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Department of Health Services

2016 DPH Consolidated Contract Addendum

This contract addendum is specific to Monroe County Health Department whose principal business address is 14301 County Highway B / A-18, Sparta, WI 54656. The contact for the GRANTEE’S Contract Administrator is:

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Section 6.D Funding Controls

Funding controls are summarized below. The [2016 Consolidated Contract Overview](#) contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2016 are limited to 6/12<sup>th</sup> of the contract with the balance paid after July 1, 2016 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 | 157720     | Childhood Lead      |
| 151734   | Oral Health Supplement             | 159320     | MCH                 |
| 151735   | Oral Health Mouth Rinse            | 159321     | Reproductive Health |
| 152002   | Reproductive Health SLOH           | 159327     | Family Planning     |
| 152020   | Family Health-Women's              | 181005     | TPCP-WIS-WINS       |

Payments through September 30, 2016 are limited to 9/12<sup>th</sup> of the contract with the balance paid after October 1, 2016 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 [2016 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 the following Profile IDs shall be sixty (60) days after the Grant Agreement Period ending date.

- 157720 (Childhood Lead Consolidated)
- 155020 (Immunization Consolidated)
- 159320 (Maternal Child Health Consolidated)

Expenses incurred during the Grant Agreement period on these profiles, 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 [2016 Consolidated Contract Overview](#) contains final report due dates for all Profile IDs that are part of the 2016 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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

### **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) 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) 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) 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) 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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

- b. Contractees should engage in improving health literacy for the public and for the healthcare personnel working with immunizations to better understand, evaluate, and communicate immunization information.
- 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 public and private 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 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.

## Contract Agreement Addendum: Exhibit I

Contract #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

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 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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

### 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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

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 #:** 30544

**Agency:** Monroe County Health Department

**Contract Year:** 2016

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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

| <b>Contract Source of Funds</b> |                                      |                  |
|---------------------------------|--------------------------------------|------------------|
| <b>Source</b>                   | <b>Program</b>                       | <b>Amount</b>    |
| Monroe County                   | Childhood Lead - Consolidated        | \$6,003          |
| Monroe County                   | Immunization - Consolidated IAP      | \$14,662         |
| Monroe County                   | Maternal Child Health - Consolidated | \$33,890         |
| Monroe County                   | Radon Outreach                       | \$3,500          |
| Monroe County                   | WIC USDA                             | \$193,363        |
| <b>Contract Amount</b>          |                                      | <b>\$251,418</b> |

| <b>Contract Match Requirements</b> |               |
|------------------------------------|---------------|
| <b>Program</b>                     | <b>Amount</b> |
| Childhood Lead - Con               | \$0           |
| Immunization                       | \$0           |
| MCH                                | \$25,418      |
| Radon Outreach                     | \$0           |
| WIC                                | \$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                        |
| WIC                          | None Reported         | \$0                        |

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

### Childhood Lead - Con

Program Total Value \$6,003

- 1 Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter \$6,003

Throughout the 2016 contract period, residents from the jurisdiction of the Monroe 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 \$14,662

- 1 Template Objective 2 - LHD \$14,662

By December 31, 2016, 73% children residing in Monroe County Health Department's 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 \$33,890

- 1 Template Objective 5 - Adolescent Suicide \$16,945

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy one to decrease rates of adolescent suicides.

- 2 Template Objective 7 - Wisconsin Healthiest Families \$16,945

By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the agency in collaboration with community partners focusing on safety/injury prevention.

### Radon Outreach

Program Total Value \$3,500

- 1 Template Objective 1 \$3,500

Fixed Radon Objective for \$3,500 Funding, 2016

(Only the target numbers in the Deliverables are negotiable.)

Throughout calendar year 2016, residents, realtors and possibly home builders in the jurisdiction of the Monroe County will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

### WIC

Program Total Value \$193,363

- 1 During the contract budget period of January 1, 2016 through December 30, 2016, the Monroe County Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. \$193,363

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**Total of Contract Objective Values** \$0  
**Total of Contract Statement Of Work Values** \$251,418

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,003

### Objective: Primary Details

#### Objective Statement

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

Throughout the 2016 contract period, residents from the jurisdiction of the Monroe 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:** 01/31/2017

#### 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: \$6,003

#### Agency Funds for this Objective:

#### Data Source for Measurement

An agency-generated report.

#### Baseline for Measurement

As of September 24, 2015: 1) 7 children with a capillary blood lead test greater than or equal to 5 micrograms per deciliter received a venous confirmation test; 2) 1 family with a child with a venous blood lead level greater than or equal to 10 micrograms per deciliter received a home visit to provide information on lead poisoning prevention and treatment; No children had >15 micrograms per deciliter. Beginning January 1, 2013, Monroe County Health Department implemented the policy of contacting families of children with venous or capillary levels greater than or equal to 5 micrograms per deciliter to provide information on lead poisoning prevention and treatment. As of September 20, 2014: 1) 9 children with a capillary blood lead test greater than or equal to 5 micrograms per deciliter received a venous confirmation test; 2) 5 families with a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter received a home visit to provide information on lead poisoning prevention and treatment; and 3) No children had >15 micrograms per deciliter.

