (TDD) 839-4735 or by writing to the ADA Coordinator, Personnel Department, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

- f. 2022 Budget process and assumptions-enclosed
 - g. Health Department Handbook – review-enclosed
 - h. American Rescue Plan Act funding-enclosed
 - i. Meeting’s discussion-verbal
6. Board member informational items-*10 minutes*
 - a. Public Health Policy/Advocacy
 - WPHA/WALHDAB legislative update
 - State biennial budget
 - b. Board self-evaluation-enclosed
 - c. Communicable Disease Task Force Update-enclosed
<https://www.co.eau-claire.wi.us/home/showdocument?id=37798>
<https://www.co.eau-claire.wi.us/our-government/county-board/boards-commissions-and-councils/communicable-disease-taskforce>
 7. Requests from Board members for future agenda items to be given consideration-*5 minutes*
 8. Next business meeting – July 28, 2021
 9. Adjourn

**May 26, 2021, Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5: 17 pm
The meeting was called to order by Mery Price

**Board Members Present
Quorum is reached**

Emily Berge (left at 6:01 pm)
Mery Price
Terry Miskulin
Don Bodeau
Jennifer Eddy
Mark Kaeding
Martha Nieman

Board Members Absent:
True Vue

Staff Members Present:

Lieske Giese
Marisa Stanley
Gina Holt (recorder)

Order of Agenda Request to pull items from Consent Agenda

- None Made

Public Comment:

- None Made

COVID19 Update:

- Case numbers are averaging three per day which is well under the goal of 10 cases per day in order to not overwhelm the public health system.
- Number of cases are listed as 11,584.
- Vaccination data is located on the Health Department website as well as the State website. The state website is making changes and data posting which will roll out on Friday.
- 44.5% of Eau Claire County are fully vaccinated.
- The volume of vaccines given has plummeted, which has been the trend throughout the state.
- The state is working on an attempt to merge the WEDSS data and the WIR data to get a better sense of vaccination data for those that have tested COVID positive.
- Three buckets that the team is currently focused on:
 - *Disease isolation and quarantine:* There will be increasing conversations about testing over the summer. There is a lot of interest in “where are we going with testing?”
 - *Basic mitigation work:* The team continues to focus on messaging and working with all types of entities and events throughout Eau Claire to decrease risk. Chippewa Valley Economic Recovery task force is a major partner in mitigation work.
 - *Vaccination:* There is an enormous effort related to vaccination. Zorn arena will continue and moving forward will be held two days per week (Wed. and Saturdays) Next week will be the deactivation of FEMA specific staffing for that site. Pop up clinics throughout the community continue to take place. A focus on rural and vulnerable population outreach sites continues to be a priority.
- Board of Health Question and Answer:
 - Q: WI Department of Safety and Professionals Services were coordinating groups with vaccinators in the area, would you like me to forward information? A: We are doing a lot of

work with worksites and would appreciate if you would like to forward the information that you received. Board member Bodeau will share the email that he received from the DSPS.

- Q: Do we have a sense of any groups are mandating vaccination? A: We have not heard that at this point.
- Q: WI is estimated to have a 30% of population as having had COVID-19 and it appears that our death rates may be lower than other areas. Do you know why this is? A: We did have peaks in our case numbers, but they took place later in the outbreak and the flattening of the curve may have helped to have more hospital space available as well as additional treatment options. Time will continue to show us more data.

Consent Agenda

- a. Approval of minutes from April 28, 2021 meeting
- b. Approval of minutes from May 17, 2021 meeting
- c. Approval of Community Development Block Grant (CDBG)
- d. Approval of Farmers Market grant

Motion to approve Consent Agenda: Mark Kaeding

2nd Motion: Terry Miskulin

Motion Carried: Yes (unanimous vote)

Business Item

- a. Review and receive COVID-19 Public Health Expectations transition
 - Website was pulled up and reviewed with Board where the transition materials exist for individuals and organizers of events and businesses.
 - Board members express that it is user friendly.

Motion to Review and receive COVID-19 Public Health Expectations transition as presented by Health Department staff: Martha Nieman

2nd Motion: Emily Berge

Motion Carried: Yes (unanimous vote)

- b. Approval of 2022-2023 influenza vaccination fee
 - This would waive the fee for 100 doses of flu vaccine. It is a way to encourage vaccination and remove barriers.
 - The goal is to serve those who do not have insurance coverage.

Motion approval of 2022-2023 influenza vaccination fee as presented by Health Department Staff: Martha Nieman

2nd Motion: Terry Miskulin

Motion Carried: Yes (unanimous vote)

- c. Approval of fiscal agent contract Western Wisconsin Public Health Readiness Consortium
 - We have been a member of this Consortium for years and have had strong partnerships throughout.
 - The ask is to approve what was a Consortium vote to name Eau Claire as the fiscal agent. Polk County was the previous fiscal agent. There was a request for counties to consider applying to be the fiscal agent, which is what prompted Eau Claire to apply.
 - All costs are covered in the grant.

- If additional counties join there would be additional funding. The consortium board would work together to see how to manage that and approve additional counties joining.

Motion approval of fiscal agent contract Western Wisconsin Public Health Readiness Consortium as presented by Health Department Staff: Mark Kaeding

2nd Motion: Don Bodeau

Motion Carried: Yes (unanimous vote)

Other policy and informational items from staff for the Board

- a. Director/Health Officer Report
 - We put a tentative hold on the Communicable Disease Manager position. We have an internal candidate, Jackie Krumenauer, that will be the interim manager until we repost and fill the position later this summer.
 - Discussion on continuing to work remotely: We have had that conversation and we have been clear with our team that we have asked people to attest to their vaccination status and if they do, they can come back to our space without distancing and unmasked except where it is required. The health department is short on space and has been for years. We are working through ongoing policies on working from home. We have had enough time trying this out and for some it is a good option to work from home.
 - Board member expressed that it is great to see the NARCAN training continue. Substance misuses continue to be an enormous health department priority.
- b. Correspondence/Media
 - Board member commented that they received a lot of feedback regarding the vaccination clinic at the Pickle on Water St.
- c. Service Recognition
 - Hannah Harter, Public Health Nurse, 5 years
- d. Review and discuss 2022 budget development process
 - A layout is shared on what to expect as far as a timeline for 2022 budget development.
 - It is a chance to start thinking about expenses and priorities.
 - There will be uncertain revenue and expenses depending on what happens with COVID-19 moving forward.
 - Board member shares that in view of the intention of the County and the City to dismantle racism it is important to make sure that those actions have funding to make sure that they are put into place. If we could identify any potential needs for funding or a line item in the budget it would be great.
 - Discussion on training or certifications that may have been behind on due to COVID and that the budget may need to reflect that.
 - We do anticipate some contractual services, for example the Strategic Plan, will be in the budget as well.
 - Training for the Board of Health is also a line item. Board of Health advocacy training is on the list and may be something to look into during 2022. Jennifer Eddy suggested a training on microaggression that was done at the Brain team conference. Antiracism training is also suggested.

Board member informational items

- a. Quarterly review of tracking BOH priorities

- Advocacy training and staff skill development training for the Board of Health falls in line with the previous discussion regarding board of health training.
 - Board members are encouraged to let Gina or Merrey know if there are steps or actions that have been taken and need to be added.
- b. Communicable Disease taskforce update
 - The listening session was held last week, and community members had the opportunity to send written comments or verbal comment.
 - There will be a second listening session dates have not yet been determined.
 - The goal is to have something by early fall to bring back to City Council and County Board.
 - c. State Public Health Awards – WALHDAB and WPHA
 - It was an outstanding process. Wonderful successes were called out and shared.
 - d. BOH Self-Evaluation
 - We are still waiting on some responses so this item will be moved to the June agenda for discussion.
 - e. Public Health Policy/Advocacy
 - WPHA/WAHL DAB-Legislative Grid-The biggest things on the radar would be budget and the continued focus on some bills related to public health. Part of what the advocacy work has been this year has been protecting existing statutes and rule.

Requests from Board members for future agenda items to be given consideration

- a. None made

Next scheduled BOH meeting is June 23, 2021, at 5:15 p.m.

Merrey Price adjourned the meeting at 6:47 p.m.

Fact Sheet – 06/23/2021 Board of Health Meeting**Agenda Item 4.b****Health Care Education and Training Get Yourself Tested (GYT) Grant**

The Eau Claire City-County Health Department applied for a Get Yourself Tested (GYT) Initiative grant through Health Care Education and Training (HCET) to increase public awareness of the importance of sexually transmitted infection (STI) testing, and to provide confidential, convenient, discreet, low cost STI testing and treatment. We received notice that we were awarded \$2,000 through December 31st, 2021 as part of our sixth year of funding.

STIs are among the most common infectious diseases. Reported CDC data for three nationally-reported STIs—chlamydia, gonorrhea, and syphilis—show more than 2.5 million cases reported in 2019 and it was the sixth consecutive year for increases. The data for Eau Claire County also reflects the upward trend. From January to May of 2020, there were 22 reported cases of gonorrhea. In the same time frame in 2021, we have seen 53 cases reported.

GYT is a national campaign that started in 2009 as a collaborative effort of the American College Health Association (ACHA), the Kaiser Family Foundation (KFF), MTV, National Coalition of STD Directors (NCSN), Planned Parenthood Federation of America (PPFA) and the U.S. Centers for Disease Control and Prevention (CDC) to create greater awareness about STIs and how to prevent them. More information about the GYT campaign can be found by following this link: <https://www.cdc.gov/std/sam/gyt/default.htm>.

Budget Implication:

Grant amount of \$2,000 will be used to off-set costs associated with outreach and testing for the GYT initiative in Eau Claire County.

Staff recommendation:

Approve the HCET grant of \$2,000.

Prepared by Tegan Ruland, Clinical Services

Board of Health Meeting 06/23/2021

Agenda Item 5.a

Eau Claire City-County Health Department Report to the Board of Health

Staff Updates:

Our new communicable disease intern, Anni Vitriago, began in June. Anni is part of the Wisconsin AHEC (Area Health Education Centers) program. She will be with us for the summer learning about different aspects of the health department and specifically working on STI and enteric disease follow-up.

COVID-19 Vaccination

While Eau Claire County recently celebrated a huge milestone – 50% of residents have received at least one dose of a COVID-19 vaccine – disparities in that percentage exist. If you check the data (<https://coronavirus-and-covid-19-information-hub-eccounty.hub.arcgis.com/pages/a3cbcf3918f54be6b4d08de4654a638a>),

you'll see that (note: data pulled on 06/15/2021) 47.2% of White Eau Claire residents have received one dose, compared to 45.7% of Asians residents, 27.1% of Black residents, and 26.2% of American Indian residents. These disparities exist beyond race, into ethnic and locational ones. One strategy that we have been using to improve these strategies is a COVID-19 Mobile Vaccination Team. Since March 2021, this team has been working across the county to partner with different organizations and plan vaccination clinics geared toward these populations with disparate vaccination rates.

Mobile clinics have the opportunity to reduce barriers that may occur at mass vaccination sites such as: transportation, scheduling, perception, and accessibility. Mobile clinics do not require appointments or online scheduling, and occur at trusted locations, such as a work or community site. Some partners, such as the Eau Claire Area School District, have additional funds to promote these clinics through the Community Health Outreach Grant we received from the state. Using this money, they can pay for specific incentives, like gas cards, or reimburse staffing hours for translators and volunteers. Throughout May 2021, this team planned 34 clinics at 30 unique locations. These included restaurants, churches, community organizations, employers, and classic Eau Claire events like the Farmer's Market in Phoenix Park. So far, the summer is shaping up to be just as busy – so look for us at places like the Power of Perception event in Carson Park or



STILL NEED TO GET VACCINATED?

GET YOUR SHOT AT BEAVER CREEK RESERVE

- Walk-in clinic for Pfizer vaccine; no appointment needed
- Vaccine is FREE
- **Children age 12 and older are eligible for Pfizer vaccine** (Guardian must be present for children ages 12 to 17)
- Proof of insurance, ID or citizenship is **NOT** required.

SATURDAY, JUNE 19TH

12-3PM

BEAVER CREEK RESERVE

S1 COUNTY HWY K, FALL CREEK, WI

54742



Tuesday Night Blues in Owen Park! To view the calendar of upcoming clinics go to our [website](#) and click on the Pop-up Clinic drop down.

PHAB Year 3 Annual Report

As a nationally accredited health department we are responsible for submitting an annual report to the Public Health Accreditation Board about ongoing compliance with the high standards set forth. Cortney Draxler, our Accreditation Coordinator and Manager of the Policy and Systems Division, is lead on this effort. Attached is the feedback we received following the submission of this report. We continue, even through the pandemic, to focus on building and sustaining a strong health department to serve our community.

Narcan Direct:

Narcan is an opioid antagonist, meaning it can restore breathing in a person experiencing an opioid overdose. The Eau Claire City-County Health Department is able to distribute the nasal-spray formulation of Narcan as a participant in the WI DHS Narcan Direct Program.

Two Narcan trainings were completed during the month of May with 40 boxes of Narcan distributed. Each box contains two (2) 4-mg doses of naloxone HCl in 0.1 mL of nasal spray. 25 individuals were trained or retrained as a result of the two trainings.

Anti-Vaping Campaign:

The Alliance for Substance Abuse Prevention launched the second half of their Anti-Vaping Campaign, which includes 4 short videos to spread awareness about the harms of vaping. The campaign videos include basic education about vaping and the risks, and how to talk to kids about vaping. The aim of the short clips are to encourage people to learn more about vaping, use community resources for prevention, and even to help themselves or a loved one quit.

The videos will be featured on the Alliance's social media, and through advertising on YouTube and on local television networks.

Link to videos on YouTube: <https://www.youtube.com/user/asapecc/videos>

Farmers' Market:

The Eau Claire County Government Center Farmers' Market will begin on Tuesday, June 22nd for the season. Local vendors will be at the Government Center selling produce, flowers, and apple products from 11:30AM – 3:30PM on Tuesdays until September 21st. This year the market will also feature healthy lifestyle information and samples. The market is located at the corner of Lake Street and 2nd Avenue outside door C12E of the building.

NACCHO PUBLIC HEALTH LAW ADVISORY GROUP

Lieske was selected to fill an open seat on the National Association of City and County Health Officials Public Health Law Advisory Workgroup. More information about this group is below.

The Public Health Law Workgroup provides a space where practitioners may gain insight and share perspectives on how law and policy impact local public health practice. Activities may include the discussion and creation of resources concerning emerging local public health trends and priorities amenable to the application of legal strategies, effective public health legal approaches that improve local health outcomes, and other topics related to NACCHO programmatic work.

Membership: Public health professionals involved in work related to local public health law and policy, including: legal counsel, attorneys, health officials, policy advisers, and other relevant local health department staff.

Time and Work Commitment: Monthly conference calls and participation in face-to-face meetings if funding and opportunities are available. Periodic communications between workgroup members and staff may occur between monthly calls. In addition, review of documents and participation in assessment of applicants for various NACCHO initiatives. Members of the committee will serve two-year terms with an opportunity for reappointment for a second term.

National Focus Group – Public Health Staffing

Eau Claire City-County Health Department was asked to participate in a national study (Staffing- UP) related to public health staffing. This past week we contributed for a second time to the ongoing data collection. The first engagement was a general survey. The recent effort was a national focus group held via web technology. The purpose of the Staffing-UP project was to create a national estimate of workforce levels needed to deliver the “below the line” [foundational public health services \(FPHS\)](#), that ensure public health protection is sufficiently available to all. Below the line focuses on the ‘core’ pieces of the FPHS (Foundational Capabilities and Foundational Areas), and does not include the expanded local protections and services unique to a community’s needs (see language on page one of [this factsheet](#)). We will share more information as this project continues to move forward.



**Review Form for
PHAB Annual Report Section II
Form Released: January 2019**

Each year accredited health departments must submit an annual report to PHAB attesting to their continued conformity and describing their performance management and quality improvement efforts. The review of Section II of the annual reports is overseen by the Evaluation and Quality Improvement (EQI). This review is aimed at supporting the maintenance and advancement of a performance management and quality improvement culture in the accredited health department.

The form below includes the reviewer's comments and recommendations for best practices, based on the information provided in the health department's annual report.

Health Department Name
Eau Claire City-County Health Department (ECCCHD)
Month Review Form Submitted
June 2021
Overall Impressions
<p>Thank you for completing and submitting your Annual Report. Congratulations on your efforts to build on your successes and on your continued commitment to improvement. This past year has been incredibly challenging for health departments and your dedication and response to the COVID-19 pandemic is appreciated.</p> <p>This year's report highlights the department's responsiveness to the community, as well as its adaptability and perseverance during an unprecedented time. Thank you for sharing your experiences, which shine a spotlight on how the department remains dedicated towards serving Eau Claire residents. Kudos to the department for incorporating PM/QI into your COVID-19 response efforts!</p> <p>PHAB staff and the Evaluation and Quality Improvement Committee have reviewed your Annual Report. The Evaluation and Quality Improvement Committee has the following feedback specific to your performance management and quality improvement efforts.</p>
Performance Management, Quality Improvement Plan, and Culture
<p>Eau Claire City-County Health Department paused performance management reporting except those measures related to COVID-19. Many new measures were developed to monitor the response and mitigation of COVID-19 and those measures were regularly reported to leadership and incident command - excellent. These data were reported and updated weekly rather than the cadence of other measures, reported quarterly. This demonstrates a PM system that is adaptable and can meet new, emerging needs of the health department. Consider what, if any, lessons learned may be applied to non-COVID performance measures moving forward.</p> <p>Understandably, the QI plan was not reviewed or updated this year, due to COVID-19. Next year, the QI organizational assessment will include all staff feedback to assess the culture of QI. For consideration, it may also to be an opportunity to reflect specifically on QI/PM during COVID-19 (how was it used, how was it documented, what could have been helpful, etc.)</p>

During this past year, formal QI projects have been suspended. However, the department did pursue several QI projects related to COVID-19. Excellent! As the health department resumes QI team meetings and trainings, consider ways to include new staff and ways to encourage involvement in projects, teams, and trainings.

Eau Claire City-County Health Department (ECCCHD) acknowledged that this past year resources had to be redirected to respond and support the COVID-19 pandemic. Additionally, at least 50 new temporary employees joined the department. While many have strong PM/QI skills and knowledge, the department was unable to maintain their typical orientation process that includes PM/QI. This redirection has slowed their progress on advancing performance management and quality improvement; however, the department does have a plan to recommit to their pre-pandemic efforts. Consider how the health department can highlight and recognize the programs and staff that contributed to QI and other improvement efforts during COVID-19. This helps to encourage those QI champions and promote buy-in with staff with less experience with QI.

Quality Improvement Project

ECCCHD conducted a QI project that intended to address the need for more timely and reliable data regarding COVID-19 infections to plan response and communications more effectively. The team conducted rapid QI cycles.

The team met daily with incident command leadership, sharing the completed ICS 214 form to share the data and identify any gaps in data. Several updates were made to the form over time to ensure the ICS leadership had the critical data needed to make decisions. The department believes that each week the data improved.

The ECCCHD did not share the QI method or tools used to implement the QI project (or rapid QI cycles).

For future QI projects, the health department is encouraged to document a measurable aim statement with baseline data, the QI method and tools used to conduct the QI project, the team composition leading the QI project and the final outcome as it pertains to meeting or not meeting the aim statement. We recognize this is an unusual year and the work ECCCHD did to improve the data week over week to inform decision making and communications to the public was essential.

This tool may be helpful for developing SMART objectives:

https://www.cdc.gov/phcommunities/docs/Evaluate_SMART_Objectives_Template.doc

Response to Questions from Health Department

The department requested information on the following: gaining buy-in for QI, finding and/or providing training for PM/QI and tracking performance measures over time. We want to share several resources that provide peer-to-peer support and/or other PM/QI best practices.

Gaining buy-in for QI

- Start by focusing on small wins such as beginning with QI projects that are smaller in scope and can be completed quickly; or celebrating progress towards longer term goals.
- Continue widespread communication of current performance, goals, and QI projects—in staff meetings (divisional/unit and all staff meetings), by posting storyboards, through regular reporting in board of health meetings, in the agency's newsletter, etc.
- Provide ongoing, regular PM/QI training so staff may feel more comfortable in tracking and making improvements in programs and services.
- Communicate achievements and recognize QI participation.
- Create a work environment in which it is acceptable to try something, even if it fails. There are always lessons to be learned and shared with others!
- Encourage leadership to serve on QI projects.

