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Introduction Date	4-10-13
Enactment Number	13-0644
Enactment Date	4/10/13 <i>ed</i>



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education

From Tony Smith, Ph.D., Superintendent
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action *M. Santos*
Vernon Hal, Deputy Superintendent, Business & Operations

Board Meeting Date
(To be completed by
Procurement)

4/10/13

Subject

Memorandum of Understanding - Alameda County Health Care Services Agency - 922/Family, School, and Community Partnerships Department

Action Requested

Approval of Memorandum of Understanding between Oakland Unified School District and Alameda County Health Care Services Agency. Services to be primarily provided to the Family, School, and Community Partnerships Department for the period of August 1, 2013 through July 31, 2018.

Background

A one paragraph explanation of why the consultant's services are needed.

OUSD is applying for a 5-year grant from the CDC called *Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance*. As part of the grant application, we are required to submit an MOU with Alameda County Health Care Services Agency that outlines our respective responsibilities for grant implementation.

Discussion

One paragraph summary of the scope of work.

Approval by the Board of Education of a Memorandum of Understanding between the Oakland Unified School District and Alameda County Health Care Services Agency, Oakland, CA, for the latter to provide support for the CDC HIV/AIDS Prevention Grant including grant oversight, technical assistance, data support, referral coordination, and materials review for the period of August 1, 2013 through July 31, 2018, at no cost to the District.

Recommendation

Approval of Memorandum of Understanding between Oakland Unified School District and Alameda County Health Care Services Agency. Services to be primarily provided to the Family, School, and Community Partnerships Department for the period of August 1, 2013 through July 31, 2018.

Fiscal Impact

Funding resource name (please spell out): No fiscal impact

Attachments

- Memorandum of Understanding
- Certificate of Insurance
- Scope of Work
- Statement of qualifications



Memorandum of Understanding

Between

Oakland Unified School District and Alameda County Health Care Services Agency

Oakland Unified School District (OUSD) and Alameda County Health Care Services Agency (ACHCSA) collaborate closely around health & wellness programs, policies and services that impact OUSD students and families. This work is currently guided by a 5-year *Master Agreement between the Oakland Unified School District and the County of Alameda Related to School-Based Support Services*. Our agencies additionally commit to work together to implement the *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance* grant. OUSD and ACHCSA, which includes the Public Health Department (PHD), will achieve this goal by working collaboratively with youth, teachers, nurses, school-based health centers, and community providers to deliver exemplary sexual health education; increase access to sexual health services; increase safe and supportive environments for students and staff; and educate decision makers on policy, and implement, and track policy.

OUSD and ACHCSA commit to the following scope of work:

- 1) Curtiss Sarikey, Associate Superintendent, Family, School & Community Partnerships Department, OUSD and Alex Briscoe, Director, ACHCSA will provide leadership and oversight of the grant.
- 2) OUSD currently has a contract in place with the PHD to support their Teen Pregnancy Prevention (TPP) grant from the Office of Adolescent Health that provides pregnancy prevention education to all 6th grade students. OUSD also works with the PHD to support their CDC Dating Matters (DM) grant in 10 OUSD middle schools. Both agencies are committing to coordinating program activities and leveraging funding between the TPP, DM, and HIV/AIDS prevention grant as well as with other sources of federal funding.
- 3) Dr. Joanna Locke, Director, Health & Wellness, OUSD and Tracey Schear, School Health Services Director, HCSA will serve as the technical experts and coordinators for the management and coordination of the following cross-agency activities:
 - a. Improve communication and coordination between federal, state and local programs, including aligning and leveraging funding.
 - b. Collaboration between OUSD's Research, Assessment and Data Department and HCSA's Community Assessment Planning & Evaluation (CAPE) Unit around analyzing, using and reporting data from the YRBS and School Health Profiles.

- c. Identify additional opportunities to establish strategic partnerships and collaborations in addition to the TPP and DM grants, 15 School-Based Health Centers, Behavioral Health Services, Insurance Enrollment Initiative, coordination of the Full-Service Community Schools roll-out and other existing joint programs and services that support OUSD students and families.
- d. In addition to the classroom-based health education programs listed above, OUSD, HCSA and 4 Federally-Qualified Health Centers collaborate to oversee and staff 15 School-Based Health Centers (SBHCs) that serve students in 20 OUSD middle and high schools. Among other services, students can receive education about condoms and other contraception methods, HIV/STD and pregnancy testing, treatment for STDs, and mental health services. OUSD and HCSA are further committed to ensuring that secondary schools without SBHCs have robust outreach and referral mechanisms in place, so that students are able to access physical and mental health services in the community.
- e. OUSD staff will continue to participate in the following HCSA committees: Youth Health Collaborative, Comprehensive Sexuality Education Network, Place Matters Education Policy Workgroup and School-Based Health Centers Directors Meeting. OUSD will join the HIV/AIDS Collaborative Community Planning Council. HCSA staff will continue to be represented on OUSD's School Wellness Council. In addition, staff from both agencies will continue to lead and participate in monthly HCSA-OUSD Coordination & Integration Meetings to support the development of Full-Service Community Schools, monthly Behavioral Health Coordination Meetings, bimonthly Health & Wellness Coordination Meetings, and quarterly Health Insurance Enrollment Initiative meetings.
- f. Communicate with HCSA regarding Standards to Facilitate Data Sharing and Use of Surveillance Data for Public Health Action to ensure data security and confidentiality policies and procedures for testing, reporting, and partner notification.
- g. OUSD and HCSA staff will define the roles and responsibilities for staff participating in the HIV Materials Review Panel. The Panel will include: representatives from OUSD's Health & Wellness Unit, Science Department, and Programs for Exceptional Children; teachers; principals; parents; students; community partners such as Federally-Qualified Health Center staff; and representatives from HCSA's Office of AIDS and Center for Healthy Schools and Communities.

On behalf of our respective institutions or organizations, we hereby execute this Memorandum of Understanding.

MOU between Oakland Unified School District and Alameda County Health Care Services Agency, Public Health Department for the period of August 1, 2013 through July 31, 2018.

Oakland Unified School District

County of Alameda

Approved as to Form:

J.P. Minor Date: 3/22/13

Jacqueline P. Minor, Esq.

General Counsel

[Signature] Date: 3/22/13

Anthony Smith, Ph.D., Superintendent

Oakland Unified School District

[Signature] Date: 4/11/13

David Kakashiba, President

Board of Education

[Signature] Date: 4/11/13

Edgar Rakestraw, Jr., Secretary

Board of Education

[Signature] Date: 3/22/13

Print Name: Alex Briscoe

Title: Director, Health Care Services Agency

Approved as to Form:

_____ Date: _____

Print Name: _____

Title: Alameda County Counsel

LEGISLATIVE FILE

File ID Number 13-0623

Introduction Date 4/10/13

Enactment Number 13-0644

Enactment Date 4/10/13 01

CERTIFICATE OF COVERAGE

Issue Date
2/15/2013

ADMINISTRATOR:
Keenan & Associates
1111 Broadway, Suite 2000
Oakland, CA 94607

510-986-6750
www.keenan.com

LICENSE # 0451271

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

ENTITIES AFFORDING COVERAGE:

- ENTITY A. Northern California ReLIEF
- ENTITY B.
- ENTITY C. Star Insurance Company
- ENTITY D.
- ENTITY E.