#### 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 (<https://www.dhs.wisconsin.gov/publications/p00660.pdf>, rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254).

#### Context Continued

#### Input Activities

### Objective: Risk Profile

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

**Contract #:** 30544

**Agency:** Monroe County Health Department

**Contract Year:** 2016

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$6,003

**Percent of Objective Accomplished**

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

**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 #:** 30544  
**Program:** Immunization

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

**Contract Year:** 2016  
**Objective Value:** \$14,662

### Objective: Primary Details

#### Objective Statement

Template Objective 2 - LHD

By December 31, 2016, 73% children residing in Monroe County Health Department's jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday

**Deliverable Due Date:** 01/31/2017

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Monroe County Health Department jurisdiction who turned 24 months of age in 2016 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 01/01/2014- 12/31/2014

Criteria for the 2016 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2014 - 12/31/2014 Evaluation date: 01/01/2017

Run date: 02/15/2017

#### Programs Providing Funds for this Objective

Immunization: \$14,662

#### Agency Funds for this Objective:

#### Data Source for Measurement

Wisconsin Immunization Registry Records.

#### Baseline for Measurement

The 2014 end of year population based standard benchmark report will be used to determine the baseline for the 2016 population based objective.

For the baseline the following parameters will be used to run the benchmark report: Birthdate Range: 01/01/2012 thru 12/31/2012

Evaluation Date: 01/01/2015

Run Date: After: 02/15/2015

68% of Monroe County children 24 months of age up to date on immunizations per WIR benchmark report completed on 2/15/15.

#### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 30544  
**Program:** Immunization

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

**Contract Year:** 2016  
**Objective Value:** \$14,662

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 2016 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 30544  
**Program:** Immunization

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

**Contract Year:** 2016  
**Objective Value:** \$14,662

- 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

#### Percent of Objective Accomplished

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

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

**Contract #:** 30544  
**Program:** Immunization

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

**Contract Year:** 2016  
**Objective Value:** \$14,662

**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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$16,945

### Objective: Primary Details

#### Objective Statement

Template Objective 5 - Adolescent Suicide

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy one to decrease rates of adolescent suicides.

**Deliverable Due Date:** 01/31/2017

#### Contract Deliverable (Evidence)

1. A completed MCH Performance Measure Strategy Report to document: 1) strategy, 2) reach of the strategy, 3) partners engaged in the strategy, 4) change that occurred as a result of the strategy.
2. Documentation of agency participation in the 2016 MCH Summit.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$16,945

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. SPHERE Performance Measure Strategy Report
2. MCH Summit attendee list.

#### Baseline for Measurement

Baseline information as identified in the 2016 Supplement to GAC Objectives

#### Context

The MCH/CYSHCN Program Parameters apply to this objective. This work will address the Title V National Performance Measure for adolescent injury prevention: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.

#### Context Continued

#### Input Activities

1. Implement and evaluate the selected strategy with activity details identified in the 2016 Supplement to GAC Objectives.

Strategy 1: Coordinate and/or facilitate evidence-based suicide prevention practices with community groups.

Core Activities:

- ∩ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to promote QPR (Question, Persuade and Refer) training.
- ∩ Collaborate with law enforcement and other partners on strategies to restrict means such as distribution of firearm locks and access to medication drop boxes.

Strategy 2: Promote Zero Suicide principles and practices with health care providers and health care systems.

Core Activities:

- ∩ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to implement the Zero Suicide toolkit. (<http://zerosuicide.sprc.org/toolkit>) with health care providers and health care systems.

- ∩ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to coordinate and/or provide training to Emergency Departments utilizing available resources (e.g. ED focused tools from Zero Suicide, CALM

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 30544

**Agency:** Monroe County Health Department

**Contract Year:** 2016

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

**Objective #:** 1 of 2

**Objective Value:** \$16,945

(Counseling on Access to Lethal Means) training) and include planning for continuity of care after an ED visit.

2. Collaborate with community partners including consumers/families.

3. Participate in quarterly Learning Community meetings/calls to support progress on the MCH National Performance Measure related to Adolescent Suicide Prevention.

4. Attend the 2016 MCH Summit.

### Objective: Risk Profile

**Percent of Objective Accomplished**

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|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 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 #:** 30544

**Agency:** Monroe County Health Department

**Contract Year:** 2016

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

**Objective #:** 2 of 2

**Objective Value:** \$16,945

### Objective: Primary Details

**Objective Statement**

Template Objective 7 - Wisconsin Healthiest Families

By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the agency in collaboration with community partners focusing on safety/injury prevention.

**Deliverable Due Date:** 01/31/2017

**Contract Deliverable (Evidence)**

1. A completed MCH Performance Measure Strategy Report to document: 1) strategy, 2) reach of the strategy, 3) partners engaged in the strategy, 4) change that occurred as a result of the strategy.
2. Documentation of agency participation in the 2016 MCH Summit.

**Programs Providing Funds for this Objective**

Maternal and Child Health Block Grant: \$16,945

**Agency Funds for this Objective:**

**Data Source for Measurement**

1. SPHERE Performance Measure Strategy Report
2. MCH Summit attendee list.

**Baseline for Measurement**

Baseline information as identified in the 2016 Supplement to GAC Objectives.

