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2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Brown County Health Department whose principal business address is 610 South Broadway Street, PO Box 23600, Green Bay WI, 54305-3600. 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 #: 24140

Agency: Brown County Health 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 #: 24140

Agency: Brown County Health 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 #: 24140

Agency: Brown County Health 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 #: 24140

Agency: Brown County Health 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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Brown County	Childhood Lead - Consolidated	\$20,602
Brown County	Immunization - Consolidated IAP	\$59,697
Brown County	Maternal Child Health - Consolidated	\$91,993
Brown County	Prevention - Consolidated	\$6,616
Brown County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$56,708
		Contract Amount
		\$235,616

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$68,995
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
Prevention	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Childhood Lead

Program Total Value \$20,602

- | | | |
|---|---|----------|
| 1 | Template Objective 1 | \$3,000 |
| | <p>By December 31, 2014, 500 children at risk for lead poisoning who reside in Brown County will receive an age-appropriate blood lead test.</p> | |
| 2 | Template Objective 3 | \$5,000 |
| | <p>By December 31, 2014, 5 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 10 micrograms per deciliter who reside in Brown County.</p> | |
| 3 | Template Objective 4 | \$12,602 |
| | <p>Throughout the 2014 contract period, residents from the jurisdiction of the Brown County Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.</p> | |

Immunization

Program Total Value \$59,697

- | | | |
|---|---|----------|
| 1 | LHD Template Objective | \$59,697 |
| | <p>By December 31, 2014, 74% children residing in Brown 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.</p> | |

MCH

Program Total Value \$91,993

- | | | |
|---|---|----------|
| 1 | Template Objective 1 | \$30,000 |
| | <p>By December 31, 2014, planning activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Brown County Health Department in collaboration with community partners focusing on child development. (step 2)</p> | |
| 2 | By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Brown County Health Department in collaboration with community partners. | \$20,000 |
| 3 | Template Objective 1 | \$41,993 |
| | <p>By December 31, 2014, an assessment and plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Brown County Health Department in collaboration with community partners focusing on safety/injury prevention. (Step 1 and 2)</p> | |

Prevention

Program Total Value \$6,616

- | | | |
|---|---|---------|
| 1 | Template Objective 4 - Physical Activity in Adults | \$6,616 |
| | <p>By August 31, 2014, Brown County Health Department will implement one evidence based strategies to increase physical activity by adults.</p> | |

Well Woman

Program Total Value \$56,708

- | | | |
|---|---|----------|
| 1 | Template Objective 1: | \$56,708 |
| | <p>By December 31, 2014, 275 Brown County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.</p> | |

Total of Contract Objective Values	\$235,616
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 3

Objective Value: \$3,000

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, 500 children at risk for lead poisoning who reside in Brown 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 Brown County 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: \$3,000

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

There were 1306 eligible children screened in 2012. There are 1174 screened children entered into STELLAR database to date in 2013 (reflects January through part October).

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

Screening of children will be done by Northeastern Wisconsin Community Clinic (NEW Community Clinic), a private/non-profit organization that is also the WIC providers in Brown County. The target population will be low-income children between ages 1-5 years. NEW Community Clinic will also refer children with blood level of 5mcg/dL and higher to a primary care provider and to the Brown County Health Department. NEW Community Clinic will bill HMOs for children that are enrolled in Badger Care.

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 3

Objective Value: \$5,000

Objective: Primary Details

Objective Statement

Template Objective 3

By December 31, 2014, 5 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 10 micrograms per deciliter who reside in Brown County.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document: 1) the number of children with a blood lead level greater than or equal to 10 micrograms per deciliter; and 2) the number of associated environmental lead hazard investigations that were completed.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$5,000

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

In 2012, there were 7 children that had a venous blood lead level over 10ug/dL and 4 environmental lead hazard inspections done with orders written and completed.

3 environmental lead hazard inspections done so far 2013.

