



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

November 1, 2021

The Honorable Tony Evers
Governor
115 East State Capitol
Madison, WI 53702

Dear Governor Evers:

The Department of Health Services is pleased to submit to you the biennial report on the status of readiness for Health Emergencies in Wisconsin as required by Wis. Stat. § 250.03(3)(b). This report can also be found on the Department's [website](#).

Wisconsin's Public Health Emergency Preparedness Program continues to strengthen the foundation of preparedness through planning, workforce competency development training, and regional exercises. These efforts among state and local partners ensure both individual agency response capability and strong coordination for regional and statewide response.

Highlights from the report, "A Biennial Report on the Status of Readiness for Health Emergencies in Wisconsin (2019-2021)," include:

- Coordinating with federal, state, and local partners and non-governmental organizations to respond to the COVID-19 pandemic
- Aligning of the Public Health Emergency Preparedness Program with the Wisconsin Hospital Emergency Preparedness Program to create seven regional healthcare emergency readiness coalitions (HERCs)
- Funding opportunities to support planning for functional and access needs for persons with unique emergency response needs
- Obtaining an Opioid Crisis Grant through CDC, and use of that funding to award mini-grants to local, tribal, and regional partners to combat opioid addiction in their communities

These successes reflect sustained progress in, as well as exciting enhancements to, Wisconsin's readiness to prevent, detect, investigate, control, and recover from public health emergencies.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen E. Timberlake".

Secretary-designee

A Biennial Report on the Status of Readiness for Health Emergencies in Wisconsin (2019–2021)



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Introduction

Each year, unexpected events threaten the health and safety of the people of Wisconsin. The COVID-19 pandemic, declared a National Emergency in March 2020, touched all 72 counties in the state of Wisconsin and continues to affect all facets of life for the people of Wisconsin. Further, a presidential nominating convention, held in Milwaukee in 2020, necessitated significant planning to ensure the health and safety of delegates in attendance, as well as residents living and working in the area. Under the Wisconsin Emergency Response Plan and with support from federal funding sources, the [Wisconsin Department of Health Services](#) (DHS) is responsible for ongoing work to enhance the state's ability to address the health-related aspects of disasters and emergencies. State statute requires a report every two years to update the Governor's Office and the Wisconsin State Legislature on these efforts.



Figure 1: COVID-19 Drive-Thru Testing

Federal funding for preparedness efforts became available in 2002, following the terrorist attacks on

9/11/01. During the almost two decades since the initial distribution of funds, Wisconsin has used this support to advance its state of readiness for health emergencies at the local, regional, and state levels.

Cooperative agreements between the United States Department of Health and Human Services and DHS provide funding for preparedness and readiness efforts. Within DHS, [the Office of Preparedness and Emergency Health Care \(OPEHC\)](#) leads the implementation of the two primary areas of focus supported by the funds:

1) Public Health Emergency Preparedness, which involves working with local health departments and tribal health centers on public health preparedness; and 2) the Healthcare Preparedness Program, which involves working with the state's seven multi-disciplinary regional healthcare emergency readiness coalitions (HERCs) on medical surge and coordination planning.

Being prepared is not an end state, but rather an ongoing, dynamic process that is constantly evolving and adapting to new ideas, threats, and changing circumstances. At the heart of this process is a cycle of planning, training, exercising, evaluation, and

improvement. This report will describe the relationships and resources that support that process.



Relationships

The largest challenge to disaster readiness is the size and scope of the mission. No one agency or entity can tackle that challenge alone. At the heart of preparedness activities is the web of relationships amongst the key partners that each play a critical role. These partners exist at the local, regional, state, and national levels, and include other offices and divisions within DHS as well as the public, non-governmental, and private sectors. Throughout the COVID-19 response, these relationships have been tested and strengthened, proving the importance of a multidisciplinary approach to disaster readiness. Below, Table 1 provides a list of just some of the key organizations that OPEHC staff members have collaborated with on preparedness activities in the past two years.

Table 1: OPEHC's Preparedness Partners (Note: The list in Table 1 is intended to be illustrative, not exhaustive.)

