

**Date: July 18, 2018**

**TO:** County Executive Parisi and Mayor Soglin

**FROM:** Janel Heinrich,  
Director, PHMDC

**SUBJECT:** 2019 Operating Budget

With this memo, I am submitting a cost-to-continue proposal for the 2019 Public Health Operating Budget that meets our target of \$18,043,267, assuming application of an additional \$150,000 in PHMDC fund balance as revenue. Staff salaries and benefits comprise 83.5% of the operating budget total.

While we have been able to build a budget within the target we were provided, 2019 looks to be a very challenging revenue year. We expect to lose an additional \$92,446 in Federal Funding that supports the Women, Infants and Children (WIC) program with no reduction in workload, in addition to the mid-year reduction of \$95,912 we received in June of this year. We will also be losing a \$199K contract and corresponding 35% decrease in work for the laboratory. Through no small feat, including the application of an additional \$150K in fund balance, we have developed a budget that allows us absorb these costs without affecting the services that we provide to our clients. However, should we continue to lose revenue for these programs we will not be able to sustain operations at current levels in future years.

There are no new decision items for consideration presented at this time.

The mission of PHMDC is: *“To work with the community to enhance, protect, and promote the health of the environment and the well being of all people.”* We do this by providing services that focus on decreasing the transmission of disease, engagement with clients and community members in increasing their capacity to achieve optimal health and wellbeing.

### **2019 Initiatives**

In 2019, in addition to numerous service provisions, which assure the health department’s compliance in State Statute Chapter 140, PHMDC will continue working on a variety of initiatives across the core public health functions of: assessment, assurance, and policy development. None of the initiatives below will require any additional funding from City or County tax revenue. Some examples of major projects that we will be continuing or initiating include:

- Violence Prevention: Build and implement a public health approach to Violence Prevention. In the 2018 Budget, two vacant positions within public health were re-assigned to work on violence prevention. As anticipated, the hiring of the Violence Prevention Coordinator and the

Data Analyst positions have taken half of this year but will soon be complete—with start dates for both positions falling within the week of July 23<sup>rd</sup>. Though, it is important to note, the vision that we set forth last year—to create a comprehensive violence prevention strategy for Dane County has already commenced due to the hard work of a number of current PHMDC staff.

- The newly hired Violence Prevention Coordinator will begin engagement and outreach efforts to create a Madison & Dane County Violence Prevention Plan. Using models from other cities and counties, the Coordinator will also outreach to other jurisdictions and consultants to shape the plan. Additionally, the Coordinator will begin creating a *Violence Prevention Coalition*. Initial efforts will focus on recruiting a Core Team of stakeholders to work with the Coordinator to review Coalition models, create a proposed structure, and recruitment plan.
- Overdose Fatality Review (OFR): The OFR is a countywide partnership between Public Health and public safety agencies that leverages inter-agency data sharing and practitioner expertise to review fatal drug overdoses. By identifying missed opportunities for intervention and prevention, the program seeks to develop systems-level recommendations for preventing drug overdose deaths in Dane County.
- Electronic Health Records (EHRs): Explore the utilization of Electronic Health Records to: 1) improve efficiency and effectiveness for charting client encounters; 2) increase ability to communicate with health care providers; and 3) increase revenue streams.
- Breastfeeding Community Work: PHMDC is committed to health and racial equity in Dane County and supporting people in their choice to breastfeed. Although breastfeeding has numerous benefits for parent and baby, many parents face significant barriers and challenges to breastfeeding. Therefore, PHMDC is committed to: exploring the root causes of low breastfeeding initiation and rates in our community; enhancing PHMDC's breastfeeding services, as well as community and workplace supports, to ensure breastfeeding access to all people including women of color and those in low-income communities; and connecting PHMDC clients and individuals with breastfeeding resources that are culturally appropriate to all people including women of color and those in low-income communities.
- Sexual and Reproductive Health (SRH): Rooted in health equity efforts and order to ensure that everyone has the ability to choose if and when to get pregnant, the SRH team will be expanding services beyond that of STI testing and partner services follow-up to include additional family planning services.
- Licensed Establishment Fee Review: Reviewing the fee schedule for licensed establishment programs to ensure fees charged are appropriate for the work done to complete the activities. The fee schedule has not been changed since 2015 while the volume of licenses has increased by over 100 establishments of increasing complexity.
- Public Health Accreditation: Continue our pursuit of accreditation through the Public Health Accreditation Board. We plan to submit our application to formally begin the accreditation process in the first half of 2019. The application will include an updated strategic plan, as well as a Community Health Assessment and Community Health Improvement Plan.
- Nurse Family Partnership—Community Advisory Board: PHMDC's NFP Community Advisory Board is comprised solely of NFP graduates. This unique board make-up provides strong community voice leading to improved program and participant outcomes. We hope to build a better pathway for these families in the areas of empowerment and advocacy.
- Health and Racial Equity (HRE): Continuing to drive our (HRE) efforts into all areas of the agency to:

