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OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

OAKLAND UNIFIED SCHOOL DISTRICT

Office of the Board of Education

June 27, 2018

To: Board of Education
From: Kyla Johnson-Trammell, Superintendent

Subject: District Submitting Grant Proposal and Memorandum of Understanding - U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the County of Alameda Health Care Services Agency - Healthy Oakland Teens Project - Health and Wellness - Community Schools and Student Services Department

ACTION REQUESTED:

Approval and support by the Board of Education of District applicant submitting grant proposal for OUSD schools for fiscal years 2018-2023, 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 years, if any.

BACKGROUND:

Grant proposal for OUSD schools for the 2018-2023 fiscal years was submitted for funding as indicated in the chart below. The Grant Face Sheet and grant application packets are attached.

File ID #	Backup Document Included	Type	Recipient	Grant's Purpose	Time Period	Funding Source	Grant Amount
18-1390	Yes	Grant	Oakland Unified School District, for identified Middle and High Schools	The Grant includes a Memorandum of Understanding for services to be provided with the County of Alameda Health Care Services Agency for the Healthy Oakland Teens Project for HIV/STD Prevention for Grades 6 to 12.	August 1, 2018 through July 31, 2023	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Grant	\$2,049,930.00

DISCUSSION:

The district created a Grant Face sheet process to:

- Review proposed grant projects at OUSD sites and assess their contribution to sustained student achievement
- 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: \$2,049,930.00

RECOMMENDATION:

Approval and support by the Board of Education of District applicant submitting a grant proposal for OUSD schools for fiscal years 2018-2023 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.



CONTRACT JUSTIFICATION FORM
This Form Shall Be Submitted to the Board Office
With *Every* Consent Agenda Contract.

Legislative File ID No. 18-1390

Department: Community Schools

Vendor Name: U.S. Department of Health and Human Services / County of Alameda Health Care Services Agency

Contract Term: Start Date: 8/1/18 End Date: 7/31/23

Annual Cost: \$ 2,049,930.00

Approved by: Andrea Bustamante

Is Vendor a local Oakland business? Yes No

Why was this Vendor selected?

A Grant application was submitted to the U.S. Department of Health and Human Services for the Healthy Oakland Teens Project that will be supported by OUSD and the County of Alameda Health Care Services Agency.

Summarize the services this Vendor will be providing.

This Grant will support the for HIV/STD Prevention for Grades 6 to 12 at identified Middle and High Schools.

Was this contract competitively bid? Yes No

If No, answer the following:

1) How did you determine the price is competitive?

2) Please check the competitive bid exception relied upon:

- Educational Materials**
- Special Services** contracts for financial, economic, accounting, legal or administrative services
- CUPCCAA exception** (Uniform Public Construction Cost Accounting Act)
- Professional Service Agreements** of less than \$87,800 (increases a small amount on January 1 of each year)
- Construction related Professional Services** such as Architects, DSA Inspectors, Environmental Consultants and Construction Managers (require a "fair, competitive selection process)
- Energy** conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
- Emergency** contracts [requires Board resolution declaring an emergency]
- Technology** contracts
 - electronic data-processing systems, supporting software and/or services (including copiers/printers) over the \$87,800 bid limit, must be competitively advertised, but any one of the three lowest responsible bidders may be selected
 - contracts for computers, software, telecommunications equipment, microwave equipment, and other related electronic equipment and apparatus, including E-Rate solicitations, may be procured through an RFP process instead of a competitive, lowest price bid process
 - Western States Contracting Alliance Contracts (WSCA)
 - California Multiple Award Schedule Contracts (CMAS) [contracts are often used for the purchase of information technology and software]
- Piggyback" Contracts** with other governmental entities
- Perishable Food**
- Sole Source**
- Change Order for Material and Supplies** if the cost agreed upon in writing does not exceed ten percent of the original contract price
- Other, please provide specific exception**



OUSD Grants Management Face Sheet

Title of Grant: Healthy Oakland Teens	Funding Cycle Dates: August 1, 2018 – July 31, 2023
Grant's Fiscal Agent: <small>(contact's name, address, phone number, email address)</small> Cynthia Hill Center's for Disease Control and Prevention Office of Grant Services & Financial Resources 2920 Brandywine Road Atlanta, GA 30341 (770) 488-2942 lwd9@cdc.gov	Grant Amount for Full Funding Cycle: \$2,049,930.00
Funding Agency: Centers for Disease Control and Prevention, U.S. Department of Health & Human Services	Grant Focus: HIV/STD Prevention, Grades 6 to 12
List all School(s) or Department(s) to be Served: Middle Schools: Alliance Academy, Bret Harte, Coliseum College Prep Academy, Claremont, Edna Brewer, Elmhurst Community Prep, Frick, Greenleaf, Hillcrest, La Escuelita, Life Academy, Madison Park Academy, Melrose Leadership Academy, Montera, Oakland SOL, Parker, Roosevelt, Roots International Academy, United for Success Academy, Urban Promise Academy, West Oakland, Westlake. High Schools: Bunche Academy, Castlemont, Coliseum College Prep Academy, Dewey Academy, Fremont, Life Academy, Madison Park Academy, McClymonds, Metwest, Oakland Community Day, Oakland High School, Oakland International, Oakland Tech, Rudsdale, Skyline, Sojourner Truth, Street Academy.	

Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	By having access to comprehensive sexual health education, sexual health services and safe and supportive school climates, students are better able to attend school and access the instructional curriculum. Additionally, sexual health education is taught by Science and English Language Arts teachers, embedded within the curriculum and aligned to Common Core Standards.
How will this grant be evaluated for impact upon student achievement? <small>(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 5.59% 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.)</small>	If awarded, this grant will 1) increase the number of OUSD students who receive comprehensive sexual health education instruction, 2) increase use of condoms and highly effective contraception methods among sexually active students attending OUSD schools, 3) increase percent of students who have been tested for HIV and other STDs, 4) decrease disparities in HIV/STD infection in high-risk populations, and 5) decrease the percentage of LGBTQ students who experience bullying.
Does the grant require any resources from the school(s) or district? If so, describe.	No

<p>Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU?</p> <p>(If yes, include the district's indirect rate of 5.59% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)</p>	<p>Yes</p>
<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>Sexual Health Education will be taught through Science and ELA classes, and students will not be removed from class unless parents request for their children to be opted-out of these lessons. Per California state law, students must be excused from school to access confidential medical services, so there may be times when students request to be released for appointments either at a school-based health center or 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>Andrea Bustamante, Executive Director Community Schools and Student Services Department Oakland Unified School District 1000 Broadway, Suite 150, Oakland, CA 94607 510-879-2901 Andrea.Bustamante@ousd.org</p>

Applicant Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Principal	Andrea Bustamante		
Department Head (e.g. for school day programs or for extended day and student support activities)	Sondra Aguilera		6/1/18

Grant Office Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Fiscal Officer	Vernon Hal		
Superintendent	Kyla Johnson-Trammell		

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Project Abstract Summary

The Oakland Unified School District proposes the Healthy Oakland Teens project to reduce HIV/STD among the 16,669 students attending its middle and high schools. OUSD has invested heavily in student health services, rolled out a comprehensive sexual health education program for all secondary schools, and implemented widespread policies supporting safe environments, yet continued investment is needed to reduce high rates of HIV/STD across the District.

The proposed project builds on a highly successful first round of funding from CDC from 2013 to 2018 during which time extensive infrastructure was developed, an evidence-based Sexual Health Education curriculum was developed, teachers were trained, and partnerships with local service providers were established. Within this time, project evaluation showed significant increases in student knowledge, awareness, comfort, behaviors and attitudes about sexual health, including protective factors such as school and parental connectedness.