Boards and Organizations
<ul style="list-style-type: none">•2-1-1 Wisconsin•American Red Cross•Children's Health Alliance of Wisconsin•Emergency Medical Services Board•EMS for Children•Healthcare Emergency Readiness Coalitions Advisory Board•Statewide Trauma Advisory Council•Wisconsin Association of Local Health Departments and Boards•Wisconsin Council on Physical Disabilities•Wisconsin Hospital Association•Wisconsin Primary Care Association•Wisconsin Public Health Association•Wisconsin Voluntary Agencies Active in Disasters
DHS Divisions and Offices
<ul style="list-style-type: none">•Bureau of Communicable Disease, Division of Public Health (DPH)•Bureau of Community Health Promotion (DPH)•Bureau of Environmental and Occupational Health (DPH)•Division of Care and Treatment Services•Division of Medicaid Services•Division of Quality Assurance•Office of Health Informatics•Office of Legal Counsel•Office of the Secretary
State Agencies
<ul style="list-style-type: none">•Department of Administration•Department of Agriculture, Trade and Consumer Protection•Department of Military Affairs and Wisconsin Emergency Management•Department of Natural Resources•Wisconsin National Guard•Wisconsin State Lab of Hygiene
Federal Partners
<ul style="list-style-type: none">•Centers for Disease Control and Prevention (CDC)•CDC's Division of State and Local Readiness•Office of the Assistant Secretary for Preparedness and Response•Division of Strategic National Stockpile•United States Marshals Service

Department's Enhanced Preparedness and Emergency Response (DEPER) Initiative

Over the last two years, OPEHC has continued to advance the DEPER Initiative, an effort to build emergency readiness and response capacity throughout DHS. This has included raising awareness of DHS's varied responsibilities during and after events; training staff throughout the building about the Division of Public Health's Emergency Operations Plan and the incident management system; supporting information sharing amongst DHS's after-hours on-call teams;¹ and building resources to support crisis communications efforts during emergencies. The importance of this initiative was highlighted through the COVID-19 response, allowing DHS to call upon appropriate staff to bring their skills to the response and fill in roles when primary personnel were overwhelmed.

State-Level Coordination

Personnel involved with emergency preparedness and response at DHS work with other state-level entities to ensure coordination in disaster preparedness, response, and recovery. Many examples of this stem from the COVID-19 response. The Bureau of Communicable Diseases coordinates closely with the Wisconsin State Laboratory of Hygiene (WSLH) to process COVID-19 tests, monitor virus variants, and make informed public health decisions based on this data. Personnel from other state agencies were reassigned to assist DHS with the COVID-19 response, including but not limited to personnel from the Department of Administration and Department of Natural Resources. The Department of Administration also assisted in expediting contracts to procure personal protective equipment (PPE) and ventilators to supplement PPE being received from the federal strategic national stockpile. Throughout the COVID-19 response and outside of a disaster response, OPEHC works especially closely with colleagues at the Wisconsin Emergency Management in the Department of Military Affairs on activities ranging from maintaining awareness of plan development efforts, to participating in exercise design teams, to training about and serving in Wisconsin's Emergency Operations Center.

Public Health Emergency Preparedness

Under the Public Health Emergency Preparedness (PHEP) cooperative agreement with the Centers for Disease Control and Prevention (CDC), OPEHC administers the distribution and management of dollars to support health readiness activities at the local and tribal levels. OPEHC provides local and tribal agencies with cooperative agreement expectations. However, within the agreements, the local and tribal agencies largely determine the specific priorities that best meet their individual jurisdictions' needs to create, build, or maintain the various capabilities used to address the health-related aspects of emergencies in their communities. (Information about funding for local jurisdictions can be found in the [Resources](#) section.)

¹ The Department of Health Services supports four teams that take calls after hours and on weekends: 1) Communicable Disease; 2) Chemical Spills and Natural Disasters; 3) Emergency Human Services; and 4) Radiological Events.

