



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

September 6, 2023

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 programs continue 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 (2021-2023)," include:

- Coordinating with federal, state, and local partners and non-governmental organizations to respond to the COVID-19 pandemic.
- Planning and offering a public health track at the 55th Governor's Conference on Emergency Management and Homeland Security.
- Managing warehouse operations and distribution of over 42 million pieces personal protective equipment.

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 "Kirsten L. Johnson".

Kirsten L. Johnson
Secretary-designee

A Biennial Report on the Status of Readiness for Health Emergencies in Wisconsin (2021–2023)



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02456 (09/2023)

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Introduction

The COVID-19 pandemic, declared a National Emergency in March 2020, impacted all 72 counties and 11 Tribal nations in Wisconsin. This national emergency remained in place until the declaration ended on May, 11, 2023. During that time the people of Wisconsin also faced concurrent public health threats for MPOX and Respiratory Syncytial Virus (RSV). [Wisconsin Department of Health Services](#) (DHS), under the [Wisconsin Emergency Response Plan](#).



Figure 1: COVID-19 Drive-Thru Testing

Federal funding for preparedness efforts became available in 2002, following the terrorist attacks on 9/11. During the 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 (HHS) 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:

- **Public Health Emergency Preparedness**, which involves working with local health departments and Tribal health centers on public health preparedness.
- **The Hospital 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, evaluating, and improving. 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 incident. 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. During public health responses such as COVID-19, these relationships were tested and strengthened, showing 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 few 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 Public Health Council •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 •Administration for Strategic Preparedness and Response •Division of Strategic National Stockpile •United States Marshals Service

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 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.

Hospital preparedness program

The Administration for Strategic Preparedness and Response (ASPR) in the United States Department of Health and Human Services funds Wisconsin's Hospital 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 partners. The federal program requires participation in each region from four sectors:

- Acute care hospitals
- Emergency management
- Emergency medical services
- Local public health agencies

In addition to these members, HERCs across Wisconsin have also engaged other valuable partners 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.

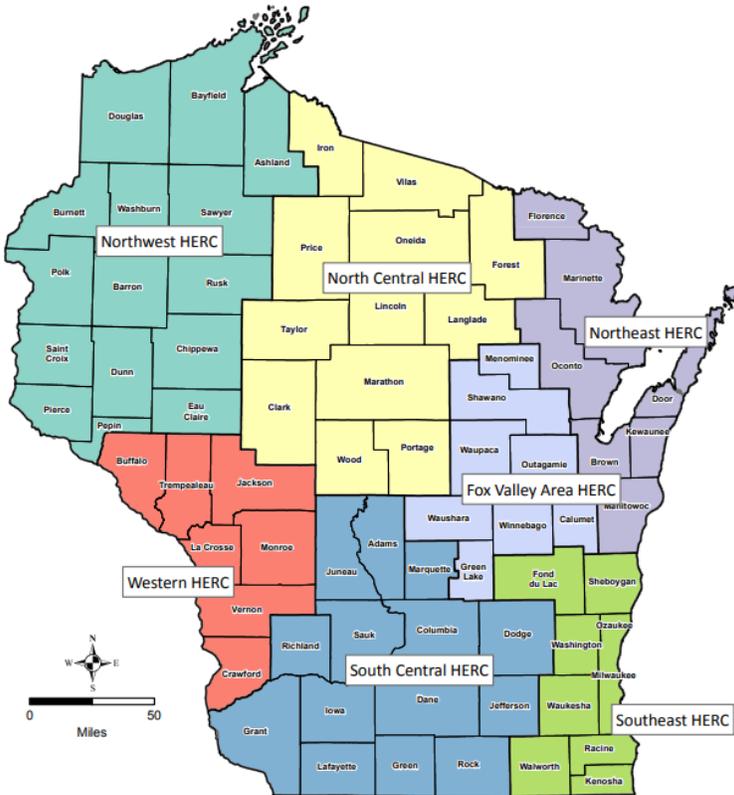


Figure 2: Map of Wisconsin's HERCs

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 Wisconsin receive comprehensive trauma care. While participation in the trauma care system is voluntary, 104 of our 130 potential hospitals participate in the program 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 Wisconsinites 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 base and PHEP Cities Readiness Initiative (CRI) funds, the CDC allocation includes funding designated for the WSLH, which is a member of the nationwide Laboratory Response Network and one of 10 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 Funding Sources and Amounts

