

LINCOLN COUNTY BOARD OF HEALTH MEETING
Lincoln County Health & Human Services, 607 N. Sales Street, Merrill WI 54452
Wednesday, October 18, 2023 at 4:00 p.m.
Health Department Clinic Room – Suite 101
Via Teleconference and In-Person Attendance

Electronic Attendance Available: Persons wishing to attend the meeting electronically may enter the meeting beginning ten minutes prior to the start time indicated above using the following number or address:

Conference Call: (US) +1 260-782-6586
Access Code PIN: 895 590 116#
Meeting ID: meet.google.com/jzy-xiai-hru

The teleconference cannot start until the host (county clerk) dials in and enters the host password. In the event there is an unforeseen technical difficulty that prevents all or a part of the meeting from being available electronically, the meeting will continue in person and those wishing to attend can appear in person at the location indicated in this agenda.

All public participants' phones, microphones and chat dialog boxes will be muted or disabled during the meeting. If "public comment" appears on the agenda, before the meeting is called to order, the clerk will ask teleconference attendees whether any public comment is being offered. When called upon by the clerk or chair, any person offering public comment should state their name and comments.

AGENDA

1. Call to Order and Introductions
2. Sue Weith, Board of Health Member, Nurse Representative Resignation
3. Elect Vice Chairperson
4. Public Comment
5. Service recognition – Sue Weith and Mike Loka
6. Approve Minutes of Previous Meeting
7. Q & A on Written and Financial Report
8. Approval of Timesheets 08072023 – 10012023
9. Approved Travel and Expenses October 2023
10. 140 Review – Recertified as Level III Health Department
11. Approval of Resolution Authorizing Signer – Health Department Contracts, Grants and Memorandum Agreements
12. Mental Health Programming Update –Kristin Bath, Public Health Educator
13. Public Health Preparedness Update – Kristin Bath, Public Health Educator
14. Approval of Chapter 11.04 Proposed – Health and Social Services Ordinance Text Amendment
15. Approval of FDA Grant Application
16. Approval staff requisition for extra hours for the Environmental Health Technician
17. Approval Public Health Infrastructure Grant
18. Agenda Items and Next Meeting
19. Adjourn

Distribution:

Julie Allen, Steve Osness, Laurie Thiel, Angela Cummings, Dr. Michael Clark, and Brenda Mueller
Administrative Coordinator
Other County Board Supervisors
Department Heads

Posted on: _____ **at:** _____ **a.m./p.m. by:** _____

While there may be a quorum of the following committees present, no committee business will be conducted at this meeting: Law Enforcement, EMS, Judicial and Emergency Management.
Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of this meeting. Please contact the County Clerk at 715-539-1019 or chris.marlowe@co.lincoln.wi.us as early as possible so that proper arrangements can be made. Requests are kept confidential.

GENERAL REQUIREMENTS:

1. Must be held in a location which is reasonably accessible to the public.
2. Must be open to all members of the public unless the law specifically provides otherwise.

NOTICE REQUIREMENTS:

1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statute.
2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

MANNER OF NOTICE:

Date, time, place, and subject matter, including subject matter to be considered in a closed session, must be provided in a manner and form reasonably likely to give notice to the public.

TIME FOR NOTICE:

1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
2. No less than 2 hours prior to the meeting if the presiding officer establishes there is a good cause that such notice is impossible or impractical.

EXEMPTIONS FOR COMMITTEES AND SUB-UNITS:

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful meeting to act or deliberate upon a subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place, and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

PROCEDURE FOR GOING INTO CLOSED SESSION:

1. Motion must be made, seconded, and carried by roll call majority vote and recorded in the minutes.
2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

STATUTORY EXEMPTIONS UNDER WHICH CLOSED SESSIONS ARE PERMITTED:

1. Deliberation of judicial or quasi-judicial matters. Sec. 19.85(1)(a)
2. Considering dismissal, demotion, or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
3. Considering employment, promotion, compensation, or performance evaluation data of any public employee. Sec. 19.85(1)(c).
4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d).
5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
6. Considering financial, medical, social, or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public would likely have an adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f).
7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g).
8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

CLOSED SESSION RESTRICTIONS:

1. Must convene in open session before going into closed session.
2. May not convene in open session, then convene in closed session and thereafter reconvene in open session with twelve (12) hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.
3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

BALLOTS, VOTES, AND RECORDS:

1. Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.
2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
3. Motions and roll call votes must be preserved in the record and be available for public inspection.

USE OF RECORDING EQUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

LEGAL INTERPRETATION:

1. The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.
2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

PENALTY:

Upon conviction, any member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation.

September 6, 2023

Lincoln County Health Department
Attn: Shelley Hersil
607 N. Sales Street
Suite 101
Merrill, WI 54452

Dear Shelley:

I am hereby giving my resignation to the Lincoln County Board of Health effective immediately.

Thank you for allowing me to serve for the past 13 years using my public health nursing background to give insight on the health needs of our community.

I wish you all well as you continue your important work.

Sincerely,

A handwritten signature in cursive script that reads "Sue Weith".

Sue Weith, RN, BSN, *MSN*

LINCOLN COUNTY BOARD OF HEALTH
LINCOLN COUNTY SERVICE CENTER, ROOMS 247/248
AUGUST 16, 2023 4:00 PM
MEETING MINUTES

MEMBERS PRESENT: Laurie Thiel, Sue Weith, Dana Miller, Steve Osness, Brenda Mueller, Julie Allen (via teleconference), Angela Cummings (via teleconference)

MEMBERS ABSENT: Dr. Michael Clark

GUESTS: Kristi Krombholz, RN LCHD

DEPARTMENT HEAD: Shelley Hersil

1. **Call to Order:** Chairperson Cummings called the meeting to order at 4:00 p.m.
2. **Public Comment:** None.
3. **Approval of Minutes of Previous Meeting:** Motion to approve minutes of the previous meeting by Thiel, 2nd by Osness. All ayes, motion carried.
4. **Q & A on Written Report and Financial Report:** Reports reviewed and placed on file.
5. **Approval of Timesheets: June 26-August 6, 2023:** Motion by Osness, 2nd by Thiel to approve timesheets. All ayes, motion carried.
6. **Immunization Program Update – Kristi Krombholz:** Krombholz reported that a new Covid vaccine will be out this fall; an RSV vaccine will be available soon, particularly for infants and elderly; a new 2-nurse plan for verifying vaccinations is working well.
7. **Approval Change in Fees (flu, oral health, environmental health):** Hersil shared proposed fee changes. LCHD is to raise vaccination fees to levels comparable to Medicare reimbursements and oral exam fees based on salary increases. Motion to approve made by Cummings, 2nd by Thiel. All ayes, motion carried.
8. **Approve of Community Health Assessment and Improvement Plan 2023-2028:** The two plans were combined this year. Hersil went through the steps of the plan, the areas of focus, and implementation goals. There is a strong need for coordination of community resources. Motion to approve the plan made by Osness, 2nd by Thiel. All ayes, motion carried.
9. **MOU With Marathon County Health Department Lead Investigations:** There is currently no one trained in mandated Lead Investigations at LCHD. The MOU with Marathon County is a revised version of the one in place. Case level is low, approximately one every two years. Motion to approve made by Cummings, 2nd by Allen. All ayes, motion carried.
10. **MOU With Marathon County Health Department LTE Agent:** Marathon County Health Department agrees to provide mandated services for complaints and pre-inspections as needed in case of loss of staff and appropriate training at LCHD. Motion to approve made by Thiel, 2nd by Miller. All ayes, motion carried.
11. **Review of Human Health Hazard Ordinance Procedures:** A complaint has been made concerning collapsed, vacant structures. Board of Health agrees building to be secured and posted with no entrance signs because of the close proximity of another home.
12. **Agenda Items and Next Meeting:** Healthy Minds Coalition update, death review involving children and suicides; Grant Resolution; housing hazard update, replacement of vice chairperson. Next meeting is **September 20, 2023 at 4:00 p.m.**
13. **Adjourn:** Meeting adjourned at 4:51 p.m.

B. Mueller, Secretary, Minutes submitted 8/17/2023

Lincoln County Health Department

Board of Health Written Report for August 8 2023 – October 11, 2023

Director Meetings (special meetings)

Meeting(s)	Date	Location
Community Conversations	8/21/23	Merrill
Community Conversations	8/23/23	Tomahawk
Hazmat Regional Meeting	8/31/23	Merrill
State Public Health Forward Meeting	9/7/23	Virtual
WALHDAB Meeting	9/14/23	Virtual
Review Human Health Hazard Ordinance	10/2/23	Onsite
WALHDAB Public Health Practice Conference	10/4-10/5/23	Oshkosh
Completion of Public Health Fiscal Survey	9/30/2023	Electronic Report

Operations

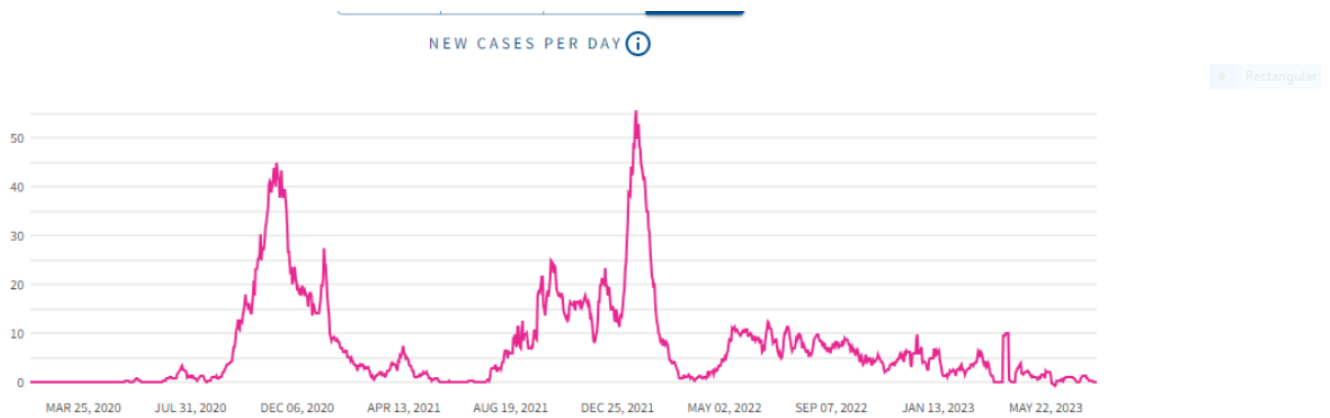
Staff Recruitment	Date Vacant	Progress
Public Health Nurse	8/22	Hired 9/28/23, Katelyn Mathie
Opioid Grant Coordinator	Posted 6/15/2023	Redirection – Position no longer advertised.
Note: First time in 14 months fully staffed.		

Communicable Disease

COVID-19 Update

- Changes in reportable disease. COVID 19 has been classified as a category 2 disease. As of Nov 1st we will follow up only on COVID-19 hospitalizations only. This is similar to Influenza follow-up.
- COVID Vaccine Grant will be completed by November 1st.
- Below see graph of COVID-19 cases from March 25, 2023 to May 22, 2023.
- Organizations in Lincoln County are creating their own policies for communicable disease mitigation for respiratory disease, RSV, COVID-19 and Influenza.

