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**2015 DPH Consolidated Contract Addendum**

This contract addendum is specific to Ashland County Health and Human Services Department whose principal business address is 630 Sanborn Avenue, Ashland, WI 54806. The contact for the GRANTEE’S Contract Administrator is:

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**Section 6.D Funding Controls**

Funding controls are summarized below. The [2015 Consolidated Contract Overview](#) contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2015 are limited to 6/12<sup>th</sup> of the contract with the balance paid after July 1, 2015 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12 <sup>th</sup> Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	159320	MCH
151734	Oral Health Supplement	159321	Reproductive Health
151735	Oral Health Mouth Rinse	159327	Family Planning
152002	Reproductive Health SLOH	181005	TPCP-WIS-WINS
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157720	Childhood Lead		

Payments through September 30, 2015 are limited to 9/12<sup>th</sup> of the contract with the balance paid after October 1, 2015 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 157000 (Well Woman) is limited to January 1, 2015 through June 30, 2015. No expenses incurred after June 30, 2015 will be reimbursed. The [2015 Consolidated Contract Overview](#) contains current funding periods for all Profile IDs that are part of the consolidated contract.

### **2. Final Report Dates**

The due date of the final fiscal report for Profile 150327 (Radon Outreach) shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150327, 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.

The [2015 Consolidated Contract Overview](#) contains final report due dates for all Profile IDs that are part of the consolidated contract.

## **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 #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

### Program: Radon Outreach 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](http://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.  
  
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

## Contract Agreement Addendum: Exhibit I

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

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](http://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

## **Contract Agreement Addendum: Exhibit I**

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

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 I

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

### Program: Wisconsin Well Woman 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) The following information applies only to breast cancer screening: 1) Each coordinating agency must ensure it focuses its breast cancer screening outreach efforts on women ages 50-64. Seventy-five percent of women receiving mammograms should be between the ages of 50 and 64. 2) Each coordinating agency must document attempts to contact annually 100% of the women enrolled in the program, where rescreening is clinically indicated, to arrange mammography rescreening examinations, and must assure that at least 50% of these women are rescreened for breast cancer. 3) Each coordinating agency must follow the program standards for median days between abnormal mammography results and final diagnosis for women enrolled in the program. The median days between an abnormal mammography result and final diagnosis shall be less than 60 days, with not more than 25% over 60 days. 4) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious breast cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
  - B) The following information applies only to cervical cancer screening: 1) Each coordinating agency must follow the program standards for median days between abnormal Pap smear results and final diagnosis for women enrolled in the program. The median days between an abnormal Pap smear result and final diagnosis shall be less than 60 days, with no more than 25% over 60 days. 2) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious cervical cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
- 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) Each coordinating agency must maintain a paper system or a computerized tracking database of women from its county enrolled in the program. At a minimum, the database should include annual eligibility determination, results of screening services provided, documentation of follow-up in situations of abnormal screening results, and recommended rescreening dates.
- 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) Each coordinating agency must document contacts made to recruit new WWWP clients with special emphasis on women 50-64 years of age. The agency must provide information and education about covered services and rescreening at appropriate intervals.

## Contract Agreement Addendum: Exhibit I

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

- 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) Each coordinating agency is responsible for recruiting new providers to the WWWP as needed.
  - B) Women diagnosed with breast and/or cervical cancer will be referred to Well Woman Medicaid as appropriate.
  - C) Each coordinating agency must document contacts with each of its WWWP providers as needed, but at least quarterly, to access program status, identify needs, and share information.
- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) Each coordinating agency must ensure accurate eligibility determination whether completed by the local coordinating agency or the provider.
  - B) Each coordinating agency must document attempts to ensure that billing problems between the providers and the fiscal agent are resolved.
  - C) Each coordinating agency is responsible for educating clients on program-covered services and client responsibility for non-covered services.
  - D) Each coordinating agency is responsible for educating providers on the WWWP and billing practices.
- 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 II**

### **Program Objectives**

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

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Ashland County	Childhood Lead - Consolidated	\$4,501
Ashland County	Immunization - Consolidated IAP	\$9,387
Ashland County	Maternal Child Health - Consolidated	\$15,496
Ashland County	Oral Health - Fluoride Mouthrinse	\$1,085
Ashland County	Oral Health - Fluoride Supplement	\$1,795
Ashland County	Radon Outreach	\$3,500
Ashland County	WWWP GPR CC	\$6,030
<b>Contract Amount</b>		<b>\$41,794</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$11,622
Oral Health	\$0
Oral Health - Mouthrinse	\$0
Radon Outreach	\$0
Well Woman	\$0

<b>Program Sub-Contracts</b>		
<b>Program</b>	<b>Sub-Contractee</b>	<b>Sub-Contract Amount</b>
Childhood Lead - Con	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Oral Health	None Reported	\$0
Oral Health - Mouthrinse	None Reported	\$0
Radon Outreach	None Reported	\$0
Well Woman	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

### Childhood Lead - Con

**Program Total Value \$4,501**

- 1 Template Objective 1 - Blood Lead Testing \$4,501
- By December 31, 2015, 335 children at risk for lead poisoning who reside in Ashland County will receive an age-appropriate blood lead test.

