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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County whose principal business address is 210 Martin Luther King Jr Blvd, Rm 507, Madison WI, 53703. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

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

Profile IDs Subject to 6/12 th Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181005	TPCP-WIS-WINS
157000	WWWP	181012	Tobacco Prevention & Control Program

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

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 159221 is limited to January 1, 2014 through August 31, 2014. No expenses incurred after August 31, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014.

2. Final Report Dates

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

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

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

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

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 #: 24178 **Agency:** Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

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 #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Radon Indoor Radon RICs

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) Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.
- 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) Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and public health nurses.
- 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) Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.
- 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) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.
- 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) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.
 - B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
 - A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health

Contract Agreement Addendum: Exhibit I

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

care and cost-effective program administration.

- A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.
 - B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.
- 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) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.
- 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) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.
 - B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Contract Agreement Addendum: Exhibit I

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

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

Contract Agreement Addendum: Exhibit I

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

services and rescreening at appropriate intervals.

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Board of Health for Madison and Dane County on beh	Childhood Lead - Consolidated	\$30,520
Board of Health for Madison and Dane County on beh	HIV Prev PS and Linkages	\$41,000
Board of Health for Madison and Dane County on beh	Immunization - Consolidated IAP	\$100,814
Board of Health for Madison and Dane County on beh	Maternal Child Health - Consolidated	\$188,114
Board of Health for Madison and Dane County on beh	PHHS	\$12,310
Board of Health for Madison and Dane County on beh	Radon Regional Information Centers	\$10,998
Board of Health for Madison and Dane County on beh	TPCP-COM-INTRVN-LHD	\$131,842
Board of Health for Madison and Dane County on beh	TPCP-WIS-WINS	\$21,630
Board of Health for Madison and Dane County on beh	WIC USDA	\$1,164,154
Board of Health for Madison and Dane County on beh	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$80,447
	Contract Amount	\$1,781,829

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
HIV Prevention	\$0
Immunization	\$0
MCH	\$141,086
Prevention	\$0
Radon-RICs	\$0
Tobacco Prevent Control	\$0
Tobacco Prevent Control-Consolidated	\$0
WIC	\$0
Well Woman	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	\$0
HIV Prevention	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Prevention	None Reported	\$0
Radon-RICs	None Reported	\$0
Tobacco Prevent Control	None Reported	\$0
Tobacco Prevent Control-Consolidated	None Reported	\$0
WIC	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24178 Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

	Immunization	Program Total Value \$100,814	
1	By December 31, 2014, 73% of children residing in Dane County, WI who turn 24 months of age during 2014 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.		\$100,814
	MCH	Program Total Value \$188,114	
1	Template Objective 1		\$188,114
	By December 31, 2014, implementation activities, and evaluation/sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Public Health Madison and Dane County in collaboration with community partners focusing on safety/injury prevention.		
	Prevention	Program Total Value \$12,310	
1	Template Objective 1 - Alcohol Prevention		\$6,000
	By August 31, 2014, Public Health Madison & Dane County will implement 2 evidence based strategies to change community policies and norms related to alcohol use.		
2	Template Objective 7 - Mental Health and Suicide		\$6,310
	By August 31, 2014, Public Health Madison & Dane County will implement 4 evidence based strategies to support mental health and prevent suicide.		
	Radon-RICs	Program Total Value \$10,998	
1	This objective is for calendar year 2014.		\$10,998
	WIC	Program Total Value \$1,164,154	
1	During the contract budget period of January 1, 2014 through December 31, 2014, the Madison and Dane County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.		\$1,164,154
	Well Woman	Program Total Value \$80,447	
1	Template Objective 1:		\$80,447
	By December 31, 2014, (insert number) (insert name) County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.		
		Total of Contract Objective Values	\$1,556,837
		Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$100,814

Objective: Primary Details

Objective Statement

By December 31, 2014, 73% of children residing in Dane County, WI who turn 24 months of age during 2014 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 will 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, a report will be included, stating the accountability targets and the progress achieved including the activities and interventions conducted and any barriers that may have been identified.

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: \$100,814

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

73% of 6858 clients in this cohort met the above benchmark.

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 will be removed from the cohort for analysis. Unless PHMDC can prove that a child has moved out of Dane County, the child will not be removed from the cohort.

Context Continued

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value:
\$100,814

Input Activities

PHMDC will follow children through completion of primary immunizations and will monitor for receipt of all recommended childhood vaccines.

PHMDC will:

- * Contact parents of infants without immunization histories in WIR. If records are elsewhere, the agency will attempt to retrieve them. Parents will be updated on vaccines needed and resources for receiving them.
- * Send reminder-recall notices by automatic phone message system.
- * Send reminder-recall notices by mail to those without phone numbers in WIR.
- * Use other modalities for reminder/recall as available (e.g. email, text message)
- * Follow children through completion of primary immunizations.
- * Monitor for receipt of all recommended childhood vaccines. The department will not change an address for a client in the registry unless the address is verified.
- * Track progress toward meeting the immunization percentage objective
- * Monitor immunization data in Dane County to identify gaps in coverage
- * Share information with area health care providers and systems
- * Encourage immunization providers not now doing so to use WIR to look up clients, enter information, generate reports and do recalls/reminders
- * Contact private medical providers/systems about immunization errors found in clients' immunization records and provide related information and resources as needed.
- * Coordinate the Dane County Immunization Coalition (DCIC). Activities will include writing and distributing the Immunization Pearls newsletter for immunization providers countywide, organizing an annual Immunization Symposium to educate immunizers, organizing annual Grand Rounds to bring immunization updates to physicians in Dane County, identifying and promoting provider practices that improve immunization rates, addressing other immunization issues as they arise.
- * Work with other PHMDC programs to refer children to immunization resources, to identify those not up-to-date and/or with missing immunization records, to retrieve immunization records from elsewhere & recommend immunizations needed, to educate expectant parents and parents of young children about immunizations, to assure refugees are properly immunized
- * Provide free immunization clinics to improve access to immunizations for children without insurance or MA.
- * Encourage parents to gain access to their children's immunization records via WIR
- * Provide immunization information in other languages and provide interpreters to any person in need at the immunization clinics.
- * Follow the Wisconsin Immunization Program guidelines for removing a child from our cohort in WIR (minimum of 3 attempts to personally contact a responsible party; unless it can be proven that a child has moved out of Dane County, the child will not be removed from the cohort)

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value:
\$100,814

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$188,114

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, implementation activities, and evaluation/sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Public Health Madison and Dane County in collaboration with community partners focusing on safety/injury prevention.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A SPHERE Report and an analysis of the data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document: 1) Complete agency assessment of MCH Core Competencies, including initial which must be completed and entered in SPHERE by January 31, 2014 to be reviewed at mid-year, and updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015. 2) Documentation of participation in the MCH Annual Conference contract reporting deadline. 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 to document partners and contributions of each partner. 5) Documentation of the number of life course trainings held, audience, and the number of participants. 6) A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website and 7) A completed Wisconsin Healthiest Families Evaluation and Sustainability Report following the instructions found on the Early Childhood Systems website.

FOR CHILD PASSENGER SEAT INPUT: A SPHERE report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document: 1) the number of children ages birth through seven years who were properly positioned in a child car passenger seat system by their parents or other caregivers;

and 2) number of expecting parents who receive instruction on proper installation of child safety seat.

FOR CRIB EDUCATION INPUT: A SPHERE report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document implementation of a crib education program in Dane County and to include: 1) Identification of the community partners including any policy changes implemented within their respective organizations (i.e. hospitals, daycares etc.), 2) implementation or support of a crib education program for individuals/families and 3) the total number of families served and the number of cribs distributed.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$188,114

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Report to include data from the following tab/screen: 1) MCH Core Competencies. 2) MCH Conference Attendee List 3) Webinar Evaluation 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) SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework. Also will complete: 5) WHF Implementation Report and 6) WHF Evaluation and Sustainability Report.

FOR CHILD PASSENGER SEAT INPUT: SPHERE Individual/Household Report to include MCH Required Demographic Data and data from the following screens: Intervention: Screening, Sub-Intervention: Child Passenger Safety Seat (child) and Child Passenger Safety Seat (pregnant woman). If using the SafeKids form, the agency must also collect and report additional MCH Program required data; that is, the birth date and race of the child and health care coverage information.

