

January 24, 2011

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Dear Ms. White,

Nebraska is pleased to submit the post-award state plan under the *Personal Responsibility Education Program (PREP)* FY 2010. Submission is made in accordance with the application requirements provided by the U.S. Department of Health and Human Services, Administration for Children and Families. The Code of Federal Domestic Assistance (CFDA) number for the grant is 93.092. State statutes resulting from LB 296 (2007), Section 8, subsection 11 gives the Chief Executive Officer of the Department of Health and Human Services authority to seek grants and other funds from federal and other public and private sources on behalf of the state.

The state plan was developed in consultation with the Division of Public Health, Lifespan Health Services Unit. The grant will be administered through this unit. Questions relating to this application should be directed to:

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Nebraska is committed to positive health outcomes for our youth and their families. In this regard, we look forward to providing the services offered through this grant opportunity.

Sincerely,



Kerry T. Winterer
Chief Executive Officer
Department of Health and Human Services

**NEBRASKA
PERSONAL RESPONSIBILITY EDUCATION PROGRAM
CFDA# 93.092**

**Nebraska Department of Health and Human Services
Division of Public Health
Lifespan Health Services Unit
301 Centennial Mall South
Lincoln, NE 68509**

**State Plan for FY 2010
State Allocation: \$306,743.00**

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**PERSONAL RESPONSIBILITY EDUCATION PROGRAM
FY 2010 State Plan**

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ABSTRACT

Project Title: *Tune My Life™ - Nebraska Personal Responsibility Education Program*

Applicant Name: State of Nebraska, Department of Health and Human Services

Fiscal Year: FY 2010

Grant Allocation Amount: \$306,743

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Nebraska's Life Course Health framework, Adolescent Comprehensive System structure and *Tune My Life™* social media delivery tools have been integrated into Nebraska's statewide Personal Responsibility Education Program (PREP) for a teen pregnancy prevention program that is strategically applied, sustainable and relevant.

Delivery Settings: Nebraska's PREP is designed to allow flexibility in addressing the state's geographic and demographic profiles. Program delivery will occur in communities ranging from urban to rural and even frontier.

Delivery Mechanisms: Effective public health programs are those that are community-based and locally driven. For this purpose, the state's grants funds will be directed to sustain sub grants awarded to entities with the experience and capacity to implement the PREP program efficiently and effectively at the community and local level.

Proposed Intervention: Wyman Center's Teen Outreach Program (TOP™) is Nebraska's evidence-based PREP model. TOP™ addresses the expressed needs of stakeholders and the population to be served, is easily replicated and provides multiple setting options that are suitable for meeting the needs of the state's diverse population and communities. The model combines group instruction and community service learning in addressing abstinence, contraception and the adult preparation subjects. It is proven in reducing teen pregnancy rates as well as increasing school retention and graduation rates which are two of Nebraska's targeted long-term outcomes.

Target Population: Nebraska's PREP is directed to reach youth at highest risk for pregnancy and STIs. The state's target population includes: 1) youth aged 10-19 in state custody either under the state's Child Welfare Unit or Office of Juvenile Services, and 2) African, African American, Native American and Hispanic youth aged 10-14 who are identified as "at-risk" for developing unhealthy sexual behaviors.

Goals: 1) Nebraska adolescents are healthy, safe and productive; 2) State and community environments are supportive of adolescents.

Monitoring Strategies: Required/routine sub grant progress, expense and data reports, site visits, program office review and approval process for proposed model adaptations, Department standard operating procedures and requirements for federal grant programs.

TUNE MY LIFE™

Nebraska's

Personal Responsibility Education Program

Program Narrative

Introduction

Nebraska adolescents ages 10-19 are a diverse group. Their lives are in motion. The youngest members are emerging from childhood and beginning middle school while the oldest are entering into adulthood. Their lives and perspectives are influenced by family, education, work, friendships, religion, affiliation with public and private agencies and support programs and most importantly, exposure to and use of traditional and digital media. Adolescents visualize a traditional future—completing an education, having a good job, getting married, having a family, being happy, and making their own decisions. Yet, given their age, it is no surprise that adolescents view health as something they can “worry about later”.¹ Teen pregnancy and sexually transmitted infections among Nebraska's adolescent population is happening now however and these issues must be confronted with purposeful and calculated prevention and intervention strategies.

Nebraska's **Personal Responsibility Education Program (PREP)** seeks to address the influences, views and challenges facing our state's adolescent population and specifically those that relate to teen pregnancy and STIs. Nebraska's PREP program is regarded as an additional adolescent risk prevention strategy that falls under the broader framework of life course health within a comprehensive systems structure. The life course framework acknowledges that each of the different life “stages” (infant, children, youth, and adulthood) provides the opportunity for interventions to improve health outcomes and that health outcomes, whether positive or negative,

¹ Nebraska First Time Motherhood/New Parents Initiative Grant, 2009, Social Marketing Research Results

occur along a continuum that builds upon each preceding life stage rather than occurring in isolation. Nebraska's Adolescent Comprehensive System is the structure by which we are advancing the life course framework through the integration of programs, services and resources and promoting partnerships and collaborations between people and organizations to address adolescent health and well-being. The means of holding the framework and structure together are the principles of positive youth development (PYD) which seeks to increase protective factors and reduce risk factors. In other words, PYD is the common language that "binds" the PREP programming to the life course framework and comprehensive system structure. Finally, actual PREP implementation will be enhanced by using Tune My Life™ (as referenced in the title of Nebraska's PREP initiative) as one tool for PREP program support and delivery. Initially developed to address, through music, the related issue of pre and inter-conception health among older adolescents, by making use of the Tune My Life™ tool and resources we are capitalizing and extending the capacity of the infrastructure already developed and in place as a means of confronting the issues of teen pregnancy and STI prevention in our state.

The following narrative outlines and describes how Nebraska's **Personal Responsibility Education Program** supports the intentions and requirements of the federal legislation, sustains the principles of positive youth development, endorses programming within a life course framework, incorporates programming into a comprehensive system structure and utilizes the Tune My Life™ tool as a program delivery and support mechanism.

A. Goals and Objectives

In today's electronic era, Nebraska youth are no longer isolated from the risks and difficulties that were once associated with youth in more populous states. Nebraska teens are "connected" to the world at large providing them an opportunity to experience a wide array of challenges and

opportunities while navigating adolescence - like their peers across the nation. Based on science and emerging practice we know that youth behaviors, whether positive or negative, are likewise inextricably connected. In this way it is important for youth and all who work with them to understand how physical health, emotional health, relationships, stress, education and goal setting are all connected and play an important role in youth achieving success in all aspects of life. Staying in school, healthy behaviors (e.g. abstaining from sex, alcohol and tobacco or engaging in healthy eating habits and physical exercise), setting goals and understanding health risks and taking steps to reduce the risks are among a host of positive behaviors all of which help youth live healthy, safe and productive lives.

The goals and objectives developed for Nebraska's PREP initiative address the connectedness and universality² of youth behaviors associated with positive life outcomes. They support the strategic and comprehensive application of the principles of positive youth development and the life course framework within a comprehensive systems structure. Nebraska's overarching goals are duplicative of those identified for other state adolescent initiatives specifically the state's Abstinence Education Program and the Adolescent Comprehensive System. Identified objectives for the PREP initiative also mirror to some extent those identified and in place for Abstinence Education. By identifying and focusing on a singular set of goals and aligning objectives consistently across all programs and initiatives (including PREP) Nebraska's ability to address and advance the health and well-being of our adolescents is comprehensive, consistent and purposeful. Goals and objectives identified for FY 2010 are as follows:

² Occurring within all cultures across all populations.

Overarching Goal statements

- Nebraska adolescents are healthy, safe and productive.
- State and community environments are supportive of adolescents.

Process Objectives

- By April 30, 2011 initiate licensing agreement with Wyman Center to implement Teen Outreach Programs (TOP™) in Nebraska. Schedule training.
- By July 1, 2011 RFP seeking program sub grant(s) is developed and executed.
- By September 30, 2011 project sub grant recipient(s) are identified and implemented.
- By October 1, 2011, sub grantee(s) and their partnering agencies/organizations are trained in selected PREP program model.
- By October 1, 2011, Nebraska's PREP initiative is implemented in 8 sites within 5- 8 targeted counties.

Outcome Objectives

- By December 31, 2011, targeted youth residing within counties served by selected sub grants will participate in a minimum of 100 hours of TOP™ discussion sessions and complete 6-8 hours of community service learning.
- By December 31, 2011, targeted youth receiving TOP™ instruction are able to identify behaviors associated with positive health outcomes including those corresponding to reducing risk for pregnancy and STDs.
- By December 31, 2011 targeted youth receiving PREP instruction have a personal goal for adopting a minimum of three positive health behaviors including regular school attendance.
- By December 31, 2011 sub grant recipient(s) will have a minimum of three effective community engagement and/or support tools specific to the adult preparation subjects for use within the counties being served.

Logic model

Nebraska's plan for PREP programming is aligned to reflect the inputs, outputs and outcomes identified in the following logic model.

Logic Model: Nebraska Personal Responsibility Education Program FY 2010

Goals: (1) Nebraska adolescents are healthy, safe and productive. (2) State and community environments are supportive of adolescents.

Challenges: High rates of births and STDs among the state's African American and Hispanic teens, insufficient intervention and prevention programming within the state's western communities, graduation rates at or below 75% within the state's metropolitan and Tribal communities,

| INPUTS (Resources) | Activities | OUTPUT (Process Objectives) | OUTCOMES – IMPACT | | |
|--|--|--|---|---|--|
| | | | Short | Intermediate | Long-Term |
| <ol style="list-style-type: none"> 1. Current NE DHHS comparable public health programming and experience. 2. Stakeholder experience in pregnancy/STD prevention or related field. 3. National evidence-based or promising practices curriculum and program models. 4. Federal funding allocated to address teen pregnancy and STDs through PREP | <ol style="list-style-type: none"> 1. Review and selection of program models for implementation 2. RFP seeking sub grant applicants 3. Sub grant selection 4. Program delivery to identified target population(s) within identified locations. 5. Training and technical assistance provided to sub grantee(s). | <ol style="list-style-type: none"> 1. By July 1, 2011 RFP for sub grant(s) developed and executed. 2. By September 30, 2011 PREP sub grantees are identified and implemented. 3. By October 1, 2011, sub grantee(s) and partnering agencies and organizations are trained in the TOP™ model. 4. By December 31, 2011, PREP sub grant programs are implemented within identified/targeted counties. | <ol style="list-style-type: none"> 1. Increased awareness and knowledge among youth of the importance of healthy behaviors. 2. Youth receive health information needed to make informed decisions. 3. Youth residing in geographic areas identified as "at risk" have access to program information and services. 4. Providers and youth workers incorporate program model and messages into their practice settings. | <ol style="list-style-type: none"> 1. Increase in healthy behaviors among youth ages 10-19. 2. Increased number of youth within racial and ethnic minority populations who are practicing healthy behaviors. 3. Youth ages 14-19 have developed goals and plans to complete school. 4. State and community providers and stakeholders collaborate in planning and program implementation. | <ol style="list-style-type: none"> 1. Reduced occurrence of risk behaviors (ATOD/Sexual activity) among targeted youth aged 10-19. 2. Reduced birth and STD rates among targeted youth ages 10-19. 3. Increased rates of school retention and graduation. 4. Comprehensive system versus categorical funding program delivery. |

B. Updated Needs Statement

Nebraska's teen pregnancy and STI prevention efforts support a broad, holistic approach to adolescent health, development and well-being. This approach encompasses a life course health concept that addresses all risk and protective factors associated with healthy behaviors among teens, including sexual activity. As a result, identifying the problems and needs associated with adolescent pregnancy and STIs in the state required an expanded, in-depth review of all associated adolescent health factors not just those directly associated with pregnancy and STI rates. This has been accomplished through a review and consideration of a comprehensive compilation of indicators and related data from multiple needs assessment processes conducted within the last year.

Nebraska's Title V comprehensive needs assessment, just completed in 2010 for the upcoming five-year period, revealed ten priority needs specific to the state's maternal and child populations. Of these, over half (6) directly impact or are related to the state's youth population. Likewise an assessment for the Affordable Care Act (ACA) home visitation program under Title V provides additional insight into the problem and needs of the state's youth. Birth data from Nebraska Vital Records and the state's Pregnancy Risk Assessment Monitoring System (PRAMS) further defines problem and need. Expanded information contained in the following categories provides further evidence of Nebraska's need to address pregnancy and STIs among our youth population and underscores the needs facing Nebraska's adolescents aged 10-19 and the challenges posed in addressing them.

Demographics and Special Populations: Nebraska's estimated population for 2009 was 1,796,619 (U.S. Census). Of the 1.7 million plus Nebraska citizens, 389,008 are between the ages of 10 and 24. Over half of Nebraska's population is concentrated within the state's three

largest urban areas (Douglas, Lancaster, Sarpy Counties) located in the eastern one third of the state with the remaining residents scattered among communities and counties considered rural to frontier. There are 10,383 youth in state custody either under the state's Child Welfare Unit or Office of Juvenile Services (2009 State Custody Report). Of these, 6114 youth are between the ages of 11 and 19 (58.8%). Nebraska is currently home to the highest percentage of foreign-born residents in the state since the 1870's. Racial and ethnic populations are growing rapidly in both the rural and urban sectors of Nebraska, increasing 39% between 2000 and 2009 (US Census Bureau) and minorities now make up 15.4% of the state's total population. Growth is the largest in the Hispanic population which grew by 298% between 2000 and 2009. This dynamic is disproportionately represented within the child welfare system. Of youth ages 0-19 in state custody, 57% are white, 16.8 % are African American and 14.4% are Hispanic. Population relocation and a changing racial, ethnic and cultural landscape are impacting health programming and service delivery in Nebraska. While the youth population is decreasing in rural areas, this age group is increasing in the state's metropolitan cities (Omaha and Lincoln) and smaller urban communities. The growing diversity within Nebraska provides challenges to reaching and serving youth with PREP education in a culturally and linguistically appropriate manner.

Geography, Access to Programs and Counties at Risk: With a majority of the population located in the eastern portion of the state, most services are located there. Seventy six per cent (71/93) of Nebraska's counties have been designated, in full or in part, as containing Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) affecting over 83% of the state's population (2007 data). Conclusions drawn from these data are that access to health care providers and related services are analogous to the adequacy and frequency of prevention

programs for hard-to-reach youth populations in many geographic areas of the state. Rural and frontier communities simply do not have the resources to adequately implement and sustain prevention programming, particularly PREP education. Local health departments serving multiple-county regions are limited in how much and to what extent they can provide prevention programs as well. The outcome has been scattered teen pregnancy prevention programming in past years resulting in piecemeal prevention efforts. This reality is leaving many of the state's rural and frontier counties with gaps in public health prevention programming and high teen birth and STD rates.

Lastly, to address requirements of the Affordable Care Act (ACA) Home Visitation Program, Nebraska completed an in-depth analysis/assessment that describes and catalogs at-risk communities as determined by needs and existing resources to meet those needs. Information was collected and analyzed regarding a large range of health and social factors, including pregnancy outcomes and other indicators of maternal, child and infant risk; poverty; crime; domestic violence; high-school drop-out rates; substance abuse; unemployment; and child maltreatment. The end result was the identification of the state's counties with the highest risk for poor health outcomes for the maternal and child population, including youth. This analysis, though not focused on teen pregnancy prevention provides a demonstration of the correlating risk factors associated with teen sexual activity. Of the 34 risk "indicators" falling within eight risk factor categories, close to 75 percent directly correspond to teen behaviors and outcomes. To adequately address teen pregnancy in the state, providers should also understand and address the correlating risks. The following table provides a listing of the identified indicators within the eight risk factor categories. County indicator data were applied, scored and ranked (high to low) for data in each of the eight categories. Those counties with data scoring within the top 10% for

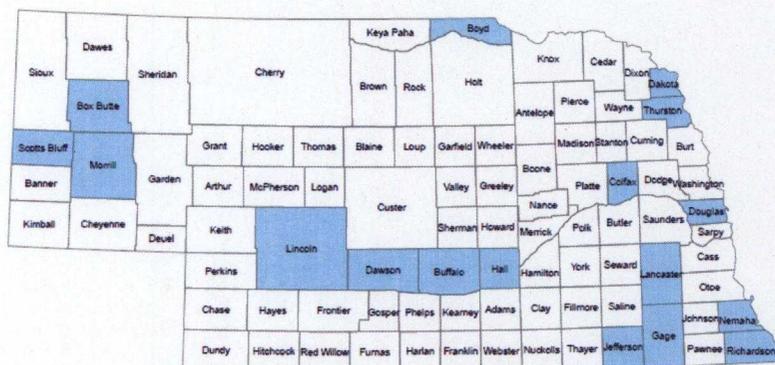
six or more categories were identified as most at risk. Those counties are illustrated in the corresponding state map.

| Risk Category | Risk "Indicators" | Risk Category | Risk "Indicators" |
|------------------|-------------------------------------|-------------------|---|
| Child Welfare | Child abuse/neglect | Health Behaviors | Inadequate Prenatal Care * |
| Child Welfare | Child abuse/neglect substantiated * | Health Behaviors | No Prenatal Care * |
| Child Welfare | Office of Juvenile Svcs.* | Health Behaviors | Births To Teens * |
| Child Welfare | Out of Home Care * | Pregnancy Outcome | Low Birth Weight * |
| Child Welfare | State Wards * | Pregnancy Outcome | Very Low Birth Weight * |
| Child Welfare | Unintentional Injuries * | Pregnancy Outcome | Prematurity * |
| Crime | Juvenile Arrests * | Pregnancy Outcome | Infant Mortality * |
| Crime | Juvenile Drug Arrests * | Health Outcomes | Poor/Fair Health * |
| Crime | Juvenile DUI * | Health Outcomes | Poor Mental Health Days * |
| Crime | Juvenile Violent Crime Arrests * | Health Outcomes | Poor Physical Health Days * |
| Economic | Food Stamps * | Health Outcomes | Premature Death * |
| Economic | Poverty, All Ages * | Social Welfare | Aggravated Domestic Violence Complaints * |
| Economic | Unemployment Change, 2009-2010 | Social Welfare | Domestic Violence Crisis Line Calls * |
| Economic | Unemployment * | Social Welfare | Simple Domestic Violence Complaints * |
| Education | High School Dropouts* | Social Welfare | Single Parent Household * |
| Education | Education Less than 9th Grade * | | |
| Health Behaviors | Adult Smoking | | |
| Health Behaviors | Binge Drinking * | | |
| Health Behaviors | Chlamydia * | | |

