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**2015 DPH Consolidated Contract Addendum**

This contract addendum is specific to Sauk County Public Health Department West Square Building whose principal business address is 505 Broadway, Baraboo, WI 53913-2401. 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 #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

### Program: Radon Indoor Radon RICs Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
  - A) Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at [www.lowradon.org](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.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
  - A) Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
  - A) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.
- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
  - A) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.
  - B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
  - A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is [www.lowradon.org](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.

## Contract Agreement Addendum: Exhibit I

Contract #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

- A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.
  - B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.
- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
- A) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.
  - B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

## **Contract Agreement Addendum: Exhibit II**

### **Program Objectives**

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

(B) Objective Details



## Contract Agreement Addendum: Exhibit II(A)

Contract #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

### Childhood Lead - Con

**Program Total Value \$13,642**

- |   |  |         |
|---|--|---------|
| 1 | Template Objective 3 - Environmental Lead Hazard Investigations  | \$6,400 |
|   | By December 31, 2015, 8 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 micrograms per deciliter who reside in Adams, Juneau, and Sauk Counties. |         |
| 2 | Template Objective 1 - Blood Lead Testing  | \$7,242 |
|   | By December 31, 2015, 405 children at risk for lead poisoning who reside in Adams, Juneau and Sauk Counties will receive an age-appropriate blood lead test.   |         |

### Immunization

**Program Total Value \$16,206**

- |   |   |          |
|---|---|----------|
| 1 | LHD Template Objective  | \$16,206 |
|   | By December 31, 2015, 73% children residing in Sauk 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 \$32,251**

- |   |  |          |
|---|--|----------|
| 1 | By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Sauk County Health Department in collaboration with community partners focusing on mental health.            | \$16,125 |
| 2 | By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Sauk County Health Department in collaboration with community partners focusing on safety/injury prevention. | \$16,126 |

### Radon-RICs

**Program Total Value \$7,676**

- |   |  |         |
|---|--|---------|
| 1 | This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Adams, Columbia, Juneau and Sauk Counties will be served by a regional Radon Information Center managed by the Sauk County Health Department. | \$7,676 |
|---|--|---------|

### WIC

**Program Total Value \$303,847**

- |   |  |           |
|---|--|-----------|
| 1 | During the contract budget period of January 1, 2015 through December 30, 2015, the Sauk County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. | \$303,847 |
|---|--|-----------|

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<b>Total of Contract Objective Values</b>	\$373,622
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 2

**Objective Value:** \$6,400

### Objective: Primary Details

**Objective Statement**

Template Objective 3 - Environmental Lead Hazard Investigations

By December 31, 2015, 8 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 micrograms per deciliter who reside in Adams, Juneau, and Sauk Counties.

**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 10 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: \$6,400

**Agency Funds for this Objective:**

**Data Source for Measurement**

An agency-generated report.

**Baseline for Measurement**

**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**

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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

**Contract #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 2

**Objective Value:** \$6,400

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 2 of 2

**Objective Value:** \$7,242

### Objective: Primary Details

**Objective Statement**

Template Objective 1 - Blood Lead Testing

By December 31, 2015, 405 children at risk for lead poisoning who reside in Adams, Juneau and Sauk Counties will receive an age-appropriate blood lead test.

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

**Contract Deliverable (Evidence)**

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

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$7,242

**Agency Funds for this Objective:**

**Data Source for Measurement**

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

**Baseline for Measurement**

**Context**

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

**Context Continued**

**Input Activities**

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27480  
**Program:** Immunization

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

**Contract Year:** 2015  
**Objective Value:** \$16,206

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2015, 73% children residing in Sauk 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 (insert health department) jurisdiction who turned 24 months of age in 2015 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

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

Date of Birth 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

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

Evaluation date: 01/01/2016

Run date: 02/15/2016

#### Programs Providing Funds for this Objective

Immunization: \$16,206

#### 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 #:** 27480  
**Program:** Immunization

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

**Contract Year:** 2015  
**Objective Value:** \$16,206

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 #:** 27480  
**Program:** Immunization

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

**Contract Year:** 2015  
**Objective Value:** \$16,206

**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 #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$16,125

### Objective: Primary Details

#### Objective Statement

By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Sauk County Health Department in collaboration with community partners focusing on mental health.

**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: \$16,125

#### 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 #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 2

**Objective Value:** \$16,125

**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 #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 2

**Objective Value:** \$16,125

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 #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$16,126

### Objective: Primary Details

#### Objective Statement

By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Sauk 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: \$16,126

#### 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 #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 2 of 2

**Objective Value:** \$16,126

**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 #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

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

**Objective #:** 2 of 2

**Objective Value:** \$16,126

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

**Input Activities**

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

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an ongoing basis with community partners and enter in SPHERE.
- Participate in MCH Program requests related to evaluation efforts throughout the contract year.
- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.
- Request technical assistance from MCH contract administrator as needed.
- Promote the MCH Hotline.
- (Optional) Participate in a Learning Community.

**Objective: Risk Profile**

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$7,676

### Objective: Primary Details

#### Objective Statement

This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Adams, Columbia, Juneau and Sauk Counties will be served by a regional Radon Information Center managed by the Sauk County Health Department.

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

#### Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/15 and 1/31/16 to the Division of Public Health, document the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

#### Programs Providing Funds for this Objective

Radon Indoor Radon RICs: \$7,676

#### Agency Funds for this Objective:

#### Data Source for Measurement

Agency records:

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

#### Baseline for Measurement

#### Context

These activities shall be completed in 2015: 1) **OUTREACH VIA MEDIA:** Staff will have issued news releases and other public outreach, stimulating reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by other LPHAs, WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the RIC telephone number and state website address, [www.lowradon.org](http://www.lowradon.org). 2) **OUTREACH TO PROFESSIONAL AND TRADE GROUPS:** Presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) **RESPONSE TO REQUESTS FOR RADON INFORMATION:** Respond to public requests for radon information and consulting. 4) **RADON PROFICIENCY CERTIFICATION:** National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon, unless they have attended all recent annual RIC meetings, in which case after eight years of an individual being certified they may let their certification lapse. 5) **TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES:** Staff will train cooperating local public health agencies in their region as interest arises and help with follow-up for elevated measurement results as needed. 6) **MEETINGS:** Staff will attend statewide conference calls and meetings of RICs and DPH. 7) **DATABASE DEVELOPMENT:** Staff will have add new results of radon measurements that they facilitated to a database. 8) **FIELD SITE VISITS:** Staff will visit sites to consult and become informed about challenging radon mitigations or measurements as funding and schedules permit. 9) **QUALITY ASSURANCE:** Staff will submit radon test kits on a routine basis for duplicate and blank samples, and maintain records of sample results on a spreadsheet. Submission of sample results will be included in 6 month reports to the Division of Public Health.

#### Context Continued

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27480

**Agency:** Sauk County Public Health Department

**Contract Year:** 2015

**Program:** Radon Indoor Radon RICs

**Objective #:** 1 of 1

**Objective Value:** \$7,676

**Input Activities**

See Context above.

**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 #: 27480

Agency: Sauk County Public Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$303,847

## Objective: Primary Details

### Objective Statement

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

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

### 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.

Assigned caseload is 1314 participants.

### Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$303,847

### Agency Funds for this Objective:

### Data Source for Measurement

WIC Participation Reports.

### Baseline for Measurement

Current caseload is 1314 participants.

### 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%
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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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