COVERED PARTY:
Oakland Unified School District
1025 Second Street
Oakland CA 94606

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS	NCR 01711-04	7/1/2012 7/1/2013	\$ 250,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	NCR 0171-104	7/1/2012 7/1/2013	\$ 250,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	NCR 01711-04	7/1/2012 7/1/2013	\$ 250,000	\$ 250,000,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR 01711-04	7/1/2012 7/1/2013	\$ 250,000	\$ Included EACH OCCURRENCE
	WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT
C	EXCESS WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	WCE 0391883-12	7/1/2012 7/1/2013	\$ 350,000	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	OTHER			\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:

As respect to the agreement between Alameda County Health Care Services Agency and Oakland Unified School District for the US Department of Health/Human Services, Office of Adolescent Health, Teen Pregnancy Prevention Program through the coverage expiration date. This replaces the certificate issued on 6/29/2012.

Annual Aggregate of \$24,000,000 applies in total for all members in the layer \$4,000,000 occurrence excess of \$1,000,000

CERTIFICATE HOLDER:

Alameda County Health Care Services Agency
Public Health Department
Family Health Services
1000 San Leandro Blvd.
San Leandro CA 94577

CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA ITS AGENTS OR REPRESENTATIVES.



Graham Grice

AUTHORIZED REPRESENTATIVE

DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

ENDORSEMENT

ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Oakland Unified School District	NCR 01711-04	Keenan & Associates

Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

Alameda County Health Care Services Agency
Public Health Department
Family Health Services
1000 San Leandro Blvd.
San Leandro CA 94577

As Respects:

As respect to the agreement between Alameda County Health Care Services Agency and Oakland Unified School District for the US Department of Health/Human Services, Office of Adolescent Health, Teen Pregnancy Prevention Program through the coverage expiration date. This replaces the certificate issued on 6/29/2012. Annual Aggregate of \$24,000,000 applies in total for all members in the layer \$4,000,000 occurrence excess of \$1,000,000

The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, and representatives are included as an Additional Covered Party but onl as respects to the sole negligence of Oakland Unified School District.



Authorized Representative

Issue Date: 2/15/2013

**Funding Opportunity Announcement
(FOA) PS-13-1308**

***Promoting Adolescent Health Through
School-Based HIV/STD Prevention and
School-Based Surveillance
CDC-RFA-PS13-1308***



**U.S. Department of Health and Human Services
Centers for Disease Control and Prevention**

Part I. Overview Information

To receive notifications of any changes to CDC-RFA-PS13-1308, return to synopsis page of this announcement at: www.grants.gov and check on the "Send Me Changes Notification Emails" link. Applications must provide an email address to www.grants.gov to receive notifications.

- A. Federal Agency Name:** Centers for Disease Control and Prevention (CDC)
- B. Funding Opportunity Title:** *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*
- C. Announcement Type:** New—Type 1
- D. Agency Funding Opportunity Number:** *CDC-RFA-PS13-1308*
- E. Catalog of Federal Domestic Assistance Number:** 93.079, Cooperative Agreements (CA) to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance.

F. Dates:

Potential Applicant Conference Calls: CDC/DASH will conduct conference calls for all interested applicants to provide technical assistance (TA) and respond to any questions regarding the funding opportunity announcement (FOA) process. Interested applicants will need a telephone to join a conference call. The conference line can hold up to 90 callers: 1-866-764-9780; passcode: 362801. All calls will be recorded and instructions for accessing calls will be available at:

www.cdc.gov/healthyyouth/foa/1308foa. Calls will take place for applicants on the following dates:

- National Non-Governmental Organizations on Thursday, February 14, 2013, at 11:00 a.m. U.S. EST
- Local Education/Health Agencies, Thursday, February 14, 2013, at 1:00 p.m. U.S. EST
- State Education/Health Agencies on Thursday, February 14, 2013, at 3:00 p.m. U.S. Eastern Standard Time (EST)
- Territorial Education/Health Agencies on Thursday, February 14, 2013, at 6:00 p.m. U.S. EST

Letter of Intent (LOI) Deadline Date: **March 15, 2013, 11:59 p.m. U.S. EST**, dashfoa@cdc.gov. The LOI is intended to provide CDC with an estimated number of applicants to anticipate for the competitive process. This LOI is strongly recommended; however, it is not required.

Application Deadline Date: **April 26, 2013, 11:59 p.m. U.S. EST**, www.grants.gov

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, visit: www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Executive Summary:

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2013 funds to implement FOA PS13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The project period is 5 years, with a 12-month budget period and an anticipated award date of August 1, 2013.

In 2010, young people aged 13-24 accounted for 21% of all new HIV infections in the United States¹. Nearly half of the 19 million new sexually transmitted diseases (STD) reported each year are among young people aged 15-24². The Nation's schools can play a critical role in addressing these epidemics. After the family, schools are one of the primary entities responsible for the development of young people.

Since 1987, CDC's Division of Adolescent and School Health (DASH) has been a unique source of support for HIV prevention efforts in the Nation's schools. After being a part of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) for more than two decades, DASH joined the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) in 2012.

This FOA will build the capacity of state, territorial, and local (STL) agencies and support the efforts of national, non-governmental organizations (NGO) to help school districts (districts) and schools develop and implement sustainable program activities to:

- 1) Reduce HIV infection and other STD among adolescents; and
- 2) Reduce disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

It is also expected that applicants' activities will reinforce efforts to reduce teen pregnancy rates.

Throughout the 5-year CA, awardees will conduct the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (Profiles) and will aim to improve the sexual health of middle school (MS) and high school (HS) students within their jurisdiction by delaying the onset of sexual activity; reducing the number of sexual partners; promoting the dual use of condoms and a highly effective contraceptive method among adolescents who are sexually active; increasing STD and HIV testing, counseling, and treatment; and addressing key social determinants of health to ensure we are reaching youth at most disproportionate risk for HIV infection and other STD.

Separate funding pools are available for State and Territorial Education Agencies (SEA/TEA); Local Education Agencies (LEA); and National Non-Governmental Organizations (NGO). In addition, STL health agencies may be eligible for School-Based Surveillance funding if the education agency in their jurisdiction does not apply for it as described in the eligibility section of this FOA.

It is anticipated that approximately \$13,000,000 will be available in year 1 and approximately \$17,000,000 for years 2-5. This funding will support approximately 75 agencies for Strategy 1: School-Base Surveillance; 14 SEA/TEA and 15 LEA agencies for Strategy 2: School-Based HIV/STD Prevention (SBHSP); 6 NGO for Strategy 3: Capacity Building Assistance for SBHSP; and 3 LEA and 1 NGO for Strategy 4: School-Centered HIV/STD Prevention for YMSM.

This FOA will fund agencies and organizations to implement four key strategies:

Strategy 1: School-Based Surveillance (SURV)

This strategy will establish and strengthen systematic procedures to collect and report YRBS and Profiles data for policy and program improvements. STL are the primary applicants for this funding. If an education agency declines to apply for funding, the health agency in its jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. The education or health agency in a given jurisdiction must be awarded under this strategy in order for the education agency in that jurisdiction to be eligible for funding for Strategies 2 and 4. This funding is intended only for the administration, analysis, and dissemination of YRBS and Profiles. Awardees are not to use this funding to support other school-based surveillance activities.

Strategy 2: School-Based HIV/STD Prevention (SB)

This strategy will enable STL to help districts and schools deliver exemplary sexual health education emphasizing HIV and other STD prevention (ESHE); increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments for students and staff (SSE). In addition, STL will track policies, educate key decision makers on policy issues, and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention (POLICY). Funded agencies will be required to implement program activities related to ESHE and POLICY that will influence school policies and practices for *all* secondary school students within their jurisdictions. In addition, technical assistance (TA) activities related to ESHE, SHS, SSE and POLICY will be implemented in *priority* districts and schools. Lastly, applicants will be required to implement intensive activities related to one approach (ESHE, SHS, or SSE) to help school districts and schools meet the HIV/STD prevention needs of a selected group of youth at disproportionate risk (YDR).

