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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Langlade County Health Department whose principal business address is 1225 Langlade Road, Antigo WI, 54409. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

Payments through June 30, 2014 are limited to 6/12th of the contract with the balance paid after July 1, 2014 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12 th Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157000	WWWP		

Payments through September 30, 2014 are limited to 9/12th of the contract with the balance paid after October 1, 2014 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159220 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

The due date of the final fiscal report for Profile 154710 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 154710, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
 - B) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
 - C) Identification of the scientific basis (evidence base) for the intervention.
- 2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
 - A) Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.
 - B) Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
 - C) All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control and Prevention."
- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.
 - A) Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Contract Agreement Addendum: Exhibit I

Contract #: 24176

Agency: Lantlade County Health Department

Contract Year: 2014

- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
 - A) Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
 - A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit I

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Wisconsin Well Woman Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A) The following information applies only to breast cancer screening: 1) Each coordinating agency must ensure it focuses its breast cancer screening outreach efforts on women ages 50-64. Seventy-five percent of women receiving mammograms should be between the ages of 50 and 64. 2) Each coordinating agency must document attempts to contact annually 100% of the women enrolled in the program, where rescreening is clinically indicated, to arrange mammography rescreening examinations, and must assure that at least 50% of these women are rescreened for breast cancer. 3) Each coordinating agency must follow the program standards for median days between abnormal mammography results and final diagnosis for women enrolled in the program. The median days between an abnormal mammography result and final diagnosis shall be less than 60 days, with not more than 25% over 60 days. 4) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious breast cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
 - B) The following information applies only to cervical cancer screening: 1) Each coordinating agency must follow the program standards for median days between abnormal Pap smear results and final diagnosis for women enrolled in the program. The median days between an abnormal Pap smear result and final diagnosis shall be less than 60 days, with no more than 25% over 60 days. 2) Each coordinating agency must document attempts to follow-up 100% of the women reported to have abnormal or suspicious cervical cancer screening findings to assure they understand the need for further evaluation and to assist and refer them for appropriate diagnosis and treatment.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
 - A) Each coordinating agency must maintain a paper system or a computerized tracking database of women from its county enrolled in the program. At a minimum, the database should include annual eligibility determination, results of screening services provided, documentation of follow-up in situations of abnormal screening results, and recommended rescreening dates.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
 - A) Each coordinating agency must document contacts made to recruit new WWWP clients with special emphasis on women 50-64 years of age. The agency must provide information and education about covered services and rescreening at appropriate intervals.

Contract Agreement Addendum: Exhibit I

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) Each coordinating agency is responsible for recruiting new providers to the WWWP as needed.
 - B) Women diagnosed with breast and/or cervical cancer will be referred to Well Woman Medicaid as appropriate.
 - C) Each coordinating agency must document contacts with each of its WWWP providers as needed, but at least quarterly, to access program status, identify needs, and share information.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.
 - A) There are no separate sub-criterion to this Quality Criteria Category.
- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
 - A) Each coordinating agency must ensure accurate eligibility determination whether completed by the local coordinating agency or the provider.
 - B) Each coordinating agency must document attempts to ensure that billing problems between the providers and the fiscal agent are resolved.
 - C) Each coordinating agency is responsible for educating clients on program-covered services and client responsibility for non-covered services.
 - D) Each coordinating agency is responsible for educating providers on the WWWP and billing practices.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
 - A) There are no separate sub-criterion to this Quality Criteria Category.

