



SCHOOL BOARD ACTION REPORT

DATE: April 24, 2018
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For Introduction: May 23, 2018
For Action: June 6, 2018

1. TITLE

Center for Disease Control and Prevention (CDC) Promoting Adolescent Health through School Based HIV Prevention Grant

2. PURPOSE

This Board Action Report is requesting approval for the Superintendent to accept the Center for Disease Control and Prevention (CDC) Promoting Adolescent Health through School-Based HIV Prevention Grant for the amount of \$1,790,425 (\$358,085 a year) for 5 years, should the grant be awarded to Seattle Public Schools (SPS).

3. RECOMMENDED MOTION

I move that the School Board authorize the Superintendent to accept Center for Disease Control and Prevention (CDC) Promoting Adolescent Health through School Based HIV Prevention Grant for the amount of \$1,790,425 (\$358,085 a year) for 5 years, should the grant be awarded to Seattle Public Schools.

4. BACKGROUND INFORMATION

a. Background

With an average of 470 new HIV cases per year, Seattle is a high-needs region committed to addressing HIV and other sexually transmitted diseases (STDs). In King County, rates of chlamydia, gonorrhea, syphilis, and herpes are higher than the Washington State average. In addition to HIV and STD risk, data related to drug and alcohol use among Seattle's young people are concerning. SPS students also report mental health distress similar to national studies. (The Research section below contains more detailed statistics.)

In response to these concerning trends, SPS has submitted a grant application to the CDC's Promoting Adolescent Health through School Based HIV Prevention Grant. The application asks for funding for a program that will improve health education and prevention efforts in middle and high school health related to sexual health. Specifically, professional development offerings will focus on sexual health, collaborations will be established with school-based health clinics, and supports will be established and

expanded related to safe and supportive school environments. This includes anti-bullying efforts and additional supports for LGBTQ young people, as well the impact of drugs and alcohol on healthy relationships.

The application for this grant has been submitted to the CDC and will be awarded July 1, 2018. Due to the timing and the summer vacation schedule, staff is requesting advance approval for the Superintendent to accept the grant funds should they be awarded to SPS.

b. Alternatives

Do not approve acceptance of this grant. This is not recommended, as it would keep SPS from taking advantage of this external funding opportunity.

c. Research

Within King County, 27% of students reported using illicit substances. While illicit substance use has been decreasing among students overall, drug use remains a relevant issue — particularly among older youth. According to National Youth Risk Behavior Survey data, adolescent marijuana use was 39% in 2015 and 42% report drinking three or more days in the past month and/or binge drinking episodes.

Twenty percent of Seattle Public Schools students completing the 2016 Healthy Youth Survey (HYS) identified as gay, lesbian, bisexual, or unsure; almost half of high school seniors report they have had sexual intercourse; and nearly 20% of seniors report being forced to engage in unwanted sexual behavior. The same survey results show lifetime marijuana use for 12th graders at 45% and 62% of high school students report drinking at least once in the month prior to the HYS.

Subpopulations based on race, sexual orientation, and gender identity experience health inequities due to historic, systemic racism and discrimination by school systems and health providers. In King County, Latina teens experience disproportionately high rates of teen births and people of color are disproportionately at risk for contracting HIV and STDs. LGBT youth are at a higher risk to contract STDs than youth who do not identify as LGBT.

5. FISCAL IMPACT/REVENUE SOURCE

Fiscal impact to this action will be the receipt of up to \$358,085 in grant funds per year for 5 years.

The revenue source for this motion is grant funding from the Center for Disease Control and Prevention.

Expenditure: One-time Annual Multi-Year N/A

Revenue: One-time Annual Multi-Year N/A

6. COMMUNITY ENGAGEMENT

With guidance from the District’s Community Engagement tool, this action was determined to merit the following tier of community engagement:

Not applicable

Tier 1: Inform

Tier 2: Consult/Involve

Tier 3: Collaborate

SPS will work with the evaluation team to determine the best methods for dissemination and will consider how best to reach primary audiences—students and families—as well community partners, school administrators, district officials, community members, and others with decision-making power over key resources that support student health and wellness. The evaluation team will consider multiple methods of dissemination, from print to electronic and web-based materials, community forums, television, etc. SPS remains committed to its policy supporting speakers of diverse languages and will provide translated materials and interpretation at community events. SPS will disseminate key Sexual Health Education (SHE), Sexual Health Services (SHS), and Safe and Supportive Environments (SSE) findings from Youth at Risk Behavior Survey (YRBS) and Profiles data annually when new data is available. In collaboration with School Health Advisory Council members and other key stakeholders, SPS will use YRBS and Profiles data to set program goals, develop policies, support health-related legislation, and identify professional development needs. In addition, SPS will disseminate a summary report at the end of the five-year grant period. Evaluation data will not only be used to improve transparency and communication with students and families, but will also provide key information for internal accountability, communication with community partners, and continuous learning and program quality improvement. Through monthly meetings with all SPS team members working on this grant, email updates, biannual reviews, and more, the evaluation team will remain up to date on current evaluation data. The SPS Health Education team will also create opportunities in each evaluation team meeting to collect feedback on program improvement and will hold an annual retreat to assess program quality and make plans for adjustment and accountability measures to document improvement.

7. EQUITY ANALYSIS

Seattle Public Schools will focus interventions to support middle and high school populations affected disproportionately by HIV, STD, teen pregnancy, historic institutionalized violence, and health inequities. Seattle Public Schools has reviewed data from the Healthy Youth Survey, Public Health — Seattle & King County, and other sources, and looks forward to working with the CDC to finalize priority schools for initial intervention. Public Health — Seattle & King County reports on how systemic racism has affected communities in King County and led to health inequities. Historic redlining and racially restrictive covenants forced communities of color to reside in South Seattle and South King County. With communities of color experiencing disproportionate negative health outcomes in South Seattle and South King County, SPS will include middle and high schools from South Seattle in its priority schools. In addition, SPS will select middle and high schools from throughout its district area as priority schools because HIV and STD occurrence are distributed throughout the Seattle area.