Context

Acceptable value for this objective is up to \$800 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 10 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk). When notified that a child has a blood lead level greater than or equal to 10 micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. 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 9 of the Wisconsin Childhood Lead Poisoning Prevention Program Handbook (2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254).

Context Continued

Acceptable value for this objective is up to \$800 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk). When notified that a child has a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. 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 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 3

Objective Value: \$5,000

Input Activities

Lead Assessment and abatement activities are completed in accordance with Brown County Health Department Policy and Procedures.

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 3 of 3

Objective Value: \$12,602

Objective: Primary Details

Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdiction of the Brown County Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Deliverable Due Date: 01/31/2015

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 5 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 5 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 5 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: \$12,602

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

CDC guidelines changed in May 2012. Agency policy and procedure reflects current practice.

In 2012, 75 children had a capillary blood level greater than or equal to 10 micrograms per deciliter and 37 received a venous confirmation test.

Since May of 2013, there were 81 children 5-9 ug/dL that received education and follow-up.

Context

There is no designated value range for this objective; it is automatically accepted if the entire Childhood Lead Poisoning Prevention Program (CLPPP) allocation is \$6000 or less. If the allocation is greater than \$6000 and the agency wants to select this objective, negotiation for the value of this objective is required. This assurance objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 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 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

A Public Health Nurse contacts all children that have a lead test 5-10 ug/dL to provide education and prevention strategies. Levels >10ug/dL are case managed in accordance with agency policy and procedures based on guidance from WDPH.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 3 of 3

Objective Value: \$12,602

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 #: 24140
Program: Immunization

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

Contract Year: 2014
Objective Value: \$59,697

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 74% children residing in Brown 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: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 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: \$59,697

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 #: 24140
Program: Immunization

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

Contract Year: 2014
Objective Value: \$59,697

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 3

Objective Value: \$30,000

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31,2014, planning activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Brown County Health Department in collaboration with community partners focusing on child development. (step 2)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

1. A completed 2014 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 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 2014 Partnership Report for the Child Development Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for the Child Development efforts.
7. An updated Community Logic Model.
8. Project-specific data sources to document results of activities to include meeting agendas and minutes related to the collaborative/coalition activities and strategies related to the implementation of the growth and development initiative.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$30,000

Agency Funds for this Objective:

Data Source for Measurement

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

SPHERE Report of the MCH Core Competencies; MCH Conference Attendee List; Webinar Evaluation; SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.

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; Community Logic Model; Project-specific data sources to document results of activities.

Baseline for Measurement

The Community Partnership for Children initiative has the bold (CPC) vision of ensuring that all Brown County children are safe, healthy and ready for kindergarten. To accomplish this, in November 2005 Brown County United Way and many community partners set a goal to scale up and sustain a prevention-based, collaborative System of Care will make it possible to promote optimal child development

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 3

Objective Value: \$30,000

The Community Partnership for Children is moving forward with many implementation strategies to include systems and individualized approaches to healthy outcomes. The group is also embarking on a community-wide accessed database to track growth and development screen (ASQ) outcomes collectively.

In 2013, public health assisted the group by documenting all of the work that was being planned and implemented through the Community Partnership for Children. This work was documented in a preferred Strategy Map document, but has been transposed to the logic model for the purposes of the deliverable. Finally, in 2013, the Start Smart Report was released to the community documenting a community snapshot of data as well as the Life Course Theory and stressing the importance of this model and incorporating this theory into all potential intervention strategies.

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>.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 3

Objective Value: \$30,000

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 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.

REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include 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).

Input Activities

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 3

Objective Value: \$30,000

reflect the activities of the agency and partners.