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- Improve recruitment, hiring and retention practices; and
- Embed our HRE tools and practices into all PHMDC policies, programming and decision-making. A working group of the Health and Racial Equity Team has developed a Program Readiness Assessment, which walks program teams through a process to assess current program practices, and establish program benchmarks as it relates to health and racial equity, in order to identify opportunities to advance health and racial equity in both our internal and public-facing services.

I look forward to further discussing PHMDC's Operating Budget request in the coming weeks.

Please feel free to contact me, if you have any questions.

A handwritten signature in black ink that reads "Joel Hennick". The signature is written in a cursive style with a large initial "J".

cc: Jeff Kostelic, Greg Brockmeyer, Chuck Hicklin, Josh Wescott, Gloria Reyes, David Schmiedicke

**Agency: Public Health**

**Proposed Budget**

	Cost to Continue	Proposed	Change
Revenue	-\$18,298,494	-\$17,893,267	\$405,227
Expenditures	\$18,298,494	\$18,043,267	-\$255,227
Net	\$0	\$150,000	\$150,000
	2018	Proposed	Change
FTEs	137.75	142.55	4.8

**Request Analysis**

*2017 Budget*

Overbudget	No
2017 Analysis	

*2018 Projection*

Deficit	Yes
Projection Analysis	The Department has lost \$330,000 in grant revenue and had to repay \$49,000 in insurance proceeds from 2017.

*2019 Request*

Budget Request Changes	Revenues were significantly reduced based on the loss of several grants, lab contracts, and fund balance applied. A number of revenue budgets were re-classed to properly align with actuals. Salaries and benefits were reduced \$350,000; however, FTEs increased.
Change in Service	Yes
Service Impact	The Department is expanding the Sexual and Reproductive Health program and has indicated this will allow billings to Medicaid to generate approximately \$65,000 in revenue.  The Department mitigated the consequences of the loss of lab revenue by adjusting staffing levels, supplies and proposing the use of fund balance.
Staffing Levels & Payroll Allocations	There are many changes in the number of FTEs in various positions with a net increase of 4.80 FTEs. The 2019 request does not include budget for hourly wages; however, in 2017 hourly wages were \$207,000 and the 2018 projection for hourly wages is \$365,000.