This project will address adolescent sexual health risk by providing a complement of interventions that involve OUSD students, teachers and parents. These interventions are designed to enhance protective factors for at-risk students and will include: comprehensive sexual health education; age-appropriate school and community-based sexual health services; and a variety of activities designed to create safe and supportive school environments.

In addition to the interventions planned directly by OUSD, this project will build heavily on collaborative relationships established by the district, as well as establish new and important connections. OUSD will leverage funding from other sources and will work with other CDC-funded and -supported organizations, its County Health Department and the state association for school-based health care to complement activities, advocacy, data collection and policy development. Finally, it will continue to collaborate closely with its school-based health centers and local service providers to ensure that students have easy and facilitated access to age-appropriate sexual health services.

The expected outcomes for the 5-year project include increases in: teacher ability to teach sexual health education effectively; student receipt of effective Sexual Health Education; student knowledge, skills, and behaviors to avoid and reduce sexual risk; student awareness of SHS needs and services; delivery of onsite sexual health services; referrals for sexual health services to community providers; student HIV and STD testing; teacher implementation of best classroom management practices for safe and supportive environments; student participation in positive youth development activities; student connectedness to school; parental monitoring; and parent/student communication about sexual health.

OUSD is well-positioned to implement a successful project due to its commitment to adolescent sexual health, experience with past efforts, strong leadership, an experienced and effective Program Manager, and successful collaborations.

Budget Narrative

Salaries and wages

Classified Staff

Position Title (Name)	Base Salary	FTE	Grant Amount
Program Manager- HIV/STD Prevention (Ilsa Bertolini)	\$ 100,000	70%	\$ 70,000

The Program Manager will act as primary liaison to CDC; coordinate and convene the HIV Materials Review Panel; work closely with the evaluator to develop and implement the evaluation plan; maintain all required program records and documentation; and attend grant orientation and other PD events. She will oversee the contracts with all consultants ensuring they meet their deliverables on time. She will work closely with teachers, liaisons and referral coordinators. The Program Manager is responsible for the overall success of this project, including all components and strategies.

Clinic Liaison (Eia Gardner)	\$ 75,000	15%	\$ 11,250
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Ms. Gardner will support the work of sexual health services delivery and referrals at SBHCs and offsite locations. She will help support the improvement of quality and utilization of services at SBHCs and, with the Program Manager, she will assist Referral Coordinators with linking students to nearby SHS.

Sub-total salaries and wages			\$81,250
Fringe benefits for classified staff	35%		\$28,438

Stipends

This category includes stipends for services provided or led by school site staff as it relates to coordination and implementation of SHE, SHS and SSE.

High School Health Education Leaders	\$13,500
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Annual stipend to support coordination and implementation of SHE. Health Education Leaders are instrumental in communicating with teachers and assuring attendance at professional development and training of curriculum. The stipend for each Health Education Leader is \$900 and there are 15 high schools. $\$900 \times 15 = \$13,500$.

School Climate/LGBTQ Liaisons	\$27,000
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Annual stipend to support implementation of anti-bullying program to improve school climate for all students, with an emphasis on LGBTQ youth. The stipend for each School Climate/LGBTQ Liaison is \$900 and there are 30 priority schools. $\$900 \times 30 = \$27,000$.

SHS Referral Coordinators	\$12,600
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Annual stipend to support outreach and referrals of students to sexual health services in the community. The stipend for each SHS Referral Coordinator is \$900 and there are 14 secondary schools without SBHCs. $\$900 \times 14 = \$12,600$.

Special Ed Teachers

Stipend paid to two teachers to modify Healthy Oakland Teens curriculum for

students with moderate to severe disabilities. $\$1000 \times 2 = \2000

Sub Total Stipends		\$55,100
Fringe benefits for stipended staff	24%	\$13,224
Total Stipends		\$68,324
Total salaries and wages		\$178,012

Consultant costs

SHE Consultant (Joy Robinson-Lynch)

\$37,600

Ms. Robinson-Lynch will work with OUSD staff to update the Healthy Oakland Teens curriculum. She will assist in updating the curriculum's activities and student learning outcomes. She will design and provide full-day professional development training for SHE teachers in 6th, 7th and 9th grades, including training on best practices in classroom management. She will then help train district staff to implement the teacher observation tool to ensure effective instruction and use of best classroom management practices.
 $\$150 \text{ per hour} \times 267 \text{ hours} = \$40,000$

SHS Consultant (Deb Levine)

\$7,500

Ms. Levine will convene and coordinate quarterly meetings of the Sexual Health Advisory Council. She will review proposed modifications to the SHE curriculum and professional development for teachers. She will build resources on the OUSD website for parents and expand the training manual on classroom management and effective SHE teaching strategies. She will also continue to refine and promote the Healthy Oakland Teens App.
 $\$150 \text{ per hour} \times 50 \text{ hours} = \$7,500$

LGBTQ Consultant (Olivia Higgins)

\$20,000

Ms. Higgins will help develop materials and training to help teachers create welcoming classrooms for LGBTQ students. She will also help identify and train LGBTQ Liaisons to build capacity of all middle and high schools to create safe and supportive environments for LGBTQ students. And she will help OUSD host its annual GSA Day for all middle and high schools. $\$100/\text{hour} \times 200 \text{ hours} = \$20,000$

Evaluator (Jim Marshall)

\$ 32,000

OUSD will partner with Jim Marshall, PhD, to conduct the program evaluation. Dr. Marshall will evaluate both components of this project, including all strategies and activities, to measure and 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.

Total consultant costs **\$97,100**

Supplies

General office supplies (pens, paper, toner, binders, etc.) \$1,950

Production and duplication of SHE curriculum, student workbooks, curriculum binders, and other materials \$25,000

GSA Day - Rental space, books, prizes, bus passes, etc. \$5,000

Total supplies **\$31,950**

Travel

In-State Travel: **\$1,000**

The Program Manager and Clinic Liaison will travel to various school sites and meetings within and outside 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.

153 miles/month x \$.545/mile = \$1,000.

Out-of-State Travel: **\$2,000**

The Program Manager will travel to Atlanta in September to attend the grant orientation meeting. The Program Manager or another team member as appropriate will travel within California to attend at least one other CDC-DASH sponsored or approved training or professional development event.

1 person x \$400 r/t airfare x 1 trip = 400

1 person x \$240 r/t airfare x 1 trip = 240

3 days per diem x \$40/day x 2 trips = 240

5 night's lodging x \$200/night = 1,000

Ground transportation \$60 x 2 trips = 120

Total Travel **\$3,000**

Other categories

Professional Development: **\$13,500**

Covers release time for 75 middle and high school teachers (20 from 6th grade, 20 from 7th

grade and 35 from 9th grade) to attend professional development for one full day with a paid substitute. \$180 = average cost of substitute per day x 75 teachers = \$13,500.

GSA Day Teacher Substitutes: \$5,400

Cost of providing 30 substitute teachers for LGBTQ School Climate Liaisons to attend annual GSA Day event. \$180 = average cost of substitute per day x 30 Liaisons = \$5,400.

Student Stipends: \$2,500

Youth board to advise policies, strategies and activities 10 youth x \$250 yearly stipend = 2,500

Total other categories \$21,400

Total Direct Costs \$331,462

Indirect costs

The rate for the 2018-19 school year is 5.59%. A copy of the negotiated federal indirect cost rate agreement is attached to this proposal.

