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2016 DPH Consolidated Contract Addendum

This contract addendum is specific to Trempealeau County Health Department whose principal business address is 36245 Main Street, PO Box 67, Whitehall, WI 54773. 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 6/12th 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 6/12th 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 9/12th 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 #: 30568 **Agency:** Trempealeau 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.

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 s periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Billing for payment of childhood immunization services is not required under this section.

B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services.

Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied 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 #: 30568 **Agency:** Trempealeau 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.

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

services where appropriate.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

A) Contractee must coordinate outreach with other public health programs in their

agency, adjusting services so as to fit into appropriate priorities among groups with

other health needs.

B) Contractee must participate in radon outreach training by their regional Radon

Information Center, and coordinate outreach for the Radon Action Month media

blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is

www.lowradon.org.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA¿s booklets: Citizen¿s Guide to Radon, Consumer¿s Guide to Radon Reduction, and Home Buyers and Seller¿s Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab

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 #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016

Contract Source of Funds

Source	Program	Amount
Trempealeau County	Childhood Lead - Consolidated	$4,706
Trempealeau County	Immunization - Consolidated IAP	$10,309
Trempealeau County	Maternal Child Health - Consolidated	$18,000
Trempealeau County	Radon Outreach	$3,500
Trempealeau County	WIC USDA	$129,946
	Contract Amount	**$166,461**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$13,500
Radon Outreach	$0
WIC	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
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 #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016

Childhood Lead - Con **Program Total Value $4,706**

1	Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter	$4,706

Throughout the 2016 contract period, residents from the jurisdiction of the Trempealeau 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 $10,309**

1	Template Objective 2 - LHD	$10,309

By December 31, 2016, 68% children residing in Trempealeau 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 $18,000**

1	Template Objective 5 - Adolescent Suicide	$18,000

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy 1 to decrease rates of adolescent suicides.

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 Trempealeau County Health Department will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

WIC **Program Total Value $129,946**

1	Template Objective 1	$129,946

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

Total of Contract Objective Values	$0
Total of Contract Statement Of Work Values	$166,461

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $4,706

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 Trempealeau 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: $4,706

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

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

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $4,706

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $10,309

Objective: Primary Details

Objective Statement

Template Objective 2 - LHD

By December 31, 2016, 68% children residing in Trempealeau 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: 01/31/2017

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 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 Benchmark is 64%.

Programs Providing Funds for this Objective

Immunization: $10,309

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

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $10,309

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

- 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%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016

Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $10,309

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $18,000

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 1 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: $18,000

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:

Trempealeau County¿s suicide rate is higher than the state average. According to the Burden of Suicide in Wisconsin Report (2007-2011), the suicide rate in Trempealeau County for all years was higher than the state rate for all years (12.6 versus 11.8). The greatest number of suicides occurred in individuals aged 15-24, which is younger than at the state level. The greatest number of hospitalizations and emergency department visits also occurred in those aged 15-24, which is consistent with the state-level findings. The rate in this age group was 29.4 for deaths, 303.7 for inpatient hospitalizations and 163.0 for emergency department visits.

The compass Now 2012, lists the Trempealeau County death by suicide for 2007-2009 for all age groups. Trempealeau County had the highest rate in the study (La Crosse, Monroe, Trempealeau, Vernon and Houston Counties) with a rage of 20.1. The 2015 Compass Now study indicates that Trempealeau County¿s suicide rate in the years 2008-2012 is higher that the state average for all years except 2010. In 2012, the rate for Trempealeau County was 20.9 versus 13.0 for the state average.

According to Wisconsin Department of Health Services, Trempealeau County is a Federally Designated Health Professional Shortage area (5/29/2013). The Compass Now 2015 reports that the average number of residents to mental health providers for the state of Wisconsin is 623:1. In Trempealeau County, that ratio is 1972:1. These statistics indicate that access to providers for mental health care is far below the state average.

The coalition/collaborative group supporting this work includes the following:

Trempealeau County Coroner

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $18,000

Trempealeau County Health Department

Trempealeau County Alliance for Youth (a coalition itself)

Viterbo University Nursing Department

Trempealeau County Schools

QPR trainer from outside Trempealeau County

NAMI

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.

The planned activities include:

1. The Alliance for Youth will conduct an education day called ¿Your Life, Your Move¿ which will include an introduction to QPR for 7th and 8th grade students. Spring 2016

2. Viterbo University Nursing Department and the Trempealeau County Health Department is collaborating with a QPR trainer and the Trempealeau County Schools to introduce QPR training into each school district. The plan is to get at least one staff person from each school to become a QPR trainer. Fall 2016

3. The school QPR trainer will train other teachers/staff members in QPR. Fall 2016

4. Eventually, the schools will offer QPR training to the students, probably at the middle or high school level. Summer 2017

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $18,000

5. NAMI is working with the schools to reduce the stigma of mental illness and is supporting efforts for QPR training. (in process)

6. NAMI will offer public education for residents of Trempealeau County related to mental illness and QPR. December 2016

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau 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 Trempealeau County Health Department 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

(Number of tests completed in the most recent year funded for radon outreach.)

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. Technical questions may be referred to the Wisconsin Radon Information Center serving your agency (see 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. The measurement and mitigation training has free registration for government personnel, by emailing the radon program manager at DPH (Jessica.maloney@wi.gov)

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Radon Outreach **Objective #:** 1 of 1 **Objective Value:** $3,500

Context Continued

Input Activities
(Provide examples of the outreach planned.)

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $129,946

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2016 through December 30, 2016, the Trempealeau 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:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 496 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $129,946

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

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

including the number of exclusively breastfed infants.

Context Continued

Input Activities

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30568 **Agency:** Trempealeau County Health Department **Contract Year:** 2016

Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $129,946

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive