Form Approved

**OMB No: 0920-XXXX** 

Exp. Date: XX/XX/XXXX

"Promoting Adolescent Health through School-Based HIV/STD Prevention"

Att. 5b

**LEA 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)

## **LEA Measures**

## **LEA SHS Measures**

Measures	Questions for Collection of Measures			
SHS	Currently, does your district have any of the following components for referral of students to sexual health services? (Mark yes			
Performance	or no for each component.)		,	
Measure 1:	a. Organizational partnerships, whether formal or informal, between	Yes 🔾 I	No 🔾	
Funded LEA has	the district and youth-friendly sexual health service providers.			
a system to refer	b. A list of youth-friendly organizations to which youth can be referred	Yes 🔘 I	No 🔾	
students to	for sexual health services.			
youth-friendly	c. A written procedure for making referrals.	Yes 🔾 I	No 🔾	
off-site providers	d. A written procedure for maintaining student confidentiality	Yes 🔾 I	No 🔾	
for key SHS	throughout the referral process.			
<u>SHS</u>	In the past 6 months, how many instances of referrals were made within each priority school to youth-friendly off-site providers			
<u>Performance</u>	or SBHCs for ANY of the key sexual health services? (Indicate the number	er of referra	s made for each priority school.)	
Measure 3: # of	Priority School Name		# of Referrals Made	
referrals made				
by school staff to				
youth-friendly				
off-site providers				
or SBHCs for ANY				
of the following				
key sexual health				
services				
SHS Process	In the past six months, did you complete each of the following actions re	egarding SF	IS- related policies (including, laws, codes, or	
Measure 1:	regulations)? (Mark yes or no for each item.)	v. O N		
Funded LEA has		Yes O No		
assessed its SHS- related policies		Yes O No	$\circ$	
related policies	codes, laws, and regulations.	., .		
		Yes O No	O	
	Level Impact Measures (SHS SLIM 1).	., .		
	·	Yes O No	O	
	for addressing identified gaps in SHS policies.			

Measures	Questions for Collection of Measures		
SHS Process	In the past six months, did you complete each of the following actions regarding monitoring of priority schools' implementation		
Measure 2:	of SHS-related policies (including, laws, codes, or regulations)? (Mark yes or no for each item.)		
Funded LEA has monitored the	a. Developed or maintained a list of current school-level SHS policy Yes O No O guidance for priority schools.		
implementation of SHS-related	b. Reviewed priority schools' SHS policy guidance to ensure Yes O No O alignment with state law, state education agency policy, and		
policies in	district policy.		
priority schools	c. Tracked priority schools' implementation of SHS related policies. Yes $\bigcirc$ No $\bigcirc$		
	d. Prepared informational materials about current SHS policies or Yes O No O policy options for stakeholders.		
	e. Maintained a tracking system of priority schools that have used Yes O No O CDC's School Health Index to evaluate SHS policy		
	implementation.		
SHS Process	1. In the past six months, how often did you interact with [PRIORITY SCHOOL NAME] to provide assistance (e.g., professional		
Measure 3:	development events, technical assistance, guidance or resource materials, and referrals to other agencies or organizations)		
% of priority	on SHS?		
schools that	Never		
received	1 time		
assistance on	2 times		
SHS	3 - 5 times		
	6 - 10 times		
	11 - 15 times		
	16 - 20 times		
	21 or more times		
	2. On what SHS topics did you provide assistance to [PRIORITY SCHOOL NAME]? (check all that apply)		
	O Organizational Partnerships - Establish new or strengthen existing organizational partnerships, whether formal or informal,		
	between districts or schools and youth-friendly sexual health service providers		
	O Assessment of Clinical Services/Youth Friendly - Assess sexual health service providers for youth-friendliness of clinical services		
	O Develop Referral Protocol - Develop or revise a written sexual health service referral procedure		
	O Implement Referral Protocol - Implement a written sexual health service referral procedure		
	O Identify student SHS needs – Provide guidance for school health services staff to appropriately identify student SHS needs		

Measures	Questions for Collection of Measures		
	O Referral Guide - Create a list of youth-friendly sexual health service providers		
	O Develop/Revise Confidentiality Procedures - Develop or revise a procedure for maintaining student confidentiality		
	throughout the referral process		
	O Implement Confidentiality Procedures - Implement a procedure for maintaining student confidentiality throughout the referral process		
	0 Expand onsite health services - Expand onsite youth-friendly school health services		
	O Reimbursement for Services - Obtain third-party reimbursement for the provision of school-based health services		
	O Market SHS to students - Implement strategies to ensure awareness among students of sexual health service providers and referral services		
	<ul> <li>Engage Youth - Implement strategies to engage youth in the design, delivery and evaluation of sexual health services</li> <li>Policy Assessment - Assess sexual health services policies</li> </ul>		
	o Policy Implementation Monitoring - Monitor the implementation of sexual health services policies		
	0 SHS Controversy - Manage controversy around sexual health services		
	O Staff Competencies in SHS delivery - Build staff competencies and techniques to improve the delivery of sexual health services		
SHS Process	In the past six months, how often did you interact with CAI to receive assistance (e.g., professional development events,		
Measure 4:	technical assistance, guidance or resource materials, and referrals to other agencies or organizations) on SHS?		
Frequency with	Never		
which funded	1 time		
LEA received	2 times		
assistance from	3 - 5 times		
NGO on SHS	6 - 10 times		
	11 - 15 times		
	16 - 20 times		
	21 or more times		