Programs	2021–2022	2022–2023
PHEP - Base	\$ 9,587,164	\$ 9,599,642
PHEP - Cities Readiness Initiative	\$ 590,802	\$ 655,846
PHEP - Level 1/Level 2 Laboratory	\$ 1,445,235	\$ 1,662,020
HPP	\$ 3,417,594	\$ 3,417,594
Yearly Total	\$ 15,040,795	\$ 15,335,102

The CDC also funds the Cities Readiness Initiative (CRI), a program initially designed to enhance preparedness in the nation’s largest metropolitan statistical areas (MSAs) by promoting the development, testing, and maintenance of plans to receive medical countermeasures from the country’s strategic national stockpile. Going forward CRI’s program assessments will transition from an MCM focus to an all-hazards readiness across all 15 public health preparedness and response capabilities Wisconsin has eight counties and 18 health departments involved in the Cities Readiness Initiative.¹ Two counties,

¹ 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 Washington and Ozaukee have a combined health department, but are two separate counties.

Pierce and Saint Croix, participate in the Minneapolis metropolitan statistical area, while the others collaborate around the Milwaukee MSA.

Table 2 displays the breakdown of funding for the 2021-22 and 2022-23 fiscal years. From the 2021-22 PHEP-Base and PHEP-CRI funds, \$5.8 million funded preparedness personnel and activities for local and Tribal public health entities, equaling 50 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 biological response and Level 1/Level 2 chemical response work within the WSLH. From the 2021-22 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.

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.

Warehouse operations and personal protective equipment distribution

Since March 2020, OPEHC has operated a warehouse and distributed personal protective equipment (PPE) throughout Wisconsin, first with supplies from the Strategic National Stockpile, and then those procured by the State. In 2021, these operations began moving away from emergency response towards a more steady state. On the technical side, inventory management transitioned from a temporary database to integration with State Transforming Agency Resources (STAR), with an additional improvement project completed with DOA assistance in 2022. Distribution has continued steadily throughout the previous two years, supporting the needs of local and Tribal Health Departments, as well as smaller medical organizations that have continued to face shortages due to supply chain disruption, schools and community organizations throughout the state, and agricultural entities dealing with outbreaks of H5N1.

A total of 42,538,334 pieces of PPE, and 892,733 additional supplies and equipment, were distributed during the previous two years. This includes 41,250 KN95s to protect bus drivers as students returned to the classroom, 1,020,247 masks and respirators for students and school staff, 8,936,613 pieces of PPE distributed statewide during the Omicron surge at the beginning of 2022, and 26,476,561 pieces of PPE and other material supplied to medical organizations, including skilled nursing facilities, hospitals, clinics, and emergency services. The maintenance of this stockpile is a critical component in preparedness, facilitating quick and effective response to COVID surge events, supply chain disruptions, zoonotic pathogen outbreaks, and unknown future viral and biological threats.

COVID-19 response supplemental funding

In March 2020, in response to the COVID-19 pandemic, Wisconsin received emergency supplemental funding via the CDC COVID-19 Crisis Response Cooperative Agreement and ASPR HPP Supplemental Funding titled Hospital Association COVID-19 Preparedness and Response Activities. 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-19 Crisis Response Cooperative Agreement, 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 10 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 ASPR HPP COVID-19 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 2023, OPEHC was a part of the planning and offering of the 55th Governor’s Conference on Emergency Management and Homeland Security in Madison. This offering of the Governor’s Conference was the first of its kind, in that there were six ‘tracks’ being planned;



ON TRACK FOR THE FUTURE TOGETHER

55th Annual Wisconsin Governor’s Conference
on
Emergency Management & Homeland Security

February 27th - March 1st, 2023

Interoperability and Technology, Critical Infrastructure/Private Sector, Response and Recovery, Public Health and Community Resilience, Managing Cyber and Physical Threats, and Current and Emerging Trends. OPEHC was responsible for the Public Health and Community Resilience track where several speakers presented from public health and healthcare around the state and a pre-conference class was held around public health emergency planning. This change in conference format was well received and is planned as the format for the 2024 conference.

