

File ID Number	13-1210
Introduction Date	6/26/13
Enactment Number	13-1347
Enactment Date	6/26/13
By	AK



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

**OAKLAND UNIFIED SCHOOL DISTRICT
Office of the Board of Education**

June 12, 2013

To: Board of Education

From: Tony Smith, Superintendent
 Maria Santos, Deputy Superintendent of Instruction, Leadership & Equity-in-Action
 Curtiss Sarikey, Associate Superintendent of Family, School, and Community Partnerships Dept.
 Joanna Locke, Director, Health and Wellness Department

Subject: **District Submitting Grant Application**

ACTION REQUESTED:

Approval and support by the Board of Education of District applicant submitting Grant Application for OUSD schools for fiscal years 2013-2018 to accept same, if granted, in whole or in part, pursuant to the terms and conditions thereof and to submit amendments thereto, for the grant year, if any.

BACKGROUND:

Grant proposal for OUSD schools for the 2013-2018 fiscal year were submitted for funding as indicated in the chart below. The Grant Face Sheet and grant application packets are attached.

File I.D #	Backup Document Included	Type	Recipient	Grant's Purpose	Time Period	Funding Source	Grant Amount
13-1210	Yes	Grant	Oakland Unified School District Middle and High School Sites	To focus on understanding and reducing HIV/STD transmission among secondary school students.	8/1/2013-7/31/2018	Centers for Disease Control and Prevention: Healthy Oakland Teens: The HOT Project	\$2,531,145.00

DISCUSSION:

The district created a Grant Face sheet process to:

- Review proposed grant projects at OUSD sites and assess their contribution to sustained student
- Identify OUSD resources required for program success

OUSD received a Grant Face Sheet and a completed grant application for the program listed in the chart by the school.

FISCAL IMPACT:

The total amount of grants will be provided to OUSD schools from the funders.

- Grants valued at: \$2,531,145.00

RECOMMENDATION:

Approval and support by the Board of Education of District applicant submitting a grant application for OUSD schools for fiscal year 2013-2018 to accept same, if granted, in whole or in part, pursuant to the terms and conditions thereof and to submit amendments thereto, for the grant year, if any.

ATTACHMENTS:

Grant Face Sheet

Center for Disease Control and Prevention Grant Application Package

OUSD Grants Management Face Sheet

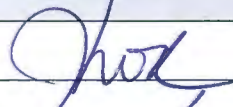
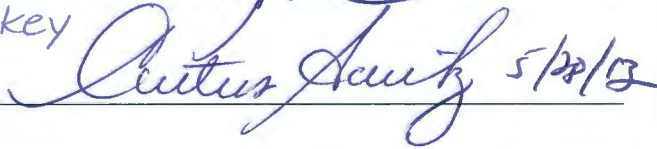
Title of Grant: Healthy Oakland Teens: The HOT Project	Funding Cycle Dates: August 1, 2013 – July 31, 2018
Grant's Fiscal Agent: Oakland Unified School District 746 Grand Avenue Oakland, CA 94610	Grant Amount for Full Funding Cycle: \$2,531,145.00
Funding Agency: Centers for Disease Control and Prevention, Department of Health & Human Services	Grant Focus: HIV/STD Prevention, Grades 6 to 12
<p>List all School(s) or Department(s) to be Served: <u>Middle Schools:</u> Barack Obama Academy, Claremont, Montera, Roosevelt, Urban Promise Academy, United for Success Academy, West Oakland, Westlake, Edna M. Brewer, Bret Harte, Elmhurst Community Prep, Alliance Academy, Coliseum College Prep Academy, Frick, James Madison, Melrose Leadership, Roots International Academy, Greenleaf, Life Academy, Sankofa and Community Day Middle Schools.</p> <p><u>High Schools:</u> Fremont, Community Day HS, Castlemont, Coliseum College Prep Academy, Life Academy, Rudsdale Continuation, Skyline, Sojourner Truth, Street Academy, Bunche Academy, Dewey Academy, McClymonds, MetWest, Oakland HS, Oakland International, Oakland Technical High Schools.</p>	

Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	This grant will provide secondary students with the knowledge and skills needed to prevent pregnancy, HIV and other STDs. The grant will also support anti-bullying efforts and connection to sexual health services at our middle schools without school-based health centers, alternative ed/continuation schools, Castlemont and Fremont. By having access to comprehensive sexual health education, sexual health services and safe/supportive school climates, students are better able to attend school and access the instructional curriculum.
How will this grant be evaluated for impact upon student achievement? (Customized data design and technical support are provided at 1% of the grant award or at a negotiated fee for a community-based fiscal agent who is not including OUSD's indirect rate of 6.04% in the budget. The 1% or negotiated data fee will be charged according to an Agreement for Grant Administration Related Services payment schedule. This fee should be included in the grant's budget for evaluation.)	This grant will be evaluated against the following goals: 1) Increase the number of OUSD students who receive comprehensive exemplary sexual health education instruction; 2) Increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools; 3) Increase access to and utilization of key sexual health services among students attending 20 priority schools; 4) Reduce disparities in HIV/STD infection in high-risk populations; 5) Increase percent of sexually active alternative education students who have been tested for HIV and other STD; 6) Reduce the rate of chlamydia infection among OUSD school-based health center users; and 7) Decrease the percentage of students at priority schools who have experienced bullying.
Does the grant require any resources from the school(s) or district? If so, describe.	No
Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU? (If yes, include the district's indirect rate of 6.04% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)	Yes

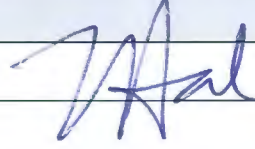
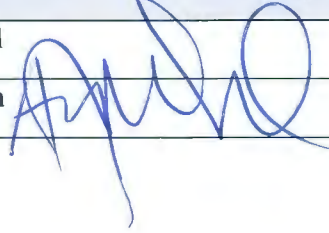
OUSD Grants Management Face Sheet

<p>Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)</p>	<p>Per California state law, students must be excused from school to access reproductive health services, so there may be times when students have appointments either at the SBHC or an off-site clinic during the school day. However, all efforts will be made to minimize the impact on student learning.</p>
<p>Who is the contact managing and assuring grant compliance? (Include contact's name, address, phone number, email address.)</p>	<p>Joanna Locke, Director, Health & Wellness, Oakland Unified School District 746 Grand Ave. Rm 14 Oakland, CA 94610 510 273-1578 Joanna.Locke@ousd.k12.ca.us</p>


Applicant Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Principal	Joanna Locke		
Department Head (e.g. for school day programs or for extended day and student support activities)	Curtiss Sarikey		5/22/13

Grant Office Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Fiscal Officer	Vernon Hal		6/7/13
Superintendent	Tony Smith		6/10/13

Certified:


Edgar Rakestraw, Jr., Secretary
Board of Education

Opportunity Title:	Promoting Adolescent Health through School-Based HIV/ST
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.079
CFDA Description:	Cooperative Agreements to Promote Adolescent Health thr
Opportunity Number:	CDC-RFA-PS13-1308
Competition ID:	NCHHSTP-NR
Opportunity Open Date:	02/01/2013
Opportunity Close Date:	04/26/2013
Agency Contact:	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) Phone: 770-488-2700 E-mail: pgotim@cdc.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* **Application Filing Name:**

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
 Disclosure of Lobbying Activities (SF-LLL)
 HHS Checklist Form PHS-5161
 Budget Information for Non-Construction Program
 Project Abstract Summary
 Project Narrative Attachment Form
 Budget Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Other Attachments Form

Instructions

- 1** Enter a name for the application in the Application Filing Name field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text" value="04/26/2013"/>	4. Applicant Identifier: <input type="text"/>
---	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
---	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000385"/>	* c. Organizational DUNS: <input type="text" value="0765545000000"/>
---	--

d. Address:

* Street1:	<input type="text" value="746 Grand Avenue"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Oakland"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="94610"/>

e. Organizational Unit:

Department Name: <input type="text" value="Family, School & Comm Partners"/>	Division Name: <input type="text" value="Health and Wellness"/>
--	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text" value="Joanna"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Locke"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="510-273-1578"/>	Fax Number: <input type="text" value="510-273-1501"/>
--	--

*** Email:**

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.079

CFDA Title:

Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillanc

*** 12. Funding Opportunity Number:**

CDC-RFA-PS13-1308

* Title:

Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance

13. Competition Identification Number:

NCHHSTP-NR

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Oakland

*** 15. Descriptive Title of Applicant's Project:**

Healthy Oakland Teens (HOT): Preventing HIV/STD in Full Service Community Schools

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="334,035.00"/>
* b. Applicant	<input type="text" value="39,200.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="373,235.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Project Abstract Summary

Program Announcement (CFDA)

93.079

Program Announcement (Funding Opportunity Number)

CDC-RFA-PS13-1308

Closing Date

04/26/2013

Applicant Name

Oakland Unified School District

Length of Proposed Project

60

Application Control No.**Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 334,035

Federal Share 2nd Year

\$ 557,696

Federal Share 3rd Year

\$ 559,616

Federal Share 4th Year

\$ 574,062

Federal Share 5th Year

\$ 505,628

Non-Federal Share Requested (for each year)**Non-Federal Share 1st Year**

\$ 0

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Healthy Oakland Teens (HOT): Preventing HIV/STD in Full Service Community Schools

Project Abstract Summary

Project Summary

Healthy Oakland Teens (HOT) is a comprehensive school-based project designed to reduce HIV and STD rates among the diverse adolescents attending Oakland Unified School District (OUSD). OUSD proposes to implement a broad set of integrated strategies that build on a strong foundation of existing health and wellness efforts throughout the district. Specifically, these strategies include 1) implementation of exemplary sexual health education (ESHE) curriculum with over 16,000 students in 35 secondary schools; 2) strengthening linkages and increasing access to age-appropriate sexual health services (SHS) for students attending 20 priority schools; 3) implementing an anti-bullying program at priority schools that promotes a safe and supportive environment; and 4) educating decision makers throughout the district on policies and practices to better prevent HIV/STD among OUSD students and further promote safe school environments. The project will also have a special focus on increasing access to SHS for youth attending alternative/continuation schools.

The desired outcomes for the proposed project are to: 1) Increase the number of OUSD students who receive comprehensive exemplary sexual health education instruction; 2) Increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools; 3) Increase access to and utilization of key sexual health services among students attending 20 priority schools; 4) Reduce disparities in HIV/STD infection in high-risk populations; 5) Increase percent of sexually active alternative education students who have been tested for HIV and other STD; 6) Reduce the rate of chlamydia infection among OUSD school-based health center users; and 7) Decrease the percentage of students at priority schools who have experienced bullying. A comprehensive external evaluation of the HOT program will help to document the interventions that are delivered, progress toward performance measures, and impacts on adolescent health outcomes. We believe that the results of this project will contribute to the growing evidence base on adolescent sexual health and effective strategies to reduce HIV and STD, particularly among alternative school youth.

Estimated number of people to be served as a result of the award of this grant.

24378

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/applicaton <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="CDC"/>	7. * Federal Program Name/Description: <input type="text" value="Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillanc"/> CFDA Number, if applicable: <input type="text" value="93.079"/>
--	---

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Strategy #1	93.079	\$	\$	\$ 44,034.00	\$	\$ 44,034.00
2. Strategy #2	93.079			290,001.00		290,001.00
3.						
4.						
5. Totals		\$	\$	\$ 334,035.00	\$	\$ 334,035.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Strategy #1	(2) Strategy #2	(3)	(4)	
a. Personnel	\$ 27,529.00	\$ 145,263.00	\$	\$	\$ 172,792.00
b. Fringe Benefits	11,011.00	58,105.00			69,116.00
c. Travel	450.00	5,790.00			6,240.00
d. Equipment	0.00	3,000.00			3,000.00
e. Supplies	1,200.00	3,000.00			4,200.00
f. Contractual	0.00	35,700.00			35,700.00
g. Construction	0.00	0.00			
h. Other	2,000.00	27,000.00			29,000.00
i. Total Direct Charges (sum of 6a-6h)	42,190.00	277,858.00			\$ 320,048.00
j. Indirect Charges	1,844.00	12,143.00			\$ 13,987.00
k. TOTALS (sum of 6i and 6j)	\$ 44,034.00	\$ 290,001.00	\$	\$	\$ 334,035.00
7. Program Income	\$ 0.00	\$ 0.00	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Strategy #1	\$ 14,233.00	\$	\$	\$ 14,233.00
9.	Strategy #2	24,967.00			24,967.00
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 39,200.00	\$	\$	\$ 39,200.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 334,143.00	\$ 48,102.00	\$ 65,930.00	\$ 80,139.00	\$ 139,972.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 334,143.00	\$ 48,102.00	\$ 65,930.00	\$ 80,139.00	\$ 139,972.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Strategy #1	\$ 57,320.00	\$ 52,811.00	\$ 60,827.00	\$ 56,318.00
17. Strategy #2	500,376.00	506,805.00	513,235.00	449,310.00
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 557,696.00	\$ 559,616.00	\$ 574,062.00	\$ 505,628.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:		22. Indirect Charges: Provision rate per CDE - 4.57% of base = \$13,987
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23. Remarks:

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X]
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X]
3. Proper Signature and Date on appropriate "Assurances" page [X]
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[X] Civil Rights Assurance (45 CFR 80) 04/04/2013
[X] Assurance Concerning the Handicapped (45 CFR 84) 04/04/2013
[X] Assurance Concerning Sex Discrimination (45 CFR 86) 04/04/2013
[X] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) 04/04/2013
5. Human Subjects Certification, when applicable (45 CFR 46) [] [X]

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] [X]
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X]
3. Has the entire proposed project period been identified on the SF-424? [X]
4. Have biographical sketch(es) with job description(s) been attached, when required? [X] []
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X]
6. Has the 12 month detailed budget been provided? [X] []
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] []
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] [X]
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] [X]

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: [] * First Name: Joanna Middle Name: []
* Last Name: Locke Suffix: []
Title: Director, Health & Wellness
Organization: OUSD
Address: * Street1: 746 Grand Avenue
Street 2: []
* City: Oakland
* State: CA: California Province: []
* Country: USA: UNITED STATES * Zip / Postal Code: 94610
* Telephone Number: 510-273-1578
E-mail Address: Joanna.Locke@ousd.k12.ca.us
Fax Number: 510-273-1501

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

[] - 94-6000385 - []

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name:	Prefix: <input type="text"/>	* First Name: <input type="text" value="Joanna"/>	Middle Name: <input type="text"/>
	* Last Name: <input type="text" value="Locke"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Director, Health & Wellness"/>		
Organization:	<input type="text" value="OUSD"/>		
Address:	* Street1: <input type="text" value="746 Grand Ave"/>		
	Street2: <input type="text"/>		
	* City: <input type="text" value="Oakland"/>		
	* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
	* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="94610"/>	
* Telephone Number:	<input type="text" value="510-273-1578"/>		
E-mail Address:	<input type="text" value="Joanna.Locke@ousd.kl2.ca.us"/>		
Fax Number:	<input type="text" value="510-273-1501"/>		
SOCIAL SECURITY NUMBER	<input type="text"/>		
HIGHEST DEGREE EARNED	<input type="text" value="M.D."/>		

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)

on *(Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Project Abstract – Strategy #1**

This project is proposed by the Oakland Unified School District (OUSD) as one of two strategies focused on understanding and reducing HIV/STD transmission among secondary school students. The project will supplement OUSD's longstanding commitment to understanding student health through extensive data collection, analysis and education of key stakeholders. Through this grant strategy, OUSD will collect and systematically utilize data from YRBS, *School Health Profiles* and other available sources to guide program planning and improvement in the areas of health education, policy, sexual health services, and school climate.

The project includes a strong analysis and dissemination component, and the results will be used to advocate for best practices in student health and will shape individual school site plans. We are excited to contribute to a growing evidence base regarding adolescent sexual health and the impact of various strategies and approaches on sexual health outcomes. The project is also important because OUSD – a large urban school district with a predominantly low-income student body – has embraced a new model for Full Service Community Schools, and the CDC's *School Health Profiles* will help us determine whether we are meeting the promise of the model with respect to school health and safe climates.

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Project Narrative – Strategy #1**

I. Background

This project is proposed by the Oakland Unified School District (OUSD) as one of two strategies focused on understanding and reducing HIV/STD transmission among secondary school students. The project will supplement OUSD's longstanding commitment to understanding student health through extensive data collection, analysis and education of key stakeholders.

II. Approach

If awarded this grant, OUSD will collect and systematically utilize data from YRBS, *School Health Profiles* and other available sources to guide program planning and improvement in the areas of health education, policy, sexual health services, and school climate.

A. Purpose

This project will ensure that OUSD utilizes robust data to understand and address sexual health risks, disparities and opportunities among adolescents attending Oakland public schools.

B. Outcome

The single outcome for the proposed project is the following: **Obtain weighted YRBS and School Health Profiles data from OUSD secondary schools.**

C. Program Strategy

Through this initiative, OUSD will add two important data sources to its growing repository of student and school health data. In collaboration with the Family, School and Community Partnerships Department (FSCP), the Research, Assessment and Data department (RAD) will implement YRBS and *School Health Profiles* with a representative sample of students and schools.

In Year 1, with leadership from FSCP, the OUSD Science Department and HIV Materials Review Panel (introduced in Strategy 2) will adapt the YRBS survey to select sexual health behavior questions, including one that addresses sexual orientation. Simultaneously RAD, working with DASH, will develop sampling frames and sizes for both YRBS and *School Health Profiles*, and will help develop administration protocols. One key question to be answered is whether we will administer YRBS in middle schools.

The YRBS approach will build heavily on the successful infrastructure established for California Healthy Kids Survey (CHKS) administration (described further in Section II below). In spring 2014, RAD and FSCP will select and train Survey Coordinators at each survey site to ensure high participation and that survey protocols are followed, and to coordinate survey distribution and collection. Also in spring 2014, program staff, led by the overall HOT Program Manager (PM), whose role is described in the Strategy 2 narrative, will begin introducing the surveillance tools,

together with Strategy 2 interventions, to District and school site leaders. The HOT PM will cultivate relationships with key individuals at secondary schools and promote participation in *School Health Profiles*, which we will first administer in spring 2014, and again in 2016 and 2018. Survey Coordinators will also be used to promote YRBS surveys, which will first be administered in 2015 and again in 2017, at select secondary school sites to be determined.

Raw data from both surveys will be analyzed by RAD, whose capacity for statistical analysis is described below. Results will be presented in the aggregate and at minimum by gender, grade, race/ethnicity and school. Depending on the volume of students responding who identify as sexual minorities, we hope to be able to cross-tabulate results on risk behaviors and perceptions of safety by LGBTQ status to answer questions such as: Do students who identify as sexual minorities face higher rates of substance use/abuse, lower connectedness to school, or higher experiences of bullying? Do they have lower utilization of contraception or sexual health services? Are rates of HIV/STD positivity higher? Further analysis will be guided by FSCP in collaboration with the HIV Review Panel, CDC-DASH and other partners. These groups will collectively review the data in conjunction with evaluations from relevant collaborators and CHKS data, both of which are described below.

Results will be disseminated in a number of ways, including school site dashboards, student fishbowls and through Community School Strategic Site Plans, each of which is described in the Years 2-5 Work Plan. OUSD is committed to using data to guide its improvement efforts, with school-level data being used to drive both site-based and District-wide decision-making. The analysis described above will help us identify important gaps in services or disparities in health outcomes, and allow us to identify strategies for improvement, including those that may focus on a specific student population such as alternative school youth. Results will be used to guide District-wide initiatives and the ongoing development of Community School Site Strategic Plans.

a. Target Populations

The target population for this project is students attending secondary school in OUSD. The target population ranges in age from 11-19 years and is composed of 42% Latino, 29% African American, 15% Asian/Pacific Islander, 9% White, and 5% Multiracial/Other students. The vast majority of students live in neighborhoods challenged with high and persistent levels of poverty, unemployment and violence. About 70% of OUSD students live in households with low or very low incomes, approximately 15% live in public-subsidized housing, and nearly one-third are English Language Learners. Only 44% of students report living at home with both parents.

Based on 2011-12 California Healthy Kids Survey (CHKS) data, 33% of sexually active 7th graders rarely or never use a condom when they have sex; this figure is 20% for 9th graders, and 26% for 11th graders. Because we know that sexual debut often occurs between 8th and 10th grades, and that a period of inconsistent condom/contraceptive use and STD testing often follows, we are committed to implementing primary prevention and surveillance programs in middle as well as high school grades. The Board of Education is supportive of these goals.

b. Inclusion

OUSD is committed to collecting and disseminating information that is inclusive of its entire student body, including those with disabilities and English Language Learners. YRBS will be implemented in Special Education classrooms with resource support to ensure comprehension and participation whenever possible. OUSD will translate YRBS into Spanish, by far our largest student language besides English. One of the populations we are especially interested in serving better is the 1,065 students attending the District's alternative schools. Prior CHKS data reveal that students in alternative education are at higher risk across a number of social determinants and sexual health measures, and therefore we will continue to collect this survey information.

c. Collaborations

This process leverages the vast resources OUSD has mobilized over the years to support student health, wellness, and data-driven decision-making. Partners are legion in this effort, including:

- **Alameda County Health Care Services Agency (HCSA)**, with which OUSD has collaborated productively for decades. For example, OUSD provides HCSA a map of its schools, and HCSA returns to OUSD geo-coded data on life expectancy and other key health indicators. HCSA also operates a DHHS-funded teen pregnancy prevention program, *Project HOPE*, and a CDC-funded teen dating violence initiative, *Dating Matters*, in OUSD secondary schools. Considering evaluation results from these two programs, and the overlap between various sexual health initiatives, will be critical to developing a successful program that maximizes resources and does not duplicate efforts. YRBS and *Profiles* data can help inform all these programs, and we may also see variations in YRBS results based on where these initiatives have been implemented – for example, higher rates of contraceptive use or lower rates of sexual exploitation among students who have been exposed to *Dating Matters*.
- **Urban Strategies Council**, which is facilitating a multi-year evaluation of OUSD's Full Service Community Schools and Strategic Plan, including a focus on student's social, emotional and physical health. The Council is synthesizing a wide range of data regarding Oakland youth, and YRBS/*Profiles* results should help inform the evaluation.
- Fifteen secondary **school-based health centers (SBHCs)**, which are run by community partners and provide a wide range of health and social services to Oakland youth. SBHC staff have helped administer CHKS at the sites where they operate, and also help generate enthusiasm for the process. We anticipate their full collaboration in both YRBS and Profiles.
- **University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies (UCSF)**, the District's evaluator for Strategy 2, *Project HOPE*, SBHCs, and many other sexual and school health initiatives. OUSD and UCSF will collaborate to share student and school-level data that adds context to our understanding of student sexual health and areas for improvement.

OUSD endorses a view of student health and wellness that acknowledges many contributors to health and academic outcomes, including social, political and environmental determinants. The District has also been very successful in mobilizing external resources to support student health and well-being. It has raised millions of dollars from philanthropy to support school-based health centers, and voters tend to support bond and other measures designed to improve

student health. We are therefore confident that the knowledge and understanding generated through YRBS and Profiles collection will be met with the capacity for positive change.

III. Organizational Capacity of Awardees to Execute the Approach Statement

Organizational Capacity Statement

Oakland Unified School District (OUSD) is a Local Educational Agency (LEA) based in the City of Oakland, northern California. OUSD was founded in 1865 and operates 117 schools serving 46,472 students in grades pre-K – 12.¹ OUSD is governed by a 7-member Board of Education elected by City residents. The Board of Education appoints a Superintendent who is responsible for District education and operations.

The two primary departments responsible for this project will be Research, Assessment and Data (RAD) and Family, School and Community Partnerships (FSCP). The Executive Director of RAD, Jean Wing, PhD, reports directly to the Superintendent. RAD is charged with helping OUSD schools make informed decisions through the use of assessments of student learning, data reports including around student health and wellness indicators, research and evaluation. It supports schools with test administration and equips them with the information and tools needed to implement state education assessments; this includes working collaboratively with principals to select and maintain onsite testing coordinators. Staff at RAD produce a variety of reports for District and site leadership, and professional development to administrators and teachers on analyzing assessment data and using it to inform instruction. They also lead District-wide CHKS analysis and reporting.

The Family, School, and Community Partnerships (FSCP) Department includes multiple units, such as Health & Wellness, Behavioral Health, Community Partnerships, Social Emotional Learning, After School Programs, and Transitional Students and Families. The Director of Health & Wellness, Joanna Locke, MD, MPH, oversees school nursing, school-based health centers, staff and student wellness, health education, health insurance enrollment, tobacco use prevention education, and California Healthy Kids Survey administration.

Organizational charts for both RAD and FSCP are attached. The two departments have collaborated effectively on many efforts, and look forward to enhancing their partnership.

Relevant Experience and Capabilities

OUSD has significant experience with conducting, analyzing and sharing student and school health surveys, best demonstrated with the two examples below.

California Healthy Kids Survey (CHKS). Since 1999, OUSD has worked with the California Department of Education (CDE) and WestEd to administer CHKS, a comprehensive risk behavior and resilience survey very similar to YRBS. CHKS consists of a required general core module and

¹ This includes 1,455 students attending District preschool/early childhood education centers and 8,837 attending public charter schools.

a series of optional topic-focused modules. For several years, OUSD has included a custom module for secondary schools focused on areas of interest such as age of sexual debut, and STD testing. And, for the first time last year the District asked questions about sexual orientation and sexual exploitation.

Administration of CHKS is a true partnership. RAD and FSCP developed a training, which the FSCP CHKS Coordinator, Robert Dousa, delivers to survey coordinators at every school in OUSD. The survey coordinators are the “go-to” people at their schools, promoting survey administration, answering technical questions, and helping collect surveys to return to the central office.

Based on years of joint effort, CHKS has been institutionalized at OUSD. Although CDE only requires testing in alternate years, CHKS has been named as the annual District-wide survey named in its Strategic Plan since 2011. School staff administer the survey annually to all students in grades 5, 7, 9, and 11 at all traditional schools, and in grades 9-12 at alternative/continuation schools and two comprehensive high schools. All staff and parents also receive versions of the survey. Response rates have been rising steadily despite the absence of external funding. In 2011-12, the overall response rates were 65% for students, 35% for parents and 88% for staff!

We also have growing experience with analyzing CHKS results. In previous years CHKS analysis was conducted by WestEd and standard reports were shared with OUSD; now, the District purchases the raw data so it can run its own analyses. Working in conjunction with FSCP and District leadership, RAD is also tackling larger questions related to health disparities. For example, in looking at the root causes of chronic absence among young students living in West Oakland, where neighborhoods are surrounded by freeways and the Port of Oakland, RAD is examining the relationship between asthma and attendance. RAD is also mapping access to fresh produce/healthy food and safe places to play, and looking at their relationship to physical fitness and body composition. This informs the placement of school-based farmers markets and other Full Service Community School programs.

Wellness Inventory. With support from Kaiser Permanente and in partnership with UCSF, OUSD developed a *Wellness Program and Policy Inventory* that is based heavily on the CDC tools *School Health Profiles* and *School Health Index*. The assessment is designed to document the wellness programs and resources in place at each school, including those within the six domains of Nutrition, Physical Education/ Physical Activity, Health Education, Safe and Healthy School Environments, Student Wellness Services and Staff Wellness. It helps identify successes and gaps toward achieving optimal wellness environments at school sites and provides baseline data to establish wellness goals across the District. The *Wellness Inventory* also allows OUSD to assess changes in health and wellness indicators resulting from its various health and wellness initiatives.

In spring 2012, the *Inventory* was sent to all District schools to be completed by teams of school site staff, led typically by a Site Wellness Champion, school site nurse or Physical Education

teacher. With fruit baskets used to incentivize participation, *Inventories* were completed for 65 OUSD schools representing 75% of all school sites. *Inventories* were reviewed and summarized by FSCP, and recommendations were created based on the findings. Data from other sources, including CHKS, School Climate survey and Fitnessgram, were also included in the report.

Communicating Data to Key Stakeholders

RAD and FSCP have utilized some very effective tools for disseminating student health information and utilizing it to stimulate important insight and action. For example, with the last round of CHKS data, FSCP hosted sessions with principals and Regional Officers at which they revealed the results of key questions to the relevant audience. FSCP would announce a question and ask those present to guess what the response might have been for their student body – for example, How many students at your school do you think would state that they feel safe from harassment on campus? Attendees would guess the response and then receive a sealed envelope with their true student body results. They were then asked to reflect on whether they were surprised and if so what they might do about the news they received. Part of the intention with this approach is to model for school site leaders a process they can use with students, parents and school staff in reviewing student health data. This information becomes a jumping off point for critical dialogues between vital stakeholders.

Project Management

Project management for Strategy 1 will be based in RAD. Overall responsibility for project outcomes and activities will be held by RAD Executive Director Jean Wing. Dr. Wing is a highly respected researcher with over 20 years of experience and over 8 years of leadership experience at OUSD. She is a former Social Studies teacher and her contributions to the field have focused on academic disparities and social justice, with many of the collaborative projects she has led including a focus on student health. Dr. Wing's time on this project will be in-kind.

The individual designated to lead the YRBS administration is Statistician Juan Du. Ms. Du is a pre-doctoral student in Statistics at UC Berkeley and has six years of experience working at OUSD. She has reviewed the CDC's technical report on YRBS sampling methodology, and has also collaborated with San Francisco Unified School District to understand their sampling frame and decisions. Ms. Du is experienced in quantitative and qualitative research design, data collection, and data analysis, and is currently playing a significant role with respect to CHKS analysis. She has also written dozens of reports and is skilled at presenting and interpreting results to diverse audiences. She is proficient in statistical software and has taught statistics to undergraduate and graduate students.

Ms. Du will work closely with the CDC to establish a sampling frame and sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. She will include specifications for developing estimates for individual schools and sub-populations as appropriate. During the YRBS and Profiles collection periods, she will submit the Survey Tracking Form every 2 weeks to the CDC Survey TA contractor. She will also submit all completed surveys together with sample and data collection documentation.

Rinat Fried, Data Analyst, will also contribute to the project. Ms. Fried's position is a partnership between FSCP and RAD, and she is the lead for all of the District's report designs. She has been developing an interactive capability for viewing CHKS data, and has eight years of experience analyzing and effectively communicating and disseminating data from various student and school surveys. Ms. Fried works very closely with FSCP to ensure that a holistic lens for student success is the basis for analysis and reporting. Her role in this project will be focused on creating clear and persuasive documents for a variety of audiences – for example, integrating YRBS and *Profiles* data into the online presentation of school dashboards in a user-friendly way.

Overcoming Barriers

OUSD has already overcome many barriers to implementing CHKS on a large scale, and now anticipates relatively few barriers related to YRBS. One recurring barrier to successful survey administration is the increasing burden of surveys and other testing for urban high school students. This burden has been compounded in Oakland as the District elects to participate in grant initiatives that bring with them new mandatory surveys. Although there is a strong commitment to the value of data and the importance of student health, we recognize how hard it can be to deliver an entire curriculum to students while also preserving time for site-based data collections.

We have three basic strategies to mitigate this concern. The first is communicating about the surveys and the larger project: for example, time will be allotted at regional leadership meetings where principals and their supervisors meet for professional development and peer support. The second strategy involves increasing the intrinsic motivation of students, teachers, principals and families in collecting the data. If school staff believe the results truly matter, or may illuminate their needs and therefore help generate new programs or resources, they will participate. If students believe that what they say matters, they will contribute. To build interest, OUSD will utilize the planning year to involve secondary schools in learning about YRBS and how the results can be used to help their school community. Once the sample schools have been identified, we will select one coordinator – a teacher, SBHC staff or other embedded adult – at each school site. Coordinators will be asked to generate awareness among their peers, promoting positive messages about YRBS, describing what can be learned and used to justify additional programs or resources. Our final approach plays more directly on a reward structure. We have included budget items to provide a small stipend for Survey Coordinators as well as thank you tokens to appreciate the students who complete the survey and the schools that support the effort. (With CHKS, we enter each school that meets our targeted response rate in a contest, and then randomly draw winners. All schools receive recognition, and three “Triple Crown” schools that meet participation goals for students, staff, and parents receive a prize, with a hot breakfast for all staff.)

