

October 21, 2022

**TO:** Ald. Marina Dimitrijevic, Chair  
Members, Finance & Personnel Committee

**FROM:** Kirsten Johnson, Commissioner of Health

**RE:** 2023 Proposed Budget hearing follow-up items

Madam Chair and Committee members:

Thank you for your attention, insights, and questions during the budget hearing for the Milwaukee Health Department on October 6, 2022. This memo provides summary responses and other follow-up information requested by the Committee.

Regarding Committee members' questions on American Rescue Plan Act funding allocated to the Health Department:

The table below shows spending and commitments from the Health Department's allocation of American Rescue Plan Act (ARPA) funding. The below table summarizes funding allocated by the Common Council in CCFN 210894, and indicates the amount of funding spent or committed under contract or sub-award (encumbered) to date:

<b>Project</b>	<b>Description</b>	<b>Funded</b>	<b>Spent/ Encumbered</b>	<b>Balance</b>
RG1513811110	MHD-COVID-19 Public Health	\$124,000	\$26,888	\$97,112
RG1513811111	MHD-Vaccination	\$4,531,814	\$18,295	\$4,513,519
RG1513811112	MHD-COVID-19 Testing	\$3,843,549	\$5,603	\$3,837,946
RG1513811113	MHD-Emergency Surge Fund	\$1,500,000	\$572,262*	\$927,738*
RG1513811114	MHD-Community Care & Support	\$1,348,537	\$0	\$1,348,537
RG1513811115	MHD-Continuum of Care	\$1,230,000	\$0	\$1,230,000
RG1513811116	MHD-Comm Health - MHSI	\$127,350	\$0	\$127,350
RG1513811117	MHD-Comm Health-SSCHC	\$323,000	\$0	\$323,000
RG1513811118	MHD-Comm Health-Outreach CHC	\$112,400	\$0	\$112,400
RG1513811119	MHD-Comm Health-ProgressiveCHC	\$93,500	\$0	\$93,500
RG1513811120	MHD-Comm Health-Ignace CHC	\$65,850	\$0	\$65,850
RG1513811140	MHD-Lab & Facilities Studies	\$289,937	\$0	\$289,937
RG1513811141	MHD - Opioid Response	\$34,000	\$8,615	\$25,385

Project	Description	Funded	Spent/ Encumbered	Balance
RG151381142	MHD - AIDS Prevention	\$140,000	\$0	\$140,000
RG151381143	MHD - Safe Sleep	\$50,000	\$0	\$50,000
RG151381144	MHD-Resilience & Retention	\$550,000	\$0	\$550,000
RG151381145	MHD-Public Health Services	\$4,159,698	\$1,821,324	\$2,338,374
RG1513813100	MHD-Lead Remediation	\$659,663	\$50,000	\$609,663
RG1513813101	MHD-Lead Abatement	\$723,387	\$232,750	\$490,637
RG1513813102	MHD-Lead Nursing & Testing	\$1,106,600	\$0	\$1,106,600
RG1513813103	MHD-Lead Education&Outreach	\$1,052,800	\$117,440	\$935,360
RG1513813104	MHD-SDC	\$7,824,300	\$7,824,300	\$0
RG1513813105	MHD-Revitalize Milwaukee	\$9,976,640	\$0	\$9,976,640
RG1513813106	MHD-Habitat for Humanity	\$3,206,750	\$3,206,750	\$0
RG1513813107	MHD-Lead Remediation Direct	\$1,740,337	\$0	\$1,740,337
RG1513813120	OVP-Violence Prvention&414Life	\$3,550,000	\$0	\$3,550,000
RG1513813121	OVP-DVSA Task Force	\$220,000	\$0	\$220,000
RG1513813122	OVP-Unarmed Responder Initiative	\$300,000	\$0	\$300,000
RG1513813123	OVP-Trauma Response Team	\$180,000	\$0	\$180,000
<b>TOTAL</b>		<b>\$49,064,112</b>	<b>\$13,884,226</b>	<b>\$35,179,886</b>

\* Pending accounting correction – expenses miscoded to Surge Fund, should be for vaccination and contact tracing.