FOR CRIB EDUCATION INPUT: SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields including the audience focus and results documented in the Results/Outcomes field); and appropriate

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178 **Agency:** Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** \$188,114

Intervention(s): Collaboration, Community Organizing, or Health Teaching, Sub-Intervention: Infant Safe Sleep Practices (with results if appropriate).

Baseline for Measurement

Coalitions: PHMDC is a member of the Safe Communities Coalition, Safe Kids Coalition, and the Dane County Safe Sleep Initiative. In 2013 PHMDC collaborated with the Dane County Safe Sleep Initiative, Safety Saturday, Safety Sunday, Pedestrian School Safety Program, SW Madison Neighborhood Community group, Dane County Poisoning Task Force.

Safe Sleep Initiative provided 10 Safe Sleep trainings for parents and professionals to assure a consistent safe sleep message is communicated. The Safe Sleep Initiative - Held 3 community meetings, finalized a safe sleep web page with key safe sleep messages, resources for parents, providers, information about the community group and resources for cribs. This initiative continued consultation with Kelly Mella, Ph.D. Chair & Associate Professor, Communication Studies, Edgewood College on developing a social marketing campaign. We conducted focus groups with 3 groups of minority mothers and 1 group of home visitors. Feedback from the focus groups is informing a social marketing campaign which will be in 2014. We did acquire additional grant funding for the Safe sleep campaign. We purchased 80 cribs and collaborated with the Kohls safety center at UW children's hospital to distribute and educate families.

Car seat Safety- Provide free car seat checks throughout the county to reduce injury from vehicle accidents. Checks include ensuring that the car seat has not been recalled, the seat is adjusted properly to fit the child, and the seat fits securely in the vehicle. Purchased 238 car seats and collaborated with the Fire departments and Safe Kids Coalition to provide car seat checks.

Pedestrian Safety - Collaborate with school and law enforcement partners to coordinate Walk Our Children to School Week, an initiative aimed at improving driver behavior and teaching children to be safe pedestrians. Also partner with schools and communities to develop a school traffic safety plan.

Partnered with Safe Kids Madison Area, Madison Metropolitan and Sun Prairie Area School Districts, Wisconsin Bike Fed and Rideshare, on safe walking to schools. Worked with 21 schools on "walk to school campaign". Pedestrian improvements work was done in Sun Prairie, collaboration with leaders (City Council President, School Superintendent, Police & Fire Chief, and Public Works & EMS Director)

SW Madison Violence Prevention: Use a Violence Prevention Model (Gardening/empowerment) in high risk neighborhoods to bring together residents, increase social capital, empower residents to work together to create a healthier home for all. Prevention strategies aim to reduce conflict, foster problem solving skills, and promote healthy relationships.

Gardens for Empowerment (G4E) is about transforming the physical environment of impoverished neighborhoods with the goals of violence prevention, increasing social capital, beautification, building local food systems, community organizing and empowerment, economic development, and youth leadership. Partners include Edgewood College, Youth Services of Southern WI, Dane County Cooperative Extension, UW Cooperative Extension, Madison Media Institute, Community Action Coalition

Poisoning task force: Prevent Poisoning. Strategies include, Reduce Access to Drugs, Reduce Inappropriate Prescription Use, Primary Prevention for Substance Abuse, Early Intervention, Treatment & Recovery, and Overdose Intervention. Task force held a Drug Poisoning Summit: Stop the Overdose Epidemic. Health care, drug and alcohol rehabilitation, law enforcement, education, judicial and public policy leaders provided updates on steps taken by Safe Communities partners to address Dane County's drug poisoning epidemic, and continued planning next steps. The task force received a grant from Wisconsin Department of Justice to fund a school, community and law enforcement partnership to deliver evidence-based prevention education to youth and families

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 #: 24178 **Agency:** Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** \$188,114

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value:
\$188,114

Step 3: Implementation ζ 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 ζ 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:

ζ 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.

ζ Participate in education to support the ongoing development of MCH Core Competencies.

ζ Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

ζ 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.

ζ Participate in MCH Program evaluation efforts throughout the contract year.

ζ Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.

ζ Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

1) Complete agency assessment of MCH Core Competencies, including initial which must be completed and entered in SPHERE by January 31, to be reviewed at mid-year, and updated in SPHERE by contract reporting deadline.

2) Participate in training and technical assistance as needed, to include one required state meeting.

3) Identification of partners and their contributions.

4) Training and/or information sharing on the Life Course Framework for public health providers and community partners.

5) maintain FIMR work including data abstraction, maternal interview, Case Review meetings, Sharing findings with community.

6) Partner with Child Death Review/ Medical Examiner office on CDR meetings/ findings.

7) Complete Implementation report for these activities that are focusing on Safety and Injury prevention. In 2014 PHMDC will implement and evaluate systems level work with stakeholders in several areas related to Safety and Injury Prevention. These areas include Child Passenger Safety, Safe Sleep, Pedestrian Safety, Violence Prevention, and Poisoning prevention.

Child Passenger Safety: Continuing 2013 efforts by providing car seats for car seat technicians to use during checks.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value:
\$188,114

Pedestrian Safety: Continued work on pedestrian safety activities in Sun Prairie and expand into Oregon.

Poisoning prevention: Continue work from 2013 with a 1)focus on policy initiatives such as the statewide Good Samaritan and Naloxone bills, as well as prescribers of opiates and statewide Good Samaritan law for 2014 2) neonatal abstinence syndrome; 3) lockboxes as a safety measure

Safe Sleep: Social Marketing Campaign efforts

Gardens for Empowerment/Violence Prevention: develop financial and organizational sustainability; long term outcomes of employment readiness for at-risk youth; increased resident capacity to grow healthier, more resilient neighborhoods.

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant

Objective #: 1 of 2

Objective Value: \$6,000

Objective: Primary Details

Objective Statement

Template Objective 1 - Alcohol Prevention

By August 31, 2014, Public Health Madison & Dane County will implement 2 evidence based strategies to change community policies and norms related to alcohol use.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

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

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$6,000

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

Long-term: Measure of difference between actual and predicated violent crimes based on the relationship between the crimes, alcohol outlet density, and low household income.

Short-term: meetings with police, evidence based strategies discussed, stakeholders engaged.

Context

Alcohol misuse is a wide-spread and growing public health problem for Wisconsin and Dane County. According to Healthiest Wisconsin 2020 and CDC data, alcohol ranks high in Wisconsin as a cause of death (fourth behind heart disease, cancer & stroke); youth & adult binge drinking; and adults who have driven drunk, among other indicators. 2012 Dane County Youth Assessment (DCYA) data finds an undesirable increasing trend of high school youth binge drinking from 2009.

PHMDC and our partners have studied the relationship between alcohol outlet density and violent crimes in Dane County. The results of the study indicate a clear relationship between high numbers of alcohol outlets and violent crimes in the City of Madison. Other study results show the highest difference between actual and predicated violent crimes based on the relationship between the crimes, alcohol outlet density, and low household income in two other Dane County communities; Fitchburg and Deforest.

Context Continued

Input Activities

- 1) Deforest: present findings to Deforest Police Department; offer information about evidence based strategies to address the problems; potentially explore collaboratively engaging other community stakeholders to share study finding and implement strategies.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant

Objective #: 1 of 2

Objective Value: \$6,000

2) Fitchburg: present findings to Fitchburg Police Department; offer information about evidence based strategies to address the problems; potentially explore collaboratively engaging other community stakeholders to share study finding and implement strategies.

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant

Objective #: 2 of 2

Objective Value: \$6,310

Objective: Primary Details

Objective Statement

Template Objective 7 - Mental Health and Suicide

By August 31, 2014, Public Health Madison & Dane County will implement 4 evidence based strategies to support mental health and prevent suicide.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

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

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$6,310

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

When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States, Canada, and Western Europe (WHO Report 2001). One out of five people, or 20 percent of the population, will experience a mental health problem of some type during a one-year period (Robins and Regier, 1991). Serious mental illness costs Americans at least \$193 billion a year in lost earnings alone (Kessler et al., 2008). Lost earnings are just one aspect of the total economic burden, which also includes direct treatment costs such as medications and physicians care (Kessler, 2008). Mental health disorders are an enormous social and economic burden to society by themselves, but are also associated with increases in the risk of physical illness (World Health Organization, 2009).

