Appendix A: Reports and Publications

Milwaukee Health Department Food Safety Report, 2016

2016 City of Milwaukee Health Department Food Safety Report

Release Date: May 2016

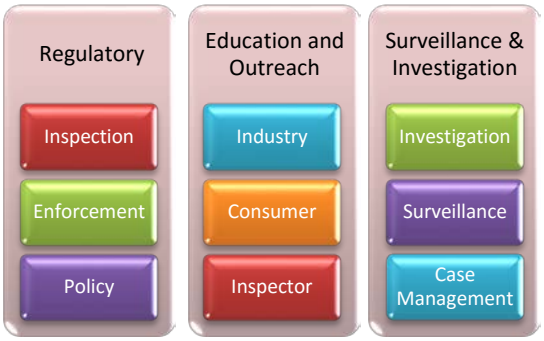
Introduction

Background and Significance

Foodborne illness in the United States is a major cause of personal distress, preventable illness and death, and avoidable economic burden. CDC estimates that each year roughly one in six Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. The annual cost of foodborne illness in terms of pain and suffering, reduced productivity, and medical costs is estimated to be as much as $77 billion. Nationwide, approximately 1,000 reported disease outbreaks are identified each year. Of the outbreaks with an identified cause, half are attributed to restaurants. However, most foodborne illnesses occur in persons who are not part of any recognized outbreaks.

Though the magnitude of the challenge of addressing foodborne illness upon initial review may seem insurmountable, potential intervention strategies have been documented as being effective in improving food safety. It is because of the scope of the issue and the availability of evidence based practices to address the issue that CDC has designated food safety as one of its key public health strategies. CDC has food safety as one of 10 winnable battles (http://www.cdc.gov/winnablebattles/). It is for these same reasons why the City of Milwaukee Health Department (MHD) has selected it as one of our key public health outcomes. In our efforts to improve food safety, the Department's Consumer Environmental Health Division's (CEH) intervention strategies can be grouped into three broad categories:

Figure 1: Food Safety Interventions



- Regulatory strategies - to assure the adoption of science-based food safety principles in retail and foodservice settings to minimize the incidence of foodborne illness
- Education and Community Outreach - to assure inspectors, operators, and consumers are adequately informed of the causes of foodborne illness and the key strategies to prevent foodborne illness
- Surveillance and Investigation - to assure the timely identification and response to foodborne illness in order to minimize morbidity and mortality

Purpose

This report is provided in accordance with Chapter 68-7-3 of the Milwaukee Code of Ordinances, which requires that the City of Milwaukee Health Department (MHD) annually report to the Common Council and Mayor on sanitary conditions in food establishments. This report is submitted in place of the annual "Compliance Report on Sanitary Conditions." Furthermore this report supports the complaint data analysis and review requirements of FDA Voluntary National Retail Food Regulatory Program Standard No. 5: Foodborne Illness and Food Defense Preparedness and Response as well as the risk factor study requirements under Standard No. 9: Program Assessment.

The FDA Voluntary National Retail Food Regulatory Program Standards represent effective evidence-based practices for retail food regulatory programs.[1] The standards focus on the reduction of risk factors known to cause or contribute to foodborne illness and the promotion of active managerial control of these risk factors. The nine standard self-assessment tools provides a framework for evaluation of the effectiveness of food safety interventions implemented by the department.

[1] FDA Voluntary National Retail Food Regulatory Program Standards
http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/ucm245409.htm

Guiding Principles

Food safety activities conducted by the Department are guided by the 10 Essential Environmental Public Health Services, which are:

1. Monitor environmental and health status to identify and solve community environmental public health problems
2. Diagnose and investigate environmental public health problems and health hazards in the community
3. Inform, educate, and empower people about environmental public health issues
4. Mobilize community partnerships and actions to identify and solve environmental health problems
5. Develop policies and plans that support individual and community environmental public health efforts
6. Enforce laws and regulations that protect environmental public health and ensure safety
7. Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable
8. Assure a competent environmental public health workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health services
10. Research for new insights and innovative solutions to environmental public health problems

Cost Effectiveness

The overall average cost per case of foodborne illness is estimated to be between $1,068 and $1,626.[2] Using the annual frequency of occurrence of foodborne illness determined by CDC of one in six people translates to approximately 99,800 cases of foodborne illness annually in the city based on 2012 U.S. Census population estimates. This places the annual estimated economic burden of foodborne illness for the city at $106 to $162 million per year. A 10% decrease in foodborne illness would result in a net savings of $10 to $16 million.

Though the potential cost savings for even a modest improvement in food safety is substantial, little data exists to establish the cost effectiveness of any one individual intervention strategy, further supporting the multifaceted intervention strategy being utilized by the department.

Regulatory

Regulatory strategies to improve food safety work to assure the adoption of science-based food safety principles in retail and foodservice settings to minimize the incidence of foodborne illness. Activities performed by the Department include plan review and pre-inspection of new or remodeled food establishments, routine annual inspection of food establishments, response to citizen complaints, and the development and implementation of policies that support food safety. Compliance and enforcement activities focus on critical risk factors, which are the risk factors known to contribute to foodborne illness. The five major risk factors are:

- Improper holding temperatures
- Inadequate cooking
- Cross contamination
- Food from unsafe sources
- Poor personal hygiene

The City Clerk's Office is a key partner in implementing regulatory controls. The City Clerk's Licensing Division issues all food dealer's permits, food peddler permits and temporary food permits while the Legislative Reference Bureau takes the lead on drafting changes to local ordinances.

[2] Scharff RL. Economic burden from health losses due to foodborne illness in the United States. *J Food Protect* 2012;75(1):123-31

Regulatory Performance Measures/Goals

Inspection	Status
All permanent food establishments receive an inspection prior to operating	✓
All new food establishments receive initial routine inspection within 60 days of opening	✓
All food establishments receive a minimum of one inspection per year	✓
All food peddlers receive at least one inspection per year	✓
All schools receive at least two annual routine inspections	✓

Enforcement	Status
All critical violations receive a re-inspection	✓
All critical violations receive a re-inspection within 10 business days of the compliance deadline	✗
Less than 20% of all routine inspections have one or more critical violations upon routine inspection	✗

Policy	Status
CEH is actively engaged in food policy at the local level	✓
CEH is actively engaged in food policy at the state level	✓
CEH is actively engaged in food policy at the federal/national level	✓
All CEH policies/procedures have been updated and reviewed within the past 24 months	✗
All agreements/MOUs have been updated and reviewed/resigned within the past 60 months	✗
CEH has adequate program support to meet FDA minimum inspection staffing requirements	✗
An adequate regulatory foundation is in place to support inspection, compliance and enforcement activities in food establishments	✗

Activity Tracking

Food Revenue Collected, 2014 to 2016[3]

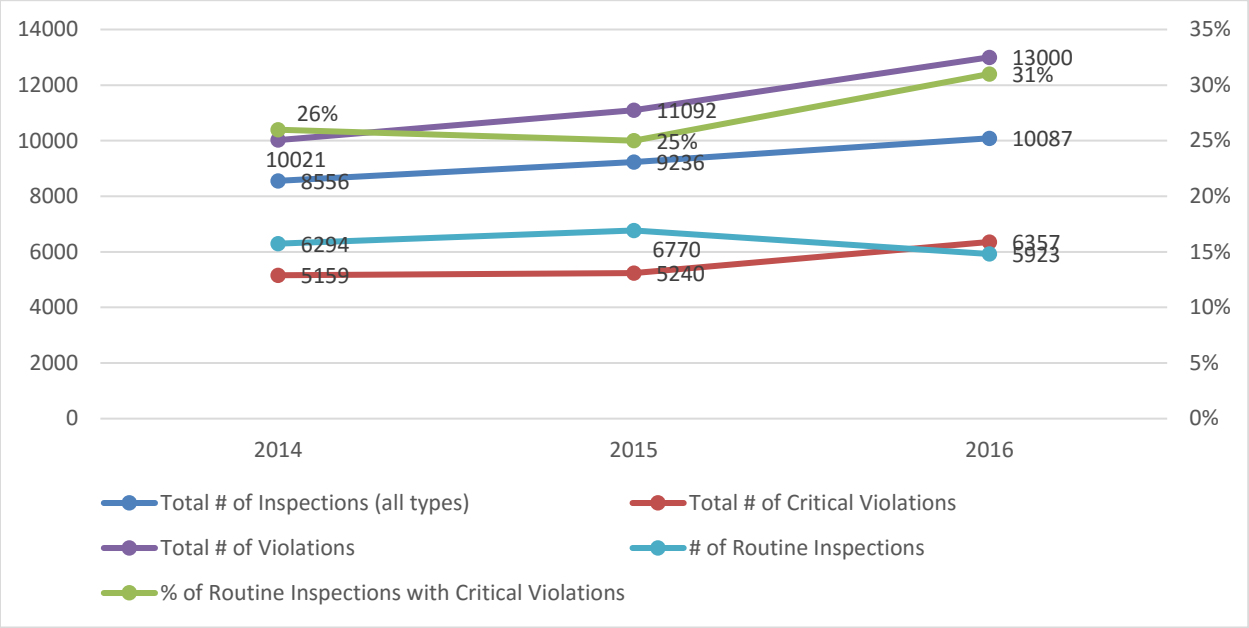
	2014	2015	2016	3 Year Average
Licenses	$ 2,234,599	$2,299,006	$2,318,596	$ 2,284,069
Inspection Fees	$ 155,421	209,782	$180,625	$ 181,942
Total	$ 2,390,020	$2,508,788	2,499,221	$ 2,466,010

[3] Revenue collected by calendar year for both the Health Department and the City Clerk's Office related to food establishments. License fees are collected by the City Clerk's Office. Inspection fees are collected by the Health Department.

Establishment Type

License Type	2015-2016
Permanent	**2843**
Retail Food Establishments	956
Restaurants	1388
Restaurants - Additional Sites	153
Schools (exempt)	266
Community Food Program	76
Bed and Breakfast	4
Seasonal, Temporary, or Mobile	**910**
Vehicles, Carts, or Containers	232
Temporary Events	458
Seasonal or Farmers Markets	220
Total	**3753**

Figure 2: Trends in Food Establishment Inspection and Violations, 2013-2015



Food Establishment Inspections and Critical Violations Citywide, 2014-2016

		2014	2015	2016	3-Year Avg.
Total # of Inspections (all types)		8556	9236	10,087	9293
Inspections by Type	Retail	2907	3300	3428	3212
	Restaurant	4869	5013	5663	5182
	School	780	786	996	854
Total # of Violations		10021	11092	13,000	11,371
Total # of Critical Violations		5159	5240	6,357	5585
# of Routine Inspections		6294	6770	5923	6329
# of Routine Inspections with Critical Violations		1661	1783	1848	1764
% of Routine Inspections with Critical Violations		26%	26%	31%	28%
Violations by Critical Risk Category	Unsafe Source	164	150	177	163
	Inadequate Cooking	24	20	25	23
	Improper Hold	1249	1444	1528	1407
	Cross Contamination	1252	1293	1616	1387
	Personal Hygiene	1502	1456	1771	1576
	Other	968	877	1240	1028

Food Establishment Inspections and Critical Violations by Aldermanic District, 2016

2016		All Inspections				Routine Inspections			Violation by Risk Categories					
		# of Permanent Establishments	# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# with Critical Violations	% with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other
Citywide		2843	10087	13000	6465	5923	1848	31%	177	25	1528	1616	1771	1240
District	**1**	137	540	775	386	305	106	35%	15	1	95	104	111	60
	2	133	508	659	271	267	82	31%	9	1	66	84	67	44
	3	268	1006	1984	914	567	210	37%	26	3	195	227	231	232
	4	507	1561	1839	857	939	290	31%	23	2	263	201	219	149
	5	136	473	704	347	285	95	33%	3	0	97	98	86	63
	6	181	814	1429	806	484	188	39%	23	8	122	209	264	180
	7	102	470	654	308	224	69	31%	12	0	62	72	97	65
	8	149	466	492	200	294	84	29%	8	0	48	39	62	43
	9	90	564	674	359	337	113	34%	5	2	95	104	94	59
	10	211	556	538	253	421	99	24%	5	2	57	55	81	53
	11	109	332	247	139	206	51	25%	2	0	25	44	54	14
	12	248	920	1080	519	489	147	30%	23	1	133	125	134	103
	13	219	743	595	332	419	122	29%	4	0	96	94	86	52
	14	201	553	528	293	354	91	26%	5	3	92	69	73	51
	15	152	581	802	373	332	101	30%	14	2	82	91	112	72

Food Establishment Inspections and Critical Violations by Aldermanic District, 2015

2015		All Inspections				Routine Inspections			Violation by Risk Categories					
		# of Permanent Establishments	# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# with Critical Violations	% with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other
Citywide		3,392	9236	11092	5240	6770	1783	26%	150	20	1444	1293	1456	877
District	**1**	144	510	587	256	366	95	26%	12	2	66	68	63	45
	2	142	438	636	290	304	90	30%	11	1	64	87	76	51
	3	302	790	926	520	611	181	30%	14	2	120	134	147	103
	4	580	1498	1801	842	1143	300	26%	21	4	240	171	250	156
	5	148	390	594	330	302	94	31%	1	0	92	104	84	49
	6	233	652	717	367	429	117	27%	10	3	97	90	110	57
	7	124	418	573	269	260	79	30%	9	0	56	77	75	52
	8	234	441	421	196	366	98	28%	11	1	78	33	54	19
	9	148	469	566	290	319	79	25%	3	0	91	70	70	56
	10	219	444	337	146	364	67	18%	6	2	49	40	36	13
	11	114	365	447	198	261	63	24%	4	1	68	42	45	38
	12	335	962	1080	509	704	185	26%	18	1	153	104	146	87
	13	239	711	928	444	489	146	30%	13	2	124	129	103	73
	14	234	612	724	350	499	120	24%	2	1	90	97	127	33
	15	189	509	746	228	341	67	19%	15	0	54	47	68	44
	OT*	7	27	6	5	12	2	16%	0	0	2	0	2	1

* OT district is designated for out of town operators who hold City of Milwaukee Temporary Event or Peddler licenses

Food Establishment Inspections and Critical Violations by Aldermanic District, 2014

2014		All Inspections			Routine Inspections			Violation by Risk Categories					
		# of Inspections	# of Violations	# of Critical Violations	# of Routine Inspections	# with Critical Violations	% with Critical Violations	Unsafe Source	Inadequate Cooking	Improper Hold	Cross Contamination	Personal Hygiene	Other
Citywide		8556	10021	5159	6294	1661	26%	164	24	1249	1252	1502	968
District	**1**	420	493	226	312	84	27%	6	2	31	67	72	48
	2	409	725	309	282	84	32%	14	2	65	91	90	47
	3	781	958	525	578	165	29%	12	3	129	113	164	104
	4	1225	1309	703	918	246	27%	26	3	196	152	191	135
	5	419	595	358	324	100	33%	5	4	95	82	113	59
	6	598	670	360	437	123	27%	13	3	53	75	139	77
	7	310	407	206	226	66	28%	7	1	29	70	64	35
	8	386	385	212	312	75	24%	12	0	61	43	59	37
	9	570	849	457	359	98	28%	13	3	126	113	120	82
	10	485	387	191	393	91	22%	5	0	52	47	57	30
	11	333	297	123	244	49	20%	2	0	51	21	30	19
	12	781	980	509	559	146	26%	18	0	119	106	137	129
	13	719	790	439	498	138	29%	10	2	115	133	108	71
	14	634	604	302	486	105	21%	3	1	77	85	92	44
	15	486	572	239	366	91	24%	18	0	50	54	66	51

Peddler Inspections, 2014-2016

	2014	2015	2016	3-Year Avg.
Total Number of Inspection Occurrences	537	658	463	553
Total Number of Violations	256	343	330	310
Total Number of Inspections with a Critical Violation	72	101	80	84
% of Occurrences with a Critical Violation	13%	15%	17%	15%

Workforce

Number of FTEs assigned to conduct food inspections (fully staffed, all inspection types) 19
Number of FTEs assigned to conduct weights and measures inspections 3
Number of FTEs involved in technical support, management and administrative support..... 5
Total number of FTEs in CEH 27
Number of standardized trainers 4

Inspectional Capacity versus Inspectional Workload

Establishment Type	Number of Establishments	Number of Annual Inspections Required			
		Current Practice[4]		Minimum Required[5]	
Restaurants	1388	1818		1543	
Restaurants - Additional Sites	153	200		168	
Retail	956	1252		1347	
Schools	310	812		682	
Community Food Programs	76	100		84	
Peddlers	232	271		255	
Complaints	598	783		658	
Temporary/Seasonal Events	678	888		746	
Total	4,391	6,124		5,483	
Inspection FTEs		19		19	
Ratio		323		288	
FDA Staffing Goal		320	280	320	280
Required FTE		20	22	18	20
Additional FTE Needed		1	3	0	1

Policy

Members of Consumer Environmental Health are engaged at the local, state and the national level in the development of policy. Activites in 2016 include:

- CEH staff serving on various MATC curriculum planning committees;
- CEH staff serving on the statewide DATCP temporary event and equpiment committees;
- CEH staff serving on the City of Milwaukee Food Council;
- CEH staff sserving on the Southeast Wisconsin Food Safety Task Force
- CEH staff participating on Conference for Food Protection (CFP) workgroups.

[4] Number of inspections required for current practice is based upon schools receiving two routine inspections per year and all other establishments inspected once per year. It also assumes that 31% of establishments will have one or more critical violations requiring a re-inspection. This reflects the minimum routine inspection frequency along with MHD's current practice to re-inspect all critical violations found regardless of the operator's ability to initially correct the violation at the time of inspection.

[5] Minimum required is based upon schools receiving two routine inspections per year and all other establishments inspected once per year. Re-inspection would be done upon the next routine inspection except for critical violations the operator is unable to correct onsite equating to a 10% re-inspection rate. This reflects the minimum routine inspection and the minimum re-inspection requirement permitted.

Education and Community Outreach

The purpose of education and outreach is to assure inspectors, operators, and consumers are adequately informed of the causes of foodborne illness and the key strategies to prevent foodborne illness. External education and outreach activities currently conducted by the Department include posting of inspection reports online, development and distribution of fact sheets and guidelines for operators, participation on the Food Safety Advisory Committee, and operator training sessions. Internal education activities include the development and implementation of a structured curriculum for new inspectors, adopting the FDA procedures for retail food inspector standardization and quality assurance.

CEH has two key partners in implementing education and outreach activities, the Health Department's Communications and Graphics section which assists with website and educational material development as well as media issues, and ITMD which maintains the online inspection portal.

Education and Outreach Performance Measures/Goals

Industry	Status
An actively engaged food safety advisory committee that meets at least annually to review and discuss food safety policy	✓
CEH is actively involved in industry sponsored forums	✓
Provided at least 50 food establishment operator trainings per year	✓
Provided training to at least 250 operators per year	✓
All operator education materials are reviewed and updated (when required) every 36 months	✗
Implemented strategies to increase food safety awareness	✓

Consumers	Status
All retail and restaurant routine food inspections are available online	✓
All consumer education materials are reviewed and updated (when required) every 36 months	✗
CEH is actively involved in community sponsored forums	✓
Increase the proportion of consumers who follow key food safety practices	✗

Inspectors	Status
100% of EHS with 18 months of experience have completed the FDA core food inspection curriculum	✓
100% of EHS with 18 months of experience have completed standardization	✓
100% of EHS, coordinators and supervisors receive 16 hours of relevant continuing education per year	✓
100% of EHS with 18 months of experience have taken a retail HACCP course within the past 5 years	✗
<20% of EHS have less than 24 months of experience in food inspection	✗

Activity Tracking

Industry/Consumer

Number of food handler training sessions performed..... 189
Number of food handlers trained 1,235

Regulatory Staff

% of EHS with more than 18 months experience who have completed core training curriculum 100%
% of EHS with more than 18 months experience who have completed standardization..... 100%
% of EHS with less than 24 months of experience 43%
% of CEH staff with less than 24 months experience in their position..... 67%

Surveillance & Investigation

The purpose of disease surveillance and investigation is to ensure the timely identification and response to foodborne illness in order to minimize morbidity and mortality. Interventions include the investigation of all cases of reportable enteric disease, the investigation of all outbreaks or potential outbreaks, the evaluation of communicable disease, inspection and complaint investigation findings to identify trends and evaluate program performance and the testing of clinical and food samples to identify foodborne disease or food contamination. Enteric diseases are bacterial or viral infections that enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with vomit or feces. Enteric diseases are the causative agents of foodborne illness.

Key partners in the surveillance and investigation include the MHD Public Health Laboratory which conducts analysis of clinical, environmental and food samples and MHD Communicable Disease (CD) Program which investigates reportable disease. Members from CEH, CD, and the Lab all serve on the Department's Outbreak Response Team/Foodborne Illness Workgroup.

Surveillance and Investigation Performance Measures/Goals

Investigation	Status
100% of foodborne illness complaints are investigated, the final disposition for each complaint is obtained and tracked	✓
100% of foodborne illness complaints investigations are initiated within 1 business day of being reported to the department	✓
The department has an active functioning multidisciplinary outbreak team with defined roles and responsibilities and written policies and procedures reviewed in the previous 24 months	✓

Surveillance	
Incidence of key enteric disease is at or below the Healthy People 2020 target	✗
An annual review of communicable disease, inspection and complaint data is performed to identify trends and possible risk factors related to food safety and foodborne illness	✓
An active retail food sampling program is in place to identify bacterial contamination in high risk foods	✓

Case Management	Status
100% of reportable cases of enteric disease in Milwaukee residents are investigated	✓
Investigation of cases of reportable enteric disease are initiated within 2 business days of report to the department	✓
100% of food handlers who are either cases of enteric disease or contacts to cases of enteric diseases are evaluated to determine if work restrictions and/or clinical testing is required	✓

Activity Tracking

Complaint Investigations, 2014 to 2016

Type of Complaint	2014	2015	2016	3-Year Average
Foreign Object	21	31	9	20
Illness	73	72	66	70
Labeling	3	4	3	3
Quality/Unwholesome Food	118	124	95	112
Facility Cleanliness	84	122	85	97
Pests/Vermin	86	72	67	75
Other/ Miscellaneous[6]	343	519	184	349
Facility Repairs	24	19	21	21
Garbage/Litter	35	27	42	35
Personal Hygiene	28	23	26	26
Total Food Complaints	815	1013	598	808

Cases of Enteric Disease, 2014 to 2016[7]

Cases Reported	2014	2015	2016	Three Year Average	Estimated # of Cases Per Case Reported[8]	Total Estimated Cases 2016	Total Estimated Cases Three Year Average
Campylobacter	64	48	45	53	29.3	1395	1633
E. coli 0157	10	8	16	11	26.1	432	297
Listeria	3	3	1	2	2.1	3	7
Salmonella	80	77	77	78	29.3	2387	2428
Vibrio	0	1	1	1	142.4	143	95
Yersinia	1	1	1	1	122.8	123	123

[7] City of Milwaukee enteric disease cases from Wisconsin Public Health Information Network, Analysis, Visualization, and Reporting (AVR), on March 21, 2017. Please note that data are provisional and subject to change.
[8] FoodNet Progress Report http://www.cdc.gov/foodnet/data/trends/trends-2012-progress.html

Incidence of Enteric Disease, 2014 to 2016

Incidence per 100,000 Population[9]	2014	2015	2016	Three Year Average	2015 National Rate[10]	2020 Target[11]	Status[12]
Campylobacter	10.8	8.1	7.5	8.8	13.0	8.5	✓
E. coli 0157	1.7	1.3	2.7	1.8	1.0	0.6	✗
Listeria	0.5	0.5	0.2	0.4	0.2	0.2	✓
Salmonella	13.4	12.9	12.9	13.1	15.9	11.4	✗
Vibrio	0.0	0.2	0.2	0.1	0.4	0.2	✓
Yersinia	0.2	0.2	0.2	0.2	0.3	0.3	✓

CIFOR Team Investigation, 2014 to 2016

	2014	2015	2016	Three Year Average
Investigations	2	1	1	1

Food Sampling Program, 2016

	Deli	Frozen Dessert	Beef	Total
# of establishments sampled	21	37	52	110
# of samples tested	41	224	72	337
# of high counts	0	80	6	86
% of samples with high counts	0%	36%	8%	25%

Key Accomplishments/Opportunities

Key accomplishments for 2016:

- Recruited and hired 3 Environmental Health Specialists (EHS);
- Completed more than 10,000 inspections and addressed more than 13,000 food safety violations;
- Number of EH Coordinators to attain DATCP Standardization Certification = 1.

[9] Incidence calculated using 2010 U.S. Census Population data.
[10] CDC FoodNet 2015 Preliminary Data: Tables and Figures
https://www.cdc.gov/foodnet/reports/data/infections/html#table2b accessed 3/21/2017
[11] Food Safety, Healthy People 2020
http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=14
[12] Based on comparison between 2014 City of Milwaukee incidence with 2020 target.

Key activities planned in 2017 to enhance food safety and to meet key performance goals include:

- Continue the development of Health Space reporting features;
- Engage operators and consumers in the continued development of a food establishment grading system
- Assess consumer food safety knowledge and begin to identify potential interventions to address gaps identified;
- Complete the verification audit of FDA Standards 2 and 7;
- Continue work toward meeting remaining FDA Standards;
- Complete an FDA Risk Factor Study for baseline data to develop intervention strategies and analyze change over time.

FDA Agent Self-Assessment, July 1, 2015 to June 30, 2016

Standard 2: Trained Regulatory Staff

Program Self-Assessment and Verification Audit Form

(January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

Printed Name of the Person who conducted the Self-Assessment:	Claire Evers
Self-Assessor's Title:	Consumer Environmental Health Director
Jurisdiction Name	City of Milwaukee
Jurisdiction Address:	841 N. Broadway 3rd Floor Milwauke Wi 53224
Phone / Fax / E-mail:	414-286-6014, FAX: 414-286-5164, cevers@milwaukee.gov
Date the Standard 2 Self-Assessment was Completed:	8/8/2016
Self-Assessment indicates that the Jurisdiction MEETS the Standard 2 criteria:	**YES**
affirm that the information represented in the Self-Assessment of Standard 2 is true and correct	
Signature of the Self-Assessor:	

VERIFICATION AUDIT SUMMARY

Printed Name of the Person who conducted the Verification Audit:	
Verification Auditor's Title:	
Auditor's Jurisdiction Name:	
Auditor's Jurisdiction Address:	
Phone / Fax / E-mail:	
Date the Verification Audit of Standard 2 was Completed:	
Verification Audit indicates that the Jurisdiction MEETS the Standard 2 criteria:	
I affirm that the information represented in the Verification Audit of Standard 2 is true and correct	
Signature of the Verification Auditor:	

	Program Self-Assessment and Verification Audit Form				
	Jurisdiction's Self Assessment			Auditor's Verification	
Standard 2 Criteria	**YES / NO**	**Self-Assessor's General Comments**		**YES / NO**	**If NO, Auditor is to specify why criterion is not met**
1. Employee Training Records					
✓ a. The jurisdiction maintains a written training record for each employee that includes the date of hire or assignment to the agency's retail food protection program.	**YES**				
✓ b. The jurisdiction written training record provides documentation that each employee has completed the Standard #2 pre-requisite ("Pre") training curriculum PRIOR to conducting independent retail food or foodservice inspections.	**YES**				
2. Initial Field Training					
✓ a. The jurisdiction maintains a written training record that provides confirmation that each employee completed a minimum of 25 joint field training inspections of retail food and/or foodservice establishments (if less than 25 joint field training inspections are performed, written documentation on file that FSIO has successfully demonstrated all required inspection competencies) PRIOR to conducting independent retail food or foodservice inspections	**YES**				
✓ b. The jurisdiction maintains a written training record that provides confirmation that each employee successfully completed a field training process similar to that contain in the CFP Field Training Manual provided in Appendix B-2, Standard 2, PRIOR to conducting independent inspections of retail food and/or foodservice establishments.	**YES**				
3. Independent Inspections / Completion of ALL Curriculum Requirements					
✓ a. The jurisdiction maintains a written training record that provides confirmation that each employee completed a minimum of 25 independent retail food and/or foodservice inspections PRIOR to field standardization.	**YES**				
✓ b. The jurisdiction written training record provides documentation that each employee has completed ALL aspects of the Standard #2 training curriculum ("Pre") and ("Post") courses PRIOR to field standardization.	**YES**				
4. Field Standardization					

✓	a. The jurisdiction maintains a written training record that provides documentation that each employee successfully completed a Standardization process similar to the 'FDA Procedures for Standardization' within 18 months of hire or assignment to the retail food protection program.	**YES**			
✓	b. The jurisdiction maintains a written training record that provides documentation that each standardized employee has maintained their standardization by performing a minimum of 4 joint inspections with a "training standard" every 3 years.	**YES**			
	5. Continuing Education and Training				
✓	a. The jurisdiction maintains a written training record that provides documentation that each employee conducting retail food and/or foodservice inspections has accumulated 20 hours of continuing education every 36 months after the initial training (18) months is completed.	**YES**			
	General notes Pertaining to the Program Self-Assessment or the Verification Audit				

DATCP Weights and Measures Annual Report, July 1, 2015 to June 30, 2016

TR-WM-9 (REV 7/11)

Annual Report

(Chapter 98.04(1), Wis. Stats.)

Municipal Departments of Weights and Measures

Fiscal Year Ending June 30, 2016

Municipality	City of Milwaukee	Dept. Name	Health
Address	841 N. Broadway Milwaukee, WI 53202	Phone No.	414-286-3674

1. PERSONNEL – Municipal employees assigned to weights and measures. If employed as part-time weights and measures inspector, list other responsibilities as a city employee.

Name	Hours per Week	Full Time	Other Responsibilities Specify Hours Per Week
Tony Hoffmann	40	□ Y	
Jay Hoffmann	40	□ Y	
Teresa Michals	40	□ Y	
		□ Y □ N	

2. Name and title of immediate supervisor?

Carly Hegarty

3. What is the estimated operating budget for all weights and measures activity?

Our budget does not separate Weights and Measures from other activities

4. COMMENTS – Make whatever comments or suggestions you feel appropriate for strengthening or improving the state program to assist municipal departments in weights and measures work.

As stated in previous years, we would benefit from onsite field training. Historically the weights and measures program operated with little to no supervision until recent years. Our management team has now been attending regular DATCP meetings however it would be beneficial to have a DATCP supervisor come to our jurisdiction and conduct one of every type of inspection so we can be sure our procedures are accurate.

General Comments

Licensing for the City of Milwaukee is conducted by the City Clerk's office. One of our inspectors has been out since April. Our team of two has been prioritizing inspections and we are hopefully to return to a 3 person team soon.

Our Division is in the process of upgrading our software and is working with HealthSpace configuring the system. Implementation is on track for early 2017. Along with this change we are reviewing and updating all of our policies and procedures. The Weights and Measures program will be completely overhauled and we are hopeful to come out with a more efficient program.

If DATCP has any concerns with the current operation of the City of Milwaukee Weights and Measures

program we welcome feedback to be addressed during this review period.

MUNICIPALITY INVENTORY

5. Device Testing: Declare the number and types of all businesses and devices existing within your Weights and Measures jurisdiction.

Device Type	Total Number of Businesses	Total Number of Devices
Retail Motor Fuel	451	7590
Small and Medium Capacity Scales	634	2415
Vehicle Tank Meters	7	70
Timing	96	1548
High Speed Diesel	7	57

6. Price Scanning: Declare the total number of large grocery stores existing within your jurisdiction such as chain grocery stores, excluding small neighborhood grocery stores.

Total number of large grocery stores in your jurisdiction.	36
Total number of large grocery stores with a price scan compliance rate below 98%.	16
Total number of price complaints received.	12

Statewide Surveys: Indicate your level of participation in state surveys.

State Survey	Store is located in your Municipality (Yes/No)	Participated in Survey (Yes/No)

7. Package Checking: Report the actions that are performed during your package checking inspections at large grocery stores.

Store packed commodities are inspected from every department that packages products (i.e. bakery, deli, meat, produce, etc…) (Yes/No)	Yes
At least 20% of the total packages inspected at each store are factory packed. (Yes/No)	Yes
Audit testing is performed initially. (Yes/No)	No
If audit testing indicates short weight product, Handbook 133 enforcement sampling procedures are used to complete the test and determine enforcement action. (Yes/No)	NA

8. Other Inspections:

Total number of length measuring and all other device inspections.	None
Total number of complaints received pertaining to length measuring and all other devices.	Zero

WORK SUMMARY

9. Inspection Records: Attach **one or both** of the following electronic files:

- A WinWam transfer file containing all inspections performed from July 1, 2015 through June 30, 2017.
- A completed Municipal Inspection Spreadsheet listing all inspections performed from July 1, 2015 through June 30, 2016.

If your WinWam transfer file does not contain all of your inspection records, please include a Municipal Inspection spreadsheet listing the remaining inspections.

PROSECUTIONS AND ENFORCEMENT ACTIONS

10. List and comment briefly on any warning letters, citations, prosecutions, or court actions initiated by your department during the past year. Give the date, name and business of the defendant, nature of the violation and ordinance or law violated, and final disposition of the case.

None

PROFESSIONAL IMPROVEMENT AND TRAINING

11. List participation in weights and measures training for professional improvement. If you have attended additional or alternate state offered training, please note.

Prescribed State Offered Training	Name of Person(s) Attending
DATCP Annual Conference 10/2015	Tony Hoffmann Jay Labecki Teresa Michals Julie Hults
DATCP Policy update and Octane Misrepresentation 11/2015	Tony Hoffmann Jay Labecki
DATCP Policy and Procedure 01/2016	Tony Hoffmann Jay Labecki Teresa Michals
DATCP Bulk Commodities etc. 03/2016	Tony Hoffmann Jay Labecki

Additional State Offered Training	Name of Person(s) Attending

List participation in any other professional training such as the National Conference, Regional Conferences, State Conferences, Industry Training Schools, “On-The-Job” Training, Vocational School, Correspondence Courses, etc…

National Conference of Weights and Measures – Package Checking, 06/2016, Tony Hoffmann
OSHA Hazard Recognition Course – 01/2016, Jay Labecki

Phone: (608) 224-4945 FAX: (608) 224-4939

Return Electronically to:
matthew.ruebl@wisconsin.gov

Implementing Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) in Milwaukee Grant Report, July 1, 2016 – December 31, 2016

Progress Report - Year 5 - MID			1. Date submitted 01/27/2017
2. Grant No. 1U18FD004642-05	3. Project Period 9/12/12–6/30/17	4. Budget Period 07/01/16-06/30/17	5. Dates covered by this report 07/01/16-012/31/16
6. Project Title **Implementing Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) in Milwaukee**			
7. Grantee Name and Address **City of Milwaukee Health Department** 841 N Broadway, 3rd Floor Milwaukee, WI 53202		8. P.I Name, phone and e-mail Claire Evers, RS (414) 286-6014 cevers@milwaukee.gov	

Section 1

Activities completed by program standard during year 4 are as follows:

Standard No. 1 - Regulatory Foundation

The Milwaukee Code of Ordinances, Chapter 68 Food Licensing Regulations has undergone several rounds of revisions. In preparing the self-assessment audit review of WI Food Code found some variations between the requirements and the WI food code which will need to be addressed through local ordinance changes before the standard will be fully met (though the department meets enough of the criteria to submit the self-assessment currently). The department plans on moving forward on these in 2017.

