Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Oak Creek Health Department whose principal business address is 8640 South Howell Avenue, Oak Creek WI, 53132. The contact for the GRANTEES Contract Administrator is:

Judi Price
8640 South Howell Avenue
Oak Creek WI, 53132

Telephone: 414/ 768-6525
Fax: 414/ 768-5866
E-mail: jprice@oakcreekwi.org

Section 6.D Funding Controls

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

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

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

Section 34.A Special Provisions

1. Contract Period

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

2. Final Report Dates

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

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

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

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24187 **Agency:** Oak Creek 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.

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 #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014

Contract Source of Funds

Source	Program	Amount
Oak Creek	Childhood Lead - Consolidated	$1,262
Oak Creek	Immunization - Consolidated IAP	$9,272
Oak Creek	Maternal Child Health - Consolidated	$11,375
Oak Creek	Prevention - Consolidated	$1,848
	Contract Amount	**$23,757**

Contract Match Requirements

Program	Amount
Childhood Lead	$0
Immunization	$0
MCH	$8,531
Prevention	$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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014

Immunization **Program Total Value $9,272**

1	LHD Template Objective	$9,272

By December 31, 2014, 76% children residing in the Oak Creek Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

MCH **Program Total Value $11,375**

1	Template Objective 1	$11,375

By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Oak Creek Health Department in collaboration with community partners focusing on child development.

Prevention **Program Total Value $1,848**

1	Template Objective 10 - Community Health Improvement Process and Plan	$1,848

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

Total of Contract Objective Values	$22,495
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $9,272

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 76% children residing in the Oak Creek Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

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

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

Criteria for the 2014 End of the Year Report:

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

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: $9,272

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.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2010 thru 12/31/2010

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Context

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

Context Continued

Input Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $9,272

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%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,375

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 Oak Creek Health Department in collaboration with community partners focusing on child development.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

The following deliverables will be required:

1. A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking 'Final for Contract Year' by January 31, 2015.

2. Documentation of participation in the MCH Annual Conference.

3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

4. Documentation of the number of life course trainings held, audience, and the number of participants.

5. A completed Partnership Report for the Focus Area that directly aligns with the objective.

6. A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.

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

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $11,375

Agency Funds for this Objective:

Data Source for Measurement

- SPHERE Report of the MCH Core Competencies.

- MCH Conference Attendee List

- Webinar Evaluations

- SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.

- SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.

- WHF Implementation Report

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

Baseline for Measurement

Include items that were completed in 2013:

- The Oak Creek Health Department staff continued its partnership with the ECIC. Staff attended 7 monthly meetings, shared resources, and provided agency updates. The ECIC partnership includes staff from the Family Life Center, Project Concern, Mothering the Mother, four childcare providers, three schools, three local health department representatives (Oak Creek S.

Milwaukee and Franklin), and various other community agencies.

Staff attended the Annual Public Health Nursing Conference on August 19-20, 2013 in Stevens Point WI.

Oak Creek staff updated the MCH Core Competencies and Partership Tool in SPHERE.

A Life Course Presentation to Daycare Providers at the Family Life Center was completed on October 10, 2013, with 21 participants.

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 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 ACTIVITES:

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

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

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

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

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

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

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

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

Input Activities

- The Oak Creek Health Department will continue its partnership with the Early Childhood Interagency Council (ECIC). ECIC is the lead agency for this collaborative. As a result of our partnership, developmental screenings are now being offered through the Family Life Center to participants of the food pantry offered twice a week. The Family Life Center also offers developmental screenings by a certified screener to children attending St. James Daycare.

- The Oak Creek Health Department has completed the Logic Model in 2013, allowing the staff to now address Step 3 which is the implementation phase of this objective. The Logic Model identified strategies and specific activities that mapped out the process for implementation of this initiative related to child development. Activities are listed below for more detailed activities please refer to

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $11,375

the Logic Model.

1. Educate physicians, daycares or families promoting the early identification of and timely referrals for children with delays.

2. Research kindergarten readiness through the Oak Creek/Franklin School District.

3. Identify list of resources/referral agencies for community partners.

4. Staff will attend the MCH Annual Conference November 5-6, 2014.

The Oak Creek Health Department staff will also meet the REQUIRED SUPPORT ACTIVITIES:

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

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

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

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

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

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

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

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $1,848

Objective: Primary Details

Objective Statement

Template Objective 10 - Community Health Improvement Process and Plan

By August 31, 2014 the Oak Creek 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: $1,848

Agency Funds for this Objective:

Data Source for Measurement

Agency report to be entered into an electronic data collection tool to be provided by the WI Division of Public Health.

Baseline for Measurement

The Oak Creek Health Department staff have conducted several Community Needs Assessments/Community Improvement Plans with the last one conducted in 2008 (CHIP 2009-2013). These assessments were in partnership with the Aurora Health Care, local providers and residents.

Context

It is mandated by the State to conduct a Community Health Assessment and to develop a Community Health Improvement Plan.

Context Continued

Input Activities

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available. Potential links to strategies for this objective include but are not limited to:

http://dhs.wisconsin.gov/CHIP/

http://www.naccho.org/topics/infrastructure/MAPP/index.cfm

http://www.walhdab.org/CHIPPInfrastructure.htm

www.countyhealthrankings.org/roadmaps

The Oak Creek Health Department staff will:

1) Analyze and interpret the primary and secondary data collected by the Health Department.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014
Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $1,848

Primary Data: http://www.naccho.org/topics/infrastructure/MAPP/index.cfm

- Community Strengths & Weaknesses Survey

- Health Department Services Survey

Secondary Data:

- Community Health Assessment (Hospital Consortium)

2) Consolidate all community health assessment data and prepare a summary/overview of the information. The summary will be based loosely on the Health Factors identified by the County Health Rankings at http://www.countyhealthrankings.org/our-approach/health-factors

3) Invite members of the community, community agency representatives, and elected officials to participate in the collaborative CHA/CHIP process, to include four meetings. The meetings will be based on the evidence-based practices found at http://www.dhs.wisconsin.gov/CHIP/ at the applicable PHAB Standards and Measures.

- The first meeting will provide an overview of the CHA/CHIP requirements, a review of the last completed CHIP, and presentation of the consolidated community health assessment data highlighting the modifiable risk factors that adversely impact health in the community.

- During the second meeting, issues and themes from the community health assessment data will be identified, and 3-5 priority areas will be selected as the focus for the upcoming CHIP. The selected issues should be health conditions that impact residents.

- During the third meeting, participants will identify the assets and resources that are present within the community.

- During the fourth meeting, participants will identify goals, measurable objectives and strategies for addressing the priority issues previously identified.

4) The results of the CHA/CHIP process will be formalized, and two documents ¿ a Community Health Assessment, and a Community Health Improvement Plan ¿ will be published and made public.

5) Annually review and update the CHIP with the community participants.

Objective: Risk Profile

Percent of Objective Accomplished

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24187 **Agency:** Oak Creek Health Department **Contract Year:** 2014

Program: Preventive Health and Health Services Block Grant **Objective #:** 1 of 1 **Objective Value:** $1,848

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive