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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Racine City Health Department whose principal business address is 730 Washington Avenue, Racine WI, 53105. 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	181005	TPCP-WIS-WINS
157000	WWWP	181012	Tobacco Prevention & Control Program

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 159221 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 #: 24146

Agency: Racine City 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 #: 24146

Agency: Racine City 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 #: 24146

Agency: Racine City 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 #: 24146

Agency: Racine City 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 #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Racine City	Childhood Lead - Consolidated	\$24,857
Racine City	Immunization - Consolidated IAP	\$36,137
Racine City	Maternal Child Health - Consolidated	\$24,955
Racine City	PHHS	\$4,044
Racine City	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$79,715
		Contract Amount
		\$169,708

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$18,716
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 #: 24146

Agency: Racine City Health Department

Contract Year: 2014

	Childhood Lead	Program Total Value \$24,857	
1	By December 31, 2014, 381 children at risk for lead poisoning who reside in the City of Racine will receive an age-appropriate blood lead test.		\$24,857
	Immunization	Program Total Value \$36,137	
1	By December 31, 2014, 75% children residing in City of Racine 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.		\$36,137
	MCH	Program Total Value \$24,955	
1	By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Central Racine County Health Department in collaboration with City of Racine and Western Racine County Health Departments as well as community partners.		\$24,955
	Prevention	Program Total Value \$4,044	
1	Healthy Weight in Adults		\$4,044
	By August 31, 2014, City of Racine will implement 1 evidence based strategy to promote healthy weight in adults.		
	Well Woman	Program Total Value \$79,715	
1	By December 31, 2014, 190 Racine County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.		\$79,715
		Total of Contract Objective Values	\$169,708
		Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$24,857

Objective: Primary Details

Objective Statement

By December 31, 2014, 381 children at risk for lead poisoning who reside in the City of Racine 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 the City of Racine 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: \$24,857

Agency Funds for this Objective:

Data Source for Measurement

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

Baseline for Measurement

Context

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

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146
Program: Immunization

Agency: Racine City Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$36,137

Objective: Primary Details

Objective Statement

By December 31, 2014, 75% children residing in City of Racine 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) report cannot be run to document the number of children in City of Racine jurisdiction who turned 24 months of age in 2014 contract year or the percentage up-to-date. The City jurisdiction includes the Villages of Elmwood and Wind Point. Because WIR cannot provide City specific data, the Wisconsin Immunization Program will run data for the City. The City cannot assess progress for this objective at mid-year and year-end unless the Wisconsin Immunization Program runs the data for the City. The cohort of children for this objective is:

Date of Birth 01/01/2012- 12/31/2012

Programs Providing Funds for this Objective

Immunization: \$36,137

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Program.

Baseline for Measurement

The 2014 objective baseline was calculated by Wisconsin Immunization Program as WIR can not accurately measure City of Racine immunization rates. Wisconsin Immunization Program determined the baseline rates using the birthdate range: 1/1/2010-12/31/2010 and an evaluation date of 1/1/2013.

Central Racine (N=838)

DTaP(4) HepB (3) Hib(3) MMR(1) Polio (3) Pneumo(4) Varicella (1) Overall

83.53% 91.17% 90.33% 90.45% 92.48% 89.14% 87.59% 77.68%

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

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.

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DPH Grants and Contracts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146
Program: Immunization

Agency: Racine City Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$36,137

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 #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,955

Objective: Primary Details

Objective Statement

By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Central Racine County Health Department in collaboration with City of Racine and Western Racine County Health Departments as well as community partners.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A SPHERE Report and an analysis of the data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document:

- 1) Complete agency assessment of MCH Core Competencies, including initial which must be completed and entered 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 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) See below Primary Activities.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$24,955

Agency Funds for this Objective:

Data Source for Measurement

SPHERE report to include data from the following tab/screen:

- 1) MCH Core Competencies.
- 2) Register and participate in required state meeting.
- 3) 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.

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

Baseline for Measurement

1. For 2011 and 2012, Central Racine County, City of Racine, and Western Racine County Health Departments utilized MCH dollars for a Racine County Child Death Review (CDR) team, reviewing 34 cases in 2012. Central Racine County Health Department chairs the CDR team and provides data input and analyses for the CDR team. In 2013 CDR team met quarterly (January, April, July and October).
2. In 2012, the three Racine County Health Departments looked at the feasibility of implementing FIMR. Using a FIMR feasibility tool developed by Central Racine County Health Department and through discussion with the current CDR team and other community partners, the three Racine County Health Departments determined that it is possible to begin FIMR for all Racine County fetal and infant deaths.
3. In 2012 the three Racine County Health Departments identified fetal and infant death numbers. From 2005 to 2010, fetal deaths ranged from 12-18/year while infant deaths ranged from 18-32/year.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,955

4. In late 2012 and 2013, the FIMR data abstraction and maternal interview process began for 2011 Racine County data. Central Racine County Health Department staff abstracted data for 15 infant deaths and 9 stillbirths and completed 15/24 interviews (63%). In addition, thus far for 2012 data, staff have completed 18 record abstractions and three maternal interviews (n=30 for 2012).

5. In fall of 2013, the first FIMR review team meeting was held, with an eye toward creating a CDR/FIMR hybrid model.

6. Central Racine County, City of Racine, and Western Racine County Health Departments have already signed a Confidentiality/Data Use Agreement with WI Vital Records Office, WI Division of Public Health and City of Milwaukee Health Department.