Highlighted projects are pending or already executed sub awards to community organizations that will carry out critical projects. While they are unspent currently, these awards represent \$28,860,064 in committed future spending direct to community-serving partners.

MHD has received and is processing the first four months (May-August of 2022) cost reports for lead hazard reduction work and cases referred to our initial subrecipient, the Social Development Commission. Completion of the other two lead program sub awards will commit \$21 million of the \$26.3 million for lead hazard reduction, and the Department is confident in our ability to spend the entire amount within the ARPA award period.

Additional amounts from other projects will also be spent via subrecipient agreements, which are in development. To accommodate those and compliance to the Final Rule published by the US Treasury in May of 2021 as well as subsequent finalization of the City's ARPA accounting and reporting processes, MHD will need to revise the ARPA Covid-19 project budget as well as the O&M project budgets before carrying out those programs. We anticipate that will be carried out by the end of November, if not sooner, and sub awards will be executed or nearly so by mid-December 2022.

The Health Department will continue to work with the ARPA Director, Community Development Grants Administration, and the City Attorney to assure these agreements

are carried out and ARPA funds move quickly to our partners who are closest with the communities we serve.

Working closely with the ARPA Director, the Health Department is also developing Direct Beneficiary programs to support individuals or families meeting program criteria in a way that is accessible, accountable, and compliant with all ARPA regulations. This approach will allow MHD to directly assist residents kept from work by COVID-19, individuals experiencing displacement due to violence, and other circumstances.

To the Chair's request for supervisory ratios for Health Department programs:

MHD has 238 employees on payroll currently across five divisions. Accounting for the "nested" nature of supervision, any employees with direct reports are shown as managers or supervisors. Staffing counts for each division are based on the programs alignment in the 2022 Adopted Budget.

For currently filled positions, supervisory ratios are shown below. Accounting for all positions would increase the ratio of employees to supervisors, since most MHD vacancies are in front-line/supervised positions.

Division	Employee s	Managers/ Supervisors	Ratio
<b>Commissioner (3811)</b>	15	3	5:1
<b>Policy, Innov. &amp; Eng. (3812)</b>	24	4	6:1
<b>Community Health (3813)</b>	65	14	5:1
<b>Clinical Services (3814)</b>	68	8	8:1
<b>Environmental Health (3815)</b>	66	9	7:1
<b>TOTAL</b>	<b>238</b>	<b>38</b>	<b>6:1</b>

Excluding CDBG-funded position and new ARPA-funded positions, and Auxiliary COVID-19 positions, MHD's current vacancy rate is 14% (39 vacancies out of 287 authorized positions).

To Ald. Coggs' question about the status of the lead-safe registry requested in prior Council hearings:

MHD is planning a pilot program for a lead-safe registry for daycare centers licensed by the State Department of Children and Families (DCF) before the end of this year. Daycare centers have a higher proportion of children under 5 present, and also have requirements to have lead surfaces renovated or abated per licensure and annual renewal requirements per DCF. MHD expects to use its Primary Prevention dollars to incentivize the abatement and afterward to provide a lead-safe registration to continue the ongoing maintenance.

Discussions are underway with the City Attorney's office on the language of the lead certificate to avoid city liability issues. MHD expects to have a few providers initially inspected before the end of the year. If successful, MHD will expand to other city-funded properties under lead abatement. This will create a template process and mechanism to fold in ARPA properties as well.

To the Chair and Ald. Coggs' inquiries about the potential for a lead safe loan fund:

The Health Department agrees that capacity to finance abatement and lead-safe renovation is a key factor in increasing the number of lead-safe homes in the city. The current primary goal for the program is completing and launching the sub awards for ARPA funds with two additional providers. Once those are complete, as mentioned at the hearing, MHD intends to begin work on sustaining the ARPA-funded capacity. A key partnership in this work is with the Green and Healthy Homes Initiative (GHHI). They are now under contract via the Environmental Collaboration Office (ECO), and GHHI may be able to lend their expertise to this. The Health Department will also consult with our colleagues in DCD and at the Community Development Alliance, among others, to understand how lead-specific financing can fit into the funded work on lead hazard reduction in the future.

