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Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to South Milwaukee Health Department whose principal business address is 2424 15th Avenue, So. Milwaukee WI, 53172. The contact for the GRANTEES Contract Administrator is:

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Section 6.D Funding Controls

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

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

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

Section 34.A Special Provisions

1. Contract Period

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

2. Final Report Dates

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

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

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

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 24204

Agency: South Milwaukee 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 #: 24204

Agency: South Milwaukee 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 #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
South Milwaukee	Childhood Lead - Consolidated	\$3,067
South Milwaukee	Immunization - Consolidated IAP	\$5,724
South Milwaukee	Maternal Child Health - Consolidated	\$8,633
South Milwaukee	Prevention - Consolidated	\$1,521
		Contract Amount
		\$18,945

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$6,475
Prevention	\$0

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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Childhood Lead

Program Total Value \$3,067

1 Template Objective 4 \$3,067

Throughout the 2014 contract period, residents from the jurisdictions of the South Milwaukee and St. Francis Health Departments will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Immunization

Program Total Value \$5,724

1 LHD Template Objective \$5,724

By December 31, 2014, 74% children residing in the South Milwaukee Health Department's 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 \$8,633

1 Template Objective 1 \$8,633

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the South Milwaukee Health Department in collaboration with community partners focusing on family supports.

Prevention

Program Total Value \$1,521

1 Template Objective 9 - National Public Health Standards \$1,521

By August 31, 2014, The South Milwaukee Health Department will conduct one activity to prepare for voluntary accreditation by completing an agency accreditation readiness self-assessment.

Total of Contract Objective Values	\$18,945
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$3,067

Objective: Primary Details

Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdictions of the South Milwaukee and St. Francis Health Departments will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$3,067

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Currently in St. Francis for 2012 there was 1 additional child with a level greater than 5 mcg/dl. In South Milwaukee for 2012 there were 6 children with venous lead levels 5 mcg/dl or greater that would require environmental inspections.

Context

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

Context Continued

Input Activities

This will be the first year that we will conduct environmental investigations for venous blood lead levels of 5mcg/dl or greater.

Objective: Risk Profile

Percent of Objective Accomplished

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$3,067

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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 #: 24204
Program: Immunization

Agency: South Milwaukee Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$5,724

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 74% children residing in the South Milwaukee Health Department's 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 South Milwaukee Health Department's 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: \$5,724

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204
Program: Immunization

Agency: South Milwaukee Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$5,724

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 #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,633

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the South Milwaukee Health Department in collaboration with community partners focusing on family supports.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

Required deliverables include:

1. A completed baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking ¿Final for Contract Year¿ by January 31, 2015.
2. Documentation of participation in the MCH Annual Conference.
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed Partnership Report for the Focus Area that directly aligns with the objective.
6. A completed Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.>
7. A SPHERE report as defined within the Data Source for Measurement for the ASQ-3 and ASQ-SE screenings completed:

FOR ASQ-3: A SPHERE report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement to document: 1) an unduplicated number of infants and children assessed during the contract period from South Milwaukee Health Department, 2) the number of those children who scored age appropriately in all developmental domains of the most recent Ages and Stages Questionnaire-Third Edition, and 3) the number of children who did not score age appropriately on developmental levels and results of the plan of action with a focus on who are receiving intervention services.

FOR ASQ-SE: A SPHERE report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement to document 1) unduplicated number of infants and children who received social-emotional developmental assessments from South Milwaukee Health Department and 2) the number of children who did not score age appropriately and results of the plan of action with a focus on who are receiving intervention services.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$8,633

Agency Funds for this Objective:

Data Source for Measurement

SPHERE Report of the MCH Core Competencies.

MCH Conference Attendee List

Webinar Evaluation

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

SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,633

Partner Representation and Contribution of Partnership.

FOR ASQ3: Individual/Household Report to include the MCH Required Demographic Data and data from the following screen: Intervention: Screening, Sub-Intervention: Developmental Assessment ASQ: SE (with details), plan of action and results (if need identified); and if need identified, Intervention: Referral and Follow-up, Sub-Intervention: Type/place and outcome.