Mental and physical health are closely connected. Mental health disorders are associated with increased rates of chronic health problems and risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence. In the U.S., persons with mental illnesses represent an estimated 44.3 percent of the tobacco market and are nicotine dependent at rates that are 2-3 times higher than the general population (Grant et al., 2004; Lasser, 2000). Data show that mental health clients treated in publicly funded systems of care have high rates of smoking-related medical illnesses (Grant, 2004) and premature death, resulting in as much as 25 years of potential life lost compared to the general population (Colton and Manderscheid, 2006). Moreover, evidence suggests that the profoundly negative effects of poor mental health on physical health are not unique to those with the fewest resources, but are also evident among adults with mental health problems in the wider population. Among Wisconsin adults, the burden of chronic physical disease falls heavily on those with mental health problems, as evidenced by comparatively higher rates of cardiovascular disease and diabetes. In addition, treatment for mental health problems is lacking for a large portion of those who need it (Wisconsin Department of Health Services, 2009).

Wisconsin Data Highlights:

02/17/2014 10:38 AM

DPH Grants and Contracts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178 **Agency:** Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 2 of 2 **Objective Value:** \$6,310

* 36% of Wisconsin adults with serious psychological distress were current smokers, compared with 18% of adults without serious psychological distress. (BRFS, 2007)

* 44% of adults with serious psychological distress were obese, versus 25% of those without sensory processing disorders. (BRFS, 2007)

* Among adults with serious psychological distress, 49% received mental health treatment or medication. (BRFS, 2007)

* Frequent mental distress was more prevalent among Wisconsin Hispanics (17%),

American Indians (14%), and African Americans (15%) compared to Whites(8%). (BRFS, 2006-2008).

* Suicide rates in Wisconsin were highest among American Indians compared to other race/ethnicity groups, 16.6 per 100,000 population versus 7.1, Blacks/African American, 6.1, Asian/Pacific, 5.6, Hispanics/Latinos, and 12.1, White. (Wisconsin Resident Death Certificates, unpublished data for 2001-2006)

* Women in Wisconsin were more likely to have past-month serious psychological distress

than men, and adults with low educational attainment (less than high school) and low-incomes (less than \$25,000 in household income) had a higher prevalence of serious psychological distress than those with more education and higher-incomes. (BRFS, 2007)

* Wisconsin high school girls were nearly twice as likely as boys (30% versus 16%) to have experienced symptoms of depression for two weeks or more in a row in the past 12 months. (Youth Risk Behavior Survey (YRBS), 2007)

* 41% of gay, lesbian, and bisexual youth considered suicide in the past 12 months, compared with 17% of youth with only opposite sex contact. (YRBS, 2007)

Context Continued

Input Activities

PHMDC will conduct an assessment of the mental health system in Dane County in order to identify assets, gaps, stakeholders, and next steps.

- 1) Identify, collect and analyze relevant quantitative data, including socioeconomic determinant data. (BRFS, YBRFS, DCYA)
- 2) Conduct an environmental scan to identify relevant policies and practices, current activities, partners, resources, efforts, system users, etc, and to collect qualitative data.
- 3) Conduct a literature review re community mental health, public health and mental health efforts, policy and environmental implications, and evidence-based practices.
- 4) Engage stakeholders including policymakers and residents, in conversations about findings, evidence, and next steps.

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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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Preventive Health and Health Services Block Grant

Objective #: 2 of 2

Objective Value: \$6,310

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$10,998

Objective: Primary Details

Objective Statement

This objective is for calendar year 2014.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/14 and 1/31/15 to the Division of Public Health, document the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

Programs Providing Funds for this Objective

Radon Indoor Radon RICs: \$10,998

Agency Funds for this Objective:

Data Source for Measurement

Agency records:

Report of DHS bi-annually on the: number of media responses to news releases and other outreach with journal publications and broadcasts: journal and/or broadcast station names; the dates, lengths, and scanned images or the media's website versions of the stories. For Outreach to Professional, Trade and Other Groups needing to know about radon for their work: names of meetings and shows, venues, dates, attendance, and supporting information like announcements and agendas. For Response to Requests for Radon Information and Consulting: A tally of public requests from all channels: telephone, email, walk-in, etc. For Radon Proficiency Certification: Who at the agency is currently certified for radon measurement and mitigation proficiency. For Training and Stocking of Cooperating Local Agencies: A list of local public health agencies in the region and how they are trained and stocked with handouts, detectors and literature as appropriate, with brief information on what they have done. For Statewide and Regional Meetings: meetings RIC staff attended. For Database Development: Summary of measurement results added to the database. Field Site Visits: Number of sites visited.

Baseline for Measurement

Context

These activities shall be completed in 2014: 1) **OUTREACH VIA MEDIA:** Staff will have issued news releases and other public outreach, stimulating reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by other LPHAs, WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the RIC telephone number and state website address, www.lowradon.org. 2) **OUTREACH TO PROFESSIONAL AND TRADE GROUPS:** Presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) **RESPONSE TO REQUESTS FOR RADON INFORMATION:** Respond to public requests for radon information and consulting. 4) **RADON PROFICIENCY CERTIFICATION:** National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon, unless they have attended all recent annual RIC meetings, in which case after eight years of an individual being certified they may let their certification lapse. 5) **TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES:** Staff will train cooperating local public health agencies in their region as interest arises and help with follow-up for elevated measurement results as needed. 6) **MEETINGS:** Staff will attend statewide conference calls and meetings of RICs and DPH. 7) **DATABASE DEVELOPMENT:** Staff will have add new results of radon measurements that they facilitated to a database. 8) **FIELD SITE VISITS:** Staff will visit sites to consult and become informed about challenging radon mitigations or measurements as funding and schedules permit.

Context Continued

Input Activities

See Context above.

Objective: Risk Profile

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Radon Indoor Radon RICs

Objective #: 1 of 1

Objective Value: \$10,998

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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$1,164,154

Objective: Primary Details

Objective Statement

During the contract budget period of January 1, 2014 through December 31, 2014, the Madison and Dane 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. Initial caseload will be 6,438.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$1,164,154

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports.

Baseline for Measurement

Current caseload is ___ 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%
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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 #: 24178

Agency: Board of Health for Madison and Dane County on behalf of Public Health Madison and Dane County

Contract Year: 2014

Program: Wisconsin Well Woman

Objective #: 1 of 1

Objective Value: \$80,447

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, (insert number) (insert name) County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of (insert name) County residents ages 35-64 years who received screening services through the Wisconsin Well Woman Program.

Programs Providing Funds for this Objective

Wisconsin Well Woman: \$80,447

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

Context

Screening services supported by the Wisconsin Well Woman Program include breast cancer and cervical cancer. Refer to the program boundary statement and program updates for exceptions for women ages 35-44.

The Wisconsin Well Woman Program also provides staged assessment for Multiple Sclerosis for high risk women.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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2014 HIV Prevention Contract: Special Provisions

As noted in Section XXIV of your 2014 contract, *Special Provisions*, HIV prevention and testing programs must be carried out in accordance with the policies, procedures and guidelines generated by the Wisconsin DHS AIDS/HIV Program.

Summaries of some key policies and procedures are listed below. The full text of policies, procedures and guidelines are available through the listed internet links, and/or by request to your Program Contact Monitor.

Fiscal Management

- I. As in previous years, contract billing and fiscal management of these contracts will be managed through the Department's *Community Aids Reporting System (CARS)*. When you receive your contract for signature, carefully review the *CARS Payment Information* section and contact your contract monitor immediately if any of the information is out-of-date or needs to be corrected. Information about CARS can be found at <http://www.dhs.wisconsin.gov/bfs/CARS/index.htm>.
- II. Contract funds are to support activities outlined in the contract agreement, and should not support activities that fall outside the agreement or are already supported by other sources.
- III. All contractees receiving grants of \$25,000 or above are required to perform an audit on an annual basis, as determined by the contractee's fiscal year.
- IV. Materials provided by the state for program use - including but not limited to HIV test kits and condoms - are *not* to be re-sold or charged for use when services are provided to individuals or agencies.
- V. Additional information about *allowable costs*, *audits* and other fiscal policies can be found in the *Fiscal Management Manual*, available at:

<http://dhsweb.dhs.wistate.us/fiscal/ADMIN/FiscalManuals.htm>.

