

BOARD OF HEALTH AGENDA

March 22, 2023, at 5:15 PM

County Courthouse, Room 302 (Ground Floor)

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:

Building a healthier community for all through prevention-focused programs and partnerships.

Health Department Vision:

A community where everyone can live a healthier life.

Location: Eau Claire County Courthouse-Ground Level-Room 302

Public Access Link: [WebEx Meeting Link for March 22, 2023 Board of Health Meeting](#)

Dial In: +1-415-655-0001

Event Number: 2592 478 8049

Event Password: 1234

*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. Consent Agenda (Action Required – approved for full content) – 5 minutes
 - a. Approve minutes from January 25, 2023, meeting-enclosed
 - b. Approve Grant/Contract Related Budget Adjustments-enclosed
4. Business Item (Action Required) – 35 minutes
 - a. Approval of additional Family Foundations funding -enclosed
 - b. Approval of Roots and Wings funding-enclosed
 - c. Approval of Addition of Marathon County to Nurse Family Partnership-enclosed
 - d. Approval of Family Planning Clinic additional fees-enclosed
 - e. Approval of Family Planning Fee Setting Policy-enclosed
 - f. Approval of Public Health Week Proclamation-enclosed

- g. Approval of updated Health Officer-Director Emergency Succession Plan-enclosed
- 5. Other information items from staff for the Board – 25 minutes
 - a. Health Department Community Priorities discussion-enclosed
 - b. Health Department Report-enclosed
 - Correspondence/Media
 - Service Recognition:
 - Sara Dillivan-Pospisil, Public Health Specialist, 5 years
 - Heidi Jusula, Breastfeeding Peer Counselor, 5 years
 - Matt Steinbach, 5 years, Division Manager
 - c. Performance Management Update -enclosed
 - d. 2022 Board of Health Year in Review-enclosed
 - e. 2022 Annual Report-hard copy will be available at meeting
- 6. Board member informational items-25 minutes
 - a. Quarterly review of tracking BOH Priorities and discussion-enclosed
 - b. Public Health Policy/Advocacy
 - WPHA/WALHDAB Legislative Priorities-enclosed
 - State elected official connections discussion
 - National update-enclosed
 - c. Standing Committee Updates: verbal
 - City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](#)
 - County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](#)
 - Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](#)
 - Opioid Settlement Task Force: [Opioid Task Force](#)
 - Other
 - d. Conference attendance: NALBOH and WPHA/WALHDAB annual 2023 conference
[2023 WPHA-WALHDAB ANNUAL CONFERENCE](#) - May 23-25, 2023-Madison, WI
[NALBOH Spring Synopsis](#) - Thursday, May 4, 2023-Virtual
[NALBOH Annual Conference](#) July 31-August 2, 2023-Tacoma, Washington
- 7. Requests from Board members for future agenda items to be given consideration – 5 minutes
- 8. Next business meeting – April 26, 2023
- 9. Adjourn

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.

**January 25, 2023 Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:16 pm.
The meeting was called to order by Mery Price

**Board Members Present:
Quorum is reached.**

Mark Kaeding
Terry Miskulin
Kim Cronk
Don Bodeau
Catherine Wildenberg
Jennifer Eddy
True Vue-Arrived at 5:27
pm

Board Members Absent:

Emily Berge-Left at 5:23 pm

**Staff Members
Present:**

Lieske Giese
Marisa Stanley
Hannah Artz
Gina Holt
(recorder)

Public:

Mery Price
Members of the EC Boy Scouts

Order of Agenda Request to pull items from Consent Agenda

- None

Public Comment:

- None

Mery Price, Board of Health President, Service Recognition

Introduction of new Board of Health member, Catherine Wildenberg, RN

Consent Agenda

- Approval of minutes from December 14, 2022, meeting
- Approve continuation of contractual agreement with the WI Department of Natural Resources (DNR) Transient Non-Community (TN)
- Grant/Contract Related Budget Adjustments

Motion to approve Consent Agenda: Jennifer Eddy

2nd Motion: Terry Miskulin

Motion Carried: Yes (unanimous vote)

Business Item

- Receive Quarterly Financial Review
 - This is a preliminary report, the final year end will be presented in April.

Motion to receive Quarterly Financial Review as presented by Health Department staff:

Mark Kaeding

2nd Motion: True Vue

Motion Carried: Yes (unanimous vote)

- Approve 2023 State Division of Public Health Contract

- This is a summary of all the State grants that the Health Department receives.
- Grants may receive additional funding changes throughout the year. Any such changes are brought forward to the board for approval.

Motion to approve 2023 State Division of Public Health Contract as presented by Health Department staff: Terry Miskulin

2nd Motion: Jennifer Eddy

Motion Carried: Yes (unanimous vote)

c. Approval of Milwaukee Burger Well Woman Program donation

- This is an annual event that raises awareness and funding for the Wisconsin Well Woman Program and the importance of preventative screening.

Motion to approve Milwaukee Burger Well Woman Program donation as presented by Health Department staff: Mark Kaeding

2nd Motion: True Vue

Motion Carried: Yes (unanimous vote)

d. Approval of Eau Claire County Medical Reserve Corps (MRC) Grant

- Funding received will allow for the recruitment of new members as well as offer additional training.

Motion to approve Eau Claire County Medical Reserve Corps. (MRC) grant as presented by Health Department staff: True Vue

2nd Motion: Kim Cronk

Motion Carried: Yes (unanimous vote)

e. Approval of Qualitative Data Grant

- Funding received will support staff time, training, and other grant related expenses.
- The goal will be to have data that is usable and shareable.
- There is a request in process to have an extension on the May deadline.

Motion to receive Qualitative Data grant as presented by Health Department staff:

Catherine Wildenberg

2nd Motion: True Vue

Motion Carried: Yes (unanimous vote)

f. Approval of Maternal Child Health Equity funding

- Funding received will support existing staff and partners.
- Partners will be brought on after some of the initial data-collection efforts.

Motion to approve Maternal Child Health Equity funding as presented by Health

Department staff: Kim Cronk

2nd Motion: Catherine Wildenberg

Motion Carried: Yes (unanimous vote)

g. Approval of Title X Telehealth additional funding

- This is a short-term funding opportunity from the State.

Motion to approve Title X Telehealth additional funding as presented by Health

Department staff: Jennifer Eddy

2nd Motion: Mark Kaeding

Motion Carried: Yes (unanimous vote)

- h. Approval of Pap/Colposcopy Services additional funding
- This funding is now going through the State, previously it went through HCET. The dollar amount remains the same, but the funding source has changed.

Motion to approve Pap/Colposcopy Services additional funding as presented by Health Department staff: True Vue

2nd Motion: Catherine Wildenberg

Motion Carried: Yes (unanimous vote)

- i. Approval of 2023 Health Department Director Performance Objectives
- Every year in January the board works with the director create objectives and goals for the year.
 - The 2023 Performance Objectives were reviewed and discussed.

Motion to approve 2023 Health Department Director Performance Objectives as presented by Health Department staff: Kim Cronk

2nd Motion: Mark Kaeding

Motion Carried: Yes (unanimous vote)

Other policy and informational items from staff for the Board

- a. Director/Health Officer Report-highlights from the report are reviewed and discussed.
- Correspondence/Media-discussion on the value of the report and if it has filled its purpose. Consideration to discontinue.
 - Service Recognition –Board member expressed their gratitude for years of service.
 - Marisa Stanley, Assistant Director-5 years
 - Chelsalyn Klatt, Public Health Nurse, 10 years
- b. Strategic Plan Update
- Update of the new strategic plan and process of creating activities and moving forward with the plan.
- c. Eau Claire Healthy Communities Update
- The Eau Claire Healthy Communities and the Alliance for Substance Misuse and Prevention have merged.
 - Discussion on the Opioid Settlement committee This is a County Board committee that Lieske sits on and will bring information back to the board. It is suggested to add this committee into the standing committee updates section on the Board of Health agendas. Kim Cronk is also a member of this committee.

Board member informational items

- a. 2023 Board of Health Calendar final decision regarding the May Board of Health meeting date
- Board members discuss options for the meeting. The meeting will be moved to May 17th.
- b. Other Public Health Policy/Advocacy
- WPHA/WALHDAB Legislative Update-Policy and Advocacy Committee representatives were reviewed. Brief discussion on draft budget and policy priorities coming soon.
- c. Standing Committee Updates: verbal
- City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](#)

- Remote meeting attendance was discussed and they will be working through options.
- County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](https://eau-claire.wi.us/2022-Meeting-Agendas-&Minutes)
 - There was a lot of public feedback around bringing a referendum question to the April ballot around abortion.
- Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](https://eau-claire.wi.us/groundwater-advisory)
 - Will be meeting next month
- ARPA Funding: [ARPA Committee | Eau Claire County \(eau-claire.wi.us\)](https://eau-claire.wi.us/arpa-committee)
 - This committee is no longer meeting, the County Board will be making future decisions on how to use ARPA funding.

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

- a. Housing assessment, there was a request for Board of Health member representations.

Next scheduled BOH meeting is February 22, 2023 at 5:15 p.m.

Don Bodeau adjourned the meeting at 6:55 p.m.

DRAFT

Fact Sheet – 3/22/2023 Board of Health Meeting

Agenda Item 3.b

Grant/Contract Related Budget Adjustments

Attached are grant/contract related budget adjustments which impact the 2022 and 2023 budget.

Budget Implication: Decrease in 2022 budget by \$369,700 and decrease in 2023 budget by \$1,000.

Staff recommendation: Approve budget adjustments as indicated.

2022

Name	Funding Source	Description	Start	End	Amount	In Adopted Budget	Increase (Decrease) in Budget
Budgeted Use of Fund Balance	Eau Claire City-County Health Department Fund Balance	No fund balance will be used in 2022 due to new grants received, increased revenue in some categories, and staff vacancies.	01/01/22	12/31/22	\$0	\$369,700	(\$369,700)
			Total		\$0	\$369,700	-\$369,700

2023

Name	Funding Source	Description	Contract Start	Contract End	Contract Amount	In Adopted Budget	Increase (Decrease) in Budget
Western Wisconsin Public Health Readiness Consortium	Center for Disease Control and Prevention	Received \$43,038 in carryover funding (07/22-06/23), and \$50,000 in new funding (01/23-06/23) to support public health emergency preparedness in sixteen counties and two tribal health centers. Funding received will cover costs associated with program staff and operations. Amount in adopted budget was estimated based on previous funding received.	07/01/22	06/30/23	\$93,038	\$100,000	(\$7,000)
Lead-In-Water Testing and Remediation Initiative	Environmental Protection Agency	Extension to continue program to support detection and remediation of potential lead exposures among priority populations in Eau Claire County.	01/01/23	09/30/23	\$6,000	\$0	\$6,000
			Total		\$99,038	\$100,000	-\$1,000

NURSES AND FAMILIES

TRANSFORMATIONAL RELATIONSHIP CREATING CHANGE

Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time mothers and their children affected by social and economic inequality.

“ ”

MANY WOMEN DON'T HAVE SUPPORT. YES, I WAS YOUNG WHEN I GOT PREGNANT AND I FELT LIKE PEOPLE WERE QUICK TO JUDGE ME. NURSE STEPHANIE BEING THERE FOR ME, MADE ME FEEL LIKE I COULD DO IT.

— MAHOGANY, NFP MOM



NFP MOTHERS

20

median age

78%

unmarried

60%

completed high school education

\$6,000

over 1/3 of moms have income less than

*Cumulative data from 1996 - 2020

RACE

- 45% white
- 29% Black or African American
- 9% declined
- 5% multi-racial
- 2% Asian or Pacific Islander
- 2% American Indian or Alaska Native

ETHNICITY

- 63% non-Hispanic
- 31% Hispanic
- 2% declined

*Cumulative data from 2010 - 2020

WHY A NURSE INTERVENTION?

The expertise and experience that registered nurses bring to this program is key in gaining the trust and confidence of a new mother. An NFP nurse helps guide families through the emotional, social and physical challenges and systemic barriers in healthcare they face as they prepare for a healthy birth. Prenatal support is the starting point, and the NFP nurse continues to work with the family after the baby is born. NFP nurses partner with families and communities to prevent illness and injury, promote health and protection capacity through the sharing of knowledge and skills that lead to positive outcomes.

NURSE-FAMILY PARTNERSHIP MOTHERS

Nurse-Family Partnership partners with first-time mothers who face major socioeconomic barriers to accessing resources and supports needed to achieve the greatest health and wellness outcomes. Individuals voluntarily enroll as early as possible with nurse visits, ideally before the 16th week of pregnancy.

Nurse visits have proven extremely helpful during the transition to motherhood which can be particularly challenging when mothers are socially isolated or are experiencing severe adversity.

A RELATIONSHIP YOU CAN COUNT ON

Nurse-Family Partnership assists with breaking the cycle of poverty — confident mothers become knowledgeable parents who are able to prepare their children for successful futures. Nurses and mothers make a two-and-one-half year commitment to each other, around 60 planned visits, adjusting the number of visits based on the mother's needs. This intensive level of support has been proven to improve outcomes relating to:

*all data is client self-identified



NURSES AND FAMILIES

Preventive health and prenatal practices for mother

— helping find prenatal care from health care providers, improving her diet and, if relevant, reducing her use of cigarettes, alcohol, opioids and habit-forming substances. Preparing for the arrival of the baby by educating on the birth process and the immediate challenges of the first few weeks after delivery (e.g., breastfeeding and potential postpartum depression).

Health and development knowledge and care for families

— the NFP Model utilizes comprehensive nursing assessments that include screening tools to provide individualized coaching aimed at empowering families; building on their strengths and innate parenting skills to support their child in achieving development milestones and behaviors.

Life coaching for mother and family — nurses and mothers partner together with mutual respect, prioritizing goals and identifying areas of support to create the lives they desire. Coaching families may include support on advocating for themselves within healthcare systems, planning for continued education, and finding and maintaining employment. The partnership may include family members, partners, and friends.

THE NURSE AND MOTHER RELATIONSHIP

Client-Centered means the nurse is constantly adapting to ensure the visit and materials are relevant and valued by the mother. Supporting growth and individual needs is the focus.

Relational means that the relationship between the nurse and the mother is the primary tool used for learning and growth in each family served.

Strengths-Based means that the intervention is based on

solid adult learning and behavior change theory. Adults and adolescents make changes most successfully when they are building on their own knowledge, strengths and successes.

Multi-Dimensional means that the life of each program participant is viewed holistically and what the program offers is connected to multiple aspects of personal and family functioning: personal and environmental health, parenting, life course development, relationships with family and friends and community connections.

FIDELITY TO THE MODEL

Nurses document and enter assessments from each visit into a web-based data collection system. The data is monitored to ensure that the program is being implemented with fidelity to the model as tested in the original randomized, controlled trials, so that comparable results are achieved. The Nurse-Family Partnership Model Elements are supported by evidence of effectiveness based on research, expert opinion and field lessons and/or theoretical rationales.



1900 Grant Street, 4th Floor
Denver, Colorado 80203
NurseFamilyPartnership.org
866.864.5226

“ ”

AS A NURSE, I GET TO BE THE BEST FAMILY ADVOCATE I CAN BE BY SUPPORTING FOLKS NAVIGATING THE HEALTH CARE SYSTEM AND PROMOTING THEIR RIGHT TO SEEK CARE THEY DESERVE WITH RESPECT, DIGNITY, COMPASSION AND EVIDENCE-BASED INFORMATION THAT MEETS THEIR NEEDS AND CONSIDERS THEIR VALUES FREE OF JUDGEMENT.

NATIONAL SNAPSHOT

FAMILIES SERVED ANNUALLY

366,500

Number of families served since replication began in 1996*

60,657

Number of families served annually in the NFP program*

2,210

Number of nurse home visitors and nurse supervisors*

746

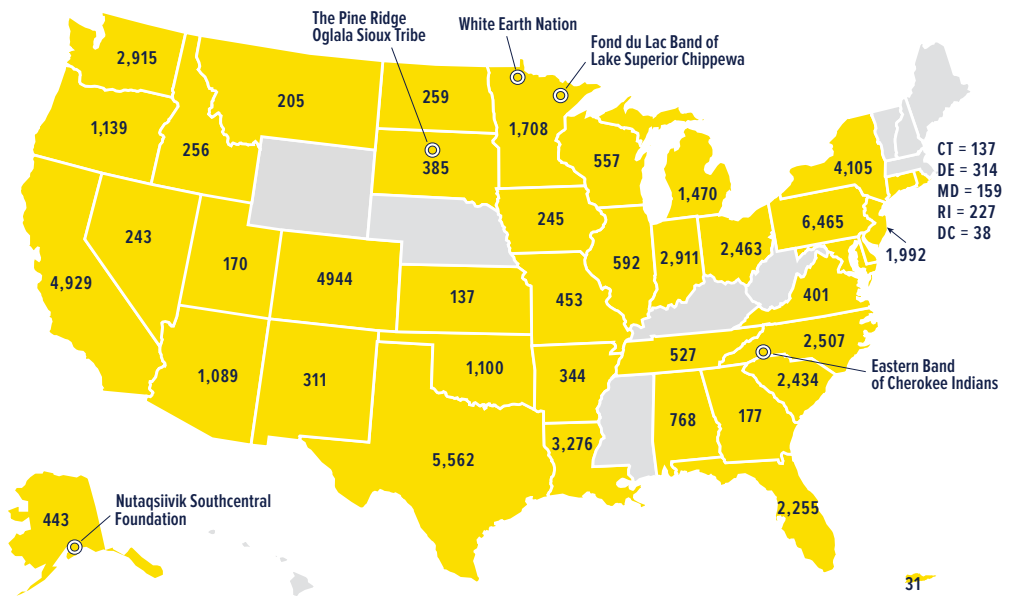
Number of counties where the NFP program is serving families

40+

Number of states where the program is serving families including Washington, D.C., the U.S. Virgin Islands and some Tribal Communities

Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality and other risk factors. Each mother served is partnered with a registered nurse early in pregnancy and receives ongoing nurse visits that continue through the child's second birthday. State and federal government cost savings average \$26,898 per family served or \$2.90 per dollar invested, and total benefits to society equal \$60,428 per family served, or \$6.40 per dollar invested in Nurse-Family Partnership¹.

Where We Serve:



Numbers on the map represent the number of families annually served as of 12/31/2021.



Support: Nurse-Family Partnership receives strong bipartisan support due to the program's proven outcomes and focus on serving families facing economic inequity. Nurse-Family Partnership relies on a broad range of federal, state, local and private funding sources.

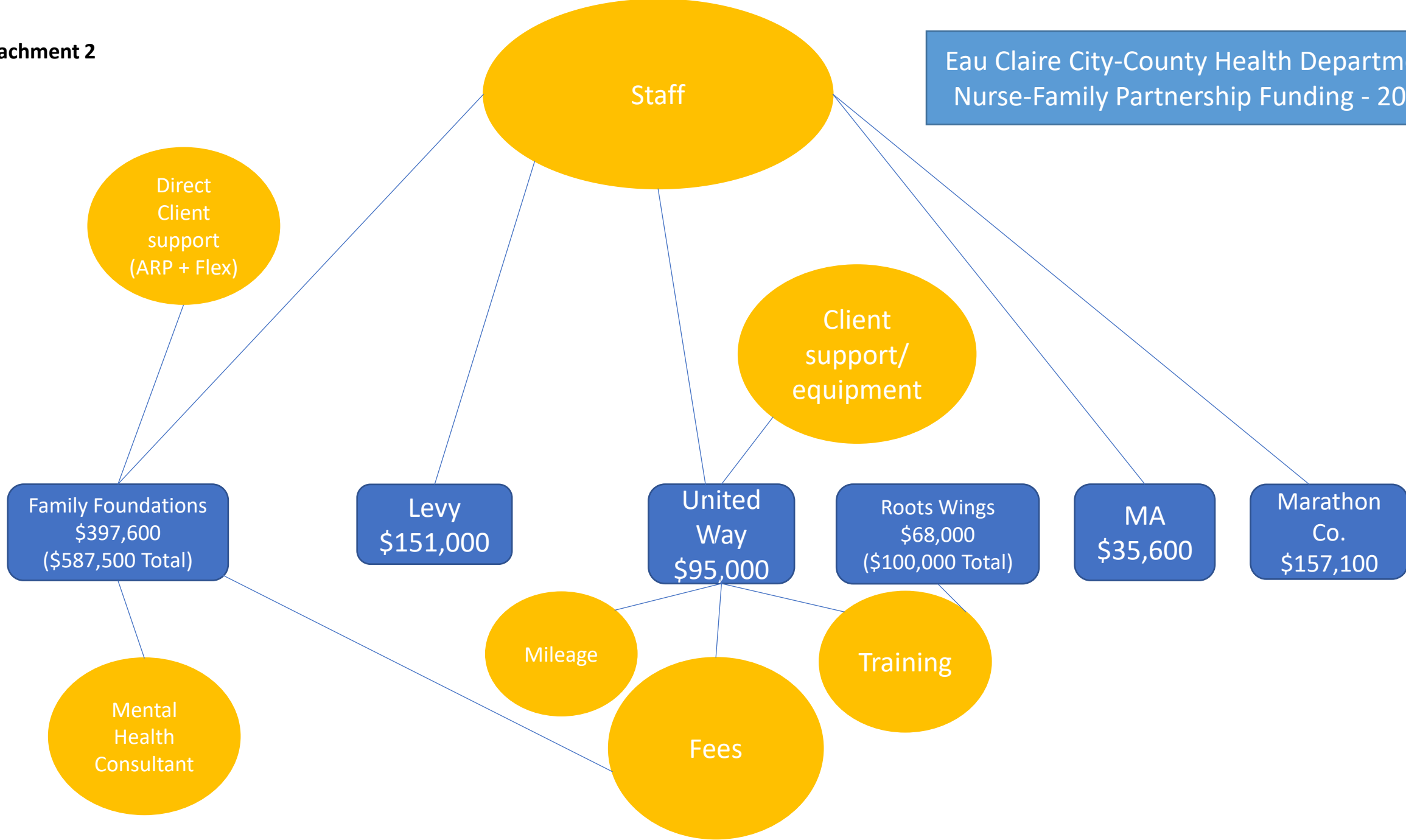
Nurse-Family Partnership Network Partners: Nurse-Family Partnership is delivered through a national network of diverse partners. The National Service Office contracts with and supports these partners in delivering Nurse-Family Partnership successfully, with impact, and in service to families as part of a continuum of care in communities.

