Board of Health

Regular Meeting

Agenda

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

Monday, March 15, 2021 | **5:00 PM** | **GoToMeeting**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **March 15, 2021** at **5:00 PM.**

Due to the current public health emergency, the meeting will be held electronically and the public may attend this meeting electronically or telephonically by accessing either:

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/514579589

You can also dial in using your phone.
United States (Toll Free): 1 (877) 568-4106
United States: +1 (571) 317-3129

Access Code: 514-579-589

THIS MEETING WILL NOT BE HELD IN PERSON.

I.

1. Call to Order
2. Roll Call
3. Approval of January 18, 2021 Meeting Minutes
4. Update on Covid-19 Response
5. Communicable Disease report
6. Update on the Agent Program
7. 2021 review of policies and procedures postponed
8. Annual Report postponed
9. DHS Grants awarded to the De Pere Health Department
    1. Awardance of DPH Contract No.43561-6
    2. Awardance of DPH Contract No.43561-5 to the Health Department
    3. Awardance of DPH Contract #43561-4 to the Health Department
    4. Awardance of 2021 DPH Consolidated Contract No.47645
10. Future Agenda Items
11. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of January 18, 2021 Meeting Minutes**

ATTACHMENTS:

- 1.18.21 BOH Minutes(PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – January 18, 2021

The Board of Health of the City of De Pere, Wisconsin met in regular (virtual) session on Monday, January 18, 2021 at 5:00 p.m.

1. **Call to Order**

The meeting was called to order by Dennis Hibray at 5:00 pm.

2. Roll Call

Roll call was taken and the following members were present: Casey Nelson, Kelly Ruh, Dennis Hibray, Teresa Gulyas and Dr. Michael McHenry. Also present were Dr. Steve Stroman, Deborah Armbruster, Kelly Burke and an unknown De Pere citizen.

3. Approval of November 16, 2020 Meeting Minutes

The minutes contained a misspelling of Teresa's name. This will be corrected. Kelly Ruh made a motion, seconded by Teresa Gulyas to approve the minutes of the November 16, 2020 Board of Health Meeting. Upon vote, the motion passed unanimously.

4. Updates on Covid-19

Deborah Armbruster (Debbie) reported that the Health Department's only focus right now is COVID-19. The Health Department is currently doing a lot of contact tracing. Per Debbie, there was a surge in cases at Thanksgiving and after Christmas. The Covid-19 testing numbers are currently down. Debbie reported that the Situation Reports sent out daily are usually very accurate, except with the death reports, as we have to wait for the abstracts from the coroner which can take over a month to obtain.

Deborah Armbruster reported that most of the Health Department's COVID-19 grants expired on December 31st. The Department has one COVID-19 grant left that runs through the end of March and another that runs through September. These are primarily for COVID-19 testing, and here in Brown County our health systems do most of the testing. Debbie added that we found out about 2 weeks ago that we will have additional state funding from October 2020 through October, 2022. Every health Department in the state received $250,000 base amount with additional funding based on population. De Pere is getting a total of $375,800 for these 2 years. With our current funding, the De Pere Health Department has added contact tracers and increased their hours. The nurses are salaried and have been working a lot of overtime, so we are trying to free up some of their time. The new grants may be used for vaccine planning and promoting of vaccine, testing, supplies, and additional staffing. We are hiring more nurses to vaccinate and are hiring EMS at all our clinics. Since the vaccine is new, we don't know what to expect and have already utilized EMS to help with a reaction, so it is money well spent.

The De Pere Health Department intends to do a lot of vaccinating.
Our area health systems are also giving vaccinations. Prevea opened a vaccination site at UWGB. Bellin opened a vaccination site at their Ashwaubenon clinic. Dr. Stroman added that Aurora was also planning to open a vaccine clinic.

Deborah Armbruster reported that we have immunized 75% of our De Pere EMS staff and will be immunizing 74% of our police officers on Wednesday. We also vaccinated the De Pere school nurses/aides and the Health Department staff. Last Thursday we gave 100 doses to the staff of the De Pere area chiropractors, optometrists, dentists, behavioral health and school PT's and OT's. These were given at the Fire Department. Also, last week Wednesday we immunized 57 St. Norbert Abbey Priests and caretakers.

Deborah Armbruster reported that the Health Department has been getting the number of vaccine doses we have requested from the State. We have been receiving Moderna. Casey Nelson asked if we were guaranteed the second doses from the State in the same brand when we give the first dose. Debbie replied that yes, we are. We are not supposed to mix brands. However, we do not know going forward if we will keep getting Moderna. Debbie explained a vial must be used within 6 hours of puncturing it, so we keep a list of people we can contact at last minute in case of a cancellation/no show.

Casey Nelson asked if we were getting 6 doses of vaccine per vial. Debbie responded that we are not getting extra doses with the Moderna vaccine, but Pfizer has been. Dennis Hibray asked what the Health Department plans are when we start doing mass immunizations. Debbie responded that De Pere is planning to do mass clinics, but due to our smaller capabilities people may be able to get vaccinated sooner through one of the area health systems. Debbie explained that the Health Department is planning to hire nurses to do vaccinations and go through the required vaccination training program. We have one NP who is going through the program now and intend to have more. Debbie stated that there is a lot of education to do with the client before we give the vaccine, which Kelly and one of our contract tracers does. Debbie explained that we also send a packet of information about the vaccine and side effects, and v-safe information to the recipients prior to their appointment. We have discussed doing mass clinics at the De Pere High school gym or St. Norbert. We may do some of the more mature adults at the Community Center since they are comfortable with that site.