Staffing

- I. **Staffing plans** – Your proposed 2014 budget should include complete staffing information. For each position supported with HIV Prevention contract funds in 2014, your budget should reflect:
 - o TITLE of the position being funded
 - o NAME of the current staff person in each position
 - o TIME this person will spend on contract activities (as % of full time employee [FTE] based on a 40-hour work week). If your agency will institute employee furloughs, temporary salary reductions or similar mechanisms as a cost-saving measure in 2014, your budget should indicate the *actual* staff time/salary for each employee *AFTER* the application of any anticipated cost-saving measures.

II. **Mid-year staff changes** - notifying AIDS/HIV Program staff promptly about staff changes is a contractual obligation. Contractees are asked to comply with the following guidelines:

- 1) Inform your Contract Monitor *within 48 hours* upon the departure of any staff person (including volunteers) with *Evaluation Web* access. This is vital to ensure the security of *EvaluationWeb* data.
- 2) Inform your Contract Monitor within 10 working days of the departure of any staff named in your agency's *2014 Intervention Plan* or listed on your agency's 2014 budget.
- 3) For any position left unfilled for 60 calendar days, agencies will be contacted by their Contract Monitor to collaboratively develop a staff recruitment plan and/or budget revision to ensure continuity of coverage for prevention program efforts.
- 4) As per section XVI(3) of the contract, budget changes with the potential to impact program performance, including staff changes, must be communicated promptly to your Contract Monitor. Agencies submitting billing for staff positions that are not currently filled are in danger of violation of their contract terms, and subject to potential penalties including termination of the contract.

Protecting the health and wellbeing of minors

- I. **HIV Testing and Disclosure**- As per Wisconsin statute 252.15 (2m)(c), and as affirmed in *2009 Wisconsin Act 209*, minors over the age of 14 are considered authorized to consent for their own HIV testing, and test results must be provided only to the minor or their authorized representative, and *"...only the minor or his or her authorized representative may consent to or decline an HIV test. In addition, with regard to such a minor, only the minor or his or her authorized representative may exercise the test subject's authority to disclose the HIV test results."*
- II. **Implementation of Trauma Informed Care (TIC) - addressing adverse childhood experiences (ACEs)** Abuse, neglect and household dysfunction during a person's first 18 years of life has been shown to have a lasting impact on their health and wellbeing throughout adulthood. As part of addressing the social determinants of HIV risk, the Program will be working with providers to address the following recommendations from the *Wisconsin Children's Trust Fund ACEs report*
(<http://wichildrenstrustfund.org/index.php?section=adverse-childhood>.)
 - Increase awareness of ACEs and their impact on health and well-being.
 - Increase assessment of and response to ACEs in health care settings.
 - Enhance the capacity of communities to prevent and respond to ACEs.
 - Continue to collect Wisconsin-specific data on the relationship between ACEs and health outcomes.

Contractees will be expected to participate in the development of *Trauma Informed Care* protocols for their agency, including attending trainings and meetings as required by the AIDS/HIV Program.

- All new agency staff who routinely have client contact will be required to watch the Program's webinar series on *Adverse Childhood Experiences (ACEs)* and *Trauma Informed Care (TIC)* as part of their orientation process. This should be completed within 30 days of the new employee's start date.
- Selected staff will be required to attend periodic trainings on development and implementation of TIC protocols during the 2014 grant year. Agencies should select staff members who conduct mental health assessments and services to clients. The list of staff to attend must be approved by the Contract Monitor.

Service Delivery and Data Security Policy and Procedures

- I. Providers are required to be familiar with the policies, procedures and guidelines appropriate to the HIV prevention services they are delivering under this contract.
- II. All users of *EvaluationWeb* need to review and sign the CDC's *Rules of Behavior for CDC Data Systems Users*. A copy of this document can be found on the *EvaluationWeb* login page.
- III. Providers delivering CTR services must do so in compliance with the *CTR Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- IV. Providers delivering rapid result HIV testing services must do so in compliance with the *Rapid HIV Testing Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- V. Providers delivering HIV Partner Services must do so in compliance with the *HIV Partner Services Policy and Procedure Guidelines* developed by the AIDS/HIV Program.
- VI. All providers developing materials utilizing grant funds – including audiovisual, print and web-based education - must follow the *Materials Development and Review* guidelines developed by the AIDS/HIV Program.
- VII. Providers must record program activities utilizing *EvaluationWeb* and/or *HIV PS Web* as instructed, and following the *Data Recording and Reporting Procedure* developed by the AIDS/HIV Program.
- VIII. Copies of all the current policy, procedure and reporting guidelines can be found at

<https://wi-ew.lutherconsulting.com/Wisconsin/>

**Wisconsin Tobacco Prevention and Control Program (TPCP)
Multi-Jurisdictional Local Tobacco Control Coalitions**

**Boundary Statement and Work Plan
January 1, 2014 to December 31, 2014**

The TPCP has identified a Boundary Statement that sets the parameters of the program within which the funded agency will need to operate to accomplish its objectives.

The purpose of the comprehensive TPCP is to aggressively address the burden of tobacco use and exposure in Wisconsin communities. The overall Program goals are to (1) prevent the initiation of tobacco use by adults and youth, (2) eliminate the exposure to secondhand smoke, (3) promote the use of evidence-based treating tobacco dependence efforts and (4) address tobacco-related disparities. Community Intervention/WI Wins funding will support the building of community capacity within multi-jurisdictional coalitions (MJC) to achieve tobacco prevention and control policies.

- The five year funding cycle is from 2010 to 2014. TPCP conducts performance reviews with funded agencies to determine eligibility and continuation of funding. 2014 is the fifth year in the funding cycle.
- Accountability and performance will be reviewed by TPCP staff utilizing TPCP identified data collection methods, including quarterly entry of completed activities into the on-line Activity Tracker.

The TPCP adheres to the Centers for Disease Control and Prevention (CDC) Best Practices which have “demonstrated the importance of community support and involvement at the grassroots level in implementing several of the most highly effective policy interventions.” The CDC states that “evidence indicates that implementing policies that promote a change in social norms appear to be the most effective approach for sustained behavior change.” Best or promising practices to achieve outcomes utilize population-based approaches emphasizing policy and environmental strategies. MJs must use best or promising practices designed to change environments and develop policies that promote tobacco-free lifestyles.

Requirements

- Comply with all TPCP MJC lead agency requirements and maintain an active, supportive and diverse coalition membership as defined in the TPCP lead agency requirement document.
- Strategically determine jurisdictions in which to conduct work plan activities utilizing criteria such as policy priorities, tobacco-related disparities, resources and community partnerships. It is not acceptable to conduct all activities in only one jurisdiction or community.
- Serve as both the fiscal agent and the lead agency responsible for implementing and evaluating the work of the MJC.
- Subcontracting is allowable for a maximum of 10% of the Community Interventions allocation with prior review and approval of all subcontracts by the TPCP Contract Administrator.
- Have no affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent organization.
- Use TPCP contract funds to support a minimum of one .75 staff position to serve as the MJC coordinator and the primary contact with the TPCP.
 - Participate in all required TPCP or other tobacco control trainings, meetings and technical assistance efforts.
 - Additional positions, consultants and personnel subcontracts require prior TPCP contract administrator approval.
- Implement 5 required objectives.
 - Required Objectives
 - MJC Development and Maintenance
 - Program Sustainability
 - Youth Involvement and Support
 - Policy
 - WI Wins
 - The TPCP may revise and/or add required objectives, strategies and/or activities in response to tobacco prevention and control emerging priorities.
- Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.
- Participate in regular contract administration meetings and teleconferences.
- Submit timely responses to TPCP requests for information and reporting utilizing required formats.
- Integrate efforts to eliminate tobacco-related disparities in work plan activities.
- Communicate and collaborate with other MJs, WHEALTH (Wisconsin Health Equity Alliance eEliminating Tobacco Harm) and state partners.