**Context**

The MCH/CYSHCN Program parameters apply to this objective. The 2016 Wisconsin Healthiest Families objective builds on previous assessment and planning activities related to the focus areas of family supports, child development, mental health or safety/injury prevention. Activities will focus on implementation and evaluation of previously planned activities that relate to 2016-2020 MCH Performance Measures. Those measures include: 1) breastfeeding, 2) safe sleep, 3) developmental screening, 4) smoking, 5) adolescent injury prevention, 6) medical home, 7) transition, 8) perinatal depression screening, and 9) annual preventive visit (women 18-44 and adolescents). If WHF activities do not address a new performance measure, agencies must select a new objective (related to breastfeeding, safe sleep, developmental screening, smoking, adolescent suicide or adolescent transportation-related injury) in addition to their WHF objective. In the future, the MCH Program will only fund objectives that address the new performance measures.

**Context Continued**

**Input Activities**

1. Implement and evaluate effectiveness of the selected strategy with activities identified in the 2016 Supplement to GAC Objectives.
2. Collaborate with community partners including consumers/families.
3. Participate in quarterly Learning Community meetings/calls to support progress on the MCH Performance Measures.
4. Attend the 2016 MCH Summit.

### Objective: Risk Profile

**Percent of Objective Accomplished**

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|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 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**

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

**Contract #:** 30544

**Agency:** Monroe County Health Department

**Contract Year:** 2016

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

**Objective #:** 2 of 2

**Objective Value:** \$16,945

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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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

Program: Radon Outreach

Objective #: 1 of 1

Objective Value: \$3,500

### Objective: Primary Details

#### Objective Statement

Template Objective 1

Fixed Radon Objective for \$3,500 Funding, 2016

(Only the target numbers in the Deliverables are negotiable.)

Throughout calendar year 2016, residents, realtors and possibly home builders in the jurisdiction of the Monroe County will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

**Deliverable Due Date:** 01/31/2017

#### 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

As of 9/23/15, 84 kits have been distributed and 41 test results logged. Of these 41 results, 18 are > than the radon action level of 4.0 pCi/L, with 2 of these results being retests. One home owner has completed mitigation, with a follow-up reading of 0.8 pCi/L.

#### Context

Obtaining EPA radon measurement proficiency training is mandatory 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

Optional additional radon proficiency training will be offered in 2016 in various locations across the state. Updates to classes and locations are kept at [www.lowradon.org](http://www.lowradon.org). The measurement and mitigation training has free registration for government personnel, by emailing the radon program manager at DPH ( [Jessica.maloney@wi.gov](mailto:Jessica.maloney@wi.gov))

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 30544  
**Program:** Radon Outreach

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

**Contract Year:** 2016  
**Objective Value:** \$3,500

**Context Continued**

**Input Activities**

Kit distribution is tracked in a database, noting participant name, contact information, test kit serial numbers, and results. Short-term Alpha-Energy test kits will be available for \$10.00 each. Participants will receive a flier with the phone number for the Wisconsin Radon Information Center and websites for additional information, including A Citizen's Guide to Radon.

If a participant fails to submit the test in a timely manner, a minimum of one reminder attempt (phone or letter) will be made. Staff will review test results via phone or letter, regardless of the reading, and note details in the database. Follow-up will be conducted on readings greater than 3.9 pCi/L. Follow-up will include basic radon mitigation information, including access to the Consumer's Guide to Radon Reduction, DPH and EPA websites, and referrals, as needed, to nationally certified radon mitigation contractors and RIC. If mitigation is completed, a follow-up test will be made available at cost. Addresses and testing results will be sent to the Wisconsin Radon Program as part of the year end reporting.

Plans include a media campaign coinciding with January, National Radon Action Month, and National Radon Action Week in October. A press release will focus on radon education along with local radon measurement results; promotion will be included on our new Facebook page, <https://www.facebook.com/pages/Monroe-County-Health-Department/785833994856888>.

An additional staff member will complete radon measurement proficiency training, allowing for changes in program responsibilities and continuity of operations. Our proposal includes two public trainings, one targeting realtors and the second geared to local builders and lending agencies. MCHD has enjoyed success in collaborating with Mr. Steinhoff in the past, along with a local certified radon mitigation provider, for such presentations and intends to do the same if funding is approved.

**Objective: Risk Profile**

**Percent of Objective Accomplished**

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

**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 #: 30544

Agency: Monroe County Health Department

Contract Year: 2016

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$193,363

## Objective: Primary Details

### Objective Statement

During the contract budget period of January 1, 2016 through December 30, 2016, the Monroe County Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

**Deliverable Due Date:** 12/31/2016

### Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation counts and participation trends will be monitored by the State WIC Office; the contracted caseload may be adjusted as needed.

Programs Providing Funds for this Objective

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

Agency Funds for this Objective:

### Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$193,363

### Agency Funds for this Objective:

### Data Source for Measurement

WIC Participation Reports.

### Baseline for Measurement

Current caseload is 774 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

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|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 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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