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Department of Health Services

2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Milwaukee City Health Department whose principal business address is 841 North Broadway 3rd Floor, Milwaukee, WI 53213-0068. 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 6/12th 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 th 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 9/12th 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 #: 27463

Agency: Milwaukee City 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 #: 27463

Agency: Milwaukee City 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 #: 27463

Agency: Milwaukee City 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 II

Program Objectives

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

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

| Contract Source of Funds | | |
|---------------------------------|--------------------------------------|--------------------|
| Source | Program | Amount |
| Milwaukee City | Childhood Lead - Consolidated | \$259,869 |
| Milwaukee City | Immunization - Consolidated IAP | \$261,898 |
| Milwaukee City | Maternal Child Health - Consolidated | \$531,333 |
| Milwaukee City | WIC USDA | \$1,584,126 |
| Contract Amount | | \$2,637,226 |

| Contract Match Requirements | |
|------------------------------------|-----------|
| Program | Amount |
| Childhood Lead - Con | \$0 |
| Immunization | \$0 |
| MCH | \$398,500 |
| WIC | \$0 |

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

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Immunization

Program Total Value \$261,898

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|---|---|-----------|
| 1 | LHD Template Objective | \$104,759 |
| | By December 31, 2015, 64% children residing in City of Milwaukee 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. | |
| 2 | By December 31, 2015, the Milwaukee Health Department (MHD) will work with MPS and Private schools in the city of Milwaukee to increase the City immunization compliance rate by 2% from 88% to 90%. | \$157,139 |

MCH

Program Total Value \$531,333

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|---|--|-----------|
| 1 | By December 31, 2015, implementation activities and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the City of Milwaukee Health Department in collaboration with community partners focusing on child development. | \$79,028 |
| 2 | By December 31, 2015, evaluation and sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Milwaukee Health Department in collaboration with community partners focusing on family supports. | \$452,305 |

WIC

Program Total Value \$1,584,126

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|---|--|-------------|
| 1 | Template Objective 1 | \$1,584,126 |
| | During the contract budget period of January 1, 2015 through December 30, 2015, the City of Milwaukee Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load. | |

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|---|-------------|
| Total of Contract Objective Values | \$2,377,357 |
| Total of Contract Statement Of Work Values | \$0 |

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463
Program: Immunization

Agency: Milwaukee City Health Department
Objective #: 1 of 2

Contract Year: 2015
Objective Value: \$104,759

Objective: Primary Details

Objective Statement

LHD Template Objective

By December 31, 2015, 64% children residing in City of Milwaukee 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: 02/16/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert 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: \$104,759

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

Wisconsin Immunization Registry

Report generated on 10/27/2014

Report generated by Marisa Stanley

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463
Program: Immunization

Agency: Milwaukee City Health Department
Objective #: 1 of 2

Contract Year: 2015
Objective Value:
\$104,759

City of Milwaukee Health Department

Filter conditions used for this report:

Clients Residing in City: MILWAUKEE

Both clients who DID or did NOT meet the selected benchmark(s)

Just consider immunizations as meeting the benchmark

Birth date between 01/01/2011 and 12/31/2011

Evaluation date: 01/01/2014

Benchmark age @ 24 months

Total clients: 10564; 6385 clients (60%) met all benchmark criteria, 4179 clients did not

Late up-to-date: 7855 clients (74%) met all benchmark criteria as of report generated date, 2709 clients did not

Selected benchmarks: DTaP (4), HepB (3), Hib (3), MMR (1), Pneumo (4), Polio (3), Varicella (1)

Met Benchmark: DTaP (67%), HepB (83%), Hib (86%), MMR (84%), Pneumo (78%), Polio (84%), Varicella (83%)

Late UTD: DTaP (80%), HepB (86%), Hib (90%), MMR (88%), Pneumo (85%), Polio (87%), Varicella (88%)

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.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463
Program: Immunization

Agency: Milwaukee City Health Department
Objective #: 1 of 2

Contract Year: 2015
Objective Value:
\$104,759

Context Continued

Input Activities

1. MHD will do quarterly reminder/recall mailings and calls.
2. MHD will sponsor an immunization symposium to increase provider knowledge on immunizations.
3. MHD will conduct site visits to 15 childcare providers to increase parental awareness; if a facility can obtain 20 consents MHD will conduct an onsite clinic at that site.
4. MHD will provide outreach to community based organizations and/or participate in community health education/health fair events to increase awareness about the importance of immunizations for a total of 20 outreach or education events.
5. MHD will partner with 2 WIC sites in the City to increase childhood immunizations with their clients.

Objective: Risk Profile

Percent of Objective Accomplished

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|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 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 #: 27463
Program: Immunization

Agency: Milwaukee City Health Department
Objective #: 2 of 2

Contract Year: 2015
Objective Value: \$157,139

Objective: Primary Details

Objective Statement

By December 31, 2015, the Milwaukee Health Department (MHD) will work with MPS and Private schools in the city of Milwaukee to increase the City immunization compliance rate by 2% from 88% to 90%.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

1. A report summarizing immunization compliance activities, including school clinic activities, an update on record reconciliation and school site visits.
2. A copy of MPS's School Report to Local Health Departments annual immunization compliance report.
3. A copy of vaccine usage report indicating the number of clients and vaccinations entered into the registry.

Programs Providing Funds for this Objective

Immunization: \$157,139

Agency Funds for this Objective:

Data Source for Measurement

School Report to Local Health Departments

Baseline for Measurement

All of city of Milwaukee school compliance in 2013 = 87.6%

Context

Continuation of goal to meet the Healthy People 2020 goal of having 95% of children in compliance with school and childcare immunizations requirements.

Context Continued

Input Activities

1. By December 31, 2015 MHD will provide 14 offsite immunization opportunities including preparedness functional clinic exercises if vaccine is available, clinics held after 6p and possibly on Saturdays to increase access for children of working parents.
2. By December 31, 2015 MHD will continue to refine and implement policies, procedures and intervention activities to address private schools who fail to submit the required School Report to Local Health Departments.
3. By December 31, 2015 MHD will conduct site visits to 15 schools (including both public and private); if a facility can obtain 20 consents MHD will conduct an onsite clinic at that site.
4. MHD will enter all immunizations administered at offsite and onsite clinics into the WIR.
5. MHD will collaborate with the DA to hold two immunization requirement educational meetings; one with schools and one with childcare providers.

Objective: Risk Profile

Percent of Objective Accomplished

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|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 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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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463
Program: Immunization

Agency: Milwaukee City Health Department
Objective #: 2 of 2

Contract Year: 2015
Objective Value: \$157,139

Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$79,028

Objective: Primary Details

Objective Statement

By December 31, 2015, implementation activities and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the City of Milwaukee Health Department in collaboration with community partners focusing on child development.

Deliverable Due Date: 10/31/2016

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 for the Focus Area(s) that directly align with the objective.
3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.
4. Completed evaluation surveys as requested by the MCH Program.
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

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: \$79,028

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
3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$79,028

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 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

Primary Activities: 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 #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 1 of 2

Objective Value: \$79,028

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

Input Activities

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

- 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.
- 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 ongoing basis with community partners and enter in SPHERE.
- Participate in MCH Program requests related to evaluation efforts throughout the contract year.
- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.
- Request technical assistance from MCH contract administrator as needed.
- Promote the MCH Hotline.
- (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

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

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 #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value: \$452,305

Objective: Primary Details

Objective Statement

By December 31, 2015, evaluation and sustainability activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Milwaukee Health Department in collaboration with community partners focusing on family supports.

Deliverable Due Date: 10/31/2016

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 for the Focus Area(s) that directly align with the objective.
3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.
4. Completed evaluation surveys as requested by the MCH Program.
5. Documentation of agency participation in the MCH/KKA annual summit.
6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

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: \$452,305

Agency Funds for this Objective:

Data Source for Measurement

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
3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework
4. Evaluation and/or survey tools
5. MCH/KKA Summit attendee list
6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

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.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value:
\$452,305

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.

Context Continued

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>.

Primary Activities: 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 #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Maternal and Child Health Block Grant

Objective #: 2 of 2

Objective Value:
\$452,305

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

Input Activities

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

- ζ 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.
- ζ Participate in education to support the ongoing development of MCH Core Competencies.
- ζ Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.
- ζ Provide and implement education and/or training and utilization of the Life Course Framework on an ongoing basis with community partners and enter in SPHERE.
- ζ Participate in MCH Program requests related to evaluation efforts throughout the contract year.
- ζ Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.
- ζ Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.
- ζ Request technical assistance from MCH contract administrator as needed.
- ζ Promote the MCH Hotline.
- ζ (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

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| 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 #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental Nutrition

Objective #: 1 of 1

Objective Value:
\$1,584,126

Objective: Primary Details

Objective Statement

Template Objective 1

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

Deliverable Due Date: 10/31/2016

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 7757 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: \$1,584,126

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

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

Contract #: 27463

Agency: Milwaukee City Health Department

Contract Year: 2015

Program: Women Infants Children Supplemental
Nutrition

Objective #: 1 of 1

Objective Value:
\$1,584,126

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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