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2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Central Racine County Health Department whose principal business address is 10005 Northwestern Ave., Suite A (Hwy K), Franksville, WI 53403. 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 6/12th 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 th 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 9/12th 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 #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Immunization 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) Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET) and/or written disease-specific guidance from DPH (e.g. Pertussis Guidelines). Local Health Departments (LHDs) should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting. Contractees should solicit the help of the Wisconsin Immunization Program when needed to help assure that an adequate system is in place to report and investigate VPD.
 - B) Contractees must annually formally evaluate immunization delivery and the use of vaccine preventable disease surveillance systems and improve the use of those systems in their jurisdictions where needed (e.g., the Wisconsin Electronic Disease Surveillance System (WEDSS)).
 - C) Contractees must work in collaboration with the Wisconsin Immunization Program to increase the use of existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems.
- 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) Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2020 goals.
- 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) Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization population-based data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule according to the ACIP recommendations. Tracking and recall shall be conducted at least every other month as required by the Wisconsin "Policies and Procedures Manual for Immunization Programs".
 - B) Contractees immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law HFS 144 (section 252).
- 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) Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

Contract Agreement Addendum: Exhibit I

Contract #: 27424

Agency: Central Racine County Health 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) Contractees must coordinate immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed.
 - B) The LHD should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule.
 - C) LHDs should promote the exchange and sharing of immunization data using immunization registries.
 - D) The LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINet Manual.
- 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) Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.
 - B) The LHD will follow the Wisconsin "Policies and Procedures Manual for Immunizations" developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon; as well as Immunization Policy Memos issues periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.
- 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) Billing for payment of childhood immunization services is not required under this section.
 - B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services. Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied

Contract Agreement Addendum: Exhibit I

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

vaccines. The message must be given to the client in a way and in a language the client understands.

- C) Grantees must screen for insurance eligibility in accordance with current DPH guidelines for state supplied vaccines.
- 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) Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.
 - B) LHDs will utilize the WIR for immunization level data analysis.
 - C) LHDs and Tribes will assure staff competence with the WIR system. LHD and Tribal health staff must attend at least one Regional WIR User Group Meetings or Wisconsin VFC Workshops where WIR is included in the agenda. Attendance at these meetings is necessary for staff to maintain a thorough working knowledge of the functionality of the WIR.

Contract Agreement Addendum: Exhibit I

Contract #: 27424

Agency: Central Racine County Health 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.
- 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 #: 27424

Agency: Central Racine County Health 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.
- 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

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Contract #: 27424

Agency: Central Racine County Health 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 II

Program Objectives

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

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Contract Source of Funds		
Source	Program	Amount
Caledonia	Childhood Lead - Consolidated	\$4,992
Caledonia	Immunization - Consolidated IAP	\$21,649
Caledonia	Maternal Child Health - Consolidated	\$70,169
Caledonia	Radon Outreach	\$2,500
Contract Amount		\$99,310

Contract Match Requirements	
Program	Amount
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$52,627
Radon Outreach	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Radon Outreach	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Childhood Lead - Con

Program Total Value \$4,992

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|---|--|---------|
| 1 | Throughout the 2015 contract period, residents from the jurisdiction of the Central Racine County Health Department will receive lead poisoning prevention and intervention services at a blood lead level greater than or equal to 10 mcg/dL. | \$4,992 |
|---|--|---------|

Immunization

Program Total Value \$21,649

- | | | |
|---|---|----------|
| 1 | By December 31, 2015, 77% children residing in Central Racine 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. | \$21,649 |
|---|---|----------|

MCH

Program Total Value \$70,169

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|---|--|----------|
| 1 | By December 31, 2015, the Keeping Kids Alive Initiative for CDR and FIMR for year three will be implemented by the Central Racine County Health Department in collaboration with City of Racine Health Department as well as community partners. | \$70,169 |
|---|--|----------|

Radon Outreach

Program Total Value \$2,500

- | | | |
|---|--|---------|
| 1 | Throughout calendar year 2015, residents in the jurisdiction of Central Racine County Health Department will receive radon outreach funds. | \$2,500 |
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Total of Contract Objective Values	\$99,310	
Total of Contract Statement Of Work Values	\$0	

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$4,992

Objective: Primary Details

Objective Statement

Throughout the 2015 contract period, residents from the jurisdiction of the Central Racine County Health Department will receive lead poisoning prevention and intervention services at a blood lead level greater than or equal to 10 mcg/dL.