For the purpose of this FOA, YDR includes lesbian, gay, bisexual, and transgender (LGBT) youth, with an emphasis on young men who have sex with men (YMSM); homeless youth; and youth enrolled in alternative schools.

Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

This strategy will enable NGO to build the capacity of STL awardees to implement one or more approaches within Strategy 2 and to deliver sustainable initiatives in districts and schools that contribute to reductions in HIV infection and other STD among adolescents, and reductions in disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

This strategy will enable LEA and NGO, in conjunction with community-based organizations (CBO), to help schools deliver evidence-based interventions (EBI); increase access to SHS; and establish SSE for students and staff to reduce disparities in HIV infection and other STD experienced by teenage (aged 13-19 years) black and Latino YMSM. In addition, awarded LEA and NGO will track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM. Agencies awarded for this strategy will help schools meet the HIV/STD prevention needs of not only teenage males who have engaged in sexual activity with partners of the same sex, but also of males of that age group who have not engaged in sexual activity with partners of the same sex but who are attracted to others of the same sex; or identify as gay or bisexual, or have another non-heterosexual identity.

Part II. Full Text

A. Funding Opportunity Description

1. Background:

a. Statutory Authorities:

Public Health Service Act, Title III, Part B, Sec 317(b)(k)(2) (42 U.S.C. Section 247(b)(k)(2)), as amended, Project Grants for Preventive Health Services.

b. Problem Statement:

Many young people engage in sexual behaviors that place them at risk for HIV infection, other STD, and pregnancy. According to the 2011 National YRBS results, 47% of U.S. high school students ever had sexual intercourse; 34% had sexual intercourse with at least one person during the 3 months before the survey; and 15% had had sexual intercourse with four or more persons during their lifetime. Of those sexually active high school students, 40% reported that either they or their partner had not used a condom during last sexual intercourse, and 77% reported that either they or their partner had not used birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any intrauterine device (IUD) before last sexual intercourse.³

In 2010, an estimated 9,800 persons aged 13-24 years were diagnosed with HIV infection, representing 21% of diagnoses that year.¹ From 2007 to 2010, HIV infection diagnoses increased 10% among persons aged 15-19 years and 33% among those aged 20-24 years.¹

Although young people aged 15-24 years comprise 25% of the sexually active U.S. population, they account for 50% of all new STD infections.² Teen pregnancy, although declining, remains higher in the United States than in nearly all other industrialized nations. Approximately 368,000 U.S. teens gave birth in 2010.⁴

Young people who share certain demographic characteristics are disproportionately affected by HIV infection and other STD. Black and Latino YMSM, homeless youth, and youth enrolled in alternative schools are particularly vulnerable.

- Among adolescent males aged 13-19 years, approximately 91% of diagnosed HIV infections in 2010 were among YMSM; these diagnoses appear to be increasing in recent years.⁵
- In 2010, blacks comprised 15% of all adolescents aged 13-19 years in the United States, but accounted for 69% of all diagnoses of HIV infection among adolescents. More Hispanic/Latino adolescents were diagnosed with HIV infection than white adolescents, even though there are nearly three times as many white adolescents as Hispanic/Latino adolescents in the United States.⁵
- Although it is difficult to obtain national rates of specific disease incidence in such specialized populations, smaller studies have shown higher rates of HIV and Hepatitis B and C infections among homeless youth⁶; and higher rates of STD and pregnancy among alternative school students.⁷

The role of schools in HIV/STD prevention and school-based surveillance.

Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools are a critical setting for HIV/STD prevention and a cost-effective location for conducting the YRBS because the vast majority of youth attend school. In the United States, schools have direct contact with more than 50 million students for at least 6 hours a day during 13 key years of their social, physical, and intellectual development.⁸ After the family, schools are of one of the primary entities responsible for the development of young people.

Schools can influence students' risk for HIV infection and other STD through a variety of ways, including sexual health education, provision of or referral to physical and mental health services, and establishment of a safe and supportive environment that provides social and

emotional support to young people, particularly those at high risk for HIV- and STD-related behaviors. These policies and practices can be measured through Profiles.

The role of education and health agencies and national, NGO.

State and local public health agencies lead most HIV prevention efforts in their jurisdictions. They are able to expand their prevention efforts to youth through the school setting when they have a strong partnership with education agencies. However, health agencies do not determine school curricula, policies, and services; that is the role of state education agencies and local school districts. Education agencies are government agencies responsible for providing policy guidance, curricula, information, resources, and TA on educational matters to schools.

Health agencies often have unique skills and abilities to conduct school-based surveillance of both health risk behaviors and school health policies and practices. The information collected through the YRBS and Profiles can be used to support HIV prevention and other adolescent health initiatives implemented by education and health agencies and national NGO.

NGO provide valuable support for HIV prevention efforts conducted by education agencies and other agencies that serve youth at risk for HIV infection and other STD. NGO have access to a wide range of highly trained experts who know how to appropriately tailor and disseminate HIV and STD prevention guidance and tools for school board members, administrators, teachers, and parents. NGO also have the capacity to use a wide range of media to transmit critical information and skills across the Nation. In addition, NGO help education agencies develop strategic partnerships and collaborations, including coalitions, to advance HIV/STD prevention work.

c. Healthy People 2020:

*Healthy People 2020*⁹ national health objectives outline a comprehensive plan for health promotion and disease prevention in the United States. Of the Healthy People 2020 objectives, 31 objectives align specifically with this FOA related to reducing HIV infection, other STD, and pregnancy among adolescents. YRBS and Profiles provide data to monitor progress toward achieving 21 objectives.

d. Other National Public Health Priorities and Strategies:

The *National HIV and AIDS Strategy* (NHAS) calls for the education of “all Americans about the threat of HIV and how to prevent it.” It also calls for the expansion “of targeted efforts to prevent HIV infection using a combination of effective, evidence-based (EB) approaches” and to “intensify HIV prevention efforts in the communities where HIV is most heavily concentrated”¹⁰. The *National Prevention Strategy* (NPS)¹¹ calls for “medically accurate, developmentally appropriate, and EB sexual health education.” The NPS encourages the involvement of parents in educating their children about sexual health, the provision of sexual and reproductive health services, and the reduction of intimate partner violence.

The U.S. Department of Health and Human Services’ (DHHS) *Teen Pregnancy Prevention Initiative*¹² supports the replication of teen pregnancy prevention (TPP) programs that have been shown to be effective through rigorous research as well as the testing of new, innovative program activities to combat teen pregnancy. TPP grants are awarded to states, non-profit organizations, districts, universities, and others from the DHHS Office of Adolescent Health

(OAH), the Administration for Children and Families (ACF), and the CDC's Division of Reproductive Health (DRH).

*Health disparities*¹³ are inextricably linked to a complex blend of social determinants that affect young people in the United States. Adolescents are impacted by environmental factors that ultimately influence the decisions they make. These factors include family, peer group, school, neighborhood, policies, and societal cues. This FOA places special emphasis on adolescents who are disproportionately affected by HIV infection, other STD, and/or pregnancy, such as racial/ethnic minority youth, youth in households of low socioeconomic status, and LGBT youth. Gay, bisexual, and other YMSM, especially black and Latino YMSM, are at highest risk for adverse sexual health outcomes

This FOA supports the NCHHSTP program imperative calling for *Program Collaboration and Service Integration (PCSI)*¹⁴ to provide improved integration of HIV, viral hepatitis, STD, and TB prevention and treatment services at the user level.

e. Relevant Work:

*CDC Winnable Battles*¹⁵, including prevention of HIV infection and TPP, have been chosen by CDC based on the magnitude of the health problems and the ability to make significant progress in improving outcomes. These are public health priorities with large-scale impact on health with known, effective strategies to address them.

