



Scott Walker
Governor

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

Kitty Rhoades
Secretary

State of Wisconsin

608-266-1251

Department of Health Services

FAX: 608-267-2832

TTY: 888-701-1253

dhs.wisconsin.gov

2014 DPH Consolidated Contract Addendum

This contract addendum is specific to Winnebago County Health Department whose principal business address is 112 Otter Ave., PO Box 2808, Oshkosh WI, 54903-2808. The contact for the GRANTEES Contract Administrator is:

Doug Gieryn
112 Otter Ave., PO Box 2808
Oshkosh WI, 54903-2808

Telephone: 920/ 232-3000
Fax: 920/ 232-3370
E-mail: dgieryn@co.winnebago.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 #: 24221

Agency: Winnebago 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 #: 24221

Agency: Winnebago 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 #: 24221

Agency: Winnebago 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 #: 24221

Agency: Winnebago 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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Childhood Lead

Program Total Value \$0

- 1 Template Objective 1 \$0
By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) 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).

Immunization

Program Total Value \$36,605

- 1 LHD Template Objective \$36,605
By December 31, 2014, 77% of children residing in Winnebago 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 \$59,006

- 1 By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Winnebago County Health Department in collaboration with community partners focusing on family supports(step 3). \$19,503
- 2 By December 31,2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Winnebago County Health Department in collaboration with community partners focusing on safety/injury prevention (step 3). \$39,503

Prevention

Program Total Value \$7,438

- 1 Template Objective 13 - Injury Prevention \$7,438
By August 31, 2014, Winnebago County Health Department will implement two evidence based strategies to prevent or reduce injuries.

WIC

Program Total Value \$492,114

- 1 Template Objective 1 \$492,114
During the contract budget period of January 1, 2014 through December 30, 2014, the Winnebago County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Well Woman

Program Total Value \$135,601

- 1 Template Objective 1: \$135,601
By December 31, 2014, (insert number) (insert name) County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Total of Contract Objective Values \$730,764
Total of Contract Statement Of Work Values \$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 1 of 2

Objective Value: \$0

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2014, xx children at risk for lead poisoning who reside in (insert name of jurisdiction) 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 (insert name of jurisdiction) 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

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

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

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 2

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Childhood Lead Consolidated

Objective #: 2 of 2

Objective Value: \$0

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221
Program: Immunization

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

Contract Year: 2014
Objective Value: \$36,605

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2014, 77% of children residing in Winnebago 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 Winnebago 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 to 12/31/2012

Evaluation date: 01/01/2015

Run date: 02/15/2015

Programs Providing Funds for this Objective

Immunization: \$36,605

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 not 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

WIR baseline benchmark is 77%.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221
Program: Immunization

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

Contract Year: 2014
Objective Value: \$36,605

Context Continued

Input Activities

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

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall

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

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

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

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

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

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

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

Corresponding Potential Recoupment Amounts

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

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$19,503

Objective: Primary Details

Objective Statement

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Winnebago County Health Department in collaboration with community partners focusing on family supports (step 3).

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking " Final for Contract Year" by January 31, 2015.
2. Documentation of participation in the MCH Annual Conference. (Nov. 5&6 2014 in Wisconsin Dells)
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed 2014 Partnership Report for the Family Supports Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for both the Family Supports efforts.
7. An updated Community Logic Model.
8. A completed 2014 Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.
9. Project-specific data sources to document results of activities ie. meeting agendas and minutes related to the collaborative/coalition activities and strategies related to the implementation of the family supports initiative.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$19,503

Agency Funds for this Objective:

Data Source for Measurement

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

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

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

Baseline for Measurement

Winnebago County Health Department has active participation in 2 coalitions supporting families, the Fox Valley Early Childhood Coalition and re:TH!NK.

The Fox Valley Early Childhood Coalition, established in 2013, serves Winnebago, Calumet and Outagamie Counties. Previously known as the Home Visiting Consortia, the coalition meets monthly.

An initial needs assessment was conducted in 2011 and data was updated in 2012 and 2013 for each health department jurisdiction. Based on the assessment, Winnebago County has high rates of smoking in pregnancy, high rates of low birth weight babies, higher rates of child abuse and neglect than the State average and a need for oral health care in children.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$19,503

Additionally as a region we have identified these areas of need: Increase the rate of women receiving prenatal care in the first trimester; Decrease the rate of mothers who smoke during pregnancy (or at a minimum decrease smoking during pregnancy); Increase the number of postpartum referrals to public health received from hospitals; Increase the immunization rate of children by age two (being addressed by the immunization coalition); Increase the rate of children receiving adequate oral health care; and Decrease the incidence of child abuse/neglect and domestic violence.

In 2013 the coalition secured a grant from Celebrate Children which funded projects to further the mission of the coalition. Projects focused on marketing and public awareness, resources and training. The group was branded with a logo, developed a website, created a community resource guide, delivered toolkits to local pediatrician offices, provided training on oral health and ASQ, and held a stakeholder breakfast and community resource fair. The stakeholder breakfast was held to educate and engage community stakeholders about the coalition. Community leaders were informed about the needs of young children and their families in the Fox Valley, the purpose of the coalition, accomplishments to date and plans for the future.

Winnebago County staff served on the Executive, Community Resource Guide and Toolkit committees and reviewed/provided information for the community resource guide and website design. The coalition action plan was based on the findings of the assessment. Coalition Mission: Connecting programs and partners that are invested in delivering prenatal and early childhood home visitation services to families in Calumet, Outagamie and Winnebago Counties. Vision: A coordinated universal home visitation system to promote the physical and mental health and safety of children prenatally through age 5 in the tri-county area. Project Objective: to ensure delivery of efficient home visiting services to those in need in a tri-county area.

re:TH!NK, Winnebago County's Healthy Living Partnership, is a coalition of volunteers, organizations and community agencies. A project of the Health Department, re:TH!NK provides outreach, education and resources to the community, and helps to develop and promote local and state policies in an effort to increase the health of our residents and positively impact the community environment.

re:TH!NK has promoted/participated in the following activities:

- Active Schools (integrated curriculum in schools to get students to be active in the classroom and at recess)
- Farm to School (local, fresh produce into schools and nutrition education)
- School Gardens (nutrition education and local, fresh produce in schools, integrated into curriculum to teach children where their food comes from)
- Fun Food of the Month (monthly taste testing of local foods in Oshkosh schools)
- Active Rec Guide (gives families access to opportunities to find active recreation opportunities in Winnebago County)
- Dental Access (improving dental access for Winnebago County residents through mobile dental vehicles)

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$19,503

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$19,503

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.
- 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

Activities to support step 3 Implementation include the following:

- Based on Winnebago County assessment data, the Health Department will:
 - 1)work to decrease smoking rates of pregnant women using the First Breath program
 - 2)promote use of Partnership Community Health Center Dental program and mobile dental vehicles for families in need of oral health care
- Support efforts of re:TH!NK to expand physical activity and nutrition services into daycares and other school districts
- Update Winnebago County assessment data and review for priority changes with coalition partners.
- Review and continue work on the logic model plan specific to Winnebago County in collaboration with the Tri-County Health Departments Subcommittee.
- Support efforts of the Early Childhood Coalition to continue implementation of the coalition workplan and website.

The Winnebago County Health Department will continue to identify high risk families and will link/refer them to needed resources, including WIC, PNCC and Parent Connection home visitation program. The Health Department will work with Parent Connection to identify high risk pregnant women for their Family Foundations grant.

Required Support Activities

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$19,503

- 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).

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$39,503

Objective: Primary Details

Objective Statement

By December 31, 2014, implementation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Winnebago County Health Department in collaboration with community partners focusing on safety/injury prevention (step 3).

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

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

1. A completed 2014 baseline assessment of agency core competencies by January 31, 2014, updated throughout the year and completed by marking " Final for Contract Year" by January 31, 2015.
2. Documentation of participation in the MCH Annual Conference.(Nov. 5&6 2014 in Wisconsin Dells)
3. Documentation of participation in the webinar series: Data-driven Approach to Early Childhood System-building (4 sessions, 90 minutes each).
4. Documentation of the number of life course trainings held, audience, and the number of participants.
5. A completed 2014 Partnership Report for the Safety/Injury Focus Area that directly aligned with the objective.
6. An updated assessment report showing the 2013 data used for both the and Safety/Injury Prevention efforts.
7. An updated Community Logic Model.
8. A completed 2014 Wisconsin Healthiest Families Implementation Report following the instructions found on the Early Childhood Systems website.
9. Project-specific data sources to document results of activities ie. meeting agendas and minutes related to the collaborative/coalition activities and strategies related to the implementation of the safety/injury prevention initiative.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$39,503

Agency Funds for this Objective:

Data Source for Measurement

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

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

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

Baseline for Measurement

Winnebago County Health Department serves on two active coalitions, Safe Kids Fox Valley and the Winnebago County Child Death Review team.