Seattle Public Schools will also focus on supporting students of color. In King County, data show a large disparity in rates of teen births by race and ethnicity. Seattle Public Schools will focus its teen pregnancy prevention efforts by ensuring that students of color receive culturally responsive sexual health education, have access to culturally responsive sexual health providers, and feel their school is a safe and supportive environment.

8. STUDENT BENEFIT

Seattle Schools students will receive high quality sexual health education, and improved access to culturally-relevant materials, resources and health care. Students will have access to safe and supportive schools and will see themselves reflected in health-related initiatives in their school buildings. Health education course work will be improved to better reflect the lived experiences of young people, including content related to drugs and alcohol, pregnancy prevention, HIV and STD prevention and anti-bullying/harassment efforts.

9. WHY BOARD ACTION IS NECESSARY

- Amount of contract initial value or contract amendment exceeds \$250,000 (Policy No. 6220)
- Amount of grant exceeds \$250,000 in a single fiscal year (Policy No. 6114)
- Adopting, amending, or repealing a Board policy
- Formally accepting the completion of a public works project and closing out the contract
- Legal requirement for the School Board to take action on this matter
- Board Policy No. _____, [TITLE], provides the Board shall approve this item
- Other: _____

10. POLICY IMPLICATION

Policy No. 6100, Revenues from Local, State and Federal Sources, states, “It is the policy of the Seattle School Board to pursue systematically those funding opportunities that are consistent with district priorities from federal, state, and other governmental units, as well as from private and foundation sources. Sources of funding opportunities may come from local taxes, revenues from local, state or federal resources and/or from grants.”

11. BOARD COMMITTEE RECOMMENDATION

This motion was discussed at the Audit & Finance Committee meeting on May 14, 2018. The Committee reviewed the motion and moved it forward for approval.

12. TIMELINE FOR IMPLEMENTATION

April 13, 2018 - Application Submission
July 1-7th, 2018 – Award notices sent out
August 1, 2018 – Funds Available to district

13. ATTACHMENTS

- CDC Application (for reference)



CDC Centers for Disease Control and Prevention

Promoting Adolescent Health through School-Based HIV Prevention

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For questions and more information about this document, please contact the following:

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This document outlines the requirements for applying for a five-year cooperative agreement between the CDC and Local Education Agencies (LEAs). The purpose of this grant is to improve the health and well-being of our nation's youth by working with education and health agencies, and other organizations to reduce HIV, STD, teen pregnancy, and related health risk behaviors among middle and high school students.



Seattle Public Schools

CDC PS18 1807 GRANT APPLICATION
COMPREHENSIVE APPLICATION

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1. Project Abstract Summary

Seattle Public Schools (SPS) is applying to the Centers for Disease Control and Prevention's (CDC) Notice of Funding Opportunity: Promoting Adolescent Health through School-Based HIV Prevention (CDC-RFA-PS18-1807). The request is for funding to support an approach that includes Component 1: School based surveillance (\$60,000); and Component 2: School-based HIV/STD prevention (\$300,000). SPS expects to collaborate with other organizations who receive Component 3 funds but is not applying for Component 3 in this application.

Seattle Public Schools is the largest school district in Washington State, serving nearly 54,000 students. Students speak 154 languages from 150 countries of origin. Thirty-four percent of students are eligible for free and reduced lunch, 12.6% of Seattle's students receive Special Education services, 5.4% are experiencing homelessness, and 21.7% are English language learners. Twenty percent of Seattle Public Schools students completing the 2016 Healthy Youth Survey identified as gay, lesbian, bisexual, or unsure; almost half of high school seniors report they have had sexual intercourse; and nearly 20% of seniors report being forced to engage in unwanted sexual behavior. Students in these populations experience a wide range of health disparities, including increased risks for HIV and other STDs, as well as victimization, physical threats, and other safety concerns.

The purpose of this project is to collect, analyze, and report on adolescent health risk behaviors using the Youth Risk Behavior Survey (YRBS) and Profiles data; and improve sexual health education (SHE) delivery, increase access to sexual health services (SHS), and strengthen safe and supportive environments (SSE) in Seattle Public Schools.

At the end of the project, SPS expects to achieve the following outcomes:

- Increased percentage of students accessing school-based sexual health services;
- Increased professional development offerings teaching skills-based health and sexual health education in middle and high schools;
- Delayed onset of sexual activity; and for those who are sexually active, increased use of contraceptives and condoms;
- Decreased risk behaviors that place youth at higher risk of adverse health outcomes including substance use and violence; and effective treatment of mental illness;
- Reduced HIV infection and other STDs, and decreased teen pregnancy rates; and
- Increased student academic success.

SPS and its partners will develop and implement activities that improve infrastructure and partnerships with the goal of creating sustainable efforts for improving sexual health outcomes for youth. This will include training teachers, nurses, school-based health center staff, administrators, school counselors, families, and community partners to more effectively support students in decreasing adverse sexual health outcomes. SPS will devote 2.5 FTEs to implement the grant. Collectively, the project staff have more than 40 years of experience successfully implementing CDC grants.

2. Project Narrative for Component 1

a. Background

Seattle Public Schools (SPS) is the largest school district in Washington state, serving nearly 54,000 students. There are approximately 604,000 children and youth in King County. Children and youth up to age 24 make up 30% of the total King County population. Children and youth of color make up almost half of this population.¹ Most children within King County live in the City of Seattle and the south region of King County. Over one-third of these children are enrolled in public schools.²

Seattle Public Schools has 62 elementary schools, 10 Kindergarten-8th grade schools, 12 middle schools, 11 high schools and eight service schools. By grade level, SPS serves 27,823 elementary students (K-5), 11,311 middle school students (6-8), and 14,256 high school students (9-12). Students speak 154 languages from 150 countries of origin and 34% of students are eligible for free and reduced lunch. Additionally, 13% of Seattle's students are designated Special Education, 5% are experiencing homelessness, and 22% are English language learners.³