2. CDC Project Description

a. Approach:

Promoting Adolescent Health through School Based HIV/STD Prevention and School-Based Surveillance FOA PS13-1308 Logic Model outlines a plan for health promotion and disease prevention through the implementation of Strategies 1-3. The Logic Model for Strategy 4: *School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) - PS13-1308*.

Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance: FOA PS13-1308 Logic Model

Program Goals: Reduce HIV and other STD infections among adolescents; and
Reduce disparities in HIV infections and other STD experienced by specific adolescent sub-populations.

Inputs	Strategies & Work Plan Requirements	Short-Term Outcomes	Intermediate Outcomes	5-Year Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • CDC/DASH • Leveraged funds and resources <p>Administrative</p> <ul style="list-style-type: none"> • 100% qualified FTE to manage program • HIV Review Panel • Program monitoring • 5-year strategic plan and annual plans <p>CDC Resources</p> <ul style="list-style-type: none"> • Data on health risk behaviors and school policies and practices • Guidelines, Health Education Curriculum Assessment Tool, School Health Index, and other tools <p>Partnerships</p> <ul style="list-style-type: none"> • CDC/DASH • MOU/MOA with health agencies and health care providers • Federal agencies (e.g., OAH, ACF) 	<p>Strategy 1: School-Based Surveillance (SURV)</p> <ul style="list-style-type: none"> • Collect, analyze, and disseminate scientifically valid data on adolescent health risk behaviors, including sexual risk behaviors, using the Youth Risk Behavior Survey (YRBS); and on school health policies and practices, including sexual health policies and practices, using the School Health Profiles (Profiles) <p>Strategy 2: School-Based HIV/STD Prevention (SB)</p> <p>APPROACH A: EXEMPLARY SEXUAL HEALTH EDUCATION (ESHE)*</p> <ul style="list-style-type: none"> • Establish a written MS/HS standard course of study or curriculum framework that reflects ESHE • Develop and foster the use of a systematic process for identifying, selecting or adapting, and implementing ESHE curricula • Establish and maintain a technical assistance and professional development system to assist districts and schools in implementing ESHE <p>APPROACH B: KEY SEXUAL HEALTH SERVICES (SHS)†</p> <ul style="list-style-type: none"> • Educate school staff and decision makers about the importance of key sexual health services for adolescents • Build the capacity of school staff to deliver or help students access key SHS • Facilitate the provision of SHS through school health services/nursing staff, school-based health centers (SBHC), or visiting staff from public health agencies or health care centers • Establish a referral system with partner organizations that have an expertise in adolescent SHS • Provide guidance to districts and schools on how to increase reimbursement for eligible services <p>APPROACH C: SAFE AND SUPPORTIVE ENVIRONMENTS FOR STUDENTS AND STAFF (SSE)</p> <ul style="list-style-type: none"> • Implement policies and procedures to prevent bullying and sexual harassment on school property and off-campus at school-sponsored events • Implement policies and practices to prevent electronic aggression (e.g., cyber-bullying and sexting) • Implement and enforce policies and procedures that increase school connectedness and parent engagement • Establish student-led clubs and program activities that promote a positive school environment • Create opportunities for students to participate in mentoring and service learning 	<p>SURV</p> <p>All funded sites have weighted YRBS data and weighted Profiles data</p> <p>Approach A: ESHE</p> <ul style="list-style-type: none"> • Increased number of schools that implement ESHE • Increased number of students in grades 7-12 who receive education to prevent HIV and other STD <p>Approach B: SHS</p> <p>Increased number of schools that:</p> <ul style="list-style-type: none"> • Establish linkages with organizations that have an expertise in adolescent SHS • Establish a system to refer students to youth-friendly providers for key SHS • Provide on-site key SHS • Receive reimbursement for eligible services provided on-site <p>Approach C: SSE</p> <p>Increased number of</p>	<p>Increased student knowledge and skills to prevent HIV/STD and pregnancy</p> <p>Improved student attitudes and norms in support of HIV/STD and pregnancy prevention</p> <p>Improved student access to youth-friendly key SHS delivered</p> <p>Improved students safety at school</p> <p>Improved students connectedness to school and supportive adults</p> <p>Improved student:</p> <ul style="list-style-type: none"> • Attendance at school 	<p>Decreased % of adolescents who:</p> <ul style="list-style-type: none"> • Have ever had sexual intercourse • Are currently sexually active • Have had sexual intercourse with four or more persons in their lifetime <p>Increased % of sexually active adolescents who:</p> <ul style="list-style-type: none"> • Use condoms • Use both condoms and hormonal contraception methods • Have been tested for HIV and received treatments after testing positive • Have been tested for STD and

<ul style="list-style-type: none"> • CDC-funded programs (e.g., DHAP, DSTDP, DVH, NCIRD, DRH) • DASH-funded SEA, TEA, LEA, and NGO • NGO/CBO • SBHC or SLHC • School nurses • Hospitals/health care providers • Sexual health and teen pregnancy prevention coalitions • Consultants 	<p>programs with teachers and other adults</p> <p>APPROACH D: EDUCATE DECISION MAKERS ON POLICY; IMPLEMENT AND TRACK POLICY (POLICY)[‡]</p> <ul style="list-style-type: none"> • Assess and identify gaps in, and track implementation of, current state and local policies related to school-based HIV/STD prevention • Educate decision makers and stakeholders on potential policy solutions to address school health issues related to HIV/STD prevention • Provide technical assistance on implementing current school health policies related to HIV/STD prevention • Establish and maintain state and district-level School Health Advisory Councils (SHAC) • Promote the use of the School Health Index <p><u>Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)</u></p> <ul style="list-style-type: none"> • Modify, as needed, existing tools, resources, and materials and train SEA/TEA/LEA staff to implement them • Provide capacity building assistance to SEA/TEA/LEA staff necessary to implement their required FOA strategies • Develop strategic partnerships and collaborations between SEA/TEA/LEA and members/chapters/affiliates/other organizations to support implementation 	<p>schools that:</p> <ul style="list-style-type: none"> • Prohibit bullying and sexual harassment • Improve parent engagement • Promote school connectedness <p><u>Approach D: POLICY</u></p> <ul style="list-style-type: none"> • Increased number of states and districts that track policy implementation and educate decision makers on policy solutions • Increased number of schools using the School Health Index 	<ul style="list-style-type: none"> • Academic achievement 	<p>received treatment after testing positive</p> <ul style="list-style-type: none"> • Have been tested for pregnancy <p>Increased % of adolescents who are fully immunized for HPV</p>
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* Exemplary Sexual Health Education (ESHE): A systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions (EBI), but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education. For more information: www.cdc.gov/healthyouth/sher/characteristics/index.htm and www.cdc.gov/healthyouth/hecat/pdf/HECAT_Module_SH.pdf.

† Key Sexual Health Services (SHS) include, for the purpose of this FOA, anticipatory guidance for prevention including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.