Standard No. 2 - Trained Regulatory Staff

The CEH Performance evaluations for supervisors and coordinators has begun as of fall 2016. A self-assessment of this standard indicates we have met Standard 2 and we plan to have a verification audit in 2017.

Standard No. 3 - Inspection Program Based on HACCP Principles

Inspection policy and procedures have been drafted and implemented. Variance and HACCP plan review policy, procedures and guidelines were drafted and implemented. Inspection frequency remains at once a year, potentially will increase based on the decision on a food grading system.
The new electronic inspection system, HealthSpace, has been implemented.

Standard No. 4 - Uniform Inspection Program

A quality assurance program was developed and integrated as part of the Environmental Health Specialist performance management and appraisal. Procedures for assessing individual quality assurance are included within that policy. Each inspector is evaluated at least twice per year through a joint inspection with a Supervisor or Coordinator.

Evaluation of programmatic quality is covered within two policies that are currently being finalized. The first "Performance Management: Reporting, Measuring, Evaluating, and Improving CEH Outcomes" identifies

how the Division of Consumer Environmental Health (CEH) where food inspection resides is adopting the public health performance management system of which the aggregate review of inspector quality assurance evaluations is one of numerous performance evaluation indicators. The policy "Standard Inspection and Investigation Practices" which also is also nearing completion outlines standard procedures for inspections and provides the actual procedures for inspection report auditing. Both policies have been substantially developed and are on target for completion by the end of the grant year.

Supervisors will routinely audit 10% of all inspection reports produced. A record review audit form which expands upon 10 quality elements has been developed and a database is built to track the report findings. Once the policies and procedures and database are finalized, an initial audit will be conducted. However, evaluation for all 10 factors will not be possible until our new inspection system is implemented.

A citywide operator quality assurance survey was implemented and can be accessed from the following link - http://mkecityservice.questionpro.com/ The survey link is available on inspector emails as well as the department's website. In 2016, a business navigator website will be piloted and rolled out that will assist individuals wanting to start up a new business identify what approvals they will need in order to operate. The department has participated in a series of meetings to assist in the configuration of the website.

Standard No. 5 - Foodborne Illness and Food Defense Preparedness and Response

Communicable disease, complaint and inspection data was compiled into the initial Food Safety Report and presented to Council in April of 2016 as an annual requirement.

A multidisciplinary team within the department continues to meet to implement the CIFOR guidelines. A revised policy and procedure for outbreak response will be completed by the end of summer.

The Foodborne Illness and Outbreak Response policy has not yet been created and will be drafted in 2017. The MOU between the Consumer Environmental Health Division and Epidemiology and the Lab will be completed in 2017.

An analysis of the complaint database and the illness and food-related injury investigations to identify trends and possible contributing factors is not currently completed and this process will be detailed in the upcoming Foodborne Illness and Outbreak Response policy.

Standard No. 6 - Compliance and Enforcement

The department has begun working with the City Attorney's office to better leverage the Common Council Licensing. Beginning in June, any operator with significant number of violations will have to appear before the committee as a requirement of license renewal. Discussions are ongoing regarding how to better leverage this standing committee as a venue for enforcement action hearings. The Compliance and Enforcement Policy will be completed in 2017. An assessment of the program's compliance and enforcement procedure has been assigned to an intern and will be completed in 2017.

Standard No. 7 - Industry and Community Relations

The Milwaukee Food Safety Advisory Committee was formally created through revisions to the Milwaukee Code of Ordinances. The first official meeting was held in March 2015. Second meeting was held in

November 2016. It is intended meetings will become more regular in 2017 to continue working on food establishment grading.

Additionally the Milwaukee Health Department is represented as a member of the Southeast Wisconsin Food Safety Task force. The focus is to improve industry relations with community public health. The mission of the task force is to enhance communication with industry and consumers, and is designed to solicit input to improve the food safety programs of agents. As a result, a reduction of risk factors through educational outreach and cooperative efforts with those stakeholders in both the public and private sector.

The Consumer Environmental Health Community Outreach group has reconvened and is developing both an internal newsletter as well as an external newsletter for operators to provide regular updates as well as FAQs.

Standard No. 8 - Program Support and Resources

The Department continues to advocate for the minimum required program support and resources required to meet Standard 8, however, the ultimate achievement of this objective lies with the elected officials. We have an aggressive time line to complete all policies and procedures identified in our gap analysis.

Standard No. 9 - Program Assessment

A Risk Factor Study is planned for early 2017. The intent is to use 2013 inspection report data to gain a baseline. A 2017 field observation will provide data for the next Risk Factor Study and analysis will be made of change over time. A third Risk Factor Study is intended in 2020 after the food establishment grading system has been in place to again analyze change over time.

Section 2

Standard No. 1 - Regulatory Foundation

Objectives/deliverables for Standard No. 1, Regulatory Foundation:

- By January 1, 2018, complete final round of ordinance changes needed.
- By January 1, 2019, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 1 – Regulatory Foundation has been met will be submitted to the FDA. [*in progress*]
- By January 1, 2018, update and maintain relevant agent agreements (Department of Health Services/Department of Agriculture, Trade, and Consumer Protection) and MOUs (City of Milwaukee Department of Neighborhood Services and City Clerk's Office)
- By July 1, 2018, review and update program policies and procedures supported by code, complete the CEH policies, procedures and resource manual.[*Update of policies and procedures in progress]*

Standard No. 2 - Trained Regulatory Staff

Objectives/deliverables for Standard No. 2 - Trained Regulatory Staff to be completed in year 5:

- By June 30, 2017, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 2 – Trained Regulatory Staff has been met will be submitted to the FDA.

Standard No. 3 - Inspection Program Based on HACCP Principles

Objectives/deliverables for this standard to be completed in year 5:

- By March 31, 2017, a revised Risk Based Inspection Policy will be implemented reflecting the use of Healthspace. [*In Progress*]
- By January 1, 2017 MHD will implement a new electronic inspection system that complies with the requirements outlined in Standard No. 3 – Inspection Program Based on HACCP Principles. [Completed]
- By March 31, 2018, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 3 – Inspection Program Based on HACCP Principles has been met will be submitted to the FDA.

Standard No. 4 - Uniform Inspection Program

Objectives/deliverables for this standard for year 5 include the following:

- By March 31, 2017, the MHD can document at least 75% performance rating on each of the ten quality assurance items outlined in Standard No. 4. [*In Progress]*
- By August 31, 2017, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 4 – Uniform Inspection Program has been met will be submitted to the FDA.

Standard No. 5 - Foodborne Illness and Food Defense Preparedness and Response

Objectives proposed in our application for Standard 5 to be completed in year 5 are as follows:

- By June 1, 2017, a Foodborne Illness and Outbreak Response Policy will be implemented. [*Not Started*]
- By June 1, 2018, a FBI Data Review and Analysis will be completed. [*Not Started*]
- By August 31, 2018, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 5 – Foodborne Illness and Food Defense Preparedness and Response has been met will be submitted to the FDA.

Standard No. 6 - Compliance and Enforcement

Objectives/deliverables proposed for year 5 related to compliance and enforcement

- By August 31, 2017, a revised Compliance and Enforcement Policy will be created and implemented. [*In Progress*]
- By August 31, 2017 a Compliance and Enforcement Audit Program will be created and implemented. [*In Progress*]
- By April 1, 2017, a revised Risk Based Inspection Policy will be implemented. [*In Progress*]
- By January 1, 2017, MHD will implement a new electronic inspection system that complies with the requirements outlined in Standard No. 3 – Inspection Program Based on HACCP Principles. [*Completed*]
- By August 31, 2017, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 6 – Compliance and Enforcement has been met will be submitted to the FDA. [*Not Started*]

Standard No. 7 - Industry and Community Relations

Activities related to standard 7 to be completed in year 5 include the following:

- Participate in the Southeast Wisconsin Food Safety Task Force [Completed]
- By August 31, 2015, the MFSAC charter and action plan will have been drafted, and the MFSAC will have at least 10 members meeting on a quarterly basis. [*In Progress*]
- By August 31, 2016, the MHD website will be updated to make it more user-friendly. [*Completed*]
- By August 31, 2016, MHD will have created and implemented a food safety education program and an educational toolkit will be developed. [*In Progress*]
- By August 31, 2017, online inspection reports will be available through the MHD's website utilizing data from the new inspection system, Health Space. [*Completed*]
- By August 31, 2017, audience tested educational materials will be provided on MHD's website regarding food safety and the food licensing and inspection process. [*Not Started*]
- By August 31, 2017, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 7 – Industry and Community Relations has been met will be submitted to the FDA. [*Complete*]

Standard No. 8 - Program Support and Resources

Activities related to standard 8 to be completed in year 5 include the following:

- By August 31, 2014, an updated budget projection will be developed. [*Complete*]
- By January 01, 2017, MHD will implement a new electronic inspection system that complies with the requirements outlined in Standard No. 3 – Inspection Program Based on HACCP Principles. [*Complete*]
- By August 31, 2017, the MHD will have position authority to employ or hire the required number of inspectors to meet the ratio outlined in Standard No. 8. [*In Progress*]
- By August 31, 2017, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 8 – Program Support and Resources has been met will be submitted to the FDA. [*Not Started*]

Standard No. 9 - Program Assessment

Activities related to standard 9 to be completed in year 5:

- By October 15, of each subsequent year an updated VNRFRPS Self-Assessment will be submitted to the FDA. When a new standard has been met, a request for a verification audit will be made. [*Ongoing*]
- Within 30 days following a self-assessment or a self-assessment update and following any verification audit a FDA National Registry Report and Release Record and Agreement -Permission to Publish in National Registry (FDA Forms 3519 and 3520), will be completed and submitted to the FDA. [*Ongoing]*
- By May 30, 2017 a Risk Factor Study will begin and completed to gain baseline data. A subsequent Risk Factor Study will be completed in 2020. [Not Started*]*
- By August 31, 2018, a completed Program Self-Assessment and Verification Audit Form demonstrating that Standard No. 9 – Program Assessment has been met will be submitted to the FDA [Not Started]

Considerations

A tremendous amount of time and effort was spent on the configuration and implementation of the new software, Health Space since August 2016. As of January 01, 2017 the software has been in use. Many of the standards require an inspection system that uses the standardized checklist, many if all procedures are influenced either directly or indirectly by how the system is used. The barrier of our previous software has now been lifted and we have an aggressive timeline to complete our missing policies and procedures

Advancing Implementation and Refinement of the VNRFRPS in Milwaukee, July 1, 2016 – December 31, 2016

Progress Report - Year 2 - MIDYEAR			1. Date submitted 1/29/2017
2. Grant No. 1U18FD005606-02	3. Project Period 9/10/15–6/30/20	4. Budget Period 7/01/16-6/30/17	5. Dates covered by this report 7/01/16-12/31/2016
6. Project Title **Advancing Implementation and Refinement of the VNRFRPS in Milwaukee**			
7. Grantee Name and Address **City of Milwaukee Health Department** 841 N Broadway, 3rd Floor Milwaukee, WI 53202		8. P.I Name, phone and e-mail Claire Evers, RS (414) 286-6014 cevers@milwaukee.gov	

Section 1

Activities completed by program standard during year 2 are as follows:

Project 1: Optimizing Retail Food Establishment Plan Review and Licensing

The Milwaukee Health Department (MHD) identified an intern to assist with environmental scan. The intern has complied information from 20 other jurisdictions related to plan review, specifically what information is requested at initial plan review.

A quality improvement (QI) team consisting of four of the department's coordinators has reviewed the information compiled by the intern as well as existing MHD practices. In addition to the local health department materials the QI team has reviewed the FDA plan review course materials as well as plan review materials from the state of Wisconsin. The QI team has completed the CEH Plan Review, Site Evaluation, Preinspection and equipment Policy which is effective as of Jan 01, 2017.

Beginning in Fall 2016 a CEH Coordinator is assigned to the City Development Planning Center to assist potential operators in the beginning stages of their operation.

Project 2: Implementation of a Retail Food Establishment Grading System

There has been significant work completed related to the Food Establishment Grading system. An algorithm has been developed which will assign a point value to violations depending on if they are priority, priority foundation or core. Additionally point will multiply for repeated violations. In order to encourage corrective actions points may be earned back during follow up inspections at a reduced rate if corrected at that time. A meeting was held with the Food Safety Advisory Committee in November 2016. Minor changes were made to address operator concerns: Changed the point value of priority foundation violation to be 3 rather than 5, additionally changed a 5 category model to a 3 category model. Now scores will be placed into 3 categories: pass, conditional and closed. This proposal is scheduled to be heard before committee in early 2017, if approved the software developer is prepared to include this model in our electronic inspection system.

A pilot period is intended for a minimum of 6 months to test and validate data, make changes as needed and ensure the algorithm performs as expected. During that pilot period there will be significant consumer and

operator outreach and development of information materials to ensure that not only the operators understand the system but also the consumers understand what the grades mean.

Project 3: Optimizing a Commercial Land Management System for Retail Food Inspection and Enforcement

The implementation of a citywide land management solution for all licensing and inspection across multiple city departments has met with substantial delay. Our program could no longer wait until the Land Management System was available and gained approval to obtain Health Space software. An incredible amount of work has been done since the purchase in mid-2016 and as of Jan 01, 2017 the new software is in use. Minor modifications are still being completed and the specified reports requested are still in development however the system is fully functional and in use.

Project 4: Applying Risk Based Inspection Principles to Complaint Investigations

Activities related to this objective have been limited. Preliminary discussions have been had with other jurisdictions to assess standards of practice. Those conversations have identified a high degree of variability in how different jurisdictions investigate complaints. The issue in the variability in the investigation of complaints has been forwarded on to CIFOR for consideration of adoption as a project to identify best practices. In the interim, MHD will attempt to identify an intern to complete a more systematic environmental scan in year 2 of the grant.

Section 2

Many of the activities begun in year 1 will continue into year 2. Furthermore, many of those will continue on into subsequent grant years before becoming complete.

Project 1: Optimizing Retail Food Establishment Plan Review and Licensing

Activities toward achievement of the following objectives will be initiated/continued in year 2, related to project 2:

- By June 1, 2016, MHD will obtain information on food licensing and plan review from at least 20 jurisdictions of comparable size to identify:
  - The information collected as part of the plan review process;
  - The plan review and approval process flow (including activities by all departments involved); and
  - The licensing and plan review fee structure used. [Complete]
- By June 1, 2017, MHD will analyze establishment and inspection data to identify which establishment factors (size, complexity, compliance history) best predict the amount of time spent working with an establishment (e.g. influence cost to provide inspectional services).
- By March 1, 2018, information collected as part of the food licensing and plan review formative research will be compiled into a final report which will be presented to the Milwaukee Food Safety Advisory.
- By January 1, 2019, the Milwaukee Food Safety Advisory Committee will develop formal recommendations for changing to the licensing and plan review fee structure
- By March 1, 2019, the recommendations of the Milwaukee Food Safety Advisory Committee related to plan review and licensing will be presented to the Milwaukee Common Council Public Safety and/or Licensing Committee(s)
- By July 1, 2019, community and operator meetings will be conducted to garner input on proposed licensing changes.
- By April 1, 2019, any ordinance changes that are need to implement the licensing and plan review process changes will be drafted and presented to the Milwaukee Common Council for adoption.
- By May 1, 2019, all licensing applications will be updated to reflect the new licensing structure adopted.
- By January 1, 2018, plan review policies and procedures will be piloted and finalized.
- By January 1, 2018, a plan review training curriculum, standardization procedure and quality assurance procedure will be piloted and finalized.

Project 2: Implementation of a Retail Food Establishment Grading System

Activities toward achievement of the following objectives will be initiated/continued in year 2, related to project 2:

- By August 1, 2017, inspection placards and grading system are audience tested to validate consumer understanding / interpretation (date revised)
- By August 1, 2017, the final grading system and inspection placards to be piloted are reviewed and approved by the Milwaukee Food Safety Advisory Committee (date revised)

- By April 1, 2017, the grading system are reviewed and approved by the Common Council Public Safety Committee. (date revised)
- By Jan 01, 2018, the final grading system (after the pilot and any changes needed) will be reviewed and approved by the Common Council Public Safety Committee
- By Jan 1, 2018, the Establishment Grading System Policy will be developed and the system will go live. Grades will begin being issued in Jan 2018.

Project 3: Optimizing a Commercial Land Management System for Retail Food Inspection and Enforcement

The following objectives will be initiated/continued in year 2, related to project 3:

- By March 1, 2017 update inspection and enforcement policies and procedures to reflect utilization of Healthspace and to take advantage of the systems functionality
- By October 1, 2017 utilize quality improvement techniques to identify initial opportunities for improvement in policies and procedures related to utilization of Healthspace

Note: Objectives are modified from those originally proposed reflecting a change in timeline and a change in inspection system.

Project 4: Applying Risk Based Inspection Principles to Complaint Investigations

Activities toward achievement of the following objectives will be initiated/continued in year 2, related to project 3:

- By January 1, 2018, develop the initial draft of a risk based complaint investigation policy and procedure
- By April 1, 2018, train inspectors on the new policy and procedure
- By April 1, 2019, pilot the risk based complaint investigation policy and procedure, completing as many PDSA cycles as is necessary to optimize the system.
- By July 1, 2019, a final risk based complaint investigation policy and procedure will be completed.

Climate Change and Health Grant Report, January- March 2016

Climate and Health Learning Collaborative
Pilot Project Quarterly Progress Report

Quarterly reports are intended to provide us with a summary of your work to-date, as well as formal notice of any changes in the work plan or personnel. Quarterly reports should use the template below, and will be due on the following dates:

Quarter	Report Deadline
1. January - March 2016	March 31, 2016
2. April - June 2016	June 30, 2016
3. July - September 2016	September 30, 2016
4. October - December 2016	December 31, 2017
5. January - March 2017	March 31, 2017

A final report (encompassing the last quarter) will be due on July 31, 2017 (template will be provided later).

1. **Please provide a brief overview of project implementation in the prior quarter, highlighting key accomplishments, major challenges, changes in work plan or personnel, and plans for next steps. (MAXIMUM 1 page).**

Rainwater Harvesting Systems at Alice's Garden and Guest House

Guest House

- Reflo organized four Marquette University engineering undergraduates to work on the Guest House project as part of their senior design project (See Attachment A). The students will be working with Reflo to develop constructability concepts, costs, hydraulic engineering, etc. Part of their work will also include a crush test of an Aquablox (water storage system) and assistance with the ground penetrating radar assessment.
- Reflo met with the Office of Environmental Sustainability / Environmental Collaboration Office (ECO) and discussed the Guest House project and the applicability of their idea, the BaseTern. ECO agreed to support the project, support funding opportunities, and to help align City departments for the project.
- Reflo submitted a $50,000 grant letter of intent to the Fund for Lake Michigan on behalf of the Guest House project
- Reflo met with the Redevelopment Authority of the City of Milwaukee (RACM) and the Department of City Development (DCD) and discussed the feasibility of having the Guest House utilize the vacant City owned property on the northwest corner of the property. DCD had previously recommended the property be demolished however the local alderman had taken it off the demo list due to concerns with historic preservation. Both RACM and DCD approved of the Guest House's plan and helped to facilitate a walkthrough of the vacant building.
- With DCD, Marquette Students, Reflo and the Guest House the project team walked through the vacant building and assessed the feasibility of a BaseTern project and potential redevelopment of the property (See Attachment B). Afterward the project team discussed steps moving forward including the development of a one page project description (end of April) that could be used to facilitate meetings with neighbors and the alderman to explain the project and help obtain the necessary support.

Alice's Garden

- Reflo collected existing site information on the Alice Garden property as well as the adjacent property, the Brown Street Academy. This included information from the City of Milwaukee, Milwaukee Metropolitan Sewerage District, and Milwaukee Public Schools.
- Reflo developed design criteria and a list of requests from Alice's Garden.
- Reflo presented preliminary conceptual design alternatives to the Alice Garden committee and received feedback on the alternatives (See Attachment C).

Educational Session

- City of Milwaukee Health Department (MHD) and Reflo have had planning meetings to discuss logistics for our first educational session to be held on May 21st.
- MHD has engaged partners (Milwaukee Water Commons, Milwaukee Metropolitan Sewerage District, and the Milwaukee Environmental Collaboration Office) to be part of our educational session.
- Framework for educational session #1 has been developed. Target audience is children and adults. The educational event will consist of 3 sessions: rain barrel presentation, rain gardens presentation, and a session about storm water runoff. All 3 sessions will incorporate information about climate change and health.

2. Please complete the following table, briefly summarizing progress made on specific objectives and activities. If progress was not made, please indicate why not. If an activity is outside of the dates of this progress report, please write N/A. Use additional pages if needed.

Scope of Work

Objective/Activities and Indicators	Outcomes and Indicators	Timeline
1. Collaboratively work with clients, contractors, consultants, and other project partners to plan sustainable water harvesting system to meet significant proportion of watering needs at the Guest House and Alice's Garden.	Meeting notes Project plans	Ongoing January 2016 through completion of system
Progress to date: Reflo has met with several project partners to plan and implement the rainwater harvesting systems at Guest House and Alice's Garden. Project plans are attached.		
2. Phased implementation of systems for capture, storage, reuse of rainwater at Alice's Garden and Guest House	Completed water harvesting system at the Guest House Completed water harvesting system at Alice's Garden (note: phased implementation within constraints of construction budget)	August 2016 – June 2017 June 30, 2017
Progress to date: N/A		

3. Increase knowledge and awareness of climate change and adaptation/resilience strategies among public 3.1 Promote projects through MHD website and social media sites 3.2 Host at least six learning events at project sites and other venues, including information on climate change and health, and health co-benefits of climate resilience strategies	Content on climate change/resilience/adaptation on website and social media Announcements, agendas, materials, and attendance sheets for educational sessions	March 2016 and ongoing May 2016-June 2017
Progress to date: 3.1 Have started to develop social media posts and will meet with the Public Information Officer in April to discuss communication strategy. 3.2 Planning for the first educational session is ongoing. A framework for the educational session has been made. Community partners have been engaged. It will be held on May 21st.		
4. Create a resource guide that facilitates replication of water harvesting systems for use in the City of Milwaukee and other urban areas, including information about climate change and health, the value of green infrastructure/water harvesting as a climate change and health resilience strategy, co-benefits of green infrastructure/water harvesting, rainwater harvesting planning guidance, and information on community and agency processes/collaboration for design/planning/implementation of these systems	Completed resource guide	May 2017
Progress to date: Resource guide has been started. On target for May 2017 completion.		
5. Increase awareness of climate change and health and climate resilience strategies among MHD staff. 5.1 Convene at least two informational meetings for MHD staff about project,	Meeting agendas, participants, summaries	February 2016 November 2016

including information about climate change and health		
Progress to date: Power Point for informational meeting is nearing completion. This project and climate change and health was discussed at a regularly scheduled meeting with management staff from all divisions in the health department. A formal informational meeting will be scheduled in the coming months.		

3. Have you encountered any unexpected successes and/or challenges during this reporting period?

We have had great success in identifying and engaging partners to enhance our educational sessions and assist with the rainwater harvesting systems.

4. Are you requesting any changes to any grant outcomes or work plan activities? If yes, please provide more detail.

No

5. Please attach any materials you have developed during the past quarter.

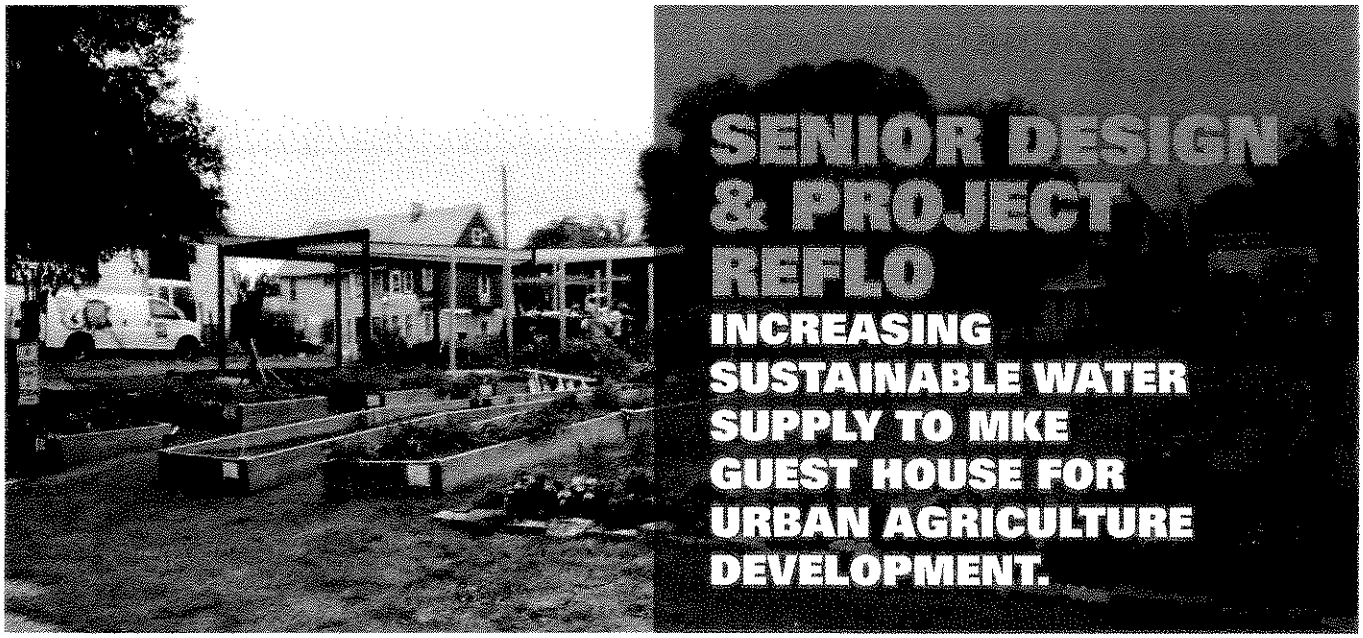
Please see attached.

6. Do you have anything else you would like to add?

n/a

Please send the quarterly report and all accompanying documentation to Linda Rudolph at: linda.rudolph@phi.org

Attachment A



SENIOR DESIGN AND PROJECT REFLO

This senior design project is collaborating with a Milwaukee non-profit, Reflo Sustainable Water Solutions, to expand a rainwater harvesting system capable of storing an appropriate volume of 10,000 gallons at The Guest House of Milwaukee – a local homeless shelter. The Guest House has agriculture plots and community gardens that utilize a small rain collection system, but there is a need to collect, store and pump more water to the existing garden plots to eliminate the need to drag hoses from the main building across the street. Reflo has identified that an underground cistern and hydraulic system would be a suitable design, but alternative options will be considered. One alternative being a first of its kind "basetern," which would utilize a vacant house at the end of the parcel and convert the basement into a cistern. Final design will be determined based on best value and manageable use for the community. Our group of seniors will design many different aspects to this project to best assist Reflo and to meet all the requirements for our senior design capstone. As there are many specific needs and details associated with this project, collaboration is crucial. The funding for this project is coming from a $5,000 grant acquired by Reflo.

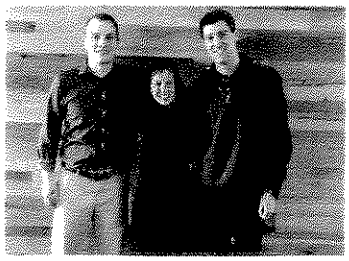
Photo Caption: *100 character max description*

MILESTONES

1. February – Decision of water catchment, storage, and distribution method.

2. May 2016 – Formal Project Presentation with College of Engineering and Submittal of design work to Reflo

3. Summer 2017 – Installation of final project



David Mullins:
Marquette University Senior

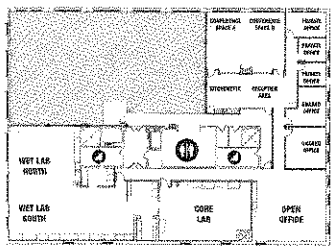
Anne Grzywa:
Marquette University Senior

Erik Anderson:
Marquette University Senior

ABOUT OUR TEAM

David and Anne volunteer with a group that supports one of Milwaukee's largest homeless shelters, the Guest House. Being like-minded we wanted to invest the time and talent required for Marquette's Senior Design Capstone into something resulted in good for our community. Luckily, Erik was just as enthused with the idea and jumped on board. We reached out to a local nonprofit, Reflo Sustainable Water Solutions who is established in doing the work we are interested in and inquired if they had upcoming projects that needed design work we could take off their hands. Reflo just won a grant to expand the rain-harvesting pavilion for the Guest House to include water supply for their entire plot of land dedicated to urban agriculture. Now, we are able to work together and move forward to enhance the community by providing a sustainable water supply.

HOW WILL WE USE THIS SPACE?



Our Global Water Center spaces will be used for our senior design project planning. This will include team members collaborating with faculty advisors and industry mentors, primarily Reflo Sustainable Water Solution, but other GWC tenants as we see fit.

MARQUETTE UNIVERSITY | **BE THE DIFFERENCE.**

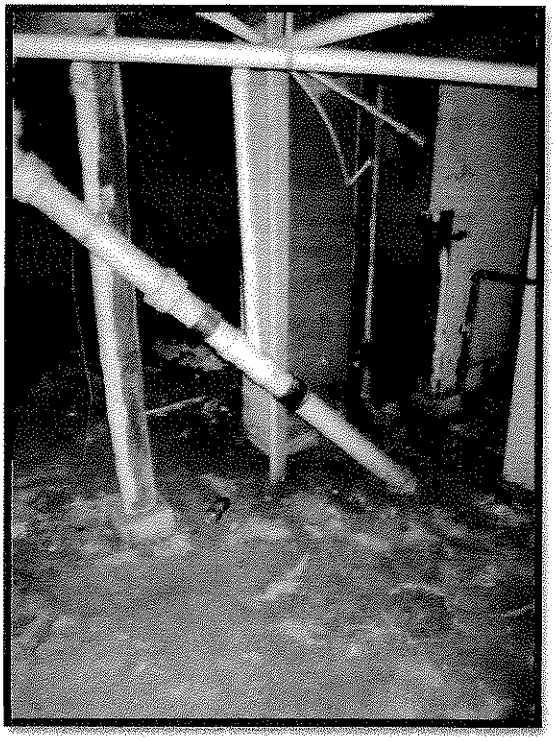
Contact Information: anne.grzywa@marquette.edu 402-594-5586

Attachment B

Proposed Building for Demolition and Installation of the Basetern

Exterior

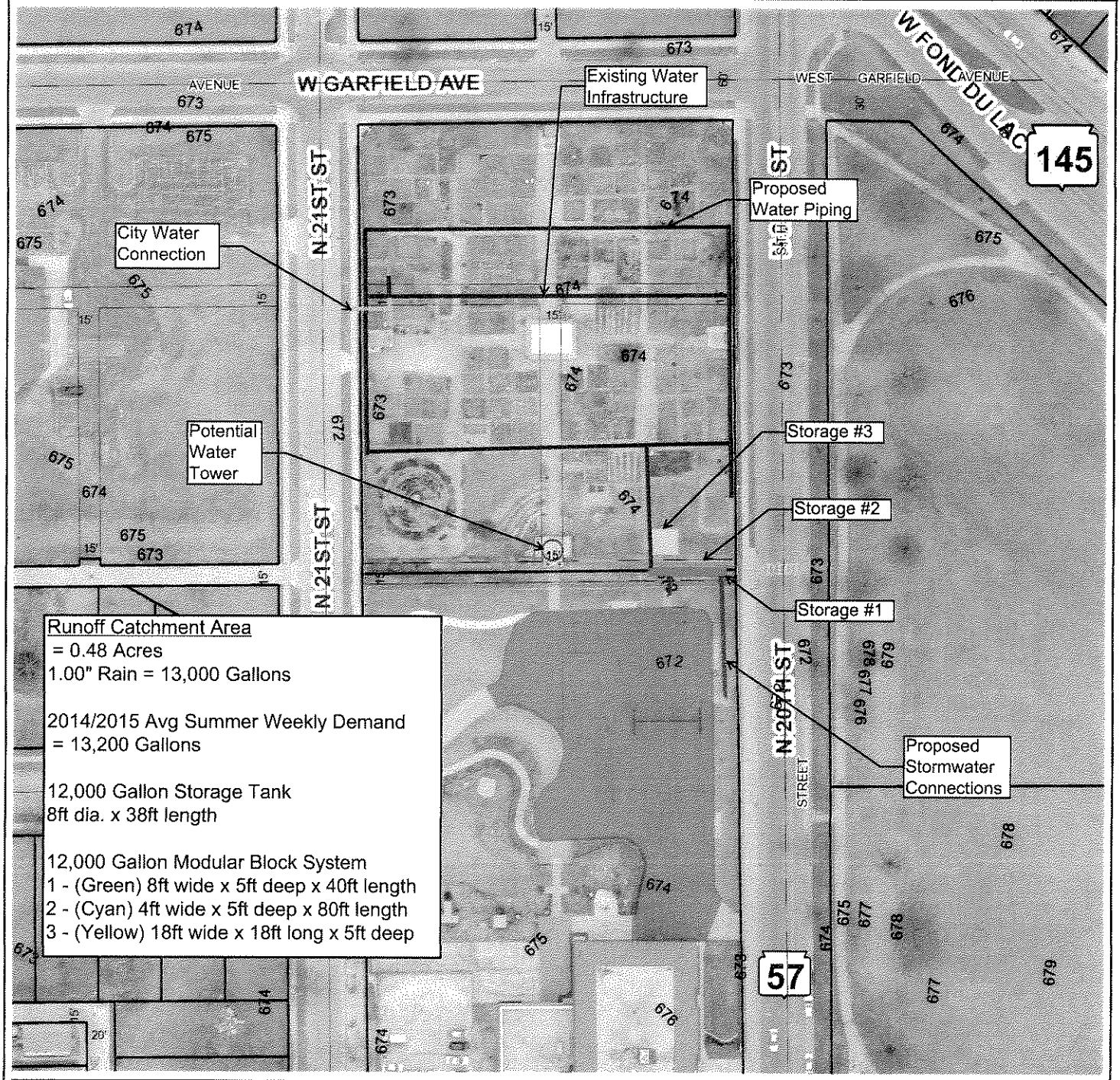
Interior



Attachment C

Alice's Garden Overview

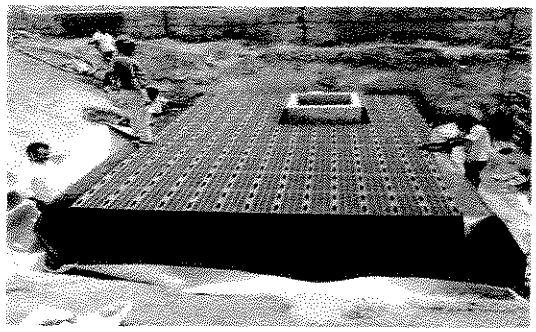
2/9/2016



Projection
NAD_1927_StatePlane_Wisconsin_South_FIPS_4803

Notes

1 : 1,200



THIS MAP IS NOT TO BE USED FOR NAVIGATION

200 0 100 200 Feet

Climate Change and Health Grant Report, April- June 2016

Climate and Health Learning Collaborative
Pilot Project Quarterly Progress Report

Quarterly reports are intended to provide us with a summary of your work to-date, as well as formal notice of any changes in the work plan or personnel. Quarterly reports should use the template below, and will be due on the following dates:

Quarter	Report Deadline
1. January - March 2016	March 31, 2016
2. April - June 2016	June 30, 2016
3. July - September 2016	September 30, 2016
4. October - December 2016	December 31, 2017
5. January - March 2017	March 31, 2017

A final report (encompassing the last quarter) will be due on July 31, 2017 (template will be provided later).