Total Indirect Costs (5.59%) \$ 18,528

TOTAL BUDGET \$349,990

Project Abstract Summary

The purpose of the proposed project is to help Oakland Unified School District (OUSD) understand the sexual health-related needs, including risks and protective factors, of the 16,669 diverse students attending middle and high schools in its jurisdiction.

The expected outcome for this 5-year project is increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies.

Under the project, OUSD and its partners will collect data on youth risk behaviors utilizing YRBS during alternating (odd-numbered) school years. It will collect data on school health policies and practices utilizing the School Health Profiles tool in alternating (even-numbered) school years. It will then utilize data from these tools to increase its understanding of youth risk behaviors and develop responsive school health policies, practices, strategic partnerships, and interventions.

OUSD will continue to collaborate with a variety of programs and organizations, including the CDC, its partners and other CDC-funded projects to coordinate data collection and analysis. It will also collaborate with local partners including the Alameda County Public Health Department, Center for Healthy Schools and Communities and California School-Based Health Alliance.

OUSD is well-positioned to implement a successful project due to past successes implementing YRBS and Profiles at 34 middle and high schools. It has five years of experience managing this project successfully, administering a 114-question YRBS to over 2,000 students, building on its success with the California Healthy Kids Survey (CHKS). It will leverage its existing infrastructure and health survey planning committee which guides the development and administration of CHKS annually. Data collected through YRBS and Profiles has helped OUSD shape decisions about education and services needed, partnerships and populations at risk. It has used the data from these and other surveillance tools to identify risks, protective factors and to support the development of new district policies and procedures including risk assessments for condom distribution in middle schools.

There is a strong and effective Program Manager for the two project components, consistent district leadership and tested mechanisms for school site engagement. This project also benefits from the district's Research, Assessment and Data department, which has expertise and rigor in survey design, sampling and analysis. Finally, the district has an established Communications department that can help support the dissemination of targeted information to a variety of stakeholders.

Budget Narrative

Salaries and wages

Classified Staff

Position Title (Name)	Base Salary	FTE	Grant Amount
Program Manager- HIV/STD Prevention (Ilsa Bertolini) The Program Manager will act as primary liaison to CDC; coordinate and convene the HIV Materials Review Panel; maintain all required program records and documentation; and attend grant orientation and other PD events. She will work closely with RAD and the YRBS Coordinators to ensure all deliverables are met on time. The Program Manager is responsible for the overall success of this project, including all components and strategies.	\$100,000	30%	\$30,000
Strategic Fellow, Research Assessment and Data (Veronica Chew) The Strategic Fellow will provide strategic support around data infrastructure development and dissemination. She will also participate on the committee that oversees health survey design.	\$80,000	14%	\$11,200
Sub-total salaries and wages			\$41,200
Fringe benefits for classified staff		35%	\$14,420
<u>Total salaries and wages</u>			\$55,620

Supplies

Survey Monkey annual membership fee	\$300
Development and Printing of communication materials of surveillance data	\$400
<u>Total supplies</u>	\$700

Travel

In-State Travel: **\$500**

The Program Manager and Strategic Fellow will travel to various school sites and meetings within and outside the school district on a regular basis to provide technical assistance, promote the project, train teachers and other staff, and monitor surveillance implementation.

76 miles/month x \$.545/mile = \$500.

Total Travel	\$500
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Total Direct Costs	\$56,820
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Indirect costs

The rate for the 2018-19 school year is 5.59%. A copy of the negotiated federal indirect cost rate agreement is attached to this proposal.

Total Indirect Costs (5.59%)	\$3,176
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TOTAL BUDGET	\$59,996
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Project Narrative

a. Background

The Healthy Oakland Teens project is proposed by the Oakland Unified School District (OUSD) on behalf of the 16,669 students attending its secondary schools. OUSD has invested heavily in student health services, rolled out a comprehensive sexual health education program for all middle and high schools, and implemented widespread policies supporting safe environments, yet continued investment is needed to reduce high rates of HIV/STD across the District.

Through data collected under the previous 1308 cooperative agreement, OUSD utilized its established structures and systems to implement YRBS in 17 high schools and Profiles in 34 middle and high schools. Data collected through these instruments has helped shape decisions about education and services needed, partnerships and populations at risk. The district's response to the current NOFO is based on that data and knowledge.

Various data points reveal that youth living in Oakland and attending OUSD schools have higher sexual health risk factors and have poorer outcomes. In 2016-17: 31% of high school students attending OUSD schools had ever had sexual intercourse; 20% were currently sexually active (in the past 3 months); and, 8% had four or more partners. Among currently sexually active students, only 45% used a condom the last time they had sex, while 33% always used a condom when they had sex in the past 3 months. Only 24% had ever been tested for HIV.¹

In Alameda County, chlamydia rates are highest among 15-19 year-old females (3,583 per 100,000). This is a different pattern than the rest of the state, where females 20-24 have the highest rate. Oakland is one of the four cities in the County with the highest rates of chlamydia infection. The teen birth rate in Oakland between 2014-2016 was 20.6 per 1,000, and was 30.7 for Latino youth – the largest and fastest growing racial/ethnic group in the district.² Although the rate of new HIV diagnoses is declining, gonorrhea and syphilis rates in Alameda County have been increasing.³

Last school year, 147 OUSD students tested positive for an STI, most commonly chlamydia and gonorrhea, and 94 students had a positive pregnancy test in one of the district's 16 school-based health centers (SBHCs). According to YRBS data, 24% of sexually active students drank alcohol or used drugs before their last sexual intercourse. Thirteen percent of girls have been physically forced to have sex and 12.9% have experienced sexual violence. Forty-six percent of gay and lesbian students reported being bullied in the last 12 months because of their sexual

¹ Youth Risk Behavior Survey, 2016-17

² Alameda County Public Health Department, Community Assessment, Planning, and Evaluation.

³ California Department of Public Health.

orientation. Only 36% of students say they have talked to someone in their family about sex or HIV.

Under the current project, OUSD and its partners will implement YRBS and Profiles and utilize the data to increase understanding of youth risk behaviors and develop responsive school health policies, practices, strategic partnerships, and interventions.

b. Approach

i. Purpose

Through this project, OUSD will collect data on youth risk behaviors utilizing YRBS during alternating (odd-numbered) school years. It will collect data on school health policies and practices utilizing the School Health Profiles tool which it will administer in alternating (even-numbered) school years.

In partnership with the project evaluator, OUSD will interpret the results of these surveys and utilize the findings, together with other available data, to guide the design and implementation of new policies, programs and services to address youth risk and school connectedness, specifically in the areas of HIV, STD, sexual health, and school climate.

ii. Outcomes

The expected outcome for this 5-year project period is:

- Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies

iii. Strategies and Activities

The detailed strategies and activities for this project are listed in the Work Plan starting on page 10. The table below summarizes some of the key strategies and activities by area:

Infrastructure	<ul style="list-style-type: none">• Convene Sexual Health Advisory Council• Convene Wellness Council and establish subcommittees on Positive School Climate, Comprehensive Health Education, and Access to and Coordination of Student Health Services
YRBS Administration (Years 1, 3, and 5)	<ul style="list-style-type: none">• Create sampling frame for YRBS survey• Convene health survey planning committee to create joint YRBS/CHKS⁴ administration plan• Identify and train YRBS/CHKS Coordinators at all high schools• Develop and administer YRBS in accordance with CDC guidelines and <i>Handbook for Conducting Youth Risk Behavior</i>

⁴ California Healthy Kids Survey – more information about CHKS is provided below.