Figure #1

*corresponding to teen behaviors and outcomes

Nebraska Counties at Risk



Legend
 County at Risk

Map created by
 DHHS GIS
 8/10



Figure #2

Recent birth rates and disparities in health status and outcomes: Compelling evidence of problem and need is represented in data associated with health status and outcomes. Though Nebraska's teen birth numbers are modest compared to more populated states, each teen birth in the state has the same negative impact to health and outcomes experienced by teen moms nationally. According to a recently released 2010 report from CDC and the National Center for Health Statistic, Nebraska's teen birth rate (number of births to teens aged 15-19 per 1000 teens of the same age) for 2008 was 36.5 compared to a national rate of 41.5 for the same year. Nebraska teen births (age 19 and under) accounted for 8.6% of all births in 2008. County data for 2008 provides a clearer picture with many counties reporting percentages between 9% and 17%. Disparities are found within racial/ethnic minority youth populations where rates for births are significantly higher than for Caucasians as noted in the following tables denoting births to teens.

| | 2009 | Overall | Caucasian | African American | Native American | Asian | Hispanic |
|---------------------------------------|-------------|----------------|---|-------------------------|------------------------|--------------|-----------------|
| Teen Birth rate per 1,000 | Aged 10-14 | 1.36 | 1.10 | 1.71 | 2.06 | 0.70 | 1.39 |
| | Aged 15-19 | 33.85 | 25.47 | 69.32 | 71.82 | 19.16 | 100.33 |
| Teen Pregnancy rate* per 1,000 | Aged 10-14 | 2.07 | Figure #3 *Pregnancy rate: Live births + fetal deaths + abortions. Source: Nebraska DHHS, Vital Records | | | | |
| | Aged 15-19 | 35.63 | | | | | |

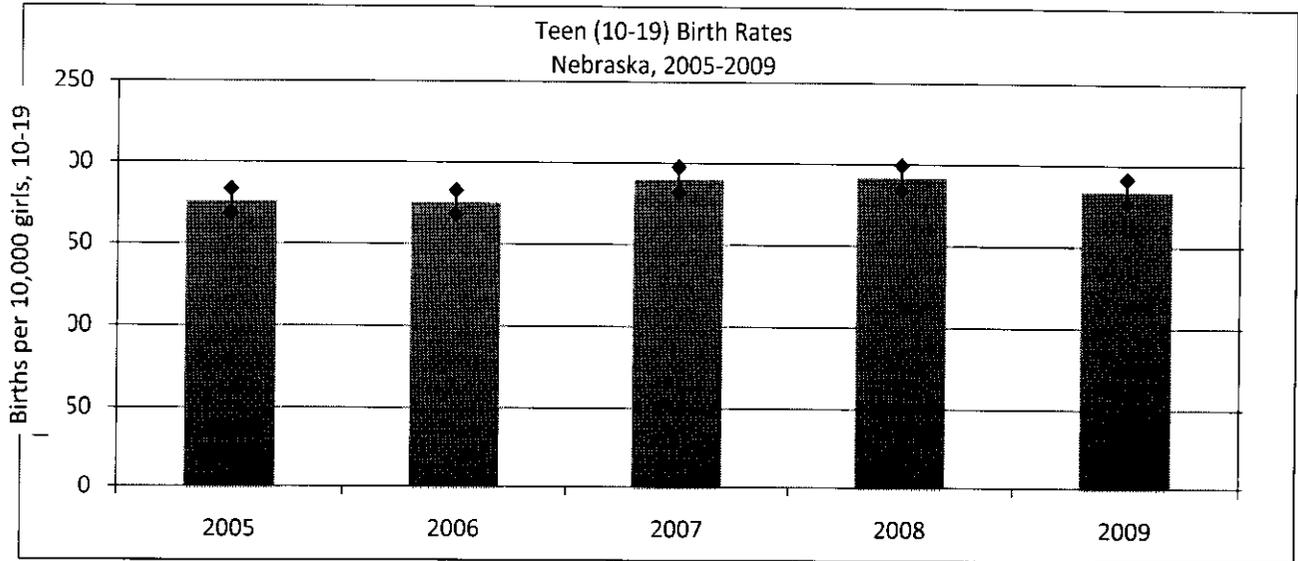


Figure #4 Source: NDHHS/Lifespan Health Services Unit January 2011

Thin lines represent 95% confidence intervals for each year under a normal distribution.

**Teen Birth Rate 10-19
(births/female pop 10-19)**

| | n | N | per 1,000 |
|------|------|--------|-----------|
| 2005 | 2175 | 123467 | 17.6 |
| 2006 | 2143 | 122062 | 17.6 |
| 2007 | 2303 | 121137 | 19.0 |
| 2008 | 2311 | 120486 | 19.2 |
| 2009 | 2236 | 121465 | 18.4 |

Figure # 5

Source: NE DHHS-Vital Statistic/CDC/NCHS

Teen birth rate - Ages 10-14

| | n | N | Per 1,000 |
|------|----|-------|-----------|
| 2005 | 31 | 60242 | 0.5 |
| 2006 | 32 | 59189 | 0.5 |
| 2007 | 24 | 58225 | 0.4 |
| 2008 | 23 | 57868 | 0.4 |
| 2009 | 25 | 57592 | 0.4 |

Figure #6

Source: NE DHHS-Vital Statistic/CDC/NCHS

Teen birth rate - Ages 15-19

| | n | N | per 1,000 |
|------|------|-------|-----------|
| 2005 | 2144 | 63225 | 33.9 |
| 2006 | 2111 | 62873 | 33.6 |
| 2007 | 2279 | 62912 | 36.2 |
| 2008 | 2288 | 62618 | 36.5 |
| 2009 | 2211 | 63873 | 34.6 |

Figure #7

Source: NE DHHS-Vital Statistic/CDC/NCHS

Data on births to unmarried women further illustrates the status of teen pregnancy in Nebraska. National data provides evidence that children born to two-parent families are statistically more likely to experience healthy outcomes along the life span. The following chart illustrates births to unmarried youth ages 15-19 and the distribution of this factor within racial/ethnic populations.

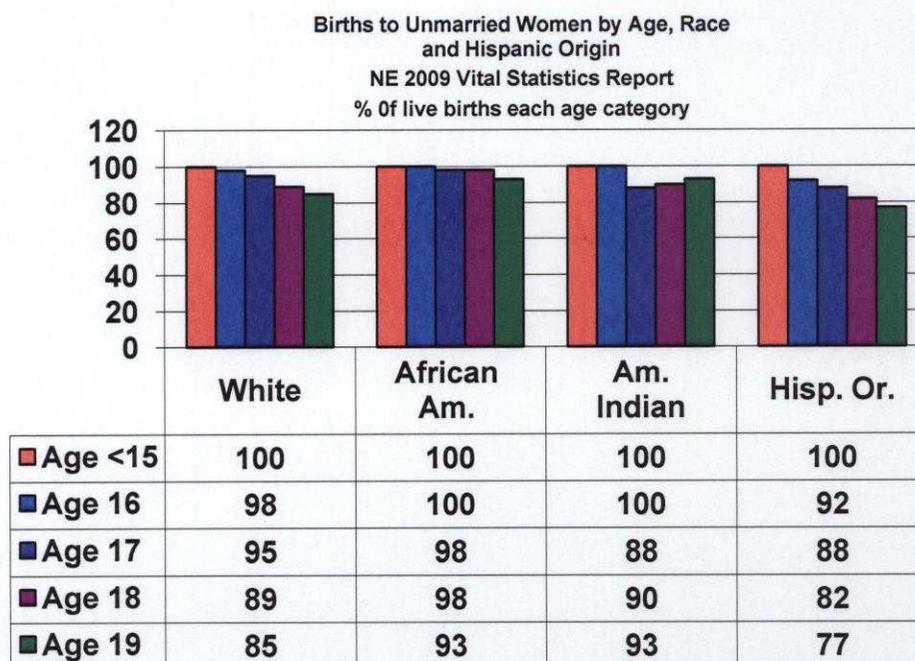


Figure #8

Nebraska’s “New Families at Risk” (NFR) indicator (NE Vital Statistics), defined as an unmarried mother younger than 20 with no previous live births and has not completed high school, gives evidence to the scope of problems facing parenting teens within the state. In 2009 Nebraska births identified as NFR totaled 832 and the state rate (percentage) for NFR was 8.2 per 100 first live births. Close to half (44) of the state’s 93 counties reported a NFR percentage at or above the state percentage with some single county percentages as high as 33%. NFR percentages are higher within the state’s racial and ethnic minority populations as demonstrated in the following table.

| Nebraska, 2009 | State Rate | White, Not Hispanic | Native American | African American | Hispanic |
|-----------------------|-------------------|----------------------------|------------------------|-------------------------|-----------------|
| New Families at Risk | 8.2% | 5.8% | 23% | 16.9% | 21.2% |

Figure #9

Compared to the White non-Hispanic percentage of 5.8% (below the state percentage), disparities among minority NFRs are significant.

Similar disparities are found in data associated with unintended pregnancy rates. Unintended pregnancies are defined as pregnancies which, at the time of conception, are either mistimed (the woman did not want to be pregnant until later) or unwanted (the woman did not want to be pregnant at any time). The state’s Pregnancy Risk Assessment Monitoring Survey (PRAMS) asks new mothers how they feel about becoming pregnant and respondents could answer: I wanted to be pregnant: “sooner”, “later”, “then” or “not then or in the future”. If a mother answers “later” or “never” the pregnancy is considered to be unintended. Though response numbers for the age category of <20 are generally too small to accurately report within race/ethnicity categories, results overall fell predominately in the “later” or “never” categories across all race/ethnicity groups in this age group. According to the state’s PRAMS data for 2007, the following documents the disparity for unintended pregnancy among all women of child-bearing age.

| <u>Indicator</u> | <u>State</u> | <u>White Not Hispanic</u> | <u>African American</u> | <u>Native American</u> | <u>Hispanic</u> | <u>Data Source/Date</u> |
|-------------------------|---------------------|----------------------------------|--------------------------------|-------------------------------|------------------------|--------------------------------|
| Unintended Pregnancy | 39.8% | 36.6% | 64.6% | 57.1% | 44.9% | NE PRAMS 2007 |

Figure #10

STD rates among the adolescent population indicate the reality of Nebraska’s sexually active youth. As noted below, state rates for Chlamydia and Gonorrhea among youth ages 10-19

are lower than the national rates for the same age group. However STDs are disproportionately affecting racial/ethnic teen populations as noted in the following tables.

| Reportable STD per 100,000 Youth Ages 10-19 by Cause | | | | | | |
|--|------------|--------|-----------------|------------------|---------|-----------------|
| | Gonorrhea | | | Chlamydia | | |
| | Number | Rate | NE Rate was.... | Number | Rate | NE Rate was.... |
| Nebraska 2008 | 482 | 195.2 | | 1,962 | 1,051.4 | |
| U.S. 2007 | 102,537 | 505.31 | Lower | 393,047 | 1,832.8 | Lower |
| HP 2010 Objective | 19.0 | | Higher | - | - | - |
| NE 5-year trend | Increasing | | | No Linear Change | | |
| Racial/Ethnic Differences | Yes | | | Yes | | |

Figure #11

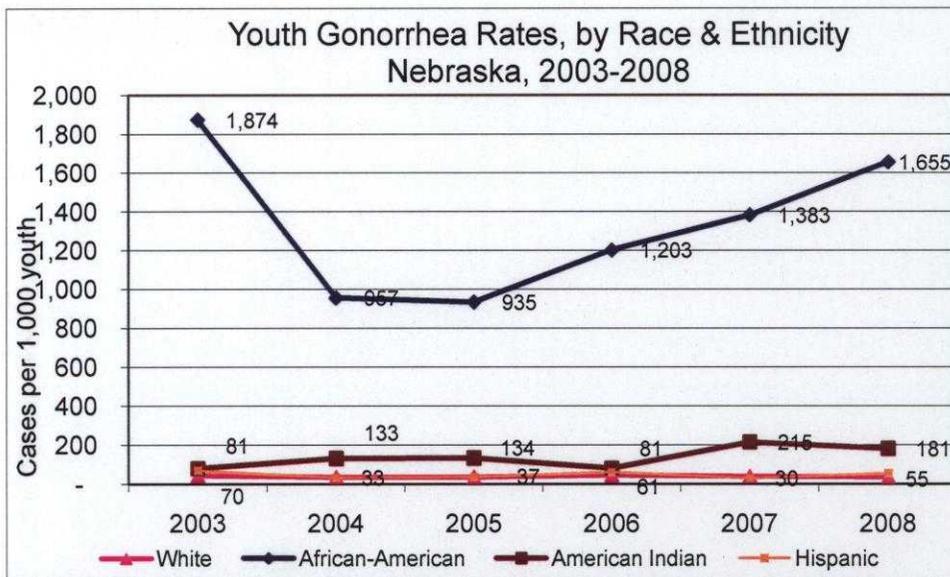


Figure #12

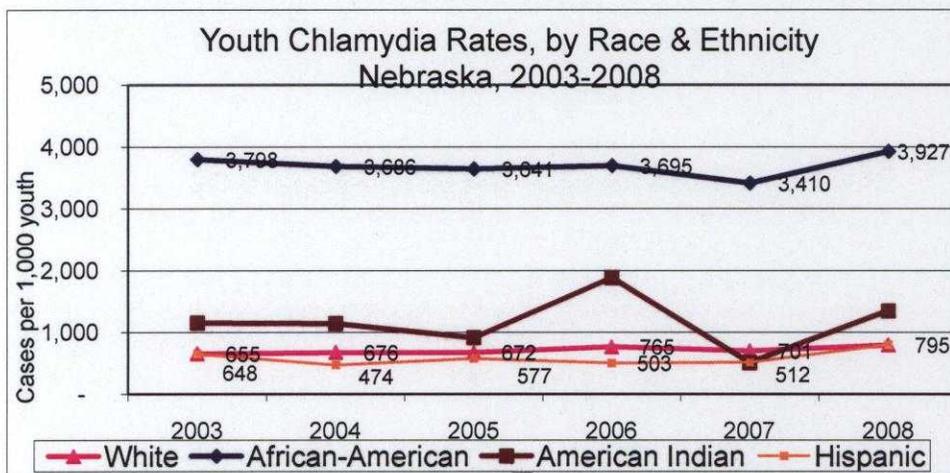


Figure #13

Education deficits: The consequences for youth who fail to complete their high school education have staggering implications for the state's economy as well as families. Youth who do not graduate from high school or fail to receive a diploma perpetuate a cycle of poverty, poor health outcomes for themselves and set themselves up for diminished futures. This is particularly true for pregnant and parenting teens. The state's total enrollment for grades 6-12 in public and private schools in 2008/2009 was 169,479³. Though Nebraska's overall dropout rate is well below the national rate, dropout trends within the state's racial and ethnic minority populations presents an alternate picture. Data for the 2008/2009 school year indicates that the dropout rate for Nebraska was 1.53%. For the same school year, the rate for Whites, non-Hispanic was 1.07%, yet increases to 3.86% for Blacks, 3.23% for Native Americans and 3.29% for Hispanics. Comparatively Nebraska graduation rate for 2008/2009 was 89.86%. However some school districts in the state are experiencing graduation rates below 75%. Omaha Public Schools for example had an overall graduation rate for 2009-2010 of 69.84%⁴. Though there is no available data linking the state's graduation rates to the state's teen pregnancy/birth rates, we do know that pregnancy is a frequent contributing factor impacting dropout rates. It is reasonable to correlate then that teen pregnancy and high school completion are connected. Reducing teen sexual activity and resulting pregnancies, births and STDs is one realistic approach to increasing the state's graduation rates.

Support for and understanding of the urgency for teen pregnancy and STI prevention and intervention is needed among all who engage with, provide for and support our youth: families and parents, supporting adults and youth workers, physical and mental health care providers, educators and communities as a whole. We must become unified in providing pregnancy

³ Nebraska Department of Education

⁴ Nebraska Department of Education: State of the Schools Report, 2009- 2010

prevention messages in setting the expected behavioral standard and in supplying a consistent message.

Summary and Goals for Reducing Teen Pregnancy/Birth Rates: Nebraska is poised to implement PREP programming that is purposeful, strategic and comprehensively applied. The needs assessment completed for the ACA Home Visitation Program has revealed counties where youth are at highest risk. Data also suggests that in addition to impacting youth populations that experience negative outcomes resulting from early sexual activity, directing PREP funding to counties and populations in need can impact youth support systems, infrastructure and service providers in a positive manner.

The state's birth and STD data reveals that negative outcomes associated with youth risk behaviors increase with each advancing age group. Strategically and comprehensively targeting programming to reach youth populations that are just learning how to make healthy choices and those considered already sexually active is a wise investment that will have a positive impact on the state's birth and STD rates among adolescents and produce positive teen health outcomes for years to come. Incorporating the PREP program within a life course framework will compliment, enhance and support these efforts.

Nebraska's goal for reducing teen pregnancy and birth rates among the adolescent population is thus:

- Reduce teen pregnancy rates among 15-19 year olds by 15% from 28/1000 in 2009 to 24/1000 by 2014 and birth rates for the same age group by 15% from 35/1000 in 2009 to 30/1000 by 2014.

Goal Achievement Description: Nebraska will draw upon its established local public health infrastructure and long-term relationships with community-based public and private

partners working in the field of teen pregnancy prevention to reach youth at high-risk or vulnerable for pregnancies and special circumstances. PREP program implementation will be targeted to those counties and communities demonstrating the greatest need based on the data presented. Specific implementation will be accomplished through the sub grant and/or formal partnership mechanisms with those entities previously described thus providing community-based programming that is relevant and tailored to fit community needs. Nebraska DHHS is currently training local health departments, family planning agencies and private community services organizations in the use of an adolescent life course health plan. The life course health plan template (see Appendix Item 1), was developed as part of a social marketing initiative called *Tune My Life*[™]. The initiative addresses the related issue of pre and inter-conception health among youth and thus provides the ideal framework for incorporating and delivering the core evidence-based PREP model selected. The health plan template, initially developed for use with youth ages 16-24, will be adapted/revised for use with the younger youth populations (ages 10-15) identified as one of the state's target populations. A detailed description of the *Tune My Life*[™] project, including how the life course health plan will be used with the selected core PREP model, will be provided in Section E – Program Plan/Approach.

C. Target Population

Nebraska has identified the following target youth population groups and locations for FY 2010:

1. Youth ages 11-19 who are:

- In state custody (6114 total, ages 11-19), either under the state's Child Welfare Unit or Office of Juvenile Services with feasibly reaching 58.8% of all children and youth ages 0-19 in custody. (2009 State Custody Report)

- Setting locations targeted include the five counties with highest numbers of youth ages 11-19 (4161 total) representing 68% of youth in this age group who are in state custody. Counties identified are as follows.
 - Douglas/Sarpy Counties – 2361 youth,
 - Lancaster County – 1215 youth,
 - Hall County – 223 youth,
 - Lincoln County – 228 youth, and
 - Scottsbluff County – 134 youth.

