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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Burnett County Department of Health & Human Services whose principal business address is 7410 County Road K #280, Siren WI, 54872-9043. 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 #: 24142

Agency: Burnett County Department of Health & Human Services

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 #: 24142

Agency: Burnett County Department of Health & Human Services

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 #: 24142

Agency: Burnett County Department of Health & Human Services

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 #: 24142

Agency: Burnett County Department of Health & Human Services

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 #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Burnett County	Childhood Lead - Consolidated	\$2,011
Burnett County	Immunization - Consolidated IAP	\$6,430
Burnett County	Maternal Child Health - Consolidated	\$8,641
Burnett County	Prevention - Consolidated	\$2,026
Burnett County	WIC USDA	\$80,486
Burnett County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$12,870
Contract Amount		\$112,464

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$6,481
Prevention	\$0
WIC	\$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
WIC	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Immunization

Program Total Value \$6,430

1 LHD Template Objective \$6,430

By December 31, 2014, 65% children residing in Burnett County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

MCH

Program Total Value \$8,641

1 By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Burnett Health Department in collaboration with community partners focusing on child development(Step 3) and mental health(Step 3). \$8,641

Prevention

Program Total Value \$2,026

1 Template Objective 10 - Community Health Improvement Process and Plan \$2,026

By August 31, 2014 Burnett County, through Healthy Burnett, will implement the community health improvement plan with measurable objectives.

WIC

Program Total Value \$80,486

1 Template Objective 1 \$80,486

During the contract budget period of January 1, 2014 through December 30, 2014, the Burnett County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Well Woman

Program Total Value \$12,870

1 Template Objective 1: \$12,870

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

Total of Contract Objective Values	\$110,453
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$6,430

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 65% children residing in Burnett 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: \$6,430

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.

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.

The LHD has been severely short staffed the last half of 2012 and all of 2013. As a result, nurses have not been able to staff WIC clinics very often to promote and provide IM's. The mid yr 2013 report shows only 56% of children have received the above IM's

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142
Program: Immunization

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

Contract Year: 2014
Objective Value: \$6,430

by their 2nd birthday; a substantial decrease. Therefore, for 2014 we will set our goal for 68% in hopes of getting back up to the 2012 rate ie we are not increasing the 2014 goal beyond what was set for 2013.

Context Continued

Input Activities

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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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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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142
Program: Immunization

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

Contract Year: 2014
Objective Value: \$6,430

Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,641

Objective: Primary Details

Objective Statement

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Burnett Health Department in collaboration with community partners focusing on child development(Step 3) and mental health(Step 3).

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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 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 2014 Partnership Report for the Focus Areas that directly aligned with the child development and mental health objective.
6. An updated assessment report showing the 2013 data used for both the Child Development and Mental Health efforts.
7. An updated Community Logic Model.
8. A completed 2014 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: \$8,641

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(s) (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

Mental Health in 2013:

1. Hosted a community meeting to discuss/validate the need for an additional Psychologist within the county. Burnett Medical Center, the local hospital, began outreach to a local Psychologist who had offices in 2 neighboring counties. Both the Psychologist and Burnett Medical Center stated our meeting helped them both solidify their decision to move forward with contracting his services at the hospital.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,641

2. The newly developed Mental Health brochure was distributed to partners. Partners unanimously reported the brochure was too cumbersome to print, was too many pages and they requested a one page flyer similar to one in a neighboring county. As a result, a 2nd version of the MH flyer was developed and distributed.
3. A new Social Worker for DHHS who leads the youth suicide prevention Mental Health Task Force in Burnett County was recruited as a new member to ECIC.
4. In October, the PH Supervisor/Health Officer met with the CEO and the Marketing Director for St. Croix Regional Medical Center and communicated the high priority need for Pediatric Mental Health Services at their facility. In addition, the request was made that their current MH and AODA providers staff their newly purchased clinic within Burnett County to decrease transportation to MH services outside of the county related barriers.
5. An educational flyer, power point and video was created about Flat Screen TV safety tips by a nursing student who conducted her clinical at the LHD in response to a local child who suffered a brain injury after the family's flat screen TV fell upon the toddler that was climbing up on it. The family felt honored that their situation triggered a preventative activity by community professionals. The flyer and power point was shared with partners and the video is played in the WIC waiting area.

