



Scott Walker
Governor

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

Kitty Rhoades
Secretary

State of Wisconsin

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

Department of Health Services

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Walworth County Department of Health & Human Services whose principal business address is W4051 County Road NN, PO Box 1005, Elkhorn WI, 53121. The contact for the GRANTEES Contract Administrator is:

Janis Ellefsen
W4051 County Road NN, PO Box 1005
Elkhorn WI, 53121

Telephone: 262/ 741-3140
Fax: 262/ 741-3757
E-mail: jellefsen@co.walworth.wi.us

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 #: 24211

Agency: Walworth County 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 #: 24211

Agency: Walworth County 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 #: 24211

Agency: Walworth County 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 #: 24211

Agency: Walworth County 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 #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Contract Source of Funds		
Source	Program	Amount
Walworth County	Childhood Lead - Consolidated	\$11,410
Walworth County	Immunization - Consolidated IAP	\$22,088
Walworth County	Maternal Child Health - Consolidated	\$35,642
Walworth County	Prevention - Consolidated	\$3,711
Walworth County	WIC USDA	\$333,145
Walworth County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$28,337
Contract Amount		\$434,333

Contract Match Requirements	
Program	Amount
Childhood Lead	\$0
Immunization	\$0
MCH	\$26,732
Prevention	\$0
WIC	\$0
Well Woman	\$0

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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Childhood Lead

Program Total Value \$11,410

- | | | |
|---|--|---------|
| 1 | Template Objective 1 | \$8,000 |
| | By December 31, 2014, 1,100 children at risk for lead poisoning who reside in Walworth County will receive an age-appropriate blood lead test. | |
| 2 | Template Objective 3 | \$0 |
| | By December 31, 2014, xx 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 [10 or 5 (choose one)] micrograms per deciliter who reside in (insert name of jurisdiction). | |
| 3 | Template Objective 4 | \$3,410 |
| | Throughout the 2014 contract period, residents from the jurisdiction of the Walworth County Health Department will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. | |

Immunization

Program Total Value \$22,088

- | | | |
|---|---|----------|
| 1 | LHD Template Objective | \$22,088 |
| | By December 31, 2014, 71% children residing in Walworth 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 \$35,642

- | | | |
|---|---|----------|
| 1 | Template Objective 1 | \$25,000 |
| | By December 31, 2014, evaluation and sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Walworth County Health Department in collaboration with community partners focusing on family supports. | |
| 2 | Template Objective 1 | \$10,642 |
| | By December 31, 2014, assessment activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Walworth County Health Department in collaboration with community partners focusing on safety/injury prevention. | |

Prevention

Program Total Value \$3,711

- | | | |
|---|--|---------|
| 1 | Template Objective 12 - Environmental Health Hazards | \$3,711 |
| | By August 31, 2014, Walworth County Health Department will implement one strategy to prevent or ameliorate environmental health hazards. | |

WIC

Program Total Value \$333,145

- | | | |
|---|--|-----------|
| 1 | Template Objective 1 | \$333,145 |
| | During the contract budget period of January 1, 2014 through December 30, 2014, the Walworth County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. | |

Contract Agreement Addendum: Exhibit II(A)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Well Woman

Program Total Value \$28,337

1 Template Objective 1: \$28,337

By December 31, 2014, 99 Walworth County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Total of Contract Objective Values	\$434,333
Total of Contract Statement Of Work Values	\$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 3

Objective Value: \$8,000

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, 1,100 children at risk for lead poisoning who reside in Walworth County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in Walworth County who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$8,000

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

In 2012, 1,227 children residing in Walworth County received and age appropriate lead test, 545 performed at WIC.

Context

Acceptable value for this objective is up to \$18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ; ;Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention; (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (<http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf>, 2002).