**Public Health Madison Dane**

Function: **Public Safety & Health**

*Position Summary*

	CG	2018 Budget		Request		2019 Executive		Adopted	
		FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
ACCOUNT CLERK	-	1.00	48,631	1.00	55,164				
ADMINISTRATIVE ASSISTANT	-	1.00	60,819	1.00	62,159				
CHEMICAL ANALYST	-	2.00	163,973	1.00	87,153				
CHRONIC DISEASE SPECIALIST	-	1.00	57,179	1.00	60,176				
CLERK	-	2.35	136,517	1.25	76,302				
CLERK TYPIST	-	8.80	451,825	7.50	402,112				
COMMUNICABLE DISEASE OUT	-	1.90	126,056	1.00	76,144				
COMMUNITY HEALTH ED SPEC	-	1.00	85,257	1.00	72,707				
DIETETIC SPECIALIST	-	7.30	375,086	5.80	311,418				
DISEASE INTRVN SPEC	-	-	-	2.00	100,827				
ENV HEALTH SERVICES SUPER	-	2.00	197,952	2.00	202,327				
ENV HEALTH TECHNICIAN	-	3.00	163,383	2.00	124,506				
ENV TECH SERVICES SUPER	-	1.00	96,787	1.00	101,164				
GRANTS & BILLING SPECIALIST	-	1.00	49,407	1.00	55,244				
HEALTH EDUCATION COOR	-	0.80	68,205	3.05	236,838				
HEALTH EQUITY COOR	-	2.00	138,370	0.60	51,703				
HUMANE OFFICER	-	6.00	348,843	6.00	364,629				
LEADWORKER	-	8.90	700,996	6.90	574,404				
MAT CHILD HEALTH NAVG	-	-	-	1.00	53,693				
MEDICAL INTERPRETER	-	2.65	156,751	2.65	161,559				
MICROBIOLOGIST	-	1.00	77,928	1.00	80,448				
NURSE FAMILY PRNTRSP COOR	-	1.00	69,141	1.00	87,502				
PUBLIC HEALTH AIDE	-	7.50	414,891	7.50	427,097				
PUBLIC HEALTH ANALYST	-	1.00	73,419	2.00	141,907				
PUBLIC HEALTH DIRECTOR	-	1.00	128,886	1.00	131,732				
PUBLIC HEALTH DIV DIRECTOR	-	4.00	422,235	4.00	431,321				
PH EPIDEMIOLOGIST	-	4.00	317,665	4.00	338,089				
PUBLIC HEALTH INFORMATION	-	1.00	82,423	-	-				
PUBLIC HEALTH NURSE	-	25.55	2,044,485	30.30	2,314,610				
PUBLIC HEALTH PLANNER	-	4.00	288,767	6.00	490,864				
PH PREPAREDNESS COOR	-	1.00	77,928	1.00	71,180				
PH PROGRAM COORDINATOR	-	2.00	150,147	2.00	162,516				
PUBLIC HEALTH SPECIALIST	-	2.00	110,436	3.00	177,575				
PUBLIC HEALTH SUPERVISOR	-	11.00	975,397	11.00	1,028,584				
QUALITY IMP/PERF MGMT	-	-	-	1.00	78,471				
SANITARIAN	-	15.00	1,237,031	17.00	1,387,605				
SPECIAL PROJECTS MANAGER	-	1.00	96,058	-	-				
WELL WMN CASE MGMT SPEC	-	1.00	53,972	-	-				
WELL WOMAN PRG SPEC	-	1.00	67,596	1.00	69,092				
<b>TOTAL</b>		<b>137.75</b>	<b>\$10,114,442</b>	<b>141.55</b>	<b>\$10,648,822</b>	-	\$ -	-	<b>\$10,114,443</b>

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Administration

SERVICE DESCRIPTION:

This service provides overall leadership and administrative support for Public Health.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-6,653,439	-6,955,220	-6,805,819	-6,723,425	82,394
Expense	3,156,417	3,065,516	4,161,785	2,923,872	-1,237,913
Net Budget	-3,497,022.04	-3,889,704	-2,644,034	-3,799,553	-1,155,519

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

Public Health is working to improve the consistency and accuracy of our budgeting processes through transitioning to the development of program budgets. This allows us to be more analytical and proactive as we work to maximize efficiency and effectiveness of our services for all residents of the city and county. As a result, expenses that have traditionally been accounted for in Administration, now reside in the other services to be able to have a more accurate estimate of the true costs to provide each service.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact on the services we provide.

### SERVICE GOALS

1. Who is the recipient of this service?

This service provides overall leadership and administrative support for Public Health. Administration, and more specifically the Operations Division, is responsible for effective infrastructure within the department and the customers are primarily Public Health staff and managers, as well as our colleagues in the City of Madison and Dane County governments.

2. What activities are you responsible for providing under this service?

2. What activities are you responsible for providing under this service?

Administration is responsible for developing and monitoring the agency's budget and accounting, providing administrative and facility support for the agency across three offices and two clinic sites, coordinating human resources and workforce development, leading community and media relations, coordinating health and racial equity work within the agency, as well as strategic planning, accreditation, performance management and quality improvement activities.

3. How do you define success within this service?

Clear, accessible, and efficient systems and well-documented processes for all administrative functions.