Winnebago County Child Death Review Team was established with community partners and Health Department staff co-chairing the team. The team has a mission statement and objectives established. Based on Winnebago County assessment data, the team has identified motor vehicle accidents, teen suicide and co-sleeping deaths as areas to address. In 2013 the team developed Teen Suicide
12/26/2013 02:35 PM DPH Grants and Contracts

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$39,503

Prevention recommendations which were presented to the Healthy Lifestyles committee of re:TH!NK. This committee agreed to promote the teen suicide prevention recommendations, which led to the establishment of a Teen Screen program in a local school district. The CDR team also supported Parents are the Key, a CDC parent/teen driving contract which was presented to parents at the PARTY at the PAC in November. WCHD staff also worked with CHAW to develop a prevention template for safe teen driving included on their website for promotion state wide. We also worked with a local suicide prevention program to distribute gun safety locks at a Safety/Injury prevention fair. Families in need of a safe sleep environment were given education on safe sleep practices and a portable crib for their baby.

Winnebago County is an active participant of the Safe Kids Fox Valley coalition serving on the executive committee. The coalition is a partnership of service agencies dedicated to reducing accidental injuries and death in children. A Safe Kids assessment was completed in 2011 and identified child passenger safety, safe sleep and preventing head injury for coalition prevention efforts. The health department participated in fitting stations and community events held in Winnebago County in conjunction with Safe Kids Fox Valley. We also worked with local partners to promote safe biking and distribution of bike helmets at a community event and provided education on poisoning prevention to children/parents at a safety fair sponsored by a local fire department. The health department educated staff of local pediatric offices on the newest AAP safe sleep guidelines.

Winnebago County Health Department participates on the Safe Haven planning team, a community group that is looking at ways to improve safe exchanges for child visitation in domestic abuse situations. The group is gathering data on current safety issues, looking at other models currently being used and plans to write for a grant to support efforts to improve visitation safety (also under family supports).

Context

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

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

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

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

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$39,503

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$39,503

¿ 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

Activities to support step 3, implementation, include the following:

Based on the Child Death Review team assessment, WCHD will

1) promote safe teen driving through Parents are Key activities. Staff will work with Children's Hospital of Milwaukee and State DMV to promote Parents are the Key. WCHD will also connect local partners to start a teen driving task force in Winnebago County

2) support efforts of re:TH!NK Healthy Lifestyles committee to promote use of Teen Screen in local school districts

3) evaluate/plan for distribution of gun safety locks to WC residents including WIC clients

4) assure that families have a way to provide a safe sleep environment for their baby

Based on the Safe Kids coalition assessment, WCHD will:

1) participate in car seat fitting stations and community events sponsored by Safe Kids promoting safe car seat installation

2) work with partners to promote bike safety through distribution of helmets and promotion of the reTH!NK Drive Your Bike Campaign

3) continue work with health systems and daycares to promote the safe sleep recommendations developed by the coalition, targeting OB and family practice offices.

Winnebago County Health Department will also:

-Work with coalition members to update the Safe Kids Fox Valley assessment and action plan.

-Continue implementation of the Safe Kids logic model plan for safety/injury prevention.

-Continue to work with community partners on a plan to provide safe exchanges of children during visitation in domestic abuse cases.

-Promote safety messaging through social media and agency website.

-Implement new recommendations from the Winnebago County Child Death Review Team as they pertain to the Healthiest Families Initiative.

-Continue poison prevention education at community events in the county.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$39,503

-Continue to participate in Safe Kids Fox Valley special projects promoted by the coalition.

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.

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

Corresponding Percentage Recoupment

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

Corresponding Potential Recoupment Amounts

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

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$7,438

Objective: Primary Details

Objective Statement

Template Objective 13 - Injury Prevention

By August 31, 2014, Winnebago County Health Department will implement two evidence based strategies to prevent or reduce injuries.

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: \$7,438

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

In 2013, one half of the fall screenings completed resulted in reducing at least one risk for a fall. In 2014 we will increase the number of individuals reducing their risk for a fall.

Context

Winnebago County Health Department has chosen the Injury prevention objective for the 2nd year in a row. Falls continue to be a problem for our residents 65 years and older. The Oshkosh Fire Department responded to 897 fall calls in 2012, 15% were repeat falls. Recently the Gold Cross Ambulance service has requested to access our fall screening program. Gold Cross responded over 500 fall calls in 2012.

See Oshkosh Fire Department Stats. Over 60% of the falls in 2012 and in 2013 were in individuals over 65 years old and more than half the falls occur in the home.