Debbie reported that the three Health Departments are doing a joint press release this week. The Health Department has had a lot of calls from the community asking when they will be able to get vaccinated. We are working with our communications specialist for the city to get the word out as soon as a new group is eligible. Teresa Gulyas asked if we would be vaccinating people who can get services elsewhere. Debbie replied that we will serve anyone, but our primary focus is on the City of De Pere.

Dennis Hibray asked if Walgreens and CVS were giving vaccinations. Debbie responded that they have a pharmacy program through the state to vaccinate the residents in the Long term care facilities, but doesn't know if they are doing vaccinations outside of that.

Teresa Gulyas stated she has seen discrepancies in the mask wearing of restaurant staff and asked how we were dealing with it. Deborah Armbruster responded that we have been sending a lot of information to our businesses and Trista (Environmental Health Sanitarian) does education with them. Complaints are followed up on by our police dept. We recognize this is a problem and will continue to follow up with the companies.

Dr. Stroman stated that the Health Department has a good relationship with our EMS/Fire and have them available at clinics, which was wonderful when we had one significant reaction. Per Dr. Stroman, we have been seeing on the national news that the virus is worsening in areas, but in our area we have seen a general trend downward which started after Thanksgiving – including decreased hospitalizations and ICU patients, which is positive.

Dennis Hibray asked if we are seeing a change with the initiative of the new President and his vow to give 100 million doses in 100 days. Debbie responded that hopefully this will mean Wisconsin can open its vaccine restrictions and we can give vaccines to more groups of people. Currently, we have strict guidance from the State on who we can give vaccine to. Hopefully this will also mean we will receive more vaccine. Debbie added that Johnson and Johnson is supposed to be approved soon, which should help.

Dennis Hibray asked if we were getting a lot of phone calls about the vaccine and how we respond to them. Kelly Burke responded that we receive many calls daily about this and she explains to the callers that the rollout is regulated by the state as to when we can start vaccinating each phase. She informs the callers that we will advertise on Facebook, our website, and through press releases as to who is eligible. Wisconsin Department of Health Services has an area on their website where people can put in their e-mail address to receive notifications about the vaccine rollout, so sometimes Kelly e-mails the link to callers so they can sign up to receive notification when it rolls out to their population.

Dennis Hibray asked what Debbie felt our maximum capacity would be for mass clinics. Debbie responded that we are going to try to do the maximum we can. We have given 50 doses in a half day with 2 vaccinators, but we know that is not enough. This topic is something we are having a meeting about tomorrow.

Casey Nelson asked what was causing the bottleneck with the vaccine rollout to the next groups. Is it a supply or distribution issue? Debbie doesn't think it's a supply issue but explained that SDMAC (State Disaster Medical Advisory Committee) determines who we can vaccinate and when.

Dr. McHenry pointed out that the surrounding states have different age groups eligible for vaccinations in phase 1b than what Wisconsin is proposing. He asked if our Board could send a letter to Representatives or Governor Evers recommending that all states follow the same guidelines? We need to consolidate these phases with the other states. Debbie responded that perhaps our state representatives would be receptive as Tammy Baldwin has shown interest in how the local Health Departments were doing. Teresa Gulyas added that she has written letters to Representatives and Governor Evers. She doesn't know if it helped, but it can't hurt.

Dennis Hibray asked if the Board of Health could help the Health Department in any way. Deborah Armbruster responded that we are in need of vaccinators. Dr. Stroman has offered to help vaccinate. Debbie also asked if Casey Nelson would be interested in helping vaccinate, and Teresa Gulyas volunteered to assist also as her license is current. Debbie explained there is a vaccination training volunteers will need to go through. Debbie will send the information to the Board. Volunteers will be able to get their COVID-19 vaccinations as they will be considered healthcare workers.

Deborah Armbruster explained that normally every March we go through our Policies and Procedures and Annual report, and will try to get these completed for the March 2021 meeting again, but we are currently very busy.

Debbie also reported that we are adding security measures to our vaccine room since there have been reports of vaccine facilities being broken in to. We are also locking our vaccine room, refrigerator and freezer.

5. Future Agenda Items

The Annual Report and Policies and Procedures may be completed for March. The next meeting will be at 5:00 pm on March 15th. Teresa Gulyas added that there is a new bill before the State legislature called "Cocktails to go". If this gets passed, we may want to watch the statistics on this in our area.

6. Adjournment

Dr. Michael McHenry made a motion to adjourn the meeting. Casey Nelson Seconded the motion. The meeting adjourned at 5:53 pm.

Respectfully Submitted,
Kelly Burke
Health Department Administrative Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update on Covid-19 Response**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 15, 2021**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Communicable Disease report**

ATTACHMENTS:

- 2020 Communicable Disease Case Count (PDF)
- 2019 Communicable Disease Case Count (PDF)

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

Disease Incidents by Episode Date

Jurisdiction: De Pere
PROBABLE AND CONFIRMED CASES

		2020
Disease Group	**Disease**	**Total**
Chlamydia Trachomatis Infection	*Group Total:*	77
Coronavirus	*Group Total:*	2263
Ehrlichiosis / Anaplasmosis	*Group Total:*	1
Giardiasis	*Group Total:*	1
Gonorrhea	*Group Total:*	16
Haemophilus Influenzae Invasive Disease	*Group Total:*	1
Hepatitis C	*Group Total:*	3
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	3
Lyme Disease	*Group Total:*	9
Mumps	*Group Total:*	1
Salmonellosis	*Group Total:*	2
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	1
Syphilis	*Group Total:*	1
	Period Total:	2379

This report includes all probable and confirmed De Pere cases from 1/1/2020 to 12/31/2020