1900 GRANT STREET, 4TH FLOOR, DENVER, COLORADO 80203
 NURSEFAMILYPARTNERSHIP.ORG
 866.864.5226

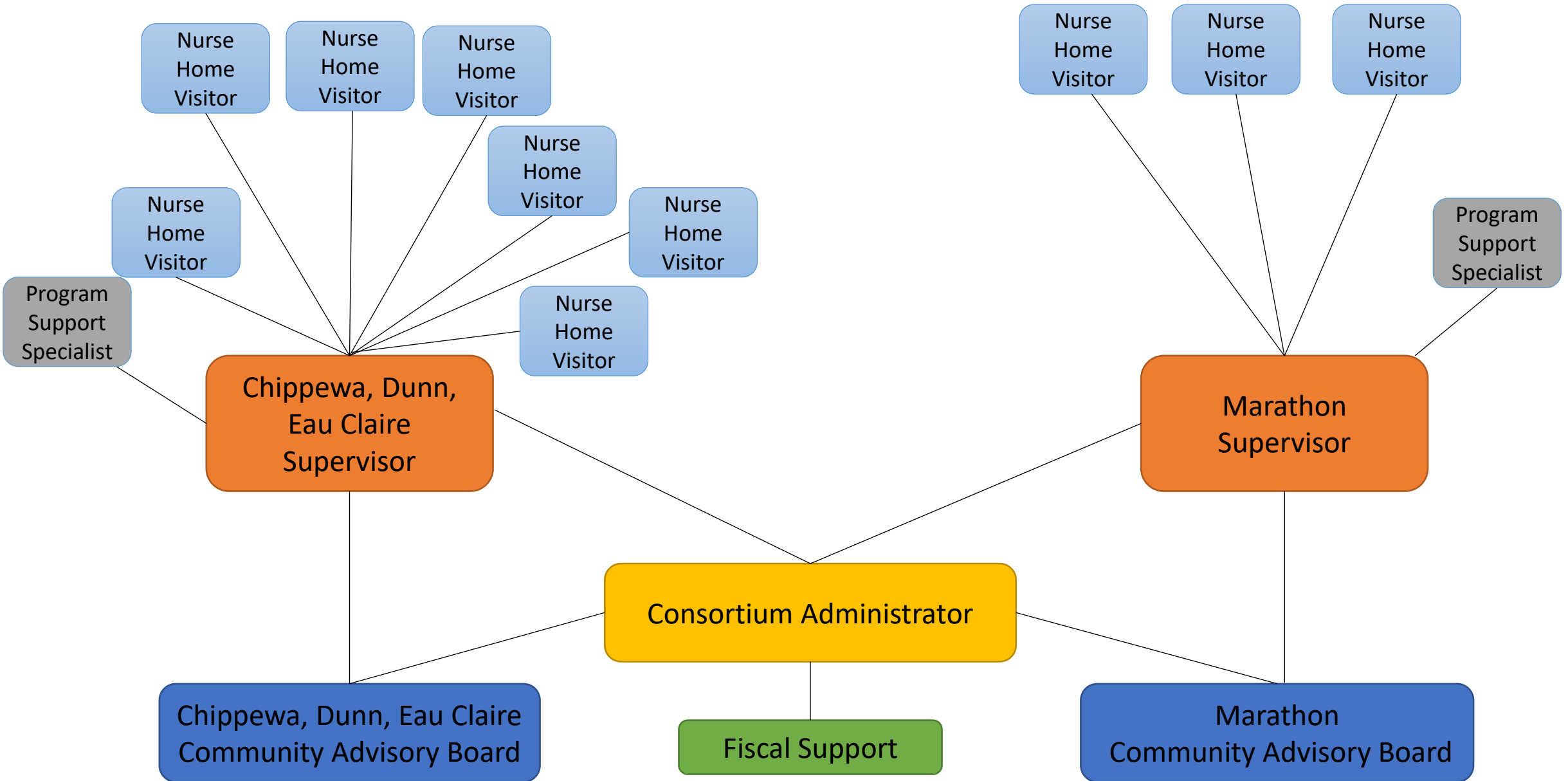
1. Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. Prevention Science, 16 (6), 765-777, updated on 3/27/17 to reflect new research using a ROI calculator derived by Dr. Miller from published national estimates.
 *This data does not include data that the Nurse-Family Partnership National Service Office does not receive from a state or network partner.

Attachment 2

Eau Claire City-County Health Department
Nurse-Family Partnership Funding - 2023



January 2023 Western Wisconsin Nurse-Family Partnership Consortium with proposed expansion





Fact Sheet – 03/22/2023 Board of Health Meeting**Agenda Item 4.a****Wisconsin Family Foundations Comprehensive Home Visitation Program Grant Amendment**

Eau Claire, Chippewa, and Dunn Health Departments have received notification that the WI Department of Children and Families (DCF) has amended the Western Wisconsin Nurse-Family Partnership (NFP) Consortium contract to add additional funding in the 2022-2023 grant year. This funding is intended to support our NFP home visiting program.

DCF has received additional funding from the Health Resources and Services Administration (HRSA) and has allocated funding to Family Foundations Home Visiting grant recipients that were not fully funded at the time of their initial grant application. This additional funding will be used to administer and deliver our home visitation program and will be split between the three counties.

In addition, our consortium will receive additional American Rescue Plan funds from DCF to be used for technology needs.

Our Consortium will receive an additional \$76,000 in Family Foundations and American Rescue Plan funding. The estimated amount that the Eau Claire City-County Health Department will receive is \$53,600 with the remainder going to Chippewa and Dunn County NFP programs. Funds will be used to cover a portion of program costs, including program administration (including fees), technology needs, and some staff time.

Budget Implication:

Approximately \$53,600 for administration and delivery of the NFP program at the ECCCHD and \$22,400 to be passed through to Chippewa and Dunn.

Staff recommendation:

Accept Wisconsin Family Foundations Comprehensive Home Visitation Program funding amendment in the amount of \$76,000 from October 1, 2022 through September 30, 2023 to continue providing the Nurse-Family Partnership program for the Chippewa Valley in partnership with the Chippewa County Department of Public Health and the Dunn County Health Department.

Prepared by Beth Draeger, Healthy Beginnings Division



Fact Sheet – 03/22/2023 Board of Health Meeting

Agenda Item 4.b

Roots and Wings Nurse-Family Partnership Grant

Eau Claire, Chippewa, and Dunn Health Departments have received notification that the Roots and Wings Foundation has awarded the Western Wisconsin Nurse-Family Partnership (NFP) Consortium funding to support our NFP home visiting program in 2023.

Roots & Wings is a family foundation established in 2019 by Judy and Gordon Faulkner. Roots & Wings makes grants across the fields of healthcare, early learning, basic needs, and safety and justice. The Foundation supports non-profit organizations that help low-income children and families reach their full potential through prevention, early intervention, and in-depth programming that changes lives. More at www.RootsWings.org.

Our Consortium will receive an additional \$100,000 in unrestricted funding. The estimated amount that the Eau Claire City-County Health Department will receive for home visiting services is \$68,000 with the remainder going to Chippewa and Dunn counties. Funds will be used to cover a portion of program costs, including onboarding and training.

Budget Implication:

Approximately \$68,000 for administration and delivery of the NFP program at the ECCCHD and \$32,000 passed through to Chippewa and Dunn NFP programs.

Staff recommendation:

Accept Roots and Wings Foundation unrestricted funding in the amount of \$100,000 to continue providing the Nurse-Family Partnership program for the Chippewa Valley in partnership with the Chippewa County Department of Public Health and the Dunn County Health Department.

Prepared by Beth Draeger, Healthy Beginnings Division Manager

**Fact Sheet – 03/22/2023 Board of Health Meeting****Agenda Item 4.c****Western Wisconsin Nurse-Family Partnership Consortium Expansion – Marathon County**

The Western Wisconsin Nurse-Family Partnership (NFP) Consortium has been requested to expand to include Marathon County. There are currently no contiguous counties with Marathon that are providing NFP so connecting with an existing NFP Consortium within the state of Wisconsin was recommended in order to meet NFP national service office program requirements. We are the closest Consortium to meet this need and we have an existing strong relationship with Marathon County Health Department.

Marathon County will contract with the Eau Claire City-County Health Department to provide nurse supervision as well as consortium administration costs. We will continue to serve as fiscal agent and overall Consortium Administrator for the multi-county project. The nurse supervisor will be contracted at .5FTE. Administrator will be contracted at .1FTE (4 hours per week) and fiscal support will be contracted at approximately 1 hour per month. Marathon County will provide services to their NFP clients with three nurse home visitors and one program specialist in addition to the staff they will contract with us for.

Our Consortium will receive an additional \$157,000 in funding in 2023 from Marathon County entering into partnership with us. These funds include pass through NFP National Service Office fees as well as Consortium costs. The estimated amount that the Eau Claire City-County Health Department will receive for this contract is \$74,000.

Budget Implication:

Approximately \$74,000 to provide Consortium oversight (administrative and fiscal) as well as nurse home visitor supervision for the addition of Marathon County into our Western Wisconsin Nurse-Family Partnership Consortium. The remainder is pass through to the NFP National Program.

Staff recommendation:

Accept funding in the amount of \$157,000 to provide Consortium oversight (administrative and fiscal) as well as nurse home visitor supervision for the addition of Marathon County into our Western Wisconsin Nurse-Family Partnership Consortium.

Prepared by Beth Draeger, Healthy Beginnings Division Manager

Fact Sheet – 03/22/2023 Board of Health Meeting

Agenda Item 4.d

Family Planning Fees

The ECCCHD Family Planning Clinic (FPC) is bringing forward four new fees for consideration.

Three of these fees are for labs run through a newly contracted lab in order to provide is pre-exposure prophylaxis (PrEP) services at the clinic. PrEP is antiretroviral medication used to decrease the risk of acquiring HIV – this medication requires certain lab tests. (CDC, 2020). The FPC does not have the ability to process these three tests and is not able to cost-effectively use the State Lab of Hygiene for them. After reviewing several locations for testing and working with other regional agencies that refer out for these tests, it was decided to contract with Marshfield Clinic for this service. Marshfield offers competitive pricing, along with free supplies and courier services. The FPC plans to review the contract with Marshfield on a regular basis to ensure it stays competitive and cost-effective. We are able to cancel at any time and are not bound to any set price increases.

The fourth fee is for a new code used when providing supplies by mail to receive reimbursement for supplies and costs of business. This fee replaces a code that is now for in-person supply pick-ups only.

For all of the fees listed below, the total fee includes pricing to the health department plus an amount that represents the cost to the health department for providing the service. For patients that are covered under Family Planning Only Services (FPOS), the FPC is able to bill for all four of these fees and will recoup the allowable cost. For patients that are self-pay, these fees will be on our normal sliding fee schedule. These fees do not necessarily represent the amount received via FPOS/MA reimbursement or through actual client payments.

Description	CPT Code	Fee
Creatinine Clearance	82575	\$16.50
Serum Creatinine	82565	\$6.49
Basic Lipoprotein Panel: includes Total Cholesterol, HDL, Triglycerides and calculated LDL	80061	\$20.35
Supply, not otherwise specified: used for Method by Mail services	T5999	\$115.50

Budget Implication: Due to the sliding scale and MA reimbursement rates, the health department may not recover the full amount of these fees. However, we able to off-set losses with the use of grant funds. Additionally, the addition of these fees allows the clinic to offer additional services that may bring in new revenue sources and increase our client base.

Staff recommendation: Approve four new fees.

Prepared by Tegan Ruland, Clinical Services Division Manager

Fact Sheet – 03/22/2023 Board of Health Meeting**Agenda Item 4.e****Family Planning Clinic Fee Setting Policy**

The Fee Setting Policy for the Family Planning Clinic (FPC), approved by the Board in August 2020, states that new services proposed during the year will be brought to the board for fee approval prior to practice changes and are priced according to a cost analysis done by the clinic according to grant guidelines. We would like to amend the existing policy to add a section covering outside lab fees.

According to grant guidelines, outside lab fees should be set according to the same policy as supplies and medications, but they were not previously included in the fee setting policy. Outside providers may change their pricing at times other than the first of the year when our fees go into effect. By amending the Fee Setting Policy, we will be able to adjust fees for approved services as needed throughout the year rather than having to bring fee changes to the Board anytime they occur .

Budget Implication: The amendments to the fee setting policy will allow us to recoup the maximum allowable amounts throughout the year.

Staff recommendation: Approve the amended FPC Fee Setting Policy.

Prepared by Tegan Ruland, Clinical Services Division Manager



Category: Clinical Services
Subject: **Fee Setting Policy – Family Planning Clinic**
Date: **01/01/2021**
Revised: 04/01/2023

Purpose:

Create a sliding fee scale that allows ECCCHD to provide family planning-related services and supplies according to WI DHS family planning guidelines and Eau Claire medical orders. Fees are set to represent the cost to the health department while keeping services affordable to clients.

Policy Statement:

The Board of Health will annually approve fees for the family planning clinic (FPC). FPC fees will be brought for approval during the normally scheduled fee approval agenda item as individual fees for services, and as a group for medications and supplies as set out below.

The ECCCHD family planning clinic performs an annual cost analysis as required by the Wisconsin Department of Health Services Women’s Health and Family Planning Program (WI WHFP) for grant funding. The cost analysis utilizes previous years’ data to determine the upcoming year’s fees for services, medications, and supplies. All services, medications and supplies provided through the ECCCHD family planning clinic are approved and/or required annually as part of the WI WHFP grant and the clinical orders.

Service Fees:

The Wisconsin Simplified Cost Analysis (WISCA) is designed to assist family planning programs in assessing the cost of providing core clinical services. This allows the family planning clinic to set appropriate fees to recover the “reasonable cost” of the services provided. The WISCA incorporates financial data, usage, and a cost of living factor to determine increases or decreases in fee amounts for the following year.

Medication, Outside Labs and Supply Fees:

Non-340B medication, outside labs and supply fees are set utilizing information from the cost analysis in conjunction with the actual purchase price, inventory maintenance, and dispensing. The cost for these medications and supplies may change during the year if there is a significant increase or decrease in the cost of the product.

340B medication and supply prices are determined quarterly by the US Department of Health and Human Services Office of Pharmacy Affairs. The health department participation in the 340B program provides the ability to offer significantly reduced fees for these products. As required by this program, the fees are set at actual cost which may vary throughout the year.

New services proposed during the year will be brought to the board for fee approval prior to practice changes. New medications, outside labs and supplies allowable through the WI WHFP grant and approved by the medical director will be priced as stated through this policy and offered at that time.

Approved by: _____
Name Date



National Public Health Week Proclamation 2023

Whereas, the week of April 3, 2023, is National Public Health Week, the theme is “Centering and Celebrating Cultures in Health”; and

Whereas, public health organizations use National Public Health Week to educate public policymakers and public health professionals on issues that are important to improving the health of the people of the United States, including the more than 106,000 residents of Eau Claire County; and

Whereas, in 2020, the life expectancy at birth for the population of the United States declined by 1.5 years, which is the largest drop in life expectancy since 1943; and

Whereas, many of the leading causes of death for individuals in the United States result from chronic conditions, which are among the most common, costly, and preventable of all health challenges; and

Whereas, there are significant differences in the health status of individuals living in the healthiest States and communities and those living in the least healthy States and communities, including differences in obesity rates, the prevalence of chronic disease, and the prevalence of infectious disease; and

Whereas, racial and ethnic minority populations in the United States continue to experience disparities in the burden of illness and death, as compared with the entire population of the United States; and

Whereas, women die from pregnancy-related complications in the United States at a higher rate than in many other developed countries, and an estimated 60 percent of these deaths in the United States are preventable; and

Whereas, there were an estimated 100,306 drug overdose deaths in the United States during the 12-month period ending in April 2021, the highest level ever recorded during a 12-month period, a 28.5 percent increase from the 78,056 deaths during the same period the year before. There were 1,765 drug overdose deaths in Wisconsin in 2021 and 11 opioid overdose deaths in Eau Claire County in 2021; and

Whereas, studies show that small strategic investments in prevention can result in significant savings in health care, education, social service, and law enforcement costs, Wisconsin remains near the bottom of US states in investing in public health measures; and

Whereas, public health professionals collaborate with partners outside of the health sector, including city planners, transportation officials, education officials, and private sector businesses, recognizing that other sectors can influence health outcomes across our community; and

Whereas, efforts to adequately support public health and the prevention of disease and injury can continue to transform a health system focused on treating illness into a health system focused on preventing disease and injury and promoting wellness but workforce and funding remain significant issues.

NOW, THEREFORE, I, Don Bodeau, on behalf of the Eau Claire City-County Board of Health, do hereby proclaim the week of April 3-9, 2023, as **National Public Health Week 2023** and call upon the people of Eau Claire County to observe this week by helping our families, friends, neighbors, co-workers and leaders to better understand the value of public health, celebrate the power of cultural humility and prevention, advocate for healthy and fair policies, share strategies for increasing equity and champion the role of a strong public health system in light of this year’s theme, “**Centering and Celebrating Cultures in Health.**”

Don Bodeau, President
Eau Claire City-County Board of Health

3/22/2023

Date



Fact Sheet –03/22/2023 Board of Health Meeting

Agenda Item 4.g

Health Officer-Director Emergency Succession Plan

The health officer-director position has numerous responsibilities that are specifically designated by title in State Statute, Administrative Rule, local ordinances, and Board of Health regulation. There are also key leadership and operational functions that this position is responsible for. In the event of an emergency situation where the health officer-director was not able to perform these responsibilities, there needs to be a clear line of authority and responsibility in order for the continuation of key critical requirements.

This succession list is approved by the Board of Health as the official coverage for the health officer if required in an emergency.

This is an update to the previous list that included some individuals that have retired, and the former Board of Health President.

Budget Implication:

- none

Staff recommendation:

Approve

Date: 03/22/2023
To: Don Bodeau, Board of Health President
From: Elizabeth Giese, Health Department Director-Health Officer
RE: Authority to Act as the Health Officer for State Statute functions

Proposed below is the plan for delegation of authority for situations where the Health Officer, as defined in state statute, is required to act. Please sign this document as indication of approval.

State statute gives the local health officer a broad range of authority to act to protect the health of residents in our jurisdiction. As the health officer, the plan for use of this authority is as follows:

1. In person, with my actual signature utilized.
2. After phone consultation with lead staff involved in situation, my electronic signature utilized.
3. In the event I am not available by phone, the following individuals able to sign on my behalf:
 - a. Marisa Stanley, Assistant Director
 - b. Jackie Krumenauer, Communicable Disease Division Manager

This in no way implies a long-term succession plan if I am no longer able to remain in my position but is for the Board of Health and the community to have the assurance that there is the ability to have action related to critical state statutes if I am not readily available..

A separate line of authority also exists for operations of the department as the Health Department Director.

Please let me know if you have any questions. Thank you.

Elizabeth Giese, Director-Health Officer

Don Boadeau, Board of Health President



Mission: Promoting **health** and **safety** for all Eau Claire Communities

Vision: Eau Claire City-County Health Department will be a leader in assuring healthy people in healthy communities

03/22/2023 Board of Health Meeting

Agenda item 5.a

Health Department Priorities - updated with new Strategic Plan goals

Below is a frame for some of the issues that the health department continues to focus on.

Community Health Assessment Priorities:

- Drug Use
- Mental Health
- Alcohol Misuse
- Healthy Nutrition
- Obesity

Strategic Plan Priorities:

- Goal 1: Engage the community and expand relationships in collaborative efforts to improve health.
- Goal 2: Strengthen our workforce and operational strategies to support quality programs and partnerships.

COVID-19

- Response
- Recovery

Other focus areas:

- Social determinants of health
- Primary prevention
- Rural population
- Those experiencing housing insecurity/homelessness
- Young families
- Groups with health equity challenges – poverty, race/ethnicity, gender/orientation, other
- Safe drinking water
- Safe, healthy, affordable housing
- Chronic disease prevention
- Health in all policies
- Population health data/epidemiology
- Communication
- Other emerging issues

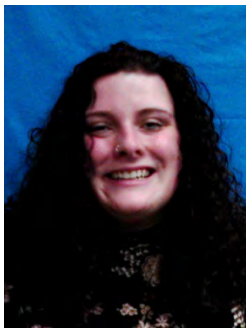
Prepared by Lieske Giese, Health Officer

Board of Health Meeting 03/22/2023

Agenda Item 5.b

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

New Employees



Autumn Cernohous started in January as a Health Educator with the Western Wisconsin Public Health Readiness Consortium (WWPHRC), which includes 19 local health departments and 2 tribal health clinics. Autumn will provide support related to public health preparedness. It is a limited term position that will continue dependent on grant funding.

Josh Holness is an AmeriCorps member who will work at the health department January – August of this year. Josh will be working on several projects, primarily including volunteer engagement with Eau Claire Healthy Communities Coalition.



Overdose Fatality Review Team

Chelsie Klatt and Sarah Dillivan-Pospisil from the Community Health Promotion Division, traveled to Washington, DC, January 18-20th to attend the National Overdose Fatality Review Summit. Of the 26 total Wisconsin Overdose Fatality Review (OFR) team sites, 24 sites were represented at this summit along with the technical assistance team from Medical College of Wisconsin and Department of Justice and our funders from WI Department of Health and Human Services. This was a great opportunity to learn and network with other OFR teams across the nation. On the first day of travel, Chelsie and Sarah were able to take a walk around the National Mall to see and reflect on some of the Nation’s history. The timing of this trip was the same week as Martin Luther King Day and not during prime tourist season, which added for peaceful moments of reflection.



