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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Ashland County Health and Human Services Department whose principal business address is 630 Sanborn Avenue, Ashland WI, 54806. The contact for the GRANTEES Contract Administrator is:

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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 #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant 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) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
 - B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
 - C) Identification of the scientific basis (evidence base) for the intervention.
- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.
 - B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
 - C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."
- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 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) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Contract Agreement Addendum: Exhibit I

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

- 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) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- 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) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit I

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Wisconsin Well Woman 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) The following information applies only to breast cancer screening: 1) Each coordinating agency must ensure it focuses its breast cancer screening outreach efforts on women ages 50-64. Seventy-five percent of women receiving mammograms should be between the ages of 50 and 64. 2) Each coordinating agency must document attempts to contact annually 100% of the women enrolled in the program, where rescreening is clinically indicated, to arrange mammography rescreening examinations, and must assure that at least 50% of these women are rescreened for breast cancer. 3) Each coordinating agency must follow the program standards for median days between abnormal mammography results and final diagnosis for women enrolled in the program. The median days between an abnormal mammography result and final diagnosis shall be less than 60 days, with not more than 25% over 60 days. 4) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious breast cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
 - B) The following information applies only to cervical cancer screening: 1) Each coordinating agency must follow the program standards for median days between abnormal Pap smear results and final diagnosis for women enrolled in the program. The median days between an abnormal Pap smear result and final diagnosis shall be less than 60 days, with no more than 25% over 60 days. 2) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious cervical cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
- 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) Each coordinating agency must maintain a paper system or a computerized tracking database of women from its county enrolled in the program. At a minimum, the database should include annual eligibility determination, results of screening services provided, documentation of follow-up in situations of abnormal screening results, and recommended rescreening dates.
- 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) Each coordinating agency must document contacts made to recruit new WWWP clients with special emphasis on women 50-64 years of age. The agency must provide information and education about covered services and rescreening at appropriate intervals.

Contract Agreement Addendum: Exhibit I

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) Each coordinating agency is responsible for recruiting new providers to the WWWP as needed.
 - B) Women diagnosed with breast and/or cervical cancer will be referred to Well Woman Medicaid as appropriate.
 - C) Each coordinating agency must document contacts with each of its WWWP providers as needed, but at least quarterly, to access program status, identify needs, and share information.
- 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) There are no separate sub-criterion to this Quality Criteria Category.
- 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) Each coordinating agency must ensure accurate eligibility determination whether completed by the local coordinating agency or the provider.
 - B) Each coordinating agency must document attempts to ensure that billing problems between the providers and the fiscal agent are resolved.
 - C) Each coordinating agency is responsible for educating clients on program-covered services and client responsibility for non-covered services.
 - D) Each coordinating agency is responsible for educating providers on the WWWP and billing practices.
- 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) There are no separate sub-criterion to this Quality Criteria Category.

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 #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Ashland County	Childhood Lead - Consolidated	\$4,501
Ashland County	Immunization - Consolidated IAP	\$9,082
Ashland County	Maternal Child Health - Consolidated	\$15,955
Ashland County	Oral Health - Fluoride Mouthrinse	\$1,085
Ashland County	Oral Health - Fluoride Supplement	\$1,795
Ashland County	Prevention - Consolidated	\$2,235
Ashland County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$19,752
Contract Amount		\$54,405

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$11,966
Oral Health	\$0
Oral Health - Mouthrinse	\$0
Prevention	\$0
Well Woman	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Oral Health	None Reported	\$0
Oral Health - Mouthrinse	None Reported	\$0
Prevention	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Childhood Lead

Program Total Value \$4,501

- | | | |
|---|---|---------|
| 1 | Template Objective 1 | \$0 |
| | By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) will receive an age-appropriate blood lead test. | |
| 2 | Template Objective 1 | \$4,501 |
| | By December 31, 2014, 350 children at risk for lead poisoning who reside in Ashland County will receive an age-appropriate blood lead test. | |

Immunization

Program Total Value \$9,082

- | | | |
|---|--|---------|
| 1 | LHD Template Objective | \$9,082 |
| | By December 31, 2014, 62% children residing in Ashland 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 \$15,955

- | | | |
|---|--|----------|
| 1 | By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Ashland County Health Department in collaboration with community partners focusing on family supports. (Step 3) | \$15,955 |
|---|--|----------|

Oral Health

Program Total Value \$1,795

- | | | |
|---|---|---------|
| 1 | Template Objective 1 | \$1,795 |
| | School-Based Fluoride Supplement Program: By December 31, 2014, (insert number) children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by (insert name) Health Department. | |