Growth & Development 2013:

1. ASQ screenings were done at Kid Country Day Care for the 2nd year and done for the first time at Kid City Day Care. However, the screener and day care owner were selecting children who they thought needed the screen. PH Staff educated them that this is not "screening" if they are hand picking only certain children to screen.
2. Now that several members of the ECIC team are trained in ASQ screening and conducting ASQ screens, PH staff is trying to get all members to conduct them at the intervals recommended by the AAP guidelines.
3. Follow up with Burnett Medical Center was done since the ECIC group coordinated an ASQ training for their providers in 2012. Unfortunately they had not implemented the screenings yet. They are still interested in implementing this and the Nurse Administrator has asked for ECIC assistance and stated she would like to join the ECIC group.
4. A CESA-11 B-3 specialist joined the ECIC early in 2013 and was able to support the ASQ standards and recommendations that the PH staff was presenting to the ECIC; definition of a screening, AAP guidelines, the need for a system wide approach to screenings. This specialist also connected ECIC to a mini-grant opportunity, which ECIC applied for and obtained.
5. Utilized the mini-grant to purchase ASQ/ASQ-SE books for the ECIC, so all members of the ECIC can share the screening results, all results can be kept at one agency, and data can be tallied on the screenings conducted.
6. The last few ECIC meetings of 2013 has been spent on trying to determine the exact process and procedures for a system wide ASQ screening program between all providers; who distributes and/or conducts the screens, scores the screens, makes referrals, follows up with the family, stores the ASQ screening forms etc...

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,641

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

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

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

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

Context Continued

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

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

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,641

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:

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 negotiated, as well as the 2014 MCH Conference.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

Planned for 2014 related to Growth & Development:

1. Complete protocol for systems approach to ASQ/ASQ-SE developmental screenings and referrals (per AAP recommended guidelines): Have an identified plan for where screenings will be performed (day care, play groups, preschools etc.), who will perform screenings or score parent administered screenings, who will follow-up with families regarding screening results, when and where to refer regardless of score (early intervention services, LEA, Family Resource Center etc...), who will follow-up on referrals, who will store/maintain original screening results.
2. Begin implementation of above system developmental screenings.
3. Continue ECIC meetings, outreaching to new partners, strengthening current relationships and encouraging active involvement by more members.
4. Continue to support Burnett Medical Center conducting ASQ/ASQ-SE Screenings during well child visits.
5. Explore assisting other local clinics in conducting ASQ/ASQ-SE screenings.
6. Have the Nutrition Coalition, led by a PH Specialist/RD, conduct nutritional assessments at partner agencies and community organizations who provide snacks and/or meals to early childbearing families to assess the quality/nutritional value of the snacks/meals provided: Family Resource Center (child cooking classes and meals for families on event nights), Churches (Sunday school and Wed night bible study snacks), Athletic teams (post practice snacks, meals the night before game day), day cares (meals/snacks).
7. Educate the target groups assessed regarding the link between healthy nutrition and growth and development.
8. The nutrition coalition will identify a priority target group from the facilities assessed to conduct a nutritional intervention for 2015.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,641

Mental Health 2014:

1. Continue to promote and encourage recruitment of/provision of pediatric Mental Health providers within the County.
2. Follow up with St. Croix Regional Medical Center to see if they are able to have their Mental Health staff service their new branch office in our county.
3. Continue disseminating revised MH brochure and evaluate/solicit feedback from partners on revised version.
4. Educate the target groups, who are assessed via the Nutrition Coalition, with information regarding the link between nutrition and mental health wellness.
5. Connect to other statewide projects ie Child Psychiatric Access Line as they are rolled out.