- Incorporate the promotion of treating tobacco dependence services including:
 - Wisconsin Tobacco Quit Line
 - Striving to Quit
 - N-O-T (Not On Tobacco)
 - First Breath
 - Affordable Care Act (ACA)
 - Local community based treatment options listed on www.medicine.wisc.edu/quitline/programs/
 - National Treatment Resources
 - [National Networks Social Support and Services Tools](#)
 - [American Lung Association Freedom From Smoking](#)
- Recognize the TPCP as the source of funding on program reports and publications and when providing tobacco control presentations at local, state or national workshops or conferences. The following statement must be used:
 - *This program is funded by the Wisconsin Tobacco Prevention and Control Program, Division of Public Health, Wisconsin Department of Health Services.*

Wisconsin Wins (WI Wins) Requirements

- Contract for the WI Wins allocation for the jurisdictions that the MJC covers.
 - Subcontracting is allowable with prior review and approval of the subcontract by the TPCP Contract Administrator.
 - Funding is determined based on the number of compliance checks allocated for the jurisdictions the MJC covers.
- Implement required activities
 - Conduct compliance checks using the standard protocol
 - Involvement of local law enforcement agencies
 - Conduct 4 media outreach and 4 public outreach activities for each county
 - Enter data quarterly using the on-line WI Wins system
 - Participate in any required WI Wins trainings and/or webinars

Unacceptable Activities:

- Direct and indirect lobbying
- Provision of tobacco prevention or treatment services of any kind including:
 - Primary tobacco prevention educational endeavors
 - Community-based cessation classes and/or services
 - School-based cessation classes and/or services
 - General teaching or counseling positions or services
- Provision of treating tobacco dependence services or pharmacotherapies
- Paid media (including WI Wins)

State Health Plan, Healthiest Wisconsin

All funding provided through the TPCP must link to and support the goals and objectives of the Wisconsin State Health Plan.

References:

Federal Regulations/Guidelines:

- 2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke, <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- CDC Best Practices for Comprehensive Tobacco Control Programs, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf
- Clinical Practices Guideline: Treating Tobacco Use and Dependence, 2008 Update, <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hsahcpr&part=A28163>
- The Guide to Community Preventive Services: Tobacco Use, <http://www.thecommunityguide.org/tobacco/index.html>
- U.S. Food and Drug Administration, <http://www.fda.gov/TobaccoProducts/default.htm>
- 2012 Surgeon General's Report on Preventing Tobacco Use Among Youth and Young Adults, <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>

State of Wisconsin Statutes:

- Wisconsin Act 12 which prohibits smoking in several enclosed places (Wis. Stat. § 101.123). A summary of Act 12 is available at the Legislative Council Web site at: http://legis.wisconsin.gov/lc/publications/im/im_2010_07.pdf
- Tobacco Retailer Compliance with Wisconsin Law (Wis. Stat. § 134.66)
- Tobacco Compliance Investigations Law (Wis. Stat. § 254.916)

TPCP Policies/Guidance:

- Bringing Everyone Along: A Strategic Plan to Eliminate Tobacco-Related Disparities in Wisconsin, <http://dhs.wisconsin.gov/tobacco/pdffiles/DHSReport2008LowRes.pdf>
- 2009-2014 Wisconsin Tobacco Prevention and Control Plan, <http://www.tobwis.org/Media/Content/TobaccoStatePlan2009-2014.pdf>
- Wisconsin State Health Plan: Healthiest Wisconsin 2020, <http://www.dhs.wisconsin.gov/hw2020/>

Agency Name: Public Health Madison Dane County (Tobacco Free Columbia Dane County Coalition)

Contract Period: January 1, 2014 - December 31, 2014

Required Objective 1: Multi-Jurisdictional Coalition (MJC) Development and Maintenance

Objective Statement:

By December 31, 2014, three strategies to support multi-jurisdictional coalition development and maintenance will be implemented.

TPCP 2009-2014 Goal Area and Objective Addressed:

- Infrastructure Plan—Training and Technical Assistance and Consultation Objective #C3: By March 31, 2014, training and technical assistance efforts will be implemented to support the needs of multi-jurisdictional coalitions, local public health departments and other contracted agencies.

Reporting:

Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.

Required Strategies	Negotiable Activities <i>For Strategies 1 and 2, identify Short-Term Outcomes and 3-5 Activities** For Strategy 3, identify Short-Term Outcomes and 1-2 Activities**</i>
1. Continued Development and Maintenance of a Functioning MJC <i>Short-Term Outcomes*:</i> <i>Increase and Strengthen MJC Processes and Communication</i>	1.1 Hold 4 Coalition Advisory Board meetings and increase board membership by 1 member
	1.2 Update supporter list and coalition members regularly with the latest best practice and tobacco prevention-related research (in-person meetings, email blasts, etc.)
	1.3 Conduct coalition recognition and celebration activity(ies), including media outreach
	1.4 Update coalition bylaws
2. Recruit and Actively Engage Coalition Members <i>Short-Term Outcomes*:</i> <i>Increase membership and involvement by 7 new members</i>	2.1 Build a partnership with 3 community hospitals (Meriter, UW and St. Mary's)
	2.2 Strategically assess and identify one new community organization to develop a relationship with
	2.3 Hold two one-on-one orientation meetings
	2.4 Conduct skill-based trainings and/or workshops for coalition members (storytelling, LTE drafting, spokesperson, etc.)
	2.5
3. Collaborate with a local partner to address tobacco related disparities <i>Short-Term Outcomes*:</i> <i>Strengthened partnership with Spark group at UW-Madison</i>	3.1 Provide resources and support to UW-Madison Tobacco Prevention and Control Campus Coalition
	3.2 Collaborate with Spark program coordinator on outreach and education efforts
	3.3 Engage a UW-Madison campus member in MJC activities

*A Short-Term Outcome must be achievable in 12 months, reflect a process and be measurable

*See Addendum I

Agency Name: Public Health Madison Dane County (Tobacco Free Columbia Dane County Coalition)

Contract Period: January 1, 2014 - December 31, 2014

Required Objective 2: Program Sustainability

Objective Statement:

By December 31, 2014, three strategies in support of tobacco control program sustainability will be implemented with the active involvement of coalition members.

TPCP 2009-2014 Goal Area and Objective Addressed:

- Infrastructure Plan—Sustainability Objective #F1: By March 31, 2014, the Sustaining States Initiative will implement a sustainability plan for the TPCP.
- Infrastructure Plan—Sustainability Objective #F2: By March 31, 2014, the TPCP will require all local and statewide grantees to include a sustainability objective in their annual action plan or work plan.

Reporting:

Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.

Required Strategies	Required Activities
<p>1. Outreach and Education to Local and State Leaders</p>	<p>1.1 Coordinate 3 personal meetings to provide education and resources to state leaders</p> <ul style="list-style-type: none"> • Collaborate with state partners on sustainability efforts • Meetings are required to include constituents from leader's district <p>1.2 Conduct 5 introductory informational outreach meetings with state leaders</p> <ul style="list-style-type: none"> • Collaborate with state partners on sustainability efforts • Meetings are required to include constituents from leader's district <p>1.3 Conduct 6 varied communications to key grasstop leaders (policy makers, business leaders, etc.)</p> <ul style="list-style-type: none"> • Communications must include at least 3 different methods such as: personal letters, newsletters, press clippings, photographs of community events, recent publications from national organizations, etc. <p>1.4 Organize 1 community event (legislative forums, women of influence events or legislative breakfasts, etc.)</p> <p>1.5 As directed and in collaboration with TPCP and state partners, address smoke-free air enforcement issues</p>
<p>2. Media Advocacy</p>	<p>2.1 Engage coalition members to conduct monthly media outreach and generate earned media</p> <ul style="list-style-type: none"> • Best practice dictates personalizing template media communications • Examples of media outreach include: press releases, letters to the editors, feature stories, guest columns, editorial board visits, etc.
<p>3. Completion of Stakeholder Assessment</p>	<p>3.1 Maintain a list of current state leaders</p> <p>3.2 Maintain a list of current media outlets</p>

Agency Name: Public Health Madison Dane County (Tobacco Free Columbia Dane County Coalition)

Contract Period: January 1, 2014 - December 31, 2014

Required Objective 3: Youth Involvement and Support

Objective Statement:

By December 31, 2014, three strategies to actively engage 1 FACT youth group in support of tobacco control policy and sustainability activities will be implemented.

TPCP 2009-2014 Goal Area and Objective Addressed:

- Youth Objective #18: By March 31, 2014, the percentage of tobacco use among middle school youth will decrease from 7% in 2008 to 4%.
- Youth Objective #19: By March 31, 2014, the percentage of tobacco use among high school youth will decrease from 28% in 2008 to 15%.