### Immunization

**Program Total Value \$9,387**

- 1 LHD Template Objective \$9,387
- By December 31, 2015, 67% children residing in Ashland County Health Department 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 \$15,496**

- 1 Template Objective 1 \$15,496
- By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Ashland County Health Department in collaboration with community partners focusing on safety/injury prevention.

### Oral Health

**Program Total Value \$1,795**

- 1 Template Objective 1 \$1,795
- School-Based Fluoride Supplement Program: By December 31, 2015, 50 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Ashland County Health Department.

### Oral Health - Mouthrinse

**Program Total Value \$1,085**

- 1 Template Objective 1 \$1,085
- School-Based Fluoride Mouthrinse Program: By December 31, 2015, 130 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Ashland County Health Department during the 2014-2015 school year.

### Radon Outreach

**Program Total Value \$3,500**

- 1 Template Objective 2 - Radon \$3.5k Objective \$3,500
- Throughout calendar year 2015, residents, realtors and possibly home builders in the jurisdiction of the Ashland County Health Department will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

### Well Woman

**Program Total Value \$6,030**

- 1 Template Objective 1: \$6,030
- By June 30, 2015, 25 Ashland County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

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**Total of Contract Objective Values** \$41,794  
**Total of Contract Statement Of Work Values** \$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$4,501

### Objective: Primary Details

**Objective Statement**

Template Objective 1 - Blood Lead Testing

By December 31, 2015, 335 children at risk for lead poisoning who reside in Ashland County will receive an age-appropriate blood lead test.

**Deliverable Due Date:** 10/31/2016

**Contract Deliverable (Evidence)**

A report to document the number of unduplicated children at risk for lead poisoning residing in Ashland County who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$4,501

**Agency Funds for this Objective:**

**Data Source for Measurement**

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

**Baseline for Measurement**

**Context**

Acceptable value for this objective is up to \$18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ; Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention; ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf), CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, rev. 2014).

**Context Continued**

**Input Activities**

### Objective: Risk Profile

**Percent of Objective Accomplished**

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Immunization

**Objective #:** 1 of 1

**Objective Value:** \$9,387

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2015, 67% children residing in Ashland County Health Department 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:** 02/15/2016

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 2015 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 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2013 - 12/31/2013

Evaluation date: 01/01/2016

Run date: 02/15/2016

#### Programs Providing Funds for this Objective

Immunization: \$9,387

#### Agency Funds for this Objective:

#### Data Source for Measurement

Wisconsin Immunization Registry Records.

#### Baseline for Measurement

The 2013 end of year population based standard benchmark report will be used to determine the baseline for the 2015 population based objective.

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

Birthdate Range: 01/01/2011 thru 12/31/2011

Evaluation Date: 01/01/2014

Run Date: After: 02/15/2014

The baseline for measurement for the 2015 objective is:

Benchmark age @ 24 months

Total clients: 180; 114 clients (63%) met all benchmark criteria, 66 clients did not

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Immunization

**Objective #:** 1 of 1

**Objective Value:** \$9,387

### 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.

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

### Context Continued

### Input Activities

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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417  
**Program:** Immunization

**Agency:** Ashland County Health & Human Services Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$9,387

- 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%
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**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,496

### Objective: Primary Details

#### Objective Statement

Template Objective 1

By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Ashland County Health Department in collaboration with community partners focusing on safety/injury prevention.

**Deliverable Due Date:** 01/31/2016

#### Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.
2. A completed Partnership Report for the Focus Area(s) that directly align with the objective.
3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.
4. Completed evaluation surveys as requested by the MCH Program.
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$15,496

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies
2. 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
3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

#### Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

#### 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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$15,496

**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**

**Primary Activities:** 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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$15,496

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

**Input Activities**

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

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; 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 ongoing basis with community partners and enter in SPHERE.
- Participate in MCH Program requests related to evaluation efforts throughout the contract year.
- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.
- Request technical assistance from MCH contract administrator as needed.
- Promote the MCH Hotline.
- (Optional) Participate in a Learning Community.

**Objective: Risk Profile**

**Percent of Objective Accomplished**

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417  
**Program:** Oral Health

**Agency:** Ashland County Health & Human Services Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$1,795

### Objective: Primary Details

#### Objective Statement

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2015, 50 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Ashland County Health Department.