Contract Agreement Addendum: Exhibit II

Program Objectives

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

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Langlade County	Childhood Lead - Consolidated	\$3,407
Langlade County	Immunization - Consolidated IAP	\$7,817
Langlade County	Maternal Child Health - Consolidated	\$10,470
Langlade County	Oral Health - Fluoride Mouthrinse	\$1,953
Langlade County	Oral Health - Fluoride Supplement	\$926
Langlade County	Prevention - Consolidated	\$2,064
Langlade County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$15,561
		Contract Amount
		\$42,198

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$7,853
Oral Health	\$0
Oral Health - Mouthrinse	\$0
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
Oral Health	None Reported	\$0
Oral Health - Mouthrinse	None Reported	\$0
Prevention	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Childhood Lead

Program Total Value \$3,407

- | | | |
|---|---|---------|
| 1 | Template Objective 1 | \$0 |
| | By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) will receive an age-appropriate blood lead test. | |
| 2 | Template Objective 1 | \$3,407 |
| | By December 31, 2014, 200 children at risk for lead poisoning who reside in Langlade County will receive an age-appropriate blood lead test. | |

Immunization

Program Total Value \$7,817

- | | | |
|---|---|---------|
| 1 | By December 31, 2014, 74% children residing in Langlade County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday. | \$7,817 |
|---|---|---------|

MCH

Program Total Value \$10,470

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|---|---|----------|
| 1 | By December 31, 2014, implementation activities, for the Wisconsin Healthiest Families Initiative will be undertaken by the Langlade County Health Department in collaboration with community partners focusing on safety/injury prevention. (step 3) | \$10,470 |
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Oral Health

Program Total Value \$926

- | | | |
|---|---|-------|
| 1 | Template Objective 1 | \$926 |
| | School-Based Fluoride Supplement Program: By December 31, 2014, (insert number) children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by (insert name) Health Department. | |

Oral Health - Mouthrinse

Program Total Value \$1,953

- | | | |
|---|--|---------|
| 1 | Template Objective 1 | \$1,953 |
| | School-Based Fluoride Mouthrinse Program: By December 31, 2014, (insert number) children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by (insert name) Health Department. | |

Prevention

Program Total Value \$2,064

- | | | |
|---|---|---------|
| 1 | Alcohol Prevention | \$1,064 |
| | By August 31, 2014, the Langlade County Health Department will implement 2 evidence based strategies to change community policies and norms related to alcohol use. | |
| 2 | Injury Prevention | \$1,000 |
| | By August 31, 2014, Langlade County Health Department will implement 2 evidence based strategies to prevent or reduce injuries. | |

Well Woman

Program Total Value \$15,561

- | | | |
|---|--|----------|
| 1 | Template Objective 1: | \$15,561 |
| | By December 31, 2014, 45 Langlade County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program. | |

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24176

Agency: Langelade County Health Department

Contract Year: 2014

Total of Contract Objective Values	\$42,198
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 2

Objective Value: \$0

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) 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

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 #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 2

Objective Value: \$3,407

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, 200 children at risk for lead poisoning who reside in Langlade County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$3,407

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

From January 1, 2013 to September 30, 2013, 153 children were screened in Langlade County (partial year data). This includes the following groupings based on age level: 12 to 24 months = 87 children; 25 months to 36 months = 55 children; 3 to 5 year olds = 9 children; 6 to 8 year olds = 2 children. 8 to 12 year olds = 0 children. 1 child with a blood lead level greater than 5mcg/dl was rescreened and those results are pending. This data reflects children that were tested during the time period specified and does not reflect the entire 2013 year results. Anticipated 2014 projection of 200 children is based on an yearly average of clients tested over past 5 years.

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

Testing is conducted in medical providers' offices and at the Langlade County Health Department during WIC clinics, Well Child exams, and Health Checks. Testing is also provided by the Health Department on an "as needed" basis and via referral for those seeking testing. The target population will be children ages 1 - 5 years. Children tested will be from programs as noted. The Health Department bills for services provided to MA clients served by the Health Department. Information will be provided to medical providers and parents regarding childhood lead testing and prevention.