Disease Incidents by Episode Date
Jurisdiction: De Pere
CONFIRMED CASES ONLY

		2020
Disease Group	**Disease**	**Total**
Chlamydia Trachomatis Infection	*Group Total:*	77
Coronavirus	*Group Total:*	2144
Ehrlichiosis / Anaplasmosis	*Group Total:*	1
Giardiasis	*Group Total:*	1
Gonorrhea	*Group Total:*	16
Haemophilus Influenzae Invasive Disease	*Group Total:*	1
Hepatitis C	*Group Total:*	3
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	3
Lyme Disease	*Group Total:*	5
Mumps	*Group Total:*	1
Salmonellosis	*Group Total:*	2
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	1
Syphilis	*Group Total:*	1
	Period Total:	2256

This report includes all confirmed De Pere cases from 1/1/2020 to 12/31/2020

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

Disease Incidents by Episode Date

Jurisdiction: De Pere
PROBABLE AND CONFIRMED CASES

		2019
Disease Group	**Disease**	**Total**
Campylobacteriosis (Campylobacter Infection)	*Group Total:*	6
Carbapenem-Reistant Enterobacteriaceae	*Group Total:*	1
Chlamydia Trachomatis Infection	*Group Total:*	79
Ehrlichiosis / Anaplasmosis	*Group Total:*	1
Giardiasis	*Group Total:*	3
Gonorrhea	*Group Total:*	9
Hepatitis B	*Group Total:*	1
Hepatitis C	*Group Total:*	4
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	7
Lyme Disease	*Group Total:*	15
Meningitis, Other Bacterial	*Group Total:*	1
Mycobacterial Disease (Nontuberculous)	*Group Total:*	4
Pathogenic E.coli	*Group Total:*	4
Salmonellosis	*Group Total:*	2
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	3
Yersiniosis	*Group Total:*	1
	Period Total:	141

This report includes all probable and confirmed De Pere cases from 1/1/2019 to 12/31/2019

Disease Incidents by Episode Date

Jurisdiction: De Pere
CONFIRMED CASES ONLY

		2019
Disease Group	**Disease**	**Total**
Campylobacteriosis (Campylobacter Infection)	*Group Total:*	4
Carbapenem-Reistant Enterobacteriaceae	*Group Total:*	1
Chlamydia Trachomatis Infection	*Group Total:*	79
Giardiasis	*Group Total:*	3
Gonorrhea	*Group Total:*	9
Hepatitis C	*Group Total:*	4
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	7
Lyme Disease	*Group Total:*	6
Meningitis, Other Bacterial	*Group Total:*	1
Mycobacterial Disease (Nontuberculous)	*Group Total:*	4
Salmonellosis	*Group Total:*	1
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	3
Yersiniosis	*Group Total:*	1
	Period Total:	123

This report includes all confirmed De Pere cases from 1/1/2019 to 12/31/2019

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update on the Agent Program**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**2021 review of policies and procedures postponed**

Due to the extensive and time-consuming work currently being done towards the COVID-19 response, the policies and procedures will be completed for review of Dr. Stroman, medical advisor prior to the May Board of Health meeting and discussed at said meeting.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Annual Report postponed**

Due to extensive and time-consuming COVID-19 response, the Annual Report will be completed for the May 17, 2021 meeting.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 15, 2021**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Awardance of DPH Contract No.43561-6**

This is a grant from the State of WI Department of Health Services for Prevention funding through 9/30/2021. Description of grant attached. The grant has been approved and we have accepted the funds in the amount of $4,294.

ATTACHMENTS:

- DPH Contract No. 43561-6 (PDF)

GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
DEPERE DPH
for
2020 DPH Consolidated Contract

DPH Contract No.: 43561-6
Agreement Amount: $4,294
Agreement Term Period: 10/1/2019 to 9/30/2021
CARS Pre-Packet No: 18106

DHS Division: **Division of Public Health**
DHS Grant Administrator: **Chuck Warzecha**
DHS Telephone: **608-266-9780**
DHS Email: **Charles.Warzecha@dhs.wisconsin.gov**

Grantee Grant Administrator: Ms Debbie Armbruster
Grantee Address: 335 S BROADWAY, DE PERE, WI, 54115
Grantee Email: darmbruster@mail.de-pere.org

Modification Description: We are adding funding for Prevention (Profile 159220). Please see attached Scope of Work. Final reports are due 45 days from the end of the designated contract period for the included profiles.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification 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

Authorized Representative

Name: Chuck Warzecha

Title: Deputy Administrator

Signature: DocuSigned by: Chuck Warzecha AEDA9ED95A7E4A3...

Date: 2/25/2021

Grantee
Entity Name: City of De Pere DPH

Authorized Representative

Name: James Boyd

Title: Mayor

Signature: DocuSigned by: James Boyd 50C8D1E932AB49A...

Date: 2/25/2021

CARS PAYMENT INFORMATION

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
472779	**DEPERE DPH**	**160**	**See Below**	**See Below**	**$4,294**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
159220	CONS CONTRACTS PHHS	10/1/19- 9/30/21	-	$4,294	$4,294	N/A
					$4,294	

CARS FEDERAL AWARD INFORMATION

DHS Profile Number	159220
FAIN	NB01OT009342
Federal Award Date	9/10/2020
Sub-award period of Performance Start Date	10/1/2019
Sub-award period of Performance End Date	9/30/2021
Amount of Federal Funds obligated (committed) by this action	$4,294
Total Amount of Federal Funds obligated (committed)	$4,294
Federal Award Project Description	Preventive Health and Health Services Block Grant 2020
Federal Awarding Agency Name (Department)	Centers for Disease Control and Prevention
DHS Awarding Official Name	Julie A. Willems Van Dijk
DHS Awarding Official Contact Information	**608-266-9622**
Assistance Listing (formerly CFDA) Number	93.991
Assistance Listing (formerly CFDA) Name	Preventive Health and Health Services Block Grant
Total made available under each Federal award at the time of disbursement	$3,090,044
R&D?	No
Indirect Cost Rate	0.065

Federal Fiscal Year 2020 (FFY20)
Preventive Health and Health Services (PHHS) Block Grant
Consolidated Contract Scope of Work

Data was obtained through the Local and Tribal Health Department COVID-19 Impact Survey sent to all local and tribal health departments on October 23, 2020.