‡ Policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, that can impact the delivery of exemplary sexual health education, referral to key sexual health services, and establishment of safe and supportive school environments for students and staff.

i. Purpose:

The primary purpose of this funding is to build the capacity of districts and schools to effectively contribute to the reduction of HIV infection and other STD among adolescents; the reduction of disparities in HIV infection and other STD experienced by specific adolescent sub-populations; and the conducting of school-based surveillance through YRBS and Profiles implementation. Program activities are expected to reinforce efforts to reduce teen pregnancy rates, due to the shared risk factors for, and intervention activities to address, HIV infection, other STD, and teen pregnancy.

ii. Outcomes:

By the end of the project period, July 31, 2018, awardees will demonstrate the following 5-year project period outcomes:

Outcome 1: Decrease sexual risk behaviors among adolescents

Outcome 2: Increase use of condoms and highly effective contraception methods among sexually active adolescents

Outcome 3: Increase adolescents' access to key sexual health services

Outcome 4: Obtain weighted YRBS and Profiles data.

iii. Program Strategy:

Awarded SEA/TEA will help *districts* and awarded LEA will help *schools* implement ESHE, increase adolescents' access to key SHS, and establish SSE for students and staff. They will also track, and educate stakeholders on, policies related to HIV/STD prevention. STL program activities may include assessing, implementing, and enforcing policies and monitoring curricula use, as well as providing guidance, training, and TA on adopted policies and curricula. STL awardees will conduct the YRBS and Profiles and disseminate survey results.

The required strategies have been designed to be implemented at each of three levels by SEA, TEA, and LEA. The levels are consistent with NHAS recommendations:

- ❶ **(All) Inclusive** - Implement program activities related to ESHE and POLICY that will influence school policies and practices within districts and schools that reach *all* secondary school students within the awarded jurisdiction.
- ❷ **Priority** - Implement TA activities related to ESHE, SHS, SSE, and POLICY in districts and schools to reach students in *selected* high-risk secondary schools within the awarded jurisdiction.
- ❸ **Intensive** - Implement one approach (ESHE, SHS, or SSE) intensively with one YDR group in *selected* high-risk secondary schools within the awarded jurisdiction.

The following requirements should be reflected in the work plan section of the application:

Years 1-5 Requirements for ALL APPLICANTS

- 1) Within the first 2 months of funding, assess internal capacity of the organization to determine agency readiness and capacity to implement the required strategies.
- 2) Within the first 2 months of funding, assess staff capacity and develop a staffing plan identifying administrative roles and functions to ensure implementation of the award.
- 3) By February 1, 2014, revise the Year 1 work plan.

Years 1-5 Requirements Specific to Strategies 2, 3, and 4

- 1) Participate fully in professional development (PD) requirements including the FOA Orientation in Atlanta, GA, on September 17-20, 2013.
- 2) Establish protocols, processes, or systems for managing meetings or plans for facilitating meetings.

- 3) By February 1, 2014, develop an Evaluation and Performance Measurement Plan.
- 4) Actively participate in at least five DASH-sponsored or approved PD events (e.g., onsite, webinars, DASH approved conferences) annually.
- 5) Educate stakeholders and decision makers about the importance of each of the required strategies and, within Strategy 2, each of the required approaches.
- 6) Establish and implement a process for providing TA and PD to priority districts/schools.
- 7) Establish an HIV Materials Review Panel and submit a completed CDC Form 0.1113 with application.
- 8) Develop partnerships with health agencies and other organizations to maximize program impact, minimize duplication of efforts, and leverage resources and funding. Likely partners will include CDC- and HHS-awarded agencies, NGO, CBO, and youth-serving organizations.

This FOA is designed around four strategies. The work implemented within these strategies should be sustainable beyond the project period in the targeted jurisdictions. The four strategies are described below:

Strategy 1: School-Based Surveillance (SURV)

STL agencies awarded under this strategy will collect and systematically use data to guide program planning and improvement. Over the project period, STL education and health agencies will collect, analyze, and disseminate data on adolescent health risk behaviors, including sexual risk behaviors, using the YRBS, and on school health policies and practices, including sexual health policies and practices, using Profiles. Sites that add at least one of the questions measuring sexual minority status (from the YRBS optional question list in the *Handbook for Conducting Youth Risk Behavior Surveys*) on their YRBS questionnaire will be eligible to receive an additional \$5,000 per year. The YRBS should be administered in odd-numbered years and Profiles administered in even-numbered years. In order to maintain program funding in a given jurisdiction for Strategies 2 and 4 beyond 2015, STL agencies funded for Strategy 1 in that jurisdiction are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire. These data are critical for program monitoring and evaluation activities.

YRBS Years 1-5 Required Activities

- 1) Develop the YRBS questionnaire, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*.
- 2) Produce an up-to-date sampling frame and develop sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Include specifications for developing sub-state estimates of LEA and schools as appropriate.
- 3) Conduct the YRBS (in odd-numbered calendar years) among a scientifically selected sample of at least all public school students in grades 9-12 in their jurisdiction according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.
- 4) Submit all completed questionnaires or answer sheets and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.
- 5) Disseminate YRBS results through fact sheets, reports, Web sites, and other products that describe priority health risk behaviors, help target interventions, establish funding priorities, and support development of state and local policies and practices that will reduce priority health risk behaviors among youth.
- 6) Collaborate with other CDC-awarded national, state, and local YRBS administrations conducted among schools in their jurisdiction.

Profiles Years 1-5 Required Activities

- 1) Use the Profiles questionnaires for principals and lead health education teachers provided in the *Handbook for Developing School Health Profiles*.
- 2) Produce an up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the *Handbook for Developing School Health Profiles*. Include specifications for developing sub-state estimates of targeted LEA and targeted schools.
- 3) Conduct Profiles (in even-numbered calendar years) among a scientifically selected sample of secondary public schools representative of all public middle schools and high schools in their jurisdiction according to survey administration procedures outlined in the *Handbook for Developing School Health Profiles*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.
- 4) Submit all completed questionnaires or data and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.
- 5) Disseminate Profiles results through fact sheets, reports, Web sites, and other products that describe school health policies and practices, help target interventions, establish funding priorities, and support development of school health policies and practices that will help reduce priority health risk behaviors among youth.

Strategy 2: School-Based HIV/STD Prevention (SB)

Education agencies awarded under this strategy will implement the following planning activities, as well as the activities outlined under each required approach (ESHE, SHS, SSE, and POLICY). All awardees will implement specific activities related to ESHE and POLICY to help all districts/schools in their jurisdiction to improve HIV/STD prevention policies and practices for all secondary school students. In addition, SEA/TEA will implement targeted TA activities in **priority**, high-risk districts within the awarded jurisdictions during the duration of the FOA, and LEA will do the same in priority schools. STL will also implement TA activities to help the priority districts/schools to intensively address specific HIV/STD prevention needs of one group of youth at disproportionate risk (YDR).

Planning, Year 1 Required Activities

- 1) SEA/TEA will use epidemiologic and social determinants data within their jurisdiction to select a minimum of 15 priority districts in which youth are at high risk for HIV infection and other STD; these districts will be the primary focus of SEA/TEA TA efforts during the duration of the FOA. States or territories that do not have 15 districts should propose a number of districts to work with based on their specific school governance structure. In addition, SEA/TEA will use the same types of data to select one YDR group (i.e., LGBT youth, especially YMSM; homeless youth; youth enrolled in alternative schools) who will be the focus of additional, intensive HIV/STD prevention efforts within those priority districts. They will also identify one of the following approaches that will be the focus of their intensive efforts with the selected YDR: ESHE, SHS, or SSE.
- 2) LEA will use epidemiologic and social determinants data within their jurisdiction to select a minimum of 20 priority schools in which youth are at high risk for HIV infection and other STD; these schools will be the primary focus of LEA TA efforts during the duration of the FOA. LEA that do not have 20 middle schools and high schools should propose a number of schools to work with based on their specific school governance structure. In addition, LEA will use the same types of data to select one YDR group that will be the focus of additional, intensive HIV/STD prevention efforts within those priority districts. They will also identify one of the following approaches that will be the focus of their intensive efforts with the selected YDR: ESHE, SHS, or SSE.