Number of COVID-19 Confirmed Cases per day Lincoln County March 2020 – May 2023



Family Health

- Lincoln County Health Department hosted a PRSYL Headstart Health Screening Fair. Goal is to get students ready for Headstart. The following are the services that were provided.

Headstart health fair:

- 36 dental exams
- 31 fluoride treatments
- 36 hearing exams
- 36 vision exams
- 14 physicals
- 14 hemoglobins
- 12 vaccines given to 6 children

Chronic Disease

Community Health Improvement Plan – Community Conversations and Focus Groups

We held two different Community Conversations with one in Merrill (8/20/2023) and one in Tomahawk (8/23/2023). There were a total of 5 participants. Community Conversations were an open-invite opportunity for community members to have an update on the newest Community Health Assessment and Improvement plan and be able to provide insight and suggestions towards accomplishing our goals.

Focus Groups were completed with a total of 22 participants from across Lincoln County. We interviewed parents of PRSYL students, individuals who utilize the Merrill Enrichment Center, and individuals who utilized Tomahawk Senior Center. These focus groups were held from 7/24/2023 through 8/17/2023. We wanted to address the strengths and challenges based on the population we were interviewing (ex-Tomahawk Senior Center and Merrill Enrichment Center we asked about the aging community and if they feel supported. For PRSYL we asked for basic needs such as nutrition and daycare). If time permitted for the focus groups we dove into mental health and emotional wellbeing and what is going well towards this topic in Lincoln County.

Environmental Health Quarterly Report

Agent Program (July 1, 2022 - July 31, 2023)					
	Q1 (July-Sept)	Q2 (Oct - Dec)	Q3 (Jan - March)	Q4 (April - June)	Total
Licensed Establishments	423	423	423	423	
Inspections Complete (%)	28.37%	4.02%	0.00%	0.00%	32.39%
Routine	105	17	-	-	122
Pre-Inspections	15	0	-	-	15
License Enforcement	County Average (2016 - Present): 25 Follow-Up & Re-Inspections, 13 Com				
Re-Inspections	2	-	-	-	2
Follow-Up Inspections	21	2	-	-	23
Visits/No Action	2	-	-	-	2
Complaint(s)	3	-	-	-	3
Second Inspections	0	-	-	-	0
Other/Consultations	3	-	-	-	3

Notes: Q1 for the agent program is ahead of schedule on inspections by over 3%. In addition to the LC license inspections completed in Q1, 16 mobile or transient licenses from outside of Lincoln County were inspected in conjunction with Fall Ride.

The 2023 Retail Standards Grant is winding down with the completion of the self-assessment of the 9 Program Standards as well as the Comprehensive Strategic Improvement Plan. Out of the 9 Standards, Lincoln County only meets Standard 2.

Our Environmental Health Specialist and Technician have identified at least 20 unlicensed establishments in Lincoln County. Enforcement letters will be prepared and sent out in the coming month. Unlicensed establishments include a handful of retail food with the majority being tourist rooming houses. We will work closely with LC Zoning to ensure proper permitting.

Human Health Hazards (January 1 - September 30, 2023)					
	Q1 (Jan - March)	Q2 (April - June)	Q3 (July-Sept)	Q4 (Oct - Dec)	Total
Human Health Hazard	County Average (2016 - Present): 9 Complaints/Year (4 Required Enforcement)				
Investigations	0	1	2	-	3
Requiring Enforcement	0	1	2	-	3
Childhood Lead Poisoning	Elevated lead levels was reduced from 5 to 3.5 mcg/dL - not enough data for				
Children Tested	70	88	77	-	235
Children with Elevated Lead Levels	1	10	5	-	16
Animal Bites	Lincoln County Average (2018-2022) 7 Bites/Year (3.4 Required Enforcement)				
Animal Bites Reported	1	3	2	-	6
Bites W/ Enforcement	0	3	1	-	4
Water Quality As of July 31, 2023					
	Total # Tested (YTD)	Qty. Positive/High	% Positive/High	Qty. Positive for E.coli	
Private Well Testing	County Average (2015 - Present): High Nitrates 2.8%, Bacteria Positive 1				
Private Water Nitrates	44	1	2.27%		
Private Water Bacteria	192	29	15.10%	2	
DNR Well Program	County Average (2015 - Present): High Nitrates 2.1%, Bacteria Positive 1				
DNR/TNC Water Nitrates	75	2	2.67%		
DNR/TNC Water Bacteria	77	7	9.09%	0	
Enforcement Bacteria Samples	46	24	52.17%	0	
Transient Non-Community Wells (79 Total)	DNR Corrective Action		DNR Sanitary Surveys (20% = 16)		
Annual Site Visits Complete	Complete (out of # of Establishments)		Complete (out of 1		% Complete
59	95%		17		106%

A leader in public health by promoting optimal health and safety through prevention, protection, and intervention.

LINCOLN COUNTY
HEALTH DEPARTMENT
YEAR TO DATE BUDGET REPORT
FOR 2023 9

ACCOUNT	ORIGINAL BUDGET	REVISED BUDGET	YTD 2023 REVENUE	YTD 2023 EXPENDITURES	AVAILABLE BUDGET	PERCENT USED
23000054.461900	NIAL CARE REVENUES	10,080.00	10,080.00	4,872.00	5,208.00	48.3%
23000054.465910	HEALTH DEPT PUBLIC CHARGES	24,736.00	24,736.00	4,446.94	20,289.06	18.0%
23000054.473500	PRSYL SERVICES	6,500.00	6,500.00	4,346.00	2,154.00	66.9%
23000054.473510	MAPS SCHOOL SERVICES	115,104.00	115,104.00	67,822.65	47,281.35	58.9%
23000054.474000	INTER DEPT SERVICES	96,192.00	96,192.00	66,564.00	29,628.00	69.2%
23000054.485000	IMMUNIZATION DONATIONS	1,500.00	1,500.00	1,170.00	330.00	78.0%
23000054.511000	PUBLIC HEALTH SALARY	582,581.00	582,581.00	351,781.24	230,799.76	60.4%
23000054.520000	PUBLIC HEALTH FRINGE	233,126.00	233,126.00	122,323.53	110,802.47	52.5%
23000054.531010	AUDITING SERVICES	1,300.00	1,300.00	0.00	1,300.00	0.0%
23000054.531320	CONTRACTED SERVICES	221.00	221.00	227.50	(6.50)	102.9%
23000054.551000	LIABILITY INSURANCE	7,300.00	7,300.00	0.00	7,300.00	0.0%
23000054.552001	PUBLIC HEALTH TELEPHONE	3,500.00	3,500.00	2,930.90	569.10	83.7%
23000054.554001	PRINTING ALLOCATION	2,500.00	2,500.00	843.63	1,656.37	33.7%
23000054.555000	PUBLIC HEALTH TRAVEL/TRAINING	4,500.00	4,500.00	3,514.16	985.84	78.1%
23000054.561100	PUBLIC HEALTH OFFICE SUPPLIES	7,000.00	7,000.00	1,868.06	5,131.94	26.7%
23000054.561101	PUBLIC HEALTH POSTAGE	1,500.00	1,500.00	438.86	1,061.14	29.3%
23000054.561214	PUBLIC HEALTH VACCINE	10,500.00	10,500.00	19,090.92	(8,590.92)	181.8%
23000054.570000	STATE GRANT OPERATIONS	0.00	0.00	0.00	0.00	100.0%
23000054.571000	FOOT CARE OPERATIONS	300.00	300.00	160.62	139.38	53.5%
23000054.598000	TRANSFER OUT	0.00	0.00	110,076.46	(110,076.46)	100.0%
23000060.411000	HEALTH DEPT TAX LEVY	563,054.00	563,054.00	563,054.00	0.00	100.0%
23000054.435500.10119	HEALTH CHECK	4,000.00	4,000.00	675.71	3,324.29	16.9%
23000054.435500.10120	STATE HEALTH	25,600.00	25,600.00	17,501.00	8,099.00	68.4%
PUBLIC HEALTH TOTALS			730,452.30	613,255.88		
23000054.435510.10120	PREVENTION GRANT REVENUE	6,165.00	6,165.00	6,165.00	0.00	100.0%
23000054.511000.10120	PREVENTION GRANT WAGES				4,829.23	100.0%
23000054.520000.10120	PREVENTION GRANT FRINGE				1,335.98	100.0%
23000054.571002.10120	PREVENTION GRANT OPERATIONS	6,165.00	6,165.00	0.00	6,165.00	0.0%
PREVENTION TOTALS			6,165.00	6,165.21		
23005554.461900	WATER LAB TESTING REVENUE	0.00	0.00	8,798.00	(8,798.00)	100.0%
23005554.560000	ENVIRONMENTAL HEALTH OFFICE	800.00	800.00	177.41	622.59	22.2%
23005554.571000	WATER LAB OPERATIONS	0.00	0.00	3,980.92	(3,980.92)	100.0%
ENVIRONMENTAL HEALTH TOTALS			8,798.00	4,158.33		
23005654.435500.20100	COMMUNICABLE DISEASES GRANT	3,800.00	3,800.00	3,800.00	0.00	100.0%
23005654.511000.20100	COMMUNICABLE DISEASES WAGES	2,700.00	2,700.00	2,709.85	(9.85)	100.4%
23005654.520000.20100	COMMUNICABLE DISEASES FRINGE	1,100.00	1,100.00	1,017.17	82.83	92.5%
23005654.560000	CLINIC SUPPLIES	2,000.00	2,000.00	376.69	1,623.31	18.8%
COMMUNICABLE DISEASES TOTALS			3,800.00	4,103.71		
23005754.485000	TOBACCO GRANT	2,500.00	2,500.00	2,083.00	417.00	83.3%
23005754.511000.10121	TOBACCO GRANT SALARY	1,595.00	1,595.00	1,878.63	(283.63)	117.8%
23005754.520000.10121	TOBACCO GRANT FRINGE	780.00	780.00	661.20	118.80	84.8%
23005754.554001.10121	TOBACCO GRANT PRINTING	75.00	75.00	4.53	70.47	6.0%
23005754.570000.10121	TOBACCO GRANT OPERATIONS	50.00	50.00	0.00	50.00	0.0%
TOBACCO TOTALS			2,083.00	2,544.36		
23006954.435500.10128	PREPAREDNESS GRANT REVENUE	40,953.00	40,953.00	24,869.00	16,084.00	60.7%
23006954.511000.10128	PREPAREDNESS SALARY	28,648.00	28,648.00	22,398.26	6,249.74	78.2%
23006954.520000.10128	PREPAREDNESS FRINGE	6,805.00	6,805.00	3,565.05	3,239.95	52.4%
23006954.554001.10128	PREPAREDNESS PRINTING	300.00	300.00	24.92	275.08	8.3%
23006954.555000.10128	PREPAREDNESS TRAVEL/TRAINING	2,000.00	2,000.00	1,025.00	975.00	51.3%
23006954.570000.10128	PREPAREDNESS OPERATIONS	3,200.00	3,200.00	4,503.58	(1,303.58)	140.7%
PUBLIC HEALTH PREPAREDNESS TOTALS			24,869.00	31,516.81		
23027854.465900	SEAL A SMILE REVENUE	15,814.00	15,814.00	10,220.33	5,593.67	64.6%
23027854.465916	DENTAL HEALTH (MA)	2,500.00	2,500.00	3,212.09	(712.09)	128.5%
23027854.511000	ORAL HEALTH SALARY	4,550.00	4,550.00	2,714.50	1,835.50	59.7%
23027854.520000	ORAL HEALTH FRINGE	552.00	552.00	207.69	344.31	37.6%
23027854.570000	SEAL A SMILE OPERATIONS	350.00	350.00	1,659.77	(1,309.77)	474.2%
23027854.571000	DENTAL HEALTH OPERATIONS	2,500.00	2,500.00	363.98	2,136.02	14.6%
ORAL HEALTH TOTALS			13,432.42	4,945.94		
23008454.435500.10173	ENHANCE DETECTION REVENUE	0.00	0.00	34,014.00	(27,552.00)	100.0%
23008454.511000.10173	ENHANCE DETECTION SALARY	0.00	0.00	25,957.45	(25,957.45)	100.0%
23008454.520000.10173	ENHANCE DETECTION FRINGE	0.00	0.00	6,444.63	(6,444.63)	100.0%
23008454.554001.10173	ENHANCE DETECTION PRINTING	0.00	0.00	564.12	(564.12)	100.0%
23008454.555000.10173	ENHANCE DETECTION TRAVEL/TRAINING	0.00	0.00	76.24	(68.78)	100.0%
23008454.561101.10172	ENHANCE DETECTION POSTAGE	0.00	0.00	13.96	(13.96)	100.0%
23008454.571000.10173	ENHANCE DETECTION OPERATIONS	0.00	0.00	4,749.22	(4,749.22)	100.0%
COVID ENHANCE DETECTION TOTALS			34,014.00	37,805.62		
23008454.435500.10174	COVID VACCINE REVENUE	0	0	19,650.00	(19,650.00)	100.0%
23008454.511000.10174	COVID VACCINE SUPP WAGES	0.00	0.00	2,724.03	(2,724.03)	100.0%
23008454.520000.10174	COVID VACCINE SUPP FRINGE	0.00	0.00	209.84	(209.84)	100.0%
23008454.554001.10174	COVID VACCINE SUPP PRINTING	0.00	0.00	42.91	(42.91)	100.0%
23008454.571000.10174	COVID VACCINE OPERATIONS	0.00	0.00	17,138.17	(17,138.17)	100.0%
COVID VACCINE SUPPLEMENT TOTALS			19,650.00	20,114.95		
23008454.435500.10175	ARPA COVID REVENUE	150,000.00	150,000.00	42,149.00	107,851.00	28.1%
23008454.511000.10175	ARPA COVID RECOVERY SALARY	120,744.00	120,744.00	37,139.36	83,604.64	30.8%
23008454.520000.10175	ARPA COVID RECOVERY FRINGE	12,969.00	12,969.00	5,020.97	7,948.03	38.7%
23008454.554001.10175	ARPA COVID RECOVERY PRINTING	300.00	300.00	547.17	(247.17)	182.4%
23008454.555000.10175	ARPA COVID TRAVEL/TRAINING	3,000.00	3,000.00	0.00	0.00	0.0%
23008454.561101.10175	ARPA COVID RECOVERY POSTAGE	1,096.00	1,096.00	23.49	1,072.51	2.1%