	<p><i>Survey</i></p> <ul style="list-style-type: none"> • Submit bi-weekly Survey Tracking Form to CDC Survey contractor
<p>Profiles Administration (Years 2 and 4)</p>	<ul style="list-style-type: none"> • Create sampling frame for Profiles survey • Collaborate with other local schools to coordinate Profiles data collection • E-mail principals and Health Education Leaders, targeting those who completed Profiles questionnaire in prior years • Distribute Profiles via Survey Monkey to all middle and high school principals and Health Education Leaders • Submit Survey Tracking Form at least every 2 weeks to CDC Survey TA contractor • Submit all completed questionnaires and sample documentation forms to CDC Survey TA contractor • Submit raw data sets for processing
<p>Analysis</p>	<ul style="list-style-type: none"> • Analyze YRBS results by key student demographic groupings • Highlight salient findings • Identify and monitor key health and wellness metrics over time (e.g., condom use, bullying, sexual coercion)
<p>Communications and Dissemination</p>	<ul style="list-style-type: none"> • Develop summary report and other strategic communication materials for dissemination to key stakeholders • Share YRBS and Profiles data and communications materials with Sexual Health Advisory Council and Wellness Council • Add YRBS data to OUSD dashboards
<p>Policy Change</p>	<ul style="list-style-type: none"> • Discuss findings, additional requested analysis, and implications for OUSD and County health policy and service delivery • Create data-informed action plans • Based on SHAC and Wellness Council advice, create targeted materials that highlight important findings and implications for OUSD policy and practice, as well as local service delivery

1. Collaborations

Under this project, OUSD will continue to collaborate with a variety of programs and organizations, including the CDC, its partners, and other CDC-funded projects. It will collaborate with other Component 1 recipients to coordinate data collection for national, state, territorial, tribal, and local YRBS and Profiles conducted among schools in the same jurisdiction. For example, OUSD will reach out to other CDC funded jurisdictions and CDC technical assistance providers to understand how they are analyzing YRBS and Profiles data to better understand and address health-risk behaviors among youth through the development of responsive policies and practices.

OUSD staff and consultants will continue to collaborate with other local partners. The Alameda County Public Health Department, Community Assessment, Planning and Evaluation (CAPE) unit shares data readily with OUSD and vice versa. The Alameda County Center for Healthy Schools and Communities jointly funds and convenes SBHCs and operates an independent evaluation of service delivery and outcomes annually, which it shares with the district. The California School-Based Health Alliance provides training and technical assistance to SBHCs and other school health partners that promote best practices in child and adolescent health and reducing health disparities, including those that improve sexual health outcomes and protective factors. OUSD will also continue to identify and engage with additional organizations that emerge during the project period, based upon an established shared interest in adolescent health and well-being.

Additionally, OUSD will leverage its existing budget and infrastructure for health survey administration. The health survey planning committee, which guides the development and administration of the California Healthy Kids Survey (CHKS) annually to all students in grades 6-12 will integrate YRBS into its planning. Site-based staff will be identified and cross-trained to administer both the YRBS and CHKS surveys and communicate with teachers about which survey will be administered in their classroom. This practice has been very effective and efficient in prior years of joint survey administration.

2. Target Populations and Health Disparities

The target population for this project is the 16,669 adolescent students ages 11-19 years old attending 32 Oakland Unified School District middle and high schools.

These students are racially, ethnically and economically diverse. In 2016-17, 44.4 were Latino, 27.3% African American, 12.8% Asian, 8.5% White, 2.7% Multi-Ethnic/Other, 1.3% Pacific Islander, 1% Filipino, and 0.3% Native American. 77.9% are low-income and eligible for free and reduced price meals. 68.9% are English Language Learners and 50.8% speak a language other than English at home. 14.8% are enrolled in Special Education. Last year, OUSD had 2,200 newcomer students, including 366 refugees, 269 asylees and 480 unaccompanied minors.

a. Health Disparities

This project will help reduce health disparities by increasing the district and its partners' understanding of the factors underlying sexual health risk, how sexual risk-taking varies by age, gender and race/ethnicity, and helping support interventions that are targeted toward those student groups with the greatest risk of HIV and other STD, including:

- 1,667 OUSD secondary school students that identify as gay, lesbian, bisexual or transgender, which places them at disproportionate risk for bullying, HIV/STD and adverse mental health outcomes
- African American females who are at disproportionate risk for chlamydia and other STD

- Young men who have sex with men, whose risk is highest for HIV
- 3,462 sexually active OUSD students who do not consistently use condoms
- Sexually active middle school students who are at greater risk of sexual coercion and commercial sexual exploitation
- 713 students attending OUSD’s five alternative education schools who have higher rates of bullying, substance use and intimate partner violence, and lower rates of condom use
- 2,200 Newcomer students who face higher rates of trauma, adverse health outcomes and cultural/linguistic barriers to care
- 2,495 secondary students in Special Education who may need additional cognitive, emotional or behavioral help to understand sexual health risks and protect themselves from HIV/STD
- 4,012 Latina students who are at increased risk for teen pregnancy

c. Applicant Evaluation and Performance Measurement Plan

The key partners engaged in evaluation and performance measurement will be the Research, Assessment, and Data Department (RAD), Community Schools and Student Services Department, and the school communities themselves. We will examine both process and outcome measures in order to answer the overarching evaluation questions: To what extent are YRBS and Profiles effectively implemented and institutionalized at OUSD? What does this data tell us about student risk factors and effectiveness of selected interventions? To answer these questions we will examine the measures outlined in the table below:

	Key Process and Outcome Evaluation Questions	Possible Measurement
YRBS	Inclusion of sexual behavior and sexual minority status questions on the YRBS questionnaire adopted by the District	YRBS
	Is the sampling methodology sound? Can conclusions be drawn from data collected?	Sampling frame and parameters
	Number of schools at which YRBS is implemented, number of students responding, and overall participation rate across OUSD secondary schools	Internal records, YRBS responses
	Do changes in SHS awareness correlate to modified behaviors (i.e., increased HIV or STD testing)?	CHKS, YRBS, STD/HIV testing data from SBHCs
	Do differences in how students use and value SBHCs correlate to differences in risky behaviors?	CHKS, YRBS
	Do students or parents report changes in conversations about sexual health over the course of the project?	Post-Workshop Parent Survey, CHKS, YRBS
	How do measures of school connectedness change over time?	CHKS, YRBS
	Are there differences in key sexual health risk factors by	YRBS

	Key Process and Outcome Evaluation Questions	Possible Measurement
	age, gender, sexual orientation, and/or race/ethnicity?	
Profiles	Number of schools at which Profiles is implemented, and number of staff responding (each of 2 years)	Internal records, Profiles responses
	To what extent are schools providing safe and supportive environments to students?	Project Specific Survey, Profiles

It should also be noted that the actual data results obtained through this strategy will be central to the evaluation of all three strategies in Component 2. As one example, YRBS data collected over the grant period can help answer questions such as: Do changes in SHS awareness correlate to modified behaviors (i.e., increased condom use)? The availability of complementary data through CHKS will strengthen the evaluation, since its flexibility has allowed OUSD to add a SBHC module that includes questions about how students utilize and value their SBHCs. The health survey planning committee will debrief at the end of each survey administration to review the process and identify what can be changed to increase data quality for the next cycle and better institutionalize YRBS and Profiles within the district and its schools.