- 3) Determine the readiness and capacity of *selected* districts/schools to implement ESHE, SHS, SSE, and POLICY activities.
- 4) Establish and maintain a state- or district-level school health advisory council (SHAC) to support the implementation of program strategies. Develop a process to engage the SHAC in planning program activities throughout the program period.

Approach A: Exemplary Sexual Health Education (ESHE)

Education agencies will help districts/schools to implement Exemplary Sexual Health Education (ESHE). ESHE is a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions (EBI), but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education.

More information can be found in CDC's Characteristics of an Effective Health Education Curriculum and Health Education Curriculum Analysis Tool (see glossary for web links).

Approach A, Year 1 Required Activities

- 1) Establish or select a written middle school and high school standard course of study or framework that reflects ESHE.
- 2) Establish a systematic process that districts can use for reviewing and selecting ESHE curriculum (and/or EBI where and when appropriate).
- 3) Assist priority districts in selecting, and schools in delivering, curricula consistent with the state or district standard course of study or curricula framework.
- 4) [If applicable] Assist priority districts and schools in selecting and delivering an ESHE curriculum targeted to the selected YDR group.

Approach B: Key Sexual Health Services (SHS)

Education agencies will help districts and schools increase access for adolescents, either on site in schools or through referrals to youth-friendly, community-based health care providers, to access key SHS for anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment; the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and treatment; pregnancy testing; and HPV vaccinations.

Approach B, Year 1 Required Activities [to be implemented in priority districts/schools]

- 1) Build the capacity of school staff to deliver SHS or help students access key SHS.
- 2) Establish strategic partnerships with youth-friendly health service organizations and health care practitioners in the community.
- 3) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach C: Safe and Supportive Environments for Students and Staff (SSE)

Education agencies will help districts and schools establish school environments characterized by supportive and caring relationships between adults and students and by the absence of discrimination, intimidation, taunting, harassment, and bullying. This approach involves implementing clear policies, procedures, and program activities designed to increase school connectedness and parent engagement and to prevent bullying and sexual harassment.

Approach C, Year 1 Required Activities [to be implemented in priority districts/schools]

- 1) Provide PD opportunities, TA, and follow-up support (FUS) for teachers, administrators, counselors, nurses, and other appropriate staff on creating an SSE for students and staff and promoting school connectedness and parent engagement.
- 2) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on implementing anti-bullying and anti-sexual harassment policies.
- 3) Facilitate linking students to community-based mentorship and service learning opportunities.
- 4) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach D: Educate Decision Makers on Policy, Implement, and Track Policy (POLICY)

Education agencies will assess existing school policies related to approaches A, B, and C; educate key decision makers on policy issues; and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention.

Approach D, Year 1 Required Activities

- 1) Assess state and priority district policies related to approaches A, B, and C.
- 2) Develop and disseminate guidance to support implementation of science-based policies.
- 3) Deliver training and TA to support implementation of science-based policies related to the required approaches.
- 4) Track policy adoption and monitor policy implementation.
- 5) Educate stakeholders, including priority district administrators and school board members, on potential policy solutions.
- 6) Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.

Strategy 2 Required Activities to be Implemented in Priority Districts/Schools in Years 2-5

Planning Years 2-5 Required Activities

- 1) Assess the program progress, capacity, and support of each of the selected priority districts/schools annually to affirm implementation activities, capacity, and support.
- 2) Review MOU or LOC with each district/school annually to confirm roles and responsibilities in implementing required strategies, making adjustments if needed.
- 3) Meet with priority districts/schools on a regular basis throughout the project to provide on-going TA on implementing required approaches and supporting YDR activities.
- 4) Work with priority districts/schools to engage the SHAC in the adoption and implementation of required strategies. Reassess the process for engaging the SHAC in planning activities throughout the program period and revise as needed.

Approach A, Years 2-5 Required Activities

- 1) Identify and adopt requisite teacher competencies and skills to implement ESHE, including the use of EBI when appropriate.
- 2) Implement the selected middle school and high school standard course of study or framework that reflects ESHE.
- 3) Assist priority districts/schools in developing, selecting, or implementing curricula consistent with the district standard course of study or curricula framework that reflects ESHE.

- 4) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding and support for ESHE.
- 5) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of ESHE.
- 6) Provide TA and PD on state-level guidance to priority districts/schools to support ESHE policy implementation.
- 7) Ensure that all teachers responsible for the delivery of sexual health education have the requisite competencies and skills to implement ESHE.
- 8) Provide PD, TA, and FUS on the essential competencies and skills to implement ESHE, including EBI when appropriate.
- 9) Partner with other agencies and organizations (e.g., HHS Office of Adolescent Health Teen Pregnancy Prevention Program and Administration for Children and Families Personal Responsibility Education Program grantees) to work with schools to increase their capacity to implement EBI where EBI are appropriate and feasible.
- 10) [If applicable due] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach B, Years 2-5 Required Activities

- 1) Locate and identify youth-friendly community health service providers for delivery of key SHS.
- 2) Establish linkages with organizations that have experience in adolescent SHS.
- 3) Develop informational materials about available SHS and disseminate to adolescents within priority districts/schools.
- 4) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on the delivery of on-site, and referral to youth-friendly off-site, key SHS.
- 5) Facilitate linking students to health, mental health, and other community services including STD/HIV testing, counseling, and treatment with providers that have experience in serving YDR.
- 6) Maximize funding to increase reimbursement for eligible health services.
- 7) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach C, Years 2-5 Required Activities

- 1) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on activities to promote school connectedness and parent engagement.
- 2) Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on implementing anti-bullying and anti-sexual harassment policies.
- 3) Facilitate linking students to community-based mentorship and service learning opportunities.
- 4) [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group.

Approach D, Years 2-5 Required Activities

- 1) Assess state and priority district policies related to required approaches A, B, and C.
- 2) Develop and disseminate guidance to support the implementation of science-based policy practices.
- 3) Deliver training and TA to support the implementation of science-based policy practices related to the program strategies.
- 4) Track policy adoption and monitor policy implementation.
- 5) Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.

- 6) Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new partnerships.

Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

Awarded NGO will provide effective CBA to support sustainable initiatives in districts and schools that contribute to reductions in HIV/STD infections among adolescents, and reductions in disparities in HIV/STD infections experienced by specific adolescent sub-populations. NGO will be awarded to provide CBA for either SEA/TEA or LEA on one of three approaches (ESHE, SHS, or SSE). NGO may apply for more than one type of agency and more than one approach.

Year 1 Required Activities

- 1) Assess internal staff capacity to provide CBA to awarded STL education agencies.
- 2) Develop CBA materials and resources needed to provide CBA to education agencies on the Approach for which the NGO has been awarded.
- 3) Collaborate with other NGO awarded under Strategy 3 to coordinate activities across STL to minimize duplication of efforts.
- 4) Educate membership/chapters/affiliates about both the selected Approach for which the NGO has been awarded and the work of the education agencies that will be receiving CBA.
- 5) Identify and modify (as necessary) organization/membership/chapters/affiliate tools, resources, and materials to support STL requirements.