Regis SAFE (Students Advocating for Excellence) Presentation

On January 31st, the Regis SAFE (Students Advocating for Excellence) students helped organize a presentation for their middle and high school peers. They invited Tom Kidd to share information around respect, integrity, and healthy decisions.

Narcan Direct program

The Eau Claire City-County Health Department can distribute the nasal-spray formulation of Narcan as a participant in the WI DHS Narcan Direct Program. Narcan is an opioid antagonist, meaning it can restore breathing in a person experiencing an opioid overdose. During January, 68 individuals were trained and 18 boxes of Narcan were distributed.



Overdose Data to Action community prevention grant (OD2A)

A *What Do You Know About Opioids* workshop was offered in-person at Banbury Place in partnership with At The Roots, LLC. 33 community members attended the trainings to learn more about opioids. The workshop covered how to recognize and respond to an opioid overdose, how to safely store and get rid of opioid medicine, and how to use Narcan Nasal Spray. Each participant was able to receive one box of Narcan, a medication lockbox or bag, a medication deactivation bag, and other educational resources.

Fentanyl Test Strip Direct program

The Wisconsin Department of Health Services (DHS) Division of Care and Treatment Services (DCTS) in partnership with the Department of Public Health (DPH) created a new program similar to the Narcan Direct program. The Eau Claire City-County Health Department will be participating in the first phase of the newly established program to distributed Fentanyl Test Strips (FTS) in the county to help prevent drug overdose deaths. Phase one participants includes Tribal Health Clinics, Syringes Access Programs, and Public Health and Human Services agencies. A public health specialist in the Community Health Promotion Division completed the training offered by the State on January 17th. A fentanyl test strip is a tool that can help identify the presence of fentanyl in illegal drugs. Fentanyl is unable to be detected by sight, taste, or smell and in Wisconsin has been found in many drugs including, cocaine, heroin, heroin, methamphetamine, and pills made to resemble prescription medications. DHS is currently working to establish reporting guidelines, educational materials, and guidance on dissemination of the test strips.



Family Planning Clinic

In January/February 2023, the Family Planning Clinic received \$258 dollars in donations from clients. Clients have the ability to make donations to the program which helps increase the clinic's sustainability since no one is turned away due to inability to pay. While not every patient may have the means to either pay for services or provide a donation, when we do receive them they are a great reminder of how important these services are to the community and the value our patients place on the quality with which our reproductive health team provides them.

Child Passenger Safety

Hannah Buelow had the pleasure of attending the 3-day Wisconsin Child Passenger Safety Program in Wausau, WI (December 6 through December 8, 2022). This certification course provided the basics to become a child passenger safety technician. The experience was physically and mentally challenging and we are proud to say that Hannah completed the requirements and is now a Certified Child Passenger Safety Technician.

Cultural Overview for Augusta EMS staff

Tammy Raeder, Public Health Nurse, met with the EMS personnel in Augusta to discuss the Amish culture especially in regard to healthcare. The Fire Chief was present along with 6 members of the EMS staff. Many topics were discussed during this 90-minute session, including transport by air or ambulance, cultural beliefs, common health issues such as hemophilia, preeclampsia, accidents and various other topics.

Early Literacy Coalition Accomplishment

The Early Literacy Coalition of the Greater Chippewa Valley (of which Becky Knutson, Public Health Nurse is a member) has installed a Chippewa Valley Little Library at the Owen Park Playground in Eau Claire. The library contains a curated selection of diverse, high-interest books for children ages 0-8. Young children and their families visiting the Little Library are invited to choose a book to take home and keep. Additionally, the library contains early literacy information to empower and support parents and caregivers in the literacy development of their children. The books were purchased with donations from Royal Credit Union and the Eau Claire Morning Rotary of Eau Claire.

New Metals Testing Instrument Update:

In December, the Eau Claire County Board of Supervisors approved the allocation of \$155,000 in ARPA funding to purchase and install a new metals testing instrument (ICP-MS) for the ECCCHD laboratory. The instrument was recently delivered and installed in the chemistry lab. However, a ventilation adjustment and additional manufacturer training remain necessary before the instrument can be utilized for testing. As discussed with the Board of Health in October, the addition of an ICP-MS will make it more cost-effective and convenient for private well owners and municipal partners to test for metals and eliminate some of the concerns that have been identified by current and prospective clients. ARPA funding provided a unique opportunity to enhance water testing efficiency and capacity in our lab. The lab staff is excited to begin utilizing this new technology for drinking water testing.

Lead in Water Childcare Project Update:

In October, the Board of Health was provided a mid-project update on the DHS-funded initiative to sample for elevated lead levels in water at Eau Claire County licensed childcare centers. Sampling was offered to all county licensed childcare centers in fall 2022. Eleven centers enrolled in the program and sampling was conducted at all water fixtures for all the centers. Two centers were eligible for water fixture replacement due to elevated levels of lead. Both are in the process of being replaced and retested to confirm the lead levels are below the drinking water standard. Permanent signage was installed at some centers where elevated lead levels were found in fixtures not used for drinking (i.e. mop sink, external spigot). All sampling and fixture replacement costs were covered by the grant.

Health Department Cross-divisional Teams

During our February All Staff Meeting, we hosted a 'speed dating' exercise to showcase all our fabulous cross-divisional teams. Currently the Health Department has 11 of these:

- All Staff Planning
- Communication Team
- Data Team
- Ethics Committee
- Handbook Committee
- Health Equity Team
- Incident Management Team
- Quality Improvement Team
- Sunny Connections (*right*)
- Wellness Committee
- Workforce Development Team

Sunny Connections

- **Purpose:** Representatives will attend scheduled meetings, participate in planning events, set up and clean up for events, and be a spokesperson for their division.
- **Lead:** No lead, everyone works together ☺
- **Meeting Frequency:** Typically, once per month
- **Current date/time of meeting:** Currently 3rd Wednesday; 30 mins
- **Potential for time to change?** Yes
- **In-Person Attendance Required?** No
- **Estimated Hours Work/Month (including meeting):** Depends on the month but typically not more than 1 hour
- **Example Activities:** Plan Recognition days, (Nutrition/WIC, PH Professionals, Nurse's, Health Education/Public Health Specialist, Boss's Day), Resignations (over 5 years), Retirements (2+ years), Anniversaries, Potlucks for Summer Picnic and Holiday parties.
- **All Division Representation Required?** It would be ideal if all divisions were represented
- **Number limit for group?** 8, one person per division

It is the expectation that all employees participate in at least one of these teams, either based on topic interest or job relevance. Each are important to facilitating department wide initiatives, such as bringing relevant trainings to the department (Workforce Development) or increasing community awareness of services and programs (Communication Team). Additionally, these cross-divisional teams will play a critical role in ensuring we complete our strategic plan over the next three years.

Gastrointestinal Outbreak

The Communicable Disease Division and the Environmental Sciences Division worked closely with several community partners to mitigate a gastrointestinal outbreak occurring among staff and guests frequenting and working at several community facilities. CD Division nurses and EH specialists met with facility staff via conference calls and toured the three facilities to provide and discuss targeted infection prevention guidance with the intent of decreasing spread of the disease. Specimens sent to the Wisconsin State Lab of Hygiene returned positive for Norovirus.

COVID 19 Update (February):

COVID 19 community levels remain low, we are seeing a slight uptick in cases with 119 reported cases over the last week (2/8/23-2/14/23). We are seeing an upward trend of COVID in our wastewater surveillance over the last month. With low testing practices, we may not see this wastewater data accurately represented by cases. The health department continues to track cases, vaccines, and wastewater data as part of our surveillance efforts.

We continue to operate our monthly COVID vaccination clinic which is held the 2nd Tuesday of each month from 4:30pm-6pm at the Health Department. Vaccination continues for community outreach COVID clinics and for people of homebound status.

The CVTC testing site operated by Accelerated Labs closed due to low testing numbers, their last day of operation was January 24, 2023. Home antigen tests are widely available, including through health department distribution, and are being used by many.

Beginning in January 2023, a COVID newsletter was created which includes COVID updates, resources and links. This newsletter is sent out monthly to community partners in lieu of holding the monthly COVID Community Partner meetings.

Fairchild Outreach

Health Department staff were present at the Fairchild Comes Together event Friday February 10th in Fairchild. The event was hosted by JONAH (Joining our Neighbors Advancing Hope) with the goal of connecting people to existing community resources. There was also an opportunity to hear from community members about needs in the Fairchild area. Staff made some good connections to both community members and other organizations at the event.

Legislative Visits

The health department strives to be a resource for elected officials on health-related topics. A small group of staff have recently met with two state legislators, Representative Hurd and Senator James who were elected to new roles in the WI legislature. The goal of these meetings was to learn about their priorities for the coming year and identify areas of shared interests. There was lots of good conversation at the meetings and many topics covered, from tobacco prevention to communicable disease funding. Prior to the last few years Eau Claire Healthy Communities, the BOH, and the department hosted a legislative event. Local legislators, community leaders, Healthy Communities members and Board of Health members came together to discuss how together we can focus on prevention in our community. The goal is to convene the taskforce that planned the legislative event together this year to discuss a 2023 event.

Community Health Assessment

The ECCCHD has been working with community partners on conducting a community health assessment as required by state statute for many years. In 2015, for the first time, a core group of Eau Claire and Chippewa County partners (hospitals, health departments, United Way) completed a shared community health assessment that met all parties' requirements and resulted in a community health assessment that was a common document for all partners. The goal was to decrease duplication, increase collaboration, and support health improvement. Since 2015, these partners have completed three assessments together with the most recent being completed in 2021. The next round of Community Health Assessment planning will begin in the summer of 2023 and completed in 2024. The partnership is expanding to include Dunn County as many project partner coverage areas cross county lines. In addition to adding a third county the partnership team is interested in restructuring the community health assessment around the social determinants of health as well as relooking at the community survey.

BOH meetings

Attached are a couple of resources as references for BOH members to use related to Open Meetings Law and Roberts Rules which both frame how we run our Board of Health meetings. As a governmental entity, the BOH follows these expectations for our meetings.

Wisconsin Well Woman Program

The Well Woman Program partnered with the Chippewa Valley Free Clinic for an additional Women's Health Night. A team of three volunteer physicians see up to fifteen women for breast and pelvic exams. The most recent Women's Health Night was held on March 1st and included mammogram screening through Marshfield Clinic. A volunteer at the Free Clinic shuttled patients to and from Marshfield Clinic to receive mammograms. Well Woman Coordinator, Gina Holt, enrolled eligible women into the Wisconsin Well Woman Program prior to the event, and helped with Patient Navigation at the event.

Family Planning Clinic

According to the CDC (2019), each year there are about 38,000 new HIV infections in the United States. In 2018, there were 72 people presumed to be living with HIV in Eau Claire County (WI DHS, 2019). Ending the HIV epidemic is a public health priority that is supported at federal, state, and local agencies. At all levels these efforts include preventing, testing, treating, and responding to HIV (CDC, 2020). One intervention shown to prevent new HIV infections is pre-exposure prophylaxis, also called PrEP (CDC, 2020). PrEP is a daily oral antiretroviral medication used in tandem with follow-up clinic visits and risk reduction counseling that can significantly decrease the risk of acquiring HIV for people most at-risk (CDC, 2020). The ECCCHD Family Planning Clinic is uniquely situated to provide PrEP services as they have staff trained in HIV Counseling,

Testing, and Referral and HIV Partner Services. These programs work directly with people most at risk for being exposed to HIV in the northwestern WI region we serve.

Locally there are only a few providers consistently providing PrEP services and even with these providers there can be cost barriers for clients. Increasing access to PrEP has been a consideration at the ECCCHD over the last few years. In addition to advocating for more access through providers in Eau Claire, the FPC staff also developed policy, protocol, educational materials and documentation templates to support the addition of PrEP at the FPC. Adding a PrEP program aligns with services already provided by the clinic including STI testing, HIV testing, and risk reduction education. Two new lab tests, kidney function and a lipid panel, will be completed utilizing the Marshfield Clinic outreach lab services. The FPC is planning to trial a program with our existing clients that have expressed interest in PrEP and will be monitoring it to determine its sustainability. The clinic is able to bill Family Planning Only Services (FPOS) for clients covered under that program which will reduce the cost barrier for many. Adding these services will allow the clinic to better serve their clients and the community.

Overdose Fatality Review Team

The Overdose Fatality Review (OFR) Team partnered with the Wisconsin Department of Justice to apply for the Bureau of Justice Comprehensive Secure and Responsible Drug Disposal Program. The Eau Claire County team was awarded 1,600 at-home medication deactivation bags. The bags will be shared through public safety, public health, health care, treatment centers, Department of Corrections, law enforcement, school district, and Department of Human Services, along with others. The bags provide a safe disposal option to individuals who are less likely to access a medication drop box or participate in a drug take-back day.



Overdose Data to Action Community Prevention grant

Our *What Do You Know About Opioids* workshop was presented during Community Resource Day for nursing students at CVTC. Students and staff attended the workshop to learn about local efforts around opioid education, impact, and data. The workshop covered how to recognize and respond to an opioid overdose, how to safely store and get rid of opioid medicine, and how to use Narcan Nasal Spray. Each participant was able to receive one box of Narcan, a medication lockbox or bag, a medication deactivation bag, and other educational resources.

A handout was developed to attach to each at-home medication deactivation bag. The handout provides instructions on how to use the bag, education on medication disposal, and a QR code with additional medication drop-off locations available in Eau Claire County.

HOW TO USE AN AT-HOME MEDICATION DISPOSAL BAG

1. Open bag. Add unused or expired medications.
2. Fill bag halfway with warm water. Wait 30 seconds. Foaming may occur.
3. Close bag. Gently shake. Put in the trash.

This bag can be used to get rid of: 45 pills OR 6 oz. liquid OR 6 patches*

GET RID OF UNUSED OPIOID MEDICINE

Remember to get rid of unused medications, including opioids, when you are done taking the medicine. Leaving unused opioids in the home can increase the chances of other people finding and using them.

Younger children or pets may find them and accidentally swallow the medication. Find a medicine drop-off location or use an at-home medication disposal bag to get rid of extra medicine.

FIND A MEDICATION DROP-OFF LOCATION AND LEARN MORE www.GetInvolvedASAP.org

*To deactivate and dispose of medicine patches, attach sticky side of the patch to a facial tissue and add into the bag.

Program supported by the Eau Claire City-County Health Department and Alliance for Substance Misuse Prevention

Narcan Direct Program

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

- 61 individuals were trained and 50 boxes of Narcan were distributed.
- 16 refill boxes (24 doses) were requested for the following reasons:
 - 12 doses administered during a potential overdose
 - 4 doses were given to someone else
 - Of the 12 doses administered; 5 lives were saved.

Community Health Promotion

Elizabeth Hagen and Sarah Dillivan-Pospisil completed their renewal for their Prevention Specialist license from the State of Wisconsin, Department of Safety and Professional Services. On each odd-numbered year, Prevention Specialists need to complete 30 hours of continuing education to maintain credentialing. To receive a Prevention Specialist credential, 120 hours of approved education, including 50 hours specific to alcohol, tobacco, and other substance use and six hours specific to ethics, are needed in the following content areas:

- Planning and evaluation
- Prevention education and service delivery
- Communication
- Community organization
- Public Policy and environmental change
- Professional growth and responsibility

NO. 15773-127

THE STATE OF WISCONSIN
SUBSTANCE ABUSE - DIRECT LICENSING

Hereby certifies that
SARAH J DILLIVAN-POSPISIL
was granted a license to practice as a
PREVENTION SPECIALIST
in the State of Wisconsin in accordance with Wisconsin Law
on the 27th day of February in the year 2023.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Substance Abuse - Direct Licensing
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services


Sarah J. Dillivan-Pospisil


Amy Brown, Governor



This certificate was printed on the 27th day of February in the year 2023.

NO. 15773-127

THE STATE OF WISCONSIN
SUBSTANCE ABUSE - DIRECT LICENSING

Hereby certifies that
ELIZABETH K HAGEN
was granted a license to practice as a
PREVENTION SPECIALIST
in the State of Wisconsin in accordance with Wisconsin Law
on the 13th day of January in the year 2023.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Substance Abuse - Direct Licensing
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services


Elizabeth K. Hagen


Amy Brown, Governor



This certificate was printed on the 03th day of January in the year 2023.

In 2022, Wisconsin had 71 Prevention Specialists. The purpose of the Prevention Specialist certification is to create a strong workforce of certified Prevention Specialists that can assist with managing prevention block grant money and implement environmental, evidence-based programs, policies and practices.

New Eau Claire Human Services Director

We will have a new colleague in the county – one who is familiar to all of us. Last week, Angela “Angie” Weideman was appointed by County Administrator, Kathryn Schauf, as Director of the Department of Human Services. Angie currently is the Director of the Chippewa County Department of Public Health and someone that we work closely with on a number of multi-county efforts. We anticipate a continued strong relationship with Human Services moving forward.

Housing Open House

The Housing Assessment Open House was held on March 15th (Eau Claire) and 16th (Altoona) with a number of health department representatives attending. The health department did provide the consultants with background data and information earlier in their assessment process as well. We are looking forward to next steps.

LaFollette Policy Forum

Eau Claire was represented at the annual LaFollette Policy Forum. On March 1, 2023, national, state, and local leaders convened to share stories in policy implementation during the fourth annual [La Follette Forum: All Policy is Implementation](#). Chaired by Associate Professor [Manny Teodoro](#), the daylong event drew over 200 in-person attendees, and an additional 230 people viewed the livestream. Panelists and keynote speakers shared success stories from across the state including overcoming barriers to equitable policy implementation, addressing substance abuse, and keeping communities safe and informed during the pandemic. Lieske was part of a panel related to Covid-19, and the Chief of Police participated in a break-out lunch session.

ROBERTS RULES CHEAT SHEET

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Adjourn	"I move that we adjourn"	No	Yes	No	No	Majority
Recess	"I move that we recess until..."	No	Yes	No	Yes	Majority
Complain about noise, room temp., etc.	"Point of privilege"	Yes	No	No	No	Chair Decides
Suspend further consideration of something	"I move that we table it"	No	Yes	No	No	Majority
End debate	"I move the previous question"	No	Yes	No	No	2/3
Postpone consideration of something	"I move we postpone this matter until..."	No	Yes	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by..."	No	Yes	Yes	Yes	Majority
Introduce business (a primary motion)	"I move that..."	No	Yes	Yes	Yes	Majority

The above listed motions and points are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

To:	You say:	Interrupt Speaker	Second Needed	Debatable	Amendable	Vote Needed
Object to procedure or personal affront	"Point of order"	Yes	No	No	No	Chair decides
Request information	"Point of information"	Yes	No	No	No	None
Ask for vote by actual count to verify voice vote	"I call for a division of the house"	Must be done before new motion	No	No	No	None unless someone objects
Object to considering some undiplomatic or improper matter	"I object to consideration of this question"	Yes	No	No	No	2/3
Take up matter previously tabled	"I move we take from the table..."	Yes	Yes	No	No	Majority
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	Yes	Yes	Only if original motion was debatable	No	Majority
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	No	Yes	No	No	2/3
Vote on a ruling by the Chair	"I appeal the Chair's decision"	Yes	Yes	Yes	No	Majority

The motions, points and proposals listed above have no established order of preference; any of them may be introduced at any time except when meeting is considering one of the top three matters listed from the first chart (Motion to Adjourn, Recess or Point of Privilege).

PROCEDURE FOR HANDLING A MAIN MOTION

NOTE: Nothing goes to discussion without a motion being on the floor.

Obtaining and assigning the floor

A member raises hand when no one else has the floor

- The chair recognizes the member by name

How the Motion is Brought Before the Assembly

- The member makes the motion: *I move that (or "to") ...* and resumes his seat.
- Another member seconds the motion: *I second the motion* or *I second it* or *second*.
- The chair states the motion: *It is moved and seconded that ... Are you ready for the question?*

Consideration of the Motion

1. Members can debate the motion.
2. Before speaking in debate, members obtain the floor.
3. The maker of the motion has first right to the floor if he claims it properly
4. Debate must be confined to the merits of the motion.
5. Debate can be closed only by order of the assembly (2/3 vote) or by the chair if no one seeks the floor for further debate.

The chair puts the motion to a vote

1. The chair asks: *Are you ready for the question?* If no one rises to claim the floor, the chair proceeds to take the vote.
2. The chair says: *The question is on the adoption of the motion that ... As many as are in favor, say 'Aye'. (Pause for response.) Those opposed, say 'Nay'. (Pause for response.) Those abstained please say 'Aye'.*

The chair announces the result of the vote.

1. *The ayes have it, the motion carries, and ...* (indicating the effect of the vote) or
2. *The nays have it and the motion fails*

WHEN DEBATING YOUR MOTIONS

1. Listen to the other side
2. Focus on issues, not personalities
3. Avoid questioning motives
4. Be polite



Open Government

Wisconsin Open Meetings Law

*Revised by Philip J. Freeburg, J.D., Local Government Educator,
University of Wisconsin-Extension Local Government Center
April 2020*

Policy (Wis. Stat. § 19.81)

The Open Meetings Law begins by recognizing that a representative government depends on an informed electorate. An informed electorate needs access to information. The Wisconsin State Legislature declares that the policy of the Open Meetings Law is to:

- Enable the public to have “the fullest and most complete information regarding the affairs of government as is compatible with the conduct of government business;”
- Ensure that meetings of governmental bodies are held in places reasonably accessible to the public; and
- Ensure that such meetings are open to the public unless otherwise expressly provided by law.

