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**2015 DPH Consolidated Contract Addendum**

This contract addendum is specific to Waushara County Health Department whose principal business address is 230 West Park Street, PO Box 837, Wautoma, WI 54982-0837. 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 #: 27497

Agency: Waushara County 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 #: 27497

Agency: Waushara County 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 #: 27497

Agency: Waushara County Health Department

Contract Year: 2015

### Childhood Lead - Con

**Program Total Value \$3,455**

1 Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter \$3,455

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

### Immunization

**Program Total Value \$9,032**

1 LHD Template Objective \$9,032

By December 31, 2015, 66% children residing in Waushara 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 \$17,378**

1 Template Objective 1 \$17,378

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

### Oral Health

**Program Total Value \$1,310**

1 Template Objective 1 \$1,310

School-Based Fluoride Supplement Program: By December 31, 2015, Waushara County 32 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Waushara County Health Department.

### Oral Health - Mouthrinse

**Program Total Value \$1,302**

1 Template Objective 1 \$1,302

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 530 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Waushara County Health Department during the 2014-2015 school year.

### Radon-RICs

**Program Total Value \$8,127**

1 This objective is for calendar year 2015. \$8,127

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<b>Total of Contract Objective Values</b>	\$40,604
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27497

Agency: Waushara County Health Department

Contract Year: 2015

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$3,455

### Objective: Primary Details

#### Objective Statement

Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter

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

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

#### Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 15 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

#### Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$3,455

#### Agency Funds for this Objective:

#### Data Source for Measurement

An agency-generated report.

#### Baseline for Measurement

Waushara County has an experienced Lead Certified nurse (Lead Risk Assessor/Hazard Investigator). She has 0-2 homes that she has written orders on per year and has assisted Waupaca County with their program. She follows the Wisconsin Lead Guidelines for follow up with lead testing, education, and site visits. We offer educational materials and home visits early in the process.

In 2013, Waushara County had 6 children who had tested at 5 mcg/dl or greater: 4 children tested between 5-9 mcg/dl and 2 tested greater than 13 mcg/dl. A home investigation and abatement orders were written for the home in which the 2 children who tested higher than 13 mcg/dl lived. The abatement work has been completed and that home has passed clearance. Information packages in English and Spanish were sent to the homes of any child who tested 3 mcg/dl and higher.

Lead abatement work and clearance was also completed on a home that had been placarded a health hazard and vacant for 3 years. A contractor had purchased the home, completed the abatement work and has since sold it to a family; proper notification of lead hazards was given to the new owner.

#### Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with high (or moderate?) level lead exposure. For this objective, a home visit is required for all children with one or more venous blood lead levels greater than or equal to 10 micrograms per deciliter. For this objective, an environmental lead hazard investigation is required for all children with one or more venous blood lead levels greater than or equal to 15 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 7 of the WCLPPP Handbook (rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254).

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27497

**Agency:** Waushara County Health Department

**Contract Year:** 2015

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$3,455

### Context Continued

### Input Activities

We have a contract with WIC which is housed in Family Health/LaClinica to provide lead tests which we do the follow up on. We vary in the number of children with high lead levels each year. Any child above zero gets sent a letter with information. Parents above 5 get a call and a home visit. We often have one or more families that need our nurse or environmental specialist that have lead risk assessor training.

### 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 #: 27497

Agency: Waushara County Health Department

Contract Year: 2015

Program: Immunization

Objective #: 1 of 1

Objective Value: \$9,032

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2015, 66% children residing in Waushara County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

**Deliverable Due Date:** 02/15/2016

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Waushara 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: \$9,032

#### 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

Baseline benchmark report run is 62%. Objective is set for 66%. In 2014 our objective was 68%, last benchmark report shows most vaccine rates above 68% but the 4th DTaP seems to be the problem area for most that do get the vaccines along with our cohort that refuses all or most vaccines. We do send letters and make calls times three. We started in June of 2014 to send out First Birthday Cards with reminders to get vaccinated and what vaccines are required/recommended.

#### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27497  
**Program:** Immunization

**Agency:** Waushara County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$9,032

WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

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

### Context Continued

### Input Activities

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27497  
**Program:** Immunization

**Agency:** Waushara County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$9,032

- Text message

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

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27497

Agency: Waushara County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$17,378

### Objective: Primary Details

#### Objective Statement

Template Objective 1

By December 31, 2015, an assessment for the Wisconsin Healthiest Families Initiative will be undertaken by the Waushara 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: \$17,378

#### 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 #:** 27497

**Agency:** Waushara County Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 1

**Objective Value:** \$17,378

**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 #:** 27497

**Agency:** Waushara County Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 1

**Objective Value:** \$17,378

Step 4: Evaluation and Sustainability  $\zeta$  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 #:** 27497  
**Program:** Oral Health

**Agency:** Waushara County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$1,310

### Objective: Primary Details

**Objective Statement**

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2015, Waushara County 32 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Waushara County Health Department.

**Deliverable Due Date:** 01/29/2016

**Contract Deliverable (Evidence)**

A report to document, by age and community, the number of children who participated in a dietary fluoride supplement program administered by the Waushara

County Health Department.

**Programs Providing Funds for this Objective**

Oral Health: \$1,310

**Agency Funds for this Objective:**

**Data Source for Measurement**

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

**Baseline for Measurement**

We aim for 32 per year. In 2013 we had 24 unduplicated clients and we have 21 so far in 2014. We have had fluoride supplements provided in our rural communities for over 17 years due to the lack of fluoridated municipal water systems and the number of private wells.

**Context**

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

**Context Continued**

**Input Activities**

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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

**Contract #:** 27497  
**Program:** Oral Health

**Agency:** Waushara County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$1,310

**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27497

**Agency:** Waushara County Health Department

**Contract Year:** 2015

**Program:** Oral Health - Fluoride Mouthrinse

**Objective #:** 1 of 1

**Objective Value:** \$1,302

### Objective: Primary Details

**Objective Statement**

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 530 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Waushara County Health Department during the 2014-2015 school year.

**Deliverable Due Date:** 01/29/2016

**Contract Deliverable (Evidence)**

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

**Programs Providing Funds for this Objective**

Oral Health - Fluoride Mouthrinse: \$1,302

**Agency Funds for this Objective:**

**Data Source for Measurement**

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

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

**Baseline for Measurement**

2013: From January through June of 2013: Wild Rose School 189, Pleasantview 55, TriCounty schools 303 = 547

From Sept to Dec 2013 Wild Rose School 219, Pleasantview 46, TriCounty Schools 275 = 540

**Context**

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

**Context Continued**

**Input Activities**

We target the schools in the rural area of Waushara County that primarily has private wells and non flouridated municipal wells.

The number of children that participate is related to school population that year, see figures in baseline measurement.

### 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 #: 27497

Agency: Waushara County Health Department

Contract Year: 2015

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$8,127

### Objective: Primary Details

#### Objective Statement

This objective is for calendar year 2015.

**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: \$8,127

#### 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

#### Input Activities

See Context above.

### Objective: Risk Profile

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

**Contract #:** 27497

**Agency:** Waushara County Health Department

**Contract Year:** 2015

**Program:** Radon Indoor Radon RICs

**Objective #:** 1 of 1

**Objective Value:** \$8,127

**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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