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Department of Health Services

**2015 DPH Consolidated Contract Addendum**

This contract addendum is specific to Rock County Public Health Department whose principal business address is 3328 North US Highway 51, PO Box 1088, Janesville, WI 53511. 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 #: 27478

Agency: Rock County Public 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 #: 27478

Agency: Rock County Public 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 #: 27478

Agency: Rock County Public 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 #: 27478

Agency: Rock County Public 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](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 #: 27478

Agency: Rock County Public 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](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 #:** 27478

**Agency:** Rock County Public 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 #: 27478

Agency: Rock County Public Health Department

Contract Year: 2015

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Rock County	Childhood Lead - Consolidated	\$24,225
Rock County	Immunization - Consolidated IAP	\$42,380
Rock County	Maternal Child Health - Consolidated	\$76,850
Rock County	Radon Outreach	\$3,500
<b>Contract Amount</b>		<b>\$146,955</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$57,638
Radon Outreach	\$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
Radon Outreach	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 27478

Agency: Rock County Public Health Department

Contract Year: 2015

### Childhood Lead - Con

### Program Total Value \$24,225

- |   |   |          |
|---|---|----------|
| 1 | Template Objective 2 - Home/Childcare Site Intervention   | \$8,225  |
|   | By December 31, 2015, 35 pre-1950 housing units or childcare sites located in Rock County where children less than 6 years of age without an elevated blood lead level and/or pregnant women reside or attend day care will be assessed using the Wisconsin Childhood Lead Poisoning Prevention Program Standard for Home-/Childcare Site-based Intervention to Address Lead Hazards. |          |
| 2 | Template Objective 3 - Environmental Lead Hazard Investigations   | \$16,000 |
|   | By December 31, 2015, 20 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to [10 or 5 (choose one)] micrograms per deciliter who reside in (insert name of jurisdiction).  |          |

### Immunization

### Program Total Value \$42,380

- |   |   |          |
|---|---|----------|
| 1 | LHD Template Objective  | \$42,380 |
|   | By December 31, 2015, 69% children residing in Rock 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 \$76,850

- |   |   |          |
|---|---|----------|
| 1 | By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on family supports.          | \$36,850 |
| 2 | By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on safety/injury prevention. | \$40,000 |

### 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 Rock County will be provided with outreach to facilitate reduction of residential exposures to indoor radon. |         |

			Total of Contract Objective Values	\$146,955
			Total of Contract Statement Of Work Values	\$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 2

**Objective Value:** \$8,225

### Objective: Primary Details

**Objective Statement**

Template Objective 2 - Home/Childcare Site Intervention

By December 31, 2015, 35 pre-1950 housing units or childcare sites located in Rock County where children less than 6 years of age without an elevated blood lead level and/or pregnant women reside or attend day care will be assessed using the Wisconsin Childhood Lead Poisoning Prevention Program Standard for Home-/Childcare Site-based Intervention to Address Lead Hazards.

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

**Contract Deliverable (Evidence)**

For each property assessed, the ‘Standards for Home Visitation to Address Lead Hazards Documentation’ form may be completed. This form is found in the WCLPPP Standard for Home/Childcare Site-based Intervention to Address Lead Hazards resource kit. The required deliverables are: 1) property address; 2) year the structure was built; 3) activities conducted, i.e., lead poisoning education, visual assessment/intervention guidance, sampling via dust wipes or Wisconsin-recognized lead paint test kits (3M LeadCheck or ESCA Tech D-Lead), and demonstration of cleaning techniques; 4) results of dust wipe samples or lead paint test kits; and 5) date information was provided to the property owner regarding the presence of lead in the property.

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$8,225

**Agency Funds for this Objective:**

**Data Source for Measurement**

The ‘Standards for Home Visitation to Address Lead Hazards Documentation’ form contains all the required information for this objective. Completed forms are sufficient as the data source for measurement; an agency-generated report is also acceptable.

