

**MEMORANDUM OF UNDERSTANDING
BETWEEN
WALWORTH COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND**

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I. COOPERATING PARTIES

This Memorandum of Understanding (MOU) is entered into by the cooperating parties of Walworth County Department of Health and Human Services, hereafter referred to as the **Department**, doing business at 1910 County Road NN, Elkhorn, WI 53121 and [Click or tap here to enter text.](#), hereafter referred to as **Recipient**.

II. PURPOSE

This MOU establishes a non-financial relationship between the cooperating parties for purposes of implementing the Hope Squad program at the Recipient location. Policies, procedures, and other specifics governing the cooperative endeavors of the parties are described in one or more Attachments to this MOU.

III. DURATION

This MOU is effective from the date of signing until December 31, 2021 and shall automatically renew until the end of the program as outlined in Attachment 1 to this MOU.

IV. HOLD HARMLESS

Both parties mutually agree hold the other harmless against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, and liabilities arising out of any acts, omissions, fault, or negligence by each party's respective employees, agents, authorized representatives, or anyone acting under the control or on behalf of either party, in connection with or incidental to the performance of this MOU, or as described in any Attachments to this MOU. Nothing contained herein shall waive the rights and defenses that each party may be entitled to under law, including but not limited to, the immunities or limitations contain in Wisconsin Statutes Section 893.80 and 345.05.

V. MODIFICATION OR TERMINATION

Both parties may mutually agree to review, amend, or modify this MOU at any time. Any change to the MOU must be accomplished by a formal written amendment to the MOU signed and

approved by the Department and the Recipients. The Department and Recipients agree that no other methods and/or documents, including correspondence, acts, and oral communications, by or from any person, shall be construed as an amendment to the MOU.

This MOU may be terminated with cause by either party with 30 days prior written notice.

VI. AGREEMENT MANAGER

Department's Agreement manager will be Holli Wilke, for all matters, routine or emergent, which pertain to services provided.

VII. SIGNATURES

Approval of this MOU is indicated by the signatures of the authorized representatives of the cooperating parties identified below.

Department:

Walworth County Department of Health and Human Services
PO Box 1005
1910 County Highway NN
Elkhorn, WI 53121-1005
Signature of Authorized Representative / Date

Name: Carlo Nevicosi Title: Director Date

Recipients:

Click or tap here to enter text.
Signature of Authorized Representative / Date

Name: Title: Date

ATTACHMENT 1

A. DEFINITIONS

None

B. RESPONSIBILITIES OF THE DEPARTMENT

The Department shall:

- a. Purchase the Hope Squad curriculum for the recipient and fund the program for 4 years for high schools and 3 years for Middle, Elementary, and K-12 schools.
- b. Organize initial in person advisor training for the recipient as a part of a County wide implementation initiative.
- c. Provide Question, Persuade, Refer (QPR) training at the request of the recipient
- d. Provide training for new advisors at least 2 times annually and provide ongoing coaching for current advisors.
- e. Provide an annual Hope Squad event for advisors, students, parents, and community through the duration of this MOU.
- f. Participate in national advisor support calls at least once per quarter.
- g. Participate in local Hope Squad meetings at least once per semester.
- h. Provide a reporting mechanism/tool that can be used to track outcomes for annual reporting requirement.

C. RESPONSIBILITIES OF THE RECIPIENTS

The Recipient shall:

- a. Commit to the implementation of the Hope Squad program fully for the 3 or 4 year duration prescribed in the curriculum based on school type (elementary, middle, or high school). Following the end of this duration the recipient would become responsible for any maintenance fees associated with continuing the Hope Squad program.
 - i. If terminating this program prior to the completion timeline outlined in a. the recipient must engage in an opportunity for mitigation of issues prior to full end of the program and alert the Department as outlined in section V of this MOU (Modification or Termination).
- b. Sign and adhere to the Hope Squad Affiliation Agreement. Send a copy of the signed affiliation agreement to Hope Squad and HHS within 10 days of signature.
- c. Identify and commit to a Lead Hope Squad Advisor who will take primary responsibility for implementation, teaching the curriculum, reporting, and maintaining the program.
- d. Adhere to the Hope Squad curriculum to fidelity, including but not limited to:

- i. Commit to 2-3 advisors per school and 8-12 student Hope Squad members per grade.
- ii. Meet with Hope Squad members and parents at least once per year to assess if they remain a good fit for the squad and want to continue participation.
- iii. Adhere to the Hope Squad recommended process for selection of students to join the team and requirement for parental support.
- iv. Support Hope Squad and carve out time for meetings during regular school hours
- v. Hold regular meetings and engagement between students and advisors specific to Hope Squad.
- vi. Ensure that advisors and students attend at least 80% of the meetings.
- vii. Engage all staff and parents in the Hope Squad program and how they play a role in its success.
- viii. Support, promote, and engage in Hope Squad week.
- e. Send identified advisors, and interested administrative, social work, health or counseling staff, to the advisor training day(s) facilitated by the Department.
- f. Send all advisors, students, and supports to the Department facilitated Hope Squad event annually.
- g. Replace advisors and students on the Hope Squad team when there is a vacancy and training is available.
- h. Request coaching as needed and communicate successes or challenges to the Department as they occur.
- i. Advisors participate in monthly national advisor calls at least once per semester.
- j. Annually report to the Department:
 - i. Number of advisors
 - ii. Number of students
 - iii. Number of meetings and number of advisors and students at each meeting
 - iv. Number of referrals
 - v. Outcomes and challenges
 - vi. Activities conducted that support Hope Squad week