Health Department Name: De Pere Health Department

Name of Staff Completing Survey: Deborah Armbruster

2020 Consolidated Contract Number: 43561

FFY20 PHHS Block Grant Allocation: $4294

FFY2020 PHHS Block Grant Activities:

- Template Objective #11 - National Public Health Performance Standards, Redirect Option for Pandemic Response
- Template Objective #11 - National Public Health Performance Standards (standard, non-pandemic response)

All agencies have agreed to the following as indicated in their survey results:

- Agency has read the PHHS Block Grant Boundary Statement and Quality Criteria and agrees to implement evidence-based intervention(s) with FFY20 PHHS Block Grant funds.
- Agency agrees to complete the Local and Tribal Health Department COVID-19 Impact Survey again in 2021.
- If allocated more than $7,500 of FFY20 PHHS Block Grant funds, agency agrees to submit a brief success story related to their response efforts, implementation of *Healthy Wisconsin* strategy(ies), or related story of success.

2019-2021 (FY2020) Template Objectives for Preventive Health and Health Services Block Grant

Introduction: This document provides the template objective statement and information for items listed in the table below. Information specific to a health department, such as context for selecting an objective, description of the intervention, and evidence-based sources, are contained in the agency's **Preventive Health and Health Services (PHHS) Block Grant Data Collection Form**, which is completed in SharePoint. That form serves as the Scope of Work Agreement for this program and is attached to the contract.

The following sections correlate to fields in the Grants and Contracts (GAC) system:

A. Objective Statement
B. Deliverable
C. Context
D. Input Activities
E. Baseline for Measurement
F. Data Source for Measurement
G. For Your Information

A. **Template Objective: By September 30, 2020, the health department will implement an evidence-based intervention to address the selected Template Objective(s) described in the Scope of Work.**
B. A report that briefly describes:
   1. The source of the evidence-based intervention and the intervention that was implemented from that source.
   2. Outcomes of the PHHS contract funded work including the number of individuals served and number of organizations reached when appropriate.
   3. How funds were used to implement the evidence-based intervention such as initiate a new effort; maintain an existing effort; enhance/expand an effort; or sustain/restore an effort.
   4. Any barriers or challenges to success.
   5. Strategies to overcome barriers or challenges.
   6. Any additional funding or resources received as a result of the PHHS contract funded activities.
C. Agencies will describe their efforts on meeting the National and State Health objectives. These are described in detail in the full Template Objectives document. Context for why this objective was chosen and the expected outcome measure(s) are found in the Scope of Work.
D. CDC requires PHHS Block Grant funds to be used on evidence-based interventions, best practices or promising practices. A list of evidence-based and best practice interventions is included in the Boundary Statement. Information on the evidence-based intervention to be implemented is found in the Scope of Work.
E. Baseline data is described in the Scope of Work.
F. Agency report to the WI Division of Public Health.
G. N/A

Information Specific to Template Objective 10 – Community Health Improvement Processes and Plans

B. As a deliverable agencies must provide the priority areas identified in the assessment, a list of key partners involved, and provide a copy of the community health assessment to the regional contract administrator. When utilizing this objective for a community health improvement plan, as a deliverable agencies must describe the objectives and interventions completed during the time period and provide a copy of the community health improvement plan to the regional contract administrator.

Information Specific to Template Objective 11 – National Public Health Standards (not redirected)

B. A report that briefly describes:
   1. Outcomes of the PHHS contract funded work.
      a. If developing or implementing a strategic plan include the strategic priorities identified, the involvement of staff and governing body/board, implementation plan and provide the strategic plan to

your contract monitor.

b. If developing a performance management plan, include a description of the areas identified in the performance management plan and provide the plan to your contract monitor.
c. If developing or implementing a quality improvement plan, include a description of the quality improvement structure, implementation plan and provide the plan to your contract monitor.
d. If conducting a quality improvement project include the title of the operation, program or service addressed and the type of improvement.
    i. **Efficiency improvement:** Time saved, reduced number of steps, costs saved, costs avoided, revenue generated due to billable service, or other (please specify).
    ii. **Effectiveness improvement**: Increased staff satisfaction, organizational design improvements, quality enhancements of operations, programs, or services, or other (please specify).
e. If developing or implementing a Workforce Development (WFD) Plan, include a description of the areas identified, implementation plan, and provide the WFD plan to your contract monitor.
f. If developing a database, and/or record-keeping systems to meet public health accreditation documentation standards, include a description of the database, and/or record-keeping systems
g. If an agency accreditation self-analysis against PHAB standards and measures was completed, include a brief description agency's strengths, opportunities for improvement, and plans for addressing gaps.
h. If developing or updating policies and procedures, include description of the processes of development or revision, of adopting agency's policies and procedures and a list of the policies and procedures adopted by the agency.
i. If conducting other activities related to National Public Health Performance Standards and accreditation readiness or reaccreditation include a description of the activity/ies and the impact in meeting or sustaining National Public Health Performance Standards, and other information as requested

Information Specific to Template Objective 11 – National Public Health Standards – Redirected Funds for COVID-19 Response

Any activities funded with FY2020 PHHS Block Grant funds for the purpose of community pandemic response must:

- Be unduplicated efforts by the health department and shall not displace any local, state, or other federal funds,
- Be allowable per the Boundary Statement, and
- Be connected to the Public Health Accreditation Board Standards and Measures.