**Deliverable Due Date:** 01/31/2016

#### Contract Deliverable (Evidence)

A report to document, by age and community, the number of children who participated in a dietary fluoride supplement program administered by the (insert name) Health Department.

#### Programs Providing Funds for this Objective

Oral Health: \$1,795

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. Wisconsin Oral Health Program Annual Report will be provided and must be completed and submitted with documentation of the number of children, including age and community, who participated in the dietary fluoride supplement program.
2. SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Supplement (no detail screen).

#### Baseline for Measurement

#### Context

This program is targeted to children in non-fluoridated communities or rural areas with low natural fluoride in the water. The target population for this program is children from age 6 months to 16 years. Water sources must be tested to determine the fluoride content prior to determining the dosage for dietary fluoride supplements. The dosage for dietary fluoride supplements is established by the American Dental Association (ADA). The ADA Dietary Fluoride Supplement Schedule must be adhered to when administering dietary fluoride supplements for this objective.

#### Context Continued

#### Input Activities

### Objective: Risk Profile

#### Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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#### Corresponding Percentage Recoupment

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#### Corresponding Potential Recoupment Amounts

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#### Definition of Percent Accomplished

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#### Conditions of Eligibility for an Incentive

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Oral Health - Fluoride Mouthrinse

**Objective #:** 1 of 1

**Objective Value:** \$1,085

### Objective: Primary Details

#### Objective Statement

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 130 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Ashland County Health Department during the 2014-2015 school year.

**Deliverable Due Date:** 01/31/2016

#### Contract Deliverable (Evidence)

A report to document, by grade and community, the number of children who participated in a school-based fluoride mouthrinse program administered by the Ashland County Health Department during the 2014-2015 school year.

#### Programs Providing Funds for this Objective

Oral Health - Fluoride Mouthrinse: \$1,085

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. Wisconsin Oral Health Program Annual Report will be provided and must be completed and submitted with documentation of the number of children, including grade and community, who participated in the fluoride mouthrinse program during the 2014-2015 school year.

2. SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Mouthrinse (no detail screen).

#### Baseline for Measurement

#### Context

School-based fluoride mouthrinse programs are evidence-based prevention strategies that prevent dental caries (cavities). The children targeted by this objective must be in first grade or above. School-based fluoride mouthrinse programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level.

#### Context Continued

#### Input Activities

### Objective: Risk Profile

#### Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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#### Corresponding Percentage Recoupment

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#### Corresponding Potential Recoupment Amounts

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#### Definition of Percent Accomplished

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#### Conditions of Eligibility for an Incentive

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

Program: Radon Outreach

Objective #: 1 of 1

Objective Value: \$3,500

### Objective: Primary Details

#### Objective Statement

Template Objective 2 - Radon \$3.5k Objective

Throughout calendar year 2015, residents, realtors and possibly home builders in the jurisdiction of the Ashland County Health Department will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

**Deliverable Due Date:** 10/31/2016

#### Contract Deliverable (Evidence)

A report, emailed by January 31, 2016 on agency letterhead to the radon contact, Bureau of Environmental and Occupational Health, documenting the number of home radon measurements completed by residents; number of presentations to realtor groups; and/or the proposed outreach to home builders. The report will be included in our report to the US Environmental Protection Agency, source of this funding, which requires all-electronic reporting.

#### Programs Providing Funds for this Objective

Radon Outreach: \$3,500

#### Agency Funds for this Objective:

#### Data Source for Measurement

Local health department records.

#### Baseline for Measurement

In contract year 2011, 38 radon test kits were provided; eleven households submitted the test kits for sampling.

#### Context

EPA radon measurement proficiency training and/or new construction training is a prerequisite for funding at the \$3,500 level. Outreach to realtors should be done only if agency staff has the prerequisite EPA radon measurement training and follow guidance in the US EPA *Home Buyers and Sellers Guide to Radon*.

Coordination and training for outreach is provided by the regional Radon Information Center serving the agency. The RIC will organize a meeting for this purpose. January is National Radon Action Month and is when the agency should do news releases and major outreach locally, for synergy with efforts by the US EPA, WI Division of Public Health, RICs and private sector groups.