With an average of 470 new HIV cases per year, Seattle is a high-needs region committed to addressing HIV and other STDs. In King County, rates of chlamydia, gonorrhea, syphilis, and herpes are higher than the Washington State average.⁴ In addition to HIV and STD risk, data related to drug and alcohol use among Seattle's young people are concerning. Within King County, 27% of students reported using illicit substances.⁵ While illicit substance use has been decreasing among students overall, drug use remains a relevant issue – particularly among older youth. According to National Youth Risk Behavior Survey data, adolescent marijuana use was 39% in 2015.⁶ Washington State's Healthy Youth Survey (HYS) 2016 results show lifetime marijuana use for 12th graders at 45%. Of Seattle high school students, 62% report drinking at least once in the month prior to the HYS, and 42% report drinking three or more days in the past month and/or binge drinking episodes.⁷

SPS students also report mental health distress similar to national studies. Among students in grades 9-12 in the U.S. during 2013, the CDC reports that 17% of students seriously considered attempting suicide in the previous 12 months, 14% of students made a plan about how they would attempt suicide in the previous 12 months, and 8% of students attempted suicide one or more times in the previous 12 months.⁸ Seattle's 9-12 grade students report similarly alarming rates of suicide attempts and ideation, as well as high levels of anxiety, nervousness and worry. As early as 8th grade, students report (53%) feeling anxious, nervous or on edge. By 12th grade, 67% of students report feeling anxious, nervous or on edge and 57% say they are not able to stop or control worrying.⁹

Subpopulations based on race, sexual orientation, and gender identity experience health inequities due to historic, systemic racism and historic discrimination by school systems and health providers. In King County, Latina teens experience disproportionately high rates of teen births and adults of color are disproportionately at risk for contracting HIV and STDs.^{10,11} LGBT youth are at a higher risk to contract STDs than youth who do not identify as LGBT and 20% of SPS students report identifying as LGBT or are unsure of their sexual identity.¹²

These data point to the critical need to tailor interventions to support students most at risk and to evaluate interventions to assess program impact.

The Notice of Funding Opportunity, CDC-RFA-PS18-1807, will allow Seattle Public Schools to address root causes and conditions that contribute to negative health outcomes. The work plan efforts will improve short-term and intermediate outcomes for young people. Ultimately, these efforts will decrease HIV and STD rates among adolescents as well as address health disparities faced by subpopulations of young people.

b. Approach

i. Purpose

Seattle Public Schools will increase its understanding of youth risk behaviors through the implementation of the Youth Risk Behavior Survey (YRBS) and Profiles data. These data will drive policy, procedure, and program decisions and will be used internally and externally to inform programmatic efforts aimed at improving health outcomes for youth.

Public Health—Seattle & King County (PHSKC) will partner with Seattle Public Schools to collect, analyze and report on adolescent health risk behaviors using YRBS. The Washington State Department of Education’s Office of the Superintendent of Public Instruction (OSPI) will partner with SPS to collect data on school health policies and practices using School Health Profiles.

ii. Outcomes

The program intends to partner with PHSKC to achieve a successful implementation of YRBS, as measured by obtaining Seattle Public Schools weighted data in YRBS in years 2019, 2021, and 2023. In addition, SPS will partner with OSPI to obtain weighted data for SPS Profiles in 2020 and 2022.

iii. Strategies and Activities

Seattle Public Schools has received CDC/DASH funding for implementation of YRBS and Profiles for over 20 years leading up to 2013. SPS has been a steward of CDC grant funds by obtaining weighted data, collaborating with partners in using the data to drive programmatic, funding and policy decisions, as well as sharing data with key stakeholders. SPS has internal systems and experienced staff who will continue to use strategies and activities that have been established to successfully implement YRBS and Profiles.

Seattle Public Schools will partner with OSPI to obtain district and statewide Profiles data. SPS will work with OSPI to implement compatible and complimentary strategies to achieve Component 1 objectives.

1) Collaborations

a. With other CDC Programs and CDC-funded Organizations

Seattle Public Schools has a long history (25 years) of partnering with the Centers for Disease Control and Prevention, Division of Adolescent Health. Seattle Public Schools commits to partnering with CDC and the National Center for HIV-AIDS, Viral Hepatitis, STD and TB Prevention division, the Agency for Toxic Substances and Disease Registry, and other CDC-funded state, territorial and local (STL) agencies and non-

governmental organizations (NGOs). In addition, SPS will collaborate and seek guidance from CDC staff and other CDC-funded partners to effectively and efficiently achieve the goals of this cooperative agreement. These partners may include other CDC-funded partners, contractors, or representatives from: CDC's Division of HIV/AIDS Prevention (DHAP), CDC's Division of STD Prevention (DSTDP), and CDC's Division of Reproductive Health (DRH); the Department of Health and Human Services' Office of Adolescent Health (OAH) and Administration for Children and Families' Family and Youth Services Bureau (FYSB); the U.S. Department of Education (ED); state and local health departments; and other organizations whose work includes HIV, STD, and/or substance use prevention among teens. SPS' work on this project will support the Healthy People 2020 goals for adolescent health, LGBT health, and HIV and STD prevention, control, and reduction. SPS will continue to refer to the Healthy People 2020 objectives when designing and updating the work plan and evaluation and performance measurement plan.

b. With Other Organizations External to CDC

YRBS and Profiles data are used by many community partners within the Seattle area, Washington State, and beyond. Seattle Public Schools will rely on these important partnerships to achieve mutual goals, share information and data, and leverage resources.

Seattle Public Schools has valued its partnerships with local and national groups for many years. SPS will continue to rely on these relationships to achieve the outcomes of the Component 1 work plan. This includes working with the CDC and CDC-funded organizations, other Component 1 recipients, local Public Health entities, and the Washington State Department of Education's Office of the Superintendent of Public Instruction to collect, analyze and report on YRBS and Profiles data for national, state and local use.

SPS staff will work with other state, local and national agencies to gain insights as to best practices in implementing YRBS and Profiles. This information sharing will be formal and informal (attendance at national conferences/meetings, phone calls, webinars, and in-person meetings as well as email and phone correspondence). SPS staff will work with Public Health – Seattle & King County, other local agencies and school leaders to determine subpopulation report needs. SPS staff will work closely with Seattle Children's Hospital, OSPI, and internal departments including the SPS Communications department to support the distribution of data and reports.