The Open Meetings Law is to be “liberally construed” (i.e. broadly interpreted) to achieve the purpose of open government.¹ The law ensures that there is public access and open decision making. Open decision making includes the information gathering stages, discussions, and voting.²

The policy provisions of the Open Meetings Law are not idle rhetoric. Almost all court decisions enforcing the law begin by invoking the explicit policies stated in Wis. Stat. § 19.81.³ To implement these policies, the law requires advance notice of meetings and that those meetings be open and accessible to the public. Closed sessions are limited to exceptions specifically provided by statute.⁴

Coverage

“Governmental bodies” subject to the Open Meetings Law

The definitions in the Open Meetings Law not only explain terms used in the statute, they also determine which bodies are covered and what gatherings constitute a “meeting” under the law. A “governmental body” under the Open Meetings Law includes any state or local agency, board, commission, committee and council created by law, ordinance, rule or order.⁵ “Rule or order” includes motions, resolutions, formal and informal directives by a governmental body or officer that sets up a body and assigns it duties.⁶ At the local level, bodies covered include county, village, and town boards, city councils, school boards, as well as all their committees, commissions, and boards. It is how the body is created, not its members or authority that is the determining factor. Thus, a citizen study or advisory committee created by a county board is considered a governmental body.⁷

A committee, including one set up by administrative staff, could be a governmental body under the Open Meetings Law even if it is not a typical sub-unit of the city council, town or county board. If the committee takes the form of a body with defined membership, is created by “rule,” and has the power to take collective action, then it is considered a governmental body under the Open Meetings Law.⁸ The key element is whether it is created by “rule.” A rule can be a statute, ordinance, resolution, or policy, including handbooks or by-laws, that creates or authorizes the committee. The Wisconsin Counties Association and the League of Wisconsin Municipalities recommend reviewing ordinances, by-laws, policies, and handbooks that are approved by the county or village board or city council to determine which committees are created by rule.⁹

In addition, the term “governmental body” under the law includes governmental and quasi-governmental corporations, as well as other specified entities.¹⁰ A governmental or quasi-governmental corporation includes corporations created by the legislature or by other governmental bodies under statutory authorization. Quasi-governmental corporations are not just those created by a governmental body, but also may be corporations that resemble governmental corporations.¹¹ Determining if an entity resembles a governmental corporation depends on the total facts and circumstance about the entity and is determined on a case-by-case basis.¹² Thus no single factor is determinative, but courts consider several factors: (1) whether the entity performs or serves a public function, as opposed to a purely private function, even if the public function is merely recommending action to a governmental body;¹³ (2) the degree of public funding;¹⁴ (3) government access to the entity’s records;¹⁵ (4) express or implied representations that the entity is affiliated with government;¹⁶ and (5) the extent government controls the entity’s operation, such as appointing directors, officers or employees, or officials serving in those positions.¹⁷

If a citizen body creates itself by its own authority (independent of any governmental unit or statute, ordinance, rule or order) and sets its own charter, bylaws, membership requirements, or rules, most likely it is not a quasi-governmental corporation. To constitute a governmental corporation or quasi-governmental corporation, the organization must in fact be incorporated, and not another type of entity such as a nonprofit association.¹⁸

The Open Meetings Law still provides that a local governmental body conducting collective bargaining is not subject to the law. However, this is not as significant a provision of the law as it was before the Act 10 public union reforms. Nonetheless, notice of reopening a collective bargaining agreement must be given under the Open Meetings Law and final ratification of the agreement must be done in open session under such law.¹⁹

“Meetings” under the Open Meetings Law

A meeting is defined as a gathering of members of a governmental body for the purpose of exercising responsibilities and authority vested in the body.²⁰ The courts apply a *purpose test* and a *numbers test* to determine if a meeting occurred. The law applies to a meeting when both the numbers and purpose tests are met.²¹¹

Purpose and Numbers Tests

The purpose test is met when there is information gathering, discussion, or decision-making on matters over which the governmental body has authority. Social or chance gatherings where there is no discussion on the topics over which the body has jurisdiction are excluded. The numbers test asks if there are enough members to determine the outcome of an action. The statute presumes that a gathering of one-half of the membership is a meeting, because one-half could determine the outcome of a vote by preventing a majority in favor of a proposal. Thus less than a majority could determine the outcome of an issue. This is called a "negative quorum," and can meet the numbers test. Use caution when gathering with other members, because less than half can also be a negative quorum. There could be less than half a city council, or county board gathered together, but a quorum or a negative quorum of a committee may exist. Votes requiring a two-thirds majority, like a budget amendment, can meet the numbers test if one-third plus one of the members are together discussing the amendment.²²

There are other special cases where a meeting exists for the purposes of the law. A series of conversations, phone calls, or emails to “line up votes” or conduct other business is known as a “walking quorum,” and violates the law.²³ Such conduct addresses the business of the governmental body without public notice, information, or participation. Telephone conference calls among members are also considered a meeting when the two tests are met and therefore, must be conducted in such a manner as to be accessible to the public.²⁴

Emails, instant messages, blogs, social media sites, and other electronic message forms could also create a meeting. While no court decision has clarified the Open Meetings Law on this issue, the state attorney general’s office advises that if the communications are like an in-person discussion with a prompt exchange of viewpoints by members, then it raises the possibility of an Open Meetings Law violation. If the communication is more like written a communication on paper, which is not an Open Meetings Law violation, then the communication is less likely a violation. To avoid the risk of excluding the public and violating the law, the attorney general’s office discourages the use of electronic messages between members to discuss issues within the authority of the body. Certainly, avoid the “reply” or “reply all” email functions.²⁵

If enough members of one government body to satisfy the numbers test and attend the meeting of another government body in an effort to gather information on a subject over which the body has authority, a meeting under the law may occur. Unless the gathering is by chance, it should be treated as a meeting of both bodies and notice must be given.²⁶ The attorney general's office recommends giving notice of when a body is attending the meeting of another body and to be as specific in the notice as possible. It is further recommended to avoid stock or boilerplate language such as that "a possible quorum may attend." Instead, be specific as to which bodies will attend the other's meeting and include when it is scheduled to occur.²⁷

Not all gatherings of members become a meeting under the law. As previously mentioned, the Open Meetings Law does not require notice for social gatherings, gatherings by chance, or at a conference if there is no business conducted (that is, the purpose test is not met).

The place of meeting must be reasonably accessible to the public, including persons with disabilities.²⁸ Accordingly, the facility chosen for a meeting must be sufficient for the number of people reasonably expected to attend.²⁹

Public Notice Requirements

If the public did not know the subjects of a governmental meeting or were not made aware of its location, date, and the time of the meeting, a meeting open to the public would be almost meaningless. Thus, public notice is required before every governmental meeting.³⁰ Further, separate notices must be given for each meeting.³¹

Effective March 2020, the Legislature changed the Open Meetings Law to require that Open Meetings Law notice to the public shall use one of three specific methods.

1. Posting a notice in at least 3 public places,
2. Posting in a least one public place and placing a notice electronically on the governmental body's Internet site, or
3. By paid publication in a news medium.³²

It is further required that each posting place or publication be "likely to give notice to person's affected."³³ The Open Meetings Law provides that paid published news medium notice is one method notice methods, but other statutes may require a published notice. If a paid newspaper publication is used to give notice, confirmation that it was in fact published in a timely fashion should be secured before the meeting convenes.³⁴

The Open Meetings Law also requires providing notice to the news media.³⁵ Notice may be in writing, by telephone, voice mail, fax or email. Written methods are best for accuracy and because doing so creates a record of the notice that can later be used as proof of compliance with the notice to news media requirement. Notice must be given to any news media that has made a written request, as well as to the official newspaper for the governmental unit. If there is no official newspaper, then notice must be sent to the news medium that is likely to give notice in the area. The newspaper does not have to print the notice and you do not have to pay to publish the notice, but you must send the notice to the newspaper whether they publish it or not.³⁶

The notice must state the time, date, and place of the meeting. If a closed session is anticipated, the notice must include the item to be considered and a citation to the particular statute justifying the closed session (see “Permitted Exemptions for Holding Closed Sessions,” below).³⁷

The notice must also state the subject matter of the meeting. Discussion on any action or matter is limited to the topics specified in the notice (there is a limited exception for a public comment period, which is discussed below). The content of the notice must be “reasonably likely to apprise the public” of what will be addressed at the meeting.³⁸ In other words, the subject matter must be specific enough to let people interested in a subject matter know that it will be addressed at the meeting.

Courts reviewing and enforcing compliance with the Open Meetings Law will determine if the notice is specific enough on a case-by-case basis. That means what may be adequate subject matter notice in one instance may not be adequate in a different instance. For example, a notice stating, “employee contracts” could be adequate, but if it includes the contract of a controversial employee, then “employee contracts” would not be specific enough to satisfy the Open Meetings Law.³⁹

The Wisconsin Supreme Court gave three factors to consider when determining if notice of subject of a meeting is reasonably specific:

1. The burden of providing more detailed notice. This factor balances specificity with the efficient conduct of public business.
2. Whether the subject matter is of particular interest to the public. This factor considers the number of people interested and the intensity of interest.
3. Whether the subject involves a non-routine action that the public would be unlikely to anticipate. This factor recognizes there may be less need for specificity with routine matters and more need for specificity where novel issues are involved.⁴⁰

The attorney general’s office advises that any generic notice that contains expected reports or comments by a member, official, or presiding officer should state the topics that will be addressed in the report. The attorney general’s office further advises that generic subjects, such as “old business,” “new business,” “agenda revisions,” or “such other matters as authorized by law,” and fail to include further subject matter identification are inherently insufficient notice.⁴¹

A separate notice is required before each meeting of the governmental body. A general notice that is meant to cover a period of time (i.e., a week, a month) is not allowed. Notice must be given at least 24 hours prior to the meeting. The Open Meetings Law says that for “good cause” a shorter time for notice may be given; however, it must be at least two hours in advance of the meeting. Forgetting the notice or negligence is not good cause. Remember that the purpose of the law is a well-informed public, so any doubts about good cause should be resolved in favor of the public.

The presiding officer of the governmental body is responsible to give notices under the Open Meetings Law, or someone he or she designates.⁴² Because including the meeting agenda into the notice is the most common means of providing notice of the subject matter of the meeting, this

part of law can be misunderstood to state that the presiding officer “controls” the agenda. That is neither the language nor the intent of the statute. The statute only assigns responsibility and accountability for meeting notices to the presiding officer, but agenda setting process more properly the subject to the body’s local procedural rules.

The Open Meetings Law does not require public participation in a meeting. A governmental body may, but is not obligated to, provide for a period of “public comment” during a meeting. During that period, the governmental body may receive information from members of the public, but only limited responses or discussion is permitted if comments are on a subject matter not included in the notice.⁴³

Meetings must be open to all persons, except when closed for a specific permitted purpose (*see below*). An open meeting means that it is reasonably accessible to members of the public.⁴⁴ Accessible also means “reasonable effort” to accommodate persons who want to record, video, or photograph the meeting, provided that those activities do not interfere with the meeting or rights of other participants.⁴⁵

Permitted Exemptions For Holding Closed Sessions

Some subjects if discussed in an open meeting could actually be adverse to the public interest. Consider if the meeting subject is purchasing a parcel of real estate the municipality needs, and the board wants to consider acceptable terms to authorize for negotiation. Typically, an administrator or staff person is given an acceptable range of prices to use in negotiation, but if the possible terms and prices are discussed in open session, bargaining power will be compromised as the seller will know the highest price the municipality has authorized. To avoid possible harm to the public interest, the Open Meetings Law sets forth specific exceptions that permit conducting business on limited subject matter in a closed session.

Remember that the purpose of the Open Meetings Law is providing the public with “the fullest and most complete information regarding the affairs of government as is compatible with conduct of government business,” and the Open Meetings Law is to be construed liberally in favor of achieving that purpose.⁴⁶ Another general requirement of the Open Meetings Law is that all governmental business shall be conducted in open session.⁴⁷ Considering these requirements of the statutes, the exemptions in Wis. Stat. § 19.85 must be construed strictly and narrowly.⁴⁸ If there is any doubt of whether a closed session exemption applies to the meeting subject matter in question, whether to close the meeting should be resolved in favor of openness.⁴⁹

A closed session may be held for one or more of 11 specified exemptions in the statutes. The following exemptions are of interest to local government bodies.

- **“Case” deliberations - Wis. Stat. § 19.85(1)(a).** This narrow exemption considers a “case” to be the subject of a quasi-judicial hearing that has many aspects of a court case: adversaries, witnesses, direct, and cross examination of witnesses.⁵⁰
- **Employee discipline, licensing, tenure, and employee evaluation- Wis. Stat. § 19.85 (1)(b) & (c).** Two open meeting exemptions involve one or more public employees. Closed

sessions are permitted under Wis. Stat. § 19.85 (1)(b), when the subject is the dismissal, demotion, licensing, tenure, or discipline of a public employee. Wis. Stat. § 19.85 (1)(c), permits closed session when considering employment, promotion, compensation, or performance evaluation. These two exemptions do not include all employee related subjects, but facts and information about a specific employee(s). It does not grant an exemption when discussing policies involving a department or all employees in general.⁵¹ Neither can consideration of action to fill a vacancy on the governmental body or appointments to committees be in closed session.⁵²

If a closed session is to consider employee dismissal, demotion, or discipline and there is an evidentiary hearing or final action is contemplated, then the employee may demand that the hearing or meeting be in open session. Employees must be given notice of such closed hearings or sessions, and be advised of their right to have it take place in open session. However, the employee does not have the right to demand the meeting be in closed session.⁵³

- **Criminal matters - Wis. Stat. §19.85(1)(d).** This exemption allows closed sessions to consider strategies for crime prevention or detection. It also allows closed session to consider probation or parole, but this is not a local government function.
- **Purchases and competitive bargaining - Wis. Stat. §19.85(1)(e).** This is the exemption mentioned in the introduction to this segment of this chapter. Closed sessions are allowed when deliberating or negotiating the purchase of public property, investment of public funds, or other specified public business, when competitive or bargaining reasons require a closed session. The competitive or bargaining reasons must relate to reasons benefiting the governmental body, not a private party's desire for confidentiality.⁵⁴
- **Burial sites - Wis. Stat. § 19.85(1)(em).** Deliberating on a burial site if discussing it in public would likely result in disturbance of the site.
- **Damaging personal information - Wis. Stat. § 19.85(1)(f).** Closed session is permitted when considering financial, medical, social or personal histories, or disciplinary data of specific persons. It also includes preliminary consideration of specific personnel problems or investigation of charges against a specific person, except when that person's right to an open meeting applies (see "Employee discipline, licensing, tenure" above). This exception can only be used if discussion in an open meeting would have a substantial adverse effect on the reputation of the person involved. This exemption applies to "specific persons" as compared to a small classification of public employees (see "Employee discipline, licensing, tenure" above.)
- **Legal consultation - Wis. Stat. § 19.85(g).** Conferring with legal counsel who is giving written or oral advice about strategy to be adopted in litigation in which the governmental body is or is likely to be involved.
- **Confidential ethics opinion - Wis. Stat. § 19.85(1)(h).** Used to consider a request for confidential written advice from a local ethics board.

Conducting Permitted Closed Session

The Open Meetings Law spells out a specific process to meet in closed session. Notice must be given of a contemplated closed session. The notice must describe the subject matter and specify the specific statutory exemption(s) allowing the closed session.⁵⁵ The notice of the subject matter of a closed session must be specific enough to allow the members voting on a motion for closed session and the public to discern whether the subject is authorized for closed session under Wis. Stat. §19.85(1).

To go into a closed session, the meeting must begin in open session. The body's presiding officer must announce the authority and subject of the proposed closed session. The announcement must be included in the meeting minutes or record. A motion to go into closed session must be made and seconded, followed by a vote so that each member's vote can be determined. The motion, the second, and the vote must be part of the meeting record.⁵⁶ Once a body goes into closed session it cannot reconvene in open session for 12 hours, unless public notice was given in the original notice of its intent to return to open session.⁵⁷

If the need arises, the body can go into closed session on an item specified in the public notice.⁵⁸ In such a case, the closed session item should be placed at the end of the agenda because the body cannot reconvene in open session when there was not a notice of the closed session. This is a very narrow provision, and whenever time allows, 24-hour notice must be given, or if there is good cause, at least two-hour notice could be used to give an amended notice that includes an indication that a closed session was not originally contemplated.

As with open sessions, motions and votes in closed session must be recorded. Whenever feasible, votes should be taken in open session, unless voting is an integral part of the closed session and the reason for going into closed session would be defeated or compromised by votes in open session.⁵⁹

Only matters for which the session was closed may be considered in closed session.⁶⁰ All governmental body members may participate in closed session, including those that voted against closed session. This includes a committee meeting in closed session, even if members are not on that committee, unless the governing body has a formal rule or ordinance allowing for the exclusion of members who are not serving on the committee.⁶¹ The body has discretion to admit anyone to a closed session that they deem necessary to conduct the business of the closed session.⁶²

Voting & Records

Generally, motions, seconds, and any roll call votes must be recorded, preserved, and made available to the extent prescribed by the Public Records Law.⁶³ (See the "Wisconsin Public Records" chapter of this handbook.) Certain statutes require each member's vote to be recorded; for example, Wis. Stat. § 19.85, discussed above, requires each member's vote to be recorded to convene in closed session. Wis. Stat. § 59.23(2)(a), requires county clerks to keep a record of the board proceeding, including the vote of each supervisor. The Open Meetings Law provides that any member of a governmental body may require a roll call vote.⁶⁴

Penalties & Enforcement (Wis. Stats. §§ 19.96 & 19.97)

Violations of the Open Meetings Law are punishable by a court imposing a civil forfeiture penalty or a fine of \$25 to \$300 against members who attended a meeting in violation of the law, or a presiding officer who violated the notice requirement. These amounts are the base penalty and, with mandatory court costs and assessments, a \$300 forfeiture can reach over \$500. Any forfeiture imposed must be paid by the members themselves and cannot be reimbursed by the governmental unit.⁶⁵ If the enforcement involves an improper closed session, members who voted against convening in closed session have a defense to the charge.⁶⁶

In addition, a court enforcing the Open Meetings Law has the power to void any action taken at a meeting in violation of the Open Meetings Law. There may be other remedies, such as an injunction, that the court may order.⁶⁷ A court also can order that the reasonable costs of prosecuting the violation can be recovered.

To start an enforcement action, any person may file a complaint under oath, known as a "verified complaint," with the county district attorney (DA). If the DA does not bring an enforcement action within 20 days, the person may bring his or her own enforcement action in the name of the state. If successful, violators can be required to pay the actual costs and reasonable attorney fees of bringing the court action. In some cases, the attorney general's office may bring an enforcement action.

These penalties are serious, but even allegations of Open Meetings Law violations often have a devastating effect on public trust in the governmental body and its members. There is also the personal embarrassment to the members and political consequences. On the other hand, being mindful of the purpose and requirements of the Open Meeting Law is a means to build public trust.

Reference & Advice

Refer to Wis. Stat. §§ 19.81-19.98 for the specific wording of the law. The Wisconsin Department of Justice has created the Office of Open Government, which has a website where you will find Open Meetings Law statutes, *Wisconsin Open Meetings Law, A Compliance Guide (2018)*, and other resources: <https://www.doj.state.wi.us/office-open-government/office-open-government-resources>. Advice on the Open Meetings Law is available from the county corporation counsel, a municipal attorney, or the Wisconsin Department of Justice. The UW-Extension Local Government Center (LGC) has resources available including a video on the law which is available through the LGC's website, <http://lgc.uwex.edu>.

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- ¹ Wis. Stat. § 19.81 (3).
- ² *State ex rel. Newspapers, Inc. v. Showers*, 135 Wis.2d 77, 79 (1987); *State ex rel. Badke v. Village Board of the Village of Greendale*, 173 Wis.2d 553, 571 (1993).
- ³ For example: *Badke*, 173 Wis.2d 553 at 570 (1993); *Journal Times v. City of Racine Bd. of Police and Fire Comm'rs*, 2015 WI 56 ¶ 46.
- ⁴ *Citizens for Responsible Development v. City of Milton*, 2007 WI App 114, ¶16.
- ⁵ Wis. Stat. § 19.82(1).
- ⁶ 78 Op. Att'y Gen. 67.
- ⁷ *Open Meeting Law Compliance Guide*, p. 4 - 5 (2018).
- ⁸ *Krueger v. Appleton Area Scholl District*, 2017 WI 70, ¶¶24-26.
- ⁹ *Wisconsin Counties*, September 2017, p.12; *The Municipality*, October 2017, p.23 (Governing Bodies 398 & 399).
- ¹⁰ Wis. Stat. §19.82(1).
- ¹¹ *State v. Beaver Dam Area Development Corp.*, 2008 WI 90, ¶44.
- ¹² *Beaver Dam*, ¶45
- ¹³ *Beaver Dam*, ¶72.
- ¹⁴ *Beaver Dam*, ¶66.
- ¹⁵ *Beaver Dam*, ¶78.
- ¹⁶ *Beaver Dam*, ¶¶73,74.
- ¹⁷ *Beaver Dam*, ¶75.
- ¹⁸ *Wis. Prof'l Police Ass'n, Inc. v. Wis. Counties Ass'n*, 2014 WI App 106.
- ¹⁹ Wis. Stat. §§19.82(1) & 19.86.
- ²⁰ Wis. Stat. §19.82(2).
- ²¹ See note 2, above.
- ²² This was the situation in the *Showers* case, above.
- ²³ *Showers*, 135 Wis.2d at 92, 100 (quoting *State ex. rel. Lynch v. Conta*, 71 Wis.2d 662, 687 (1976)).
- ²⁴ 69 Op. Att'y Gen. 143 (1980).
- ²⁵ *Open Meeting Law Compliance Guide*, p. 11 (2018).
- ²⁶ *Badke*, 173 Wis.2d 553, 571.
- ²⁷ July 26, 2016, correspondence from Assistant Attorney General Paul Ferguson to John Bodnar, Winnebago County Corporation Counsel, and Scott Ceman, Winnebago County District Attorney.
- ²⁸ Wis. Stat. § 19.82(3).
- ²⁹ *Badke*, 173 Wis.2d 553, 580-81.
- ³⁰ Wis. Stat. §§ 19.83 & 19.85.
- ³¹ Wis. Stat. § 19.84(4).
- ³² Wis. Stat. §19.84(1)(b)1,2 &3(2020)
- ³³ Note: *Wis. Stat. §19.84(1)(b)2*, does not say that the Internet site notice has to be in a manner "likely to give notice to the public," but given policies of the Open Meetings Law, the notice should be placed in a manner to facilitate access by the public.
- ³⁴ *Open Meeting Law Compliance Guide*, p. 14 (2018).
- ³⁵ Wis. Stat. § 19.84(1)(b).
- ³⁶ Wis. Stat. § 19.84(1)(b).
- ³⁷ Wis. Stat. § 19.85(2).
- ³⁸ Wis. Stat. §19.84(2).
- ³⁹ *State ex rel Buswell v. Tomah*, 2007 WI 71.
- ⁴⁰ *State ex rel Buswell v. Tomah*, 2007 WI 71, ¶¶29-31.
- ⁴¹ *Compliance Guide*, p. 17 (2018); *AG-Thompson Informal Correspondence*, September 3, 2004.; *AG-Ericson Informal Correspondence*, April 22, 2009.
- ⁴² Wis. Stat. §19.84(1)(b).
- ⁴³ Wis. Stat. § 19.84(2).
- ⁴⁴ Wis. Stat. § 19.82(3).
- ⁴⁵ Wis. Stat. § 19.90.

