



Scott Walker  
Governor

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

Kitty Rhoades  
Secretary

**State of Wisconsin**

608-266-1251  
FAX: 608-267-2832  
TTY: 888-701-1253  
dhs.wisconsin.gov

Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Columbia County Division of Health whose principal business address is 2652 Murphy Road, PO Box 136, Portage WI, 53901-0136. The contact for the GRANTEES Contract Administrator is:

Susan Lorenz  
2652 Murphy Road, PO Box 136  
Portage WI, 53901-0136

Telephone: 608/ 742-9227  
Fax: 608/ 742-9700  
E-mail: susan.lorenz@co.columbia.wi.us

**Section 6.D Funding Controls**

Payments through June 30, 2014 are limited to 6/12<sup>th</sup> 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 <sup>th</sup> 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 9/12<sup>th</sup> 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 #: 24148

Agency: Columbia County Division of Health

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 #: 24148

Agency: Columbia County Division of Health

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 #: 24148

Agency: Columbia County Division of Health

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 #: 24148

Agency: Columbia County Division of Health

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 #: 24148

Agency: Columbia County Division of Health

Contract Year: 2014

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Columbia County	Childhood Lead - Consolidated	\$6,360
Columbia County	Immunization - Consolidated IAP	\$12,914
Columbia County	Maternal Child Health - Consolidated	\$21,931
Columbia County	Prevention - Consolidated	\$2,609
Columbia County	WIC USDA	\$142,385
Columbia County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$17,805
<b>Contract Amount</b>		<b>\$204,004</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead	\$0
Immunization	\$0
MCH	\$16,448
Prevention	\$0
WIC	\$0
Well Woman	\$0

<b>Program Sub-Contracts</b>		
<b>Program</b>	<b>Sub-Contractee</b>	<b>Sub-Contract Amount</b>
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 #: 24148

Agency: Columbia County Division of Health

Contract Year: 2014

### Childhood Lead

**Program Total Value \$6,360**

1 Template Objective 4 \$6,360

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

### Immunization

**Program Total Value \$12,914**

1 LHD Template Objective \$12,914

By December 31, 2014, 75% children residing in Columbia County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

### MCH

**Program Total Value \$21,931**

1 By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be \$13,767

undertaken by the Columbia County Health Department in collaboration with community partners focusing on mental health.

2 By December 31, 2014, the Keeping Kids Alive Initiative will be implemented by the Columbia County Health \$8,164

Department in collaboration with community partners.

### Prevention

**Program Total Value \$2,609**

1 Template Objective 7 - Mental Health and Suicide \$2,609

By August 31, 2014, Columbia County Health and Human Services will implement one evidence based strategies to support mental health and prevent suicide.

### WIC

**Program Total Value \$142,385**

1 During the contract budget period of January 1, 2014 through December 31, 2014, the Columbia County WIC \$142,385

Project will maintain an average monthly participation that is at least 97% of the assigned case load.

### Well Woman

**Program Total Value \$17,805**

1 Template Objective 1: \$17,805

By December 31, 2014, 56 ColumbiaCounty residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

---

<b>Total of Contract Objective Values</b>	\$204,004
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24148

Agency: Columbia County Division of Health

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,360

### Objective: Primary Details

#### Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdiction of the Columbia 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 10 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 10 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 20 micrograms per deciliter or two venous blood lead levels greater than or equal to 15 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: \$6,360

#### Agency Funds for this Objective:

#### Data Source for Measurement

An agency-generated report.

#### Baseline for Measurement

Blood lead testing is offered to all WIC children one through four years of age who never had a lead screening. The goal is to have all WIC children screened for lead poisoning at one and two years of age. Testing may be refused on parental preference or because the child was already tested by a physician.

#### 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 10 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 20 micrograms per deciliter or two venous blood lead levels greater than or equal to 15 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 the blood lead levels that are 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](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

#### Context Continued

#### Input Activities

### Objective: Risk Profile

#### Percent of Objective Accomplished

**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$6,360

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Corresponding Percentage Recoupment**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Corresponding Potential Recoupment Amounts**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Definition of Percent Accomplished**

--

**Conditions of Eligibility for an Incentive**

--

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148  
**Program:** Immunization

**Agency:** Columbia County Division of Health  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$12,914

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 75% children residing in Columbia County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

**Deliverable Due Date:** 01/31/2015

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Columbia County Health Department jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is:

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

Criteria for the 2014 End of the Year Report:

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

Evaluation date: 01/01/2015

Run date: 02/15/2015

#### Programs Providing Funds for this Objective

Immunization: \$12,914

#### 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 #:** 24148  
**Program:** Immunization

**Agency:** Columbia County Division of Health  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$12,914

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%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Corresponding Percentage Recoupment**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Corresponding Potential Recoupment Amounts**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Definition of Percent Accomplished**

--

**Conditions of Eligibility for an Incentive**

--

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24148

Agency: Columbia County Division of Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$13,767

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Columbia County Health Department in collaboration with community partners focusing on mental health.