FOR ASQ:SE-Individual/Household Report to include MCH Required Demographic Data and data from the following screen: Intervention: Screening, Sub-Intervention: Developmental Assessment ASQ:SE (with details), plan of action and results (if need identified); and if need identified, Intervention: Referral and Follow-up, Sub-Intervention: Type/place and outcome.

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

Baseline for Measurement

The South Milwaukee Health Department is a guiding member of the School Community Advisory Committee which is the committee that oversees the work of the Community Health Improvement Plan and Process. Our MCH work primarily comes out of the Positive Parenting Focus Group. Please see the Input Activities for updates towards the implementation of those activities. Our implementation activities will continue on into 2014 as it is a 3-5 year work plan.

Our health department will continue to provide ASQ screenings for 9 month olds and 2 year olds.

We are also very active in a long standing Early Childhood Interagency Council that involves many communities and organizations with resource sharing.

Regarding ASQ screenings for 2013 we have completed 40 ASQ screenings and 1 ASQ SE screening.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm> for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,633

children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm>.

Context Continued

Steps: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency's jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan - In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation - The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Step 4: Evaluation and Sustainability - Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

REQUIRED SUPPORT ACTIVITIES:

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

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,633

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

Input Activities

This is year four for our department and we are in the implementation phase of our plan. Through our Community Health Improvement Plan and Process, our Focus Group, Positive Parenting, is working on implementation through our 3-5 year work plan. Goal: Foster Parenting abilities in current and future parents under these six protective factors: Nurturing and Attachment, Knowledge of Parenting and Child Development, Parental Resilience, Social Connections, Concrete Support for Parents, Social and Emotional Competence of Children. Updates on where we are with strategies and what we will be doing in the coming year; Strategy 1: Work with Early Childhood Developmental Days to survey parents for workshops they would like and when is the best time. (This was completed in March at the Developmental Days and a workshop is scheduled on nutrition in coordination with UW extension for November.) Year 2 would be to include offerings of workshops on the same day for parents at the Developmental Days; this is being discussed for March of 2014. Strategy 2: Year 1 would be to survey the Middle School students on educational topics they would like offered, at the same time survey their parents. (The committee, which included school district members, completed the surveys but when forwarded to pupil services the committee was told about a policy that would not permit the surveys. It was recommended that another committee be formed to look at the Online Youth Risk Behavior Surveys to be adapted and used for both the students and parents and the survey be administered in 2014.) This strategy will be pushed back to early 2014 with the top two educational offerings being offered in late spring for students and hopefully parents. Strategy 3: Outreach with the school based Second STEP program to parents and community members that have contact with parents. Second STEP is a character building/ decision-making/ resilience program. Wanted to start by outreaching to faith based community and physicians and clinics with workshops in year one, year two would be for other municipal departments and members of the School/Community Advisory Committee (SCAC). The SCAC decided to flip this around and be educated first on the program in November at our meeting and print a magnet or card that can be handed out with the concepts of the program, then introduce it in year two to the community members.

In another focus group from our Community Health Improvement Plan and Process, our Emotional Well Being/ Mental Health Group, has determined in strategy three that it will use the Life Course Game for adults(businesses, daycares, clergy, etc.) in the Community in various settings to demonstrate diversity of people, coping skills, etc.

In addition to the implementation of the focus group work, we will continue to do the ASQ screenings for both 9 month olds and 2 year olds in our community. We will continue to share that information with their primary care provider as allowed. Sharing this information with primary care providers is another way of providing family support.

- REQUIRED SUPPORT ACTIVITIES:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2014; review at mid-year; and update in SPHERE by contract reporting deadline.
- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$8,633

- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,521

Objective: Primary Details

Objective Statement

Template Objective 9 - National Public Health Standards

By August 31, 2014, The South Milwaukee Health Department will conduct one activity to prepare for voluntary accreditation by completing an agency accreditation readiness self-assessment.

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: \$1,521

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. Our agency has been working on completing our agency strategic plan, community health assessment, and community health improvement plan and process in the past years.

Context

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

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

Context Continued

Input Activities

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

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

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

11/13/2013 10:39 AM

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24204

Agency: South Milwaukee Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$1,521

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

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

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

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

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

Objective: Risk Profile

Percent of Objective Accomplished

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

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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