4. What strategies are planned for 2019?

- A. Continue our pursuit of accreditation through the Public Health Accreditation Board. We plan to submit our application to formally begin the accreditation process in the first half of 2019. The application will include an updated strategic plan, as well as a Community Health Assessment and Community Health Improvement Plan.
- B. Further integrate health and racial equity into individual program areas. A working group of the Health and Racial Equity Team has developed a Program Readiness Assessment, which walks program teams through a process to assess current program practices, and establish program benchmarks as it relates to health and racial equity, in order to identify opportunities to advance health and racial equity in both our internal and public-facing services.
- C. Begin implementation of our performance management system, which will include training for management and staff. We plan to use our performance management system to develop meaningful ways to measure our work and use data to guide decision-making across the agency as we work to improve the public's health.
- D. Continue to create, review, and update internal Public Health policies and procedures; increasing transparency, understanding, and communication of administrative functions.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Animal Services

SERVICE DESCRIPTION:

This service is responsible for enforcing animal-related laws, educating the public about responsible animal ownership, and providing pickup services for the stray, abandoned, impounded, injured, and orphaned animals of Madison and Dane County.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-244,500	-244,500	-244,500	-244,500	0
Expense	1,054,153	1,060,104	1,058,997	1,058,492	-505
Net Budget	809,652.63	815,604	814,497	813,992	-505

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

No change

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

No change

### SERVICE GOALS

1. Who is the recipient of this service?

The primary customers of this service are residents, visitors and animals (domestic and wild) in the City of Madison and Dane County.

2. What activities are you responsible for providing under this service?

Animal Bite follow up, dangerous animal investigations, stray/abandoned animal pick up, injured wildlife pick up, and the enforcement of City, County, and State laws regarding animal care.

3. How do you define success within this service?

Immediate follow-up on all reported bites; mitigation and prevention of dangerous animal issues; reduced number of stray cats and dogs in our community; and prevention of animal neglect/cruelty.

4. What strategies are planned for 2019?

? We will: negotiate a new contract with Dane County Humane Society; identify ways to work with multi-sector stakeholders to increase animal licensing throughout Dane County; continue to build relationships with law enforcement officers throughout Dane County to provide a seamless service with all agencies concerned with animal control and welfare; and analyze data from LERMS (Law Enforcement Records Management System) to increase prevention efforts in the areas that are identified as low license areas or areas with a high number animal bites.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Community Health

SERVICE DESCRIPTION:

This service is made up of the following program areas: Outbreak Management — including investigations of communicable disease; The Women, Infants, and Children Supplemental Nutrition Program (WIC); Health Promotion; and Chronic Disease Prevention.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-6,752,089	-4,739,104	-5,443,096	-5,114,851	328,245
Expense	8,627,657	7,760,699	7,760,699	7,912,544	151,845
Net Budget	1,875,567.52	3,021,595	2,317,603	2,797,693	480,090

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

Public Health is working to improve the consistency and accuracy of our budgeting processes through transitioning to the development of program budgets. This allows us to be more analytical and proactive as we work to maximize efficiency and effectiveness of our services for all residents of the city and county. Changes in the 2019 revenue includes the reallocation of existing tax levy dollars based on the FTE of staff in the Community Health division. For 2019, we worked to update our staffing allocations for the first time in several years, resulting in changes across services, and importantly, improved accuracy in our service and program-level budgets. In addition, the changes in expenses reflect the annual increases in salaries and benefits of all staff in this service as estimated by Dane County.

Mid-year adjustments in 2018 for the WIC program resulted in \$92,446 in reduced revenue in the WIC budget. Advance notification for the 2019 budget, we anticipate that we will be losing \$95,912 in federal funding to support the WIC program. Given the reduced revenue for this program, we reduced supplies and purchased services as much as possible, while still maintaining services for our anticipated caseload of Dane County residents 2019. The resulting programmatic expenses are nearly all fixed costs (overhead for clinic space and salaries/benefits), and in order to continuing to provide this service, \$74,383 of the \$150,000 in increased fund balance application will be used to support WIC.

Additionally, we will no longer be receiving \$54K in Komen funds. At the same time we will receive an increase in the Y3 award of our ten-year federal MIECHV grant that supports the Nurse Family Partnership program by \$109K and are projecting additional Medicaid revenues of \$60,000.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact for the WIC program despite the loss of revenue. With strict budget restraints in supplies and purchased services, in addition to the increased funding from the fund balance, in 2019 we will be able to provide our community with the same service commitment.

There is no impact on services as the result of the loss of Komen funding.

To best address gaps in healthcare access, reduce communicable disease and ensure everyone has the ability to choose if and when to get pregnant; we are continuing to expand our Sexual and Reproductive Health program by providing safe and effective contraception services to enable clients to achieve their family planning goals. The proposed service expansion would allow us to bill Medicaid to generate approximately \$65,000 in revenue.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact for the WIC program despite the loss of revenue. With strict budget restraints in supplies and purchased services, in addition to the increased funding from the fund balance, in 2019 we will be able to provide our community with the same service commitment.