Healthcare Preparedness Program

The Office of the Assistant Secretary for Preparedness and Response in the United States Department of Health and Human Services funds Wisconsin's Healthcare Preparedness Program (HPP). The HPP supports seven regional healthcare emergency readiness coalitions (HERCs), shown in Figure 2 below. One of the purposes of these HERCs is to encourage coordination around emergency readiness among typical day-to-day competitors in the private health care sector, as well as other key community

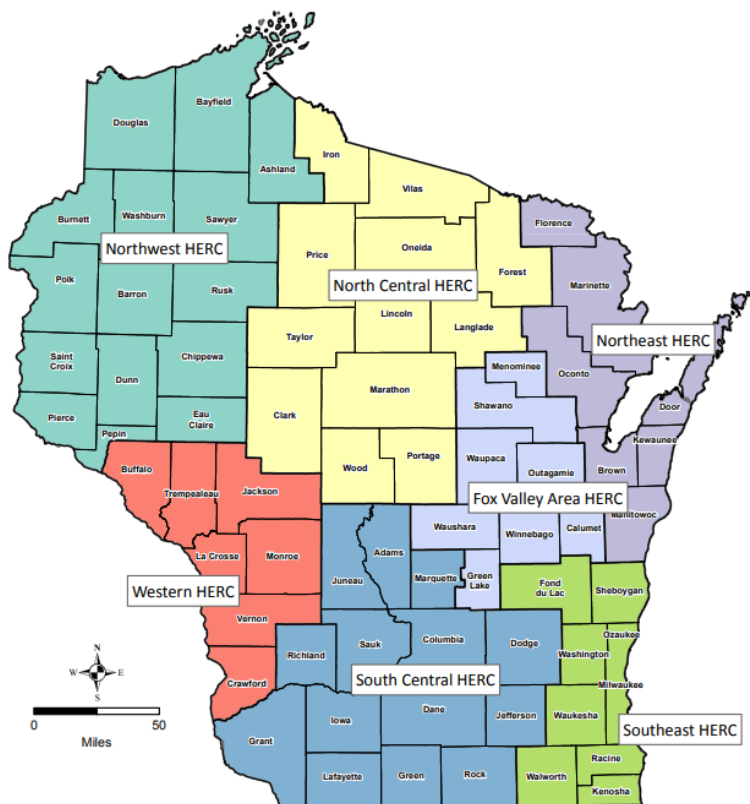


Figure 2: Map of Wisconsin's HERCs

partners. The federal program requires participation in each region from four sectors: 1) acute care hospitals; 2) emergency management; 3) emergency medical services; and 4) local public health agencies. In addition to these members, HERCs across Wisconsin have also engaged other entities valuable during a health emergency, such as law enforcement and fire departments, skilled nursing facilities, home health agencies, and medical equipment distributors. Each HERC has developed preparedness and response plans, offers training and exercises to its membership, and engages in a range of other capacity development activities on an annual basis.

The HPP also supports the Wisconsin trauma care system working toward hospital preparedness in the case of mass casualty incidents and ensuring that all trauma patients in the state of Wisconsin receive comprehensive trauma care. While participation in the trauma care system is voluntary, 124 of 126 potential hospitals participate in the state of Wisconsin. The Wisconsin trauma care system has a strong base of support and advocacy due to the active participation of clinical experts via the Statewide Trauma Advisory Council and Regional Trauma Advisory Council.

Non-Governmental Partner Organizations

Preparedness staff members at DHS also work with independent organizations to advance efforts to anticipate and address the needs of all of the people of Wisconsin during emergencies. Organizations such as the American Red Cross, 211 Wisconsin, the Children's Health Alliance of Wisconsin, and the Council on Physical Disabilities, have all played roles in contributing to health-related disaster planning

with DHS. During the COVID-19 response, Epic served as a critical partner providing program management resources in a number of areas, including lab capacity and specimen collection, health care capacity for surge, personal protective equipment, and isolation facilities. During emergencies, staff stationed at Wisconsin’s Emergency Operations Center regularly reach out to these types of partners for information and assistance. Likewise, the organizations often relay information from the field back to DHS for analysis and attention, enhancing situational awareness.

Resources

Achieving a continued state of readiness statewide requires ongoing attention and activity by all partners involved. Attention and activity requires resources to underpin those efforts.

Funding

Following the events of September 11, 2001, and the subsequent anthrax attacks, Congress first appropriated federal health emergency funding in 2002. To manage the funds and all associated activities, Wisconsin created two programs: PHEP and HPP.