Reporting:

Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.

Required Strategies	Required Activities
<p>1. Development and/or Maintenance of an Active FACT Group</p>	<p>1.1 Hold a minimum of 9 FACT meetings</p> <p>1.2 Conduct 9 FACTivisms involving a minimum of 3 youth per FACTivism throughout the contract period*</p> <ul style="list-style-type: none"> • Required to use FACTivism supplies provided by FACT; may also conduct additional FACTivisms* • FACTivisms must engage FACT members and reach non-FACT members <p>1.3 Strategically recruit 20 new members to join your identified FACT group</p> <p>1.4 Assure monthly youth reporting of all FACTivisms on FightwithFACT.com</p>
<p>2. Outreach and Education to State Leaders</p>	<p>2.1 Engage FACT youth in 2 personal meetings to educate state legislators</p> <p>2.2 Engage FACT youth in 2 MJC activities, such as active participation in meetings and events</p>
<p>3. Media Advocacy</p>	<p>3.1 Assist youth in garnering 3 earned media hits (television, radio and newspaper, including online versions) as a direct result of the implementation of the FACTivisms and/or the outreach and education of state leaders</p> <ul style="list-style-type: none"> • Youth must be actively engaged in garnering earned media (writing LTE or press release, submitting photo and caption, contacting media to attend FACTivism/event, providing interviews, etc.)

** Acceptable FACTivisms that support the 2014 FACT campaign theme and messaging are listed in Addendum II. This list contains many approved FACTivisms to keep groups active year-round. FACT applauds originality and understands its members create unique FACTivisms on a regular basis. To make sure original FACTivisms will officially qualify toward this objective, contact the FACT Field Guru for prior approval and technical assistance.*

Agency Name: Public Health Madison Dane County (Tobacco Free Columbia Dane County Coalition)

Contract Period: January 1, 2014 - December 31, 2014

Objective 4: Policy	
Objective Statement: By December 31, 2014, two strategies to develop public health policy will be implemented with the active involvement of coalition members.	
<p>TPCP 2009-2014 Goal Area and Objective Addressed:</p> <ul style="list-style-type: none"> ▪ Youth Objective #18: By March 31, 2014, the percentage of tobacco use among middle school youth will decrease from 7% in 2008 to 4%. ▪ Youth Objective #19: By March 31, 2014, the percentage of tobacco use among high school youth will decrease from 28% in 2008 to 15%. 	
Reporting: Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.	
Strategies	Activities
Other Tobacco Products (OTP) <i>OTP Strategies and Activities are required. Numbers in the activities are negotiable.</i>	
1. OTP - Outreach and Education to Local and State Leaders	<p>1.1 Strategically identify and conduct 8 presentations utilizing the TPCP OTP power point or the educational components of the OTP power point to educate members of local organizations or agencies including local and state governments</p> <ul style="list-style-type: none"> • Recruit and train coalition members to conduct at least 4 of the 8 presentations <p>1.2 Strategically conduct and share information from an environmental scan with local and state leaders (via presentations, personal meetings, newsletters, etc.)</p> <ul style="list-style-type: none"> • Recruit coalition members to conduct and share the environmental scan
2. OTP - Media Advocacy	<p>2.1 Engage coalition members to conduct quarterly media outreach and generate earned media</p> <ul style="list-style-type: none"> • Best practice dictates personalizing template media communications • Examples of media outreach include: press releases, letters to the editors, feature stories, guest columns, editorial board visits, etc.

Agency Name: Public Health Madison Dane County (Tobacco Free Columbia Dane County Coalition)

Contract Period: January 1, 2014 - December 31, 2014

Required Objective 5: Wisconsin Wins

Objective Statement:

By December 31, 2014, 309 compliance investigations at licensed tobacco retail vendors, 4 related public outreach activities and 4 related media outreach activities in each MJC county will be implemented according to the prescribed schedule.

TPCP 2009-2014 Goal Area and Objective Addressed:

- Youth Objective #16: By March 31, 2014, the percentage of middle school youth who report ever using any form of tobacco will decrease from 24% in 2008 to 15%.
- Youth Objective #17: By March 31, 2014, the percentage of high school youth who report ever using any form of tobacco will decrease from 55% in 2008 to 44%.

Reporting:

Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the on-line WI Wins data system.

Required Activities

1. Conduct compliance investigations* throughout the year.
 - A compliance investigation must use positive reinforcement (per guidance from SAMHSA/CSAP) designed to support retailers who refuse sales to underage youth and educate those who would sell to minors about the legal and health consequences of such sales.
 - Twenty percent (20%) of the total number of compliance checks must include investigations in bars & grills, taverns, liquor stores, bowling alleys, resorts and golf courses.
2. Municipal or county level law enforcement agencies must be actively involved in collaborative efforts with all WI Wins tobacco compliance inspections.
3. 4 related media outreach and 4 related public outreach activities in each MJC county must be completed throughout the year using the WI Wins listing of acceptable media outreach and public outreach activities**.
 - Activities not on this list must be approved by the Youth Access Program Coordinator prior to being implemented.
 - A variety of outreach activities must be conducted throughout the year rather than conducting the same activity multiple times.
4. Compliance data along with public and media outreach activities must be entered into the WI Wins online data system within 15 days of the end of the calendar quarter.

*See Addendum III

**See Addendum IV

Addendum I

2014 Coalition and Network Development and Maintenance Addendum

*"If you want to move people, it has to be toward a vision that's positive for them, that taps important values, that gets them something they desire, and it has to be presented in a compelling way that they feel inspired to follow."
—Dr. Martin Luther King, Jr.*

Below is a menu of potential options to select from to help complete the negotiation of activities for objective 1 – Multi-Jurisdictional Coalition/Network Development and Maintenance. Unique activities can be proposed and approved through consultation with your contract administrator.

Coalition/Network Development and Maintenance Activities:

- Hold X number of executive/leadership team meetings
- Formalize a coalition/network structure (mission, vision, bylaws, leadership team)
- Draft a coalition communication plan
- Provide updates to supporter lists and coalition members regularly with the latest best practice and tobacco prevention-related research (in-person meetings, email blasts, etc.)
- Execute action-based coalition meetings
- Develop a volunteer orientation process
- Distribute a (quarterly or monthly) newsletter
- Conduct coalition recognition and celebration activity(ies), including media outreach
- Conduct regular evaluation of coalition activities (member feedback through surveys, informal discussion, etc.)
- Development and use of a coalition membership commitment form
- Establish and strengthen relationship(s) with media

Coalition/Network Recruitment and Engagement Activities:

Recruitment

- Hold X one-on-one member recruitment meetings
- Engage coalition members in the implementation of the strategic recruitment plan (SRP)
- Build a strategic partnership with a new community agency or organization
- Host a small group gathering in partnership with community members (porch gatherings, coffee meetings, etc.)
- Implement a supporter list needs assessment survey
- Strategically network with other community groups or organizations

Engagement

- Host X one-on-one new coalition member orientation meetings
- Engage coalition members in a phone banking session of coalition's supporter list
- Expand and strengthen an existing partnership with a community agency or organization
- Develop and recruit for coalition positions for member engagement (media tracker, community greeter, newsletter editor, new product watch captain, WI Wins outreach cards, etc.)
- Conduct skill-based trainings and/or workshops for coalition members (storytelling, LTE drafting, spokesperson, etc.)
- Develop and implement a coalition member engagement strategy, to include specific tasks and activities

Addendum II
2014 FACTivisms Addendum

Acceptable FACTivisms that support the 2014 FACT campaign theme and messaging are listed below. This list contains many approved FACTivisms to keep groups active year-round. FACT applauds originality and understands its members create unique FACTivisms on a regular basis. To make sure original FACTivisms will officially qualify toward this objective, contact the FACT Field Guru for prior approval and technical assistance.

FACTivisms and their descriptions in italics can be found in either Kit 1.0, 2.0, 3.0 or 4.0.

Announce It – Members spread the FACT message by creating a Manipulicious automatic email signature or outgoing voicemail message.

Avatar Action – Members switch their online avatars and profile images on Facebook, Twitter, IM or anywhere they wander on the Web to the FACT logo.

Be a Fan – Members use Facebook to get everyone they know excited about the FACT Movement's Manipulicious campaign.