Providing training for PM/QI

In addition to the training resources provided in last year's Annual Report, consider:

- The Northwest Center for Public Health Practice offers multiple free, online training resources related to quality improvement, including assessing the QI culture; also, topics related to performance management. https://www.nwcphp.org/training/training-search?keys=quality+improvement&field_training_formats_tid=All&field_training_topics_tid%5B%5D=1&field_training_series_tid=All&field_training_competencies_tid=All
- Effective trainings follow best practices and use education science. Visit CDC's [Public Health Education and Training Development](#) website to learn how to develop great trainings at your health department.
- The Western Region Public Health Training Center at the University of Arizona provides a set of free, downloadable training materials that can be utilized in implementing a quality improvements basics training program within your agency. <https://wrphtc.arizona.edu/quality-improvement-training-materials>

Tracking performance measures

- The Public Health Foundation (PHF) has developed a toolkit and website to assist health departments in selecting and tracking performance measures. This tool kit also provides information on how to track measures over time. You can find more information at [Public Health Foundation Performance Measures Toolkit Website](#).
- NACCHO published a paper [Measuring What Matters-2018](#) to support local health departments in selecting and tracking impactful measures.

Other Comments

ECCCHD opened their incident command in late January and added a Community Services Branch. These groups included a Faith Group, Childcare Group, Election Group, Vulnerable Population Group, and a Schools group. The intention of these groups was to bring greater collaboration and communication to COVID-19 response. The school's group was very strong and ECCCHD developed a strong working relationship with all superintendents (which had not been done in the past). This resulted in multiple testing and vaccine events with the local school districts. Excellent work – consider strategies that may be used to maintain stronger relationships with these entities moving forward!

In May 2020, the Vulnerable Population Group launched with a purpose of identifying and addressing barriers to healthy living and access to care with a focus on low-income/poverty, food insecurity, persons experiencing homelessness, and non-English speaking populations. The department utilized this group to provide grants to conduct outreach and education to those vulnerable populations, which was a new opportunity for the department to work with grassroots organizations to deploy grassroots efforts. The ECCCHD also worked with the department of housing to ensure those experiencing homelessness had a place to isolate and/or to recover. The department partnered and secured shelter. They also conducted several testing events and held a vaccination clinic for those experiencing homelessness. Both of these are excellent examples of how to promote health equity!

The health department has been a leader in the state of Wisconsin amid the political divide that COVID-19 invoked. In response, the department has collaborated with experts to assist in the discussion about public health and legislative oversight. This is extremely important work that is not only valuable to ECCCHD, but other health departments in Wisconsin and in all honesty, across the United States. The health department is encouraged to share this work and the process with others – if PHAB can help assist in this, please reach out.

Population Health Outcome Feedback:

Nice job - continue your health department's work with the population health outcomes tracking. As you prepare for reaccreditation, please consult PHAB's resources related to population health outcomes reporting (including the reaccreditation orientation module, a tip sheet, several webinars on this topic, and other documents available through Bridge, PHAB's online learning management system).

PHAB hosted a webinar, Advancing Public Health Performance in Times of COVID-19, with three accredited health departments. The discussion addressed some of the challenges that they have faced during COVID-

19 response, particularly in terms of maintaining a focus on quality improvement and performance management in their respective departments. The challenges of leading through the pandemic were explored, along with the impact of accreditation on public health leadership and system response. It was recorded and available [here](#).

PHAB has posted a COVID-19 and quality improvement course on Bridge, PHAB's learning platform. This course provides ideas for how QI can be woven into ongoing work and a few examples from health departments that have been willing to share helpful tools.

PHAB has recently revised its [Scope of Authority Policy](#) which guides the determination of which activities and services are appropriate to submit as documentation for accreditation. The policy includes an addendum of program and activity examples that are within and outside of PHAB's scope, and therefore acceptable or not acceptable for documentation.

Board of Health Meeting 6/23/2021

Agenda Item 5.b

May 2021 Media Contacts

INTERVIEW

5/4/2021	Title: Johnson & Johnson vaccine now offered	Topic: Communicable Disease Staff: Audrey Boerner
	Link: https://wqow.com/2021/05/04/johnson-johnson-vaccine-now-offered-during-walk-in-clinic-at-uwec/	
5/10/2021	Title: Vaccine efforts geared towards Eau Claire's Hmong population	Topic: Communicable Disease Staff: Cortney Nicholson
	Link: NOT AVAILhttps://www.weau.com/2021/05/11/vaccine-efforts-geared-towards-eau-claires-hmong-population/	
5/12/2021	Title: Grassroots vaccine efforts are growing	Topic: Communicable Disease Staff: Audrey Boerner
	Link: https://upnorthnewswi.com/2021/05/12/grassroots-vaccine-efforts-growing-wisconsin/	
5/23/2021	Title: Large events flocking back to eau claire parks	Topic: Communicable Disease Staff: Jeff Robb
	Link: https://www.leadertelegram.com/news/front-page/large-events-flocking-back-to-eau-claire-parks/article_2d3785a0-2b48-5941-95ba-f2ab1cf26655.html	
5/24/2021	Title: Timeline extended for county vaccination rates	Topic: Communicable Disease Staff: Lieske Giese
	Link: https://wqow.com/2021/05/24/timeline-extended-for-county-vaccination-goals/	
5/25/2021	Title: 1 in 5 young teens are now partially vaccinated	Topic: Communicable Disease Staff: Audrey Boerner
	Link: https://www.leadertelegram.com/covid-19/1-in-5-young-teens-in-ec-county-are-now-partially-vaccinated/article_96c6bd12-453e-51d4-9fee-5ae65d5ed6db.html	
5/27/2021	Title: Health officials concerned ahead of memorial day weekend	Topic: Communicable Disease Staff: Audrey Boerner
	Link: https://www.weau.com/2021/05/27/health-officials-concerned-ahead-of-memorial-day-weekend/	

PRINT ARTICLE

5/3/2021	Title: Fit Families Newsletter	Topic: Chronic Disease Prevention Staff: Sarah Nix
	Link: Not Available	

5/3/2021	Title: Fit Families Newsletter	Topic: Chronic Disease Prevention Staff: Sarah Nix
	Link: Not Available	
5/20/2021	Title: Vaccines available to children 12 & up	Topic: Communicable Disease Staff: Lieske Giese
	Link: Not Available	
5/20/2021	Title: Community Health Assessments confirm longstanding concerns in Chippewa Valley	Topic: Communicable Disease Staff: Melissa Ives
	Link: Not Available	
5/27/2021	Title: Counties, cities lift mask mandates	Topic: Communicable Disease Staff:
	Link: Not Available	



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 10 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Alyssa Streveler
Environmental Health Specialist

6/23/2021

Signature Director/Health Officer

Date

6/23/2021

Signature President, Board of Health

Date

Info Sheet- 06/23/2021 Board of Health Meeting

Agenda Item 5.e

Health Department Fee Framework Discussion

The ECCCHD has a variety of fees for departmental services, products, permits and licenses. Annually the department develops and administers fees to assure the health of the public is protected and that the cost of essential programs is covered appropriately. The Board of Health is the policy body that reviews and ultimately establishes Health Department Fees *or* recommends fees for establishment by another policy body – City Council or County Board. At the June BOH meeting, the Board considers potential changes and updates to fees, fee policy, and other fee related issues for the department to consider.

Costs of services, licenses, and products are partially or wholly covered by fees charged. Annually, fees are analyzed by staff and the Health Department Fee Policy (attached) is utilized to develop an updated fee schedule as part of budget process. Updated fees are provided to the Board of Health for review and approval typically in August. Fee changes occur for a variety of reasons including:

- Changes to staffing and associated costs including hourly rate + benefits
- Changes to indirect costs including administrative overhead
- Changes to other costs including supplies, training, equipment
- Changes to staff time allocation due to new or modified program requirements
- Progressive/intentional increases to fees to capture higher % of actual costs if not at 100%

Since 2013 and with some exceptions, many department fees have been set at amounts intended to recoup between 70-100% of the projected program costs. Among the many factors considered when determining the actual target % of costs covered for each fee include, but are not limited to:

- Importance to public health and safety
- Historical trends in related costs and revenue
- Limitations in contractual language and other legal restrictions

The 2021 fee schedule is included in the attached chart for your reference. Fees are grouped by program area and the chart is designed to provide some historic information, including the % change from the previous year, and the % of that program/service/product cost that was projected to be covered with each fee in 2021. As a reminder, the Board of Health approved many of the licensing programs to receive a 20% discount on the Health Department portion of their fees in both 2020 and 2021. These discounts were applied per provisions of the department's Fee Deviation Policy (attached), specifically the reduced services and economic impact on many licensing categories due to the COVID-19 Public Health Emergency. These charts do not reflect these adjustments. The 2022 fees will be presented by staff in August, which is prior to knowing actual expenses or revenue for 2021. When preparing a fee proposal, staff utilize 2021 year-to-date amounts, actual calculations from earlier years, observed trends, and anticipated changes for the future year that may significantly influence the projected revenue/expenses.

As staff prepare a fee proposal for 2022, there are many challenges presented because of COVID-19 impacts in the 2020 and current fee years. These challenges include:

- Continued closure of some licensed facilities temporarily or permanently and uncertainty about the future of many facilities
- Staff assignments away from fee related work to cover emergency response needs
- Change in volume of service need/availability – clinic services for example

Also, of note this year, due to changes in the retail food and restaurant program risk classification system per DATCP rule, Health Department staff are in the process in reassessing risk-level for the local establishments. While the actual scope of changes is not yet available, it is anticipated that a significant number of establishments will be reclassified to a higher risk level, which would place them in a significantly higher fee category. The department is considering making significant changes to the food program fee structure to mitigate some of the economic impacts on newly classified establishments. The intent of implementing such a strategy would be to minimally influence the net program revenue while minimizing drastic changes in individual fees as much as feasible.

Staff is considering options for appropriate potential fee adjustments. This meeting discussion is to provide an opportunity to review current fees, any BOH proposed considerations related to fees for 2022, and any potential policy change considerations.



Category: Departmental

Subject: Fee Deviation and Unpaid Invoice Policy

Date: July 22, 2020; Original Date: December 12, 2018

Purpose:

This policy outlines the circumstances in which the Eau Claire City-County Health Department (ECCCHD) may exempt fees, or issue modified charges for fee-eligible services and the manners in which the ECCCHD may manage unpaid invoices. This policy provides a framework to adjust billing practices when presented with unique situations and/or clientele.

Scope:

This policy shall be applicable to those fees for which all associated monetary payment and governing authority is exclusive to the ECCCHD and the Board of Health, respectively. The Director/Health Officer retains the authority to deny requests or impose additional restrictions where it is determined that activities may exhaust health department resources.

References:

ECCCHD Fee Schedule

Process Overview:

- A. **Fee Increases.** For situations in which the ECCCHD is requested to conduct related, but nonstandard work that would result in extra costs being incurred by the department, an additional fee may be requested to facilitate the work. In any such instance, the modified fee amount must be amenable to all parties prior to the service being authorized.
- B. **Fee Reductions.** As determined to be practical, fee reductions (via reduced payment or reimbursement) may be granted to accommodate:
 - 1. Governing bodies and/or cooperating agencies that are either contributing to the ECCCHD budget and/or subject to the same tax base as the ECCCHD.
 - i. The rate of fee reductions granted to city/county governmental entities shall be based on the ratio of city/county tax levy used to fund the ECCCHD unless otherwise agreed upon;
 - 2. Laboratory analyses of routine drinking water compliance samples for Eau Claire County Municipalities (Eau Claire, Augusta, Altoona, Fall Creek, Fairchild);
 - 3. Situations in which a declared Public Health Emergency results in a prolonged and significant reduction in the payee's services and operations and the services intended to be provided by ECCCHD in association with an established fee;
 - 4. Limited-period promotional pricing to encourage increased awareness and participation in a departmental program; and
 - 5. Other contracts or projects at the discretion of the ECCCHD.
- C. **Fee Exemptions.** As deemed appropriate, fees may be waived to accommodate:
 - 1. Routine laboratory testing associated with an obtained license or permit for which the ECCCHD incorporates laboratory costs into license and permit cost calculations;

2. Instances of a satisfactory inspection, including resolution of violations at a licensed facility or residential rental unit, at the discretion of the ECCCHD;
3. Sampling and testing of Health Department identified recreational waters in the City of Eau Claire and Eau Claire County in accordance with the Department's standard monitoring procedures;
4. Collection of routine drinking water compliance samples for Eau Claire County Municipalities (Eau Claire, Augusta, Altoona, Fall Creek, Fairchild);
5. Special public services conducted in relation to an ongoing or emerging public health emergency at the discretion of the ECCCHD;
6. Department conducted assessment, sampling, and analyses of lead contamination in homes containing children with elevated blood lead levels within Eau Claire County;
7. Sampling and analyses of homes for methamphetamine contamination within Eau Claire County, as requested by law enforcement; and
8. Testing of newborn drinking water for those contaminants presented as free-of-charge through the newborn program for qualifying Eau Claire County residents.

D. **Write-off.** Per applicable regulations and at the discretion of the ECCCHD, outstanding invoices may be written-off to enable the closure of long-standing invoices that have been left unpaid and are either ineligible for other collection methods or have otherwise been deemed impractical for further pursuit of payment.

E. **Tax-Roll.** Per applicable regulations and at the discretion of the ECCCHD, the balance of unpaid invoice(s) that have been issued to an individual or entity that owns property within the City of Eau Claire or elsewhere within Eau Claire County may be transferred to the property tax bill of the respective individual or entity, in order to obtain payment in a successive year.

F. **Collections.** Per applicable regulations and at the discretion of the ECCCHD, eligible outstanding invoices may be referred to the Wisconsin Department of Revenue (DOR) for collections.

Policy and Procedure Review:

This policy and procedure will be reviewed and revised on an as needed basis by the ECCCHD Management Team under the review and approval of the Health Director/Officer and final approval by the Board of Health.

Proposed 2021 Health Department fees and licences										
Code	Entity That Approves the Fee		Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes
5473	City	Bee Keeping - City Approves the Fee	Pre-inspection Fee	New in 2015	\$95.00	\$95.00	\$95.00	0%	5%	
1233	City		License	New in 2019	\$40 City \$35 Health	\$40 City \$35 Health	\$40 City \$35 Health	0%		
5475	City		Penalty/Late Fee	New in 2015	\$36.00	\$36.00	\$36.00	0%		
5474	City		Re-inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
	City		Operating without a License Fee	New in 2020	N/A	\$150.00	\$150.00	0%		
5470	City	Poultry Keeping - City Approves the Fee	Pre-inspection Fee	New in 2018	\$95.00	\$95.00	\$95.00	0%	8%	
1234	City		License	New in 2018	\$40 City \$50 Health	\$40 City \$50 Health	\$40 City \$50 Health	0%		
5472	City		Penalty/Late Fee	New in 2018	\$36.00	\$36.00	\$36.00	0%		
5471	City		Re-inspection Fee	New in 2018	\$125.00	\$125.00	\$125.00	0%		
	City		Operating without a License Fee	New in 2020	N/A	\$180.00	\$180.00	0%		
1372	City	Refuse & Recycling - City Approves the Fee	License - Refuse Hauler	Decr In 2018	\$96 City Plus \$41 Health	\$96 City Plus \$41 Health	\$96 City Plus \$41 Health	0%	97%	
	City		Operating without a License Fee - Refuse Hauler	New in 2020	N/A	\$274.00	\$274.00	0%		
1373	City		License - Recyclables Hauler	Decr in 2018	\$33 City Plus \$41 Health	\$33 City Plus \$41 Health	\$33 City Plus \$41 Health	0%		
	City		Operating without a License Fee - Recyclables Hauler	New in 2020	N/A	\$148.00	\$148.00	0%		
	City		License - Refuse/Recycler Combination	Decr in 2018	\$129 City Plus \$82 Health	\$129 City Plus \$82 Health	\$129 City Plus \$82 Health	0%		
	City		Operating without a License Fee - Refuse/Recycler Combination	New in 2020	N/A	\$422.00	\$422.00	0%		
5190	City		Penalty/Late Fee	New in 2020	N/A	\$100.00	\$100.00	0%		
	City		Reinspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
1330	City	Massage Parlor - City Approves the Fee	License - Massage Facility		\$85 City Plus \$10 Health	\$85 City Plus \$10 Health	\$85 City Plus \$10 Health	0%	98%	
5335	City	Housing - City Approves the Fee	Inspection Fee	New in 2018	\$90.00	\$90.00	\$90.00	0%	25%	*One time fee
5533	City		Re-inspection Fee	New in 2018	\$125.00	\$125.00	\$125.00	0%		
5334	City		Rental Registration Fee*	New in 2018	\$5.00	\$5.00	\$5.00	0%		
	City		Housing Advisory Board Filing Fee	New in 2020	N/A	\$50.00	\$50.00	0%		
5513	Board of Health	Tattoo/Body Piercing Program	Body Art Practitioner's Education Verification Fee*	New in 2019	\$80.00	\$80.00	\$80.00	0%	61%	*One time practitioner fee 93% of allowable costs are covered under DSPS
5521	Board of Health		Plan Review Fee - Tattoo Facility	2019	\$180.00	\$180.00	\$180.00	0%		
5518	Board of Health		Pre-Inspection Fee - Tattoo Facility	2019	\$180.00	\$180.00	\$180.00	0%		
5514	Board of Health		Permit Fee- Tattoo Facility	2019	\$359.00	\$359.00	\$359.00	0%		
	Board of Health		Operating without a License Fee - Tattoo Facility	2019	\$718.00	\$718.00	\$718.00	0%		
5522	Board of Health		Plan Review Fee - Body Piercing Facility	2019	\$180.00	\$180.00	\$180.00	0%		
5519	Board of Health		Pre-Inspection Fee - Body Piercing Facility	2019	\$180.00	\$180.00	\$180.00	0%		
5515	Board of Health		Permit Fee - Body Piercing Facility	2019	\$359.00	\$359.00	\$359.00	0%		
	Board of Health		Operating without a License Fee - Body Piercing Facility	2019	\$718.00	\$718.00	\$718.00	0%		
5523	Board of Health		Plan Review Fee - Combination Tattoo/Body Piercing Facility	2019	\$333.00	\$333.00	\$333.00	0%		
5520	Board of Health		Pre-Inspection Fee - Combination Tattoo/Body Piercing Facility	2019	\$333.00	\$333.00	\$333.00	0%		
5516	Board of Health		Permit Fee - Combination Tattoo/Body Piercing Facility	2019	\$665.00	\$665.00	\$665.00	0%		
	Board of Health		Operating without a License Fee - Combination Tattoo/Body Piercing Facility	2019	\$1,330.00	\$1,330.00	\$1,330.00	0%		
5517	Board of Health		Permit Fee- Temporary Body Art Facility	2019	\$665.00	\$665.00	\$665.00	0%		
	Board of Health		Operating without a License Fee - Temporary Body Art Facility	2019	\$1,330.00	\$1,330.00	\$1,330.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
	Board of Health		Reinspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		