To Ald. Murphy's request for the Home Environmental Health lead dashboard:

The Home Environmental Health dashboard is available for all on the City's website. There is a "live" version in development, the inclusion of our lead program partners in the existing system required changing from that version to the static PDF version posted here.

<https://city.milwaukee.gov/Health/Services-and-Programs/HomeEnvironmentalHealth>

To Ald. Coggs' question regarding the status of funding for the Crisis Assessment and Response Team (CART) in the 2023 budget:

The Council amended the 2021 Budget to include \$300,000 in funded for a Special Purpose Account titled "Crisis Assessment and Response Team" (Sub-Class/account S248). This account was appropriated to the City Clerk (Dept. 1310) in Amendment 1E to the 2021 Budget.

The funding was appropriated for 2021 and not spent, and the full \$300,000 was carried over to the 2022 budget by CCFN 211504. The City Clerk did not request an appropriation for the account in 2023, leaving a total balance of \$300,000 available through the end of 2022.

Funding totaling \$300,000 was also requested by the Clerk in the 2022 Requested budget, and included in the Mayor's 2022 Proposed budget. That 2022 funding for S248 was

eliminated by Council Amendment 20C, which presumed using ARPA funds to offset that amount.

Council action in CCFN 211526 allowed the Budget Director to allocate some ARPA funding to City departments, and those funds were allocated to MHD. In the ARPA project budget submitted in April of 2022, the \$300,000 for 2022 was allocated by the Office of Violence prevention to fund work emerging from the Unarmed First Responder Task Force.

The Health Department was not appropriated the original C.A.R.T. funds, but the original amendment was intended to further community resilience and expand the capacity and access to C.A.R.T. teams in partnership with Milwaukee County.

The Health Department engaged with Milwaukee County for support of the Trauma Response Team, and also with the Unarmed First Responder Task Force convened by the Council to best determine how to allocate these funds. Assuming the Council desires to spend the funds through its department appropriation, the Health Department is glad to collaborate on the design of that effort.

To Ald. Coggs' question on the deployment of the Electronic Health Record system to MHD clinical and client-serving programs:

The Electronic Health Record, provided by Patagonia, is being utilized for practice management with the following programs:

- Strong Baby
- Direct Assistance to Dads (DCF Funded Home Visiting)
- Empowering Families of Milwaukee (DCF Funded Home Visiting)
- Newborn Screening
- Prenatal Care Coordination (PNCC)
- BOMB Doulas
- Well Woman/Milwaukee Breast & Cervical Cancer Program

Both practice management and clinicals are being utilized in:

- Sexual & Reproductive Health/Sexually Transmitted Infections
- Tuberculosis Clinic

Additional clinical roll-out is anticipated for all Maternal & Child Health programs in late 2022. The Lead program's client case management is anticipated to start utilizing practice management in late October with clinical go-live before year-end.

The conversion to EHR has had numerous benefits for MHD, the biggest of which is conversion of paper processes to digital, and streamlining of some billing operations. The Health Department will continue to modernize our clinical operations as part of our strategic plan implementation.

To Ald. Coggs' question regarding the availability of trauma-informed care programs for City employees, as well as training in trauma-informed approaches for City employees:

The Office of Violence Prevention will continue to work with the Department of Employee Relations, Fire & Police Commission, and other City agencies to deploy trauma-informed training and employee assistance throughout the City.

To Ald. Dimtrijevic's question regarding the status and planning for the expansion of 414LIFE to the south side:

Knowing the demand for 414LIFE and the unique constellation of organizations and partners on the South side, the Office of Violence Prevention continues to develop the 414LIFE expansion as funded by the Council in CCFN 210894. The Office is committed to making sure the expansion is designed for the South side and maximizes the credibility and connections needed to interrupt violence in those communities. Dir. Hamilton will continue to keep the Mayor and Council informed and involved in how that partnership is coming together.

To Aids. Murphy and Spiker's request for a list of organizations funded by the Office of Violence Prevention, their goals, and performance:

This request has been addressed in part through a previous request from the Legislative Reference Bureau. The attached (Attachment A) list of organizations and payments include specific awards for community organizations to carry out work for the Office of Violence Prevention, funded by grants.