7. Data are being entered into national databases (CDR and NFIMR).

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

(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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,955

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.
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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,955

Input Activities

1. Agency assessment of MCH Core Competencies.
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 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. For 2014, Central Racine County, City of Racine, and Western Racine County Health Departments will continue the initiation a new FIMR team in their community where one previously did not exist (taking into consideration fetal deaths along with infant and child deaths) and look at 2012, 2013 and possibly 2014 data if time allows.
9. The Health Officers of Central Racine County, City of Racine, and Western Racine County Health Departments will provide overall governance to the Racine County FIMR team with regard to review team participation and the dissemination of FIMR recommendations. City of Racine Health Department chairs the FIMR team.
10. The Health Officers of Central Racine County, City of Racine, and Western Racine County Health Departments will develop methods for collaboration to build the FIMR team, identifying existing and new community partners and recruiting for collaboration.
11. Central Racine County, City of Racine, and Western Racine County Health Departments will work with partners to develop a systems approach for the reviews conducted by the FIMR team.
12. Central Racine County, City of Racine, and Western Racine County Health Departments will be responsible for infant case identification through death certificate review.
13. City of Racine will be responsible for chairing the FIMR team and prepare other materials as necessary in accordance with FIMR guidelines and CHA guidance.
14. City of Racine and Central Racine County Health Departments will be responsible for FIMR case review meetings in accordance with FIMR guidelines and CHA guidance.
15. Central Racine County will be responsible for: 1) obtaining matched infant birth/deaths sets; 2) data abstraction from records using Children's Health Alliance (CHA) approved tool; 3) conducting maternal interviews using CHA approved too; 4) entering data into NFIMR database or other similar database; and, 5) summarizing information for fetal and infant deaths (cases) using de-identified information; aggregating data through a systematic review of important contributing factors.
 - o City of Racine will sign an MOU with Central Racine County for \$40,000 for these elements.
 - o Western Racine County Health Department will pay Central Racine County on a per case basis for these elements in the amount of \$597.00 (for elements 1, 2, 3, 4, and 5) or \$437 (for elements 1, 2, 4, and 5).
16. Central Racine County, City of Racine, and Western Racine County Health Departments will build on partnerships currently existing from the Child Death Review Team.
17. City of Racine will be responsible for building a county-wide community action team and Central Racine County, City of

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,955

Racine, and Western Racine County Health Departments will each be responsible for community actions/interventions that arise in each jurisdiction.

18. Central Racine County, City of Racine, and Western Racine County Health will monitor and evaluate FIMR team development and progress and initiate quality improvement if/when indicated.

19. Central Racine County, City of Racine, and Western Racine County Health Departments will continue the Child Death Review Team in order to tweak this system to fit into a possible hybrid model of CDR/FIMR.

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 #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$4,044

Objective: Primary Details

Objective Statement

Healthy Weight in Adults

By August 31, 2014, City of Racine will implement 1 evidence based strategy to promote healthy weight in adults.

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: \$4,044

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

This is a new initiative

Context

Collaborative effort with the Racine Family YMCA, Weight Watchers International, City of Racine Park and Recreational Services, and the Health Department Laboratory Services. Intended for individuals 18 years of age or older who meet the financial / health qualifiers. Combination of weight and physical activity endeavors.

¿Racine on the Move¿ enables local residents ages 18 and older who meet health qualifiers (Body Mass Index of 25 and above) and who receive assistance from a local, state or federally subsidized program (WIC, SNAP, Medicaid, Medicare, etc.) to attend Weight Watchers meetings that are steeply subsidized by Weight Watchers as part of the grant. Qualifying participants will also have free access to Weight Watchers online and mobile tools. This new effort aims to help curb obesity rates and foster healthy lifestyles in Racine, especially in lower-income areas that have higher obesity rates as well as increased risks for obesity.

In addition, the unique partnership between the City of Racine Health Department, Parks, Recreation and Cultural Services Department and the Racine Family YMCA will provide participants with a free three month membership to the Racine Family YMCA and access to programs offered at the City of Racine Community Centers. The Racine Family YMCA has considerably reduced its membership fees for program participants and grant funding will pay the remaining cost of the memberships. As a result, YMCA memberships will be offered free to participants.

Over 20 percent of Racine residents live below the poverty level, almost 25 percent of adults in Racine are obese, and over 40 percent of Racine residents are overweight. This initiative is designed to help people who meet both income-level and body mass index criteria with Weight Watchers memberships that are steeply subsidized by the company as part of the Healthy Communities Grant. Its goal is to give Racine residents knowledge and tools to reach a healthier weight so that they can prevent the onset of diseases and illnesses associated with obesity, and by example, teach their children healthy behaviors.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24146

Agency: Racine City Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$4,044

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://whatworksforhealth.wisc.edu/>

<http://www.fruitsandveggiesmatter.gov/downloads/NationalActionGuide2009.pdf>

<http://www.healthypeople.gov/2020/topicsobjectives2020/ibr.aspx?topicId=29>

<http://www.dhs.wisconsin.gov/hw2020/evidence.htm>

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

<http://www.healthypeople.gov/2020/topicsobjectives2020/ibr.aspx?topicId=33>

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 #: 24146
Program: Wisconsin Well Woman

Agency: Racine City Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$79,715

Objective: Primary Details

Objective Statement

By December 31, 2014, 190 Racine 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 Racine 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: \$79,715

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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