Code	Entity That Approves the Fee		Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes
5427	Board of Health	Mobile and Manufactured Home Program	Pre-Inspection Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$203.00	\$321.00	\$321.00	0%	72%	99% of allowable costs are covered under DSPS
5421	Board of Health		License - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$406.00	\$642.00	\$642.00	0%		
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	\$765.75	\$1,284.00	\$1,284.00	0%		
5428	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$287.00	\$454.00	\$454.00	0%		
5422	Board of Health		License - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$574.00	\$907.00	\$907.00	0%		
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	\$1,064.75	\$1,814.00	\$1,814.00	0%		
5429	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	\$357.00	\$564.00	\$564.00	0%		
5423	Board of Health		License - Manufactured and Mobile Home Community License (51 to 100 Sites)	2020	\$713.00	\$1,127.00	\$1,127.00	0%		
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	\$1,296.50	\$2,254.00	\$2,254.00	0%		
5430	Board of Health		Pre-Inspection Fee - Mobile Home Community (101 to 175 Sites)	2019	\$449.00	\$709.00	\$709.00	0%		
5424	Board of Health		License - Manufactured and Mobile Home Community License (101 to 175 Sites)	2020	\$897.00	\$1,418.00	\$1,418.00	0%		
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (101 to 175 Sites)	2020	\$1,627.50	\$2,836.00	\$2,836.00	0%		
5431	Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (176 or More Sites)	2020	\$477.00	\$754.00	\$754.00	0%		
5425	Board of Health		License - Manufactured and Mobile Home Community License (176 or More Sites)	2020	\$954.00	\$1,508.00	\$1,508.00	0%		
	Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (176 or more Sites)	2020	\$1,723.00	\$3,016.00	\$3,016.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5426	Board of Health		Reinspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5323	Board of Health	Lodging Program	Pre-inspection Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$129.00	\$129.00	\$129.00	0%	85%	
5311	Board of Health		License - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$257.00	\$257.00	\$257.00	0%		
	Board of Health		Operating without a License Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2019	\$514.00	\$514.00	\$514.00	0%		
5324	Board of Health		Pre-inspection Fee - Hotel/Motel (5 to 30 Rooms)	2019	\$166.00	\$166.00	\$166.00	0%		
5312	Board of Health		License - Hotel/Motel (5 to 30 Rooms)	2019	\$332.00	\$332.00	\$332.00	0%		
	Board of Health		Operating without a License Fee - Hotel/Motel (5 to 30 Rooms)	2019	\$664.00	\$664.00	\$664.00	0%		
5325	Board of Health		Pre-inspection Fee - Hotel/Motel (31 to 99 Rooms)	2019	\$266.00	\$266.00	\$266.00	0%		
5313	Board of Health		License - Hotel/Motel (31 to 99 Rooms)	2019	\$531.00	\$531.00	\$531.00	0%		
	Board of Health		Operating without a License Fee - Hotel/Motel (31 to 99 Rooms)	2019	\$1,062.00	\$1,062.00	\$1,062.00	0%		
5326	Board of Health		Pre-inspection Fee - Hotel/Motel (100 to 199 Rooms)	2019	\$360.00	\$360.00	\$360.00	0%		
5314	Board of Health		License - Hotel/Motel (100 to 199 Rooms)	2019	\$720.00	\$720.00	\$720.00	0%		
	Board of Health		Operating without a License Fee - Hotel/Motel (100 to 199 Rooms)	2019	\$1,440.00	\$1,440.00	\$1,440.00	0%		
	Board of Health		Pre-inspection Fee - Hotel/Motel (200 or More Rooms)	New in 2019	\$450.00	\$450.00	\$450.00	0%		
	Board of Health		License - Hotel/Motel (200 or More Rooms)	New in 2019	\$900.00	\$900.00	\$900.00	0%		
	Board of Health		Operating without a License Fee - Hotel/Motel (200 or More Rooms)	New in 2019	\$1,800.00	\$1,800.00	\$1,800.00	0%		
5327	Board of Health		Pre-inspection Fee - Bed & Breakfast Establishment	2019	\$178.00	\$178.00	\$178.00	0%		
5320	Board of Health		License - Bed & Breakfast Establishment	2019	\$355.00	\$355.00	\$355.00	0%		
	Board of Health		Operating without a License Fee - Bed & Breakfast Establishment	2019	\$710.00	\$710.00	\$710.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5321	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		

Code	Entity That Approves the Fee	Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes	
5419	Board of Health	Recreational Water Program	Pre-Inspection Fee - Seasonal Pool	2019	\$361.00	\$361.00	\$361.00	0%	78%	
5411	Board of Health		License - Seasonal Pool	2019	\$722.00	\$722.00	\$722.00	0%		
	Board of Health		Operating without a License Fee - Seasonal Pool	2019	\$1,444.00	\$1,444.00	\$1,444.00	0%		
5432	Board of Health		Pre-Inspection Fee - Year-Round Pool	2019	\$498.00	\$498.00	\$498.00	0%		
5412	Board of Health		License - Year-Round Pool	2019	\$995.00	\$995.00	\$995.00	0%		
	Board of Health		Operating without a License Fee - Year-Round Pool	2019	\$1,990.00	\$1,990.00	\$1,990.00	0%		
5433	Board of Health		Pre-Inspection Fee - Water Attraction (Seasonal)	2019	\$395.00	\$395.00	\$395.00	0%		
5413	Board of Health		License - Water Attraction - (Seasonal)	2019	\$789.00	\$789.00	\$789.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction (Seasonal)	2019	\$1,578.00	\$1,578.00	\$1,578.00	0%		
5434	Board of Health		Pre-Inspection Fee - Water Attraction (Year-Round)	2019	\$530.00	\$530.00	\$530.00	0%		
5414	Board of Health		License - Water Attraction (Year-Round)	2019	\$1,059.00	\$1,059.00	\$1,059.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction (Year-Round)	2019	\$2,118.00	\$2,118.00	\$2,118.00	0%		
5435	Board of Health		Pre-Inspection Fee - Water Attraction with up to 2 Slides/Basin	2019	\$577.00	\$577.00	\$577.00	0%		
5415	Board of Health		License - Water Attraction with up to 2 Slides/Basin	2019	\$1,154.00	\$1,154.00	\$1,154.00	0%		
	Board of Health		Operating without a License Fee - Water Attraction with up to 2 Slides/Basin	2019	\$2,308.00	\$2,308.00	\$2,308.00	0%		
5436	Board of Health		Pre-Inspection Fee - Additional Water/Pool Slide/Basin	2019	\$213.00	\$213.00	\$213.00	0%		
5416	Board of Health		License - Additional Water/Pool Slide/Basin	2019	\$426.00	\$426.00	\$426.00	0%		
	Board of Health		Operating without a License Fee - Additional Water/Pool Slide/Basin	2019	\$852.00	\$852.00	\$852.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5418	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5147	Board of Health	Food (Restaurant) Program	Plan Review Fee - High Complexity: > \$500,000 sales	2020	\$938.00	\$994.00	\$994.00	0%	70%	
5150	Board of Health		Pre-inspection Fee - High Complexity: > \$500,000 sales	2020	\$938.00	\$994.00	\$994.00	0%		
5104	Board of Health		License - High Complexity: > \$500,000 sales	2020	\$1,875.00	\$1,988.00	\$1,988.00	0%		
	Board of Health		Operating without a License Fee - High Complexity: > \$500,000 sales	2020	\$3,750.00	\$3,976.00	\$3,976.00	0%		
5142	Board of Health		Plan Review Fee - High Complexity: \$100,000 - \$499,999 sales	2020	\$787.00	\$835.00	\$835.00	0%		
5134	Board of Health		Pre-inspection Fee - High Complexity: \$100,000 - \$499,999 sales	2020	\$787.00	\$835.00	\$835.00	0%		
5102	Board of Health		License - High Complexity: \$100,000 - \$499,999 sales	2020	\$1,574.00	\$1,669.00	\$1,669.00	0%		
	Board of Health		Operating without a License Fee - High Complexity: \$100,000 - \$499,999 sales	2020	\$3,148.00	\$3,338.00	\$3,338.00	0%		
5139	Board of Health		Plan Review Fee - High Complexity: <\$100,000 sales	2020	\$619.00	\$656.00	\$656.00	0%		
5131	Board of Health		Pre-inspection Fee - High Complexity: <\$100,000 sales	2020	\$619.00	\$656.00	\$656.00	0%		
5114	Board of Health		License - High Complexity: <\$100,000 sales	2020	\$1,237.00	\$1,312.00	\$1,312.00	0%		
	Board of Health		Operating without a License Fee - High Complexity: <\$100,000 sales	2020	\$2,474.00	\$2,624.00	\$2,624.00	0%		
5148	Board of Health		Plan Review Fee - Moderate Complexity: > \$500,000 sales	2020	\$573.00	\$608.00	\$608.00	0%		
5151	Board of Health		Pre-inspection Fee - Moderate Complexity: > \$500,000 sales	2020	\$573.00	\$608.00	\$608.00	0%		
5103	Board of Health		License - Moderate Complexity: > \$500,000 sales	2020	\$1,146.00	\$1,215.00	\$1,215.00	0%		
	Board of Health		Operating without a License Fee - Moderate Complexity: > \$500,000 sales	2020	\$2,292.00	\$2,430.00	\$2,430.00	0%		
5143	Board of Health		Plan Review Fee - Moderate Complexity: \$100,000 - \$499,999 sales	2020	\$482.00	\$511.00	\$511.00	0%		
5135	Board of Health		Pre-inspection Fee - Moderate Complexity: \$100,000 - \$499,999 sales	2020	\$482.00	\$511.00	\$511.00	0%		
5101	Board of Health		License - Moderate Complexity: \$100,000 - \$499,999 sales	2020	\$963.00	\$1,021.00	\$1,021.00	0%		
	Board of Health		Operating without a License Fee - Moderate Complexity: \$100,000 - \$499,999 sales	2020	\$1,926.00	\$2,042.00	\$2,042.00	0%		
5140	Board of Health		Plan Review Fee - Moderate Complexity: <\$100,000 sales	2020	\$378.00	\$401.00	\$401.00	0%		
5132	Board of Health		Pre-inspection Fee - Moderate Complexity: <\$100,000 sales	2020	\$378.00	\$401.00	\$401.00	0%		
5113	Board of Health		License - Moderate Complexity: <\$100,000 sales	2020	\$756.00	\$802.00	\$802.00	0%		
	Board of Health		Operating without a License Fee - Moderate Complexity: <\$100,000 sales	2020	\$1,512.00	\$1,604.00	\$1,604.00	0%		
5149	Board of Health		Plan Review Fee - Low Complexity: > \$500,000 sales	2020	\$399.00	\$423.00	\$423.00	0%		
5152	Board of Health		Pre-inspection Fee - Low Complexity: > \$500,000 sales	2020	\$399.00	\$423.00	\$423.00	0%		
5106	Board of Health		License - Low Complexity: > \$500,000 sales	2020	\$798.00	\$846.00	\$846.00	0%		
	Board of Health		Operating without a License Fee - Low Complexity: > \$500,000 sales	2020	\$1,596.00	\$1,692.00	\$1,692.00	0%		
5144	Board of Health		Plan Review Fee - Low Complexity: \$100,000 - \$499,999 sales	2020	\$336.00	\$356.00	\$356.00	0%		
5136	Board of Health		Pre-inspection Fee - Low Complexity: \$100,000 - \$499,999 sales	2020	\$336.00	\$356.00	\$356.00	0%		
5105	Board of Health		License - Low Complexity: \$100,000 - \$499,999 sales	2020	\$671.00	\$712.00	\$712.00	0%		
	Board of Health		Operating without a License Fee - Low Complexity: \$100,000 - \$499,999 sales	2020	\$1,342.00	\$1,424.00	\$1,424.00	0%		
5141	Board of Health		Plan Review Fee - Low Complexity: <\$100,000 sales	2020	\$264.00	\$280.00	\$280.00	0%		
5133	Board of Health		Pre-inspection Fee - Low Complexity: <\$100,000 sales	2020	\$264.00	\$280.00	\$280.00	0%		
5112	Board of Health		License - Low Complexity: <\$100,000 sales	2020	\$527.00	\$559.00	\$559.00	0%		
	Board of Health		Operating without a License Fee - Low Complexity: <\$100,000 sales	2020	\$1,054.00	\$1,118.00	\$1,118.00	0%		

Code	Entity That Approves the Fee		Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes
5138	Board of Health	Food (Restaurant) Program (continued)	Plan Review Fee - Pre-Packaged (PP)	2020	\$164.00	\$174.00	\$174.00	0%	70%	
5130	Board of Health		Pre-inspection Fee - Pre-Packaged (PP)	2020	\$164.00	\$174.00	\$174.00	0%		
5111	Board of Health		License - Pre-Packaged (PP)	2020	\$328.00	\$348.00	\$348.00	0%		
	Board of Health		Operating without a License Fee - Pre-Packaged (PP)	2020	\$656.00	\$696.00	\$696.00	0%		
5115	Board of Health		License - Independent Food Prep/Service (Add'l)	2020	\$206.00	\$219.00	\$219.00	0%		
	Board of Health		Operating without a License Fee - Independent Food Prep/Service (Add'l)	2020	\$412.00	\$438.00	\$438.00	0%		
5116	Board of Health		License - Temporary Restaurant	New in 2017	\$200.00	\$200.00	\$200.00	0%		
	Board of Health		Operating without a License Fee - Temporary Restaurant	New in 2017	\$400.00	\$400.00	\$400.00	0%		
	Board of Health		Plan Review Fee - Special Organization (SO)	New in 2020	N/A	\$201.00	\$201.00	0%		
	Board of Health		Pre-inspection Fee - Special Organization (SO)	New in 2020	N/A	\$201.00	\$201.00	0%		
	Board of Health		License - Special Organization (SO)	New in 2020	N/A	\$401.00	\$401.00	0%		
	Board of Health		Operating without a License Fee - Special Organization (SO)	New in 2020	N/A	\$802.00	\$802.00	0%		
5155	Board of Health		Inspection Fee - Temporary/Mobile	2010	\$60.00	\$60.00	\$60.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5418	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5427	Board of Health	Retail Food Program (New in 2017)	Plan Review Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$709.00	\$752.00	\$752.00	0%	81%	
5251	Board of Health		Pre-inspection Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$709.00	\$752.00	\$752.00	0%		
5224	Board of Health		License - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$1,418.00	\$1,504.00	\$1,504.00	0%		
	Board of Health		Operating without a License Fee - Process Potentially Hazardous Sales of at least \$1,000,000 (11)	2020	\$2,836.00	\$3,008.00	\$3,008.00	0%		
5246	Board of Health		Plan Review Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$308.00	\$327.00	\$327.00	0%		
5250	Board of Health		Pre-inspection Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$308.00	\$327.00	\$327.00	0%		
5223	Board of Health		License - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$616.00	\$653.00	\$653.00	0%		
	Board of Health		Operating without a License Fee - Process Potentially Hazardous Sales of at least \$25,000 but less than \$1,000,000 (22)	2020	\$1,232.00	\$1,306.00	\$1,306.00	0%		
5245	Board of Health		Plan Review Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$237.00	\$251.00	\$251.00	0%		
5249	Board of Health		Pre-inspection Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$237.00	\$251.00	\$251.00	0%		
5222	Board of Health		License - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$473.00	\$502.00	\$502.00	0%		
	Board of Health		Operating without a License Fee - Process Non-Potentially Hazardous Sales of at least \$25,000 (33)	2020	\$946.00	\$1,004.00	\$1,004.00	0%		
5244	Board of Health		Plan Review Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$112.00	\$119.00	\$119.00	0%		
5248	Board of Health		Pre-inspection Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$112.00	\$119.00	\$119.00	0%		
5221	Board of Health		Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$224.00	\$238.00	\$238.00	0%		
	Board of Health		Operating without a License Fee - Process Non-Potentially or Potentially Hazardous Sales of less than \$25,000 (44)	2020	\$448.00	\$476.00	\$476.00	0%		
5211	Board of Health		License - Non-Processing (55)	2020	\$195.00	\$207.00	\$207.00	0%		
	Board of Health		Operating without a License Fee - Non-Processing (55)	2020	\$390.00	\$414.00	\$414.00	0%		
5240	Board of Health		License - Mobile Retail Food	Decr in 2020	\$200.00	\$150.00	\$150.00	0%		
	Board of Health		Operating without a License Fee - Mobile Retail Food	Decr in 2020	\$400.00	\$300.00	\$300.00	0%		
5252	Board of Health		License - Micro Market (Individual)	New in 2019	\$40.00	\$40.00	\$40.00	0%		
	Board of Health		Operating without a License Fee - Micro Market (Individual)	New in 2020	N/A	\$80.00	\$80.00	0%		
5253	Board of Health		License - Micro Market (Multiple in Same Facility)	New in 2019	\$60.00	\$60.00	\$60.00	0%		
	Board of Health		Operating without a License Fee - Micro Market (Multiple in Same Facility)	New in 2020	N/A	\$120.00	\$120.00	0%		
5190	Board of Health		Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5242	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5160	Board of Health		School Food Service	License - Satellite Kitchen	2020	\$250.00	\$265.00	\$265.00		
5161	Board of Health	License - Limited Food Preparation		2020	\$330.00	\$350.00	\$350.00	0%		
5162	Board of Health	License - Unlimited Food Preparation		2020	\$448.00	\$475.00	\$475.00	0%		
5163	Board of Health	License - Unlimited Food Preparation and Transport		2020	\$546.00	\$579.00	\$579.00	0%		
5451	Board of Health	Campground Program	Plan Review Fee - Campground (1 to 25 Sites)	2019	\$152.00	\$152.00	\$152.00	0%	85%	
	Board of Health		Pre-inspection Fee - Campground (1 to 25 Sites)	2019	\$152.00	\$152.00	\$152.00	0%		
5439	Board of Health		License - Campground (1 to 25 Sites)	2019	\$303.00	\$303.00	\$303.00	0%		
	Board of Health	Operating without a License Fee - Campground (1 to 25 Sites)	2019	\$606.00	\$606.00	\$606.00	0%			