An additional barrier based on our experience with the *Wellness Inventory* is that not all staff are knowledgeable about the programs and services available at their site; in fact, there is no single repository of this knowledge. It is our preference that *Profiles* be completed by site-based

teams as a way to enrich the information, create a more complete picture of school-based policies and programs, and reinforce collaboration among school site staff.

IV. Evaluation and Performance Measurement

If funded, the key partners engaged in evaluation and performance measurement will be RAD, FSCP and the school communities themselves. We will examine both process and outcome measures in order to answer the overarching evaluation question: To what extent are YRBS and Profiles effectively implemented and institutionalized at OUSD? To answer these questions we will examine the following indicators:

Indicator	Data source(s)
<ul style="list-style-type: none"> Inclusion of sexual behavior and sexual minority status questions on the YRBS questionnaire adopted by the District 	YRBS survey adopted
<ul style="list-style-type: none"> Is the sampling methodology sound? Can conclusions be drawn from data collected? 	Sampling frame and parameters
<ul style="list-style-type: none"> Number of schools at which Profiles is implemented, and number of staff responding (each of 3 years) 	Internal records; Profiles responses
<ul style="list-style-type: none"> Number of schools at which YRBS is implemented, number of students responding, and overall participation rate across OUSD secondary schools 	Internal records; YRBS responses

Each of these data sources is readily available and no barriers to this evaluation are anticipated. It should also be noted that the actual data results obtained through this strategy will be central to the evaluation of all four approaches in Strategy 2. As one example, YRBS data collected over the grant period can help answer questions such as: Does the intensive SHS strategy implemented in alternative education reduce STD rates in alternative school students?

Because there is no external evaluator for Strategy 1, OUSD will work very closely with CDC-DASH to ensure that its evaluation measures and process are sound. In addition, OUSD will collect and report on all performance measures requested by CDC-DASH, and will make key staff available for interviews and/or case studies. We will review YRBS and Profiles implementation activities annually to identify areas for improvement in future cycles – e.g., is the Coordinator role working? Is more training or support needed? We are committed to continually increasing the quantity, generalizability and quality of data we receive, and the extent to which it can be utilized to improve student health.

We are excited to contribute to a growing evidence base regarding adolescent sexual health and the impact of various strategies and approaches on sexual health outcomes. For example, Oakland’s experience with schools that do and do not have SBHCs can help researchers and the field document whether and possibly how access to SBHCs affects HIV and STD transmission. We are particularly interested in learning more about the health needs of sexually exploited minors, LGBTQ youth and alternative education students, and how we can serve them better to improve health outcomes.

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Budget Narrative – Strategy #1**

A. Salaries and Wages

<u>Position Title (Name)</u>	<u>Annual</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
Statistician	\$80,000	10%	12 months	\$ 8,000

(Juan Du)

Job Description:

The Statistician, Ms. Du, will work closely with the CDC to establish a sampling frame and sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. She will include specifications for developing estimates for individual schools and YDR as appropriate. During the YRBS and Profiles collection periods, she will submit the Survey Tracking Form every 2 weeks to the CDC Survey TA contractor. She will also submit all completed surveys together with sample and data collection documentation.

Data Analyst II	\$72,143	20%	12 months	\$14,429
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(Rinat Fried)

Job Description:

Data Analyst II Rinat Fried will support communication and dissemination for this project. She will help the project team create clear and persuasive documents for a variety of audiences, including the integration of YRBS and *Profiles* data into the online presentation of school dashboards.

YRBS/Profiles Survey Coordinators				\$ 5,100
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We are including a stipend of \$300 per Survey Coordinator x 17 schools as an estimate for the number where we expect to implement *School Health Profiles* in Year 1. This position will continue annually and play an even larger role during YRBS implementation years.

Total Salaries and Wages				\$ 27,529
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B. Fringe Benefits

Based on 40% of all Salaries and Wages

Total Fringe Benefits				\$ 11,011
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C. Consultant Costs

None.

Total Consultant Costs \$ 0

D. Equipment

None.

Total Equipment \$ 0

E. Supplies

General office supplies (pens, paper, toner, binders, etc.)

12 months x \$100/month = \$1,200

Total Supplies \$ 1,200

F. Travel

In-State Travel:

50 miles/month x 2 people x .50/mile x 9 months = \$ 450

The Statistician and Data Analyst will need to travel to various school sites and other departments within the school district on a regular basis to provide technical assistance, promote the surveys, meet with Strategy 2 Program Manager and/or Project Director, train Survey Coordinators, and disseminate/collect surveys.

Total Travel \$ 450

G. Other

Printing \$ 1,000

This amount will cover the costs of printing a sufficient number of *School Health Profiles* in Year 1, as well as any printing costs for reports or other communications to be disseminated.

Translation \$ 1,000

This amount is budgeted to cover the costs of translating the adapted YRBS into Spanish.

Total Other Costs \$ 2,000

H. Contractual Costs

None.

Total Contractual Costs \$ 0

TOTAL DIRECT COSTS

\$ 42,190

I. Indirect Costs

The rate is 4.57% and is computed on the following direct cost base of \$42,190.

Personnel	\$27,529
Fringe	\$11,011
Travel	\$450
Supplies	\$1,200
Other	\$2,000
Total	$\$44,034 \times 4.57\% = \$1,844$

The indirect cost rate letter approved by the CDE is attached.

Total Indirect Costs

\$ 1,844

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Work Plan – Strategy #1**

5-Year Project Period Outcome:

1.) Obtain weighted YRBS and School Health Profiles data from a scientifically selected sample of OUSD secondary schools.

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.

Objective 1.1: By September 30, 2013, ensure that staff are oriented to their roles.

Rationale for the objective: Role clarity is critical for achieving project milestones and outcomes.

Measures for accomplishing the objective:	Data sources to measure the objective:
A. Staff are oriented to project and their roles by September 30, 2013.	A. Staff feedback

Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Review submitted Year 1 Work Plan.	A. Jean Wing (Executive Director, RAD), Joanna Locke (Director, Health & Wellness)	A. August 31, 2013
B. Develop staffing plan identifying administrative roles and functions to ensure successful implementation of all project elements.	B. Jean Wing	B. August 31, 2013
C. Juan Du, Statistician, and Rinat Fried, Data Analyst, are oriented to grant expectations and roles.	C. Jean Wing, Joanna Locke	C. September 30, 2013

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.

Objective1.2: By February 1, 2014, a revised Year 1 work plan will be complete and submitted to CDC.		
Rationale for the objective: A clear and rational work plan is needed to guide program activities.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Work plan is completed and submitted to CDC by February 1, 2014.		A. Work plan
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Review proposed Work Plan in context of district changes, staffing and partnerships.	A. Joanna Locke, Jean Wing	A. October 31, 2013
B. In consultation with CDC-DASH, propose any revisions to work plan.	B. Overall HOT Program Manager (HOT PM)	B. December 31, 2013
C. Make final revisions and submit work plan to CDC.	C. HOT PM	C. February 1, 2014

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective1.3: By June 30, 2014, adapt the YRBS questionnaire to meet district needs.		
Rationale for the objective: Decisions must be made about which optional questions to include. Comparability to CHKS and other data will be extremely helpful in drawing conclusions about student health and risks. Local engagement and approval are needed.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Final YRBS questionnaire is approved by CDC by June 30, 2014.		A. CDC approval response
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Assemble HIV Materials Review Panel.	A. HOT PM	A. November 30, 2013

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective1.3: By June 30, 2014, adapt the YRBS questionnaire to meet district needs.		
Rationale for the objective: Decisions must be made about which optional questions to include. Comparability to CHKS and other data will be extremely helpful in drawing conclusions about student health and risks. Local engagement and approval are needed.		
B. Review optional YRBS modules, particularly sexual health/risk questions, and compare to CHKS questions. Select optional questions, including at least one question measuring sexual orientation.	B. HOT PM, HIV Review Panel, Jean Wing, Joanna Locke	B. January 31, 2014
C. Design additional YRBS questions as needed to answer key evaluation questions.	C. UCSF, HOT PM, Jean Wing, Joanna Locke	C. March 31, 2014
D. Submit modified YRBS to CDC-DASH.	D. HOT PM	D. April 30, 2014
E. Modified YRBS is approved.	E. CDC-DASH	D. June 30, 2014

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective1.4: By June 30, 2014, design YRBS sampling frame and methodology.		
Rationale for the objective: A sound methodology is needed in order to be able to draw statistically valid conclusions from the data collected.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Sampling frame and methodology submitted to CDC by June 30, 2014.		A. Written methodology/ analysis plan
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Review technical guidance and <i>Handbook for Conducting Youth Risk Behavior Surveys</i> .	A. Juan Du	A. November 30, 2013
B. Decide whether to include middle school students.	B. Joanna Locke, Jean Wing	B. December 31, 2013

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective1.4: By June 30, 2014, design YRBS sampling frame and methodology.		
Rationale for the objective: A sound methodology is needed in order to be able to draw statistically valid conclusions from the data collected.		
C. Identify sampling frame and sampling parameters; draft list of schools needed to achieve appropriate sample. Include specifications for developing sub-state estimates of schools as appropriate.	C. Juan Du	C. January 31, 2014
D. Review school testing calendar to identify ideal time for survey administration – one that does not conflict with other critical testing periods, and when stakeholders will be knowledgeable enough about their schools to complete thoughtfully.	D. Juan Du, Jean Wing	D. February 15, 2014
E. Submit draft methodology to CDC for approval.	E. HOT Program Manager	E. February 15, 2014
F. Incorporate any feedback into revised sampling methodology plan.	F. Juan Du	F. June 30, 2014

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective1.5: By June 30, 2014, develop protocol for YRBS administration and data collection.		
Rationale for the objective: OUSD has found that having a clear protocol promotes better understanding of the survey processes and prevents errors in administration and collection. We have used a protocol for CHKS and other surveys.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Development of YRBS protocol by June 30, 2014.		A. Written protocol
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Review CHKS protocol and reflect any desired or necessary modifications based on past experience, successes and challenges.	A. Juan Du, Jean Wing, Joanna Locke	A. January 31, 2014
B. Develop and translate active and passive parent/guardian consent letters.	B. HOT PM	B. March 31, 2014

Goal 1: Collect a scientifically valid sample of YRBS data, including sexual health data, across OUSD secondary schools.		
Objective 1.5: By June 30, 2014, develop protocol for YRBS administration and data collection.		
Rationale for the objective: OUSD has found that having a clear protocol promotes better understanding of the survey processes and prevents errors in administration and collection. We have used a protocol for CHKS and other surveys.		
C Produce draft protocol for review.	C. Juan Du	C. April 30, 2014
D. Review protocol and suggest any modifications.	D. Jean Wing, Joanna Locke	D. June 30, 2014

Goal 2: Collect a scientifically valid sample of School Health Profiles from key staff at OUSD secondary schools.		
Objective 2.1: By February 28, 2014, design Profiles sampling frame and sampling parameters, along with protocol for implementation.		
Rationale for the objective: A representative sample of Profiles responses is needed in order to draw statistically valid conclusions from the data collected.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Sampling frame and parameters are submitted to CDC by February 28, 2014.		A. Documented sampling frame and sampling parameters
B. Protocol for Profiles administration is completed by February 28, 2014.		B. Documented protocol
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Produce an up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the <i>Handbook for Developing School Health Profiles</i> . Include specifications for developing sub-state estimates of targeted LEA and targeted schools.	A. Juan Du	A. October 31, 2013
B. Draft list of schools needed to achieve appropriate sample.	B. Juan Du	B. November 30, 2013

Goal 2: Collect a scientifically valid sample of School Health Profiles from key staff at OUSD secondary schools.		
Objective 2.1: By February 28, 2014, design Profiles sampling frame and sampling parameters, along with protocol for implementation.		
Rationale for the objective: A representative sample of Profiles responses is needed in order to draw statistically valid conclusions from the data collected.		
C. Review school testing calendar to identify ideal time for survey administration – one that does not conflict with other critical testing periods, and when stakeholders will be knowledgeable enough about their schools to complete thoughtfully.	C. Juan Du, Jean Wing	C. December 31, 2013
D. Submit draft methodology to CDC for approval.	D. HOT PM	D. January 15, 2014
E. Design Profiles administration protocol, including role for Survey Coordinators.	E. Juan Du, HOT PM	E. February 28, 2014
F. Identify Survey Coordinator at each school site.	F. HOT PM	F. February 28, 2014
G. Incorporate any feedback into revised sampling methodology plan.	G. Juan Du	G. February 28, 2014

Goal 2: Collect a scientifically valid sample of School Health Profiles from key staff at OUSD secondary schools.		
Objective 2.1: By June 30, 2014, School Health Profiles are collected from representative sample of key staff at OUSD secondary schools.		
Rationale for the objective: At least three rounds of Profiles are needed to observe changes due to program implementation. We also hope to utilize 2014 data as a baseline year.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Profiles collected from key staff and submitted to CDC-DASH.		A. Completed surveys
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Select and train Survey Coordinators at selected school sites.	A. HOT PM	A. February 28, 2014

Goal 2: Collect a scientifically valid sample of School Health Profiles from key staff at OUSD secondary schools.

Objective 2.1: By June 30, 2014, School Health Profiles are collected from representative sample of key staff at OUSD secondary schools.

Rationale for the objective: At least three rounds of Profiles are needed to observe changes due to program implementation. We also hope to utilize 2014 data as a baseline year.

B. Contact principals and other stakeholders at selected schools. Introduce <i>Profiles</i> through various venues, including principal/Executive Officer meetings, Wellness Champion meetings, e-mails, and personal contacts. Indicate the value and potential benefits of completing the surveys for the school community.	B. HOT PM, Joanna Locke	B. March 31, 2014
C. Administer <i>Profiles</i> questionnaires to principals, lead Science/health education teachers, nurses, Wellness Champions, PE teachers and SBHC staff at select schools.	C. HOT PM	C. April 30, 2014
D. Follow up to ensure survey collection, offer incentives, and submit Survey Tracking Form every 2 weeks to CDC Survey TA contractor.	D. HOT PM	E. May 31 2014
E. Provide completed surveys to RAD.	E. HOT PM	E. June 30, 2014
F. Begin first level <i>Profiles</i> analysis.	F. Juan Du	F. July 31, 2014

High Level Work Plan for Years 2- 5

By late fall 2014, RAD and FSCP will select and train YRBS Coordinators at each identified survey site, following a similar process they have utilized with CHKS Survey Coordinators. Simultaneously, work will begin on translating OUSD’s YRBS questionnaire into Spanish, including back-translation to ensure validity.

In spring 2015, and again in spring 2017, OUSD will administer the YRBS in select schools and classrooms according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Meaningful incentives will be developed to increase participation, and there will be efforts to publicize the value of completing these various surveys to students and school communities. During YRBS administration, Ms. Du will submit Survey Tracking Forms every two weeks to the district’s identified Survey TA contractor. We will also submit all completed questionnaires or answer sheets and appropriate sample and data collection documentation plus forms to the CDC Survey TA contractor for processing.

In spring 2016 and 2018, OUSD will again administer *School Health Profiles* at selected secondary schools. We will follow the survey administration procedures outlined in the *Handbook for Developing School Health Profiles*. The HOT Program Manager will make direct connections with principals and key health personnel at each school site, and will submit the required Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. S/he will also submit all completed questionnaires or data and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.

Years 2-5 will include the survey administration described above, but will also be heavily focused on analysis, understanding and dissemination. Raw data from both surveys will be analyzed by RAD, and preliminary results will be reviewed by Dr. Locke, the UCSF evaluation team, Alameda County Community Assessment, Planning, Education and Evaluation (CAPE) Unit and key members from the HIV Review Panel. These groups will engage not only with the YRBS and Profiles data, but also other District, school and City data and evaluation results, and will identify questions that we hope the surveillance data can help answer, with a focus on sexual health disparities. As data are available, at minimum annually, they will be reviewed by these groups.