Because there is no external evaluator for Strategy 1, OUSD will work 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 DASH, and will make key staff available for interviews and/or case studies. OUSD will review YRBS and Profiles implementation activities annually to identify areas for improvement in future cycles – e.g., is the YRBS/CHKS Coordinator role working? Is more training or support needed? OUSD is committed to continually increasing the quantity, generalizability and quality of data collected, and the extent to which it can be utilized to improve student health. OUSD is also eager to contribute to a growing evidence base regarding adolescent sexual health and the impact of various strategies and activities 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. OUSD is particularly interested in learning more about the health needs of sexually exploited minors, LGBTQ youth, newcomers, and students in alternative and special education and how we can better serve them to improve health outcomes.

d. Organizational Capacity of Applicants to Implement the Approach

OUSD has the capacity to execute the program strategies and activities and achieve the period of performance outcome shown above.

OUSD has five years of experience managing this project successfully. Over the past five years, OUSD has led two successful administrations of a 114-question YRBS to over 2,000 students, resulting in weighted data for 2014-15 and 2016-17. This success was built on prior experience with a voluntary statewide instrument called California Healthy Kids Survey (CHKS), modeled

after the Youth Risk Behavior Survey, which the district has administered for nearly 20 years and expanded in recent years to reach all students in grades 6-12, parents and school staff. By leveraging the systems, timing and commitment for CHKS, YRBS will be seamlessly integrated and launched.

The district also collected 60 Profiles surveys from administrators and program staff at 32 secondary schools. This effort was successful largely because of the reputation and relationships built by the Health and Wellness staff, most notably Program Manager Ilsa Bertolini. In successive years, it is likely that this credibility and positive regard will only grow.

OUSD’s Research, Assessment and Data (RAD) division was instrumental in creating the parameters for survey administration and analyzing data results. RAD is now familiar with both the YRBS and Profiles tools. It has developed interactive dashboards to make aggregated district data, including health and school climate data, available and user-friendly for staff, partners, and community. These dashboards are available at ousddata.org and can be used for needs assessment, continuous improvement, fund development, and research. RAD participates with Health and Wellness staff and other stakeholders on the health survey planning committee and is prepared to further integrate YRBS with CHKS administration to ensure smooth and successful administration of YRBS. Finally, RAD will explore the possibility of housing YRBS data in the district’s data dashboards for wider dissemination and use by district staff, schools, partners, students, and families.

YRBS and Profiles have been utilized by OUSD and its partners in a number of ways. Information about the number of middle school students who had had sexual intercourse and associated risk factors was critical to developing, and the School Board’s unanimous approval of, a policy that permits dispensing condoms in Oakland middle schools. It also suggested the adoption of a comprehensive risk assessment during these interactions, since middle school students having sex is not normative and may indicate a risk of sexual assault or sexual coercion. Information gleaned through Profiles has informed the development of the Healthy Oakland Teens curriculum modules on social media, consent and gender inclusion. OUSD will continue to share data with key stakeholders through the SHAC, Youth Board, Wellness Council and subcommittees to guide development of responsive policies and procedures.

Staffing Plan. Key staff for this project are in place. Job descriptions for PI and Project Manager, resumes for all project staff, and organizational charts delineating lines of authority are included in the appendices. Additional overview of the roles and responsibilities for each staff funded under the proposed project is included in the Budget Narrative.

Staff Name, Title (FTE)	Role and Responsibilities	Expertise
Mara Larsen-Fleming, Director of Health and Wellness, MPP/MPH	Principal Investigator, YRBS Manager	17 years of experience in field of public health with a focus

(1.0 in-kind support)		on sexual health education and sexual health services.
Ilsa Bertolini, Program Manager, HIV/STD Prevention, MA Sexuality Studies (1.0 FTE)	Project Manager, Profiles Manager	19 years of experience in adolescent and sexual health direct service and program management, including 8 years of health and school climate curriculum development and training in San Francisco USD and 4 years leading PSC13-1308 in Oakland.
Veronica Chew, Strategic Fellow, Research, Assessment, and Data (.14 FTE, .36 FTE in-kind support)	Strategic support for data infrastructure development and dissemination	Over 3 years of experience in data analysis and visualization.

This project, along with Component 2, will be led by HIV/STD Program Manager Ilsa Bertolini. Ms. Bertolini reports to Mara Larsen-Fleming, Director of Health and Wellness for the district. The Health and Wellness Unit located within the Community Schools & Student Services Department is led by Ms. Larsen-Fleming and is focused on equitable access to healthcare, health education, and capacity-building for schools to create healthy school environments for students and staff. Ms. Larsen-Fleming will have management authority over YRBS, and Ms. Bertolini will have management authority of Profiles.

Other key staff that will be consulted for this project include Jean Wing, Executive Director for the Research Assessment and Data unit. Dr. Wing is an expert at survey design, sampling, data collection and analysis, and has prior experience with both YRBS and Profiles. Juan Du is the Director of Analytics for RAD and is experienced with complex data sets and has previously created the sampling frame for YRBS. Both Dr. Wing and Ms. Du sit on the health survey planning team and inform the collection and integration of health data into the broader district data infrastructure.

Potential Barriers and Mitigation Strategies. OUSD will assess potential barriers and create strategies to ensure successful administration of YRBS and Profiles each cycle. One recurring barrier to successful survey administration is the increasing burden of surveys and other testing, which creates survey fatigue for staff and students. Although there is a strong commitment to the value of data and the importance of student health, it can be difficult to deliver instruction to students while also preserving time for site-based data collection.

OUSD has two basic strategies to mitigate this concern. The first strategy involves leveraging the existing infrastructure and timeline for administration of the California Healthy Kids Survey.

Sites are accustomed to identifying a site-based staff person to coordinate CHKS administration for their schools. In YRBS years, these coordinators will be cross-trained to administer YRBS and CHKS simultaneously. Aligning YRBS and CHKS administration will also increase buy-in from principals and teachers, who are familiar with CHKS administration.

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 – and may illuminate their needs and therefore help generate new programs or resources – they will be more likely to participate. If students believe that what they say matters, they will contribute. To build interest, OUSD will explore ways to embed YRBS data in the dashboards developed by RAD and share site reports that schools can use for site needs assessment, planning and fund development.

An additional barrier based on our experience with Profiles and a similar ‘Wellness Inventory’ administered in alternating years is that not all staff are knowledgeable about the programs and policies implemented at their site; there is no single repository of this knowledge. To mitigate this concern, we are requesting that Profiles be completed by the individuals that we believe are most knowledgeable about these issues – designated Health Education Leaders and site principals.

Finally, it can be a barrier to bring attention to health-related issues in a school district challenged to provide high-quality, equitable education to a large number of low-income students in a city and state underfunded for public education. The mitigation strategy is one of the reasons the applicant’s capacity is so strong: OUSD, Alameda County and the local service providers and funders have built a very strong foundation for health education and health services for teens, including a relatively well-resourced Health and Wellness department in the district that is the driving force behind this project proposal.