Information Specific to Template Objective 13 - Tobacco Control: By September 30, 2021, the health department will implement two interventions to develop public health policy on Other Tobacco Products (OTP) and E-Cigarettes.

B. A report that briefly describes:
1. The outreach and education conducted to local and state leaders and media advocacy conducted.
2. Outcomes of the PHHS contract funded work including the number of individuals and number of organizations reached when appropriate
3. How funds were used to implement the evidence-based intervention such as initiate a new effort; maintain an existing effort; enhance/expand an effort; or sustain/restore an effort.
4. Any barriers or challenges to success.
5. Strategies to overcome barriers or challenges.
6. Any additional funding or resources received as a result of the PHHS contract funded activities.

2019-2021 (FY2020) Preventive Health and Health Services Block Grant Program Boundary Statement

For each consolidated contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the local and tribal public health agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility, however if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the boundary statement. Agencies are encouraged to leverage resources across categorical funding to achieve common program goals.

Boundary Statement
The Preventive Health and Health Services (PHHS) Block Grant is a federal program to allocate funds to states to improve the health of the general population.

Acceptable Uses of Funding
The PHHS Block Grant gives grantees the flexibility to prioritize the use of funds to:

- Address emerging health issues and gaps.
- Decrease premature death and disabilities by focusing on the leading preventable risk factors.
- Work to achieve health equity and eliminate health disparities by addressing the social determinants of health.
- Support local programs to achieve healthy communities.
- Establish data and surveillance systems to monitor the health status of targeted populations.
- Improve agency operations, build capacity, and achieve accreditation through implementation of effective programmatic and administrative areas central to the health department's objectives
- Support agency efforts to attain or maintain PHAB accreditation.
- Supplement or expand grantee services or efforts.
- Increase hours of part-time staff to increase capacity.

Success is achieved by:

- Using evidence-based methods and interventions.
- Reducing risk factors.
- Establishing policy, social, and environmental changes.
- Leveraging other funds.
- Continuing to monitor progress towards selected outcomes and re-evaluate funded activities.
- Reflecting Healthy People 2020, Healthiest Wisconsin 2020, and Healthy Wisconsin objectives in project objectives.

Unacceptable Uses of Funding
While the PHHS Block Grant allows for flexibility in usage in order to address local priorities, there are some activities and usage of funds that are not allowed. According to PHHS Block Grant guidance, non-allowable uses for these funds include:

- Providing financial assistance to any entity other than a public or non-profit private entity.
- Providing inpatient services. Offering cash payment to recipients of health services.
- Purchasing or improving land; purchasing, constructing, or permanently improving a building or facility; or purchasing major medical equipment.
- Using as a match requirement for Federal funds.
- Advocating for or promoting gun control.
- Distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Paying the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.
- Paying indirect or administrative costs in excess of 10%.
- Preparing, distributing, or using any media or material designed to support or defeat the enactment of legislation at the federal, state, or local legislature or legislative body, or for the salary or expenses of any grant or contract recipient or agent related to any lobbying activity.
- Maintaining or establishing a computer network unless it blocks the viewing, downloading, and exchanging of pornography.
- Supplanting grantee funds by replacing or releasing available local grantee funds for alternative uses.

References

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion: http://www.cdc.gov/phhsblockgrant/index.htm and https://www.cdc.gov/chronicdisease/index.htm
- Healthy People 2020: http://www.healthypeople.gov/2020/
- Healthiest Wisconsin 2020: http://www.dhs.wisconsin.gov/hw2020/
- Healthy Wisconsin: https://healthy.wisconsin.gov/
- 10 Essential Public Health Services: http://www.cdc.gov/nphpsp/essentialServices.html

2019-2021 Preventive Health and Health Services (PHHS) Block Grant
Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractors should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Public health assessment and surveillance that identify community needs, and supports systematic, competent program planning and sound policy development with activities focused at both the individual and jurisdictional levels.

a) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
b) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
c) Identification of the scientific basis (evidence base) for the intervention.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, where the scientific basis for the intervention can be documented (evidence-based practice), as well as delivery of public health programs for communities for the improvement of health status.

a) There is no separate sub-criterion to this Quality Criteria Category.

Record keeping for individual-focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

a) There is no separate sub-criterion to this Quality Criteria Category.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision-making by those at risk and to affect policy and environmental changes at the community level.

Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.

a) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
b) All materials produced with PHHS Block Grant funds must include the following statement: "**This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NB01OT009342, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.**"
c) If a conference/meeting/seminar is funded, materials, including promotional materials, agenda, and internet sites must include the following statement: "**Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.**"

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

a) There is no separate sub-criterion to this Quality Criteria Category.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

a) There is no separate sub-criterion to this Quality Criteria Category.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

a) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third party insurance and Medical Assistance Program coverage of services provided.

a) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

a) There is no separate sub-criterion to this Quality Criteria Category.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Awardance of DPH Contract No.43561-5 to the Health Department**

The State of WI Department of Health Services has granted the De Pere Health Department $258,632 in CARES Act funding for COVID-19 Response efforts. The description of the grant is attached.