Dissemination of survey results will begin in Year 2 and continue through the conclusion of the grant period. Dissemination approaches will include:

- **School site dashboards** will incorporate YRBS and Profiles data. These dashboards have recently been established and include data sources ranging from CHKS to attendance and suspension rates. Dashboards will be hosted online utilizing interactive Web-based software which offers viewers the ability to stratify key metrics by gender, age or race/ethnicity, and also compare individual schools to the district as a whole.
- **“Fishbowls”** are an opportunity to discuss YRBS and *Profiles* results with students, school staff and partners to explore the meaning of the results and to obtain their input into how the school might better meet identified needs. This process, which has been invaluable in past initiatives, communicates to students that we value their input into how to improve their schools and gives them an opportunity for meaningful participation.
- Results will feed individual schools’ **Community School Strategic Site Plans (CSSSPs)**, which include a focus on Health/Wellness and School Climate. CSSSPs are an important new tool that allow schools to prioritize programs and strategies to best serve their students, families and the community. As an example, a middle school might learn from YRBS data that 6th and 7th grade girls experience a high degree of cyber-bullying; *Profiles* might further reveal no active conflict mediation program at that site. The CSSSP might then highlight the school’s goal of creating a focused program for girls to learn the harms caused by cyber-bullying by the following school year.

YRBS and Profiles results will also be shared with district leaders and families in settings to be determined. Finally, OUSD will continue to work with the multiple partners identified in the Project Narrative to disseminate both YRBS and Profiles data in the context of broader district, City and County efforts. Data will be utilized by OUSD and its partners to understand student health issues and disparities, and ultimately to guide program planning and target limited resources where they are most needed.

Healthy Oakland Teens (HOT)

Strategy 2: Abstract

Healthy Oakland Teens (HOT) is a comprehensive school-based project designed to reduce HIV and STD rates among the diverse adolescents attending Oakland Unified School District (OUSD). OUSD proposes to implement a broad set of integrated strategies that build on a strong foundation of existing health and wellness efforts throughout the district. Specifically, these strategies include 1) implementation of exemplary sexual health education (ESHE) curriculum with over 16,000 students in 35 secondary schools; 2) strengthening linkages and increasing access to age-appropriate sexual health services (SHS) for students attending 20 priority schools; 3) implementing an anti-bullying program at priority schools that promotes a safe and supportive environment; and 4) educating decision makers throughout the district on policies and practices to better prevent HIV/STD among OUSD students and further promote safe school environments. The project will also have a special focus on increasing access to SHS for youth attending alternative/continuation schools.

The desired outcomes for the proposed project are to: 1) Increase the number of OUSD students who receive comprehensive exemplary sexual health education instruction; 2) Increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools; 3) Increase access to and utilization of key sexual health services among students attending 20 priority schools; 4) Reduce disparities in HIV/STD infection in high-risk populations; 5) Increase percent of sexually active alternative education students who have been tested for HIV and other STD; 6) Reduce the rate of chlamydia infection among OUSD school-based health center users; and 7) Decrease the percentage of students at priority schools who have experienced bullying.

A comprehensive external evaluation of the HOT program will help to document the interventions that are delivered, progress toward performance measures, and impacts on adolescent health outcomes. We believe that the results of this project will contribute to the growing evidence base on adolescent sexual health and effective strategies to reduce HIV and STD, particularly among alternative school youth.

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Project Narrative – Strategy #2**

I. Background

The Healthy Oakland Teens (HOT) project is proposed by the Oakland Unified School District (OUSD) on behalf of the 16,267 students attending its secondary schools. Although OUSD has invested heavily in student health services, implemented widespread policies supporting safe environments, and endorses comprehensive sex education, more is needed to reduce high rates of HIV/STD across the District, especially among at-risk populations.

II. Approach

A. Purpose

The HOT project is intended to reduce HIV and STD rates among adolescents attending Oakland public schools through a combination of evidence-informed health education, policy, health service delivery, and anti-bullying supports led by a project team representing Health & Wellness, Science and Behavioral Health.

B. Outcomes

The desired outcomes for the proposed project are the following:

- Outcome 1:** Increase the number of OUSD students who receive comprehensive exemplary sexual health education instruction.
- Outcome 2:** Increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools.
- Outcome 3:** Increase access to and utilization of key sexual health services among students attending 20 priority schools.
- Outcome 4:** Reduce disparities in HIV/STD infection in high-risk populations.
- Outcome 5:** Increase percent of sexually active alternative education students who have been tested for HIV and other STD.
- Outcome 6:** Reduce the rate of chlamydia infection among OUSD school-based health center users.
- Outcome 7:** Decrease the percentage of students at priority schools who have experienced bullying.

C. Program Strategy

OUSD is proposing a comprehensive and integrated set of evidence-informed strategies and activities within the four Strategy 2 approaches that build on a strong foundation and will collectively help achieve our project outcomes. A project team will be established that includes Dr. Joanna Locke (Director, Health and Wellness and HOT Project Director), Caleb Cheung (Science Manager), Barbara McClung (Coordinator, Behavioral Health), HOT Program Manager (to be hired), and a Secondary Science Specialist, Teacher on Special Assignment (to be hired).

Throughout the project, content experts from OUSD will work with the partners described below to implement strategies within their areas of expertise, and all departments will work to support improvements in school policy. For additional project support, OUSD will engage its existing School Wellness Council (SWC) as the project's School Health Advisory Council. The SWC has met quarterly since 2004 and includes representation from OUSD Nursing, Behavioral Health, Nutrition, School-Based Health Centers, Substance Abuse Prevention, and Physical Education well as from Alameda County Nutrition Services, American Cancer Society and American Lung Association. The SWC works to implement the District Wellness Policy and improve the health of students, families and staff by supporting District-wide planning and implementation of health policies and programs, and by building relationships to enhance school wellness.

We will also assemble an HIV Materials Review Panel (HRP) as a subcommittee of the SWC beginning in Year 1 of the project. HRP members are listed in the attached form and will include stakeholders from OUSD and its collaborators, as well as students and family members. The HRP will identify criteria for selecting an ESHE curriculum; help the Science Department review and score curricula; and provide input into other program activities. Finally, OUSD makes liberal use of site-based liaisons, which experience has demonstrated to be a key strategy to ensure success at the individual school level.

Target Populations

The target population for this project is students attending secondary school in OUSD. The target population ranges in age from 11-19 years and is composed of 38% Latino, 35% African American, 16% Asian/Pacific Islander, 7% White, and 3% Multiracial/Other students. The vast majority of students live in neighborhoods challenged with high and persistent levels of poverty, unemployment and violence. About 70% of OUSD students live in households with low or very low incomes, approximately 15% live in public-subsidized housing, and nearly one third are English Language Learners. Only 44% of students report living at home with both parents.

Oakland has 15 school-based health centers (SBHCs), which generally reach sexually active youth. In 2011-12, 65% of female and 49% of male clients reported that they had ever had sex. That year, SBHCs provided 3,051 visits that included STD counseling (37% of total visits), and 1,000 STD tests. **One quarter of STD tests were positive;** the vast majority were for Chlamydia.

Based on California Healthy Kids Survey (CHKS) data from the 2011-2012 school year, 33% of sexually active 7th graders rarely or never use a condom when they have sex; this figure is 20% for 9th graders, and 26% for 11th graders.

Youth at Disproportionate Risk. Various data point to the fact that youth attending alternative/continuation schools in Oakland (hereinafter referred to as alternative schools or "Alt Ed") are at higher risk for a variety of negative outcomes than those attending mainstream or traditional schools. Participation in free and reduced price meals is 74% at alternative schools compared to 60% across traditional high schools. CHKS data in 2011-12 reveal that students attending alternative schools are 38% more likely than their peers in traditional

schools to have been harassed at school because of sexual orientation; 67% more likely to have experienced intimate partner violence within the past year; and 63% less likely to have used any form of contraception at last sexual intercourse.

In addition, alternative schools tend to be small, and generally offer fewer extracurricular activities and/or onsite health services. Until recently, no alternative school students had benefited directly from OUSD SBHCs; since March 2013, students from two alternative schools have access to one SBHC. This project will intensify SHS services at all ten alternative school campuses.

Priority Schools. Unlike many school districts, virtually all OUSD schools could be prioritized based on social determinant and epidemiological data. We have therefore selected our 20 priority schools based on a combination of socioeconomic and health risk data, as well as school health infrastructure. We include all ten alternative schools, eight traditional middle schools that are not served by an onsite SBHC, and two large, comprehensive high schools that were recently consolidated from six smaller schools. The alternative schools were selected for the reasons described above, and the eight middle schools without SBHCs were selected because we believe that primary prevention is important and that both environmental and health service interventions should be promoted before sexual debut whenever reasonable. The two high schools were selected because in the last CHKS, 32% and 29% of students stated that they rarely or never got help with reproductive health issues when they needed it, and because their transition back to large schools has brought with it challenges for students and administrators that may have negative consequences for school safety.

Inclusion

OUSD is committed to implementing a program that will be accessible and relevant to all its students, including those with disabilities and English Language Learners (ELL). FSCP has met with the Special Education Department and intends to adapt the ESHE and anti-bullying curricula to meet the needs of that population; we will support both curriculum adaptation and additional professional development (PD) time for Special Education teachers. We will also work with the ELL unit to ensure the curricula are accessible. We are fortunate that our SBHC partners specialize in linguistic competence for the languages most common in OUSD. We will also aim to create a program that reflects the diverse identities, backgrounds, and cultures that make up our student body.

Summary of Strategies

The following is a brief overview of the four approaches included in this proposal:

Approach A: Exemplary Sexual Health Education (ESHE)	<ul style="list-style-type: none"> ● Implement evidence-informed ESHE curriculum at all district secondary schools ● Complementary to other sex education programming ● Inclusive of Special Education and English Language Learners
Approach B: Key Sexual Health Services (SHS)	<ul style="list-style-type: none"> ● Improve referral arrangements to SHS for students attending

	<p>priority schools</p> <ul style="list-style-type: none"> • STD/HIV outreach campaign in priority schools • Onsite SHS for students attending alternative schools
Approach C: Safe and Supportive Environments for Students and Staff (SSE).	<ul style="list-style-type: none"> • Implement anti-bullying program linked to LGBTQ initiative at all priority schools • Explore additional peer-to-peer mentoring strategies
Approach D: Educate Decision Makers on Policy; Implement and Track Policy	<ul style="list-style-type: none"> • Ongoing inventory of policies, practices and opportunities to improve • Engage stakeholders on key sexual health issues

Approach A: Exemplary Sexual Health Education (ESHE). With funding from the CDC, OUSD Science teachers will ultimately provide comprehensive sex education to at least 16,000 students in 35 schools.¹ In Year 1, the Science Department will hire a .5 FTE Secondary Science Specialist-Teacher on Special Assignment (TSA) to oversee ESHE implementation. The TSA will lead the HRP in identifying criteria for selecting an ESHE curriculum, such as alignment with the new Next Generation Science Standards, curricular coherence, and ability to engage Oakland youth. It will also crosswalk the American School Health Association's *National Sexuality Education Standards* and California's *Health Education Content Standards* and with our existing HIV prevention curriculum, *Positive Prevention*. The group will then use the HECAT to compare multiple contending curricula and select a best fit.

It is important to OUSD to select a comprehensive sex education curriculum that includes not only medically accurate information about HIV but also covers human development and sexuality, human rights, self-esteem, family planning, healthy/unhealthy relationships, sexism, power dynamics, communication, gender identity, gender norms, and sexual orientation. Studies have shown that young people who believe in gender equality have better sexual health outcomes than their peers. For example, young people who believe that males should be "tough" are less likely to use condoms, more likely to have multiple sex partners, and more likely to be in intimate relationships that involve violence. And relationships with a high level of male control or violence are associated with higher rates of HIV, STD and unintended pregnancy.² The selected curriculum should also provide students with skills and tools for negotiating with sexual partners, recognizing controlling behaviors, and preventing violence/sexual harassment.

Once selected and acquired/developed, the HRP will adapt the curriculum and approach to the local context, ensuring that it is relevant to Oakland youth and not duplicative of existing efforts, but without jeopardizing program fidelity. Training for the District's Science teachers will be provided in Summer 2014. Teachers will deepen their connection to the curriculum by

¹ This includes public charter schools that Fall within OUSD jurisdiction. Charter schools will be invited to attend PD events and utilize the program curriculum; however, OUSD will not provide funding for teacher release time.

² Population Council website: http://www.popcouncil.org/publications/books/2010_ItsAllOne_Why.asp

developing some of the teaching activities themselves. The Science department will also work with key informants to address operational considerations such as schedule, dosage, grade levels and courses, and will design an appropriate method to measure learning (e.g., pre/post test). We expect to work with the CDC as part of these determinations.

In Years 2-5, OUSD will engage students in identified grades with the selected curriculum during classroom time, and will continue to enhance the curriculum utilizing local partnerships. For example, Alameda County Medical Center has been a valuable source of HIV positive speakers for classroom presentations and other school events, and the Science department can work with students through OUSD's Media Enterprise Alliance to create video clips that illustrates sexual decision-making and negotiation skills.

Finally, we will establish a strong system for ongoing PD, technical assistance and quality assurance, with a focus on priority schools. Lead Health teachers will be selected and stipended at these 20 schools, and will observe classroom teaching to ensure fidelity to the curriculum/model selected. Individual coaching will be provided as needed, and all PD events will be videotaped and made available on the District's website.

Approach B: Key Sexual Health Services (SHS). Through a wide and evolving network of School-Based Health Centers (SBHCs), OUSD will strengthen linkages and access to age-appropriate sexual health services that reinforce the messages included in ESHE delivery. In Fall 2013, OUSD will convene an Oakland subcommittee of the Alameda County SBHC Directors Meeting, and by Spring 2014, OUSD and the Oakland SBHC Committee will have brokered agreements with nearby adolescent health providers to create greater access to confidential, age-appropriate SHS. They will create protocols for identifying and referring students, and for tracking these referrals through the existing Coordination of Services Team (COST) structure in place at all OUSD schools. The HOT Program Manager and SBHC Committee will identify a SHS Referral Coordinator at each school to act as a link to offsite services; the coordinators will be trained in Fall 2014 in their role and appropriate documentation.

Year 1 will also include the design of an HIV/STD outreach campaign based on the *Get Yourself Tested!* model. One of our partner SBHCs has utilized this model for the past two years, with impressive increases in HIV and STD testing levels. The campaigns will be designed with youth input and will include, at minimum, health promotion and awareness raising regarding the importance of safer sex practices and the HPV vaccine, as well as referrals to outside SHS.

By Year 2, students and key school staff will know how to promote and facilitate access to offsite SHS. By Year 3, students at all priority schools will have improved access to confidential, age-appropriate sexual health services.

OUSD and its partners will also implement intensive SHS activities focused on students attending the ten alternative schools. During Year 1, the Oakland SBHC Committee will explore various options for implementing onsite SHS, investigating various group-based risk reduction interventions endorsed by the *Community Guide* and experience from the field. At minimum,

the SBHCS will provide annual onsite HIV/STD testing, counselling and referrals; at one or more sites, we hope to pilot test a more permanent model in which a clinical health educator is outstationed at the alternative school on a weekly basis. In this model, the health educator working under protocol and medical supervision would provide risk reduction counseling, urine testing for pregnancy and chlamydia/gonorrhea, and oral swab testing for HIV. S/he can provide condoms under District policy and California Minor Consent Law, and students who need treatment for HIV/STD or other medical care can be referred to an SBHC or other teen clinic. A major factor in considering this approach will be the extent to which services can be self-sustaining through reimbursement under Medicaid or California's Family PACT program.