Work Plan

Year 1:

Period of Performance Outcome:		Outcome Measure:	
1) Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies		A. % of OUSD high school students who complete YRBS surveys	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1. Re-convene Sexual Health Advisory Council (SHAC) to review and provide guidance around surveillance, program evaluation, and dissemination.	<ul style="list-style-type: none"> • # active SHAC members • # of meetings held during year • Actions taken during meetings 	Ilsa Bertolini, Mara Larsen-Fleming	September 30, 2018
2. Convene health survey planning committee to guide and develop joint YRBS/CHKS administration and communication plan.	<ul style="list-style-type: none"> • # meetings convened • Meeting minutes 	Mara Larsen-Fleming, Veronica Chew	September 30, 2018
3. Develop local YRBS questionnaire meeting specifications outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> . Include at least 4 of 7 standard sexual behavior questions; two standard questions on sexual identity and sex of sexual contacts; and three designated questions from the 2019 YRBS Optional Question List on sexual health education, sexual health services, and safe and supportive school environments.	<ul style="list-style-type: none"> • OUSD version of questionnaire is developed and submitted 	Mara Larsen-Fleming, Ilsa Bertolini, Veronica Chew	October 31, 2018

4. Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of samples that will generate district-wide and sub-site estimates of all students in grades 9-12.	• Sampling frame and parameters are approved by CDC	Research, Assessment and Data (RAD) department	December 31, 2018
5. Collaborate with other CDC-funded agencies and organizations to coordinate data collection for other local schools.	• Meeting minutes	Ilsa Bertolini	December 31, 2018
6. Administer YRBS in grades 9-12 according to survey administration procedures outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> .	• # of surveys collected	Ilsa Bertolini	March 31, 2019
7. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.	• Tracking forms submitted	Ilsa Bertolini	May 31, 2019
8. Submit all completed raw data sets and appropriate sample documentation forms as specified in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> to the CDC Survey TA contractor for processing.	• Data is submitted	Ilsa Bertolini	May 31, 2019
9. Convene health survey planning committee to debrief/review YRBS survey administration and recommend changes to increase the quality of data for the next cycle and better institutionalize YRBS within the district and its schools	• Recommendations are finalized	Mara Larsen-Fleming, Veronica Chew	June 30, 2019
10. Add YRBS data to OUSD data dashboards to be used by schools, district departments, and community partner agencies for planning.	• YRBS data is included in OUSD data dashboards	Veronica Chew, Mara Larsen-Fleming	June 30, 2019

Year 2:

Period of Performance Outcome:		Outcome Measure:	
1) Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies		A. % of OUSD secondary schools for which one teacher and Principal complete Profiles survey	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1. Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of local samples that will generate district-wide and sub-site estimates of all secondary schools according to specifications outlined in the <i>Handbook for Conducting School Health Profiles</i> .	• Sampling frame and parameters created	Research, Assessment, and Data Department	December 31, 2019
2. Collaborate with other CDC-funded agencies and organizations to coordinate data collection for Profiles conducted among other local schools.	• Evidence of collaboration	Ilsa Bertolini	December 31, 2019
3. E-mail to all middle and high school principals and Health Education Leaders, targeting those who completed the Profiles questionnaire in 2015 or 2017.	• # of emails sent	Ilsa Bertolini	January 31, 2020
4. Distribute Profiles questionnaires via Survey Monkey to all middle and high school principals and Health Education Leaders.	• # of questionnaires sent and received	Ilsa Bertolini	February 28, 2020
5. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.	• Tracking forms completed	Ilsa Bertolini	April 30, 2020
6. Submit all completed questionnaires and appropriate sample documentation forms as specified in the <i>Handbook for</i>	• Questionnaires and forms submitted	Ilsa Bertolini	May 31, 2020

<p><i>Conducting School Health Profiles to the CDC Survey TA contractor for processing.</i></p>			
<p>7. Analyze YRBS results by key student demographic groupings.</p>	<ul style="list-style-type: none"> • YRBS findings including health disparities 	<p>Ilsa Bertolini, RAD team</p>	<p>December 31, 2019</p>
<p>8. Develop a summary report of salient YRBS findings.</p>	<ul style="list-style-type: none"> • Summary is created 	<p>Ilsa Bertolini</p>	<p>January 31, 2020</p>
<p>9. Disseminate YRBS summary findings to key stakeholders including Sexual Health Advisory Council, OUSD Wellness Council and Comprehensive Health Education and Access to and Coordination of Student Health Services Subcommittees.</p>	<ul style="list-style-type: none"> • # of stakeholders who receive summary findings 	<p>Ilsa Bertolini, Mara Larsen-Fleming</p>	<p>March 31, 2020</p>
<p>10. Based on SHAC and other stakeholder advice, create targeted materials that highlight important findings and implications for OUSD policy and practice, as well as local service delivery.</p>	<ul style="list-style-type: none"> • Targeted materials are created 	<p>Ilsa Bertolini, Mara Larsen-Fleming</p>	<p>May 31, 2020</p>
<p>11. Disseminate materials such as fact sheets and reports, and use the results to help target and improve interventions, establish funding priorities, and support development of policies and practices to reduce priority health risk behaviors among youth. Report how YRBS data are used to CDC upon request.</p>	<ul style="list-style-type: none"> • # of materials created • # and breadth of stakeholders who receive materials 	<p>Ilsa Bertolini, Mara Larsen-Fleming</p>	<p>July 31, 2020</p>
<p>12. Identify key health and wellness metrics to track and report over time (e.g., condom use, bullying, sexual coercion).</p>	<ul style="list-style-type: none"> • Metrics defined 	<p>Ilsa Bertolini, Mara Larsen-Fleming, RAD</p>	<p>March 31, 2020</p>
<p>13. Debrief/review Profiles administration and recommend changes to increase data quality for the next cycle and better institutionalize Profiles within the district and its schools</p>	<ul style="list-style-type: none"> • Recommendations are finalized 	<p>Ilsa Bertolini</p>	<p>June 30, 2020</p>

14. Integrate these metrics and YRBS results in district dashboards.	<ul style="list-style-type: none"> # of data elements available in OUSD dashboard(s) 	Veronica Chew, Mara Larsen-Fleming	July 31, 2020
15. Prepare and disseminate high-level summary of Profiles results.	<ul style="list-style-type: none"> Summary created 	Ilsa Bertolini	July 31, 2020

Year 3:

Period of Performance Outcome:		Outcome Measure:	
1) Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies		A. % of OUSD high school students who complete YRBS surveys B. Extent to which key stakeholders demonstrate understanding of youth risk behaviors and OUSD health policies and practices	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1. Convene health survey planning committee to guide and develop joint YRBS/CHKS administration and communication plan.	<ul style="list-style-type: none"> # meetings convened Meeting minutes 	Mara Larsen-Fleming	September 30, 2020
2. Develop local YRBS questionnaire meeting specifications outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> . Include at least 4 of 7 standard sexual behavior questions; two standard questions on sexual identity and sex of sexual contacts; and three designated questions from the 2019 YRBS Optional Question List on sexual health education, sexual health services, and safe and supportive school environments.	<ul style="list-style-type: none"> OUSD version of questionnaire is developed and submitted 	Ilsa Bertolini	October 31, 2020
3. Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of samples that will generate district-wide and sub-site estimates of all students in grades 9-12.	<ul style="list-style-type: none"> Sampling frame and parameters are approved by CDC 	RAD	December 31, 2020

4. Collaborate with other CDC-funded agencies and organizations to coordinate data collection for other local schools.	• Meeting minutes	Ilsa Bertolini	December 31, 2020
5. Administer YRBS in grades 9-12 according to survey administration procedures outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> .	• # of surveys collected	Ilsa Bertolini	March 31, 2021
6. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.	• Tracking forms submitted	Ilsa Bertolini	May 31, 2021
7. Submit all completed raw data sets and appropriate sample documentation forms as specified in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> to the CDC Survey TA contractor for processing.	• Data is submitted	Ilsa Bertolini	May 31, 2021
8. Convene health survey planning committee to debrief/review YRBS survey administration and recommend changes to increase the quality of data for the next cycle and better institutionalize YRBS within the district and its schools	• Recommendations are finalized	Mara Larsen-Fleming	June 30, 2021
9. Continue to analyze any new results, refine and share information through meetings and publications.	• Materials created and shared	Ilsa Bertolini, Mara Larsen-Fleming, RAD, Communications Department	July 31, 2021

Year 4:

