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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Portage County Health & Human Services whose principal business address is 817 Whiting Avenue, Stevens Point WI, 54481. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

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

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

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

Section 34.A Special Provisions

1. Contract Period

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

2. Final Report Dates

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

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

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

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24195

Agency: Portage County Health & Human Services 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 #: 24195

Agency: Portage County Health & Human Services 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 #: 24195

Agency: Portage County Health & Human Services 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 #: 24195

Agency: Portage County Health & Human Services 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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Portage County	Childhood Lead - Consolidated	\$6,305
Portage County	Immunization - Consolidated IAP	\$16,921
Portage County	Maternal Child Health - Consolidated	\$29,684
Portage County	Oral Health - Fluoride Mouthrinse	\$651
Portage County	Prevention - Consolidated	\$3,219
Portage County	WIC USDA	\$228,600
Portage County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$22,820
Contract Amount		\$308,200

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$22,263
Oral Health - Mouthrinse	\$0
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
Oral Health - Mouthrinse	None Reported	\$0
Prevention	None Reported	\$0
WIC	None Reported	\$0
Well Woman	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Childhood Lead

Program Total Value \$6,305

1 Template Objective 4 \$6,305

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

Immunization

Program Total Value \$16,921

1 LHD Template Objective \$16,921

By December 31, 2014, 79% children residing in Portage County Health & Human Services 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 \$29,684

1 By December 31, 2014, an assessment for the Wisconsin Healthiest Families Initiative will be undertaken by the Portage County Health & Human Services in collaboration with community partners focusing on safety/injury prevention. (Transitioning from KKA to WHFI Step 1) \$27,404

2 By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Portage County Health and Human Services Department in collaboration with community partners.(Transition and final year) \$2,280

Oral Health - Mouthrinse

Program Total Value \$651

1 Template Objective 1 \$651

School-Based Fluoride Mouthrinse Program: By December 31, 2014, _____ children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by Portage County Health and Human Services.

Prevention

Program Total Value \$3,219

1 Template Objective 9 - National Public Health Standards \$3,219

By August 31, 2014, Portage County Health & Human Services will conduct one activity to prepare for voluntary accreditation by developing a Performance Management Plan.

WIC

Program Total Value \$228,600

1 Template Objective 1 \$228,600

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

Well Woman

Program Total Value \$22,820

1 Template Objective 1: \$22,820

By December 31, 2014, 52 Portage County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Total of Contract Objective Values	\$308,200
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,305

Objective: Primary Details

Objective Statement

Template Objective 4

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

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$6,305

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Context

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

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$6,305

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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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$16,921

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 79% children residing in Portage County Health & Human Services 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 Portage County Health & Human Services 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: \$16,921

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2012 WIR Benchmark Report was run to determine the baseline for measurement. For the selected benchmarks: DTaP (4), HepB (3), Hib (3), MMR (1), Polio (3), Pneumo (4), Varicella (1) children are 79% up to date at 24 months of age. This goal was met at 79% in 2013.

The 2012 end of year population based standard benchmark report will be used to determine the baseline for the 2014 population based objective. There is no percentage increase for 2014; health departments need to meet or exceed the baseline percentage.

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

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

Evaluation Date: 01/01/2013

Run Date: After: 02/15/2013

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195
Program: Immunization

Agency: Portage County Health & Human Services Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$16,921

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

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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$27,404

Objective: Primary Details

Objective Statement

By December 31, 2014, an assessment for the Wisconsin Healthiest Families Initiative will be undertaken by the Portage County Health & Human Services in collaboration with community partners focusing on safety/injury prevention. (Transitioning from KKA to WHFI Step 1)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking Final for Contract Year by January 31, 2015.
2. Documentation of LPHD participation in the MCH/KKA Annual Conference. (Nov. 5 and 6, 2014 in Wisconsin Dells)
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective.
6. A completed Wisconsin Healthiest Families Assessment Report following the instructions found on the Early Childhood Systems website.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$27,404

Agency Funds for this Objective:

Data Source for Measurement

2014 Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies.
2. MCH/KKA Conference Attendee List
3. Webinar Evaluation
4. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework.
5. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership.
6. WHF Assessment Report (Note: Assessment of multiple focus areas can be reported on one Assessment Findings form.
7. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Baseline for Measurement

1. Completed agency assessment of MCH Core Competencies.
2. Participated in training and technical assistance as well as a minimum of one required state meeting and others as negotiated.
3. Identified existing and new community partners and the level of collaboration.
4. Utilized the Keeping Kids Alive in Wisconsin model.
5. Engaged in cross-county partnerships with Wood and Clark Counties on the FIMR team and conducted cross-jurisdictional reviews.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$27,404

