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Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Monroe County Health Department whose principal business address is 14301 County Highway B / A-18, Sparta WI, 54656. 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	181012	Tobacco Prevention & Control Program
157000	WWWP		

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

**Section 34.A Special Provisions**

**1. Contract Period**

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

**2. Final Report Dates**

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

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

### **Program Quality Criteria**

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

This Exhibit contains only applicable quality criteria for this contract.

## Contract Agreement Addendum: Exhibit I

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

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

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

### Program: Wisconsin Well Woman Program Quality Criteria

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

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

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

### **Program Objectives**

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

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Monroe County	Childhood Lead - Consolidated	\$6,175
Monroe County	Immunization - Consolidated IAP	\$14,110
Monroe County	Maternal Child Health - Consolidated	\$23,762
Monroe County	Prevention - Consolidated	\$2,591
Monroe County	WIC USDA	\$187,450
Monroe County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$22,039
	<b>Contract Amount</b>	<b>\$256,127</b>

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$17,822
Prevention	\$0
WIC	\$0
Well Woman	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Prevention	None Reported	\$0
WIC	None Reported	\$0
Well Woman	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

	<b>Childhood Lead</b>	<b>Program Total Value \$6,175</b>	
1	Template Objective 4		\$6,175
	Throughout the 2014 contract period, residents from the jurisdiction of the Monroe County Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.		
	<b>Immunization</b>	<b>Program Total Value \$14,110</b>	
1	LHD Template Objective		\$14,110
	By December 31, 2014, 72% children residing in Monroe County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.		
	<b>MCH</b>	<b>Program Total Value \$23,760</b>	
1	By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Monroe County Health Department in collaboration with community partners focusing on safety/injury prevention. (Step 3)		\$10,000
2	By December 31, 2014, assessment activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Monroe County Health Department in collaboration with community partners focusing on mental health. (Step 1)		\$13,760
	<b>Prevention</b>	<b>Program Total Value \$2,591</b>	
1	Template Objective 2 - Healthy Weight in Adults		\$2,591
	By August 31, 2014, Monroe County Health Department will implement 9 evidence based strategies to promote healthy weight in adults.		
	<b>WIC</b>	<b>Program Total Value \$187,450</b>	
1	Template Objective 1		\$187,450
	During the contract budget period of January 1, 2014 through December 30, 2014, the Monroe WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.		
	<b>Well Woman</b>	<b>Program Total Value \$22,039</b>	
1	Template Objective 1:		\$22,039
	By December 31, 2014, 69 Monroe County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.		
		<b>Total of Contract Objective Values</b>	\$256,125
		<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,175

### Objective: Primary Details

#### Objective Statement

Template Objective 4

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

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

#### Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 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 15 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

#### Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$6,175

#### Agency Funds for this Objective:

#### Data Source for Measurement

An agency-generated report.

#### Baseline for Measurement

As of October 1, 2013: 1) 7 children with a capillary blood lead test greater than or equal to 10 micrograms per deciliter received a venous confirmation test; 2) 3 families with a child with a venous blood lead level greater than or equal to 10 micrograms per deciliter received a home visit to provide information on lead poisoning prevention and treatment; and 3) 1 child with a venous blood lead level greater than or equal to 15 micrograms per deciliter had an environmental lead hazard investigation conducted on his primary residence. Lead hazards were identified and work orders issued. Completion of lead hazard reduction/abatement/interim controls are pending. Monroe County Health Department will pursue property clearance upon completion of ordered work. Beginning January 1, 2013, Monroe County Health Department implemented the policy of contacting families of children with venous or capillary levels greater than or equal to 5 micrograms per deciliter to provide information on lead poisoning prevention and treatment. As of October 1, 2013: 1) 18 children with a capillary blood lead test greater than or equal to 5 micrograms per deciliter received a venous confirmation test; 2) 3 families with a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter received a home visit to provide information on lead poisoning prevention and treatment; and 3) 1 child with a venous blood lead level greater than or equal to 15 micrograms per deciliter had an environmental lead hazard investigation conducted on his primary residence. Lead hazards were identified and work orders issued. Completion of lead hazard reduction/abatement/interim controls are pending. MCHD will pursue property clearance upon completion of ordered work.

