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Department of Health Services

**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Rock County Public Health Department whose principal business address is 3328 North US Highway 51, PO Box 1088, Janesville WI, 53511. 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 #: 24198

Agency: Rock County Public 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 #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

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

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

### **Program Objectives**

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

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Rock County	Childhood Lead - Consolidated	\$24,225
Rock County	Immunization - Consolidated IAP	\$40,492
Rock County	Maternal Child Health - Consolidated	\$74,619
Rock County	Prevention - Consolidated	\$5,494
<b>Contract Amount</b>		<b>\$144,830</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead	\$0
Immunization	\$0
MCH	\$55,964
Prevention	\$0

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

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

Contract #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

**Childhood Lead**

**Program Total Value \$24,225**

- 1    Template Objective 2    \$8,225  
By December 31, 2014, 55 pre-1950 housing units or childcare sites located in Rock County where children less than 6 years of age without an elevated blood lead level reside or attend day care will be assessed using the Wisconsin Childhood Lead Poisoning Prevention Program Standard for Home-/Childcare Site-based Intervention to Address Lead Hazards.
- 2    Template Objective 3    \$16,000  
By December 31, 2014, 20 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 5 micrograms per deciliter who reside in Rock County

**Immunization**

**Program Total Value \$40,492**

- 1    LHD Template Objective    \$40,492  
By December 31, 2014, 67% children residing in Rock 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.

**MCH**

**Program Total Value \$74,619**

- 1    By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on family supports.    \$64,619
- 2    By December 31, 2014, implementation activity for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on safety/injury prevention.    \$10,000

**Prevention**

**Program Total Value \$5,494**

- 1    Template Objective 12 - Environmental Health Hazards    \$5,494  
By August 31, 2014, Rock County will implement two strategies to prevent or ameliorate environmental health hazards by implementing private well sampling programs for local town governments. The first strategy will be well testing programs directed at two Towns increasing the number of private wells tested for bacteria and nitrates. The second strategy will be an educational session at each town explaining the well test results and groundwater protection.

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<b>Total of Contract Objective Values</b>	\$144,830
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 2

Objective Value: \$8,225

### Objective: Primary Details

#### Objective Statement

Template Objective 2

By December 31, 2014, 55 pre-1950 housing units or childcare sites located in Rock County where children less than 6 years of age without an elevated blood lead level reside or attend day care will be assessed using the Wisconsin Childhood Lead Poisoning Prevention Program Standard for Home-/Childcare Site-based Intervention to Address Lead Hazards.

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

#### Contract Deliverable (Evidence)

For each property assessed, the "Standards for Home Visitation to Address Lead Hazards Documentation" form may be completed. This form is found in the WCLPPP Standard for Home/Childcare Site-based Intervention to Address Lead Hazards resource kit. The required deliverables are: 1) property address; 2) year the structure was built; 3) activities conducted, i.e., lead poisoning education, visual assessment/intervention guidance, sampling via dust wipes or Wisconsin-recognized lead paint test kits (3M LeadCheck or ESCA Tech D-Lead), and demonstration of cleaning techniques; 4) results of dust wipe samples or lead paint test kits; and 5) date information was provided to the property owner regarding the presence of lead in the property.

#### Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$8,225

#### Agency Funds for this Objective:

#### Data Source for Measurement

The "Standards for Home Visitation to Address Lead Hazards Documentation" form contains all the required information for this objective. Completed forms are sufficient as the data source for measurement; an agency-generated report is also acceptable.

#### Baseline for Measurement

In 2013 through October, the agency has conducted XXX assessments in pre-1950 housing.

#### Context

Acceptable value for this objective is up to \$150 per housing unit or childcare site. The protocol to be followed is the WCLPPP Standard for Home/Childcare Site-based Intervention to Address Lead Hazards. The following components must be included: 1) a visit to the home to provide lead poisoning prevention education and identify potential lead hazards; 2) sampling via dust wipe samples or Wisconsin-recognized lead paint test kits (3M LeadCheck or ESCA Tech D-Lead) to document the presence of lead; and 3) notifying the property owner of the results of the home assessment, including results of dust wipe samples or lead paint test kits, and non-abatement measures that can be taken to correct lead hazards.

