

**DIVISION OF PUBLIC HEALTH
DPH CONTRACT 30548
AMENDMENT #1**

The Department of Health Services, on behalf of the Division of Public Health and the Oneida County Health Department agree to amend their original agreement for the Personal Responsibility Education program (Profile 159354) as follows:

REVISION: SECTION 5. SERVICES

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

REVISION: SECTION 34.A.2

Insert: "The due date of the final fiscal report for Profile 159354 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 159354, 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."

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 | Funding Period |
|----------|-------------|-----------|------------------------|------------------------|--------------------|---------------------|
| 43 | 630 | 159354 | \$0 | \$50,000 | \$50,000 | 1/1/2016-12/31/2016 |

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 I
Project Positive Youth Development
Oneida County Health Department
January 1, 2016 through December 31, 2016
Work plan Agreement

Statement of Need

The leading causes of death and disability in the Wisconsin's over half million adolescents are largely preventable. Adolescence is one of the most dynamic stages of human development. It is a time of rapid change and development and it is a critical time to intervene to promote behaviors that will improve health in the long term.

The Maternal Child Health (MCH) program is aligning to the national strategy to prioritize adolescent health, and is committed to targeting adolescent populations in the communities with greatest need. Following a detailed adolescent health needs assessment, several local health departments were identified as having the greatest need for adolescent health.

The MCH program would like to offer eligible local health departments the opportunity to establish and grow a local adolescent health program. Programs should be based on the Positive Youth Development approach. Positive Youth Development (PYD) is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships and furnishing the support needed to build on their leadership strengths.

See Appendix A for more details on the statewide vision.

Who shall DHS contact regarding Project PYD. Please update this information when new staff are hired.

| Name | Role | Title | Phone | E-mail |
|--------------|------------------------|-----------------------------|--------------|-------------------------|
| Meagan Neis | Program Lead | Community Health Specialist | 715-369-6111 | mneis@co.oneida.wi.us |
| Linda Conlon | Contract Administrator | Health Officer | 715-369-6105 | lconlon@co.oneida.wi.us |
| Pattie Soder | Fiscal Contact | Account Technician | 715-369-6238 | psoder@co.oneida.wi.us |

Project PYD Program Deliverables

The requirements of this contract are to develop and implement an adolescent health program in Oneida County. The required adolescent health program activities include the following:

1. Support the Department of Health Services, Maternal Child Health Program in reaching the statewide adolescent health goals by 2020.
2. Implement at least one evidence-based program; serving 150 youth
Example Settings: 8th grade class at George Washington Middle School, Boys and Girls club afterschool program, Detention Center youth group.

| Setting | Evidence-based Program |
|------------------------------|------------------------|
| James Williams Middle School | Street Smarts |
| | |
| | |

3. Implement at least one parent education workshop; serving 15 parents
Example Settings: Parent Teacher Organization Fall Meeting, Detention Center Parent Group, Parent Support group for Child Service, Community Church.

| Setting | Program |
|------------------------|------------------------|
| YMCA of the Northwoods | Strengthening Families |
| | |
| | |
| | |

4. Ensure all program facilitators are trained prior to program implementation. Local programs shall monitor local program facilitator performance and ensure programs are being implemented with fidelity in any and all program settings. All program facilitators agree to fidelity monitoring and observations by DHS, the Training and Technical Assistance Provider, and the program evaluator.
5. Send **at least** one adult and one teen (14-18 years old) to the annual quality improvement conference. Successful conference attendance includes engaging in workshops, quality improvement activities, and system-building initiatives as determined by the adolescent health program. Teen representative can be determined in spring/summer.

| Name | Responsibility | Agency |
|-----------------|-------------------------------------|---------------------------------|
| Meagan Neis | Adolescent Health Program Oversight | Oneida County Health Department |
| Maria Otterholt | Adolescent Health Program Oversight | Oneida County Health Department |
| TBD | Teen Representative | TBD |
| | | |
| | | |

6. Ensure at least one staff from the program attends the Adolescent Health System

Building Initiative (AHSBI) Quarterly Meetings.

| Name | Responsibility | Agency | Contact Information |
|-----------------|-------------------------------------|---------------------------------|---------------------|
| Meagan Neis | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6111 |
| Maria Otterholt | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6110 |

Meeting schedule TBD in spring.

7. Ensure at least one staff from the program attends monthly program meetings.

| Name | Responsibility | Agency | Contact Information |
|-----------------|-------------------------------------|---------------------------------|---------------------|
| Meagan Neis | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6111 |
| Maria Otterholt | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6110 |
| | | | |

Monthly Meeting:

- Last week of the Month on Tuesdays from 3:00-3:45p

8. Ensure at least one staff from the program attends 75% of the Quarterly Community of Practice calls. Individuals implementing evidence-based programs must be present on at least 1 call each year.

| Name | Responsibility | Agency | Contact Information |
|-----------------|-------------------------------------|---------------------------------|---------------------|
| Meagan Neis | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6111 |
| Maria Otterholt | Adolescent Health Program Oversight | Oneida County Health Department | 715-369-6110 |
| | | | |

Community of Practice Call Schedule

- Friday February 19th from 10a-12 noon- Measuring youth development, engagement, and program impact on adolescents
- Friday May 13th form 10a-12 noon- Using interactive learning to enhance engagement
- Friday July 15th from 10a-12 noon- TBD
- Friday October 14th 10a-12 noon- TBD

9. **All** program partners and program facilitators agree to collect program data including but not limited to youth surveys, tracking attendance and program completion, stakeholder engagement, referrals to health care services, youth leadership activities,

and activities related to achieving the adolescent health program goals. Additional measures may be defined by AHSBI in 2016.

10. Engage a local health care provider in your area to promote youth friendly health care and/or the adolescent champion model.
11. Offer one youth leadership program/opportunity for youth of greatest need in the community. The Youth Leadership program must align to the youth-adult partnership model and demonstrate authentic youth engagement.
12. Develop, implement and evaluate a required annual quality improvement plan. This plan template will be provided at the quality improvement conference. Activities shall demonstrate program and staff growth each successive year of the program. The plan should include youth and community voice and shall be available to all program stakeholders as identified by the health department.
13. Ensure all youth programs are implemented in safe spaces, respect participant diversity and values, and align to the positive youth development framework.
14. Ensure program activities and impacts are shared with the community at least once per year. Enact one strategy as identified by AHSBI in 2016.
15. Ensure program expenditures fall within DHS and Office of Management and Budget guidelines. This includes contacting Project PYD administrator with any changes to scope of work.
16. Submit quarterly and annual reports as requested.

Pilot Year FY 2016 universal work plan

| Project | Pilot Year FY 2016 universal work plan | | | | | | | | | | | |
|--------------------|--|-----|--|-------|-----|---|------|--------|--|-----|-----|---|
| | Phase 1: Planning and Readiness | | Phase 2: Training Program Staff in Evidence-based Programs (EBP) & Quality Improvement planning | | | Phase 3: Quality Improvement Kick off and Adolescent Champion Recruitment | | | Phase 4: Program Launch | | | Phase 5: Reflect and Plan for 2017 |
| | Jan | Feb | March | April | May | June | July | August | Sept | Oct | Nov | Dec |
| <i>Project PYD</i> | Contract begins 1/1 Hire/Identify staff Purchase all EBP materials Attend monthly planning meetings | | Attend EBP trainings Attend AHSBI meetings Check in meeting with DHS and TA provider Finalize stakeholder engagement Finalize youth leaders Identify a Parent Trainer Attend monthly planning meetings | | | Attend QI conference Attend Parent Engagement trainings Finalize implementation partners and sites for fall launch Pilot programs as able Complete QI plan Implement Youth Leadership activities Finalize program materials and tracking systems Promote adolescent Brain Development Campaign Attend monthly planning meetings | | | Pilot Programs Observe peer program if desired Implement Youth Surveys Provide feedback on QI tools, youth survey, and evaluation plans Attend AHSBI meeting Pilot Parent Education Work with Health Care partner to apply for Adolescent Champion model Implement Youth Leadership activities Promote adolescent Brain Development Campaign Attend monthly planning meetings | | | Gear up for fall 2017 Annual Reports due |

Enclosed: Appendix A, 2016 Work plan, and Budget