6. Based on the reviews and ongoing work in 2013, plan to identify future prevention efforts based on the assessments.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$27,404

Input Activities

The strategies and activities the agency collaborating partners will engage in related to the chosen step of assessment include:

Work with Right From the Start Coalition and Use assessment data to help Coalition move forward in working with:

- Safe Baby Initiative
- Cribs for Kids Program
- Period of Purple Crying
- Third Hand Smoke

Required Support Activities include:

- completion of 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%
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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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$2,280

Objective: Primary Details

Objective Statement

By December 31, 2014, The Keeping Kids Alive Initiative will be implemented by the Portage County Health and Human Services Department in collaboration with community partners.(Transition and final year)

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking Final for Contract Year by January 31, 2015.
2. Documentation of participation in the MCH Annual Conference (Nov. 5 and 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. A completed Partnership Report for the Focus Area(s) that directly aligns with the objective
5. Completed Planning, Implementation, and Sustainability Report

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$2,280

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies.
2. MCH Conference Attendee List
3. Webinar Evaluation
4. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes Partner Representation and Contribution of Partnership
5. KKA Planning, Implementation, and Sustainability Report.

Baseline for Measurement

Partnerships were developed with Wood, Portage, and Clark Counties through FIMR Team, and held two multi-jurisdictional meetings in 2013. Partners include physicians from Marshfield Clinic, and PH staff from Clark, Wood, and Portage Counties. The partnership will reconvene at the 2013 Keeping Kids Alive Summit. Since its inception a few cases have under went preliminary review. A name for this group as well as mission and goals are still under development.

Context

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/kka.htm>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.).

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths (prior to 2015) to integrate the National Fetal and Infant

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$2,280

Mortality Review (NFIMR) recommendations (www.nfimr.org) into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist

(taking into consideration fetal deaths along with infant and child deaths)

2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin

Model

3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths

4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

Context Continued

Required Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams' fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.

Contract Agreement Addendum: Exhibit II(B)

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Objective Value: \$2,280

2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

Input Activities

1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Participate in training and technical assistance as well as the annual MCH Conference and the Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Required Primary Activities: Local public health departments will complete the following activities. Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.

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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Oral Health - Flouride Mouthrinse

Objective #: 1 of 1

Objective Value: \$651

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2014, _____ children ages 6 years or older from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by Portage County Health and Human Services.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document, by age and community, the number of children who participated in a school-based fluoride mouthrinsing program administered by Portage County Health and Human Services.

Programs Providing Funds for this Objective

Oral Health - Flouride Mouthrinse: \$651

Agency Funds for this Objective:

Data Source for Measurement

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

Baseline for Measurement

Context

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

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$3,219

Objective: Primary Details

Objective Statement

Template Objective 9 - National Public Health Standards

By August 31, 2014, Portage County Health & Human Services will conduct one activity to prepare for voluntary accreditation by developing a Performance Management Plan.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

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

Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$3,219

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 Performance Management Self-Assessment was completed in 2013 in preparation for development for the Performance Management Plan.

Context

Local public health agencies selecting this objective will conduct one of the following activities to prepare for voluntary accreditation by:

- working on the accreditation prerequisite of developing an agency strategic plan.
- developing a Performance Management Plan
- developing a Quality Improvement Plan
- conducting a Quality Improvement project
- developing processes, a database, and/or record-keeping systems to meet public health accreditation documentation standards.
- completing an agency accreditation readiness self-assessment.
- updating and revising agency policies and procedures

Context Continued

Input Activities

Site the evidence based strategies, best practices or promising practices you will be using or use the web links to identify strategies to use.

<http://www.instituteforwihealth.org/wiqi-resources.html>

<http://www.naccho.org/topics/infrastructure/accreditation/strategic-plan-how-to.cfm>

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$3,219

http://www.dhs.wisconsin.gov/r_counties/voluntaryaccreditation/index.htm

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=35>

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

<http://www.phaboard.org/accreditation-process/accreditation-materials/>

<http://www.phaboard.org/wp-content/uploads/National-Public-Health-Department-Readiness-Checklists.pdf>

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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$228,600

Objective: Primary Details

Objective Statement

Template Objective 1

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

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

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 ___ participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$228,600

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$228,600

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 #: 24195

Agency: Portage County Health & Human Services Department

Contract Year: 2014

Program: Wisconsin Well Woman

Objective #: 1 of 1

Objective Value: \$22,820

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 52 Portage 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 Portage 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: \$22,820

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

Context

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

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

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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