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Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to City of Menasha Health Department whose principal business address is 316 Racine Street, Menasha WI, 54592-3190. The contact for the GRANTEES Contract Administrator is:

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**Section 6.D Funding Controls**

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

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

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

**Section 34.A Special Provisions**

**1. Contract Period**

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

**2. Final Report Dates**

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

## **Contract Agreement Addendum: Exhibit I**

### **Program Quality Criteria**

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

This Exhibit contains only applicable quality criteria for this contract.

## Contract Agreement Addendum: Exhibit I

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

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

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

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

## **Contract Agreement Addendum: Exhibit II**

### **Program Objectives**

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

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

<b>Contract Source of Funds</b>		
Source	Program	Amount
Menasha	Childhood Lead - Consolidated	\$2,724
Menasha	Immunization - Consolidated IAP	\$8,458
Menasha	Maternal Child Health - Consolidated	\$13,534
Menasha	PHHS	\$2,065
<b>Contract Amount</b>		<b>\$26,781</b>

<b>Contract Match Requirements</b>	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$10,151
Prevention	\$0

<b>Program Sub-Contracts</b>		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Prevention	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

### Childhood Lead

**Program Total Value \$2,724**

- |   |   |         |
|---|---|---------|
| 1 | Throughout the 2014 contract period, residents from the jurisdiction of the Menasha Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. | \$2,724 |
|---|---|---------|

### Immunization

**Program Total Value \$8,458**

- |  |                        |         |
|--|------------------------|---------|
| 1  | LHD Template Objective | \$8,458 |
| <p>By December 31, 2014, 80% children residing in the Menasha Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.</p> |                        |         |

### MCH

**Program Total Value \$13,534**

- |   |                      |          |
|---|----------------------|----------|
| 1   | Template Objective 1 | \$13,534 |
| <p>By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Menasha Health Department in collaboration with community partners focusing on family supports. (Step 3).</p> |                      |          |

### Prevention

**Program Total Value \$2,065**

- |   |   |         |
|---|---|---------|
| 1   | Template Objective 10 - Community Health Improvement Process and Plan | \$2,065 |
| <p>By August 31, 2014 Menasha Health Department will complete a community health assessment and community health improvement plan with measurable objectives.</p> |   |         |

			<b>Total of Contract Objective Values</b>	\$26,781
			<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$2,724

### Objective: Primary Details

#### Objective Statement

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

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

#### Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

#### Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$2,724

#### Agency Funds for this Objective:

#### Data Source for Measurement

An agency-generated report.

#### Baseline for Measurement

#### Context

There is no designated value range for this objective; it is automatically accepted if the entire Childhood Lead Poisoning Prevention Program (CLPPP) allocation is \$6000 or less. If the allocation is greater than \$6000 and the agency wants to select this objective, negotiation for the value of this objective is required. This assurance objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

#### Context Continued

#### Input Activities

For all children with blood lead levels greater than or equal to 5 micrograms per deciliter, a public health nurse and sanitarian visit the home and if needed any secondary properties to investigate for lead hazards, and to provided education on lead poisoning prevention.

### Objective: Risk Profile

#### Percent of Objective Accomplished

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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$2,724

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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 #:** 24183  
**Program:** Immunization

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

**Contract Year:** 2014  
**Objective Value:** \$8,458

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 80% children residing in the Menasha Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

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

#### Contract Deliverable (Evidence)

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

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

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

Criteria for the 2014 End of the Year Report:

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

Evaluation date: 01/01/2015

Run date: 02/15/2015

#### Programs Providing Funds for this Objective

Immunization: \$8,458

#### 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

WIR 2012 baseline report dated 10-24-13 for the Menasha Health Department was 80%. 198 clients met all benchmark criteria, 49 did not meet the benchmark criteria.

#### Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24183  
**Program:** Immunization

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

**Contract Year:** 2014  
**Objective Value:** \$8,458

WIR 2012 baseline report dated 10-24-13 for Menasha Health Department was 80%. 198 clients met all benchmark criteria. 49 clients did not meet the benchmark criteria.

**Context Continued**

(Late up to date: 88% met all benchmark criteria. 218 clients met all of the benchmark criteria. 29 clients did not meet the benchmark criteria.)

**Input Activities**

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

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

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

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

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

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

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

**Objective: Risk Profile**

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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

**Contract #:** 24183  
**Program:** Immunization

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

**Contract Year:** 2014  
**Objective Value:** \$8,458

**Definition of Percent Accomplished**

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24183

Agency: Menasha Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$13,534

### Objective: Primary Details

#### Objective Statement

Template Objective 1

By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Menasha Health Department in collaboration with community partners focusing on family supports. (Step 3).

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

#### Contract Deliverable (Evidence)

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking " Final for Contract Year" by January 31, 2015.
2. Documentation of participation in the MCH/KKA Annual Conference.(Nov. 5 & 6, 2014 in Wisconsin Dells).
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed 2014 Partnership Report for the Family Supports Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for both the Family Supports efforts.
7. An updated Community Logic Model.
8. A completed 2014 Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website
9. Project-specific data sources to document results of activities to include meeting agendas and minutes related to the collaborative/coalition activities and strategies related to the implementation of family supports.

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

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$13,534

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

SPHERE Report of the MCH Core Competencies; MCH Conference Attendee List; Webinar Evaluation; SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.

SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership; Community Logic Model; Implementation Report; Project-specific data sources to document results of activities.

#### Baseline for Measurement

The Fox Valley Early Childhood Coalition (FVECC), formerly known as the Home Visiting Coalition consists of local health departments from the counties of Calumet, Outagamie, and Winnebago, as well as local agencies serving the early childhood populations in each of those counties. The coalition meets monthly. The Menasha Health Department is an active member of the FVECC participating on the training subcommittee. In 2013 the Menasha Health Department provided "Earlier is Better" training for home visitors, including the public health nurses at the MHD.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$13,534

In 2013, the FVECC secured a grant from Celebrate Children, which funded projects to further the mission of the coalition. Projects focused on marketing and public awareness, resources and training. The coalition was branded with a logo, developed a website, created a community resource guide, delivered toolkits to local pediatrician offices, provided training on oral health and ASQ, and held a stakeholder breakfast and community resource fair. The stakeholder breakfast was held to educate and engage community stakeholders about the coalition. Community leaders were informed about the needs of young children and their families in the Fox Valley, the purpose of the coalition, accomplishments to date and plans for the future.

A SWOT analysis was done at the FVECC coalition meeting in August 2013, to assist the group in identifying strengths and weaknesses. In 2014, the FVECC plans to hire a coordinator, review objectives and focus of the coalition, and maintain website and social media accounts.

An initial assessment was conducted in 2011, and updated in 2012 and 2013. Assessment results include the following areas of need that were identified: Increase the rate of women receiving prenatal care in the first trimester; decrease the rate of mothers who smoke during pregnancy; increase the the number of postpartum referrals to public health from hospitals; increase the immunization rate of children by age two (this priority is being addressed by the immunization grant); increase the rate of children receiving adequate oral health care; decrease the incidence of child abuse, neglect, and domestic violence.

The coalition action plan was based on the findings of the assessment. The coalition mission is: Connecting programs and partners that are invested in delivering prenatal and early childhood home visitation services to families in Calumet, Outagamie, and Winnebago Counties. The vision of the FVECC is a coordinated universal home visitation system to promote the physical, mental health, and safety of children prenatally through age 5 in the tri-county area. Objective of the coalition is to ensure delivery of efficient home visiting services to those in need in the tri-county area.

Based on the assessment Menasha has high rates of smoking during pregnancy and high rates of low birth weight babies. The MHD will participate in the universal hospital assessment sub-committee to address questions on tobacco use during pregnancy. In addition, MHD will continue to participate in the re:TH!NK coalition. A brochure with resources on tobacco cessation will be developed (with assistance from re:TH!NK) and distributed to Menasha health care providers and MHD public health nurses. A short educational presentation on tobacco cessation resources will be provided with the distribution of the pamphlets.

The MHD will also participate in the shared data subcommittee to review the current data collection and determine if additional data is needed.

### **Context**

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

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

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

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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$13,534

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

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

### **Context Continued**

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

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

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

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

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

### **REQUIRED SUPPORT ACTIVITIES:**

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

Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$13,534

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

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

Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.

Participate in MCH Program evaluation efforts throughout the contract year.

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

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

### **Input Activities**

1. Complete an initial agency assessment of the MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Training and/or information on the Life Course Framework will continue for public health providers and community partners.
5. Participate in MCH program evaluation efforts throughout the contract year.
6. Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each)
8. Update assessment related to Menasha specific data and review for priority changes related to family support needs in coordination with the tri-county LHDs and consortia partners.
9. Review and continue working on the logic model plan specific to the Menasha Health Department in collaboration with the Tri-County Health Departments subcommittee.
10. Support efforts of the Fox Valley Early Childhood Coalition to continue implementation of the work plan/logic model specific to Menasha in collaboration with the coalition's workplan and website.

The Menasha Health Department will continue to identify high risk families and will refer and assure the families will receive family support services. Coordinated support services may include WIC, PNCC, and Parent Connection home visitation services. The Menasha Health Department will work with Parent Connection to identify high risk pregnant women for their Family Foundations grant.

The Menasha Health Department Public Health Director is an advisory board member for the Partnership Community Health Center which is a federally qualified health center in Menasha. Many pregnant women and families with young children are referred to this center for a medical/dental home.

### **Objective: Risk Profile**

#### **Percent of Objective Accomplished**

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

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$13,534

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 #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$2,065

### Objective: Primary Details

**Objective Statement**

Template Objective 10 - Community Health Improvement Process and Plan

By August 31, 2014 Menasha Health Department will complete a community health assessment and community health improvement plan with measurable objectives.

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

**Contract Deliverable (Evidence)**

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

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

**Programs Providing Funds for this Objective**

Preventive Health and Health Services Block Grant: \$2,065

**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**

Community needs assessment has been completed.

Community Health Improvement Plan needs to be written.

**Context Continued**

**Input Activities**

Review Community Needs Assessment (LIFE Study) for priority needs.

Continue collaboration with community partners to address identified priority needs and strategies to address those needs. The following website will be used to assist in writing the community health improvement plan: <http://dhs.wisconsin.gov/CHIP/>. Technical assistance will also be requested from the regional office.

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

**Contract #:** 24183

**Agency:** Menasha Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$2,065

**Conditions of Eligibility for an Incentive**

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