Health preparedness efforts through DHS are funded entirely by federal preparedness grant sources. Table 2 below displays the funding amounts for the past two years. In addition to overall PHEP funds, the CDC allocation includes funding designated for the WSLH, which is a member of the nationwide Laboratory Response Network and one of ten Level 1 chemical labs in the country. Having a lab of WSLH’s caliber greatly enhances Wisconsin’s ability to recognize and identify both chemical and biological agents of concern during an emergency.

Table 2: Federal Preparedness Grant Sources and Funding Amounts

Programs	2019–2020	2020–2021
PHEP	\$ 9,253,637.00	\$ 9,473,001.00
Cities Readiness Initiative	\$ 478,919.00	\$ 481,551.00
Level 1 Laboratory	\$ 1,445,235.00	\$ 1,445,235.00
HPP	\$ 3,416,869.00	\$ 3,417,594.00
Yearly Total	\$ 11,587,682.00	\$ 11,416,983.00

The CDC also funds the Cities Readiness Initiative, a program designed to enhance preparedness in the nation’s largest metropolitan areas by promoting the development, testing, and maintenance of plans to receive medical countermeasures from the country’s [strategic national stockpile](#). Wisconsin has seven counties and eighteen health departments involved in the Cities Readiness Initiative.² Two, Pierce and Saint Croix Counties, participate in the Minneapolis metropolitan statistical area, while the others collaborate around the Milwaukee area.

² Milwaukee County contains 12 health departments organized by municipal jurisdictions: City of Milwaukee, Cudahy, Franklin, Greendale, Greenfield, Hales Corners, North Shore, Oak Creek, St. Francis, and South Milwaukee.

Table 2 displays the breakdown of grant funding for the 2019 and 2020 grant years. From the 2020 PHEP base funds, \$5.3 million funded preparedness personnel and activities for local and tribal public health entities, equaling 57 percent of the total PHEP allocation. The remaining funds went to programs such as the Public Health Information Network, Wisconsin Electronic Disease Surveillance System, Wisconsin Community Action Program Association, and supported further work within the WSLH. From the 2020 HPP base funds, \$1.1 million went to the healthcare coalitions, equaling 31 percent of the total HPP allocation. The remaining funds were used to support the seven HERC coordinators that staff the coalitions, a project examining crisis standards of care in Wisconsin, Juvare System platforms, and a range of statewide trainings and exercises.

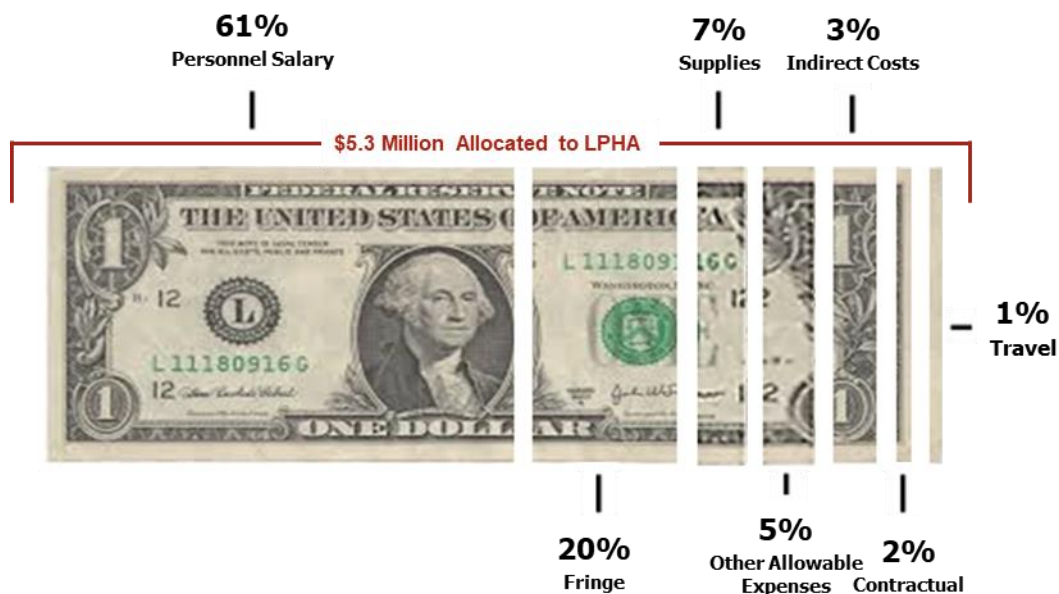


Figure 3: LPHA Average Budget Breakdown (57% of Total PHEP Allocation)

As shown in Figure 3, salary and fringe make up 81 percent of the average local public health agency or tribal health center preparedness budget. Nine Wisconsin counties use the entirety of their PHEP budget to fund their preparedness personnel. Without these investments, local and tribal health agencies, who are the first line of response during emergencies, would be unable to maintain their readiness for manmade or natural disasters.

COVID-19 Response Supplemental Funding

In March 2020, in response to the COVID-19 pandemic, Wisconsin received emergency supplemental funding via the CDC COVID Crisis Response Grant and the HPP Supplemental Funding. The purpose of this emergency funding was to adequately and rapidly distribute funds in order to achieve the preparedness and response capabilities needed for COVID-19.

Under the CDC COVID Crisis Response Grant, OPEHC was awarded \$10.7 million. Fifty percent of this award (\$5.3 million) was allocated to local public health agencies and tribal health centers to use at their discretion based on their highest priority needs in the following capability domains: Incident Management for Early Crisis Response, Jurisdictional Recovery, Information Management,

Countermeasures and Mitigation, Surge Management, and Biosurveillance. Salary and fringe made up 77 percent of the average budget, with ten Wisconsin counties using the entirety of their CDC COVID budget to fund their preparedness personnel. The other 50 percent of this award funded state-level needs within the COVID-19 response, including expanding the capacity and inventory of the DPH strategic national stockpile warehouse; procuring supplies for the WSLH; funding permanent, limited-term, and contracted response personnel; and utilizing lessons learned to build capacity for future emergencies.

Under the HPP Supplemental Funding, OPEHC was awarded \$3.9 million. This funding was allocated to HERCs, EMS, special pathogen treatment centers, and other health entities to support the identification, isolation, assessment, transportation, and treatment of patients with confirmed or suspected COVID-19 and to prepare for future special pathogen disease outbreaks.

Trainings, Conferences, and Learning Opportunities

In January 2020, OPEHC planned and offered the second state health preparedness conference in Stevens Point. Though the magnitude of the COVID-19 pandemic was unknown at the time of this event, sessions covered topics that proved beneficial throughout the COVID-19 response, including hospital preparedness and surge planning; volunteer management; epidemiological and preparedness surveillance capabilities; and point of dispensing just in time training. Reviews of the conference were overwhelmingly positive. This conference is intended to be an annual event, however, due to the demands of the COVID-19 response and lack of OPEHC staff capacity, a conference was not held in 2021.

To enhance frontline public health readiness, OPEHC offers scholarships to local and tribal health staff to enable them to attend other conferences with preparedness-related content to learn about best practices and new programs. Such conferences include the [National Association of County and City Health Officials Preparedness Conference](#), the [Wisconsin Association of Local Health Departments and Boards annual conference](#), and the Wisconsin Emergency Management Governor's Conference. Scholarships cover registration, transportation, and hotel costs. In fiscal year 2020, this program supported 303 local public health staff from 78 local and tribal entities. Feedback from the scholarship recipients has been