**Deliverable Due Date:** 01/31/2015

#### Contract Deliverable (Evidence)

The agency will provide the following deliverables: 1) A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website (Step 3). 2) A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 3) Documentation of participation in the MCH Annual Conference. 4) Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each). 5) Documentation of the number of life course trainings held, audience, and the number of participants. 6) A completed Partnership Report for the focus area of mental health. 7) Completed Wisconsin Healthiest Families Assessment and Planning Reports following the instructions found on the Early Childhood Systems website (WHF Step 1 & 2) by January 31, 2014.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$13,767

#### Agency Funds for this Objective:

#### Data Source for Measurement

1) WHF Implementation Report, 2) SPHERE Report of the MCH Core Competencies, 3) MCH Conference Attendee List, 4) Webinar Evaluation, 5) SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework, and 6) SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership. 7) WHF Assessment and Planning Reports

#### Baseline for Measurement

As part of Columbia County Community Health Improvement Process, community leaders started meeting in January of 2013 to prevent suicide and increase access to mental health services. This committee formed the Prevent Suicide Columbia County in June of 2013. Please visit our website, [www.preventsuicidecolumbiacounty.org](http://www.preventsuicidecolumbiacounty.org) to learn more about our activities. Mission: Because we value human life, the mission of Prevent Suicide Columbia County is to prevent suicide through awareness, education, collaboration, and improved access to mental health care. Vision: A suicide free community where people will recognize the warning signs, intervene, and help individuals find hope. Goal: Implement community-based suicide prevention programs in Columbia County and increase access to and community linkages with mental health and substance abuse services.

For January thru December 2014, our MCH grant, county dollars and donations will support Prevent Suicide Columbia County objectives and activities.

#### 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>.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 2

**Objective Value:** \$13,767

**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.

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

### **Input Activities**

Contract with Central Wisconsin Community Action Council for the following activities:

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 2

**Objective Value:** \$13,767

- 1) Chair twelve meetings of Prevent Suicide Columbia County
- 2) Keep records of meetings and contacts and maintain communication with contacts between Prevent Suicide Columbia County meetings
- 3) Facilitate related Community Health Improvement Plan (CHIP) Prevent Suicide Columbia County activities as described in the Columbia County CHIP document located at [www.co.columbia.wi.us](http://www.co.columbia.wi.us).
- 4) Outreach local organizations (including employers, faith-based organization, civic organizations, media, social service organizations, etc.) to collaborate with our Prevent Suicide Columbia County Coalition by taking action on one or more of our Coalition's written recommendations to prevent suicide.
- 5) Plan and implement an annual Walk for Hope to raise funds and awareness, educate, share resources, and offer support to those affected by suicide.
- 6) Work with local media to develop and disseminate public service announcements describing a safe and effective message about suicide and its prevention.
- 7) Support and sustain Question, Persuade, Refer (QPR) suicide prevention training at the gatekeeper and trainer levels to train community members to recognize signs of depression and suicide and refer to resources.
- 8) Partner with Columbia County Connects to Prevent Substance Abuse to host a county-wide Health Summit for school staff to come together to review data from the biennial Youth Risk Behavior Survey and brainstorm means for more effective prevention programs.

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.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance, as well as the 2014 MCH and KKA Conference.
- Participate in the webinar series: Data-driven Approach to Early Childhood System-building.
- Document the number of life course trainings held, audience, and the number of participants.
- Complete a WHF assessment report by January 31, 2014.
- Complete a WHF planning report by January 31, 2014.
- Complete a WHF implementation report by January 31, 2015.

### Objective: Risk Profile

#### Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 1 of 2

**Objective Value:** \$13,767

**Corresponding Percentage Recoupment**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Corresponding Potential Recoupment Amounts**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Definition of Percent Accomplished**

--

**Conditions of Eligibility for an Incentive**

--

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24148

Agency: Columbia County Division of Health

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$8,164

### Objective: Primary Details

#### Objective Statement

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

**Deliverable Due Date:** 01/31/2015

#### Contract Deliverable (Evidence)

The agency will deliver the following: 1) A completed Keeping Kids Alive Evaluation and Sustainability Report (provided by contract administrator). 2) A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 3) Documentation of participation in the MCH Annual Conference. 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 Keeping Kids Alive focus area.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$8,164

#### Agency Funds for this Objective:

#### Data Source for Measurement

Data sources are as follows: 1) SPHERE Report of the MCH Core Competencies, 2) MCH Conference Attendee List, 3) Webinar Evaluation, and 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 Evaluation and Sustainability Report (provided by contract administrator).