Years 2-5 Required Activities

- 1) Provide CBA to awarded education agencies to support required strategies, including but not limited to PD, FUS, and TA (e.g., mentoring, coaching, site visits); financial or other incentives; tools/resources aligned with program activities and FOA outcomes; and policy assessment and implementation support. As necessary, revise scope and degree of CBA to education agencies based on program monitoring.
- 2) Disseminate modified or existing tools, resources, and materials to support education agencies with their required strategies.
- 3) Identify and disseminate research on ESHE, SHS, and SSE strategies and policy approaches that have successfully addressed school-based HIV/STD prevention.
- 4) Create Web site content, slide shows, or written documents that identify policies and practices that are effective in improving school efforts to implement ESHE, SHS, and SSE.
- 5) Identify potential options for long-term sustainability of implemented activities with selected education agencies.
- 6) Leverage membership/chapter/affiliate resources to provide support for required education agency activities.
- 7) Provide regular programmatic updates to other awarded NGO, selected education agencies, and membership/chapters on TA and capacity building activities.

1. Target Populations:

This FOA places a major emphasis on enabling STL to implement (1) targeted TA activities to help support HIV/STD prevention efforts in priority districts/schools that serve large numbers of youth at disproportionate risk of HIV infection or other STD and (2) intensive TA activities to help these districts/schools address some of the specific HIV/STD prevention needs experienced by a specific population of youth at disproportionate risk for HIV infection or other STD (e.g., LGBT youth, homeless youth, youth enrolled in alternative schools).

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

Strategy 4 focuses on meeting the needs of a specific target population: teenage males who have engaged in sexual activity with partners of the same sex, as well as teenage males who have not engaged in sexual activity with partners of the same sex but are attracted to others of the same sex; or who identify as gay or bisexual, or have another non-heterosexual identity.

The Logic Model *School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)* - PS13-1308 outlines a plan for reducing HIV and STD risk among black and Latino YMSM aged 13-19, allocating limited resources to target those at greatest health risk and to achieve the greatest health impact. Up to three LEA and at least one NGO will be awarded under **Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)** to implement multiple program activities to meet the HIV/STD prevention needs of YMSM based on jurisdictional data, and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) - PS13-1308 Logic Model

Program Goal: Reduce HIV and STD among black and Latino YMSM aged 13-19.

Inputs	Strategies & Work Plan Requirements	Short-Term Outcomes	Intermediate Outcomes	5-Year Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • CDC/DASH • Leveraged funds and resources <p>Administrative</p> <ul style="list-style-type: none"> • 100% qualified FTE to manage program • HIV Review Panel • Program monitoring • 5-year strategic plan and annual plans <p>CDC Resources</p> <ul style="list-style-type: none"> • Data on health risk behaviors and school policies and practices • Guidelines, Health Education Curriculum Assessment Tool, School Health Index, and other tools <p>Partnerships</p> <ul style="list-style-type: none"> • CDC/DASH • CDC-funded programs (e.g., DHAP, DSTDP, DVH, NCIRD, DRH) • DASH-funded SEA, TEA, LEA, and NGO • NGO/CBO • SBHC or SLHC • School nurses • Hospitals/health care providers • Sexual health and teen pregnancy prevention coalitions • Consultants 	<p>APPROACH A: EXEMPLARY SEXUAL HEALTH EDUCATION (ESHE)</p> <ul style="list-style-type: none"> • Plan, implement, and evaluate an adapted targeted EBI for teen YMSM aimed at decreasing sexual risk behaviors and increasing testing and treatment for HIV infection and other STD <p>APPROACH B: KEY SEXUAL HEALTH SERVICES (SHS)</p> <ul style="list-style-type: none"> • Implement or expand HIV and STD testing and treatment in schools or SBHC • Increase strategic partnerships and collaborations between schools, SBHC, CBO, and other health care organizations for linkage and referral of YMSM to HIV and STD testing and treatment and targeted EBI • Implement a social marketing campaign for teen YMSM that focuses on HIV and/or STD prevention <p>APPROACH C: SAFE AND SUPPORTIVE ENVIRONMENTS FOR STUDENTS AND STAFF (SSE)</p> <ul style="list-style-type: none"> • Implement programs to promote a safe and supportive school and SBHC environment for YMSM <p>APPROACH D: EDUCATE DECISION MAKERS ON POLICY; IMPLEMENT AND TRACK POLICY (POLICY)</p> <ul style="list-style-type: none"> • Assess, develop, revise, and implement policies that impact provision of, or access to, HIV- and STD-related testing, treatment, and prevention services interventions for teen YMSM 	<p>Increases among teen YMSM in:</p> <ul style="list-style-type: none"> • Knowledge about how to use condoms consistently and correctly • Self-efficacy to use condoms consistently and correctly • Knowledge about HIV/STD testing and treatment <p>Increases in:</p> <ul style="list-style-type: none"> • Number of HIV and STD tests provided in schools and SBHC. • Referrals for HIV and STD testing from schools • Number of schools that have supportive policies, programs, and services for YMSM 	<p>Decreases among teen YMSM in:</p> <ul style="list-style-type: none"> • Sexual initiation • Initiation of unprotected anal sex • Number of sexual partners • School absenteeism <p>Increases among teen YMSM in:</p> <ul style="list-style-type: none"> • Condom use at last sexual encounter • Number who have ever received HIV tests • Number of HIV-infected youth linked to treatment • Number who have been tested and treated for STD • Connectedness to school 	<p>Increases in number of teen YMSM who get tested for HIV annually</p> <p>Decreases among teen YMSM in:</p> <ul style="list-style-type: none"> • STD prevalence • HIV-related health disparities

Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

NGO Year 1 Required Activities

- 1) Provide CBA on the required activities to awarded LEA.
- 2) Convene meetings to provide CBA to the LEA awarded for this strategy and their community stakeholders and to share best practices and lessons learned in implementing the YMSM project.
- 3) Pilot an adapted EBI in collaboration with CBO to educate teen YMSM on decreasing sexual risk behaviors.
- 4) Select and adapt a social marketing campaign for YMSM in collaboration with CBO to target teen YMSM with HIV/STD prevention messaging.

NGO Years 2-5 Required Activities

- 1) Provide CBA on the required activities to awarded LEA.
- 2) Convene meetings to provide CBA to the LEA awarded for this strategy and their community stakeholders and to share best practices and lessons learned in implementing the YMSM project.
- 3) Work with the LEA to implement an EBI in a school and/or CBO setting to educate teen YMSM on decreasing sexual risk behaviors.
- 4) Work with the LEA to implement a social marketing campaign in collaboration with CBO to target teen YMSM with HIV/STD prevention messaging.
- 5) Track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM.

LEA Year 1 Required Activities

- 1) Identify a process to select 10 schools to work with over the 5-year project period using epidemiologic and social determinants data within their jurisdiction to select priority schools.
- 2) Identify a process to select SBHC/other health care providers and CBO partners to work with over the 5-year project period using relevant data to select priority SBHC/other health care provider, and/or CBO partners.
- 3) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding of, and support for, HIV/STD prevention activities for YMSM.
- 4) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of HIV/STD prevention activities for YMSM.
- 5) Provide TA and PD on state/district guidance to priority districts/schools to support implementation of HIV/STD prevention activities for YMSM.
- 6) Ensure that all appropriate staff have the requisite competencies and skills to implement HIV/STD prevention activities for YMSM.
- 7) Convene an advisory group on a regular basis including representatives of black and Latino YMSM, schools, SBHC/other health care provider, CBO, and other health care organizations.
- 8) Establish a linkage and referral system to enable appropriate school staff to refer YMSM students to SBHC, CBO, and other providers, and SBHC staff and other health care providers to refer YMSM to CBO and other providers who offer HIV/STD testing and treatment; targeted, EB educational interventions; targeted, EB clinical interventions; health and mental health services; and services that promote the importance of regular school attendance and high school graduation.
- 9) Establish an MOU/MOA with schools, SBHC/other health care providers, and CBO that can assist in implementing required activities.
- 10) Meet with awarded NGO to receive CBA on the required activities.