ACCOUNT		ORIGINAL BUDGET	REVISED BUDGET	YTD 2023 REVENUE	YTD 2023 EXPENDITURES	AVAILABLE BUDGET	PERCENT USED
23008454.571000.10175	ARPA COVID RECOVERY OPERATIONS	11,891.00	11,891.00		4,117.45	7,773.55	34.6%
ARPA COVID RECOVERY TOTALS				42,149.00	46,848.44		
23008454.435500.10176	PH WORKFORCE REVENUE	0.00	0.00	20,042.00		(20,042.00)	100.0%
23008454.511000.10176	PH WORKFORCE SALARY	0.00	0.00		3,544.92	(3,544.92)	100.0%
23008454.520000.10176	PH WORKFORCE FRINGE	0.00	0.00		1,195.87	(1,195.87)	100.0%
23008454.554001.10176	PH WORKFORCE PRINTING	0.00	0.00		33.19	(39.19)	100.0%
23008454.555000.10176	PH WORKFORCE TRAVEL/TRAINING	0.00	0.00		15,929.97	(15,929.97)	100.0%
23008454.571000.10176	PH WORKFORCE OPERATIONS	0.00	0.00		1,775.37	(1,775.37)	100.0%
PH WORKFORCE TOTALS				20,042.00	22,479.32		
23008854-554001	FAMILY HEALTH PRINT	0	0		0.46	(0.46)	100.00%
23008854-571000	FAMILY HEALTH OPERATIONS	0	0		4.48	(4.48)	100.00%
FAMILY HEALTH TOTALS					4.94		
23201054.465900	AGENT REVENUE	105,000.00	105,000.00	135,554.00		(30,554.00)	129.1%
23201054.465912	DNR REVENUE	28,679.00	28,679.00	12,686.25		15,992.75	44.2%
23201054.511000	AGENT/DNR SALARIES	74,055.00	74,055.00		51,736.29	22,318.71	69.9%
23201054.520000	AGENT/DNR FRINGE	40,599.00	40,599.00		26,405.25	14,193.75	65.0%
23201054-554000	DNR PRINT	0.00	0.00		32.01	(32.01)	100.0%
23201054.554001	AGENT PRINT	325.00	325.00		74.18	250.82	22.8%
23201054.555000	AGENT TRAVEL-TRAIN	3,700.00	3,700.00		1,381.48	2,318.52	37.3%
23201054.555002	DNR TRAVEL-TRAIN	0.00	0.00		121.55	(121.55)	100.0%
23201054.571000	AGENT OPERATIONS	11,000.00	11,000.00		11,099.24	(99.24)	100.9%
23201054.571002	DNR OPERATIONS	4,000.00	4,000.00		294.10	3,705.90	7.4%
AGENT STATUS PROGRAM TOTALS				148,240.25	91,144.10		
23201054.432400.10137	FDA GRANT REVENUE	0.00	0.00	2,094.25		(2,094.24)	100.0%
23201054.511000.10137	FDA GRANT SALARY	0.00	0.00	0.00	1,241.50	(1,241.50)	100.0%
23201054.520000.10137	FDA GRANT FRINGE	0.00	0.00		659.94	(659.94)	100.0%
23201054.554001.10137	FDA GRANT PRINT	0.00	0.00		0.05	(0.05)	100.0%
23201054.555000.10137	FDA GRANT TRAVEL/TRAINING	0.00	0.00		1,293.65	(1,293.65)	100.0%
FDA GRANT TOTALS				2,094.25	3,195.14		
23201154.461900	HEALTHY MINDS REVENUE	0.00	0.00	16,000.00		(16,000.00)	100.0%
23201154.461900.20110	HPLC-TOMAHAWK REVENUE	0.00	0.00	2,000.00		(2,000.00)	100.0%
23201154.570000.20110	HPLC-TOMAHAWK OPERATIONS	0.00	0.00		1,703.76	(1,703.76)	100.0%
23201154.485005	NUTRITION COALITION	1,000.00	1,000.00	0.00	0.00	1,000.00	0.0%
23201154.571001	HEALTHY MINDS OPERATIONS	0.00	0.00		18,941.39	(18,941.39)	100.0%
23201154.571002	NUTRITION COALITION	1,000.00	1,000.00		0.00	0.00	0.0%
MINI GRANT TOTALS				18,000.00	20,645.15		
TOTAL REVENUES		1,203,177.00	1,203,177.00	1,073,789.22			89.2%
TOTAL EXPENDITURES		1,203,177.00	1,203,177.00		908,927.90		75.5%
GRAND TOTAL						164,861.32	

Lincoln County Employee Timesheet

Name: Shelley Hersil														Department: Health Department			
Employee Number: 319																	
Representative Status: Nonrepresented																	
FLSA Status: Exempt														From: 8/7/2023		To: 8/20/2023	
8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17	8/18	8/19	8/20	Hours	Pay Category	FMLA hours	
8.50	9.00	2.00	2.00	2.00			8.50	8.75	9.50	8.50	8.50			67.25	Regular: Health Dept.		
														0	PHER Grant	23201554.511000.10137	
														0	Preparedness	23006954.511000	
														0	Tobacco Grant	23005754.511000.10121	
		5.25	6.00	1.50										12.75	Vacation:		
														0	Holiday:		
														0	Paid Sick Allowance:		
														0	Paid Funeral Leave:		
														0	Worker's Compensation:		
8	8	8	8	8	0	0	8	8	8	8	8	0	0	80	TOTAL HOURS PAID		
8.5	9	7.25	8	3.5	0	0	8.5	8.75	9.5	8.5	8.5	0	0	80	TOTAL HOURS REPORTED		

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES

GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____

Lincoln County Employee Timesheet

Name: Shelley Hersil														Department: Health Department			
Employee Number: 319																	
Representative Status: Nonrepresented																	
FLSA Status: Exempt														From: 8/21/2023		To: 9/3/2023	
8/21	8/22	8/23	8/24	8/25	8/26	8/27	8/28	8/29	8/30	8/31	9/1	9/2	9/3	Hours	Pay Category	FMLA hours	
8.75	9.00	8.75	8.50					8.75	8.50	8.50	8.00			68.75	Regular: Health Dept.		
														0	PHER Grant	23201554.511000.10137	
														0	Preparedness	23006954.511000	
														0	Tobacco Grant	23005754.511000.10121	
				3.25			8.00							11.25	Vacation:		
														0	Holiday:		
														0	Paid Sick Allowance:		
														0	Paid Funeral Leave:		
														0	Worker's Compensation:		
8	8	8	8	8	0	0	8	8	8	8	8	0	0	80	TOTAL HOURS PAID		
8.75	9	8.75	8.5	3.25	0	0	8	8.75	8.5	8.5	8	0	0	80	TOTAL HOURS REPORTED		

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES

- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____

Lincoln County Employee Timesheet

Name: Shelley Hersil														Department: Health Department			
Employee Number: 319																	
Representative Status: Nonrepresented																	
FLSA Status: Exempt														From: 9/4/2023		To: 9/17/2023	
9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	Hours	Pay Category	FMLA hours	
	9.00	8.50	9.50	8.75			8.25	8.75	8.75	6.00	6.00			73.5	Regular: Health Dept.		
														0	PHER Grant	23201554.511000.10137	
														0	Preparedness	23006954.511000	
														0	Tobacco Grant	23005754.511000.10121	
														0	Vacation:		
8.00														8	Holiday:		
										1.00				1	Paid Sick Allowance:		
														0	Paid Funeral Leave:		
														0	Worker's Compensation:		
8	8	8	8	8	0	0	8	8	8	8	8	0	0	80	TOTAL HOURS PAID		
8	9	8.5	9.5	8.75	0	0	8.25	8.75	8.75	7	6	0	0	82.5	TOTAL HOURS REPORTED		

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES

GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____
 GRANT NAME/PROJECT: _____

Lincoln County Employee Timesheet

Name: Shelley Hersil														Department: Health Department			
Employee Number: 319																	
Representative Status: Nonrepresented																	
FLSA Status: Exempt														From: 9/18/2023		To: 10/1/2023	
9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	Hours	Pay Category	FMLA hours	
8.00	8.50	8.50	8.50	8.50			7.75	8.50	8.50	3.25				70	Regular: Health Dept.		
														0	PHER Grant	23201554.511000.10137	
														0	Preparedness	23006954.511000	
														0	Tobacco Grant	23005754.511000.10121	
										1.00	8.00			9	Vacation:		
														0	Holiday:		
							1.00							1	Paid Sick Allowance:		
														0	Paid Funeral Leave:		
														0	Worker's Compensation:		
8	8	8	8	8	0	0	8	8	8	8	8	0	0	80	TOTAL HOURS PAID		
8	8.5	8.5	8.5	8.5	0	0	8.75	8.5	8.5	4.25	8	0	0	80	TOTAL HOURS REPORTED		

I certify that the foregoing is true and correct.