1. **Please provide a brief overview of project implementation in the prior quarter, highlighting key accomplishments, major challenges, changes in work plan or personnel, and plans for next steps. (MAXIMUM 1 page).**

Rainwater Harvesting Systems at Alice's Garden and Guest House

Guest House

- In June, the Marquette University engineering undergraduate students finished their design work for the Guest House project and presented their work to their peers and professors. The students donated hundreds of hours of design work and helped to address several detailed design aspects of the project. In the next month, the students will work with Reflo to design a single page project overview document that will help to explain the project to the neighborhood, possible partners, and funders.
- The Environmental Collaboration Office (ECO) is working to prove the Basetern concept as a separate City owned project, possibly better positioning the Guest House's project by alleviating project funder's concerns with the new concept.
- It was recently discovered that the Fund for Lake Michigan (FFLM) is releasing a grant opportunity in partnership with the Milwaukee Metropolitan Sewerage District (MMSD) to fund these types of spaces as part of a larger program. The project team is now considering a possible grant application for the FFLM/MMSD funding opportunity.

Alice's Garden

- Reflo is finalizing the feasibility study for Alice's Garden. We have reviewed four concepts for rainwater harvesting with the key members of this organization. The alternatives include:
    1. Pathway Rainwater Harvesting System

2. Alley Access Rainwater Harvesting System
3. Brown Street Academy Playground Rainwater Harvesting System
4. Brown Street Academy Roof Rainwater Harvesting System

- The preferred alternative is the Alley Access Rainwater Harvesting System (See Attachment A). The alley is no longer in use and is adjacent to the gardens on the south end of the property. Additionally, this is a natural low point for the area. This alternative will also have the least disturbance to existing infrastructure.
- The current plan is to convert the old alley into a permeable paver walkway which can harvest rainwater for use in the gardens. The water will be collected in an underground tank and pumped to the main structure in the center of the garden for distribution throughout the property.

Educational Sessions

- The City of Milwaukee Health Department (MHD) and Reflo hosted two educational events on May 21st, 2016 and June 16th, 2016. Focusing on climate change, water, and health. See Attachment B for pictures from the May 21st educational session.
- MHD has engaged partners (Milwaukee Water Commons, Milwaukee Metropolitan Sewerage District, and the Milwaukee Environmental Collaboration Office) to be part of our educational session.
- Next steps include developing a timeline and locations for the remaining four educational session.

2. Please complete the following table, briefly summarizing progress made on specific objectives and activities. If progress was not made, please indicate why not. If an activity is outside of the dates of this progress report, please write N/A. Use additional pages if needed.

Scope of Work

Objective/Activities and Indicators	Outcomes and Indicators	Timeline
1. Collaboratively work with clients, contractors, consultants, and other project partners to plan sustainable water harvesting system to meet significant proportion of watering needs at the Guest House and Alice's Garden.	Meeting notes Project plans	Ongoing January 2016 through completion of system
Progress to date: Reflo has met with several project partners to plan and implement the rainwater harvesting systems at Guest House and Alice's Garden.		
2. Phased implementation of systems for capture, storage, reuse of rainwater at Alice's Garden and	Completed water harvesting system at the Guest House	August 2016 – June 2017

Guest House	Completed water harvesting system at Alice's Garden (note: phased implementation within constraints of construction budget)	June 30, 2017
Progress to date: N/A		
3. Increase knowledge and awareness of climate change and adaptation/resilience strategies among public 3.1 Promote projects through MHD website and social media sites 3.2 Host at least six learning events at project sites and other venues, including information on climate change and health, and health co-benefits of climate resilience strategies	Content on climate change/resilience/adaptation on website and social media Announcements, agendas, materials, and attendance sheets for educational sessions	March 2016 and ongoing May 2016-June 2017
Progress to date: 3.1 The City of Milwaukee Health Department put out 'tweets' to advertise for the educational session on May 21st and to get people thinking about climate change, water, and their health (i.e. "Learn how to protect our lake and your health at a FREE workshop, 5/21 at Parkside School for the Arts! Details at ___"). The Tweets linked to the educational event handout (Attachment C). MHD's Public Information Officer went on maternity leave as we were preparing to promote this event, so the website promotion wasn't able to happen. When she returns in late August, she will be working on developing a section of the MHD website for climate change and health. 3.2 The first educational session took place on May 21st. It was held at an elementary school, and consisted of three session; a rain barrel demonstration, storm water runoff discussion, and a rain garden demonstration. All three presentations incorporated climate change and health into their discussions. There were approximately 15 attendees. The second educational session took place on June 16th. This event also took place at a school and was part of the first annual Green Schools Consortium Conference. There were approximately 100 attendees. The audience consisted of teachers and community organizations. MHD had a booth at this event where we had our Enviroscape model on display and talked about storm water runoff, climate change, and health.		

4. Create a resource guide that facilitates replication of water harvesting systems for use in the City of Milwaukee and other urban areas, including information about climate change and health, the value of green infrastructure/water harvesting as a climate change and health resilience strategy, co-benefits of green infrastructure/water harvesting, rainwater harvesting planning guidance, and information on community and agency processes/collaboration for design/planning/implementation of these systems	Completed resource guide	May 2017
Progress to date: Reflo has made progress on the resource replication guide for this project. Reflo has developed a list of community organizations for which they would like to create case studies to document challenges and lessons learned. They intend to schedule meetings and collect information over the next three months.		
5. Increase awareness of climate change and health and climate resilience strategies among MHD staff. 5.1 Convene at least two informational meetings for MHD staff about project, including information about climate change and health	Meeting agendas, participants, summaries	February 2016 November 2016
Progress to date: Power Point for the informational meeting has been completed. There will be two "Lunch and Learn" sessions in the coming months for MHD staff to learn about this project, and climate change and health.		

3. Have you encountered any unexpected successes and/or challenges during this reporting period?

We have had great success in identifying and engaging partners to enhance our educational sessions and assist with the rainwater harvesting systems.

4. Are you requesting any changes to any grant outcomes or work plan activities? If yes, please provide more detail.

No

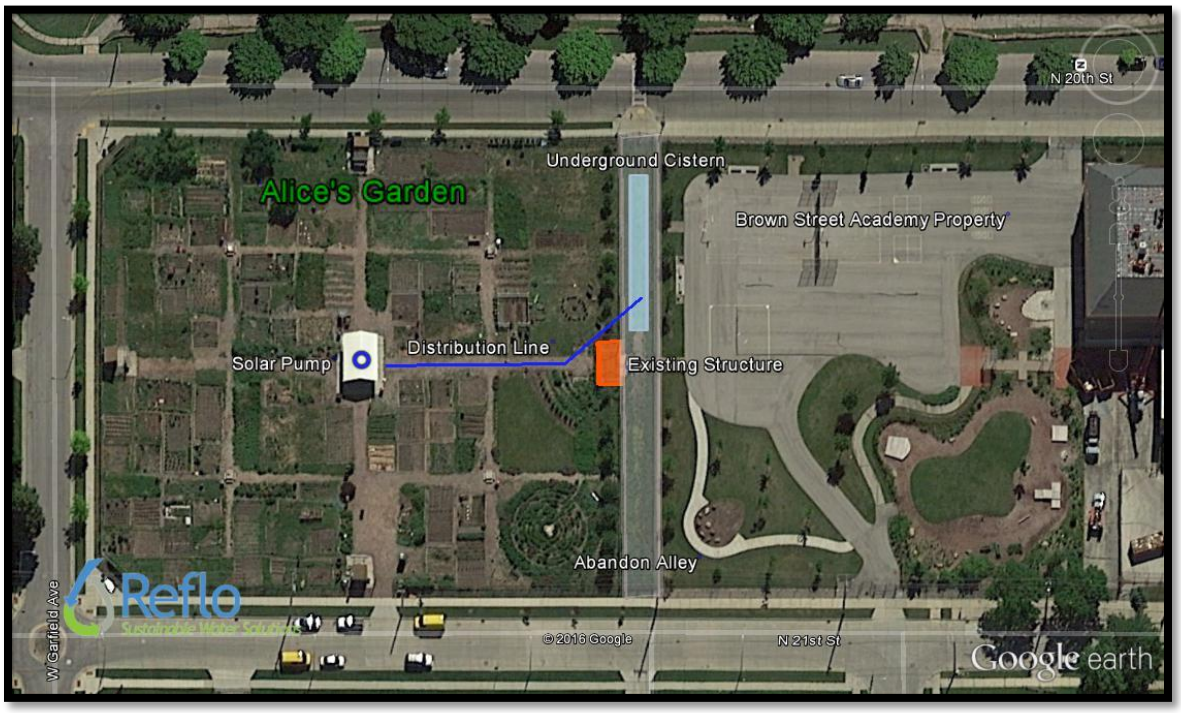
5. Please attach any materials you have developed during the past quarter.
Please see attached.

6. Do you have anything else you would like to add?
As a reminder, Lindsey Page will be on maternity leave (tentative dates: September 26th – December 21st). During this time, Jose Rivera Rodriguez will be the primary contact.

Please send the quarterly report and all accompanying documentation to Linda Rudolph at: linda.rudolph@phi.org

Attachment A:
Alice's Garden Preferred Alternative Overview

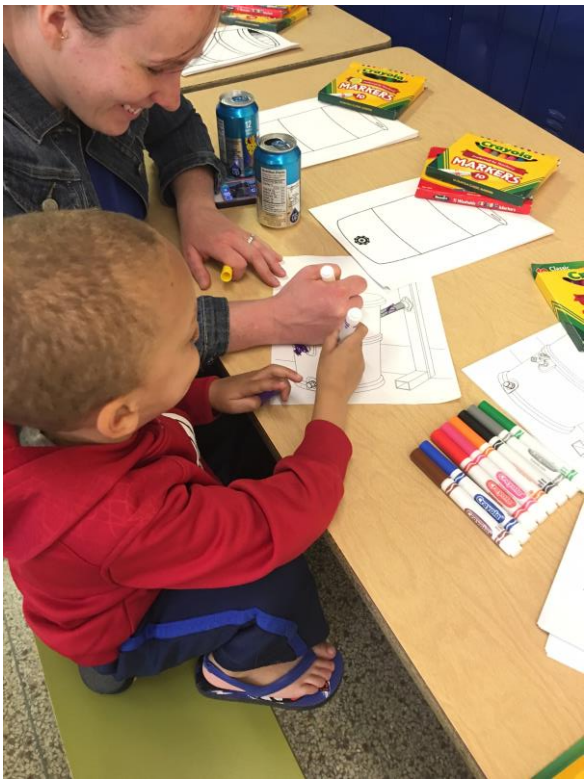
Alternative 2 - Alley Access Rainwater Harvesting System



Attachment B:
Pictures from the Educational Session at Parkside School of the Arts on May 21st

Rain barrel presentation

Examples of different rain barrels



Coloring project where kids were able to decorate a picture of a rain barrel

Enviroscape model demonstrating storm water runoff and water pollution

Educational handouts on climate change
and health

Attachment C:
Educational Event Flyer

May 21st | 9-12pm

Milwaukee Parkside School for the Arts
2969 S. Howell Ave.

FREE EVENT

9:00-9:30am Social Gathering
9:30-11:30am Educational Workshops
11:30-12:00pm Questions and Closing

Join us for Gardens, Water, Climate & Your Health as we take a closer look at rainwater harvesting, rain gardens and urban runoff during three educational sessions. The day will feature multiple hands-on activities, live demonstrations of rain barrel set-up and take-home tips for ways you and your family can help protect our waters and community health!

All ages are welcome. This is a family-friendly event!
Questions? Email niebuhdm@milwaukee.k12.wi.us or lpage@milwaukee.gov

Green Schools Consortium of Milwaukee
A Wisconsin Green & Healthy Schools Regional Network
MILWAUKEE PUBLIC SCHOOLS
Reflo Sustainable Water Solutions
Think Health Act Now! City of Milwaukee Health Department
City of Milwaukee
MILWAUKEE WATER COMMONS
MMSD Partners for a Cleaner Environment

Climate Change and Health Grant Report, July- September 2016

Climate and Health Learning Collaborative
Pilot Project Quarterly Progress Report

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A final report (encompassing the last quarter) will be due on July 31, 2017 (template will be provided later).

1. **Please provide a <u>brief</u> overview of project implementation in the prior quarter, highlighting key accomplishments, major challenges, changes in work plan or personnel, and plans for next steps. (MAXIMUM 1 page).**

<u>Rainwater Harvesting Systems at Alice's Garden and Guest House (See attached Document)</u>

Reflo
Sustainable Water Solutions

website: www.refloh2o.com
phone: 414-949-7356
email: admin@refloh2o.com

Quarterly Progress Report (September 30th, 2016)

Guest House

- Reflo and Marquette University engineering undergraduates completed a walk-through of the vacant property and created a design for the use of that space.
- The engineering students have designed a concept with a crawl space above the basetern, with storage on the first floor for gardening tools.
- Natural grades and swales will be installed to guide water to basetern
- A one-page summary of the project is being developed for community residents and politicians that represent the Guest House neighborhood.

Alice's Garden

- Reflo is in the final stages of concept design; considering options for cisterns
  - Traditional underground cistern tanks
  - Modular underground cistern
- Reflo needs 10,000 gallons water per week to fully water their crops.
- The current plan is to convert the old alley into a permeable paver walkway which can harvest rainwater for use in the gardens. Alice's Garden would also like to utilize the existing structure on the south end of the property to aid in collecting water for this system. The water will be collected in an underground tank and pumped to the main structure in the center of the garden for distribution throughout the property.
- Phase One of project would including monitoring of Brown Street Academy inlet and sample for PAH's and other contaminants. Phase one also includes construction of 2 structures, and building of paver in alley way.

Resource Guide

- Reflo has made progress on the resource replication guide for this project. Reflo has taken the developed list of community organizations for which we would like to create case studies to document challenges and lessons learned, and have begun to reach out to those organizations.
- Milestones have been documented for content development and review, with 100% content finished no later than January 2017, with an editing deadline of June 2017.
- Guest House and Alice's garden case studies have been added to content, and templates have been accessed to move the project forward.

Educational Sessions

- Rock the Green event will have representation on September 17th
- There are plans for representation Spring 2017 at Alice's Garden and Guest House

Educational Sessions

- The City of Milwaukee Health Department (MHD) participated in an educational event at Chill on the Hill on August 2nd and Rock the Green Sustainability Festival on September 17th. Chill on the Hill is a musical event held every Tuesday night during the summer months in Milwaukee. There is a designated area at the event where vendors can engage children in various activities, which is where we had our Enviroscape model set up. This event was a huge success, as we were able to reach around 130 people (including both children and adults). Rock the Green Sustainability Festival is an annual Milwaukee event that's mission is to educate and empower the community to take actionable steps to live sustainably. We were able to reach __33__ people at this event. For both events, we used our Enviroscape model and focused our discussions around the connection between more frequent and intense storms and how that affects our water supply; things people can do at their home to reduce storm water runoff; the benefits of using reclaimed water to water vegetable gardens, and the benefits of relying less on food that has to travel long distances. See Attachment A for handouts that were distributed at the Chill on the Hill Event and Attachment B for pictures from both events.

2. Please complete the following table, briefly summarizing progress made on specific objectives and activities. If progress was not made, please indicate why not. If an activity is outside of the dates of this progress report, please write N/A. Use additional pages if needed.

Scope of Work

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Progress to date: Reflo has met with several project partners to plan and implement the rainwater harvesting systems at Guest House and Alice's Garden.		
2. Phased implementation of systems for capture, storage, reuse of rainwater at Alice's Garden and Guest House	Completed water harvesting system at the Guest House Completed water harvesting system at Alice's Garden (note: phased implementation within constraints of construction budget)	August 2016 – June 2017 June 30, 2017
Progress to date: N/A		
3. Increase knowledge and awareness of climate change and adaptation/resilience strategies among public 3.1 Promote projects through MHD website and social media sites 3.2 Host at least six learning events at project sites and other venues, including information on climate change and health, and health co-benefits of climate	 Content on climate change/resilience/adaptation on website and social media Announcements, agendas,	 March 2016 and ongoing May 2016-June

resilience strategies	materials, and attendance sheets for educational sessions	2017

Progress to date:

3.1 The City of Milwaukee Health Department put out 'tweets' to advertise for the educational session on May 21st and to get people thinking about climate change, water, and their health (i.e. "Learn how to protect our lake and your health at a FREE workshop, 5/21 at Parkside School for the Arts! Details at ___"). Our Public Information Officer recently returned from maternity leave and will start working on including climate change information on our website.

3.2 The first educational session took place on May 21st. It was held at an elementary school, and consisted of three session; a rain barrel demonstration, storm water runoff discussion, and a rain garden demonstration. All three presentations incorporated climate change and health into their discussions. There were approximately 15 attendees.
The second educational session took place on June 16th. This event also took place at a school and was part of the first annual Green Schools Consortium Conference. There were approximately 100 attendees. The audience consisted of teachers and community organizations. MHD had a booth at this event where we had our Enviroscape model on display and talked about storm water runoff, climate change, and health.
The third educational session took place on August 2nd at Chill on the Hill. We reached approximately 130 children and adults. MHD had a booth at this event where we engaged people to participate in our interactive Enviroscape model.
The fourth educational session took place on September 17th at Rock the Green Sustainability Festival. We reached approximately __33___ people. The Enviroscape model was also used at this event.

4. Create a resource guide that facilitates replication of water harvesting systems for use in the City of Milwaukee and other urban areas, including information about climate change and health, the value of green infrastructure/water harvesting as a climate change and health resilience strategy, co-benefits of green infrastructure/water harvesting, rainwater harvesting planning guidance, and information on community and agency processes/collaboration for design/planning/implementation of these systems	Completed resource guide	May 2017

Progress to date:

Reflo has made progress on the resource replication guide for this project. Reflo has developed a list of community organizations for which they would like to create case studies to document challenges and lessons learned. They intend to schedule meetings and collect information over the next three months.

5. Increase awareness of climate change and health and climate resilience strategies among MHD staff. 5.1 Convene at least two informational meetings for MHD staff about project, including information about climate change and health	Meeting agendas, participants, summaries	February 2016 November 2016

Progress to date:

Power Point for the informational meeting has been completed. There will be two "Lunch and Learn" sessions in the coming months for MHD staff to learn about this project, and climate change and health.

3. Have you encountered any unexpected successes and/or challenges during this reporting period?
We have had great success in identifying and engaging partners to enhance our educational sessions and assist with the rainwater harvesting systems.

4. Are you requesting any changes to any grant outcomes or work plan activities? If yes, please provide more detail.
No

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Please see attached.

6. Do you have anything else you would like to add?
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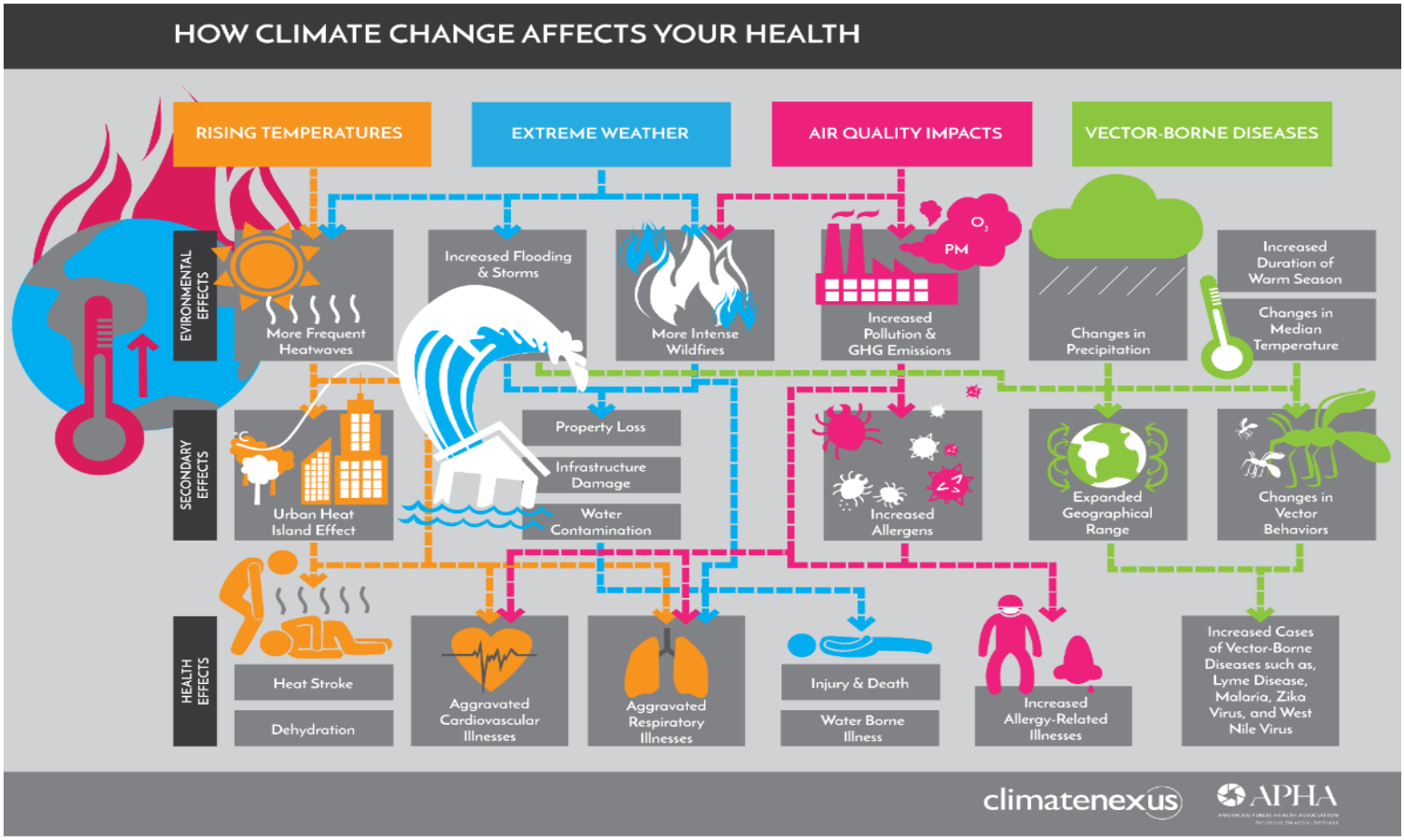
Attachment A:
Educational Handouts



Rainwater Harvesting Guide

Tips for selecting the right harvesting system for you

o (where does the water

DESIGN YOUR PROJECT
Use the previous information to design your project.

- Determine which downspouts or sump pump line (s) you think would benefit the most from a rainwater harvesting system and/or a rain garden.

- Size your rainwater harvesting system by determining how much water you want/need to collect, and what you plan to do with the collected water, i.e. use it to water your gardens. A rain barrel (~ 50 gallons) is usually adequate for most small projects, however you can size your system as small or as large as you'd like. There are tons of products available for water storage tanks. Some products are decorative while others just serve a purely functional purpose. Don't forget, you can always make decorating the storage tank a fun family project. Find something that fits your needs and tastes.

- Determine where the overflow water will go, i.e. to a rain garden, drain ditch, or back to the sewer. If you do a complete downspout disconnect, you must have a place to discharge the overflow. There are products available, such as a diverter kit, which allow you to "tap" into your downspout. The diverter kit acts as both the inflow line to fill the storage tank, and the overflow line which diverts the water back to where the downspout originally discharged the water to. Diverter kits are ideal for those who don't have a good location to discharge their overflow water.

- **Determine if you want the system to be gravity fed or pump driven. If you prefer gravity fed, you need to raise your storage tank up. The higher you raise it, the more pressure you will get. Some people build custom stands for this while others find it adequate to just place a few landscaping bricks under the storage tank. If you would like the system to have as much pressure as your garden hose, plan on installing a pump.**

- Determine if the system needs any pretreatment, i.e. prescreening or first flush.
  - Prescreening - The easiest way to determine your need for a prescreen is to think about how often you have to clean the gutters which feed the downspout you are using. If you have to clean the gutters at least once a year, you should consider a prescreen.
    - Option 1: There are whole gutter screening options, which affix to the gutter. These are the best option if you have lots of tall trees around your house and there is typically a large amount of debris that accumulates in your gutters.
    - Option 2: A downspout screen which is placed in-line with your rainwater harvesting system inflow piping. This is a better option if you have minimal
  - First Flush – You may want to consider installing a first flush if you think your water will be rich in organic matter. This may be the case if you have lots of bird poop, dead insects, and/or tree debris on your roof or in your gutters. You may also want to consider installing a first flush if you are planning on using this water on a vegetable garden, particularly on leafy greens. A first flush is meant to divert the first bit of the dirtiest water away from the system. The first flush should be sized to capture, at minimum, the first 1/8th of an inch of water from the collection surface. So, if the area of roof which drains to the gutter I'm using is 100 square feet, then my first flush system should be able to capture approximately 8 gallons of water.

- **Determine if the system needs any post treatment, i.e. UV treatment. This may be the case if you intend to use the water for any potable purposes or if local or state plumbing code requires it for your intended end use.**

Small projects such as rain barrels and small rain gardens can be fun DIY projects the whole family can enjoy. If you're considering installing a larger, more complex system, consider consulting with a local contractor, consulting firm, or a nonprofit organization experienced in designing and installing these types of systems.

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this is not possible, consider
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Make sure your sump pump

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reas that suffer from regular

Reflo
Sustainable Water Solutions

Reflo
Sustainable Water Solutions

Attachment B:
Pictures from the Educational Sessions at Chill on the Hill and Rock the Green

Chill on the Hill

Chill on the Hill

Rock the Green

Climate Change and Health Grant Report, October- December 2016

Climate and Health Learning Collaborative
Pilot Project Quarterly Progress Report

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1. **Please provide a brief overview of project implementation in the prior quarter, highlighting key accomplishments, major challenges, changes in work plan or personnel, and plans for next steps. (MAXIMUM 1 page).**

Rainwater Harvesting Systems at Alice's Garden and Guest House

Guest House

- Reflo and Marquette engineering students continue to organize support for the project by coordinating meetings and various presentations of the project. The Marquette students' design work was showcased on the front page of Marquette University's Magazine:
    - https://news.marquette.edu/magazine/engineer/engineering-problem-solving/
- Steps moving forward include reaching out to local residents, the aldermen, and potential partners over Fall/Winter 2016

Alice's Garden

- Reflo and the Alice's Garden Water Working Group finalized the conceptual plan for rainwater harvesting. The plan is to convert the adjacent former alley into a bioswale to treat rainwater prior to storage for use in irrigating crops. Alice's Garden would also like to utilize the existing structure on the south end of the property to aid in collecting water and will double as a focal point for the water harvesting project After treatment through the bioswales, the water will be stored in an underground cistern where a solar panel pump system will distribute harvested rainwater to sections of the gardens.
- Phase One of project would include monitoring of water runoff from surfaces contributing to the bioswales (the adjacent school, Brown Street Academy). Phase one also includes construction of the bioswales so they can become established and fully functional prior to developing the remainder of the harvested rainwater system.
- Reflo also supported Alice's Garden in its rainwater harvesting project grant application to the Fund for Lake Michigan and the Milwaukee Metropolitan

Sewerage District. Reflo helped to review grant narratives, provided details on maintenance considerations, created conceptual plan drawings, and helped to strategize on funding the approximately $120,000 project.

- The Project Team was recently notified that the project was awarded $65,500 for design over winter with construction in spring/summer of 2017!

Educational Sessions

- The City of Milwaukee Health Department (MHD) and Reflo will coordinate planned participation at various outreach events/opportunities in 2017.

Personnel

Lindsey Page was on maternity leave from September through December. She returned on December 14th.

2. Please complete the following table, briefly summarizing progress made on specific objectives and activities. If progress was not made, please indicate why not. If an activity is outside of the dates of this progress report, please write N/A. Use additional pages if needed.

Scope of Work

Objective/Activities and Indicators	Outcomes and Indicators	Timeline
1. Collaboratively work with clients, contractors, consultants, and other project partners to plan sustainable water harvesting system to meet significant proportion of watering needs at the Guest House and Alice's Garden.	Meeting notes Project plans	Ongoing January 2016 through completion of system
Progress to date: Reflo and Marquette engineering students continue to organize support for the project by coordinating meetings and various presentations of the project. Reflo and the Alice's Garden Water Working Group finalized the conceptual plan for rainwater harvesting.		
2. Phased implementation of systems for capture, storage, reuse of rainwater at Alice's Garden and Guest House	Completed water harvesting system at the Guest House Completed water harvesting system at Alice's Garden (note: phased implementation within constraints of construction budget)	August 2016 – June 2017 June 30, 2017
Progress to date: N/A		

3. Increase knowledge and awareness of climate change and adaptation/resilience strategies among public 3.1 Promote projects through MHD website and social media sites 3.2 Host at least six learning events at project sites and other venues, including information on climate change and health, and health co-benefits of climate resilience strategies	Content on climate change/resilience/adaptation on website and social media Announcements, agendas, materials, and attendance sheets for educational sessions	March 2016 and ongoing May 2016-June 2017
Progress to date: 3.1 The City of Milwaukee Health Department put out 'tweets' to advertise for the educational session on May 21st and to get people thinking about climate change, water, and their health (i.e. "Learn how to protect our lake and your health at a FREE workshop, 5/21 at Parkside School for the Arts! Details at ___"). The Tweets linked to the educational event handout (Attachment C). MHD's Public Information Officer went on maternity leave as we were preparing to promote this event, so the website promotion wasn't able to happen. When she returns in late August, she will be working on developing a section of the MHD website for climate change and health. 3.2 The first educational session took place on May 21st. It was held at an elementary school, and consisted of three session; a rain barrel demonstration, storm water runoff discussion, and a rain garden demonstration. All three presentations incorporated climate change and health into their discussions. There were approximately 15 attendees. The second educational session took place on June 16th. This event also took place at a school and was part of the first annual Green Schools Consortium Conference. There were approximately 100 attendees. The audience consisted of teachers and community organizations. MHD had a booth at this event where we had our Enviroscape model on display and talked about storm water runoff, climate change, and health. The third educational session took place on August 2nd at an event called Chill on the Hill. The event was a huge success and we were able to reach around 130 people (both children and adults). The fourth educational session was held at an event called Rock the Green Sustainability Festival. We were able to reach 33 people at this event. Two additional events will be planned for 2017.		
4. Create a resource guide that facilitates replication of water harvesting systems for use in the City of Milwaukee and other urban areas,	Completed resource guide	May 2017

including information about climate change and health, the value of green infrastructure/water harvesting as a climate change and health resilience strategy, co-benefits of green infrastructure/water harvesting, rainwater harvesting planning guidance, and information on community and agency processes/collaboration for design/planning/implementation of these systems		
Progress to date: • Reflo has developed a list of projects defined by scale (rain barrel, tote, and microframs) to discuss each type of project, whom they worked with, and challenges/lessons learned along the way. • Milestones have been determined for content development and review, with a majority of the content finished no later than January 2017, with an editing deadline of June 2017. • Guest House and Alice's garden case studies have been added to the content, as well as St. Francis Garden, and Fred's Garden in the Tote scale (550 gal). • Erick Bunke (University of Wisconsin – Milwaukee, School of Freshwater Sciences graduate student) and the City of Milwaukee is collaborating with Reflo regarding the resource guide. Erick is providing research regarding city and state permitting requirements, while Reflo is providing case studies and other examples of Milwaukee Urban Agriculture already in place.		
5. Increase awareness of climate change and health and climate resilience strategies among MHD staff. 5.1 Convene at least two informational meetings for MHD staff about project, including information about climate change and health	Meeting agendas, participants, summaries	February 2016 November 2016
Progress to date: Power Point for the informational meeting has been completed. There will be two "Lunch and Learn" sessions in the coming months for MHD staff to learn about this project, and climate change and health.		

3. **Have you encountered any unexpected successes and/or challenges during this reporting period?**

Due to being short staffed (Lindsey was on maternity leave) and the cold winter months, it was difficult to organize any educational events. We look forward to planning educational events for 2017.

4. **Are you requesting any changes to any grant outcomes or work plan activities? If yes, please provide more detail.**

No

5. **Please attach any materials you have developed during the past quarter.**

n/a

6. **Do you have anything else you would like to add?**

n/a

Please send the quarterly report and all accompanying documentation to Linda Rudolph at: linda.rudolph@phi.org

Survnet Grant Report, January 2016

Sub-award recipient name : City of Milwaukee Health Dept
Sub-award date: 2015-08-01
Sub-award number: 1 U50 CK 000421-02

Sub-award Information [During the July 2016 reporting cycle, recipients are required to report all sub-awards funded by PPHF that were awarded or continued/in effect during the reporting period (January 1 – June 30, 2016)]

The City of Milwaukee received contractual funds to support the Milwaukee County Communicable Disease Surveillance Network (Milwaukee SurvNet) activities during the August 1, 2015 through July 31, 2016 project period. SurvNet centralizes communicable disease surveillance, identifies trends and addresses shared concerns with the 13 local health departments in Milwaukee County. Epidemiology Capacity - Milwaukee SurvNet continued to develop as an effective communications resource for community healthcare providers and other interested parties. Public health disease trends, outbreak alerts and treatment and therapy recommendations were electronically disseminated, as necessary, throughout the county by the City of Milwaukee Health Department. This centralized communications model allows efficient and rapid transmission of critical information necessary for the appropriate and timely management of communicable diseases to ensure public safety. Activities and accomplishments from January 1 through June 30, 2016 of the project period include: 1) Processed 10,446 disease case reports from providers and labs for Milwaukee County and attached or imported 17,682 electronic lab reports 2) Posted and distributed six monthly summaries (Dec 2015 – May 2016) of Communicable Diseases in Milwaukee County. 3) Distributed eight special messages/alerts through SurvNet that enhanced situational awareness and/or provided guidance for important health issues: Flu on Call™ (Jan 2016), Zika virus infection information (Jan 2016), Zika guidance (Feb 2016), Elizabethkingia outbreak information (Feb 2016), End of U.S. Entry Screening for Ebola (Feb 2016), Zika Virus message for Colleges and Universities (March 2016), Zika update (May 2016), and Mumps confirmed in Milwaukee (May 2016) 4) Distributed 8 weekly respiratory illness reports to provide situational awareness for influenza activity in Milwaukee County.