Outreach to the general public must reflect the guidance in the EPA pamphlet, *Citizen's Guide to Radon*, specifying follow-up measurements when screening measurements are 4.0 pCi/L or above. (Radon screening tests in basements with windows closed throughout the house reflect the highest radon exposure possible and typically exaggerate actual average exposures of residents by a factor of two.) The agency should follow up with residents having screening measurement results 4.0 pCi/L and higher. The public may be referred to the DHS radon website, [www.lowradon.org](http://www.lowradon.org). Technical questions may be referred to the Wisconsin Radon Information Center serving your agency (see [www.lowradon.org](http://www.lowradon.org).) Radon detectors provided to the public can be ordered from the RIC. Names of homeowners, their addresses and the serial numbers of detectors provided must be recorded for tracking and obtaining results reports. Home owners needing follow-up measurements because their screening results are 4.0 pCi/L or higher should be so advised by the local agency, and may consult with the RIC

Outreach to builders should be done only if agency staff has had EPA training in Radon Control in New Homes. Optional additional radon proficiency training will be offered in 2014 in Madison (2-Day Measurement, 2.5-Day Mitigation) with similar courses in March 16-21, 2014 in Waukesha. This training has free registration for government personnel, by emailing the radon program manager at DPH ([Jessica.maloney@wi.gov](mailto:Jessica.maloney@wi.gov)).

#### Context Continued

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27417

Agency: Ashland County Health & Human Services Department

Contract Year: 2015

Program: Radon Outreach

Objective #: 1 of 1

Objective Value: \$3,500

### Input Activities

Ashland County is applying for the \$3,500.00 Radon Grant. Ashland County qualifies for a grant of this amount because we have participated in radon training by the Radon Information Center and completed the 2 day Radon measurement proficiency training in 2011. We have also given two radon outreach presentations to realtors. Ashland County targeted school students in a public school located in a high risk community, providing education and free radon testing to the 5th grade students. This was done in conjunction with the Public Health Practicum Experience of a BSN student with UW-Green Bay. The radon grant program has been a continued success for Ashland County residents, and a service that is a necessity because of our high risk and demand. Ashland County presently provides radon test kits to residents for a minimal fee, tracks the results, and provides follow-up with guidance on results over 3.9pCi/L. The funding will be used for continued surveillance, data collection/tracking, and education/outreach. This will be done through increased assessment, communication, and follow up. Ashland County provides local outreach for the Radon Action Month, also providing free test kits during January to increase surveillance. Grant funding will be used to continue this media blitz. Also, based on identified need, we would like to do educational mailings and training with home builders on radon control for new construction. The funding will also be used to obtain staff training on radon control for new construction to provide quality guidance, followed by that targeted outreach.

### Budget breakdown

Objective #1 By December 31st, 2015, at least 25 persons in the jurisdiction of Ashland County Health and Human Services will have completed radon tests in their homes as a result of agency outreach and facilitation of the availability of the detectors.

Cost of Test Kits for the year 100 @ \$6.00 = \$600.00

Total objective 1 = \$600.00

Objective #2 By December 31st, 2015, Ashland County Health & Human Services will have one staff member trained on Radon Control for New Construction (one day) in Waukesha or Wausau, as scheduling allows.

Cost - RS time (one day training & one day travel) \$30.43 X 20 hrs = \$608.60

Travel costs 700 miles X .51 = \$357

Total objective 2 = \$965.60

Page 2

Objective #3 By December 31st, 2015, public education outreach on radon risks will be made by Registered Sanitarian to local new home builders, inspectors.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417  
**Program:** Radon Outreach

**Agency:** Ashland County Health & Human Services Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$3,500

Cost ; RS time, travel, outreach, printing and mailing

Total objective 3 = \$750.00

Objective #4 By December 31st, 2015, Ashland County HHS will track results of Radon tests completed and will follow up with residents with radon test results above 3.9pCi/L with education, long term testing and referral as necessary.

Cost ; RS time @ \$30.43 X 40 hours total = \$1,217.20

Total objective 4 = \$1,217.20

### Objective: Risk Profile

**Percent of Objective Accomplished**

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27417

**Agency:** Ashland County Health & Human Services Department

**Contract Year:** 2015

**Program:** Wisconsin Well Woman

**Objective #:** 1 of 1

**Objective Value:** \$6,030

### Objective: Primary Details

**Objective Statement**

Template Objective 1:

By June 30, 2015, 25 Ashland County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

**Deliverable Due Date:** 10/31/2016

**Contract Deliverable (Evidence)**

An agency generated report to document an unduplicated count of Ashland County residents ages 35-64 years who received screening services through the Wisconsin Well Woman Program.

**Programs Providing Funds for this Objective**

Wisconsin Well Woman: \$6,030

**Agency Funds for this Objective:**

**Data Source for Measurement**

Agency records.

**Baseline for Measurement**

**Context**

Screening services supported by the Wisconsin Well Woman Program include breast cancer and cervical cancer. Refer to the program boundary statement and program updates for exceptions for women ages 35-44.

The Wisconsin Well Woman Program also provides staged assessment for Multiple Sclerosis for high risk women.

**Context Continued**

**Input Activities**

### Objective: Risk Profile

**Percent of Objective Accomplished**

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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