Employee signature

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES

- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____
- GRANT NAME/PROJECT: _____



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

September 19, 2023

Angela Cummings, Chair
Lincoln County Board of Health
801 N. Sales Street, Suite 205
Merrill, WI 54452

Dear Chairperson Cummings:

The Department of Health Services (DHS) congratulates the Lincoln County Health Department for demonstrating the infrastructure and program capacity to be certified as a Level III Health Department. I am happy to report the Lincoln County Health Department provided all services required by statute and rule.

I want to acknowledge the work of the Lincoln County Health Department staff. Shelley Hersil, health officer, did an excellent job of providing quality evidence of meeting statutes and rules. I am acutely aware of the stress of operating a health department and that the demands on public health directors and professionals have increased exponentially during this state and global pandemic. I applaud the dedicated efforts of Shelley and the Lincoln County Health Department staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Lincoln County Board of Health for maintaining a strong public health department. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Lincoln County Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paula Tran'.

Paula Tran
State Health Officer and Administrator

c: Shelley Hersil, Health Officer
Don Friske, Chair, Lincoln County Board
Angela Nimsgern, Director, Northern Region

Chapter 11.04 Proposed – Health and Social Services Ordinance Text Amendment

- Plain text is existing text in our ordinance and no changes proposed.
- ~~Lined out text~~ is existing ordinance text that will be eliminated
- Underlined text is proposed revisions and updated language

11.04 NUISANCES—HUMAN HEALTH HAZARDS. (Cr. #273-96; Am. #2016-08-630)

(1) DEFINITIONS. In this chapter:

(a)

(b) Human health hazard means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or to endanger life, to generate or spread infectious diseases or otherwise injuriously to affect the health of the public. (§254.01(2), Wis. Stats.)

(c) Immediate Health Hazard. Any condition which adversely affects or demonstrates the potential to adversely affect the community at large and which should, in the opinion of the Health Officer, be abated immediately or within a maximum of twenty-four (24) hours to prevent possible severe damage to human health and/or to the environment

(d) Public Hazard. Affecting or having the potential to affect the people and/or environment outside the limits of an individual’s personally occupied structure or all persons outside of an individual’s personally occupied structure.

(e) Person. means any individual, firm, corporation, society, association, institution, public body or other entity.

(f) Structure or Building – means a building or structure having walls and a roof erected or set upon an individual foundation or slab constructed base designated or used for the housing, shelter, enclosure, or support of persons, animals or property of any kind.

(g) Dwelling means any structure, all or part of which is designed or used for human habitation. (§254.55(1), Wis. Stats.)

(h) Owner means any of the following:

1. A person who has legal title to a dwelling.
2. A person who has charge, care or control of a dwelling or unit of a dwelling as an agent of or as ~~executor administrator, personal representative,~~ trustee or guardian of the estate of a person under par. 1. above.

(i) County means Lincoln County, Wisconsin.

Additional Terms. All other words not specifically defined in this Chapter shall be defined as set forth in any applicable State of Wisconsin regulations and if not defined otherwise, the standard dictionary definition of the work shall apply.

(2) PUBLIC PLACES. The owner and occupant and everyone in charge of a public building, as defined in sec. 101.01(2)(g), (12), Wis. Stats., shall keep the building clean and sanitary. (Sec. 254.56, Wis. Stats.)

(3) HUMAN HEALTH HAZARD PROHIBITED. No person shall erect, create, cause, continue, maintain or permit any public human health hazard within the County. Any person who shall cause, create or maintain a human

health hazard, or who shall, in any way, aid or contribute to the causing, creating or maintenance thereof, shall be guilty of a violation of this ordinance and shall be liable for all cost and expenses attendant upon the removal and correction of such a human health hazard as well as the penalty provided at sec. 11.04(6), infra.

- (4) **RESPONSIBILITY FOR HUMAN HEALTH HAZARDS.** It shall be the responsibility of the property owner or occupant or person causing, permitting or maintaining the human health hazard to maintain their property in a manner free of human health hazard(s). Abatement/correction of any human health hazard that has been determined to exist may be ordered against any or all responsible persons.
- (5) **HUMAN HEALTH HAZARDS ENUMERATED.** The following acts, places, conditions and things, not limited by enumeration, are hereby declared to be human health hazards. Such enumeration shall not be construed to exclude other health ~~nuisances~~ hazards falling within the definition at sec. 11.04(1)(a), infra.
- (a) Solid Waste. Waste, refuse or garbage not stored ~~in a vermin, rodent and fly proof enclosure or container, or~~ disposed of properly such that it may pose a human health hazard as defined in 11.04 (1) (a).
 - (b) Holes or openings. Any hole or opening caused by an improperly abandoned, covered or barricaded cistern, septic tank, privy vault, well or excavation.
 - (c) ~~Any discharge/escape of toxic or noxious materials in such quantity or concentration as to endanger human health.~~
 - (d) Wastewater. Untreated effluent from any cesspool, septic tank, drainfield or sewage disposal system discharged into or upon the surface of the ground, groundwater, seasonally saturated soils or surface waters.
 - (e) Groundwater. ~~Addition of any chemical and/or biological substance that would cause groundwater to be unpalatable or unfit for human consumption. These substances include but are not limited to, the chemical and/or biological substances listed in Chapter NR 140 of the Wisconsin Administrative Code. Contamination of any well, cistern, stream, lake or other body of water by sewage, waste, industrial by-product or other materials or substances.~~
 - (f) Unburied Carcasses. Carcasses of animals, birds or fowl not intended for human consumption which are not buried or otherwise disposed of in a sanitary manner within 24 hours after death or as required by Chap. 95, Wis. Stats.
 - (g) Manure. Accumulations of manure from animals and fowl that is handled, stored or disposed of in a manner and/or in such quantities as to endanger the health of any appreciable number of persons within the County, but exclusive of those wastes common to ordinary and approved agricultural practices.
 - (h) Food and breeding place for vermin. Accumulations of decaying animal or vegetable matter, trash, rubbish, garbage, rotting lumber, packing material, tires or any other thing(s) or substances in which flies, mosquitos, disease-carrying insects, rodents or other vermin can breed, live, nest or seek shelter.
 - (i) Air pollution. The presence in the atmosphere of one or more air contaminants in such quantities and of such duration as is or tends to be injurious to public health, harmful for commercial or recreational use or deleterious to fish, bird, animal or plant life.
 - (j) Toxic and Hazardous material. Any chemical or biological material stored, used or disposed of in such manner or quantity as to create a human health hazard.
 - (k) Unhealthy or unsanitary condition. Any condition or situation, which renders a structure or any part thereof unsanitary, unhealthy or unfit for human habitation, occupancy or use.
 - (l) Nonfunctional public building fixtures. Any non-functioning water supply systems, toilets, urinals, lavatories or other fixtures considered necessary to assure sanitary conditions in a public building.

-
- (m) ~~Failure to comply with any law or rule relating to sanitation and health including, but not limited to plumbing, water supplies, waste disposal, storage of chemical pesticides or herbicides, public buildings, and underground or above ground storage tanks.~~
 - (n) ~~Stagnant water in which mosquitos, flies or other insects can multiply.~~
 - (o) Noxious odors. Any use of property, substance or things within the County emitting or causing any foul, offensive, noisome, nauseating, noxious or disagreeable odors, gases, effluvia or stenches extremely repulsive to the physical senses of ordinary persons which annoy, discomfort, injure or inconvenience the health of any appreciable number of persons within the County.
 - (p) ~~Any use of property causing any nauseating or unwholesome liquid or substance to flow into or upon any street, gutter, alley, sidewalk, roadway or public place within the County.~~
 - (q) Salvage yard. The maintenance or operation of a nonpermitted junk or salvage yard.
 - (s) Other. Any other situation determined by the Health Officer to be a Human Health Hazard as defined by 11.04 (1) (a)

(6) DESIGNATION OF UNFIT DWELLING

- (a) Any dwelling or dwelling unit found to have any of the following defects shall be condemned as unfit for human habitation and shall be so designated and marked as unfit by the Health Officer.
 - 1. A structure or building which is so damaged, decayed, dilapidated, unsanitary, unsafe or vermin infested that causes a hazard to the health and safety of the occupants or of the public.
 - 2. A dwelling that contains contaminants causing a health hazard. Contaminates may include, but are not limited to molds, ammonia, carbon dioxide, formaldehyde, and any other pollutant(s) known to cause a health hazard.
 - 3. A dwelling because of its condition is the source of a confirmed case of lead poisoning or asbestosis.
 - 4. A dwelling that lacks potable water or a properly function septic system or well, or an adequate and functioning heating system.
- (b) No person shall continue to occupy, rent, or lease space for human habitation that is declared unfit for human habitation by the Health Officer.
- (c) Any dwelling or dwelling unit condemned as unfit for human habitation, and so designated and marked by the Health Officer, shall be vacated within the time specified by the Health Officer.
- (d) No dwelling or dwelling unit that has been condemned and marked as unfit for human habitation shall again be used for human habitation until written approval is secured from, and such posting is removed by, the Health Officer. The Health Officer shall remove such posting whenever the defect or defects upon which the condemnation and posting were based have been eliminated.
- (f) No person shall deface or remove the Health Officer's posting from any dwelling or dwelling unit that has been condemned as unfit for human habitation.
- (g) The owner or occupant of any dwelling affected by any notice or order relating to the condemning, posting of a dwelling, or dwelling unit as unfit for human habitation may request a hearing before the Board of Health.

(h) Whenever the Health Officer or board designee determines that a violation exists or has reasonable grounds to believe that there has been a violation of any provision of this section, or any rule or regulation adopted pursuant thereto, he/she shall give or cause to be given, notice of such violation to the person or persons responsible therefore, such notice shall be in writing including a description of the real estate involved, a statement of violations and corrective actions required, and allowing a reasonable time for the performance of any act required. Such notice shall be served upon the owner, and may be served by certified mail or in the manner provided by Chapter 801, Wisconsin Statutes for service of summons.

(7) INVESTIGATION. ~~Inspection.~~ No action shall be taken under this ordinance to abate a human health hazard unless the Health Officer or Board ~~or its~~ designee shall have inspected or caused to be inspected the premises where the ~~nuisance or~~ health hazard is alleged to exist and have satisfied themselves that a human health hazard does in fact exist. In the event an owner or occupant shall refuse entry for inspection purposes, the Health Officer or Board ~~or its~~ designee may obtain a special warrant under §66.0119, Wis. Stats.

~~(6)-~~(8) ENFORCEMENT. It shall be the responsibility of the Health Officer or Board of Health ~~or its~~ designee to enforce the provisions of this ordinance, who shall make periodic inspections, and inspections upon complaint to insure that such provisions are not violated.

(a) Abatement or Written Orders. ~~Notice; Citation Authority.~~ If a human health hazard is found on private property, the Health Officer or Board or its designee shall notify the owner and the occupant of the property, by registered mail with return receipt required, of the presence of the human health hazard and order its abatement or removal.

Notice may also be served in the manner provided for service of a summons in circuit court; however, if the premises are not occupied and the address of the owner is unknown, service on the owner may be had by posting a copy of the notice on the premises. When the order to abate, as contained in this notice, has not been complied with, the Health Officer, or the Board or its designee may issue a citation for each violation. Each day a human health hazard is not abated beyond the time allowed in the written order shall constitute a separate violation.

Abatement orders include the following information.

1. The name, address and pertinent information on the violator.
2. The nature of the violation and the steps necessary to abate or correct it.
3. The time period in which the violation must be corrected and/or abated (such as 24 hours, 5, 10, 30 or more days, depending on the nature of the health hazard). Allowance for limited extension of this time period may be allowed if warranted by extenuating circumstances.
4. The penalties the violator will be subject to if the apparent violation is not abated and/or corrected within the given time period.
5. A copy of this order shall be forwarded to the local governing body.

(b) Exceptions to the written orders. In extreme cases where a violation poses an immediate health hazard as determined by the Health Officer or in the case of repeated occurrences of the same violation by the same person, the violator shall be considered to be in non-compliance and subject to immediate action.

~~(c) Procedure- Non-Compliance.- If the human health hazard is not abated or removed on or before the date specified in the notice, the Health Officer or Board or its designee may enter upon the property and abate or remove the human health hazard or may contract to have the work performed. The~~

human health hazard shall be abated in a manner which is approved by the Health Officer or Board or its designee. If a person does not comply with a written order from the Health Officer or his/her Board designee the violator may be subject to one or more of the following actions and/or penalties:

1. The issuance of an enforceable citation.
 2. Commencement of legal action, seeking a court imposed forfeiture and corrective remedy.
 3. Commencement of legal action seeking an injunction to abate the violation and/or correct the damage created by the violations
 4. Any other action authorized by this ordinance or by other applicable laws as deemed necessary by the Health Officer or Board Designee.
 5. The initiation of one action or penalty under this Section does not exempt the violator from any additional actions and/or penalties prescribed by law.
- (d) ~~Other Methods Not Excluded. Nothing in this ordinance shall be construed as prohibiting the abatement of human health hazards or recovering costs therefor by the County or its officials by other means as allowed by law.~~
- (e) Costs. In addition to any other penalty imposed by this ordinance for the erection, contrivance, creation, continuance or maintenance of public ~~nuisance~~ health hazard, the cost of abatement or removal may be recovered from the person permitting the violation or treasurer of the municipality wherein the health hazard existed. Said account, upon being paid by the treasurer, shall be filed with the municipal clerk, who shall enter the amount chargeable to the property in the next tax roll in a column headed "For Abatement of a ~~Nuisance~~ Health Hazard" as a special tax on the lands upon which the human health hazard was abated, and the tax shall be collected as are other taxes.

~~In the case of railroads or other lands not taxed in the usual way, the amount charged shall be collected as specified at §254.59(2), Wis. Stats. The only defenses an owner may have against the collection of a tax are that no human health hazard was corrected on the owner's property, that the procedure outlined in this section was not followed or any applicable defense under §74.33, Wis. Stats.~~

- ~~(7)~~ (8) PENALTY ~~ties~~. (Am. #308-97; #2005-09-457) Anyone maintaining a human health hazard shall forfeit not less than \$50 nor more than \$300 or each offense in addition to any other penalty imposed by this

2024 Track 2 Development Base
GRANT APPLICATION

Organization: Lincoln County Health Department (WI)
Grant ID: R-202308-04099
Status: Draft

Amount Requested: \$30,977.00
Start Date: January 1, 2024
End Date: December 31, 2024

General Project Information

Organization: Lincoln County Health Department (WI)
Regulatory Jurisdiction: Local
Point of Contact (POC) Information
Name: Michael Mandli
Phone: (715) 539-1379
Email: michael.mandli@co.lincoln.wi.us

Authorizing Official Verification

The **Authorizing Official** is the person in your organization who provides supervisory oversight for this grant opportunity (often an organization's Financial or Grants Management Official). Below is the **Authorizing Official** contact information we have on record for your organization. Please verify below if this information is still current and correct.

Authorizing Official (AO):	Shelley Hersil
AO Title:	Health Officer/Director
AO Phone:	715-539-1360
AO Email Address:	shelley.hersil@co.lincoln.wi.us

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct.
Yes / No: Yes

Respond to the question below to see if you are eligible to apply for the Track 2 Development Base Grant.

Plans for Each Standard (Standards 1-8)

As part of your 1-year project, you are required to make progress toward one or more of Standards 1 – 8 and can request a fixed amount of \$5,000 for this work. Please designate the end goal for each Standard you will be working toward or plan to achieve, as follows:

- For Standards you will not work on during the 1-year project period, leave the selection blank.
- For Standards which you plan to achieve some but not all elements during the 1-year project period, select **Partially Achieve**.
- For Standards you plan to meet and audit by the end of the 1-year project period, select **Meet & Audit**.
- For Standards you have already met and audited, with Form 3958 approved by your FDA Specialist, and that you plan to maintain during the 1-year project period, select **Maintain Standard Already Met**.

NOTE: Your plans for Standard 9 (optional) will be entered below in the "Optional Outcome for a Track 2 Base Grant: Work on Standard 9" section, further down in this application.

Self-Assessment

Does your jurisdiction have a current Self-Assessment of All Nine Standards (SA9) and a completed Comprehensive Strategic Improvement Plan (CSIP)? A current SA9 is one submitted to FDA in August 2018 or later.

Yes / No: Yes

Congratulations! Based on your answer to the eligibility question, you are eligible to apply for a Track 2 Development Base Grant.

Required Outcome for a Track 2 Base Grant

Work on Standards 1-8

(Continuous Improvement in the Standards and Elements)

Standard 1 - Regulatory Foundation:

Standard 2 - Trained Regulatory Staff: Maintain Standard Already Met

Standard 3 - Inspection Program Based on HACCP Principles:

Standard 4 - Uniform Inspection Program:

Standard 5 - Foodborne Illness and Food Defense Preparedness and Response:

Standard 6 - Compliance and Enforcement:

Standard 7 - Industry and Community Relations: Meet & Audit

Standard 8 - Program Support and Resources: Meet & Audit

Self-Assessment Date

What was the date of your most recent Self-Assessment of All Nine Standards?

SA9 Date: 9/29/2023

Repeat Self-Assessment of All Nine Standards

Will you be completing an updated Self-Assessment of All Nine Standards (required once every five years) as part of your annual project?

Yes / No: No

Optional Outcome for a Track 2 Base Grant

Work Toward Meeting Standard 9

(Pursuit of a Public Health Metric)

As part of your 1-year project, do you intend to work toward meeting Standard 9, which allows you to add an additional fixed amount of \$5,000 to your annual project budget?

Yes / No: Yes

Work on Standard 9 - Public Health Metric Objectives

Please select all of the Public Health Metric objectives you plan to achieve during your proposed project period, keeping in mind that all of these steps are normally completed as part of a multi-year cycle (often a 5-year cycle). In the Budget Worksheet section, applicants may request up to an additional \$5,000 in funding for completion of any/all of the Public Health Metric objectives selected. Be sure to read the NEHA-FDA RFFM Grant Guidance for additional information.

Public Health Metric Rate: Implement a Risk Factor Study or equivalent protocol to develop a Baseline Survey, Develop / begin implementing one or more Intervention Strategies aimed at mitigating the occurrence of out-of-control risk factors

Standard 9 – Planned Level of Achievement

As you complete the Public Health Metric objectives listed above, please select the level of Standard 9 achievement you plan to attain by the end of your 1-year project (Partially Achieve, Meet & Audit, or Maintain Standard Already Met).

Standard 9 - Program Assessment: Partially Achieve

Mentee Optional Add-On

As part of your 1-year project, would you like to apply to be a Mentee for CY 2024, which allows you to add an additional fixed amount of \$14,000 to your annual project budget? If approved, you will be matched with a Mentor jurisdiction who can help with all aspects of your Track 2 Development Base Grant project and advise you on best practices for conforming with the Retail Program Standards. Please Note: If you would like to apply to be a Mentor for CY 2024, you will need to submit a separate, add-on grant application for Mentorship.

Yes / No: Yes

Jurisdiction's Mentorship Need

Describe your jurisdiction's need for mentorship in the Retail Program Standards. Please describe:

1. The kind of technical assistance you will require to complete your proposed project;
2. Challenges or barriers for your agency in making progress with the Retail Program Standards (RPS);
3. How working with a mentor will help your agency make progress in the RPS;
4. Other resources in your jurisdiction/state available to support your proposed efforts.

The technical assistance we will require to complete our proposed projects includes guidance in developing and implementing a program for Standard 7, primarily focusing on Industry and Community Outreach, but also improving Educational Outreach. Additionally, for Standard 8, working through the intricacies of determining our program needs and how to best support those needs, in an effort to improve our overall program with regard to all nine standards. This year we will also focus on developing a new staff member and determining the long term needs to align with the FTE of 280-320 inspections/year. Lastly, with regard to Standard 9, we will require assistance with developing and implementing a risk factor study and targeted intervention strategies. For standards we meet, assistance with verification audits completed. Additionally, insight into being a mentor as we are considering it for 2025.

One of our biggest barriers to making progress in the RPS is staffing. As of September 28, 2023 LCHD has one staff member that is responsible for inspecting 262 retail food establishments. YTD, retail food accounts for only 27% FTE. This has been a unique year as we are on our third Environmental Health Technician. Turnover in that position has been frequent for several years now as it is only a part time 20 hour per week position that supports inspecting transient non-community wells and tourist rooming houses. Our current EH Technician aspires to learn the retail food inspection program and that is a real opportunity for our department. If we can build the capacity to support a full time position, we may be able to break the cycle of regular turnover and make the food inspection program more efficient since most of the TN wells our EH Tech is already inspecting are found primarily at retail food establishments.

Working toward meeting and auditing Standards 7 & 8, maintaining Standard 2, and at least partially achieving Standard 9 are the foundational pieces for the future successes in the RPS. Working with my mentor through Track 1 was the only reason our department was able to get through the nine self-assessments, CSIP and meet and audit Standard 2. Being a small department with fairly novice staff requires the guidance and leadership of a mentor to not only get through the details of the RPS, but also to develop the vision and inspiration for making our program better.

When I started with LCHD in May, 2022, the resources within our jurisdiction were very limited and I had self learn and seek out support from other county jurisdictions and state inspectors, sometimes driving over an hour each way for a joint inspection in an effort to get through the required 25 joint inspections. It was more than six months before I met the requirements and was able to perform inspections independently. While resources exist to support our day-to-day questions at the state level, resources that directly support the RPS are not forthcoming.