Oshkosh Fire Department Fall Data:

Age <10 11 to 19 20 to 39 40 to 59 60-79 80+

2012 18 38 109 169 246 317

2013* 13 23 89 132 211 242

Fall Locations Assisted Living Home Nursing Home Community location

2012 119 456 64 257

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$7,438

2013* 82 353 46 222

Repeat Falls Falls Repeat Falls

2011 1047 96

2012 897 152

2013* 711 74

* Jan - Sept 29, 2013

This program addresses Healthy People 2020 Injury prevention objective to prevent an increase in fall related deaths among 65+ and Healthiest Wisconsin 2020 to reduce the leading causes of injury (falls, motor vehicle crashes, suicide/self harm, poisoning and homicide/assault) and violence through policies and programs that create safe environments and practices.

The outcome measure will be: In 2013, one half of the fall screenings completed resulted in reducing at least one risk for a fall. In 2014 we will increase the number of individuals reducing their risk for a fall.

Context Continued

Strategies:

1) Education of EMS responders and Public health nurses to respond effectively using motivational interviewing techniques with fall victims increasing the likelihood the person will do something to reduce their risk for a fall.

2) Utilize evidenced based screening tool (STEADI) to identify risks, educate and reduce fall risks.

Input Activities

CDC strongly encourages Preventive Health and Health Services Block Grant funds be used only on evidence based strategies, best practices or promising practices. Describe the strategies/practices to be used and identify the associated web links as available.

The program is designed to provide EMS responders with tools to support fall victims in finding ways to reduce their risks for a fall through self identification or through a fall screening. WCHD staff provides EMS responders with a brief motivational interviewing training session, education about fall risks and the local community resources. A motivational interviewing technique by the EMS responder conveys an empathic supportive message that supports change. See the attached bookmark for EMS tips. (<https://docs.google.com/file/d/0B2g0NBvcvzh2Zm9WQ09idUhSbVU/edit?usp=sharing>)

The resource information is provided in a booklet format for EMS responders to leave in the home. (<https://docs.google.com/file/d/0B2g0NBvcvzh2Zm9WQ09idUhSbVU/edit?usp=sharing>) If a client wishes further assistance they may be referred for a free fall assessment in the home.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Preventive Health and Health Services
Block Grant

Objective #: 1 of 1

Objective Value: \$7,438

The fall screening titled "Stay Active Be Confident" mirrors CDC's evidence based tool kit called "STEADI (Stopping Elderly Accidents, Death and Injury)". It involves:

- 1) a home visit to do a multifaceted fall screening including fall history, medication review, vital signs, cognitive and depression screening, environmental assessment and functional mobility screen.
- 2)The assessment identifies risks, and provides education about how to reduce or remove those risks.
- 3)If the client has a risk requiring MD interaction a referral is made to the MD.
- 4)All clients are helped to develop an exercise plan that they would be most likely to do in home exercises (from the "Stay Safe, Stay Active", evidenced based community program, home exercise tool Barnett ET. Al); Or connection with Evidenced based programs such as Strong Bones, Tai Chi, Living Well with Chronic Conditions, and Steppin On. See <http://www.cdc.gov/HomeandRecreationalSafety/Falls/compendium.html>. The third option is connection with community facilities that have exercise programming for the older adult such as local senior centers and the YMCA.
- 5)All clients receive education about the importance of vitamin D and are encouraged to talk to their physician about including it in the medication regimen.
- 6)All clients receive follow up with a contact one month later to see how the individualized plan worked, if changes were made, barriers to carrying out the plan.

The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls. Exercise and vitamin D are the primary focus of our recommended interventions.

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value: \$492,114

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2014 through December 30, 2014, the Winnebago 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: \$492,114

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 #: 24221

Agency: Winnebago County Health Department

Contract Year: 2014

Program: Women Infants Children Supplemental
Nutrition

Objective #: 1 of 1

Objective Value: \$492,114

Corresponding Percentage Recoupment

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

Corresponding Potential Recoupment Amounts

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

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--

Contract Agreement Addendum: Exhibit II(B)

Contract #: 24221
Program: Wisconsin Well Woman

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

Contract Year: 2014
Objective Value: \$135,601

Objective: Primary Details

Objective Statement

Template Objective 1:

By December 31, 2014, (insert number) (insert name) County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

Deliverable Due Date: 01/31/2015

Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of (insert name) County residents ages 35-64 years who received screening services through the Wisconsin Well Woman Program.

Programs Providing Funds for this Objective

Wisconsin Well Woman: \$135,601

Agency Funds for this Objective:

Data Source for Measurement

Agency records.

Baseline for Measurement

Context

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

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

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

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

Corresponding Percentage Recoupment

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

Corresponding Potential Recoupment Amounts

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

Definition of Percent Accomplished

--

Conditions of Eligibility for an Incentive

--