Period of Performance Outcome:		Outcome Measure:	
1) Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies		A. % of OUSD secondary schools for which one teacher and Principal complete Profiles survey B. Extent to which key stakeholders demonstrate understanding of youth risk behaviors and OUSD health policies and practices	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1. Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of local samples that will generate district-wide and sub-site estimates of all secondary schools according to specifications outlined in the <i>Handbook for Conducting School Health Profiles</i> .	<ul style="list-style-type: none"> Sampling frame and parameters created 	RAD	December 31, 2021
2. Collaborate with other CDC-funded agencies and organizations to coordinate data collection for Profiles conducted among other local schools.	<ul style="list-style-type: none"> Evidence of collaboration 	Ilsa Bertolini	December 31, 2021
3. E-mail to all middle and high school principals and Health Education Leaders, targeting those who completed the Profiles questionnaire in 2017 or 2020.	<ul style="list-style-type: none"> # of emails sent 	Ilsa Bertolini	January 31, 2022
4. Distribute Profiles questionnaires via Survey Monkey to all middle and high school principals and Health Education Leaders.	<ul style="list-style-type: none"> # of questionnaires sent and received 	Ilsa Bertolini	February 28, 2022

5. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.	<ul style="list-style-type: none"> Tracking forms completed 	Ilsa Bertolini	April 30, 2022
6. Submit all completed questionnaires and appropriate sample documentation forms as specified in the <i>Handbook for Conducting School Health Profiles</i> to the CDC Survey TA contractor for processing.	<ul style="list-style-type: none"> Questionnaires and forms submitted 	Ilsa Bertolini	May 31, 2022
7. Debrief/review Profiles administration and recommend changes to increase the quality of data for the next cycle and better institutionalize Profiles within the district and its schools	<ul style="list-style-type: none"> Recommendations are finalized 	Ilsa Bertolini	June 30, 2022
10. Continue to analyze any new results, refine and share information through meetings and publications.	<ul style="list-style-type: none"> Materials created and shared 	Ilsa Bertolini, Mara Larsen-Fleming, RAD, Communications Department	July 31, 2022

Year 5:

Period of Performance Outcome:		Outcome Measure:	
1) Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies		A. % of OUSD high school students who complete YRBS surveys B. Extent to which key stakeholders demonstrate understanding of youth risk behaviors and OUSD health policies and practices	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1. Convene health survey planning committee to guide and develop joint YRBS/CHKS administration and communication plan.	<ul style="list-style-type: none"> # meetings convened Meeting minutes 	Mara Larsen-Fleming	September 30, 2022
2. Develop local YRBS questionnaire meeting specifications outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> . Include at least 4 of 7 standard sexual behavior questions; two standard questions on sexual identity and sex of sexual contacts; and three designated questions from the 2019 YRBS Optional Question List on sexual health education, sexual health services, and safe and supportive school environments.	<ul style="list-style-type: none"> OUSD version of questionnaire is developed and submitted 	Ilsa Bertolini	October 31, 2022
3. Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of samples that will generate district-wide and sub-site estimates of all students in grades 9-12.	<ul style="list-style-type: none"> Sampling frame and parameters are approved by CDC 	RAD	December 31, 2022

4. Collaborate with other CDC-funded agencies and organizations to coordinate data collection for other local schools.	• Meeting minutes	Ilsa Bertolini	December 31, 2022
5. Administer YRBS in grades 9-12 according to survey administration procedures outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> .	• # of surveys collected	Ilsa Bertolini	March 31, 2023
6. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.	• Tracking forms submitted	Ilsa Bertolini	May 31, 2023
7. Submit all completed raw data sets and appropriate sample documentation forms as specified in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> to the CDC Survey TA contractor for processing.	• Data is submitted	Ilsa Bertolini	May 31, 2023
8. Convene health survey planning committee to debrief/review YRBS survey administration and recommend changes to increase the quality of data for the next cycle and better institutionalize YRBS within the district and its schools	• Recommendations are finalized	Mara Larsen-Fleming	June 30, 2023
9. Continue to analyze any new results, refine and share information through meetings and publications.	• Materials created and shared	Ilsa Bertolini, Mara Larsen-Fleming, RAD, Communications Department	July 31, 2023



Oakland Unified School District's

Healthy Teen Program

ADOLESCENT AND SCHOOL HEALTH

STORIES OF SUCCESS

Just as schools are critical settings for preparing students academically, they are also vital partners in helping young people take responsibility for their health. School health programs can help teens adopt lifelong attitudes and behaviors that support overall health and well-being—including behaviors that can reduce their risk for HIV and other sexually transmitted diseases (STDs).

Programs that are most effective in reducing sexual health risk behaviors among teens have several common attributes, which include:

- ▶ Being delivered by trained instructors
- ▶ Being age-appropriate
- ▶ Including components on skill-building, support of healthy behaviors in school environments, and involving parents, youth-serving organizations, and health organizations

Oakland Unified School District (OUSD)'s Healthy Oakland Teens Program is an example of one program that meets these criteria. OUSD implemented a successful campaign to ensure all 6th, 7th, and 9th graders in their district receive evidence-informed sexual health education.

Gaps in health education put teens at risk

In 2011, the statistics for STDs in Oakland were startling: the rates of gonorrhea and chlamydia were twice as high as the overall county rate. Also, the California Healthy Kids Survey conducted in 2011-2012 found that 33% of OUSD's sexually active 7th graders reported rarely or never using a condom. At that time, there was no consistent approach to sexual health education in OUSD, with some classes focusing exclusively on HIV prevention and other classes only discussing pregnancy prevention. Other important topics, such as LGBTQ health, were generally not addressed.

A group of dedicated OUSD staff decided to change that story. Working together they compiled data, navigated challenges and created a collaborative solution, which was then funded through the Centers for Disease Control and Prevention (CDC). OUSD is one of 17 local education agencies in the nation that received funding from CDC's Division of Adolescent and School Health (DASH).

Effective school health programs include components on:



Skill-building



Supporting healthy behaviors in school environments



Involving parents, youth-serving organizations, and health organizations

Oakland's health education curriculum gets an overhaul

The Healthy Oakland Teens program took several initial steps to ensure success from the beginning. The program:

- ▶ **Reviewed available sex education curricula.** Using CDC's standards-based Health Education Curriculum Analysis Tool, the program assessed numerous curriculum to see if one would be a good fit for OUSD.
- ▶ **Developed a new sexual health education curriculum.** Finding no curricula that met the unique needs of their students and teachers, Oakland developed their own high school and middle school sexual health education curriculum based on the National Sexuality Education Standards, the California Education code, and science and English Language Standards.
- ▶ **Incorporated expert feedback** into the new curriculum following an extensive review from experts in science and education and input from parents and students.
- ▶ **Integrated sexual health education curriculum into OUSD schools.** The delivery of the OUSD sexual health education program was designed to be embedded into science and English/Language Arts classes. All of the science and English/Language arts teachers received intensive training on the new curriculum and its effective delivery.
- ▶ **Tested new curriculum.** The new curriculum was pilot tested in 2 high schools in 2014, revised, and then implemented at the remaining 15 high schools in OUSD during "Sex Ed Week"—March 9–13, 2015.

A new curriculum debuts to thousands of teens

Over the past two years, 5,000 9th graders received 10 lessons in sexual health education during high school Sex Ed Week. The program also launched an app called Healthy Oakland Teens which connects students to the closest teen clinics and school-based health centers (SBHC). These clinics and SBHCs provide free youth-friendly STD and HIV testing, sexual assault counseling, mental health counseling, and alcohol and substance use counseling services. Students downloaded the app while receiving the lesson "Legal Rights and Accessing Valid Resources" during Sex Ed Week.