1. Complete an initial 2014 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. Participate in training and technical assistance as well as the annual MCH Conference and the Keeping Kids Alive Summit.
5. Participate in MCH Program evaluation efforts throughout the contract year.
6. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
7. 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.
8. Assist and provide the community to develop system base strategies/activities focusing on growth and development (community wide basis) as outlined based on the logic model (plan).
9. Assure the development of an evaluation mechanism for the strategies/activities outlined within the logic (plan).
10. Brown County Health Department will provide county wide leadership for systems and policy development with community partners through United Way to incorporate community/systems-wide usage/documentation of the ASQ and ASQ-SE.

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 3

Objective Value: \$20,000

Objective: Primary Details

Objective Statement

By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Brown County Health Department in collaboration with community partners.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>

1. A completed 2014 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 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. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective.
5. A completed Keeping Kids Alive Assessment Report.
6. A completed Planning, Implementation, and Sustainability Report.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$20,000

Agency Funds for this Objective:

Data Source for Measurement

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>

1. SPHERE Report of the MCH Core Competencies.
2. MCH Conference Attendee List
3. Webinar Evaluation
4. 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.
5. KKA Planning, Implementation, and Sustainability Report.

Baseline for Measurement

An assessment was completed mid-2013 for the Child Death Review Team in collaboration with the De Pere Health Department, a consultant from Keeping Kids Alive, and the medical examiner's office. The results of this assessment are as follows:

A restructuring of the current membership is needed in order to ensure that the appropriate individuals are present at each review. It was identified that the CDRT should make sure that there was not duplication of representation in the review group, and also that there were not gaps in knowledge areas, as dictated by the cases to be reviewed. This restructuring is beginning at the end of 2013 and will continue in to 2014. Additionally, refresher training will be provided to all members of the CDRT to ensure that reviews are conducted appropriately and in a beneficial manner.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 3

Objective Value: \$20,000

The assessment also identified the need for a formalized injury prevention recommendation group, whose responsibilities include analyzing the recommendations made by the review group and moving them into practice in the community at large. This work was also begun in 2013 and will be strengthened and formalized during the 2014 grant cycle.

One final goal established for 2014 was to eliminate some of the confusion with what role public health plays in the Child Death Review Team and to identify a more permanent leadership for the team. In the past, graduate students have gathered case information and led meetings, and the need for a consistent leader has been identified, in order to minimize confusion in the turnover process between students.

The assessment of the overall CDRT generated a very positive outlook for the future of the team for Brown, Oconto and Door counties. There is a successful framework already present, but the CDRT has the capacity to enhance the case review process and disseminate even more injury prevention recommendations into the community.

Context

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/kka.htm>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.).

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths (prior to 2015) to integrate the National Fetal and Infant Mortality Review (NFIMR) recommendations (www.nfimr.org) into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 3

Objective Value: \$20,000

(taking into consideration fetal deaths along with infant and child deaths)

2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin

Model

3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths

4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current

prevention efforts and move review recommendations to action.

Context Continued

Required Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams' fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.

Contract Agreement Addendum: Exhibit II(B)

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Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 3

Objective Value: \$20,000

2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Input Activities

1. Complete an initial 2014 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. Participate in training and technical assistance as well as the annual MCH Conference and the Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
8. Develop/Maintain a strong collaboration within Child Death Review Team and build relationships with current team members while defining roles.
9. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
10. Assure implementation of the formalized prevention recommendations reviewed/approved by the CDRT.
11. Select the Wisconsin Healthiest Families safety/injury prevention objective to support review recommendations moving to action within your community.

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 3 of 3

Objective Value: \$41,993

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31,2014, an assessment and plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Brown County Health Department in collaboration with community partners focusing on safety/injury prevention. (Step 1 and 2)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

1. A completed 2014 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 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 2014 Partnership Report for the Safety/Injury Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for and Injury Prevention efforts.
7. An updated Community Logic Model.
8. Project-specific data sources to document results of activities to include meeting agendas and minutes related to the collaborative/coalition activities and strategies related to the implementation of the safety/injury initiative.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$41,993

Agency Funds for this Objective:

Data Source for Measurement

Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

SPHERE Report of the MCH Core Competencies; MCH Conference Attendee List; Webinar Evaluation; SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.