Deliverable Due Date: 10/31/2016

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: \$4,992

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. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with high (or moderate) level lead exposure. For this objective, a home visit is required for all children with one or more venous blood lead levels greater than or equal to 10 micrograms per deciliter. For this objective, an environmental lead hazard investigation is required for all children with one or more venous blood lead levels greater than or equal to 15 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 7 of the WCLPPP Handbook (rev. 2014).

Context Continued

Central Racine County Health Department jurisdiction includes: City of Burlington; Towns of Waterford, Dover, Yorkville, Raymond, Norway and Burlington; Villages of Caledonia, Mount Pleasant, Sturtevant, North Bay, Union Grove, Waterford and Rochester.

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$4,992

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424
Program: Immunization

Agency: Central Racine County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$21,649

Objective: Primary Details

Objective Statement

By December 31, 2015, 77% children residing in Central Racine 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: 01/31/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Central Racine County 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: \$21,649

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

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;

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424
Program: Immunization

Agency: Central Racine County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$21,649

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

Central Racine County Health Department jurisdiction includes: City of Burlington; Towns of Waterford, Dover, Yorkville, Raymond, Norway and Burlington; Villages of Caledonia, Mount Pleasant, Sturtevant, North Bay, Union Grove, Waterford and Rochester.

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
- 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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424
Program: Immunization

Agency: Central Racine County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$21,649

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 #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$70,169

Objective: Primary Details

Objective Statement

By December 31, 2015, the Keeping Kids Alive Initiative for CDR and FIMR for year three will be implemented by the Central Racine County Health Department in collaboration with City of Racine Health Department as well as community partners.

Deliverable Due Date: 10/31/2016

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 in SPHERE
3. Completed evaluation surveys as requested by the MCH Program.
4. Documentation of utilization of the KKA model in WI, including data entry
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed KKA Assessment Tool Report or Planning and Implementation Report;

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: \$70,169

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
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to Keeping Kids Alive (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

Baseline for Measurement

Baseline information as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.

Context

Central Racine County Health Department jurisdiction includes: City of Burlington; Towns of Waterford, Dover, Yorkville, Raymond, Norway and Burlington; Villages of Caledonia, Mount Pleasant, Sturtevant, North Bay, Union Grove, Waterford and Rochester.

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes,

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$70,169

<http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths to integrate the Keeping Kids Alive in Wisconsin recommendations into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist
(taking into consideration fetal deaths along with infant and child deaths)
2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin Model
3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths
4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$70,169

Context Continued

Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams; fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Input Activities

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

1. 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.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Engage in activities with community partners to accomplish assessment and/or planning and implementation, as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.
8. Request technical assistance from Children's Health Alliance of Wisconsin and/or MCH contract administrator as needed.
9. Promote the MCH Hotline.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$70,169

10. For 2015 Central Racine County and City of Racine Health Departments will continue the CDR team as well as continue implementation of a FIMR team (taking into consideration fetal deaths along with infant and child deaths). Data for review will include 2015 data as well as any outstanding 2014 data (there is a lag for FIMR interviews and CDR reports). Particular emphasis will be placed on identifying necessary data input and analyses, and running additional analyses.

11. For 2015 Racine County is going to work toward a true CDR/FIMR hybrid team, which will be the first of its kind in Wisconsin. The goal is to develop a model that has long-term sustainability.

12. The Health Officers of Central Racine County and City of Racine Health Departments will provide overall governance to the Racine County CDR/FIMR team with regard to review team participation and the dissemination of CDR and FIMR recommendations. Central Racine County Health Department chairs the CDR team meeting portion and City of Racine Health Department chairs the FIMR team meeting portion. Both health departments will continue work to create a structure for a true hybrid CDR/FIMR team model.