Specific partners that will be an integral part of the YRBS and Profiles work include:

Public Health – Seattle & King County – SPS will work with PHSKC to analyze and report on sexual health risks of specific subpopulations of youth. In addition, PHSKC will use YRBS and Profiles data to determine program and funding priorities related to adolescent health.

Washington State Office of the Superintendent of Public Instruction – OSPI will be the lead agency implementing Profiles. As the largest district in Washington State, Seattle Public Schools will comply with all Profiles requirements and partner with OSPI to ensure outcome measures are met. SPS will be the lead agency implementing YRBS and will collaborate with OSPI to share data and all relevant reports.

Other CDC funded partners – Working with other CDC funded partners has been an important part of the YRBS and Profiles implementation and analysis process. SPS will share reports, data, information, and successful practices in an effort to continuously improve sexual health outcomes for young people.

Beyond these key partnerships, many additional stakeholders will be involved at various levels in YRBS and Profiles data collection, analysis and dissemination. Internally, SPS will work with Curriculum and Instruction leaders, Research and Evaluation staff, Legal and Policy staff, as well as school leaders who are in positions to make programmatic changes at the district and school levels.

Other external partners include PTSA groups, Seattle Children’s Hospital, Harborview Center for Sexual Assault and Traumatic Stress, and The Northwest Network of LGBT Survivors of Abuse. These key community agency partners are involved in school-based programs and will make use of the data in their efforts as well.

Leveraging of Other Funds

The SPS staff person who has historically been responsible for many years of implementation of YRBS is the Manager of Prevention and Intervention. While this position is paid for by SPS, the Prevention and Intervention department will be instrumental in supporting the Healthy Youth Coordinator (TBD) who will be responsible for YRBS administration. The Prevention and Intervention department receives funding from Washington State’s Best Starts for Kids. This funding supports staff in the schools addressing drug and alcohol prevention, pro-social norms campaigns and community coalitions. All of these efforts will be leveraged for the advancement of YRBS, Profiles, and Component 2 efforts.

Many SPS internal partners receive federal funds (Title I, LAP, Department of Justice). These internal departments will make use of YRBS and Profiles data in program planning as well as future funding requests. As the recipient of YRBS/Profiles funding, the SPS Health Education Office will work closely with other SPS departments to use relevant data to support the development of policies and practices that reduce priority risk behaviors among youth.

Strong relationships and collaborative partnerships have allowed SPS to creatively leverage other funds and resources. The School-Based Health Centers have staff and financial resources from City Levy and other sources. SPS works closely with these partners to disseminate information, participate in classroom education, and cross-train with other school district departments. This partnership will continue and will prove invaluable in implementing the project activities.

The Public Health – Seattle & King County epidemiology department has been a partner in both in-kind and contracted data analysis. The epidemiology staff are eager to access YRBS data and provide subpopulation reports.

5-Year Project Period Outcomes:

Please see *Work Plan* on page 17 and *Component 1 Gantt Chart* on page 57 for 5-year YRBS and Profiles implementation.

Review of Activities to Improve Quality

SPS continuously seeks to improve practice through program reviews, data analysis and through seeking feedback from stakeholders. SPS will submit annual reviews of program implementation in an effort to improve future efforts and to better achieve program goals and outcomes. As a funded-partner, program reviews and survey

reports are expected and helpful as SPS seeks to grow and learn more about ways to best approach implementing and analyzing data from YRBS and Profiles. SPS welcomes input and actively seeks feedback from stakeholders at all levels. Funding through this cooperative agreement will allow SPS to use district, school and student level data and evaluation results to help internal and external stakeholders determine best practices based on relevant data. These data will inform intermediate and long-term outcomes of the project, as well as highlight necessary course corrections.

Institutionalization of Survey

Seattle Public Schools has a long history of implementing YRBS and Profiles (over 20 years). While staff turnover has been a challenge in many departments, the key people with institutional memory and experience implementing YRBS and Profiles will remain involved throughout the 5-year project. The current Manager of Prevention & Intervention will document the process and create documents and systems that can live beyond a staff person's tenure at SPS. The Manager of Prevention & Intervention will support the newly formed Healthy Youth Coordinator role, and the Manager of Health Education will supervise the Healthy Youth Coordinator and will provide oversight for the YRBS and Profiles work. The Healthy Youth Coordinator will participate in national YRBS training meetings and seek support as needed. This staff person will have the knowledge and skills to effectively implement YRBS and Profiles and obtain weighted data as outlined in the work plan.

Barriers and Solutions

There are no barriers to the implementation of YRBS or Profiles. There are already systems in place from past implementations and skilled and knowledgeable staff in place to support, lead and train new staff entering the lead role.

While Washington State uses the Healthy Youth Survey state-wide, SPS has navigated the potential challenges of implementing two surveys at once with tremendous success. The collaborative relationship between SPS and OSPI will make it easier to support statewide and local survey implementation. SPS worked closely with Washington State Department of Health and Department of Education in 2017 to help develop survey questions for the Washington State Healthy Youth survey. Among other changes, this resulted in a newly developed question regarding gender identity. SPS will be administering the newly revised Washington State Healthy Youth Survey in 2019.

SPS has hired a new district Superintendent. SPS has always enjoyed having a superintendent who has fully supported all aspects of the work related to sexual health education and safe and supportive environments, and we look forward to working with the new Superintendent and learning more about her priorities. The SPS school board is stable and has been vocally supportive of sexual health education in schools and supports LGBT youth in policy and in practice. SPS has LGBT-inclusive policies and procedures and a history of support for LGBT students, staff and families.

Organizational Capacity to Implement the Approach

SPS has tremendous skill and organizational capacity to implement the approach as evidenced by 20 years of successful grant oversight from 1992-2013. The organizational structure, skill and background of the staff, and support from various levels of the institution all point to being in a solid position to take on this charge.

From the school board to the program manager, to the data systems staff, to families, Seattle Public Schools and its stakeholders are prepared to support the implementation of YRBS and Profiles to increase the understanding of youth risk behaviors.

Agency Structure and Management Authority

All efforts of *Component 1: School-Based Surveillance*, will be conducted by the Health Education Office, within the Department of Coordinated School Health. The Department of Coordinated School Health sits within the Division of Teaching and Learning's Student Support Services. The line of supervision is relatively direct, with an executive director and a chief of student support services between the Health Education Office and the Associate Superintendent. The Manager of Health Education sits on committees and meets regularly with executive director, assistant superintendent, and chief level staff.

SPS is deeply committed to addressing the whole child. District initiatives and superintendent goals reflect this value. Over the past five years, SPS has honed and launched its Multi-Tiered Systems of Support (MTSS) work. The SPS MTSS Whole Child Framework points to the importance of core and tiered instructional supports, data, assessment and progress monitoring, and meeting the needs of each and every student. SPS Strategic Plan Goal 1 refers to ensuring educational excellence for students and the Superintendent Goal 2 references eliminating opportunity gaps and transforming adult attitudes, beliefs and actions. These SPS goals and initiatives align with the overall goals of the grant. Understanding youth risk behaviors will lead us to better serve marginalized and underserved youth. Data gained through YRBS and Profiles will help school leaders determine where schools focus time, energy and resources for policies and programs.

Staffing

The Health Education Office has successfully led YRBS/Profiles and HIV/STD and pregnancy prevention efforts for over 20 years, most of which were years funded under the CDC/DASH cooperative agreement. The current SPS Manager of Health Education, Manager of Prevention and Intervention and the Social-Emotional Learning Coordinator have a combined 56 years working within SPS's health education and health risk-prevention departments.

The primary lead for YRBS efforts will be Lisa Davidson, Manager of Prevention and Intervention. Ms. Davidson will train, support and work side-by side with the Healthy Youth Coordinator (TBD) to ensure all steps and processes are executed to achieve weighted data. Ms. Davidson will be the lead for YRBS in 2019 and will transition leadership to the incoming Healthy Youth Coordinator. Ms. Davidson has 11 years of experience working for Seattle Public Schools and has established relationships, processes, and documents supporting the successful implementation of YRBS. During her 11 years with SPS, Ms. Davidson has successfully supported the planning, implementation, and utilization of data from YRBS. She has overseen YRBS and the Washington State Healthy Youth Survey and is known and well-respected by state and local entities associated with YRBS. Ms. Davidson and the Healthy Youth Coordinator will work closely with SPS communications, SPS research and evaluation staff, Public Health – Seattle and King County, and school leaders to seamlessly perform tasks pertaining to the implementation of the survey. These tasks include preparing communication packets for districts and buildings, contacting selected schools, conducting follow up with non-responders, and providing summaries to the

CDC Survey TA Contractor. SPS will fill the Healthy Youth Coordinator position with someone whose skills include those necessary for successful oversight of YRBS and Profiles administration.

Profiles will be jointly managed by Lisa Love, Manager of Health Education and the Healthy Youth Coordinator (TBD). Ms. Love will work closely with the Healthy Youth Coordinator to establish systems and structures supporting Profiles, and to embed Profiles in the work of SPS. Ms. Love has experience administering Profiles and has the content and evaluation expertise to ensure that the data is interpreted appropriately for policy and program improvement.

Experience Conducting YRBS and Profiles

SPS has demonstrated an ability to successfully implement both YRBS and Profiles. Since the first implementation of YRBS in 1993, SPS has worked to institutionalize the survey and use the results in meaningful ways across the city. SPS has skilled, knowledgeable staff with many years of experience implementing YRBS and Profiles. There are already tools in place to streamline the efforts and relationships are strong for successful participation. SPS will work closely with the CDC Survey TA staff to hone processes and systems to ensure sustainability and to obtain weighted data.

Experience Disseminating and Using Results

Over the past 20 years, Seattle Public Schools has very successfully disseminated and used YRBS and Profiles data. Data was used in training materials for health teachers, counselors, community agencies, parents, school leaders, community coalitions, and more. The data has helped SPS shift organizationally to move toward a whole-child framework within the MTSS model and has given schools the information needed to select programs and partnerships that best align with the needs of their students. At the policy level, YRBS data has been instrumental in helping school board directors and senior leaders to align policies and procedures with supports for students at higher risk of experiencing homelessness, health disparities, and of dropping out.

In years past, the Health Education Office worked with the CDC Survey TA staff to effectively disseminate survey results. SPS joined forces with school staff, students, families and community stakeholders to host community forums highlighting YRBS results. Media representatives and the district communications office ensured access to the results by our many community groups where English was not their preferred language.

The data will continue to act as important measures of health risk for SPS and many of the community partners who use the data for grant applications, policy changes, public health reports, research, strategic planning, and program guidance.

SPS will continue to work with multiple community stakeholders to share data results. The Manager of Prevention and Intervention along with the Healthy Youth Coordinator will provide presentations, press releases, oversee the creation of reports, develop frequently asked questions documents, as well as manage systems for online access to data.

2) Target Populations and Health Disparities

Seattle Public Schools (SPS) serves more than 54,000 students in over 100 school settings; 25,693 are middle or high school students. There are 59 elementary, 11 K-8, 10 middle, 12 high, and 14 self-contained schools. In middle and high school, 25,693 students were enrolled in 2016-17. SPS serves a diverse population where over 50% of the population are students of color. In 2016-17, 36.4% of the student population were in the Free and Reduced Lunch (FRL) program. District-wide, 12.4% of students are eligible for bilingual services (See Figure 1).¹³

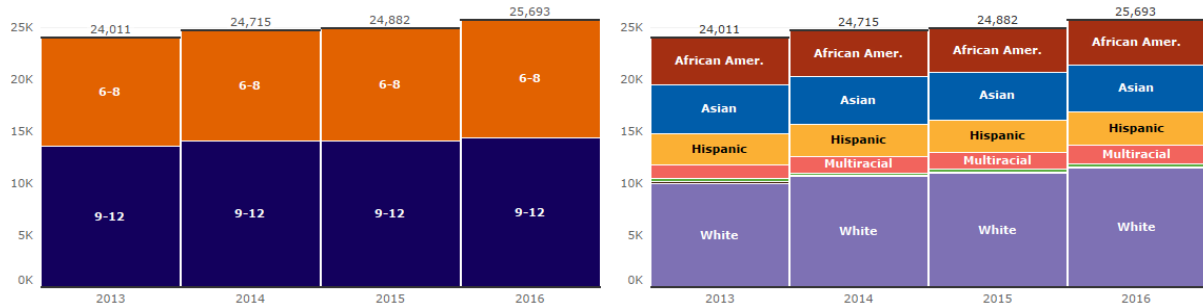


Figure 1. SPS Data Profile Demographics 2016-2017.