Approach C: Safe and Supportive Environments for Students and Staff (SSE). To promote safe and supportive environments for all students, especially those who identify as sexual minorities, OUSD will add an anti-bullying component to its *Welcoming Schools* project focused on LGBTQ inclusion at each of the 20 priority schools. One goal is to implement a campaign that trains students to be "upstanders", rather than bystanders, when they witness bullying or harassment. In Year 1, the Coordinator of Behavioral Health, Barbara McClung, will identify and select a bystander education curriculum and provider aligned with District goals and school site needs, as well as the *Community Guide* recommendations for school-based violence prevention. Two options being considered include *Not In Our Schools*, a national campaign focused on youth creating solutions to bullying, cyber-bullying and intolerance; or the Southern Poverty Law Center, which curricula and materials focused on individual and civil rights, including an LGBTQ component. Ms. McClung's recommendation will be reviewed and approved by the HIV Review Panel, and by Spring 2014 a curriculum will be purchased/obtained. Small teams at each priority school site will be trained in the selected program by the end of Year 1.

In Fall 2014, OUSD will implement the anti-bullying program, beginning with training for teachers and other relevant staff to be determined. We will select and stipend School Climate Champions at each priority school to help implement the campaign, working with FSCP and the selected provider to create a collective impact on school culture and improve students' connectedness and perceptions of safety.

OUSD is also very committed to increasing levels of peer-led activities in priority schools, and will use the planning year to explore sustainable programs such as *Link Crew* that would utilize older student mentors for incoming students. A similar program would be selected for participating middle schools.

Approach D: Educate Decision Makers on Policy; Implement and Track Policy. Beginning in Year 1, OUSD will review its existing policies and practices, identifying opportunities to better prevent HIV/STD among students. The HOT Program Manager (PM) will utilize the CDC's *School Health Index* as a tool to support a thorough self-assessment of policies/systems and to develop a plan for prioritizing next steps. SBHC partners will be asked to comment on District policies and practices that impede student access to health services – for example, violations of

students' rights under California Minor Consent laws or principals that prevent outside students from entering their campus to use the SBHC.

Each project year the PM and Project Director will convene District leaders to highlight the opportunities raised by these assessments and the data emerging from YRBS, School Health Profiles, California Healthy Kids Survey, and other District, city and county data. Utilizing this data, the project team will create materials that highlight disparities in student sexual health and opportunities to mitigate these gaps. We will continue to link closely with organizations whose missions support the project, and will conduct at least three presentations to OUSD senior leadership during the course of the grant period. Finally, project leaders will support individual school leadership in effectively implementing and/or enforcing policies that support HIV/STD prevention and reduce health disparities, including those that support safe environments for sexual minorities.

Collaborations

OUSD views community partnerships as vital to its success. This project is a significant collaboration between several OUSD departments. Strategic partners identified for this project are:

- **Alameda County Health Care Services Agency (HCSA).** OUSD and HCSA routinely collaborate. One related collaboration, the *Project HOPE Collaborative (PHC)*, is a teen pregnancy prevention program funded by DHHS, Office of Adolescent Health. Since 2010, the program has served most of the District's 6th grade students annually through a health education curriculum called Making Proud Choices. A second collaboration is a teen dating violence initiative, *Dating Matters*, funded by the CDC. The goal of the initiative is to promote healthy relationships and prevent teen dating violence (TDV) through intensive activities aimed at 11-14 year-olds at ten OUSD middle schools. Meetings will be held in Year 1 between the project leads for both grants at HCSA and the OUSD project team to ensure alignment between all three programs and prevent duplication of efforts. This will help ensure grant funds are leveraged across programs. HCSA's Alameda County Medical Center has also been a strong partner in delivering HIV education. Every year, it sends one or more HIV positive speaker to help complement the District's *Positive Prevention* curriculum. We hope to integrate this speaker series into our ESHE delivery.
- The 15 **school-based health centers (SBHCs)** operating within or serving 19 secondary schools. These SBHCs are a collaboration between OUSD, HCSA, the City of Oakland and seven lead agencies. Three of the lead agencies are federally-qualified health centers and are able to leverage cost-based Medi-Cal reimbursement when serving eligible youth. Last year, the SBHCs provided 31,132 visits to 6,117 students - 43% of their school populations. More than 75% of visits to SBHCs at high schools are for HIV/STD testing, family planning or other sexual health services. SBHCs are able to leverage free partner treatment for chlamydia and gonorrhea infection through the federal Title X program as distributed by the California Family Health Council. A large expansion of Oakland's SBHCs has been funded through grants from Atlantic Philanthropies and Kaiser Permanente.

- **ETR Associates**, a national non-profit research and evaluation firm, which operates the Alameda County Comprehensive Sex Education Network, of which the Program Manager and/or Project Director will be members.

III. Organizational Capacity of Awardee to Execute the Approach Statement

Organizational Capacity Statement

Oakland Unified School District (OUSD) is a Local Educational Agency (LEA) based in the City of Oakland, northern California. OUSD was founded in 1865 and operates 117 schools serving 46,472 students in grades pre-K – 12.³ OUSD is governed by a 7-member Board of Education elected by City residents. The Board of Education appoints a Superintendent who is responsible for District education and operations.

The Family, School, and Community Partnerships (FSCP) Department includes multiple units, such as Health & Wellness, Behavioral Health, Community Partnerships, Social Emotional Learning, After School Programs, and Transitional Students and Families. The Director of Health & Wellness, Joanna Locke, MD, MPH, oversees school nursing, school-based health centers, staff and student wellness, health insurance enrollment, tobacco use prevention education, and California Healthy Kids Survey administration.

The other key OUSD department for this strategy will be the Science department, located within Leadership, Curriculum & Instruction (LCI). Organizational charts for both FSCP and Science are included in the Attachments.

Relevant Capabilities and Experience. OUSD is the first school District in the nation to identify as a Full Service Community School District. Its goal is to create Full Service Community Schools (FSCS) that serve the whole child and equalize access to the services that families need to support their children to succeed. In the FSCS model, the school is a hub that integrates the best educational practices with a wide range of health and social services to ensure that children are physically, emotionally, and socially prepared to learn.

OUSD has demonstrated its commitment to the health and well-being of its student body in a number of ways. Its 5-year Strategic Plan envisions thriving students built on three pillars, one of which is Social, Emotional and Physical Health. One of its six goals for its graduates is that they be “socially, emotionally and physically thriving.” In its repeated references to “serving the whole child”, OUSD leadership clearly acknowledges the key role that social determinants of health and wellness play in the lives of young people.

In 2006 the school District adopted a comprehensive Wellness Policy that aims to provide a healthier school climate and promote healthy behaviors. The policy, which addresses emotional safety, healthy school environments, student health services, health education, and disease

³ This includes 1,455 students attending District preschool/early childhood education centers and 8,837 attending public charter schools.

prevention, was created through a year-long process that engaged District and school staff, community partners, students and parents. A similar engagement is now underway, with a revised Policy expected to be approved by the Board in Summer 2013.

Committed to Improving Adolescent Sexual Health. OUSD has a proud history of mobilizing the community to address the sexual health needs of its students. For example, ten years ago, District staff came together with SBHC partners and students to urge the School Board to overturn a prior ban on the distribution of condoms and other contraception. It passed a policy permitting condoms to be made available to high school students under specified conditions; today, it actively promotes safer sex through a variety of onsite sexual health services. Very recently, at the urging of SBHC providers, a work group was convened to explore the feasibility of including condom availability at middle schools with the added provision that screening include the possibility of sexual exploitation.

In addition, OUSD has spearheaded, with multiple public and private partners, rapid growth in District SBHCs, doubling their number from 2010 to 2013. Support has come in part from residents and voters, who have repeatedly passed bonds and local measures supporting SBHCs.

Finally, OUSD has helped create a Sexually Exploited Minors (SEM) Task Force in response to widespread concern about the increase in Oakland youth recruited and coerced into sex trafficking and prostitution. The Task Force includes health and mental health professionals, law enforcement, social services and advocacy organizations. It has trained stakeholders on how to recognize SEM and issues underlying it, and provides tools for helping SEMs engage in supportive interventions. Already the Task Force has increased awareness and helped shift attitudes and responses toward some of our most vulnerable students. Because we recognize the extraordinarily high HIV/STD risks SEM face, the HOT Program Manager will join the SEM Task Force and seek ways to collaborate toward mutual goals.

Committed to Health Education. The District's Wellness Policy states that OUSD shall "provide a planned, sequential health education curriculum for students in grades K-12 that is research based and age appropriate." It seeks to create health literacy in all OUSD students so that they can make health-enhancing choices. This year FSCP hired a Senior Strategic Fellow to draft a plan for health education across the District based on District data and aligned with the Common Core State Standards and Next Generation Science Standards. This plan, which will ensure health education reaches English Language Learners and students in Special Education, identifies health education priorities by grade, and reproductive health has emerged as one of four critical areas.

Committed to Safe and Supportive Environments. OUSD has demonstrated its commitment to providing positive school environments characterized by caring relationships between adults and students and by the absence of discrimination, intimidation, harassment and bullying. OUSD explicitly prohibits discrimination or harassment of any kind, including sexual harassment, and states that each site must protect students, teachers, and staff from hate-motivated behavior through appropriate sensitivity training and diversity education.

In addition, there is a strong commitment to social emotional learning District-wide. OUSD houses a Behavioral Health Unit, houses a Social Emotional Learning Collaborative, and provides students and teachers with skills to de-escalate conflicts through the rigorous application of restorative justice and positive behavioral interventions. The District commits to teaching conflict resolution at every grade level in order to promote effective communication, social skills and respect for cultural and individual differences.

The District's new anti-bullying policy, adopted February 2013, includes cyber-bullying and is based on the Prevention-Intervention-Protection model (PIP). Responses to bullying are aimed at behavioral change rather than punishment, and students are taught social skills such as self-awareness and self-management, social awareness, relationship skills and responsible decision-making. Under the new policy, school staff will receive professional development, including information about early warning signs of intimidation, and effective prevention/intervention strategies. Last fall every secondary student viewed the anti-bullying movie *Bully*.

In the past several years, OUSD has specifically focused on ways to ensure that LGBTQ students are safe on campus. Gay-Straight Alliances are supported, and OUSD has retained a consultant to work exclusively on supporting the inclusion and safety of sexual minority youth. In March 2013, OUSD launched a District-wide training for high schools to introduce its new *LGBTQ Welcoming Schools Toolkit*. Training was provided to small teams at each of 15 schools.

Committed to Student and Family Involvement. The District's Board-approved Student Engagement Standards endorse student-led activities that help create connectedness to school and foster resiliency. Current activities include Middle and High School All City Council; innumerable arts, sports and other after school programs; a tobacco use prevention peer health education program at 14 secondary schools; peer health education/youth leadership programs at all SBHC sites; and a variety of linked learning opportunities at its comprehensive high schools. We actively embrace the opportunity to increase youth-led programming.

Parent involvement is encouraged through PTSA, School Site Council and other venues. The District's standards for meaningful family engagement include communication with caregivers and shared power and decision-making. OUSD attempts to educate families regarding available resources and health services, hosting parent conferences and resource fairs each year, including events focused on Latino, African American and Asian American families.

Training Experience. The OUSD Science department is considered one of the best in California. It has successfully leveraged grants from private foundations and local partnerships to create a strong central office of ten staff/faculty. Significant academic gains have been made by OUSD students in recent years, and the department has thoughtfully anticipated the Next Generation Science Standards just released. It has built substantive rigor and support, and continues to support hands-on, inquiry- and project-based learning in the classroom.

Science Manager Caleb Cheung and his core team have between them over 50 years' experience in teaching, training, mentoring, and professional development. Mr. Cheung has provided online coaching, mentoring and workshops, and the District has built the capacity for video conferencing.

FSCP also has training experience across its units, with topics ranging from restorative justice and positive behavioral interventions to community schools. Site teams were trained in the LGBTQ *Welcoming Schools* toolkit, and mandatory trainings are provided quarterly to 50 site-based Wellness Champions.

HIV/STD Policies and Implications. California Education Code mandates that public schools provide HIV/AIDS prevention education to all students once in middle school and once in high school. OUSD Board Policy 6142.1, Sexual Health and HIV/AIDS Prevention Instruction, requires that all schools provide a well-planned sequence of instruction on comprehensive sexual health and HIV/AIDS prevention. Oakland has adopted the Red Cross' *Positive Prevention* curriculum, which consists of six classroom lessons that unfortunately do not meet the definition of comprehensive sex education. The curriculum is delivered in 7th grade Life Science courses and a more advanced version of the same curriculum is offered in high school Biology. Although OUSD teachers deliver most of the curriculum, in some cases partners are involved. For example, La Clínica de la Raza offers a week-long course delivered by community health educators which satisfies the HIV prevention requirement. Training on *Positive Prevention* is conducted annually by the Science department for teachers who are new, unfamiliar with the curriculum or who need/want a refresher. Unfortunately, the implementation of *Positive Prevention* has been uneven, and there are far too few resources to ensure high-quality implementation, especially if teachers are not comfortable with the material to begin with.

Additional sexual health education provided within OUSD includes puberty education delivered in 5th grade by school nurses and Planned Parenthood based on a curriculum developed specifically for OUSD, and the 6th grade teen pregnancy prevention program *Making Proud Choices!* This program includes 9 sessions and is implemented at most middle school sites by four different agency partners as part of the *Project HOPE Collaborative* described above.

Project Management

Health & Wellness Director Joanna Locke will be responsible for the HOT project overall, with most project management responsibilities located in FSCP. FSCP will hire a full-time Program Manager who will report directly to Dr. Locke. The successful candidate will have experience in adolescent HIV/STD prevention, managing comprehensive grants and projects, and a proven track record of leading staff and collaborators to create successful sexual health initiatives.

The Program Manager will act as primary liaison to the CDC; coordinate and convene the HIV Materials Review Panel; work closely with UCSF to develop and implement the evaluation plan; maintain all required program records and documentation; and attend grant orientations and other PD events. S/he will lead the development of the SHS outreach campaign, and coordinate the ESHE approach with the TSA and the SSE approach with Behavioral Health. The HOT PM will

lead the policy inventory process and will join the HIV/AIDS Collaborative Community Planning Council, SEM Task Force, School Wellness Council and other collaborative that reinforce linkages for at-risk populations. S/he will meet periodically with the Alternative Education Director and support Strategy 1 surveillance activities. The HOT PM is responsible for the overall success of this strategy, ensuring that the other departments and partners involved meet their timelines and deliverables. S/he will meet frequently with department/unit leads in the first few years to ensure adequate progress toward project milestones.

A key partner in project management will be a .5 FTE Teacher on Special Assignment (TSA) hired to lead the ESHE implementation process. TSAs are former teachers hired to support curriculum and instruction District-wide. The ESHE TSA will work in the Science Department and report to Caleb Cheung, Manager of Science. The successful applicant will be a certificated Science teacher with experience developing and/or modifying curricula, preferably to include sexual health curricula. S/he will be a skilled trainer with demonstrated experience providing successful, interactive materials to an adult audience and providing technical assistance to teachers in a large urban school district. Several veteran teachers in the District have been identified who meet these qualifications.

The TSA will be responsible for guiding the identification of criteria for the ESHE selection process; documenting the process utilized to select a curriculum; establishing and coordinating curriculum training; supporting curriculum adaptation; and providing ongoing PD, TA and quality assurance for teachers involved in the project.

Either the Program Manager or Dr. Locke will attend the program orientation in Atlanta in September 2013. This requirement will be highlighted during the hiring process to ensure that the applicants are available. In addition, at least one OUSD project member will attend each of the DASH-sponsored or approved PD events offered through this grant project. We embrace all opportunities to enhance our own exposure to relevant materials, knowledge and approaches. In addition, we have benefited from the experience of California colleagues currently funded through this FOA, and hope to continue peer networking and collaboration as appropriate.

Support for the Project. District leadership has clearly demonstrated its support for this initiative. The Deputy Superintendent of Leadership, Instruction and Equity in Action, Maria Santos, fully supports the project and will help ensure that ESHE and all the other strategies are fully implemented. Ms. Santos directly supervises the department heads who are ultimately responsible for this grant: Curtiss Sarikey, Associate Superintendent of FSCP (Dr. Locke's supervisor), and Kyla Johnson, Associate Superintendent for Leadership, Curriculum and Instruction (Mr. Cheung's supervisor). The project team is therefore well positioned to succeed.