13. Central Racine County Health Department will be responsible for child death identification as well as infant case identification through death certificate review and will be responsible for: 1) obtaining matched infant birth/deaths sets for FIMR; 2) FIMR data abstraction from records using Children's Health Alliance (CHA) approved tool; 3) conducting maternal interviews using CHA approved tool for FIMR; 4) entering FIMR data into an approved database; 5) summarizing information for fetal and infant deaths (cases) using de-identified information; aggregating data through a systematic review of important contributing factors; 6) reviewing all death certificates to identify child deaths for CDR; and, 7) entering CDR data into the national database.

o City of Racine will sign an MOU with Central Racine County for \$40,000 for these elements and others identified in this objective.

14. Central Racine County and City of Racine Health Departments will be responsible for building a FIMR county-wide community action team.

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 #: 27424

Agency: Central Racine County Health Department

Contract Year: 2015

Program: Radon Outreach

Objective #: 1 of 1

Objective Value: \$2,500

Objective: Primary Details

Objective Statement

Throughout calendar year 2015, residents in the jurisdiction of Central Racine County Health Department will receive radon outreach funds.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

A report, emailed by January 31, 2016 on agency letterhead to the radon contact, Jessica Maloney, Bureau of Environmental and Occupational Health, describing the outreach done and the number of radon measurements completed. It will be included in a report to the US Environmental Protection Agency, the source of this funding.

Programs Providing Funds for this Objective

Radon Outreach: \$2,500

Agency Funds for this Objective:

Data Source for Measurement

Local health department records.

Baseline for Measurement

As of December 31, 2011, the health department gave out 88 radon kits. As of November 17, 2011, 53 people completed a radon test (December data were not available yet). As of November 17, 2011, 21 kits tested under 4.0, 31 kits tested over 4.0, 1 kit no data, 35 kits have no results.

Context

Outreach 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, and that may be considered in the choice of follow-up measurement.)

Outreach should inform the public about the frequency of elevated indoor radon exposures locally, the lung cancer risk, the effectiveness of radon mitigation by sub-slab depressurization, and availability of radon test kits. They may be referred to the DHS radon website, www.lowradon.org; and their technical questions may be referred to the Wisconsin Radon Information Center serving your agency (see www.lowradon.org.)

National Radon Action Month (January) is when, for synergy with outreach by the US Environmental Protection Agency, WI Division of Public Health, RICs and private sector groups, agencies should do news releases and major outreach locally. A meeting for radon outreach training and coordination will be provided by the Radon Information Center (RIC) serving the local public health agency.

Optional additional radon trainings will be offered in Madison (2 day Measurement, 3 day Mitigation) November 10-15, 2014 and similar courses offered in Waukesha in March 16-21, 2015. Other trainings for 2015 will be announced to grant recipients as they become available. The basic trainings have free registration for government personnel, by emailing the radon program manager at DPH (Jessica.maloney@wi.gov).

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. The number of measurements completed should exceed the objective target number as much as possible, since our goal is that every home having contact with the ground be tested. 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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27424
Program: Radon Outreach

Agency: Central Racine County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$2,500

Context Continued

Central Racine County Health Department jurisdiction includes: City of Burlington; Towns of Waterford, Dover, Yorkville, Raymond, Norway and Burlington; Villages of Caledonia, Mount Pleasant, Sturtevant, North Bay, Union Grove, Waterford and Rochester.

Input Activities

Examples of radon outreach include:

1. Promote radon testing and mitigation within our jurisdiction by:
 - Posting radon information on our Facebook and twitter pages.
 - Advertising the availability of radon test kits on our website, at the municipal buildings and other public venues during Radon Action Month and throughout the year.
 - Utilizing www.lowradon.org.
 - Providing radon kits at a reduced price to the public.
2. Track local radon results and send follow-up notices to those with results over 3.9 pCi/L.
3. Participate in radon training provided by the Radon Information Center.

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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