Seattle Public Schools will focus interventions to support middle and high school populations affected disproportionately by HIV, STD, teen pregnancy, historic institutionalized violence, and health inequities. Seattle Public Schools has reviewed data from the Healthy Youth Survey, Public Health – Seattle & King County, and other sources, and looks forward to working with the CDC to finalize priority schools for initial intervention. Public Health – Seattle & King County reports on how systemic racism has affected communities in King County and led to health inequities.¹⁴ Historic redlining and racially restrictive covenants forced communities of color to reside in South Seattle and South King County.¹⁵ With communities of color experiencing disproportionate negative health outcomes in South Seattle and South King County, SPS will include middle and high schools from South Seattle in its priority schools. In addition, SPS will select middle and high schools from throughout its district area as priority schools because HIV and STD occurrence are distributed throughout the Seattle area.¹⁶

At this time, SPS designates the following high schools as priorities, due to the number of 9th grade students receiving sexual health education at each school and the at-risk population served by the high school.

Table 1. SPS Priority High Schools (March 2018 Enrollment Report).¹⁷

Priority High School	9th Graders Receiving SHE	Total March 2018 Enrollment, Grades 9-12
Ballard	521	1,909
Chief Sealth Intl	272	1,054
Cleveland STEM	225	865
Franklin	340	1,274
Garfield	473	1,811

Ingraham	364	1,361
Nathan Hale	309	1,186
Rainier Beach	186	716
Roosevelt	529	1,857
West Seattle	271	1,001
Total	3,490	13,034

The high schools listed at left serve a total of 13,034 students, with 3,490 of these students being

9th graders who receive Sexual Health Education as part of their curriculum (March 2018 Enrollment Report).⁴⁰

Table 2. Priority Middle Schools (March 2018 Enrollment Report).⁴⁰

Priority Middle Schools	Students Served
Aki Kurose	692
Denny International	842
Eckstein	958
Hamilton International	986
Jane Addams	925
Madison	876
McClure	546
Mercer International	1,140
Washington	707
Whitman	560
Meany	471
Robert Eagle Staff	713
Total	9,416

The priority middle schools serve 9,416 students, all of whom receive Sexual Health Education as part of their curriculum. With 9th grade students listed above (3,490) and priority middle school students (9,416), the total number of students receiving curriculum-based Sexual Health Education is 12,906.

In this project, Seattle Public Schools will focus on supporting LGBT youth. National data show LGBT youth are at a higher risk to contract STDs than youth who do not identify as LGBT.¹⁸ Around 20% of Seattle Public Schools students completing the 2016 Healthy Youth Survey identified as gay, lesbian, bisexual, or reported they were not sure of their sexual identity.¹⁹ LGB-identifying youth are also at higher risk to experience violence,

including sexual violence.²⁰ Safe and supportive school environments, as well as safe and supportive health care systems, are essential for LGBT students to receive the education, testing, services, and support they need to live healthy lives.

Seattle Public Schools will also focus on supporting students of color. In King County, data show a large disparity in rates of teen births by race and ethnicity (See Figure 2).²¹ Seattle Public Schools will focus its teen pregnancy prevention efforts by ensuring that students of color receive culturally responsive sexual health education, have access to culturally responsive sexual health providers, and feel their school is a safe and supportive environment.

Data from King County also show Black women and Latino men who have sex with men (MSM) experience disproportionately high rates of HIV.²² Seattle Public Schools will take an intersectional approach to its work, supporting students' multiple identities and acknowledging and working to undo lingering historic systemic racism in its own practices and policies, sexual health curriculum, and health care services.

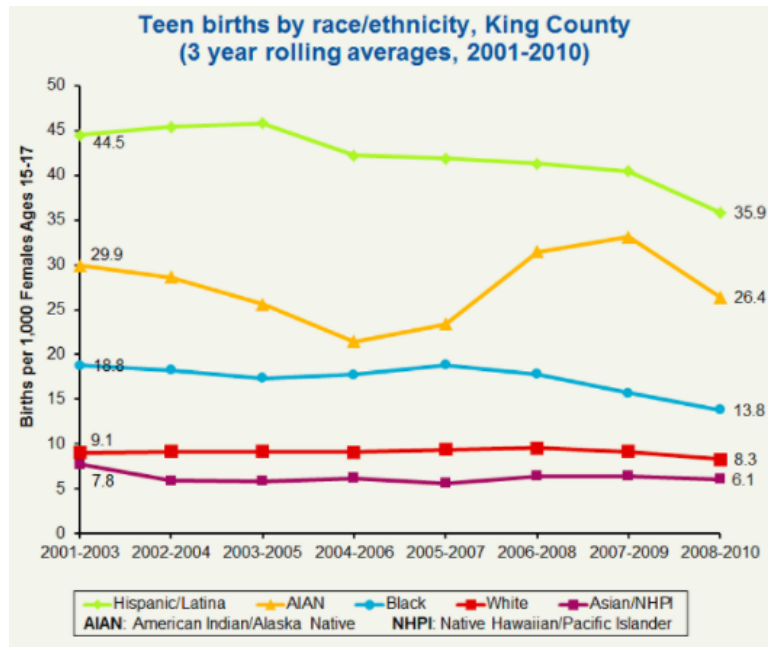


Figure 2. Teen Births by Race/Ethnicity, King County, 2001-2010

The HIV/STD Prevention team at SPS will also collaborate closely with Lisa Davidson, the SPS Manager of Prevention and Intervention, to assess data from the Healthy Youth Survey, Public Health - Seattle & King County, and other sources regarding risk behaviors that may contribute to HIV, STD, and teen pregnancy, including substance use, violence, bullying, and mental health.

c. Applicant Evaluation and Performance Measurement (EPM) Plan

Development of the EPM Team and Key Evaluation Partners

SPS looks forward to working with the CDC and other collaborators to develop and submit a detailed evaluation and performance measurement plan within 6 months of receiving the grant award. This evaluation plan will follow the logic model outlined by the CDC for PS18-1807 and will include evaluation of its process, short-term, and intermediate performance measures.

