**Form Approved**

**OMB No: 0920-XXXX**

**Exp. Date: XX/XX/XXXX**

**“Promoting Adolescent Health through School-Based HIV/STD Prevention”**

**Att. 4b**

**SEA SHS Items**

**Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)**

**SEA Measures**

**SEA SHS Measures**

| **Measures** | **Questions for Collection of Measures** |
| --- | --- |
| **SHS Performance Measure 1**: % of priority districts that have a system to refer students to youth friendly off-site providers for key SHS | **Currently, does** [PRIORITY DISTRICT NAME] **have the following components for referral of students to sexual health services?** (Mark yes or no for each component.)

|  |  |
| --- | --- |
| 1. Organizational partnerships, whether formal or informal, between districts or schools and youth-friendly sexual health service providers.
 | Yes ⃝ No ⃝ |
| 1. A list of youth-friendly organizations to which youth can be referred for sexual health services.
 | Yes ⃝ No ⃝ |
| 1. A written procedure for making referrals.
 | Yes ⃝ No ⃝ |
| 1. A written procedure for maintaining student confidentiality throughout the referral process.
 | Yes ⃝ No ⃝ |

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| **SHS Process Measure 1:**Funded SEA has assessed its SHS-related policies | **In the past six months, did you complete each of the following actions regarding the assessment of state-level SHS-related policies (including, laws, codes, or regulations)?** (Mark yes or no for each item.)

|  |  |
| --- | --- |
| 1. Identified policies that guide SHS work.
 | Yes ⃝ No ⃝ |
| 1. Documented any gaps in SHS policies as compared with the *School Level Impact Measures* (SHS SLIM 1).
 | Yes ⃝ No ⃝ |
| 1. Collaborated with SEA leadership and staff to prioritize actions for addressing any identified gaps in SHS policies.
 | Yes ⃝ No ⃝ |

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| **SHS Process Measure 2:**% of priority districts that have assessed their SHS-related policies | **In the past six months, did** [PRIORITY DISTRICT NAME] **complete each of the following actions regarding the assessment of SHS-related policies (including, laws, codes, or regulations)?** (Mark yes or no for each item.)

|  |  |
| --- | --- |
| 1. Identified policies that guide SHS work.
 | Yes ⃝ No ⃝ |
| 1. Determined whether SHS policies are aligned with state policies, codes, laws, and regulations.
 | Yes ⃝ No ⃝ |
| 1. Documented gaps in SHS policies as compared with the *School Level Impact Measures* (SHS SLIM 1).
 | Yes ⃝ No ⃝ |
| 1. Collaborated with district leadership and staff to prioritize actions for addressing identified gaps in SHS policies.
 | Yes ⃝ No ⃝ |

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| **SHS Process Measure 3:** Funded SEA has monitored the implementation of its SHS-related policies in priority districts | **In the past six months, did you complete each of the following actions regarding the monitoring of priority district implementation of state-level SHS-related policies (including, laws, codes, or regulations)?** (Mark yes or no for each item.)

|  |  |
| --- | --- |
| 1. Developed or maintained a list of priority districts’ current SHS policies.
 | Yes ⃝ No ⃝ |
| 1. Reviewed priority districts’ SHS policy guidance to ensure alignment with state law, state education agency policy, and district policy.
 | Yes ⃝ No ⃝ |
| 1. Tracked priority districts’ implementation of SHS policies
 | Yes ⃝ No ⃝ |

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| **SHS Process Measure 4:**% of priority districts that monitored school implementation of SHS-related policies | **In the past six months, did** [PRIORITY DISTRICT NAME] **complete each of the following actions regarding the monitoring of schools’ implementation of SHS-related policies (including, laws, codes, or regulations)?** (Mark yes or no for each item.)

|  |  |
| --- | --- |
| 1. Maintained or developed a list of schools’ current SHS policy guidance.
 | Yes ⃝ No ⃝ |
| 1. Reviewed school-level SHS policy guidance to ensure alignment with state law, state education agency policy, and district policy.
 | Yes ⃝ No ⃝ |
| 1. Tracked school-level implementation of SHS policy guidance.
 | Yes ⃝ No ⃝ |
| 1. Prepared informational materials about SHS policies or policy options for stakeholders.
2. Maintained a tracking system of schools that have used CDC’s School Health Index to evaluate SHS policy implementation.
 | Yes ⃝ No ⃝Yes ⃝ No ⃝ |

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| **SHS Process Measure 5:** % of priority districts that received assistance on SHS  | **In the past six months, how often did you interact with** [PRIORITY DISTRICT NAME] **to provide assistance (e.g., professional development events, technical assistance, guidance or resource materials, and referrals to other agencies or organizations) on SHS?**\_\_\_\_\_ Never\_\_\_\_\_ 1 time\_\_\_\_\_ 2 times\_\_\_\_\_ 3 - 5 times\_\_\_\_\_ 6 - 10 times\_\_\_\_\_ 11 - 15 times\_\_\_\_\_ 16 - 20 times\_\_\_\_\_ 21 or more times**On what SHS topics did you provide assistance to** [PRIORITY DISTRICT NAME]**?** (check all that apply)* **Organizational Partnerships** - Establish new or strengthen existing organizational partnerships, whether formal or informal, between districts or schools and youth-friendly sexual health service providers
* **Assessment of Clinical Services/Youth Friendly -** Assess sexual health service providers for youth-friendliness of clinical services
* **Develop Referral Protocol** - Develop or revise a written sexual health service referral procedure
* **Implement Referral Protocol** - Implement a written sexual health service referral procedure
* **Identify student SHS needs** – Provide guidance for school health services staff to appropriately identify student SHS needs
* **Referral Guide** - Create a list of youth-friendly sexual health service providers
* **Develop/Revise Confidentiality Procedures** - Develop or revise a procedure for maintaining student confidentiality throughout the referral process
* **Implement Confidentiality Procedures** - Implement a procedure for maintaining student confidentiality throughout the referral process
* **Expand onsite health services** - Expand onsite youth-friendly school health services
* **Reimbursement for Services** - Obtain third-party reimbursement for the provision of school-based health services
* **Market SHS to students** - Implement strategies to ensure awareness among students of sexual health service providers and referral services
* **Engage Youth -** Implement strategies to engage youth in the design, delivery and evaluation of sexual health services
* **Policy Assessment** - Assess sexual health services policies
* **Policy Implementation Monitoring** - Monitor the implementation of sexual health services policies
* **SHS Controversy** - Manage controversy around sexual health services
* **Staff Competencies in SHS delivery** - Build staff competencies and techniques to improve the delivery of sexual health
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| **SHS Process Measure 6:**Frequency with which funded SEA received assistance from NGO on SHS | **In the past six months, how often did you interact with the National Coalition of STD Directors to receive assistance (e.g., professional development events, technical assistance, guidance or resource materials, and referrals to other agencies or organizations) on SHS?**\_\_\_\_\_ Never\_\_\_\_\_ 1 time\_\_\_\_\_ 2 times\_\_\_\_\_ 3 - 5 times\_\_\_\_\_ 6 - 10 times\_\_\_\_\_ 11 - 15 times\_\_\_\_\_ 16 - 20 times\_\_\_\_\_ 21 or more times |