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Department of Health Services

**2015 DPH Consolidated Contract Addendum**

This contract addendum is specific to Forest County Health Department whose principal business address is Courthouse - 200 East Madison, Crandon, WI 54520. The contact for the GRANTEE’S Contract Administrator is:

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**Section 6.D Funding Controls**

Funding controls are summarized below. The [2015 Consolidated Contract Overview](#) contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2015 are limited to 6/12<sup>th</sup> of the contract with the balance paid after July 1, 2015 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12 <sup>th</sup> Funding Controls			
Profile ID	Name	Profile ID	Name
103010	Regional Radon Information Centers	159320	MCH
151734	Oral Health Supplement	159321	Reproductive Health
151735	Oral Health Mouth Rinse	159327	Family Planning
152002	Reproductive Health SLOH	181005	TPCP-WIS-WINS
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157720	Childhood Lead		

Payments through September 30, 2015 are limited to 9/12<sup>th</sup> of the contract with the balance paid after October 1, 2015 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 157000 (Well Woman) is limited to January 1, 2015 through June 30, 2015. No expenses incurred after June 30, 2015 will be reimbursed. The [2015 Consolidated Contract Overview](#) contains current funding periods for all Profile IDs that are part of the consolidated contract.

### **2. Final Report Dates**

The due date of the final fiscal report for Profile 150327 (Radon Outreach) shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150327, 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.

The [2015 Consolidated Contract Overview](#) contains final report due dates for all Profile IDs that are part of the consolidated contract.

## **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 #: 27439

Agency: Forest County Health Department

Contract Year: 2015

### **Program: Immunization** 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) Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET) and/or written disease-specific guidance from DPH (e.g. Pertussis Guidelines). Local Health Departments (LHDs) should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting. Contractees should solicit the help of the Wisconsin Immunization Program when needed to help assure that an adequate system is in place to report and investigate VPD.
  - B) Contractees must annually formally evaluate immunization delivery and the use of vaccine preventable disease surveillance systems and improve the use of those systems in their jurisdictions where needed (e.g., the Wisconsin Electronic Disease Surveillance System (WEDSS).
  - C) Contractees must work in collaboration with the Wisconsin Immunization Program to increase the use of existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems.
- 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) Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2020 goals.
- 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) Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization population-based data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule according to the ACIP recommendations. Tracking and recall shall be conducted at least every other month as required by the Wisconsin "Policies and Procedures Manual for Immunization Programs".
  - B) Contractees immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law HFS 144 (section 252).
- 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) Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

## Contract Agreement Addendum: Exhibit I

Contract #: 27439

Agency: Forest County Health Department

Contract Year: 2015

- 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) Contractees must coordinate immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
  - A) Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed.
  - B) The LHD should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule.
  - C) LHDs should promote the exchange and sharing of immunization data using immunization registries.
  - D) The LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINet Manual.
- 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) Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.
  - B) The LHD will follow the Wisconsin "Policies and Procedures Manual for Immunizations" developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon; as well as Immunization Policy Memos issues periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.
- 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) Billing for payment of childhood immunization services is not required under this section.
  - B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services. Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied

## Contract Agreement Addendum: Exhibit I

Contract #: 27439

Agency: Forest County Health Department

Contract Year: 2015

vaccines. The message must be given to the client in a way and in a language the client understands.

- C) Grantees must screen for insurance eligibility in accordance with current DPH guidelines for state supplied vaccines.
- 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) Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.
  - B) LHDs will utilize the WIR for immunization level data analysis.
  - C) LHDs and Tribes will assure staff competence with the WIR system. LHD and Tribal health staff must attend at least one Regional WIR User Group Meetings or Wisconsin VFC Workshops where WIR is included in the agenda. Attendance at these meetings is necessary for staff to maintain a thorough working knowledge of the functionality of the WIR.

## Contract Agreement Addendum: Exhibit I

Contract #: 27439

Agency: Forest County Health Department

Contract Year: 2015

### 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 #: 27439

Agency: Forest County Health Department

Contract Year: 2015

- 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 #: 27439

Agency: Forest County Health Department

Contract Year: 2015

<b>Contract Source of Funds</b>		
<b>Source</b>	<b>Program</b>	<b>Amount</b>
Forest County	Childhood Lead - Consolidated	\$1,579
Forest County	Immunization - Consolidated IAP	\$6,159
Forest County	Maternal Child Health - Consolidated	\$7,903
Forest County	Oral Health - Fluoride Mouthrinse	\$868
Forest County	Oral Health - Fluoride Supplement	\$1,007
Forest County	WIC USDA	\$64,381
Forest County	Well Woman - WWWP GPR ss.255.06(2) LPHD	\$4,410
		<b>Contract Amount</b>
		<b>\$86,307</b>

<b>Contract Match Requirements</b>	
<b>Program</b>	<b>Amount</b>
Childhood Lead - Con	\$0
Immunization	\$0
MCH	\$5,927
Oral Health	\$0
Oral Health - Mouthrinse	\$0
WIC	\$0
Well Woman	\$0

<b>Program Sub-Contracts</b>		
<b>Program</b>	<b>Sub-Contractee</b>	<b>Sub-Contract Amount</b>
Childhood Lead - Con	None Reported	\$0
Immunization	None Reported	\$0
MCH	None Reported	\$0
Oral Health	None Reported	\$0
Oral Health - Mouthrinse	None Reported	\$0
WIC	None Reported	\$0
Well Woman	None Reported	\$0

## Contract Agreement Addendum: Exhibit II(A)

Contract #: 27439

Agency: Forest County Health Department

Contract Year: 2015

### Immunization

**Program Total Value \$6,159**

1 LHD Template Objective \$6,159

By December 31, 2015, 81% children residing in Forest 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 \$7,903**

1 Template Objective 2 \$7,903

By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2015 will be implemented by the Forest County Health Department in collaboration with community partners.

### Oral Health

**Program Total Value \$1,007**

1 Template Objective 1 \$1,007

School-Based Fluoride Supplement Program: By December 31, 2015, 25 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Forest County Health Department.

### Oral Health - Mouthrinse

**Program Total Value \$868**

1 Template Objective 1 \$868

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 400 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Forest County Health Department during the 2014-2015 school year.

### WIC

**Program Total Value \$64,381**

1 Template Objective 1 \$64,381

During the contract budget period of January 1, 2015 through December 30, 2015, the Forest County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

### Well Woman

**Program Total Value \$4,410**

1 Template Objective 1: \$4,410

By June 30, 2015, 21 Forest County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

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<b>Total of Contract Objective Values</b>	\$84,728
<b>Total of Contract Statement Of Work Values</b>	\$0

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439  
**Program:** Immunization

**Agency:** Forest County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$6,159

### Objective: Primary Details

#### Objective Statement

LHD Template Objective

By December 31, 2015, 81% children residing in Forest 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:** 02/15/2016

#### Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Forest County Health Department jurisdiction who turned 24 months of age in 2015 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 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2013 - 12/31/2013

Evaluation date: 01/01/2016

Run date: 02/15/2016

#### Programs Providing Funds for this Objective

Immunization: \$6,159

#### Agency Funds for this Objective:

#### Data Source for Measurement

Wisconsin Immunization Registry Records.

#### Baseline for Measurement

The 2013 end of year population based standard benchmark report will be used to determine the baseline for the 2015 population based objective.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2011 thru 12/31/2011

Evaluation Date: 01/01/2014

Run Date: After: 02/15/2014

WIR Baseline report:

Total clients: 98; 76 clients (78%) met all benchmark criteria, 22 clients did not

#### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439  
**Program:** Immunization

**Agency:** Forest County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$6,159

analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

### 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

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439  
**Program:** Immunization

**Agency:** Forest County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$6,159

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

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

Contract #: 27439

Agency: Forest County Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$7,903

### Objective: Primary Details

#### Objective Statement

Template Objective 2

By December 31, 2015, the Keeping Kids Alive Initiative for CDR for year 2015 will be implemented by the Forest County Health Department in collaboration with community partners.

**Deliverable Due Date:** 01/31/2016

#### Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.
2. A completed Partnership Report in SPHERE
3. Completed evaluation surveys as requested by the MCH Program.
4. Documentation of utilization of the KKA model in WI, including data entry
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed KKA Assessment Tool Report or Planning and Implementation Report;

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

#### Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$7,903

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies
2. 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
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to Keeping Kids Alive (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

#### Baseline for Measurement

Baseline information as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.

#### Context

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/>

Note: preventive interventions will be implemented via the Healthiest Families Initiative.

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 1

**Objective Value:** \$7,903

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths to integrate the Keeping Kids Alive in Wisconsin recommendations into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist  
(taking into consideration fetal deaths along with infant and child deaths)
2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin Model
3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths
4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

### **Context Continued**

Primary Activities: Local public health departments will complete the following activities. Moving to the Wisconsin Healthiest Families objective for prevention activities may be undertaken at any time, as the community sees fit.

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 1

**Objective Value:** \$7,903

### Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

### Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams, fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the Wisconsin Healthiest Families objective to support review recommendations moving to action within your community.

### Input Activities

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

1. Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; review at mid-year; and update in SPHERE by contract reporting deadline.
2. Participate in education to support the ongoing development of MCH Core Competencies.
3. Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
4. Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
5. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
6. Participate in MCH Program evaluation efforts throughout the contract year.
7. Engage in activities with community partners to accomplish assessment and/or planning and implementation, as identified in the 2015 Keeping Kids Alive Supplement to GAC Objective.
8. Request technical assistance from Children's Health Alliance of Wisconsin and/or MCH contract administrator as needed.
9. Promote the MCH Hotline.
10. (Optional) Participate in a Learning Community.

### Objective: Risk Profile

### Percent of Objective Accomplished

## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

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

**Objective #:** 1 of 1

**Objective Value:** \$7,903

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439  
**Program:** Oral Health

**Agency:** Forest County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$1,007

### Objective: Primary Details

#### Objective Statement

Template Objective 1

School-Based Fluoride Supplement Program: By December 31, 2015, 25 children ages 6 months through 16 years from non-fluoridated communities will participate in a dietary fluoride supplement program administered by the Forest County Health Department.

**Deliverable Due Date:** 01/31/2016

#### Contract Deliverable (Evidence)

A report to document, by age and community, the number of children who participated in a dietary fluoride supplement program administered by the Forest County Health Department.

#### Programs Providing Funds for this Objective

Oral Health: \$1,007

#### Agency Funds for this Objective:

#### Data Source for Measurement

1. Wisconsin Oral Health Program Annual Report will be provided and must be completed and submitted with documentation of the number of children, including age and community, who participated in the dietary fluoride supplement program.
2. SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Supplement (no detail screen).

#### Baseline for Measurement

2013 we provided supplements to 22 children.

2014 we have provided supplements to 25 children as of October.

#### Context

This program is targeted to children in non-fluoridated communities or rural areas with low natural fluoride in the water. The target population for this program is children from age 6 months to 16 years. Water sources must be tested to determine the fluoride content prior to determining the dosage for dietary fluoride supplements. The dosage for dietary fluoride supplements is established by the American Dental Association (ADA). The ADA Dietary Fluoride Supplement Schedule must be adhered to when administering dietary fluoride supplements for this objective.

#### Context Continued

#### Input Activities

The health department will promote fluoride supplement use to eligible families through the WIC program, Head Start programs and all other health department programs, such as PNCC and Immunization visits. We will also do outreach through area providers and other partners such as the Northwood's Dental Project whom we partner with to provide sealants and varnishes.