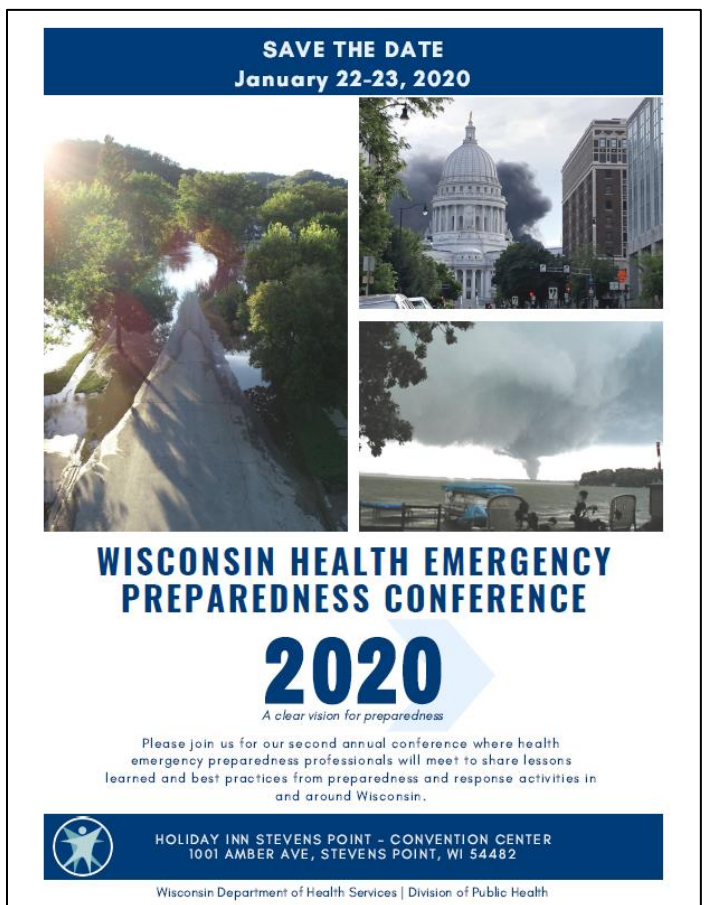


Figure 4: Save the Date flyer for the 2020 HEP Conference

overwhelmingly positive. Many recipients reported that, due to budget restrictions, they would have been unable to attend any conferences without the scholarship.

Opioid Crisis Grants

In 2018, Wisconsin received funding through a CDC Public Health Crisis grant to augment efforts to address a non-disaster type of public health emergency: the opioid epidemic. To ensure the support of collaborative activities to address this issue at the local, tribal, and regional levels, where they could do the most good, OPEHC awarded a portion of this funding to health preparedness partners. The recipients comprised six HERC regions, 23 counties, and 11 cities, and involved over 200 community partners to assist them in developing and implementing their efforts against the opioid epidemic.

OPEHC awarded recipients no more than \$20,000 per applicant to spend by March 31, 2020, and allowed collaborative efforts among multiple applicants. Recipients' projects included a number of unique and innovative activities and scopes of work. The majority of these projects focused on mobilizing community partnerships and informing, educating, and empowering different populations, as shown in Figure 5. Through the opioid mini-grants, recipients have increased their capacity to prepare for and respond to the opioid epidemic.

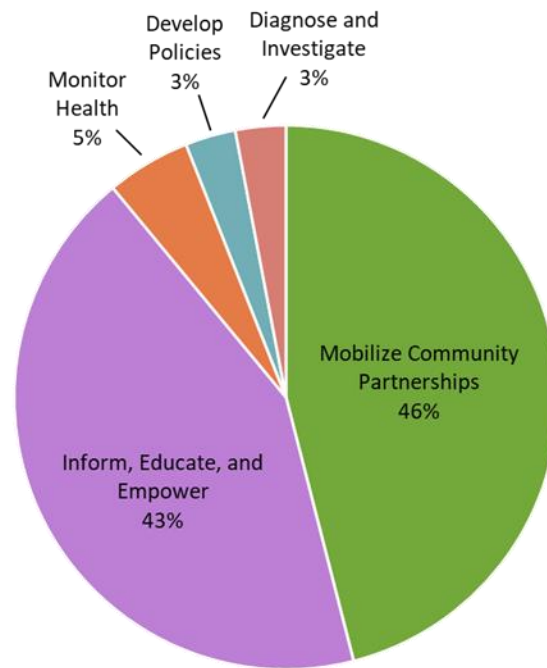


Figure 5: Mini Grantee Functions

Information Sharing Systems

Another set of resources that DHS supports to ensure the state's ability to respond in the event of a disaster are its information sharing platforms. In health emergencies, for example, sharing awareness of the effects of the emergency on hospitals can help to facilitate patient transfers, identify supply needs, and forecast future shortfalls. Wisconsin's EMResource system (previously known to as WI Trac) is a secure, password-protected, database-driven web application designed specifically to track hospital critical infrastructure on a local, regional, and statewide level. It is used to inform response activities and post alerts regarding bed counts, mass casualty incidents, and other time-sensitive communications to health care partners and state leaders.

EMResource provides real-time tracking of:

- Bed availability status.
- Availability of other hospital and capability statuses.
- Emergency alert notifications and contingency planning.