- ⁴⁶ Wis. Stat. § 19.81(1) & (4).
- ⁴⁷ Wis. Stat. §19.83(1).
- ⁴⁸ *State ex rel. Hodge v. Town of Turtle Lake*, 180 Wis.2d 62, 70 (1993).
- ⁴⁹ See 74 Op. Att'y Gen. 70, 73 (1985).
- ⁵⁰ See *Hodge*, above.
- ⁵¹ *Oshkosh NW. Co. v. Oshkosh Library Bd.*, 125 Wis. 2d 480, 486 (Ct. App. 1985).
- ⁵² 76 Op. Att'y Gen 276 (1987) an 74 Op. Att'y Gen 70, 72 (1985)
- ⁵³ *State ex rel. Schaeve v. Van Lare*, 125 Wis. 2d 40, Ct. App. 1985).
- ⁵⁴ *State ex rel. Citizens v. City of Milton*, 2007 WI App 114, ¶.15-14 ¶¶
- ⁵⁵ Wis. Stat. §§ 19.84(2) & 19.85(1).
- ⁵⁶ Wis. Stat. § 19.85(1).
- ⁵⁷ Wis. Stat. § 19.85(2).
- ⁵⁸ 66 Op. Att'y Gen. 106 (1973).
- ⁵⁹ *Open Meeting Law Compliance Guide*, p. 29-30 (2018).
- ⁶⁰ Wis. Stat. § 19.85(1).
- ⁶¹ Wis. Stat. § 19.89).
- ⁶² *Informal correspondence to Shuh, December 15, 1988.*
- ⁶³ Wis. Stat. §§ 19.88 & 985.01(6).
- ⁶⁴ Wis. Stat. §19.88(2).
- ⁶⁵ 66 Op Att'y Gen. 226 (1977).
- ⁶⁶ Wis. Stat. § 19.96.
- ⁶⁷ Wis. Stat. § 19.97(3).

Board of Health Meeting 3/22/2023

Agenda Item

January 2023 Media Contacts

INTERVIEW

1/6/2023	Title:	Topic:
	Link: NOT AVAILABLE	Staff:
1/6/2023	Title: What COVID might look like in 2023	Topic: Communicable Disease Staff: Kristy Polden
	Link: https://www.weau.com/2023/01/07/what-covid-might-look-like-2023/	
1/23/2023	Title: COVID-19 testing site at CVTC to close Jan. 25	Topic: Communicable Disease Staff: Sarah Seifert
	Link: https://www.weau.com/2023/01/23/covid-19-testing-site-cvtc-close-jan-25/?fbclid=IwAR3vg187UQsQmTyKS39LdOJKSQc5xgaR6WjTgJDcBvMM3jh91YH2AnDUHtk	
1/25/2023	Title: Opioid overdoses on the rise in Eau Claire County	Topic: Healthy Living and Prevention Staff: Sarah Dillivan-Pospisil
	Link: https://www.weau.com/2023/01/26/opioid-overdoses-rise-eau-claire-county/	
1/26/2023	Title: Workshop aims to raise awareness about opioid misuse	Topic: Healthy Living and Prevention Staff: Sarah Dillivan-Pospisil
	Link: https://www.weau.com/2023/01/27/workshop-aims-raise-awareness-about-opioid-misuse/	
2/6/2023	Title: COVID-19 emergency declarations to end in May	Topic: Communicable Disease Staff: Lieske Giese
	Link: NOT AVAILABLE	
2/7/2023	Title: WI DHS announces new immunization requirements affecting child care centers	Topic: Communicable Disease Staff: Christina Writz
	Link: https://www.weau.com/2023/02/08/wi-dhs-announces-new-immunization-requirements-affecting-child-care-centers/	
2/21/2023	Title: WI immunization requirements changing	Topic: Communicable Disease Staff: Christina Writz
	Link: NOT AVAILABLE	

PRESS RELEASE

1/9/2023 Title: Make Your Home Safer by Testing for Radon This Month Topic: Healthy Homes and Places
Staff: Elizabeth Paulson
Link: <https://www.eauprairewi.gov/government/our-divisions/health-department/there-s-more/news-releases>

PRINT ARTICLE

1/12/2023 Title: Make your home safer- test for radon this month Topic: Healthy Homes and Places
Staff:
Link: [Not Available](#)

2/1/2023 Title: Winter Wellness Bingo Challenge Topic: Healthy Living and Prevention
Staff: Gina Schemenauer
Link: [Not Available](#)

2/2/2023 Title: Winter Wellness Bingo Challenge Topic: Healthy Living and Prevention
Staff: Gina Schemenauer
Link: [Not Available](#)

2/2/2023 Title: Winter Wellness Bingo Challenge Topic: Healthy Living and Prevention
Staff: Gina Schemenauer
Link: [Not Available](#)



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 5 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Heidi Jusula

Breastfeeding Peer Counselor

Signature Director/Health Officer

Date: 2/22/23

Signature President, Board of Health

Date: 2/22/23



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 5 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Sara Dillivan-Pospisil
Public Health Specialist

Signature Director/Health Officer

Date: 2/22/23

Signature President, Board of Health

Date: 2/22/23



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 5 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Matt Steinbach

Division Manager

Signature Director/Health Officer

Date: 2/22/23

Signature President, Board of Health

Date: 2/22/23

Board of Health Meeting 3/22/2023

Agenda Item 5.c

Performance Management Update

Performance measures for 2022 are attached and include data from January 1st through December 31st for 2022. Performance measures are part of the Eau Claire City-County Health Department performance management plan. ECCCHD believes measuring agency performance and managing that performance through a deliberate and strategic process leads to improved organizational operations and ultimately improved community health. ECCCHD uses a performance management model that includes setting performance standards, measure performance through performance measures, improving outputs of those measures through the quality improvement process, and reporting our progress. As shown below, the attached performance measures have specific outputs, outcomes, and goals for each core service area.

Each quarter managers and divisions review the performance measures to see if there are areas for improvement that may warrant a quality improvement project. Performance measure progress is reported to the Board of Health twice a year and included in our annual reports. Performance measures will be updated for 2023 as we update the strategic plan and relook at what we want to measure regularly for our programs.

#2 SAFE FOOD AND WATER		334,360	FTEs			
The Safe Food and Water program assures that residents and travelers will have their health protected when using recreational facilities and restaurants. The program includes investigating complaints, inspecting all facilities that provide food and water to the public, testing of private drinking water, and assisting and waterborne illness and water are integral to our health.			10.80			
		OUTPUTS				
		<i>(column = Jan-Jun results)</i>				
		2013	2014	2015	YTD2016	
# of Restaurant inspections		810	708	948	617	
# of Retail Food inspections		182	270	319	147	
# of School inspections		67	68	64	33	
# food samples analyzed:		New measure 2016	New measure 2016	New measure 2016	637	
# of Foodborne Illness Investigations:		12	9	2	2	
# of private onsite wastewater disposal inspections/consultations:		2321	1165	2469	730	
# of water samples processed/analyzed:		2290	1642	3663	1572	
# of recreational water (beach) inspections:		498	320		17	
# of Facebook posts on Safe Food and Water		New measure 2016	New measure 2016			
# of press releases on Safe Food and Water		New measure 2016	New measure 2016			
Performance Goal	Outcome Measures	Benchmark	2014	2015	YTD2016	D:
Decrease incidence of foodborne and water borne outbreaks and food safety violations	Education and technical assistance to owners with unhealthy well samples results who do not correct deficiencies	100%	100%	100%	100%	1
	Education and technical assistance to owners with uncorrected deficiencies	0%	0%	0%	0%	
Reduce the number of recreational water inspections with 2 or less violations	Recreational water inspections with 2 or less violations	90%	New measure 2016	New measure 2016	62%	
	90% of CDC risk factor violations corrected	90%	New measure 2016	New measure 2016	68%	

Prepared by Marisa Stanley, Operations Division

#1 HEALTHY HOMES AND PLACES

The Healthy Homes and Places Program is designed to create safe environments in our community where people can live, work, and play. This program consists of services that include inspections, complaint investigations, and outreach initiatives to respond to and reduce harm from risks ranging from lead, radon and mold to natural disasters and environmental emergencies. Place plays a vital role in our health.

OUTPUTS

<i>*inspections include pre-inspections, routine inspections, re-inspections, second inspections, onsite visits, and complaint investigations unless otherwise noted.</i>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
# of radon consultations/calls	334	250	214	293	354	112	171	208	115	126
# of housing consultations/calls	2306	1902	1567	1335	1353	2325	2418	2171	522	2145
# of Housing complaint inspections:	903	456	619	522	276	283	208	171	168	170
# of health department initiated inspections and reinspections:	406	773	732	508	537	1265	1054	671	645	918
# of Mobile Home Park inspections:	33	17	17	28	17	19	17	16	16	17
# of body art inspections:	New measure 2015	New measure 2015	38	28	23	32	30	17	27	24
# of campground inspections including special event campgrounds:	New measure 2015	New measure 2015	15	16	22	20	21	17	19	21
# of blood lead screening tests done	728	589	612	490	505	461	430	101	0	11
# of radon tests completed	151	150	226	212	243	172	200	164	289	224
# of responses to public health threats (environmental)	New measure 2016	New measure 2016	New measure 2016	9	19	7	15	20	18	20
# of residences placarded as unfit for habitation	26	26	20	32	24	34	49	30	15	13
# of press releases, print articles, interviews on Healthy Homes and Places	New measure 2016	New measure 2016	New measure 2016	4	3,6,15	8,6,8	5,5,7	1,3,0	4,4,1	2,3,3
# of Facebook posts on Healthy Homes and Places	New measure 2016	New measure 2016	New measure 2016	36	24	18	33	1	10	8
# of interdisciplinary meetings to resolve human health hazard	4	3	3	4	13	5	6	0	2	

Performance Goal	Outcome Measures	Benchmark	2014	2015	2016	2017	2018	2019	2020	2021	2022
Decrease injury/hospitalization related to environmental factors	% of housing complaints investigated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of children with >5 mcg/dl bl lead that was brought below 5 within 6 months	100%	New measure 2016	New measure 2016	0%	80%	71%	25%	75%	50%	0%
	% of licensed facilities inspected	100%	100%	100%	100%	100%	100%	100%	68%	100%	100%
	% of placarded households resolved	75%	New measure 2016	New measure 2016	19%	57%	56%	61%	60%	75%	79%
	% of total full housing inspections with violations in 3 or less categories	80%	New measure 2018	New measure 2018	New measure 2018	New measure 2018	17%	24%	10%	26%	41%
	% of unsafe radon test that are provided education	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

#2 SAFE FOOD AND WATER

The Safe Food and Water program assures that residents and travelers will have their health protected when using recreational facilities and restaurants in our community. Services include investigating complaints, inspecting all facilities that provide food and water to the public, testing of private drinking water, and assisting the public in reducing risks of food and waterborne illness. This is important because safe food and water are integral to our health.

OUTPUTS

<i>*inspections includes pre-inspections, routine inspections, re-inspections, second inspections, onsite visits, compliant investigations, and follow up</i>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	
# of Retail Food-Serving Meals inspections:	810	708	948	1009	893	971	939	423	494	704	
# of Retail Food-Not Serving Meals inspections:	182	270	319	270	256	288	311	184	251	314	
# of School inspections:	67	68	64	70	53	56	65	57	53	68	
# food service samples (food products, swabs, utensils, etc) analyzed:	New measure 2016	New measure 2016	New measure 2016	1299	2014	1366	1216	421	340	793	
# of Foodborne Illness Investigations:	12	9	2	20	21	15	27	11	11	5	
# of private onsite wastewater treatment systems inspections/consultations:	2321	1165	2469	1612	2065	1821	1781	2115	1907	1912	
# of water samples (ground and surface) processed/analyzed	2290	1642	3663	3344	3199	3267	3219	2827	2329	3591	
# of recreational water (pools and beaches) investigations/inspections/consultations	1333	1360	1423	1434	1454	1449	1365	989	1196	1232	
# of well locations permits issued (new and replacement):	94	64	110	98	126	117	124	168	163	108	
# of Facebook posts on Safe Food and Water	New measure 2016	New measure 2016	New measure 2016	49	44	22	24	0	58	67	
# of press releases, print articles, interviews on Safe Food and Water	New measure 2016	New measure 2016	New measure 2016	7	4,10,9	5,4,11	3,10,1	13,2,2	1,1,3	2,2,7	
Performance Goal	Outcome Measures	Benchmark	2014	2015	2016	2017	2018	2019	2020	2021	2022
Decrease incidence of food and water borne disease outbreaks and fatalities	% of owners with unhealthy well samples results who receive education and technical assistance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of public wells with uncorrected deficiencies	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
	% of recreational water inspections with 2 or less violations	90%	New measure 2016	New measure 2016	71%	51%	38%	*	*	*	76%
	90% of restaurant priority violations corrected at the time of inspection or first reinspection	90%	New measure 2016	New measure 2016	68%	81%	79%	70%	69%	100%	56%

#3 HEALTHY GROWTH AND DEVELOPMENT

The Healthy Growth and Development program ensures that kids and families have the best health outcomes possible through policies and programs addressing reproductive, prenatal, and family health. Services include home visitation, family planning, WIC, school/community partner collaboration, and other programs. This work is important because healthy growth and development is the foundation for later academic achievement, economic productivity, and responsible citizenship.

OUTPUTS

<i>(YTD column = Jan-Jun results)</i>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
# of clients\visits receiving reproductive health/contraception services:	938	891	992	936	636/1030	632/1026	626/1129	406/804*	427/906	451/958
# of WIC clients	3419	3271	3114	2928	2727	2582	2310	2268	2107	2051
# of Nurse Family Partnership clients	New measure 2016	New measure 2016	New measure 2016	3	63	161	200	158	150	165
# of Nurse Family Partnership visits	New measure 2016	New measure 2016	New measure 2016	243	722	1211	1520	1069	1121	1188
# of MCH clients\visits	1712 visits	1882 visits	1373 visits	425/992	367/821	285/648	227/509	222/432	193/331	213/341
# of pregnancy tests administered	263	188	171	155	214	147	75	72	111	145
# of child vision/hearing screening completed	5937	6195	5892	4735	6011	4823	4,716	*	*	1,454
# of adolescents trained in evidence based program	New measure 2016	New measure 2016	New measure 2016	50	192	249	213	32	149	131
# of people/agencies who received Safe Sleep training (education and supplies)	New measure 2016	New measure 2016	New measure 2016	17	48/2	0	18	19	20	29
# of Facebook post on Healthy Growth and Development	New measure 2016	New measure 2016	New measure 2016	86	82	46	36	1	49	69
# of press releases, print article, interviews on Healthy Growth and Development	New measure 2016	New measure 2016	New measure 2016	23	4,10,9	8,3,8	4,3,1	0,1,1	1,0,2	0,9,4
# of collaborative community meetings on Healthy Growth and Development	New measure 2016	New measure 2016	New measure 2016	41	117	107	71	43	84	80

<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Decrease unplanned pregnancies	% negative pregnancy tests who receive birth control method	95%	New measure 2016	New measure 2016	65%	66.3%	58.9%	62.5%	*	98%	89%
Increase healthy birth outcomes	% of Women who had a positive pregnancy test in FPC referred to WIC/PNCC	80%	New measure 2016	New measure 2016	59%	72.2%	73.9%	60.0%	*	60%	43%
	% WIC clients enrolled in 1st trimester	39%	38%	33%	33%	30%	29%	33.0%	39.0%	44%	48%
Increase early childhood health/healthy start to life	% of WIC breastfeeding incidence	73%	77%	78%	79%	79%	76%	79%	81%	82%	83%
	% of WIC clients received recommended nutrition education contact	60%	45%	51%	57%	63%	65%	67%	39%	22%	74%
	% of clients with medical home in first trimester	83%	79%	73%	83%	80%	73%	81%	78%	82%	78%

#4 COMMUNICABLE DISEASE

The Communicable Disease program is focused on preventing diseases that spread from person to person, animal to person, and environment to person. These services include community and healthcare provider education, preventive medicine distribution, vaccination, disease testing, environmental monitoring and disease outbreak investigation and prevention. This program is important in decreasing illness and death rates in our community.

OUTPUTS

<i>(YTD column = Jan-Jun results)</i>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
# of animal bite/exposures reports received:	192	166	156	167	156	143	161	120	151	196
# of immunizations administered during the year:	887	1,556	1,466	1570	1523	1950	2165	1070	34,337	5,448
# of seasonal flu shots administered during the year:	457	982	1,027	739	664	982	1031	616	362	495
# of outbreaks in nursing homes reported	New measure 2016	New measure 2016	New measure 2016	11	10	12	10	15	11	16
# of clients screened for sexually transmitted infection:	550	452	657	489	558	799	727	556	543	822
# of newly diagnosed cases chlamydia	New measure 2016	New measure 2016	New measure 2016	512	507	513	468	369	406	375
# of communicable disease reports	New measure 2016	New measure 2016	New measure 2016	935	1137	1389	1183	10,574	12,902	16,,073
# of HIV Partner Service client referrals	New measure 2016	New measure 2016	New measure 2016	10	17	17	16	16	16	8
# of responses to public health threats (communicable disease)	New measure 2016	New measure 2016	New measure 2016	11	29	19	17	169	229	124
# of Facebook posts on communicable diseases	New measure 2016	New measure 2016	New measure 2016	46	60	36	31	4	156	120
# of press releases, print articles, interviews stories on communicable disease	New measure 2016	New measure 2016	New measure 2016	55	12,22,31	16,13,20	13,19,30	50,44,171	38,18,114	25,21,48

<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Decrease vaccine preventable diseases	% of 2 year olds who received the recommended vaccinations	85%	77%	79%	77%	77%	75%	78%	74%	76%	68%
	% of adolescents 11-26 who received the HPV vaccination	35%	New measure 2016	New measure 2016	30%	36%	37%	39%	45%	47%	50%
	% of school age children fully immunized	95%	92%	87%	92%	87%	87%	91%	89%	89%	90%
	% of those greater than 6 months old vaccinated for influenza	40%	New measure 2016	New measure 2016	30%	29%	31%	31%	37%	34%	31%
Decrease reportable communicable diseases	% animal bites/exposures receiving follow up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% of communicable disease investigations completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	% staff trained in public health emergency Incident Command System	100%	New measure 2016	New measure 2016	66%	63%	62%	60%	65%	58%	87%
Decrease STIs and communicable diseases	% STIs receiving treatment	98%	New measure 2016	New measure 2016	100%	99%	99%	99%	100%	91%	99%

#5 CHRONIC DISEASE PREVENTION											
<p>The Chronic Disease Prevention Program consists of programs and policy work to prevent or reduce the effects of chronic diseases such as diabetes, heart disease, and lung cancer. These services include nutrition education and cancer screening. Additional work in this program includes policy and organizational changes to increase access to healthy foods and create a healthy built environment for all. This program is important because chronic disease is one of the leading causes of death in our community - chronic disease/obesity have been identified as a priority in the two most recent community health assessments.</p>											
OUTPUTS											
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	
# of Farmers' Market Nutrition Education contacts	New measure 2019	New measure 2019		New measure 2019	New measure 2019	New measure 2019	2863	NA	339	278	
# of Wisconsin Well Women Program (WWWP) Clients cases	New measure 2016	New measure 2016	New measure 2016	33	32	19	26	30	52	43	
# of Facebook posts on Chronic Disease Prevention	New measure 2016	New measure 2016	New measure 2016	53	20	28	39	5	44	42	
# of press release, print articles, interviews on Chronic Disease Prevention	New measure 2016	New measure 2016	New measure 2016	30	9,18,10	8,26,14	14,39,23	3,25,2	1,31,3	1,6,3	
# of collaborative community meetings on Chronic Disease Prevention	8CD/11OH	12CD/8OH	12CD/11OH	12CD/11OH	28	22	24	8	9	10	
<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Decrease obesity	% of WIC farmers market vouchers redeemed	43%	50%	43%	41%	43%	47%	48%	44%	45%	38%
	% of WIC children at a healthy weight	65%	64%	66%	65%	64%	61%	65%	16%	NA	NA
	% of adults (age 20 and older) that report a BMI greater than or equal to 30	31%	29%	31%	32%	29%	28%	28%	31%	28%	32%
Decrease chronic disease and cancers	% of WWWP eligible women received screening for cervical cancer through WWWP	50%	New measure 2016	New measure 2016	16%	33%	6%	42%	57%	26%	15%
	% of WWWP eligible women 50-64 who received mammograms through WWWP	75%	New measure 2016	New measure 2016	43%	62%	65%	64%	78%	55%	18%
	% of adults (age 20 and older) with diagnosed diabetes	9%	7%	7%	8%	8%	7%	8%	9%	10%	8%
	Coronary heart disease hospitalization rate per 1,000 population	2.8	4	3	3	2	N/A	2.5	2.8	NA	see note
	Cerebrovascular disease hospitalizations rate per 1,000 population	2.5	2	3	2	2	N/A	2.3	2.3	NA	see note
Increase physical activity	% of WIC children with less than 2 hours of screen time daily	75%	65%	69%	60%	58%	70%	67%	66%	63%	55%
	% of adults (age 20 and older) reporting no leisure-time physical activity	20%	23%	22%	21%	17%	18%	16%	20%	19%	23%

	% of population with adequate access to locations for physical activity	86%	68%	69%	67%	67%	81%	83%	81%	81%	71%
Increase access to healthy foods	% of population who lack adequate access to food	11%	12%	13%	13%	13%	12%	12%	11%	9%	10%
	% of population who are low-income and do not live close to a grocery store	5%	8%	8%	8%	8%	6%	6%	6%	6%	8%

#6 Healthy Living and Prevention

The Healthy Living and Prevention Program works to develop a community that fosters the promotion and awareness of mental well-being and addresses the inappropriate consumption and negative health effects of alcohol, tobacco, and other drugs. Services include youth programming, policy change, compliance checks, community collaboration and education. This program is important to improving the lives of children, youth, and adults by mobilizing communities to prevent mental illness and substance abuse. Both mental health and substance misuse have been identified in our community health assessment as top needs in our community.