Survnet Grant Report, July 2016

SurvNet Grant reports

January 2016 (2014 funding final report 3) 8/1/14-7/31/15

The City of Milwaukee received contractual funds to support the Milwaukee County Communicable Disease Surveillance Network (Milwaukee SurvNet), which centralizes communicable disease surveillance, identifies trends and addresses shared concerns with the 13 local health departments in Milwaukee County.

Epidemiology Capacity - Milwaukee SurvNet continued to develop as an effective communications resource for community healthcare providers and other interested parties. Public health disease trends, outbreak alerts and treatment and therapy recommendations were electronically disseminated, as necessary, throughout the county by the City of Milwaukee Health Department. This centralized communications model allows efficient and rapid transmission of critical information necessary for the appropriate and timely management of communicable diseases to ensure public safety. Activities and accomplishments during August 1, 2014 through July 31, 2015 reporting period include: 1) Processed 16,916 disease case reports from providers and labs for Milwaukee County and attached or imported 29,110 electronic lab reports 2) Posted and distributed 12 monthly summaries (Jul 2014-Jul 2015) of Communicable Diseases in Milwaukee County. 3) Distributed fourteen special messages/alerts through SurvNet that enhanced situational awareness and/or provided guidance for important health issues: Ebola Guidance, Resources, and Recommendations (Sept & Oct 2014), EV-D68 Guidance (September 2014), Pediatric acute limb weakness & EV-D68 (October 2014), and CDC Influenza Virus Advisory (Dec 2014), Influenza Update (January 2015), Laboratory testing recommendations for patients with parotitis (January 2015), Measles Outbreak Alert & Update (January 2015), Local Norovirus Alert (February 2015), Guidance for clinicians regarding HPAI & HPAI H5 Advisory from CDC (April & June 2015), Meningococcal vaccine recommendations given cluster in Chicago (June 2015), Updated guidance for evaluation of patients for MERS-CoV (June 2015), and influenza testing and variant strains (July 2015). 4) Distributed 32 weekly respiratory illness reports to provide situational awareness for influenza activity in Milwaukee County. 5) Produced and distributed annual report summarizing communicable disease activity in Milwaukee County in 2014 (July 2015). 6) Produced and distributed annual reports to 13 health departments within Milwaukee Co. summarizing communicable disease activity in their jurisdiction for 2014 (June 2015).

January 2016 (2015 funding report 1) 8/1/15-12/31/15

Epidemiology Capacity - Milwaukee SurvNet continued to develop as an effective communications resource for community healthcare providers and other interested parties. Public health disease trends, outbreak alerts and treatment and therapy recommendations were electronically disseminated, as necessary, throughout the county by the City of Milwaukee Health Department. This centralized communications model allows efficient and rapid transmission of critical information necessary for the appropriate and timely management of communicable diseases to ensure public safety. Activities and accomplishments during August 1, 2015 through December 31, 2015 reporting period include: 1) Processed 7,459 disease case reports from providers and labs for Milwaukee County and attached or imported 13,079 electronic lab reports 2) Posted and distributed five monthly summaries (Jul 2015-Nov 2015) of Communicable Diseases in Milwaukee County. 3) Distributed five special messages/alerts through SurvNet that enhanced situational awareness and/or provided guidance for important health issues: Cluster of blastomycosis (Aug 2015), Mumps in Wisconsin (Sept 2015), lymphogranuloma

venereum reports from neighboring states (Nov 2015), Mumps confirmed in Milwaukee (Dec 2015), and Flu on Call™ (Dec 2015). 4) Distributed 4 weekly respiratory illness reports to provide situational awareness for influenza activity in Milwaukee County. 5) Produced and distributed annual report summarizing communicable disease activity in Milwaukee County in 2014 (July 2015). 6) Produced and distributed annual reports to 13 health departments within Milwaukee County summarizing communicable disease activity in their jurisdiction for 2014 (June 2015).

Childhood Lead Poisoning Prevention Program Grant Report, 2016

City of Milwaukee Health Department
Home Environmental Health
Childhood Lead Poisoning Prevention Program
7630 W. Mill Road

2016 State of Wisconsin Consolidated Contract Final Report
Lead Program Grant $251,134

Total number of Elevated Blood Lead investigations conducted by a Lead Risk Assessor for 2016:

187 CHILDREN with RESULTS >20 (PREVALENCE) were referred to a Lead Risk Assessor.

Total number of Public Health Nurse visits for 2016:

187 CHILDREN with RESULTS > 20 (PREVALENCE) were referred to a Public Health Nurse to receive a home visit.

Total number of Health Service Assistant visits for 2016:

175 CHILDREN HAD RESULTS OF 15 – 19 (PREVALENCE) were referred to the Health Service Assistant to make an early intervention visit.

Total number of Milwaukee children receiving lead tests in 2016

32,019 TESTS FOR 24,645 CHILDREN,
23,051 CHILDREN UNDER SIX

Total number of children with a result of 5 and above for 2016

3,076 CHILDREN (PREVALENCE) received an intervention by the Health Department's Home Environmental following the tiered program intervention schedule.

Lead Prevention Grant Report, 2016

LEAD BASED PAINT

17) Describe actions taken during the last year to evaluate and reduce lead-based paint hazards.

PY 2016 #17 Lead-Based Paint response:

I. Estimate of number of housing units containing lead-based paint

The number of housing units in Milwaukee that contain lead-based paint hazards as defined by Section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 is estimated at approximately 194,881 housing units pre-1978 in the City of Milwaukee.

The Milwaukee Health Department (MHD) Childhood Lead Poisoning Prevention Program (CLPPP) continued efforts to prioritize the approximately 83,794 housing units as representing the epicenter of the childhood lead poisoning prevention problem in Milwaukee, with 31,486 listed as owner-occupied.

The program's 2015 data analysis shows 9.3% of children tested in Milwaukee for lead exposure were identified as lead poisoned per the 2014 CDC lowered the level of concern of 5mcg/dL. While great strides have been made in reducing the prevalence rate, the current scope of the problem is greater than the State of Wisconsin's rate of 4.6%, in near proportion when the level of concern was 10mcg/dL.

II. Priority Program Goals/Objectives

1) To eradicate childhood lead poisoning.
2) To produce lead safe housing units in the City of Milwaukee with a focus in high risk target areas.
3) To diversify and increase funding to make homes lead-safe before a child is poisoned.
4) To increase lead testing of children covered by Medicaid.

III. Strategies to evaluate and reduce lead-based paint hazards and effects

In response to this problem, the City's Health Department has developed a comprehensive and nationally recognized program, which includes both secondary interventions (services to lead poisoned children and their families) and primary prevention activities (making high risk housing lead-safe before a child is poisoned).

The City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program (MHD CLPPP) addresses the problem of housing units containing lead-based paint hazards in three distinct ways: (1) investigations and abatement of housing units where lead poisoned children are identified; (2) risk assessments and lead abatement in high risk housing units before a child is poisoned through the Primary Prevention Grant Program and; (3) assuring lead safe housing rehabilitation and priority window treatments in federally assisted housing.

A listing of homes abated and or made lead-safe is maintained by the Health Department. The number of units that are now in the registry are 17,990 (5/1997-12/2016), of which **89** were CDBG funded in 2016 with the Lead Based Paint Prevention and Abatement Program.

The MHD CLPPP continued to facilitate implementation and oversight of lead elimination in the City of Milwaukee, and actively participated on the State of Wisconsin's Lead Elimination Strategic Planning Oversight and Implementation Committee.

Accomplishments in 2016 include:

- The City of Milwaukee Lead Program completed the first 26 months of a $3.9 million dollar, 36 month HUD grant to continue to work in high risk areas to abate homes of lead hazards.
- The City of Milwaukee Lead Program was awarded a $3.4 million dollar, 36 month HUD grant to continue work in high risk areas, including 3 additional zip codes not covered on the previous grant, to abate homes of lead hazards, and began accepting applications at the end of the year.
- The MHD continued to work with the State of Wisconsin on the lead poisoning application link to the Wisconsin Immunization Registry (WIR). Data from STELLAR will be transferred and uploaded to the WIR weekly. Individuals that are in WIR will be able to click on a link to see the lead information, and if approved, will have access to the information. This information will include the date, when, and where the child was lead tested. The MHD CLPPP has agreed to participate in the pilot-testing when the model is completed.
- MHD CLPPP actively participated on a statewide committee to develop the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) in Wisconsin, which the CDC instituted to replace the STELLAR data system.
- MHD has strengthened its partnership with WI DHS to monitor contractors' work in compliance with lead-safe practices across the range of programs by performing joint monitoring and offering hands-on training courses.
- MHD and DCD expanded collaboration

IV. Actions undertaken in 2016 to evaluate and reduce lead-based paint hazards:

- ***Screening (blood lead testing):*** In 2016, MHD CLPPP continued to enter lead level results into a database for collaboration with the State of Wisconsin. Providers, including daycare and Headstart locations, forward lead level results to MHD for data entry into the Statewide system and QA/QC of previously entered data.

- ***Laboratory Analysis*:** The MHD CLPPP Chemistry Laboratory continued to analyze blood lead, dust lead, soil and paint chip samples for all properties receiving MHD CLPPP intervention.

- ***Surveillance:*** The lead poisoning prevalence rate for **2015 is 9.3%** a slight increase from the 8.6% in 2014. The current rate reported is based on the 2014 CDC lowered the level of concern of 5mcg/dL, not the 10mcg/dL as reported in previous years.

- ***Care Coordination:*** In 2016, comprehensive home visit services were provided to children of approximately **165 newly identified** as cases with elevated blood lead levels of >15mcg/dL. Capacity did not allow for comprehensive home visit services to be provided to the additional **approximately 600 newly identified** cases with elevated blood lead levels of >10mcg/dL. Additionally, MHD sent approximately 3,100 letters to parents/guardians as educational outreach that their child has been identified to have an elevated blood lead level >5mcg/dL and provided recommendations for medical follow-up and identification of possible sources of exposure. MHD Public Health Nurses provided medical management for **102 children** that were identified as a new elevated poisoning (>20mcg/dL) in 2016. Additionally, MHD sent approximately 3,100 letters to parents/guardians as educational outreach that their child has been identified to have lead poisoning and provided recommendations for medical follow-up and identification of possible sources of exposure.

- ***Target Area:*** The Target Area for our Primary Prevention Program has been 102,112 pre-1978 housing units compared with the overall City of Milwaukee's 194,881 pre-1978 units. Of the 102,112 units, the City of Milwaukee Health Department continued to focus on the highest risk 83,794 homes that were built pre-1950.

- ***Lead-safe units funded:*** A total of **89** units were completed in a lead safe manner using CDBG funds.

- ***Lead Poisoning Investigations/Enforcement: 64 of the 99*** investigations conducted by Lead Risk Inspectors to identify lead hazards required remediation.

- ***Health/Housing Partnerships:*** The Milwaukee Health Department continued to identify multiple opportunities for health-housing partnerships to eradicate childhood lead poisoning in the City of Milwaukee; Department of Neighborhood Services (DNS) Building Code Compliance Program, the Dept. of City Development (DCD) in-rem (tax foreclosure) and NIDC offices; Community Development Grant Administration office (CDGA); and expanded partnerships to Habitat for Humanity, Century City, Friends of Housing projects as examples and provided monitoring for lead safe work practices and lead clearances for **134** housing units.

- ***Prevention of Disabilities in Children:*** An increase in housing foreclosures has increased the instability in the rental market resulting in chronically lead poisoned children becoming more vulnerable to hazardous conditions. In response, the program is working with community partners to identify and provide outreach to owners of multi-family units for program participation. Additionally, the Milwaukee Health Department's Childhood Lead Poisoning Prevention Program continued to support the Milwaukee Public Schools (MPS) and Headstart Programs by providing blood lead testing, attending Health Fairs and working with IEP staff to provide blood lead results for learning interventions.

2016 CDGAProject Activity Report

Organization : City Of Milwaukee Health Department
Report #: 12
Account Number: CD1200141242

Prepared By: Lisa Lien Date: 1/6/2017
Accepted By: _____ Date: _____

MHD (In-House) Lead Based Paint Prevention/Abatement Program

14I-LMH-Housing Units: HUD Objective: Provide decent, affordable housing: HUD Outcome: Affordability

Principal Project Activity(s)	Measurement		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Lead Abatement in High -Risk Housing	# units identified	Plan	2	2	2	6	6	6	6	10	10	10	8	7	75
		Actual	11	11	22	5	3	11	11	12	16	16	12	5	135
	# units surveyed & scoped	Plan	2	2	2	6	6	6	6	10	10	10	8	7	75
		Actual	11	11	22	5	3	11	11	12	16	16	12	5	135
	#units abated & cleared for primary prevention	Plan	2	2	2	6	6	6	6	10	10	10	8	7	75
		Actual	3	9	22	1	2	7	5	7	9	12	9	3	89
	#units abated & cleared involving a child with an EBL	Plan	1	2	2	3	4	5	5	6	6	4	2	2	42
		Actual	8	2	3	6	1	4	6	5	7	4	3	2	51
	# of occupied units where blood lead tests are assured	Plan	1	2	2	3	4	5	5	6	6	4	2	2	42
		Actual	5	3	7	5	0	6	4	9	5	5	5	4	58

Organization Name: _HEALTH DEPARTMENT_____

Account Number: _CD1200141242_____

Activity & NSP Area: Primary Prevention Lead Abatement

2016 Direct Benefits Form

CDA - 35

Monthly Report

Report No: _12__ Reporting Period _December 2016 _____ (Month/Year)

Cumulative From: _____JANUARY 2016_____ (Month/Year)

Prepared By: Rose Binder _____ Date: __1-6-17____

CBGA Approval: _____ Date: _____

Check the Appropriate Box:

[X] Households Benefiting (Head of Household)

[ ] Individuals Benefiting

(see instructions on back)

Reporting Category: Totals must be an unduplicated count of clients served	A. Client Race (Those who are counted in any of the racial categories below, may also be counted as Hispanic)																				B. Female Head of Household	C. Client Income Level (*see below)			
	White		Black or African American		Native Hawaiian or Pacific Islander		Asian		American Indian or Alaskan Native		Black or African American & White		Asian & White		American Indian or Alaskan Native & White		American Indian or Alaskan Native & Black or African American		Other Multi-Race		Total Served					
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M			ELI	LI	MI	Non Low Moderate
1. Previous Cumulative Totals	4	2	35	23	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	67	42	25	23	19	
2. Total Served this report	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Cumulative TOTALS (Add #1 & 2)	4	2	35	23	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	67	42	25	23	19	
Of the total number of clients served above, list BELOW those that are also of Hispanic heritage.																										
4. Previous Cumulative Total of Hispanics served	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1					
5. Total Hispanics served this	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
6. Cumulative Total Hispanics served (Add # 4 & 5)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1					

*ELI = Extremely Low Income (less than 30% of County Median Income)

*LI = Very Low Income (between 31% & 50% of County Median Income)

*MI = Low Income (between 51% & 80% of County Median Income)

*Non Low Moderate Income - Above 80% of County Median Income

HOUSING PROJECTS ONLY - INDICATE # OF VACANT UNITS: 22

TOTAL: OCC & VACANT: 89

(MUST MATCH # REPORTED ON ACTIVITY REPORT)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	4	2	0	2	1	0	4	3	2	0	3

Copy of DEC CD1200141242 COMPLETION LIST HUD

GRANT	ORIGIN	ADD	APT	DIR	STREET NAME	STREET TYPE	ZIP	WINDOW CLEAR DATE	R, O, or V	TENANT NAME	TENANT ETHNICITY	TENANT INCOME STATUS	FHH	CDBG RPTING
16-CDGA	PP	4534	3	N	TEUTONIA	AVE	53209	12/6/16	V	V	V	VACANT	VAC	1/6/17
16-CDGA	PP	4534	1	N	TEUTONIA	AVE	53209	12/6/16	V	V	V	VACANT	VAC	1/6/17
16-CDGA	PP	3057		N	37TH	ST	53210	12/2/16	V	VAC	VACANT	VACANT	VAC	1/6/17

3 UNITS

Copy of DEC CD1200141242 COMPLETION LIST EBLS

ADD	APT	DIR	STREET	ORDER TYPE	order date	DATE INT DONE	DATE EXT DONE	CLEAR	CDBG REPORTED
2736		N	AVONDALE BL	BOTH	10/3/16	12/1/16	12/1/16	12/1/16	1-6-17 (DECEMBER)
2226		N	34TH ST	BOTH	9/15/16	12/5/16	12/5/16	12/5/16	1-6-17 (DECEMBER)

2 Total

Organization Name: Health Department

Account Number: CD1175141342

Activity & NSP Area: City-Wide

2016 Direct Benefits Form

CDA - 35

Monthly Report

Report No: Twelve Reporting Period December 2016 (Month/Year)

Cumulative From: 1/1/2016 (Month/Year)

Prepared By: Benjamin James Date: 01/09/2017

CDGA Approval: _____ Date: _____

Check the Appropriate Box:

See Instructions on Next Page

[x] Households Benefiting (Head of Household)

[ ] Individuals Benefiting

Reporting Category: Totals must be an unduplicated count of clients served	A. Client Race (Those who are counted in any of the racial categories below, may also be counted as Hispanic)																				B. Female Head of Household	C. Client Income Level (*see below)			
	White		Black or African American		Native Hawaiian or Pacific Islander		Asian		American Indian or Alaskan Native		Black or African American & White		Asian & White		American Indian or Alaskan Native & White		American Indian or Alaskan Native & Black or African American		Other Multi-Race		Total Served					
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M			ELI	LI	MI	Non Low Mod
1. Previous Cumulative Totals	13	12	61	13	0	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	103	78	33	50	20	0
2. Total Served this report	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	2	2	1	1	0
3. Cumulative TOTALS (Add #1 & 2)	13	14	63	13	0	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	107	80	35	51	21	0
Of the total number of clients served above, list BELOW those that are also of Hispanic heritage.																										
4. Previous Cumulative Total of Hispanics served	10	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16					
5. Total Hispanics served this report	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2					
6. Cumulative Total Hispanics served (Add # 4 & 5)	10	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18					

*ELI = Extremely Low Income (less than 30% of County Median Income)

*LI = Low Income (between 31% & 50% of County Median Income)

*MI = Moderate Income (between 51% & 80% of County Median Income)

*Non Low Moderate Income - Above 80% of County Median Income

NOTE: The number of clients served, as reported on this form must be exactly the same as those reported on the Project Activity Report.

HOUSING PROJECTS ONLY - INDICATE # OF VACANT 27

TOTAL: OCC & VACANT: 134

(MUST MATCH # REPORTED ON ACTIVITY REPORT)

Account Number: CD#1175141342

Lead Based Paint Prevention/ Abatement Program (CDGA funded Housing Providers)

14I - LMH - Housing Units: HUD Objective: Provide decent, affordable housing; HUD Outcome: Affordability

Principal Project Activity (s)	Measurement		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
NSP*	30*	Plan	0	0	2	4	6	6	6	6	0	0	0	0	30
		Actual	0	1	0	0	0	1	1	0	0	0	0	0	3
Acquire/Rehab/Sell	5	Plan	0	0	0	0	1	1	1	1	1	0	0	0	5
		Actual	0	0	0	0	0	1	0	0	0	0	0	0	1
NIP	60	Plan	5	5	5	5	6	6	6	6	6	6	6	6	60
		Actual	2	7	3	3	3	10	7	13	11	9	12	3	83
NIDC	60	Plan	5	5	5	5	5	5	5	5	5	5	5	5	60
		Actual	0	2	1	4	5	4	6	8	2	3	9	2	46
Homebuyer's Assistance	5	Plan	0	0	0	0	1	1	1	1	1	0	0	0	5
		Actual	0	0	0	1	0	0	0	0	0	0	0	0	1
Forecasted Total	160		2	10	4	8	8	16	14	21	13	12	21	5	134

Actual Total

*Note: NSP 2 - Select Milwaukee Projects were forecasted; Program stopped enrolling projects at the end of 2015 and dissolved in 2016 with little completion ; Have been removed for 2017 projections

CD1175141342	Report for December 2016			written on 01/09/2017		
NUMBER	ADDRESS	ALT	DIRECTION	STREET	ST TYPE	ZIP
1	1241		W	Madison	St	53204
2	2525		W	Center	St	53206
3	4431		N	Hopkins	St	53209
4	1900		S	5th	Pl	53204
5	1902		S	5th	Pl	53204

CO1176141342 Report for December 2016 written: 01/09/2017

NUM BER	ADDRESS	APT	DIRECTION	STREET	Street Type	ZIP	EXT CLEAR	OCCTYPE	OWNER LAST NAME	OWNER FIRSTNAME	AGENCY	CODE INSP	OTHER CONTRACT	WINDOW CONT	WINDOW CLEAR	2ND INSP	SEND DATE	TB	TLS	TB H	CERTIFICATE PROGRAM	DATE ASSIGN
1	1241		W	Madison	St	53204	12/1/2016	Owner	Rios	Rafael M.	MCC	Mndek	Side Contra	Side Contra	11/29/2016	NR	12/12/2016	H	ELI	M	NIP	11/7/2016
2	2525		W	Center	St	53206	12/2/2016	Owner	Terrell	Margaret	CF	Davis	erior Home	erior Home	12/2/2016	NR	12/12/2016	B	ELI	F	NIP	8/9/2016
3	4431		N	Hopkins	St	53209	12/14/2016	Owner	Lyons	Juanita H.	Gibraltar	Martin	bony Build	bony Build	11/17/2016	DL	12/14/2016	B	LI	F	NIP	9/14/2016
4	1900		S	5th	Pl	53204	12/16/2016	Owner	Velades	Jose Olivia	NIDC	Pellet	eneral Con	E+L	NA	DL	12/16/2016	H	MI	M	TIN	7/14/2016
5	1902		S	5th	Pl	53204	12/16/2016	Owner	Velades	Jose Olivia	NIDC	Pellet	eneral Con	E+L	NA	DL	12/16/2016	V	V	V	TIN	7/14/2016

Lead Hazard Reduction Demonstration Grant Report, October- December 2016

U.S Department of Housing and Urban Development

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Quarterly Report
24975

Printable View

« Back to Grant Award: WILHD0265-14

Units [10+] | Financials [1] | Quarterly Report History [3] | Notes & Attachments [4]

Quarterly Report Detail

Edit Submit

Quarterly Progress Report #	24975	**Grant Program**	LHRD
Report Quarter	Q9	**Grantee Organization**	City of Milwaukee
Status	Under Review	**Type of Organization**	City or Township Government
Grant Agreement Number	WILHD0265-14	**Organization Address**	841 N Broadway Milwaukee WI 53202 USA
		Start - Expiration Date (Original)	12/1/2014 - 11/30/2017
Report Period	Oct 1 - Dec 31	**Start Date**	12/1/2014
Year	2016	**Expiration Date**	11/30/2017
Project Manager	Lisa Lien (414) 286-2388 llien@milwaukee.gov	**Number of Projected Units**	710
LOCCS Drawdowns This Quarter	$315,787.00	**Total Grant Amount**	$3,900,000.00
Total Match Provided this QTR	$166,656.00		

Quarterly Score Summary

Score New Formula	100	**Assessment Score New**	30
		Units Completed Score New	40
Number of Units Completed	65	**LOCCS Score This Period New**	30
Cumulative Assessments for This QR	511		
Cumulative Units for This QR	425		
Cumulative LOCCS for This QR	$1,948,460.00		

QUARTERLY REPORT NARRATIVE OVERVIEW - SECTION A

Project Management ☑

A1: Start Up Activities

Status of Start Up Activities Projects have been enrolled from the first month of operation in December of 2014. From intake there has been an orderly flow of work so that from start to finish most projects are completed within 120 days.

A2: Obstacles to Performance

Obstacles and Measures The biggest obstacle to success were the XRF machines that were purchased in 2009. A number of inspections had to be rescheduled as a result of defective equipment.

This manager secured another grant to write a request for bids and secured approval from City officials to justify the

purchase of state-of-the art machinery to increase field efficiency and productivity. The outcome of the effort resulted in 6 new XRF machines that were delivered before the end of the quarter..

Another obstacle was to assure the inspectors received radiation safety training, product end-user training, and field training on machinery application. This Program Manager had to secure an additional radiation license from the State of Wisconsin to permit the use of the new machines.

The Healthy Homes inspector hired through our subcontractor, planned her retirement. While two new Healthy Homes inspectors were trained they have not produced completed units during the transition.

A3: Efforts to Enhance

Efforts to enhance coordination

Blood lead testing was provided to every enrolled family with children with the match of another grant. In addition, to the testing education is offered and the use of our HEPA vacuums to assure immediate hazards are removed before the property undergoes abatement services.

The integration of our Program with other housing agencies continues to develop as word spreads that our Program has funding to support other rehabilitation efforts in distressed neighborhoods.

A4: Contractor Availability

Availability of Contractors

There are 10 lead abatement contractors that were vetted through the City of Milwaukee's Office of Procurement. The newest contractor on the list was also the most aggressive winning 25% of all new bids, with four contractors winning less than 10% of bids.

Efforts to increase contractor capacity include joint trainings with the State of Wisconsin. The trainings included: specification development for Interior and Exterior Containment.

A5.1: Key Personnel Changes

Changes in Key Personnel

A key change in personnel was the retirement of a talented Healthy Homes Inspector. Although her position was filled, she had to provide training and development to a new for future program success. There were three meetings held with our subcontractor to discuss staying on track.

A5.2: Work Plan, Benchmark or Budget Changes

Significant Changes

There have not been significant changes to the work plan, benchmarks or budget.

A5.3: Methods to Collect Program Data and Criteria used to Evaluate Performance

Methods to collect data

Program demographics are self reported and collected prior to inspections as part of the application process. Additional environmental and blood lead data is collected by the inspector, nurse or outreach staff. While nursing data is kept out of HUD files, the information collected is used for surveillance.

Environmental data that is collected during the inspection, interim and final clearance is shared with the owner and occupants per disclosure rules in the inspection and close-out report. The contractor is also provided with clearance results for his own records.

A5.4: Effectiveness of Financing Mechanisms

Effective Financing Mechanisms

The Program pays 90% of the costs for replacement windows, after the owner pays for the stabilization of all other deteriorated leaded surfaces and or bare soil is remediated. In addition, in order for the owner to qualify the property must be habitable: all code violations must be addressed and the building taxes must be current. This financing method has been a bonanza for the Program for over 2 decades.

A5.5: Efforts to create a lead safe housing registry

Efforts Undertaken

There are currently 17,990 lead safe units. These properties represent three initiatives that document lead clearances: privately funded EBL projects, primary prevention projects and rehabilitation projects involving federal funds. The list of properties has been maintained by the Health Dept for 2 decades and is available upon request.

A6: Jobs Created/Retained

Types of Jobs Created/Retained

The jobs retained as a result of this grant include: program manager, 4 FTE inspectors, a chemist, a health service assistant, outreach, and a Healthy Homes inspector.

A7.1: Employment Baseline: Jobs existing at beginning of award

Grantee (J)	9	**First tier sub-grantees/contractors (J)**	2
Grant Start Date	12/1/2014		

A7.2: Employment Baseline: Green Jobs existing at beginning of award

Grantee (GJ)	0	**First tier sub-grantees/contractors (GJ)**	0

A8.1: Job Creation and Retention: Jobs

Created in your Agency (J)	7	**Retained in your Agency (J)**	7.00
Created by sub-grantees/contractors (J)	2	**Retained sub-grantees/contractors (J)**	2.00

A8.2: Job Creation and Retention: Green Jobs

Created in your Agency (GJ)	0	**Retained in your Agency (GJ)**	0.00
Created by sub-grantees/contractors (GJ)	0	**Retained sub-grantees/contractors (GJ)**	0.00

A9: Environmental Review Quality Assurance Plans

Environmental Review QA Plans The Program Manager accompanied Lead Inspectors on inspections to assure inspectors were implementing correct procedures in the field for reliable and accurate results. 4 field visits were conducted by the Program Manager. In addition, the Program Manager provided one-on-one supervision to staff in the field as needed. 3 in-house meetings discussed protocol revisions and expectations with staff, were followed up with written amendments as needed.

A10: Challenges

Challenges Documentation of all processes is a continual burden, low wages and working in extremely impoverished neighborhoods. Furthermore, there is no political support for hiring, career development or increasing stagnant wages.

QUARTERLY REPORT NARRATIVE OVERVIEW - SECTION B

Community Education, Outreach & Training ✓

B1: Activities and Events Completed

Completed Events	2	**Attendees**	100

B2: Effective Outreach Techniques/Methods/Materials/Formats

Effective Outreach Techniques Speaking at community meetings about lead poisoning has peeked the public's interest as a result of discussions about Flint, Michigan. Many people turn out to learn about how to prevent lead poisonings and are pleased to know there is a Program that can address hazards in the home.

B3: Training Efforts Completed

Training Efforts	6.00	**People Trained**	21

QUARTERLY REPORT NARRATIVE OVERVIEW - SECTION C

Data Collection & Analysis ✓

Note This section is for Technical Studies only. If applicable.

C1.1: Development of Data Collection Instruments

Data collection instruments

C.1.2: Data Collection

Data Collection

C1.3: Data Validation and Analysis

Data validation and analysis

C2: Study Methods and Data Collection Instruments

Methods used

C3: Changes in Study/Evaluation Design

Changes in study design

C4: Preliminary Results

Preliminary Results

C5.1: Health Outcomes and Outputs Achieved/Expected

Health Outcomes Achieved

C5.2: Environmental Outcomes and Outputs Achieved/Expected

Environmental Outcomes Achieved

C6 - C8: Add Information in Data Collection & Analysis Related List below

Note Please enter all relevant data entries in the 'Data Collection & Analyses' related list at bottom of the page.

C9.1: Data Analysis Activities and Milestones - Data Validation

Date of Actual Completion (DV)

C9.2: Data Analysis Activities and Milestones - Data Analysis

Date of Actual Completion (DA)

C10: Status of Mid-Project Quality Assurance Report

Quality Assurance Report

QUARTERLY REPORT NARRATIVE OVERVIEW - SECTION D

Hazard Control Activities ✓

D1: Hazard Control Activities Conducted

Hazard Control Activities Conducted Most projects have some code correction or rehabilitation performed. These projects have minor repairs that average $859 per unit.
The remaining projects had all leaded surfaces intact except windows..

D2: Hazard Control Methods Used

Hazard Control Methods 48 units were cleared for lead hazard control work that included low level interventions for code correction or rehabilitation A combination of interim controls and abatement were used on these units. 17 units were cleared exclusively for window replacement.

D3: Post-Hazard Control Maintenance Plans for Units

Post-Hazard Control Maintenance Plans Lead Hazard Control Projects that have been completed in the last 2-3 years are screened for visits by the Program Manager to determine whether maintenance is being carried out. The Program Manager conducts a walk-thru and documents maintenance standards. If there are deficits and the owner does not correct them he/she will be barred from accessing grant funds for additional properties.

D4: Hazard Evaluations and Units in Progress

Units Receiving Hazard Evaluations	72
Units with Hazards Identified	65.00
Units in Progress	11.00
Units under Contract	12.00

System Information

Created By Lani Rowe, 10/1/2016 3:10 PM **Last Modified By** Lisa Lien, 1/30/2017 3:39 PM

Edit Submit

Units New Unit

Action	Unit #	Report Period	Street Address	Apt #	City	Year	State	Zip/Postal Code	Total Project Cost
Edit	327605	Oct 1 - Dec 31	2565 N 14TH ST	A	MILWAUKEE	2016	WI	53206	$2,800.00
Edit	327610	Oct 1 - Dec 31	4083 N 20TH AVE		MILWAUKEE	2016	WI	53209	$6,080.00
Edit	327606	Oct 1 - Dec 31	2565 N 14TH ST		MILWAUKEE	2016	WI	53206	$3,841.00
Edit	327609	Oct 1 - Dec 31	4081 N 20TH AVE		MILWAUKEE	2016	WI	53209	$8,417.00
Edit	327611	Oct 1 - Dec 31	2716 N 24TH ST		MILWAUKEE	2016	WI	53206	$18,940.00
Edit	327612	Oct 1 - Dec 31	2718 N 24TH ST		MILWAUKEE	2016	WI	53206	$5,700.00
Edit	327614	Oct 1 - Dec 31	4116 N 24TH PL		MILWAUKEE	2016	WI	53209	$6,137.00
Edit	327615	Oct 1 - Dec 31	3324 N 27TH ST	A	MILWAUKEE	2016	WI	53216	$3,890.00
Edit	327616	Oct 1 - Dec 31	3324 N 27TH ST		MILWAUKEE	2016	WI	53216	$4,477.00
Edit	327617	Oct 1 - Dec 31	2910 N 28TH ST		MILWAUKEE	2016	WI	53210	$5,623.00

Show 10 more » | Go to list (55+) »

Financials New

Action	Financial: Budget Category #	Grantee Request Status	Year	Report Period	Financial: Created Date
☐ | Edit	13113	Legacy Financial Record - N/A	2016	Oct 1 - Dec 31	1/26/2017

Quarterly Report History

Date	User	Action
1/30/2017 3:39 PM	Lisa Lien	Changed **Status** from Submitted to **Under Review**.
		Changed **Status** from Open to **Submitted**.
10/1/2016 3:12 PM	Lani Rowe	Created.