PHEP funding allows local and Tribal health staff 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 (NACCHO) National Preparedness Summit, and the Wisconsin Association of Local Health Departments and Boards annual conference.

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 allows emergency management services 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 launched 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.

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. 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:

- Workforce development through the management of CDC funding centered on establishing, expanding, and sustaining a public health workforce.
- Preparations for the 2024 Republican National Convention in Milwaukee.

In order to fulfill DHS’ 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 several 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.

Appendix A: Acronym list

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	Hospital Preparedness Program
LTHD	Local Tribal Health Departments
OPEHC	Office of Preparedness and Emergency 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 health care 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.

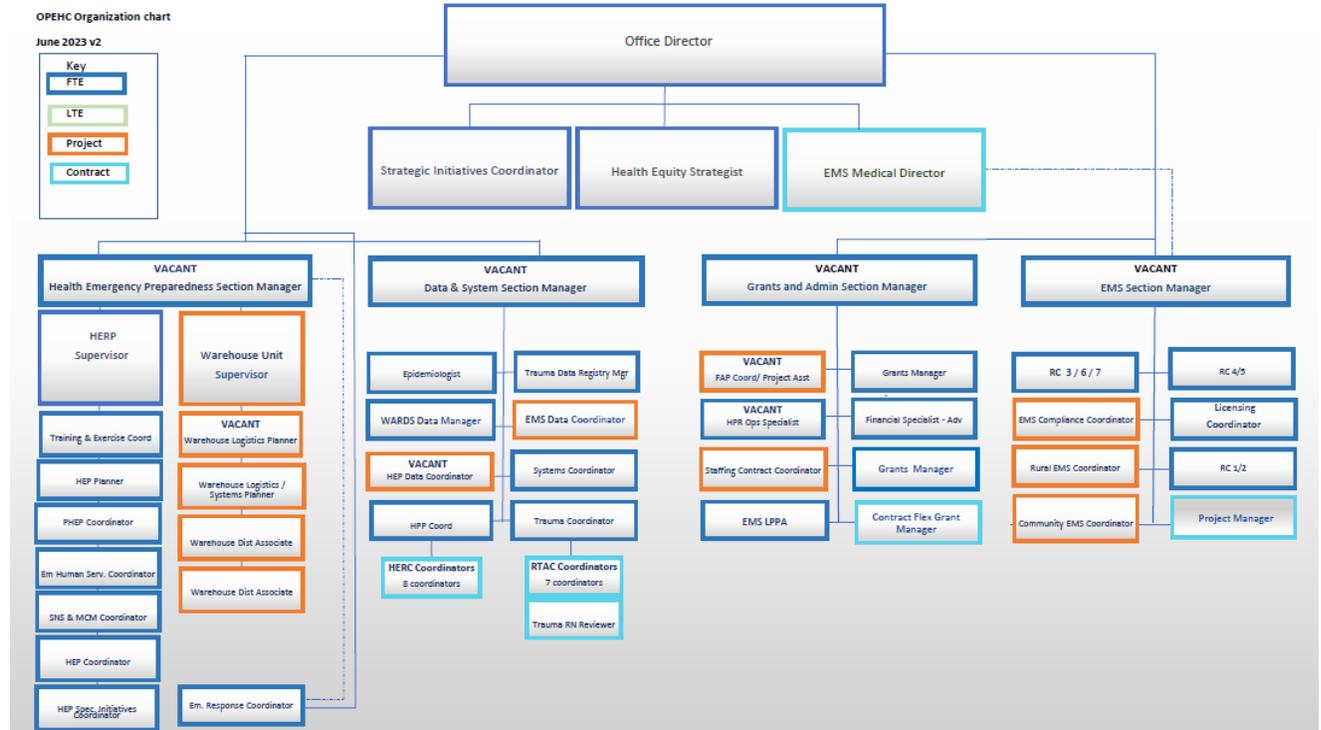


Figure 3: DHS Organizational Chart