**Baseline for Measurement**

35 assessments of properties for childhood lead poisoning risks

**Context**

Acceptable value for this objective is up to \$150 per housing unit or childcare site. The protocol to be followed is the WCLPPP Standard for Home/Childcare Site-based Intervention to Address Lead Hazards. The following components must be included: 1) a visit to the home to provide lead poisoning prevention education and identify potential lead hazards; 2) sampling via dust wipe samples or Wisconsin-recognized lead paint test kits (3M LeadCheck or ESCA Tech D-Lead) to document the presence of lead; and 3) notifying the property owner of the results of the home assessment, including results of dust wipe samples or lead paint test kits, and non-abatement measures that can be taken to correct lead hazards.

This objective entails using the standard with one or more target audiences. Target audiences are families whose primary residence or childcare site was built before 1950. For pregnant women residing in pre-1950 housing, the Home/Childcare Site-based Intervention Standard can be incorporated into a perinatal care coordination or newborn visitation program, or into Medicaid Prenatal Care Coordination services. A resource kit is available by calling the WCLPPP at 608/266-5817. Dust-wipe samples can be analyzed at the State Laboratory of Hygiene and billed to the Basic Agreement (fee exempt).

**Context Continued**

**Input Activities**

Promoting program through HUD lead hazard control grant, lead posters in Public buildings, presence at Health Fairs, Property assessments.

### 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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**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 2

**Objective Value:** \$8,225

**Definition of Percent Accomplished**

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 2 of 2

**Objective Value:** \$16,000

### Objective: Primary Details

**Objective Statement**

Template Objective 3 - Environmental Lead Hazard Investigations

By December 31, 2015, 20 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to [10 or 5 (choose one)] micrograms per deciliter who reside in (insert name of jurisdiction).

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

**Contract Deliverable (Evidence)**

A report to document: 1) the number of children with a blood lead level greater than or equal to 5 micrograms per deciliter; and 2) the number of associated environmental lead hazard investigations that were completed.

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$16,000

**Agency Funds for this Objective:**

**Data Source for Measurement**

An agency-generated report.

**Baseline for Measurement**

The agency did 45 lead assessments for children with levels 5 and over in 2013

**Context**

Acceptable value for this objective is up to \$800 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk). When notified that a child has a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 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](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

**Context Continued**

**Input Activities**

Referrals for children with venous blood levels.

The lead hazard investigations

### 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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**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 2 of 2

**Objective Value:** \$16,000

**Definition of Percent Accomplished**

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27478

Agency: Rock County Public Health Department

Contract Year: 2015

Program: Immunization

Objective #: 1 of 1

Objective Value: \$42,380

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2015, 69% children residing in Rock 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:** 10/31/2016

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Rock 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: \$42,380

#### 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:

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27478  
**Program:** Immunization

**Agency:** Rock County Public Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$42,380

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

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 #:** 27478  
**Program:** Immunization

**Agency:** Rock County Public Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$42,380

**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 #: 27478

Agency: Rock County Public Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$36,850

### Objective: Primary Details

#### Objective Statement

By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on family supports.

**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: \$36,850

#### 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 #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 2

**Objective Value:** \$36,850

**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 #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 2

**Objective Value:** \$36,850

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

**Input Activities**

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 #: 27478

Agency: Rock County Public Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$40,000

### Objective: Primary Details

#### Objective Statement

By December 31, 2015, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock 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: \$40,000

#### 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 #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 2 of 2

**Objective Value:** \$40,000

**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 #:** 27478

**Agency:** Rock County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 2 of 2

**Objective Value:** \$40,000

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

**Input Activities**

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 #: 27478

Agency: Rock County Public Health 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 Rock County 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

75 Radon tests

#### 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 #:** 27478  
**Program:** Radon Outreach

**Agency:** Rock County Public Health Department  
**Objective #:** 1 of 1

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

**Input Activities**

Traveling posters to public buildings, outreach at health fairs, presentation at Realtors meeting

**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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