There is no impact on services as the result of the loss of Komen funding.

To best address gaps in healthcare access, reduce communicable disease and ensure everyone has the ability to choose if and when to get pregnant; we are continuing to expand our Sexual and Reproductive Health program by providing safe and effective contraception services to enable clients to achieve their family planning goals. The proposed service expansion would allow us to bill Medicaid to generate approximately \$65,000 in revenue.

### SERVICE GOALS

1. Who is the recipient of this service?

Target populations vary by program but the impact affects all residents. Some programs, such as communicable disease, help protect all residents regardless of demographics. Whereas other programs such as WIC or Nurse Family Partnership have specific eligibility criteria.

2. What activities are you responsible for providing under this service?

Monitoring and responding to communicable disease, Tuberculosis case management, providing immunizations to prevent disease, nutrition counseling and food access fund disbursement, community breastfeeding promotion, reviewing fetal and infant deaths followed by utilizing findings to minimize future deaths, monitoring and responding to sexually transmitted infections (STI) and HIV, providing needle exchange services (NEX) to reduce the risk and spread of disease, sexual and reproductive health clinic services (STI testing, access to birth control, etc.), provide cancer screening and prevention services to eligible women through the Well Woman Program (WWP), and provide perinatal home visitation program services.

3. How do you define success within this service?

- Contain and/or decrease communicable diseases
- Minimize low birth-weight births
- Increase immunization rates to prevent disease
- Increased access to family and reproductive health services

4. What strategies are planned for 2019?

4. What strategies are planned for 2019?

In addition to a variety of service provisions which assure the health department's compliance in State Statute Chapter 140, the Community Health Division is committed to the following work:

- 1) Breastfeeding Community Work: PHMDC is committed to health and racial equity in Dane county and supporting people in their choice to breastfeed. Although breastfeeding has numerous benefits for parent and baby, many parents face significant barriers and challenges to breastfeeding. Therefore, PHMDC is committed to: exploring the root causes of low breastfeeding initiation and rates in our community; enhancing PHMDC's breastfeeding services, as well as community and workplace supports, to ensure breastfeeding access to all people including women of color and those in low-income communities; and connecting PHMDC clients and individuals with breastfeeding resources that are culturally appropriate to all people including women of color and those in low-income communities.
- 2) Neighborhood Asset Mapping: A number of persistent health issues impact Dane County, including mental health, substance misuse, obesity, and others. A major contributor to poor health is toxic, accumulated stress resulting from structural racism, inadequate housing, income inequities, and other root causes. Through a partnership with Dane County Human Services Joining Forces for Families office, Public Health Nurses will assess community strengths and areas for opportunity in order to identify gaps and prioritize areas for action.
- 3) Sexual and Reproductive Health (SRH): Rooted in health equity efforts and order to ensure that everyone has the ability to choose if and when to get pregnant, the SRH team will be expanding services beyond that of STI testing and partner services follow-up to include additional family planning services.
- 4) Fetal and Infant Mortality Review (FIMR) Action Team: Since 2011, PHMDC has convened community partners to provide a platform for discussing data related to fetal and infant deaths. A crucial step in the FIMR process is to translate these data findings into action. Different methods/forms exist for structuring Community Action Teams throughout the country; our current task is to determine the best fit for Dane County's context—an area with a robust nonprofit sector and many partners working on aspects of action around infant mortality.
- 5) Nurse Family Partnership—Community Advisory Board: PHMDC's NFP Community Advisory Board is comprised solely of NFP graduates. This unique board make-up provides strong community voice leading to improved program and participant outcomes. We hope to build a better pathway for these families in the areas of empowerment and advocacy.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Emergency Response Planning

SERVICE DESCRIPTION:

This service plans for the initiation of response activities during the first 24 hours of an emergency or disaster. This is done so in conjunction with existing emergency operations, plans, procedures, guidelines, resources, assets and incident management systems.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-240,452	-247,648	-247,648	-236,845	10,803
Expense	157,311	180,562	180,562	149,582	-30,980
Net Budget	-83,141.01	-67,086	-67,086	-87,263	-20,177

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

This service is supported exclusively by a federal preparedness grant administered by the Wisconsin Department of Health Services and we are entering the second year of a five year award. The 2019 request reflects a reduction in the total grant awarded to Public Health, resulting from reduced funding from the federal government to the state. As a result, all award recipients received a reduction in funding in this cycle. These grant dollars also support the purchase of medical supplies, specifically in our Immunization and Communicable Disease programs within the Community Health service, to prepare Public Health to respond to a variety of potential public health emergencies.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact on the public health preparedness activities of Public Health in the proposed changes.