Code	Entity That Approves the Fee	Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes
5455	Board of Health	Plan Review Fee - Campground (26 to 50 Sites)	2019	\$198.00	\$198.00	\$198.00	0%	85%	
	Board of Health	Pre-inspection Fee - Campground (26 to 50 Sites)	2019	\$198.00	\$198.00	\$198.00	0%		
5440	Board of Health	License - Campground (26 to 50 Sites)	2019	\$395.00	\$395.00	\$395.00	0%		
	Board of Health	Operating without a License Fee - Campground (26 to 50 Sites)	2019	\$790.00	\$790.00	\$790.00	0%		
5452	Board of Health	Plan Review Fee - Campground (51 to 99 Sites)	2019	\$251.00	\$251.00	\$251.00	0%		
	Board of Health	Pre-inspection Fee - Campground (51 to 99 Sites)	2019	\$251.00	\$251.00	\$251.00	0%		
5441	Board of Health	License - Campground (51 to 99 Sites)	2019	\$501.00	\$501.00	\$501.00	0%		
	Board of Health	Operating without a License Fee - Campground (51 to 99 Sites)	2019	\$1,002.00	\$1,002.00	\$1,002.00	0%		
5453	Board of Health	Plan Review Fee - Campground (100 to 199 Sites)	2019	\$273.00	\$273.00	\$273.00	0%		
	Board of Health	Pre-inspection Fee - Campground (100 to 199 Sites)	2019	\$273.00	\$273.00	\$273.00	0%		
5442	Board of Health	License - Campground (100 to 199 Sites)	2019	\$546.00	\$546.00	\$546.00	0%		
	Board of Health	Operating without a License Fee - Campground (100 to 199 Sites)	2019	\$1,092.00	\$1,092.00	\$1,092.00	0%		
5462	Board of Health	Plan Review Fee - Campground (200 or more Sites)	New in 2019	\$276.00	\$276.00	\$276.00	0%		
	Board of Health	Pre-inspection Fee - Campground (200 or more Sites)	New in 2019	\$276.00	\$276.00	\$276.00	0%		
5461	Board of Health	License - Campground (200 or more Sites)	New in 2019	\$552.00	\$552.00	\$552.00	0%		
	Board of Health	Operating without a License Fee - Campground (200 or more Sites)	New in 2019	\$1,104.00	\$1,104.00	\$1,104.00	0%		
5454	Board of Health	Plan Review Fee - Educational/Recreational Facility	2019	\$149.00	\$149.00	\$149.00	0%		
	Board of Health	Pre-inspection Fee - Educational/Recreational Facility	2019	\$149.00	\$149.00	\$149.00	0%		
5443	Board of Health	License - Educational/Recreational Facility	2019	\$298.00	\$298.00	\$298.00	0%		
	Board of Health	Operating without a License Fee - Educational/Recreational Facility	2019	\$596.00	\$596.00	\$596.00	0%		
	Board of Health	License - Special Event Campground (1 to 25 Sites)	2019	\$303.00	\$303.00	\$303.00	0%		
	Board of Health	Operating without a License Fee - Special Event Campground (1 to 25 Sites)	2019	\$606.00	\$606.00	\$606.00	0%		
	Board of Health	License - Special Event Campground (26 to 50 Sites)	2019	\$395.00	\$395.00	\$395.00	0%		
	Board of Health	Operating without a License Fee - Special Event Campground (26 to 50 Sites)	2019	\$790.00	\$790.00	\$790.00	0%		
	Board of Health	License - Special Event Campground (51 to 99 Sites)	2019	\$501.00	\$501.00	\$501.00	0%		
	Board of Health	Operating without a License Fee - Special Event Campground (51 to 99 Sites)	2019	\$1,002.00	\$1,002.00	\$1,002.00	0%		
	Board of Health	License - Campground (100 to 199 Sites)	2019	\$546.00	\$546.00	\$546.00	0%		
	Board of Health	Operating without a License Fee - Special Event Campground (100 to 199 Sites)	2019	\$1,092.00	\$1,092.00	\$1,092.00	0%		
	Board of Health	License - Campground (200 or more Sites)	New in 2019	\$552.00	\$552.00	\$552.00	0%		
	Board of Health	Operating without a License Fee - Special Event Campground (200 or more Sites)	New in 2019	\$1,104.00	\$1,104.00	\$1,104.00	0%		
5190	Board of Health	Penalty/Late Fee		\$100.00	\$100.00	\$100.00	0%		
5450	Board of Health	Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5636	Board of Health	Permit Fee - Well	2009	\$75.00	\$75.00	\$75.00	0%	100%	
5612	Board of Health	Permit Fee - Non-Pressure In-Ground < 1000gpd	2016	\$483.00	\$498.00	\$498.00	0%	92%	
5613	Board of Health	Permit Fee - Non-Pressure In-Ground 1001-4999gpd	2020	\$872.00	\$899.00	\$899.00	0%		
5614	Board of Health	Permit Fee - Non-Pressure In-Ground 5000-8000gpd	2020	\$1,082.00	\$1,115.00	\$1,115.00	0%		
5615	Board of Health	Permit Fee - Non-Pressure In-Ground > 8000gpd	2020	\$1,292.00	\$1,331.00	\$1,331.00	0%		
5616	Board of Health	Permit Fee - In-Ground Pressure < 1000gpd	2020	\$863.00	\$889.00	\$889.00	0%		
5633	Board of Health	Plan Review Fee - In-Ground Pressure < 1000gpd		\$250.00	\$250.00	\$250.00	0%		
5617	Board of Health	Permit Fee - In-Ground Pressure 1001-4999gpd	2020	\$1,063.00	\$1,095.00	\$1,095.00	0%		
5618	Board of Health	Permit Fee - In-Ground Pressure 5000-8000gpd	2020	\$1,252.00	\$1,290.00	\$1,290.00	0%		
5619	Board of Health	Permit Fee - In-Ground Pressure > 8000gpd	2020	\$1,409.00	\$1,452.00	\$1,452.00	0%		
5620	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd	2020	\$905.00	\$933.00	\$933.00	0%		
	Board of Health	Plan Review Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd		\$250.00	\$250.00	\$250.00	0%		
5621	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters 1001-4999gpd	2020	\$1,294.00	\$1,333.00	\$1,333.00	0%		
5622	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters 5000-8000gpd	2020	\$1,535.00	\$1,582.00	\$1,582.00	0%		
5623	Board of Health	Permit Fee - At-Grade, Mound, Drip, Sand Filters > 8000gpd	2020	\$1,745.00	\$1,798.00	\$1,798.00	0%		
5624	Board of Health	Permit Fee - Holding Tanks < 1000gpd	2020	\$483.00	\$498.00	\$498.00	0%		
5625	Board of Health	Permit Fee - Holding Tanks 1001-4999gpd	2020	\$546.00	\$563.00	\$563.00	0%		
5626	Board of Health	Permit Fee - Holding Tanks 5000-8000gpd	2020	\$599.00	\$617.00	\$617.00	0%		
5627	Board of Health	Permit Fee - Holding Tanks > 8000gpd	2020	\$630.00	\$649.00	\$649.00	0%		
5701	Board of Health	Permit Fee - Other Modification to Existing System (e.g. Pre-Treatment devices)	2020	\$483.00	\$498.00	\$498.00	0%		

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5628	Board of Health	POWTS Permits (continued)	Transfer/Renewal Fee		\$30.00	\$30.00	\$30.00	0%	92%	
5629	Board of Health		Permit Fee - Reconnection, Privy, Composting Toilet, Incinerating Toilet		\$70.00	\$70.00	\$70.00	0%		
5612	Board of Health		Permit Fee - Public/Commercial Non-Pressure In-Ground <1000gpd	2020	\$483.00	\$498.00	\$498.00	0%		
5630	Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground <1000gpd		\$250.00	\$250.00	\$250.00	0%		
5613	Board of Health		Permit Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd	2020	\$872.00	\$899.00	\$899.00	0%		
5631	Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd		\$325.00	\$325.00	\$325.00	0%		
5614	Board of Health		Permit Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd	2020	\$1,082.00	\$1,115.00	\$1,115.00	0%		
5632	Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd		\$400.00	\$400.00	\$400.00	0%		
5634	Board of Health		Filing and Review Fee - Soil & Site Evaluation Reports		\$50.00	\$50.00	\$50.00	0%		
5635	Board of Health		Application Fee - Wisconsin Fund		\$120.00	\$120.00	\$120.00	0%		
5637	Board of Health	Plat Approval Fee		\$50.00	\$50.00	\$50.00	0%			
5530	Board of Health	Incinerator	License - Incinerator	Decr in 2019	\$79.00	\$79.00	\$79.00	0%	97%	
	Board of Health		Operating without a License Fee - Refuse/Recycler Combination		N/A	\$158.00	\$158.00	0%		
5190	Board of Health		Penalty/Late Fee	New in 2020	N/A	\$100.00	\$100.00	0%		
	Board of Health		Re-Inspection Fee	2018	\$125.00	\$125.00	\$125.00	0%		
5640	Board of Health	Public Health Laboratory	Laboratory Fee - Total Coliform (Includes E.Coli presence/absence)	2019	\$21.00	\$21.00	\$21.00	0%	100%	*Private samples not accepted ^ Requires advanced scheduling
5642	Board of Health		Laboratory Fee - Heterotrophic Plate Count	2019	\$27.00	\$27.00	\$27.00	0%		
5644	Board of Health		Laboratory Fee - Nitrate – Nitrogen	2019	\$21.00	\$21.00	\$21.00	0%		
5645	Board of Health		Laboratory Fee - pH (water)	2018	\$10.00	\$10.00	\$10.00	0%		
5647	Board of Health		Laboratory Fee - Total Hardness (quantitative)	2019	\$38.00	\$38.00	\$38.00	0%		
5648	Board of Health		Laboratory Fee - Fluoride	2019	\$21.00	\$21.00	\$21.00	0%		
5528	Board of Health		Laboratory Fee - Spore Ampules	2019	\$17.00	\$17.00	\$17.00	0%		
5650	Board of Health		Laboratory Fee - Copper	2019	\$23.00	\$23.00	\$23.00	0%		
5651	Board of Health		Laboratory Fee - Manganese	2019	\$23.00	\$23.00	\$23.00	0%		
5652	Board of Health		Laboratory Fee - Zinc	2019	\$23.00	\$23.00	\$23.00	0%		
5653	Board of Health		Laboratory Fee - Magnesium	2019	\$23.00	\$23.00	\$23.00	0%		
5654	Board of Health		Laboratory Fee - Cadmium	2018	\$31.00	\$31.00	\$31.00	0%		
5655	Board of Health		Laboratory Fee - Chromium	2018	\$31.00	\$31.00	\$31.00	0%		
5656	Board of Health		Laboratory Fee - Arsenic	2018	\$31.00	\$31.00	\$31.00	0%		
5657	Board of Health		Laboratory Fee - Calcium	2019	\$23.00	\$23.00	\$23.00	0%		
5658	Board of Health		Laboratory Fee - Iron	2019	\$23.00	\$23.00	\$23.00	0%		
5659	Board of Health		Laboratory Fee - Nickel	2019	\$23.00	\$23.00	\$23.00	0%		
5660	Board of Health		Laboratory Fee - Lead	2018	\$31.00	\$31.00	\$31.00	0%		
5661	Board of Health		Laboratory Fee - VOC's	2018	\$150.00	\$150.00	\$150.00	0%		
5662	Board of Health		Laboratory Fee - Methamphetamine*	2019	\$45.00	\$45.00	\$45.00	0%		
5641	Board of Health		Laboratory Fee - E. coli (Quantitative) ^	2019	\$27.00	\$27.00	\$27.00	0%		
	Board of Health		Laboratory Fee - pH (food)*	New in 2019	N/A	\$21.00	\$21.00	0%		
	Board of Health		Laboratory Fee - Sterility verification* ^	New in 2019	N/A	\$31.00	\$31.00	0%		
	Board of Health	Laboratory Fee - PCR analysis (<i>b. burgdorferi</i> - deer tick)*^^	New in 2019	N/A	\$34.00	\$34.00	0%			
5529	Board of Health	Laboratory Fee - Pseudonomas	2018	\$27.00	\$27.00	\$27.00	0%			
5830, 5837	Board of Health	Radon	Short-term Radon Test Kit	2015	\$10.00	\$10.00	\$10.00	0%	100%	
5831, 5837	Board of Health		Long-term Radon Test Kit	2015	\$25.00	\$25.00	\$25.00	0%		
	Board of Health		Long-term Radon Test Kit - Nontax	2015	\$25.00	\$25.00	\$25.00	0%		
5840	Board of Health	Prenatal Care Coordination	Prenatal Care - Risk Assessment	2020	\$102.00	\$105.00	\$112.00	7%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
5841	Board of Health		Prenatal Care - Plan Development	2020	\$102.00	\$105.00	\$112.00	7%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
5842	Board of Health		Prenatal Care Education - Ongoing Care Coordination - In Office - RN/RD - Per Visit	2020	\$51.00	\$53.00	\$56.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
5843	Board of Health		Prenatal Care Education - Ongoing Care Coordination - Home Visit - RN/RD - Per Visit	2020	\$102.00	\$105.00	\$112.00	7%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
5844	Board of Health		Prenatal Care Case Management and Documentation RN or RD - Per 15 Minutes	2019	\$26.00	\$26.00	\$28.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.

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5721 (MA) or 5720 (Dispen)	Board of Health	Communicable Disease	TB Case Management - per 15 minutes	2019	\$26.00	\$26.00	\$28.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB Oral Med Administration - 15 Mmin	2019	\$26.00	\$26.00	\$28.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 15 min 99401	2019	\$26.00	\$26.00	\$28.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 30 min 99402	2020	\$51.00	\$53.00	\$54.00	2%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 45 min 99403	2020	\$77.00	\$79.00	\$84.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB DOT Symptom/Treatment Monitoring 60 min 99404	2020	\$102.00	\$105.00	\$112.00	7%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		TB Pt Education and Guidance - 15 min	2019	\$26.00	\$26.00	\$28.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	5714, 5715, 5716, 5717		Board of Health	TB Skin Test	2020	\$33.00	\$34.00	\$36.00	6%	100%	
			Board of Health	TB Travel for DOT ≥ 45 minutes	New in 2021	NA	NA	\$84.00	NA	100%	
			Board of Health	TB Travel for DOT ≥ 60 minutes	New in 2021	NA	NA	\$112.00	NA	100%	
	5731, 5732, 5733, 5739		Board of Health	Hepatitis B Vaccine	2020	\$69.00	\$72.00	\$89.00	24%	100%	large increase in vaccine cost
			Board of Health	Influenza Vaccine	2019	\$45.00	N/A	NA	NA	N/A	2019 Rate Set in May 2019
			Board of Health	HIV Test	2019	\$30.00	\$30.00	\$30.00	0%	100%	
5796	Board of Health	Reproductive Health	Initial Eval/Mgmt (12-17 yrs) 99384	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Initial Eval/Mgmt (18-39 yrs)99385	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Initial Eval/Mgmt (40-64 yrs) 99386	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (12-17 yrs) 99394	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (18-39 yrs) 99395	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Periodic Re-eval/Mgmt (40-64 yrs) 99396	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Wet Mount	Decr in 2018	\$14.00	\$14.00	\$14.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health	Reproductive Health (continued)	Reproductive Health - Urinalysis	Decr in 2018	\$7.00	\$7.00	\$7.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Hemoglobin	Decr in 2018	\$8.00	\$8.00	\$8.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Dispensing Fee-New Fee April 2017	Decr in 2020	\$190.00	\$190.00	\$190.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 10 minute 99201	2019	\$105.00	\$105.00	\$110.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 20 minute 99202	2019	\$180.00	\$180.00	\$190.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 30 minute 99203	2019	\$260.00	\$260.00	\$280.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit new pt 45 minute 99204	2019	\$395.00	\$395.00	\$420.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 5 minute 99211	2019	\$49.00	\$49.00	\$50.00	2%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 10 minute 99212	2019	\$105.00	\$105.00	\$110.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 15 minute 99213	2019	\$175.00	\$175.00	\$190.00	9%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Office Visit established pt 25 minute 99214	2019	\$260.00	\$260.00	\$280.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Pregnancy	2018	\$21.00	\$21.00	\$21.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Glucose	Decr in 2018	\$11.00	\$11.00	\$11.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lab handling fee	2020	\$14.00	\$24.00	\$24.00	0%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Scope of Cervix 57452	2019	\$260.00	\$260.00	\$270.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health -Biopsy of Cervix 57455	2019	\$340.00	\$340.00	\$355.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Biopsy of Cervix and Curettage 57454	2019	\$365.00	\$365.00	\$380.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions 1-14 (male) 17110	2019	\$265.00	\$265.00	\$275.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions 15+ (male)17111	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions Anal (female) 46900	2019	\$580.00	\$580.00	\$600.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	
	Board of Health		Reproductive Health - Lesions Vulva (female)56501	2019	\$315.00	\$315.00	\$330.00	5%	100%	Fee represents cost to HD. Reimbursement received at MA rates.	

Code	Entity That Approves the Fee		Proposed 2021 Health Department fees and licences	Last Increase	2019 Adopted Fees	2020 Approved Fees	2021 Proposed Fees	% Change 2020 to 2021	% of cost covered	Notes
	Board of Health		Reproductive Health - Nexplanon Insertion	2019	\$330.00	\$330.00	\$340.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Reproductive Health - Nexplanon Removal	2019	\$380.00	\$380.00	\$390.00	3%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Reproductive Health - Nexplanon Insertion and Removal	2019	\$540.00	\$540.00	\$560.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Reproductive Health - IUD Insertion	2019	\$170.00	\$170.00	\$180.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Reproductive Health - IUD Removal	2019	\$225.00	\$225.00	\$235.00	4%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Reproductive Health - Medications and Supplies			Varies	Varies	Varies		100%
5734	Board of Health	Lead Program	Blood Lead Testing	2018	\$51.00	\$51.00	\$55.00	8%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Initial Investigation	New in 2020	N/A	\$820.00	\$950.00	16%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Follow-up Clearance Investigation	New in 2020	N/A	\$320.00	\$357.00	12%	100%	Fee represents cost to HD. Reimbursement received at MA rates.
	Board of Health		Nursing Education Home Visit	New in 2020	N/A	\$160.00	\$169.00	6%	100%	Fee represents cost to HD. Reimbursement received at MA rates.

Board of Health Meeting 06/23/21

Agenda Item 5.f

Informational Sheet - Health Department 2022 Budget Planning

Every year we begin the upcoming budget cycle with a discussion about process and assumptions. This is an opportunity for the BOH and health department leadership to share priorities and perspectives on key issues that impact the 2022 budget. The draft budget, based on this input and year-to-date trends, will be presented at the July Board of Health meeting. As you may expect, this year's budget planning will be again impacted by the pandemic. We will be drafting the budget with both revenue and expense lines being challenged both in the current fiscal year and in 2022.

Steps in the 2022 Budget Process

- Discuss initial BOH budget considerations in May 2021 BOH meeting
- Present departmental budget priorities and assumptions for discussion and review at June 2021 BOH meeting
- Board of Health approve draft of 2022 budget in July 2021 BOH meeting.
- Submit ECCCHD draft budget to City in July and submit to County by August.
- Meetings with City and County finance to discuss budget details in July and August.
- Joint Budget Review Meeting between City, County, Health Department to finalize review of Equalized Value and levy funding from City and County in August 2021
- Fees reviewed and approved in August 2021.
- Present Budget to County Finance & Budget Committee and City Council in Fall 2021
- Budget (levy) adopted as part of City and County Budget in November 2021
- Final Health Department Budget confirmed/approved in December 2021 BOH meeting

Basic ECCCHD Budget information for consideration

Expenses:

- Wages/benefits – 83 % (\$6.3 million) of 2021 approved budget.
 - ✓ Planned step increases for existing staff results in increase of about **\$66,50**
 - ✓ Consider projected wage increases used by the City and County (Cost of Living (COL)/Economic increases) – 1.5%-2.5% is being considered by partners. Additional cost at 2% COL/Economic increase would = about **\$102,900** additional. A reminder that we last did a compensation/wage study in 2018.
 - ✓ Use City projected health insurance premiums – To be determined (sometime between July-Sept). **The City is using 2% for Health insurance at this point which would total \$24,300 based on current staff selections.**
 - ✓ Estimate changes in WRS funding % (we are typically notified in July but do not anticipate significant changes)
 - ✓ Consider retirements, status changes of employees (aware of 4 planned retirements in 2021 and possibly 2 in 2022. Eleven are eligible. We anticipate some changes to health insurance status.
 - ✓ Consider staffing/personnel needs for prioritized services and potential 2021-22 activities for COVID 19 – connect to Performance Management Plan and Strategic Plan. Of note is prioritized work related to health equity, population health data, and communication as well as social determinants of health.

- Contractual/Fixed/Materials/Supplies – 15 % of 2021 approved budget
 - ✓ Project any increases/decreases in costs or volume. Nothing significant seen at this time.
 - ✓ Use recommendation from City and County for line item increases as appropriate.
- Equipment/Debt Service – 2 % of 2021 approved budget
 - ✓ Based on our replacement schedules (approximately ***\$25,000 estimated***). There may also be additional expenses related to long-term remote work set up.
 - ✓ Capital Improvement Plan (CIP) will be prepared prior to July BOH.

Revenue:

- Likely zero or small increases in tax levy will be proposed by City/County. There has been growth in our area, but we do not have the final net new construction number at this point which will influence this decision. While a case has been made in previous years related to the cost savings of prevention work related to NFP, AODA, mental health, housing, and other areas it is not apparent that substantive increases are possible and any increase in either entity (City or County) must be proportionally matched by the other per local ordinance.
- Funding for federal grants is unknown. Proposed federal and state budgets for next fiscal year are still uncertain at this time. COVID-19 funding for 2022 has not been proposed. ARPA funding directly to the health department has not been proposed to date. The City and County are receiving significant ARPA funds in 2021-2022.
- Several new or increased grants from 2021 are allowable to carry over to 2022 (mainly COVID related)
- We do not anticipate proposing fee reductions due to COVID at this point as we had in 20 and 21. This will be a BOH discussion in August.



Informational Item – 06/23/2021 Board of Health Meeting

Agenda Item 5.g

Handbook Review 2021

Generally, each year around the same time as the first look at budget, the Health Department Employee Handbook is brought to the Board of Health for consideration of possible changes. Additionally, there is an opportunity if needed for the internal employee handbook team to meet to review the handbook for possible revisions. Any proposed revisions are brought back to the Board for approval.

As a reminder, the most recent changes to the handbook were approved by the Board of Health in October 2018 and took effect January 1, 2019. The primary changes included updates to benefits, including the addition of Dental Insurance; the addition of two holidays and reduction of personal days; and the change in business hours. Due to the public health response to COVID-19 in 2020, we did not bring the handbook forward or propose any changes.

Attached you will find the Eau Claire City-County Health Department Employee Handbook Table of Contents for your review. A copy of the full handbook can be found on the Board of Health page of our website during the review period.

Link to full employee handbook:

<https://www.eauclairewi.gov/home/showpublisheddocument/36028/637594328806237871>.

At this point in time the Department has not convened the Handbook committee and has not brainstormed any proposed changes. This discussion provides input to the Department from the Board of Health perspective about any potential considerations to explore, if any, over the next several months, for review at a Board of Health meeting this Fall.