Relevant Grant Experience. The key departments involved in this project are largely funded through public and private grants. The Health & Wellness unit alone manages \$5 million each year plus over 30 contracts and is well resourced for grant management. The department houses a Contracts Analyst, Finance Manager, and Dr. Locke herself has significant experience with grants management, including contracting, budgeting, reporting and compliance. OUSD is

able to establish contracts in a timely way and anticipates no difficulties with spending down funding appropriately.

Competency Assessment/Professional Development. The HOT Project Director, Joanna Locke, will oversee all project activities and will directly supervise the HOT PM. She will evaluate the work of the PM and intervene if project deliverables are not being met in a timely way. The HOT PM will follow the annual work plan and meet regularly with strategy leads, identify any skill gaps and address through internal or external PD. With respect to ESHE, the Science department will retain responsibility for the quality of all instruction provided through this grant. Teachers will be offered multiple opportunities to learn and improve, including the PD workshops provided, one-on-one mentoring/coaching for new teachers, and Summer Institutes focused on the curriculum. The department also utilizes peer review and critique for its teachers, and will incorporate the ESHE delivery into this process starting in the 2014-15 school year. The approach will be supportive, as it is our goal that all OUSD secondary Science teachers become skilled at delivering high-quality and engaging ESHE curriculum.

OUSD supports staff development in a number of traditional and innovative ways. The Science Department provides significant supports to secondary Science teachers through multiple modalities. It sponsors a Professional Learning Series monthly, and an annual back-to-school Science BBQ that combines camaraderie, peer support and professional development. The BBQ includes interactive science activities that are fun for teachers and can be used with students, with workshops targeted to both novice and veteran teachers. In addition, the project *Oakland TeamScience* has created a collaborative community of experienced and novice teachers to improve science instruction and teacher support. The program combines coaching, professional development, and curriculum/assessment development for all 6th – 12th grade science teachers. Teachers without a permanent credential are required to have a coach or *TeamScience* mentor.

The Science Department is also skilled and well-equipped to use technology to its full potential and is prepared to leverage its resources to maximize the effectiveness of the ESHE program adopted. It has developed an extensive online collection of curriculum, lesson plans and other pedagogical tools and resources that are available to any District teacher, and has built a lending library of technology that includes laptops, video cameras and circulating Science kits for all grades. The Science team is experienced using Skype, Google Hangout, web-based presentations and video conferencing. It has sophisticated video editing software that allows voice overs and splicing.

Anticipating Barriers. The greatest barriers anticipated for this project are those related to widespread ESHE implementation. This includes teacher turnover, variation in quality and experience across Science teachers, the very real overwhelm felt by urban secondary schools, and the time required to learn and implement a new curriculum in the face of growing pressures to produce improved student test scores.

Project leadership is very committed to identifying and implementing solutions to these barriers. It is critical that the curriculum selected be aligned with the District's transition to

Common Core and Next Generation Science Standards – part of Year 1 activities – and that it be viewed as relevant, engaging and meaningful by teachers and students alike. We have opted to provide ESHE PD during the Fall, when teachers are established in their site school assignment.

In order to ensure a high degree of commitment and participation, the budget includes stipends for Lead Health Teachers, SHS Referral Coordinators and School Site Liaisons – each of which will help to address school site barriers and create momentum for the project. Communication and motivational leadership are also critical to build support and momentum for the project; these will be provided by the overarching project leaders, Dr. Locke and Mr. Cheung, both of whom have a high degree of credibility within the District. We also believe that strong PD and TA will help ensure that schools deliver high-quality program activities to all students.

One barrier in the policy approach is the fact that well-intended policies are not always fully implemented in the diversity of OUSD school sites. The parallel completion of *School Health Profiles* may help identify schools that have not implemented District policies effectively. Our approach to increase accountability will be one of support and technical assistance because we know that our school site leaders are committed to their students’ health and well-being. We want to work collaboratively to support priority schools as they support Oakland youth.

Long-Term Sustainability. All of our strategies build on the capacity of school sites to deliver high-quality prevention activities, and capacity-building in inherently a sustainable strategy. By training OUSD employees in ESHE, we institutionalize the delivery of comprehensive sex education within our secondary schools. By training school site teams in the anti-bullying program, we strengthen the internal school site culture to ensure student safety. By engaging internal site leaders, coordinators and champions, we will create advocates whose impact will be felt well beyond the 5-year grant period.

Our SHS strategies also have a high degree of sustainability. Our approach builds on the experience of our SBHC partners with billing and reimbursement – especially the FQHCs, which draw down enhanced reimbursement for Medicaid visits. We are also exploring a partnership with the UCSF School of Nursing in which Advanced Practice Nurses in training can contribute to the project as part of their educational experience and at no cost to the school or District.

IV. Evaluation and Performance Measurement

OUSD will partner with a team from the University of California, San Francisco (UCSF) to conduct the program evaluation. Dr. Claire Brindis, Principal Investigator, and her UCSF team have conducted numerous quantitative and qualitative evaluations of community-based sexual health and teenage pregnancy prevention programs. UCSF will evaluate this comprehensive and integrated set of strategies and activities to document achievement towards the project outcomes. All of the proposed evaluation activities will be designed in collaboration with the CDC and program partners to ensure that the final evaluation aligns with the DASH evaluation approach. OUSD will devote 10% of the program budget to support the evaluation efforts.

Stakeholder Engagement

Similar to DASH, UCSF and OUSD believe that evaluation should be a participatory process that involves all partners who collect, use or are affected by evaluation data and subsequent findings. Thus, during the initial planning phases of the evaluation, and on an ongoing basis throughout the funding period, they will engage program partners in the design and implementation of the evaluation. This will begin in Year 1 through meetings designed to identify the most appropriate evaluation measures, methods and protocols. To ensure engagement throughout the process, evaluation staff will send progress updates through email, participate in the Oakland SBHC Committee and HRP as appropriate, and convene annual meetings to share findings and discuss future plans.

Overall Study Design and Key Evaluation Questions

A comprehensive process and outcome evaluation will be conducted to answer the following key questions: *To what extent does the provision of comprehensive school-based sexual health strategies yield greater numbers of students who receive comprehensive exemplary sexual health education instruction; greater student access to key youth- friendly sexual health services, including STD and HIV testing; fewer disparities in sexual health outcomes; and safe and supportive environments for students and staff?*

Process Evaluation. Each year, the process evaluation strategies, described in the following table, will document how well the interventions are being implemented, if they are reaching the target populations, and whether they are aligned with the project outcomes. The process evaluation will also allow evaluators to assess integrity and fidelity of implementation to the ESHE and anti-bullying curricula, as well as progress related to the Work Plan measures.

Overview of Process Evaluation Data Collection Instruments	
Instrument (Responsible Party for Data Collection)	Description and Sample Measures
<i>Program Attendance Logs and Facilitator Debriefing Checklist</i> (Teachers)	<p>Description: Attendance logs track dosage and frequency of program participation for each participant; collected at each program session starting in Year 2. Debriefing checklists will be completed at the end of the program and used to rate implementation efforts, such as program length, proportion of curriculum components implemented and participant engagement levels.</p> <p>Sample Measures:</p> <ul style="list-style-type: none"> • By July 2018, all OUSD secondary students will have received ESHE curricula in their science classes.
<i>Observation Assessments</i> (Evaluators)	<p>Description: To assess quality assurance, trained evaluation staff will attend a random sample of program sessions to observe teachers' implementation of the curriculum. Observations using a standardized tool will assess length of time spent on program components, participant</p>

Overview of Process Evaluation Data Collection Instruments	
<i>Instrument</i> (Responsible Party for Data Collection)	Description and Sample Measures
	engagement, and any observed adaptations. Collection starting in Year 2. Sample Measures: <ul style="list-style-type: none"> • By July 2018, science teachers deliver specific program components as required in the curriculum.
<i>Quarterly Progress Reports</i> (Program Manager/PM complete in collaboration with key partners)	Description: Template will be developed for PM, Lead Teachers, SHS Referral Coordinators and School Climate Liaisons to document activities, successes and challenges each quarter starting in Year 1. Sample Measures: <ul style="list-style-type: none"> • By July 2014, at least 80 teachers are trained in the ESHE curriculum selected. • By July 2014, describe the established plan for monitoring ESHE implementation, including peer review by Lead Teachers.
<i>Meeting/Activity Logs and Service Referral Forms</i> (PM, Coordination of Services Team, key partners)	Description: Ongoing meeting and activity logs will document information on number and type of participants, activities conducted and subsequent results, and referrals made. Collection starting in Year 1. Sample Measures: <ul style="list-style-type: none"> • Number of trainings held on ESHE implementation each year. • Number of referrals made for students in middle and alternative schools without current onsite school-based health center each year.
<i>CDC's School Health Index and School Health Profiles</i> (Program Manager and key partners)	Description: To conduct self-assessment of policies/systems that affect student health and develop priorities for future efforts. Completed in even grant years. Sample Measures: <ul style="list-style-type: none"> • Percent of <i>School Health Index</i> respondents reporting that the school identifies youth-friendly community providers and systematically links with them to provide sexual health services to students.

Outcome Evaluation. The outcome evaluation, which will be developed and refined in Year 1, will likely utilize a pre/post design to assess the effectiveness of the program on outcomes of interest, such as *condom use at last sex, utilization of sexual health services, and reported incidences of STD and HIV* among sexually active youth. A more intensive outcome evaluation may also be conducted with the YDR population to document successful strategies and specific program impacts on these youth.

Specific data collection strategies and sample measures are outlined in the table below, with the YRBS, adopted through Strategy 1, serving as a primary data source. Many of the other data sources are already in place within OUSD, including the CHKS and Wellness Inventory survey methods, as well as through the SBHC evaluation (also conducted by this UCSF team), the DHHS

Office of Adolescent Health-funded Teen Pregnancy Prevention evaluation, and CDC-funded Teen Dating Violence project evaluation. Drawing on this existing data collection infrastructure will greatly facilitate the collection and reporting of evaluation and performance data, as well as minimize additional burden on program partners. Evaluators, in partnership with key program partners, will conduct a crosswalk of existing data sources to determine which questions/scales best assess the outcome measures. All modified instruments will be pilot tested during to determine reliability and validity and ensure cultural relevance and readability. Survey instruments will also be translated into Spanish.

Overview of Outcome Evaluation Data Collection Instruments	
<i>Instrument</i> (Responsible Party for Data Collection)	Description and Sample Measures
<i>SBHC NextGen and Efforts to Outcomes (ETO) Clinical Databases</i> (SBHC providers and Evaluators)	<p>Description: Standardized clinical and evaluation databases used in all Oakland SBHCs documenting demographics, services provided and health outcomes, including STD screenings and results (<i>ETO</i> is part of UCSF’s current evaluation of SBHCs). Baseline data will be collected in Year 1 with similar data collected in subsequent years to assess changes over time.</p> <p>Sample Measures:</p> <ul style="list-style-type: none"> • By July 2018, the number of OUSD students attending SBHC schools with an SBHC sexual health visit will have increased from baseline (2014). • By July 2018, the number of OUSD students in priority schools who have at least one sexual health visit will have increased from baseline. • By July 2018, the rate of Chlamydia infection among Oakland SBHC users will have decreased from baseline. • By July 2018, the percent of sexually active OUSD students who have been tested for HIV and STD will have increased from baseline.
<i>YRBS and CHKS</i> (OUSD staff and teachers and Evaluators)	<p>Description: Cross-sectional survey to assess access to and use of health services, sexual activity and contraceptive use, sexual identity and orientation, and experiences with bullying. YRBS and CHKS custom modules will be amended as needed to include questions that would measure specific data fields for this grant. YRBS will be implemented in 2015 and 2017. CHKS will be implemented each year.</p> <p>Sample Measures:</p> <ul style="list-style-type: none"> • By July 2018, sexually active OUSD students’ condom use at last sex will have increased from baseline (2014). • By July 2018, the percentage of priority school students who have experienced bullying will have decreased from baseline.
<i>Alameda County STD Surveillance System</i> (Evaluators)	<p>Description: Surveillance data reported to California Department of Health Services and Alameda County Public Health Department on STD morbidity.</p> <p>Sample Measures:</p> <ul style="list-style-type: none"> • By July 2018, there will be a decrease from baseline in the disparities in

Overview of Outcome Evaluation Data Collection Instruments	
Instrument (Responsible Party for Data Collection)	Description and Sample Measures
	the rate of STD among minority and non-minority Oakland youth.
<i>ESHE Curriculum Pre/Post Tests</i> (OUSD program partners, teachers and Evaluators)	<p>Description: Pre/post surveys to assess changes in sexual health knowledge, skills and intentions after participating in ESHE curriculum.</p> <p>Sample Measures:</p> <ul style="list-style-type: none"> • OUSD students' knowledge of effective HIV/STD prevention methods increases from pre-curriculum implementation to post.

Data Analysis

As described above, data for the evaluation will be collected through both process and outcome data collection methods, and analysis will triangulate the data sources to facilitate the validation of findings through cross verification. Data will be analyzed using uni-variate and multi-variate methods to report on performance measures and to determine the associations between program strategies and health outcomes, particularly within the YDR population.

Dissemination of Findings

The evaluation team and project staff are committed to disseminating and publishing findings from this study. Process evaluation and outcome study results will be shared through annual reports, including site-specific performance measurement reports, and presentations to local stakeholders annually, as well as in peer-reviewed publications and conference presentations as appropriate. We will also work collaboratively with program partners to develop a series of briefs and papers on the project.

Using Data for Continuous Quality Improvement and Evidence Base Development

The evaluators will meet with key project partners to review process and short-term outcome performance measures and evaluation data, interpret findings, identify and address barriers, and discuss appropriate mid-course corrections and proposed program adaptations for the following year as necessary. This process will serve as a continuous feedback mechanism and will support the proposed evaluation design, as well as foster ongoing stakeholder engagement. The process evaluation will also allow the team to document adaptations to the curriculum that may be made to better suit target populations, such as adding cultural references that are relevant to a classroom of diverse youth. This will be critical to document for replication purposes and to take into consideration when conducting the outcome analyses.

The evaluation data will contribute to the growing evidence base on adolescent sexual health and effective strategies to reduce HIV and STD, particularly among alternative school youth. The diverse population of youth served will allow us to examine the program's impact on reducing disparities within at-risk populations. Furthermore, the data collected can contribute to the evidence base on SBHCs and how this model of integrated care can improve adolescent sexual health outcomes.

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Budget Narrative – Strategy #2**

A. Salaries and Wages

<u>Position Title (Name)</u>	<u>Annual</u>	<u>Time</u>	<u>Months</u>	<u>Amount Requested</u>
Program Manager (Vacant)	\$86,000	100%	10.5 months	\$75,250

Job Description:

The Program Manager will act as primary liaison to the CDC; coordinate and convene the HIV Materials Review Panel; work closely with UCSF to develop and implement the evaluation plan; maintain all required program records and documentation; and attend grant orientations and other PD events. S/he will design the SHS outreach campaign, coordinate the ESHE approach with the TSA and the SSE approach with Behavioral Health. The Program Manager will lead the policy inventory process and will join the HIV/AIDS Collaborative Community Planning Council, SEM Task Force and other collaborative that reinforce linkages for at-risk populations. S/he will meet periodically with Alternative Education and support Strategy 1 surveillance activities. The Program Manager is responsible for the overall success of this strategy, ensuring that the other departments and partners involved meet their timelines and deliverables. S/he will meet frequently with department/unit leads in the first few years to ensure adequate progress toward project milestones. This position relates to all program objectives.

Teacher on Special Assignment (Vacant)	\$75,000	50%	10.5 months	\$32,813
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Job Description:

The Teacher on Special Assignment (TSA) will be responsible for guiding the identification of criteria for the ESHE selection process; documenting the process utilized to select a curriculum; establishing and coordinating curriculum training; supporting curriculum adaptation; and providing ongoing PD, TA and quality assurance for teachers involved in the project.

Administrative Assistant Sheila Clark	\$60,000	10%	12 months	\$6,000
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Job Description:

This position will support work of the HOT Program Manager by preparing contracts, processing invoices, processing liaison and HIV Panel stipends, making travel arrangements, processing receipts and mileage reimbursements, preparing materials for trainings and presentations, carrying out budget transfer and other clerical tasks.

Professional Development				\$30,000
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This category includes release time for teachers and others to be trained in the following key areas:

- **ESHE curriculum.** Includes release time for 80 teachers to be trained across 8 hours each x \$30/hour (average cost of professional development time) \$19,200
- **ESHE curriculum – Special Education.** Includes dedicated training time for Special Education teachers based on 20 teachers x 8 hours release time x \$30/hour (average cost of professional development time) \$4,800
- **Anti-bullying training.** Cost of providing anti-bullying training to school site teams based on 20 schools x 2 day training x \$300/team. \$6,000

Curriculum Adaptation \$1,200
(To Be Determined)

This amount is allocated so that two Special Education teachers can be paid an average hourly rate of \$30/hour to spend 20 hours adapting the selected ESHE curriculum so that its appropriate for the district’s Special Education students.

\$30/hour x 2 teachers x 20 hours = \$1,200

Total Salaries and Wages \$145,263

B. Fringe Benefits

Based on 40% of all Salaries and Wages

Total Fringe Benefits \$ 58,105

C. Consultant Costs

None.

Total Consultant Costs \$ 0

D. Equipment

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
Computer	2 ea.	\$1,500	\$ 3,000

The new positions created for this grant, Program Manager and Teacher on Special Assignment, will require computers on which to conduct work to fulfill program objectives. This includes reviewing electronic curricula, corresponding with the CDC and other partners, creating training materials, and adapting Work Plan and other materials.

Total Equipment \$ 3,000

E. Supplies

General office supplies (pens, paper, toner, binders, etc.)

12 months x \$250/month = \$3,000

Total Supplies

\$ 3,000

F. Travel

In-State Travel:

200 miles/month x 2 people x .50/mile x 10.5 months = \$ 2,100

The Program Manager and the TSA need to travel to various school sites and other departments within the school district on a regular basis to provide technical assistance, promote the project, train teachers and other staff, interview liaisons, and monitor program implementation.

Out-of-State Travel:

3 trips x 1 person x \$600 r/t airfare = 1,800

3 days per diem x \$45/day x 3 trips = 405

3 night's lodging x \$150/night x 3 trips = 1,350

Ground transportation x 3 trips = 135

Total
\$3,690

The Program Manager or Project Director will travel to CDC, in Atlanta, GA, to attend the grant orientation meeting. The Program Manager, TSA or other person as appropriate will travel out of state to attend at least two other CDC-DASH sponsored or approved trainings or professional development events.

Total Travel

\$ 5,790

G. Other

ESHE Curriculum \$ 22,000

This amount is an estimate of the amount needed to purchase an ESHE curriculum to be identified through this project.

Anti-Bullying Curriculum \$ 5,000

This amount is an estimate of the amount needed to purchase the electronic version of the anti-bullying curriculum to be identified through this project.

Total Other Costs

\$27,000

H. Contractual Costs

UCSF \$ 27,300

OUSD will partner with a team from the University of California, San Francisco (UCSF) to conduct the program evaluation. Dr. Claire Brindis, Principal Investigator, and her UCSF team have conducted numerous quantitative and qualitative evaluations of community-based sexual health and teenage pregnancy prevention programs. UCSF will evaluate this comprehensive and integrated set of strategies and activities to document achievement towards the project outcomes. All of the proposed evaluation activities will be designed in collaboration with the CDC and program partners to ensure that the final evaluation aligns with the DASH evaluation approach.

HIV Materials Review Panel \$ 2,400

This small contractual amount may be utilized to support local agencies such as our SBHC partners to participate on the HIV Materials Review Panel, in recognition of the fact that their expertise is valuable and that the time commitment may be difficult to support. The estimate is based on paying an average of \$100 per meeting x 4 meetings x 6 agencies.

Anti-Bullying Provider \$ 6,000

This contract will be awarded to a provider that has experience training teams of school staff in anti-bullying/bystander education programs. It will include planning the training with OUSD staff, implementing the training, related materials, and any agreed-upon follow-up.

Total Contractual Costs \$35,700

TOTAL DIRECT COSTS \$ 277,858

I. Indirect Costs

The rate is 4.57% and is computed on the following direct cost base of \$277,858.

Personnel \$145,263

Fringe \$ 58,105

Travel \$ 5,790

Supplies \$ 3,000

Other \$ 65,700

Total \$ 277,858 x 4.57% = Total Indirect Costs

The indirect cost rate letter approved by the CDE is attached.

Total Indirect Costs \$ 12,143

**Healthy Oakland Teens (HOT):
Promoting Adolescent Health in Full Service Community Schools
Work Plan – Strategy #2**

5-Year Project Period Outcomes:

1. Increase the number of OUSD students who receive comprehensive exemplary sexual health education instruction.
2. Increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools.
3. Increase access to and utilization of key sexual health services among students attending 20 priority schools.
4. Reduce disparities in HIV/STD infection in high-risk populations.
5. Increase percent of sexually active alternative education students who have been tested for HIV and other STD.
6. Reduce the rate of chlamydia infection among OUSD school-based health center users.
7. Decrease the percentage of students at priority schools who have experienced bullying.

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.1: By September 15, 2013, a qualified Program Manager will be hired and oriented.		
Rationale for the objective: A qualified and dedicated Program Manager is needed to ensure the successful implementation of all program activities.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Program Manager is hired and oriented by September 15, 2013.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Post internal/external job opportunity utilizing Ed-JOIN and other relevant recruitment/job boards.	Joanna Locke	8/2/13
B. Form hiring committee.	Joanna Locke	8/5/13
C. Screen and interview qualified candidates.	Hiring Committee	8/23/13
D. Extend job offer to most qualified candidate.	Human Resources	8/30/13

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.1: By September 15, 2013, a qualified Program Manager will be hired and oriented.		
Rationale for the objective: A qualified and dedicated Program Manager is needed to ensure the successful implementation of all program activities.		
E. Program Manager starts and is oriented to role.	Joanna Locke	9/15/13
F. Attend FOA Orientation in Atlanta.	HOT Program Manager	9/20/13
G. Actively participate in at least 5 DASH-sponsored or approved PD events annually.	HOT Program Manager	7/31/14

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.2: By September 15, 2013, a qualified Secondary Science Specialist, Teacher on Special Assignment (TSA) will be hired and oriented.		
Rationale for the objective: A qualified and dedicated TSA is needed to ensure successful implementation of ESHE across schools. The individual selected needs experience in training and motivating urban school teachers and comfort with sexual health education.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. TSA is hired and oriented by September 15, 2013.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Post internal/external job opportunity utilizing Ed-JOIN and other relevant recruitment/job boards.	Caleb Cheung	8/2/13
B. Form hiring committee.	Caleb Cheung	8/5/13
C. Screen and interview qualified candidates.	Hiring Committee	8/23/13
D. Extend job offer to most qualified candidate.	Human Resources	8/30/13
E. TSA starts and is oriented to new role.	Caleb Cheung	9/15/13
F. Actively participate in appropriate DASH-sponsored PD events.	TSA	7/31/14

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.3: By September 30, 2013, project will be appropriately staffed to fulfill contract expectations and achieve program outcomes.		
Rationale for the objective: The right complement of staffing, as well as clear roles and responsibilities, are needed to ensure project success.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. All project staff members are hired as outlined in grant proposal, and roles and responsibilities are clearly defined and understood by all project staff by September 30, 2013.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Identify additional roles and functions needed to achieve program success.	Joanna Locke	8/31/13
B. Assess staff capacity and develop staffing plan identifying administrative roles and functions needed to ensure program success.	Joanna Locke	9/30/13

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.4: By October 31, 2013, project oversight and governance will be established.		
Rationale for the objective: In order to provide effective input and oversight, the School Wellness Council and HIV Materials Review Panel need engaged membership and clarity on their roles.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Project oversight and governance structure are clearly defined and documented by October 31, 2013.		A. Quarterly Progress Reports; HRP Roster
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Propose roles for the School Wellness Council (SWC) and HIV Materials Review Panel (HRP) in the project.	Joanna Locke	9/20/13
B. Ensure that SWC membership includes key stakeholders in adolescent HIV/STD prevention.	Joanna Locke	9/30/13

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.4: By October 31, 2013, project oversight and governance will be established.		
Rationale for the objective: In order to provide effective input and oversight, the School Wellness Council and HIV Materials Review Panel need engaged membership and clarity on their roles.		
C. Re-visit HRP composition and identify any gaps in representation.	Joanna Locke, HOT Program Manager	9/30/13
D. Recruit additional SWC and/or HRP members as appropriate.	Joanna Locke	10/31/13
E. Establish meeting structures and processes for both SWC and HRP, including meeting schedule, decision-making processes, and scope of work with respect to this project. Program Manager will represent HRP to SWC.	HOT Program Manager	10/31/13

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.		
Objective 1.5: By February 1, 2014, submit revised Year 1 Work Plan.		
Rationale for the objective: A thorough and updated Work Plan is needed to guide the work of the Program Manager and other leads in order to ensure that project outcomes can be achieved.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Year 1 Work Plan outlines priority schools and strategies, as well as any programming or structural changes made to the project by February 1, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Re-visit priority schools selected; adjust based on any new data, programming or structural changes.	Program Manager	12/31/13
B. Re-visit remainder of work plan, revising based on CDC-DASH orientation, meetings and other events/information.	Program Manager	1/15/14
C. Submit revised Work Plan to CDC-DASH.	Program Manager	2/1/14

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.

Objective 2.1: By June 30, 2014, identify ESHE curriculum for use in OUSD secondary schools, and modify based on pilot testing and other input.		
Rationale for the objective: An evidence-informed, vetted curriculum is needed to consistently implement ESHE across OUSD secondary schools. A sound process is needed to select a curriculum that is based in evidence and meets local needs.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. Written course of study or curriculum framework that reflects ESHE programs is selected, pilot tested, and modified as appropriate by June 30, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Identify critical local criteria for curriculum selection – e.g., includes Special Education and English Language Learners; meets Next Generation Science Standards; is consistent with district’s health education framework; meets CDC’s <i>Characteristics of an Effective Health Education Curriculum</i> and ASHA’s <i>National Sexuality Education Standard</i> ; complements other programs such as <i>Positive Prevention</i> and <i>Project HOPE</i> ; includes comprehensive sex education components such as gender equity, dating violence and refusal skills.	TSA, Caleb Cheung, Joanna Locke	10/31/13
B. Utilizing DASH and other resources, identify at least five cutting edge curricula that meet district needs.	TSA, HIV Review Panel	11/30/13
C. Convene meeting with Alameda County Public Health Department to integrate and align Project HOPE, Dating Matters and ESHE.	HOT Program Manager, Joanna Locke	11/30/13
D. Identify necessary elements for ESHE curriculum based on backward mapping from OUSD’s A-G Requirements and Graduate Profile.	TSA, Joanna Locke	12/31/13
E. Evaluate identified curricula utilizing local criteria and HECAT tool.	TSA	2/15/14
F. Recommend curriculum that best meets OUSD’s criteria and preferences.	TSA, HIV Review Panel, additional stakeholders – e.g., Regional Executive Officers, parents	3/31/14

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.		
Objective 2.1: By June 30, 2014, identify ESHE curriculum for use in OUSD secondary schools, and modify based on pilot testing and other input.		
Rationale for the objective: An evidence-informed, vetted curriculum is needed to consistently implement ESHE across OUSD secondary schools. A sound process is needed to select a curriculum that is based in evidence and meets local needs.		
G. Pilot test tentative curriculum in at least one middle, high school and alternative school classroom; pilot teachers provide feedback.	TSA, volunteer teachers TBA	5/31/14
H. Make any necessary adaptations for Special Education and/or English Language Learners.	TSA	5/31/14
I. Modify curriculum based on pilot teacher/student feedback.	TSA, Lead Health Teachers	6/30/14

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.		
Objective 2.2: By July 31, 2014, train at least 80 teachers in the ESHE curriculum selected.		
Rationale for the objective: Science teachers will need to be trained to deliver the curriculum effectively.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. At least 80 teachers are trained in ESHE by July 31, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Schedule 2-day summer training.	TSA, Caleb Cheung	5/31/14
B. Notify secondary Science teachers of mandatory training.	TSA	5/31/14
C. ESHE training is conducted.	TSA, Others TBA	7/31/14
D. Teachers in training help to adapt teaching activities to Oakland context.	Teachers, TSA	7/31/14
E. Promising Lead Teachers are identified from priority schools.	TSA	7/31/14

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.		
Objective 2.3: By July 31, 2014, develop a plan for ESHE implementation.		

Rationale for the objective: Given the breadth and diversity of OUSD secondary schools, a solid implementation plan is needed to guide program roll-out.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. A plan for ESHE implementation is developed by July 31, 2014 to include vertical alignment with the elementary school curricula, operational considerations, necessary number of teachers, plan for measuring implementation and impact, and communications.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Vertically align secondary curriculum with elementary school curricula such as puberty education.	TSA, Joanna Locke, Caleb Cheung	5/31/2014
B. Address operational considerations such as schedule, dosage and grade levels, courses.	TSA, Caleb Cheung	7/31/14
C. Identify number of teachers that need to be trained in 2014-15; explore Web-based training opportunities.	TSA	7/31/14
D. Identify how ESHE delivery will be tracked and how student learning will be measured (e.g., pre/post test).	TSA, UCSF	7/31/14
E. Develop communication plan for principals, teachers and parents around roll-out of new curriculum.	TSA	7/31/14

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.	
Objective 2.4: By July 31, 2014, OUSD will establish a process for providing TA and PD to 20 priority schools.	
Rationale for the objective: In order to ensure quality ESHE implementation that can achieve project outcomes, we need to ensure that priority schools receive adequate and effective training, coaching and opportunities for improvement.	
Measures for accomplishing the objective:	Data sources to measure the objective:
A. A process is documented for providing TA and PD to priority schools by July 31, 2014.	A. Quarterly Progress Reports

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.		
Objective 2.4: By July 31, 2014, OUSD will establish a process for providing TA and PD to 20 priority schools.		
Rationale for the objective: In order to ensure quality ESHE implementation that can achieve project outcomes, we need to ensure that priority schools receive adequate and effective training, coaching and opportunities for improvement.		
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Establish a role for Lead Teachers and a process for selection, including application if needed.	TSA, Caleb Cheung	7/31/14
B. Create a plan for monitoring ESHE implementation, including peer review by Lead Teachers.	TSA, Caleb Cheung	7/31/14
C. Create a plan for providing further PD and TA to priority schools, including cost implications. Investigate Web-based training opportunities.	TSA, Caleb Cheung	7/31/14

Goal 3: Improve linkages to high-quality sexual health services for students at 20 priority schools.		
Objective 3.1: By July 31, 2014, a plan and referral process will be established to link students from priority schools to an appropriate health care provider.		
Rationale for the objective: Not all Oakland schools have SBHCs, and not all students use their SBHCs. A clear process is needed that students, school staff and health providers can utilize to link students needing quality care to those services on or off-campus.		
Measures for accomplishing the objective:	Data sources to measure the objective:	
A. Referral protocols and agreements are brokered between at least one adolescent health care provider and priority schools to improve access to high-quality SHS by March 31, 2014.	A. Quarterly Progress Reports	
B. Roles are developed for SHS Referral Coordinators by July 30, 2014.	B. Quarterly Progress Reports	
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Identify at least one adolescent health care provider (e.g., SBHC, teen clinic, community clinic) to partner with each of the 20 priority schools.	HOT Program Manager	11/30/13

Goal 3: Improve linkages to high-quality sexual health services for students at 20 priority schools.		
Objective 3.1: By July 31, 2014, a plan and referral process will be established to link students from priority schools to an appropriate health care provider.		
Rationale for the objective: Not all Oakland schools have SBHCs, and not all students use their SBHCs. A clear process is needed that students, school staff and health providers can utilize to link students needing quality care to those services on or off-campus.		
B. Broker agreements with identified providers.	HOT Program Manager	3/31/14
C. Create referral protocols in conjunction with Coordination of Service Teams (COST).	HOT Program Manager	6/30/14
D. Create a role for SHS Referral Coordinators, including selection process. Consider the kinds of individuals/positions available at each site (e.g., behavioral health providers, school nurses, after school program staff).	HOT Program Manager	7/31/14