### SERVICE GOALS

1. Who is the recipient of this service?

The primary customers of this service are Public Health staff and emergency response partners.

2. What activities are you responsible for providing under this service?

Activities provided in this service include planning for emergencies potentially significant public health consequences (e.g. major flood events, long-term power outages, and pandemic flu), and training staff to respond to these events. This includes building partnerships with and conducting emergency preparedness exercises of the scenarios previously mentioned.

3. How do you define success within this service?

Formalized and comprehensive emergency preparedness plans and systems within Public Health which address the three main preparedness capabilities, as defined by the grant (Community Preparedness, Community Recovery, and Information Management), and strengthened partnerships with emergency response counterparts in the Madison and Dane County.

4. What strategies are planned for 2019?

Strategies in 2019 are centered on the Information Management capability defined in the grant objectives, with a specific focus on emergency public information and warning, as well as information sharing. We plan to create crisis and risk communication plans and to develop risk and information messages for bioterrorism, public health emergencies or other emerging health issues. In addition, the Public Health Preparedness Plan will be finalized, clarifying roles and responsibilities for the agency, community, and our response partners to improve response coordination. We also plan to train staff in the implementation of this plan.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Environmental Protection

SERVICE DESCRIPTION:

This service protects environmental health for the City of Madison.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-601,150	-1,919,543	-2,299,404	-2,314,101	-14,697
Expense	1,043,367	1,302,367	1,302,367	1,080,597	-221,770
Net Budget	442,216.71	-617,176	-997,037	-1,233,504	-236,467

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

Public Health is working to improve the consistency and accuracy of our budgeting processes through transitioning to the development of program budgets. This allows us to be more analytical and proactive as we work to maximize efficiency and effectiveness of our services for all residents of the city and county. Changes in the 2019 revenue request include the reallocation of existing tax levy dollars based on the FTE of staff in the Environmental Protection service. For 2019, we worked to update our staffing allocations for the first time in several years, resulting in changes across services, and importantly, improved accuracy in our service and program-level budgets.

Given that salaries and benefits total 83% departmental expenses, updates in staffing allocation of staffing costs can result in relatively large changes year-to-year. The change in expenses in the 2019 request includes a reallocation of the salaries and benefits of a staff member from Environmental Protection to the Policy, Planning and Evaluation service. This staff person is a member of the PPE division, but performs work as an epidemiologist in support of Environmental Protection.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There are no operation impacts of the budgetary changes—the changes reflect a reallocation of funds to best reflect true costs of this service.

### SERVICE GOALS

1. Who is the recipient of this service?

Primarily – Private onsite wastewater treatment system owners, and private well owners. People that are either part of or near a human health hazard.

2. What activities are you responsible for providing under this service?

Permitting POWTS/ Wells, inspection of installation, and follow up on routine maintenance. Investigation and abatement of human health hazards.

3. How do you define success within this service?

Prevention of groundwater contamination by improperly installed, abandoned or un maintained wells and POWTS in Dane County. Clean up and prevention of human health hazards such as household hygiene, mold, lead and radon.

4. What strategies are planned for 2019?

Continue to remove steel tanks that fail fast and contaminate ground water. Improve the permitting system to allow for online permit application.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Laboratory

SERVICE DESCRIPTION:

This service provides sample collection, analysis, interpretation and advice on environmental sample quality; responds to environmental spills and hazardous materials releases; and collaborates with other municipal, state and federal agencies on environmental projects.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-103,337	-307,223	-307,223	-124,648	182,575
Expense	845,340	853,011	853,011	636,345	-216,666
Net Budget	742,003.22	545,788	545,788	511,697	-34,091

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

The change in revenue is the result of the loss of a \$199K contract, responsible for 30-35% of the Laboratory workload.

We were able to significantly mitigate the consequences of the loss of revenue by adjusting staffing levels and supplies; to continue to provide the existing lab services, \$75,617 of the \$150,000 in increased fund balance application will be used to support the Laboratory.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

Despite the above changes, there are no operational impacts on employment or services that the Laboratory provides to the public.