Prepared by Tegan Ruland, Operations



Eau Claire City-County
Health Department

**EAU CLAIRE CITY – COUNTY HEALTH
DEPARTMENT HANDBOOK**

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT HANDBOOK
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Eau Claire County Federal COVID Relief: Overview and Implementation Recommendations

A Framework for discussion

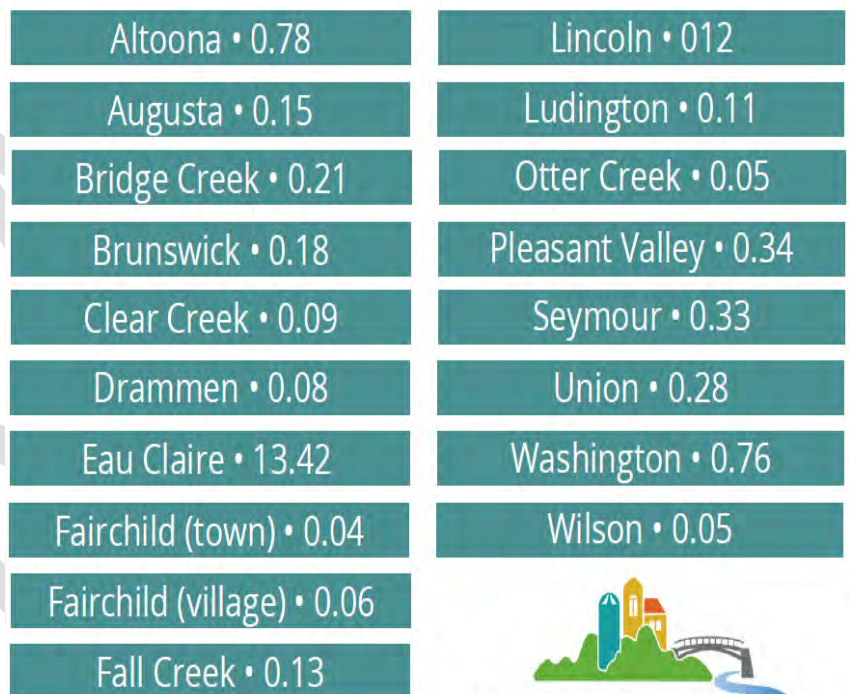
Background Information:

The American Rescue Plan Act of 2021 provides federal recovery aid for state and local governments, **\$20,295,447** is provided in direct aid to Eau Claire County. The county will not have to provide a portion of their funding to cities and towns as the municipalities will receive their own direct aid. The first payment of aid will be received no later than 60-days after enactment (May 10th), and the second payment is scheduled approximately 12 months later. All funds must be spent by December 31, 2024, and detailed records and reports are required detailing the funds utilization. Also, the rescue plan bill is clear that failure to comply with the provision of the bill will require repayment of the funds to the U.S. Treasury.

At right is a chart detailing funds to other municipal jurisdictions in the county.
Cities: 14,344,260; Villages: 187,025;
Towns: 2,627,052.

Allowable Spending Areas:

The American Rescue Plan advances us on the road to recovery and equips us to help drive the economic recovery and strengthen our communities by investing in infrastructure, small businesses, public health and safety, and human services. The National Association of Counties (NACo) sent a letter to the U.S. Treasury dated Mar 18, 2021 requesting additional guidance regarding eligible uses, spending, implementation, and administration of the Recovery Funds.



**all numbers are in millions*



Currently as outlined in the bill the following are the allowable uses for Recovery Funds (in more detail):

- Money used to:
 - Respond to the public health emergency or its negative economic impacts (including assistance to small businesses and nonprofits, or aid to impacted industries such as tourism and hospitality)
 - Respond to workers performing essential work
 - Recoup lost revenue due to the public health emergency
 - Investments in water, sewer, and broadband infrastructure

- “Respond to or mitigate the public health emergency with respect to the COVID-19 emergency or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality.”
- “Provide government services to the extent of the reduction in revenue...”
- “Make necessary investments in water, sewer, or broadband infrastructure.”
- “State and local governments can transfer the funds to a private nonprofit organization, a public benefit corporation involved in the transportation of passengers or cargo or a special-purpose unit of State or local government.”
- “Respond to workers performing essential work during the COVID-19 public health emergency by providing premium pay to eligible workers of the county that are performing such essential work, or by providing grants to eligible employers that have eligible workers who perform essential work.”

Recommended Eau Claire County Spending Areas: (not in priority order)

County leadership should strive with input from local stakeholders to leverage the funding to create meaningful value for residents over time. We will also seek to form effective partnerships to maximize the investment in our community.

The recommendation is that a values-based approach be applied that is based on community need.

Who really needs it?

These investments might include the following:

- **Improved broadband** in rural and low-income communities. As public education, social services and work have increasingly transitioned to the virtual space, reliable and fast internet has become a primary connection to resources.
- **Gap funding** to cover lost revenues and county government services.
- **Transition of operational covid levy dollars to covid relief dollars.**
- **Investment in local government sustainability and infrastructure.** Investment in county government that results in future savings. This may include emergency communication upgrades, and technological advances. This will need to be correlated with the infrastructure plan being developed.
- **Economic Recovery Programs:** Promote the stabilization and recovery of the local economy by supporting grants and loans to small businesses.
 - Revolving loan fund for business start-up / entrepreneur.
 - Business loan program to attract businesses.
 - Grants for minority businesses.
 - Foresight activity to encourage diversity, inclusion and equity.
- **Community Response and Resilience:** Support community response and resiliency programs to include: Foodbanks, equitable housing (housing stability and homeless shelters), domestic violence prevention, transportation/support services for disabled and elderly, veterans services, mental health services, child and family services.
- **Public Health Emergency Response:** Protect and promote the health of the public by supporting programs to include, but not be limited to: Countywide COVID-19 surveillance, contact tracing,

proactive testing and disease prevention, access to and training on personal protective equipment, local healthcare system capacity, public education programs.

- **Projects of regional value:** The County will look to support local government partners in leveraging investments to assure that the region achieves outcomes.

Recommended Guiding Principles for Spending the Recovery Funds:

- **Principle 1. Accountability and Outreach** – Eau Claire County will be accountable and transparent in its funding decisions. Eau Claire County will actively communicate information about its efforts to the public and will prepare and maintain reports regarding the use of funds that will be readily available to the public.
- **Principle 2. Financial Stewardship** – Eau Claire County will be strategic in the use of funds and prioritize those uses that result in the greatest community benefit and reach at the lowest long-term cost.
- **Principle 3. Leverage** – Eau Claire County will seek to leverage funds through partnerships with other governments, institutions, non-profit community, and the private sector to increase the reach and effectiveness of the Funds. This includes seeking grant funding as appropriate, and navigating the various funding sources.
- **Principle 4. Countywide Approach** – Eau Claire County will consider countywide needs including needs within cities and towns when programming and expending funds and will structure programs to provide countywide benefit whenever possible and appropriate.
- **Principle 5. Long-term impact** - An investment in community that will have long-term impact.
- **Principle 6. Timeliness and Flexibility** – Eau Claire County will be timely in the expenditure of funds to support the needs of the community. Eau Claire County will also maintain a measure of flexibility in its use of funds to adapt to changing circumstances and needs.
- **Principle 7. Compliance** – All expenditures will be compliant with the requirements of the American Rescue Plan Act and other applicable laws.

The Way Ahead:

Eau Claire County will solicit input from local leaders, communities, and stakeholders that will help the county government craft guidance on how the \$20,295,447 million in direct federal aid can be used.

- **Step 1.** Eau Claire County Government Department Head Meeting to discuss rescue plan, funding priorities, and provide recommendations on effective delivery and implementation of funds. Identify potential investments that meet criteria for ARPA funds.
- **Step 2.** Create detailed analysis of lost revenue.
- **Step 3.** Start conversations and meet with the Broadband Committee, COVID-19 Task Force, Towns Association and other municipal partners, and the Economic Recovery Task Force. Identify potential investments that meet criteria for ARPA funds.
- **Step 4. County board resolution to lay out the principles, values and bigger picture implementation process.**
 - Use process that mirrors budget process –
 - Identify county specific uses of funds
 - Revenue loss

- Technology investments
 - Primarily county board based with some citizen stakeholders and municipal partners. Citizen stakeholder must have a community-wide view and not “lobby” for their projects.
 - Size: 9
 - Duration: until December of 2024.
- **Step 5.** Further resolutions to the board to:
 - Identify how the county will connect with community partners and stakeholders to discuss and determine community priorities and possible matching dollars.
 - Develop an understanding of funding opportunities.
 - Determine the initial criteria and priorities for funding.

Considerations / Update 04/12/2021 WCA call:

- Noted best to be cautious and not in any hurry
- Guidance from the Treasury to be like it was with CARES and come out multiple times with additional clarity over time – May 11, 2021 is likely first influx of information. No application for funding required.
- Reiterated that counties should have an investment strategy outlined (safety, liquidity and yield considerations)
- Constitutional and regulatory issues – Von Briesen guidance
 - Discussed the need to make sure that there aren’t any State statutes that would prohibit or limit the ability to transfer some ARP funds to non-profits
 - Noted the need to make sure to think about not tripping up any discrimination issues in the winners vs losers in non-profits if some funds are distributed
 - WCA will be providing some guidance
- WCA, Extension and other partners / groups are creating ideas for appropriate expenditures of funds – creative / broad / shared initiatives.



Coronavirus State and Local Fiscal Recovery Funds

The American Rescue Plan will deliver \$350 billion for state, local, territorial, and Tribal governments to respond to the COVID-19 emergency and bring back jobs.

The Coronavirus State & Local Fiscal Recovery Funds provide a substantial infusion of resources to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Funding Objectives

- **Support urgent COVID-19 response efforts** to continue to decrease spread of the virus and bring the pandemic under control
- **Replace lost public sector revenue** to strengthen support for vital public services and help retain jobs
- **Support immediate economic stabilization** for households and businesses
- **Address systemic public health and economic challenges** that have contributed to the inequal impact of the pandemic

Eligible Jurisdictions & Allocations

Direct Recipients

- States and District of Columbia (\$195.3 billion)
- Counties (\$65.1 billion)
- Metropolitan cities (\$45.6 billion)
- Tribal governments (\$20.0 billion)
- Territories (\$4.5 billion)

Indirect Recipients

- Non-entitlement units (\$19.5 billion)



Support Public Health Response

Fund COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff



Address Negative Economic Impacts

Respond to economic harms to workers, families, small businesses, impacted industries, and the public sector



Replace Public Sector Revenue Loss

Use funds to provide government services to the extent of the reduction in revenue experienced due to the pandemic



Premium Pay for Essential Workers

Offer additional support to those who have and will bear the greatest health risks because of their service in critical infrastructure sectors



Water and Sewer Infrastructure

Make necessary investments to improve access to clean drinking water and invest in wastewater and stormwater infrastructure



Broadband Infrastructure

Make necessary investments to provide unserved or underserved locations with new or expanded broadband access



For More Information: Please visit www.treasury.gov/SLFRP

For Media Inquiries: Please contact the U.S. Treasury Press Office at (202) 622-2960

For General Inquiries: Please email SLFRP@treasury.gov for additional information



Example Uses of Funds



Support Public Health Response

- **Services to contain and mitigate the spread of COVID-19**, including vaccination, medical expenses, testing, contact tracing, quarantine costs, capacity enhancements, and many related activities
- **Behavioral healthcare services**, including mental health or substance misuse treatment, crisis intervention, and related services
- **Payroll and covered benefits** for public health, healthcare, human services, and public safety staff to the extent that they work on the COVID-19 response



Replace Public Sector Revenue Loss

- **Ensure continuity of vital government services** by filling budget shortfalls
- **Revenue loss is calculated** relative to a counterfactual trend, beginning with the last full fiscal year pre-pandemic and adjusted annually for growth
- **Recipients may re-calculate revenue loss** at multiple points during the program, supporting those entities that experience revenue loss with a lag



Water & Sewer Infrastructure

- **Includes improvements to infrastructure**, such as building or upgrading facilities and transmission, distribution, and storage systems
- **Eligible uses aligned to Environmental Protection Agency project categories** for the Clean Water State Revolving Fund and Drinking Water State Revolving Fund



Equity-Focused Services

- **Additional flexibility for the hardest-hit communities and families** to address health disparities, invest in housing, address educational disparities, and promote healthy childhood environments
- **Broadly applicable** to Qualified Census Tracts, other disproportionately impacted areas, and when provided by Tribal governments



Address Negative Economic Impacts

- **Deliver assistance to workers and families**, including support for unemployed workers, aid to households, and survivor's benefits for families of COVID-19 victims
- **Support small businesses** with loans, grants, in-kind assistance, and counseling programs
- **Speed the recovery of impacted industries**, including the tourism, travel, and hospitality sectors
- **Rebuild public sector capacity** by rehiring staff, replenishing state unemployment insurance funds, and implementing economic relief programs



Premium Pay for Essential Workers

- **Provide premium pay to essential workers**, both directly and through grants to third-party employers
- **Prioritize low- and moderate-income workers**, who face the greatest mismatch between employment-related health risks and compensation
- **Key sectors include** healthcare, grocery and food services, education, childcare, sanitation, and transit
- **Must be fully additive** to a worker's wages



Broadband Infrastructure

- **Focus on households and businesses** without access to broadband and those with connections that do not provide minimally acceptable speeds
- **Fund projects that deliver reliable service** with minimum 100 Mbps download / 100 Mbps upload speeds unless impracticable
- **Complement broadband investments** made through the Capital Projects Fund



Ineligible Uses

- **Changes that reduce net tax revenue** must not be offset with American Rescue Plan funds
- **Extraordinary payments into a pension fund** are a prohibited use of this funding
- **Other restrictions apply** to eligible uses

The examples listed in this document are non-exhaustive, do not describe all terms and conditions associated with the use of this funding, and do not describe all the restrictions on use that may apply. The U.S. Department of the Treasury provides this document, the State and Local contact channels, and other resources for informational purposes. Although efforts have been made to ensure the accuracy of the information provided, the information is subject to change or correction. Any Coronavirus State and Local Fiscal Recovery Funds received will be subject to the terms and conditions of the agreement entered into by Treasury and the respective jurisdiction, which shall incorporate the provisions of the Interim Final Rule and/or Final Rule that implements this program.



**THE AMERICAN RESCUE PLAN ACT:
GUIDANCE FOR WISCONSIN COUNTIES IN IMPLEMENTATION OF
THE LOCAL FISCAL RECOVERY FUND**

June 15, 2021

President Biden signed the American Rescue Plan Act of 2021 (“ARPA”) into law on March 11, 2021. ARPA is a \$1.9 trillion federal spending package intended to provide economic and other relief related to the Covid-19 pandemic.

The Wisconsin Counties Association and its general counsel, von Briesen & Roper, s.c., have received many questions surrounding ARPA, interpretation of its terms, and its impact on counties. Below, please find comprehensive guidance for counties regarding the implementation of the Local Fiscal Recovery Fund, as prepared by WCA general counsel.

County officials are encouraged to review this guidance carefully with corporation counsel to ensure appropriate interpretation and otherwise assess the impact of any local rules, policies and regulations.

I. GENERAL OVERVIEW

The American Recovery Plan Act (“ARPA”) appropriates a total of \$362.0 billion in Coronavirus State and Local Fiscal Recovery funding, which will provide direct payments to state, local, territorial, and tribal governments. The funding is divided into four separate funds: the State Fiscal Recovery Fund (“SFRF”), the Local Fiscal Recovery Fund (“LFRF”), the Capital Projects Fund, and the Local Assistance and Tribal Consistency Fund. Generally, LFRF applies to the counties, whereas SFRF applies to state governments.

\$130.2 billion is allocated for the LFRF to make payments to units of local government.¹ Funds will be available through December 31, 2024, and may cover costs from March 3, 2021, through December 24, 2024.

¹ Information on county-level allocations can be found here: <https://www.naco.org/resources/featured/state-and-local-coronavirus-fiscal-recovery-funds#allocations>

Key Dates

1. The [Treasury portal](#) is currently open for counties to register and request Recovery Funds
2. July 9, 2021: Deadline to submit comments on U.S. Treasury’s Interim Final Rule
3. August 31, 2021: Deadline for counties to submit first Interim Report to U.S. Treasury
4. October 31, 2021: Deadline for counties to submit first Quarterly Project and Expenditure Report
5. December 31, 2024: Funds must be incurred and obligated
6. December 31, 2026: Funds must be expended to cover obligations and all work must be completed

FRF payments are to be provided in two tranches with the initial payment of 50% of the total allocation to be made within 60 days of enactment (March 11, 2021) and the remaining 50% of the allocation to be paid at least 12 months after the first payment.

On May 10, 2021, the United States Department of the Treasury published an Interim Final Rule (“Rule”) to implement the FRF provisions of ARPA.

Generally, under the Rule, the FRF payments may only be spent for certain categories of eligible uses: (1) public health and economic impacts; (2) premium pay; (3) revenue loss; and (4) investments in infrastructure. The Rule also establishes various timelines and restrictions for the use of FRF payments. This Guidance will (a) provide an overview of the various eligible uses, timelines, and restrictions, focusing primarily on LFRF payments, which apply to county government; and (b) discuss state law considerations in county expenditure of LFRF funds.

Eligible Use of Funds

Under the Rule, the FRF payments may be used to cover costs incurred prior to December 31, 2024, for the following purposes:

1. **Public Health and Economic Impacts**: to respond to the **public health emergency** with respect to the Coronavirus Disease 2019 (COVID–19) or its negative **economic impacts**, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality;
2. **Premium Pay for Essential Workers**: to respond to workers performing essential work during the COVID–19 public health emergency by providing **premium pay** to eligible workers of the metropolitan city, nonentitlement unit of local government, or county that are performing such essential work, or by providing grants to eligible employers that have eligible workers who perform essential work;
3. **Revenue Replacement for Government Services**: to replace **revenues lost** as a result of the public health emergency caused by the coronavirus pandemic, for the purposes of providing **government services**;

4. **Investments in Infrastructure:** to make necessary investments in water, sewer, or broadband infrastructure.

Restrictions and Limitations on the Use of Funds Regardless of Category

1. FRFs may not be used for deposit into any pension funds, except with regard to premium pay eligible uses which are part of payroll contributions.
2. SFRFs may not be used to either directly or indirectly offset a reduction in net tax revenue resulting from a change in law, regulation, or administrative interpretation during the covered period that reduces any tax or delays the imposition of any tax or tax increase.
3. FRFs are subject to pre-existing limitations provided in other Federal statutes and regulations. For example, FRFs may not be used as a non-Federal match for other Federal programs whose statute or regulations bar the use of Federal funds to meet matching requirements; payments from the FRFs may not be used to satisfy the State share of Medicaid.

Notably, the ARPA does not explicitly prohibit the use of LFRF funds (as opposed to SFRF funds) to offset a reduction in net tax revenue. However, the [accountability and audit](#) features associated with implementation of the ARPA program suggest counties should proceed with caution when considering implementation of a general tax reduction program. Concerns regarding state law [levy limits](#) also exist.

Accountability and Audit Features

i. Reporting Requirements

During the covered period, recipients must provide periodic reports to the Secretary providing detailed accounting of the uses of funds, all modifications to a State or Territory's tax revenue sources, and other information as required.

1. Interim Reports

- a. Counties are required to submit one Interim Report, which will include the county's expenditures by category at the summary level
- b. The Interim Report will be similar to that required under the CARES Act Coronavirus Relief Fund
- c. The Interim Report will cover spending from the date the county receives LFRFs to July 31, 2021
- d. The Interim Report is due by August 31, 2021
- e. Treasury will release additional guidance on this report in the coming weeks

2. Quarterly Project and Expenditure Reports

- a. Counties are required to submit quarterly project and expenditure reports, including financial data, information on contracts and subawards over \$50,000, data elements related to specific eligible uses and other information regarding utilization of funds.