#### 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 offered 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 15 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at 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*

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 1

**Objective Value:** \$6,175

Prevention; (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

### Context Continued

### Input Activities

#### Objective: Risk Profile

##### Percent of Objective Accomplished

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 #:** 24185  
**Program:** Immunization

**Agency:** Monroe County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$14,110

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 72% children residing in Monroe County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

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

#### Contract Deliverable (Evidence)

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

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

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

Criteria for the 2014 End of the Year Report:

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

Evaluation date: 01/01/2015

Run date: 02/15/2015

#### Programs Providing Funds for this Objective

Immunization: \$14,110

#### 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 children 24 months of age up to date on immunizations per WIR benchmark report completed on 1/30/13.

#### 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 #:** 24185  
**Program:** Immunization

**Agency:** Monroe County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$14,110

### Context Continued

#### Input Activities

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

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

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

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

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

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

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

#### Objective: Risk Profile

##### Percent of Objective Accomplished

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

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##### Corresponding Potential Recoupment Amounts

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##### Definition of Percent Accomplished

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##### Conditions of Eligibility for an Incentive

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$10,000

### Objective: Primary Details

#### Objective Statement

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

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

#### Contract Deliverable (Evidence)

1. A completed 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 Safety/Injury Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for the Injury Prevention 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.

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: \$10,000

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

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

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

#### Baseline for Measurement

Monroe County is 903 square miles and very rural, with a lower socioeconomic & educational status, significant Hispanic, Amish & Ho-Chunk populations, limited resources to respond to community needs, MCHD needs to take a hands-on approach. The culture of our county has not accepted that the whole community needs to address the health of the public. MCHD is a catalyst for change.

In 2011, The Planning Council plus school nurses worked on asset mapping. In 2012, partners looked at the prevalence of the issue, MC's capacity to address it, if needs were unmet, causes, & barriers to addressing issues. We also asked if programs will address disparities & underserved populations, align with Healthy WI 2020 & our mission to protect, promote & improve health. Partners considered effectiveness of interventions, i.e., measurable & evidence-based & if health care engagement was required.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$10,000

Burden of Injury in WI 2011 data for children: 6 injury-related deaths, 129 injury-related hospitalizations & 3,040 injury-related ER visits, and COMPASS NOW 2012 Needs Assessment recommendations to educate the public on issues, increase collaboration, encourage community involvement, & train leaders.

MC has a high birth rate, high rate of teen pregnancy & death rates higher than the state and people in poverty, at 19.8% children per 2010 MC Profile. Quality of life for people living in poverty is inadequate to meet housing, nutritional, health & other basic needs.

In 2013, community funds were found to support a Safety for All Kids Program (SAK PACK), available in English and Spanish, providing education and safety devices to prevent injury in the home, needed due to the poor, older housing in our county. Families are reached through WIC & The Parenting Place. SIDS prevention tips were disseminated to the public, childcare providers & HCPs. Safe sleep training was conducted with The Parenting Place, targeting childcare centers and providing Halo Sleep Sacks. MCHD continues distribution of cribs to eligible, low-income, English & Spanish-speaking parents.

The Car Seat Coalition has been revitalized. Car seats are shared between members. Due to Monroe County's large geographic area & transportation needs, the number of lower income households & the small number of certified child passenger safety (CPS) technicians, MCHD supports training for a Spanish-speaking technician. The coalition is seeking community funds for tech training. They developed new materials relating to car seat safety, including brochures distributed to area HCPs, childcare providers & community agencies, & local media.