REQUIRED SUPPORT 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).

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 #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$2,026

Objective: Primary Details

Objective Statement

Template Objective 10 - Community Health Improvement Process and Plan

By August 31, 2014 Burnett County, through Healthy Burnett, will implement the community health improvement plan with measurable objectives.

Deliverable Due Date: 01/31/2015

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: \$2,026

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

In 2012-13 Burnett Medical Center and Burnett County DHHS-Public Health collaborated to conduct a CHNA/CHIPP for Burnett County. The top three identified health focus areas were: #1 Mental Health, #2 AODA, and #3 Nutrition and Healthy Foods. Healthy Burnett coalition was formed at the community health forum, in May 2013, where health assessment data was reviewed and participants chose the top health priority areas. Healthy Burnett has since held monthly meetings to establish its vision, mission, goals and objectives to address the top health priority area of Mental Health, develop and sustain the infrastructure of Healthy Burnett, and continue to support established coalitions that address other health focus areas. HB has identified a strategic plan and four Mental Health objective areas to address the MH needs of Burnett; Enhance communication, reduce stigma, implement suicide prevention activities, and provide training for paraprofessionals. HB just applied for a Security Health grant in collaboration with Burnett Medical Center and Northwest Passage, and the LHD to support the Healthy Burnett and the Mental Health strategic plans.

Context

Describe why this objective was chosen and selected outcome measure(s). This objective was chosen to implement Healthy Burnett's Strategic Action Plan based upon the top health priority identified from the community health assessment conducted in 2012-13. This small portion of funding will help to support the PH Dietician's time to co-coordinate and facilitate, with Burnett Medical Center, Healthy Burnett's meetings and objectives. The overall goal of Healthy Burnett is to create an infrastructure for continual community health improvement by bringing together key community stakeholders to align activities and resources which will enhance how the community addresses identified health needs.

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. Potential links to strategies for this objective include but are not limited to:

<http://dhs.wisconsin.gov/CHIP/>

<http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>

<http://www.walhdab.org/CHIPPIInfrastructure.htm>

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$2,026

www.countyhealthrankings.org/roadmaps

Objectives: Healthy Burnett will....

1. Increase membership of community members by four and agencies/organizations by four.
2. Establish and utilize at least three methods of communication in order to increase awareness of HB, the current health priority, how the health priority is being addressed, and what community members can do to help.
3. Conduct at least one activity to support the sustainability of HB.
4. Establish a system for ongoing execution of CHNA/CHIPP between Burnett Medical Center and Burnett County DHHS-Public Health ie since each entity has a different mandate for how frequent a CHNA/CHIPP must be conducted.
5. Host at least one meeting per year to bring together coalition leaders from other health focus areas from within the county to discuss how to support each other's objectives and especially how all parnters can support the primary health focus area.

Mental Health Objectives: HB will....

1. Enhance commuunication among a minimum of ten agencies/organizations in Burnett County related to MH (ie develop a HB website, email list serve, face-to-face, and/or phone/letters).
2. complete a minimum of four activities to reduce stigma associated with MH and seeking MH services (I am Stronger campaign with Northwest Passage, educational health fair booths, promote MH crisis line).
3. Coordinate QPR (suicide risk training)for at least four agencies in Burnett County.

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 #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$80,486

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the Burnett County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation, 3-month average participation, and/or 12-month average participation per the monthly participation report will be maintained and monitored by the State WIC Office.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 362 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$80,486

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

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

including the number of exclusively breastfed infants.

Context Continued

Input Activities

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

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Women Infants Children Supplemental
Nutrition

Objective #: 1 of 1

Objective Value: \$80,486

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 #: 24142

Agency: Burnett County Department of Health & Human Services

Contract Year: 2014

Program: Wisconsin Well Woman

Objective #: 1 of 1

Objective Value: \$12,870

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 35 Burnett 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: \$12,870

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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