



Scott Walker
Governor

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Kitty Rhoades
Secretary

State of Wisconsin

608-266-1251

FAX: 608-267-2832

TTY: 888-701-1253

dhs.wisconsin.gov

Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Adams County Public Health Department whose principal business address is 108 East North Street, Friendship WI, 53934-0500. The contact for the GRANTEES Contract Administrator is:

Sarah Grosshuesch
108 East North Street
Friendship WI, 53934-0500

Telephone: 608/ 339-4513
Fax: 608/ 339-4560
E-mail: sarah.grosshuesch@co.adams.wi.us

Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 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	181012	Tobacco Prevention & Control Program
157000	WWWP		

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159220 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, 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.

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 #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

No Applicable Quality Criteria

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 #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Adams County	Immunization - Consolidated IAP	\$6,826
Adams County	Maternal Child Health - Consolidated	\$10,075
Adams County	Oral Health - Fluoride Supplement	\$1,013
Contract Amount		\$17,914

Contract Match Requirements	
Program	Amount
Immunization	\$0
MCH	\$7,556
Oral Health	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Immunization	None Reported	\$0
MCH	None Reported	\$0
Oral Health	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Immunization

Program Total Value \$6,826

1 LHD Template Objective \$6,826

By December 31, 2014, 68% children residing in Adams County Public Health 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 \$10,075

1 By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Adams County Health Department in collaboration with community partners focusing on safety/injury prevention. \$10,075

Oral Health

Program Total Value \$1,013

1 By December 31, 2014, 75 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by Adams County Public Health. \$1,013

Total of Contract Objective Values \$17,914
Total of Contract Statement Of Work Values \$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135
Program: Immunization

Agency: Adams County Public Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$6,826

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 68% children residing in Adams County Public Health 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: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Adams County Public Health jurisdiction who turned 24 months of age in 2014 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 01/01/2012- 12/31/2012

Criteria for the 2014 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2012 ; 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: \$6,826

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective. There is no percentage increase for 2014; health departments need to meet or exceed the baseline percentage.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

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.

Context Continued

Input Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135
Program: Immunization

Agency: Adams County Public Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$6,826

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%
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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 #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,075

Objective: Primary Details

Objective Statement

By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Adams County Health Department in collaboration with community partners focusing on safety/injury prevention.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The agency will deliver the following: 1) A completed Wisconsin Healthiest Families Community Logic Model (Plan) following the instructions found on the Early Childhood Systems website (Step 2). 2) A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 3) Documentation of participation in the MCH Annual Conference. 4) Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each). 5) Documentation of the number of life course trainings held, audience, and the number of participants. 6) A completed Partnership Report for safety/injury prevention. 7) Number of Child Passenger Safety Seat Inspections.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$10,075

Agency Funds for this Objective:

Data Source for Measurement

Data sources for deliverables: 1) WHF Community Logic Model (Plan), 2) SPHERE Report of the MCH Core Competencies, 3) MCH Conference Attendee List, 4) Webinar Evaluation, 5) SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework, and 6) SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.

FOR CHILD PASSENGER SEAT INPUT: SPHERE Individual/Household Report to include MCH Required Demographic Data and data from the following screens: Intervention: Screening, Sub-Intervention: Child Passenger Safety Seat (child) and Child Passenger Safety Seat (pregnant woman). If using the SafeKids form, the agency must also collect and report additional MCH Program required data; that is, the birth date and race of the child and health care coverage information.

Baseline for Measurement

Items completed in 2013:

The Adams County Child Death Review Team was formed in May 2012. The team meet two times and plans to meet biannually in 2014 or more often if needed. Many safety and injury prevention recommendations arose out of these group meetings. A safety/injury prevention message was put into the 2013 Adams County Visitors guide to advise visitors not to climb on rocks or enter restricted areas of our parks. A suicide prevention group was started in 2013 based on recommendations from the CDR team due to the high rate of suicides in Adams County. This group has representatives from the Adams Friendship School District, Clergy, Medical Examiner, etc. and focuses on suicide prevention messages for the community and gatekeeper training for professionals. This is a new group and meets every 1-2 months and will plan to meet throughout 2014 as a part of our safety and injury prevention plan.

The Adams County Maternal Child Health group meets biannually and has been in existence for many years. This group focuses on the issues and needs of pregnant women and young children.

How the previous years work is directing 2014 activities related to the steps of planning.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,075

only twice a year). The Prevent Suicide-Adams County group will continue its efforts as well as expanding our Safe Sleep and Child Passenger Safety messages. We will develop a logic model with cooperation of partners and work towards providing safety and injury prevention messages in our community.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm> for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm>.

Context Continued

Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency's jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,075

Step 2: Plan - In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation - The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

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

Input Activities

Adams County Public Health will continue to develop a safety and injury prevention plan (using a community logic model) that addresses the strengths and gaps identified in the assessment completed in Step 1 done in 2012. The plan will be developed utilizing the participation of our community partners such as the Maternal Child Health Group and Child Death Review Team. These two groups represent our community partners which include Early Head Start, Birth to Three, WIC, Law Enforcement, Medical Examiner etc. This plan will promote multi-sector service systems to assure that safety and injury prevention services are easily accessed by expectant families and families with infants and young children with special focus on those at risk for poor health outcomes.

Adams County Public Health will continue to provide Child Passenger Safety Inspections. At least 75 car seat checks were completed in 2013. Adams County Public Health has one of two CPS technicians in the county and is the only agency in the county to apply for the WI DOT grant which provides grant funding for the purchase of car seats for low income families. At least 50 child passenger safety seat checks will be completed in 2014 including distribution and training for parents/guardians.

Required activities to support the planning step includes the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135

Agency: Adams County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,075

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24135
Program: Oral Health

Agency: Adams County Public Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$1,013

Objective: Primary Details

Objective Statement

By December 31, 2014, 75 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by Adams County Public Health.

Deliverable Due Date: 01/31/2015

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 Adams County Public Health.

Programs Providing Funds for this Objective

Oral Health: \$1,013

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Individual/Household Report to include data from the following screens: Fluoride Assessment, Fluoride Supplements, and Health Teaching (Oral Health).

Baseline for Measurement

It is expected that 75 children will receive fluoride supplements in 2013.

Context

The target population for this program is children from age 6 months to 16 years. The children targeted must not have access to fluoridated water or have natural fluoride levels at or above certain concentration levels for specific age groups. Water sources must be tested to determine the fluoride content prior to determining the dosage for dietary fluoride supplements. In other words, this program is targeted to children in non-fluoridated communities or rural areas with low natural fluoride in the water.

Context Continued

Input Activities

Fluoride supplements will be offered to parents of children who contact Adams County Public Health including those receiving WIC and immunization services. All water will be tested prior to tablets or drops being offered. Families will receive reminder notices when their fluoride supplements are due again.

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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