- b. These reports will be similar to those associated with the CARES Act Coronavirus Relief Fund
- c. The first report will cover spending from the date the county receives Funds to September 30, 2021
- d. The first report is due by October 31, 2021

3. Recovery Plan Performance Reports

- a. Counties with a population that exceed 250,000 residents are required to submit an Annual Recovery Plan Performance Report, including descriptions of projects funded and information on performance indicators and objectives of each award
- b. The initial recovery plan will cover activity from the date the county receives Recovery Funds to July 31, 2021
- c. Local governments (including counties) with less than 250,000 residents are not required to develop a Recovery Plan Performance Report
- d. Recovery performance plan is due by August 31, 2021

In addition to reporting required on eligible uses, in each year of the reporting period, each State and territory (but not counties) will report to Treasury the following items:

- 1. Actual net tax revenue for the reporting year;
- 2. Each revenue-reducing change made to date during the covered period and the in-year value of each change;
- 3. Each revenue-raising change made to date during the covered period and the in-year value of each change;
- 4. Each covered spending cut made to date during the covered period, the in-year value of each cut, and documentation demonstrating that each spending cut is covered as prescribed under the Rule.

ii. *Recoupment*

Failure to comply with eligible uses shall require repayment to the Secretary in an amount equal to the amount of funds used in violation of eligible uses. Neither the Rule nor the Act identify any additional penalties or fines for failure to comply with eligible uses of FRFs besides recoupment.

Identification and Notice of Violations

Failure to comply with the restrictions on use will be identified based on reporting provided by the recipient. If the Treasury identifies a violation, it will provide written notice to the recipient along with an explanation of such amounts.

Request for Reconsideration

- 1. The recipient must submit a written request within 60 calendar days of receipt of notice of violation.
 - a. The request must include an explanation of why the recipient believes that the finding of a violation or recoupable amount identified in the notice of recoupment should be reconsidered and identify all supporting reasons for the request.

2. Within 60 calendar days of receipt of the recipient’s request for reconsideration, the recipient will be notified of the Secretary’s decision to affirm, withdraw, or modify the notice of recoupment.
 - a. The notification will include an explanation of the decision, including responses to the recipient’s supporting reasons and consideration of additional information provided.

iii. Repayment

Any amounts subject to recoupment must be repaid within 120 calendar days of receipt of any final notice of recoupment or, if the recipient has not requested reconsideration, within 120 calendar days of the initial notice provided by the Secretary.

II. BREAKDOWN OF SPECIFIC ELIGIBLE USES OF SFRF/LFRF PAYMENTS

A. ELIGIBLE USE CATEGORY ONE: Public Health and Economic Impacts

As a general matter, under the Rule, to determine whether a program or service is considered to have addressed a public health and economic impact, the recipient (e.g., a county) should consider whether and how the proposed use would respond to the COVID-19 public health emergency.

As a part of this analysis, the recipient must:

1. Identify a need or negative impact of the COVID-19 public health emergency; and
2. Identify how the program, service or other intervention addresses the identified need or impact.

The Department of Treasury encourages—but does not mandate—uses of funds for low-income workers and communities and people of color.

As the analysis for a public health impact and an economic impact differ under the Rule, this outline will cover these concepts separately. Prior to committing payments, best practice dictates that the recipient specifically document how the usage complies with the various factors set forth for each eligible use, to avoid recoupment and maximize compliance.

i. Public Health Impacts

Prior to committing funds, recipients are advised to identify and document a specific effect of COVID-19 on public health, and assess how the use would respond to or address the identified need. Recipients may include immediate and long-term effects of COVID-19 in making this assessment.

The Rule provides several examples of uses that would comply with the public health impact requirements. This list is non-exhaustive, and other similar uses may be an option for counties and local government:

1. COVID-19 Mitigation and Prevention

- a. A broad range of services and programming can be used to contain the spread of the virus, including:
 - i. Vaccination programs, testing, quarantine programs, PPE purchases, enforcement of public health orders, and public communication efforts.
 - ii. Support for prevention, mitigation and other services in congregate living facilities – includes nursing homes, incarceration setting, homeless shelters, and other group living facilities and settings like schools, sense worksites, incarceration settings, and in other public facilities.
 - iii. Ventilation improvements in congregate settings, health care settings, or other key locations.
 - iv. Public health surveillance, such as monitoring case trends, genomic sequencing for variants, enforcement of public health orders, public communication efforts, enhancement to health care capacity, including through alternative care facilities, purchases of personal protective equipment.
 - v. Capital investments in public facilities to meet pandemic operational needs, such as physical plant improvements to public hospitals and health clinics or adaptations to public buildings to implement COVID-19 mitigation tactics.

2. Medical Expenses

- a. COVID-19 linked medical expenses – including both near and long-term needs.
- b. Care and services to address new COVID-19 variants and potentially serious symptoms like shortness of breath, multi-organ impacts, or post-intensive care syndrome.

3. Behavioral Health Care

- a. To meet behavioral health needs exacerbated by the pandemic and respond to other public health impacts.
- b. Includes mental health treatment, substance misuse treatment, other behavioral health services, hotlines or warmlines, crisis intervention, overdose prevention, infectious diseases prevention, and services outreach to promote access to physical or behavioral health, primary care and preventative medicine.

4. Public Health and Safety Staff Covered Payroll and Benefits

- a. Includes payroll and covered benefits expense (leave, insurance, pension, worker comp, FICA taxes) for public safety, public health, health care, human services, and similar employees, to the extent that their services are devoted to mitigating

the COVID-19 public health emergency.²

- b. Must be pro-rated to the portion of the employee's time that is dedicated to responding to the COVID-19 public health emergency.
- c. For administrative convenience, the recipient may consider public health and safety employees to be entirely devoted to mitigating or responding to the COVID-19 public health emergency, and therefore fully covered, if the employee, or his or her operating unit or division, is primarily dedicated to responding to the COVID-19 public health emergency.
- d. Recipients may consider other presumptions for assessing the extent to which an employee, division, or operating unit is engaged in activities that respond to the COVID-19 public health emergency, provided that the recipient reassesses periodically and maintains records to support its assessment, such as payroll records, attestations from supervisors or staff, or regular work product or correspondence demonstrating work on the COVID-19 response.
- e. Recipients need not routinely track staff hours.

5. Expenses to Improve the Design and Execution of Health and Public Health Programs

- a. Recipients may use FRFs to engage in planning and analysis in order to improve programs addressing the COVID-19 pandemic.
- b. Includes use of targeted consumer outreach, improvements to data or technology infrastructure, impact evaluations, and data analysis.

6. Expenses to Address Disparities in Public Health Outcomes.

- a. The COVID-19 pandemic has had a disproportionate impact on health outcomes in low-income and Native American communities.
- b. A broad range of services and programs will be presumed to be responding to the public health emergency when provided in these communities.
- c. Treasury will presume that certain types of services, set forth below, are eligible uses when provided in a Qualified Census Tract (QCT).³

² In general, if an employee's wages and salaries are an eligible use of FRF, recipients may treat the employee's covered benefits as an eligible use of FRF, including costs of all types of leave (vacation, family-related, sick, military, bereavement, sabbatical, jury duty), employee insurance (health, life, dental, vision), retirement (pensions, 401(k)), unemployment benefit plans (federal and state), workers compensation insurance, and Federal Insurance Contributions Act (FICA) taxes (which includes Social Security and Medicare taxes).

³ U.S. Department of Housing and Urban Development (HUD), Qualified Census Tracts and Difficult Development Areas, <https://www.huduser.gov/portal/datasets/qct.html> (last visited Apr. 26, 2021); U.S. Department of the Interior, Bureau of Indian Affairs, Indian Lands of Federally Recognized Tribes of the United States (June 2016), <https://www.bia.gov/sites/bia.gov/files/assets/bia/ots/webteam/pdf/idc1-028635.pdf> (last visited Apr. 26, 2021).

- d. Recipients may also provide these services to other populations, households, or geographic areas that are disproportionately impacted by the pandemic.
- e. In identifying these disproportionately-impacted communities, recipients should be able to support their determination that the pandemic resulted in disproportionate public health or economic outcomes to the specific populations, households, or geographic areas to be served.
- f. Recipients may use payments from FRFs to facilitate access to resources that improve health outcomes, including services that connect residents with health care resources and public assistance programs and build healthier environments, such as:
 - i. Funding community health workers to help community members access health services to address the social determinants of health;
 - ii. Funding public benefits navigators to assist community members with navigating and applying for available Federal, State, and local public benefits or services;
 - iii. Housing services to support healthy living environments and neighborhoods conducive to mental and physical wellness;
 - iv. Remediation of lead paint or other lead hazards to reduce risk of elevated blood lead levels among children; and
 - v. Evidence-based community violence intervention programs to prevent violence and mitigate the increase in violence during the pandemic.

ii. Economic Impacts

In order to be considered an economic impact, the Rule requires that the usage be designed to address an economic harm resulting from or exacerbated by the public health emergency. Where there is a negative economic impact resulting from the public health emergency, local governments have broad latitude to choose whether and how to use the FRFs to respond to and address the negative economic impact.

In order to qualify as an economic impact usage, the recipient must address and document the following:

1. Whether and the extent to which, there has been an economic harm, such as loss of earnings or revenue, that resulted from the COVID-19 public health emergency and whether, and the extent to which, the use would respond or address this harm.
2. Consider whether an economic harm exists and whether this harm was caused or made worse by the COVID-19 public health emergency.
3. The harm can be immediate or delayed, but assistance or aid to individuals or businesses that did not experience a negative economic impact from the public health emergency would not be an eligible use.
4. Responses must be related and reasonably proportional to the extent and type of harm experienced.

5. Uses that bear no relation or are grossly disproportionate to type or extent of harm would not be eligible uses.

Examples of types of eligible funding that respond to the negative economic impact of COVID-19 include:

1. Assistance to unemployed workers

- a. Includes services like job training to accelerate rehiring of unemployed workers;
- b. May extend to workers unemployed due to the pandemic or the resulting recession, as well as workers already unemployed at the start of the pandemic.

2. State unemployment insurance trust funds

- a. May generally be used to replenish Unemployment Trust Funds to pre-pandemic levels.

3. Assistance to households or populations facing negative economic impacts due to COVID-19

- a. Food assistance;
- b. Rent, mortgage, or utility assistance;
- c. Counseling and legal aid to prevent eviction or homelessness;
- d. Cash assistance;
- e. Emergency assistance for burials;
- f. Home repairs, weatherization, or other needs;
- g. Internet access or digital literacy assistance; or
- h. Job training to address negative economic or public health impacts experienced due to a worker's occupation or level of training.
- i. Cash transfers must be reasonably proportional to the negative economic impact. Recipients are encouraged to use prior federal stimulus payment amounts as a guideline as to amounts that will be considered reasonably proportional. Cash transfers grossly in excess of the amount needed to address the negative economic impact identified by the recipient would not be considered to be a response to the COVID-19 public health emergency or its negative impacts. In particular, when considering the appropriate size of permissible cash transfers made in response to the COVID-19 public health emergency, State, local and Tribal governments may consider and take guidance from the per-person amounts previously provided by the Federal government in response to the COVID-19 crisis. Cash transfers that are grossly in excess of such amounts would be outside the scope of eligible uses under section 602(c)(1)(A) and 603(c)(1)(A) and could be subject to recoupment.
- j. Survivor's benefits to surviving family members of COVID-19 victims, or cash assistance to widows, widowers, and dependents of eligible COVID-19 victims.

4. Expenses to improve the efficacy of economic relief programs

- a. Includes the use of data analysis, targeted consumer outreach, and improvements to data or technology infrastructure, and impact evaluations.

5. Small business and non-profits

- a. Adopt safer operating procedures;
- b. Weather periods of closure;
- c. Mitigate financial hardship resulting from the COVID-19 public health emergency, including:
 - i. Loans or grants to mitigate financial hardship such as decline in revenues or impacts of periods of business closure. For example, by supporting payroll and benefit costs, employee retention costs, mortgage, rent or utility costs, and other operating costs;
 - ii. Loans, grants or in-kind assistance to implement COVID-19 prevention or mitigation tactics, such as physical plant changes to enable social distancing, enhanced cleaning efforts, barriers or partitions, or COVID-19 vaccination, testing or contact tracing programs; or
 - iii. Technical assistance and counseling for business planning needs.
- d. Recipients may consider additional criteria to target assistance to businesses in need, including small businesses, such as:
 - i. Substantial decline in gross receipts (comparable to measures used to assess eligibility for the Paycheck Protection Program);
 - ii. Other economic harm due to the pandemic;
 - iii. Lack of access to credit; or
 - iv. Businesses serving disadvantaged communities.

6. Rehiring State, Local and Tribal Government Staff

- a. Payroll, covered benefits and other costs associated with rehiring public sector staff up to pre-pandemic level.

7. Aid to impacted industries disproportionately impacted by the pandemic, including

- a. Tourism;
- b. Travel;
- c. Hospitality;
- d. Other industries if due to COVID-19 pandemic, taking into consideration the following factors:
 - i. Aid may be considered responsive to the pandemic if it supports businesses, attractions, business districts, and Tribal development districts operating prior to the pandemic and affected by required closures and other efforts to contain the pandemic. For example, a recipient may provide aid to support safe reopening of businesses in the tourism, travel, and hospitality industries that were closed during the COVID-19 public health emergency.
 - ii. Aid may also be considered for a planned expansion or upgrade of tourism, travel and hospitality facilities that was delayed due to the pandemic.

- iii. To facilitate transparency and accountability, the Rule requires that recipients publicly report assistance provided to private-sector businesses under this eligible use, including tourism, travel, hospitality and other impacted industries.

8. Treasury will presume that certain services to low income and minority groups will be covered as economic impacts including:

- a. Homelessness services, such as supportive housing and to improve access to stable, affordable housing among unhoused individuals;
- b. Affordable housing development;
- c. Housing vouchers and residential or housing navigation assistance;
- d. Expanded and enhanced early learning services, including pre-kindergarten, Head Start, and other similar programs;
- e. Assistance to high poverty school districts to advance equitable funding;
- f. Evidence-based educational services and practices, such as tutoring, summer, extended learning and enrichment;
- g. Evidence-based practices to address the social, emotional and mental health needs of students;
- h. New or expanded high-quality childcare;
- i. Social service programs, such as home visitation and services for pregnant women or families with young children; and
- j. Enhanced services for child welfare and foster youth.

iii. Impermissible Uses

The following uses would not be within the scope of the public health and economic impact category:

1. General infrastructure projects, unless responding to a specific pandemic public health need (e.g., investments in facilities for the delivery of vaccines) or a specific negative economic impact such as affordable housing in a QCT.
2. Contributions to rainy day funds, financial reserves, or similar funds.
3. Satisfaction of any obligations arising under or pursuant to a settlement agreement, judgment, consent decree, or judicially confirmed debt restructuring plan in a judicial, administrative, or regulatory proceeding, except to the extent the judgment or settlement requires the provision of services that would respond to the COVID-19 public health emergency.

B. ELIGIBLE USE CATEGORY TWO: PREMIUM PAY

Funds may be used by recipients to provide premium pay to eligible workers performing essential work during the public health emergency or to provide grants to third-party employers

with eligible workers performing essential work. Premium pay is intended to compensate essential workers for heightened risk due to COVID-19.

Under the premium pay eligible use category, FRFs can be used to:

1. Provide **premium pay** of up to \$13 per hour per worker, in addition to a worker's usual wage or remuneration (up to \$25,000 in total for any single worker) for workers employed by the county who perform essential work during the pandemic; or
2. Provide **grants to eligible third-party employers** that have eligible workers performing essential work.

An essential worker may receive both retrospective premium pay for prior work as well as prospective premium pay for current or ongoing work. Premium pay may not be used to reduce current pay and compensate for premium pay previously provided to the worker.

i. Essential Work

To be eligible for premium pay, employees must be engaged in **essential work**.

1. Essential work is broadly defined as:

- a. Involving regular in-person interactions or regular physical handling of items that were also handled by others, or
- b. Regular in-person interactions with patients, the public or coworkers of the individual that is performing the work.

2. Essential work does not include telework or remote work.

ii. Essential Workers

To be eligible for premium pay, the essential work must also be performed by an **essential worker**.

The term ‘essential worker’ means those workers needed to maintain continuity of operations of essential critical infrastructure sectors, including those who are critical to protecting the health and wellbeing of their communities. The Rule indicates the chief executive of each recipient has the discretion to add additional sectors to the following list, so long as additional sectors are deemed critical to protect the health and well-being of residents. Depending upon the county’s business organization, the chief executive would be the county executive, administrator, or board where applicable.

Some examples include but are not limited to:

1. Health care
2. Emergency response
3. Janitorial, sanitation, disinfection, and cleaning work
4. Maintenance work

5. Grocery stores, restaurants, farms, food production, and food delivery
6. Pharmacy
7. Biomedical research
8. Behavioral health work
9. Medical testing and diagnostics
10. Home and community-based health care or assistance with activities of daily living
11. Family or childcare
12. Social services and human services work
13. Public health and safety work
14. Vital services to tribes
15. Any work performed by an employee of a state, local or tribal government
16. Educational work, school nutrition and other work required to operate a school facility
17. Laundry work
18. Elections work
19. Solid waste or hazardous materials management, response and cleanup work
20. Dental care work
21. Transportation and warehousing
22. Work at hotels and commercial lodging facilities that are used for COVID-19 mitigation and containment
23. Work in a mortuary
24. Work in critical clinical research, development and testing necessary for COVID 19

Any premium pay or grants provided using the FRFs should prioritize compensation of lower income eligible workers that perform essential work.

iii. *Practical Considerations for Premium Pay*

1. Premium pay funding will end December 31, 2024.
2. Counties are advised to avoid open-ended raises without termination dates to avoid incurring obligations that will not be subject to ARPA funding.
3. To avoid unfunded mandates and entitlements to premium pay, counties are advised to grant one-time bonuses or raises for a short duration. A self-executing end date for any raise or premium pay plan should be explicitly earmarked in the policy.

iv. *Reporting Requirement*

1. If premium pay would put a worker above 150% of average state or county (whichever higher) annual wage for all occupations, the local government must provide to the Department of Treasury and make publicly available, a written justification of how the premium pay or grant is responsive to workers performing essential work during the Public Health emergency.
2. There are additional reporting requirements for grants to third-party employers, including public disclosure of grants provided.

Grants can be made to contracted-out services by a municipality or a third-party employer.

C. ELIGIBLE USE CATEGORY THREE: REVENUE LOSS

Recipients may use payments for the provision of government services to the extent of the reduction in revenue experienced due to the COVID-19 public health emergency. A recipient's reduction in revenue is measured relative to the revenue collected in the most recent full fiscal year prior to the emergency – for counties, 2019.

Recipients facing budget shortfalls can use payments from the FRFs to avoid cuts to government services and, thus, enable State, Local, and Tribal governments to continue to provide valuable services and ensure that fiscal austerity measures do not hamper the broader economic recovery. The Rule establishes a definition of “general revenue” for purposes of calculating a loss in revenue and by providing a methodology for calculating revenue lost due to the COVID-19 public health emergency.

i. General Revenue Definition

1. The Rule adopts a definition of “general revenue” based largely on the components reported under “General Revenue from Own Sources” in the Census Bureau’s Annual Survey of State and Local Government Finances, and helps to ensure that the components of general revenue would be calculated in a consistent manner. By relying on a methodology that is both familiar and comprehensive, this approach minimizes burden to recipients and provides consistency in the measurement of general revenue across a diverse set of recipients.
2. Includes revenues collected by a recipient and generated from its underlying economy and would capture a range of different types of tax revenues, as well as other types of revenue that are available to support government services.
3. Generally, means money received from tax revenue, current charges, and miscellaneous general revenue.
4. Recipients should sum across all revenue streams covered as general revenue in the aggregate rather than by source. This minimizes administrative burden, and provides consistency and an accurate picture.
5. The Rule incorporates the Census Bureau’s definition of tax revenue, defining current charges as “charges imposed for providing current services or for the sale of products in connection with general government activities.” This definition includes revenues from sources such as:
 - a. Public education institutions
 - b. Public hospitals
 - c. Tolls revenues
 - d. Miscellaneous general revenue of all other general revenue of governments from their own sources (other than liquor store, utility, and insurance trust revenues), including:
 - i. Rents

- ii. Royalties
- iii. Lottery proceeds
- iv. Fines

General Revenue also includes:

- 1. Revenue from all tribal enterprises.
- 2. Intergovernmental transfers between State and local governments not pursuant to ARPA, CRF, or another Federal program.

ii. Exclusions from General Revenue

The definition of general revenue focuses on sources that are generated from economic activity and are available to fund government services, rather than a fund or administrative unit established to account for and control a particular activity.