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 #: 24176

Agency: Lantlade County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 2

Objective Value: \$3,407

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176
Program: Immunization

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

Contract Year: 2014
Objective Value: \$7,817

Objective: Primary Details

Objective Statement

By December 31, 2014, 74% children residing in Langlade County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Langlade County 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: \$7,817

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The baseline for measurement for the 2012 end of year benchmark report is 74% of children at 24 months of age are up to date with 4 DTaP, 3 Hep B, 3 Hib, 1 MMR, 3 Polio, 4 Pneumo, 1 Varicella.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176
Program: Immunization

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

Contract Year: 2014
Objective Value: \$7,817

Context Continued

Input Activities

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

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

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

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

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

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

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

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,470

Objective: Primary Details

Objective Statement

By December 31, 2014, implementation activities, for the Wisconsin Healthiest Families Initiative will be undertaken by the Langlade County Health Department in collaboration with community partners focusing on safety/injury prevention. (step 3)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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 LPHD participation in the MCH/KKA Annual Conference (Nov. 5 & 6, 2014 in Wisconsin Dells)
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective.
6. A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$10,470

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies.
2. MCH/KKA Conference Attendee List
3. Webinar Evaluation
4. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.
5. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.
6. WHF Implementation Report (Note: One Implementation Report submitted for each focus area.) Project-specific data sources to document results of activities.
7. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Baseline for Measurement

Ongoing review of the adopted logic model. Short term outcomes accomplished. Presently working on medium and long-term outcomes. Keeping Kids Alive CDR team is now sustainable. Use CDR data to guide the Keeping Kids Alive Coalition prevention efforts. Keeping Kids Alive Coalition formed in Feb 2013 with the mission of protecting, preserving, and promoting the health and safety of the children and families of Langlade County. The goals of this group include to acknowledging existing injury prevention activities, to educate on providing a safe and injury free environment for children, to increase community awareness that injuries can be prevented, to work for changes in laws and policies, and products to decrease causes of injuries.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,470

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

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

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

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

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

Context Continued

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

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

1. Continue to support and develop newly formed Keeping Kids Alive Coalition
2. Continue to assess needs related to safety and injury prevention based upon CDR findings (CDR team meets quarterly and as needed)
3. Continue with Kids Safety Day
4. Continue monthly educational articles sponsored by Keeping Kids Alive Coalition

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Lantlade County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$10,470

5. Continue Stand for Children Day (Spring event)

REQUIRED SUPPORT ACTIVITIES:

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

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

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 #: 24176
Program: Oral Health

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

Contract Year: 2014
Objective Value: \$926

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2014, (insert number) children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by (insert name) Health Department.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document, by age and community, the number of children who participated in a dietary fluoride supplement program administered by (insert name) Health Department.

Programs Providing Funds for this Objective

Oral Health: \$926

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Supplement (no detail screen).

Baseline for Measurement

Context

The target population for this program is children from age 6 months to 16 years. The children targeted must not have access to fluoridated water or have natural fluoride levels at or above certain concentration levels for specific age groups. Water sources must be tested to determine the fluoride content prior to determining the dosage for dietary fluoride supplements. In other words, this program is targeted to children in non-fluoridated communities or rural areas with low natural fluoride in the water.

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 #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Oral Health - Flouride Mouthrinse

Objective #: 1 of 1

Objective Value: \$1,953

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2014, (insert number) children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by (insert name) Health Department.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document, by age and community, the number of children who participated in a school-based fluoride mouthrinsing program administered by (insert name) Health Department.

Programs Providing Funds for this Objective

Oral Health - Flouride Mouthrinse: \$1,953

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Mouthrinse (no detail screen).

Baseline for Measurement

Context

School-based fluoride mouthrinsing programs are evidence-based prevention strategies that prevent dental caries (cavities). The children targeted by this objective are usually first through sixth graders; however, it is also appropriate for seventh and eighth graders. School-based fluoride mouthrinsing programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level.

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 #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 2

Objective Value: \$1,064

Objective: Primary Details

Objective Statement

Alcohol Prevention

By August 31, 2014, the Langlade County Health Department will implement 2 evidence based strategies to change community policies and norms related to alcohol use.

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: \$1,064

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

Data from the 2013 Youth Risk Behavior Survey (Antigo Unified School District) indicated that 21.1% of students drank alcohol (other than a few sips) for the first time before the age of 13 years. This is above the 2011 state average of 18.6%. Other school districts in the county were higher: 31.4% in Elcho and 32.1% in White Lake (2008 YRBS data). The 2013 survey also indicated that 23% of students from the Antigo district had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least 1 day during the 30 days before the survey.

