Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Watertown Department of Public Health whose principal business address is 515 South First Street, Watertown WI, 53094. The contact for the GRANTEES Contract Administrator is:

Carol Quest
515 South First Street
Watertown WI, 53094

Telephone: 920/ 262-8090
Fax: 920/ 262-8096
E-mail: cquest@ci.watertown.wi.us

Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157000	WWWP		

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159220 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014

Program: Preventive Health and Health Services Block Grant
Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Involvement of key policymakers and the general public in the development of comprehensive public health plans.

    B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.

    C) Identification of the scientific basis (evidence base) for the intervention.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) There are no separate sub-criterion to this Quality Criteria Category.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) There are no separate sub-criterion to this Quality Criteria Category.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.

    B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.

    C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) There are no separate sub-criterion to this Quality Criteria Category.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) There are no separate sub-criterion to this Quality Criteria Category.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

    A) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

    A) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

    A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit I

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014

Program: Radon Indoor Radon RICs

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and public health nurses.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.

    B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014

Contract Source of Funds

Source	Program	Amount
Watertown	Childhood Lead - Consolidated	$3,557
Watertown	Immunization - Consolidated IAP	$7,804
Watertown	Maternal Child Health - Consolidated	$12,919
Watertown	Prevention - Consolidated	$4,577
Watertown	Radon Regional Information Centers	$7,672
	Contract Amount	**$36,529**

Contract Match Requirements

Program	Amount
Childhood Lead	$0
Immunization	$0
MCH	$9,689
Prevention	$0
Radon-RICs	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0
Prevention	None Reported	$0
Radon-RICs	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014

Childhood Lead **Program Total Value $3,557**

1	Template Objective 4	$3,557

Throughout the 2014 contract period, residents from the jurisdiction of the Watertown Department of Public Health will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Immunization **Program Total Value $7,804**

1	LHD Template Objective	$7,804

By December 31, 2014, 66% children residing in Watertown Department of Public Health 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) vaccination by their second birthday.

MCH **Program Total Value $12,919**

1	By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Watertown Department of Public Health in collaboration with community partners focusing on family supports.	$12,919

Prevention **Program Total Value $4,577**

1	Template Objective 12 - Environmental Health Hazards	$4,577

By August 31, 2014, Watertown Department of Public Health(fiscal agent) and Jefferson County Health Department will work in consortium to implement strategies to prevent or ameliorate environmental health hazards.

Radon-RICs **Program Total Value $7,672**

1	This objective is for calendar year 2014.	$7,672

Total of Contract Objective Values	$36,529
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $3,557

Objective: Primary Details

Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdiction of the Watertown Department of Public Health will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 15 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $3,557

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Context

There is no designated value range for this objective; it is automatically accepted if the entire Childhood Lead Poisoning Prevention Program (CLPPP) allocation is $6000 or less. If the allocation is greater than $6000 and the agency wants to select this objective, negotiation for the value of this objective is required. This assurance objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child¿s primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014

Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $3,557

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $7,804

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 66% children residing in Watertown Department of Public Health 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) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Watertown Department of Public Health jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is 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.

For your information the cohort of children for this objective is:

Date of Birth 01/01/2012- 12/31/2012

Criteria for the 2014 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2012 ¿ 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: $7,804

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Context Continued

Input Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $7,804

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories

- Tracking

- Coordination of immunization services with other LHD programs

- Sharing information with area physicians

- Requesting that information is entered into the WIR.

- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter

- Phone call

- Home visit

- Email

- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $12,919

Objective: Primary Details

Objective Statement

By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Watertown Department of Public Health in collaboration with community partners focusing on family supports.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The agency will deliver: 1) A completed Wisconsin Healthiest Families Community Logic Model (Plan) following the instructions found on the Early Childhood Systems website (Step 2). 2) A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 3) Documentation of participation in the MCH Annual Conference. 4) Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each). 5) Documentation of the number of life course trainings held, audience, and the number of participants. 6) A completed Partnership Report for family supports.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $12,919

Agency Funds for this Objective:

Data Source for Measurement

Data sources are as follows: 1) WHF Community Logic Model (Plan), 2) SPHERE Report of the MCH Core Competencies, 3) MCH Conference Attendee List, 4) Webinar Evaluation, 5) SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework, and 6) SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.