The following table depicts the percentages of youth in state custody by race/ethnicity for 2009. Numbers reflect all youth ages 0-19 in state custody.

| Race/Ethnicity | Number | Percentage |
|-------------------------------|---------------|-------------------|
| Asian | 67 | 0.6% |
| Black/African American | 1,742 | 16.8% |
| Hispanic | 1,497 | 14.4% |
| Native American | 492 | 4.7% |
| White (Non-Hispanic) | 5,922 | 57.0% |
| Multiracial | 367 | 3.5% |
| Other Race | 283 | 2.7% |
| Race not identified | 13 | 0.1% |
| Total | 10,383 | 100.0% |

Figure #14

2. African, African American, Hispanic and Native American youth who are:
 - Ages 10-14, and
 - Identified at-risk for subsequent sexual activity and as referred by middle schools with high rates of truancy, delinquency, violence, parental incarceration and youth pregnancy, and
 - Reside in one of the seventeen counties identified by the state with the highest risk for poor health outcomes for the maternal and child population, including youth (see Appendix Item 2 for map), or

- Reside in any other Nebraska county where county data for teen birth and STD rates supports a need for prevention and intervention programming.

Exact numbers of program recipients by age, gender and race/ethnicity will be determined as a result of the selection of sub grant sites and enrollment of participants into each site's program. Nebraska will implement Wyman Teen Outreach Program (TOP™) for the state's PREP and expects to implement eight TOP™ sites with approximately 20-25 program recipients at each site for a total of 200-250 program recipients being served during the first year.

Nebraska's population demographic illustrates that these focal groups are interspersed among the larger teen population within communities statewide. Though the objective of Nebraska's plan is to impact the identified target population with respect to youth at risk and race/ethnicity, it can be expected that a larger segment of the adolescent population will also be reached during program delivery. Program delivery will occur without regard to race, ethnicity and gender, in adherence with federal laws and as provided in the Department's Terms and Assurances language specific to non-discrimination (See Appendix Item 3). This provision also applies to any contractual partnership and/or sub grant entities implemented as a result of the state's federal funding for PREP.

D. Program Management

Governance and Structure: Nebraska's PREP initiative will be carried out as a program within the Department of Health and Human Services (DHHS), Division of Public Health, Lifespan Health Services Unit, Perinatal, Child and Adolescent Health group. (See Appendix Item 4 for organization charts). Program oversight will be the responsibility of the state's Adolescent Health Coordinator, Linda Henningsen who will serve as PREP project director and identified contact between DHHS and the federal program office in the Administration for

Children Youth and Families. Ms. Henningsen holds a degree in Education and has served as Nebraska's Adolescent Health Coordinator since 1999 (See Appendix Item 5 for Resume). Her professional experience includes community development, needs assessment and comprehensive systems development, grant administration and project coordination. Projects and responsibilities assigned to Ms. Henningsen are determined and/or approved by the Unit Administrator, Ms. Paula Eurek in lieu of the vacant position for Perinatal, Child and Adolescent Health group manager. Additional oversight and approval is provided by the Chief Administrator of the Division's Health Services Section Dr. Jacquelyn Miller, with final input and direction provided by the state's Chief Medical Officer and Division Director, Dr. Joann Schaefer. Plans and decisions including the management of issues and risks relative to this and other adolescent health initiatives originate with the project director and are approved or directed following this chain of command. Financial management of the PREP initiative is coordinated with the DHHS Grants Management Unit in DHHS Financial Services Section. Specific oversight provided by the DHHS Grants Management Unit include oversight of the A-133 Audit process for any sub grantees, preparation and submission of the state's federal financial status reports (FSR) for the federal grant and management and oversight of the federal funds drawn against the grant award. Standard operating procedures for the issuance of contracts and sub grants is determined as required through state statutes and/or Department procedures. Specific Department procedures include the use of document templates for contracts and sub recipient Terms and Assurances (see Appendix Item 3 and 6 for templates). Prior to issuance, all proposed contracts and sub awards (sub grants) go through an internal review and approval process beginning at the program level through DHHS Legal, Human Resources , Financial Services and Support (Procurement) Units with ultimate approval given by the Division Director.

Only those proposed contracts and/or sub grant awards approved through this process can be entered into the state's accounting system and are therefore eligible for payments.

Teams, Associated Leaders and Communication Plans: Informal teams are operational internally to DHHS, with responsibilities aligned to support programs and initiatives at the division, unit and group levels. These teams include individuals who provide the necessary administrative and support functions and tasks relative to grant program implementation and monitoring. Tasks assigned to and/or responsibilities of individuals on these teams include access to and work within the state's automated information system (NIS) including contract payments and tracking, DHHS web page access – design and updates, legal representation and guidance, accounting functions including accounts receivable and payable and communication services including access to and interaction with local, state and national media. Composition of additional teams including those encompassing associated leaders at the state and local level are developed on an on-going basis dependent on need and issues. At the present time, Nebraska does not have an operational state-wide team or advisory committee dedicated to addressing adolescent pregnancy prevention. A PREP initiative steering committee will be organized and convened quarterly to provide guidance and assistance in the planning and implementation phases of the state's PREP. Steering Committee membership will include representatives from each sub grant site as well as 8-10 individuals from among volunteer stakeholders external to DHHS with expertise and/or experience in the field of teen pregnancy prevention, strategic planning or adolescent health and development. The minimal cost associated with convening and conducting steering committee meetings is addressed in the budget justification section of this document. Communication across teams, particularly internal teams, is initiated by the Project Director to address the issues of monitoring, financial management and control of the

PREP project. Project planning will be addressed on an on-going basis incorporating internal personnel (Project Director, Administrator, Division Director) as well as community-level project directors resulting from anticipated contracts and/or sub grants.

Accountability Mechanisms: DHHS standard operating procedures will be the mechanism by which incremental progress is monitored in achieving milestones. Specifically, sub grantees are required to provide progress, expenditure and data reports at intervals specified in their sub grant award. Use of the required reporting forms is mandated as a requirement in the state's Terms and Assurances document that is part of the legally-binding sub grant award. Monitoring of these reports allows the project director to assess progress made towards achievement of the state's goals for PREP as well as incremental benchmarks. Adaptations and/or revisions and alterations if needed are addressed or made as a result of the information provided in the required reports. Established partnerships with identified sub grant personnel and the use of the required reporting forms and processes allows for financial and program accountability for all PREP participants at the community level.

Geographic Project Control: Project control across the state's geographic area will be accomplished by regular meetings as well as training and technical assistance provided to identified sub grantees by the state's project office. Quarterly teleconferences will allow sub grantees to address issues and share experiences with fellow sub grantees. Training and technical assistance will be provided initially upon implementation of the identified sub grantees. Due to the state's large geographic area, meetings will be conducted via phone and training and technical assistance via video conferencing as much as possible. Scheduled site visits to each PREP program site will be conducted by the project director at least annually. A state PREP sub grant leadership team, comprised of sub grantee personnel, and the state project director will be

developed and implemented. Decisions arising from the quarterly meetings (teleconference) and technical assistance processes as well as risk management, meeting facilitation and documentation of decisions made will be the function of the leadership team with oversight and/or final approval for decisions the responsibility of the state's PREP project director.

Processes for Monitoring Education, Training and Fidelity to Models: A contractual position providing for a TOP™ Site coordinator will be implemented during FY 2010 to provide and oversee the processes for technical assistance and education for sub grantees and other identified program contributors. This position will be charged with completing the training instruction required by the Wyman TOP™. The Site Coordinator will then be responsible for coordinating initial set-up and program implementation with the identified sub grants sites as well as monitoring the use of the model, including fidelity, within the individual sub grant programs. Specific and/or additional responsibilities of the Site Coordinator position in relation to all phases of program implementation are addressed in Section F. Monitoring will be accomplished through conducted and routine site visits by the state's Coordinator and/or Project Director. Sub grant on-site technical assistance (TA) will be provided during the first year by Wyman TOP™ personnel and on-going during the life of the grant. Additional TA will be incorporated into the quarterly sub grant meetings (teleconferences) conducted by the state program office on an as-needed basis. A process "tool" for approving potential model adaptations proposed by sub grantees will be developed and implemented by the Site Coordinator. The "tool" will be approved by the state Project Director prior to implementation and will include the use of the BDI logic model and the "green/yellow/red" adaptation decision process identified by ACYF.

E. Program Plan/Approach

Nebraska's program plan for PREP involves a multifaceted approach that incorporates an existing framework, overarching adolescent health program structure and program delivery tools. A brief description of each of these components, including how they work together, provides an operational view of how PREP fits in and is incorporated in a way that supports the overall goals for PREP implementation as well as adolescent health, development and well-being in Nebraska. These components are as follows:

- **Life Course Health Framework:** Life course theory (LCT) is a conceptual framework that helps explain health and disease patterns – particularly health disparities – across populations and over time. Instead of focusing on differences in health patterns one disease or condition at a time, LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. LCT is population focused, and firmly rooted in social determinants and social equity models. Though not often explicitly stated, LCT is also community (or “place”) focused, since social, economic and environmental patterns are closely linked to community and neighborhood settings.⁵ For purposes of the PREP initiative, Nebraska will incorporate the use of an **individual life course health plan**, one facet of implementing the LCT, to augment and enhance providing the LCT concept and serve as a foundation for the core PREP model.
- **Nebraska Adolescent Comprehensive System Initiative:** In 2009 Nebraska began the important work of state-level systems development to support adolescent health and well-being. The work arose from the need to allocate resources to effectively address the unique

⁵ Rethinking MCH: The Life Course Model as an Organizing Framework, U.S. HHS/HRSA/MCHB, November, 2010

needs of adolescents so that they can develop healthy life-long behaviors. The objective is to reach out across divisions and sectors to create a comprehensive systems approach aimed at providing youth and their families with more well-integrated programs, services and resources. A comprehensive system promotes partnerships and collaboration between people and organizations that work to address adolescent health and well-being⁶. To date Nebraska has identified the structure of its adolescent comprehensive system including the system domains or sectors and goals of each (see Appendix Item 7) and begun the work of identifying the indicators that will reveal whether or not we are achieving the desired outcomes for our adolescent population. By incorporating programming and services (including PREP) into a systems approach we are enhancing a structure that addresses adolescent needs from all “spheres of influence” and builds capacity for addressing these needs in years to come. We are providing that continuum of preventive, intervention, youth engagement, treatment, and maintenance implemented throughout various settings in support of our youth. Incorporating these elements including youth asset building (positive youth development) can help enhance efforts to improve health outcomes for all adolescents and promote successful transitions into adulthood⁷. Thus, to uphold and support the Department’s systems approach, applicants seeking PREP sub grants will be required to show how their proposal will address and incorporate each of the Adolescent Comprehensive System domains into their work plan. In this regard, other programs and projects whether internal or external to the Department, will be coordinated with and supported by the state’s PREP as demonstrated in the figure below.

⁶ Association of Maternal and Child Health Programs, 2009; White Paper – Making the Case: A Systems Approach to Adolescent Health and Well-Being

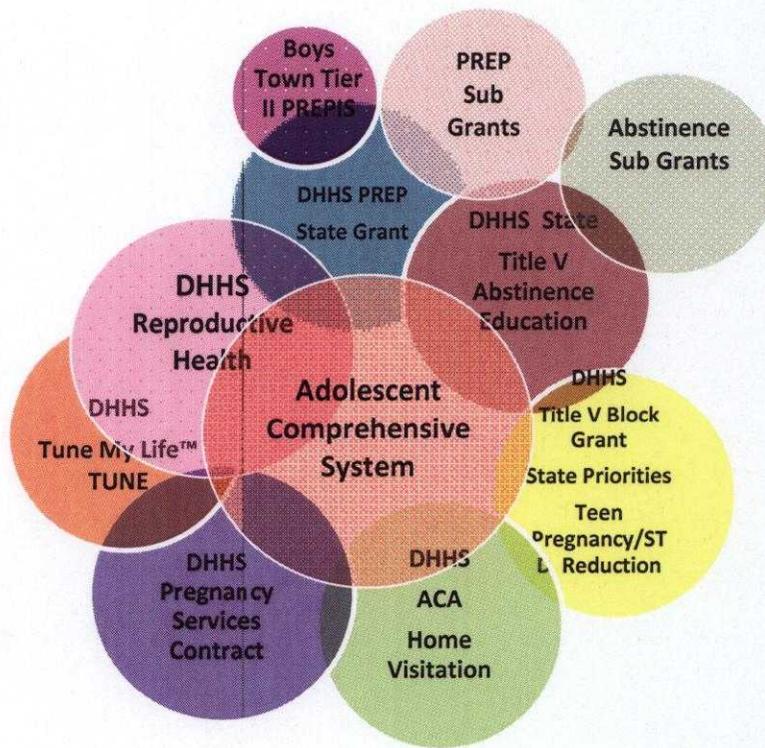


Figure #15

- Tune My Life™ Initiative:** Nebraska received a federal grant in September 2008 to develop an information campaign for women and men that will help them prepare for their future roles as parents. This initiative focuses on a life-course approach to pre- and inter-conception health among young at-risk women and among providers. Extensive social marketing research was conducted with young women 16-25 years of age across the state in 2009. Based on the research, the TUNE campaign was developed. TUNE uses original music to engage young women and men and encourage them to learn more about life course health. Through music, we are reaching young people of all ages in a new way that will help them connect to different health topics. TUNE emphasizes five areas of health: physical health, emotional well-being, friends and family, dating, and education. A web site offering many interactive and engaging elements for the campaign was developed and launched at <http://www.tunemylife.org>. It features the TUNE music, downloadable songs, artist

interviews, health information that ties into messages of particular songs and links to additional health and wellness resources (see web page examples Appendix Item 8). Provider education and training resources have been developed based on the life course model including the template for a life course health plan (see Appendix Item 1) referenced previously in this section. The Tune My Life™ and TUNE initiatives provide a unique and age-appropriate tool for reaching youth, augmenting the core PREP model and providing a vehicle for supportive adult preparation subjects. The following illustration presents an operational view of the structure (comprehensive system), framework (life course health), and implementation tools (Tune My Life™/TUNE).

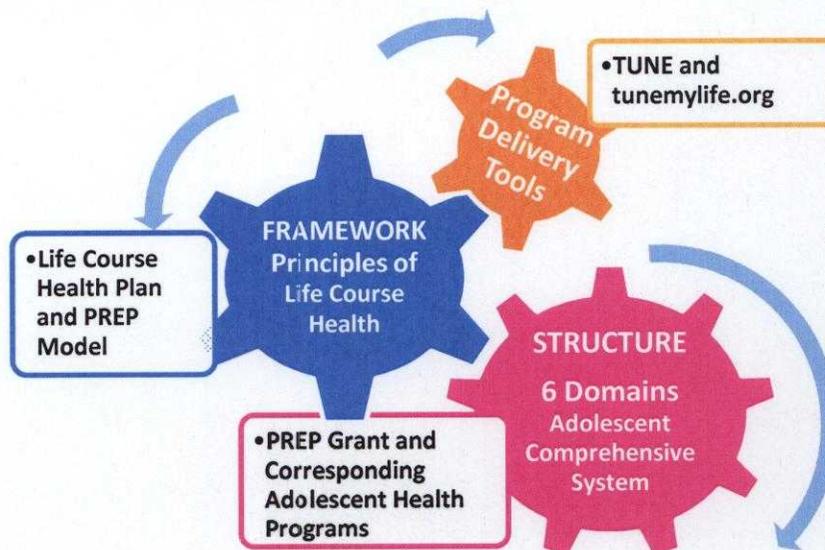


Figure #16

Goals, Mechanisms and Services: The program approach previously described supports the PREP overarching goals for reaching those youth most at-risk for pregnancy and STIs with age-appropriate programming that is suitable in all settings, addresses the geographic and population needs described and enhances and supports related youth initiatives currently underway both within DHHS and statewide. Using the sub grant and contractual mechanisms (Site Coordinator), Nebraska’s PREP initiative will be strategically and comprehensively

implemented. Program services will be carried out through various settings dependent on the need, circumstance and as proposed by the identified sub grantees. After-school programs, special initiatives, faith-based youth group programs, clinic-based programs and partnerships with local school districts for school-based programs are among the service settings that may be applied to implement PREP in the state.

Abstinence, Contraception and Adult Preparation Education: Age-appropriate education will be the standard by which Nebraska offers the messages of abstinence and contraception to the youth program participants. Nebraska's selected evidence-based model provides a balanced approach to both the abstinence and contraception messages. All youth, ages 10-19 will receive abstinence education throughout all four levels of the model curriculum. Education specific to contraception will be directed to older youth ages 15-19 and/or to those youth who are presenting as currently sexually active. Adult preparation subjects are included in the model components as well as incorporated into and addressed within the state program's **life course health plan**.

Specific adult preparation subjects that will be addressed through the state's selected model are:

- Healthy Relationships
- Adolescent Development
- Education and Career Success
- Parent-Child Communication
- Healthy Life Skills

Providers, Services and Formal Arrangements: Expected providers of PREP in Nebraska include those entities that have historically been a sub grant partner and/or collaborated with DHHS in providing public health programs and services. These entities include but are not limited to local public health departments, Nebraska Tribes, non-profit youth organizations (Girls/Boys Clubs), faith-based organizations and in some instances, local school districts.

Formal selection and arrangements with providers will be carried out through the sub grant

process with official awards specifying scope of work, grant period, outcome objectives and performance measure reporting requirements. These issues and topics will be specified in the Request for Proposal document issued by DHHS.

Program Model: Nebraska has selected the Wyman Teen Outreach Program (TOP™) as the evidence-based model to be implemented under the PREP program. The selection of this model addresses the expressed needs of stakeholders and Nebraska's geographic and cultural challenges. TOP™ can easily be replicated in communities from urban to rural and adapted to fit cultural needs without compromising fidelity to the model. Needs of the target populations including cultural and environmental needs, can be addressed through the various options for implementation settings including classroom and/or afterschool groups as well as placement within racial/ethnic/cultural communities within counties targeted. Implementing a singular model that meets all the federal requirements, the needs of the target population as well as the needs of stakeholders provides the means for Nebraska to address the issues of teen pregnancy and STIs in a comprehensive and fiscally prudent manner.