Context Continued

Input Activities

All one and two year olds enrolled in the WIC Program will receive lead testing at WIC, along with any other child enrolled in WIC who is high risk and has not been lead tested. Private physicians in Walworth County are encouraged to test all children who qualify for testing according to "A Wisconsin Physician's Guide to Blood Lead Screening and Treatment of Lead Poisoning in Children." Walworth County Health Department will provide capillary lead screening to any child under age 6 in Walworth County who does not have insurance that would provide for testing.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 3

Objective Value: \$0

Objective: Primary Details

Objective Statement

Template Objective 3

By December 31, 2014, xx 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 [10 or 5 (choose one)] micrograms per deciliter who reside in (insert name of jurisdiction).

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

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

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)).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 3

Objective Value: \$0

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 3 of 3

Objective Value: \$3,410

Objective: Primary Details

Objective Statement

Template Objective 4

Throughout the 2014 contract period, residents from the jurisdiction of the Walworth County Health Department 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: \$3,410

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

In 2012, we used ≥ 10 mcg/dL as the criteria for investigation. 100% of children with a level ≥ 10 mcg/dL were investigated. Investigated 50%, 1 of 2, with levels between 5mcg and 9mcg /dL were investigated.

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

Children who have a capillary blood lead level ≥ 5 mcg/dL will be instructed to get a venous lead test done within one month. Children with venous lead levels ≥ 5 mcg/dL will receive a lead hazard investigation by a certified lead hazard investigator and nursing case management.

Objective: Risk Profile

Percent of Objective Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 3 of 3

Objective Value: \$3,410

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Immunization

Objective #: 1 of 1

Objective Value: \$22,088

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 71% children residing in Walworth 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 Walworth 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: \$22,088

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 #: 24211
Program: Immunization

Agency: Walworth County Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$22,088

Walworth County sends monthly tracking, contacting parents of infants without immunization histories and children under 2 years old who are behind on immunizations.

We send, at a minimum, 3 letters to families. We coordinate with WIC to reach WIC families who have children behind on immunizations. We coordinate with medical records' personnel of clinics to assure that the data entered into WIR by other providers is accurate.

In Walworth County we provide translator services and a bilingual staff member for phone calls, tracking and at least 22 open clinics or by appointment to remove barriers to immunizations for Hispanic families.

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$25,000

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, evaluation and sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Walworth County Health Department in collaboration with community partners focusing on family supports.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A SPHERE report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document: 1) A completed baseline assessment of agency core competencies by January 31, 2013, 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 Evaluation and Sustainability Report following the instructions found on the Early Childhood Systems website.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$25,000

Agency Funds for this Objective:

Data Source for Measurement

A 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 screen: Partnership Tool, (Data on this screen includes partner representation and contribution of partnership). Data on Outcome Measures, Quality Improvement tools, Community Sustainability Plan.

Baseline for Measurement

Include items that were completed in 2013:

- Coalition or collaborative details included expanding the established team between Public Health, Children's Services and Head Start, called Early Learning Network (ELN), which was established in 2008. The mission for this group is "to develop a foundation of collaborating partners so families can identify the resources and educational opportunities they need as they journey through life". Members added to ELN in 2013 include: Community Action, UW Ext, medical personnel, APFV, Teen MOPS, Alternative High Schools, 4-C, and Job Center. Purchased evidenced-based curriculum, Love Notes, for teen parenting program.

- Explain how the previous year's work is directing your 2014 activities related to the steps of assessment, planning, implementation, or evaluation and sustainability.

With the expansion of our partnerships, this allows us to extend our services and provide a more intensive wrap-around program. Implementation of the teen parenting group over an entire school is new this year, which will be evaluated at the end of the term in May, 2014.

