



Scott Walker
Governor

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

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

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

2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Marinette County Health Dept whose principal business address is 2500 Hall Avenue Suite C, Marinette, WI 54143-1604. The contact for the GRANTEE’S Contract Administrator is:

Ms Mary Rosner
2500 Hall Avenue Suite C
Marinette, WI 54143-1604

Telephone: 715/ 732-7670
Fax: 715/ 732-7646
E-mail: mrosner@marinettecounty.com

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 #: 27460

Agency: Marinette 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 #: 27460

Agency: Marinette 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

Contract Agreement Addendum: Exhibit I

Contract #: 27460

Agency: Marinette 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 #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Childhood Lead - Con

Program Total Value \$6,254

1 Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter) \$6,254

Throughout the 2015 contract period, residents from the jurisdiction of the Marinette County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.

Immunization

Program Total Value \$11,416

1 LHD Template Objective \$11,416

By December 31, 2015, 78% children residing in Marinette County 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 \$19,854

1 Template Objective 2 \$19,854

By December 31, 2015, the Keeping Kids Alive Initiative for Marinette County FIMR for year one will be implemented by the Marinette County Health Department in collaboration with community partners.

Oral Health - Mouthrinse

Program Total Value \$1,302

1 School-Based Fluoride Mouthrinse Program: By December 31, 2015, 700 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Marinette County Health Department during the 2014-2015 school year. \$1,302

Radon Outreach

Program Total Value \$2,500

1 Radon \$2.5k Objective \$2,500

Throughout calendar year 2015, residents in the jurisdiction of Marinette County will receive radon outreach funds.

WIC

Program Total Value \$192,944

1 Template Objective 1 \$192,944

During the contract budget period of January 1, 2015 through December 30, 2015, the Marinette County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Total of Contract Objective Values	\$234,270
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,254

Objective: Primary Details

Objective Statement

Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)

Throughout the 2015 contract period, residents from the jurisdiction of the Marinette County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.

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 5 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 5 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 5 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: \$6,254

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report. Excel spreadsheet on Shared Drive / Environmental and Occupational Health / Lead Program / Elevated Lead Referrals

Baseline for Measurement

During the 2014 contract year, each child tested with the Lead Analyzer that showed a capillary lead level of greater than or equal to 5 was given educational information on the causes of lead poisoning and nutritional interventions that can protect their child. Families were followed up on to insure that venous levels were drawn at their primary healthcare provider and if greater than or equal to 5 venously, a home visit was offered to assess possible sources of exposure. As of October 2014, Marinette County had 5 children with lead levels greater than 5 ug/dl during contract year 2014.

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 low level lead exposure. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 7 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,254

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460
Program: Immunization

Agency: Marinette County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$11,416

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 78% children residing in Marinette County 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 Marinette County 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: \$11,416

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

On September 30, 2014, A WIR benchmark report was run using the birth dates above and 75% of children residing in Marinette County had 4 Dtap, 3 Hep B, 3 Hib, 1 MMR, 4 Pneumo, 3 Polio, and 1 Varicella.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460
Program: Immunization

Agency: Marinette County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$11,416

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
- Email
- Text message

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460
Program: Immunization

Agency: Marinette County Health Department
Objective #: 1 of 1

Contract Year: 2015
Objective Value: \$11,416

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$19,854

Objective: Primary Details

Objective Statement

Template Objective 2

By December 31, 2015, the Keeping Kids Alive Initiative for Marinette County FIMR for year one will be implemented by the Marinette County Health Department in collaboration with community partners.

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 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: \$19,854

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

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, <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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$19,854

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.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$19,854

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.
10. (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$19,854

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Oral Health - Fluoride Mouthrinse

Objective #: 1 of 1

Objective Value: \$1,302

Objective: Primary Details

Objective Statement

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 700 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Marinette 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 Marinette County Health Department during the 2014-2015 school year.

Programs Providing Funds for this Objective

Oral Health - Fluoride Mouthrinse: \$1,302

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

During the 2013-2014 school year. 800 children participated in the Fluoride Mouth Rinse Program. Schools that participated were: Goodman, Pembine, Peshtigo and Coleman. Peshtigo's Program is 50% funded through the Oral Health contract.

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%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Radon Outreach

Objective #: 1 of 1

Objective Value: \$2,500

Objective: Primary Details

Objective Statement

Radon \$2.5k Objective

Throughout calendar year 2015, residents in the jurisdiction of Marinette County 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

The last year of funding for the Radon grant was 2012, during that year 193 kits were distributed with a return rate of 53%.

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.

Context Continued

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460
Program: Radon Outreach

Agency: Marinette County Health Department
Objective #: 1 of 1

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

Input Activities

Outreach for the Radon Screening Program will be done through local media outlets, through school presentations by our AmeriCorp Service Member and during community events. Radon Testing kits will be promoted at both public health offices in Marinette County (Marinette and Niagara sites).

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$192,944

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2015 through December 30, 2015, the Marinette County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 12/31/2015

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation, 3-month average participation, and/or 12-month average participation per the monthly participation report will be maintained and monitored by the State WIC Office.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 796 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$192,944

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

WIC participation means the number of "total participating" on the monthly participation report maintained and monitored by the State WIC Program Office. It is defined as the number of WIC participants, who receive WIC food instruments for one calendar month,

including the number of exclusively breastfed infants.

Context Continued

Input Activities

Policies and procedures as outlined in the Wisconsin WIC Operations Manual.

Objective: Risk Profile

Percent of Objective Accomplished

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27460

Agency: Marinette County Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental
Nutrition

Objective #: 1 of 1

Objective Value: \$192,944

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--