The following is excluded from General Revenue:

- 1. Refunds and other correcting transactions
 - a. Proceeds from issuance of debt or sale of investments;
 - b. Agency or private trust transactions;
 - c. Revenue generated by utilities and insurance trusts; or
 - d. Intergovernmental transfers from the federal government, including federal transfers made via a state to a local government pursuant to ARPA, CRF, or another Federal program.

iii. Calculation of Loss

- 1. General Rule
 - a. Compare actual revenue to a counterfactual trend representation of what could have been expected to occur in the absence of the pandemic.
 - b. Start the counterfactual trend representation with the last full fiscal year prior to COVID-19 – the last full fiscal year before January 27, 2020, called the *base year revenue*.
 - c. Assume growth at a constant rate in subsequent years.
 - d. Use growth adjustment rate of either 4.1 percent per year or the recipient’s average annual revenue growth over the three full fiscal years prior to COVID-19, whichever is **higher**.
 - e. Recipients should calculate the extent of the reduction in revenue as of four points in time: December 31, 2020, 2021, 2022, and 2023.
- 2. **How to Calculate**
 - a. Step 1: Identify revenues collected in the most recent full fiscal year prior to the public health emergency, the last full fiscal year before January 27, 2020, called the *base year revenue*. **Utilize the Forward Analytics ARPA Revenue Loss**

Calculator at <https://bit.ly/3iLrFog>. You can also find it at www.forward-analytics.net.

- b. Step 2: Estimate *counterfactual revenue*, which is equal to *base year revenue* * $[(1 + \textit{growth adjustment})^{(n/12)}]$, where *n* is the number of months elapsed since the end of the base year to the calculation date, and *growth adjustment* is the greater of 4.1 percent and the recipient's average annual revenue growth in the three full fiscal years prior to the COVID-19 public health emergency.
- c. Step 3: Identify *actual revenue*, which equals revenues collected over the past twelve months as of the calculation date.
- d. Step 4: The extent of the reduction in revenue is equal to *counterfactual revenue* less *actual revenue*. If actual revenue exceeds counterfactual revenue, the extent of the reduction in revenue is set to zero for that calculation date.

iv. Permissible Expenditures as Revenue Loss

The Act provides recipients with broad latitude to use FRFs for the provision of government services, including but not limited to:

1. Maintenance or pay-go funded building of infrastructure, including roads;
2. Modernization of cybersecurity, including hardware, software, and protection of critical infrastructure;
3. Health services;
4. Environmental remediation;
5. School or education services; or
6. Provision of police, fire and other public safety services.

Use on the following is excluded:

1. Interest or principal on any outstanding debt instrument, including, for example, short-term revenue or tax anticipation notes, or fees or issuance costs associated with the issuance of new debt.
2. Satisfaction of any obligation arising under or pursuant to a settlement agreement, judgment, consent decree, or judicially confirmed debt restructuring in a judicial, administrative, or regulatory proceeding, except if the judgment or settlement required the provision of government services. That is, satisfaction of a settlement or judgment itself is not a government service, unless the settlement required the provision of government services.
3. Replenishing financial reserves e.g. "rainy day funds."

D. ELIGIBLE USE CATEGORY FOUR: INVESTMENT IN INFRASTRUCTURE

Necessary investments include projects that are required to maintain a level of service that, at least, meets applicable health-based standards, or establishes or improves broadband service to unserved or underserved populations, and that is unlikely to be met with private sources of funds. *Notably, investment in water, sewer, and broadband infrastructure does not need to be tied to the pandemic.*

The Department of Treasury encourages, but does not mandate, the use of project labor agreements that use prevailing wage and local hire provisions.

Davis-Bacon Act Implications

- In order for Davis-Bacon Act standards to apply, Congress must explicitly authorize prevailing wage rates on federally funded projects. See Davis-Bacon and Related Acts Compliance Manual, Section 15a02; see also 2 CFR Part 200, Appendix II(D) (“When required by Federal program legislation, all prime construction contracts awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act.”) Unlike other federal statutes requiring prevailing wages—such as the American Recovery and Reinvestment Act, the National Housing Act, the Federal-Aid Highway Acts, and the Indian Self-Determination and Education Assistance Act—ARPA itself does NOT mandate application of prevailing wage rates for recipients. In the Interim Rule, Treasury has implicitly acknowledged this silence as to ARPA’s prevailing wage rate mandates, stating that the use of prevailing wage rate is merely “encouraged.” This lack of Congressional authorization of prevailing wage requirements provides a strong argument that Davis-Bacon does not apply to ARPA funded projects.
- Despite the above, there is some reason for caution. Immediately after stating that prevailing wages are merely “encouraged,” Treasury notes that it will be engaging in an unspecified type of audit of recipients “on their workforce plans and practices related to water, sewer and broadband projects undertaken with Fiscal Recovery Funds.” The Interim Rule provides that “additional guidance and instructions on the reporting requirements” will issue “at a later date.”
- In a nutshell, we believe that Davis-Bacon does not apply as a function of ARPA alone, absent further guidance from Treasury.
- However, Davis-Bacon may apply if a project is being funded by other federal or covered sources.
- As a practical matter, Counties funding projects using ARPA funds should check to ensure whether any other federal funding is used on the project that would ordinarily subject the project to Davis-Bacon. If the county is confident that the project does not otherwise fall under Davis-Bacon, it may proceed to award funds and contracts without Davis-Bacon standards and practices, with the important caveat that Treasury may seek to administratively impose Davis-Bacon standards solely by virtue of ARPA.

More guidance will follow about reporting practices.

i. Water and Sewer Infrastructure

1. Investments and improvements to existing infrastructure in water and sewer include:
 - a. Clean drinking water and services for the collection, and
 - b. Treatment of wastewater and stormwater.
2. Wide latitude is given to identify investments in water and sewer infrastructure that are of highest priority for recipient communities, which may include projects on privately-owned infrastructure.
 - a. Eligible uses of FRFs are generally aligned with the types or categories of projects that would be eligible to receive financial assistance through the Clean Water State Revolving Fund (CWSRF) or Drinking Water State Revolving Fund (DWSRF) funded projects.
 - b. Projects to construct, improve, and repair wastewater treatment plants, control non-point sources of pollution, improve the resilience of infrastructure to severe weather events, create green infrastructure, protect bodies of water from pollution, or water infrastructure capital improvements, including the installation and replacement of failing treatment and distribution systems.
 - c. Investments in a broad range of projects that improve drinking water infrastructure, such as building or upgrading facilities and transmission, distribution and storage systems, including replacement of lead service lines.
 - d. Support for the consolidation or establishment of drinking water systems.
 - e. Projects to construct publicly owned treatment infrastructure, manage and treat stormwater or subsurface drainage water, facilitate water reuse, and secure publicly owned treatment works, among other uses.
 - f. Cybersecurity needs to protect water or sewer infrastructure.
 - g. Efforts to address climate change.

ii. Broadband Infrastructure

Because recipients have a wide range of varied broadband infrastructure needs, eligible uses provide flexibility to identify the specific locations within recipient communities to be served and to otherwise design the project.

1. Use of funds should focus on locations that are unserved or underserved.
 - a. Users are unserved or underserved if they lack access to a wireline connection capable of reliably delivering at least minimum speeds of 25 Mbps download and 3 Mbps upload.
 - b. This benchmark is consistent with what the FCC and other Federal programs use to identify eligible areas to be served by programs to improve broadband services.
2. Eligible projects expected to deliver, upon completion, download and upload speeds of 100 Mbps. Where impracticable, upload speeds between at least 20 Mbps and 100 Mbps.

3. The Department of Treasury also encourages recipients to prioritize support for broadband networks owned, operated by, or affiliated with local governments, non-profits, and co-operatives—providers with less pressure to turn profits and with a commitment to serving entire communities.
4. Assistance to households facing negative economic impacts due to COVID-19 is also an eligible use, including internet access or digital literacy assistance.
5. Recipients are also encouraged to prioritize investments in fiber optic infrastructure where feasible.

TRANSFER OF FUNDS

A recipient receiving a payment of funds may transfer funds to the following:

1. A private nonprofit organization, a public benefit corporation involved in the transportation of passengers or cargo, or a special-purpose unit of State or local government; or
2. To the State in which it is located.

TIMELINE FOR USE OF FRF

1. FRFs may only be used to cover costs incurred from March 3, 2021, to December 31, 2024
 - a. Recipients must have obligated FRFs by December 31, 2024- Obligated means orders placed for property and services, contracts and subawards made, and similar transactions completed. 2 C.F.R. §200.77.
 - b. Counties may provide premium pay retroactively, dating back to the start of the public health emergency on January 27, 2020.
2. Period of performance will run to December 31, 2026
 - a. Period of performance means the time during which the non-Federal entity may incur new obligations to carry out the work authorized by ARPA. 2 C.F.R. §200.77.

II. STATE LAW CONSIDERATIONS IN USE OF LFRF FUNDS

A. LEVY LIMIT IMPACT

As noted above, there are key differences between the allowed use of LFRF and SFRF funds. Among other differences is the fact that ARPA does not explicitly prohibit the use of LFRF funds to offset a reduction in net tax revenue.

That difference may result in counties considering proposing tax cuts and using eligible ARPA funds to “back fill” the cuts, presumably resetting the levy limit in following fiscal years. However, such a policy decision could carry with it considerable risk, including inadvertently

lowering statutory levy limits and triggering accountability and audit features associated with implementation of the ARPA program.

Section 66.0602 establishes limitations on the amount of property taxes a county may levy to support its budget. Specifically, “no political subdivision may increase its levy in any year by a percentage that exceeds the political subdivision's valuation factor.” Wis. Stat. § 66.0602(2)(a). “[T]he base amount in any year, to which the limit under th[e] section applies, shall be the actual levy for the immediately preceding year.” *Id.* Therefore, because the section does not contain an exception for funds from ARPA, supplanting levy funds with ARPA funds could result in a reduction in levy authority in future years. Furthermore, such a decision could also trigger accountability and audit features that could potentially result in a demand that the funds used to supplant levy funds be repaid, compounding the problem of a potentially lower levy limit in future years.

B. POSSIBLE SPENDING POWER LIMITATIONS ON WISCONSIN COUNTIES

It is well established Wisconsin counties are “creatures of the Legislature” and lack the explicit “home rule” powers enjoyed by Wisconsin cities and villages. However, as explained in more detail below, Wisconsin courts have allowed for certain activities on the part of counties so long as contemplated actions are undertaken for “public purpose.” While direct authorization from the federal government likely establishes public purpose, counties are nonetheless encouraged to ensure compliance with state law by meticulously recording the public purpose associated with the allocation of ARPA funds, particularly those funds that are directly provided to non-profits associated with counties, such as economic development corporations, or private businesses under the auspices of ARPA’s economic impacts category.

It is true counties, unlike cities and villages, derive their respective powers from the state. *See Frederick v. Douglas County*, 96 Wis. 411, 416-17, 17 N.W. 798 (1897) (citations omitted) (“Counties are, at most, but local organizations, which for the purposes of civil administration, are invested with a few functions characteristic of a corporate existence...[T]he statutes confer upon them all the powers they possess.”). A 2017 Attorney General Opinion could be interpreted as limiting counties’ ability to direct grants to nonprofits; however, Wisconsin courts have relied on “administrative home rule” to allow for numerous grants and allocations of funds, many of which would resemble the grant of ARPA funds to nonprofits or businesses affected by COVID contemplated by this analysis.

In 2017 the Attorney General opined that a county board is not authorized to appropriate money to a nonprofit food pantry. OAG-01-17. The Attorney General noted that “none of the twenty-five subsections of Wis. Stat. § 59.53 authorizes the appropriation of funds to nonprofits that operate food pantries.” *Id.* at 2. Relying on an exclusionary canon of construction, the opinion explained that “[g]iven that the Legislature authorized appropriating money to nonprofits in certain circumstances, if the Legislature intended that county boards could appropriate money to nonprofit food pantries, it would have said so in the statute.” *Id.*

While the 2017 Attorney General Opinion should be considered by counties when considering whether and how ARPA funds may be allocated, Wisconsin Statute and case law suggest that a county’s ability to allocate such funds is broader than that proposed by OAG-01.17. Most

importantly, Wisconsin statute does in fact provide discretion in how counties carry out assigned duties and responsibilities.

Administrative home rule is a more limited form of statutory home rule but nevertheless allows that “[e]very county may exercise any organizational or administrative power, subject only to the constitution and to any enactment of the legislature which is of statewide concern and which uniformly affects every county.” Wis. Stat. § 59.03(1). For purposes of giving counties “the largest measure of self-government under the administrative home rule,” the counties’ authority is to be liberally construed. Wis. Stat. § 59.04. And despite the Attorney General’s 2017 opinion, the statutes make clear a county board may exercise organizational or administrative power “without limitation because of enumeration, and [the] powers shall be broadly and liberally construed and limited only by express language.” Wis. Stat. § 59.51(1).

In addition to statutory support, numerous courts have commented on counties’ authority under administrative home rule. In *Town of Grant v. Portage County*, the court concluded “the language in the Home Rule statute allows Portage County to provide the ambulance services to Town of Grant residents” and further that the county’s action did not violate the four-part test relating to the exclusivity of certain state actions. 2017 WI App 69, ¶24, 378 Wis.2d 289, 903 N.W.2d 152. State law preempts local law if any of four factors are met: (1) whether the legislature has expressly withdrawn the power of a county to act in a specific area; (2) whether the county action logically conflicts with the state legislation; (3) whether the county action defeats the purpose of the state legislation; or (4) whether the county action goes against the spirit of the state legislation.” *Id.*, ¶25.

In *Hart v. Ament*, the Supreme Court determined Milwaukee County possessed the authority to transfer management of its public museum to a nonprofit corporation. Relying on the above sections of Chapter 59, the Court reasoned the sections “reflect a legislative intent to allow county governments to act on matters of local concern in any manner they deem appropriate.” 176 Wis.2d 694, 702, 500 N.W.2d 312. It further noted “[c]ounties have broad authority to direct local matters” and “[b]y legislative mandate, this court is required to liberally construe a county’s power to contract.” *Id.* at 702-03; *see also Jackson County v. State, Dept. of Natural Resources*, 2006 WI 96, ¶19, 293 Wis.2d 497, 717 N.W.2d 713 (observing the county correctly asserted that Wis. Stat. § 59.03 is a broad grant of power to counties). Additionally, the court emphasized “if in the Milwaukee county board’s judgment, the museum can be operated more efficiently and with less tax expenditure through a non-profit corporation, the county has the authority under [Chapter 59] to make those arrangements.” *Id.* at 703.

While not case law, a recent Wisconsin Legislative Council memorandum provides additional support for the argument that counties possess a fair amount of flexibility when exercising power under the home rule authority. In response to the 2017 Attorney General Opinion, the memorandum advised that “a court may reasonably conclude that counties do have the authority to make a grant to a nonprofit organization for food pantry operation.” *Id.* at 1. The memorandum in particular focused on the exclusionary canon of construction relied on by the Attorney General. It explained the Wisconsin Supreme Court “has emphasized the statutory language allowing county boards to exercise their administrative home rule authority ‘without limitation because of enumeration’ to conclude that counties’ administrative home rule authority

empowers them to exercise powers other than those specifically enumerated in other statutory provisions.” *Id.* at 2. With respect to preemption, the memorandum noted the author was “not aware of a state law that would arguably preempt a county grant of this type [and thus] it appears that a court would be likely to uphold the grant under the court’s current case law.” *Id.* at 3.

In addition to ensuring counties possess the authority to act pursuant to administrative home rule, they also must ensure that the transfer of ARPA funds meets the public purpose test. Here, Wisconsin case law is particularly instructive. First, it is important to note that the standard is a broad one: “[i]f any public purpose can be conceived which might rationally justify the expenditure, the constitutional test is satisfied.” *Bishop v. City of Burlington*, 2001 WI App 154, ¶11, 246 Wis.2d 879, 631 N.W.2d 656. The test contains two parts. “In determining whether a public purpose exists, courts have considered whether the subject matter or commodity of the expenditure is one of ‘public necessity, convenience, or welfare,’ as well as the difficulty private individuals have in providing the benefit for themselves. *Town of Beloit v. County of Rock*, 2003 WI 8, ¶29, 259 Wis.2d 37, 657 N.W.2d 344 (quoting *State ex rel. Wisconsin Dev. Auth. V. Dammann*, 228 Wis. 147, 182, 277 N.W.2d 278 (1938)).

Additionally, courts will also look to see if the benefit to the public is direct or remote. *Id.* In holding that the town’s expenditure of tax monies to develop and sell land in a subdivision did not violate the public purpose doctrine, the *Town of Beloit* court was relying on a long line of cases. See *State ex rel. v. Bowman v. Barczak*, 34 Wis.2d 57, 64-65, 148 N.W.2d 683 (1967) (determining the industrial development through the creation of separate county agencies and bond issues was a valid constitutional enactment as it related to a declaration of public purpose); see also *West Allis v. Milwaukee County*, 39 Wis.2d 356, 159 N.W.2d 36 (1968) (construction of incinerators and waste disposal facilities was considered a public purpose); *State ex rel. Warren v. Reuter*, 44 Wis.2d 201, 170 N.W.2d 790 (1969) (upholding financial aid to the private nonprofit corporation Marquette School of Medicine – now the Medical College of Wisconsin – on the grounds that public health is a public purpose); *State ex rel. Hammermill Paper Co. v. La Plante*, 58 Wis.2d 32, 55-56, 205 N.W.2d 784 (1973) (upholding industrial bonding law because the protection of the economic interests of the general public fell within the scope of promotion of the general welfare); *Libertarian Party of Wis. v. State*, 199 Wis.2d 790, 546 N.W.2d 424 (1996) (upholding expenditure of public funds for the construction of the Milwaukee Brewers’ Miller Park); *Alexander v. City of Madison*, 2001 WI App 208, 247 Wis.2d 576, 634 N.W.2d 577 (upholding city’s expenditure of funds to increase the tax base and generally enhance the economic climate of the community).

C. ECONOMIC DEVELOPMENT UNDER WIS. STAT. § 59.57

Wisconsin counties are clearly empowered to utilize economic development corporations for purposes of enhancing economic competitiveness. In light of the above expectations, it is important to adhere to the requirements for economic and industrial development as outlined in Chapter 59. Counties “may appropriate money for and create a county industrial development agency or [appoint an executive officer and provide staff] to any nonprofit agency organized to engage or engaging in activities described in” the chapter. Wis. Stat. § 59.57(1).

The Legislature allowed for the creation of such agencies by finding “economic insecurity due to unemployment is a serious menace to the general welfare of not only the people of the affected

areas but of the people of the entire state.” Wis. Stat. § 59.57(2)(b). It was further determined “means are necessary under which counties so desiring may create instrumentalities to promote industrial development and such purpose requires and deserves support from counties as a means of preserving the tax base and preventing unemployment.” *Id.* Specifically, with respect to public purpose, “such purposes are hereby declared to be public purposes for which public money may be spent and the necessity in the public interest for the provisions herein enacted is declared a matter of legislative determination.” *Id.* (emphasis added).

The scope of projects eligible for management by counties is broad. An industrial development project is defined as “any site, structure, facility, or undertaking comprising or being connected with or being a part of an industrial, manufacturing, commercial, retail, agribusiness, or service-related enterprise established or to be established by an industrial development agency.” Wis. Stat. § 59.57 (2)(c)3.

In addition, a county may “appropriate such sums of money as are necessary or advisable for the benefit of the agency and prescribe the terms and conditions of such appropriation.” Wis. Stat. § 59.57 (2)(d)3.; *see also* Wis. Stat. § 59.57 (2)(f)1. and 3. (“the agency is granted all operating authority necessary or incidental to carrying out and effectuating the purposes of this subsection... [t]o grant financial aid and assistance to any industrial development project, which may be loans, contracts of sale and purchase, leases and such other transactions as are determined by the agency... to apply for and accept advances, loans, grants and contributions and other forms of financial assistance from the federal, state or county government).

D. NEXT STEPS FOR EMPLOYERS

Wisconsin Counties, unlike cities and villages, are restricted by statute in their spending powers. As set forth above, Wis. Stat. Sec. 59.53, which provides spending authority for counties, has been narrowly construed in a prior attorney general opinion. OAG-01-07. While not legally binding authority, and subject to some controversy in its conclusions, we have concerns that a Wisconsin state court may follow OAG-01-07 and narrowly construe Sec. 59.53 to restrict the ability of counties to directly spend ARPA funds, even though authorized by federal law.