Goal 3: Improve linkages to high-quality sexual health services for students at priority schools.		
Objective 3.2: By July 31, 2014, develop a peer-led HIV/STD outreach campaign.		
Rationale for the objective: Students must understand that HIV and STD can be asymptomatic, and the importance of frequent screening for sexually active youth. Outreach campaigns can also promote safer sex and HIV/STD prevention.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. A peer-led outreach campaign is developed by July 31, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Host a focus group of students at one middle and one alternative school.	HOT Program Manager with SBHC Peer Health Educators	3/31/14
B. Design outreach campaign, including timeline, based on <i>Get Yourself Tested!</i> model, SBHC experience and school input/calendars.	HOT Program Manager, Oakland SBHC Committee, Peer Health Educators	7/30/14

Goal 3: Improve linkages to high-quality sexual health services for students at OUSD alternative/continuation and middle schools without SBHCs.		
Objective 3.3: By July 31, 2014, develop a plan for delivering onsite SHS to 8 alternative schools without SBHCs.		
Rationale for the objective: Alternative school students face higher sexual health risks but have less access to care than students attending traditional schools. Onsite SHS would help mitigate some of those risks.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. A plan is developed for implementing onsite SHS by July 31, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Explore options for implementing onsite SHS, utilizing the <i>Community Guide</i> and SBHC experience. Considerations will include impact, cost and financial sustainability (i.e., ability for partners to bill for services delivered). Plan should also complement ESHE delivery.	HOT Program Manager	3/31/14
B. Conduct focus group with students at one alternative school. Test potential ideas with students and incorporate feedback/ideas.	HOT Program Manager	4/30/14
C. Engage school principals to approve/modify tentative plans.	Joanna Locke, HOT Program Manager	5/31/14
D. Finalize plan with SBHC and other SHS partners.	HOT Program Manager	7/31/14

Goal 4: Improve students' perception of safety from bullying at OUSD priority schools.		
Objective 4.1: By June 30, 2014, an anti-bullying program will have been identified for use at 20 priority schools.		
Rationale for the objective: A tested anti-bullying program is needed to complement the district's policy and LGBTQ/Welcoming Schools initiative.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. An anti-bullying program campaign is identified, a curriculum is purchased and needed materials are reproduced for use at 20 priority schools by June 30, 2014.		A. Quarterly Progress Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:

Goal 4: Improve students' perception of safety from bullying at OUSD priority schools.		
Objective 4.1: By June 30, 2014, an anti-bullying program will have been identified for use at 20 priority schools.		
Rationale for the objective: A tested anti-bullying program is needed to complement the district's policy and LGBTQ/Welcoming Schools initiative.		
A. Review anti-bullying curricula and providers aligned with <i>Community Guide</i> , district goals and school site needs.	Barbara McClung (Coordinator of Behavioral Health), HOT Program Manager	11/30/13
B. Recommend a curriculum and provider to complement <i>Welcoming Schools</i> initiative.	Barbara McClung, HOT Program Manager	12/31/13
C. Adopt anti-bullying program with plan for integration with other approaches/strategies and activities.	HOT Program Manager	2/28/14
D. Purchase/acquire curriculum and develop contract for provider training.	HOT Program Manager	4/30/14
E. Reproduce any materials needed for implementation at school sites.	HOT Program Manager	6/30/14

Goal 4: Improve students' perception of safety from bullying at OUSD priority schools.		
Objective 4.2: By July 31, 2014, train small teams at each priority school site so that they can deliver the anti-bullying campaign.		
Rationale for the objective: The campaign will be most effective and sustainable if delivered by permanent staff with an investment in the outcomes. These staff need training.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. At least one team at each priority school site is trained to deliver the anti-bullying campaign by July 31, 2014.		A. Quarterly Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Identify school site teams and establish outcomes for training, as well as expectations for trainees.	Barbara McClung, HOT Program Manager	3/31/14
B. Select training date to maximize site team participation.	HOT Program Manager	5/15/14
C. Schedule and deliver training.	Consultant, HOT Program Manager, Barbara McClung	7/31/14

Goal 4: Improve students' perception of safety from bullying at OUSD priority schools.		
Objective 4.3: By July 31, 2014, a plan will be in place for identifying and training School Climate Liaisons.		
Rationale for the objective: Additional school site champions will be needed to ensure the success of this campaign.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. A plan is developed to identify and train School Climate Liaisons, including a definition of their roles, selection process, and training/PD plan by July 31, 2014.		A. Quarterly Reports
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Define a role for School Climate Liaisons, and brainstorm about potential staff to fulfill the role at each site.	Barbara McClung, HOT Program Manager	7/15/14
B. Create an application and selection process.	HOT Program Manager	7/31/14
C. Create a plan and schedule for delivering training and ongoing PD to School Climate Liaisons starting in fall 2014.	HOT Program Manager	7/31/14

Goal 5: Increase the implementation and enforcement of science-based district- and school-level policies and practices that help reduce HIV and STD in OUSD students.		
Objective 5.1: By February 28, 2014, OUSD will have reviewed existing policies and practices, and identified preliminary opportunities to better prevent HIV/STD among students.		
Rationale for the objective: OUSD needs to acknowledge its progress and understand areas where it can better support student health and achievement through science-based prevention and other supportive policies.		
Measures for accomplishing the objective:		Data sources to measure the objective:
A. A summary of existing policies and practices as well as opportunities to better prevent HIV/STD among students is developed by February 28, 2014.		A. Quarterly Progress Reports; School Health Index

Goal 5: Increase the implementation and enforcement of science-based district- and school-level policies and practices that help reduce HIV and STD in OUSD students.		
Objective 5.1: By February 28, 2014, OUSD will have reviewed existing policies and practices, and identified preliminary opportunities to better prevent HIV/STD among students.		
Rationale for the objective: OUSD needs to acknowledge its progress and understand areas where it can better support student health and achievement through science-based prevention and other supportive policies.		
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Review existing policies related to health education, sexual health services, HIV/STD, bullying and school climate.	HOT Program Manager	11/30/13
B. Complete <i>School Health Index</i> .	HOT Program Manager, Joanna Locke, community partners	12/31/13
C. Interview Oakland SBHC Committee to understand if any policies or practices are impeding student sexual health.	HOT Program Manager	1/31/14
D. Use above feedback to help identify areas to better prevent HIV/STD in students through new policies or changes in practice.	HOT Program Manager	2/28/14

Goal 5: Increase the implementation and enforcement of science-based district- and school-level policies and practices that help reduce HIV and STD in OUSD students.	
Objective 5.2: By July 31, 2014, at least one meeting will be held to engage district leadership regarding the program.	
Rationale for the objective: Support from district leadership can help ensure attention and limited resources are allocated to HIV/STD prevention.	
Measures for accomplishing the objective:	Data sources to measure the objective:
A. At least one meeting is held to engage OUSD leadership regarding the program by July 31, 2014.	A. Quarterly Progress Reports

Goal 5: Increase the implementation and enforcement of science-based district- and school-level policies and practices that help reduce HIV and STD in OUSD students.		
Objective 5.2: By July 31, 2014, at least one meeting will be held to engage district leadership regarding the program.		
Rationale for the objective: Support from district leadership can help ensure attention and limited resources are allocated to HIV/STD prevention.		
Program Activities in support of the objective:	Person/agency responsible for accomplishing the activity:	Activity completion date:
A. Identify the most appropriate and important venues for sharing program information with key district leadership, including priority school principals and school board members.	Joanna Locke	2/28/14
B. Convene meeting with identified leaders, or utilize existing meetings to share insights, updates and data. Emphasize importance of the five linked strategies to reducing adolescent HIV/STD risk. Introduce potential policy solutions to give leaders time to reflect on key concepts.	Joanna Locke	7/31/14

Goal 6: Implement a process and outcome evaluation to measure the program implementation and impacts on OUSD students.	
Objective 6.1: By February 1, 2014, submit Evaluation and Performance Measurement Plan to DASH.	
Rationale for the objective: An evaluation is required to document how well the interventions are being implemented, if they are reaching the target populations and the impact on these populations, as well as to identify and address barriers and create program adaptations as necessary.	
Measures for accomplishing the objective:	Data sources to measure the objective:
A. Three in-person meetings with evaluation and program stakeholders are held by December 31, 2013.	A. Meeting/Activity Logs
B. Evaluation and Performance Measurement Plan is submitted to DASH by February 1, 2014.	B. Evaluation and Performance Measurement Plan
C. Evaluation tools are developed in collaboration with program partners and approved by UCSF's Committee on Human Research (CHR) by March 31, 2014, with final tools to evaluate ESHE curriculum approved by July 31, 2014.	C. CHR Letter of Approval

Goal 6: Implement a process and outcome evaluation to measure the program implementation and impacts on OUSD students.		
Objective 6.1: By February 1, 2014, submit Evaluation and Performance Measurement Plan to DASH.		
Rationale for the objective: An evaluation is required to document how well the interventions are being implemented, if they are reaching the target populations and the impact on these populations, as well as to identify and address barriers and create program adaptations as necessary.		
Program Activities in support of the objective:	<i>Person/agency responsible for accomplishing the activity:</i>	<i>Activity completion date:</i>
A. Develop Quarterly Progress Report template for completion by Program Manager.	UCSF	9/1/13
B. Convene at least three in-person meetings with evaluation and program stakeholders (UCSF, Program Manager, Project Director, Oakland SBHC Committee and HIV Review Panel) to develop evaluation measures, methods, tools and protocols.	UCSF	12/31/13
C. Submit evaluation tools and protocols (Observation Assessments, Meeting/Activity Logs and Service Referral Forms, CDC's <i>School Health Index</i> and <i>School Health Profiles</i> ; ETO Data Collection Forms; CHKS Custom Module) to UCSF Committee on Human Research (CHR).	UCSF	12/31/13
D. UCSF CHR approves preliminary evaluation tools and protocols.	UCSF	2/1/14
E. Submit Evaluation and Performance Measurement Plan to DASH outlining evaluation and performance data collection frequency; how data will be reported; how findings will be used for continuous program and quality improvement; how findings will demonstrate the value of the grant; and dissemination channels and audiences.	UCSF	2/1/14
F. Pilot evaluation tools, make any necessary revisions, and obtain approval of any modified tools from CHR.	UCSF	7/31/14
G. Convene monthly telephone meetings and email monthly progress updates to Program Manager and key program staff.	UCSF	7/31/14

Summary of Years 2-5 Activities

In Years 2 – 5, the HOT program will ramp up to full implementation model, but will consistently maintain systems for reflection, learning and improvement. Project management will be provided by the HOT Program Manager and ESHE TSA, with project leadership from Joanna Locke and Caleb Cheung, and input from the School Wellness Council, HIV Materials Review Panel, Oakland SBHC Committee and other appropriate bodies. The following are activities planned for the remaining years presented by the overarching goals introduced above.

Goal 1: Create and maintain infrastructure to support the delivery of high quality program activities.

Throughout the project, OUSD and its evaluator, UCSF, will assess project capacity, progress toward key milestones, and support for priority schools. They will annually review the MOU with Alameda County HCSA and LOCs with key partners, ensure that roles and responsibilities are clear to all parties, and renegotiate any roles as needed. Finally, Project Director Joanna Locke and the HOT Program Manager will meet with priority school leadership and the Director of Alternative Education, Monica Vaughn, to re-affirm project goals and offer ongoing technical assistance.

OUSD will also provide ongoing supervision and support to its project leads, the HOT Program Manager and TSA. This will be provided primarily by Dr. Locke and Caleb Cheung, Manager of Science.

Goal 2: Implement exemplary sexual health education at all OUSD secondary schools.

In August 2014, Lead ESHE Teachers will be identified at the 20 priority schools. A stipend will be provided to these teachers for their roles in supporting quality ESHE delivery. Lead Teachers will support any additional adaptation of the selected curriculum to local context and conditions within the bounds allowed by program fidelity.

In Year 2, the TSA will work with Caleb Cheung to identify and adopt a set of teacher competencies and skills required to implement ESHE. Over the ensuing years, they will then work to ensure that all ESHE teachers have the requisite competencies and skills to implement the program, providing PD, TA and other support to help achieve this goal. Support will be provided to all schools, but especially to the 20 priority schools, in implementing the selected curriculum.

The TSA will also develop and disseminate guidance to school staff, key decision makers and others in support of ESHE, ensuring that they understand national standards, state HIV education code and district policy as background. S/he will provide TA, PD and other

educational opportunities for district/school administrators, school board members, and community members to improve understanding and support for ESHE.

Finally, OUSD will continue to partner with HCSA, La Clínica de la Raza and other entities to continue leveraging other HIV/STD prevention and comprehensive sex education programming.

Goal 3: Improve linkages to high-quality sexual health services for students at priority schools.

In Year 2, SHS Referral Coordinators will be identified at each priority school site. Referral Coordinators will be stipended starting in Year 2 and will be trained by the Program Manager and others in the Health and Wellness unit in Fall 2014 in their role and any related documentation. By mid-year, the referral system will be implemented so that students can be referred into SHS and other health care services offsite. This process will include written materials developed by the project team/HOT Program Manager about available SHS to be disseminated to adolescents in priority schools. It will also include training for school site staff, delivered by Referral Coordinators at staff meetings, on the new system and how to identify and refer students for services.

The HIV/STD prevention outreach campaign will be implemented at all 20 priority schools in Year 2, with leadership from the SBHC partners and their Peer Health Educators. In fall 2014 the SBHCs will also pilot test the onsite SHS model at one or two of the alternative education sites. By spring 2015 we will implement one or more of these onsite risk reduction interventions at each of the eight alternative schools not served by a SBHC. The model implemented will be designed to maximize reimbursement for clinical health services.

Goal 4: Improve students' perception of safety from bullying at OUSD priority schools.

In fall 2014, the process designed in Year 1 will be followed to select School Climate Liaisons at all 20 priority school sites. By Fall 2014, School Climate Liaisons, supported by the Program Manager and Behavioral Health unit, will work with the identified provider to deliver the anti-bullying/bystander education program at the 20 priority schools. School Climate Liaisons will also be expected to strengthen existing Gay Straight Alliances (GSAs) or work with the LGBTQ Consultant to develop GSAs where none exist. They will receive additional training on Conflict Resolution, Restorative Justice and Social Emotional Learning so that they can underpin the district's efforts to improve school safety through existing OUSD initiatives. School Climate Liaisons will represent their component of the project at staff and PTSA meetings, and other venues as appropriate, to share data regarding students' perception of safety at school, issues particular to sexual minorities, and the prevalence of bullying and cyber-bullying.

By June 30, 2014, at least one peer mentoring program will have been selected for pilot testing. We will explore *Link Crew* and other model programs, including any promoted by the *Community Guide*, with considerations for cost, benefit and feasibility.

Goal 5: Increase the implementation and enforcement of science-based district- and school-level policies and practices that help reduce HIV and STD in OUSD students.

Throughout the project period, we will use the *School Health Index*, *School Health Profiles* data and other methods to critically review policies and practices in each of the three key areas, identifying opportunities to better prevent HIV/STD among students.

To the extent that gaps are identified, the project team will develop communications and trainings to support positive changes: for example, if we learn that a significant number of middle schools are prohibiting students from leaving campus for confidential medical appointments, we may partner with the National Center for Youth Law to develop materials and trainings to support changing priorities. We would try to educate school administrators on the value to student learning of supporting these confidential appointments as a way to meet students' developmental needs, promote positive sexual health, and hopefully prevent pregnancies or STD that could have a far more detrimental effect on the student's academic career.

The Program Manager will also track policy adoption and monitor policy implementation so that we can attempt to understand the correlation between district-level policy, site-level implementation, and student health outcomes.

Throughout the project period, OUSD will work closely with existing collaborators and explore opportunities to collaborate with new partners, including those that serve LGBTQ and sexually exploited youth. With our partners, we will conduct at least three presentations to OUSD senior leadership and other local officials that highlight the problem and potential solutions that go well beyond the district and its schools.