Oral Health - Mouthrinse

Program Total Value \$1,085

- | | | |
|---|--|---------|
| 1 | Template Objective 1 | \$1,085 |
| | School-Based Fluoride Mouthrinse Program: By December 31, 2014, (insert number) children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by (insert name) Health Department. | |

Prevention

Program Total Value \$2,235

- | | | |
|---|---|---------|
| 1 | Template Objective 12 - Environmental Health Hazards | \$2,235 |
| | By August 31, 2014, Ashland County Health & Human Services will implement 2 strategies to prevent or ameliorate environmental health hazards. | |

Well Woman

Program Total Value \$19,752

- | | | |
|---|--|----------|
| 1 | Template Objective 1: | \$19,752 |
| | By December 31, 2014, 54 Ashland County County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program. | |

Total of Contract Objective Values	\$54,405
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 2

Objective Value: \$0

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in (insert name of jurisdiction) who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

Context

Acceptable value for this objective is up to \$18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ; ;Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention; (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 2

Objective Value: \$4,501

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, 350 children at risk for lead poisoning who reside in Ashland County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in (insert name of jurisdiction) who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$4,501

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

Context

Acceptable value for this objective is up to \$18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ; Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention; (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$9,082

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 62% children residing in Ashland 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: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Ashland County Health Department 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: \$9,082

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 baseline for measurement benchmark report for the selected benchmarks: DTaP (4), HepB (3), Hib (3), MMR (1), Polio (3), Pneumo (4), Varicella (1) is 62%. Total clients: 201; 125 clients (62%) met all benchmark criteria, 76 clients did not.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137
Program: Immunization

Agency: Ashland County Health & Human Services Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$9,082

Context Continued

Input Activities

The Ashland County Health Department will initiate 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 via phone, letter, in person.

Three attempts to personally contact a responsible party will be made.

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 #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,955

Objective: Primary Details

Objective Statement

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Ashland County Health Department in collaboration with community partners focusing on family supports. (Step 3)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

1. 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.
2. Documentation of LPHD participation in the MCH/KKA Annual Conference (Nov. 5 & 6, 2014 in Wisconsin Dells)
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective.
6. A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$15,955

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies.
2. MCH/KKA Conference Attendee List
3. Webinar Evaluation
4. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.
5. 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.
6. WHF Implementation Report (Note: One Implementation Report submitted for each focus area.) Project-specific data sources to document results of activities.
7. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Baseline for Measurement

Include items that were completed in 2013:

- Complete an assessment on Collaborating Partners Tool in SPHERE for 2013 to establish a baseline for the 2014 WHFI Family Supports focus area.
- Complete the 2013 MCH Core Competencies section in SPHERE to help establish a baseline for the 2014 WHFI Family Supports focus area.
- Complete at least one Life Course Framework training with other allied health professionals or collaborating partners.
- Completed a Strategic Plan which incorporates WHFI Family Support goals of increasing collaboration with community partners.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,955

-Met with local PNCC/MCH/HOC/American Families or other home visiting providers at least twice in the 2013 MCH Grant Reporting year. This group is a newly established group, that is yet unnamed. The group plans to meet on a bi-annual to quarterly. It includes partnering and information sharing between local health departments and tribal entities.

-Continue meeting bi-annually with other early childhood support programs or organizations regionally (including tribal) through the Ashland and Bayfield Counties Early Childhood Collaborative Council. This group has been meeting for over 2 years on a bi-annual basis to collaborate and support early childhood interventions.

-Although we are in the planning stage for Family Supports under the WHFI 2013 MCH grant, we have progressed into the implementation stage of our MCH work under the PNCC-MCH program. We had planned to improve our relationship amongst collaborating partners, including tribal and public providers. We planned to meet on a more regular basis with these providers to provide a more coordinated service, and we met this goal. We continue to work with other early childhood programs and services to help coordinate services and provide seamless referral. Through our assessment in 2012, we identified a need in our community for increased awareness of evidence-based safe infant sleep education and child passenger safety; we were awarded a local funding source to implement a new CPS and Safe Sleep Support program. An aspect of our Safe Sleep and CPS programs included education to our locally governing board to increase awareness of need and garner support. As we work on the 2013 WHFI Planning section, we continue to view this as an area of need, and plan to implement strategies for sustainment, such as continued collaboration with community partners and interventions targeting empowerment of individuals. A measure of our success is the partnership formed with our local tribal agency for Child Passenger Safety.

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

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

Findings form.