In light of these concerns, we recommend that counties make use of Economic Development Corporations, which are specifically permitted under Wis. Stat. Sec. 59.57 for a broad variety of economic development purposes. These Economic Development Corporations can be granted the ARPA funds, and they will distribute the funds directly to recipients within the county, so long as the purpose fits with an eligible use category under ARPA.

The Economic Development Corporations should carefully follow the ARPA guidance, and oversight should be set up to audit these corporations to ensure they are properly documenting and distributing ARPA funds.

American Rescue Plan Act Public Input Form

On March 11, 2021, President Biden signed the \$1.9 trillion American Rescue Plan (ARP) into law. The legislation represents a historic intervention and a fitting response to the devastating impact

of the global COVID-19 crisis. The ARP builds upon certain provisions in the CARES Act and the December Coronavirus Response and Relief Supplemental Appropriations Act (CCRRSA), and often does so on a larger scale. The law also includes new initiatives that will reach some of the most vulnerable communities and businesses excluded from prior funding packages. In doing so, the law strives not only to limit the damage from 2020, but to equip cities and towns with tools necessary to start building a stronger and more equitable future over the next decade. In 2009, the American Recovery and Reinvestment Act set the tone for the recovery from the Great Recession. Today, cities must use Rescue Plan funds to shape their communities for years to come.

Eau Claire County wants to understand your views on priority areas for funding. Below are seven (7) defined areas of categorical funding. Please indicate which are of highest priority to you.

1. Improved broadband in rural and low-income communities. As public education, social services and work have increasingly transitioned to the virtual space, reliable and fast internet has become a primary connection to resources.
2. Gap funding to cover lost revenues and county government services.
3. Investment in local government sustainability and infrastructure. Investment in county government that results in future savings. This may include emergency communication upgrades, and technological advances. This will need to be correlated with the infrastructure plan being developed.
4. Economic Recovery Programs: Promote the stabilization and recovery of the local economy by supporting grants and loans to small businesses.
5. Community Response and Resilience: Support community response and resiliency programs to include: Foodbanks, housing stability and homeless shelters, domestic violence prevention, transportation/support services for disabled and elderly, veterans services, mental health services, child and family services.
6. Public Health Emergency Response: Protect and promote the health of the public by supporting programs to include, but not be limited to: Countywide COVID-19 surveillance, contact tracing, proactive testing and disease prevention, access to and training on personal protective equipment, local healthcare system capacity, public education programs.
7. Projects of regional value: The County will look to support local government partners in leveraging investments to assure that the region achieves outcomes.

***Please select the top three priority areas that are most important to you**

- Improved Broadband
- Gap funding
- Investment in local government sustainability and infrastructure
- Economic Recovery Programs
- Community Response and Resilience

- Public Health Emergency Response
- Projects of regional value

Other priorities not listed above (optional):

***Are you an Eau Claire County resident?**

- Yes
- No

What is your street address? (optional)

***What is your ZIP code?**

***What is your race or ethnicity?**

- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Multiracial or Multiethnic
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer
- Other

***Gender: How do you identify?**

- Male
- Transgender Male
- Female
- Transgender Female
- Non-binary
- Prefer not to answer
- Other

***What is your age?**

- Under age 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64

- 65 and older
- Prefer not to answer



WPHA and WALHDAB Legislative Action Alert

Contact the Joint Committee on Finance!

The Joint Committee on Finance is voting soon on funding for public health programs. We need **YOU** to contact the committee members **NOW** and urge them to fund our public health priorities!

WALHDAB & WPHA need your help! **Once the committee votes, there is no second chance. Please contact the committee now! Please feel free to email all regardless of your constituency (though, if in their district, share in your introduction) - with joint committee on finance members, they are all your legislators.**

Committee members can be contacted as follows:

Senator Howard Marklein (R – Spring Green) 608-266-0703 sen.marklein@legis.wi.gov	Rep. Mark Born (R - Beaver Dam) 608-266-2540 rep.born@legis.wi.gov
Senator Dwey Stroebel (R - Saukville) 608-266-7513 sen.stroebel@legis.wi.gov	Rep. Amy Loudbeck (R - Clinton) 608-266-9967 rep.loudbeck@legis.wi.gov
Senator Dale Kooyenga (R – Brookfield) 608-266-2512 Sen.kooyenga@legis.wi.gov	Rep. Terry Katsma (R - Oostburg) 608-266-0656 rep.katsma@legis.wi.gov
Senator Mary Felzkowski (R – Irma) 608-266-2509 Sen.felzkowski@legis.wi.gov	Rep. Shannon Zimmerman (R - River Falls) 608-266-1526 rep.zimmerman@legis.wi.gov
Senator Kathleen Bernier (R – Chippewa Falls) 608-266-7511 Sen.bernier@legis.wi.gov	Rep. Jessie Rodriguez (R – Oak Creek) 608-266-0610 Rep.rodriquez@legis.wi.gov
Senator Joan Ballweg (R – Markesan) 608-266-0751 Sen.ballweg@legis.wi.gov	Rep. Tony Kurtz (R – Wauwac) 608-266-8531 Rep.kurtz@legis.wi.gov
Senator Jon Erpenbach (D - West Point) 608-266-6670 sen.erpenbach@legis.wi.gov	Rep. Evan Goyke (D - Milwaukee) 608-266-0645 rep.goyke@legis.wi.gov
Senator LaTonya Johnson (D - Milwaukee) 608-266-2500 sen.johnson@legis.wi.gov	Rep. Greta Neubauer (D – Racine) 608-266-0634 Rep.neubauer@legis.wi.gov

Phone/Email Talking Points

In addition to our budget priority infographic ([linked here](#)), please use the following outline as a guide to your communication:

Hello, my name is _____.

I am a WPHA and/or WALHDAB member. We are a statewide professional organization(s) representing hundreds of public health professionals. I am also *(describe professional role in public health)*.

The last 12+ months have been challenging for members of the Wisconsin Association for Local Health Departments and Boards (WALHDAB) and the Wisconsin Public Health Association (WPHA). As we continue to distribute vaccines and navigate our way out of the pandemic, funding for public health faces an uncertain future.

Wisconsin needs to invest in opportunities that help the state recover from the human and economic trauma caused over the last fifteen months. The pandemic exposed longstanding financial inadequacies in Wisconsin's public health infrastructure. As we navigate what we hope to be the waning months of the pandemic, we need to begin charting our course for recovery that includes addressing neglected chronic underfunding and strategic investments for the future.

We recommend funding public health funding in two ways: first, by **allocating committed state funding directly to local public health departments**, and second, by **bolstering existing programs administered by the Department of Health services that advance public health and the whole public health system**.

Right now, local public health departments are funded through local county and municipal levies. To properly fund these state mandates, we request the legislature allocate \$18 million in dedicated annual state funding to support public health infrastructure to provide block grants to local public health departments.

Allow for this funding to be flexible for local health departments to function with increased support in alignment with their community's needs. Take into account certain factors, such as base allocation, general population, target populations, risk factors and geographic area to establish an allocation formula for equitable distribution of funds that maximize impact across the state.

We also ask you to support \$10 million in new funding for communicable disease grants for local health departments and \$30 million in health equity grants, as proposed in the Governor's Budget.

Second, we ask you support the following proposals in the Governor's Budget that increase funding for existing public health programs at the Department of Health Service that are included in the attached infographic. Though I feel all of these are great investments in public health, I would like to highlight ***(choose 1-2 programs that you can tell your story and attest to its importance)***.

Thank you for your commitment to public health.

View more about our advocacy priorities and background information here.

If you wish to remove yourself from our email, please [click here](#) to unsubscribe.

Wisconsin Public Health Association

Wisconsin Association of Local Health Departments and Boards

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WPHA and WALHDAB Legislative News

JFC Action on Department of Health Services Funding

Last night the Joint Committee on Finance voted on funding levels for the Department of Health Services and its various divisions, including Medicaid, public health, elder and disability services, and community based behavioral health.

Despite the hard work and effort of the Public Affairs committee, our members at large, and the Hoven Consulting/Badger Bay team, the Joint Committee on Finance did not allocate new dollars for local public health departments.

However, we want to draw your attention to some of the following highlights of the proposal:

Public Health

- Community Health Center Grants: Increase grant funding for federally qualified health centers (FQHCs) by \$1,000,000 annually.
- Grants to Free and Charitable Clinics: Increase grant funding for free and charitable clinics by \$1,000,000 annually.
- Lead Screening and Outreach Grants: Provide \$50,000 annually to increase a grant for lead screening and outreach activities provided by a community based human service agency that provides primary health care, health education, and social services to low-income individuals in the City of Milwaukee, from \$125,000 to \$175,000.

Medicaid

- Medical Assistance Cost-to-Continue Estimate: Provide funding of \$1,361,991,300 in 2021-22 and \$1,258,573,900 in 2022-23. In addition, adjust the cost-to-continue reestimate to provide \$25,900,000 in 2021-22 and \$51,400,000 in 2022-23, reflecting the impact of the Department's proposed rate increase to managed care organizations providing services under Family Care, PACE, and Partnership, subject to approval by the federal Centers for Medicare and Medicaid Services.
- Nursing Home Reimbursement: Provide \$82,034,300 in 2021-22 and \$170,375,400 in 2022-23 to increase reimbursement rates paid to skilled nursing facilities and intermediate care facilities for individuals with intellectual disabilities.
- Direct Care Workforce Funding: Provide \$53,835,800 in 2021-22 and \$50,403,200 in 2022-23 to increase funding for the direct care workforce funding supplement.

- Personal Care Reimbursement: Provide \$18,904,300 in 2021-22 and \$59,369,300 in 2022-23 to increase hourly rates paid for personal care services to \$20.69 on January 1, 2022, and to \$22.35 on January 1, 2023.
- Postpartum Eligibility Extension: Provide \$2,500,000 in 2022-23 to reflect the estimated cost of extending benefits, for women enrolled in MA as pregnant women, until the last day of the month in which the 90th day after the last day of the month that the end of the pregnancy falls, instead of the 60th day under current law.
- Outpatient Mental Health and Substance Abuse Services and Child-Adolescent Day Treatment Reimbursement: Provide \$6,628,100 in 2021- 22 and \$13,256,200 in 2022-23 for a 15% increase to reimbursement rates for outpatient mental health and substance abuse services, effective January 1, 2022; and provide \$1,335,600 in 2021-22 and \$2,671,200 in 2022-23 for a 20% increase to reimbursement rates for child and adolescent day treatment services, effective January 1, 2022.
- Medication-Assisted Treatment: Provide \$1,224,400 in 2021-22 and \$2,448,700 in 2022-23 to increase MA reimbursement rates for opioid treatment providers by 5% and increase rates for opioid-related patient evaluation and management (office visits) provided by primary care providers by \$5 per visit.
- MA Dental Reimbursement: Provide \$15,432,800 in 2021-22 and \$30,865,800 in 2022-23 to increase MA dental reimbursement rates by 40%, effective January 1, 2022.
- Home Health Reimbursement Rate: Provide a budgeted sum of \$473,300 as the state share of payments, and provide the matching federal share of payments, in 2021-22, and by a budgeted sum of \$960,200, as the state share of payments and provide the matching federal share of payments, in 2022-23, for the Department to increase the Medical Assistance rates paid for nursing care in home health agencies for dates of services beginning January 1, 2022. Specify that funding is to support licensed practical nurses, registered nurses, and nurse practitioners in home health agencies that are licensed under s. 50.49 of the statutes.

Elder and Disability Services

- Birth to 3: Provide \$1,125,000 annually in order for the Department to meet its federal Individuals with Disabilities Education Act (IDEA) maintenance of effort (MOE) requirement for the Birth to 3 program in the 2021-23 biennium.

Community Based Behavioral Health

- Child Psychiatry Consultation Program: Provide \$500,000 in 2022-23 to increase from \$1,500,000 to \$2,000,000 the funding for the child psychiatry consultation program in that year.
- Medication-Assisted Treatment Expansion: Provide \$500,000 in 2021-22 and \$1,000,000 in 2022-23 in the Joint Committee on Finance supplemental appropriation for medication-assisted treatment.
- Methamphetamine Addiction Treatment Grants: Provide \$150,000 in 2021-22 and \$300,000 in 2022-23 in the Joint Committee on Finance supplemental appropriation for training for substance use disorder treatment providers on treatment models for methamphetamine addiction.
- Substance Use Disorder Treatment Platform: Provide \$300,000 in 2022-23 in the Joint Committee on Finance supplemental appropriation for development of a substance use disorder treatment platform that allows for the comparison of treatment programs in the state.
- Behavioral Health Bed Tracker: Provide \$50,000 in 2021-22 and \$20,000 in 2022-23 to expand the purposes of the current psychiatric bed tracking system to include information on the availability of space for peer run respite beds and crisis stabilization beds.

- Behavioral Health Trainee Provider Grants: Provide \$250,000 GPR in 2022-23 in the appropriation for treatment program grants, to increase total funding for the program in that year to \$750,000. Modify the program to: (a) specify that the Department may expend any available federal moneys received for this program; (b) require the Department to distribute a total of \$750,000 per year, beginning in 2022-23; and (c) renumber the appropriation so that it is included as an appropriation under mental health and substance abuse services instead of under public health.

Additionally, the committee adopted the following funding proposal for a program at the Department of Children and Families:

Wisconsin Shares Child Care Subsidies: Increase funding for direct child care subsidies by \$11,000,000 FED in 2021-22 and by \$18,200,000 in 2022-23 so that the reimbursement rates would fully pay the price of at least 65 percent of the slots for children within the licensed capacity of all child care providers.

The proposals were adopted by the committee on a party line vote of 11-4. While these items we'll be included in the legislature's budget proposal, they will only be enacted if the budget bill is passed by both houses and the bill is signed by Governor Evers.

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Eau Claire City-County Board of Health (BOH) Self-Evaluation April 2020 – April 2021

(Presented and discussed at June 23, 2021 BOH meeting)

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree						
BOH Meetings						
1.	In terms of what is accomplished, Board meetings meet or exceed my expectations.				3	3
2.	BOH receives necessary information and support from the Health Department to address the governance functions listed in questions 5 through 10 below.			2	1	3
BOH Competencies						
3.	Sufficient training is provided regarding the BOH responsibilities.				3	4
4.	Do you feel you have a good understanding of the Health Dept priorities and strategic plan?				3	4
BOH Governance Functions (NALBOH)						
5.	Policy development: BOH leads and contributes to the development of policies that protect, promote and improve public health.				3	4
6.	Resource Stewardship: BOH assures the availability of adequate resources (legal, financial, human, technological and material) to perform essential public health services.				2	5
7.	Partner Engagement: BOH builds and strengthens community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.			1		6
8.	Legal Authority: BOH exercises legal authority and understands the roles, responsibilities, obligations and functions of the governing body, health officer and agency staff.				4	3
9.	Continuous Improvement: BOH routinely evaluates monitors and sets measurable outcomes for improving community health status and board responsibilities.				2	5
10.	Oversight: BOH provides necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.				3	4

11. Are there Board activities you would like added or things we should stop doing? If so, please describe.

- Advocacy training would be helpful
- I would like more advocacy training.

12. If you rated any of the above 1, 2 or 3, please consider describing why or offer suggestion(s) for improvement.

- Response regarding Question #2: There is so much information when you first join the board it takes a while to sift through it all. Appreciate when Lieske or Merey contextualize discussion by clarifying our responsibility.

13. Additional comments?

- I am still learning and gaining more confidence in speaking my thoughts. The team creates a safe space to ask questions and give comments.
- Great job on keeping us all informed.
- I would like to the Board assess any 'lessons learned' during the pandemic, sometime in the reasonably near future before we begin forgetting those lessons. One such topic might be how we can improve our pre-meeting communications. Another might focus on how we can ensure that our public health communications are easily understandable by the community, and how we can avoid or minimize misunderstandings. Another such topic might consider the content, nature and expectations of other entities that put issues or proposals in front of the Board, and how those are communicated to board members before or during meetings.

June 8, 2021



Communicable Disease Task Force Recommendations

Task Force History

- October 13, 2020 – City Council determines that a “deliberate pause” is prudent to further engage the community on the strengths and weaknesses of amending section 8.04.021.
- The City Council directs the Health Director and City Manager to form a task force and develop an engagement plan to speak to the possible amending of section 8.04.021.
- Recommendations are to be presented to the City Council on or before June 8, 2021

Task Force Membership

- Advisory Committee
 - County Board Chairperson, City Council President, Board of Health Chair, County Administrator, Interim City Manager, Health Director, and City/County Legal Counsels.
- Task Force
 - 20 volunteer members representing our community.
 - Very broad group professionally
 - Very diverse group culturally and demographically
 - Membership was presented to City Council on January 25, 2021.
 - Task Force focusing on both City and County ordinances

Engagement Plan

- Combination of Task Force Meetings and Community Listening Sessions
 - All meetings publicly noticed and open to the public
 - Professional facilitator assisted with meetings
 - Task Force Meetings to discuss balance, risks, personal liberties, public health, values, customs, practices, and other broad societal considerations.
 - Listening Session to be a true listening session of the public, Task Force Members will not engage, answer, or otherwise interact with the public other than purely listening.



The Engagement Process

- The first Task Force meeting was March 10, 2021.
- Three Task Force meetings were held before the May 20 listening session.
- A final Task Force meeting was held June 3, 2021 and the Task Force passed a motion with the Task Force's recommendation.

Communicable Disease Task Force Recommendation

- The task force approved a recommendation in the form of a motion stating... *“I move the task force to make a recommendation to the City Council and County Board, to Suspend our work on the ordinance until such time that there is a supreme court, or appellate court, ruling that clarifies the authority of the local health officer in the state of Wisconsin.”*

Next Steps

- The City Council may give verbal direction to City Manager to bring back forward with a date certain.
 - City Council could then vote “no” on proposed ordinance amendment.
 - City Council could then vote to postpone indefinitely – effectively stopping the legislation. (could not be brought back for 1 year)
 - City Council could vote to continue to postpone to a date/situation certain for reconsideration – following decision of State court
 - City Council could vote “yes” on original ordinance amendment.
- The City Council may give verbal direction to City Manager to continue to postpone without a date certain.
 - This action would effectively stop the ordinance amendments contained.
 - No further City Council action would be required.
 - Legislation not substantially changed from proposed ordinance amendments could not be brought forward until after June 8, 2022.

6.c Communicable
Disease Task
Force -
Presentation to
County Board

June 15, 2021

Communicable Disease Task Force Recommendations

Task Force History

- October 20, 2020 –County Board determines that a “deliberate pause” is prudent to further engage the community on the strengths and weaknesses of amending section 8.04.021.
- The Board directs the County to work with the City of Eau Claire and the Board of Health to form a task force and develop an engagement plan to speak to the possible amending of section 8.04.021.
- Recommendations are to be presented to the County Board on or before June 15, 2021

Task Force Membership

- Advisory Committee
 - County Board Chairperson, City Council President, County Administrator, Interim City Manager, and City/County Legal Counsels.
- Task Force
 - 20 volunteer members representing our community.
 - Very broad group professionally
 - Very diverse group culturally and demographically
 - Membership was presented to County Board on December 15, 2020.
 - Task Force focusing on both County and City ordinances

Engagement Plan

- Combination of Task Force Meetings and Community Listening Sessions
 - All meetings publicly noticed and open to the public
 - Professional facilitator assisted with meetings
 - Task Force Meetings to discuss balance, risks, personal liberties, public health, values, customs, practices, and other broad societal considerations.
 - Listening Session to be a true listening session of the public, Task Force Members will not engage, answer, or otherwise interact with the public other than purely listening.



The Engagement Process

- The first Task Force meeting was March 10.
- Three Task Force meetings were held before the May 20 listening session.
- A final Task Force meeting was held June 3 and the Task Force made a recommendation

Communicable Disease Task Force Recommendation

- The Task Force voted to recommend postponing consideration of Chapter 8.04 “Contagious Disease” as proposed in October, 2020, until there is guidance from the Wisconsin Supreme Court or appellate courts on local health officer authority.
- Next steps: No further action is required until Corporation Counsel apprises board of further clarification by courts or legislature on local health officer authority.