Project Impact: The availability of PREP funding in the state provides the opportunity to impact those regions and areas where resources for prevention and intervention programming are or have been limited. Nebraska has learned that those programs and initiatives showing the greatest success are community-based and locally driven. The state's extensive public health infrastructure (25 local health departments serving all 93 counties) and the partnerships formed with statewide and local youth service providers offer the capacity and expertise to work locally to produce positive results. The state's PREP initiative has been developed in a manner that allows latitude to tailor and adapt to Nebraska's diverse geographic (urban to frontier) and cultural needs at the local level. The Adolescent Comprehensive System, though a statewide

initiative (see Appendix Item 7), is the perfect structure by which communities can organize and collaborate to address teen pregnancy in their region. The PREP funding along with the comprehensive system structure and life course framework is offering a new opportunity for prevention and STD programming to impact hard-to-reach youth in those counties with limited resources.

Project Coordination and Access to Health/Social Services: The Lifespan Health Services Unit (LHSU), within the Department's Division of Public Health, has the capacity to access a wide range of relevant programs and service resources and benefits from its organizational structure, placement and long-standing working relationships with internal and external programs and entities. Internally, established links to pertinent resources are in place within four of the Department's six divisions. They are; 1) Medicaid and CHIP (Division of Medicaid and Long Term Care), 2) income assistance and child welfare including child abuse and neglect (Division of Children and Family Services) 3) mental health and substance abuse prevention (Division of Behavioral Health), and 4) health promotion including tobacco prevention, childhood injury, domestic violence and suicide prevention (Division of Public Health).

The Lifespan Health Services Unit (LHSU) lends itself to maximizing external resources, partnerships and networks across a wide range of maternal and child health programs relevant to the PREP initiative. LHSU has a well established working relationship with the Nebraska Department of Education as well as Nebraska school districts including collaborations with early childhood education and the Head Start – State Collaboration Office, family and consumer science teachers, and school nurse services. Ongoing working relationships with an additional number of external programs, associations and entities are foundational to this project. These include; 1) Women's Health Advisory Council – established in state statute to provide guidance

and recommendations on women's and adolescent health issues, 2) Public Health Association of Nebraska (PHAN)-serving as voice and liaison between the Department and external public health entities, and 3) University of Nebraska-expert resources routinely called upon for advice on planning, data analysis and policy development. Multiple "systems" are in place to serve as potential channels for program client access and/or program dissemination statewide.

Medicaid/CHIP, economic assistance and family support services are available within DHHS offices located statewide. Entities applying for sub grant funds will be required to demonstrate how and to what extent they will link and/or assist project clients in accessing these services relevant to identified need.

F. Model to be Replicated/Implementation Strategy

The **Wyman Teen Outreach Program (TOP™)** has been identified as the model best suited for the needs of the target population as well as the needs of the state at the local, regional and Department level.

Rationale for Model Selection: Primary consideration for selection of TOP™ as Nebraska's PREP mode was based on: 1) the cultural and geographic challenges in serving the target population and the capacity and adaptability of the model to meet those needs, 2) the model's approach to youth development which is aligned with the core principles of state's adolescent health program, 3) the model's abstinence plus approach and age-defined four-level curriculum that emphasizes abstinence and, in addition, provides information about contraception and STI prevention in an age and developmentally appropriate manner, 4) the model's community service learning component and its compatibility with the Adolescent Comprehensive System structure, 5) congruence with other prevention programs within DHHS, 6) intended coordination with previous and current practice (i.e. Abstinence Education, Boys

Town PREPIS, Title V Block Grant), 7) stakeholder support and capacity to implement the program at the local level and 8) the model's evidence-based proven effectiveness in impacting two of the state's long-term goals: reducing rates of teen pregnancy and increasing rates of school retention and graduation.

Program Fidelity and Adaptations: Nebraska is committed to putting TOP's principles and elements into action as outlined by the model developer and without any adaptations to the curriculum or community service core components. TOP™ implementation will ideally occur on a nine-month or school-year cycle to include a minimum of 1 to 2, two hour group discussion sessions per week and a minimum of 20 hours of community service per program year.

Sub grant sites will be instructed in the red/yellow/green light adaptation process for determining if supplemental materials do or do not alter the core components of any of the activities in each of the four curriculum levels. Sub grantees will be required to obtain program office pre approval for any proposed adaptations. The Department's Life Course Health Plan (Appendix Item 1) will be added as an additional, supplemental tool for each curriculum level. The Health Plan is congruous to the TOP™ model design and augments curriculum topics relative to goal setting, personal (physical) and emotional health, relationships and reproductive/sexual health. With the exception of the condom use skills activity provided in Level Four (addressed later in this section), the Health Plan does not require any adaptations of curriculum components or activities and can be easily synchronized to fit curriculum delivery settings and requirements at each age/program level.

Alternate strategy for providing condom use skills: Youth who are identified as at-risk or presenting as sexually active are in need of interventions that will reduce the possibility of an unintended pregnancy and/or STI. This issue is particularly relevant for the state's intended

target population/age group (Level 4 recipients) who would be receiving this information as part of their participation in the program. Youth in state custody, many of whom have experienced early trauma and sexual abuse that manifests itself in the youth's later unhealthy sexual behaviors should be offered interventions (i.e. condom use skills) in a manner that respects the youth's boundaries, provides them with the skill set they need and guides them to consider/apply healthier sexual behaviors. Having program site instructors demonstrate condom use skills in a group setting as part of a curriculum activity (lesson 21, Level 4) to youth, particularly those coming from foster care or the state's welfare system, diminishes the seriousness of the issue and lessens the overall effectiveness of the intervention. A sexually active youth's behavior is a critical medical issue best dealt with on a one-to-one basis in a medical/clinical environment by qualified individuals (physician, PA, APRN etc.). Nebraska's strategy for addressing this element of the lesson (condom use skills) will be to incorporate it into a "medical referral" mechanism as part of the Life Course Health plan. Level 4 youth, who are identified or presenting as sexually active, will be referred to the appropriate medical personnel for an intervention that would include condom use skills.

Sub Grant Training and Access to Materials: The state program's Site Coordinator will attend the appropriate training class as required by Wyman TOP™. Training will cover program implementation and site facilitator instruction including the use and implementation of TOP™ curriculum and materials as well as instruction on how sub grant sites can put the community service component into action. Upon completing the training and as a responsibility assigned to the position, the Coordinator will then train individual site personnel in the TOP™ model and assist in setting up the community service module with community partners. Two individuals from each sub grant site will be required to complete the TOP™ training facilitated by the state's

Site Coordinator. Access to and provision of all TOP™ materials is included as part of the training package provided by Wyman. Technical assistance and supplemental materials specific to the life course health strategy will be offered by the program office at no cost. Additional technical assistance is routinely offered by the TOP™ developers as part of the licensing agreement entered into between the state and Wyman. Lastly, a state-level grantee summit will be convened in the spring, 2012. The summit, provided for in the state's FY 2010 budget, will provide an opportunity to orient grantees on promising practices, train on identified grantee needs and network and share success and lessons learned among all sub grant sites.

Model Effectiveness in Selected Settings: The TOP™ model offers a replicable framework and is flexible and adaptable to Nebraska's diverse youth and communities. It has been proven effective in reducing teen pregnancy and increasing school success by as much as 40% among participants compared to demographically similar non-participants. The model does not explicitly focus on the problem behaviors it seeks to prevent but rather seeks to enhance participants' competence in decision making, interacting with peers and adults and handling emotions.⁷ In other words, it focuses on protective factors as a means of reducing risk behaviors. The flexible program structure (in-school strategy, in-school elective, after-school program or out-of-school enhancement) lends itself to meeting youth where they are (school and community) and in providing them with meaningful, relevant alternatives to unhealthy behaviors.

Ensuring Replication Fidelity: The state's Site Coordinator will be charged with oversight and monitoring the sub grantees to ensure the state's selected model is implemented with fidelity. Site personnel will be required to routinely track and submit to the Coordinator a

⁷ Wyman Teen Outreach Program, Operations Manual, 2006

documentation processes that includes date and frequency of participant group discussions, identification of community service partners and date (frequency) and time devoted to the community service module. Site personnel will be trained in the state’s adaptation assessment tool as well as the use of the red/yellow/green adaptation assessment process for use in proposing adaptations. Requests for approval of adaptations will be made in writing with final approval of all proposed adaptations made by the state’s Project Director in consultation with the state’s Site Coordinator.

Implementation Strategy: The following table illustrates the primary action steps of the state’s implementation strategy for FY 2010.

| Action Step | Responsible Party | Target Completion Date |
|---|---|----------------------------------|
| • Secure formal agreement with Wyman | PREP Project Director | June, 2011 |
| • Execute contractual Ed Coordinator position | PREP Project Director | July, 2011 |
| • Secure/Attend Training | PREP Project Director, Site Coordinator | July-August, 2011 |
| • Develop and execute Sub Grant RFP. Conduct orientation for potential applicants | PREP Project Director | July, 2011 |
| • Select sub grantees | Proposal review committee, PREP Project Director, DHHS Administration | August-September, 2011 |
| • Train/assist Sub grantees in TOPT [™] implementation | Site Coordinator | September, 2011 |
| • Sub Grantee community assessment period for service learning component | Sub grant personnel, Site Coordinator | September-November, 2011 |
| • Implement curriculum component in sub grant sites | Sub grant site instructors | September, 2011 |
| • Implement Community Service component in sub grant sites | Sub Grant site Project Director and site instructor | October-December, 2011 |
| • Monitoring and technical assistance | PREP Project Director, Site Coordinator, Wyman Center | On-going beginning October, 2011 |

Figure # 17

G. Sub-Award Involvement

Sub Grant Process: Nebraska has a successful history of sub recipients of federal grant funds implemented through the sub grant process, including the Title V Block grant, TANF, and Abstinence Education. This process maximizes stakeholder involvement and assures that the state's federal funding is used strategically to reach the intended recipients as well as address the federal intent for each specific grant. Grant funds are routinely distributed through a competitive process that includes the development and execution of a Request For Proposals (RFP). Potential applicants must submit their proposal following the application requirements and within the required timeframe in order to be considered for funding. Ultimate selection of sub grantees for any specific federal grant follows the Department's standard procedure for reviewing and evaluating (scoring) proposals to determine successful applicants.

Included in the RFP is the information specific to eligible applicants and program requirements including required staff positions for each sub grant site. Potential key staff identified for the state's PREP sub grant sites includes: 1) Project Director/Administrator, 2) Fiscal Manager or Administrator, and 3) Site Instructors. Descriptions, including required skills and experience, for each of these staff positions will be developed as part of the first year planning phase and included in the RFP. Descriptions will be aligned with the state's personnel "classification" system with skill and experience requirements incorporated for each.

Timeliness and Assistance: The sub grant application process is clearly defined in the RFP including detailed description of eligible applicants, project requirements and process for submitting a proposal. New for prospective PREP sub grant applicants will be the opportunity to participate in an orientation session provided by the program office prior to the release of the RFP. Content of the orientation, delivered by the state's Project Director, will be offered though

the state's telehealth system and dedicated to an overview of the framework, approach and implementation requirements the state's selected PREP model. A timeline for proposal submission, review and notification is included in the RFP document. A minimum of six weeks is provided between the release of the RFP and the deadline for submitting proposals allowing potential applicants ample time to develop their proposal. Technical assistance in proposal development following release of the RFP is built into the timeline to allow for a two-week question and answer period. Applicants may submit questions in writing, either electronically or by U.S. mail, with answers posted on a Q & A page attached to the RFP posted on the web site. This procedure protects applicant confidentiality and provides an opportunity for all applicants to benefit from the information resulting from the Q& A process.

Publicizing Funds: Availability of funds for sub grants under any of the state's federal grant programs is routinely publicized through three mechanisms. The Department's home page on the internet has a link to "Grant and Contract Opportunities" that lists all opportunities for interested stakeholders. The site is updated regularly. These funding opportunity announcements are also posted on the Department's individual "Unit" web pages within each of the Department's six Divisions. Stakeholders have the option of "subscribing" to any of these web pages for automatic notification each time an update/posting occurs. In addition to publicizing electronically, a "Public Notice" is placed in the Omaha World Herald, which is the state's newspaper of record. Finally, an announcement of "Availability of Funds" is sent out electronically to individuals through various Department, Unit and Program email distribution lists. This announcement encourages recipients to forward the information to others in their sphere of influence including providers who are new to the process or have not been previously involved in the issue/topic addressed in the RFP, in this case teen pregnancy and STI prevention.

H. Collaborations and Stakeholder Participation

The process for identifying and selecting the state's evidence-based model for use in the PREP program began by convening a stakeholder meeting in early December, 2010. Among those entities represented were local health departments, family planning agencies, youth-serving organizations, private social service agencies, abstinence education providers and DHHS program staff. The meeting was designed to inform participants about PREP and state requirements as well as assess expectations. As a foundation for the meeting discussion a questionnaire was developed and distributed through electronic distribution lists. The questionnaire reached approximately 250 people statewide representing a broad range of organizations and interests. The meeting discussion centered on identifying the criteria that should be used in selecting a model. Stakeholders offered their expertise and insight in potential program implementation and shared their experience with several of the 28 models listed, as well as presenting their needs in serving youth at the local level. Post meeting, several stakeholders offered independent reviews of several models discussed and other interested parties offered input and comments on specific models. A matrix was developed by the project director (see Appendix Item 9) as a tool to assess models recommended and assist in final model selection.

Document Development: Official documents included in Nebraska's PREP program are those deemed necessary to implement the project efficiently while upholding state and federal requirements. Department personnel are required to use templates for contracts and documents specific to the awarding of sub grants (Terms and Assurances). These two documents (see Appendix Items 3 and 6) are developed by the Department's legal unit to insure compliance with state and federal laws and to protect the interest of the state. The RFP document as well as documents used by sub grantees for the purpose of progress and fiscal reporting have been

developed, tested and used successfully within other Department grant programs. Development of additional documents specific to the state's PREP program will be the function of the Site Coordinator in consultation with the state's Project Director. These documents will likely include those addressing site monitoring, data tracking, outcome measure reporting and the model adaptation process. These will become official program documents and incorporated into a grantee program guide book provided to each PREP site during the first year of the grant. Technical assistance using the documents in the guide book will be provided as part of the quarterly sub grant teleconferences. The RFP document will be available for federal review July-August, 2011. The documents included in the grantee guide book will be available by December 31, 2011.

Monitoring Plan: Routine monitoring specific to financial accountability is accomplished through the required sub grant program and financial progress reporting process as discussed in previous sections of this document. Monitoring of program integrity as well as adherence to state and federal priorities (provision of both abstinence/contraception education, serving vulnerable and at-risk youth populations), will be the responsibility of the Site Coordinator. Monitoring will be accomplished through documented and routine site visits, on-going consultation with site personnel and demographic data tracking/reporting as part of the sub grant reporting process.

Potential Partnerships: Expected partnerships are those anticipated at the program site level as a result of planning for and implementing TOP™. Among the partnerships identified would be those necessary to; 1) secure program settings (school districts, community youth centers, faith-based entities), 2) implement the community service module (community social and business organizations) and 3) provide for identified youth referrals for medical

interventions (health care professionals, local health centers). Partnerships will be unique to each sub grant site and, if successfully developed, will provide the foundation and expanded capacity to provide TOP™ in a manner that is locally driven and relevant to community needs.

Stakeholder Organizations: Teen pregnancy and STI prevention is a public health issue. Supportive stakeholder organizations, though not currently identified in the state's PREP program, would be those supportive of PREP as a public health initiative. The Public Health Association of Nebraska (PHAN), Nebraska School Nurse Association (NSNA), and Nebraska Rural Health Association are among those organizations to be recruited for inclusion as supportive stakeholders of the state's PREP efforts. Other stakeholder organizations are likely to come forward in support as the success of the state's PREP program becomes known.

I. Performance Measurement

Reporting Capacity: Nebraska's Department of Health and Human Services has the nationally recognized capacity to report on the federal performance measures to be identified for the PREP initiative. A MCH Epidemiologist in the Department's Lifespan Health Services Unit routinely compiles and analyzes data for this purpose. Additional capacity is found within the Division of Public Health's Data Support Unit which includes sources and tracking systems for vital records/statistics including teen birth data, infectious disease (STI) and substance abuse, health statistics and a geographic information system (GIS).

Tracking: Nebraska's process for tracking results includes the following processes specific to each of the following categories: 1) Output measures (process measures) as identified in the logic model are tracked by a simple complete/incomplete on a developed project timeline, 2) Sub grant program fidelity specific to proposed adaptations is tracked through routine site and a required adaptation approval document developed by the state, 3) Implementation and capacity

building progress will be tracked by the Site Coordinator as part of the sub grant implementation process, 4) Competence for working with identified population will be tracked by the Site Coordinator using the grantee's previous experience and outcomes with comparable programs as a baseline, 5) Outcome measures will be tracked through the required sub grant progress reports to include reporting on the state's identified measures as well as those specific to each grantee as identified in their approved proposal for funding, and 6) Community data specific to sub grant location's STIs and birth rates will be tracked annually using data acquired from the state's vital records and epidemiology systems.

J. Evaluation

Nebraska agrees to participate in the federal evaluation if selected and has made this a selection requirement for potential sub grantees. Grantees will be required to implement an evaluation component that measures outcomes to processes identified in their proposal. Routine reporting on these measures will a required component of their progress/data tracking reports.

Budget Narrative and Justification

Nebraska's allocation of federal PREP grant funds is \$306,743 for each grant year FY 2010-2014. Administrative and programmatic activities have been appropriately aligned with the availability of funds and budgeted to meet the needs of the program plan and federal requirements. The budget as outlined and reported on SF-424A has been aligned to meet the state's program plan as previously described. Of note are costs associated with program oversight and administration, training, a contractual position and costs aligned and associated with implementation of sub grant awards.

The state has calculated a .35 FTE necessary for program oversight and administration to be provided by Linda Henningsen, Adolescent Health Coordinator in DHHS. Time devoted to oversight and administration will include development and execution of a Request for Proposals for sub grants, facilitation of the process for a contractual position that provides for a PREP Site Coordinator position and review and assessment of required sub grant reports including compilation of required data, and development and submission of the required federal progress reports.