Notes & Attachments New Note Attach File View All

Action	Type	Title	Last Modified	Created By
Edit | View | Del	Attachment	Benchmark WILHD0265-14 4th quarter 2016.xls	1/26/2017 4:52 PM	Lisa Lien
Edit | View | Del	Attachment	HUD WILHD0265-14 SF 425 Period Ending 123116.pdf	1/26/2017 3:55 PM	Lisa Lien
Edit | View | Del	Attachment	Section3 Form.pdf	1/13/2017 4:30 PM	Lisa Lien
Edit | View | Del	Attachment	race and ethnic data report 2016.pdf	1/13/2017 4:29 PM	Lisa Lien

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U.S Department of Housing and Urban Development

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Grant Award
WILHD0265-14

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Grant Award Detail

Grant Agreement Number	WILHD0265-14	**Total Assessments Completed - Report**	511
Status	Active	**Projected - Assessments/Evaluations**	740
		Total Units Completed - Report	425
Grant Program	LHRD	**Projected - Units Completed/Cleared**	710
Total Grant Dollar Amount	$3,900,000.00	**Total LOCCS Completed - Report**	$2,101,001.00
Total Match Commitment	$998,367.00	**Projected - LOCCS Drawdowns**	$3,900,000.00
Date Final Report is Due	2/28/2018		

Quarterly Reports

Current Quarterly Report	25246	**Previous Quarterly Report**	24975
Current QPR Report Period	Jan 1 - Mar 31	**Previous QPR Report Period**	Oct 1 - Dec 31
Current QPR Status	Open	**Previous QPR Status**	Under Review

Organization Information

Grantee Organization	City of Milwaukee
Organization Address	841 N Broadway Milwaukee WI 53202 USA
Region	5
Type of Organization	City or Township Government
DUNS Number	9334516680000

Key Date Information

Fiscal Year	2014
POP Start Date	12/1/2014
POP End Date	11/30/2017

Project Information

Project Title	City of Milwaukee 2014 LHRD Grant	**High Risk**	☐
Project Manager	Lisa Lien		
Project Manager Phone	(414) 286-2388	**Fiscal Officer**	
Project Manager Email	llien@milwaukee.gov	**Fiscal Officer Email Address**	
		Fiscal Officer Phone #	

Authorized Official	Mr. Bevan Baker
Authorized Official Email Address	bkbaker@milwaukee.gov
Authorized Official Phone #	

Monitoring

Date Notification Letter Sent	6/15/2017	**# of Findings Identified**	1
Date Monitoring Report Completed	12/13/2016	**# of Concerns Identified**	2
Date Monitoring Visit Occurred	7/18/2017	**Date Grantee Response Received**	1/24/2017
		Date Findings Cleared	1/24/2017

Negotiated Budget Categories

Personnel	$739,222.00	**Personnel (Use) Actual**	$505,874.00
Fringe Benefits	$347,434.00	**Fringe Benefits (Use) Actual**	$215,735.00
Travel	$33,073.00	**Travel (Use) Actual**	$22,668.00
Equipment	$0.00	**Equipment (Use) Actual**	$0.00
Supplies and Materials	$34,981.00	**Supplies and Material (Use) Actual**	$26,908.00
Consultants	$0.00	**Consultants (Use) Actual**	$0.00
Contracts/Sub-Grantees	$2,336,650.00	**Contracts/Sub-Grantees (Use) Actual**	$1,053,158.00
Healthy Homes Supplement	$400,000.00	**Healthy Homes Supplement (Use) Actual**	$118,767.00
Other Direct Costs	$8,640.00	**Other Direct Costs (Use) Actual**	$5,350.00
Indirect Costs	$0.00	**Indirect Costs (Use) Actual**	$0.00
Totals	$3,900,000.00	**Total Actual**	1,948,460.00

Negotiated Admin Categories

Personnel AC	$58,063.00	**Personnel (Use) AC Actual**	$53,427.00
Fringe Benefits AC	$27,290.00	**Fringe Benefits (Use) AC Actual**	$22,977.00
Travel AC	$0.00	**Travel (Use) AC Actual**	$0.00
Equipment AC	$0.00	**Equipment (Use) AC Actual**	$0.00
Supplies and Material AC	$0.00	**Supplies and Material (Use) AC Actual**	$0.00
Consultants AC	$0.00	**Consultants (Use) AC Actual**	$0.00
Other Direct Costs AC	$0.00	**Other Direct Costs (Use) AC Actual**	$0.00
Indirect Costs AC	$0.00	**Indirect Costs (Use) AC Actual**	$0.00
Total AC	$85,353.00	**Total AC (Use) Actual**	$76,404.00

Quarter Scores

Q1 Score	100	**Q1 Score Adjusted**	
Q2 Score	100	**Q2 Score Adjusted**	
Q3 Score	100	**Q3 Score Adjusted**	
Q4 Score	100	**Q4 Score Adjusted**	
Q5 Score	100	**Q5 Score Adjusted**	

Q6 Score	100	Q6 Score Adjusted	
Q7 Score	100	Q7 Score Adjusted	
Q8 Score	100	Q8 Score Adjusted	
Q9 Score	100	Q9 Score Adjusted	
Q10 Score		Q10 Score Adjusted	
Q11 Score		Q11 Score Adjusted	
Q12 Score		Q12 Score Adjusted	
Q13 Score		Q13 Score Adjusted	
Q14 Score		Q14 Score Adjusted	
Q15 Score		Q15 Score Adjusted	
Q16 Score		Q16 Score Adjusted	
Q17 Score		Q17 Score Adjusted	
Q18 Score		Q18 Score Adjusted	

Assessments/Evaluations - Cumulative Benchmarks and Actual Cumulative

Q1 (A)	0	Q1 (A-C)	0
Q2 (A)	0	Q2 (A-C)	23
Q3 (A)	20	Q3 (A-C)	101
Q4 (A)	50	Q4 (A-C)	203
Q5 (A)	120	Q5 (A-C)	296
Q6 (A)	190	Q6 (A-C)	358
Q7 (A)	260	Q7 (A-C)	397
Q8 (A)	330	Q8 (A-C)	439
Q9 (A)	390	Q9 (A-C)	511
Q10 (A)	480	Q10 (A-C)	
Q11 (A)	550	Q11 (A-C)	
Q12 (A)	620	Q12 (A-C)	
Q13 (A)	680	Q13 (A-C)	
Q14 (A)	740	Q14 (A-C)	
Q15 (A)	740	Q15 (A-C)	
Q16 (A)	740	Q16 (A-C)	
Q17 (A)	740	Q17 (A-C)	
Q18 (A)	740	Q18 (A-C)	

Units Completed - Cumulative Benchmarks and Actual Cumulative

Q1 (U)	0	Q1 (U-C)	0
Q2 (U)	0	Q2 (U-C)	4
Q3 (U)	15	Q3 (U-C)	33
Q4 (U)	45	Q4 (U-C)	93
Q5 (U)	90	Q5 (U-C)	188
Q6 (U)	140	Q6 (U-C)	253
Q7 (U)	180	Q7 (U-C)	295
Q8 (U)	235	Q8 (U-C)	360
Q9 (U)	305	Q9 (U-C)	425
Q10 (U)	375	Q10 (U-C)	425
Q11 (U)	430	Q11 (U-C)	
Q12 (U)	500	Q12 (U-C)	
Q13 (U)	570	Q13 (U-C)	
Q14 (U)	640	Q14 (U-C)	
Q15 (U)	710	Q15 (U-C)	
Q16 (U)	710	Q16 (U-C)	
Q17 (U)	710	Q17 (U-C)	
Q18 (U)	710	Q18 (U-C)	

LOCCS Drawdowns - Cumulative Benchmarks and Actual Cumulative

Q1 (L)	$0.00	Q1 (L-C)	$0.00
Q2 (L)	$96,308.00	Q2 (L-C)	$96,308.00
Q3 (L)	$175,000.00	Q3 (L-C)	$278,252.00
Q4 (L)	$234,000.00	Q4 (L-C)	$518,942.00
Q5 (L)	$507,000.00	Q5 (L-C)	$796,849.00
Q6 (L)	$780,000.00	Q6 (L-C)	$1,086,221.00
Q7 (L)	$975,000.00	Q7 (L-C)	$1,310,275.00
Q8 (L)	$1,287,000.00	Q8 (L-C)	$1,632,673.00
Q9 (L)	$1,677,000.00	Q9 (L-C)	$1,948,460.00
Q10 (L)	$2,067,000.00	Q10 (L-C)	$2,101,001.00
Q11 (L)	$2,379,000.00	Q11 (L-C)	
Q12 (L)	$2,730,000.00	Q12 (L-C)	
Q13 (L)	$3,120,000.00	Q13 (L-C)	
Q14 (L)	$3,705,000.00	Q14 (L-C)	
Q15 (L)	$3,900,000.00	Q15 (L-C)	
Q16 (L)	$3,900,000.00	Q16 (L-C)	
Q17 (L)	$3,900,000.00	Q17 (L-C)	
Q18 (L)	$3,900,000.00	Q18 (L-C)	

System Information

Created By Jerry Freese, 10/10/2014 7:49 AM **Last Modified By** Lisa Lien, 2/10/2017 10:21 AM

Quarterly Reports

Action	Quarterly Progress Report #	Status	Report Quarter	Report Period	Year
Edit	22509	Closed	Q2	Jan 1 - Mar 31	2015
Edit	22747	Closed	Q3	Apr 1 - Jun 30	2015
Edit	22347	Closed	Q1	Oct 1 - Dec 31	2014
Edit	23864	Closed	Q5	Oct 1 - Dec 31	2015
Edit	24260	Closed	Q6	Jan 1 - Mar 31	2016
Edit	24884	Closed	Q8	Jul 1 - Sept 30	2016
Edit	24975	Under Review	Q9	Oct 1 - Dec 31	2016
Edit	24422	Closed	Q7	Apr 1 - Jun 30	2016
Edit	25246	Open	Q10	Jan 1 - Mar 31	2017
Edit	22862	Closed	Q4	Jul 1 - Sept 30	2015

Cases New Grantee Request

Action	Case Number	Subject	Date/Time Opened	Priority	Status
Edit | Cls	00003577	Loccs draw	2/9/2015 3:27 PM	High	Closed
Edit | Cls	00003578	LOCCS Draw	2/9/2015 3:35 PM	High	Closed
Edit | Cls	00003467	Access	1/30/2015 11:11 AM	High	Closed
Edit | Cls	00003730	LOCCS Draw	3/3/2015 3:15 PM	High	Closed
Edit | Cls	00003864	Contracts with our subcontractor	3/24/2015 1:06 PM	High	Closed
Edit | Cls	00003865	LOCCS draw	3/24/2015 1:08 PM	Medium	Closed
Edit | Cls	00003979	LOCCS Draw	4/13/2015 3:06 PM	High	Closed
Edit | Cls	00003980	LOCCS Draw	4/13/2015 3:12 PM	Medium	Closed
Edit | Cls	00004111	email dated 4/28/2015	5/6/2015 11:41 AM	Medium	Closed
Edit | Cls	00004144	LOCCS Draw	5/12/2015 3:39 PM	High	Closed

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WORK PLAN DEVELOPMENT WORKSHEET
WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
FOR 42-MONTH PERIOD OF PERFORMANCE

Healthy Homes and Lead Hazard Programs														OMB Approval Number 2539-0015 (exp 11/30/2010)	
* Grant Number:WILHD0265		Grantee Organization:							* Period of Performance: 10/1/14-9/30/17						
** 1Q G	2Q GY1	3Q GY1	4Q GY1	1Q GY2	2Q GY2	3Q GY2	4Q GY2	1Q GY3	2Q GY3	3Q GY3	4Q GY3	1Q GY4	2Q GY4	3Q GY4	
ACTIVITY															
Applicant Capacity(0-180 days)															
Staff Hired															
Approved Environmental Review															
Written Policies and Procedures															
Planned Unit		50	100	150	225	300	350	400	450	525	600	750			
Paint Inspections/Risk Assessments: Performance		2%	7%	16%	26%	35%	45%	53%	65%	74%	84%	92%	100%		
Work Plan Milestone		20	50	120	190	260	330	390	480	550	620	680	740		
% Planned	0%	2%	7%	16%	26%	40%	49%								
Actual # Completed	23	78	102	186	260	301	365								
Actual % Completed		10%	14%	25%	35%	42%	49%								
Units in Progress		*52*	*37*	*22*	*18*	*24*	*42*								
Units Completed and Cleared: Performance Standard	2%	6%	13%	20%	25%	33%	43%	53%	61%	70%	80%	90%	100%		
Work Plan Milestone	**15**	**45**	**90**	**140**	**180**	**235**	**305**	**375**	**430**	**500**	**570**	**640**	**710**		
% Planned	0%	2%	6%	13%	20%	25%	35%	58%							
Actual # Completed	4	33	93	184	246	285	344	409							
Actual % Completed		5%	13%	26%	35%	40%	48%	58%							
Cumulative LOCCS DRAWDOWNS Grant Award Amount = $															
Performance Standard		0	5%	10%	15%	20%	30%	40%	50%	60%	70%	80%	95%	100%	
LOCCS Drawdown Work Plan Milestone	96,308	175,000	234,000	507,000	780,000	975,000	1,287,000	1,677,000	2,067,000	2,379,000	2,730,000	3,120,000	3,705,000	3,900,000	
% Planned		4%	10%	10%	15%	34%	38%	**43%**							
Actual LOCCS Drawdown		266,618	503,779	816,672	1,077,635	1,315,117	1,655,002	2,015,508							
Actual Cumulative LOCCS Drawdown %		7%	19%	21%	28%	34%	38%	52%							
Community Outreach / Education / Training		25	50	75	100	125	150	175	200	225	250	275	300		
Community Outreach and Education Work Plan Milestone		58	64	104	117	165	180	191							
Healthy Homes Units Planned Enrollment		1	4	10	15	25	30	35	40	45	50				
Planned HHRS completions		0	1	5	8	15	20	25	30	35	40	45	50		
Healthy Homes Planned Completions		0	0	2	6	10	20	25	30	35	40	45	50		
Performance Measured Against Approved Work Plan Milestones				5	8	11	17	17						100%	
* Leave Grant Number and Period of Performance blank at time of application.															
** GY = Grant Year															

Immunization Action Plan Grant Report, 2016

Immunization Action Plan
2016 Grant Report

Objective 1

By December 31, 2016, the Milwaukee Health Department (MHD) will work with Milwaukee Public Schools and Private schools in the city of Milwaukee to increase the immunization compliance rate by 2% from 89% to 91%.

Goal met with 2016 compliance rate: 90.8%

Contract Deliverable

1. A report summarizing immunization compliance activities, including school clinic activities, and school site visits.
2. A copy of MPS's School Report to Local Health Department annual immunization compliance report.
3. A copy of vaccine usage report indicating the number of clients and vaccinations entered into the registry.

Input Activities

1. By December 31, 2016, MHD will provide 15 offsite immunization opportunities including preparedness functional clinic exercises if vaccine is available, clinics held after 6p and possibly on Saturdays to increase access for children of working parents.

MHD held 34 separate offsite immunization clinic events in 2016. In these events, 1,085 clients received 2,462 vaccinations. This includes 2 Saturday clinics and MHD's Back to School Health Fairs as functional clinic exercises. The summary of the immunization clinics can be found below:

Number	Site ID	Date	Total Clients	Total Shots
1	CHRISTIAN FAITH ACADEMY OF HIGHER LEARNING	2/2/2016	10	27
2	METCALFE PARK SCHOOL	2/12/2016	6	22
3	LONGFELLOW SCHOOL	3/21/2016	15	26
4	WASHINGTON HIGH SCHOOL	3/23/2016	7	28
5	SAINT MARCUS LUTHERAN	4/7/2016	9	17
6	The Wicked Hop	5/24/2016	14	14
7	METCALFE PARK SCHOOL	5/26/2016	8	27
8	DIVERSE AND RESILIENT	6/7/2016	3	3
9	WATERFRONT DELI	6/13/2016	11	11
10	BESTD CLINIC	6/20/2016	6	8
11	16TH ST HIV CLINIC	6/21/2016	3	3
12	ZOOFARI CONFERENCE CENTER	6/25/2016	10	24
13	GREATER MILWAUKEE CENTER	6/29/2016	2	2
14	OUTREACH COMMUNITY SITE	8/13/2016	7	17

15	BACK TO SCHOOL HEALTH FAIR: NORTH DIVISION HIGH SCHOOL	8/19/2016	197	465
16	BACK TO SCHOOL HEALTH FAIR: SOUTH DIVISION HIGH SCHOOL	8/26/2016	256	656
17	WESTLAWN GARDENS	8/29/2016	7	27
18	METCALFE PARK SCHOOL	9/23/2016	16	45
19	MILWAUKEE ACADEMY OF SCIENCE	9/27/2016	28	85
20	GREENFIELD SCHOOL	10/6/2016	71	128
21	GREATER NEW BIRTH CHURCH & CHRISTIAN CENTER	10/7/2016	25	28
22	ROOSEVELT MIDDLE SCHOOL	10/11/2016	10	24
23	MPS EXCLUSION WEEK	10/17/2016	47	160
24	MPS EXCLUSION WEEK	10/19/2016	28	106
25	MPS EXCLUSION WEEK	10/20/2016	12	44
26	MARQUETTE UNIVERSITY ALUMNI	10/20/2016	35	49
27	Neighborhood House of Milwaukee	10/25/2016	134	134
28	HARTFORD UNIVERSITY SCHOOL	10/26/2016	60	151
29	BETHUNE ACADEMY	11/9/2016	8	29
30	LINCOLN CENTER OF THE ARTS	11/16/2016	5	12
31	WESTLAWN GARDENS	11/17/2016	10	10
32	METCALFE PARK SCHOOL	12/2/2016	14	42
33	LINCOLN CENTER OF THE ARTS	12/8/2016	5	19
34	LANCASTER SCHOOL	12/19/2016	6	19

2. By December 31, 2016 MHD will continue to refine and implement policies, procedures and intervention activities to address private schools who fail to submit the required School Report to Local Health Departments.

   Of the 145 private schools in the City of Milwaukee, 89 failed to submit the required school report to local health department by October 31, 2016 and were sent a letter mailed on November 9, 2016. After sending the letter and working with the schools who had not submitted by November 9th 2016, calls were made to 35 schools starting November 14, 2016. As of December 12, 2016, all open schools were compliant and no schools were referred to the DA's office.

3. By December 31, 2016 conduct site visit to 15 schools (including both public and private); if a facility can obtain 20 consents MHD will conduct an onsite clinic at that site.

   As of December 31st 2016, school site visit/assessments were conducted for 23 different schools. The table below lists each individual school visit:

Number	School	Date
1	CHRISTIAN FAITH ACADEMY OF HIGHER LEARNING	1/22/2016
2	KINGS ACADEMY	2/8/2016
3	WASHINGTON HIGH SCHOOL	2/9/2016
4	LONGFELLOW SCHOOL	2/16/2016
5	PIUS XI HIGH	2/19/2016
6	SAINT MARCUS LUTHERAN	3/18/2016
7	CLARA MOHAMMED	5/9/2016
8	SOUTH DIVISION HIGH SCHOOL	6/23/2016
9	PRINCE OF PEACE	9/6/2016
10	ST. RAFAEL	9/6/2016
11	GREENFIELD SCHOOL	9/8/2016
12	METCALFE PARK SCHOOL	9/8/2016
13	ROOSEVELT MIDDLE SCHOOL	9/8/2016
14	MILWAUKEE ACADEMY OF SCIENCE	9/16/2016
15	HARTFORD UNIVERSITY SCHOOL	9/19/2016
16	LINCOLN CENTER OF THE ARTS	9/21/2016
17	MARSHALL HIGH SCHOOL	9/28/2016
18	WEDGEWOOD PARK	10/4/2016
19	ROCKETSHIP SOUTHSIDE COMMUNITY PREP	10/13/2016
20	CARMEN HIGH SCHOOL OF SCIENCE AND TECHNOLOGY	11/1/2016
21	BETHUNE ACADEMY	11/3/2016
22	CLARA MOHAMMED	11/15/2016
23	LANCASTER SCHOOL	12/14/2016

4. MHD will enter all immunization administered at offsite and onsite clinics into the WIR.

   From January 1 through December 31, 2016, the City of Milwaukee Health Department has administered 8,359 shots to 3,151 clients. MHD is up to date on entering shots into the registry.

5. MHD will hold two immunization requirement educational meetings; one with schools and one with childcare providers.

   In 2016, MHD partnered with the DA's office to enforce the State Immunization Law for schools by getting a court order so that schools can report non-compliant students to the DA's office per WI State Statute 252.04. Because this would change the process for school compliance reporting, MHD focused on childcare provider education in 2016. The 2016 Law Symposia for childcare providers were held on 3 separate days focusing on immunization law as it pertains to childcares.

The daycare educational meetings were held at MHD's Northwest Health Center on ***May 11th, 13th and 18th.*** We invited 173 daycares centers via postal mail. 26 people registered for the childcare-focused symposium; 25 people attended. The attendees were instructed to submit or bring a list of all children 2-4 years old attending their daycares to practice completing the 2015-2016 Wisconsin Day Care Immunization tally sheet.

Symposia staff for 2016 included Milwaukee Health Department (MHD) Public Health Nurses (PHNs) Carol Johnsen, William Rice, and Richard Weidensee and Program Assistant Deb Tobin.

The presenter for each symposium session was Richard Weidensee RN discussing:

- The purpose of the WI Statutes related to childcare immunization.
- Immunization record management.

During each presentation the supporting staff printed out all vaccine records from WIR for each daycare. At the end of the presentation all staff helped attendees to practice completing the 2015-2016 Wisconsin Day Care Immunization tally sheet and answer any questions.

Each symposium attendee received a folder with "tools" and resources specific to their area of work (day care forms from State). Also included in attendee packets was a law symposium evaluation form, a list of vaccine trade names/ abbreviations, a copy of *MHD Immunization Requirements: Information for Day Care Facilities*, the *MHD Walk-In Clinic* schedule, and contact information for each of the MHD Immunization Program PHNs.

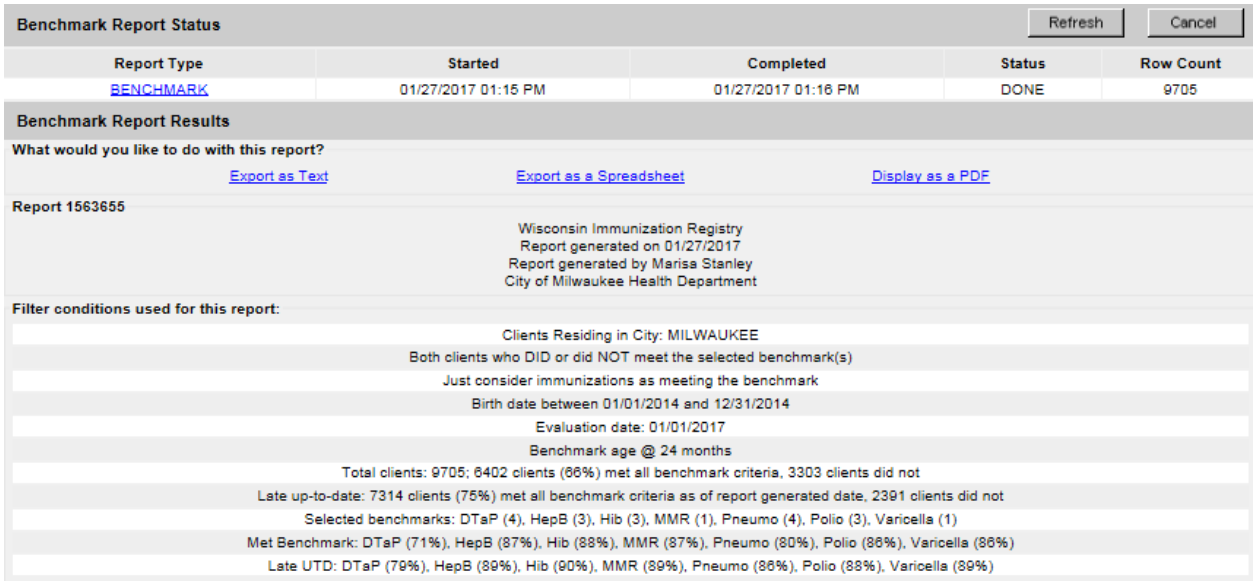
Objective 1

By December 31, 2016, 66% children residing in City of Milwaukee 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) vaccinations by their second birthday.

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in City of Milwaukee who turned 24 months of age in 2016 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If object not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

This objective was met in 2016 with 66% of children turning two years of age meeting the benchmark criteria.



Benchmark Report Status — Refresh | Cancel

Report Type	Started	Completed	Status	Row Count
BENCHMARK	01/27/2017 01:15 PM	01/27/2017 01:16 PM	DONE	9705

Benchmark Report Results

What would you like to do with this report?

Export as Text | Export as a Spreadsheet | Display as a PDF

Report 1563655

Wisconsin Immunization Registry
Report generated on 01/27/2017
Report generated by Marisa Stanley
City of Milwaukee Health Department

Filter conditions used for this report:

Clients Residing in City: MILWAUKEE
Both clients who DID or did NOT meet the selected benchmark(s)
Just consider immunizations as meeting the benchmark
Birth date between 01/01/2014 and 12/31/2014
Evaluation date: 01/01/2017
Benchmark age @ 24 months
Total clients: 9705; 6402 clients (66%) met all benchmark criteria, 3303 clients did not
Late up-to-date: 7314 clients (75%) met all benchmark criteria as of report generated date, 2391 clients did not
Selected benchmarks: DTaP (4), HepB (3), Hib (3), MMR (1), Pneumo (4), Polio (3), Varicella (1)
Met Benchmark: DTaP (71%), HepB (87%), Hib (88%), MMR (87%), Pneumo (80%), Polio (86%), Varicella (86%)
Late UTD: DTaP (79%), HepB (89%), Hib (90%), MMR (89%), Pneumo (86%), Polio (88%), Varicella (89%)

1. MHD will do quarterly reminder/recall mailings

We sent out 3,094 reminder/recall mailings and 1,930 phone calls for two-year old reminder recalls in 2016:

Format	Q1	Q2	Q3	Q4
Reminder/Recall Letters	794	761	751	788
Reminder/Recall Calls	498	464	472	496

2. MHD will sponsor an immunization symposium to increase provide knowledge on immunizations.

The 2016 Immunization Symposium was held on Thursday, September 22th at the Italian Conference Center. The keynote speaker was Dr. Raymond Strikas who is a medical officer in the Communication and Education Branch, Immunization Services Division, NCIRD, CDC, HHS in Atlanta, Georgia. The other speaker was James H. Conway, MD, FAAP Professor (CHS) – Department of Pediatrics, Division of Pediatric Infectious Disease – Fellowship Director, Associate Director for Health Sciences – Global Health Institute, University of Wisconsin School of Medicine and Public Health. The purpose of the program was to provide health care professionals with the latest childhood, adolescent, and adult immunization recommendations, and to develop the skills necessary to effectively inform and reassure patients about vaccine safety. The event was sponsored by MHD and the Immunize Milwaukee! Coalition and included vendor exhibits from CHIMC, Dream the Cure, MHS, Children's Community Health Plan, and 3 vaccine companies. 168 individuals registered for the 2016 Symposium; 157 individuals attended the event.

3. MHD will conduct site visits to 15 childcare providers to provide education around ACIP recommended vaccinations; if a facility can get 10 consents MHD will conduct an onsite clinic at that site.

   Through 12/31/2016, assessments have been conducted on 16 separate childcare sites. The table below lists each childcare MHD worked with is below:

Number	Childcare Facility	Date of 1st Visit
1	NEW HORIZON CHILDCARE	1/6/2016
2	ST JOSEPH ACADEMY INC.	1/14/2016
3	MOTHER OF GOOD COUNSEL EXTENDED CARE PROG	1/21/2016
4	MALAIKA EARLY LEARNING CENTER	2/11/2016
5	CHILDRENS KNOWLEDGE LEARNING CENTER	3/28/2016
6	TENDERCARE CHILD CARE	4/22/2016
7	TIPPI TOES CHILD CARE CENTER	5/10/2016
8	ADAMS LEARNING & DEVELOPMENT CENTER	5/23/2016
9	ARMANI LEARNING CENTER	5/25/2016
10	RENAISSANCE CHILD DEV CTR-MARSHALL	6/2/2016
11	MOST PRECIOUS JOURNEY	8/2/2016
12	ALL MY CHILDREN DAYCARE	8/22/2016
13	Only God Can Childcare	9/21/2016
14	Rock A-Bye Childcare	9/28/2016
15	PRECIOUS BLESSINGS LEARNING CENTER LLC	10/4/2016
16	Heaven's Totlot	10/5/2016

4. MHD will provide outreach to community based organizations and/or participate in community health education/health fair events to increase awareness about the importance of immunizations for a total of 10 outreach or education events.

   As of 12/31/2016, the Milwaukee Health Department attended 11 events (listed below).

Number	Event or Location	Date
1	JUNETEENTH DAY	6/19/2016
2	Bronzeville Cultural & Arts Festival	8/6/2016
3	BETTY BRINN CHILDREN'S MUSEUM	8/18/2016
4	NORTH DIVISION HIGH SCHOOL	8/19/2016
5	NORTHWEST HEALTH CENTER: MHD Open House	8/19/2016
6	Christ Temple Cogic	8/27/2016
7	CHRISTIAN FELLOWSHIP COMMUNITY CHURCH	8/27/2016
8	SOUTH SIDE HEALTH CENTER - MHD Open House	9/9/2016
9	ITALIAN COMMUNITY CENTER	9/22/2016
10	Washington High School	10/1/2016
11	GREATER NEW BIRTH CHURCH & CHRISTIAN CENTER	10/7/2016

5. MHD will partner with 2 WIC sites in the City to increase childhood immunizations with their clients.

The City of Milwaukee Immunization Program continues to provide immunization services to the WIC sites at all 3 of the MHD WIC sites and specifically provides education and immunization services at NWHC. On page 8 is a summary of the education check list data for 2016. In 2016, 64 WIC clients received 186 immunizations.

Total 2016 WIC Education Check list Data				Total 2015
Families Educated			316	321
Records of individual children reviewed with parents			394	354
Records indicating overdue for required vaccines per WIR			82	173
		Number	**2016 %**	**2015%**
Reasons required vaccine were not in WIR and registered as overdue	Missed appointment at the recommended date for vaccination	59	72%	64%
	Missed opportunity to vaccinate at last clinic appointment	5	6%	15%
	Vaccines were given but not recorded in WIR	9	9%	14%
	Missing birth dose of Hepatitis B	1	1%	1%
	Administration of one or more vaccines declined	8	10%	7%
Percentage of children who were overdue and vaccinated in WIC clinic		30	37%	35%

Increasing Human Papillomavirus (HPV) Vaccination Coverage Among Adolescents Grant Report, 2016

Increasing Human Papillomavirus (HPV) Vaccination Coverage Among Adolescents

Final Project Report

Coalition: Immunize Milwaukee! Coalition Date: 2/20/2017

Contact Name: Marisa Stanley Contact Email: mstanl@milwaukee.gov

Complete the following information in the tables below:

1. Note selected goals for the provider and/or the public (as described on approved grant application, feel free to copy/paste)
2. Note objectives for each goal (as described on approved grant application, feel free to copy/paste)
3. Note activities
    a. Completed activities (for the entire project period, round 2, ending October 31, 2016)
        i. Where available, please provide aggregated data (number of events, number of attendees, awarded CMEs or CEUs by type [if possible])
            1. Example: 5 lunch and learns, 82 total attendees, CME provided for 80 PAs and 2 MDs
    b. Planned activities but not completed and reason for not completing (barriers/challenges)
4. Note expenses related to activities and include total cost ($10,000 maximum amount awarded)
    a. Copy/paste the tables as needed to note goals, objectives, activities, expenses
5. Submit final project report to Sarah Born via email at sarah.born2@wi.gov with subject line as "HPV Grant Final Project Report" no later than Friday, December 23, 2016.

Goal Targeting the Provider: b) Increase knowledge regarding HPV vaccination safety and effectiveness. c) Improve skills needed to deliver strong, effective HPV vaccination recommendations.
Objective: Will exhibit at the 46th Annual Winter Refresher Course for Family Physicians, hosted by the Medical College of Wisconsin, to provide Milwaukee-area family physicians information about HPV vaccination safety and effectiveness and how they can deliver strong, effective HPV vaccination recommendations.
Completed Activities (include timeline as applicable): Physician and nurse members of Immunize Milwaukee! exhibited at the 2-day 46th Annual Winter Refresher Course for Family Physicians and provided meeting attendees with information about (1) HPV vaccination safety and effectiveness, and (2) how healthcare providers can deliver strong, effective HPV vaccination recommendations, both verbally and

through printed CDC materials (Tips and Time-savers for Talking with Parents about HPV Vaccine, found at: http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf; CDC's Information for Healthcare Professionals about Adolescent Vaccines, found at: http://www.cdc.gov/vaccines/who/teens/downloads/hcp-factsheet.pdf). Immunize Milwaukee! Exhibitors also used the Course as an opportunity to provide information about and promote the coalition.
Planned activities but not completed and reason for not completing (barriers/challenges): n/a
Expenses (include total cost): $1400

Goal Targeting the Public: a) Increase knowledge regarding HPV-related diseases (including cancers) b) Increase knowledge regarding HPV vaccination safety and effectiveness.
Objective: Will conduct a media campaign targeted at Milwaukee-area teens and parents to increase knowledge of HPV vaccine safety and effectiveness.
Completed Activities (include timeline as applicable): Activity #1: Ten messages about HPV vaccination and the importance of getting vaccinated were posted and boosted on the Immunize Milwaukee! Coalition's Facebook page from August-October 31, 2016, using CDC's Guide to Writing for Social Media and based on information on HPV vaccination from the CDC. Activity #2: Purchased advertisement spots at Milwaukee-area movie theaters played two, 30-second HPV vaccine promotional videos from the CDC: Doctors recommend HPV! Vaccine, and HPV vaccine is cancer prevention! from 7/22/2016 through 9/22/2016 at 4 Milwaukee-area movie theaters.
Planned activities but not completed and reason for not completing (barriers/challenges): N/A
Expenses (include total cost): Movie Theater Ads: $7,596, Facebook boosts: $881.75 Total for Goal Targeting the Public = $8,477.75

Community Healthcare Access Program Grant Report, 4th Quarter 2016

CITY OF MILWAUKEE HEALTH DEPARTMENT

Community Healthcare Access Program

2016 4th Quarter Report

Goals: Complete 4000 BadgerCare Plus online applications, 1500 online renewals and change reports, 4000 technical assistances, and establish at least (5) new community partnerships.

Strategy:

The Community Healthcare Access Program (CHAP) with the City of Milwaukee Health Department (MHD) is open from 8am to 4pm daily at the Southside Health Center, 1639 S. 23rd Street and Keenan Health Center, 3200 N. 36th Street. At the Northwest Health Center 7630 W. Mill Road we are currently serving clients for the ACA open enrollment that began November 1st and ends January 31st. We will discontinue services at Northwest in February until the next open enrollment time period. Ross Innovations Center at 6550 N. 76th St which is located in the Mill Road shopping Center has 13 DHS staff available to assist clients for all benefits except ACA enrollment during our absence.