OUTPUTS

(YTD column = Jan-Jun results)

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
# of youth involved with Life of an Athlete/ SADD	62	80	160	44	50	49	41	41	*	*
# of people trained related to mental health:										
QPR	New measure 2016	New measure 2016	New measure 2016	659 adults/265 adol.	557 adults/542y outh	159/973	220/1036	19/349	15/0	*
ACEs/ Resiliency	New measure 2019	New measure 2019	New measure 2019	New measure 2019	New measure 2019	New measure 2019	544	1	114	9
Mindfulness	New measure 2019	New measure 2019	New measure 2019	New measure 2019	New measure 2019	New measure 2019	30	0	20	53
# of alcohol compliance checks	91	56	80	83	42	62	63	*	*	*
# of tobacco compliance checks	36	62	59	62	62	63	38	21	*	30
# referrals to 1st Breath	New measure 2016	New measure 2016	New measure 2016	21	27	18	18	11	7	11
# of Facebook posts on Mental Health/Substance use	New measure 2016	New measure 2016	New measure 2016	97	171	68	69	3	62	106
# of press releases, print articles, interviews on Mental Health/Substance use	New measure 2016	New measure 2016	New measure 2016	25	15,40,36	15,23,41	21,18,34	2,7,6	10,9,11	6,8,12
# of collaborative community meetings focused on mental health	7	10	11	27	27	82	60	44	48	29
# of collaborative community meetings focused on alcohol misuse prevention	New measure 2016	New measure 2016	New measure 2016	16	16	26	23	9	15	6

<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Decrease underage retail access to alcohol and tobacco products	% of licensed establishments who don't sell to minors during tobacco compliance	100%	90%	90%	90%	93.5%	90.0%	95.0%	100.0%	*	100.0%
	% of licensed establishments who don't sell alcohol to underagers during compliance	100%	84%	75%	90%	95.2%	88.7%	85.0%	*	*	*
Decrease misuse of tobacco, alcohol and other substances	% of births where mother reports smoking during pregnancy	10%	17%	16%	16%	14%	14%	14%	9%	14%	9%
	% of adults reporting binge or heavy drinking	20%	24%	24%	25%	27%	25%	25%	27%	25%	27%
	% of youth after SAFE training who feel confident to create an accurate and valid activism targeted at youth risk behavior	90%	New measure 2019	New measure 2019	New measure 2019	New measure 2019	New measure 2019	100%	NA	100%	100%
Decrease suicide rates	% of adults who "strongly agree" or "agree" that they are able to help prevent suicide in their community after QPR training	90%	New measure 2016	New measure 2016	84%	90.6%	92.1%	94.5%	100.0%	93.3%	See note
	% of youth after QPR program who feel "quite a bit prepared" or "very prepared" to ask the suicide question if needed	80%	New measure 2016	New measure 2016	86%	83.4%	83.1%	81.2%	80.8%	NA	See note

2022 Annual Review of BOH –Health Department Staff

PHAB Measure 12.3.2.A-Actions taken by the governing entity tracked and reviewed

Purpose: The purpose of this measure is to assess the health department’s familiarity and awareness of the governing entity’s actions in order for the health department to identify patterns of issues discussed and topics or areas that call for increased communication and information.

Significance: It is important that the health department understand the priorities, policy positions, opinions, and actions of the governing entity in order to continually improve communication and effectiveness leading to a quality governing entity-health department relationship

2022 Resolutions/ Policies/Committees

Date:	Resolution/Policy	Notes
2/23/2022 – 12/14/2022 monthly	Standing Committee Updates -	Introduced a monthly agenda topic with City Council, County Board, Ground Water Advisory Committee, and ARPA County Funding Committee updates.
3/30/22	Public Health Week Proclamation	
8/24/22	Resolution 22-1 Adopting fees for Retail Food Establishments and Mobile Food Processing Facilities	
8/24/22	Resolution 22- 2 Adopting fees for Swimming Pools and Recreational Facilities	
8/24/22	Resolution 22- 3 Adopting fees for Bed & Breakfast Establishments, Motels-Hotels, and Tourist Rooming Houses	
8/24/22	Resolution 22- 4 Adopting fees for Body Art Facilities	
8/24/22	Resolution 22-5 Adopting fees for Manufactured Home Communities	
ongoing	Eau Claire County Groundwater Advisory Committee	Mark Kaeding represents BOH

Advocacy, Education, Misc., etc.

1/26/2022	Modernizing Public Health Systems tool shared and discussed	https://bipartisanpolicy.org/report/public-health-forward/
2/23/2022	COVID-19 After Action and Response Presentation	Audrey Boerner presented at BOH meeting and acquired input on the after-action response evaluation.
2/23/2022	Virtual Meeting Discussion	Continuing to revisit discussion on the safest way to meet.
2/17/2022	LRB-5573 email regarding legislation prohibiting a health officer from taking actions related to infectious diseases that exceed 60 days	Sen Bernier, Sen. Smith, Rep. James, Rep. Emerson and Warren Petryk
2/22/2022	LRB-1478 asking not to co-sponsor draft bill to restrict health officer COVID-related health orders.	Sent to legislators from Hoven Consulting

3/7/2022	WI Nurse Practice Act SB-394	Sen. Smith, Sen. Bernier
3/22/2022	COVID-19 After Action and Response Evaluation	Audrey Boerner facilitated conversation with Board members around questions related to communication and relationships as well as overall response.
4/27/2022	Advocacy Training Discussion and scheduling	Finalizing dates etc. for advocacy training
5/25/2022	Health Department Program Presentation Discussion	Discussed what, how, and when program presentations could be added into BOH meeting agendas
6/22/2022	Advocacy training with Maureen Busalacchi	Training and work group for advocacy
11/8/22	Strategic Plan Work session	Additionally – monthly updates on progress
12/14/22	RECAP Presentation	Reflection Evaluation of COVID-19 Activities and Performances
12/14/22	Strategic Plan Presentation	Updated Strategic Plan reviewed and discussed. Strategic Plan approved by BOH

2021 Updates from Agenda (not including Director Report updates)

- Annual Report -April
- Board members evaluation- April, May
- Board of Health Action Review-February, April
- Budget-April, May, July, August
- Community Health Assessment/Community Health Improvement Plan-April
- County health rankings- April
- Director Performance Review - December
- Director Performance objectives and Planning-January, July mid-year check in
- Employee Handbook- July
- Fiscal Year End Report – April
- Fund Balance Allocation- July
- Healthy Communities Update-January, April, July, October
- Pay Plan – July
- Performance Management/Measures Update-February, August
- Program Presentation-March, September, December
- Quality Improvement Plan-April,
- Strategic Plan- January, April, July, October, November, December
- Workforce Development-April, October

Health Department Summary 2023 Review

- Overview of specific programs/services
- BOH orientation
- BOH recruitment
- Meeting prep efficiency

Eau Claire City-County Board of Health (2020-2024)

PRIORITIES

- 1. Maintain Health Department's fiscal stability**
- 2. Support and advocate for public health priorities**
- 3. Review new and changing community/Health Dept priorities**
- 4. Ongoing BOH improvements**

ACTIONS

Maintain Health Department's fiscal stability

1. Annual update/review of BOH's fiscal policies and related responsibilities
 - a. Fund balance policy, HD fee setting and BOH budget approval process
2. Quarterly review of fiscal reporting (Jan/April/July/Oct)
3. Significant financial changes or decisions discussed at any monthly meeting

Support and advocate for public health priorities

1. Provide skill development training for BOH
 - a. Advocacy training to provide framework and process for engagement (April 22,2020)
2. Provide talking points for key priorities
3. Support WPHA/WALHDAB legislative priorities
 - a. Legislative update documents provided in monthly meeting packets
 - b. BOH copied on emails the Health Dept has sent to legislative officials
4. Engage with community partners/leaders to support community action on health priorities
5. Raise community and governmental policy makers' awareness of need to support "health lens" in decision-making
 - a. Confirm BOH role in Community Health Assessment
6. Raise awareness of upstream factors impacting health
7. Identify and share influencing tools available for BOH
 - a. Public health resources
 - b. Case studies
 - c. Examples of success in other communities

Review new or changing community/Health Dept priorities

1. Include quarterly BOH agenda item to update/review a running list of potential issues in community
2. Discuss populations impacted and data gaps
3. Discuss staffing and fiscal implications for Health Dept

Ongoing BOH improvements

1. Strive for diversity of BOH membership
2. Identify and prioritize BOH training opportunities and needs
 - a) Annual review of state statutes applicable to BOH

	Actions	Next Steps	Timing	Notes:
Priority 1: Maintain Health Department's fiscal stability	Annual update/review of BOH's fiscal policies and related responsibilities	Fund balance policy, HD fee setting and BOH budget approval process	July and August	Fund balance details and policy reviewed annually at July meeting. HD fee setting done annually at August meeting.
	Quarterly review of fiscal reporting (Significant financial changes discussed at any monthly meeting)		Jan/April/July/Oct	Quarterly review done at designated BOH meetings. Includes preliminary financial summary, revenue and expense statement and balance sheet. HD's audit done as part of City's annual fiscal audit, reported on at monthly BOH meetings when info becomes available from auditors. COVID funding typically discussed at each meeting during COVID updates.
Priority 2: Support and advocate for public health	Provide skill development training for BOH	Advocacy training to provide framework and process for engagement	4/22/2020	Searching for presenter on public health advocacy. Also reviewing online webinars and resource materials from public health organizations. Forwarded US Surgeon General Murthy's interview regarding communication and priorities. 2/16/2022 Potential presenter identified for advocacy training, details need to be confirmed.
	Provide talking points for key priorities			Health officer plus WALHDAB, NAHBOH and WI Public Health Association have provided talking points regarding public health funding and proposed state COVID legislation.
	Support WPHA/WALHDAB legislative priorities	Legislative update documents provided in monthly meeting packets		Ongoing when updated documents become available. 2/16/2022 Also will be tracking and supporting recently announced WALHDAB/WPA top priorities for this year.
		BOH copied on emails the Health Dept. has sent to legislative officials		Ongoing.



priorities	Engage with community partners/leaders to support community action on health priorities			Communicable Disease Ordinance Task Force. Healthy Communities action committees. JONAH. Plus...
	Raise community and governmental policy maker's awareness of need to support "health lens" in decision-making	Identify BOH members' current participation in community organizations. Determine if additional resources/training required.		BOH 8/25/21 agenda item for discussion. 2/16/2022 Subject matter discussed as part of advocacy training. Also will need to coordinate with similar work done by Health Dept.
	Raise awareness of upstream factors impacting health	Determine if additional resources/training required.		2/16/2022 Will coordinate with Health Dept and Healthy Communities as strategies and plans are developed.
	Identify and share influencing tools available for BOH	Determine info/resources available for BOH		All BOH members are provided with WALHDAB and NALBOH memberships; receive electronic newsletters, public health legislative alerts, and have access to web resources.
		Public health resources		
	Case Studies			
Priority 3: Review new or changing community / Health Department priorities	Include quarterly BOH agenda item to update/review a running list of potential issues in community	Examples of success in other communities	Jan/April/July/Oct	Planning more detailed info from current CHA and CHIP Spring 2021. Plan for review at Sept or Oct BOH meeting. 2/16/2022 Review done quarterly as well as during any CHA/CHIP updates.
	Discuss populations impacted and data gaps			2/16/2022 Included with ongoing discussions about COVID, Strategic Plan updates and community assessment activities.
	Discuss staffing and fiscal implications for health department			2/16/2022 Frequent BOH discussions throughout COVID pandemic.
Priority 4: Ongoing BOH Improvements	Strive for diversity in BOH membership and decision-making			BOH membership has expanded to include representation from the rural community, <40 years of age and Hmong ethnic group.
	Identify and prioritize BOH training opportunities and needs	Consider diversity in broadest terms possible.		

EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT 2023-2025 STRATEGIC PLAN

●MISSION, VISION, & GUIDING PRINCIPLES●

Mission

Building a healthier community for all through prevention-focused programs and partnerships.

Vision

A community where everyone can live a healthier life.

Guiding Principles

The Health Department's work is guided by five overarching principles:



Collaboration

We seek and value the diversity and contributions of our partners and community to improve health.



Equity*

We strive to ensure that access, resources, and opportunities are provided for all to succeed and grow.



Integrity

We act with the highest standards of public health practice in our work.



Prevention

We work proactively to reduce negative health outcomes and build resilience for when they occur.



Quality

We use data and evidence to provide programs and services that meet the needs of our community.

*Adapted from the definition of Equity from the Office of Research Central at the University of Washington.

[Office of Research: Diversity, Equity, and Inclusion - UW Research \(washington.edu\)](https://researchcentral.uw.edu/office-of-research-diversity-equity-and-inclusion)

•GOALS & STRATEGIES•

Goal #1

Engage the community and expand relationships in collaborative efforts to improve health

« Strategy 1.1 »

Develop a clear understanding of partnership gaps and opportunities

« Strategy 1.2 »

Solicit feedback from the community on how the Health Department can better support health outcomes

« Strategy 1.3 »

Increase community and partner understanding and value of the Health Department

« Strategy 1.4 »

Add value to collaborative efforts through sustainable public health policy, systems, and environmental change

Goal #2

Strengthen our workforce and operational strategies to support quality programs and partnerships

« Strategy 2.1 »

Understand current and future public health workforce needs

« Strategy 2.2 »

Prioritize retention through staff connectedness and professional development

« Strategy 2.3 »

Ensure financial sustainability for the Health Department

« Strategy 2.4 »

Advance data management to appropriately evaluate and improve programs

**3/23/2023 Board of Health Meeting
Agenda Item 6.b**

BUDGET PUBLIC HEARINGS - Corrected Dates

The Co-Chairs of the Joint Committee on Finance (JFC), Senator Howard Marklein (R-Spring Green) and Representative Mark Born (R-Beaver Dam) announced the public hearing schedule for the 2023-2025 state budget: Below are the CORRECTED dates and locations:

- 10 am – 5 pm: Wednesday, April 5 - Waukesha
 - Waukesha County Expo Center, Main Arena
 - 1000 Northview Rd, Waukesha

- 10 am – 5 pm: Tuesday, April 11 – Eau Claire
 - UW-Eau Claire, Davies Student Center
 - Ojibwe Grand Ballroom (Third Floor)
 - 77 Roosevelt Ave., Eau Claire

- 10 am – 5 pm: Wednesday, April 12 – Wisconsin Dells
 - Wilderness Resort, Glacier Canyon Conference Center
 - Sandstone Meeting Room
 - 45 Hillman Road, Wisconsin Dells

- 10 am – 5 pm: Wednesday, April 26 - Minocqua
 - Lakeland Union High School
 - 9573 State Highway 70, Minocqua

Additionally, Wisconsinites may access the online portal to submit testimony which will be circulated to all 16 committee members: <https://legis.wisconsin.gov/topics/budgetcomments/> as well as a dedicated email address: budget.comments@legis.wisconsin.gov.

Legislative Issues

[Share](#)

2023-2024 WPHA-WALHDAB Legislative Priorities

Background

The Wisconsin Public Health Association (WPHA) is the state’s largest professional membership organization for public health workers, and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellbeing, and productivity of Wisconsin residents. But there is significant room for improvement in those policies, given that, Wisconsin’s 2021 Health Report Card gives the state a “C” for health outcomes overall, and grades ranging from “C” to “F” for health disparities ([see link](#)).

When Wisconsinites are not healthy, they are not productive, their families and communities become less secure, and healthcare costs go up for everyone. But investing in strong policies that support public health is an investment in prevention. And, as the saying goes, “an ounce of prevention is worth a pound of cure.”

The Institute of Medicine defines Public Health as “What we do, collectively, to assure the conditions in which people can be healthy.” These conditions go far beyond access to quality healthcare, or on the degree to which individuals engage in their own healthy behaviors. In fact, healthcare and healthy behaviors account for less than half of what drives health for people, for communities, and for Wisconsin as a whole.

A strong, well-funded, well-staffed, resilient public health workforce is also essential. WPHA and WALHDAB intend to take a lead role in promoting policies in these areas, including policies that:

- Preserve public health statutory responsibility and authority
- Address gaps in health statewide and in local communities, emphasizing root-cause prevention of those health gaps
- Support public health workers in Wisconsin through policies that advance recruitment, retention, and protections from harassment
- Support best practices in public health

In addition, WPHA and WALHDAB will be strong supporters of our partners who are taking the lead in other policy areas that are crucial to the health of individuals, families, communities, and our state as a whole. These include, for example, policies that:

- Expand Community Preventive Services
- Improve our Criminal Justice System & Keep our Communities Safer
- Improve Environmental Health
- Strengthen Income Stability & Employment
- Increase Access to Affordable and Safe Housing
- Support Healthy Babies and Children
- Expand Civic Engagement

WPHA / WALHDAB 2023-2024 POLICY PRIORITIES

Policy Priorities – “Lead Role” Policies

- Build and retain public health infrastructure through increased and more flexible public health funding
- Preserve public health statutory responsibility for communicable disease control and other essential public health functions (i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority)
- Directly address gaps in health at both statewide and local community levels, emphasize root-cause prevention of those health gaps, and infuse health in all policies.
- Better recruit and retain public health workers in Wisconsin, and create and improve protections for public health workers.
- Support “Best Practice” Public Health Policies (including but not limited to immunization policies)

Policy Priorities – Examples (among others) of Policy Areas We Support

Community Preventive Services

- Secure Medicaid Expansion and prevention reimbursement
- Advocate for Community Health Workers
- Support Access to Comprehensive Reproductive Healthcare & Health Services
- Support efforts to regulate Tobacco & Vapor Products
- Reducing Opioids, Alcohol and Substance Misuse

Reforming our Criminal Justice System & Keeping our Communities Safe

- Increase treatment alternatives and diversion program (TAD) funding for mental health and substance use issues
- Increase funding allocated to counties for juvenile justice services
- Violence Prevention: Suicide, Mental Health & Gun Violence Prevention

Improving Environmental Health

- Water Quality (PFAS, etc)
- Climate Change
- Lead and other toxins

Strengthening Income Stability & Employment

- Support and expand Paid Family Leave
- Increase Earned Income Tax Credit
- Establish tax credit for family caregivers
- Raise Minimum Wage
- Increase workforce training/transitional jobs

Increasing Access to Affordable and Safe Housing

- Expand low-income housing tax credits for developers and rental assistance vouchers for renters
- Fund abatement for lead paint, soil and pipes

Supporting Families and Healthy Birth Outcomes

- Fully fund universal school meals for all
- Make childcare affordable
- Literacy
- Transportation

Civic Engagement

- Increase opportunities for voting rights, voter engagement, and fair maps

WPHA & WALHDAB will monitor and support additional efforts as time and resources allow. This legislative agenda is meant to guide WPHA & WALHDAB's state advocacy work. WPHA & WALHDAB Lobbyists and staff, with direction and oversight of the respective Board of Directors and the WPHA/WALHDAB Joint Policy and Advocacy Committee, may have to reprioritize, add, or delete items depending upon new initiatives, threats, and legislative activities. Please contact the WPHA-WALHDAB Office with any comments or questions! More information and resources to come to support these priorities.

The Policy & Advocacy Committee recognizes that these are all substantial issues and that staggering the approach to these is necessary. For instance, budget-related items will be a priority when the state is in the budget-developing process. The PA Committee also notes the importance of being sensitive to emerging legislative issues and changes in the political landscape.

A unified message is critical to our success. We need public health advocates to reach out (letters, phone calls, district meetings, passing resolutions) and make their voices heard on the important role local public health plays in the control and prevention of diseases in our state!

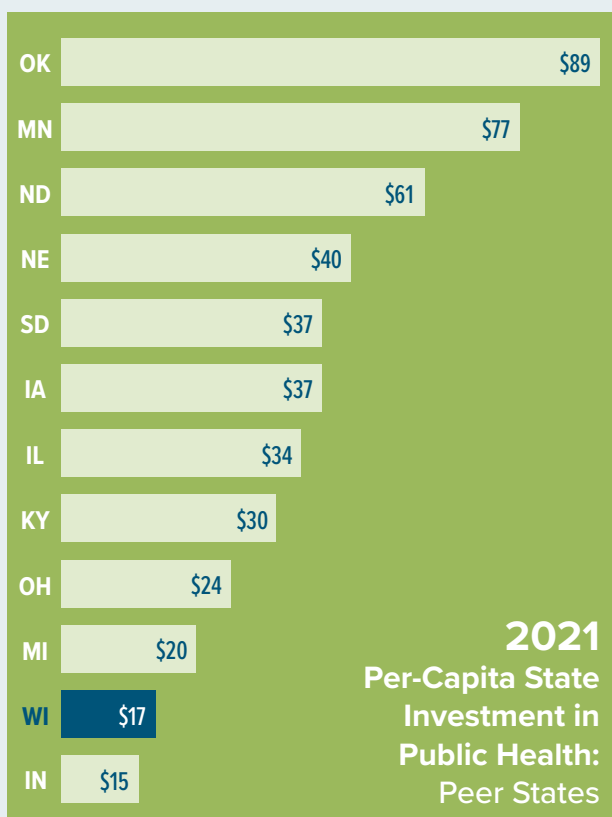
Have an issue you would like the Policy & Advocacy Committee to address? Please click here to submit your [Member Input form](#). The Policy & Advocacy Committee meets on a monthly basis-check out the meeting minutes by [clicking here](#).