To Ald. Murphy's request that MHD work with him, the Mayor, and others on program funding proposals for the Healthier Wisconsin endowment housed at the Medical College of Wisconsin:

The Healthier Wisconsin Partnership is a major source of funding for a number of regional health initiatives, and the Partnership is a current funder of BOMB Doula. The Health Department's strategic plan and role as chief health strategist for the City puts MHD in a natural role to convene and advocate, as well as create cross-sector partnerships focused on population health challenges and solutions. The Health Department would be more than pleased to discuss any collaboration with you.

To Ald. Murphy's question on post-incident interventions, specifically the playground shooting near 21<sup>st</sup> & Keefe:

The Office of Violence Prevention has specific funding to provide post-incident supports for families experiencing numerous kinds of violence and trauma. These include the "credible clinicians" working with victims and others funded by the ReCAST grant, our partnerships through the US DOJ Justice for Families and Safer Communities for Youth

grants, and 414LIFE. The Office's funding of the County's Trauma Response Team offers another incident specific intervention. Many of these same initiatives also work on upstream activity with families and individuals in high risk or disproportionately impacted populations.

Ald. Murphy's question on "call-in" programs is also in the spirit of the Cure Violence model that 414LIFE is based on. The Office of Violence Prevention looks forward to sharing more on the outcomes and impact of 414LIFE in the near future.

To Ald. Dimitrijevic's question on the funding, status, and outputs related to domestic and intimate partner violence:

The Office of Violence Prevention is the key City organization convening stakeholders and creating systems-level solutions to domestic and intimate partner violence. In addition to the efforts cited above, the Office staffs and organizes the Commission on Domestic Violence and Sexual Assault, and specifically funds "safe exchange" for custodial exchanges, as well as supports for victims.

Related, the Consumer Environmental Health group is currently working to educate all of their inspectors on how to see, support, and report on a number of situations they may encounter in their work throughout the City, including domestic and intimate partner violence, human trafficking, and opioid abuse. This training and others will help all parts of the department increase our ability to impact the social determinants of health, a key pillar of Public Health 3.0.

To Ald. Dimitrijevic's question on how to address the postpartum support gap:

The Health Department is re-aligning staffing and funding to better measure and understand a number of key family health factors. The glaring racial inequities in access to care and infant mortality require a different approach. The 2023 budget funds a dedicated staffer to handle the epidemiology of infant mortality, and MHD's maternal and child health programs will make infant mortality reduction a priority area for 2023 State grant funding.

The public health approach to ensuring strong babies and healthy families requires looking at a range of supports for parents, and will require strong partnerships with community partners and clinical providers. MHD's existing home visiting and doula programs are a critical part of this, and extend post-partum supports as part of their design.

The doula program has expanded funding this year thanks to the Healthier Wisconsin Partnership, and the Community Health division will be using the strategic plan implementation to better address not only the postpartum support gap but also assure that more Milwaukee families can access critical pre- and post-natal supports.

To Ald. Murphy's question and comments on spending opioid litigation funding and convening partners and stakeholders in the future:

MHD has already worked closely with our partners and Ald. Murphy on a plan and strategic framework to ensure the increase in funding for opioid interventions delivered by the State's settlement is used effectively and builds on the success to date of the Milwaukee Overdose Response Initiative. MHD looks forward to working on a community conference event and presenting to the Council the plan and priorities for utilizing the opioid settlement funding within the parameters of the settlement and 2021 Wisconsin Act 57.

To Ald. Spiker's question on the funded status of Home Environmental Health positions in the 2023 Proposed Budget:

The 2023 Proposed budget includes 14 unfunded positions out of 70 in the Lead program (Home Environmental Health):

- 9 Environmental Inspectors (formerly Lead Risk Assessors)
- 4 Public Health Nurses
- 1 Office Assistant II

Authority for these positions remains, in the event of additional funding being available, but the Environmental Health team is confident in their ability to carry out existing programs with the existing position authority and funding. Future grants (HUD Lead Hazard Reduction, CDBG, etc.) will likely sustain existing funded positions.

Based on the data from October 6, the current vacancy rate for funded positions in the Lead program would be 50%, based on 27 of 55 total funded positions filled. Excluding the 12 recently classified ARPA-funded positions, the vacancy rate would be 37% (27 filled of 43 funded).