Current activities so far during 2012 - 2013 school year have included: hosting a Strengthening Families training (7 families took part in the spring 2013 session), ongoing Parents Who Host Lose The Most promotional campaigns that occur during prom, graduation, and homecoming (all districts), and supervising over 100 students that are active members of the county SADD program.

Context

Describe why this objective was chosen and the selected outcome measure(s): This objective was chosen as a result data gathered from the Youth Risk Behavior Survey completed by the area school districts in Langlade County over the past 5 years. The surveys indicated that alcohol use and abuse in Langlade County was higher than surrounding counties in the Northern Region of the state. This objective is also reflected in our 2010-2015 Community Health Assessment and in the Community Health Improvement Plan.

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.

Evidenced based programs include: Parents Who Host Lose The Most, Family Matters, Strengthening Families (10 - 14 year olds), and Student Against Destructive Decisions will be implimented in the schools during the school year.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 2

Objective Value: \$1,064

<http://whatworksforhealth.wisc.edu/>

<http://www.popcenter.org/guides/>

<http://healthypeople.gov/2020/topicsobjectives2020/obr.aspx?topicId=40>

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

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

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

www.dhs.wisconsin.gov/substabase/index.htm

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 #: 24176

Agency: Langlade County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 2 of 2

Objective Value: \$1,000

Objective: Primary Details

Objective Statement

Injury Prevention

By August 31, 2014, Langlade County Health Department will implement 2 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: \$1,000

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

The current Langlade County Community Health Assessment (CHA) as well as the current Community Health Improvement Plan (CHIP: 2010 - 2015) will be utilized to determine baseline data. Activities will center around delivery of evidence based programs such as the Strengthening Families Program, Parents Who Host Lose The Most campaign, and the Teen Health Education Program (Teen Peers).

Context

Describe why this objective was chosen and selected outcome measure(s): Data from the current Community Health Assessment and the Community Health Improvement Plan (2010 - 2015) indicated the potential for injuries to youth related to inappropriate sexual behavior and the increasing bullying issues identified in schools. Outcome measures include reduction in reports of injuries related to inappropriate sexual behavior and school bullying.

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.healthypeople.gov/2020/topicsobjectives2020/ibr.aspx?topicId=24>

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

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

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24176

Agency: Lantlade County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 2 of 2

Objective Value: \$1,000

Evidence-based programs that will be utilized include: Family Matters, Strengthening Families (10 - 14 year olds), and Students Against Destructive Decisions. Provide community information on cyber-bullying and computer safety for families. These activities are components of the prevention or reduction of violence through classroom and community-based programs. Activities to include: instruction to Teen Peers and support/coaching of their presentations to middle-school age students. Informal instruction to include promotion of abstinence and alternatives to risky sexual behavior.

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 #: 24176
Program: Wisconsin Well Woman

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

Contract Year: 2014
Objective Value: \$15,561

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 45 Langlade 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 Langlade 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: \$15,561

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

From January 1, 2013 to October 10th, 2013, 86 women were enrolled in the WWWP and 33 were screened (partial year data reported with further enrollment/screening expected by end of contract year). Several women who would otherwise qualify for the WWWP have opted to enroll in the Badger Care program or seek participation in local hospital screening events and this has resulted in lower enrollment in the WWWP. Some women are on a two year screening schedule (upon advice from their physician) and not screened every year. Reminder letters have been sent to each woman enrolled; some have not responded or not available for contact/follow-up. Some women are on a schedule for screenings in November and December of the year and this data has not been captured in this report. Overall case load has decreased due to the various reasons noted above.

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

Outreach and program activities to include monthly news ads and articles in local media including Prime Times and Lifestyles (topic specific editions), monthly radio ads/promotions, monthly mailouts for recertification, telephone contact with women enrolled in WWWP, and coordination with medical providers.

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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