#### Baseline for Measurement

Columbia County CDRT remains active and strong. Columbia County Health Department is a Participating Member of the review team. The team met three times in 2013. At least 5 cases were reviewed in 2013. Data is being entered into national data base.

As part of Columbia County Health Improvement Process, community leaders started meeting in January of 2013 to prevent suicide and increase access to mental health services. This committee formed the Prevent Suicide Columbia County in June of 2013. Please visit our website at [www.preventsuicidecolumbiacounty.org](http://www.preventsuicidecolumbiacounty.org) to learn more about our mission, vision, goal, objectives and activities.

#### 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](http://www.nfimr.org)) into their reviews.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 2 of 2

**Objective Value:** \$8,164

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
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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Maternal and Child Health Block Grant

**Objective #:** 2 of 2

**Objective Value:** \$8,164

### 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.

### Input Activities

1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. 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. A completed Keeping Kids Alive Evaluation and Sustainability Report (provided by contract administrator).

### Objective: Risk Profile

#### Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

#### Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

#### Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

#### Definition of Percent Accomplished

--

#### Conditions of Eligibility for an Incentive

--

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Preventive Health and Health Services  
Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$2,609

### Objective: Primary Details

#### Objective Statement

Template Objective 7 - Mental Health and Suicide

By August 31, 2014, Columbia County Health and Human Services will implement one evidence based strategies to support mental health and prevent suicide.

**Deliverable Due Date:** 09/30/2014

#### Contract Deliverable (Evidence)

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

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

#### Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$2,609

#### 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

As part of the Columbia County Health Improvement Process, community leaders started meeting in January 2013 to prevent suicide and increase access to mental health services. This committee formed the coalition Prevent Suicide Columbia County in June 2013. Columbia County Health Department is the key leader in our Prevent Suicide Coalition initiatives. Our mission is: Because we value human life, the mission of Prevent Suicide Columbia County is to prevent suicide through awareness, education, collaboration, and improved access to mental health care. Our vision is a suicide free community where people will recognize the warning signs, intervene, and help individuals find hope. Our goal is to implement community-based suicide prevention programs in Columbia County and increase access to and community linkages with mental health and substance abuse services. One of our community objectives is to train as many community members as possible in the signs of depression and suicide and where to refer people for help and resources. Our coalition uses Question, Persuade, Refer (QPR) suicide prevention training at the gatekeeper and trainer levels to train community members to recognize signs of depression and suicide and refer to resources.

#### Context Continued

#### Input Activities

QPR Gatekeeper Training for Suicide Prevention is on the SAMHSA's National Registry of Evidence-based Programs and Practices. 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.healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=28>

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

<http://www.samhsa.gov/prevention/>

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Preventive Health and Health Services  
Block Grant

**Objective #:** 1 of 1

**Objective Value:** \$2,609

<http://nrepp.samhsa.gov/>

[www.dhs.wisconsin.gov/mentalhealth/index.htm](http://www.dhs.wisconsin.gov/mentalhealth/index.htm)

### Objective: Risk Profile

**Percent of Objective Accomplished**

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Corresponding Percentage Recoupment**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Corresponding Potential Recoupment Amounts**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Definition of Percent Accomplished**

--

**Conditions of Eligibility for an Incentive**

--

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148

**Agency:** Columbia County Division of Health

**Contract Year:** 2014

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$142,385

### Objective: Primary Details

**Objective Statement**

During the contract budget period of January 1, 2014 through December 31, 2014, the Columbia 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 Children Supplemental Nutrition: \$142,385

**Agency Funds for this Objective:**

**Data Source for Measurement**

WIC Participation Reports.

**Baseline for Measurement**

Current caseload is 679 participants.

**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%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

**Corresponding Percentage Recoupment**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Corresponding Potential Recoupment Amounts**

--	--	--	--	--	--	--	--	--	--	--	--	--

**Definition of Percent Accomplished**

--

**Conditions of Eligibility for an Incentive**

--

# Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24148  
**Program:** Wisconsin Well Woman

**Agency:** Columbia County Division of Health  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$17,805

## Objective: Primary Details

### Objective Statement

Template Objective 1:

By December 31, 2014, 56 ColumbiaCounty 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 Columbia 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: \$17,805

### 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%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

### Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

### Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

### Definition of Percent Accomplished

--

### Conditions of Eligibility for an Incentive

--