ATTACHMENTS:

- DPH Contract No.43561-5 (PDF)

Isolation/Quarantine: Profile 105000 Scope of Work SFY21

Background

Pursuant to §252.06 (10) (c), Wis. Stats., all expenses incurred by a local or tribal health department (LTHD) in quarantining a person outside his or her home during a public health emergency declared by the governor under §323.10 are reimbursed by state funds appropriated under §20.435 (1) (c).

Executive Order #72 declared a public health emergency on March 12, 2020, in response to the COVID-19 pandemic. CARS Profile 105000 was created for LTHD reporting and reimbursement of quarantine expenses for the duration of the public health emergency, which expired May 11, 2020 (60 days after declaration, per statute). As the funding appropriation is sum sufficient – that is, amounts are those which are necessary to accomplish the purpose specified – there was no budget associated with Profile 105000.

Executive Orders declaring public health emergencies were subsequently issued on July 30 (EO #82), September 22 (EO #90) and November 20 (EO #95). The current public health emergency expires January 19, 2021.

Scope of Work

All activities and associated costs which are necessary and reasonable to isolate or quarantine individuals outside their homes are encompassed in this scope of work. All expenses incurred by a local health department which have not been reimbursed by federal funds are eligible for reimbursement.

Period of Performance

August 1, 2020 thru January 19, 2021 (effective periods of public health emergencies). Future declarations of public health emergency may extend this period and a revised scope of work may be issued.

Reporting Requirements

CARS Profile 105000 has been re-activated for expense reporting for the period. Each CARS expense report shall include expenses only from a **single month**, shall clearly indicate the name of the month, and shall not include expenses from multiple months. Expense reports shall also **include the related Executive Order #** in the comments column of the report. This will allow DHS to associate reported expenses with the corresponding declared emergency period.

EO #82 – August 1, 2020 –September 28, 2020 - If there are expenses for Sept 29 – Sept 30, please submit an additional report for September and reference EO#90 in the comments.

EO #90 – October 1, 2020 – November 21, 2020 - If there are expenses for Nov 22 – Nov 30, please submit an additional report for November and reference EO#95 in the comments. See examples 1 and 2 below.

EO #95 – November 20, 2020 – January 19, 2021

Example 1: Expenses for Nov 1 – Nov 21:

DEPARTMENT OF HEALTH SERVICES Division of Enterprise Services F-00642 (06/2016)	COMMUNITY AIDS REPORTING SYSTEM (CARS) EXPENDITURE REPORT			STATE OF WISCONSIN
	☑ Original Report	☐ Additional Report	☐ Final Report	Office Use Only
INSTRUCTIONS:	Agency Number Example	Agency Name Example		Date entered in CARS
1. Report expenses in **whole dollar** amounts. No formulas.	Agency Type Example	Agency Contact Person Example	DHS Contract Administrator Donna Moore	Operator Initials
2. See Contract for current Agency Number and Agency Type.	Report Period (mm/yy) 11/20	Agency Contact Phone Numb Example	Agency Contact Email Address Example	
3. Complete one line per profile.				

Profile Name	Profile Number	Current Net Expense	CTD (Contract to Date) Expense	Comments
PH Emergency Quarantine	105000	100	100	EO= 90

Example 2: Expenses for Nov 22 – Nov 30:

DEPARTMENT OF HEALTH SERVICES Division of Enterprise Services F-00642 (06/2016)	COMMUNITY AIDS REPORTING SYSTEM (CARS) EXPENDITURE REPORT			STATE OF WISCONSIN
	☐ Original Report	☑ Additional Report	☐ Final Report	Office Use Only
INSTRUCTIONS:	Agency Number Example	Agency Name Example		Date entered in CARS
1. Report expenses in **whole dollar** amounts. No formulas.	Agency Type Example	Agency Contact Person Example	DHS Contract Administrator Donna Moore	Operator Initials
2. See Contract for current Agency Number and Agency Type.	Report Period (mm/yy) 11/20	Agency Contact Phone Numb Example	Agency Contact Email Address Example	
3. Complete one line per profile.				

Profile Name	Profile Number	Current Net Expense	CTD (Contract to Date) Expense	Comments
PH Emergency Quarantine	105000	101	201	EO= 95 - 11/22-11/30

Final Reports

Final CARS reports are due 45 days after the end date of the last Executive Order or the end of the CARS profile period (06/30/21), whichever comes first.

Please contact any of the following staff at the Division of Public Health, Bureau of Operations if you have any questions on reporting for profile 105000.

Donna Moore at DonnaJ.Moore@dhs.wisconsin.gov
Kären Drogsvold at Karen.Drogsvold@dhs.wisconsin.gov
Chris Gjestson at Christopher.Gjestson@dhs.wisconsin.gov

GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
DEPERE DPH
for
2020 DPH Consolidated Contract

DPH Contract No.: 43561-5
Agreement Amount: $258,632
Agreement Term Period: 10/1/2019 to 9/30/2021
CARS Pre-Packet No: 17663

DHS Division: **Division of Public Health**
DHS Grant Administrator: **Chuck Warzecha**
DHS Telephone: **608-266-9780**
DHS Email: **Charles.Warzecha@dhs.wisconsin.gov**

Grantee Grant Administrator: Ms Debbie Armbruster
Grantee Address: 335 S BROADWAY, DE PERE, WI, 54115
Grantee Email: darmbruster@mail.de-pere.org

Modification Description: This contract modification is **reallocating CARES Act funding** based on spending plans submitted by Local Public Health Departments. This contract modification may include funding changes for only one or up to all three of the CARES Act profiles including 155803, 155804, and 155805. This contract must be fully executed by both parties by 12/30/20 in order to be effective. In order to accomplish this, we request your agency sign the contract modification and return by close of business **12/15/20**. Failure to sign by this date may result in DHS not being able to complete the requested funding change(s). Final CARS reports are due 1/31/2021.