Mentor General Preferences

Please list any information you would like considered when matching your agency with a mentor for the mentorship program (e.g., size of jurisdiction, location, expertise, type of agency [state, local, territorial, or tribal], etc.).

A county/local level agency would best relate to our agency. If the mentor requested below is not available, preference would be for a mentor in Wisconsin or neighboring state.

Request for a Specific Mentor

Is there a specific agency you would like to request as a mentor?

Yes / No: Yes

Justification for Requesting a Specific Mentor

Please provide the name, address, POC name, and POC email for the agency you would like as your mentor. Include a justification of why the proposed choice will be best for your jurisdiction. Final assignments will depend on the numbers and qualifications of both Mentor and Mentee applications, and will be made by the NEHA FDA-RFFM project leadership team (including members from FDA, NACCHO, and NEHA).

Betsy Meeks with the Alamance County Health Department in North Carolina has been my mentor through Track 1. Betsy has a great understanding of where we are at currently and has provided guidance and inspiration for the future. The address is 209 N Graham Hopedale Rd, Burlington, NC 27217. Email: Elizabeth.Meeks@alamance-nc.com

Program Description

Please provide a brief description of your retail food regulatory program.

Our retail food regulatory program is part of the "Agent" contract with the Wisconsin Department of Agriculture, Trade and Consumer Protection. Currently, we have only one food inspector for the county, but hope to train our new Environmental Health Tech to help support the retail food program. This would not be possible without grant funding as the EH Tech position is only part-time at 20 hours a week primarily supporting another contract.

Year to date, the FTE for retail food is only 27%. In total we have 423 licenses we inspect not only in food, but also in lodging, campgrounds, rec. ed. camps, pools and body art. Other competing priorities include water lab operations, human health hazard, reaccreditation, performance management and quality improvement and a multitude of aspects of environmental health.

Number of staff in your retail food regulatory program:

Staff: 1

Number retail establishments regulated:

Regulated: 262

Types of retail establishments regulated (select all that apply):

Types Regulated: Restaurants, Grocery Stores, Convenience Stores, School Lunch Programs, Institutional Food Service Programs, Food Trucks, Temporary Food Establishments

From where does your agency derive regulatory authority?

Authority: County

Travel Restrictions

Please indicate if you have or anticipate (to the best of your knowledge at this time) travel restrictions during the mentorship program period (January 1 through December 31, 2024).

I do not anticipate any travel restrictions during the mentorship program. Travel requires approval from our Director and Board of Health.

Training Optional Add-On

As part of your 1-year project, would you like to request funding to attend Retail training courses, workshops, and conferences for CY 2024, which allows you to add an additional amount of up to \$7,500 to your annual project budget?

Yes / No: Yes

Requested Training Courses, Workshops, and Conferences

Please select all of the listed Training Courses, Workshops, and Conferences that will be part of your funding request. To select one or more courses, click on each one you would like to attend (you can

move either one or several courses at a time) and then use the arrow keys to move selected course(s) from the left box to the right box.

Training Courses:

NEHA Annual Educational Conference, Other Conferences or Seminars, Regional Conferences or Seminars

NEHA AEC Location and Dates

Please enter the location and dates for the NEHA Annual Educational Conference that is included in your funding request.

Pittsburgh, PA July 15-18

NEHA AEC # of Personnel

Please enter the total number of staff members that are part of your funding request for NEHA Annual Educational Conference attendance.

1

NEHA AEC Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for NEHA Annual Educational Conference attendance.

Michael Mandli - Environmental Health Specialist

REGIONAL Name, Location and Dates

Please enter the name, location and dates for all of the Regional Conferences or Seminars included in your funding request.

WEHA Educational Conference - Date and Location TBD

REGIONAL # of Personnel

Please enter the total number of staff members that are part of your funding request for Regional Conference or Seminar attendance.

2

REGIONAL Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for Regional Conference or Seminar attendance.

Michael Mandli - Environmental Health Specialist
Erin Ray - Environmental Health Technician

OTHER Name, Location and Dates

Please enter the name, location and dates for all of the Other Trainings, Conferences or Seminars included in your funding request.

REHS/RS Exam Online Prep Course - March 25 - May 17

OTHER # of Personnel

Please enter the total number of staff members that are part of your funding request for Other Training, Conference or Seminar attendance.

1

OTHER Personnel Names and Titles

Please enter the name and job title for each person that will be covered by your funding request for Other Training, Conference or Seminar attendance.

Erin Ray - Environmental Health Technician

Project Information

Track 2 Development Base Grant Project Title: Building a Stronger Foundation

Project Summary

Please provide a brief description of all selected outcomes of your project, which could include:

1. Required Outcome for a Track 2 Base Grant - Work on Standards 1-8
2. Optional Outcome for a Track 2 Base Grant - Work Toward Meeting Standard 9 (Public Health Metric)
3. Mentee Optional Add-On
4. Training Optional Add-On

- 1) Maintain Standard 2 as we train and develop our EH Tech to support retail food
- 2) Improve staffing levels to adequately support retail food and determine our program needs as we meet and audit Standard 8
- 3) Develop our Industry and Community Relations to meet and audit Standard 7
- 4) Perform a risk factor study, analyze data, develop and begin implementing a targeted intervention strategy to partially achieve Standard 9
- 5) Work with a mentor to achieve 1-4 above
- 6) Attend trainings

Project Lead

Please provide the Name and Title of your overall Project Lead (or leads) for your proposed project. **DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team Qualifications field.**

Michael Mandli - Environmental Health Specialist
Erin Ray - Environmental Health Technician

Project Support Team

Please provide the Names and Titles of additional members of your proposed project team. **DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team - Roles and Qualifications field.**

Becky Dallman - Program Assistant
Shelley Hersil - Health Officer/Director

Project Team - Roles and Qualifications

For each project team member, please enter their name, a brief description of their specific project role, and the qualifications they bring to their project role. Be sure to include information for the Project Lead, Project Support Team members, contractors, and any other project personnel. Please be clear regarding the employment status of all personnel paid with project funds (in full or in part) - specify whether each is an employee of your organization, an employee of a partner organization, or a contractor.

Michael Mandli, REHS/RS - Michael is an employee of LCHD and has completed the SA9 and CSIP. Michael will oversee the completion of this project.

Erin Ray - Erin is an employee of LCHD and will begin training in retail food to maintain standard 2 as we work toward increasing supporting staff to meet standard 8 and begin working toward standard 9.

Becky Dallman - Becky is an employee of LCHD and provides office and billing support for all programs.

Shelley Hersil, CHES, MPH - Shelley is an employee of LCHD and has oversight for all programs.

Project Start Date:

Must be a date between Januarv 1. 2024 and December 31. 2024.

Start Date: 1/1/2024

Project End Date

Must be a date between Januarv 1. 2024 and December 31. 2024.

End Date: 12/31/2024

In the last 5 years (August 2018 or later) how many of the Retail Program Standards have you met, audited, and achieved, with paperwork submitted to and approved by FDA? Enter a number between 0 and 9.

Standards Met: 1

Project Implementation Plan

Your *Project Implementation Plan* should take into account both the required and optional outcomes of your 1-year project, and any optional add-ons, which may include:

- 1. *Required Outcome for a Track 2 Base Grant — Work on Standards 1-8*
- 2. *Optional Outcome for a Track 2 Base Grant - Work Toward Meeting Standard 9 (Pursuit of a Public Health Metric)*
- 3. *Mentee Optional Add-On*
- 4. *Training Optional Add-On*

Please complete the following *Project Implementation Plan (PIP)* fields.

Project Implementation Plan for Your Track 2 Development Base Grant

Please provide a detailed narrative of all activities required to meet your planned project outcome(s) during your 1-year project period.

Specific to this outcome:

- 1. Describe how you will measure progress and define measurable improvement in the Retail Program Standards (RPS).
- 2. Directly link your project plans with progress and improvement in meeting the RPS.

Please DO NOT include a step-by-step list of Action Steps / Tasks Required in this section; specific steps for this outcome will be entered in the next section.

Progress will be measured against each standard alongside the deficiencies identified in our self-assessments and CSIP.

For maintaining Standard 2, we will evaluate progress based on the completion of training modules and inspections.

For Standard 7 the deliverables will be the completion of at least one industry and consumer interaction with documentation confirming the offer of participation to both groups. A new self-assessment will be completed indicating we meet the standard and an audit completed to verify we meet the standard.

For Standard 8, we will focus on improving staffing levels in tandem with maintaining Standard 2, ensure inspection equipment is available, inventoried and procedures are implemented for obtaining and the use of special equipment, and conduct assessments to determine if our agency has the budget, staffing and equipment necessary to meet standards 1 - 7 and 9. The deliverables for this would be getting our EH Tech fully trained to perform food inspections independently & working toward and possibly obtaining the REHS/RS credential, conducting assessments of budget, staffing and equipment necessary to meet each standard, and performing a new self-assessment for standard 2 and 8 and having a verification audit completed by December 31, 2024.

For standard 9, the deliverables would be to complete the risk factor study, create a report of the data, develop a targeted intervention strategy, and perform a new self-assessment for Standard 9 and update our CSIP by December 31, 2024.

Action Steps / Tasks Required

Please use numbered Action Steps (Step 1, Step 2, Step 3, etc.) to summarize the milestones you will meet to complete all of the planned outcomes for your Track 2 Development Base Grant by the end of the project period.

- Step 1: EH Tech complete computer and field training consistent with Standard 2
- Step 2: EH Tech & EHS will prepare the risk factor study consistent with Standard 9
- Step 3: EH Tech & EHS will sponsor or actively participate in an Industry & Consumer Interaction
- Step 4: EH Tech & EHS will ensure inspection equipment is provided and available
- Step 5: EH Tech will begin joint inspections with EHS and perform data collection in tandem with joint and independent inspection
- Step 6: EH Tech & EHS will create a report of data consistent with Standard 9 and develop a targeted intervention strategy based on the data
- Step 7: EH Tech & EHS will conduct an assessment of budget, staffing and equipment necessary to meet standards 1-7 & 9 and identify opportunities to continue to improve on all standards
- Step 8: EH Tech & EHS will conduct a new self assessment of standards 2, 7, 8 & 9 and have audited standards that are met

Individual Lead(s)

Please list the name (or names) of the individual lead(s) who will be responsible for completing each Action Step that will ensure completion of your project plan by the end of the project period.

- Step 1: Erin Ray
- Step 2: Erin Ray, Michael Mandli
- Step 3: Erin Ray, Michael Mandli
- Step 4: Erin Ray, Michael Mandli
- Step 5: Erin Ray
- Step 6: Erin Ray, Michael Mandli
- Step 7: Erin Ray, Michael Mandli
- Step 8: Erin Ray, Michael Mandli

Target Completion Date

Must be a date between Januarv 1. 2024 and December 31. 2024.

Date: 12/31/2024

Documents

Comprehensive Strategic Improvement Plan (CSIP)

Please click the + sign to attach a copy of your CSIP, REQUIRED for submission of Track 2 Development Base Grant applications.