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$25,000

supports focused on health promotion and prevention. For more information go to:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

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

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

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

Context Continued

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

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

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

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$25,000

Step 4: Evaluation and Sustainability ζ 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:

- ζ 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.
- ζ Participate in education to support the ongoing development of MCH Core Competencies.
- ζ Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- ζ 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.
- ζ Participate in MCH Program evaluation efforts throughout the contract year.
- ζ Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- ζ Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

Local health departments need to complete the following information prior to negotiations:

- Participate in core trainings, including a minimum of one (1) required State meeting and others as needed to improve competencies.
- Incorporate life course strategies into the teen parenting curriculum. Each school year students complete a reproductive life plan (CDC) and a life goals packet. Fatherhood and Healthy Relationships classes focus on student choices and how these affect outcomes for not only their lives but the lives of their children. Each week in parenting class life course is addressed whether that is through support finishing high school, attainment of job skills or post-secondary education support, focus on family planning to reduce subsequent, concurrent pregnancies, or the increase of parenting and life skills.
- Maintain and enhance the newly established teen pregnancy and parenting programs. This includes our collaboration w/ELN and the alternative high school to recently complete DPI's Inspire grant application and continue to pursue other grant funding collaboratively.
- Collaborate with community partners to create a program focused on fathers' socio-economic barriers. Partnership w/ELN has provided us with community needs assessment (Community Action) as well as support in the areas of housing (Housing Authority, Comm. Action) and Job Skill training and employment support (Job Center).
- Collaboration with AODA. Provide referrals to the Rural Women's Wrap-Around program for support for high risk pregnant and parenting women in the community.
- Collaboration with Mental Health to provide referrals for mental health services and prenatal care coordination.
- Collaboration with Early Head Start/Head Start to promote early childhood intervention and services
- Collaboration b/w school SWs/RNs, the AHS, EHS/HS, Community Action and PH to provide wrap-around case management

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$25,000

services for school aged families.

-Collaborate with WIC to provide breastfeeding classes and support to mothers and infants.

-Increase awareness among community service providers and families about the continuum of resources available for expectant and parenting families with young children by meeting monthly with ELN and bi-annual updates of resource and referral directory provided by PH.

-Provide a "no wrong door" policy for entry into community resources for pregnant and parenting families with young children, by centralizing our efforts through ELN. Consumers are able to enter from any agency at the ELN table and receive access/referrals to all county and community resources.

- Participate in local school CLC grant with multiple enrichment program presentations

- Participate in evaluation activities.

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$10,642

Objective: Primary Details

Objective Statement

Template Objective 1

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

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

A SPHERE Report and an analysis of data collected in SPHERE as defined within the Data Source for Measurement and narrative report to document: 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 Assessment Report following the instructions found on the Early Childhood Systems website.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$10,642

Agency Funds for this Objective:

Data Source for Measurement

A SPHERE Report of the MCH Core Competencies. MCH Conference Attendee List. Webinar Evaluation. A 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 screen: Partnership Tool Data entry on this screen includes Partner Representation and Contribution of Partnership. WHF Assessment Report.

Baseline for Measurement

Include items that were completed in 2013:

- Coalition or collaborative details. Provide the name of the group, how long the group has been in existence, and what the mission and goals are.

Child Death Review team has been meeting since September of 2010 with implementation of a Fetal Infant Mortality Review in September of 2012. In 2013, the group added a pediatrician, and an OB-GYN nurse. The goal is to review all child deaths with a focus on prevention as opposed to law enforcement investigations.

- Explain how the previous year's work is directing your 2014 activities related to the steps of assessment, planning, implementation, or evaluation and sustainability.

Using data and the work of the group will help assess the gaps in the community and help determine where to focus prevention efforts.

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:

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$10,642

<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>.

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

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

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

Context Continued

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

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

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

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

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$10,642

Step 4: Evaluation and Sustainability ζ 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:

- ζ 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.
- ζ Participate in education to support the ongoing development of MCH Core Competencies.
- ζ Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- ζ 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.
- ζ Participate in MCH Program evaluation efforts throughout the contract year.
- ζ Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- ζ Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).