What's Next?

Healthy Oakland Teens is embarking on its third year of conducting Sex Ed Week for 9th grade students at 18 school sites. With a new focus on students in special education classes and those learning English, all students will have accessible comprehensive sex education in Oakland. In addition, after finalizing the middle school curriculum to reflect the new California Healthy Youth Act, the middle school curriculum was delivered during middle school Sex Ed Week to 6th and 7th graders at 18 school sites in February 2017.

During their fourth year of funding, the program continues to focus on providing safe and supportive environments for LGBTQ youth by training additional staff and teachers, with an emphasis on non-teaching staff, such as cafeteria workers, administrative assistants, and custodians. OUSD offers training at every school within the district, not just the selected priority schools as required by CDC/DASH funding. The program will also continue to market the Healthy Oakland Teens app as a valuable resource to students.



Research shows that well-designed and well-implemented HIV/STD prevention programs can decrease sexual risk behaviors among students, including:

- ✓ Delaying first sexual intercourse
- ✓ Reducing the number of sex partners
- ✓ Decreasing the number of times students have unprotected sex
- ✓ Increasing condom use

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Health Services for Teens



Teens in the United States are less likely than younger children and adults to receive recommended preventive health services in general. Schools can play a critical role in facilitating the delivery of health services to teens, including sexual health services (SHS). Although teens are generally healthy, sometimes they engage in sexual behaviors that put them at risk for certain health outcomes, such as HIV, STDs, and pregnancy. For instance, in 2014, young people (13–24) accounted for an estimated 22% of all new HIV infections in the United States,¹ and nearly half of the 20 million

new STDs reported each year.² Among U.S. high school students surveyed in 2015, 41% had ever had sex and 43% of sexually active students did not use a condom the last time they had sex.³ Additionally, although teen pregnancy rates have declined consistently during the past 25 years, the rates of unintended pregnancy still remain high. One way to prevent HIV, STDs and pregnancy among teens is to increase their access to and use of SHS, including HIV testing, contraceptive counseling, gonorrhea and chlamydia testing and treatment, and Human Papillomavirus (HPV) vaccination.^{4,5}

Several national guidelines for preventive care specifically include recommendations for SHS for teens. Despite these official guidelines and recommendations, teens may not seek or have access to recommended SHS. For instance, in 2015, only 10% of sexually experienced students reported having ever been tested for HIV,³ and a recent online survey of young people found that only 7% of 15-19 year olds had been tested for STDs in the previous year.⁶

Schools can help increase student access to health services

Schools have direct daily contact with more than 16.5 million students attending grades 9-12, making schools vital partners in connecting teens to health services.

School districts can help teens access SHS either through on-site school services or by referrals to youth-friendly health care providers in the community. Many U.S. schools already have healthcare service infrastructure in place, including school-based health centers (SBHCs) or school nurses, and can play an important role in providing adolescents access to information to help reduce their risk and to services if they are needed.



CDC recommends actions that school districts and schools can take to ensure students have access to key SHS through on-site services at schools, or off-site referrals to youth-friendly, community-based health service providers. SHS can be provided by or linked to SBHCs, school nurses, and community healthcare providers.

One of CDC's key programmatic strategies is to improve schools' capacity to increase adolescents' access to key preventive SHS either by providing on-site services or making referrals to adolescent-friendly community-based health service providers. CDC provides [program guidance](#) on how to increase student access to SHS by encouraging schools to

- Help ensure student confidentiality;
- Increase awareness of adolescent sexual health needs by providing medically accurate information to district and school staff, community partners, and parents;
- Raise student awareness of the need for and availability of SHS (e.g., school-wide social marketing campaigns);
- Establish solid community partners that can help deliver SHS on-site or serve as a source of referral; community partners can assist with sexual health education or professional development trainings;
- Establish a referral system that helps link students to youth-friendly providers; and
- Provide SHS on-site by expanding or making current services more appealing to students or adding new services.

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**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*. 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 sexual health education, increase access to sexual health services, increase safe and supportive environments for students and staff, educate decision-makers on data and policy, and implement and track policy.

OUSD and ACHCSA commit to the following scope of work:

- 1) Andrea Bustamante, Executive Director, Community Schools and Student Services Department, OUSD and Colleen Chawla, Director, ACHCSA will provide leadership and oversight of the grant.
- 2) Mara Larsen-Fleming, Director, Health & Wellness, OUSD and Kimi Sakashita, Associate Director, ACHCSA Center for Healthy Schools and Communities, 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 ACHCSA'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 sexual health education, 16 School-Based Health Centers, Behavioral Health Services, Health Coverage Enrollment Initiative, coordination of the Full-Service Community Schools Initiative and other existing joint programs and services that support OUSD students and families.
 - d. OUSD, HCSA and 4 Federally-Qualified Health Centers collaborate to oversee and staff 16 School-based Health Centers (SBHCs) that serve students in 21 OUSD middle and high schools. Among other services, students can receive education about condoms and other contraceptive methods, HIV/STI and pregnancy testing, treatment for STIs, and mental health services. OUSD and HCSA are further committed to ensuring that all 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 and ACHCSA staff will continue to collaborate through participation in the following interagency committees: Oakland Thrives Council Health Impact Table, OUSD Wellness Council and Health Access Subcommittee, HIV Prevention and PrEP Care Coordination Meetings, School-Based Health Center Directors Meeting, and Behavioral


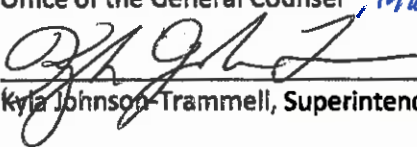
Health Coordination Meetings. At the school sites, ACHCSA site-based staff and subcontractors will be invited to participate on Coordination of Services Team and Site Wellness Councils.

- f. Communication with ACHCSA regarding Standards to Facilitate Data Sharing in accordance with HIPAA and FERPA and Use of Surveillance Data for Public Health Action to ensure data security and confidentiality policies and procedures for testing, reporting, and partner notification. Such data sharing under this MOU shall be governed by Section 13 of the Master Agreement Between OUSD and the County of Alameda Related to School-based Support Services (effective Oct. 1, 2015 through Sept. 30, 2020; OUSD Enactment No. 15-1736) ("Master Agreement"), and such provisions of the Master Agreement are incorporated into this MOU as if fully set forth herein. The provisions of Section 13 of the Master Agreement shall remain applicable to this MOU even if said Master Agreement is terminated or expires.
- g. OUSD and HCSA staff will define the roles and responsibilities for staff participating in the HIV Materials Review Panel (referred to locally as the OUSD Curriculum and Materials Review Task Force). OUSD's Curriculum and Materials Review Task Force includes representatives from the Community Schools and Student Service's Health & Wellness Unit, Teaching and Learning's Science Department, as well as various teachers, principals, parents, students, and community partners such as School Based Health Center staff, and the Division of Communicable Disease Control and Prevention at Alameda County Public Health Department.

On behalf of our respective agencies, we hereby execute this Memorandum of Understanding between Oakland Unified School District and Alameda County Health Care Services Agency, Public Health Department for the period of August 1, 2018 through July 31, 2023.

Oakland Unified School District:

Approved as to Form:


Office of the General Counsel, *MICHAEL L. SMITH* Date: 3/26/18

Kyla Johnson-Trammell, Superintendent Date: 4/9/18

County of Alameda:


Colleen Chawla, Director,
Health Care Services Agency Date: 3/22/18

Aimee Eng

Aimee Eng, President, Board of Education 6/28/18