The system is an integral and active part of emergency response in Wisconsin, and hospitals routinely utilize the system in drills and exercises. During the COVID-19 response, DHS received certification from the Office of the Assistant Secretary for Preparedness and Response granting the ability to report COVID-19 data on behalf of facilities. EMResource was expanded to include the U.S. Department of Health and Human Services COVID-19 metrics, required for health systems to report. Maintaining the reporting capabilities and optimizing the system to meet the needs of our health partners is an ongoing process. DHS has expanded the system to include skilled nursing facilities across the state to track their bed availability in order to expedite patient placement from hospital discharges.

Additionally, Wisconsin maintains a secure, web-based platform and mobile application that permits patient tracking and family reunification called EMTrack. EMTrack is currently in the implementation phase, with plans to go-live in July 2021. Once live, emergency management services will have the ability to use a mobile application to track patients from the scene of an accident and follow the patient through medical or hospital discharge.

In conjunction with EMResource and EMTrack, DHS is launching an Electronic Incident Command System (eICS) which consists of a documentation library for regional and statewide emergency response plans, instantaneous communication during an incident, and after action reporting and assessment of incidents. Juvare, the vendor of all three applications—EMResource, EMTrack, and eICS—is embedded to ensure the appropriate audience is called to action during an event, thus increasing situational awareness and response throughout the state.

Wisconsin also maintains a secure, web-based platform that contains a public health directory, document storage, and alerting capacity called the Partner Communications and Alerting (PCA) Portal, using Microsoft's SharePoint platform. Local public health agencies and tribal health centers regularly use this secure site for basic tasks such as accessing tools and templates or submitting budgets and progress reports. Throughout the COVID-19 response, the PCA Portal has been instrumental in efficiently sharing up-to-date data, talking points, and resources among local public health agencies, tribal health centers, contact tracers, HERCs, and other health partners.

Finally, it is clear that effective communication among hospitals, law enforcement, firefighters, emergency medical services, and other response organizations is vital to effective emergency response. However, in a number of high-profile disasters, responders reported that a lack of interoperability between systems, especially in the field, hindered response operations. The Wisconsin Interoperable System for Communications (WISCOM) is a statewide radio system designed to support public safety communications across all sectors.

WISCOM has the ability to enhance the range of communication for hospitals and is particularly useful for rural access hospitals and air ambulance services that adopted WISCOM radio in every hospital in Wisconsin several years ago. Functionality of the radios are nearing end of life, and in 2019, the Hospital Preparedness Program purchased new radios to transition into each facility. The WISCOM transition project remains ongoing. During the changeover, new, simplified instructional materials will be provided to all facilities during face-to-face visits with a WISCOM subject matter expert. Regular tests of the system continue to be conducted statewide.

Conclusion

Health emergency preparedness and response work in Wisconsin is always moving forward and anticipating and addressing the next challenge. A few of the major initiatives in the next two years include:

- Ongoing COVID-19 response and recovery activities.
- Management of CDC funding centered on establishing, expanding, and sustaining a public health workforce.
- A major full scale exercise in Wisconsin Dells that will challenge hospital surge capacity during a mass casualty event.

In order to fulfill DHS's lead role in protecting the health and safety of the people of Wisconsin during emergencies, staff will maintain the relationships and resources built over the last 15 years; use knowledge gained from trainings, exercises, and real world events to improve DHS's ability to conduct responses; and build new capabilities and capacities as needed. DHS will continue to advocate for the application of scientifically supported and field-validated best practices while anticipating a need to be flexible in order to address legal rulings and social or ethical issues that arise over the course of the response.

Appendix A: Acronym List

Acronym	
Acronym	
CDC	Centers for Disease Control and Prevention
DEPER	Department's Enhanced Preparedness and Emergency Response
DHS	Department of Health Services
DPH	Department of Public Health
eICS	Electronic Incident Command System
HERC	Healthcare Emergency Readiness Coalition
HPP	Healthcare Preparedness Program
LPHA	Local Public Health Agencies
OPEHC	Office of Preparedness and Health Care
PCA	Partner Communications and Alerting
PHEP	Public Health Emergency Preparedness Program
WISCOM	Wisconsin Interoperable System for Communications
WSLH	Wisconsin State Lab of Hygiene

Appendix B: The Office of Preparedness and Emergency Health Care

Located within the Division of Public Health (DPH), OPEHC leads public health and healthcare sector emergency preparedness efforts for DHS. The office is also responsible for classification of Level 3 and 4 trauma centers and the licensing of emergency medical services in Wisconsin.