We collaborated with UWEX in Youth Tractor Safety. We reinstated a safety day camp at a local school. MCHD staff was trained for the SHINE project, an initiative that screens Amish newborns for congenital anomalies.

MCHD & the Medical Examiner are leads for the CDR team. The team met twice in 2013, reviewing 4 cases. Data is entered in the national data base. Acting on CDR recommendations, a car seat recycle day pulled in 40+ outdated car seats. A Ho-Chunk Nation member clarified current car seat safety laws. Media releases were sent on situational awareness & distracted driving, walking, etc. The coalition revised brochures. We distributed CPR class listings and a press release for caretakers on child passenger safety components. We investigated the feasibility of the dispatch center providing emergency medical instructions with liability identified as a barrier, discussing resources through Gundersen Health System. Advocacy has begun, with plans to bring the idea to the county administrator CDR team members advocated for more timely communication between law enforcement & Child Protective Services to facilitate investigations into child deaths.

### **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 #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$10,000

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:

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$10,000

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

### Input Activities

MCHD will complete the required support activities:

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

Strategies and Activities:

Coordinate CDR team meetings

Enter data into CDR case reporting system

Develop standardized reports identifying child death trends or patterns

Update logic model to reflect 2014 activities based on identified child death trends

Continue crib and car seat programs for all populations

Coordinate car seat coalition meetings and assist with annual car seat recycle day

Continue SAK Pack program for all populations

Provide consistent messaging on safety issues to media, childcare providers and partners

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$10,000

Proceed with advocacy process to county administrator relating to emergency medical dispatch practices

### 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 #: 24185

Agency: Monroe County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$13,760

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, assessment activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Monroe County Health Department in collaboration with community partners focusing on mental health. (Step 1)

**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 Mental Health Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for the Mental Health efforts.
7. An updated Community Logic Model.

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: \$13,760

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

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

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

#### Baseline for Measurement

Mental health is used to describe a level of cognitive or emotional well-being or an absence of a mental disorder. An individual's mental health can be affected by stress, nutrition, alcohol, exercise, illness, prescriptions, and/or over-the-counter medications. In 2012, the Planning Council listed mental health as a priority need when they determined the direction MCH efforts should take under WHFI safety and injury prevention focus.

Based on Monroe County's COMPASS NOW 2012 Needs Assessment, current concerns in the community include shortages of mental healthcare workers and facilities, leading to poor access to services. The suicide rate is a sign of a community's mental health standing. When looking at 2005 data, Monroe County had the highest suicide rate of the five counties (Monroe, LaCrosse, Trempeleau, Jackson, and Houston County, MN) involved in COMPASS NOW 2012; our region has a higher suicide rate than the state. There are many reasons people take their own lives, including depression, alcoholism, schizophrenia, terminal illness, a sudden trauma, and other psychological and physiological reasons. Risk factors for suicide can include anxiety disorders, bipolar disorder, depression, drug and/or alcohol use, stress, and access to firearms. Monroe County has a higher drug and alcohol arrest

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

**Objective Value:** \$13,760

rate than the state; results from the needs assessment focus groups expressed a substantial concern relating to illegal drug use. Monroe County has a significant percentage of people living in poverty, estimated to be 19.8% for children ages 0-17, per the 2010 Monroe County Profile. Many of the economic issues identified in COMPASS Now 2012 affect the emotional, psychological and spiritual well-being of families. Violent crime rates are higher in our region than the state; child abuse and neglect is significantly high.

Monroe County's mental health workgroup has had some trouble getting off the ground. The workgroup has been in existence for one year. Their vision is improved mental wellness of Monroe County; the mission is to improve access to mental wellness services and reduce stigma across the generations. The workgroup attempted to determine a focus by surveying mental health service providers regarding barriers to obtaining information and behavioral health services, ideas for addressing barriers, ideas for improving support of mentally ill individuals and their family and friends, along with ideas to reduce the stigma associated with mental illness. The results were 4 surveys received out of 46. Currently they are struggling to get NAMI established in the county and bring in training on Crisis Intervention. However this process is challenged by irregular workgroup attendance and no true idea of community training needs. The sense is that they are still searching for direction; this relates to a need to fully assess resources, gaps and identify specific goals. All of the above has impacted MCHD's decision to tackle this community need.

MCHD believes that direct health department involvement in various MCH initiatives is required in order to make progress; this is not to say that community partners won't assist. However, due to the large geographic size, lower socioeconomic and educational status of Monroe County, the limited resources, and finite number of willing individuals and entities to respond to community

### **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.

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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

**Objective Value:** \$13,760

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.
- 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.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

**Objective Value:** \$13,760

- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

**Input Activities**

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

MCHD will complete the required support activities:

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

Strategies & Activities:

Coordinate mental health workgroup meetings

Conduct a community, population-focused assessment to identify Monroe County's program needs and assets related to mental health, i.e., gaps and resources. The assessment will include but not be limited to special populations, partners, schools, and data from the Child Death Review process regarding bereavement services, health care providers, and service organizations.

Update logic model to reflect 2014 activities

**Objective: Risk Profile**

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$2,591

### Objective: Primary Details

#### Objective Statement

Template Objective 2 - Healthy Weight in Adults

By August 31, 2014, Monroe County Health Department will implement 9 evidence based strategies to promote healthy weight in adults.

**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: \$2,591

#### 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

Based on Monroe County's Community Health Assessment, COMPASS Now 2012, our adult obesity rate is at 28%.

Our county identified obesity as one of four issues to address as part of the Community Health Improvement Process, with the others being alcohol, mental health and (prescription) drugs. The built environment, physical activity practices and opportunities, food deserts, and dietary practices all have an impact on a person's weight. The long term goal is to prevent disease and promote healthy behaviors to lower healthcare costs, reduce sick days, extend longevity and improve quality of life.

Outcome measures will be based on data obtained at onset:

50% of participants will experience a reduction in weight over the duration of the program.

70% of participants will self-report a 25% increase in personal time given to physical activity each week.

#### Context Continued

#### Input Activities

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available.

<http://whatworksforhealth.wisc.edu/> informs our strategies for this proposal. Specifically under general strategies- provide employees with opportunities for individual, group, and/or at-home support for behavior change; provide employees with tools for self-assessment of eating and physical activity habits (i.e. food diaries and fitness logs); provide supportive reminders to employees via multiple means (emails, posters, etc). Under nutrition strategies- offer healthy foods at meetings; provide taste-testing opportunities in the worksite. Under portion control strategies- provide food models, food scales for weighing and pictures to help employees assess portion size. Under physical activity strategies- set up programs that have strong social support systems; encourage scheduling that allows for more activity; promote opportunities for physical activity.

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

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$2,591

**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 #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$187,450

### Objective: Primary Details

#### Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the Monroe WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

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

#### Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation, 3-month average participation, and/or 12-month average participation per the monthly participation report will be maintained and monitored by the State WIC Office.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 890 participants.

#### Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$187,450

#### Agency Funds for this Objective:

#### Data Source for Measurement

#### Baseline for Measurement

As of October 11, 2013 current contracted caseload is 890 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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**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 24185

**Agency:** Monroe County Health Department

**Contract Year:** 2014

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$187,450

**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 #:** 24185  
**Program:** Wisconsin Well Woman

**Agency:** Monroe County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$22,039

### Objective: Primary Details

**Objective Statement**

Template Objective 1:

By December 31, 2014, 69 Monroe 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 Monroe 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: \$22,039

**Agency Funds for this Objective:**

**Data Source for Measurement**

Agency records.

**Baseline for Measurement**

As of September 9, 2013 77 women were enrolled and 42 screened.

**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**

Staff, time, computers, phones, coalition members/health care providers, quality criteria, press releases, and material targeting women 50-64 years for breast and cervical cancer screening. Paper, copier and postage.

### 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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