The Lead program continues to improve performance, as mentioned at the hearing, including the recent achievement of a perfect 100 score from HUD for performance on our Lead Hazard Reduction grant.

To Ald. Dimitrijevic's question on inspection fees, citations, and the last increase in inspection fees:

Citations for violators of MCO 68 can be issued in a range of amounts between \$500 and \$5,000 for food safety violations, and individual managers may be cited for amounts between \$100 and \$1,000 per occurrence, under MCO 61-1 through 61-23. License suspensions and other actions are also allowed if the Health Department finds the circumstances require closure or other action to ensure the public's health and safety.



Inspection, reinspection, and complaint inspection fees can range from \$50 to \$500 depending on circumstance. Fees are set by MCO 60-70, and that includes fees for initial inspection depending on the circumstance of the inspections. Fees escalate as inspection goals are not met, with a maximum inspection, re-inspection, or complaint inspection fee of \$500. The last amendment to MCO 60-70 was in CCFN 130790, adopted November 1, 2013 and effective January 1, 2014.

Fees are assessed based on the City's ordinance. A portion of the inspection fees collected by the Health Department/City are required by the City's agent agreement (CCFN 211870) to be paid to the State Department of Agriculture, Trade, and Consumer Protection. Additionally, the DATCP agent agreement includes the following language regarding inspection fee revenue:

*"VI. COSTS*

*The total license fees the Agent collects may not exceed the Agent's reasonable costs of issuing licenses to, making investigations and inspections of, and providing education, training and technical assistance to licensed establishments, plus the state fees."*

Practically speaking, MHD has a compliance-driven enforcement model and rarely issues citations. The Health Department, as mentioned, provides operator education and outreach to ensure violations and repeat violations are minimal. The Health Department's goal is safe, sanitary food service in every retail establishment and at every event in the city.

To Ald. Murphy and Spiker's questions on syphilis rates, how they have increased, and Milwaukee's incidence comparatively:

Cases of primary, secondary, and congenital syphilis in the city of Milwaukee increased by 148% from 2020 to 2021, and decreased by 5% between January 1<sup>st</sup> - September 30<sup>th</sup>, 2022 compared with the same time period in 2021; however, *2022 data is preliminary and subject to change.*

The city of Milwaukee, state of Wisconsin, and the United States as a whole have seen increases in syphilis incidence in recent years, as shown in part in the tables below. Compared with all U.S. states in 2020, Wisconsin ranked 39<sup>th</sup> in rates of primary and secondary syphilis, and 41<sup>st</sup> in rates of congenital syphilis, according to [CDC Sexually Transmitted Disease Surveillance 2020](#) reports.

**Cases and Percent Change in Syphilis\* in Wisconsin, Statewide and Regional, 2020 - 2021**

<b>Wisconsin Region</b>	<b>2020</b>	<b>2021</b>	<b>Percent Change</b>
Northeastern	32	54	+ 69%
Northern	7	18	+ 157%
Southeastern	263	566	+ 115%

Southern	52	72	+ 38%
Western	6	27	+ 350%
<b>Statewide Total</b>	<b>360</b>	<b>737</b>	<b>+ 105%</b>

\*Includes primary, secondary, and congenital syphilis  
*Data source:* Wisconsin DHS, Wisconsin STI Surveillance Data Reports by Region

**Percent Change in Syphilis\*, 2019 – 2020 (2021 data not yet available for all geographies)**

<b>City of Milwaukee</b>	<b>Wisconsin</b>	<b>United States</b>
+ 116%	+ 89%	+ 7%

\*Includes primary, secondary, and congenital syphilis;  
*Data sources:* Wisconsin Electronic Disease Surveillance System (WEDSS); Wisconsin DHS, Wisconsin STI Surveillance Data Reports by Region; CDC AtlasPlus

Thank you again for the opportunity to discuss the important work of the Health Department and the Proposed Budget's funding of mandated functions as well as strategic initiatives to continue improving the health of our great city.

cc: BMD:nk/so  
 DOA:af  
 CCCC:ac/tn/cl