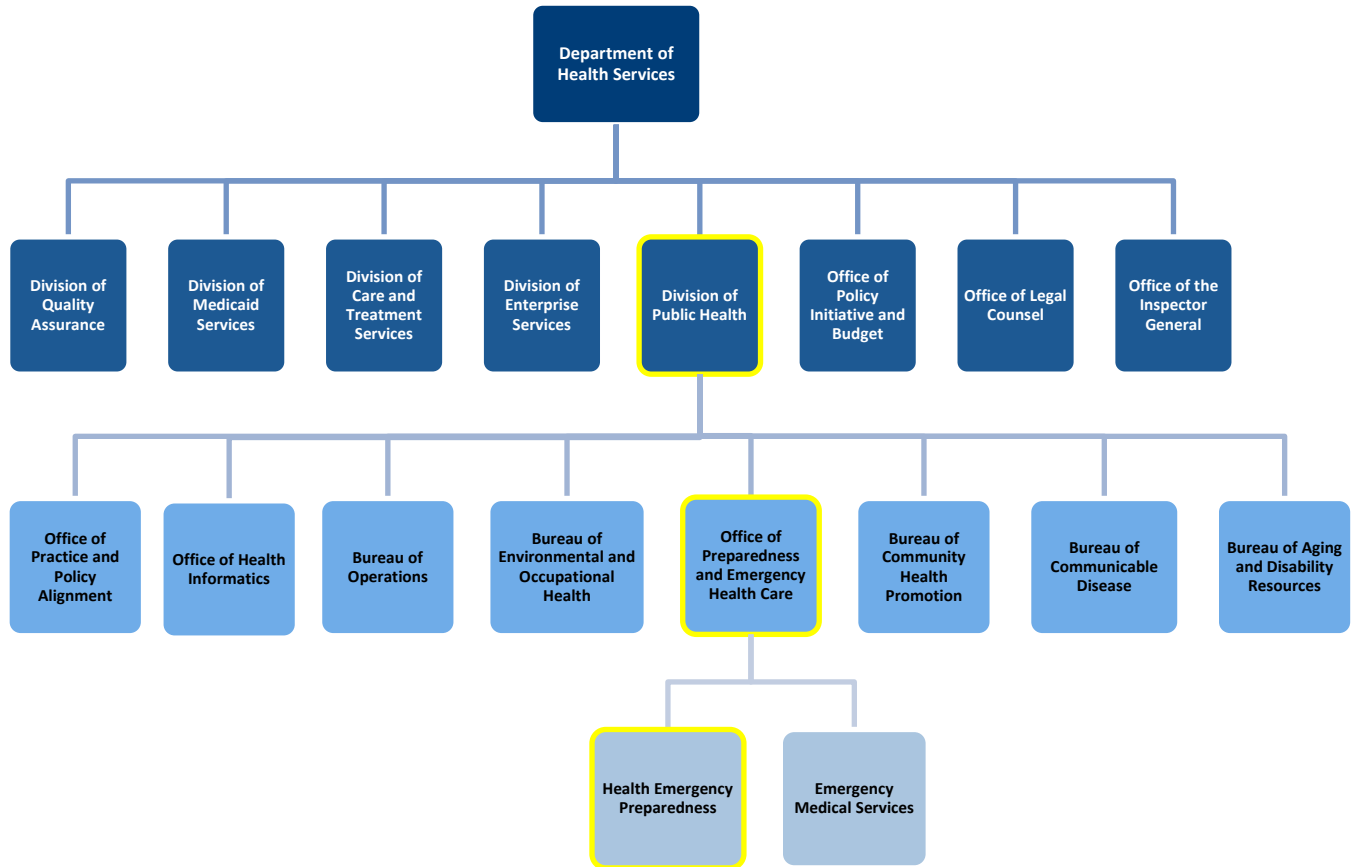


Figure 6: DHS Organizational Chart