Be an Internet Sensation – Members take a swipe at Big Tobacco by having writing and performing their original Manipulicious song in front of a video camera and posting it online.

Big Button Bonanza – Members create buttons and write a number of catchy expressions or symbols that encompass FACT's key messages and distribute them to other teens.

Big Tobacco Trash – *Members stuff bags with "filler," such as recycled paper or leaves, to create a large visual that's sure to attract a lot of attention. Members should place the large stickers on the trash bags to deliver the FACT message.*

Big Tobacco Tricks Not Treats – Members should slap the Manipulicious label (which they could download on fightwithFACT.com) on "fun-size" candy and pass them out to other teens.

But Wait-There's More – Members conduct a Manipulicious product demonstration at your school or in a public place.

Call Out Candies – *Members create a candy look-alike to counter Big T's Manipulicious message by (1) tightly rolling fact sheets that call out Big Tobacco's lies, (2) wrapping them in FACT candy wrappers and (3) handing them out to other teens.*

Candy Camo Wrap – *Members use the Manipulicious Candy Camo paper to wrap random items (such as lockers, books, or clocks in the school, library, or community center) and slap a Manipulicious tag on them to create instant buzz about what Big T is doing to target them.*

Cups in the Fence – Members create a message about Manipulicious tobacco products using cups or ribbon in a local fence.

Custom – Members can score FACTivism points for FACTivisms not listed in the drop down menu, by checking the box next to "Custom FACTivism." All custom FACTivisms must be pre-approved by Luke (luke@fightwithFACT.com) or Renee (renee@fightwithfact.com) in order to receive FACTivism points. Custom FACTivisms must include the Manipulicious message.

Digital Damage – Members add information about Manipulicious to their Facebook and Twitter pages or to the FACT Facebook page.

Dress the Part – Members recruit non-FACT friends and make t-shirts or posters using their FACTivism Kit stencils while they talk about Manipulicious and share their Big T experiences.

Drive Traffic - Members use the stencils provided in the FACTivism Kit to create Manipulicious teaser posters.

Facebook Cover Art – *Members FACTivize their Facebook page with a Manipulicious themed Timeline photo. These designs were created with FACT members in mind. Members pick one of four unique designs that will grab their friends' attention and spread the word about Manipulicious.*

FACT Lounge – Members set up a FACT lounge showcasing the work they've done to help spread the word about Manipulicious tobacco products.

Flash Mob Mayhem – Members create a FACT Manipulicious flash mob.

Free Your Speech – *Members use the thought-bubble stickers and iron-on transfers to let their shirts do the "talking."*

Get Opinionated – Members design a Manipulicious book using card stock and/or copy paper connected with rings. Members head to a busy spot, interview people about Manipulicious tobacco products and capture the opinions shared in their book.

Get Published at School – Members talk to the editor of their high school newspaper, yearbook, school arts journal or zine about using FACT logos and messages to fill empty advertising space in their publications.

Hello My Name Is... – Members use "Hello My Name Is" name tags and write "Manipulicious" as their name. When asked why they are wearing a name tag, members will talk about Manipulicious tobacco products.

Hidden FACTs Scratch Off Cards – *Members invite friends to play the scratch-off game by using a coin to scratch-off the silver coated candy piece on the card to reveal the Manipulicious information beneath.*

Human Billboard – Members use multiple pieces of poster board to create simple phrases (such as "We see through Big Tobacco's Manipulicious Lies"), gather a few friends, stand in a busy public place and talk to people about the facts on other tobacco products.

Legislative Meeting – (**Note – enter this as a "Custom" action in the Activity Tracker**) Members set up a time to meet with their local state candidate, representative and/or senator to talk about Manipulicious and the work they are doing to prevent tobacco use.

Manipulicious Fliers – Members create fliers talking about other tobacco products and the Manipulicious campaign. Fliers can be handed out to other teens or hung up at school or youth community center.

Manipulicious Post-Its® - *Members create their own Manipulicious themed masterpiece with branded Post-its. Once they've received permission, they spell out the word Manipulicious or create the shape of a piece of candy by sticking the Post-Its® on walls, windows, or school lockers.*

One For You. One For Me. – Members head to a locally owned business and offer up a "good deed" (such as washing windows or shoveling the sidewalk) with one catch, they get to wear a FACT gear and offer up Manipulicious handouts to employees and customers during or after the completion of the "good deed."

OTP Trivia – Members gather a list of trivia questions relating to other Manipulicious tobacco products and go around their school asking their peers these questions.

Pepper the Paper – (**Note – enter this as a "Custom" action in the Activity Tracker**) Members write and submit a letter to the editor of their local newspaper about the benefits of being involved in youth tobacco prevention and the Manipulicious campaign.

Pirate Power – After receiving permission, members take over their school's morning announcements with a Manipulicious message.

Poster Protestor – Members use FACT stencils or their own drawings to create a series of posters about the FACT movement. After gaining permission, posters can be hung at school or a youth community center.

Reveal the FACTs Banner – *Members use the candy shaped stencil to cut out enough paper candy pieces to cover up the Manipulicious themed banner. Members decide when and how they are going to reveal the message beneath.*

School Your Peers – Members set up a time to present about FACT and Manipulicious to a class or another extracurricular group they are involved in. This presentation should include a FACTivism as a call to action and be used as a recruitment effort.

Schooling the School Board – Members gather up a bunch of their friends to create and conduct a presentation, educating their local school board about other Manipulicious tobacco products and how they directly impact teens.

Spot the Not – *Members challenge friends—and perfect strangers—to a quick game of Spot the Not, where players have to pick out the candy-flavored Big Tobacco look-alikes from a bunch of real candy packages.*

Stick It To 'Em – Members makes sure nobody falls for Big Tobacco's dirty tricks by "tagging" something they own (such as notebooks, binders) with FACT and Manipulicious stickers.

Street Stencils – *Members use FACT's stencil pack (Big Tobacco's Manipulicious Lies) to create a Manipulicious statement Wisconsin teens won't be able to miss.*

Testify – (**Note – enter this as a "Custom" action in the Activity Tracker**) Members educate the public (including leaders in their community, legislators, teachers, etc.) through written or spoken testimony.

Word Match Game – *Members challenge friends—and perfect strangers—to a quick game of Word Match, where players have to match deadly chemicals found in tobacco to their household product counterpart by drawing lines between their column choices.*

WordSmash Stencils – *Members use FACT's WordSmash stencil pack to create a Manipulicious statement Wisconsin teens won't be able to miss.*

Requesting more FACTivism supplies

A limited quantity of FACTivism supplies may be available upon request. Contact FACT staff for more information.

Addendum III 2014 WI Wins Outreach Activities

Below is a list of acceptable media and public outreach activities. WI Wins and/or Smokecheck.org must be a significant focus of all outreach activities. Although this list contains many ideas for outreach activities, it is not exhaustive. To assure an original outreach activity will qualify toward the required objective, please contact the Youth Access Program Coordinator.

Media Outreach Activities:

- Participate in on-air or print interviews
- Send a press release to local daily, weekly, or monthly newspaper
- Share local story with newspaper, television or radio
- Submit Letter to the Editor (LTE) to local newspaper
- Send WI Wins Public Service Announcement to television or radio stations (contact Youth Access Program Coordinator for copy)
- Call into community talk radio shows or morning shows
- Submit a WI Wins update for local newsletters
 - Community
 - High School
 - Health Department
 - Local Coalitions (not including Tobacco-Free Coalition)
 - Neighborhood Watch
 - Places of Worship
 - Chamber of Commerce

Public Outreach Activities:

- Arrange for presentations to civic leaders or community groups
 - Board of Health, County/City or Town Board, School Board, PTA/O, Crime Prevention Committee
 - District Attorney, local government officials, legislators
 - Law Enforcement Agencies
- Send letters or emails to local public leaders about retailers and clerks who succeed in making a difference in their community. Encourage them to call, send a note or pay a visit to the stores thanking the owners/clerks
- Work with a local youth group to send thank you cards to local clerks and retailers who obey the law
- Actively involve coalition members in promoting WI Wins and/or Smokecheck.org
 - Have volunteers canvas local retailers with WI Wins leave behinds (e.g. Smoke Check palm card, OTP information sheet, etc.)
- Send direct mail to retailers
 - Must contain program information about WI Wins and/or Smokecheck.org
 - Must include specific community or county compliance check information (e.g. rates)
 - Can include information about OTPs and the importance of checking IDs