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; WHF Assessment Report; Community Logic Model; Project-specific data sources to document results of activities.

Baseline for Measurement

In 2013, Health Department assisted in the assesment of CDRT (baseline measurement) and therefore in 2014 would like to focus more actively on a leadership role to assist with the review recommendations utilizing gathered data.

There has been several safety and injury related coalition and initiatives that have been previously in existance in which Brown County Health Department has taken leadership roles.

The Brown County Health Department Health Educators have been leaders in county wide car seat safety initiatives. This has
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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 3 of 3

Objective Value: \$41,993

assisted public health in achieving a stronger jurisdictional infrastructure, within the community, to have other agencies provide car seat installation education and clinical counseling. The community has seen major turnover in agencies able to provide car seat technician services.

Health Department have been actively involved in a county wide SAFE Sleep Community Collaborative which was formed in 2013 as a result from recommendation from the CDRT from statistical gathered data. Brown County took the lead role in forming the SAFE Sleep Community Collaborative. This work group has developed intra-agency policies to identify a solution in providing safe sleep environments for all families in Brown County.

There is an existing Safe Kids Coalition that Brown County Health Department has taken an active leadership role in assessing the dynamics of the group to implement injury prevention recommendations focusing ages 0 to 21 years of age from the Child Death Review Team.

Death reports in Brown County has identified that suicide rates have been increasing. A County wide suicide prevention task force has been initiated. Brown has been an active participant.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 3 of 3

Objective Value: \$41,993

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.

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.

REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include 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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 3 of 3

Objective Value: \$41,993

- 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).

Input Activities

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to safety and injury prevention in family and children age 0 to 21 years of age within the agency's jurisdiction.

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 children aged 0-21 years, 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.

1. Continue to provide a leadership role with jurisdictional infrastructure (community) to provide car seat installation education and/or clinical counseling (i.e. training opportunities for department staff, advocating for community agency policy development to assure the safety laws related to seat belts are being enforced.
2. Continue to be an active participant and support the SAFE KIDS coalition in a leadership capacity to support grassroots injury prevention for families with children aged 0-21 years within Brown County. Brown County Health Department will continue to establish and bring key role partners into the group to reassess efforts with injury prevention and to develop a comprehensive plan.
3. SAFE Sleep Community Collaborative will be working a county wide community awareness campaign.
4. For 2014, the Suicide Prevention Task Force, will focus efforts to strengthen the coalition membership and to gain community wide support of the coalition's efforts. The primary objective will be addressing outreach to address suicide prevention in the youth population.

REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include 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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 3 of 3

Objective Value: \$41,993

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$6,616

Objective: Primary Details

Objective Statement

Template Objective 4 - Physical Activity in Adults

By August 31, 2014, Brown County Health Department will implement one evidence based strategies to increase physical activity by adults.

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: \$6,616

Agency Funds for this Objective:

Data Source for Measurement

Agency report to be entered into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

Listing of activities/accomplishments during the grant period and identification of the three communities for which the implementations occurred.

Context

The Brown County Health Department has been working with various communities by advocating for Complete Streets. Past activities have been meeting with citizen groups in various communities to promote walking and biking trails, advocating for complete streets in municipal and countywide planning, funding bike safety classes for adults, funding law enforcement training re enforcement of passenger and biking laws, etc. The department would like to continue its progress in at least three communities in our jurisdiction.

Context Continued

Input Activities

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available.

<http://www.dhs.wisconsin.gov/physical-activity/>

will be the reference re Complete Streets and other related strategies listed within "what communities can do".

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 #: 24140

Agency: Brown County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$6,616

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 #: 24140
Program: Wisconsin Well Woman

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

Contract Year: 2014
Objective Value: \$56,708

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 275 Brown 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 Brown 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: \$56,708

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

there were 385 women served through the program in 2012.

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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