



**INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Specialist
Christine Ruth

Contract No: **HG861265**

Amendment No. **3**

Teen Pregnancy Prevention

Amendment Date: November 30, 2010

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective upon final signature unless specified otherwise, as follows:

1. Pursuant to Page Twelve (12), Special Terms and Conditions, Provision Two (2), Contract Extension (4) Years, the Contract is hereby extended through December 31, 2011.
2. Effective January 1, 2011, Replace the Scope of Work, pages Fourteen (14) through Sixteen (16) of the Agreement and Provision Number Three (3), Page Two (2) of Amendment Two (2) with the Scope of Work, Pages Two (2) through Five (5) of this Amendment Three (3).
3. Effective January 1, 2011, replace Price Sheet in Amendment One (1), Page Three (3), with revised Price Sheet in Amendment Three (3), Page Six (6). The total remains the same with the following line item changes:
 - a. Personnel increased \$460.68 due to PT-Program Manager and 2 FTE Health Workers.
 - b. ERE increase \$227.94 due to salary increase.
 - c. Travel decreased \$688.62 due to budget never being fully used so funds transferred to salary and ERE
 - d. Operating Expense increase \$2,500.00 for previously uncovered costs
 - e. Other Expense decreased \$2,500.00 to move funds to Operating Expense.

All other provisions shall remain unchanged.

Gila County Health Department

Contractor Name
1400 E. Ash Street

Address
Globe, AZ 85501

City State Zip

CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

Contractor Authorized Signature

Michael A. Pastor

Chairman of the Board of Supervisors

Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 2009

Signature Date

Bryan Chambers, Chief Deputy

Printed Name


Procurement Officer

Attorney General Contract No. **PIGA2011000344**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Under House Bill 2011, § A.R.S. 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

Signature Date
Assistant Attorney General

Printed Name: Ronald E. Johnson

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1. Background

Arizona continues to have high teen pregnancy and teen birth rates even though there have been significant decreases since 1998, following the national trend. In 2004, Arizona had the 5th highest teen birth rate in the United States for females aged fifteen (15) to nineteen (19). (Source: National Vital Statistics Reports, Vol. 55, 2006). The Arizona rate was 60.1 per 1,000 females aged fifteen (15) to nineteen (19) compared to the United States rate of 41.1 per 1,000 for 2004. In 2006, the birth rate among all females fifteen (15) to nineteen (19) years old was 59.6 per 1,000 females for Arizona. The highest rates were in Yuma (71.8) Mohave (69.1) and Gila (66.0) counties. In 2006, 40 teens became pregnant every day in Arizona. (Source: Arizona Vital Statistics).

Teens pregnant with their second or later pregnancy have represented approximately 20%-30% of all teen pregnancies for the last nine (9) years. In 2005 approximately 61% of teen births in Arizona were to Latinos. Further, the substantial reduction in teen pregnancy and birth rates in recent years can be attributed, in part, to shifts in the sexual behavior of teen boys. Also recent research from the National Campaign to Prevent Teen Pregnancy indicates that parents have the most influence on their teens' decisions about sexual behavior. Most teens agree that it would be much easier for them to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about sexual issues with their parents. Additional health status statistics can be obtained by accessing the ADHS website at www.azdhs.gov/plan/index.htm.

In an effort to reduce teen pregnancy in the State, ADHS has proposed the following goals:

Goals 1: Annually reduce the number of pregnancies by 1.5 per 1,000 teenage girls age fifteen (15) to nineteen (19).

Goals 2: Annually reduce the number of repeat pregnancies by .5 per 1000 teen girls age fifteen (15) to nineteen (19).

2. Objective

Provide funding to County Health Departments to implement programs that:

- 2.1 Reduce second pregnancies among teens;
- 2.2 Develop and implement culturally sensitive programs to reduce teen pregnancy in the Latino community;
- 2.3 Develop and implement programs that involve boys and young men in teen pregnancy prevention;
- 2.4 Develop and implement programs to provide education and training to parents/caregivers on effective communication regarding sexual health issues and other risk behaviors; and/or
- 2.5. Develop and implement programs addressing youth in care.

3. Scope of Work

Teen pregnancy prevention programs and programs designed to reduce the incidence of Sexually Transmitted Infections (STI's) among youth must employ research based strategies that have been demonstrated to be effective or those that have been shown to have promise in reducing the incidence of STI among youth and reducing the rate of teen pregnancy. These programs should be consistent with findings on programs to reduce teen pregnancy such as those stated in Emerging Answers, by Douglas Kirby, 2001, and the characteristics of effective programs as stated in a working paper entitled "The Impact of Sex and HIV Education Programs of Youth in Developing and Developed Countries", by Douglas Kirby, 2005. Programs shall also incorporate a youth development approach. Refer to www.teenpregnancy.org for information on Emerging Answers, a copy of the working paper may be downloaded from www.fhi.org/en/youth/youthnet/publications/youthresearchworkingpapers.

Programs designed to provide education to parents/caregivers shall have demonstrated to be effective or been shown to have promise and be consistent with research findings on strategies to involve parents in education programs. Programs as provided by the National Campaign to Prevent Teen Pregnancy and the Annie B. Casey Foundation are recommended.

3.1 Parent education should include the following topic areas:

- 3.1.1 Development and practical application of parent/child communication skills;
- 3.1.2 Risk and protective factors;
- 3.1.3. Consequences of unhealthy risk behaviors;
- 3.1.4. Benefits of healthy behaviors;
- 3.1.5. Information on prevention of teen pregnancy and sexually transmitted infections;
- 3.1.6. Growth and development of children and adolescents; and
- 3.1.7. Exploration and discussion of parental views regarding sex, love and healthy relationships with others.

3.2 All programs shall be medically and scientifically accurate.

3.3 **Target Populations include:**

- 3.3.1. Male and female high risk youth age twelve (12) to eighteen (18);
- 3.3.2 Youth in Care;
- 3.3.3. Parents/caregivers
- 3.3.4. Teens at risk of a second birth
- 3.3.5. Latinos; and
- 3.3.6. Boys and young men.

Counties may utilize methods that are appropriate for their demographics and particular characteristics of their community to achieve program standards and outcomes. Counties will have the flexibility to implement the program in a manner that “fits” their neighborhood or community. The program shall assure that differences in culture, family structure, personal and family values, and resources are respected among communities throughout the county.

Curricula and other educational materials provided in a school based setting must follow Arizona Department of Education (ADE) guidelines regarding sex education and be recommended for use by ADE and approved by ADHS (see www.ade.state.az.us/health-safety for a list of recommended curricula).

The County shall be required to conduct a process and a short term outcome evaluation of the project. At a minimum, a post survey shall be required to measure skills, knowledge, attitudes, values, intentions and satisfaction with the project and project educators. An example of a pre/post survey is provided.

4. Tasks

4.1 Provide a detailed description of the project that the County shall implement;

- 4.2. Submit an outline of selected strategy (s) and an Implementation Plan to ADHS for approval. Use of the BDI Logic Model is recommended. <http://www.etr.org/recapp/bdillogicmodel20030924.pdf>, the State of Arizona logic model is an approved alternative;
- 4.3 Develop and submit a proposed budget for the upcoming year;
- 4.4 Develop an evaluation plan that shall include goals and objectives for the project including numbers of youth/parents to be served over a one year period, include expected outcomes;
- 4.5 Implement approved strategies; and
- 4.6 Analyze program evaluation data.

5. Reference Documents

- 5.1 Healthy Arizona 2010: Collaborating For a Healthier Future (<http://azdhs.gov/phs/healthyaz2010/>);
- 5.2 National Campaign to Prevent Teen Pregnancy, What Works http://www.teenpregnancy.org/resources/reading/pdf/what_works.pdg;
- 5.3 National Campaign to Prevent Teen Pregnancy, Science Says: Adolescent Boys' Use of Health Services http://www.teenpregnancy.org/works/pdf/Science_Says_26_boys_health.pdf;
- 5.4 National Campaign to Prevent Teen Pregnancy, Science Says, Effective and Promising Teen Pregnancy Prevention Programs for Latino Youth http://www.teenpregnancy.org/works/pdf/Science_Says_32_latino_programs.pdf;
- 5.5 National Campaign to Prevent Teen Pregnancy, Science Says, Characteristics of Effective Curricula Based Programs <http://www.teenpregnancy.org/works/pdf/sciencesaysEffectiveCurricula.pdf>;
- 5.6 National Campaign to Prevent Teen Pregnancy, Science Says. Another Chance: Preventing Additional Births to Teen Mothers <http://www.teenpregnancy.org/works/pdf/AnotherChance.pdf>;
- 5.7 Regulations on sexuality education: www.ade.state.az.us/health-safety; and
- 5.8 Health status data: www.azdhs.gov/plan/menu/for/births.htm.

6. State Provided Items

Attached hereto and incorporated herein:

- 6.1 ADHS Implementation Plan (Forms E-G);
- 6.2 Data Sheets (Attachment B);
- 6.3 Attendance sheets (Attachment C);
- 6.4 Monthly Report (Attachment D); and
- 6.5 Survey Forms (Forms E-G).

7. Deliverables

The Contractor shall submit to ADHS:

- 7.1 A detailed description of the overall project, due within sixty (60) days of contract award;
- 7.2 An outline of selected strategies including an Implementation plan, due within sixty (60) days of Contract award;

- 7.3 An evaluation plan, due within sixty (60) days of Contract award;
- 7.4 Evaluation results, due within forty-five (45) days of the end of Contract year;
- 7.5 A proposed budget for the next year, due by the first day of the 8th month of the Contract year;
- 7.6 A monthly progress report to include how you implemented approved strategy(s), due the 15th of the month following service provision;
- 7.7 Participant data sheets, Form A, B and attendance sheets due the 15th of the following month class/session ended; and
- 7.8 Contractors Expenditure Reports, due by the 15th of the month following expenditure. The CER can be found on http://azdhs.gov/hsd/primary_care.htm.
- 7.9 Attendance in quarterly ADHS Teen Pregnancy Prevention Contractor meetings.


8. Notices, Correspondence and Reports

Notices, correspondence, reports and invoices from the contractor to ADHS shall be sent to:

Teen Pregnancy Prevention Program Manager
Bureau of Women's and Children's Health
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) -364-1400

Notices, Correspondence, Reports from the ADHS to the Contractor shall be sent to:

Chief Health Officer
Gila County Public Health Department
1400 East Ash Street
Globe, Arizona 85501
Phone: 928-425-3231
Fax: 928-425-0794
Email: dfletcher@co.gila.az.us

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PRICE SHEET CY 2011

Cost Reimbursement Line Item Budget

ACCOUNT CLASSIFICATION	AMOUNT
Personnel	\$ 76,975.16
ERE	\$ 24,712.57
Professional & Outside Services	\$ 250.00
Travel Expense	\$ 7,416.38
Out-of-State Travel Expense	\$ 10.00
Operating Expense	\$ 13,365.89
Other	\$ 0
Indirect (if authorized)	\$ 12,273.00
TOTAL	\$ 135,003.00

With prior written approval from the Program manager, the Contractor is authorized to transfer up to a maximum of Ten Percent (10%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding Ten Percent (10%) or to a non-funded line item shall require a Contract Amendment.