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**2014 DPH Consolidated Contract Addendum**

This contract addendum is specific to Shawano-Menominee Counties Health Department whose principal business address is 311 North Main Street; Courthouse, Rm 7, Shawano WI, 54166-2198. 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 #: 24202

Agency: Shawano-Menominee Counties 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 #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

### Program: Wisconsin Well Woman Program Quality Criteria

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

## Contract Agreement Addendum: Exhibit I

Contract #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

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

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

### **Program Objectives**

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

(B) Objective Details

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Shawano County	Childhood Lead - Consolidated	\$6,688
Shawano County	Immunization - Consolidated IAP	\$16,485
Shawano County	Maternal Child Health - Consolidated	\$24,886
Shawano County	Prevention - Consolidated	\$4,557
Shawano County	WIC USDA	\$161,775
Shawano County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$30,701
<b>Contract Amount</b>		<b>\$245,092</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead	\$0
Immunization	\$0
MCH	\$18,665
Prevention	\$0
WIC	\$0
Well Woman	\$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
WIC	None Reported	\$0
Well Woman	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

### Immunization

**Program Total Value \$16,485**

- |   |  |          |
|---|--|----------|
| 1 | By December 31, 2014, 75% children residing in Shawano-Menominee Counties 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. | \$16,485 |
|---|--|----------|

### MCH

**Program Total Value \$24,886**

- |   |   |          |
|---|---|----------|
| 1 | By December 31, 2014, Assessment and planning activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Shawano-Menominee Counties Health Department in collaboration with community partners focusing on family support. (Steps 1 and 2) | \$24,886 |
|---|---|----------|

### Prevention

**Program Total Value \$4,557**

- |   |   |         |
|---|---|---------|
| 1 | Objective 1 - Alcohol Prevention<br><br>By August 31, 2014, the Shawano-Menominee Counties Health Department will implement 1 evidence based strategy to change community policies and norms related to alcohol use.  | \$3,057 |
| 2 | Objective 9 - National Public Health Standards<br><br>By August 31, 2014, Shawano-Menominee Counties Health Department will conduct one activity to prepare for voluntary accreditation by conducting a quality improvement project and updating and revising agency policies and procedures. | \$1,500 |

### WIC

**Program Total Value \$168,516**

- |   |   |           |
|---|---|-----------|
| 1 | Template Objective 1<br><br>During the contract budget period of January 1, 2014 through December 30, 2014, the Shawano County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. | \$168,516 |
|---|---|-----------|

### Well Woman

**Program Total Value \$30,701**

- |   |   |          |
|---|---|----------|
| 1 | Template Objective 1:<br><br>By December 31, 2014, (insert number) (insert name) County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program. | \$30,701 |
|---|---|----------|

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<b>Total of Contract Objective Values</b>	\$245,145
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202  
**Program:** Immunization

**Agency:** Shawano-Menominee Counties Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$16,485

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, 75% children residing in Shawano-Menominee Counties 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 Shawano-Menominee Counties 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: \$16,485

#### 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

#### Context

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

#### Context Continued

#### Input Activities

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

- Contacting parents of infants without immunization histories

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202  
**Program:** Immunization

**Agency:** Shawano-Menominee Counties Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2014  
**Objective Value:** \$16,485

- 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 #: 24202

Agency: Shawano-Menominee Counties Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$24,886

### Objective: Primary Details

#### Objective Statement

By December 31, 2014, Assessment and planning activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Shawano-Menominee Counties Health Department in collaboration with community partners focusing on family support. (Steps 1 and 2)

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

#### Contract Deliverable (Evidence)

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

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking " Final for Contract Year" by January 31, 2015.
2. Documentation of participation in the MCH/KKA Annual Conference November 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 including application and integration into systems work.
5. A completed 2014 Partnership Report for the Family Supports Focus Area that directly aligns with the objective.
6. An updated assessment report showing the 2013 data used for Family Supports efforts.
7. An updated Community Logic Model.
8. Project-specific data sources to document results of activities to include meeting agendas and minutes related to the collaborative/coalition activities.

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$24,886

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

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

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

#### Baseline for Measurement

Include items that were completed in 2013:

Coalition or collaborative details: Healthy Families in Shawano County is a community-based coalition that focuses on injury/prevention activities and education for families in Shawano County. Mission: Promote the health and safety of Shawano county Families; Vision: Healthy and safe families in Shawano County. The coalition has met monthly throughout the year and its  
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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$24,886

members include SMCHD staff, social service organizations, public safety, faith leaders, family service organizations, and members of surrounding tribal clinics.

Its 2013 focus was on child safety and injury prevention. 2013 activities included; education campaigns to health care providers and retailers on safe sleep practices, education promotion during car seat checks, parent education on sleep safe and sleep safe kits. Additionally, cultural competence was a major component of coalition meetings through guest speakers who spoke about Amish, Hispanic and Native American cultures. This allowed the coalition to become familiar with diverse populations in Shawano and Menominee Counties and the various issues affecting maternal and child health.

Activities in 2013 were more geared towards direct service and education, not consistently approaching MCH issues through a systems lens. There is a need to reinforce a systems level approach which is the rationale for refocusing the coalition's efforts on Step 2 in 2014. Upon review of available data, gaps identified in various health areas; substance use, reproductive health, mental health, injury prevention highlight needs for family resources. This is an ongoing issue with several coalition members who report that family resources and parenting support is often discussed with clients. Additionally, parenting support and resources has been identified as issues from other coalitions in the area, offering the possibility for further coalition development.