Step 2: Plan In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,955

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

REQUIRED ACTIVITIES:

1. 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.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. 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.
5. Participate in MCH Program evaluation efforts throughout the contract year.
6. Participate in training and technical assistance, as well as the 2014 MCH/KKA Conference.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

In addition, the Ashland County Health Department determined the need to increase collaboration among community partners regarding two new programs being implemented in the LHD, 1. Safe Infant Sleep program, 2. Child Passenger Safety(CPS)/Car Seat program.

Additional Input Activities:

1. Identify existing partners for Safe Infant Sleep program and CPS program.
2. Meet with at least one community partner per program to establish shared services.
3. Collaborate with area home visiting providers to strengthen existing Prenatal Care Coordination and Maternal Child Health programs.

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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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$15,955

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 #: 24137
Program: Oral Health

Agency: Ashland County Health & Human Services Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$1,795

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2014, (insert number) children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by (insert name) Health Department.

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 (insert name) Health Department.

Programs Providing Funds for this Objective

Oral Health: \$1,795

Agency Funds for this Objective:

Data Source for Measurement

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

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

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 #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Oral Health - Flouride Mouthrinse

Objective #: 1 of 1

Objective Value: \$1,085

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2014, (insert number) children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by (insert name) Health Department.

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 school-based fluoride mouthrinsing program administered by (insert name) Health Department.

Programs Providing Funds for this Objective

Oral Health - Flouride Mouthrinse: \$1,085

Agency Funds for this Objective:

Data Source for Measurement

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

Context

School-based fluoride mouthrinsing programs are evidence-based prevention strategies that prevent dental caries (cavities). The children targeted by this objective are usually first through sixth graders; however, it is also appropriate for seventh and eighth graders. School-based fluoride mouthrinsing programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$2,235

Objective: Primary Details

Objective Statement

Template Objective 12 - Environmental Health Hazards

By August 31, 2014, Ashland County Health & Human Services will implement 2 strategies to prevent or ameliorate environmental health hazards.

Deliverable Due Date: 09/30/2014

Contract Deliverable (Evidence)

A report entered into an electronic data collection tool that describes:

1. Description of strategies implemented and outcomes measured
2. Challenges or barriers to success
3. Actions to address challenges
4. Indicate and describe if Prevention funded activities were used to obtain additional funding, donations or in-kind contributions

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$2,235

Agency Funds for this Objective:

Data Source for Measurement

The Ashland County Health & Human Services will enter the weight of community sharps collection collected daily into the state's SPHERE database, under the Environmental Health/Community Objectives. This data will indicate a need for this program.

Baseline for Measurement

This is a new initiative.

Context

Ashland County is among the poorest counties in Wisconsin. The poverty rate in Ashland County is 18%, with a median household income of \$37,500 (<http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/ashland10.pdf>). Likewise, with the national increase of persons diagnosed with chronic disease and the increase of persons providing self-care in the home setting, there is a need for appropriate disposal of medical sharps. The Wisconsin Department of Natural Resources has developed a sharps collection program (<http://dnr.wi.gov/files/PDF/pubs/wa/wa1239.pdf>) which provides a collection site for household medical sharps. The program is endorsed by the Journal of American Pharmacists Association (doi:10.1331/1086-5802.42.0.S111.Derflinger). This program has proven to be effective in decreasing environmental waste and waste handler injuries.

Context Continued

Input Activities

The Ashland County Health & Human Services will implement a sharps collection program, based on the essential components for a successful voluntary sharps collection site (<http://dnr.wi.gov/files/PDF/pubs/wa/wa1239.pdf>). Presently, Ashland County has only one official site listed on the Wisconsin Department of Natural Resources list (<http://dnr.wi.gov/topic/waste/documents/faclists/sharpscollection.pdf>). The Ashland County Health & Human Services will also implement a public education program to increase the awareness of the need for medical sharps to be disposed of properly and risks to the individual and environment when not disposed of properly. The Ashland County Health & Human Services will promote that location as an official site for residents to properly dispose of medical sharps.

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Preventive Health and Health Services

Objective #: 1 of 1

Objective Value: \$2,235

Block Grant

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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 #: 24137

Agency: Ashland County Health & Human Services Department

Contract Year: 2014

Program: Wisconsin Well Woman

Objective #: 1 of 1

Objective Value: \$19,752

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 54 Ashland County County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of (insert name) County residents ages 35-64 years who received screening services through the Wisconsin Well Woman Program.

Programs Providing Funds for this Objective

Wisconsin Well Woman: \$19,752

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

Context

Screening services supported by the Wisconsin Well Woman Program include breast cancer and cervical cancer. Refer to the program boundary statement and program updates for exceptions for women ages 35-44.

The Wisconsin Well Woman Program also provides staged assessment for Multiple Sclerosis for high risk women.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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