[Click here for 2021-2022 Legislative priority information.](#)

BACKGROUND

Wisconsin needs a strong, well-funded public health system, including both local governmental health agencies and non-governmental community-based partners, in order to collectively assure the conditions in which people can be healthy¹. But Wisconsin is lagging behind.

In 2021, Wisconsin ranked 42nd out of 50 states with the lowest budget funding for public health² investing only \$17/person when compared to the median investment of \$36/person in the United States.



Poor public health funding results in poor health outcomes for everyone³. Unfunded mandates and reliance on short-term “ARPA” funds leave local health departments insecure. A stable public health system is good for Wisconsin.

Increasing investment to the U.S. median (\$34-\$36/ person) requires \$100M+ additional per year. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) urge lawmakers to start investing now to create stable, healthier communities across Wisconsin.

1. <https://jamanetwork.com/journals/jama/article-abstract/382688>

2. Among the 50 US states plus the District of Columbia. <http://statehealthcompare.shadac.org/rank/117/per-personstate-public-health-funding> Data not available for 5 states in 2021. Note: \$17/person refers only to state budget funding. When federal and state funds are combined, Wisconsin invests only \$72/person/yr in public health, which is tied for the worst per capita funding of any state.

3. <https://uwmadison.app.box.com/s/u1tnv0e04uezf8o2wfknewj9n2va8w7x>

BUDGET PRIORITIES

F Y 2 0 2 3 – 2 0 2 5

PRIORITIES

1 Sustained Funding for Local Health Departments – \$18 million

- Strengthen Wisconsin’s underfunded local public health infrastructure
- Pay for administering nearly two-dozen unfunded state mandates
- Enable local communities to implement public health strategies more effectively and equitably
- Improve additional core functions:
 - › Develop effective strategies to respond quickly to public health emergencies
 - › Communicate important, accurate data and information to the public in a timely manner
 - › Improve quality and performance

2 Communicable Disease Grants for Local Health Departments – \$10 million

This specific role of local public health departments requires targeted funding. Unmanaged spread of communicable diseases, like Hepatitis C, Influenza, Lyme Disease, and others, increases employer costs due to employees’ illness. Help Wisconsinites stay well.

3 Local Grants for Community-Based Organizations, Hospitals, and Local Health Departments to Address Community-Specific Health Gaps – \$30 million

Hospitals and local health departments maintain strong action plans, but they need prevention funding to accomplish their communities’ health priorities.

For more information about WPHA-WALHDAB Policy Priorities, visit www.wpha.org/page/CurrentLegislative

WE URGE LAWMAKERS TO INCREASE FUNDING FOR

Environmental Health

- Windows Plus Lead Exposure Prevention Program
- Lead screening and outreach grants

Maternal and Child Health

- Expanded eligibility for Birth to 3 Program
- Black women and infants’ health
- Extended postpartum medical assistance eligibility

Community Health

- Services proven to work, like cancer screenings, substance use prevention, and mental wellness programs
- Community Health Medical Assistance Benefit
- Community Health Workers
- Medication-assisted Treatment (MAT) reimbursement for individuals with substance use disorder
- Tobacco and vaping prevention

POLICY PRIORITIES WE WILL LEAD

A strong, well-funded, well-staffed, resilient public health workforce is essential.

- ✓ Build and retain **public health infrastructure** through increased and more flexible public health **funding** (see separate *Budget Priorities* document)
- ✓ Preserve public health **statutory responsibility** for communicable disease control and other essential public health functions (*i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority*)
- ✓ Directly address gaps in health at both statewide and local community levels, emphasize **root-cause prevention** of those health gaps, and infuse health in all policies
- ✓ **Recruit and retain public health workers** in Wisconsin and create and improve protections for public health workers
- ✓ Support “**best practice**” **public health policies**, including, but not limited to immunization policies

For more information about WPHA-WALHDAB Policy Priorities or Budget Priorities, visit www.wpha.org/page/CurrentLegislative

WPHA • WALHDAB POLICY AGENDA

2023 – 2024

POLICY PRIORITIES WE WILL SUPPORT

- ✓ **Community Preventive Services**
 - Securing Medicaid expansion and prevention reimbursement
 - Advocating for community health workers
 - Supporting access to comprehensive reproductive healthcare and health services
- ✓ **Safe Communities & Criminal Justice Reform**
 - Increased treatment alternatives and diversion program (TAD) funding for mental health and substance use issues
 - Increased funding allocated to counties for juvenile justice services
- ✓ **Environmental Health**
 - Water quality
 - PFAS
 - Climate change
 - Lead and other toxins
- ✓ **Income Stability & Employment**
 - Paid family leave
 - Earned income tax credits
 - Family caregiver tax credits
- ✓ **Access to Affordable and Safe Housing**
 - Expand low-income housing tax credit for developers
 - A robust abatement fund for lead hazards in paint, soil and pipes
- ✓ **Supporting Families and Healthy Birth Outcomes**
 - Universal school meals for all
 - Affordable childcare
 - Robust literacy and transportation support services
- ✓ **Expanding Civic Engagement**
 - Increased opportunities for voting rights, engagement and fair maps



WHO WE ARE

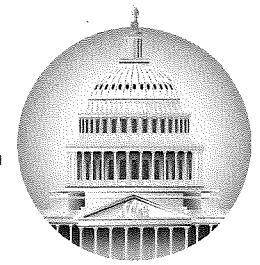
The Wisconsin Public Health Association (WPHA) is the state's largest professional membership organization for public health workers and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health.

Public Health is what we do, collectively, to assure the conditions in which all people can be healthy.¹ These conditions go far beyond access to quality healthcare or making individual healthy choices.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellbeing, and productivity of Wisconsin residents. But there is significant room for improvement². When Wisconsinites aren't healthy, they're not productive, their families and communities become less secure, and healthcare costs go up for everyone.

1. <https://jamanetwork.com/journals/jama/article-abstract/382688>

2. <https://uwmadison.app.box.com/s/u1tnv0e04uezf8o2wkwfnewj9n2va8w7x>



Government Affairs 2022 Year in Review

By Kerry Allen, *Director of Government Affairs*, and Lluvia Botello, *Government Affairs Associate*

This was another busy year for NACCHO Government Affairs, as the team worked with local health department (LHD) members and coalition partners to advocate for policies and resources that support local public health. As we head into 2023, the Government Affairs team is excited to share highlights from its year.

The year started off with another successful Virtual Hill Week, with 92 local public health leaders from across the country meeting with over 117 congressional offices across 26 states in a collective voice for local public health. Members of Congress joined 21 of those meetings to hear directly from their local leaders on how they could help support their work. Virtual Hill Week laid the groundwork for multiple successes in the following months.

Just a few weeks later, Congress passed the Fiscal Year (FY) 2022 Omnibus Appropriations Bill that included \$200 million for public health infrastructure to fund flexible, disease-agnostic core public health activities. Additionally, the Omnibus Appropriations Bill urged the Centers for Disease Control and Prevention (CDC) to publicly track and report to Congress how funds provided to state health departments are passed through to LHDs to help ensure funding makes it to the local level equitably and efficiently.

The infrastructure funding, plus funding from the American Rescue Plan Act in 2022, enabled the CDC to award \$3.2 billion in first-of-its-kind funding directly to local, state, and territorial jurisdictions to support the public health workforce and infrastructure this year. NACCHO advocacy had been key in securing those funds, and NACCHO also worked with the CDC to advocate for the types of funding and positions most needed by LHDs while highlighting the challenges of getting funding to the LHD level. This led to improvements in the grant program, which provided explicit guidance that 40%

of a state's funds should go to LHDs, and increased directly funded LHDs from five to 48 localities.

Workforce was once again a key focus of NACCHO's advocacy and notched a significant win in the final days of 2022, when Congress passed the Consolidated Appropriations Act of 2023 that included a provision to establish a Public Health Workforce Loan Repayment Program. NACCHO advocated for the creation of this program beginning in 2020, which recognized workforce challenges that predated COVID-19 and then worsened during the pandemic response. Over the past several years, NACCHO led a coalition of over 100 organizations to enact a Public Health Workforce Loan Repayment Program that would offer up to \$150,000 in loan repayment to public health professionals who agree to serve three years in a local, state, or tribal health department. NACCHO members were integral in this campaign, with hundreds of you engaging with your lawmakers to educate them about the challenges facing local public health, and explaining how a loan repayment program would help.

NACCHO's advocacy in support of the public health workforce does not end here. In 2023, NACCHO's Government Affairs team will shift its efforts to work with the Health Resources and Services Administration (HRSA) to ensure the law is implemented effectively, and with Congress to secure the necessary funds to support the success of the program. Additionally, NACCHO pledges to continue to advocate for needed resources, tools, and protections, including but not limited to, mental health resources and supports, public health authorities, and protection from threats and harassment. A big thanks to NACCHO's members for your support in 2022! NACCHO's Government Affairs team could not have succeeded without you.

Consider Joining the WALHDAB Officers - Call for Nominations Now Open

Deadline: April 1st

The Nominating Committee is now accepting names for three open seats on the 2023-2024 WALHDAB Board: Health Officer Co-President Elect (3 year term), Board of Health Co-President Elect (3 year term), and Secretary (2 year term).

Submissions will be reviewed and recommended for ballot. Officers will be elected by electronic ballot in April, and their term will begin in May 2023.

For more details and to submit nominations by April 1st, [click here](#). Regional reps are determined by each region. WALHDAB is seeking board of health positions on the WALHDAB Board that currently have vacancies.

Northern Regional Rep - Board of Health
Southern Regional Rep - Board of Health
Western Regional Rep - Board of Health

In addition, we are seeking a WALHDAB Co-Chair(s) for the Awards committee (these are not board positions and do not require board participation). Please contact the WALHDAB Office if you would be willing to join us on the state WALHDAB Board or as a Committee Chair! We need your help and participation!

Any questions, please contact the [WALHDAB office](#)

CHARTER ORDINANCE NO. 7499

A CHARTER ORDINANCE AMENDING CHAPTER 2.04 ENTITLED “CITY GOVERNMENT” AND SPECIFICALLY TO CREATE SECTION 2.04.055 ENTITLED “COMMITTEE REMOTE ATTENDANCE” OF THE CODE OF ORDINANCES OF THE CITY OF EAU CLAIRE

THE CITY COUNCIL OF THE CITY OF EAU CLAIRE DO ORDAIN AS FOLLOWS:

SECTION 1. That section 2.04.055 entitled “Committee Remote Attendance” is hereby created as follows:

2.04.055 Committee Remote Attendance. A. Except as otherwise specifically provided by the Code of Ordinances of the City of Eau Claire, all boards, commissions, committees under s. 2.04.050 shall comply with the requirements of this ordinance and shall for purposes of this ordinance be referred to collectively as a “committee” of the City.

B. Any committee desiring to hold meetings that permit either committee members or the public to attend by remote or virtual means other than physical presence shall first consider such issue at a meeting and adopt a standing rule permitting the practice. Any such committee standing rules shall be in writing and filed with the City Clerk.

C. Any committee chairperson considering holding an upcoming meeting remotely shall notify the City Clerk and the committee staff liaison at least 72 (seventy-two) hours prior to the respective meeting of the request. Only if equipment and technical support capable of allowing full participation for members and the public is available and proper notice under Wisconsin Open Meetings Law is provided, shall the meeting to be held remotely.

D. In order to vote and count for quorum, Committee members participating remotely shall remain on screen with video on if participating by video or remain clearly audible if participating by audio.

E. Except during a declared emergency, remote attendance is not permitted by a committee acting in a quasi-judicial function, convening in closed session, or where in-person attendance is necessary to fully participate in the proceedings.

F. No committee member shall be allowed to vote by proxy.

G. No committee member shall text, message, or otherwise communicate with another member during a meeting except in a manner that all members and the public receive contemporaneously consistent with Wisconsin Open Meetings Law.

SECTION 2. That this charter ordinance shall take effect 60 (sixty) days after its passage and publication subject to the provisions of Section 66.0101, Wisconsin Statutes.

(SEAL) President Terry L. Weld
(SEAL) City Manager Stephanie A. Hirsch
(ATTESTED) City Clerk Nicholas L. Koerner

First Reading February 28, 2023
Final Reading March 14, 2023
Adopted March 14, 2023
Published March 20, 2023

1 Enrolled No. ORDINANCE File No. 22-23/086

2
3 TO CREATE CHAPTER 2.08 OF THE CODE: CODE OF CONDUCT AND CONDUCT
4 INQUIRY BOARD

5
6 The County Board of Supervisors of the County of Eau Claire does ordain as follows:

7
8 SECTION 1. That Chapter 2.08 of the code be created to read:

9
10 Chapter 2.08

11
12
13 CODE OF CONDUCT AND CONDUCT INQUIRY BOARD

14
15
16 Sections:

- 17
- 18
- 19 2.08.001 Purpose.
- 20 2.08.005 Conflict of interest.
- 21 2.08.010 Definitions.
- 22 2.08.020 Specific conflicts enumerated.
- 23 2.08.030 Political activity.
- 24 2.08.040 Nepotism.
- 25 2.08.050 Solicitations and sales.
- 26 2.08.060 Code of conduct guidelines.
- 27 2.08.070 Sanctions.
- 28 2.08.080 Conduct inquiry board.
- 29

30
31 2.08.001 Purpose. This Code of Conduct and the Conduct Inquiry Board assures all
32 elected members of the Eau Claire County Board of Supervisors, members of all Eau Claire
33 County Committees, Boards, and Commissions, and Eau Claire County appointed and elected
34 officials (hereafter referred to as Members) shall conduct themselves, while exercising their oath
35 of office, in accordance with the following ethical and conduct standards.

- 36 A. Elected and appointed officials shall:
 - 37 1. Comply with both the letter and spirit of the laws and policies
 - 38 affecting the operations of Eau Claire County government;
 - 39 2. Be independent, impartial and fair in their judgment and actions;
 - 40 3. Use their public office for the public good, not for personal gain;
 - 41 4. Conduct public deliberations and processes openly, unless required by
 - 42 law to be confidential, in an atmosphere of respect and civility, and comply with all Wisconsin
 - 43 Open Meetings laws;
 - 44 5. Apply these standards at county board, committee, board, and commission
 - 45 meetings, the workplace or while conducting county business, and at any location or on any
 - 46 platform that can be reasonably regarded as an extension of the workplace or conducting county
 - 47 business, including but not limited to the use of a telephone, voicemail, text messages, and/or
 - 48 any social media or online platforms;
 - 49 6. Not engage in discrimination, harassment, bullying, intimidation,

1 retaliation, hazing, quid pro quo or other types of emotional or sexual harassment, micro-
2 aggressions, and creating a hostile work environment; and

3 7. Make every effort to be cooperative and show mutual respect for the
4 contributions made by each other for the good of the community.

5 8. Act in the Public Interest. Members will work for the common good of
6 the people of Eau Claire County and not for any private or personal interest and will assure fair
7 and equal consideration and treatment of all persons, claims and transactions coming before
8 them.

9 9. Comply with the Law and County Code. Members shall comply
10 with all applicable statutes, codes, and regulations of the legal governing authority of the
11 jurisdiction.

12 10. Conduct of Members. The professional and personal conduct of
13 members while exercising their office must be above reproach and avoid the appearance of
14 impropriety. Members shall refrain from abusive or inappropriate conduct, derogatory
15 statements, personal charges or verbal attacks upon the character or motives of other members
16 of the county board, boards, committees and commissions, the staff and the public. County
17 board supervisors shall treat all members and county staff as professionals. Clear, honest
18 communication that respects the abilities, experience, and dignity of each individual is
19 expected. Poor behavior toward county staff, other county board supervisors, members, or the
20 public is not acceptable.

21 11. Respect for Process. Members shall perform their duties in accordance
22 with the processes, ordinances, and rules of order established by the Eau Claire County Board
23 of Supervisors.

24 12. Decisions Based on Merit and Substance. Members shall base their
25 decisions on the merits and substance of the matter at hand, rather than on unrelated
26 considerations. When making adjudicative decisions (those decisions where the member is
27 called upon to determine and apply facts particular to an individual case), members shall
28 maintain an open mind until the conclusion of the hearing on the matter and shall base their
29 decisions on the facts presented and the law.

30
31 2.08.005 Conflict of Interest. The proper operation of a democratic and representative
32 government requires that public officials and employees be independent, impartial and
33 responsible to the people; that government decisions and policy be made in proper channels of
34 the governmental structure; that public office not be used for improper personal gain; and that
35 conflicts between private interests and public responsibilities be avoided. In recognition of these
36 goals, there is established a code of conduct to establish guidelines for ethical standards of
37 conduct for such officials and employees by setting forth those acts or actions that are
38 incompatible with the best interests of the county and by directing disclosure by such officials
39 and employees of private interests in matters affecting the county. The provisions and purpose of
40 this code and such rules and regulations as may be established are declared to be in the best
41 interests of the county.

42
43 2.08.010 Definitions.

44 A. "Anything of value" means any money or property, favor, service, payment,
45 advance forbearance, loan or promise of future employment, but DOES NOT INCLUDE such
46 things as compensation and expenses paid by the state or county, fees, honorariums and
47 expenses, unsolicited advertising or promotional material such as pens, pencils, notepads,
48 calendars, informational or educational materials of unexceptional value, plaques, other
49 advertising giveaways or any other thing which is not likely to influence the judgment of

1 individuals covered by this code.

2 B. "Employee" means all persons filling an allocated position of county employment
3 and all members of boards, committees, and commissions except those individuals included in E.

4 C. "Financial interest" means any interest which yields, directly or indirectly, a
5 monetary or other material benefit to the county officer or employee or to any person employing
6 or retaining services of the county officer or employee.

7 D. "Immediate family" means an individual's spouse or domestic partner; and an
8 individual's relative by marriage, lineal decent, or adoption who receives, directly or indirectly,
9 more than ½ of his or her support from the individual or from whom the individual receives,
10 directly or indirectly, more than one-half of his or her support.

11 E. "Members" means elected members of the Eau Claire County Board of
12 Supervisors, members of all Eau Claire County Committees, Boards, and Commissions, and Eau
13 Claire County appointed and elected officials.

14 F. "Official" means all county department heads or directors, county supervisors,
15 and all other county elected officers, except judges and district attorneys.

16 G. "Privileged information" means any written or oral material related to county
17 government which has not become part of the body of public information and which is
18 designated by statute, court decision, lawful order, ordinance, resolution or custom as privileged.

19 H. "Person" means any individual, corporation, partnership, joint venture, association
20 or organization.

21
22 2.08.020 Specific conflicts enumerated. The following conflicts of interest shall be
23 expressly prohibited:

24 A. Incompatible employment. No public official or employee shall engage in or
25 accept private employment or render services to any other governmental body or to anyone in the
26 private sector which would tend to be incompatible with the proper discharge of his or her duties,
27 unless otherwise permitted by law or unless disclosure is made as hereinafter provided.

28 B. Representing private interests before agencies or courts. No elected public
29 official or employee who is admitted to practice law shall represent, as an advocate any private
30 interests, other than his or her own or that of his or her family, in any proceeding adverse to the
31 county before any federal or state court or agency. Members of the county board shall not
32 appear on behalf of the private interests of third parties before the county board or any board,
33 committee, commission or proceeding of the county, nor shall members of boards, committees
34 and commissions appear before their own bodies or before the county board on behalf of the
35 private interests of third parties on matters related to the areas of service of their bodies.

36 C. Disclosure of confidential information. No public official or employee shall,
37 without proper authorization, disclose confidential information, nor use such information to
38 advance the actual or anticipated financial or personal interests of him or herself or others.
39 Members must maintain the confidentiality of all written materials and verbal information
40 provided to members which is confidential or privileged. Members shall neither disclose
41 confidential information without proper legal authorization, nor use such information to
42 advance their personal, financial or other private interests.

43 D. Gratuities, Kickbacks, Gifts or Favors.

44 1. An official or employee shall not accept anything of value whether in
45 the form of a gift, service, loan or promise from any person, which may impair his or her
46 independence of judgment or action in the performance of his or her official duties.

47 2. No payment of a gratuity or kickback shall be made by or on behalf of
48 any person and be accepted by any public official or employee as an inducement or reward for
49 the latter's action in procuring the award of any contract or order.

1 3. It is not a conflict of interest for an official or employee to receive a gift
2 or gratuity that is an unsolicited item of insignificant value or anything which is given to them
3 independent of their position as an official or employee.

4 4. Members shall not take any special advantage of services or
5 opportunities for personal gain, by virtue of their public office that is not available to the public
6 in general. They shall refrain from accepting any gifts, favors or promises of future benefits
7 which might compromise their independence of judgment or action or give the appearance of
8 being compromised.

9 E. Failure to disclose interest in legislation.

10 1. The following persons on behalf of themselves or their families shall
11 disclose the nature and extent of any personal or financial interest in proposed legislation before
12 the county board:

13 a. County board members; and

14 b. Public officials or employees who have been asked to render
15 official opinions or recommendations to the county board on the legislation.

16 2. The disclosure shall be made before any debate commences upon the
17 particular legislation and shall consist of an announcement to be recorded in the journal of
18 proceedings and a request to abstain from voting. Notwithstanding abstention from voting as
19 may be allowed by the board, it shall be the responsibility of each employee or public official to
20 personally ascertain that such actions do not conflict with Wis. Stat. § 946.13.

21 F. Nepotism forbidden. Public officials and employees are forbidden from engaging
22 in nepotism and are further forbidden from using their positions to influence the county to
23 employee in any capacity whatsoever, or otherwise retain the services of, as an independent
24 contractor or agent, a member of his or her immediate family.

25 G. Use of position to compel charitable contributions, donations or induce business.
26 Public officials are forbidden from using their positions to influence employees to make political
27 campaign contributions, secure other donations to causes, public or private, or to engage in
28 business transactions in which they have a personal or financial interest.

29 H. Conducting private business on county premises and time. Public officials and
30 employees are forbidden from conducting their personal or private business while they are on
31 county premises and engaged in their public duties.

32 I. Prohibited contracts with the county.

33 1. An official or employee or a business in which an official or employee
34 holds a 10% or greater interest, may not enter into a contract with the county involving a
35 payment or payments of more than \$3,000 within a 12-month period unless the official or
36 employee has made a written disclosure of the nature and extent of such relationship or interest
37 to the county board. Further, pursuant to Wis. Stat. § 946.13, an official or employee is
38 prohibited from participating in the formation of a contract(s) with Eau Claire County involving
39 receipts or disbursements of more than \$15,000 in any year.

40 2. Contracts are not prohibited if they are with, or tax credits or payments are
41 received by, public officers or employees as set forth in Wis. Stat. § 946.13(2)(g).

42 J. Public purpose doctrine.

43 1. Use of public property. No public official or employee shall request or
44 permit the use of county services or of county-owned vehicles, equipment, materials or
45 property for non-official purposes or for personal profit or convenience, except when such
46 services are generally available to the public-at-large. This prohibition shall not apply to the
47 use of county vehicles or property for personal convenience, sufficiently related to job
48 requirements of an officer or employee, as approved and regulated by the county board or as
49 provided pursuant to a contract with a collective bargaining unit. Members shall not use public

1 resources, which are not available to the public in general, (e.g., county staff time, equipment,
2 supplies or facilities) for private gain or for personal purposes not otherwise authorized by
3 law.

4 2. Obligations to citizens. No public official or employee shall grant any
5 special consideration, treatment or advantage to any citizen beyond that which is available to
6 every other citizen.

7
8 2.08.030 Political activity. All employees and elected officials shall have the right to
9 freely express their views as a citizen and cast their vote, subject to the following:

10 A. No employee or elected official shall directly or indirectly use or seek to use his
11 or her authority or the influence of his or her position to control or modify the political action of
12 another person.

13 B. No employee or elected official during his or her hours of duty shall, except as
14 provided by law, engage in political activities including, but not limited to, the following:

- 15 1. Campaign for any candidate or political party;
- 16 2. Make campaign speeches or engage in other activity to elect a candidate;
- 17 3. Collect contributions or sell tickets to political fund-raising functions;
- 18 4. Distribute campaign material in any election;
- 19 5. Organize or manage political meetings;
- 20 6. Circulate nominating petitions;
- 21 7. Display political badges, buttons or stickers in any county building or
22 wear such items during working hours.

23 C. No employee or elected official shall at any time use any county-owned or leased
24 equipment for any personal political activity.

25 D. No employee shall be removed, discharged, reduced in pay or position, or
26 otherwise discriminated against because of the employee's political opinions or affiliations
27 except as provided for in this section.

28 E. Employees whose principal employment is in a federally grant-aided program are
29 subject to prohibitions in the Federal Hatch Political Activities Act as amended, 5 U.S.C. §§
30 1501--1508.

31
32 2.08.040 Nepotism.

33 A. Within this section "relative" shall include: spouse, domestic partner, son,
34 daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-
35 law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepchild, stepparent, grandchild
36 and grandparent.

37 B. Relatives shall not be employed in an immediate superior-subordinate
38 relationship.

39 C. No appointing authority shall hire a relative nor participate in selection and
40 appointment procedures if a relative is an applicant under consideration.

41 D. The county chair shall not appoint a county board supervisor to a standing
42 committee where a relative is an employee in the governed department.

43 E. No appointing authority, county board supervisor, county elected official or
44 employee shall seek to influence the employment decisions of an appointing authority on behalf
45 of a relative.

46 F. Any person who violates this section shall be subject to disciplinary action.

1 2.08.050 Solicitations and sales. No employee or group of employees shall on behalf of
2 the county solicit funds or other things of value from any person, nor solicit funds or sell things
3 of value to persons on county property without first obtaining permission from the county
4 administrator. This shall not apply to internal departmental solicitations such as farewell gifts,
5 shower gifts, length of service gifts or donations for employee social gatherings.
6

7 2.08.060 Code of Conduct Guidelines. Purpose. The Code of Conduct Guidelines are
8 designed to describe the manner in which elected and appointed officials should treat one
9 another, county staff, constituents, and others they come into contact with while representing
10 the Eau Claire County.

11 A. Advocacy. Members shall represent the official policies or positions of the Eau
12 Claire County Board, Committee or Commission to the best of their ability when designated as
13 delegates for this purpose. When presenting their individual opinions and positions, members
14 shall explicitly state they do not represent their body or the Eau Claire County Board of
15 Supervisors, nor will they allow the inference that they do.

16 B. Policy Role of Members. Members shall respect and adhere to the
17 management structure of Eau Claire County government as outlined in the Eau Claire County
18 Code of Ordinances. Except as provided by the Eau Claire County Code of Ordinances,
19 Members shall not interfere with the administrative functions of the county or the professional
20 duties of county staff; nor shall they impair the ability of staff to implement county board policy
21 decisions.

22 C. Independence of Boards, Committees and Commissions. Because of the
23 value of the independent advice of boards, committees and commissions to the public
24 decision-making process, members of county board shall refrain from using their position
25 to unduly influence the deliberations or outcomes of board, committee and commission
26 proceedings.

27 D. Positive Workplace Environment. Members shall support the maintenance of a
28 positive and constructive workplace environment for county employees and for citizens,
29 businesses, and other organizations dealing with the county. Members shall recognize their
30 special role in dealings with county employees to avoid creating the perception of inappropriate
31 direction to staff.

32 E. Elected and Appointed Officials' Conduct with Each Other in Public Meetings.

33 1. Respect the role of the chair in maintaining order. It is the responsibility
34 of the chair to keep the comments of members on track during public meetings. Members
35 should respect efforts by the chair to focus discussion on current agenda items. If there is
36 disagreement about the agenda or the chair's actions, those objections should be voiced politely
37 and with reason, following procedures outlined in parliamentary procedure.

38 2. Practice civility and decorum in discussions and debate. Difficult
39 questions, tough challenges to a particular point of view, and criticism of ideas and information
40 are legitimate elements of debate by a free democracy in action. Free debate does not require
41 nor justify, however, public officials to make belligerent, personal, impertinent, slanderous,
42 threatening, abusive, or disparaging comments.

43 3. Avoid personal comments that could offend other members. If a
44 member is personally offended by the remarks of another member, the offended member
45 should make notes of the actual words used and call for a "point of personal privilege" that
46 challenges the other member to justify or apologize for the language used. The chair will
47 maintain control of this discussion.

1 4. Demonstrate effective problem-solving approaches. Members have a
2 public stage and have the responsibility to show how individuals with disparate points of view
3 can find common ground and seek a compromise that benefits the community as a whole.

4 F. Elected and Appointed Officials' Conduct with the Public in Public Meetings.

5 No signs of partiality, prejudice or disrespect should be evident on the part of individual
6 members toward an individual participating in a public forum. Every effort should be made to
7 be fair and impartial in listening to public comment.

8 1. Members shall prepare themselves for public issues; listen
9 courteously, attentively, and without interruption to all public discussions before the body; and
10 focus on the business at hand.

11 2. Treat speakers with respect. While questions of clarification may be asked,
12 the official's primary role during public comment is to listen.

13 3. Be fair and equitable in allocating public hearing time to individual
14 speakers. The chair will determine and announce limits on speakers at the start of the public
15 comment process pursuant to the Eau Claire County Code of Ordinances.

16 4. Maintain an open mind. Members of the public deserve an opportunity to
17 provide public comment to elected and appointed officials.

18 5. Avoid debate and argument with the public. Only the chair - not
19 individual members - can interrupt a person making public comment. However, a member can
20 ask the chair for a point of order if the speaker is off the topic or exhibiting behavior or
21 language the member finds disturbing.

22 G. Elected and Appointed Officials' Conduct with County Staff.

23 1. Treat all staff as professionals. Clear, honest communication that
24 respects the abilities, experience, and dignity of each individual is expected. Poor behavior
25 towards staff is not acceptable.

26 2. Do not disrupt county staff from their jobs. Elected and appointed
27 officials should not disrupt county staff while they are in meetings, on the phone, or
28 actively engaged in performing their job functions in order to have their individual needs
29 met. Nothing in this section shall be construed as prohibiting the members from fully and
30 freely communicating with county staff anything pertaining to county affairs or the interests of
31 the county.

32 3. Never publicly criticize an individual employee. Elected and appointed
33 officials should never express concerns about the performance of a county employee in public,
34 to the employee directly, or to the employee's manager. Comments about staff performance
35 should only be made to the county administrator through private correspondence or
36 conversation. Appointed officials should make their comments regarding staff to the county
37 administrator.

38 4. Do not get involved in administrative functions. Elected and appointed
39 officials acting in their individual capacity must not attempt to influence county staff on the
40 making of appointments, awarding of contracts, selecting of consultants, processing of
41 development applications, or granting of county licenses and permits.

42 5. Do not solicit political support from staff. Elected and appointed
43 officials should not solicit any type of political support (financial contributions, display of
44 posters or lawn signs, name on support list, etc.) from county staff. County staff may, as
45 private citizens with constitutional rights, support political candidates but all such activities
46 must be done away from the workplace.

47 6. No Attorney-Client Relationship. The Corporation Counsel represents
48 the County and not individual Members.

1 7. Possible violation. Any county employee who feels a violation of this
2 Code of Conduct has occurred during or outside of a public county board meeting, or in the
3 event a county employee believes they have been a victim of harassment, intimidation or
4 bullying, the employee may consult with their department manager. Together, the manager and
5 employee may raise the issue privately with the county board member. Any member of the
6 public who feels a violation of this Code of Conduct has occurred during or outside of a public
7 county board meeting may raise the issue privately with the county board member.

8 8. Attempts should be made to resolve any issue in a professional, private
9 manner. If unsuccessful, the county board member, county employee or member of the public
10 may ask for the assistance of the county board chair in mediating the issue or conflict. The
11 county board chair may include the county board vice chair, county board second vice chair,
12 county administrator, or appropriate county staff in attempting to resolve the matter. If the
13 complaint involves the county board chair, the county board member, county employee or
14 member of the public may ask for the assistance of the county board vice chair and/or county
15 board second vice chair in mediating the issue or conflict.

16 9. If a county board member becomes aware of possible county staff
17 misconduct issue, that issue shall be forwarded to the county administrator, the human
18 resources director or the county staff's department manager through private correspondence or
19 conversation, with the exception of possible alleged criminal matters, which should be reported
20 to corporation counsel. Under the "Whistleblower Law" (Wis. Stat. § 230.80), County members
21 and employees have protection when they report violations of law, rules, regulations,
22 mismanagement or abuse of authority.

23 H. County Board Conduct with Boards, Committees, and Commissions of which they
24 are not members.

25 1. If a county board member is attending a board, committee or
26 commission meeting, they must be careful to only express personal opinions. County board
27 members may attend any board, committee or commission meeting, which are always open to
28 any member of the public. The purpose of public comment is to allow members of the public,
29 not other county board members, the opportunity to be heard regarding their concerns. County
30 board members attending a board, committee or commission meeting they are not a member of
31 may be recognized by the chair and allowed to provide their input. Those comments should be
32 clearly made as individual opinion and not a representation of the any board, committee or
33 commission on which they serve.

34 2. Limit contact with Board, Committee and Commission Members to
35 questions of clarification. It is inappropriate for a county board member to contact a board,
36 committee or commission member to lobby on behalf of an individual, business, or
37 developer, and vice versa. It is acceptable for county board members to contact board,
38 committee or commission members in order to clarify a position taken by the board, committee
39 or commission. Any of these types of discussions must be in compliance with Wisconsin
40 Open Meetings laws.

41 3. Respect that Boards, Committees and Commissions serve the
42 community, not individual County Board Members. The county board appoints individuals to
43 serve on boards, committees and commissions, and it is the responsibility of boards,
44 committees and commissions to follow policy established by the county board. Board,
45 committee and commission members do not report to individual county board members, nor
46 should county board members feel they have the power or right to threaten board, committee
47 and commission members with removal if they disagree about an issue. Appointment and re-
48 appointment to a board, committee or commission should be based on such criteria as
49 expertise, ability to work with staff and the public, and commitment to fulfilling official duties.

1 4. Be respectful of diverse opinions. county board supervisors must be fair
2 and respectful of all citizens serving on boards, committees and commissions.

3 5. Keep political support away from public forums. Board, committee and
4 commission members may offer political support to a county board member, but not in a
5 public forum while conducting official duties. Conversely, county board members may
6 support board, committee and commission members who are running for office, but not in an
7 official forum in their capacity as a county board member.

8
9 2.08.070 Sanctions.

10 A. Acknowledgement of Code of Conduct and completion and submission of the Eau
11 Claire County Standards of Conduct and Financial Interview Form. Prior to the organizational
12 meeting at the beginning of every legislative session, County board supervisors, appointed and
13 elected officials must sign an acknowledgement they have read and understand the Code of Conduct
14 and must complete and submit the Eau Claire County Standards of Conduct and Financial Interview
15 Form. County board supervisors appointed and elected officials who do not sign an
16 acknowledgement that they have read and understand the Code of Conduct or complete and
17 submit the Eau Claire County Standards of Conduct and Financial Interview Form shall be
18 ineligible for intergovernmental assignments or county board subcommittees.

19 B. Behavior and Conduct. The Eau Claire County Code of Conduct expresses
20 standards of ethical conduct expected for members of the Eau Claire County Board, Boards,
21 Committees and Commissions. Members themselves have the primary responsibility to assure
22 that ethical standards are understood and met, and that the public can continue to have full
23 confidence in the integrity of government. The chairs of boards, committees and commissions,
24 the members of the county board, and the county administrator have the additional
25 responsibility to intervene when actions of members that appear to be in violation of the Code
26 of Conduct are brought to their attention.

27 C. Individual County Board Members should objectively point out to the offending
28 County Board member perceived infractions of the Code of Conduct. If the offenses continue,
29 then the matter may be brought to the attention of the county board chair or referred to the
30 Conduct Inquiry Board process for consideration and any possible further action.

31 D. The County board may impose sanctions on board, committee and commission
32 members whose conduct does not comply with the county's policies and code of ordinances.

33 E. Sanction for violations.

34 1. Any person violating this chapter may be subject to a forfeiture of not less
35 than \$100 nor more than \$1,000 for each offense, subject to 2.08.070 E 2.

36 2. Forfeiture schedule. The following specified violations of this chapter
37 shall be subject to the accompanying forfeiture schedule:

- 38 a. 2.08.020 A., Incompatible employment, \$100 to \$500;
39 b. 2.08.020 B., Representing private interests before county agencies
40 or courts, \$100 to \$1,000;
41 c. 2.08.030 C., Disclosure of confidential information, \$100 to
42 \$1,000;
43 d. 2.08.040 D., Gratuities, kickbacks, gifts or favors \$100 to \$1,000;
44 e. 2.08.050 E., Failure to disclose interest in legislation, \$100 to
45 \$250;
46 f. 2.08.060 F., Nepotism forbidden, \$100 to \$250;
47 g. 2.08.070 G., Use of position to compel charitable contributions,
48 donations or induce business, \$100 to \$250;

- 1 h. 2.08.080 H., Conducting private business on county premises and
- 2 county time forbidden, \$100 to \$200;
- 3 i. 2.08.080 I., Prohibited contracts with the county, \$100 to \$1,000;
- 4 j. 2.08.080 J., Public purpose doctrine, \$100 to \$1,000.

5

6 2.08.080 Conduct Inquiry Board.

7 A. There is hereby created a Conduct Inquiry Board.

8 1. Consisting of five members and one alternate, one of whom shall be an

9 attorney licensed to practice law in the State of Wisconsin, appointed by the Eau Claire County

10 Committee on Administration with the approval of the Eau Claire County Board of Supervisors.

11 2. The members of the Conduct Inquiry Board shall be residents of Eau

12 Claire County and shall not be an Eau Claire County Public Elected Official or an employee

13 during the time of appointment and shall serve staggered three-year terms expiring on the third

14 Tuesday in April of the third year following their appointment except as otherwise provided in

15 the implementation of this ordinance.

16 3. The Eau Claire County Corporation Counsel shall provide legal advice,

17 secretarial service and assistance to the Conduct Inquiry Board.

18 4. The Conduct Inquiry Board shall be entitled to mileage and per diem

19 payments for meetings and hearings of the Conduct Inquiry Board on the same basis as provided

20 other Eau Claire County Boards, Committees or Commissions.

21 5. A member of the Conduct Inquiry Board may not serve more than two

22 consecutive three-year terms.

23 B. Powers and Duties. The Conduct Inquiry Board shall be responsible for

24 investigating a complaint and conducting a fact finding hearing pursuant to Section D. below, in

25 any case in which the Conduct Inquiry Board has found that probable cause exists for believing

26 the allegations of a complaint referred to the Conduct Inquiry Board after preliminary review

27 pursuant to 2.08.080 F. 3.

28 C. Burden of Proof. Violations shall be proved by clear, satisfactory and convincing

29 evidence.

30 D. Hearing. An individual against whom a complaint has been made and where the

31 complaint has been referred to the Conduct Inquiry Board may request a hearing before the

32 Conduct Inquiry Board. The Conduct Inquiry Board may hold a hearing and the Conduct Inquiry

33 Board shall keep a record of the hearing. The Conduct Inquiry Board shall have the power to

34 compel the attendance of witnesses and to issue subpoenas as granted to other boards and

35 commissions under Wis. Stat. § 885.01.

36 1. Within ten working days of the conclusion of the hearing, the Conduct

37 Inquiry Board shall file its written findings and recommendations signed by all participating

38 Conduct Inquiry Board members, together with findings of fact and conclusions of law,

39 concerning the propriety of the conduct of the public official. If the Conduct Inquiry Board

40 determines that no violation of the Code of Conduct has occurred, it shall dismiss the complaint,

41 and if requested to do so by the accused, issue a public statement.

42 2. No recommendation of the Conduct Inquiry Board becomes effective

43 until twenty working days after it is issued, or while an application for rehearing or rehearing

44 before the Conduct Inquiry Board is pending, or the Conduct Inquiry Board has announced its

45 final determination on rehearing.

1 E. Enforcement and Penalties. If the Conduct Inquiry Board finds that clear
2 satisfactory and convincing evidence exists for believing the allegations of the complaint, the
3 Conduct Inquiry Board shall refer its findings and recommendation to the Eau Claire County
4 Board of Supervisors, or in the case of an employee, to the Eau Claire County Administrator.
5 The Conduct Inquiry Board may make the following recommendations:

6 1. Recommend that the Eau Claire County Board of Supervisors order the
7 officer or employee to conform his or her conduct to the ethics code or recommend that the
8 official or employee be censured, suspended, removed from office, be issued a private
9 reprimand, public reprimand, and in the case of an employee may also recommend denial of
10 merit increase, suspension without pay, discharge, or other appropriate disciplinary action.

11 2. The Conduct Inquiry Board may also refer the matter to the District
12 Attorney to commence enforcement pursuant to the procedures and remedies of Wis. Stat.
13 §19.59.

14 F. Investigations and Enforcement.

15 1. Advisory Opinions. Any person governed by this Code of Conduct may
16 apply in writing to the Eau Claire County Corporation Counsel for an advisory opinion and shall
17 be guided by any opinion rendered. The applicant shall present his or her interpretation of the
18 facts at issue and of the applicability of provisions of this Code of Conduct before the advisory
19 opinion is rendered. All requests for opinions and opinions rendered shall be in writing. Records
20 of the Eau Claire County Corporation Counsel's opinions, opinion requests and investigations of
21 violations shall be closed to public inspection, as required by Wis. Stat. Ch. 19. However, such
22 records may be made public with the consent of the applicant.

23 2. Complaints. The Eau Claire County Corporation Counsel shall accept
24 from any citizen of Eau Claire County a verified written complaint which states the name of the
25 member of the Eau Claire County Board of Supervisors, members of all Eau Claire County
26 Committees, Boards, and Commissions, and Eau Claire County appointed and elected officials
27 (hereafter referred to as members) or employee alleged to have committed a violation of this
28 Code of Conduct and sets forth the material facts involved in the allegation. The Eau Claire
29 County Corporation Counsel shall forward a copy of the complaint to the accused officer or
30 employee and the Conduct Inquiry Board within ten days. If no action on the verified complaint
31 is taken by the Conduct Inquiry Board within sixty days, the complaint shall be referred to the
32 county board for determination of probable cause. If there is a finding of probable cause by the
33 county board, the matter shall be referred back to the Conduct Inquiry Board for an evidentiary
34 hearing under 2.08.080 C.

35 3. Preliminary Investigations. Following the receipt of a verified complaint,
36 the Conduct Inquiry Board may make preliminary investigations with respect to alleged violation
37 of this Code of Conduct. A preliminary investigation shall not be initiated unless the accused
38 member or employee is notified in writing and by electronic means. The notice shall state the
39 exact nature and purpose of the investigation, the individual's specific action or activities to be
40 investigated and a statement of such person's due process rights. If the Conduct Inquiry Board
41 finds probable cause to believe the allegations contained in the complaint, the complaint shall be
42 referred to hearing pursuant to 2.08.080 D. above before the Conduct Inquiry Board.

43 4. Time Limitations. The Conduct Inquiry Board may investigate any
44 complaint properly filed with it. However, no action may be taken on any complaint which is
45 filed more than one year after a violation of the Code of Conduct is alleged to have occurred.
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ENACTED:

Committee on Administration

VOTE: _____ Aye _____ Nay

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Dated this _____ day of _____, 2022.