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Department of Health Services

2016 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 [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 6/12 th 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 #: 30577

Agency: Waushara 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 #: 30577

Agency: Waushara 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 #: 30577

Agency: Waushara 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 II

Program Objectives

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

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Contract Source of Funds		
Source	Program	Amount
Waushara County	Childhood Lead - Consolidated	\$3,546
Waushara County	Immunization - Consolidated IAP	\$9,111
Waushara County	Maternal Child Health - Consolidated	\$18,164
Waushara County	Oral Health - Fluoride Mouthrinse	\$1,302
Waushara County	Oral Health - Fluoride Supplement	\$1,310
Waushara County	Radon Regional Information Centers	\$8,127
	Contract Amount	\$41,560

Contract Match Requirements	
Program	Amount
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$13,623
Oral Health - Mouthrinse	\$0
Oral Health - Supplement	\$0
Radon RICs	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Oral Health - Mouthrinse	None Reported	\$0
Oral Health - Supplement	None Reported	\$0
Radon RICs	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Childhood Lead - Con

Program Total Value \$3,546

- 1 Template Objective 5 - Comprehensive Follow-up for Blood Lead Levels >10 micrograms per deciliter \$3,546

Throughout the 2016 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 \$9,111

- 1 Template Objective 2 - LHD \$9,111

By December 31, 2016, 69% children residing in Waushara County 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 \$18,164

- 1 Template Objective 6 - Adolescent Transportation-related Injury \$18,164

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate a strategy to decrease rates of adolescent transportation-related injury.

Oral Health - Mouthrinse

Program Total Value \$1,302

- 1 Template Objective 1 \$1,302

School-Based Fluoride Mouthrinse Program: By December 31, 2016, 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 2015-2016 school year.

Oral Health - Supplement

Program Total Value \$1,310

- 1 Template Objective 1 \$1,310

School-Based Fluoride Supplement Program: By December 31, 2016, 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.

Radon RICs

Program Total Value \$8,127

- 1 Template Objective 1 \$8,127

This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Waushara, Green Lake, Marquette and Portage Counties will be served by a regional Radon Information Center managed by the Waushara County .

Total of Contract Objective Values	\$0
Total of Contract Statement Of Work Values	\$41,560

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$3,546

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 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: 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: \$3,546

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%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$3,546

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577
Program: Immunization

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

Contract Year: 2016
Objective Value: \$9,111

Objective: Primary Details

Objective Statement

Template Objective 2 - LHD

By December 31, 2016, 69% children residing in Waushara County 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 Waushara 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: \$9,111

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

WIR Benchmark baseline report for cohort was 65%. Must add 4% per objective formula with a deliverable for 2016 to be 69%.

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 #: 30577
Program: Immunization

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

Contract Year: 2016
Objective Value: \$9,111

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 #: 30577
Program: Immunization

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

Contract Year: 2016
Objective Value: \$9,111

- 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%
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Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577
Program: Immunization

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

Contract Year: 2016
Objective Value: \$9,111

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 #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$18,164

Objective: Primary Details

Objective Statement

Template Objective 6 - Adolescent Transportation-related Injury

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate a strategy to decrease rates of adolescent transportation-related injury.

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: \$18,164

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: Implement and evaluate the TEEN DRIVING PLAN to increase the quantity and diversity of parent/guardian supervised learner practice in different driving environments.

Core Activities:

1. In collaboration with the WI Injury and Violence Prevention Program and its partners, work with groups and organizations (e.g. schools, primary care settings, driver licensing settings, community events, advertising/media, driver's education, etc.) to implement the TEEN DRIVING PLAN model developed by Children's Hospital of Philadelphia at a scale commensurate with local resources. Guidelines and program materials are available at <http://teendriversource.org> or will be provided separately.

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 Transportation-related Injury Prevention.

4. Attend the 2016 MCH Summit.

Objective: Risk Profile

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$18,164

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 #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

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, 2016, 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 2015-2016 school year.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A report to document total enrollment per grade, total number of children participating per grade, and names of schools participating in a school-based fluoride mouthrinse program administered by the Waushara County Health Department during the 2015-2016 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 (OHP) Fluoride Mouthrinse Program Annual Report must be completed and submitted to the OHP. The report will document total enrollment per grade, total number of children participating per grade, and names of schools participating during the 2015-2016 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

This program has been in place in Waushara County for many years. The number of participants is directly related to the school census as 90% of the age appropriate children participate. We provide the program in the public schools in the municipalities that do not fluoridate their water. We have good partnerships with the schools and has been a very successful program throughout the years.

Context

A school-based fluoride mouthrinse program is an evidence-based prevention strategy that prevents 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. Programs should follow the guidelines for implementation, training, record keeping, and safety outlined in the School Based Fluoride Mouthrinse Manual: A Guide and Training Manual for Mouthrinse Coordinators, Administrators, Teachers, and Volunteers. See the Wisconsin Oral Health Program Fluoride Mouthrinse Program Boundary Statement for details on the target population and acceptable use of funds.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Oral Health - Fluoride Mouthrinse

Objective #: 1 of 1

Objective Value: \$1,302

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Oral Health - Supplement

Objective #: 1 of 1

Objective Value: \$1,310

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2016, 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: 01/31/2017

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 - Supplement: \$1,310

Agency Funds for this Objective:

Data Source for Measurement

1. Wisconsin Oral Health Program (OHP) Fluoride Supplement Program Annual Report must be completed and submitted with documentation of the number of children, including age and community, who participated in the dietary fluoride supplement program, total number of fluoride prescriptions dispensed, fluoride prescriptions written, initial fluoride prescriptions, children receiving multiple prescriptions, and unduplicated children receiving fluoride supplements.

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

Waushara County has participated in this program for 18 years. This is one part of a comprehensive oral health program along with fluoride rinse in schools, fluoride varnish in the 4K and with our school based sealant program (Seal A Smile). At the mid term we have 10 participants which is low. We have a new coordinator of the program and we have discussed doing a QI project to increase participation as our number of participants has slowly decreased over the years. We do have a large Amish population that we feel may benefit from this program as oral health and routine dental care are health needs in their communities.

Context

The target population for fluoride supplements is children 6 months to 16 years of age who are at high risk for dental caries. Before dispensing fluoride supplements, providers should evaluate all potential fluoride sources and conduct a caries risk assessment. Caries risk status can change over time therefore children should be reassessed at regular intervals. The supplements should be prescribed in adherence to the ADA Dietary Fluoride Supplements: Evidence-based Clinical Recommendations. See the Wisconsin Oral Health Program Fluoride Supplement Program Boundary Statement boundary statement for additional details.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Oral Health - Supplement

Objective #: 1 of 1

Objective Value: \$1,310

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$8,127

Objective: Primary Details

Objective Statement

Template Objective 1

This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Waushara, Green Lake, Marquette and Portage Counties will be served by a regional Radon Information Center managed by the Waushara County.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/15, 1/31/16, 7/31/16, 1/31/17, 7/31/17, and 1/31/18, to the Division of Public Health, documenting 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.

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. 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.

Context Continued

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30577

Agency: Waushara County Health Department

Contract Year: 2016

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$8,127

Input Activities

See Context above.

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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