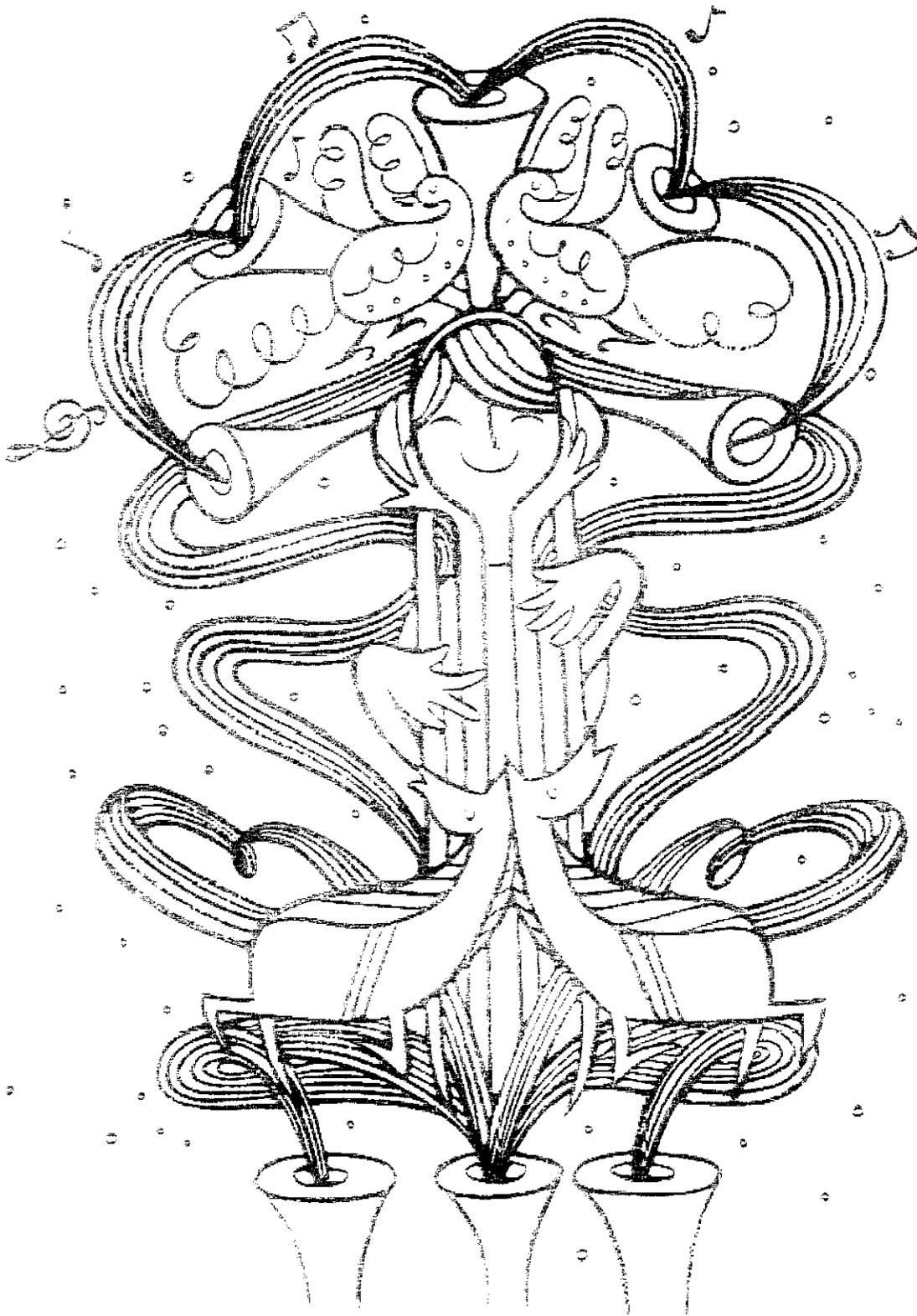
The budget allocation for grant oversight and administration allows for a significant portion of the state's grant award to be available for sub grant purposes. This assures that the majority of the state's funding allocation will be used to directly reach and impact the target population at the local level. Actual sub grant award amounts will be identified following selection of successful applicants during the state's RFP process and documented in the state's first progress report to the federal funding agency. Amounts referenced for sub grants under the contractual category in the budget justification are those attributed to expected and known costs for each TOP™ implementation site.

Budget figures represent those costs that are necessary, reasonable and as allowed, to support the state's program goal and objectives. Actual amounts for each category are aligned to represent actual planned costs associated with project activities.

Nebraska has not identified or included any state-level in-kind contributions in the state's budget. Identified sub grantees will be encouraged to identify and include in-kind contributions in their proposal and document such in their budget. Although these contributions are not required of sub grantees, the ability and willingness to identify and include them provides the state with insight into the grantee's capacity to carry out the program, the strength of the

grantee's partnerships and the ability to which the grantee is able to expand/enhance limited program dollars. In particular, in-kind or cash contributions offered by sub grantees to augment site personnel costs are desired and recommended.

APPENDICES



Tune Into Your Life



Nebraska Department of Health and Human Services
Personal Responsibility Education Program
Appendix Item 1

Tune Into Your Life

WHAT IS A LIFE COURSE HEALTH PLAN AND WHY SHOULD YOU CARE?

We all have goals and dreams. But sometimes, when those goals aren't written down and looked at from time to time, we can lose sight of what we want to do and where we want to go.

A Life Course Health Plan can help you keep your future in focus. It's a tool that allows you to write down your goals and keep them in one place. It will help you think about the steps you should be taking to reach them. A Life Course Health Plan can be used as a guide that will help you start conversations and map out major decisions and actions. So use it any way you want. Change it as often as you want. The most important thing is for you to start working on becoming the person you really want to be.

FUTURE GOALS

A running theme in this life plan is that good choices unlock other good choices. Like, deciding to do something good for yourself today will allow you to do something even better in the future.

Celebrate progress, even small progress, and try not to get discouraged, even if you've neglected certain aspects in your life in the past or if you've struggled.

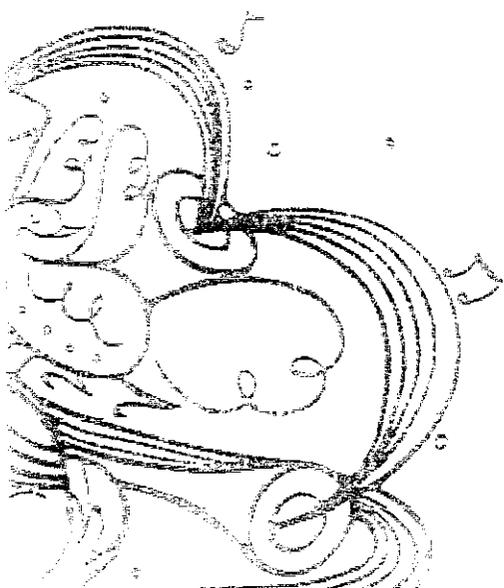
Start thinking about what you want to achieve. Think about what you want to be or do. Write it down, and write down what it will take for you to reach that goal. Think about the people who could help you, and the resources that are available to you.

Where do you see yourself in the next 5 years?

The next 10 years? (Married? Single? In school? Working? Living in a home or apartment? Etc.)

How much education do you want to complete? (Do you want to go to college? Where? When?)

Do you plan on having a career? (What career do you want? Where do you want to work?)



Tune Into Your Life



PERSONAL HEALTH

How you take care of yourself today affects you, your family, and future generations. Making healthy choices will protect you and any future generations. So here's some powerful health advice: Every day, whenever you have a choice, do the thing that you know is good for you.

Do it because it's good for you. Because good choices pile up on each other, even small ones. And they keep piling up over your whole life. Like, getting more exercise now will help you feel good enough to exercise later. Or, seeing a gynecologist now will put you in a better position to have a healthy pregnancy later, when you're ready.

• Check all of the following that apply to you:

- I eat plenty of fruits, vegetables, and whole grain foods
- I exercise regularly
- I take a multivitamin that contains folic acid every day. (Folic acid is a nutrient that helps prevent certain birth defects, but it needs to be taken before you get pregnant to work. Most multivitamins have folic acid.)
- I get regular checkups with my doctor
- I get regular checkups with my dentist
- I get enough sleep
- I smoke cigarettes
- I live with someone who smokes
- I have used alcohol or street drugs
- Unhealthy eating:
 - Fast food all the time
 - Binge eating
 - Throwing up after I eat
 - Eating less than two meals a day

• Do I or does my partner engage in behaviors that put me at some type of risk?

- Yes
- No
- I don't know
- Does not apply to me

PERSONAL SAFETY

Some teens and even some adults are abused by people who are close to them. Abuse is NEVER okay and creates an unsafe place to live. Are any of the things below happening to you?

Is there anyone in your life who physically hurts you (for example, pushes, hits, slaps, kicks, chokes, etc.)?

- Yes No Sometimes

Is there anyone in your life who says mean or hurtful things to you a lot?

- Yes No Sometimes

Is there anyone in your life who forces you to take part in any sexual activities (including touch) that make you feel uncomfortable?

- Yes No Sometimes

TUNE

Tune Into Your Life



EMOTIONAL HEALTH

Everything in your life is connected. *Everything.* Good emotional health is about *feeling* in charge, and using that power to make good choices. It's about choosing situations that make you happy—rather than feeling stuck in sad ones—and understanding that good decisions unlock better ones. It's about being able to handle tough or stressful situations that can affect your health. Here are a few questions to ask yourself to learn more about your own emotional health.

When you feel sad, do you usually bounce back quickly, or do you stay sad for a long time (2 weeks or more)?

How often do you find yourself feeling overly nervous, anxious, or worried? What sorts of things make you feel that way?

What do you do when you are in a stressful situation or if you feel overwhelmed?

Do you get angry easily? What types of things make you angry?

When you get angry, what do you do to calm yourself down?

Are there any areas of your emotional health that you want to improve? If there is anything, write your goals here:



TUNE

Tune Into Your Life



HEALTHY RELATIONSHIPS

If your life is a song, different elements working in harmony, then the people in your life are fellow musicians. They can help you find your groove, or they can disrupt it. They can even drown you out completely if you let them.

You can choose to surround yourself with people who almost always make you feel good. People who feel good for you. Who almost never make you feel angry or scared or worried. Who never make you feel like you have to pretend to be something you're not.

Choose to be with people who support your goals, who like to see you succeed, who would never steer you into a bad situation just so they have company. Here are a few questions to ask yourself in order to learn more about healthy relationships:

Is your family a part of your support system?
 Yes No

If yes, how does your family help you?

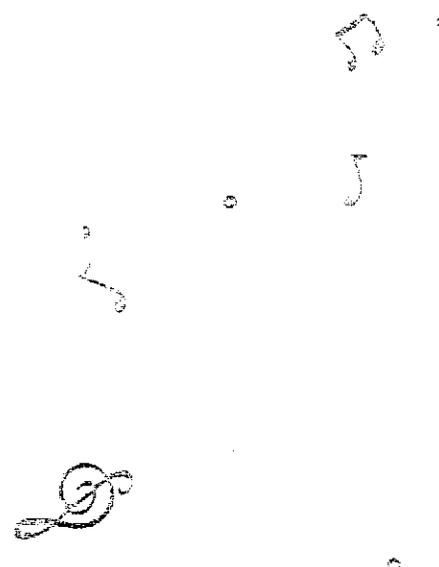
How do you help or support members of your family?

How do you generally treat people who are close to you?

What do you do if someone says or does something that you don't like?

Do your friends help you make good decisions?
 Yes No

How do your friends support you?



Tune Into Your Life



VACCINES/IMMUNIZATIONS

Vaccines (or immunizations) help protect you from certain diseases and illnesses. Getting immunized now will not only help you, but if you decide to have a family later, it will impact the health of your future baby. The antibodies that your body makes from the vaccines you receive will be passed on to your future baby. The important thing is to make sure that your vaccines are up to date no matter what stage of life you are in.

Are your vaccines up to date? Have you been vaccinated for the following:

- Tetanus (Td or Tdap)
- Hepatitis
- Hepatitis B
- Varicella (Chicken Pox)
- Measles, Mumps, Rubella
- Inactivated Polio Virus (IPV)

And don't forget your "booster" shots. You should get a Tetanus booster every 10 years, and your doctor might recommend a one-time booster of Pertussis as well. You should also get a flu shot every year. Since all of this information is kind of tricky to remember, feel free to ask your doctor about vaccines you may need.

DRUGS/MEDICATIONS

Some medications may not be safe to take for a long period of time. Just to be on the safe side, always make sure your doctor knows the prescriptions or over-the-counter drugs that you are taking.

What drugs are you taking? (Please list.)

1. Prescriptions: _____

2. Over-the-counter drugs: _____

FAMILY HEALTH HISTORY

Health problems can sometimes run in families. Identify the health problems that have happened to members of your family.

Has anyone in your family had any of the following? (Check all that apply.)

- arthritis/joint disease
- osteoporosis (soft bones)
- high blood pressure
- depression/anxiety
- asthma
- obesity
- heart disease
- heart defect
- stroke
- other: _____



Tune Into Your Life



YOUR REPRODUCTIVE SYSTEM

(Optional – Females only)

It is always important to be aware of how your body works and this includes reproductive health. When you are at the doctor's office, don't be afraid to ask questions. When you are ready to have a baby, visit your doctor at least 3 months before you want to get pregnant. This will give the doctor a chance to make sure you are in good health before you get pregnant. Among other things, your doctor may ask you about your periods.

Do you track your periods using a calendar?

Yes No

How far apart are your periods?

How long do your periods last?

Is your blood flow heavy or light?

Do you have painful periods (cramps, bloating, etc.)?

Is there someone you can talk to about reproductive (or sexuality) issues?

Yes No

If so, who?

FUTURE PREGNANCIES

One of the best things you can do to have a healthy baby is to make sure you live a healthy life long before you get pregnant. If you wait, it could be too late to protect your baby from the effects of your unhealthy habits. It's always a good idea to live a healthy life, even if a baby isn't part of your plan.

Do you want to be a parent someday?

Yes No

If you answered yes:

How old do you want to be when you have your first baby?

How many kids do you want to have?

How far apart do you want your kids to be?

What is your plan to prevent pregnancies that you are not ready for?

What will you do if you end up getting pregnant when you are not ready?

If you answered no:

What is your plan to prevent yourself from ever getting pregnant?

What will you do if you end up getting pregnant anyway?

TUNE

Tune Into Your Life



WHAT IS IMPORTANT TO ME?

The top three things I want to focus on after completing this Life Course Health Plan are:

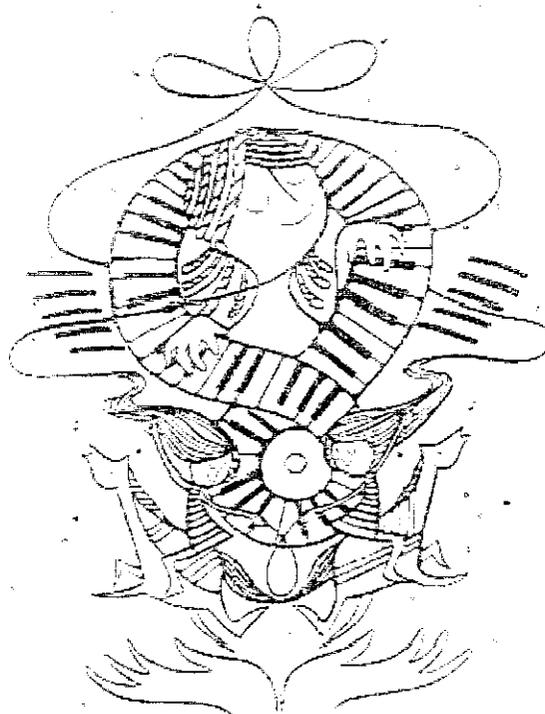
I made this plan on: (Date) _____

Name: _____

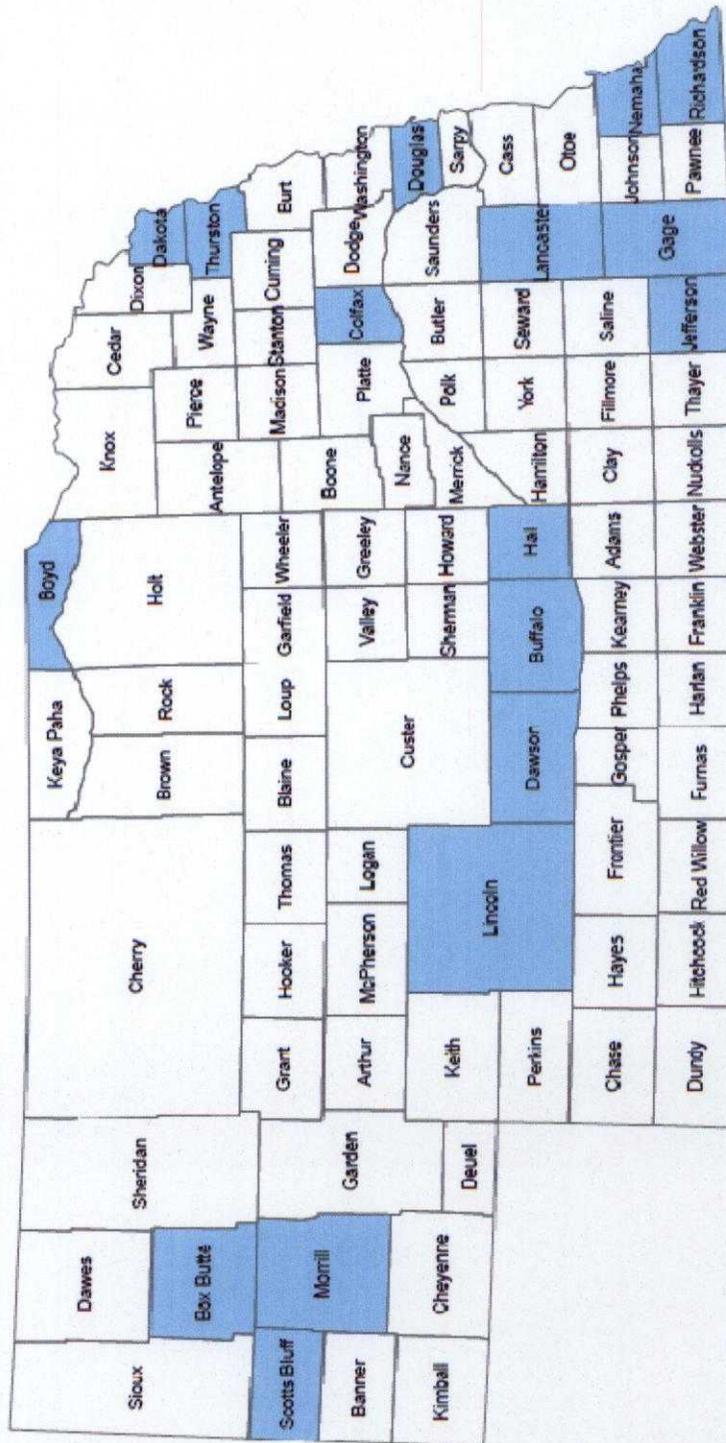
1. _____

2. _____

3. _____



Target Counties – Youth At-Risk – Ages 10-14



Legend

County at Risk

Map created by
DHHS GIS
8/10

SUB GRANT TERMS AND ASSURANCES

This template has been abbreviated in this appendix item to comply to the required page limit. Referenced forms and certifications are not included.

The following documents shall be reviewed, forms completed as relevant, signed by an Authorized Official, and **submitted as part of the Application/Proposal for funding. The following definition applies to any entity making application:**

Entities making application for sub grant funds will be regarded as sub-recipients. A sub-recipient is:

A non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A sub recipient may also be a recipient of other federal awards directly from a federal awarding agency.