### SERVICE GOALS

1. Who is the recipient of this service?

Primarily Dane County residents and visitors that utilize Dane County Lakes, rivers and streams. All Dane County residents receive service when PHMDC investigates/enforces laws regarding illegal discharge of substances that may impact groundwater.

2. What activities are you responsible for providing under this service?

Beach/pool monitoring and testing, testing of lakes and outfalls to identify trends in surface water such as Chlorides, and education of the public on Dane County waters.

3. How do you define success within this service?

Prevention of waterborne illness due to surface water contamination in Dane County, identifying sources of contamination and trends that will impact human health, and prevention of illegal discharge of harmful substances

4. What strategies are planned for 2019?

Work with Dane County Land and Resources to develop guidelines for inland lake water safety and quality. Increase pool sampling for all Dane County pools.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Licensed Establishments

SERVICE DESCRIPTION:

This service inspects all restaurants, retail food stores, school food programs, public pools, hotels, motels, Bed and Breakfasts, recreational-educational camps, campgrounds, body art establishments and mobile home parks in Madison and Dane County.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-2,007,404	-2,009,257	-2,009,257	-2,038,585	-29,328
Expense	425,211	1,619,304	1,619,304	1,761,294	141,990
Net Budget	-1,582,192.91	-389,953	-389,953	-277,291	112,662

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.  
The increase in revenue is due to more licensed establishments in the County, reflective of increased construction in Dane County. The changes in expenses result from the reallocation of the salary and benefits for an Environmental Health Technician to this service, as well as the increases in salaries and benefits of all staff in this service estimated by Dane County.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact of the proposed changes noted above.

### SERVICE GOALS

1. Who is the recipient of this service?

Primarily – Licensed Establishment owners, secondarily – all Dane County residents and visitors benefit from safe and sanitary establishments.

2. What activities are you responsible for providing under this service?

Licensing and inspection of establishments covered by the agent contract, ensure compliance with all applicable local and state regulations. Timely follow up on complaints. Outbreak follow up and prevention.

3. How do you define success within this service?

Prevention of foodborne and other communicable disease outbreaks, number of inspections/re-inspections and Food Borne Illness complaints.

4. What strategies are planned for 2019?

Continue working towards the Local and State Food Program Standards. Training of three new staff to insure an equitable workload across the program. The licensed establishment program, in partnership with the Safe Food Advisory Committee, a standing Committee of the Board of Health comprised of owner/operator members, will be conducting an analysis of retail food establishments in Dane County to assure that PHMDC is providing services reflective of our commitment to health and racial equity. This analysis will identify and collect demographic information that the program does not currently track- specifically that of the number of establishments owned or operated by individuals of color or those who identify English as their second language. PHMDC will also scan past inspections compared to demographic data to determine whether we have differences in inspection outcomes in retail food outlets owned by people of color or non-native English speakers. After the analysis is complete PHMDC will engage operators/owners in exploring different methods to improve owner/operator training and education to achieve improved compliance with regulatory standards.

In anticipation of the 2020 Budget, we will be reviewing the fee schedule for licensed establishment programs to ensure fees charged are appropriate for the work done to complete the activities. The fee schedule has not been changed since: 2015 while the volume of licenses has increased by over 100 establishments.

## 2019 Operating Budget: Service Proposals

### SERVICE IDENTIFYING INFORMATION

SELECT YOUR AGENCY:

Public Health

SELECT YOUR AGENCY'S SERVICE:

Policy Program and Evaluation

SERVICE DESCRIPTION:

This service provides program planning, surveillance and analysis, research, and evaluation and is the defacto technical assistance branch of PHMDC.

### SERVICE BUDGET - ALL FUNDS

	2017 Budget	2018 Budget	2019 Cost to Continue	2019 Request	Change
Revenue	-209,315	-781,292	-942,002	-1,096,312	-154,310
Expense	1,502,231	1,362,224	1,362,224	2,520,541	1,158,317
Net Budget	1,292,915.88	580,932	420,222	1,424,229	1,004,007

### 2019 PROPOSAL

1. Explain the budgetary changes proposed from 2019 Cost to Continue to the 2019 Request.

Public Health is working to improve the consistency and accuracy of our budgeting processes through transitioning to the development of program budgets, which will allow us to be more analytical and proactive as we work to maximize efficiency and effectiveness of our services. As a result, expenses that have traditionally been accounted for in Administration or other services, now reside in the appropriate service to be able to have a more accurate estimate of the true costs to provide each service.

Given that salaries and benefits total 83% departmental expenses, updates in the allocation of staffing costs can result in relatively large changes in expenses year to year. For 2019, we worked to update our allocations for staff for the first time in several years. Specific to PPE, the change in expenses in the 2019 request reflects a reallocation of the salaries and benefits of a few staff members who have historically been working in PPE, but whose expenses been allocated to another service. For example, instead of the expenses for our Environmental Epidemiologist being included in the Environmental Protection service request, they are included in the PPE, as this staff person is a member of the PPE division and service area. In addition, the changes in expenses reflect the annual increases in salaries and benefits of all staff in this service as estimated by Dane County. The changes in revenue reflect a reallocation of grant dollars, including the CDC Opioid RX Pathway grant (\$163,967) and the Healthy Communities Innovation Fund (\$10,000) that had been allocated to other services in prior years. These items are pass-through dollars that are distributed or administered as grants to community agencies and not used to support efforts of PPE staff.

2. Explain the operational impact of the proposed changes from 2019 Cost to Continue to 2019 Request.

There is no operational impact of the proposed changes as they primarily reflect a reallocation of existing dollars to more accurately reflect the PPE budget.

### SERVICE GOALS

1. Who is the recipient of this service?

This service is both inward facing (PHMDC programs, City/County agencies, legislative staff, Boards and Committees, elected officials) and outward facing (school districts, health systems, community coalitions, non-profit organizations, etc.). Currently, PPE collaborates with over 88 partner organizations.

2. What activities are you responsible for providing under this service?

This service is responsible for the mandated requirement of all local health departments—the planning and implementation of a Community Health Assessment and Community Health Improvement Plan. Additionally, this service ensures access to data to determine community health status, identify inequities in health outcomes, guide program planning, and establish prevention efforts at the community and systems level. This service provides policy analysis on a variety of health topics (i.e. food insecurity, housing, mental health, tobacco, oral health, access to care, substance abuse, violence, chronic disease, etc.) to inform PHMDC colleagues, stakeholders, and policy-makers of the health-related impacts of new, proposed, or existing policies. This service provide tools and training for government and community partners to evaluate effectiveness of existing programs that impact health. This service provides technical assistance and best practices to design effective programs and partnerships to address the most pressing health issues in the community.

3. How do you define success within this service?

For this service, success is defined by assuring that:

- PHMDC has the information it needs regarding health and social factors to guide its work;
- PHMDC staff have the support they need regarding policy analysis, data collection and analysis, and evaluation methods to operate their programs in the most effective manner possible;
- Outreach to community organizations is strategic and on-going to provide support and build capacity regarding data collection, evaluation and program planning;
- All activities are completed utilizing a health and racial equity approach that assures our work is focused on community members and population groups that are most impacted by health inequities.

#### 4. What strategies are planned for 2019?

PPE staff will be involved in numerous ways (data collection and analysis, program planning, evaluation support, facilitation, policy analysis, etc.) in over 30 planned (new and ongoing) projects. The efforts listed below are a sample of some of the larger areas of work that will be occurring in 2019:

- Overdose Fatality Review (OFR): The OFR is a countywide partnership between Public Health and public safety agencies that leverages inter-agency data sharing and practitioner expertise to review fatal drug overdoses. By identifying missed opportunities for intervention and prevention, the program seeks to develop systems-level recommendations for preventing drug overdose deaths in Dane County.
- Violence Prevention Plan: The newly hired Violence Prevention Coordinator will begin engagement and outreach efforts to create a County Violence Prevention Plan. Using models from other cities and counties, the Coordinator will also outreach to other jurisdictions and consultants to shape the plan.
- Violence Prevention Coalition Development: As part of ongoing efforts in the area of violence prevention, the Coordinator will begin creating the foundation for the Coalition to launch. Initial efforts will focus on recruiting a Core Team of stakeholders to work with the Coordinator to review Coalition models, create a proposed structure, and recruitment plan.
- Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP): The Community Health Assessment and the prioritization process to select strategic issues for the CHIP will be completed in early 2019. We anticipate launching CHIP workgroups for the selected priority areas in the second half of 2019.