We are also adding funding for Public Health Emergency Quarantine (Sum- sufficient Profile 105000) costs being borne by Local and Tribal Health Departments. Please note special circumstances regarding funding termination. Per statute, funding through this appropriation is available for quarantine related expenses only while there is a declared public health emergency. Specific reporting information can be found in the attached scope of work. Final CARS reports are due 45 days after the end date of the last Executive Order or the end of the CARS profile period (06/30/21), whichever comes first.

Any questions on this contract modification can be directed to Kären Drogsvold at Karen.Drogsvold@dhs.wisconsin.gov or Donna Moore at DonnaJ.Moore@dhs.wisconsin.gov.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification 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

Authorized Representative

Name: Chuck Warzecha

Title: Deputy Administrator

Signature: DocuSigned by: Chuck Warzecha AE0A95B95A7E4A3...

Date: 12/14/2020

Grantee
Entity Name: City of De Pere

Authorized Representative

Name: James Boyd

Title: Mayor

Signature: DocuSigned by: James Boyd 50C8D1E932AB49A...

Date: 12/14/2020

CARS PAYMENT INFORMATION

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
472779	**DEPERE DPH**	**060**	**3/1/2020**	**12/31/2020**	**$258,632**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155803	CARES COVID19 TEST COORD	CARES Act funding ends 12/30/20 - Final report due 1/31/21	$59,200	$-36,418	$22,782	N/A
					$258,632	

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
472779	**DEPERE DPH**	**160**	**8/1/2020**	**6/30/2021**	**Sum Sufficient**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
105000	PH EMERGENCY QUARANTINE		-	$0	$0	N/A
					$0	

CARS FEDERAL AWARD INFORMATION

DHS Profile Number	155803
FAIN	N/A
Federal Award Date	N/A
Sub-award period of Performance Start Date	3/1/2020
Sub-award period of Performance End Date	12/30/2020
Amount of Federal Funds obligated (committed) by this action	$-36,418
Total Amount of Federal Funds obligated (committed)	$22,782
Federal Award Project Description	Coronavirus Relief Fund
Federal Awarding Agency Name (Department)	Department of Treasury
DHS Awarding Official Name	Julie A. Willems Van Dijk
DHS Awarding Official Contact Information	**608-266-9622**
CFDA Number	21.019
CFDA Name	Coronavirus Relief Fund
Total made available under each Federal award at the time of disbursement	$1,997,294,785
R&D?	No
Indirect Cost Rate	N/A

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Awardance of DPH Contract #43561-4 to the Health Department**

The State of WI Department of Health Services has granted the De Pere Health Department $3,600 for Communicable Disease Control and Prevention.

ATTACHMENTS:

- DPH Contract No.43561-4 (PDF)

GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
DEPERE DPH
for
2020 DPH Consolidated Contract

DPH Contract No.: 43561-4
Agreement Amount: $3,600
Agreement Term Period: 10/1/2019 to 9/30/2021
CARS Pre-Packet No: 16838

DHS Division: Division of Public Health
DHS Grant Administrator: Yvette Smith
DHS Telephone: 608-267-2491
DHS Email: Yvette.smith@dhs.wisconsin.gov

Grantee Grant Administrator: Ms Debbie Armbruster
Grantee Address: 335 S BROADWAY, DE PERE, WI, 54115
Grantee Email: darmbruster@mail.de-pere.org

Modification Description: We are adding funding for Communicable Disease Control and Prevention (Profile 155800). Please see attached Scope of Work. Final reports are due 45 days from the end of the designated contract period for the included profiles. Please take note of the attached Exhibit I which includes changes to the CARES Act funding received by all agencies.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification 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

Authorized Representative

Name: Chuck Warzecha

Title: Deputy Administrator

Signature: DocuSigned by: Chuck Warzecha AEDA9ED95A7E4A3...

Date: 11/10/2020

Grantee

Entity Name: City of De Pere Health Department

Authorized Representative

Name: James Boyd

Title: Mayor

Signature: DocuSigned by: 50C8D1E932AB49A...

Date: 11/10/2020

CARS PAYMENT INFORMATION

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
472779	**DEPERE DPH**	**160**	**7/1/2020**	**6/30/2021**	**$3,600**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155800	COMM DISEASE CTRL & PREV		-	$3,600	$3,600	N/A
					$3,600	

Scope of Work
Communicable Disease Control and Prevention (LPHD and Tribal HD)
Funding Period July 1, 2020-June 30, 2021

Overview

The Communicable Diseases Funding passed in the 2017-2019 Biennial Budget allocated $500,000 in GPR per year as a continuing appropriation to local and tribal health agencies for communicable disease control and prevention (page 79).

The budget language as passed (page 329) states:

*"**252.185 Communicable disease control and prevention.***
***(1)** From the appropriation under s. 20.435 (1)(cf), the department shall distribute moneys to local health departments to use for disease surveillance, contact tracing, staff development and training, improving communication among health care professionals, public education and outreach, and other infection control measures as required under this chapter. The department shall consider the following factors to establish an equitable allocation formula for the distribution of moneys under this section:*

(a) Base allocation, including at least some base amount for each local health department.
(b) General population.
(c) Target populations.
(d) Risk factors.
(e) Geographic area, including consideration of the size of the service area or the density of population, or both.