Input Activities

Local health departments need to complete the following information prior to negotiations:

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

- Participate in education to support the ongoing development of MCH Core Competencies.
- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- Provide and implement education and/or training and utilization of the Life Course Framework on an on-going basis with community partners and enter in SPHERE.
- Participate in MCH Program evaluation efforts throughout the contract year.
- Participate in training and technical assistance as negotiated, as well as the 2014 MCH Conference.
- Complete the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
- Maintain quarterly CDR and FIMR meetings. Enter all cases into the National data base.
- Develop and implement at least 2 prevention strategies based on CDRT and FIMR findings.
- Enhance car seat program with on-site certified car seat technician and distribution of car seats based on needs. Collaborate with LE and CPS on DOT grant. Provide car seat checks as referred or at community events.
- Expand safe sleep program with distribution of pack-n-plays. Collaborate with teen pregnancy and parenting groups, WIC, HeadStart, and others in the ELN for referrals based on needs and completion of the safe sleep program.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$10,642

- 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.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$3,711

Objective: Primary Details

Objective Statement

Template Objective 12 - Environmental Health Hazards

By August 31, 2014, Walworth County Health Department will implement one strategy to prevent or ameliorate environmental health hazards.

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: \$3,711

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

Currently Walworth County Health Department participates in one event for the collection of unused or expired prescriptin and over the counter medications. Local law enforcement and public works have shown an interest in expnading this program throughout the county, providing for continual drop box collection. Implementation would keep the drugs out of the water systems and the soil, helping to preserve the environment. It also would provide an ongoing outlet for disposal, thereby removing the drugs from the home and potential hazards there.

Context Continued

Input Activities

Partner with law enforcement, public works, DEA, pharmacies, schools, health systems, and mental health to strategize and promote ways to purchase, distribute and maintain the collection site(s) and disposal of the medications.

http://www.whitehouse.gov/sites/default/files/docs/state_profile_-_wisconsin_0.pdf

The Administration's Prescription Drug Abuse Prevention Plan entitled 'Epidemic: Responding to America's Prescription Drug Abuse Crisis'

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services

Objective #: 1 of 1

Objective Value: \$3,711

Block Grant

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$333,145

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the Walworth 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: \$333,145

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%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Women Infants Children Supplemental
Nutrition

Objective #: 1 of 1

Objective Value: \$333,145

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211
Program: Wisconsin Well Woman

Agency: Walworth County Health Department
Objective #: 1 of 1

Contract Year: 2014
Objective Value: \$28,337

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, 99 Walworth 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 Walworth 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: \$28,337

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

As of the September 30, 2013(end of 3rd quarter) report, there were 165 actively enrolled women and 66 women screened through WWWP.

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

Acceptance of new clients via referrals from providers, Walworth County Health and Human Services, and other sources; mail reminders to existing clients in need of re-enrollment and rescreening services as appropriate; determination of program eligibility via proof of income, age, health insurance status for new and re-enrolling clients; entering enrollments electronically via the Forward Health Interchange System. Additionally, reporting forms with instructions to clients and providers are mailed prior to scheduled appointments.

Providers are contacted for missing information on reporting forms and, for clients with abnormal screening results, case management is done. This includes assisting women with the enrollment process for Wisconsin Well Woman Medicaid when appropriate, and finding financial assistance for non-WWWP reimbursed services via the Margot Olmstead Care Fund, the Southeast Regional Breast Care Fund, the Kohl's Southeast Wisconsin Breast Health Assistance Fund, as well as community and county resources. Education is provided to clients in explanation of procedures and diagnostic results in follow-up, to information provided by their health care provider. Another activity involves working with providers and clients to resolve billing issues. Other ongoing activities include collaboration with the breast care coordinators at Aurora Lakeland Medical Center and Memorial Hospital-Burlington. The coordinator is a participant in the Southeastern WWWP coordinators meetings.

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

--	--	--	--	--	--	--	--	--	--	--	--	--

Corresponding Potential Recoupment Amounts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24211

Agency: Walworth County Health Department

Contract Year: 2014

Program: Wisconsin Well Woman

Objective #: 1 of 1

Objective Value: \$28,337

--	--	--	--	--	--	--	--	--	--	--	--	--

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--