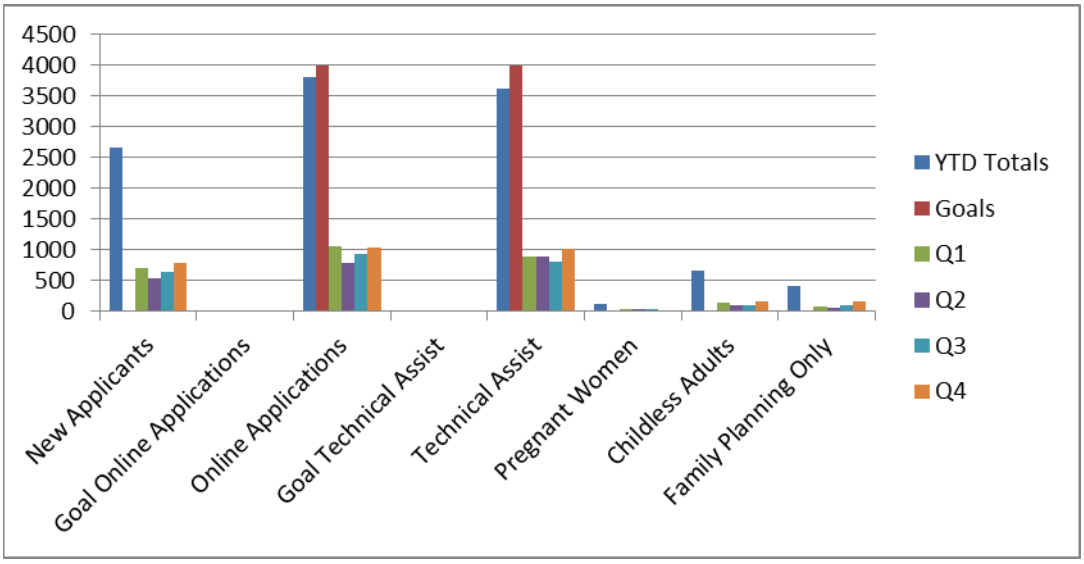
The CHAP Health Access Assistant (HAA) II helps clients by providing hands-on assistance with applying for BadgerCare Plus (BC+). All CHAP locations are Wi-Fi ready and HAA's are equipped with laptops, compact printers, jet packs, and cell phones, as well as scanning devices, which allow vital information to be uploaded that can determine eligibility in a timely manner, thus reducing errors or delays in benefit determinations. CHAP not only helps those applying for BC+, but with renewing BC+, reporting changes, and technical support. CHAP staff provides hands on assistance to all clients to complete the entire application process. CHAP staff will also provide assistance to individuals that reside outside of our service area. By assisting applicants and those renewing their benefits, CHAP decreases the likelihood of individuals closing, reopening or reapplying in a few days or weeks, which ultimately allows clients to maintain their health care coverage and encourages continuity of care. HAAs are also strategically placed throughout the community, at partner sites, to serve clients that might not access services at one of the MHD Health Centers.

Partnerships with community agencies are established by outreach at multiple area health fairs, including MHD's Annual Back to School Fair, churches, daycares, neighborhood community events, MPS sponsored events, and other events such as National Night Out, Juneteenth Day, Bronzeville Cultural Arts Festival, Milwaukee Public Library, Milwaukee Fatherhood Summit, Pride Fest, and other City of Milwaukee, and County sponsored events. We provide presentations and distribute material on various health topics, always seeking enrollment opportunities. We continue to target pregnant women in underserved areas in various zip codes with high infant mortality rates, and continue to partner closely with MHD home visiting programs and WIC.

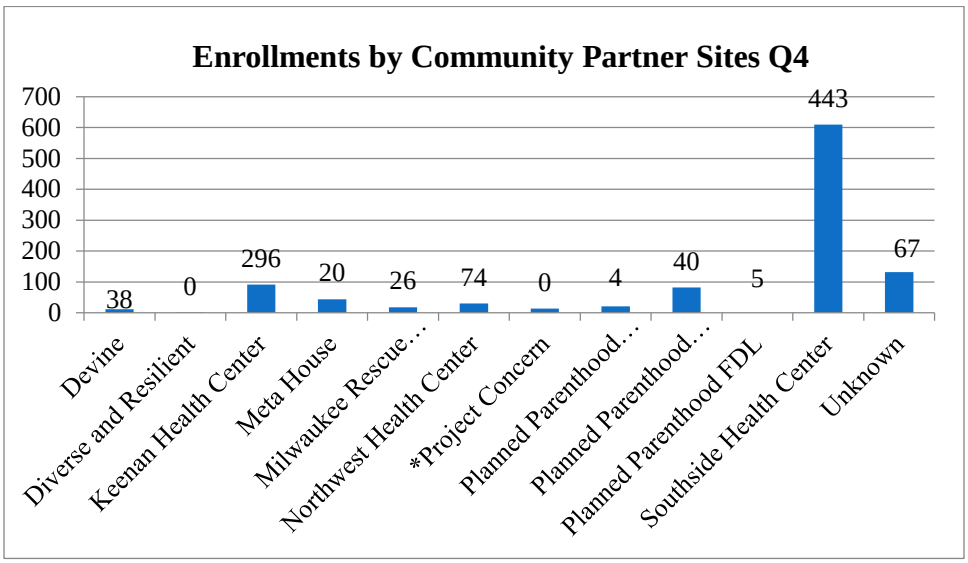
Outcomes:

During the 4th quarter of 2016, CHAP HAAs took 1029 applications assisting 785 new clients, 1026 technical assist, 26 pregnant women for NQIPW, 3 EE Pregnant women, 170 childless adults, and 171 Family Planning Only services. Our yearly totals for 2016 are as follows 3754 applications, 2683 new applications, 3581 technical assist, 93 pregnant women for NQIPW, 35 EE Pregnant women, 521 childless adults, and 404 applications for Family Planning Only services. Highlights of this quarter include our 2nd enrollment event with our new partner MATC. We participated in numerous health fairs, community events, and succeeded in establishing new partnerships and more collaborations with our Community Partners for enrollment events.

During this quarter due to open enrollment through the Market Place we also had 279 clients come in for assistance along with 66 phone inquiries. Due to changes in the political structure in the US more clients were concerned with getting in and inquiring about possible changes before making choices and decisions as to choosing plans.



The table below illustrates the distribution of applications throughout our community locations. Our program constantly reviews statistical information for our community sites and make adjustments when they are found to be nonproductive.

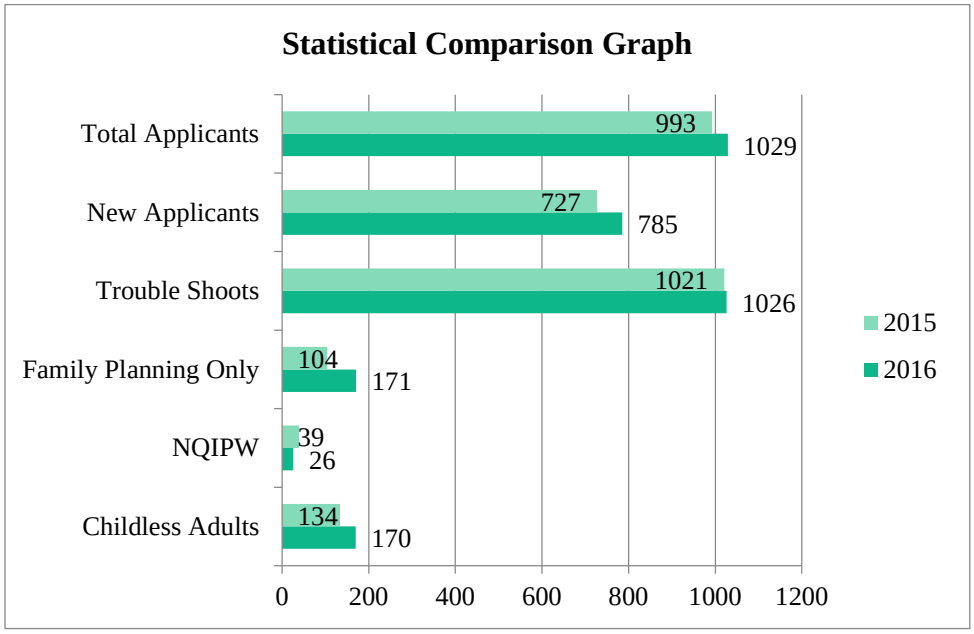


	YTD Total Applicants	Q1	Q2	Q3	Q4
53024	1	1	0	0	0
53095	1	1	0	0	0
53110	56	31	13	6	6
53130	19	6	0	6	7
53132	19	3	10	4	2
53151	5	1	0	3	1
53172	5	2	0	2	1
53185	1	1	0	0	0
53202	38	16	13	3	6
*53204	657	190	135	183	149
*53205	101	37	11	19	34
*53206	88	18	21	11	38
53207	64	8	3	33	20
53208	123	26	26	40	31
*53209	174	84	17	28	45
*53210	127	21	28	19	59
53211	15	2	2	9	2
*53212	117	32	16	32	37
53213	15	4	0	7	4
53214	92	14	20	23	35
53215	903	294	210	215	184
*53216	171	27	17	50	77
*53218	107	24	22	30	31
53219	66	18	21	14	13
53220	45	18	4	14	9
53221	185	47	69	31	38
53222	21	2	2	6	11
*53223	94	22	10	25	37
53224	107	13	25	20	49
*53225	60	13	6	7	34
53226	17	8	1	6	2
53227	19	13	5	1	0
53228	13	1	7	5	0
53233	163	45	46	38	34
53235	4	1	0	2	1
53511	6	6	0	0	0
Other	34	4	2	17	11
Totals:	3733	1054	762	930	1029

*High infant mortality zip codes

The above chart illustrates all 4 quarter statistics for the number of clients being served by zip code. The Women's Care Center and Planned Parenthood continue to refer pregnant women to CHAP from high infant mortality areas. We have assessed our presence in the targeted areas and have been able to improve our outreach and enrollment as evidenced by increases in the number of clients assisted.

In the 4th quarter of 2016 compared to the 4th quarter in 2015 we continued to increase the number of applications for new applicants and renewal with 4th quarter numbers of 1029 renewed and 785 new compared to 993 renewed and 727 new applications in 2015. Trouble shoots increased to 1026 this quarter up from 1021 last year.We have a sharp increase in the number of childless adults 170 in 2016 compared to 134 in 2015 which can be attributed to our work at the Rescue Mission. Family planning only coverage applications increased to 171 in 2016 compared to 104 in 2015. We have increase the number of Family Planning Only applications due to a more effective outreach effort through Keenan Health Center for Men STD services. The graph below compares the 4th quarter figures.



Challenges:

We are finally operating with a full staff of 9 as of August 15th but staffing continues to be an issue. We were very close to meeting our goals but our inability to provide more extensive outreach hindered us from achieving our goals. We continue to work with and collaborate with other community organizations to hold large enrollment events in hopes of reaching a larger population base to maximize our enrollment efforts. We currently have 20 different community partners and at this time are still unable to provide staff for full days of enrollment opportunities. We will have a new data base starting the 1st quarter of 2017 and this will help the program to make better use of data for targeted populations in most need, and assist in creating viable strategies to increase enrollment.

DAD Project Grant Report, Year 3

Section II: Summary

In Year 3, the DAD Project continued to provide high-quality intensive home visiting services for Milwaukee fathers and expanded services to include a Fathers' Group based on participant feedback. The DAD Project's four Father Involvement Specialists (FISs) continued to partner with each father to complete individualized, strength-based care plans and provide resources and support to help fathers reach their goals. In addition, FISs continued to use the evidence-based Parents as Teachers and 24/7 Dad curricula to provide fathers with parenting, child development, and relationship-building information. The DAD Project also continued to work with a Mental Health Consultant, who provides support and guidance to FISs in their work with clients or clients' family members living with mental illness and dealing with the effects of trauma.

In Year 3, the DAD Project received 90 new referrals, 32 fathers were newly enrolled, and the program has served a total of 84 clients Years 1-3 combined. In addition, 11 fathers have successfully completed the program, meaning that they received services for 18 months and/or met their self-identified goals.

Based on participant feedback, the DAD Project implemented a Fathers' Group in Year 3. The intent of the group is to provide participants the opportunity to connect with other fathers and to learn more parenting, relationships, and relevant community resources. The group met three times, covering topics such as "Building a Better Man" and "Tools to Build and Sustain Healthy Relationships." Feedback about the groups has been positive, and the program plans to continue to hold group meetings every 2-3 months.

The DAD Project also held a second round of Focus Groups with both mothers and fathers to gather feedback about their perception of the program after two years of serving fathers. Additionally, the Program Evaluator conducted a second round of FIS interviews to collect feedback about their experience working with the DAD Project. Finally, the DAD Project evaluation team, including the Program Manager and Academic Partner, continued to meet on a regular basis to update and implement the evaluation plan.

GOALS AND OBJECTIVES

Project goal: The DAD Project will positively impact infant mortality, improve birth outcomes (e.g. low birthweight, prematurity), and strengthen African American families and communities by strengthening father involvement in their child(ren)'s and partners' lives.

Objective 1: Develop, implement and evaluate a fatherhood-focused home visitation program, the DAD Project, in the targeted community.

Activities

1. *Engage fathers in the targeted community in the development and implementation of the DAD Project.*
   - The evaluation team, including the Program Manager and the Academic Partner, worked together to plan an Advisory Group meeting for March, 2016. Father Involvement Specialists worked to recruit fathers to attend the Advisory Group meeting, but unfortunately no fathers attended the meeting.
   - The evaluation team held a second round of Focus Groups with current or past DAD Project participants to gather additional feedback about their experience with the program.
   - The Focus Group report was shared with the Academic Partner and Father Involvement Specialists.

2. *Engage fathers in the targeted community in the planning process for the evaluation of the DAD Project.*
   - One Advisory Group meeting was scheduled, but unfortunately no fathers attended the meeting. The DAD Project will continue to schedule and convene Advisory Group meetings during the No-Cost Extension period and beyond.

3. *Outreach to targeted community to identify and hire two Father Involvement Specialists (FIS) who will reflect the community in which they will work.*
   - This activity was completed in Years 1 and 2 with the hiring of 4 Father Involvement Specialists..

4. *Identify and engage fathers who are currently involved in EFM/NFP home visits with their partner to tap for expertise in further development of the DAD Project.*
   - This activity was completed in Year 1.

5. *Train FIS workers in core Home Visitation skills and evidence-based curricula; ensure ongoing professional development opportunities for FIS.*
   - All four of the Father Involvement Specialists received the following formal trainings in Years 1 and 2
     - Empowering Families of Milwaukee/Nurse-Family Partnership orientation

  - Milwaukee Health Department Men's Health program orientation
  - Milwaukee Health Department's Plain Talk orientation
  - Milwaukee Health Department WIC orientation
  - HIPAA training
  - Ages & Stages Questionnaire/Ages & Stages Questionnaire: Social-Emotional training
  - Home Visitation Foundations training
  - 24/7 Dad
  - Parents as Teachers training/certification
  - Great Beginnings Start Before Birth training
  - Mandated Reporter training
  - Infant Mortality/Safe Sleep training
  - Trauma Informed Care training
- Additional trainings received by one or more of the Father Involvement Specialists in Years 1-3 include
  - Motivational Interviewing training (2 FIS)
  - FAN Approach to Family Engagement and Reflective Practice training (4 FIS)
  - Cultural Awareness Training (3 FIS)
  - Street Drugs of Choice training (2 FIS)
  - Certified Lactation Consultant training/certification (1 FIS)
  - Suicide Prevention Training (4 FIS)
  - Parents as Teachers "Partnering with Teen Parents" training in Year 3 (4 FIS)
- One Father Involvement Specialist attended the Parents as Teachers National Conference in Year 3.
- Two Father Involvement Specialists attended the National Families and Fathers Conference in Year 3.
- One Father Involvement Specialist attended the "Our City of Nations Refugee/Immigrant Health Conference" in Year 3.
- Three of the Father Involvement Specialists attended the Wisconsin Home Visiting annual conference, Fulfilling the Promise, in February 2016.
- All Father Involvement Specialists had the opportunity attend at least one Milwaukee Maternal & Child Health Home Visiting Community of Practice meeting in Year 3.
- The DAD Project held a team retreat facilitated by the Mental Health Consultants in Year 3. The focus was on team-building and self-care, and feedback from Father Involvement Specialists was positive.

6. *Evaluate the DAD Project.*
   - The evaluation team, which consists of the Program Manager, Academic Partner, Center for Urban Population Health evaluator, and Milwaukee Health Department Maternal & Child Health epidemiologist, continues to meet bimonthly to discuss progress and make changes to plan as needed.
   - The DAD Project evaluation team remains on schedule in regards to the overall evaluation plan. Outcome data from the fathers enrolled in the DAD Project are

being collected on a continual basis and will be evaluated at the end of the No Cost Extension period.

- An abstract based on process evaluation data of the DAD project was accepted for oral presentation at the 2016 American Public Health Association in October of 2016.

Objective 2: Integrate the work of the DAD Project into existing fatherhood resources and networks.

Activities

1. *Regularly attend Milwaukee Fatherhood Initiative (MFI) and other related community meetings and initiatives.*
    - Father Involvement Specialists attend monthly Men's Health Referral Network meetings.
    - Program Manager attends bimonthly LIHF Strengthening African American Families/Fatherhood and Male Engagement coalition meetings.
    - Program Manager attends bimonthly Young Child Wellness Council meetings.
    - Program Manager coordinates and Father Involvement Specialists attend Home Visiting Community of Practice meetings three times annually.
    - Program Manager and Father Involvement Specialist attend the quarterly Fetal Infant Mortality Review meetings.
    - Program Manager serves on the state Strengthening Families committee.

2. *Regularly attend and coordinate fatherhood-related events in the targeted community.*
    - Father Involvement Specialists staffed a table at Milwaukee Fatherhood Initiative's Fatherhood Summit, providing information about the DAD Project and home visiting to all attendees.
    - Father Involvement Specialists have attended and shared information about the DAD Project at many community events including the TenderCare Christian Child Care with Capitol Drive Lutheran Church Health Fair, 5th Annual Louie M Adams "Back to School Educational Event Fair", Holy Hill Church of God in Christ Health Fair, and the BadgerCare Enrollment Event for the Reentry Population event, and the Milwaukee Health Department Back to School Health Fairs.

3. *Maintain and provide printed resource guides to enrollees in the DAD Project.*
    - Father Involvement Specialists continue to gather resources on various topics, including but not limited to employment, education, housing, legal, and health/mental health for fathers on an ongoing basis; resources are provided to fathers as needed.
    - The Milwaukee Health Department maintains a collection of relevant resources (pamphlets, fliers, booklets) in the office for distribution to DAD Project clients.

- The Milwaukee Health Department has printed copies of "A Parent's Guide to Community Resources" which contains information about fatherhood and many other community resources. This resource guide is distributed to DAD Project clients as needed.

4. *Conduct outreach to community-based organizations, non-traditional gathering places, and community leaders to reach expectant and parenting fathers for enrollment.*
   - Father Involvement Specialists and DAD Project Program Manager continue to distribute the DAD Project brochure to potential DAD Project clients as well as to potential community referral sources.
   - The Program Manager and Father Involvement Specialists shared information about the DAD Project with various community agencies including SaintA, the Aurora Sinai Women's Outpatient Center, and Milwaukee County Probation and Parole.
   - Father Involvement Specialists staffed informational tables about the DAD Project at each of the Milwaukee Health Department's three community health centers on multiple occasions during Year 3.
   - The DAD Project was featured in a video created by United Way of Greater Milwaukee and Waukesha County. The video was distributed through the Milwaukee LIHF newsletter in June, 2016. (link: https://www.youtube.com/watch?v=rSSeNTjfhYY&feature=youtu.be)

5. *Identify and mentor fathers for leadership roles in the community.*
   - Father Involvement Specialists continued to identify and recruit fathers to participate in the Advisory Group as it will continue to meet and expand during and after the No Cost Extension period.

6. *Update Impact 2-1-1 on fathering resources in the community.*
   - The Program Manager has updated the Impact 211 database to include information about the DAD Project.
   - The Program Manager will work with the LIHF Strengthening African American Families/Fatherhood & Male Engagement committee in partnership with Impact 211 to update the database with accurate fatherhood resources.

Objective 3: Conduct outreach, recruit, and enroll expectant and parenting fathers in the targeted community.

<u>Activities</u>

1. *Identify fathers for enrollment through their partner's current participation in EFM/NFP; these fathers are currently actively participating in their partner's home visits.*

- As appropriate, Father Involvement Specialists attend joint home visits with Empowering Families of Milwaukee and Nurse-Family Partnership nurses and social workers to outreach to fathers participating in their partner's home visits.
- Empowering Families of Milwaukee and Nurse-Family Partnership nurses and social workers refer interested fathers to the DAD Project; these programs remain the DAD Project's biggest referral source.

2. *Identify fathers for enrollment through their partner's participation in EFM/NFP; these fathers are not currently participating in their partner's home visits.*
   - If a father is interested in learning more about the DAD Project, a Father Involvement Specialist attends a joint home visit with Empowering Families of Milwaukee (EFM), Nurse-Family Partnership (NFP), or Parents Nurturing and Caring for their Children (PNCC) nurses and social workers to outreach to fathers to provide information and discuss possible DAD Project enrollment.
   - If the father is unavailable or uninterested in a joint home visit, nurses, social workers, and Father Involvement Specialists provide DAD Project information to mothers participating in home visiting programs and complete referral for the fathers of their children with help from the mother; Fatherhood Involvement Specialists then outreach to fathers referred to the program.

3. *Adapt practices in EFM/NFP to intentionally include fathers in the enrollment process; identify and engage fathers during their partner's enrollment into EFM/NFP.*
   - When appropriate, Father Involvement Specialists attend enrollment visits with the nurse/social worker to engage and potentially enroll the father.
   - Upon enrollment into Empowering Families of Milwaukee, Nurse-Family Partnership, or Parents Nurturing and Caring for their Children, nurses and social workers share information about the DAD Project with mothers and fathers who are present during the visit.

4. *Conduct outreach to community-based organizations, non-traditional gathering places, and community leaders to reach expectant and parenting fathers, and their partners when possible, for enrollment.*
   - Father Involvement Specialists and DAD Project Program Manager continue to distribute the DAD Project brochure to potential DAD Project clients as well as to potential community referral sources.
   - The Program Manager and Father Involvement Specialists shared information about the DAD Project with various community agencies including SaintA, the Aurora Sinai Women's Outpatient Center, and Milwaukee County Probation and Parole.

- Father Involvement Specialists staffed informational tables about the DAD Project at each of the Milwaukee Health Department's three community health centers on multiple occasions during Year 3.
- The DAD Project was featured in a video created by United Way of Greater Milwaukee and Waukesha County. The video was distributed through the Milwaukee LIHF newsletter in June, 2016. (link: https://www.youtube.com/watch?v=rSSeNTjfhYY&feature=youtu.be)

Objective 4: Meet the identified needs of fathers enrolled in the DAD Project.

Activities

1. *Complete individualized, strengths-based care plans with participants in the DAD Project and update every 6 months.*
   - Father Involvement Specialists complete an individualized, strengths-based care plan with each client at enrollment.
   - Father Involvement Specialists update care plans, indicating progress that has been made and goals that have been accomplished and adding new goals as appropriate, with fathers every 60 days at a minimum.

2. *Screen for paternal depression/AODA concerns and refer for mental health consultation and treatment.*
   - Father Involvement Specialists complete Edinburgh Depression Scale with fathers at enrollment and every 6 months thereafter until the father graduates from the DAD Project.
   - Father Involvement Specialists complete Perceived Stress Scale with fathers at enrollment and every 6 months thereafter until the father graduates from the DAD Project.
   - Father Involvement Specialists assess fathers' alcohol and drug use at enrollment visit using the DAD Project enrollment form and every 6 months thereafter using the DAD Project Health Survey.
   - Father Involvement Specialists meet monthly (at a minimum) with Mental Health Consultant to staff cases.
   - As needed, Mental Health Consultant attends home visits with Father Involvement Specialists to assist with identifying appropriate mental health or alcohol or drug treatment services for fathers.
   - As needed, Father Involvement Specialists provide fathers with referrals for mental health treatment and alcohol and drug treatment services.

3. *Provide referrals and follow up to programs supporting educational completion, employment, financial literacy, legal assistance, and child support.*

- Father Involvement Specialists continue to develop relationships with area GED and other educational resources and refer fathers as appropriate.
- Father Involvement Specialists provide information about job opportunities, job fairs and job training programs to fathers as appropriate.
- The DAD Project developed a relationship with the Goodwill Retail Institute, a paid job training program, in 2015. Due to this established relationship, Goodwill now gives preference to DAD Project clients during participant recruitment.
- Father Involvement Specialists have identified resources and refer fathers to services that provide financial literacy information, legal assistance and child support information/services as needed.
- Father Involvement Specialists follow-up to determine outcome on all referrals given to fathers. Referrals and follow-up are documented in SPHERE, the DAD Project documentation system.

4. *Ensure access to a wide array of preventative health services, including family planning, wellness visits, and disease prevention and treatment.*
    - Father Involvement Specialists have been trained in the Milwaukee Health Department's Dual Protection program and provide fathers with condoms and related reproductive health education as appropriate.
    - Father Involvement Specialists assess fathers' health insurance coverage status at enrollment and refer fathers to the Milwaukee Health Department's Community Healthcare Access Program or another appropriate resource for assistance with enrolling in insurance coverage if needed.
    - Father Involvement Specialists assess fathers' access to preventive health services at enrollment and help connect fathers with primary care and other providers as needed.
    - Father Involvement Specialists make referrals to family planning and other health services as needed.
    - Father Involvement Specialists complete Reproductive Life Plans with fathers to assist them with identifying Reproductive Life Plans goals and action plans.
    - Father Involvement Specialists received initial training regarding talking with clients about conducting testicular self-exams in June, 2016. The DAD Project will be implementing a formal procedure for sharing information about the importance of conducting these exams with clients during the No Cost Extension period.

Objective 5: Increase the involvement of DAD Project participants in their child(ren)'s and partners' lives.

Activities

1. *Utilize evidence-based curricula (PAT, Nurturing Fathering Program). Encourage fathers to also attend monthly EFM/NFP visits.*

- Father Involvement Specialists continue to maintain certification as Parents as Teachers educators.
- Father Involvement Specialists utilize the evidence-based Parents as Teachers curriculum to provide parenting and child development education to fathers on a monthly basis at a minimum.
- As appropriate, Father Involvement Specialists encourage fathers to participate in monthly visits with their partners' Empowering Families of Milwaukee or Nurse-Family Partnership home visits.
- As needed, Father Involvement Specialists conduct joint home visits with the nurse or social worker from Empowering Families of Milwaukee or Nurse-Family Partnership and the child's mother.

2. *Meet 1:1 with enrolled fathers to provide coaching and build confidence in their role as a father.*
   - Father Involvement Specialists complete 1:1 home visits with fathers twice monthly (occasionally more or less often based on father's needs) to provide fatherhood coaching and build confidence in their role as a father.
   - Father Involvement Specialists utilize 24/7 Dad, a fatherhood curriculum, in a 1:1 setting on a monthly basis with fathers to help build fathering skills and learn to strengthen their relationship with their children and partners.

3. *Support fathers in attending monthly EFM/NFP visits with the mother of their child.*
   - Father Involvement Specialists encourage fathers to participate in monthly visits with their partners' Empowering Families of Milwaukee or Nurse-Family Partnership home visits.
   - When appropriate and possible, Father Involvement Specialists attend joint home visits with the father, his partner and her Empowering Families of Milwaukee/Nurse-Family Partnership home visitor.

4. *Enhance constructive father involvement with the mother of the child and address concerns associated with abuse/neglect history.*
   - Father Involvement Specialists utilize 24/7 Dad, a fatherhood curriculum, to help fathers learn to strengthen their relationship with the mother of their children.
   - Father Involvement Specialists address concerns associated with abuse/neglect history with DAD Project clients as appropriate, using available resources including Mental Health Consultation.

5. *Identify feasibility and interest in the implementation of the Nurturing Fathering Program as group-based model to fathers enrolled in the DAD Project; implement Nurturing Fathering Program if interest is evident.*

- Based on participant feedback through the Advisory Group and Participant Satisfaction Survey, the DAD Project implemented a Fathes' Group component in 2015. Participants expressed interest in learning about relevant community resources as well as having the opportunity to connect with other fathers in these groups, so the decision was made not to utilize a structured curriculum. The Fathers' Group met three times in Year 3. Initial feedback has been extremely positive, and the DAD Project plans to continue to hold the group meetings 4-6 times annually.

BARRIERS

While staffing challenges have mostly been resolved during Year 3, one Father Involvement Specialist did resign her position in April, 2015. Her clients were given the option of transferring to another Father Involvement Specialist, and all but one client did remain with the program. The vacant position has been posted, and the DAD Project hopes to fill the position by October 2016.

One additional new barrier that developed in Year 3 is confusion between the Fathers' Group and the Advisory Group. The implementation of Fathers' Group was a new activity in Year 3 and has been well-received by DAD Project participants. Father Involvement Specialists recruit clients for both the Fathers' Group and the DAD Project Advisory Group. However, when Father Involvement Specialists attempted to recruit fathers for the Advisory Group meeting scheduled for March, 2016, no fathers responded and none attended the group. The Program Manager worked with the Father Involvement Specialists to determine the reason for the lack of attendance, and it was determined that both the Father Involvement Specialists and program participants did not fully understand the purpose of the Advisory Group or the difference between the Advisory Groups and the Fathers' Group. The Program Manager worked with the Father Involvement Specialists to clearly explain the intent of both groups, and four participants attended the Advisory Group meeting in July, 2016 (during the No Cost Extension period). The Program Manager will continue to work closely with the Father Involvement Specialists during recruitment periods for both the Advisory Group and Fathers' Group to ensure that they have a clear understanding about the intent of each group and can explain the intent to participants.

WORK PLAN MODIFICATIONS

No modifications have been made to the DAD Project Work Plan in Year 3.

PERTINENT INFORMATION

There is no other pertinent information from Year 3.

Overview of Expenditures

a. Salary & Fringe

$19,058 was budgeted for Year 3 Salary & Fringe to fund the time spent working on the DAD Project by the Academic Partner (Geof Swain) and Project Evaluator (Kaija Zusevics, formerly Courtenay Kessler). Dr. Swain has committed 3% of his time to the project in Year 3 while Dr. Zusevics has committed 12% of her time to the DAD Project in Year 3. $24,100 was spent on Salary & Fringe for Dr. Swain and Dr. Zusevics. The amount spent was higher than the amount budgeted due to the fact that the salary for Dr. Zusevics is higher than the salary for Courtenay Kessler, and the original budget was made using the salary for Courtenay Kessler.

$97,843 was budgeted in Year 3 Salary & Fringe to fund two Father Involvement Specialist positions. These positions are the DAD Project home visitor positions. $91,695 was spent in Year 3.

b. Travel

$4,000 was budgeted for Travel expenses in Year 3, specifically to allow DAD Project team members to attend national or local conferences. $2,396 was spent on Travel expenses in Year 3. The amount spent is less than the amount budgeted as only one WPP-funded Father Involvement Specialist chose to attend a national and local conference.

c. Equipment

$1,200 was budgeted for Equipment expenses in Year 3 to fund as wireless internet jet packs for the Father Involvement Specialists. $360 was spent on equipment in Year 3 on wireless internet jet packs to provide an internet connection to the Father Involvement Specialists as they worked with clients in the community. The discrepancy in amount spent versus the amount budgeted resulted from the fact that the FISs shared a wireless internet connection jet pack instead of each having their own.

d. Supplies

$8,333 was budgeted for Supplies in Year 3 to provide office supplies, client incentives ("dad bag" with small personal hygiene items which is provided to participants upon enrollment to assist with rapport building), and printing/graphics services. $6489 was spent on supplies in Year 3.

e. Consultants & Contracts

$3,600 was budgeted for Consultants & Contracts to fund Mental Health Consultation services through Aurora Family Services. $2763 was spent on Mental Health Consultation Services in Year 3. The discrepancy in the amount spent versus the amount budgeted resulted from the fact that FISs accessed Mental Health Consultation services less often than estimated.

f. Other Costs

$21,100 was budgeted for translation/interpretation, cell phone, mileage, professional development trainings, DAD Project fatherhood groups, and home visiting community outreach in Year 3. $3,391 was spent on these items. This discrepancy resulted from several factors, including the fact that the DAD Project received very few referrals for non-English speaking clients, resulting in no translation/interpretation costs. In addition, the expenses for the fatherhood groups were less than anticipated as the DAD Project was able to utilize meeting space free of charge. Finally, due to an unanticipated delay in the start of the home visiting community outreach campaign, no money was spent on this item in Year 3.

Unanticipated Changes

There are no unanticipated changes to report.

Other Funding Sources

a. Cash Match

There is no cash match for this grant.

b. In-Kind Support

The total amount of in-kind support provided in Year 3 is $14,968. This amount is comprised of 15% for the salary and fringe of the Milwaukee Health Department's Family & Community Health Operations Manager, who oversees the DAD Project Program Manager and plays a high-level management and advisory role for the program.

Empowering Families Grant Report, October – December 2016

11/1/2016

Site: _Empowering Families of Milwaukee
Reporting Period: Q4 **October-December**
Date submitted:___1/13/17_____ (Due 15 days from end of the reporting period)
Submitted by: _Heather Puente_____

Quarterly Implementation Survey

The following survey asks you to report on your activities, accomplishments, and challenges over the last quarter. Please use red font to indicate updates for the current quarter. Please respond to Section I (the last section) when submitting your January 15th report only.