CSIP

 CSIP 2023.docx



Comprehensive Strategic Improvement Plan (CSIP)
Added by Michael Mandli at 4:29 PM on October 3, 2023

Budget Worksheet(s) and Justification(s)

Track 2 Development Base Grant applicants only need to submit a Budget Worksheet if requesting funds for the **Training Optional Add-On**. One or more Budget Worksheets should be added to itemize estimated training expenses for each training requested.

Budget Worksheets and Justification language are NOT required for the Required Outcome for a Track 2 Base Grant (Work on Standards 1-8), Optional Outcome for a Track 2 Base Grant (Work Toward Meeting Standard 9), or the Mentee Optional Add-On. All of these outcomes are offered as fixed fund awards, based on deliverables met.

Deliverables Required for Payment of Fixed Funding Options

To receive payment for the fixed funding options included in your Track 2 Development Base Grant application, the deliverables listed below must be met. Payment will be based on deliverables achieved during the project year. Advance payments are still an option.

Deliverables for the Required and Optional Outcomes of a Track 2 Base Grant*

- Completion of the Required Outcome section of your application (Work on Standards 1-8): \$5,000
- Completion of the Optional Outcome section of your application (Work on Standard 9): \$5,000

Mentee Optional Add-On Deliverables*

- Achievement of the Retail Program Standards goals from your application: \$8,000
- Completion of at least one site visit with your Mentor (either in your jurisdiction or theirs): \$3,000
- Attendance at the required year-end Mentorship Conference led by NACCHO: \$3,000

**Note that expense documentation WILL NOT be required for payment of fixed award outcomes and options, and your actual spending DOES NOT need to conform to the deliverable-based payments. You are free to expend funds as determined by your unique needs, with the only requirement for payment being confirmation that each selected deliverable has been met. For audit purposes, however, keep in mind that your spending must always adhere to all federal subaward grant funding rules.*

Budget Instructions

Follow the instructions below to complete your **Budget Worksheet(s)** for each training selected above.

1. Click the symbol to the right of the Budget Worksheet header to create a Budget Worksheet.
2. Enter a name for each Budget Worksheet (Example: FDA Northeast Regional Seminar / 1 Attendee, etc.).
3. Enter a Start Date and an End Date.
4. Complete all lines needed to build your budget.
5. Click the **Save** button at the bottom right of the Budget Worksheet.
6. Click **Save and Continue** at the bottom of the application.
7. Repeat for each additional Training Budget Worksheet needed (if applicable).

Once at least one Budget Worksheet has been added and saved:

- You can open and edit any of your Budget Worksheets by hitting the icon.
- You can delete a Budget Worksheet by using the sign.
- DO NOT CLICK the link under Budget Period--clicking this link will navigate away from the request. **If you are editing the form, your changes will be lost.**

Do Not Click Budget Period Link
Clicking the budget link will navigate away from the request form. If you are editing, your changes will be lost.

Create New Budget

Edit Existing Budget

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 1 Budget: 9/22/2021 to 9/9/2022	1,200	0	1,200
Total	1,200	0	1,200

Delete Budget

Training Optional Add-On Budget Worksheet(s)

Budget Period	Budget	Actual
WEHA Conference:	2,543	0
REHS/RS Exam Online Prep Course: 3/25/2024 to 5/17/2024	490	0
NEHA Annual Conference and Exhibition: 7/15/2024 to 7/18/2024	3,944	0
Total	6,977	0

Only required if the Training Optional Add-On, for attendance at Retail training courses, workshops, and conferences for CY 2024, was selected above.

Budget Justification - Training Optional Add-On

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Training Optional Add-On Budget Worksheet(s).

We would like our EH Tech to take an REHS/RS Exam prep course. This course is completely online and offered through UW Oshkosh. The only cost for this course would be the registration fee of \$490.

We would like to send our EHS to the NEHA Annual Conference and Exhibition in Pittsburgh.

- Registration: \$1000 (registration is not open so this is a high estimate)
- Airport Parking: \$100
- Baggage Fees: \$60
- Airport Mileage: (Around 200 miles each way) \$275
- Airfare: \$750 (may consider driving if approved by county and more cost efficient)
- Hotel: \$1000 (special rate of \$179/night rate + tax) Arrive 7/14, depart 7/18 or 7/19
- Local transportation: \$100
- Per Diem: \$304
- Indirect Costs (10%): \$355

We would like to send our EHS and EH Tech to the Wisconsin Environmental Health Association Conference. The details have not been provided at this time so estimates are based on previous years costs.

- Registration: 2 x \$350 = \$700
- Hotels: 2 x 3 nights x \$150/night = \$900
- Mileage: (Location TBD: Estimated 225 miles each way) = \$300
- Per Diem: 2x (2 x \$59/full day + 2 x \$44.25/partial day) =413
- Indirect Costs (10%): 230

Requested Amount

Please enter:

- \$5,000 (fixed award) for work toward the Required Outcome for a Track 2 Base Grant (Work on Standards 1-8).
- If selected in the application, \$5,000 (fixed award) for work toward the Optional Outcome (Work toward meeting Standard 9).
- If selected in the application, \$14,000 (fixed award) for requesting to be a Mentee for CY 2024.
- If selected in the application, up to \$7,500 for Retail training courses, workshops, and conferences for CY 2024

Maximum Requested amount is \$31,500, if all options are selected in the application.

Requested Amount: \$30,977.00

Lincoln County

Staff Requisition

Title of requested position Environmental Health Specialist (Attach job description if available)

Department: Health

Department Head: Shelley Hersil

Date of Request: 9/14/23

Classification of position request (check one in each column)

Regular Position

Full time

Temporary Position

Part time _____

Duration: 16 additional hours per week

Hours

In the space provided below briefly describe the disposition of the request (i.e. classify specific job category, reason, time frame, duties, replacement position or addition to staff, any other significant information):

We would like to request Erin Ray our Environmental Health Technician increase her ours from 20 hours a week to 36 hours per week from January 1, 2024 - December 31 2024 Primary goal is to have Environmental Health Technician trained to increase cababilities to do standardized food inspections by the end of December 31, 2024.

Define the budgetary impact of this request (County levy, State or Federal grants, proposed hourly rate, requested fringe benefits, department FTE, and/or productivity): If funded by a grant, is the grant anticipated to continue at the same level in future years.

This position is funded through grants and license fees. Position will qualify for health insurance which is an allowable expenses for grants. These grants do not link to county mandates Increase in hours is contingent on receiving the FDA Grant.

Explain the adverse effects on the department if this request is not approved: Indicate if this position is mandated or supports mandated positions or departments.

This grant will help us retain our Environmental Health Staff by providing more hours. Budget breakdown: FDA Grant: \$18,000; Agent and DNR fees: \$46,789; Workforce \$9718, and ARPA Public Health \$9718.

Approved by _____

Amee Vauya
Administrative Coordinator

_____ Date

10-11-23



GRANT AGREEMENT
 between the
State of Wisconsin Department of Health Services
 and
Lincoln County Public Health
 for
LPHD Public Health Infrastructure Grant

DPH Contract No.: 61911
 Agreement Amount: \$127,691
 Agreement Term Period: 12/01/2022 to 11/30/2027
 GEARS Pre-Packet No: 24665

DHS Division: Division of Public Health
 DHS Grant Administrator: Anna Benton
 DHS Email: DHSGACMail@dhs.wisconsin.gov

Grantee Grant Administrator: Ms Shelley Hersil
 Grantee Email: shelly.hersil@co.lincoln.wi.us
 Grantee Unique Entity Identifier (UEI) Name: Lincoln County Health Department
 Grantee Unique Entity Identifier (UEI) Number: C42YFLAKWZN9

DHS and the Grantee acknowledge that they have read the Agreement and the attached documents, understand them and agree to be bound by their terms and conditions. Further, DHS and the Grantee agree that the Agreement and the exhibits and documents incorporated herein by reference are the complete and exclusive statement of agreement between the parties relating to the subject matter of the Agreement and supersede all proposals, letters of intent or prior agreements, oral or written and all other communications and representations between the parties relating to the subject matter of the Agreement. DHS reserves the rights to reject or cancel Agreements based on documents that have been altered. This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin
Department of Health Services

Grantee
 Entity Name: Lincoln County Health Department

Authorized Representative

Authorized Representative


Name: Anna Benton

Name: Shelley Hersil

Title: Assistant Administrator, Division of Public Health

Title: Health Officer

Signature: 

Signature: 

Date: 10/6/2023

Date: 10/6/2023

Strengthening Wisconsin's Governmental Public Health Infrastructure, Workforce, and Data Systems Funding: *Local Health Department Scope of Work*

Funding Summary

The COVID-19 pandemic emphasized the critical importance of a robust public health system. The pandemic also accentuated long-standing weaknesses and created new challenges to the U.S. public health infrastructure. Moreover, COVID-19 affected nearly every aspect of healthcare and public health, laying bare disparities and gaps in some conditions and worsening others. Public health partners need the capacity to regain their footing in these areas and then accelerate their efforts.

CDC's [Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems \(PHI\) funding](#) is meant to help address these needs by providing support for core infrastructure improvements in the public health workforce (A1), capacity to implement the Foundational Capabilities (A2), and data infrastructure (A3). Investments in these three strategy areas will have sustained effects that position recipient agencies to better meet ongoing and future public health needs of the communities they serve. The Wisconsin Division of Public Health (DPH) has received PHI Grant funding from the CDC and is passing through 40% of A1 Workforce funding to local and Tribal health department (LTHD) partners.

Wisconsin DPH Vision for PHI Grant

DPH's long-term goal is for our statewide governmental public health system to be equipped with the financial and human resources needed to provide all Foundational Capabilities¹ to every community in Wisconsin. Realizing this vision will be dependent on articulating both the anticipated positive human and economic impacts to investing in public health, and the exact type of investments required to realize those impacts across the State.

The Foundational Capabilities are the basic set of core functions that underlie the successful execution of governmental public health programs. They align with the Ten Essential Services and with accreditation; and they include the administrative, organizational, and operational skills and resources required to identify public health needs, design and evaluate programs to meet them, and manage the resources and diverse community partnerships required to implement those programs. Health departments that are equipped to provide the Foundational Capabilities will be more capable of meeting the unique population health needs of all people in Wisconsin.

DPH plans to achieve this goal include: (1) refining our definition of core public health services more concretely in FPHS terms; (2) quantifying the resources and staff

¹ "Foundational Capabilities" is a term developed by the Foundational Public Health Services model to describe the cross-cutting skills and functions required for successful operation of governmental public health agencies and the programs they implement. Please see [this overview of the FPHS model](#) for more information.

required to implement them through a robust assessment of the governmental public health system; and (3) addressing identified gaps through strategic positions and actions that provide needed training, skills development, and application opportunities at both the State and local levels.

Available Funding

From Wisconsin's PHI award, the Department of Health Services (DHS) is allocating 40% of A1 (Workforce) funding to Wisconsin local and Tribal health departments, including \$16.8 million to local health departments (LHDs) and \$344,152 to Tribal health departments.

Local Health Departments: The State used a distribution formula for local health departments that includes 25% of the allocation as a base of \$50,189 per jurisdiction, 25% based on jurisdiction population, and 50% based on the Census Bureau's [Community Resilience Estimate](#) (CRE) score of individuals with three or more risk factors within the population. This adjustment serves to help direct additional resources towards areas with greater need. A spreadsheet of allocations by jurisdiction has been distributed via email and is available on the [COVID-19 Resources PHHS SharePoint site](#).

