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Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Greendale Health Department whose principal business address is 5650 Parking Street, Greendale WI, 53202. 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 6/12<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	181005	TPCP-WIS-WINS
157000	WWWP	181012	Tobacco Prevention & Control Program

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 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 #: 24164

Agency: Greendale 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 #: 24164

Agency: Greendale 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 II**

### **Program Objectives**

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24164

Agency: Greendale Health Department

Contract Year: 2014

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Greendale	Childhood Lead - Consolidated	\$666
Greendale	Immunization - Consolidated IAP	\$3,300
Greendale	Maternal Child Health - Consolidated	\$3,135
Greendale	PHHS	\$972
<b>Contract Amount</b>		<b>\$8,073</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead	\$0
Immunization	\$0
MCH	\$2,351
Prevention	\$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

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24164

Agency: Greendale Health Department

Contract Year: 2014

### Childhood Lead

**Program Total Value \$666**

1 Template Objective 1 \$666

By December 31, 2014, all children at risk for lead poisoning who reside in the Village of Greendale will receive an age-appropriate blood lead test.

### Immunization

**Program Total Value \$3,300**

1 LHD Template Objective \$3,300

By December 31, 2014, 64% children residing in Greendale 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 \$3,135**

1 Template Objective 1 \$3,135

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Greendale Health Department in collaboration with community partners focusing on safety/injury prevention.

### Prevention

**Program Total Value \$972**

1 Template Objective 13 - Injury Prevention \$972

By August 31, 2014, Greendale Health Department will implement one evidence based strategies to prevent or reduce injuries.

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<b>Total of Contract Objective Values</b>	<b>\$8,073</b>
<b>Total of Contract Statement Of Work Values</b>	<b>\$0</b>

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$666

### Objective: Primary Details

**Objective Statement**

Template Objective 1

By December 31, 2014, all children at risk for lead poisoning who reside in the Village of Greendale will receive an age-appropriate blood lead test.

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

**Contract Deliverable (Evidence)**

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

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$666

**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**

In 2013 through September, the GHD has received 130 blood lead reports. Of those 4 were at or greater than 5 mg/dL. A PHN assigned to the lead grant contacted the parents, discussed the significance of the lead result, when to have it rechecked, measures to take to eliminate exposures and decrease blood level to lowest possible. Contacts were made by phone or home visit and literature was given or mailed. The PHN also followed up with parents to assure a repeat blood lead test. GHD was unable to get information on Greendale children enrolled in WIC to assure ongoing blood lead screening. Articles on the new CDC recommendations were placed in the quarterly Village Newsletter that is mailed to all addresses, website was updated, new CDC guidelines were added to Newborn packets mailed to families of all Newborns.

**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](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**

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

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$666

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164  
**Program:** Immunization

**Agency:** Greendale Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$3,300

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 64% children residing in Greendale 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 (insert health department) jurisdiction who turned 24 months of age in 2014 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

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

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

Criteria for the 2014 End of the Year Report:

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

Evaluation date: 01/01/2015

Run date: 02/15/2015

#### Programs Providing Funds for this Objective

Immunization: \$3,300

#### 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 #:** 24164  
**Program:** Immunization

**Agency:** Greendale Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$3,300

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

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

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

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

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

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

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

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24164

Agency: Greendale Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$3,135

### Objective: Primary Details

#### Objective Statement

Template Objective 1

By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Greendale Health Department in collaboration with community partners focusing on safety/injury prevention.

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

#### Contract Deliverable (Evidence)

The following deliverables will be required:

1. A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking ¿Final for Contract Year¿ by January 31, 2015.
2. Documentation of participation in the 2014 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. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed Partnership Report for the Focus Area that directly aligns with the objective: Safety/Injury Prevention.
6. A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.

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

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$3,135

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

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

#### Baseline for Measurement

Include items that were completed in 2013:

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$3,135

The name of our group is the Greendale Safe Biking Coalition. This group has been in existence for about 18 months and is a subcommittee of larger group called Partners for Community Action. The group was formed in 2012 after the MCH grant assessment of children's safety and injury prevention resources in Greendale and also the Greendale Community Health Assessment which was also conducted in 2012. The assessments identified a higher than normal number of pediatric biking accidents and injuries including the death of a 4 year old child who was killed while biking in 2011.

The coalition membership consists of representatives from the health department, Greendale area schools, childcare centers, other Village departments such as Fire and Police, Park and Recreation, Greendale Library, Greendale Lions, Greendale Business Association, parent teacher organizations, the Bike Federation, and other groups. Not all members are able to attend all meetings but minutes are sent out to keep members informed.

In 2013, the focus of the group was to identify a mission, vision, goals, objectives and implementation steps and activities. Evidence based activities were researched through the Community Guide and other Public Health resources that provide strategies and activities that are evidence based.

Our logic model is in draft form and will be finalized in early 2014. The implementation activities are evolving from the logic model. Monthly meeting dates have been established for 2014 with the next one to be held on January 14, 2014. The work has been divided up and members will be bringing information back to the January meeting. Once the logic model is finalized the plan will be implemented.

The group is also establishing evaluation measures prior to implementing the plan so information is collected to provide evidence of the impact of the program. The members are also keeping in mind the systems and infrastructures related to the plan to identify how we can sustain the program long term.

Two health department staff attended the MCH conference in August 2013 and found the programs and break out sessions to be very helpful for our coalition. Several Life Course Model trainings were also conducted. Unfortunately the Public Health Nurse who coordinated this group has retired. A PHN has been hired and will be given responsibility for the MCH grant. It is expected that it will take some time for the person to be able to provide the leadership of the coalition in the first quarter.

We believe the coalition is on solid ground with a committed membership who want to see their efforts succeed in 2013 and into the future.

### **Context**

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$3,135

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

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

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

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

### **Context Continued**

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

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

**Step 2: Plan** In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

**Step 3: Implementation** The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$3,135

submitted for each focus area addressed by the agency and partners.

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

### REQUIRED SUPPORT ACTIVITIES:

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

### Input Activities

Local health departments need to complete the following information prior to negotiations:

Complete the logic model focused on biking safety and injury prevention.

Implement the plan that evolves from the logic model.

Assure that the activities and strategies implemented are evidenced based for success.

Identify the evaluation measures before implementing the plan so appropriate information is collected to show the impact of the program.

Keep sustainability top of mind so the program can succeed and continue over many years.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$3,135

Staff will attend the MCH conference and complete the required support activities throughout 2014.

**- REQUIRED SUPPORT ACTIVITIES:**

Required activities to support assessment, planning, implementation, and evaluation and sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

**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 #:** 24164

**Agency:** Greendale Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$972

### Objective: Primary Details

#### Objective Statement

Template Objective 13 - Injury Prevention

By August 31, 2014, Greendale Health Department will implement one evidence based strategies to prevent or reduce injuries.

**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: \$972

#### 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 OR [Insert baseline statement]

#### Context

Describe why this objective was chosen and selected outcome measure(s). Greendale Health Department has chosen this objective to continue the strategy we developed and implemented in 2013.

#### 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://www.chawisconsin.org/cipn.htm>

<http://www.cdc.gov/injury/index.html>

<http://depts.washington.edu/hiprc/research.html>

[www.childrensafetynetwork.org](http://www.childrensafetynetwork.org)

<http://www.healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=24>

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

<http://www.dhs.wisconsin.gov/health/injuryprevention/index.htm>

### Objective: Risk Profile

#### Percent of Objective Accomplished

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

**Contract #:** 24164  
**Program:** Preventive Health and Health Services  
Block Grant

**Agency:** Greendale Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$972

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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