A. Program Highlights

Briefly describe your grant-related accomplishments for this quarter (e.g., activities or services that were newly initiated or completed, program/organizational goals that were met, work that you are particularly proud of or excited about).
• Received HFA accreditation December, 2015 • Continued success of healthy birth outcomes • As we have seen a drastic increase in refugee Burmese families, have made several program adjustments to maintain cultural sensitivity including in-house interpreter, shared resource binder and materials/books /screenings in Burmese or Karen • Continued implementation of randomized control trial, discussion around next steps and future evaluation • Team member successfully completed Infant Mental Health Capstone project and another began the Fall 2015. These individuals continue to advocate for project and reflective practice through presentations and panel discussions. • Continued planning and coordination of home visiting marketing campaign for the City of Milwaukee • Created Refugee Support Project. As the numbers of refugee families our home visiting programs enroll has drastically increased, this project was started by EFM home visitors to respond to the unique needs of this community. The project's focus is to improve health and social services for the refugee populations in Milwaukee through education on the unique health needs of refugees as well as increasing support systems in navigating and accessing available services. RSP continues to gain momentum and expanding knowledge of local resources. RSP presented its work and lent its lessons learned at the most recent HV CoP. • EFM is celebrating its 10th Anniversary with a family reunion and celebration July 29, 2016 • EFM worked with Serve Marketing to finalize the Home Visiting Marketing Campaign images, website, and social media plan. Media campaign was launched September 28th. • EFM home visitor that completed Infant Mental Health Capstone in 2016 completed 2 bibliotherapy interventions with 2 graduating families • EFM has its 3rd participant in the Infant Mental Health Capstone • Implementation Team was accepted to present at the Fulfilling the Promise Conference • EFM supervisor on the Steering Committee for the new Milwaukee WIAM chapter

Please describe any significant changes to the organizational structure of your program or the services you provide that occurred during this quarter.
EFM completed the transiting of families from its contracted agencies to home visitors within MHD.
Briefly describe any specific activities for this quarter related to fatherhood, male involvement, or co-parenting.
• Continued collaboration with the DAD Project
What are your program goals for the next quarter?
• Continue quality assurance efforts, including past State CQI projects around postpartum screening, reproductive health teaching and home visit completion • Enhance use of IPads- home visitors have already been using and the feedback has been positive • Have first support group/info group for Burmese families • All PHN's will be added to career ladder • Based off results from an initial HOME Inventory, family and home visitor set several goals in care plan to enhance the home environment. Due to the hard work of the family with support of the home visitor, at the 12 month HOME Inventory, there were no areas of concern. • Release the Milwaukee Home Visiting Marketing Campaign • Celebrate EFM 10th Anniversary with the reunion event on July 29th that includes graduation ceremony and Mayor proclamation • Continue providing high quality home visitation to all EFM families • Transition staff and program policies to DAISEY • Identify alternate case management system to replace SPHERE • Continue planning to implement Parent Cafes • Interview, hire, and train newly funded Public Health Social Worker and Coordinator positions
Please share a family story from your program. Family stories can describe any of the following: a family working towards or meeting a goal, a family accessing a needed resource, a positive parenting moment, a parent's participation in educational or leadership activities, a child's developmental milestone, a parent applying or sharing a new skill gained through home visiting, or anything else you'd like to celebrate.
• Client graduated from college with Bachelor in Criminal Justice • A client, first time mom, was discouraged about breastfeeding after receiving little to no support around breastfeeding in the hospital. Through support of her home visitor and education from her nurse partner that was a CLC, mom was able to successfully breastfeed and continues to do so. Mom reflected on how baby prefers breastfeeding and how happy that makes her feel. • A client that graduated wrote a letter of appreciation. Her words include the following sentiments, "Wow, it has been a long ride and I would like to thank you all for the awesome opportunity to take part in such a wonderful program. I have learned a lot and have managed to find myself because before the program I was completely lost. This program is an amazing one and I will recommend it to

anyone."

- EFM is celebrating its 10th anniversary, working with nearly 1,000 families and providing over 45,000 home visits!
- A client that has severe learning disabilities and has been in program for a length of time accomplished significant goals through establishing ongoing counseling and obtaining independent housing for her and her child
- Reflecting back with a client that graduated had achieved significant goals throughout her over three years in EFM including obtaining her GED as well as a drastic increase in understanding and awareness of parent/child interaction and child development
- A client successfully past citizenship test
- A client successfully obtained green cared
- A client that is deaf and Burmese speaking was able to work with home visitor and third party to prepare home for baby, including a device to notify parents when baby is crying
- One of our Burmese refugee families stated that since she arrived in the US that she has been scared to go out in her community and has been afraid of the people in her community, but since working with her home visitors in EFM she is no longer scared and is now reaching out and meeting new people in her community.
- A 14 y/o client was enrolled after becoming pregnant as a result of rape. Through the support of her home visitors she was able to have a healthy pregnancy and healthy baby and now is bonded and "in love" with her daughter. Despite continuing to live in a "hectic" household where she is responsible for caring for her daughter and younger siblings, the client is doing well in school and striving toward goals. Her home visitors have supported her in going to court to testify and press charges against the man who raped her. And in a recent school paper, which she shared, she wrote that her EFM home visitors are some of the most important people in her life and due to their support, she has increased self-esteem and has been able to move forward with her life in a positive way and become a good mother to her daughter.
- In a recent round of interviews for nurses at the Health Department, former EFM nurse, Jill Radowicz, was surprised to see a familiar face sitting across from her. A former client of EFM who graduated successfully was so inspired by the support of her EFM home visitors that she went back to school to become a nurse and is now applying for a nursing position with the Milwaukee Health Department.

B. Organizational Coordination and Referral

List all agencies that you have a relationship with, including those with funding agreements, and those with whom you have less formal arrangements (i.e., partners on a collaborative or workgroup, etc.).

Name of agency, contact information, and name of your specific point of contact in the agency	The date of MOU/ MOA or other formal agreement (If applicable)	Do you refer to this agency? (y/n)	Does this agency refer to you? (y/n)	Is this agency a contracted service provider?	Brief Description of organization, nature of your relationship, the types of services provided (be sure to list fatherhood, male involvement, and co-parenting if these exist), and any shared funding or resources (including in kind resources such as facilities, etc.)
Children's Service	**1/1/2011**	**Y**	**Y**	**N**	**Family Resource Center – contracted partner to**

Society – Kara Singleton					**provide home visiting services**
St. Vincent De Paul Society –	**1/1/2011**	**Y**	**Y**	**N**	**Family Resource Center – contracted partner to provide home visiting services**
Children's Outing Association – Jessica Namaste	**10/1/2011**	**Y**	**Y**	**N**	**Family Resource Center – contracted partner to provide continuation home visiting services for children age 3-5 in the HIPPY program**
Aurora Family Services – Milwaukee Mental Health Consultants – Kevin O'Brien	**10/1/11**	**Y**	**Y**	**Y**	**Social service agency – contracted partner to provide mental health consultation to program participants and staff.**
Children's Community Health Plan –Susan DeGratz	**Yes on file with MHD Compliance Officer**	**Y**	**Y**	**N**	**Medicaid HMO**
United Healthcare – Wendy Collins	**Yes on file with MHD Compliance Officer**	**Y**	**Y**	**N**	**Medicaid HMO**
Community Connect – Theresa Ortiz	**Yes on file with MHD Compliance Officer**	**Y**	**Y**	**N**	**Medicaid HMO**
Molina Healthcare – Alexandria Alvarado	**Yes on file with MHD Compliance Officer**	**Y**	**Y**	**N**	**Medicaid HMO**
Bureau of Milwaukee Child Welfare & Community Partners – Arlene Happach	**2009**	**Y**	**Y**	**N**	**Milwaukee child welfare agency**
Next Door Foundation – Antoinette McKee		**Y**	**Y**	**N**	**Early Childhood Agency** **Co-funded DCF home visiting program**
Healthy Families					**Social service agencies**

Milwaukee – Aurora Family Services, Pathfinders, Parenting Network –Carla Cox, Andrea Libber, Crystal Hotchkiss		**Y**	**Y**	**N**	**Co-funded DCF home visiting program**
Lindsay Heights Neighborhood Health Alliance – LaRhonda Bearden-Steward, Tyler Weber	**August 1, 2012**	**Y**	**Y**	**N**	**Neighborhood Initiative – Two EFM teams will be assigned to the Lindsay Heights Neighborhood**
Best Baby Zone	**August 1, 2012**	**N**	**N**	**TBD**	**New initiative that is in the beginning planning phase.**
Planned Parenthood of Wisconsin – Rachel Stevens	**On file with MHD to be updated to include home visiting**	**Y**	**Y**	**N**	**Developing collaborative to receive direct referrals from pregnancy tests completed at Planned Parenthood centers.**
St. Elizabeth Ann Seton Dental Clinic- Liz Nelson		**Y**	**Y**	**N**	**Community Agency: Dental clinic for under/uninsured population.**
Acelero Head Start- Julie Driscoll	**Yes, on file with MHD Compliance Officer**	**Y**	**Y**	**N**	**Head Start Provider provides services children ages 3-5-Collaboration includes referrals and fluid transition process when families graduate EFM**
Milwaukee Home Visiting Community of Practice-Steering Committee Member-Darcy Dubois	**n/a**	**n/a**	**n/a**	**n/a**	

Are there any organizations that you would like to partner with but have not yet? Please describe the group, whether you have a plan for collaborating in the future, as well as any challenges to collaboration with this organization.

Are there specific community leaders that you have engaged? Please describe their role and how you established this relationship.	
Community Leader (Name)	Briefly describe their role in the community/organization, how they've helped, and how you establish/maintain this relationship

C. Staffing

Please report staffing information for this quarter. Provide a list of all staff in your agency whose salary is paid in any part with FFHV funds. For each staff person, include their role/position title, percent FTE paid for with FFHV funds, their position start date, and their position end date (if they leave your agency/their position). Please DO NOT DELETE staff from this list if they leave your agency/their position (just add their end date). Add new staff to your list in the quarter they were hired. List any VACANT positions at the bottom of your list.

Staff Name	Role/Position Title	% FTE paid by FFHV	Start Date	End Date (if left agency/position)
Bjoraker, Shannon	Public Health Nurse	75%	3/2/2015	
Carbonell, Brandy	Public Health Nurse	75%	3/29/2014	
Cancel, Carmen	Public Health Social Worker	75%	12/19/2016 (rehire)	
Hill, Candace	Public Health Nurse	75%	7/5/2016	
Lowther, April	Public Health Social Worker	75%	9/14/2015	
Odom, Erica	Public Health Social Worker	75%	6/22/2015	
Sobek, Lara	Public Health Nurse	75%	9/19/2016 (rehire)	
Sosa, Bianca	Public Health Social Worker	75%	9/19/2016	
St. Pierre, Samantha	Public Health Nurse	75%	3/3/2014	
Tianen, Emily	Public Health Nurse	75%	7/5/2016	
Traore, Alimatou	Public Health Nurse	25%	1/3/2017	
Velazquez, Magaly	Public Health Social Worker	25%	7/8/2013	
Zimmerman, Laura	Public Health Nurse	25%	7/22/2013	
Vacant	Public Health Nurse	25%		
Vacant	Public Health Social Worker	25%		
Vacant	Public Health Social Worker	25%		

Vacant	Public Health Social Worker	25%		
Vacant	Public Health Social Worker	25%		

How many people (Family Foundations positions only) do you employ when your program is fully staffed?	**Number of Home Visitors**	**Number of Supervisors**	**Number of Other Staff**
	18	1	

How many other people support your Family Foundations home visiting program but are not funded by it?	**Number of people & Job title (e.g., 1 Office Assistant)**
	1.0 Office Assistant 1.0 Health Information Specialist 1.0 Program Manager 2.0 Supervisors

How many Family Foundations Home Visiting staff left your agency this quarter?	**Number of people**	**Job title**	**How long were they employed in your agency?**	**Reason(s) for leaving** (e.g., moved away, found another job, etc.)
	2	Public Health Nurse	1.5 years each	Family reasons

Please identify any Family Foundations Home Visiting staff members who were promoted in your agency this quarter.	**Number of people, previous job title, new/promoted job title** (e.g., 1 home visitor promoted to supervisor)
	n/a

D. Training

Please report on training activities for this quarter.

Please describe any training that **home visitors** attended this quarter.		
Title	Description (including # of people attended, length, purpose)	Date
HV Foundations	3 days, 3 home visitors	10/25-27/17
Great Beginnings	2 days, 5 home visitors	11/28-29/2017
HV HFA Integrated Strategies for Home Visiting Seminar	4 days, 1 home visitor	11/28-12/1/2017
HV Perinatal Mood Disorders	1 day, 3 home visitors	11/15/16
HV Pace	1 day, 2 home visitors	12/1/16

Please describe any training that **supervisors** attended this quarter.		
Title	Description (including # of people attended, length, purpose)	Date

Please describe any other training that you **would like** to have…	
Description	Have you put in a TA request?

E. Outreach and Enrollment

Describe any activities this quarter related to working towards or maintaining your program's enrollment capacity.

As part of a MHD CQI project geared at recruitment and retention as well as part of the Home Visiting Marketing Campaign, EFM will be developing more comprehensive, intentional relationships with referring agencies. MHD's centralized intake receives referrals for its home visiting programs in a steady flow.

Please describe any NEW outreach materials you made this quarter.		
Title	Description (content, who it is distributed to, what is its purpose)	Has this been shared on the extranet?

F. Communities of Practice

Please answer the following questions if your program is a member of a Family Foundations-related Community of Practice.

Who are the members of your community of practice (CoP)?

Steering Committee –

1. Darcy DuBois, MHD DAD Project;
2. Staci Sontonski, Milwaukee Child Welfare Partnership
3. Kara Singleton, CSSW
4. Mary Jo Gerlach
5. Jennifer Hammel, CAP Fund
6. Amy Murphy – Amy Murphy Consultants
7. Heather Puente, MHD-EFM
8. Pat McManus, Black Health Coalition
9. Patti Kileiber, Managed Health
10. Andrea Libber, the Parenting Network

Larger CoP – Program Managers and Supervisors of Maternal Child Health Home Visiting Programs.

How many times did you meet this quarter (include in person meetings and conference calls)? What topics did you discuss and what activities did you work on?

The Steering Committee has three planning meetings for each group CoP, a total of nine meetings a year. The CoP group meets three times per year in person, last large group meeting was December 3rd, 2015. The focus was on the Strengthening Families Framework. The

large group met April 13th regarding the last 2 SFF concepts. The large group meeting on September 12, 2016 had a mock Parent Café and discussed parent engagement. The last HV CoP meet on Monday, December 12 at the Zilber School of Public Health. The topic was Working with Refugee Families.
Please describe any follow-up activities you undertook this quarter as a result of the work of the CoP (e.g., did you facilitate a discussion with staff around a particular topic, hold a training, make a change in protocol, etc.?).
Began discussion around incorporating Parent Cafes based on feedback from families and home visitors.
Please provide any ideas you have for strengthening your CoP or making it more useful for your program and/or provide other comments or information you have about your CoP.

G. Reflective Practice Project

Please describe the activities of your Reflective Consultation Group(s) this quarter.

How many times this quarter did home visiting staff meet with the assigned consultant(s) for reflective consultation group sessions?
EFM has home visitors meeting monthly in a group reflective consultation, the supervisors meeting monthly for a separate admin group as well for a total of 3 per person for this past quarter
What particular topics were prioritized by staff or the consultant(s) this quarter?
Case staffing, dyad relationships, cultural awareness
How many hours of individual support from the consultant (e.g., via phone, before or after scheduled groups, through email) did the supervisor(s) receive this quarter?
Please describe ways in which you have seen the groups sessions have an impact on practice for either supervisors or front line home visitors this quarter?

Our group consultations have benefited supervisors greatly. Staffing challenging cases and discussing challenging staff situations benefits all of us as we are able to learn from each other, provide support to one another and share resources and ideas. This in turn impacts front line staff as supervisors have new insight and ideas to bring to 1:1s with staff. These groups allow the opportunity for the supervisors to develop trust and stronger relationships amongst one another as a result of being vulnerable and open about challenges. The trust and support of other supervisors then impacts staff, because when supervisors feel supported they are better able to support staff.
Please provide any ideas you have for improving the reflective consultation groups or the overall reflective practice project; and/or provide other comments or information you have about the groups or project. Please describe anything that is not working well.
The flexibility and fluidity of the group consultations is part of why it works so well. We are able to use the time to address whatever is most important or relevant in the moment and thus far that has worked out really well. We are very hopeful that this valuable support for the program continues in both the monthly group format as well as having the availability for 1:1 consultation as needed.

H. DAISEY

Please provide information about your program's experience using the DAISEY system.

List your program's DAISEY Champion		
Name	Contact info	Have you or staff participated in any DAISEY calls/trainings this quarter?
Heather Puente	414-286-8018	Yes

How is DAISEY used in your organization (e.g., do home visitors enter their own data, are only data entry staff using DAISEY, are you utilizing DAISEY for supervision)?
EFM uses DAISEY strictly for DCF purposes and utilizes SPHERE for case management data system and looking into other options to replace SPHERE. EFM home visitors enter their own data. As part of quality assurance, supervisors check to ensure assessments are entered.

On a scale of 1-4, 1 = very challenging; 2 = challenging; 3 = relatively straightforward; 4 = very straightforward; or NA if you do not use DAISEY yourself or do not know about your staff's experience for #3. Please complete these questions at every quarterly submission.	
1. How would you rate your experience **entering** data into DAISEY?	3
2. How would you rate your experience **exporting** data from DAISEY?	2
3. How would you rate the majority of your **staff's experience** with DAISEY?	2

Please write any comments about your experience with DAISEY. If there are any 1s or 2s above, please describe in more detail here.	Have you put in a TA request for this issue?
Limited time spent exporting data, need to practice more, but given the magnitude of data, it is an inefficient way to routinely run reports/collect data. For staff's experience, there are ongoing challenges in printing that have been noted with DCF and DAISEY. Main concerns are with CES and EDPS not printing answers to questions with multi-select option, including POA's. Other main feedback is that when in an activity and want to go back to the family overview, it sends you back to the main page with everyone listed so you have to keep going back into the individual's section.	Yes

In addition to DAISEY, what other databases are you using to record information about this HV program? Include databases that are internal, proprietary, tool-specific (e.g., ESQ), Model-supported (e.g., from HFA), etc. Please describe	
Database name	Brief description
ACCESS database	Demographic info, birth date, enroll/closure details
SPHERE	All other assessments and case notes

I. New Family Foundations Programs ONLY

Please respond to the following only if your program joined Family Foundations within the last year.

Describe how your program determines who is enrolled. Do you give priority to certain populations?
Describe your program's process when it is at capacity and can no longer receive new families. Do you have a waiting list? Do you refer elsewhere?

Describe how your agency leadership supports the home visiting program.

Describe how your program supports and monitors these three types of supervision:

Reflective supervision- attends to the emotional content of the work and how reactions to this content affect the work, and is carried out within the context of a trusted relationship between the supervisor and supervisee. For example, conducting individual or group sessions that assist the home visitor to examine one's thought and feelings related to their interactions with families)
Administrative supervision- promotes compliance and quality control. For instance, reviewing case records.
Field supervision- directly observes home visitors skills with families. For instance, accompanying home visit staff to visits with families

PNCC Certification	Completed	Planned	N/A
Have you met with other PNCC providers in the community?			
Have you reviewed the PNCC handbook?			
Have you submitted your PNCC application, including the required outreach plan?			
Have you consulted with state staff and/or the MA Provider Relations Field Rep for your area?			

Do you have regional PNCC meetings in your area? If so, have you attended? Do you plan on attending regularly?

Comments about PNCC Certification…

J. Annual Update

The following section should be completed for the report due January 15th only. Your responses should cover the previous calendar year.

Describe any significant funding changes that happened this year (e.g., source, amount, etc.).

List all sources of funding for your home visiting program for the previous and current fiscal years.

Funding Source	Previous Funding Year		Current Funding Year		Current Funding Secured through what Year or Date?
	Amount	Percentage of Total	Amount	Percentage of Total	
FFHV (EFM & DAD)	1,537,078 (EFM only)	63%	$1,181,027	52%	September 30,2017
MHD (EFM & DAD)	910,933 (EFM only)	37%	$949,600	42%	September 30,2017
Medicaid Revenue			$145,249	6%	September 30,2017
Total	2,448,010		$2,275,876	100%	

During the previous calendar year, did you bill for the following benefits?				
Benefit	Bill? (Y/N)	Number of clients billed	Dollar amount billed	Dollar amount recuperated by agency
Prenatal Care Coordination (PNCC)	Y	*Coming, still processing	Coming, still processing	Coming, still processing
Child Care Coordination (CCC): Milwaukee and City of Racine only	Y	Coming, still processing	Coming, still processing	Coming, still processing
Targeted Case Management (TCM)	N			

Are recuperated funds applied to the home visiting program? If yes, how are the funds utilized (e.g., regular programming, special events, to meet in-kind match requirements)?
Yes, support home visitor positions, program supplies for families (i.e. books, safety supplies) and supplement support for professional development

If recuperated funds are not applied to the home visiting program, how are these funds used?

Describe any additional activities by your program or agency in the last year related to the sustainability of the home visiting program.

Provide an update on any activities in the past year related to National Model Affiliation, Accreditation, or Renewal.
EFM received HFA accreditation in December, 2015

Describe your communication with National Model representatives (e.g., do you participate in a community of practice related to your national model, engage in regular phone calls, etc.?)
EFM will participate in the model phone calls being established in 2017.

For programs implementing Healthy Families America or Parents as Teachers, describe your use of model-specific Technical Assistance available through Wisconsin's Training & TA Partnership.
None

Maternal and Child Health Grant Report, January 2017

WISCONSIN TITLE V MATERNAL & CHILD HEALTH PROGRAM

Wisconsin Healthiest Families Initiative
Step 4: Evaluation & Sustainability Report

Health Department: Milwaukee **Date:** 1/31/2017 **Name of Individual Completing Report:** Darryl Davidson

Focus Area(s): ☐ Family Supports X Child Development ☐ Mental Health ☐ Safety and Injury Prevention

I. Please describe the Community Collaborative's goal(s) for this initiative:

Implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the City of Milwaukee Health Department in collaboration with community partners focusing on child development

- The Men's Health Program implemented and evaluated three ASQ training sessions for home visitors, child care providers and health care professionals
- Collaborate with Community Partners including consumers/families and facilitate connection with childcare and medical providers
- Participate in quarterly Learning Community meetings/calls to support progress on the MCH Performance Measures
- Attend the 2016 MCH Summit.

II. Report quantitative data on the initiative's outcome measures

Outcome Measure or Indicator	Baseline value	Source	Year	Final value	Source	Year	Positive change in outcome measure or indicator?
Short-term							
Expand the number of service providers who know the value of a valid child development screening tool	26	SPHERE	2015	62	SPHERE	2016	Increase and positive change in the number of providers who know the value
Increased use of continuum of resources available to expectant and parenting families with small children including Birth to Three, Child Find, and Children's Hospital	12	Internal Report	2015	28	Survey and Internal Report	2016	Increase and positive change in use of resources and referrals reported

Outcome Measure or Indicator	Baseline value	Source	Year	Final value	Source	Year	Positive change in outcome measure or indicator?
Attendance at Learning Community meetings and Young Child Wellness Council meetings	0	Internal Report	2015	5	Internal Report and attendance form	2016	Increase in meeting attendance plus calls to support progress on the MCH Performance Measures
Registration and attendance at 2016 MCH Summit	2	Conference Registration & internal Report	2015	3	Conference Registration	2016	Increase in program participation and individual attendance
Medium-term							
Increased use of a valid developmental screening tool by service providers with results routinely communicated to a Medical Home Provider	8	Internal Report	2015	26	Survey and Internal report	2017	Increase use and positive change
Increased use of a ASQ 3 tool by service providers with milestones education delivered to parents	6	Internal Report	2015	26	Survey and internal report	2017	Increase use and positive change
Increased number of completed referrals across service providers and increased number of referrals to providers of developmental screening tools	17	Internal Report	2016	42	Survey	2017	Increase referral reporting and positive change
Long-term							
Strengthen the system of early childhood services within the community	8	Attendance at Communities of Practice meetings	2015	15	Attendance at communities of Practice meetings and number of local ASQ Trainers	2017	Positive change and increase in trained participants
Connect systems of public health, medical education, and child care providers within child development, Life Course, and available services with special emphasis on those at risk for poor health outcomes and supporting collaborative entry into services	0	Planning meeting agendas	2016	1	Workshop Agenda from 2017 Milwaukee Fatherhood Summit	2017	Increase in buy in and champions of collaborative efforts to design a comprehensive curriculum that supports universal screening of children prior to school entry while supporting Pediatric Screening Interval Guideline

III. Outcome Evaluation Questions

1. Discuss ECS outcomes that showed positive change. Why do you think the community collaborative was successful in achieving these outcomes, or, what facilitated this success?

Expand the number of service providers who know the value of a valid child development screening tool/ Increased use of continuum of resources available to expectant and parenting families with small children including Birth to Three, Child Find, and Children's Hospital

Our success has been driven by the commitments from individual organizations in our Men's Health Referral Network who trained to deliver child development screenings to their clients or learned the importance of the screenings via our monthly meetings and have decided to provide referrals. This was an excellent example of Interdisciplinary Team Building. Our Network has existed for more than five years and there is considerable amount of trust between the partners. We have shared history of solving problems at a client and systems level therefore we have conquered introductory issues such as disagreements about sharing data or struggles related taking credit for project successes. We trust the partners and respect the resources that they bring. We are consistently recruiting new providers to create a more diverse network of systems themes. There are 10 organizations in Milwaukee that have been essential to our success and bought into the vision of screening for all age appropriate children at the recommended intervals. These organizations have added their leaders to our regular meeting roster and this led to major decisions being made (i.e. sending the entire agency staff to trainings; making decisions to participate in and return the evaluations in timely manner; update the agency information in our databases; creating referral forms specific our Network partner activities; and sending staff to planning meetings to discuss how to include their clients in the process). All of them regularly attend and most of them have provided time and resources to introduce the larger group to information that they learn at conference or trainings.

2. Discuss ECS outcomes that did not show positive change. Why do you think the community collaborative was unsuccessful in achieving these outcomes, or, what barriers were encountered?

Our efforts showed positive changes, however we struggled during the beginning of the year when some of the members erroneously believed that our evaluative focus would lead to us not providing child development screening trainings. As a result some of the partner organizations elected not to participate in the evaluations because they did understand that we were still promoting the Wisconsin Family Health Initiative but in another way. This misstep in communication was

negatively affected by some of the agencies not participating in the trainings and therefore missing how the conversations were connected. As result, we ultimately had an increase in the number of returned surveys but the result was smaller than anticipated. If done again, we would probably spend a meeting introducing a visual aid or diagram to assist those partners with time lines and more heavily emphasized the importance of the evaluative processes. This is especially important when the growth includes systems that appeared disconnected from our goals since we had to meet on more than one occasion to demonstrate what we had in common and the value of including the medical community and employment community with issues related to Child Development.

IV. Support Questions

1. In what MCH competencies did your local health department experience growth over the project period? To what degree did this growth help you through the Assessment, Planning, Implementation, and Evaluation/Sustainability steps?

In the beginning our program experienced growth in critical thinking in order to create a plan and design an appropriate logic model that would explore and ultimately evaluate information relevant to the WHFI priorities in Child Development. Over the years we've created a needed team of trainers who can now address issues related to best practices and research. Essential to this was our interdisciplinary team building and our team experienced growth in communication, ethics and professionalism with our partners and we asked them for feedback and their preferences in the frequency and manner that we would interact. We continue meeting once a month and keep the standing 2016 items on the agenda. Life Course: The principal partners have been trained in Life course and Child Development Screening and have commitments to strengthen and promote empowerment for their clients and their communities. We made this an essential part of participating in our Network. We regularly invite and provide orientations to organizations that desire to participate in our Referral Network. The agenda also includes regularly inviting partners to a schedule of events that supplement the meeting topics. Every January is used as a time to introduce the major themes that will be covered for the rest of the year and experienced members offer technical assistance to the new partners and introduce concepts in important topics such as Child Development Screening. There are ongoing conversations that address the importance of partnerships, the shared vision, necessary resources, schedules, resources, and time commitments. This growth assisted us through the Steps in the different program phases giving more ownership to our partners which resulted in rotated committee and task leadership as well as having more partners volunteer to host meetings and events at their work locations. Our work was consistently focused because we created a strategic plan and operate from the logic model that was developed in Phase One of the contract.

2. Was the support that the state provided you helpful? What additional support could the state have provided you with during the project period (e.g., development of competencies, data support, more frequent check-ins, etc.)?

   The state was helpful in that it provided support with guidance, meeting attendance, and offered information about meetings and conference related to the contract. There were examples of help from every year with the development of the logic model, coordination of site visits, data support, and assistance with prioritizing activities that were in line with WHFI's plan.

3. What other support would have been of benefit to your initiative?

V. Sustainability Questions

1. Will any initiative activities be sustained after the end of the contracting period? Which ones? What are the reasons for sustaining the work? What is your sustainability plan?

The Men's Health Program will continue meeting once a month, continue to provide Child Development Screening Trainings and keep teaching Life Course to providers and group session participants. Our sustainability plan is to connect all of these to special meetings related to our monthly Men's Health Referral Network gatherings. We plan to attract providers by designing agendas with a periodic special emphasis presentation such as Life Course, Trauma, or Child Development Screenings. Some of the meeting will require registration and a small fee if there are certifications. Those participants who are adept at the skills and are enthusiastic about spreading the reach of the Child Development Screening efforts are being groomed to become trainers by way of a planned trainer's mentor/coach network that will institute trainings around the region so that interested persons can observe and go through a process to receive their training credentials in Child Development Screening.

2. Will any initiative activities be discontinued after the end of the contracting period? Which ones? What are the reasons for discontinuing the work?

   We have no plans to discontinue our present work from the WHFI

VI. Quality Improvement Questions

1. What needs to change and/or improve to make things more successful for the next cycle of Steps 1-4 (improved assessment, types of activities engaged in, how community collaborative worked together, resources, better data, etc.)?

We need more updated data related to the impact of Child Development Screenings that also includes a monetary cost to society; we need to know about other coalitions that are doing similar work with providers and/or trainers; and we need an updated and comprehensive list of agencies that offer ASQ -3 and ASQ: SE 2

2. What is the plan to make these improvements?

   Our Communities of Practice Trainers group plan to write a small grant to fund producing some of the information and we have set monthly and quarterly meetings to maintain the momentum in working together and developing what will support our local needs

VII. What do you feel was the most significant accomplishment/success within your ECS work?

The most significant accomplishment was the development of a promotional video and getting our local school system and child care providers to host a large city wide two day child development screening event for parents and children – event planning is on-going ***in 2017.*** *We are using this as a springboard to recruit more trainers and develop a trainer's mentor/coach network for the participants*.