Tribal Health Departments: Since there is no CRE data available for Tribes, developing plans for allocating the designated funds will be a collaborative process with Tribal partners. A separate Scope of Work will be made for Tribes, following that collaborative process. The remainder of this Scope of Work will therefore focus on LHDs.

Each jurisdiction is allowed to partner with other jurisdictions and redirect any portion of their funding to a different LHD if both/all parties desire to do so. In such circumstances, all involved jurisdictions should connect with the PHI Grant Manager prior to submitting their work plan or signing their contract and should ensure that the arrangement was approved by the PHI Grant Manager or designated contact and is reflected in all pertinent workplans. Should a jurisdiction wish to redirect any portion of their funding to a different entity after signing their contract, they will be able to do so but will be responsible executing and reporting to DPH on that subcontracting.

Over and above the A1 funding detailed above, all LTHDs that submitted a costing and capacity assessment by the September 8, 2023 deadline as set by WALHDAB and Rede Group will see an additional \$2,400 allocation to help offset that effort.

Funding Periods

Allocated funding is available for expenses incurred from December 1, 2022 through November 30, 2027. The funding will be made available through a single five-year agreement but split across two funding periods. The first funding period will be for December 1, 2022 through November 30, 2025. After this first funding period,

remaining funds will be de-obligated from the first funding profile in the Grant Enrollment, Application, and Reporting System (GEARS) and re-obligated to a second funding profile; this second funding period will run through November 30, 2027. The PHI Grant Manager and Specialists will be in touch during year three as we navigate the transition and confirm details for the final funding period.

Funding Purpose

The key expected outcomes of this funding include: (1) the hiring, retention, and training of diverse staff with improved wages and protections, ideally in positions that directly support the Foundational Capabilities; and (2) the increased capacity of public health agencies to implement the Foundational Capabilities.

Optional Redirecting of Funds

In May 2023, LHDs were provided the opportunity to submit memoranda of understanding (MOUs) to the PHI Grant Manager indicating the intention to have DPH redirect PHI Grant funds to another LHD for the first funding period (12/1/2022 - 11/30/2025). LHDs will still have the opportunity to contract out with PHI Grant funds if they did not submit MOUs, but will need to direct those funds themselves rather than having DPH do so. As the transition to the second funding period approaches (Fall 2025), LHDs will have the opportunity to redirect all or a portion of their remaining PHI Grant funds; they will not, however, be able to decrease any previously redirected amounts (i.e., taking back a portion DPH had already redirected to another agency).

Allowable Expenses

In preparation for this grant opportunity, DPH received significant input from health officers and other public health partners across Wisconsin that informed the development of DPH's proposal. Options provided below for LHD consideration are aligned with the DPH's PHI A1. Workforce and A2. Foundational Capability strategies and are designed to be mutually reinforcing.

Although LHDs are encouraged to pick from these options where feasible, DPH intends to be as flexible as possible with the allocated funds to ensure maximum utility and impact. As such, LHDs that feel a desired activity cannot fit within the options outlined below may either: (1) visit the full spectrum of activity options provided by the CDC in the Notice of Funding Opportunity (NOFO) [Appendix 1: Sample Activities](#), or (2) create their own activity, so long as it clearly aligns with the stated Funding Purpose. In these cases, when providing the requested workplan, the LHD should choose "other CDC-provided activity" or "other LHD created activity" and then follow the prompts to provide an overview of the activity and, where applicable, how it aligns with the Funding Purpose.

NOTE: "Public health staff" as referenced throughout this document refers to any staff employed by or contracted with a local health department. Furthermore, activities included in eventual work plans could be delegated to or carried out by any type of public health staff, be they existing staff or new/contracted staff funded by PHI Grant

dollars. Please note, however, that all recipients will be asked to report on the number and type of positions supported by PHI Grant dollars in any way (including sub-contracts); please incorporate this reporting need into the development of staff-planning.

Recruit and hire new public health staff

- Expand and improve recruitment efforts
- Improve hiring systems, practices, and support structures (e.g., create new or revise existing job descriptions, revise job pay scales, offer hiring incentives, establish or expand internships, fellowships, and related programs, including but not limited to the [Area Health Education Centers \(AHEC\) Community Health Internship Program](#))
- Implement policies and practices that increase the diversity of applicant pools and the hiring, training, and retention of a diverse workforce

Retain public health staff

- Implement practices and policies that improve workplace culture and work-life balance for staff (e.g., hybrid work opportunities, retention incentives, sabbatical programs, promotional opportunities, leadership tracks, changing job classifications, etc.)
- Support existing staff time spent on Foundational Capabilities work (see objective, "Support the implementation of Foundational Capability work")
- Create/expand availability of leadership development opportunities
- Provide supplemental support to temporary staff (e.g., AmeriCorps members, etc.)
- Improve or establish retention practices

Support and sustain the public health workforce

- Expand employee well-being programs
- Strengthen employee engagement programs and methods
- Support staff participation in activities like strategic planning
- Expand staff involvement in professional networks

Train new and existing public health staff

- Support staff time to participate in DPH PHI Workforce Assessment; note that this is an individual-level staff assessment that will be implemented in mid- to late summer of 2023, and is separate from the agency-level costing and capacity assessment
- Cover staff time to participate in training related to Foundational Capabilities, including the development of leadership skills (e.g., covering the cost of a training course or offering tuition reimbursement, etc.)
- Support time and training costs for staff seeking to build deeper skill sets in strategic areas connected to the Foundational Capabilities, (e.g., data visualization, performance management/quality improvement, communications, partnership development, health equity/social determinants of health, etc.)

Strengthen workforce planning, systems, processes, and policies

- Create or revise workforce development plan/strategies
- Create or modify staff positions or position descriptions to focus on key crosscutting workforce issues and/or Foundational Capabilities
- Support infrastructure needed to facilitate policy, systems, and environmental change work (e.g., human resource and other information systems, online recruitment and hiring portal, workforce training system, etc.)
- Support staff time to participate in the agency-level Costing and Capacity Assessment (above and beyond the amount afforded through the \$2,400 as described above), as well as other state and national assessments

Support the implementation of Foundational Capability work, focusing on areas of need or current gaps:

- Support time for staff to participate in accreditation or reaccreditation activities
- Support time for staff to strengthen or develop community partnerships
- Use evidence-based methods of garnering and integrating community voice, particularly in community health assessment and improvement plan processes
- Support efforts to align and/or integrate State Health Assessment and Improvement Plan priorities with local efforts, including the Community Health Assessment and Improvement Plan where relevant
- Support time for staff to implement community health improvement plan priorities
- Support time for staff to implement other work that is directly connected to implementing the Foundational Capabilities, and/or the capacity of the agency to implement the Foundational Capabilities in the long-term; grantees are encouraged to be innovative in identifying mechanisms to promote the development of these foundational skills within their workforce and agency as a whole
- Support the infusion of diversity, equity, and inclusion in programs, policies, or approaches; may include staff time required to review and revise these efforts, staff time required to implement these approaches, the implementation of a training program or paying for a consultant to provide related training, or other innovative approaches designed to infuse DEI within public health practice, as suggested by the FPHS model

Other objectives:

- Objective set by LHD that supports grant implementation
- Other LHD created activity that supports Funding Purpose
- Other CDC-provided activity (please specify from NOFO)

NOTE: In recognition of equity as a central component of the FPHS model and the State Health Assessment and Improvement Plan (SHA/SHIP), DPH also encourages jurisdictions to identify mechanisms to incorporate equity, the social determinants of health, and alignment with the SHA/SHIP within their PHI Grant activities where

possible. DPH is available upon request to support jurisdictions in intentionally considering how to incorporate such an approach.

Important Notes Regarding Allowable Expenses

Per the NOFO, "recipients may use funds only for reasonable program purposes, including personnel, travel, supplies and services." Some costs associated with recruitment and hiring are allowable, including supplies and equipment needed to perform their jobs, personal protective equipment, data management, and other necessary supplies. The parameters related to allowable costs that might be implicated in proposed activities are outlined in [45 CFR part 75](#).

Additionally, please note that payments under this award will be subject to the provisions of:

- the [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(2 CFR part 200\)](#), including the cost principles and restrictions on general provisions for selected items of cost.
- CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>

Payments from the PHI Funds may be used only to cover costs incurred by the LHD between December 1, 2022 and November 30, 2025 for this first funding period, and through November 30, 2027 overall.

Unallowable Expenses

Per the NOFO, funds may not be used for any of the following:

- Funds may not be used for research ([detailed definition here](#)).
- Funds may not be used for clinical care except as allowed by law.
- Generally, funds may not be used to purchase furniture or equipment ([detailed definition here](#)). Any such proposed spending must be discussed with DPH for review by CDC.

Additionally, funds may not be duplicative and supplanting grantee funds by replacing or releasing available local grantee funds for alternative uses is not allowed.

Reporting Requirements

Recipient LHDs will be required to submit the following reports by the dates specified below.

- Just as is required in current version of the DPH Consolidated Contract, the PHI Grant program requires that LHDs complete a quarterly reconciliation process to ensure that they are tracking their remaining balances and previously submitted expenses. In lieu of a detailed financial report, the PHI Grant Management Team

will request a copy of the result of this reconciliation each quarter. This will allow us to ensure alignment and that LHDs are monitoring spenddown regularly.

- **Activity Selection and Project Workplan**

Within 60 days of initial contract receipt, the grantee will submit a response to the [LTHD Workplan Development Survey here](#). This response will constitute the workplan, which need not be lengthy but should provide a sufficient overview of intended plans and any anticipated needs for the 5-year duration of the contract. DPH will seek to use this information to ensure alignment with the NOFO and DPH workplans and to identify potential statewide needs for technical assistance (TA), consultation, or support. Please note that we are aware that plans are likely to change multiple times over the course of these two funding periods. Revisions to activities and workplans are acceptable and expected.

- **Progress Reports**

Required project reporting will occur semiannually through completion of a form provided by DPH. The template will ask for the following information:

- **Project Update:** This will be a short narrative description of progress made on workplan objectives/activities and staff (new or existing) supported by grant funds. This will include the requirement to attribute expenses submitted during the previous period to the objectives/activities in the workplan.
- **Needed Technical Assistance (TA):** Any request for support, consultation, and/or technical assistance to mitigate challenges and/or develop activities and concepts in support of grant objectives.
- **Annual Updates:** In every other semiannual report, jurisdictions will be asked to share examples of impacts, and will also be asked to identify any major changes in their intended use of funds for the upcoming year.

Reporting deadlines through the full five-year agreement:

- Year 1 Report A – *not required based on timing of release of funds*
- Year 1 Report B – due on 12/29/2023
- Year 2 Report A – due on 06/28/2024
- Year 2 Report B – due on 12/30/2024
- Year 3 Report A – due on 06/27/2025
- Year 3 Report B – due on 12/30/2025
- Year 4 Report A – due on 06/26/2026
- Year 4 Report B – due on 12/30/2026
- Year 5 Report A – due on 06/29/2027
- Year 5 Report B – due on 12/30/2027