***(2)** By January 1, 2019, and biennially thereafter, each local health department shall submit to the division of the department that addresses public health issues a financial statement of its use of funds under this section."*

Eligible Uses

The scope of eligible uses for this additional funding is relatively broad and reflects all responsibilities under chapter 252. Funding may be used for new projects as well as to offset increasing budgetary pressures resulting from ongoing disease surveillance and investigations at the local level. Examples of possible uses include but are not limited to:

- Reduce burden of communicable diseases (CD),
- Ensure or increase capacity to respond to CD events,
- Training to increase competencies around CD issues,
- Purchase additional equipment to allow for easier access when following up on CD reports (such as smartphones or tablets),
- More extensive/complete follow-up on communicable disease outbreaks/reports, or
- Increasing communicable disease awareness in the community along with practical prevention opportunities.

Prohibited uses include:

- Meals for trainings or conferences;

- Uses not intended for infectious disease prevention or follow up.

Reporting Requirement

The local agency is expected to submit its financial statement to the Director of the Bureau of Communicable Diseases of its use of funds for this fiscal year **no later than January 1, 2020**. Please submit your report using an online form titled: "Financial Reporting by Local and Tribal Health Agencies for Communicable Disease Funds."

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 15, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Awardance of 2021 DPH Consolidated Contract No.47645**

The State of WI Department of Health Services has granted the De Pere Health Department $182,168 in a 2021 DPH Consolidated Contract for the following programs: Childhood Lead Prevention, Immunization, Maternal Child Health and Enhancing Detection of COVID-19.

ATTACHMENTS:

- 2021 DPH Consolidated Contract (PDF)

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: **47645**

Bureau of Procurement and Contracting (BPC) Review:

☒ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language.

☐ This agreement uses intergovernmental cooperative purchasing.

OLC Review Required:

☐ This agreement does not use a BPC template with Office of Legal Counsel (OLC) approved language or uses a BPC template with requested language changes.

Description:
NA

Office of Legal Counsel (OLC) Review and Approval:

☒ This agreement has been reviewed and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

DocuSigned by:
[signature]
31F4802A8CEC46...

Name: Cody Wagner
Title: Office of Legal Counsel

1/26/2021
Date Signed

Revision: 12/2/2020 (previous versions obsolete)

GRANT AGREEMENT
between the
State of Wisconsin Department of Health Services (DHS)
and
DEPERE DPH
for
2021 DPH Consolidated Contract

DPH Contract No.: 47645
Agreement Amount: $182,168
Agreement Term Period: **10/1/2020** to **12/31/2022**
CARS Pre-Packet No: 17181, 17974

DHS Division: **Division of Public Health**
DHS Grant Administrator: **Chuck Warzecha**
DHS Telephone: **608-266-9780**
DHS Email: **Charles.Warzecha@dhs.wisconsin.gov**

Grantee Grant Administrator: Ms Debbie Armbruster
Grantee Email: darmbruster@mail.de-pere.org
Grantee DUNS Name: De Pere Health Department
Grantee DUNS Number: 105745587
Grantee FEIN: 39-6005431

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

Authorized Representative

Name: Chuck Warzecha

Title: Deputy Administrator

Signature: DocuSigned by: Chuck Warzecha AEDA9ED95A7E4A3...

Date: 2/8/2021

Grantee
Entity Name: City of De Pere

Authorized Representative

Name: James Boyd

Title: Mayor

Signature: DocuSigned by: James Boyd 50C8D1E932AB49A...

Date: 2/8/2021

39. CARS PAYMENT INFORMATION

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date:	CARS Contract End Date:	Program Total Contract:
472779	**DEPERE DPH**	**160**	**1/1/2021**	**12/31/2021**	**$18,268**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls[1]
155020	CONS CONTRACTS IMM		-	$7,458	$7,458	N/A
159320	CONS CONTRACTS MCH		-	$8,933	$8,933	N/A
157720	CONS CONTRACTS CHHD LD		-	$1,877	$1,877	6-month
					$18,268	

[1] See "Funding Controls."

DHS CARS STAFF INTERNAL USE ONLY

CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:
472779	**DEPERE DPH**	**260**	**10/1/2020**	**10/31/2022**	**$163,900**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155806	ENHANCING DETECTION-COVID		-	$163,900	$163,900	N/A
					$163,900	

Contract Agreement Addendum: Exhibit II(A)

Contract #: 47645 **Agency:** De Pere Department of Public Health **Contract Year:** 2021

Contract Source of Funds

Source	Program	Amount
De Pere	Childhood Lead - Consolidated	$1,877
De Pere	Immunization - Consolidated IAP	$7,458
De Pere	Maternal Child Health - Consolidated	$8,933
	Contract Amount	**$18,268**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$6,700

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 47645 **Agency:** De Pere Department of Public Health **Contract Year:** 2021

	Childhood Lead - Con **Program Total Value $1,877**	
1	Template Objective 2	$1,877
	Comprehensive Follow-up for Low Level Lead Exposure Throughout the 2021 contract period, residents from the jurisdiction of the De Pere Health Department will receive comprehensive follow-up services, including a nurse home visit and environmental lead hazard investigation, at a venous blood lead level greater than or equal to 10 micrograms per deciliter. Children with a venous BLL of 5 - 9.9 mcg./dl. will be contacted either by phone or letter indicating the elevated lead level and receive education regarding lead toxicity and appropriate follow-up.	
	Immunization **Program Total Value $7,458**	
1	Template Objective 1	$7,458
	By December 31, 2021, 86% children residing in De Pere Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.	
	MCH **Program Total Value $8,933**	
1	Objective 1: COVID-19 Response	$8,933
	By December 31, 2021, the De Pere Health Department will provide infrastructural and leadership support to improve the health of mothers, children, and families during the COVID-19 pandemic.	
	Total of Contract Objective Values	$0
	Total of Contract Statement Of Work Values	$18,268