- 11) Active participation during in-person meetings convened by the awarded NGO, along with other LEA funded for this Strategy and community stakeholders, to receive CBA, share best practices, and determine lessons learned. Provide travel costs (i.e., transportation, lodging and meal per diem) for key local stakeholders to attend these meetings.

LEA Years 2-5 Required Activities

- 1) Assess and refine the list of selected “priority” schools, SBHC, and CBO annually.
- 2) Establish or refine an MOU/MOA or LOC with community partners (e.g., school, CBO, SBHC/other health care providers) that outlines roles and responsibilities in implementing HIV/STD prevention activities for YMSM.
- 3) Implement, monitor, and evaluate a linkage and referral system to refer YMSM students to SBHC/other health care providers, CBO, and other providers that offer HIV and STD testing and treatment; targeted, EB educational interventions; targeted, EB clinical interventions; health and mental health services; and services that promote the importance of regular school attendance and high school graduation.
- 4) Develop, revise, and/or implement guidelines on model school and SBHC/other health care provider policies related to the provision of, or access to, HIV- and STD-related testing, treatment, and prevention interventions for YMSM.
- 5) Provide TA, PD, and other educational opportunities for district/school administrators, school board members, and community members to improve understanding of, and support for, HIV/STD prevention activities for YMSM.
- 6) Track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM.
- 7) Develop and disseminate guidance to school and district staff, key decision makers, and others in support of HIV/STD prevention activities for YMSM.
- 8) Provide PD, TA, and FUS on the essential competencies and skills to implement HIV/STD prevention activities for YMSM, including EBI when appropriate.
- 9) Provide PD and TA to school and SBHC/other health care provider staff on identifying safe spaces for LGBT youth and establishing student-led clubs and program activities that promote a positive school environment.
- 10) Maintain an advisory group that includes representatives of black and Latino YMSM, schools, SBHC/other health care providers, CBO, and other health care organizations to provide feedback on the implementation of required activities.
- 11) Meet with awarded NGO to receive CBA on the required activities.
- 12) Attend annual in-person meetings convened by the NGO awarded for this Strategy to receive CBA, share best practices, and determine lessons learned in implementing the HIV/STD prevention activities for YMSM. Provide travel costs (i.e., transportation, lodging and meal per diem) for key local stakeholders to attend these meetings.

2. Inclusion:

Strategies implemented throughout the program period should strive to be inclusive of all adolescents and youth within the educational system who can benefit from this work. CDC-awarded programs should strive to be inclusive with regard to individuals with disabilities or limited health literacy, non-English speaking individuals, LGBT populations, or other adolescents and youth that may otherwise be missed by the program.

3. Collaborations:

Strategic partnerships and collaborations are crucial to implementing program strategies and achieving outcomes. They allow for more efficient use of existing resources and the exchange of information between experts working in various areas of education, public health, and other sectors. Applicants are encouraged to: build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability; maximize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts and leverage funds; and expand working relationships between education agencies and national NGO. Awarded STL agencies and NGO are expected to collaborate closely with other awarded STL agencies and NGO. STL funded for Strategy 2 are expected to collaborate closely with NGO awarded under Strategy 3 to provide them with CBA on specific approaches. If an LEA is awarded for Strategy 2 in a state in which the SEA is also awarded for Strategy 2, the two agencies are expected to collaborate closely.

a. With CDC funded programs:

STL and NGO awarded under this FOA should consider collaborating with state and local health agencies, CBO, and NGO that are funded by CDC divisions other than DASH to address issues relevant to the work supported by this FOA, including the Division of HIV/AIDS Prevention, the Division of STD Prevention, and the Division of Viral Hepatitis. Awarded projects also should consider collaboration with entities funded by CDC's Division of Reproductive Health, Division of Population Health, Division of Violence Prevention, and the Immunization Services Division.

b. With organizations external to CDC:

STL and NGO awarded under this FOA are required to leverage funding or other in-kind resources to maximize project outcomes. Awarded projects should consider collaborating with relevant state and local agencies, CBO, and NGO funded by federal programs external to CDC such as DHHS's OAH, ACF's Family and Youth Services Bureau (FYSB), Centers for Medicare and Medicaid Services (CMS), and Health Resources and Services Administration/Maternal and Child Health Bureau (HRSA/MCHB).

Required MOU/MOA:

Applicants applying for Strategy 2 are required to submit a **Memorandum of Understanding/Agreement (MOU/A) between the education agency and corresponding health agency at the time of application**. The MOU/A must be submitted on official letterhead with original signature and uploaded onto www.grants.gov as part of the application submission process. See Section C. Eligibility, Subsection 2. Special Eligibility Requirements for detailed information.

Required Letters of Commitment.

All applicants applying for Strategies 2, 3, and 4 are required to submit a minimum of **three Letters of Commitment (LOC)** with the application. See Section C. Eligibility, Subsection 2. Special Eligibility Requirements for detailed information.

iv. Work Plan:

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all of the required activities for the strategy for which they are applying (see the Program Strategy section) and achieve FOA outcomes. Work plans also need to include the additional components and planning activities listed below. A sample work plan template is available for use at

<http://www.cdc.gov/healthyouth/foa/1308foa>. Applicants are not required to use the work plan template but are required to include all of the elements listed within the template. CDC will provide feedback and TA to awardees to finalize the work plan activities post-award.

- 1) Include 5-year project outcomes with a timeline to support achievement of outcomes.
- 2) Include 5-year goals and SMART objectives related to required strategies including measures and data sources for accomplishing objectives.
- 3) Include concise program activities in support of the objectives that align with the logic model and include appropriate process measures or milestones for accomplishing tasks and identify the person/agency responsible for accomplishing the program activities.
- 4) Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.

b. Organizational Capacity of Awardees to Execute the Approach:

Organizational capacity is required to execute each strategy of the FOA.

Strategy 1 applicants must:

- Describe how the applicant's agency is structured and who will have management authority over the project and provide an organizational chart that identifies lines of authority.
- Describe the applicant's experience conducting YRBS and/or Profiles or similar surveys.
- Describe the applicant's experience analyzing, communicating, and disseminating data.
- Describe potential barriers to successful implementation of required activities and how the applicant will overcome the barriers to conduct a successful YRBS and/or Profiles.
- Provide a job description for, the person who will lead the YRBS and/or Profiles.

Strategies 2, 3, and 4 applicants must:

- Provide an organizational chart that identifies lines of authority, management authority, and the types of support in place to support the requirements.
- Explain the applicant's ability to meet deadlines for establishing contracts; tracking and spending funds; and submitting financial, program, monitoring, and evaluation reports.
- Describe the support the agency or organization's leadership will provide to administer the requirements outlined in this FOA (e.g., carrying out sensitive adolescent sexual health initiatives; approving in- and out-of-state travel; collaborating with external partners).
- Describe the applicant's expertise, experience, and/or documented success in delivering ESHE, SHS, SSE, and/or POLICY activities.
- Describe the applicant's experience in planning and administering adolescent HIV, STD, and/or teen pregnancy prevention programs and services.
- Describe the applicant's experience in:
 - ✓ Mobilizing district/school leaders to address adolescent sexual health;
 - ✓ Collaborating with NGO and CBO to promote science-based activities and programs;
 - ✓ Implementing policy, systems, or environmental methods to address adolescent sexual health;
 - ✓ Informing and educating stakeholders and decision makers on adolescent sexual health;
 - ✓ Providing high-quality, interactive online workshops and in-person, skills-based PD tailored to meet the needs of the target audience; and
 - ✓ Delivering innovative teaching techniques for distance learning and innovative Web-based learning opportunities.

Project Management is required to execute each strategy of the FOA.