Sub grant Terms and Assurances*:

- | | |
|---------------------------|--|
| <u>Exhibit 1 A&B:</u> | Sub recipient Reporting Requirements |
| <u>Exhibit 2:</u> | Program Specific Requirements |
| <u>Exhibit 3:</u> | DHHS Administrative & Audit Guidance for Sub grants |
| <u>Exhibit 4:</u> | DHHS Audit Requirement Certification and the applicable Federal Certifications |
- DHHS Audit Requirement Certification *
 - Certification Regarding Lobbying *
 - Certification Regarding Environmental Tobacco Smoke *
 - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion *
 - Certification Regarding Drug-Free Workplace Requirements *

* Signature of Authorized Official is required.

SUB GRANT TERMS AND ASSURANCES
Nebraska Department of Health and Human Services (DHHS)
Division of Public Health
TEMPLATE

The Nebraska Department of Health and Human Services (DHHS) is the prime recipient of federal financial assistance, and the pass-through entity for those funds it sub grants to eligible entities based on Requests for Proposals (RFP). Applicants awarded federal financial assistance passed through DHHS become known as sub recipients. By accepting this sub grant, the sub recipient acknowledges its understanding of and agrees to comply with the general terms and assurances described herein.

Sub recipient must perform sub grant activities in compliance with the following documents governing the particular award.

- 1) **Sub grant Terms and Assurances**, and its appendices:
 - **Sub recipient Reporting Requirements** (Exhibit 1);
 - **Program Specific Requirements** (Exhibit 2);
 - **Administrative and Audit Guidance for Sub grants** (Exhibit 3);
 - **DHHS Audit Requirement Certification** and the applicable **Federal Certifications** (Exhibit 4).
- 2) **Request for Proposals (RFP)** (for competitive funds), and **Guidelines for Requesting Continuation Funds** (for non-competitive funds) as issued by DHHS;
- 3) **Sub grant Proposal** in response to RFP, and, if applicable, **Request for Continuation Funding** in response to Guidelines for Requesting Continuation Funds as submitted by sub recipient;
- 4) **Letter of award** issued by DHHS which includes the award period, amount of funds awarded, and any contingencies to the Sub grant award.

GENERAL TERMS AND ASSURANCES

A. Access to Records and Audit Responsibilities. All Sub recipient books, records, and documents relating to work performed or monies received under this Sub grant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. The Sub recipient must maintain these records for a period of six (6) full years from the date of final payment, or until all issues related to an audit, litigation or other action are resolved, whichever is longer. All records shall be maintained in accordance with generally accepted accounting principles.

The Sub recipient agrees to provide to DHHS any and all written communications received by the Sub recipient from an auditor related to Sub recipient's internal control over financial reporting requirements and communication with those charged with governance, **including those in compliance with or related to Statement of Auditing Standards**

(SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Sub recipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communication to DHHS at the same time copies are delivered to the Sub recipient, in which case the Sub recipient agrees to verify that DHHS has received a copy.

The Sub recipient agrees to immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.

In addition to, and in no way in limitation of any obligation in this Sub grant, the Sub recipient agrees that it will be held liable for audit exceptions, and shall return to DHHS all payments made under this Sub grant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from the Department.

B. Authorized Official. A person authorized by the Sub recipient to sign legally-binding documents. By submitting the signed Application Cover Sheet and the Sub grant Terms and Assurances, the Applicant agrees that if a Sub grant is awarded, it will operate the grant-funded activities as described in the Application and in accordance with the Sub grant Terms and Assurances.

C. Availability of Funding. Due to possible future reductions in appropriations, DHHS cannot guarantee the continued availability of funding for this Sub grant. In the event funds to finance this Sub grant become unavailable either in full or in part due to such reductions in appropriations, DHHS may terminate the Sub grant or reduce the award upon notice in writing to the Sub recipient. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. DHHS shall be the final authority as to the availability of funds. The effective date of such Sub grant termination or reduction in the award shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in the award, the Sub recipient may cancel this Sub grant as of the effective date of the proposed reduction upon provision of advance written notice to DHHS.

D. Budget Changes. The Sub recipient is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the Sub grant exceeding ten percent (10%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notification of approval or disapproval of the request within 30 days of its receipt.

E. Data Ownership and Copyright. All data collected as a result of this project shall be the property of DHHS. The Sub recipient, or other entities with which it enters into legal agreement with, may copyright any of the copyrightable material produced in conjunction with the performance required under this Sub grant. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for State purposes.

F. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, and appendices referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Sub grant as though fully set forth herein.

G. Drug-Free Work-Place Policy. The Sub recipient hereby assures DHHS that it will operate a drug-free workplace in accordance with state and federal guidelines and has implemented a drug-free workplace policy which is available to DHHS upon request.

H. Federal Governing Requirements. Sub recipient must perform Sub grant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget (OMB) Circulars governing cost principles and audits (Appendix 3), OMB Circulars governing administrative requirements, and to comply with the certifications attached hereto.

I. Independent Legal Entity. The Sub recipient is an independent legal entity and neither it nor any of its employees shall be deemed employees of DHHS for any purpose. The Sub recipient shall employ and direct such personnel as it requires to perform its obligations under this Sub grant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Sub grant.

J. Monitoring. Sub recipient shall facilitate DHHS's monitoring and oversight activities of Sub recipient to include: (1) fiscal and program review using monitoring mechanisms including but not limited to, progress reports, site visits, financial reports, independent (third party) financial audits, and/or internal (State-conducted) financial audits to ensure compliance with program and fiscal requirements; and (2) ensuring that Sub recipient receives a Single Audit if it meets the annual threshold under OMB Circular A-133.

K. Nondiscrimination. The Sub recipient warrants and assures that it complies, as applicable, with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Nebraska Fair Employment Practice Act, to the effect that no person shall, on the grounds of race, color, national origin, sex, pregnancy, marital status, age, religion, or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity of the Sub recipient. This provision shall include, but not be limited to, employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Sub recipient further agrees to insert similar nondiscrimination provisions in all subcontracts utilized in the performance of this grant.

L. Notices. All notices given under the terms of this Sub grant shall be sent by certified mail, postage prepaid, addressed to the respective party at the address set forth below, or to such other addresses as the parties shall designate in writing from time to time. Notice by Sub recipient to DHHS shall be addressed to Nebraska Health and Human Services, Division of Public Health, P.O. Box 95026, Lincoln, NE 68509-5026, Attn: Lifespan Health Services.

[Sub recipient name and address]

M. Programmatic changes. The Sub recipient shall request in writing DHHS approval for programmatic changes. DHHS shall send a written determination regarding the request to the Sub recipient within 30 days of its receipt.

N. Public Counsel. In the event the Sub recipient provides health and human services to individuals on behalf of DHHS under the terms of this Sub grant, Sub recipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this Sub grant. This clause shall not apply to grants or contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

O. Publications, Publicity, Conferences or Training and Acknowledgment of Support. Sub recipient shall submit a copy of all presentations, writings and materials developed as a result of activities funded through this Sub grant for purposes of review and comment. Publicity, presentations and written materials concerning activities supported under this Sub grant shall acknowledge the financial support of DHHS and the federal granting agency by including a statement therein (see Appendix 2)

P. Payment. DHHS will make payments subject to Sub recipient's submission of reports according to the Sub recipient Reporting Requirements [Appendix 1], pursuant to the Nebraska Prompt Payment Act, Neb. Rev. Stat. §81-2401 et seq., and will be a cost reimbursement unless otherwise specified as an advance payment in Appendix 2.

Q. Release and Indemnity. The Sub recipient shall assume all risk of loss and hold DHHS, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this grant, and proximately caused by the negligent or intentional acts or omissions of the Sub recipient, its officers, employees or agents; for any losses caused by failure by the Sub recipient to comply with terms and conditions of the grant; and, for any losses caused by other parties which have entered into agreements with the Sub recipient.

R. Religious Activities. The Sub recipient is prohibited from engaging in inherently religious activities like worship, religious instruction, or proselytization financed with federal financial assistance.

S. Reports. The Sub recipient must submit data, program, and financial reports according to the reporting requirements (Appendix 1). Extensions for the submission of reports and reimbursement must be submitted in writing to DHHS for approval to prevent withholding of payment.

T. Subcontracting or Sub granting. The Sub recipient agrees that subcontractors and/or sub grantees will not be utilized in the performance of this Sub grant without prior written authorization from DHHS.

U. Sub grant Close-out. Upon the expiration or notice of termination of this Sub grant, the following procedures shall apply for close-out of the Sub grant:

- 1) Upon request from Sub recipient, any allowable reimbursable cost not covered by previous payments shall be paid by DHHS.
- 2) The Sub recipient will not incur new obligations after the termination or expiration of the Sub grant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Sub recipient for the federal share of non-cancelable obligations properly incurred by Sub recipient prior to termination, and costs incurred on, or prior to, the termination or expiration date.

- 3) Sub recipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
- 4) Within a maximum of 90 days following the date of expiration or termination, Sub recipient shall submit all financial, performance, and related reports required by the Sub recipient Reporting Requirements (Appendix 1). DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
- 5) DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
- 6) The Sub recipient shall assist and cooperate in the orderly transition and transfer of Sub grant activities and operations with the objective of preventing disruption of services.
- 7) Close-out of this Sub grant shall not affect the retention period for, or state or federal rights of access to, Sub recipient records, or Sub recipient's responsibilities regarding property or with respect to any program income for which Sub recipient is still accountable under this Sub grant. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

V. Sub recipient Procurement. Sub recipient shall be responsible for the settlement and satisfaction of all contractual and administrative issues arising out of procurement entered into by it in connection with the Sub grant, without recourse to DHHS. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature. DHHS is not a party to any other legal agreement entered into between the Sub recipient arising out of this Sub grant award.

W. Technical Assistance. DHHS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of DHHS and the federal granting agency in order to review program accomplishments, and other technical assistance as needed or requested.

X. Termination. This Sub grant is subject to termination in the following conditions:

- 1) Termination by DHHS due to unavailability of funding.
- 2) Termination by Mutual Consent: This Sub grant may be terminated in whole or in part, prior to the completion of the Sub recipient's project activities, when both parties agree that continuation is not feasible or would not produce beneficial results commensurate with the further expenditure of funds. The parties must agree on the termination conditions, including effective date and the portion to be terminated.
- 3) Termination for Cause: In the event of a default or violation of the terms of this Sub grant by the Sub recipient or failure to use the Sub grant for only those purposes set forth, DHHS may take the following action:
 - (a) Suspension - After notice to the Sub recipient, suspend the Sub grant and withhold any further disbursement or prohibit the Sub recipient from incurring additional obligations of Sub grant funds, pending corrective action by the Sub recipient.

- (b) Termination - Terminate the Sub grant in whole, or in part, at any time before the date of completion, whenever it is determined that the Sub recipient has failed to comply with the terms and conditions of the Sub grant. DHHS will promptly notify the Sub recipient in writing of the determination and the reasons for the termination, together with the effective date.

Payments made to the Sub recipient or recoveries by DHHS under this subsection, will be in accordance with the legal rights and liabilities of the parties.

Payments and recoveries may include, but are not limited to, payments allowed for costs determined to be not in compliance with the terms of this Sub grant up to the date of termination. The Sub recipient will return to DHHS all unencumbered funds. Further, any costs previously paid by DHHS which are subsequently determined to be unallowable through audit and close-out procedures may be recovered pursuant to the closeout procedures herein.

- 4) Recovery of Funds: In the event of default, failure to complete the project, or violation of the terms of this Sub grant by the Sub recipient, DHHS may institute such action as necessary to reduce, withdraw, or recover all or part of the project funds from the Sub recipient.

If a Sub grant is awarded, Sub recipient agrees it will operate the activities as described in the Application (or Request for Continuation Funds) and in accordance with these Sub grant Terms and Assurances, with Appendices 1, 2, 3, and 4.

[Name Organization]

By: _____ Date: _____
Authorized Official

Exhibit 1 A

**Nebraska Department of Health and Human Services (DHHS)
Personal Responsibility Education Program**

Sub-recipient Reporting Requirements for FY 2010*

| Report | Date Due | DATE SUBMITTED | Period Covered |
|---|--|-------------------|---|
| 1st Quarter Work Plan Report 1 st Quarter Expenditure Report | As arranged pending release of RFP and Selection of Sub Grantee(s) | | As arranged pending release of RFP and Selection of Sub Grantee(s) |
| 2 nd Quarter Work Plan Report 2 nd Quarter Expenditure Report | | | |
| 3 rd Quarter Work Plan Report 3 rd Quarter Expenditure Report | | | |
| 4 th Quarter/Final Work Plan Report 4 th Quarter/Final Expenditure Report Final Data and Performance Documents | ↓ | | ↓ |

EXHIBIT 2

Program Specific Requirements

I. Compliance for the Nebraska Personal Responsibility Education Program

A. The Sub-recipient acknowledges that it may not use amounts paid to it for:

1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
2. cash payments to intended recipients of health services;

3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
 4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
 5. providing funds for research or training to any entity other than a public or nonprofit private entity; or
 6. payment for any item or service (other than an emergency item or service) furnished
 - a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or
 - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
- B. The Sub-recipient assures that it will not engage in inherently religious activities or proselytizing.
- C. The Sub-recipient assures that it attests and certifies that supplemental materials proposed in its application and funded during the project period of the PREP grant have been reviewed by the state and are determined to be medically accurate.
- D. The Sub-recipient assures that it is a public or nonprofit entity, and will provide proof of its nonprofit status upon request of DHHS.
- E. The Sub-recipient assures that it will refer youth to a local health care provider when appropriate and that it will not refer for, perform or counsel for abortion.

II. Cash Advance

- A. Consideration of Request. In any fiscal year, a one-time advance up to 25% of the fiscal year budget will be considered based on the following criteria and circumstances:
1. Sub-recipient must determine that other funds are not available to pay for the startup costs of the activities for the 1st Quarter of a fiscal year. If other funds are not available, the written request must include a declaration that Sub-recipient will suffer serious cash flow problems without a cash advance. The declaration and any supporting evidence or rationale shall accompany the request.

2. Sub-recipient submits a written request using the designated form.
 3. Past performance of Sub-recipient in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with DHHS, with particular consideration to timely reporting or other evidence of deliverables.
- B. Quarterly Deductions. A cash advance will be accounted for through deductions from the reimbursement of actual expenditures. A Sub-recipient receiving a cash advance will have its reimbursement request reduced by one-fourth of the advance each of the four quarterly reporting periods. To encourage timely reporting and subsequently the deduction from the reimbursement request, a Sub-recipient receiving a cash advance will be assessed a penalty of \$25.00 for each day the quarterly report is past the reporting due date [Appendix 1, ATTACHMENT 4]. When the final expenditure report is submitted, if more cash has been paid to the Sub-recipient than the total amount of expenditures, the overage must be immediately refunded to DHHS.

III. Reimbursement

- A. Reduction in Funding. In the event DHHS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly, and the Sub-recipient may be required to reduce project activities.
- B. Reservation of Right. DHHS reserves the right to the following provisions:
1. To reallocate funds among local agencies as needed to insure service to individuals at highest levels of priority.
 2. To either terminate or curtail all or part of the activities of the Sub-recipient in order to best utilize available funding in the event that all or part of the federal or state funds are terminated, suspended, not released, or otherwise are not forthcoming.
 3. To suspend the Sub-recipient's authority to obligate funds provided by DHHS pursuant to this Sub grant pending corrective action by this Sub-recipient or a decision to terminate this Sub grant.
 4. To terminate immediately this Sub grant, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.

IV. Program Income

- A. Program income will not be carried over between fiscal years, *i.e.* no program income may remain unused after September 30 in any fiscal year. The beginning balance of program income each fiscal year must be zero. As program income is earned, it shall be utilized to enhance the program, resulting in a zero balance on the final expenditure report. If the final expenditure report reflects a program income balance, reimbursement for 4th Quarter expenses will be reduced by the amount of the balance. In the event that the approved reimbursement of 4th Quarter expenses is less than the program income balance, a refund must be submitted by the Sub-recipient to DHHS.

V. Match – Not Applicable

Exhibit 3

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administrative and Audit Guidance

To recipients of state funds and Sub-recipients of federal funds: *An independent certified public accountant (CPA) licensed to practice in the state of Nebraska must prepare and issue all types of reports, i.e. review, audit or A-133 reports. Audit or A-133 reports for governmental organizations and not-for-profit organizations who receive federal payments are to be prepared in accordance with Government Auditing Standards as promulgated by the Comptroller General of the United States.*

| <i>Types of Organizations</i> | Federal Authority | Cost Principles | Year-end Financial Reporting |
|-----------------------------------|-------------------------------------|-----------------|---|
| | Type of Report by Payment Threshold | | |
| Not-for-profit organizations | 45 CFR Part 74 | A-122 | <ul style="list-style-type: none"> ▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed. |
| College or University | 45 CFR Part 74 | A-21 | <ul style="list-style-type: none"> ▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed. |
| State, Local or Tribal Government | 45 CFR Part 92 | A-87 | <ul style="list-style-type: none"> ▪ If state and federal payments from DHHS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from DHHS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. <ul style="list-style-type: none"> ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed. |

Exhibit 4

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Personal Responsibility Education Program

AUDIT REQUIREMENT CERTIFICATION

Sub grantees receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Grant Name _____ Grant # _____ CFDA* # _____

*(Catalog of Federal Domestic Assistance)

Grant Name and CFDA # are pre-filled by the DHHS program office. Grant #s are assigned by the DHHS program office to individual Sub grantees. This blank will be filled by DHHS program office when this Certification is received.

Sub grantee Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

FTIN** _____ **Federal Tax Identification Number

Sub grantee's Fiscal Year _____, 20__ to _____, 20__

This is NOT the fiscal year of the grant award.

All written communications from the Certified Public Accountant (CPA) engaged under #1 and #2 below, given to the sub grantee **including those** in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* must be provided by the sub grantee to the Nebraska Department of Health and Human services immediately upon receipt, unless the sub grantee has directed the CPA to provide the copy directly to the Department and has verified this has occurred.

(Check either #1 or #2 and complete the signature block on page 2):

#1 ___ As the sub grantee named above, we expect to expend less than \$500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct and prepare either, a review (expenditures less than \$75,000) or audit report (expenditures \$75,000-\$499,999) of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Department of Health and Human Services address as shown below.

#2 ___ As the sub grantee named above, we expect to expend \$500,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, as the sub grantee, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- The sub grantee's financial statements,
- A schedule of Expenditure of Federal Awards,
- A Summary Schedule of Prior Audit Findings (if applicable),
- A corrective action plan (if applicable) and
- The auditor's report(s) which includes an opinion on this sub grantee's financial statements and Schedule of Expenditures of Federal Awards, a report on this sub grantee's internal control, a report on this sub grantee's compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this sub grantee must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

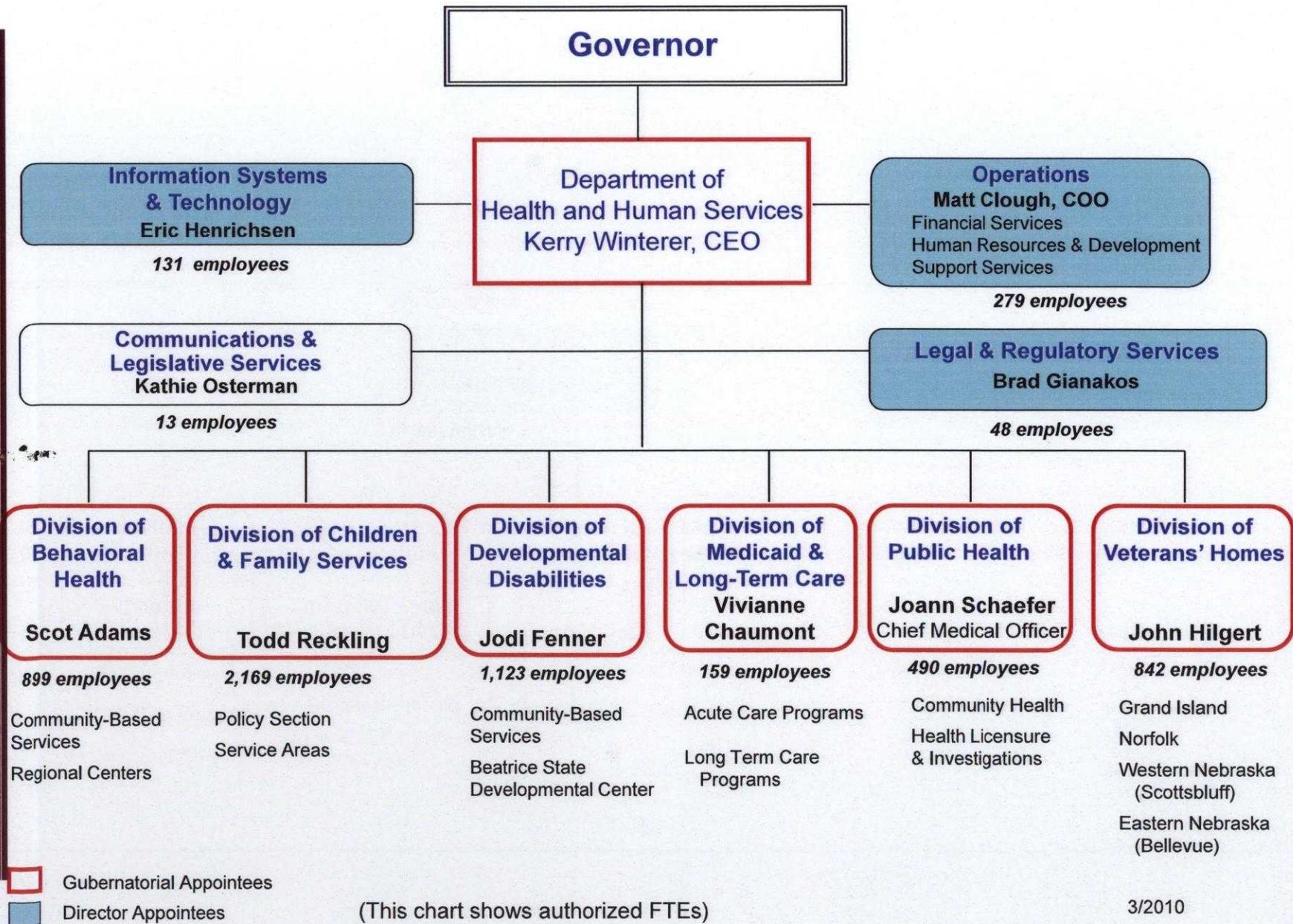
We further acknowledge a copy of this sub grantee's financial statements, auditor's report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to the:

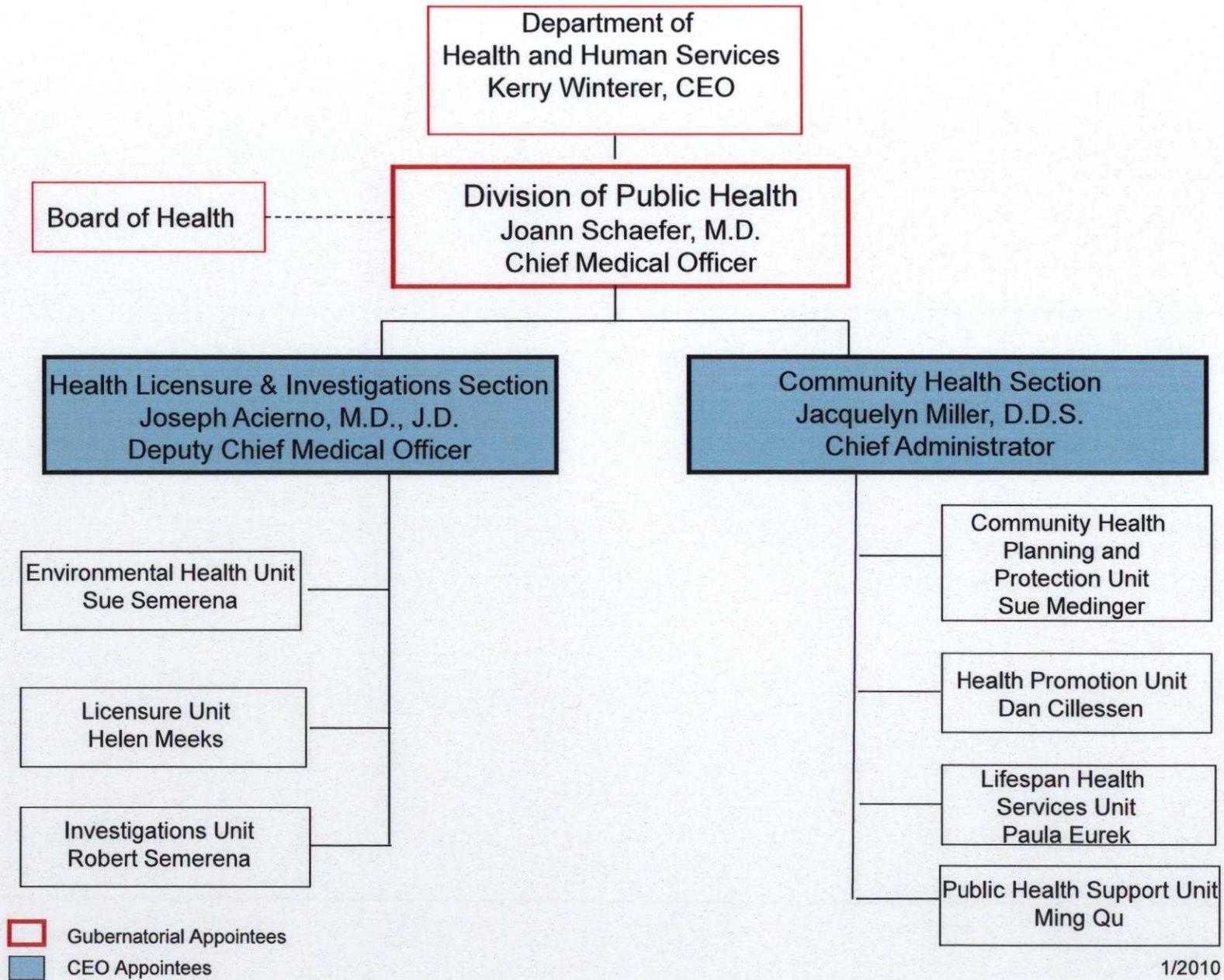
Nebraska Department of Health and Human Services
Financial Services Division
Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026

The foregoing submissions must be made within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

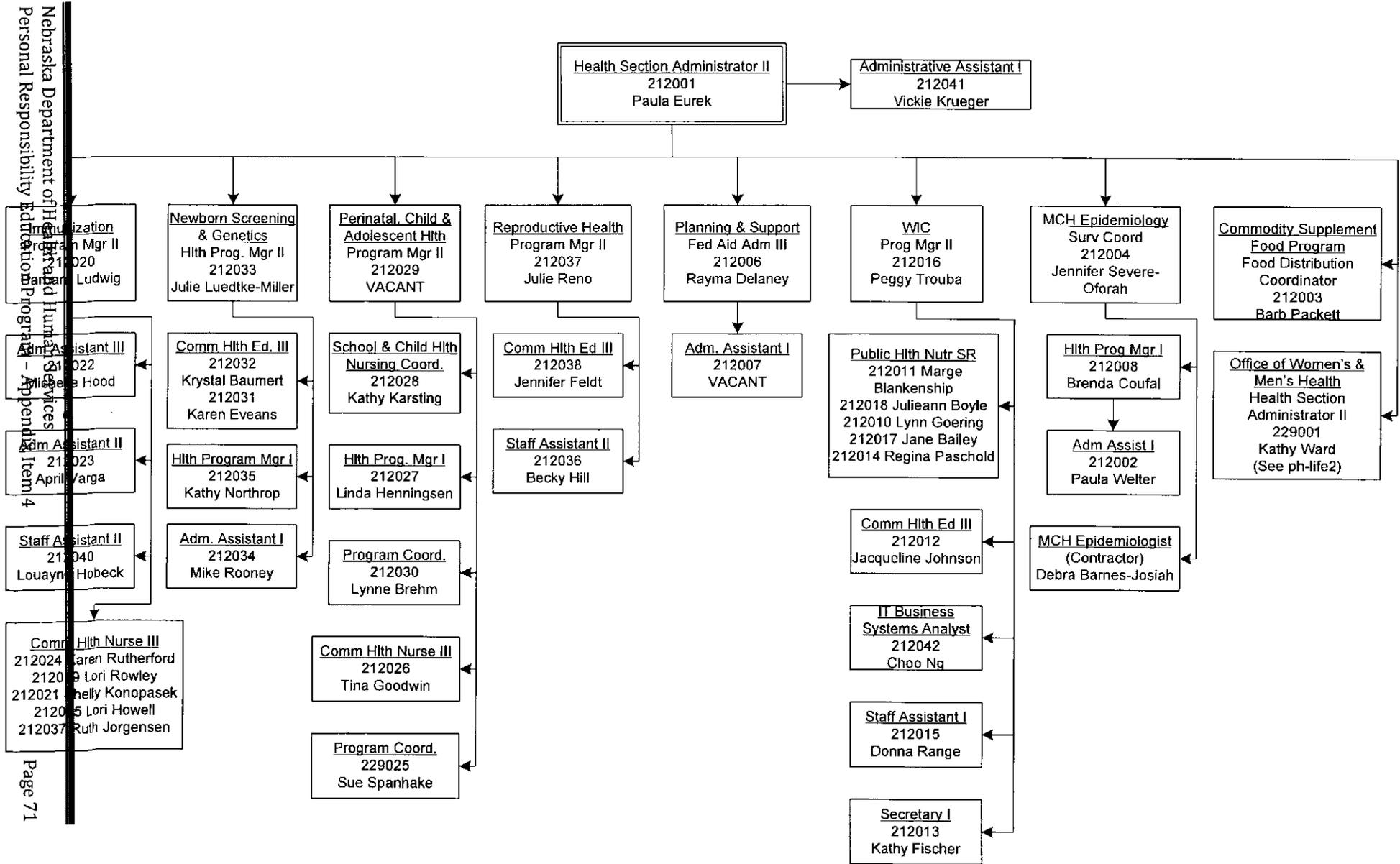
Name

Title





Health & Human Services Public Health/ Community Health Lifespan Health Services



Nebraska Department of Health and Human Services
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Linda L. Henningsen▶

232 Parkside Lane

Lincoln, NE 68521

Phone: (402) 475-7510

Cell: (402) 730-9763

E-mail: llhenningsen@windstream.net

Education

Bachelor of Science – University of Nebraska August 1967

- ▶ Public School Teacher, Cypress, CA and Millard, NE

Diploma – Westside High School, Omaha, NE June 1963

Employment

State of Nebraska, Department of Health and Human Services January 1993 – Present

Millard School District, Omaha, NE August 1971-July 1973

Cypress School District, Cypress, CA August 1967 –July 1971

Experience

State of Nebraska, Department of Health and Human Services

Division of Public Health, Lifespan Health Services Unit

301 Centennial Mall South

Lincoln, NE 68509

- ▶ **Adolescent Health Coordinator** November 1999-Present

Responsibilities:

Administration and management of federal grants and contractual agreements providing programs and services for adolescents in Nebraska. Coordinate and facilitate adolescent initiatives and projects through public health stakeholder networks statewide. Promote and advocate for the health, development and well-being of all adolescents. Recruit program providers and advocates. Collaborate with national partners in developing statewide comprehensive system. Facilitate workshops, stakeholder meetings and training.

- ▶ **Assistant to School Health Coordinator** March 1996-November 1999

Responsibilities:

Supported School Health Coordinator in the delivery of programs and technical assistance to state school nurses. Developed promotional material and reports including data collection, analysis and dissemination. Developed and maintained program budget.

- ▶ **Breast and Cervical Cancer Screening Program** –January 1993 – March 1996

Responsibilities

Program staff member coordinating screening services for Nebraska low-income women.

PREP SERVICES CONTRACT

BETWEEN THE

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH Lifespan Health Services Unit AND

Sub Grant Recipient

This contract is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF PUBLIC HEALTH Lifespan Health Services Unit** (hereinafter "DHHS"), and **Sub Recipient** (hereinafter "Contractor").

PURPOSE. The purpose of this contract is

I. TERM AND TERMINATION

- A. TERM. This contract is in effect from January , 2009 until January , 2009.
- B. TERMINATION. This contract may be terminated at any time upon mutual written consent or by either party for any reason upon submission of written notice to the other party at least Thirty (30) days prior to the effective date of termination. DHHS may also terminate this contract in accord with the provisions designated "FUNDING AVAILABILITY" and "BREACH OF CONTRACT." In the event either party terminates this contract, the Contractor shall provide to DHHS all work in progress, work completed, and materials provided to it by DHHS in connection with this contract immediately.

II. CONSIDERATION

- A. TOTAL PAYMENT. DHHS shall pay the Contractor a total amount not to exceed \$ (spell out in dollars) for the services specified herein.
- B. PAYMENT STRUCTURE. Payment shall be structured as follows:

III. SCOPE OF SERVICES

- A. The Contractor shall do the following: Language here specific to duties and responsibilities of Site Coordinator contractual position.
- B. DHHS shall do the following: Language here specific to compensation and what the PREP program office will contribute/coordinate and/or facilitate etc.

IV. GENERAL PROVISIONS

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

All Contractor books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this contract shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Contractor shall maintain all records for five (5) years from the date of final payment, except that records that fall under the provisions of Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. All records shall be maintained in accordance with generally accepted business practices.

1. The Contractor shall provide DHHS any and all written communications received by the Contractor from an auditor related to Contractor's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Contractor agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Contractor, in which case the Contractor agrees to verify that DHHS has received a copy.
2. The Contractor shall immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.
3. In addition to, and in no way in limitation of any obligation in this contract, the Contractor shall be liable for audit exceptions, and shall return to DHHS all payments made under this contract for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

B. AMENDMENT. This contract may be modified only by written amendment, executed by both parties. No alteration or variation of the terms and conditions of this contract shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Contractor shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans With Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of contract. The Contractor shall insert this provision in all subcontracts.

- D. ASSIGNMENT. The Contractor shall not assign or transfer any interest, rights, or duties under this contract to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this contract.
- E. ASSURANCE. If DHHS in good faith, has reason to believe that the Contractor does not intend to, is unable to, or has refused to perform or continues to perform all material obligations under this contract, DHHS may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this contract.
- F. BREACH OF CONTRACT. DHHS may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. DHHS may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive DHHS's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. DHHS may, at its discretion, contract for any services required to complete this contract and hold the Contractor liable for any excess cost caused by Contractor's default. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.
- G. CONFIDENTIALITY. Any and all information gathered in the performance of this contract, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided, that contrary contract provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. This provision shall survive termination of this contract.
- H. CONFLICTS OF INTEREST. In the performance of this contract, the Contractor shall avoid all conflicts of interest and all appearances of conflicts of interest. The Contractor shall immediately notify DHHS of any such instances encountered so that other arrangements can be made to complete the work.
- I. DATA OWNERSHIP AND COPYRIGHT. All data collected as a result of this project shall be the property of DHHS. The Contractor shall not copyright any of the copyrightable material produced in conjunction with the performance required under this contract without written consent from DHHS. DHHS hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for state government purposes. This provision shall survive termination of this contract.

- J. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Contractor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- K. DOCUMENTS INCORPORATED BY REFERENCE. All references in this contract to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Contractor in discharging its obligations under this contract shall be deemed incorporated by reference and made a part of this contract with the same force and effect as if set forth in full text, herein.
- L. DRUG-FREE WORKPLACE. Contractor certifies that it maintains a drug-free workplace environment to ensure worker safety and workplace integrity. Contractor shall provide a copy of its drug-free workplace policy at any time upon request by DHHS.
- M. FEDERAL FINANCIAL ASSISTANCE. The Contractor will comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Contractor shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.
- N. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this contract which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this contract.
- O. FUNDING AVAILABILITY. DHHS may terminate the contract, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Contractor written notice thirty (30) days prior to the effective date of any termination. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.
- P. GOVERNING LAW. The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this contract shall be brought in Nebraska administrative or judicial

forums as defined by Nebraska State law. The Contractor shall comply with all Nebraska statutory and regulatory law.

Q. HOLD HARMLESS.

1. The Contractor shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.
2. DHHS's liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Contractors.

R. INDEPENDENT CONTRACTOR. The Contractor is an independent Contractor and neither it nor any of its employees shall for any purpose be deemed employees of DHHS. The Contractor shall employ and direct such personnel as it requires to perform its obligations under this contract, exercise full authority over its personnel, and comply with all workers' compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this contract.

S. INVOICES: Invoices for payments submitted by the Contractor shall contain sufficient detail to support payment. Any terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties.

T. INTEGRATION. This written contract represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this contract.

U. LOBBYING.

1. No Federal appropriated funds shall be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract or (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation,

renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, the Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

- V. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Contractor acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any contractor who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to individuals, to a corporation if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

http://www.revenue.ne.gov/tax/current/f_w-4na.pdf or

http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf

- W. NEBRASKA TECHNOLOGY ACCESS STANDARDS.