All WI Wins outreach should have a positive focus. Suggested messages and tactics for outreach may include:

- *Provide details of WI Wins and Smokecheck.org to include what they are, what they do and why they are important*
- *Recognize retailers and clerks who are making a difference in their community by not selling tobacco*
- *Highlight a retailer who uses Smokecheck.org with all their employees*
- *Have a reporter ride along on compliance checks*
- *Provide compliance check results*
- *Youth's perspective on their involvement in compliance checks*
- *Thank retailers and clerks for not selling*
- *Increase awareness of OTPs available in the community and the importance of existing youth access laws/WI Wins program*

**Addendum IV
January – December 2014 WI Wins Allocations**

County	Total Checks	Total Allocation
ADAMS	24	\$1,680
ASHLAND	23	\$1,610
BARRON	45	\$3,150
BAYFIELD	29	\$2,030
BROWN	118	\$8,260
BUFFALO	17	\$1,190
BURNETT	29	\$2,030
CALUMET	20	\$1,400
CHIPPEWA	67	\$4,690
CLARK	31	\$2,170
COLUMBIA	53	\$3,710
CRAWFORD	22	\$1,540
DANE	256	\$17,920
DODGE	54	\$3,780
DOOR	35	\$2,450
DOUGLAS	58	\$4,060
DUNN	32	\$2,240
EAU CLAIRE	59	\$4,130
FLORENCE	12	\$840
FOND DU LAC	58	\$4,060
FOREST	19	\$1,330
GRANT	51	\$3,570
GREEN	26	\$1,820
GREEN LAKE	18	\$1,260
IOWA	26	\$1,820
IRON	17	\$1,190
JACKSON	23	\$1,610
JEFFERSON	58	\$4,060
JUNEAU	36	\$2,520
KENOSHA	45	\$3,150
KEWAUNEE	19	\$1,330
LA CROSSE	58	\$4,060
LAFAYETTE	20	\$1,400
LANGLADE	31	\$2,170
LINCOLN	31	\$2,170
MANITOWOC	52	\$3,640
MARATHON	69	\$4,830
MARINETTE	56	\$3,920
MARQUETTE	19	\$1,330
MILWAUKEE – SUBURBAN	171	\$11,970
MILWAUKEE - CITY OF	490	\$34,300
MONROE	37	\$2,590
OCONTO	46	\$3,220
ONEIDA	43	\$3,010
OUTAGAMIE	100	\$7,000

January – December 2014 WI Wins Allocations

County	Total Checks	Total Allocation
OZAUKEE	37	\$2,590
PEPIN	9	\$630
PIERCE	36	\$2,520
POLK	57	\$3,990
PORTAGE	40	\$2,800
PRICE	21	\$1,470
RACINE	106	\$7,420
RICHLAND	14	\$980
ROCK	86	\$6,020
RUSK	25	\$1,750
SAUK	60	\$4,200
SAWYER	34	\$2,380
SHAWANO	40	\$2,800
SHEBOYGAN	80	\$5,600
ST. CROIX	77	\$5,390
TAYLOR	23	\$1,610
TREMPEALEAU	36	\$2,520
VERNON	21	\$1,470
VILAS	40	\$2,800
WALWORTH	76	\$5,320
WASHBURN	23	\$1,610
WASHINGTON	76	\$5,320
WAUKESHA	168	\$11,760
WAUPACA	50	\$3,500
WAUSHARA	28	\$1,960
WINNEBAGO	87	\$6,090
WOOD	50	\$3,500

BUDGET TEMPLATE DIRECTIONS

WI Tobacco Prevention and Control Program

I. Complete Budget Detail

A. Provide title and incumbent's name. If incumbent's name is not available, fill in vacant position. Provide annual salary of position, FTE, number of months, amount of salary that will be directed to this contract. **Please also remember that by statute, 255.15, No recipient of moneys distributed may expend more than 10% of those moneys for administrative costs.**

These are costs associated with administering the grant program, rather than to provide direct services. Administrative costs might include indirect costs, Administrative and Support Services (internal services), personnel costs to manage the program.

B. If there are contractual services, provide description of contractual services with costs.

C. Provide description and costs for supplies and photocopying/printing.

D. Provide description and costs for Agency Operations. Use the miscellaneous line for any costs that are not covered under the given areas.

E. Provide description and costs for Indirect Costs. Leave blank if your agency does not have indirect costs.

NOTE: As stated in the contract, a copy of the CARs report is to be sent to your contract administrator.

BUDGET DETAIL - January 1 - December 31, 2014

Agency: Public Health Madison Dane County (Community Interventions) \$131,842, + (Wins) \$21,630 = \$153,472

BUDGET DESCRIPTION					AMOUNT
A. Personnel Services					
Title/position & Incumbent's Name (if available)	Annual Salary	FTE	Salary for Contract	Fringe Benefit Amount for Contract	
Coordinator - Ryan Sheahan (.9 FTE for 9 mo)	\$ 70,943	0.90	47,877	\$ 19,387	\$ 67,264
Coordinator - Ryan Sheahan (1.0 FTE for 3 mo)	\$ 70,943	1.00	17,736	\$ 7,180	\$ 24,916
Youth Coordinator - Lyle Burmeister (.6 FTE for 12 mo)	\$ 60,077	0.60	36,405	\$ 16,250	\$ 52,655
A. Personnel Services TOTAL					\$ 144,835
B. Contractual (if applicable)					
B. Contractual TOTAL					\$ -
C. Program Supplies					
<i>I. Supplies (office supplies, etc.) Itemizations</i>					
Office Supplies					\$ 200
<i>C-1 Supplies SUB TOTAL</i>					\$ 200

2. Printing/Photocopying Itemizations		
	<i>C-2 Printing/Photocopying SUB TOTAL</i>	\$ -
3. Events/Meetings (food, room costs, etc.) Itemizations		
Food for 4 TFCDC Advisory Board meetings = \$60/meeting x 4 meetings		\$ 240
Food for Community Event = \$100		\$ 100
	<i>C-3 Events/Meetings SUB TOTAL</i>	\$ 340
4. Incentives & Stipends (promotional items, etc.) Itemizations		
Stipends for youth participating in WI Wins Compliance checks		\$ 700
	<i>C-4 Incentives & Stipends SUB TOTAL</i>	\$ 700
C. Program Supplies TOTAL		\$ 1,240
D. Agency Operations		
1. Rent Itemizations		
	<i>D-1 Rent SUB TOTAL</i>	\$ -
2. Communication Itemizations		
Telephone Connection		
Internet Connection		
	<i>D-2 Communications SUB TOTAL</i>	\$ -

3. Travel Itemizations		
Transportation - APHACon14 - \$50 taxi ; \$50 baggage fee round trip ; Airport Parking - \$24m, APHA flight - \$500	\$	624
Mileage - \$3,233 for MJC mileage (\$1,223 community intervention / \$2,000 Wins)	\$	3,223
Hotel - PrevCon14 - 2 staff and 4 coalition members - \$70 night x 2 nights = \$840 / APHACon14 - 3 nights at \$250 = \$750	\$	1,590
Food - PrevCon 2 nights 6 people x \$20 = \$240 / APHACon14 - 3 days at \$50/day = \$150	\$	390
<i>D-3 Travel SUB TOTAL</i>	\$	5,827
4. Training/Skills Development (course/conference registration, etc.) Itemizations		
PrevCon14 Registration - 6 people at \$150 = \$900	\$	900
APHACon14 Registration = \$670	\$	670
<i>D-4 Training/Skills Development SUB TOTAL</i>	\$	1,570
5. Electronic & Equipment, (laptop, cell phones, etc.) Itemizations		
<i>D-5 Electronics & Equipment SUB TOTAL</i>	\$	-
6. Miscellaneous Itemizations		
<i>D-6 Miscellaneous SUB TOTAL</i>	\$	-
D. Agency Operations TOTAL		\$ 7,397
1. Indirect/Administrative Costs Itemizations		
E. Indirect Costs TOTAL		\$ -
TOTAL COSTS		\$ 153,472

According to State Statute 255.15, no recipient of moneys distributed may expend more than 10% of those moneys for (internal services, administration costs, audit expenses, etc.)