Data gathered through 2012 (Health of the Children) highlights several areas that demonstrate the need to focus on family supports. Teen pregnancy is high in both Shawano, and particularly Menominee County (Shawano 10% and Menominee 27%). Additionally, single parent households (female headed) are also high (Shawano 36% and Menominee 82%). Women seeking prenatal care has been decreasing in both counties as well (Shawano: 2007; 82% and 2010;80% while in Menominee: 2007; 78% and 2010;62%). Addressing this issue through a life course lens, there is potential for serious health and social effects for the mother and child. Women who reported smoking during pregnancy is also high (Shawano 20% and Menominee 35%).

Similarly, data shows that while there were several services that provided health information to parents and families, there was little else available to families such as support groups, home visits, parenting classes, and resources which address social determinant factors. These were all highlighted as gaps in the family environment. A survey with local providers also identified gaps in parent skill development as a need for the area. Additionally, social determinant factors also need to be noted; Shawano and Menominee County both have average incomes below the State mean. Both counties have higher rates of single parent households, and both counties have higher rates of children qualifying for free or reduced lunch. This data suggests that families need additional resources and support within the greater Shawano and Menominee communities.

### 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>.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$24,886

**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 #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$24,886

### REQUIRED SUPPORT ACTIVITIES:

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

- 1) Complete an 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) 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.
- 5) Participate in MCH Program evaluation efforts throughout the contract year.
- 6) Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- 7) Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

### Input Activities

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports within the agency's jurisdiction.

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 and must reflect the activities of the agency and partners.

- 1) The coalition will create a Family Support work plan to determine gaps and changes that need to be made to current programs in order to maintain a systems-based approach.
- 2) The coalition will revise and complete a logic model for Family Support on Shawano-Menominee Counties' 2012 Health of the Children Assessment and reports from existing child safety programs and coalition members.
- 3) Coalition will apply best practices from Car Seat and Safe Sleep programs to system based activities and outreach to continue to build off of past coalition successes.
- 4) Participate in education to support the ongoing development of MCH Core Competencies.
- 5) Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- 6) 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.
- 7) Participate in MCH Program evaluation efforts throughout the contract year.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 1

**Objective Value:** \$24,886

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

9) 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 #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$3,057

### Objective: Primary Details

#### Objective Statement

Objective 1 - Alcohol Prevention

By August 31, 2014, the Shawano-Menominee Counties Health Department will implement 1 evidence based strategy to change community policies and norms related to alcohol use.

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

#### Contract Deliverable (Evidence)

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

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

#### Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$3,057

#### Agency Funds for this Objective:

#### Data Source for Measurement

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

#### Baseline for Measurement

This is a new initiative

#### Context

This objective was chosen due because it was identified as a top health priority in the SMCHD area from the Community Health Assessment done by SMCHD, ThedaCare and other community partners. The current Community Health Improvement Plan for Shawano County also highlights AODA issues as one of three areas for intervention and programs. SMCHD will use this objective to focus its community based prevention efforts. In 2013 SMCHD participated in a number of AODA awareness and community programs and will use this participation as the foundation for 2014 activities.

#### Context Continued

#### Input Activities

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

<http://whatworksforhealth.wisc.edu/>

<http://www.popcenter.org/guides/>

<http://healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=40>

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

<http://www.samhsa.gov/prevention/>

<http://nrepp.samhsa.gov/>

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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 1 of 2

**Objective Value:** \$3,057

### 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 #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

**Objective Value:** \$1,500

### Objective: Primary Details

#### Objective Statement

Objective 9 - National Public Health Standards

By August 31, 2014, Shawano-Menominee Counties Health Department will conduct one activity to prepare for voluntary accreditation by conducting a quality improvement project and updating and revising agency policies and procedures.

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

#### Contract Deliverable (Evidence)

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

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

#### Programs Providing Funds for this Objective

Preventive Health and Health Services Block Grant: \$1,500

#### 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 accreditation process has been an on-going initiative for SMCHD over the last three years. We will use tools that have been created in the past (for example, the Performance Management Plan) to use as the foundation for revisions and updates.

#### 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.
- Update SMCHD Performance Management and Quality Improvement Plan
- conduct at least one Quality Improvement project
- completing an agency accreditation readiness self-assessment.
- update and revise 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>

[http://www.dhs.wisconsin.gov/r\\_counties/voluntaryaccreditation/index.htm](http://www.dhs.wisconsin.gov/r_counties/voluntaryaccreditation/index.htm)

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

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

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

**Objective #:** 2 of 2

**Objective Value:** \$1,500

<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 #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$168,516

### Objective: Primary Details

#### Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the Shawano 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: \$168,516

#### 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 #:** 24202

**Agency:** Shawano-Menominee Counties Health Department

**Contract Year:** 2014

**Program:** Women Infants Children Supplemental  
Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$168,516

**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 #: 24202  
Program: Wisconsin Well Woman

Agency: Shawano-Menominee Counties Health Department  
Objective #: 1 of 1

Contract Year: 2014  
Objective Value: \$30,701

### Objective: Primary Details

#### Objective Statement

Template Objective 1:

By December 31, 2014, (insert number) (insert name) 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 (insert name) 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: \$30,701

#### 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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