Wisconsin WIC Program Grant Report, January- December 2016

WICY3008 Annual Count of Participation - Project Totals

Project 52 - City of Milwaukee - WIC

Clinic 520

Race	Ethnicity	Women			Infant	Child (by age)				Total	% of Total
		Pregnant	Breast-feeding	Non-Breast-feeding		1	2	3	4		
Single Race											
White	Hispanic	109	133	267	352	256	261	241	405	2,024	57%
	Non-Hispanic	32	28	79	64	41	35	20	44	343	10%
Black or African American	Hispanic	3	4	12	13	9	6	2	5	54	2%
	Non-Hispanic	35	11	49	74	29	21	27	32	278	8%
American Indian or Alaskan Native	Hispanic	1	0	4	4	8	2	4	5	28	1%
	Non-Hispanic	1	1	4	1	1	2	2	2	14	0%
Asian	Hispanic	3	0	2	0	2	2	1	3	13	0%
	Non-Hispanic	30	34	60	79	54	80	74	89	500	14%
Native Hawaiian or Other Pacific Islander	Hispanic	1	0	0	0	0	1	0	0	2	0%
	Non-Hispanic	0	4	0	3	1	3	0	5	16	0%
Combination of Two Races											
White & Black or African American	Hispanic	12	12	13	22	19	10	14	31	133	4%
	Non-Hispanic	3	0	5	17	9	8	12	10	64	2%
White & Asian	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	0	1	2	2	1	3	3	5	17	0%
White & American Indian or Alaska Native	Hispanic	0	0	0	0	0	0	0	3	3	0%
	Non-Hispanic	0	0	0	3	1	0	0	2	6	0%
White & Native Hawaiian or Other Pacific Islander	Hispanic	1	0	1	0	0	0	0	1	3	0%
	Non-Hispanic	0	1	1	0	0	0	0	1	3	0%
Black or African American & American Indian or Alaska Native	Hispanic	0	0	0	1	0	0	0	0	1	0%
	Non-Hispanic	0	0	1	3	1	0	0	0	5	0%
Combination of Multiple Races											
Multiple Race	Hispanic	1	0	0	0	2	0	0	1	4	0%
	Non-Hispanic	0	0	2	0	2	3	1	2	10	0%
Totals by Participant Type		232	229	502	638	436	437	401	646	3,521	

WICY3008 Annual Count of Participation - Project Totals

Project 52 - City of Milwaukee - WIC

Clinic 521

Race	Ethnicity	Women			Infant	Child (by age)				Total	% of Total
		Pregnant	Breast-feeding	Non-Breast-feeding		1	2	3	4		
Single Race											
White	Hispanic	14	13	40	30	27	27	21	38	210	3%
	Non-Hispanic	23	21	86	53	30	34	25	42	314	5%
Black or African American	Hispanic	2	4	22	39	23	8	15	13	126	2%
	Non-Hispanic	251	137	936	1,133	562	416	360	488	4,283	71%
American Indian or Alaskan Native	Hispanic	0	0	2	1	4	0	0	0	7	0%
	Non-Hispanic	2	1	2	0	1	1	1	2	10	0%
Asian	Hispanic	0	1	0	3	1	3	3	2	13	0%
	Non-Hispanic	40	11	138	145	90	74	69	87	654	11%
Native Hawaiian or Other Pacific Islander	Hispanic	0	1	0	0	0	0	0	2	3	0%
	Non-Hispanic	1	0	3	0	0	2	2	2	10	0%
Combination of Two Races											
White & Black or African American	Hispanic	3	1	3	26	11	11	6	7	68	1%
	Non-Hispanic	6	3	30	70	37	24	31	28	229	4%
White & Asian	Hispanic	0	0	0	1	1	1	0	1	4	0%
	Non-Hispanic	0	0	1	4	2	1	0	1	9	0%
White & American Indian or Alaska Native	Hispanic	0	1	1	0	0	0	0	1	3	0%
	Non-Hispanic	0	0	2	0	0	0	1	0	3	0%
White & Native Hawaiian or Other Pacific Islander	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	1	0	0	0	0	0	0	0	1	0%
Black or African American & American Indian or Alaska Native	Hispanic	0	0	0	1	0	0	1	0	2	0%
	Non-Hispanic	2	0	6	6	1	0	1	0	16	0%
Combination of Multiple Races											
Multiple Race	Hispanic	0	1	2	3	1	0	2	2	11	0%
	Non-Hispanic	0	0	4	10	6	4	2	5	31	1%
Totals by Participant Type		345	195	1,278	1,525	797	606	540	721	6,007	

WICY3008 Annual Count of Participation - Project Totals

Project 52 - City of Milwaukee - WIC

Clinic 522

Race	Ethnicity	Women			Infant	Child (by age)				Total	% of Total
		Pregnant	Breast-feeding	Non-Breast-feeding		1	2	3	4		
Single Race											
White	Hispanic	1	1	7	3	4	4	3	5	28	1%
	Non-Hispanic	8	1	18	13	4	3	6	6	59	2%
Black or African American	Hispanic	4	0	10	22	5	3	11	11	66	2%
	Non-Hispanic	173	48	552	651	316	296	209	292	2,537	83%
American Indian or Alaskan Native	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	0	0	1	0	0	2	2	1	6	0%
Asian	Hispanic	0	1	1	0	0	0	0	0	2	0%
	Non-Hispanic	12	11	39	50	30	27	31	31	231	8%
Native Hawaiian or Other Pacific Islander	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	0	0	1	0	0	0	0	2	3	0%
Combination of Two Races											
White & Black or African American	Hispanic	0	1	2	8	3	2	2	2	20	1%
	Non-Hispanic	2	0	11	14	5	9	1	10	52	2%
White & Asian	Hispanic	1	0	0	0	0	0	0	0	1	0%
	Non-Hispanic	0	1	1	1	1	1	0	1	6	0%
White & American Indian or Alaska Native	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	0	0	0	1	0	1	0	0	2	0%
White & Native Hawaiian or Other Pacific Islander	Hispanic	0	0	0	0	0	0	0	0	0	0%
	Non-Hispanic	0	0	0	0	0	0	0	0	0	0%
Black or African American & American Indian or Alaska Native	Hispanic	0	0	0	2	0	0	0	0	2	0%
	Non-Hispanic	1	1	3	1	2	0	1	0	9	0%
Combination of Multiple Races											
Multiple Race	Hispanic	1	0	1	1	0	0	0	0	3	0%
	Non-Hispanic	1	0	4	3	2	0	2	1	13	0%
Totals by Participant Type		204	65	651	770	372	348	268	362	3,040	

WICY3008 Annual Count of Participation - Project Totals

Project 52 - City of Milwaukee - WIC

Project Totals

Race	Ethnicity	Women			Infant	Child (by age)				Total	% of Total
		Pregnant	Breast-feeding	Non-Breast-feeding		1	2	3	4		
Single Race											
White	Hispanic	124	147	314	385	287	292	265	448	2,262	18%
	Non-Hispanic	63	50	183	130	75	72	51	92	716	6%
Black or African American	Hispanic	9	8	44	74	37	17	28	29	246	2%
	Non-Hispanic	459	196	1,537	1,858	907	733	596	812	7,098	56%
American Indian or Alaskan Native	Hispanic	1	0	6	5	12	2	4	5	35	0%
	Non-Hispanic	3	2	7	1	2	5	5	5	30	0%
Asian	Hispanic	3	2	3	3	3	5	4	5	28	0%
	Non-Hispanic	82	56	237	274	174	181	174	207	1,385	11%
Native Hawaiian or Other Pacific Islander	Hispanic	1	1	0	0	0	1	0	2	5	0%
	Non-Hispanic	1	4	4	3	1	5	2	9	29	0%
Combination of Two Races											
White & Black or African American	Hispanic	15	14	18	56	33	23	22	40	221	2%
	Non-Hispanic	11	3	46	101	51	41	44	48	345	3%
White & Asian	Hispanic	1	0	0	1	1	1	0	1	5	0%
	Non-Hispanic	0	2	4	7	4	5	3	7	32	0%
White & American Indian or Alaska Native	Hispanic	0	1	1	0	0	0	0	4	6	0%
	Non-Hispanic	0	0	2	4	1	1	1	2	11	0%
White & Native Hawaiian or Other Pacific Islander	Hispanic	1	0	1	0	0	0	0	1	3	0%
	Non-Hispanic	1	1	1	0	0	0	0	1	4	0%
Black or African American & American Indian or Alaska Native	Hispanic	0	0	0	4	0	0	1	0	5	0%
	Non-Hispanic	3	1	10	10	4	0	2	0	30	0%
Combination of Multiple Races											
Multiple Race	Hispanic	2	1	3	4	3	0	2	3	18	0%
	Non-Hispanic	1	0	10	13	10	7	5	8	54	0%
Totals by Participant Type		781	489	2,431	2,933	1,605	1,391	1,209	1,729	12,568	

Farmers Marker Nutrition Program Grant Report, January- December 2016

FMNP Issuance and Redemption Report - Project Totals

Project 52 - City of Milwaukee - WIC

YTD Allocation: $115,260
YTD % of Alloc Issued: 77%
YTD % Redemption Rate: 42%

TOTALS BY MONTH

Report Month	FMNP Pkgs Issued	Obligated Amount of Issued FIs	Number of FIs Redeemed	Amount of FIs Redeemed
June	1,832	$36,640	19	$95
July	1,271	$25,420	371	$1,855
August	985	$19,700	1,357	$6,785
September	340	$6,800	1,428	$7,140
October	0	$0	1,709	$8,543
November	0	$0	2,520	$12,596
December	0	$0	0	$0
Total	**4,428**	**$88,560**	**7,404**	**$37,014**

REDEMPTION BY ISSUANCE MONTH ANALYSIS

Issue Month	Number of FIs Issued	Number of FIs Redeemed for Issue Month (Cumulative)	% of FIs Redeemed for Issue Month (Cumulative)	Amount of FIs Redeemed for Issue Month (Cumulative)
June	7,328	3,026	41%	$15,126
July	5,086	2,283	45%	$11,413
August	3,940	1,725	44%	$8,625
September	1,360	370	27%	$1,850
October	0	0	0%	$0
Total	**17,714**	**7,404**	**42%**	**$37,014**

REDEMPTION BY FAMILY ANALYSIS

Number of Families who Spent All FIs	% of Families who Spent All FIs	Number of Families who Spent Some FIs	% of Families who Spent Some FIs	Number of Families who Spent None	% of Families who Spent None
1,455	33%	744	17%	2,229	50%

Number of Families who Spent Some or All FIs	Obligation Amount for Families who Spent Some or All FIs	Actual Amount of FIs Spent	Redemption Rate for Families who Spent Some or All FIs
2,199	$43,980	$37,014	84%

Safe Havens: Supervised Visitation and Safe Exchange Grant Report, January- June 2016

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

U.S. Department of Justice
Office on Violence Against Women
SEMI-ANNUAL PROGRESS REPORT FOR

Safe Havens: Supervised Visitation and Safe Exchange Grant Program

Brief Instructions: This form must be completed for each Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities. If the program involves more than one site (either for provision of services or for planning), there will still be only one form completed for each program. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which items they must answer, based on the activities engaged in under this grant during the current reporting period. Sections A1, B, C2, C3, E, and F of this form must be completed by all grantees. In subsections A2, C1, and C4, and section D, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example, if you receive funds to hire staff for the purposes of planning and protocol development, you will complete sections A, B, C2, C3, C4, E, and F (and answer 'no' in C1 and D); or if you receive funds to hire staff for services and training, you will complete sections A, B, C1, C2, C3, D, E, F (and answer 'no' in C4).

The activities of volunteers or interns should be reported if they are coordinated or supervised by Supervised Visitation Program-funded staff or if Supervised Visitation Program funds substantially support their activities.

For further information on filling out this form, refer to the separate set of instructions, which contains detailed definitions and examples illustrating how questions should be answered.

Safe Havens: Supervised Visitation and Safe Exchange Grant Report, July - December 2016

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

SECTION A1

GENERAL INFORMATION

Grant Information

All grantees must complete this subsection.

1. Date of report 01 30 17 *(format date with 6 digits, like - 01/31/09)*

2. Current reporting period ☐ **January 1-June 30** ☑ **July 1-December 31** 2016 **(Year)**

3. Grantee name MILWAUKEE CITY OF

4. Grant number 2012-CW-AX-K016
(the federal grant number assigned to your Supervised Visitation Program grant)

5. Type of implementing agency/organization
(Check one.)

- ☐ Court *(state or local)*
- ☐ Domestic violence program
- ☐ Sexual assault program
- ☐ State government
- ☐ Supervised exchange center
- ☐ Supervised visitation center
- ☐ Supervised visitation and exchange center
- ☐ Tribal government
- ☑ Unit of local government
- ☐ Other *(specify):*

5A. Is this a faith based organization?

☐ Yes ☑ No

6. Grant description
(Check all that apply and report the number of sites for each type of grant.)

	Type of grant	Number of planned sites	Number of operational sites
☑	Supervised Visitation Program *(development)*		1
☐	Supervised Visitation Program *(continuation)*		

7. Point of contact
(person responsible for the day-to-day coordination of the grant)

First name Erin MI M Last name Perkins

Agency/organization name City of Milwaukee

Address 841 N Broadway - 3rd Floor

City Milwaukee State WI Zip code 53202

Telephone (414) 286-2997 Facsimile (414) 286-5990

E-mail eperkin@milwaukee.gov

8. Does this grant specifically address tribal populations?
(Check yes if your Supervised Visitation Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)

☐ Yes ☑ No **If yes,** which tribes/nations:

9. What percentage of your Supervised Visitation Program grant funds was directed to each of these areas?

(Report the area(s) addressed by your Supervised Visitation Program grant during the current reporting period and estimate the approximate percentage of funds [or resources] used to address each area. Grantees that are providing visitation and/or exchange services should use the number of cases in each area. Grantees that are in a planning phase should consider services that they anticipate providing.)

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence/dating violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner or dating partner. **Stalking** is defined as a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. **Child abuse** means a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs, or lack of protection from these, by a person responsible for the child (or as defined by your state's statutes.) (See separate instructions for more complete definitions.)

	Percentage of grant funds
Sexual assault	
Domestic violence/dating violence	100%
Stalking	
Child abuse	
TOTAL (must equal 100%)	100%

OMB Clearance # 1122-0009
Expiration Date:09/30/2014

SECTION A2

Staff Information

Were Supervised Visitation Program funds used to fund staff positions during the current reporting period?

Check yes if Supervised Visitation Program grant funds were used to pay staff, including part-time staff and contractors.

- [x] Yes—answer question 10
- [ ] No—skip to section B

10. Staff

(Report the total number of full-time equivalent [FTE] staff funded by the Supervised Visitation Program grant during the current reporting period. Report staff by functions performed, not by title or location. Include employees who are part-time and/or only partially funded with these grant funds as well as consultants/contractors. Report grant-funded overtime. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time administrator in October who was 100% funded with Supervised Visitation Program funds, you would report that as .5 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours – 40 hours per week x 26 weeks. See separate instructions for examples of how to calculate and prorate FTEs.)

Staff	FTE(s)
Administrator *(fiscal manager, executive director, project coordinator)*	0.15
Program/center coordinator *(training coordinator, visitation services coordinator, volunteer coordinator)*	0.82
Security	
Supervision staff for visitation and exchange	1.60
Support staff *(administrative assistant, receptionist, bookkeeper, accountant)*	
Trainer	
Translator/interpreter	
Victim advocate *(non-governmental, includes domestic violence, sexual assault and dual)*	0.44
Other *(specify)*:	
TOTAL	3.01

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

SECTION B

PROGRAM ACTIVITIES

All grantees must complete this section.

11. Program activities

(Check all program activities supported with Supervised Visitation Program funds during the current reporting period.)

Check ALL that apply	Program activities
✔	Establishment or expansion of supervised visitation and exchange services.
☐	Development of community-based consulting committees to plan and/or implement visitation and exchange services.
✔	Development and implementation of policies and procedures regarding security, intake, case referral, record keeping, and confidentiality.
☐	Enhancement of program services to address special needs of underserved populations.
☐	Development and implementation of effective training for project staff and volunteers.

12. Program priorities addressed by your grant

(In addition to the program activities identified above, the Supervised Visitation Grant Application and Program Guidelines may have identified program priority areas that would receive priority consideration. If your program addressed any of these priority areas during the current reporting period, list them below.)

SECTION C1

FUNCTION AREAS
Training and Staff Development

Were your Supervised Visitation Program funds used for training and/or staff development during the current reporting period?

Check yes if Supervised Visitation Program-funded staff provided training or staff development, or if grant funds directly supported the training or staff development.

- ☐ Yes—answer questions 13-17
- ☑ No—skip to C2

For purposes of this reporting form, **training** means providing information on sexual assault, domestic violence, dating violence, child abuse, and/or stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system. **Staff development** is training attended by staff funded under your Supervised Visitation Program grant.

13. Training and staff development events provided

(Report the total number of training events and the total number of staff development events provided during the current reporting period with Supervised Visitation Program funds.)

Total number of training events provided *(excluding staff development events)*	
Total number of staff development events provided	

14. Number of people trained

(Report the number of people trained during the current reporting period by Supervised Visitation Program-funded staff or training supported by Supervised Visitation Program funds. Use the category that is most descriptive of the people who attended the training event. If you do not know how many people to report in specific categories, you may report the overall number in "Multidisciplinary," but this category should be used only as a last resort. Do not include staff funded under your Supervised Visitation Program grant who attended staff development events.)

People trained	Number	People trained	Number
Advocacy organization staff *(NAACP, AARP)*		Prosecutors	
Attorneys/law students *(does not include prosecutors)*		Sex offender treatment provider	
Batterer intervention program staff		Social service organization staff *(non-governmental - food bank, homeless shelter)*	
Child welfare workers/children's advocates		Substance abuse treatment provider	
Corrections personnel *(probation, parole, and correctional facilities staff)*		Supervised visitation and exchange center staff *(staff not funded under your Supervised Visitation Program grant)*	
Court personnel *(judges, clerks, mediation staff)*		Translators/interpreters	
Government agency staff *(vocational rehabilitation, food stamps, TANF)*		Tribal government/Tribal government agency staff	
Guardians ad Litem		Victim advocates *(non-governmental, includes sexual assault, domestic violence, and dual)*	
Health professionals *(doctors, nurses)*			
Law enforcement officers		Victim assistants *(governmental, includes victim-witness specialists/coordinators)*	
Legal services staff *(does not include attorneys)*			
Mental health professionals		Volunteers	
Multidisciplinary *(various disciplines at same training)*		Other *(specify):*	
		TOTAL	0

15. Training content areas

(Indicate all topics covered in training events provided with your Supervised Visitation Program funds during the current reporting period. Do not include topics covered in staff development events. See definitions of training and staff development at the beginning of subsection C1. Check all that apply.)

Domestic violence, dating violence, sexual assault, and child abuse

- ☐ Advocate response
- ☐ Child abuse overview, dynamics, and services
- ☐ Child development
- ☐ Child protective services
- ☐ Child witnesses
- ☐ Custody statutes/codes
- ☐ Confidentiality
- ☐ Dating violence overview, dynamics, and services
- ☐ Domestic violence overview, dynamics, and services
- ☐ Dynamics relating to non-offending parents and offending parents
- ☐ Family law
- ☐ Parenting issues
- ☐ Resources for families
- ☐ Safety planning
- ☐ Sexual assault overview, dynamics, and services
- ☐ Stalking overview, dynamics, and services
- ☐ Supervised visitation and exchange
- ☐ Other *(specify):*

Justice system

- ☐ Civil court procedures
- ☐ Child abuse statutes/codes
- ☐ Custody statutes/codes
- ☐ Domestic violence/dating violence statutes/codes
- ☐ Expert testimony
- ☐ Family law
- ☐ Judicial response
- ☐ Law enforcement response
- ☐ Mandatory reporting requirements
- ☐ Probation response
- ☐ Protection orders *(including full faith and credit)*
- ☐ Sexual assault statutes/codes
- ☐ Stalking statutes/codes
- ☐ Supervised visitation and exchange
- ☐ Other *(specify)*:

Underserved populations

Issues specific to families who:

- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are elderly
- ☐ are Hispanic or Latino
- ☐ are homeless or living in poverty
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Native Hawaiian or Other Pacific Islander
- ☐ have disabilities
- ☐ have limited English proficiency
- ☐ have mental health issues
- ☐ have substance abuse issues
- ☐ live in rural areas
- ☐ Other *(specify):*

Organization and community issues

- ☐ Collaboration
- ☐ Community response to sexual assault
- ☐ Coordinated community response
- ☐ Technology
- ☐ Other *(specify):*

16. Number of staff who attended staff development events

(Report the number of staff funded under your Supervised Visitation Program grant who attended staff development events.)

Number of people

17. (Optional) Additional information

(Use the space below to discuss the effectiveness of training activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your training activities beyond what you have provided in the data above. An example might include: "The visitation center program director and the children's program director at the local domestic violence center developed a training curriculum based upon 'The Batterer as Parent' by Lundy Bancroft and Jay Silverman. This training was delivered to local professionals, including attorneys, mental health professionals, and child protective service workers. Evaluation results showed increased knowledge in the effects of DV on children and how to work with battering parents.")(Maximum 2000 Characters)

SECTION C2

Coordinated Community Response

All grantees must complete this subsection.

18. Coordinated community (CCR) response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not memorandum of understanding [MOU] partners or consulting committee members, that you provided family referrals to, received referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, during the current reporting period, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. If Supervised Visitation Program-funded staff participated in a task force or work group, indicate that under "Meetings" by checking the frequency of the meetings and the types of organizations participating. Indicate which of these agencies/organizations are consulting committee members for your Supervised Visitation Program grant. In the last column, indicate the agencies or organizations with which you have an MOU for the purposes of the Supervised Visitation Program grant.)
If you have a planning grant, report planning meetings, consulting committee members, and MOU partners.

Agency/organization	Family referrals, consultations, technical assistance			Meetings			Consulting committee member	MOU partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly		
Advocacy organization *(NAACP, AARP)*								
Batterer intervention program					✔		✔	
Child advocacy program					✔		✔	
Child protective services					✔		✔	
Corrections *(probation, parole, and correctional facilities)*					✔			
Court					✔		✔	✔
Domestic violence program					✔		✔	✔
Educational institutions/ organizations					✔			
Faith-based organization					✔			
Government agency *(INS, Social Security, TANF)*					✔		✔	✔
Health/mental health organization					✔			
Law enforcement agency					✔		✔	
Legal organization *(legal services, bar association, law school)*					✔		✔	
Prosecutor's office					✔		✔	
Sexual assault organization					✔		✔	
Social service organization *(non-governmental)*					✔		✔	✔
Substance abuse treatment provider								
Tribal government/Tribal government agency								
Other *(specify)*:								

19. (Optional) Additional information

(Use the space below to discuss the effectiveness of CCR activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above. An example might include an increase in appropriate referrals to the supervised visitation center from the three local courts following a series of planning meetings of a multi-disciplinary workgroup with membership from judges, domestic violence programs, law enforcement agencies, and the supervised visitation center. (Maximum 2000 Characters)

The resources of the CCR and its membership have supported the activities of this grant. Most of the Consulting Committee and Core Partner Team are derived from the membership of the local CCR, the Milwaukee Commission on Domestic Violence and Sexual Assault. During this reporting period, the consulting committee and core partners received updates on the Center's funding status, staff hiring, and service provision. They collaborated on plans for program evaluation, referral, ongoing case review, and safety protocols. With the upcoming implementation of Justice for Families funding, partners developed a referral process to Legal Action of Wisconsin, the agency providing civil legal services to families at the Milwaukee Visitation Center, with regards to request for service forms, confidentiality, and types of cases referred. Members of the CCR, consulting committee, and core partner teams worked together to finalize contracts and complete the City of Milwaukee approval process for Justice for Families funding. Presentations on the Milwaukee Visitation Center were given before the Milwaukee Common Council on four separate occasions. These presentations engaged some of our government leaders in the project, ensured that they are aware of the resources provided by the Center, and gave committee members an update on the progress of the Milwaukee Visitation Center.

SECTION C3

Policies

All grantees must complete this subsection.

Were your Supervised Visitation Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?

Check yes if Supervised Visitation Program-funded staff developed, substantially revised, or implemented policies or protocols, or if Supervised Visitation Program funds directly supported the development, revision, or implementation of policies or protocols.

- [x] Yes—answer questions 20-21
- [ ] No—skip to C4

20. Types of policies or protocols developed, substantially revised, or implemented during the current reporting period

(Check all the types of policies or protocols developed, substantially revised, or implemented during the current reporting period. Check all that apply.)

Center operations

- [x] Confidentiality
- [ ] Flexible hours of operation
- [ ] Income-based fees *(sliding scale)*
- [ ] Program does not charge fees
- [x] Recordkeeping and report writing
- [ ] Staff, board, and/or volunteers represent the diversity of your service area
- [ ] Other *(specify):*

Service provision

- [ ] Appropriate response to underserved populations
- [ ] Child-friendly *(toys, games, appropriate décor)*
- [x] Court feedback procedures
- [ ] Courtesy monitoring
- [ ] Document exchange procedures
- [ ] Mandatory training on domestic violence/dating violence, sexual assault, child abuse, and stalking
- [ ] Out-of-jurisdiction referrals
- [ ] Parent education program procedures
- [x] Service termination
- [ ] Supervised exchange procedures
- [ ] Other *(specify)*:

Security and safety

- [ ] Different entrances for parties
- [ ] Escort for children and custodial parent
- [ ] Metal detectors
- [ ] Panic button(s)
- [ ] Private, secure drop-off locations for children
- [ ] Private, secure entrances for children and custodial parent
- [ ] Security guards
- [ ] Security measures in place *(cameras, staff, etc.)*
- [ ] Security staff observations
- [ ] Staggered arrival/departure times
- [x] Other *(specify):* Law Enforcement Contact

21. (Optional) Additional information

(Use the space below to discuss the effectiveness of policy development activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your policy development activities beyond what you have provided in the data above. An example might include an increase in the number of families participating in the supervised visitation program following the development and implementation of an income-based fee scale.)
(Maximum 2000 characters)

Core partners, Center staff, and the Consulting Committee are in the process of reviewing and updating the current policies and procedures document for the Milwaukee Visitation Center. Partners have also continued to meet and revise service delivery. In November, the Consulting Commitee undertook a case review to troubleshoot issues in the provision of service. Specifically, the group agreed on the Center's policy to defer to clients, when deciding whether to contact law enforcement for incidents that occur outside of the Center and involve active warrants. Partners are also discussing the use of a review date for cases to avoid filling up the limited resources of the Center with indefinite orders. With the upcoming implementation of Justice for Families funding, partners developed a referral process to Legal Action of Wisconsin, the agency providing civil legal services to families at the Milwaukee Visitation Center. For these referrals, situations involving active criminal cases will be avoided. A request for services form will be completed by the at-risk parent to initiate contact with Legal Action. Minimal information will be provided on these forms to protect client confidentiality.

SECTION C4

Planning

Are you in the planning phase of a Safe Havens Development Grant?

Check yes if you have a Supervised Visitation Program development grant and you are in the planning phase. Only those grantees who received a Supervised Visitation Program development grant and who are in the planning phase will answer questions 22-25.

- ☐ Yes—answer questions 22-25
- ☑ No—skip to section D

22. Planning meetings

(Report the total number of planning meetings and the total number of people attending planning meetings during the current reporting period.)

Total number of planning meetings	Total number of people attending

23. Planning activities conducted

(Check all that apply.)

- ☐ Conducting needs assessments
- ☐ Creating goals and objectives
- ☐ Creating personnel and agency policies
- ☐ Identifying location(s) for visitation center(s)
- ☐ Identifying resources
- ☐ Identifying visitation center models
- ☐ Other *(specify)*:

24. Number of site visits to visitation and/or exchange centers

(Report the number of site visits to visitation and/or exchange centers.)

Number of visits

25. (Optional) Additional information

(Use the space below to discuss the effectiveness of planning activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your planning activities beyond what you have provided in the data above. An example might include describing the location that has been found for the future visitation center and listing the community resources/members [construction, painting, refurbishing, etc.] that have contributed to making the center usable.)
(Maximum 2000 characters)

SECTION D

SERVICES

Were your Supervised Visitation Program funds used to provide services to families during the current reporting period?

Check yes if Supervised Visitation Program-funded staff provided services to families, or if Supervised Visitation Program grant funds were used to support services to families during the current reporting period.

- [x] Yes—answer questions 26-36
- [ ] No—skip to section E

26. Number of families served, partially served, and families seeking services who were not served

Please do to answer this question without referring to the separate set of instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each family who sought or received services during the current reporting period should be counted only once and in only one of the listed categories. Do not count or report families that do not meet grant eligibility or statutory requirements.)

	Number of families
A. Served: Families who received the service(s) they requested, if those services were provided under your Supervised Visitation Program grant	46
B. Partially served: Families who received some service(s), but not all of the services they requested, if those services were provided under your Supervised Visitation Program grant	
TOTAL SERVED and PARTIALLY SERVED (26A +26B)	46
C. Families seeking services who were not served: Families who sought services and did not receive service(s) they needed, if those services were provided under your Supervised Visitation Program grant	

27. Reasons families seeking services were not served or were partially served

(Check all that apply. If you check "Party(ies) not accepted into program," report on the reason(s) in question 28.)

	Reasons not served or partially served
[ ]	Hours of operation
[ ]	Insufficient/lack of culturally appropriate services
[ ]	Insufficient/lack of services for people with disabilities
[ ]	Insufficient/lack of language capacity *(including sign language)*
[ ]	Party(ies) not accepted into program
[ ]	Program reached capacity
[ ]	Program rules not acceptable to party(ies)
[ ]	Services inappropriate or inadequate for people with substance abuse issues
[ ]	Services inappropriate or inadequate for people with mental health issues
[ ]	Services not appropriate for party(ies)
[ ]	Transportation
[ ]	Other *(specify):*

28. Number of families not accepted into program and reasons

(Report the total number of families who were not accepted into the program during the current reporting period by the reason they were not accepted.)

Reason	Number of families declined
Conflict of interest	
Client unwilling to agree with program rules	
Too dangerous	
Other *(specify)*:	
TOTAL	0

29. Demographics of family members served or partially served

(Report the numbers of parents and children served. These numbers should be based on the individuals in the families counted in questions 26A and 26B. Because individuals may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/survivors reported in 26A and 26B. However, the total number of victims/survivors reported under "Race/ethnicity" should not be less than the total number of victims/survivors reported in 26A and 26B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in 26A and 26B. Those victims/survivors for whom gender, age, and/or race/ethnicity are not known should be reported in the "Unknown" category.)

Race/ethnicity *(Individuals should not be counted more than once in either the category "American Indian or Alaska Native" or in the category " Native Hawaiian or Other Pacific Islander.")*	Custodial parents	Non-custodial parents	Children
Black or African American	17	18	25
American Indian or Alaska Native			
Asian	2	3	5
Native Hawaiian or Other Pacific Islander			
Hispanic or Latino	7	8	18
White	20	17	18
Unknown			
TOTAL RACE/ETHNICITY *(should not be less than 46, the sum of 26A and 26B)*	46	46	66
Gender			
Female	31	15	29
Male	15	31	37
Unknown			
TOTAL *(Parent Columns should equal 46, the sum of 26A and 26B)*	46	46	66
Age			
0 to 6			27
7 to 12			31
13 to 17			8
18 to 24			
25 to 59	5	3	
60+	41	43	
Unknown			
TOTAL *(Parent Columns should equal 46, the sum of 26A and 26B)*	46	46	66
Other demographics			
People with disabilities			
People with limited English proficiency		1	
People who are immigrants/refugees/asylum seekers	2		
People who live in rural areas			

30. Number of families by primary victimization and referral source

(Report the number of families by primary type of victimization and referral source. This is an unduplicated count and each family should only be counted once. This should equal 46 *, the sum of 26A and 26B. Refer to the separate set of instructions for further explanation and examples.)*

Referral Source	Total number of families	Sexual assault	Domestic violence/ dating violence	Stalking	Child abuse	TOTAL
Child welfare agency						0
Other social services						0
Criminal court order						0
Family court order						0
Juvenile court order						0
DV court order	46		46			46
Protection order						0
Other civil court order						0
Mediation services						0
Self-referral						0
Other *(specify):*						0
TOTAL	46	0	46	0	0	46

31. Family issues

(Report all of the issues identified for each family, including victimization and other problems or challenges. The column "Total number of families" should equal the sum of 26A and 26B and should be identical to the numbers in the "Total number of families" column reported in question 30. Multiple victimizations and problems may be reported for each family.)

Total number of families	Sexual assault	Domestic violence/ dating violence	Stalking	Child abuse	Emotional abuse	Substance abuse	Threat of parental abduction	Mental illness	Homelessness	Violation of court orders	Other *(specify):*
46	2	46	5	10	39	15	2	15	0	2	

32. Services provided with Supervised Visitation Program funds

(Report the number of families receiving each of these services and the number of times the services were provided during the current reporting period. See separate instructions for examples.)

Type of service	Number of families	Number of times services provided
Group supervision		
One-to-one supervision	29	231
Supervised exchange	17	369
Telephone monitoring		
Other *(specify):*		

33. Visits terminated

(Document each supervised visitation that is terminated for any reason. Report the total number of visits terminated during the current reporting period. See definition of terminated in the separate instructions.)

Reason	Total occurrences		
	Custodial	Non-custodial	Child
Child's request			1
Non-compliance with program rules			
No-shows		2	
Parent's request			
Other *(specify)*:			
TOTAL	0	2	1

34. Safety and security problems

(Report the number of safety and security problems, including the number of parental abduction cases that occurred during supervised visitation and/or supervised exchange funded under the Supervised Visitation Program grant during the current reporting period.)

	Safety or security problem	Number of occurrences
Attempted parental abductions		
Attempted to contact other party		
Parental abductions		
Security staff unavailable		
Threats		
Violence		
Violation of protection order		
Other *(specify)*:		
TOTAL	0	0

35. Services terminated or completed

(Report the number of families whose services were terminated or completed during the current reporting period. Report the family by the primary reason.)

Reason terminated or completed	Number of families
Cessation of threats/use of violence	
Change in court order	11
Child refuses to participate	1
Deceased	
Deported	
Habitual non-compliance with program rules	
Habitual no-shows or cancellations	2
Incarcerated	1
Moved	
Mutual agreement of both parties	
Parent completed treatment program	
Supervisor's discretion	
Unknown	
Other *(specify)*:	
TOTAL	15

36. (Optional) Additional information

(Use the space below to discuss the effectiveness of services funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about services beyond what you have provided in the data above. An example might include the results of an internal survey that shows that custodial parents feel increased safety for themselves and their children due to the services and safety measures available at your visitation center.) (Maximum 2000 characters)

SECTION E

COMMUNITY MEASURES

All grantees must complete this section.

37. Parental abductions

(Report the number of parental abduction cases, identified through criminal prosecution and custody violation court records, that occurred in the judicial districts that routinely use your supervised visitation and/or exchange center[s] during the current reporting period.)

	Number of parental abductions
Criminal	29
Civil	

38. Limitations

(If the information provided in question 37 is limited in any way, describe the efforts you made to obtain that information, the reasons for the limitations, and what steps you are taking to address those limitations. For example, if the data includes non-parental abductions, and/or if your jurisdiction's data collection methods do not provide information on parental abductions, and/or if you have begun to implement different data collection tools, please report that here.)

The Milwaukee County District Attorney's Office reports cases referred for charges under 948.30 and 948.31 (interference with child custody), 948.30 (abduction of child), and all related subsections. During this reporting period, 29 cases were referred to the District Attorney for review. Of those cases, 23 were no processed, 4 were filed and 2 are under review. There is no local data point for civil custody or visitation violations. These reported numbers have increased, as the DA's Office has been encouraging law enforcement to investigate and refer more of these matters in. Their office conducted a training for the Milwaukee Police Department's Senitive Crimes Unit to improve investigations. Most of these interference with child custody cases are "no processed" only after the DA's Office has worked to negotiate a resolution for the family.

SECTION F

NARRATIVE

All grantees must answer question 39

Please limit your response to the space provided.

39. Report on the status of your Supervised Visitation grant goals and objectives as of the end of the current reporting period. Page 21.
(Report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.)

All grantees must answer questions 40 and 41 on an annual basis. Submit responses on the January to June reporting form only.

Please limit your response to the space provided.

40. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response *(including offender accountability for both batterers and sex offenders?)* Page 24.
(Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your state or service area.)

41. What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? Page 26.
(e.g. expand hours, develop new services and/or programs, build partnerships, and provide additional security)

Questions 42 and 43 are optional.

Please limit your response to the space provided.

42. Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant.
(If you have other data or information regarding your program that would more fully or accurately reflect the effectiveness of your Supervised Visitation Program other than the data you have been asked to provide on this form, answer this question. If you have not already done so elsewhere on this form, feel free to discuss any of the following: policies, and/or protocols, community collaboration, the removal or reduction of barriers and challenges for families, promising practices, positive or negative unintended consequences, and parental abductions.) Page 28.

43. Provide any additional information that you would like us to know about the data submitted.
(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff but did not report any corresponding services you may explain why; or if you did not use program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.) Page 30.

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 800 K Street, NW, Washington, DC 20531.

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39**

Back to Instructions

Status Complete/In Progress

Goals/Objectives

Goal #1: Increase effective community response to the safety of victims and their children in regards to visitation services. Objectives: a) Develop Safe Exchange & Visitation Consulting Committee and staff's knowledge and understanding of domestic violence, sexual assault, and stalking dynamics and its implications in practices of SEV. Develop infrastructure to implement and sustain services in Milwaukee; b) Increase community collaboration and ownership of exchange and visitation services in Milwaukee County.

Key Activities

Consulting Committee membership was solidifed and has been engaged since the early stages of this grant funding. The group met during this reporting period to get updates about the project and its funding as well as to participate in a case review process. As a result of the review, partners collectively decided how to proceed with active warrant cases and how to handle indefinite orders. Visitation and exchanges services are also continuing, with 46 families receiving services during this reporting period.

Comments

No further comment.

Back to Instructions

Status Complete/In Progress

Goals/Objectives

Goal #2: Increase access to Safe Exchange and Visitation services to victims and their children in Milwaukee County. Objectives: a) Develop and implement a visitation program for victims and their children and b) assess and develop safety policies and procedures for visitation services.

Key Activities

The Milwaukee Visitation Center has been operational since October 2014. Under Safe Havens funding, the Core and Consulting Committee partners have met and received updates on the Center's funding status, staff hiring, and service provision. They worked together on plans for program evaluation, referrals, ongoing case review, and safety protocols. Policy and protocol review is underway, and changes to these documents will be made in compliance with Safe Havens Guiding Principles. A request for services will be completed by the at-risk parent to connect them with legal advocacy services. To protect client confidentiality, minimal information will be provided on this form.

Comments

No further comment.

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39**(cont. 1)

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

OMB Clearance # 1122-0009
Expiration Date: 09/30/2014

APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39** (cont. 2)

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions

What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response *(including offender accountability for both batterers and sex offenders?)* - **Question #40**

Information in this section is only submitted on the January-June form.

Back to Instructions

What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response *(including offender accountability for both batterers and sex offenders?)* - **Question #40 (cont.)**

Back to Instructions

What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41**

Information in this section is only submitted on the January-June form.

Back to Instructions

What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41 (cont.)**

Back to Instructions

Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant. - **Question #42**

Back to Instructions

Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant. - **Question #42 (cont.)**

Back to Instructions

Provide any additional information that you would like us to know about the data submitted. - **Question #43**

Back to Instructions

Provide any additional information that you would like us to know about the data submitted. - **Question #43 (cont.)**