Baseline for Measurement

Watertown Department of Public Health has worked with a facilitator to conduct an MCH Focus Group as part of our strategic planning process in late 2013. The focus group participants included stakeholders, community partners, and clients of the Department.

Watertown Department of Public Health staff provided leadership to several existing community coalitions, boards and committees that focus on our MCH population. Through this collaborative work, community partners are engaged in community programs that serve children and families.

The existing community partners/collaboratives are detailed at Input Activities.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental

health, and safety and injury prevention. Go to http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

Context Continued

Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency's jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan - In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation - The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Evaluation and Sustainability - Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

Input Activities

Watertown Department of Public Health has worked with a facilitator to conduct an MCH Focus Group as part of our strategic planning process in late 2013. The focus group participants included stakeholders, community partners, and clients of the Department. The results of this focus group will be evaluated by the Department and shared with community partners. Programs will be evaluated using the Focus Group feedback.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $12,919

Watertown Department of Public Health staff provide leadership to several existing community coalitions, boards and committees that focus on our MCH population. Through this collaborative work, community partners are engaged in community programs that serve children and families. The focus group results will provide WDPH and community partners with identified areas of need in the community and possible development of community programs to serve children and families.

The existing community partners/collaboratives include but are not limited to:

Watertown Family Center - The Watertown Family Center is committed to providing quality educational programs and resources promoting the social, emotional, physical and intellectual development and well-being of children and their families in Watertown, Wisconsin and surrounding areas.

Watertown Crossroads House - Crossroads House of Watertown will provide housing and related services to families in transition with basic needs of shelter and personal support.

Dodge County and Jefferson County Child Death Review teams are a community response to a child's death.

Dodge/Watertown Child Safety and Injury Prevention Coalition - The Dodge County and City of Watertown Safety and Injury Prevention Coalition empowers all individuals to live safe and healthy lives through consistent messages, collaborative activities and resources.

Get Healthy Watertown a local collaborative focused on developing and supporting health is an initiative to support healthy lifestyles to decrease chronic disease.

Watertown Dialog for Student Success - The mission of Dialogue for Student Success is to bring together stakeholders of Watertown, to collaborate our efforts to enhance the well-being of all and therefore improving our community as a whole.

Dodge/Jefferson Healthier Community Partnership works to enhance the health and well-being of all individuals, families and communities in Jefferson and Dodge Counties. DJHCP will operate as a collaborative catalyst, identifying needs and linking the necessary resources to achieve its mission.

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

- Participate in education to support the ongoing development of MCH Core Competencies.

- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

- Participate in MCH Program evaluation efforts throughout the contract year.

- Participate in training and technical assistance, as well as the 2014 MCH and KKA Conference.

- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

- Complete a Wisconsin Healthiest Families Community Logic Model (Plan) following the instructions found on the Early

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $12,919

Childhood Systems website (Step 2).

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $4,577

Objective: Primary Details

Objective Statement

Template Objective 12 - Environmental Health Hazards

By August 31, 2014, Watertown Department of Public Health(fiscal agent) and Jefferson County Health Department will work in consortium to implement strategies to prevent or ameliorate environmental health hazards.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report entered into an electronic data collection tool that describes:

1. Description of strategies implemented and outcomes measured

2. Challenges or barriers to success

3. Actions to address challenges

4. Indicate and describe if Prevention funded activities were used to obtain additional funding, donations or in-kind contributions

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: $4,577

Agency Funds for this Objective:

Data Source for Measurement

Agency report to be entered into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

In June, July and August (13 weeks)of 2012, water samples were taken from 3 beaches weekly for a total of 39 samples. The beaches are tested for levels of E.coli. If results are over 235 parts per million (p.p.m.), the beach is recommended to post a sign indicating that the E.coli level is elevated and extra health precautions should be taken. (showering after swimming, wash hands before eating, do not ingest beach water, etc.)

Nuisance Complaints

Throughout the year, the Environmental Health Consortium handles a variety of complaints from citizens that require investigation and follow-up.

The complaint issues range from landlord/tenant issues, mold, dead birds, trash, to air quality issues.

Complaints Received

Watertown Department of Public Health 33

Jefferson County Health Department 19

Several years ago a written complaint procedure was implemented. Complaints have to be in writing explaining the nature of the complaint, property owner information and the complainant names and phone number. It is easier to follow up on complaints when all information is provided. Phone calls for information that are not associated with a written complaint are not accounted for in this report. Due to the volume of calls, no tracking system has been implemented. Items that would fall into this category include indoor air quality issues, mold, housing questions, private water quality questions, and information provided to exempt groups serving food to the public, etc.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $4,577

This is a new initiative OR [Insert baseline statement]

Context

Watertown and Jefferson County Health Departments have worked together over ten years in an environmental health consortium, with Watertown serving as fiscal agent. The health departments will provide signed MOUs so that $2,580 from Jefferson County allocation will be added to the $1,997 Watertown allocation for a total of $4,577 in the Watertown contract. The investigation and control of environmental health hazards are an ongoing local public health priority. All health hazard referrals and complaints will be investigated per local policy. Healthspace will be used to document prevention and remediation strategies, and the follow-up activities and outcome.Describe why this objective was chosen and selected outcome measure(s).

Context Continued

Input Activities

Health hazard investigation will begin with a referral or complaint per local policy and will include:

1) identify and assess the environmental health hazards; 2) education and outreach to affected individuals and communities; 3)conduct appropriate referral and follow-up.

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available. Potential links to strategies for this objective include but are not limited to:

http://www.healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=12

http://www.dhs.wisconsin.gov/hw2020/evidence.htm

www.dhs.wisconsin.gov/eh/ehdir/index.htm

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $4,577

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $7,672

Objective: Primary Details

Objective Statement

This objective is for calendar year 2014.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/14 and 1/31/15 to the Division of Public Health, document the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

Programs Providing Funds for this Objective

Radon Indoor Radon RICs: $7,672

Agency Funds for this Objective:

Data Source for Measurement

Agency records:

Report ot DHS bi-annually on the: number of media responses to news releases and other outreach with journal publications and broadcasts: journal and/or broadcast station names; the dates, lengths, and scanned images or the media's website versions of the stories. For Outreach to Professional, Trade and Other Groups needing to know about radon for their work: names of meetings and shows, venues, dates, attendance, and supporting information like announcements and agendas. For Response to Requests for Radon Information and Consulting: A tally of public requests from all channels: telephone, email, walk-in, etc. For Radon Proficiency Certification: Who at the agency is currently certified for radon measurement and mitigation proficiency. For Training and Stocking of Cooperating Local Agencies: A list of local public health agencies in the region and how they are trained and stocked with handouts, detectors and literature as appropriate, with brief information on what they have done. For Statewide and Regional Meetings: meetings RIC staff attended. For Database Development: Summary of measurement results added to the database. Field Site Visits: Number of sites visited.

Baseline for Measurement

Context

These activities shall be completed in 2014: 1) OUTREACH VIA MEDIA: Staff will have issued news releases and other public outreach, stimulating reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by other LPHAs, WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the RIC telephone number and state website address, www.lowradon.org. 2) OUTREACH TO PROFESSIONAL AND TRADE GROUPS: Presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) RESPONSE TO REQUESTS FOR RADON INFORMATION: Respond to public requests for radon information and consulting. 4) RADON PROFICIENCY CERTIFICATION: National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon, unless they have attended all recent annual RIC meetings, in which case after eight years of an individual being certified they may let their certification lapse. 5) TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES: Staff will traing cooperating local public health agencies in their region as interest arises and help with follow-up for elevated measurement results as needed. 6) MEETINGS: Staff will attend statewide conference calls and meetings of RICs and DPH. 7) DATABASE DEVELOPMENT: Staff will have add new results of radon measurements that they facilitated to a database. 8) FIELD SITE VISITS: Staff will visit sites to consult and become informed about challenging radon mitigations or measurements as funding and schedules permit.

Context Continued

Input Activities

See Context above.

Objective: Risk Profile

Percent of Objective Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24214 **Agency:** Watertown Department of Public Health **Contract Year:** 2014
Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $7,672

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive