

**DIVISION OF PUBLIC HEALTH  
DPH CONTRACT 27476  
AMENDMENT 2**

The Department of Health Services, on behalf of the Division of Public Health and the Racine City Health Department agree to amend their original agreement for the program titled Infant Mortality - Racine (Profile 110190) as follows:

**REVISION:** SECTION 5. SERVICES

Additional projects to be completed as detailed in attached Exhibit(s).

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
341113	760	110190	0	\$445,400	\$445,400	7/1/2015-6/30/2017

All other terms and conditions of the original agreement remain unchanged.

\_\_\_\_\_  
GRANTEE's Authorized Representative  
Name:  
Title:

\_\_\_\_\_  
Date

\_\_\_\_\_  
GRANTOR's Authorized Representative  
Chuck J. Warzecha  
Administrator / Deputy Administrator, Division of Public Health  
Department of Health Services

\_\_\_\_\_  
Date

**Exhibit II**  
**Contract between the Division of Public Health, Department of Health Services**  
**and the City of Racine for**  
**Reducing Fetal and Infant Mortality and Morbidity**  
**“Racine Healthy Babies”**

Families in the City of Racine suffer disproportionately from poor health outcomes, and high infant mortality and morbidity. Infant mortality is an internationally recognized indicator of the health of a community. From 2005-2009, the mortality rate among African American infants in the City of Racine was three times the rate for white infants.

This contract between the City of Racine (City) and the Division of Public Health (DPH) of the Department of Health Services (DHS) is intended to promote a comprehensive strength-based approach to serving families using coordinated, family-centered, community-driven, and culturally-competent services, including home visiting.

The City will use Racine County and the County’s vendors to directly perform services as provided in Exhibit I. The vendors selected to implement this contract are to use innovative approaches to reduce poor outcomes, specifically low birth weight, premature birth, and infant mortality; to improve maternal health; to improve family functioning; and to promote child health, safety and development—for pregnant women and their infants to 12 months of age, residing in zip codes 53402-53406.

The vendors must perform in accordance with Wis. Stat. 253.16. As such, its work plans and policies and procedures must incorporate the following requirements. Renewal of the grant allocation is contingent upon funding availability and performance.

**1. Program Requirements**

- Healthy Families America (HFA) is the evidence-based home visiting model that will be used for the services provided under this contract, and HFA affiliation is required.
- Collaboration with the following Racine agencies and programs providing similar and complementary services is required, to maximize the use of these funds, and to meet the requirement that 90% of the funds be used for direct services to clients.
  - Department of Children and Families (DCF) Home Visiting Contractors
  - Prenatal Care Coordination (PNCC) and Child Care Coordination (CCC) Providers
  - Racine Lifecourse Initiative for Healthy Families (LIHF)
- Vendors must establish formal memoranda of understanding with these and other similar organizations, to assure a coordinated and comprehensive program of services is implemented, as intended by Wis Stats 253.16.
- In addition, the vendors must establish or participate in a Stakeholder’s Advisory Group, to help guide the work of this project, including participation in planning, review of services and activities, and recommendations for program changes. The advisory group must include active participation by recipients or family members of the services.
- An annual allocation of up to \$250.00 per family enrolled in the program must be identified and made available as flexible funds to assist enrolled families achieve outcomes specified in their care plan. Flexible funds assist families and the home visitor/case manager to obtain goods or services that are needed immediately for family safety and functioning, and for which there is no other source of payment.

Examples of allowable costs include those for parenting classes, transportation to classes, infant cribs, car battery, minor home repairs, eviction prevention, etc.

- Vendors must initiate services and maintain a caseload of 30-40 families, according to the following risk criteria:
  - **Level 1:** Pregnant African American women who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life).
  - **Level 2:** African American pregnant or parenting (within the first 60 days of life) women who do not meet the criteria for Level 1.
  - **Level 3:** Pregnant or parenting (within the first 60 days of life) women of all other racial and ethnic groups who have had a previous preterm birth, low birth weight birth, fetal or infant death (death after 20 weeks gestation through the first year of life) or who have 4 of the 28 risk factors for the Medicaid Prenatal Care Coordination benefit.
- Written policies and procedures specify the maintenance of case records to assure adequate protection of family's confidentiality in accordance with state and federal privacy laws including those in Title XIX, the Health Insurance Portability and Accountability Act (HIPAA), and/or the Family Educational Rights and Privacy Act (FERPA).
- Vendors are required to collaborate with the health care providers for each woman, including the state-contracted HMOs, to provide support to medical prenatal care, including any Centering Pregnancy and Centering Parenting programs, and group educational sessions to enhance health care for women during the pre-conception and inter-conception periods.
- All families have established a medical home to ensure that their infant receives regular and preventive health care services.
- Vendors are required to coordinate services with service providers that care for women and their families in Racine to improve referrals for supportive services, such as hospitals and NICUs; other home visiting programs, WIC, Food Share, child care subsidy program, family violence, mental health and substance abuse services, programs from the Department of Workforce Development (e.g., W-2 and Child Care), the Department of Public Instruction and the Racine Unified School District, Racine County Human Services, faith-based organizations, housing, economic assistance, and others.
- Identify resources that address the unique cultural issues of families served.
- Provide access to interpreter services and materials in the primary language of families residing in the targeted zip codes.
- Program establishes networks with other community resources for future employee recruitment of home visitors.

## **2. BadgerCare Plus/Medicaid Enrollment, PNCC billing and use of GPR funds**

- Ensure women enrolled in the program for preconception, prenatal and postnatal services, who lack insurance or are recipients of Badgercare Plus/Medicaid have access to services.
- Assist women with early enrollment into BadgerCare Plus/Medicaid, PNCC and CCC (for those eligible), and any voluntary programs of pregnancy support for those not eligible for BadgerCare Plus/Medicaid.

- If a mother or child is BadgerCare Plus/Medicaid eligible, then billing Medicaid may be maximized as appropriate.
- Prenatal and postnatal home visits for the mother may be funded by the general purpose revenue (GPR) funds provided through this contract. However, if any prenatal or postnatal services provided to BadgerCare Plus/Medicaid eligible women are covered services under Medicaid through the PNCC benefit or otherwise, then Medicaid may be billed, and if billed, then GPR funds may not be used.
- Home visiting services for infants through 12 months of age may be funded by these GPR funds. However, the case management portion of home visiting services provided to BadgerCare Plus/Medicaid eligible children (up to age two) are covered services under Medicaid through the CCC benefit and Medicaid may be billed, and if billed, GPR funds may not be used.

### **3. Staffing model, supervision of staff and training requirements**

- The staffing model for this program must include a registered nurse who meets the qualifications of a public health nurse, as specified in Wis. Stat. s.250.06(1), and/or a social worker.
- Home Visiting staff should have knowledge of community resources and educational or experiential background in child development, and parent support.
- Home Visiting staff must be able to work with diverse family structures and meet varying needs.
- At least 25% of staff should reflect the target population based on race/ethnicity and culture.
- Home Visiting staff training should include all training recommended for HFA and PAT. Additional training should include those areas identified in the PNCC manual. All trainings should be culturally competent.
- Vendors will maintain written training plan on cultural awareness and competency.
- Vendors will provide training and curriculum that enhances services to cultural groups and reflects knowledge of the needs of the population served, including education and employment.
- Home Visiting staff will review all screening tools for cut off scores and assure referrals are made to services when appropriate.
- Home Visiting staff to have access at all times to a supervisor for urgent consultation.
- Vendor supervisors will assess staff training needs on a continual basis, and create training plans to meet those needs.
- Vendor supervisors will provide reflective supervision sessions on a monthly basis or with the frequency prescribed by HFA.
- Vendor supervisors will ensure that all evaluation materials are completed and entered into SPHERE and other agency data bases as required in a timely manner.
- Vendor supervisors will ensure home visitors are implementing the curriculum prescribed by the model employed.
- Supervisors will review status of acquisition of medical home of clients.
- Program holds monthly staff meetings that promote service provision and program accountability.

- Supervisors must review active files every quarter.
- The County will be required to consult with DPH on basic training that will be available in Racine at minimal cost. Training will be provided in areas including, but not limited to: pregnancy-related nutrition and health; strength-based family support; normal child growth and development; cultural competency; poverty; issues of adult mental health, substance abuse and domestic violence; child abuse and neglect and the effects of same on adults; issues faced by drug-exposed infants; and available supportive community resources.

#### **4. Outreach and Engagement**

- Vendor work plans must include an outreach plan about how to promote engagement and referral into the Racine Healthy Babies program, to community networks and families that employ creative, culturally appropriate outreach methods for identification of families to promote early entry into medical care and prenatal care coordination services.
- Vendors are expected to collaborate with similar programs and agencies within Racine to maximize the potential and effectiveness of outreach programs to reduce fetal and infant mortality and morbidity.
- Outreach materials reflect the voluntary program policy and all the relevant provisions within the approved Policy and Procedure Manual.

#### **5. Evaluation**

- Vendor will enroll the majority of women during pregnancy and the family may choose to continue with services until the child reaches his/her first birthday (second birthday for CCC services for BadgerCare Plus/Medicaid-eligible children).
- Performance will be measured to determine the program's effectiveness and results, using a combination of process and outcome objectives
- Additional outcome performance measures may be implemented at the time of contract renewal negotiations.
- Program evaluation will include process and outcome measures that will require data collection, data entry, quality control, running reports, and analysis. Confidentiality must be assured and all staff must be trained and supervised to assure that the evaluation is successfully executed.
- Vendors will collect data for each participant enrolled, and over time as required for the attached "Indicators for the Evaluation of the Racine Healthy Babies Home Visiting Program", DPH will determine when sufficient data is collected to determine a baseline for purposes of measuring future performance. DPH will notify the vendors when a baseline is established and at what point in time the vendors' performance will be measured to determine improvement.
- In addition to the attached "Indicators for the Evaluation of the Racine Healthy Babies Home Visiting Program", the following data that are to be collected and reported include:
  - The number and percent of women by risk criteria categories, enrolled by trimester of pregnancy
  - Program duration
  - Client contacts

- Medicaid reimbursement
- Use of flexible funds

**6. Maximize and leverage additional resources, including Medicaid reimbursement.**

- Vendors may bill Medicaid for PNCC and CCC covered services as appropriate. All reimbursement is to be reinvested in the home visiting program.
- The general purpose revenue funds are to be leveraged to bring additional funds and resources into the community to support the purpose of the program. The program should be in a strong position to apply for federal Healthy Start funding or other federal or state funding when the opportunity comes available again. This overall evaluation process improves the program's capacity to determine effectiveness of selected strategies and report regularly using consistent data elements for measurement over time.

**7. Evaluation and Reports**

- Required quarterly reports should contain:
  - Quarterly caseload reports
  - Quarterly basic SPHERE data reports, including demographics
  - Quarterly summary of each of the components #1 through #6
- Required Annual Report:
  - An annual report, derived in part from a review of fetal and infant deaths, must be prepared and submitted to the City, DHS, the legislature, and the governor, annually by July 30<sup>th</sup>.
  - The annual report will include yearly summary of the progress made for each of the components #1 through #6 as well as a report on the data in relation to the attached "Indicators for the Evaluation of the Racine Healthy Babies Home Visiting Program."