### Objective: Risk Profile

#### Percent of Objective Accomplished

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

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#### Corresponding Potential Recoupment Amounts

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#### Definition of Percent Accomplished

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#### Conditions of Eligibility for an Incentive

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

**Program:** Oral Health - Fluoride Mouthrinse

**Objective #:** 1 of 1

**Objective Value:** \$868

### Objective: Primary Details

**Objective Statement**

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2015, 400 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Forest County Health Department during the 2014-2015 school year.

**Deliverable Due Date:** 01/31/2016

**Contract Deliverable (Evidence)**

A report to document, by grade and community, the number of children who participated in a school-based fluoride mouthrinse program administered by the Forest County Health Department during the 2014-2015 school year.

**Programs Providing Funds for this Objective**

Oral Health - Fluoride Mouthrinse: \$868

**Agency Funds for this Objective:**

**Data Source for Measurement**

1. Wisconsin Oral Health Program Annual Report will be provided and must be completed and submitted with documentation of the number of children, including grade and community, who participated in the fluoride mouthrinse program during the 2014-2015 school year.

2. SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Mouthrinse (no detail screen).

**Baseline for Measurement**

2013-2014 school year we provided mouth rinse for 445 children.

2014-2015 school year we have 410 children receiving mouth rinse.

**Context**

School-based fluoride mouthrinse programs are evidence-based prevention strategies that prevent dental caries (cavities). The children targeted by this objective must be in first grade or above. School-based fluoride mouthrinse programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level.

**Context Continued**

**Input Activities**

The health department will continue to collaborate with the three elementary schools to provide the mouth rinse program. The health department will coordinate the program, order all supplies, make sure the permission forms and rosters are in place, and conduct any necessary staff training.

### Objective: Risk Profile

**Percent of Objective Accomplished**

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

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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## Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$64,381

### Objective: Primary Details

#### Objective Statement

Template Objective 1

During the contract budget period of January 1, 2015 through December 30, 2015, the Forest County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

**Deliverable Due Date:** 12/31/2015

#### 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 238 participants.

#### Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$64,381

#### Agency Funds for this Objective:

#### Data Source for Measurement

#### Baseline for Measurement

#### Context

WIC participation means the number of "total participating" on the monthly participation report maintained and monitored by the State WIC Program Office. It is defined as the number of WIC participants, who receive WIC food instruments for one calendar month,

including the number of exclusively breastfed infants.

#### Context Continued

#### Input Activities

Policies and procedures as outlined in the Wisconsin WIC Operations Manual.

#### Objective: Risk Profile

#### Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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**Contract Agreement Addendum: Exhibit II(B)**

**Contract #:** 27439

**Agency:** Forest County Health Department

**Contract Year:** 2015

**Program:** Women Infants Children Supplemental Nutrition

**Objective #:** 1 of 1

**Objective Value:** \$64,381

**Corresponding Percentage Recoupment**

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**Corresponding Potential Recoupment Amounts**

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**Definition of Percent Accomplished**

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**Conditions of Eligibility for an Incentive**

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# Contract Agreement Addendum: Exhibit II(B)

**Contract #:** 27439  
**Program:** Wisconsin Well Woman

**Agency:** Forest County Health Department  
**Objective #:** 1 of 1

**Contract Year:** 2015  
**Objective Value:** \$4,410

## Objective: Primary Details

### Objective Statement

Template Objective 1:

By June 30, 2015, 21 Forest County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

**Deliverable Due Date:** 10/31/2016

### Contract Deliverable (Evidence)

An agency generated report to document an unduplicated count of Forest 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: \$4,410

### Agency Funds for this Objective:

### Data Source for Measurement

Agency records.

### Baseline for Measurement

### Context

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

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

### Context Continued

### Input Activities

## Objective: Risk Profile

### Percent of Objective Accomplished

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

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### Corresponding Potential Recoupment Amounts

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### Definition of Percent Accomplished

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### Conditions of Eligibility for an Incentive

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