The Contractor shall review the Nebraska Technology Access Standards, found at <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html> and ensure that products and/or services provided under the Contract comply with the applicable standards. In the event such standards change during the Contractor's performance, the State may create an amendment to the Contract to request that Contract comply with the changed standard at a cost mutually acceptable to the parties.

- X. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Contractor shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at www.das.state.ne.us.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.

Y. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.

ACH Enrollment Form Requirements for Payment

"It is the responsibility of the vendor to complete and sign the State of Nebraska ACH Enrollment Form and to obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the vendor can be made."

Download ACH Form:

http://www.das.state.ne.us/accounting/nis/address_book_info.htm

Z. PUBLIC COUNSEL. In the event Contractor provides health and human services to individuals on behalf of DHHS under the terms of this contract, Contractor shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this contract. This clause shall not apply to contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

AA. RESEARCH. The Contractor shall not engage in research utilizing the information obtained through the performance of this contract without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this contract.

BB. SEVERABILITY. If any term or condition of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this contract did not contain the particular provision held to be invalid.

CC. SUBCONTRACTORS. The Contractor shall not subcontract any portion of this contract without prior written consent of DHHS. The Contractor shall ensure that all subcontractors comply with all requirements of this contract and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

DD. TIME IS OF THE ESSENCE. Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this contract shall be sent to the following addresses:

FOR DHHS:

FOR CONTRACTOR:

IN WITNESS THEREOF, the parties have duly executed this contract hereto, and each party acknowledges the receipt of a duly executed copy of this contract with original signatures.

FOR DHHS:

FOR CONTRACTOR:

Name
Title
Department of Health and Human Services
Division

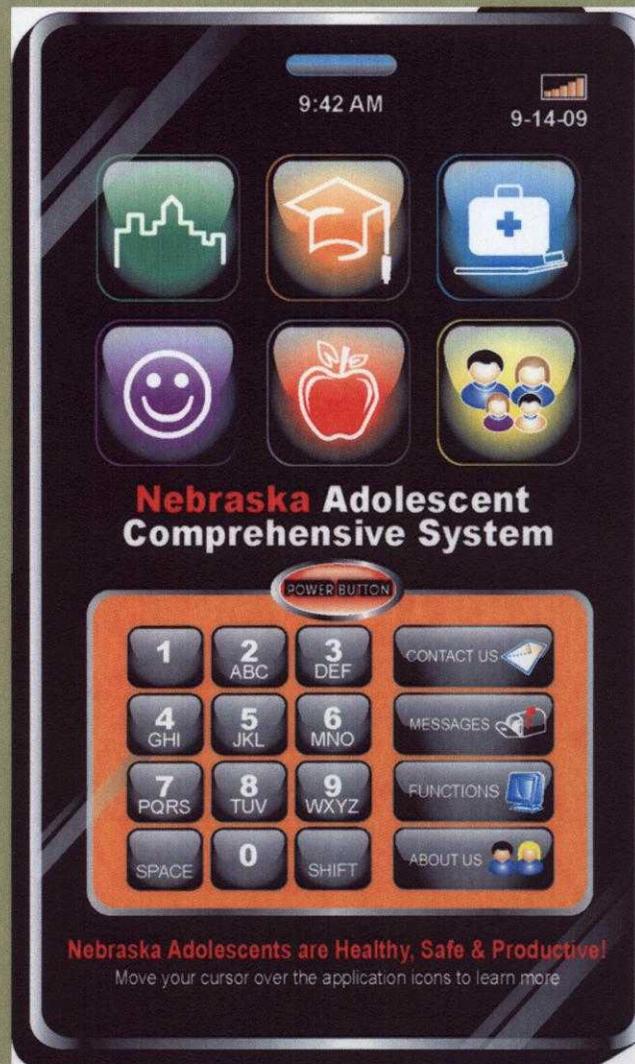
Name
Title
Contractor name

DATE: _____

DATE: _____

Connecting For Youth

Nebraska Adolescent Comprehensive System



Nebraska Department of Health and Human Services
Division of Public Health, Lifespan Health Services Unit
Adolescent Health Program

(402) 471-0538

linda.henningsen@nebraska.gov

System Components and Goals

Community Support



Communities have a process for creating a sustainable system for adolescent well-being.

Education and Career Development



All youth achieve their full potential in a supportive and empowering environment acquiring the knowledge and skills necessary to become life-long learners.

Family Support and Education



Families of adolescents have accessible services that meet their self-identified needs within a supportive and empowering environment.

Health Promotion



Youth will reduce their risk factors and increase their protective factors in developing and adopting behaviors associated with healthy, culturally responsive lifestyles.

Physical, Mental and Oral Health Care



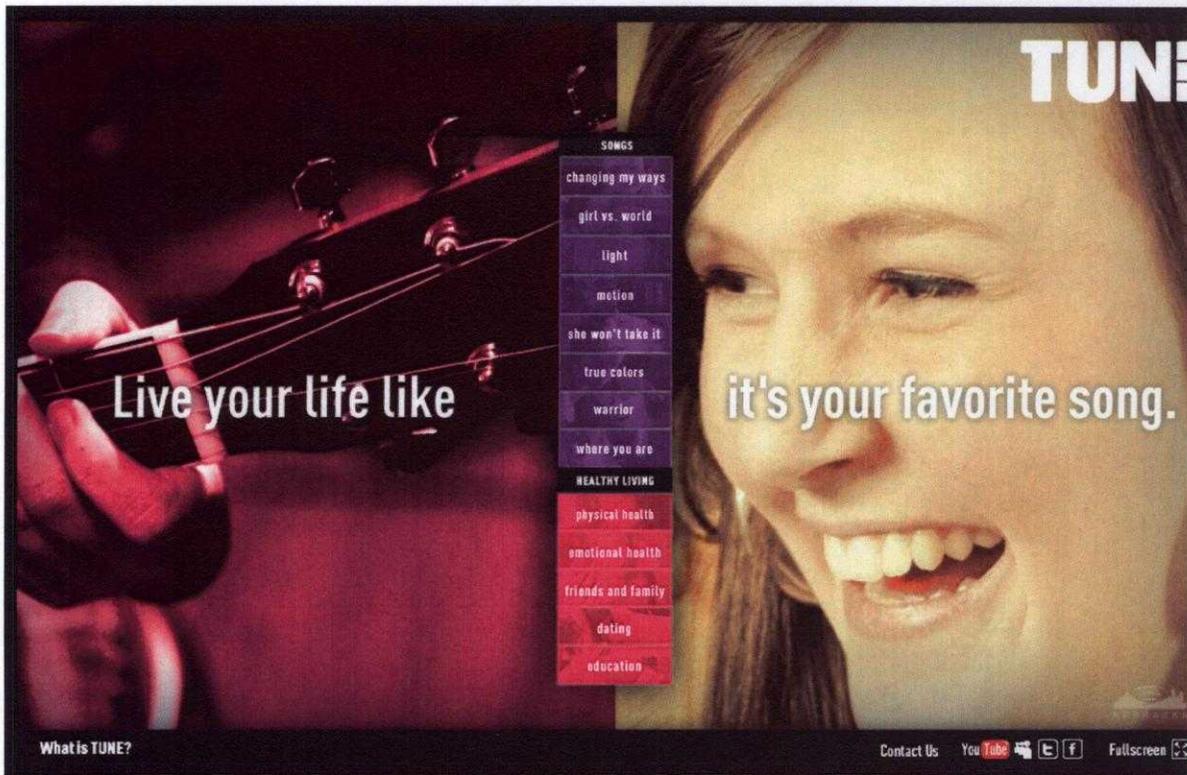
Adolescents and their families have access to self-directed physical, mental and oral health care.

Social-Emotional Development



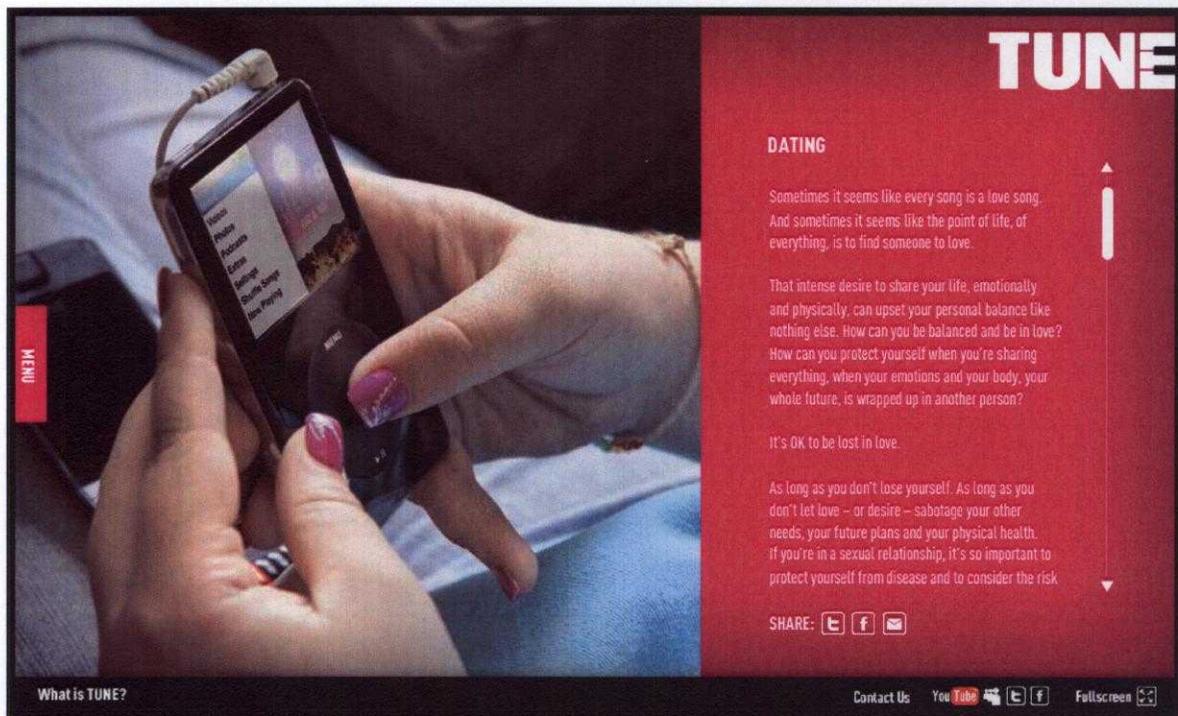
Adolescents are self-aware and possess healthy life skills and relationships with their families, peers and communities.

Tune My Life™
Web Site: <http://www.tunemylife.org>



Tunemylife.org

Home Page



Tunemylife.org

"Healthy Living" Page Example

NEBRASKA PREP CURRICULUM/MODEL REVIEW MATRIX

| Criterion #1 Cost of curriculum/materials and training needs | | | | | Criterion #2 Addresses both abstinence and contraception | | | | | | |
|--|--|----|----|----|--|----|----|----|----|-----|-------------|
| Criterion #3 Addresses 1 or more of the required adult preparation subjects. | | | | | Criterion #4 Evidence of reducing teen pregnancy and STDs. | | | | | | |
| Criterion #5 Addresses Federal Outcome Objectives: (delaying sexual initiation, increase condom use, reduce teen pregnancy) | | | | | Criterion #6 Suitable/adaptable for Urban, Suburban, Rural Settings | | | | | | |
| Criterion #7 Favorable/Adaptable Delivery Mechanism: , (classroom instruction, after-school programs etc.) | | | | | Criterion #8 Ethnically/Culturally relevant/adaptive | | | | | | |
| Criterion #9 Effective with male program recipients | | | | | Criterion #10 Addresses related risk and protective factors, i.e. school retention/completion, ATOD | | | | | | |
| Curriculum/Model | On the lines below score each criterion using the rating scale. Add scores across to obtain Total Score for curriculum/model reviewed. | | | | | | | | | | Total Score |
| | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | |
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| <p>Rating Scale</p> <p>0 = No information found or provided</p> <p>1 = Not Acceptable</p> <p>2 = Acceptable</p> <p>3 = Highly Desirable</p> |
|--|

Position Description

STATE OF NEBRASKA CLASS SPECIFICATION EST: 12/74 – REV: 08/10
COMMUNITY HEALTH EDUCATOR/SENIOR CLASS CODE: H11522

DESCRIPTION: Under limited supervision, assesses community-wide and group health needs; develops and evaluates community health education programs to meet those needs; writes, distributes and presents information on community health education programs; observes and evaluates work of community partner health education staff; and writes grant proposals; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS: (A position is assigned to this class based on the scope and level of work performed as outlined below.) This is the second and final classification level in the Community Health Educator class series. Incumbents in this class are responsible to conduct needs assessments, identify gaps in community health education and develop and implement community health education programs in their entirety (identify needs, develop plans, implement, promote, evaluate, secure resources and funding) and serves as a leader for community partners executing the developed education programs. Positions allocated to the Community Health Educator class perform health education activities and promotion activities in a more defined scope with limited responsibility in obtaining financial resources through grants and leading community partners. The Community Health Educator class series differs from the Community Health Nurse series which is professional public health nursing work for specialized public health programs.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do these examples include all the duties that may be assigned.) Plans, directs and executes community health education and health promotion activities, research projects and programs to meet state and national goals and objectives. Formulates annual training plans and prepares reports for agency administrators and community groups in compliance with agency budget allocation procedures and policy. Writes final community health education plans to define the scope and nature of a program in quantifiable terms and to record all background research information. Determines human, financial, and physical resources available for implementing a proposed community health education program plan to facilitate the attainment of the purpose and goals of the plan. Compares established program plans and objectives with information pertinent to program accomplishments and results to evaluate programs and make recommendations for program revisions. Interprets agency, Federal, state, and local rules, regulations, and guidelines to provide information and answer questions for agency staff and the general public. Writes project proposals and applications to obtain Federal grant funding for community health education projects. Evaluates education and training sessions received from feedback and recommends/implements revisions as warranted to ensure the participants' needs have been fulfilled. Plans, organizes, and distributes information on education and training sessions to agency staff and employees of local public and private human service/health agencies.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED: (These are needed to perform the work assigned.) Knowledge of: the theory and practice of health education, community organization and public relations; the sources of information concerning community, financial, physical, and human/health services; principles and practices of instruction and learning; the principles and practices of adult continuing education; practices of budgeting; the techniques of preparing requests for grant proposals, applications and contracts; practices of public information

distribution; organization and operations of local governments and community organizations; principles and techniques of program evaluation; theories of individual and group behavior; the use of multi-media training aids and equipment; biological and behavioral/social sciences pertinent to community health education. Skill in: teaching others so they understand; presenting information to groups. Ability to: design, layout, and use educational and informational material; locate and determine the utility of local resources available for community health education; foster local interest and participation in community health education activities; interpret agency, federal, State, and local rules, guidelines, policies and procedures pertinent to community health education; plan and lead group sessions and meetings; develop and conduct needs assessments, feasibility studies, and evaluations; communicate with individuals and groups to consult on the development and implementation of a community health education program; design training aids, materials, programs and presentations using a multi-media approach; prepare reports; plan and organize a community health education plan.

MINIMUM QUALIFICATIONS: (Applicants will be screened for possession of these qualifications. Applicants who need accommodation in the selection process should request this in advance.) Bachelor's degree or equivalent coursework/training in community health education, biological science, adult/continuing education or related field AND experience in public/community health education activities with responsibility for: developing, evaluating, and leading health education program activities; assessing health needs; writing and designing educational and informational material, training aids, and presentations; preparing grant proposals; or planning and leading group sessions. Related experience may substitute for a Bachelor's degree on a year-for-year basis.

SPECIAL NOTES: Some positions in this class may require an applicant to possess a current professional license/degree/certificate within a professional field of health care prior to appointment to the class. Positions in this class may require an employee to possess a valid driver's license or the ability to provide independent authorized transportation. Regular overnight and/or day travel outside the city of residence may be required of incumbents in this job. State agencies are responsible to evaluate each of their positions to determine their individual overtime eligibility status as required by the Fair Labor Standards Act (FLSA).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation
Central States Field Office

July 20, 2008

Mr. Bob Zagozda
Chief Operating Officer
Nebraska Department of Health & Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

1301 Young Street
Room 732
Dallas, TX 75202
(214) 767-3291
(214) 767-3284 FAX

Dear Mr. Zagozda:

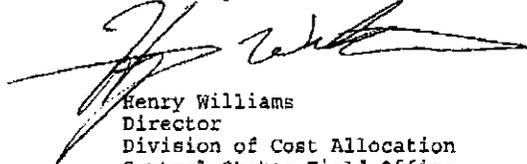
A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining a copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with supporting information, is required each year to substantiate claims made for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending June 30, 2008 is due in our office by December 31, 2008.

Thank you for your cooperation.

Sincerely,



Henry Williams
Director
Division of Cost Allocation
Central States Field Office

Enclosures

STATE AND LOCAL RATE AGREEMENT

EIN #: 1470491233A1

DATE: July 28, 2008

DEPARTMENT/AGENCY:
Nebraska Department of Health & Human Services
P.O. Box 95026
Lincoln NE 68509-5026

FILING REF.: The preceding
Agreement was dated
November 23, 2004

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) FRED. (PREDETERMINED)

| <u>TYPE</u> | <u>EFFECTIVE PERIOD</u> | | <u>RATE (%)</u> | <u>LOCATIONS</u> | <u>APPLICABLE TO</u> |
|-------------|-------------------------|---------------|-----------------|------------------|----------------------|
| | <u>FROM</u> | <u>TO</u> | | | |
| FINAL | 07/01/06 | 06/30/07 | 40.0 | On Site | HHSS - Health Prog. |
| FINAL | 07/01/07 | 06/30/08 | 40.0 | On Site | HHSS - Health Prog. |
| PROV. | 07/01/08 | UNTIL AMENDED | 37.0 | On Site | HHSS - Health Prog. |

*BASE:
Direct salaries and wages including all fringe benefits.

(1)

DEPARTMENT/AGENCY:
Nebraska Department of Health & Human Services

AGREEMENT DATE: July 28, 2008

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

FRINGE BENEFITS:

FICA
Retirement
Disability Insurance
Life Insurance
Unemployment Insurance
Health Insurance
Deferred Compensation

(2)

DEPARTMENT/AGENCY:
Nebraska Department of Health & Human Services

AGREEMENT DATE: July 28, 2008

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
(1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rate(s) is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE DEPARTMENT/AGENCY:
Nebraska Department of Health & Human Services

(DEPARTMENT/AGENCY)

(SIGNATURE)

EAB ZAGOZNA
(NAME)

COO
(TITLE)

8/8/08
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Henry Williams
(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION
(TITLE) CENTRAL STATES FIELD OFFICE

July 28, 2008
(DATE) 7293

HHS REPRESENTATIVE: Rebecca L. Cantu
Telephone: (214) 767-3454

(3)