This objective entails using the standard with one or more target audiences. Target audiences are families whose primary residence or childcare site was built before 1950. For pregnant women residing in pre-1950 housing, the Home/Childcare Site-based Intervention Standard can be incorporated into a perinatal care coordination or newborn visitation program, or into Medicaid Prenatal Care Coordination services. A resource kit is available by calling the WCLPPP at 608/266-5817. Dust-wipe samples can be analyzed at the State Laboratory of Hygiene and billed to the Basic Agreement (fee exempt).

#### Context Continued

#### Input Activities

Each housing unit involved in this activity not only fulfills the context obligations identified above, but also involves personnel from both the environmental health and public health nursing divisions. Involvement of both divisions insures both the environmental hazard being addressed and the nursing goal of early testing of the participants under age 6. The nursing staff follows through with resource referral to local healthcare providers, communication of the environmental risk to the healthcare provider and, when necessary, assistance in applying for medical assistance to those eligible who have no existing health insurance.

### Objective: Risk Profile

#### Percent of Objective Accomplished

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

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

**Contract #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 1 of 2

**Objective Value:** \$8,225

**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 #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 2 of 2

**Objective Value:** \$16,000

### Objective: Primary Details

**Objective Statement**

Template Objective 3

By December 31, 2014, 20 environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 5 micrograms per deciliter who reside in Rock County

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

**Contract Deliverable (Evidence)**

A report to document: 1) the number of children with a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter; and 2) the number of associated environmental lead hazard investigations that were completed.

**Programs Providing Funds for this Objective**

Childhood Lead Consolidated: \$16,000

**Agency Funds for this Objective:**

**Data Source for Measurement**

An agency-generated report.

**Baseline for Measurement**

The agency did XX lead assessments for children with levels 5 and over in 2013 through October.

**Context**

Acceptable value for this objective is up to \$800 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk). When notified that a child has a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).

**Context Continued**

**Input Activities**

Referrals for children with venous blood lead levels.

The lead hazard investigations.

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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

**Contract #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

**Program:** Childhood Lead Consolidated

**Objective #:** 2 of 2

**Objective Value:** \$16,000

**Definition of Percent Accomplished**

**Conditions of Eligibility for an Incentive**

## Contract Agreement Addendum: Exhibit II(B)

Contract #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$40,492

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2014, 67% children residing in Rock 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 the Rock 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: \$40,492

#### 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

The 2012 benchmark is: 67%

#### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24198  
**Program:** Immunization

**Agency:** Rock County Public Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$40,492

### 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 #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$64,619

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on family supports.

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

#### Contract Deliverable (Evidence)

The agency will deliver the following: 1) A completed Wisconsin Healthiest Families Community Logic Model (Plan) following the instructions found on the Early Childhood Systems website (Step 2). 2) 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. 3) Documentation of participation in the MCH Annual Conference. 4) Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each). 5) Documentation of the number of life course trainings held, audience, and the number of participants. 6) A completed Partnership Report for family supports.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$64,619

#### Agency Funds for this Objective:

#### Data Source for Measurement

Data sources for the deliverables: 1) WHF Community Logic Model (Plan), 2) SPHERE Report of the MCH Core Competencies, 3) MCH Conference Attendee List, 4) Webinar Evaluation, 5) SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: Health Teaching; Subintervention: Life Course Framework, and 6) 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.

#### Baseline for Measurement

Completed in 2013:

- Planning public health nurse surveys of clients in the community to determine if populations at-risk are aware of nursing services and what barriers exist to providing those services.

- This is a new initiative.

#### 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 #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$64,619

**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.

### Input 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$64,619

community partners and enter in SPHERE.

- Participate in training and technical assistance, as well as the 2014 MCH and KKA Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
- Complete a Wisconsin Healthiest Families Community Logic Model (Plan) following the instructions found on the Early Childhood Systems website (Step 2).

Outreach activities to engage partners centered on the benefits of home visitation

- Develop one event to encourage partnership from agencies not currently engaged in serving the at-risk population.
- Incorporate strategies to remove barriers to provider referral and collaboration.
- Implement a "no wrong door" policy that processes referrals and moves to provide client services in the most appropriate manner available in existing community resources.
- Plan with Dean and Mercy HMOs around facilitating referral of at-risk populations for home visiting services and health check screenings.
- Continue active participation in the Rock County Home Visiting Network.
- Implement in-person public health nurse surveys of clients to determine if at-risk populations are aware of home visiting services and what barriers exist to their receiving those services.
- Determine how to collaborate more intensively with the systems and peer navigators newly employed and now being trained for service through exchange family resource centers.

### 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 #: 24198

Agency: Rock County Public Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$10,000

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, implementation activity for the Wisconsin Healthiest Families Initiative will be undertaken by the Rock County Health Department in collaboration with community partners focusing on safety/injury prevention.

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

#### Contract Deliverable (Evidence)

The agency will deliver the following: 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 & KKA 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 safety/injury prevention. 6) A completed Implementation Report.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$10,000

#### Agency Funds for this Objective:

#### Data Source for Measurement

Data sources for the deliverables: 1) SPHERE Report of the MCH Core Competencies. 2) MCH 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 Implementation Report. Project-specific data sources to document results of activities.

#### Baseline for Measurement

The Rock County Health Department continues to co-chair the Child Death Review Team and has discovered the health of the community is particularly affected in the areas of motor vehicle accidents. The team has also discovered that the Hispanic community of Rock County is disproportionately affected by motor vehicle accidents.

#### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

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

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.

### Input Activities

- Ongoing participation in the Rock County Child Death Review team.

- Take a lead role in the data entry and analysis for this team.

- Attend the yearly KKA training related to sustaining the Child Death Review Team

- Implement one of two strategies aimed at prevention of child death in Rock County:

1. Provide motor vehicle safety education to the Hispanic population of Rock County in at least 3 settings where this population is engaged in learning.

2. Work with the PTA of a local school district to develop a booster seat loan program for students that are unexpectedly taking

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**Contract #:** 24198

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students home from school, i.e. for a sleep-over or an unscheduled visit.

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 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 #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$5,494

### Objective: Primary Details

#### Objective Statement

Template Objective 12 - Environmental Health Hazards

By August 31, 2014, Rock County will implement two strategies to prevent or ameliorate environmental health hazards by implementing private well sampling programs for local town governments. The first strategy will be well testing programs directed at two Towns increasing the number of private wells tested for bacteria and nitrates. The second strategy will be an educational session at each town explaining the well test results and groundwater protection.

**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: \$5,494

#### 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

Historical private well water data indicates that 30% of private wells are at 10ppm or above nitrates. Last year (2013) 50% of private wells tested at 10ppm or above for nitrates.

#### Context

The Rock County health department has organized local groundwater data on a geographical information system (GIS) and observed a temporal and geographical association. Private well testing conducted through the 2013 prevention grant resulted in 10 to 15% of private wells sampled in selected Towns compared to the annual normal of 2% private wells being tested. In 2013, over 50% of private wells had nitrates above 10 ppm, much higher than our historical average of 30%. This may be due to the drought of 2012 or the increase sampling that has identified a greater nitrate problem in our community. Implementing private well sampling programs in additional Towns will help understand this problem and encourage more homeowners to sample their wells. GIS maps will be developed and shared with Rock County Planning on the suitability of soils for onsite wastewater systems and to identify sensitive environmental corridors.

#### Context Continued

Identification of the environmental issues of concern to the citizens and policy makers in the community is the first step to their awareness of these concerns. This data and the resulting strategy is on the topic of ground water. Staff are available to explain risks and solutions for reducing and/or preventing public health risks.

#### 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://www.healthypeople.gov/2020/topicsobjectives2020/ibr.aspx?topicId=12>

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

[www.dhs.wisconsin.gov/eh/ehdir/index.htm](http://www.dhs.wisconsin.gov/eh/ehdir/index.htm)

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24198

**Agency:** Rock County Public Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$5,494

### 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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