SPS has worked with Public Health – Seattle & King County (PHSKC) evaluators in the past and has a strong partnership and signed MOU with this institution. PHSKC manages longitudinal data relevant to this work and synthesizes all data from school-based health center service providers. PHSKC is also a national leader in its implementation of data sharing agreements that improve access to key data and inter-agency collaboration.

SPS will also contract with Cardea Services. OSPI has worked previously with Cardea Services as their external evaluator. SPS will maintain continuity and continue to foster a strong collaborative partnership with Cardea Services, who will be the primary external evaluator for its work. The attached MOU with PHSKC and Letter of Support from Cardea Services demonstrate their willingness to collaborate with SPS to evaluate YRBS data as well as support Profiles impacts.

The primary evaluation team will consist of SPS Health Education team members, the SPS Prevention and Intervention team, the SPS Research and Evaluation Department, PHSKC, Cardea Services, students, and families. This team will consult with other key SPS employees, including teachers, administrators, data management

and assessment specialists, and others. This team will develop the detailed evaluation and performance management plan, in collaboration with the CDC, and will review the plan biannually to make any necessary adjustments to improve its evaluation efforts. The evaluation team will also review the Data Management Plan.

Evaluation and Performance Measurement Plan

The following information lays out an initial draft evaluation and performance management plan. We look forward to working with the CDC early in the process to finalize the evaluation plan, and to detail each process and outcome measure individually and which source we will use or develop to collect data on our progress.

Evaluation Questions

Together, this team will answer the following evaluation questions outlined by the CDC:

- For Component 1:
 - *To what extent are YRBS and Profiles institutionalized within the jurisdiction?*
- For Component 2:
 - *To what extent do districts and schools provide effective Sexual Health Education (SHE) to students?*
 - *To what extent do districts and schools provide access to key Sexual Health Services (SHS) for students?*
 - *To what extent are districts and schools providing safe and supportive environments (SSE) for students?*

Collection of Performance Measures

The evaluation team will collect process and outcome measure data, as outlined by the CDC, by using tracking sheets, establishing regular meetings for data review and progress assessment, and training key SPS staff on best practices for collecting and reporting data. In alignment with CDC expectations, SPS will monitor schools' progress and submit the Survey Tracking Form bi-weekly during YRBS and Profiles data collection periods. SPS will use internal tracking systems and data from PHSKC to assess progress toward process and outcome measures. SPS will use internal tracking systems and YRBS and Profiles data to observe process and outcome measures related to Sexual Health Education. In addition, SPS will collect retrospective pre/post evaluations at professional development (PD) events for school staff to assess changes in participants' knowledge, comfort, and instructional competencies related to SHE, SHS referrals, and creating SSE within their schools. Annually, the evaluation team will identify a sample of participants for brief, follow-up interviews to assess strengths and weaknesses of the PD events, as well as changes to their practice.

SPS will collaborate with PHSKC and school nurses for data related to SHS. Currently, PHSKC tracks all data related to testing, referrals to services, and HIV/STD education during school-based health center (SBHC) visits. Schools without a SBHC, will track student referrals to youth-friendly SHS providers and report data to the evaluation team monthly. The evaluation team will refer to Profiles data regarding parental monitoring and may add an additional survey to capture more detailed information. For SSE, the evaluation team will use existing SPS tracking systems in addition to the Profiles survey to assess professional development, inclusive policies and

procedures, positive youth development programs for students and participation rates, resources disseminated to parents, student clubs and participation rates.

The evaluation team will also work closely with the SPS Research, Evaluation and Accountability (REA) department to determine opportunities for collaboration on the District Scorecard and the middle and high school Climate Surveys. REA is re-designing the Climate Surveys and strengthening questions about students' sense of safety and belonging based on race, ability, income, sexual orientation and gender identity. Data from this survey will be used in conjunction with YRBS and Profiles data to assess SSE-related performance measures.

In order to capture success stories related to SHE, SHS, and SSE, SPS will convene quarterly priority school meetings, where schools will reflect on progress made, discuss challenges, and set goals for the next quarter. As milestones are achieved at the school-level, SPS will facilitate submission of success stories to the CDC.

Use of Findings

SPS will work with the evaluation team to determine the best methods for dissemination and will consider how best to reach primary audiences—students and families—as well community partners, school administrators, district officials, community members, and others with decision-making power over key resources that support student health and wellness. The evaluation team will consider multiple methods of dissemination, from print to electronic and web-based materials, community forums, television, etc. SPS remains committed to its policy supporting speakers of diverse languages and will provide translated materials and interpretation at community events.²³

SPS will disseminate key SHE, SHS, and SSE findings from YRBS and Profiles data annually when new data is available. In collaboration with School Health Advisory Council members and other key stakeholders, SPS will use YRBS and Profiles data to set program goals, develop policies, support health-related legislation, and identify professional development needs. In addition, SPS will disseminate a summary report at the end of the five-year grant period.

Evaluation data will not only be used to improve transparency and communication with students and families, but will also provide key information for internal accountability, communication with community partners, and continuous learning and program quality improvement. Through monthly meetings with all SPS team members working on this grant, email updates, biannual reviews, and more, the evaluation team will remain up to date on current evaluation data. The SPS Health Education team will also create opportunities in each evaluation team meeting to collect feedback on program improvement and will hold an annual retreat to assess program quality and make plans for adjustment and accountability measures to document improvement.

d. Organizational Capacity of Applicants to Implement Approach

Organizational Capacity

Seattle Public Schools is well positioned to meet the requirements of the cooperative agreement. SPS has been a long-standing funded partner of CDC/DASH grant funding. Between 1992 and 2013, SPS achieved tremendous success in implementing CDC/DASH activities. The organization is familiar with and prepared to support this work, including overseeing fiscal compliance, reporting data, submitting

success stories, and complying with other grant expectations. The current overarching grant goals align with the mission and vision of Seattle Public Schools and are deeply embedded in the work of the Health Education Office and the SPS Department of Coordinated School Health. The SPS Board, Senior Leaders and school and central office staff support the implementation of activities included in the Component 1 work plan. The existing staff and the addition of a Healthy Youth Coordinator will allow for strong oversight of Component 1 efforts.

Organizational Structure

The current structure of the SPS organization supports the outcomes of the project. A relatively new (two years old) Student Support Services division houses the work of the Coordinated School Health Department. Health Education, Nursing Services, Behavioral Health, Social and Emotional Learning, Homelessness, Family Supports, and Prevention and Intervention live within Coordinated School Health, allowing for stronger interdepartmental collaborations and supports to occur. The Health Education Department will oversee all grant efforts including Components 1 (YRBS and Profiles) and Component 2 (Sexual Health Education, Sexual Health Services, and Safe and Supportive Environments). With active support throughout the organizational chart (see *Appendix: SPS Consolidated School Health Organization Chart*), communication will be straightforward and efficient.

The Manager of Health Education has been in this position for 17 years, the Social-Emotional Learning Coordinator has been at SPS for 20 years and the Manager of Prevention and Intervention has been in the role for 11 years. Two new positions will be filled to better support the work plan outlined in the grant. These positions include Health Education Specialist and Healthy Youth Coordinator. The Manager of Health Education will assume all oversight and ultimate responsibility for grant funding, outcomes and activities. This position supervises the Social-Emotional Learning Coordinator and the Health Education Specialist and Healthy Youth Coordinator.

The Manager of Prevention and Intervention will collaborate with the Healthy Youth Coordinator to support the implementation of Component 1 initiatives related to YRBS. Profiles will be overseen by the Healthy Youth Coordinator and Manager of Health Education. The Secretary 1 position will support all grant efforts and report to the Manager of Health Education.

e. Work Plan

Seattle Public Schools YRBS/PROFILES Work Plan for PS18-1807

Component 1: School-based Surveillance, YRBS

<p>Period of Performance Outcome: Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies.</p> <ol style="list-style-type: none"> 1. Seattle Public Schools will successfully implement YRBS (2019, 2021, 2023) achieving weighted data, thereby increasing its understanding of youth risk behaviors to inform school health policies and practices within education and public health agencies. 2. SPS will successfully disseminate and promote YRBS data to stakeholders to support statewide school health programs, policies, and practices that reduce youth risk behaviors and health disparities and increase student achievement. 		<p>Outcome Measure: SPS will obtain weighted data for Youth Risk Behavior Survey implemented in 2019, 2021, and 2023.</p>	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
<p>A. YRBS surveillance administration and tracking systems will be reviewed/modified, and questionnaire developed based on the <i>Handbook for Conducting Youth Risk Behavior Surveys</i>. SPS will engage in meetings to review surveillance processes and assess district readiness for implementation and timeline of surveillance work plan.</p> <p>B. Sampling frames and parameters will be developed, and all school-based point people will be identified to ensure successful school participation. SPS will collaborate</p>	<p>A. YRBS questionnaires developed</p> <p>B. Sampling frames and parameters developed</p> <p>C-D. YRBS implemented, tracking forms submitted, implementation plan completed</p> <p>E. Weighted data achieved</p>	<p>A-F. Manager of Prevention and Intervention and Healthy Youth Coordinator</p>	<p>A. December 2018, 2020, 2022</p> <p>B-D. February 2019, 2021, 2023</p> <p>E. May 2019, 2021, 2023</p> <p>F. July 2019, 2021, 2023</p>

<p>with CDC, public health, local agencies and SPS evaluation team to identify roles and functions of individuals and organizations in all surveillance activities in preparation of completion of surveillance implementation plan.</p> <p>C. YRBS will be delivered according to survey administration procedures. SPS will prepare agendas and hold meetings with the SPS evaluation team and with PHSKC. SPS will submit survey tracking forms as outlined by CDC.</p> <p>D. Implementation plan solidified in collaboration with CDC and SPS evaluation team for YRBS. SPS will coordinate with national, state, territorial, tribal and local partners as well as with internal partners and CDC.</p> <p>E. SPS will submit all required forms and data sets as specified in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i>.</p> <p>F. YRBS implemented, administered, and results disseminated. SPS will summarize results, design documents and presentations for distribution, engage student leaders, and provide media outreach, and report how YRBS data are used to CDC.</p>	<p>F. YRBS results disseminated</p>		
<p>Discussion: Obtaining valid, weighted data is critical for monitoring student health behaviors and to inform professional development needs, plan and monitor programs, and support health-related policies and legislation. Internal and external</p>			

stakeholders use YRBS and Profiles data and will be engaged in the surveillance process as implementation plans are established and sustainability is considered.

As a data source, YRBS is a key piece of the local surveillance system providing school-level comparison and invaluable district-wide data. YRBS data informs professional development needs, helps with planning and monitoring programs, and supports health-related policies and legislation. SPS and community stakeholders use YRBS data for securing funding, parent and professional education and to further research efforts. YRBS and Profiles data are used at the state legislative level. In addition, state and national organizations incorporate these data into reports and publications such as Healthy People 2020, MMWR, and by agencies such as Washington State Department of Health.

Component 1: School-based Surveillance, Profiles

<p><i>Period of Performance Outcome:</i> Increased understanding of youth risk behaviors and school health policies and practices by education and public health agencies.</p> <ol style="list-style-type: none"> 1. Seattle Public Schools will successfully implement Profiles (2020, 2022) achieving weighted data, thereby increasing its understanding of youth risk behaviors to inform school health policies and practices within education and public health agencies. 2. SPS will successfully disseminate and promote Profiles data to stakeholders to support statewide school health programs, policies, and practices that reduce youth risk behaviors and health disparities and increase student achievement. 		<p><i>Outcome Measure:</i> SPS will obtain weighted data for Profiles implemented in 2020 and 2022.</p>	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
A. Profiles surveillance administration and tracking systems will be reviewed/modified. SPS will engage in meetings with principals, and lead health teachers to review surveillance processes and assess district readiness for implementation and timeline of surveillance work plan based on the	A. Profiles questionnaires developed B. Sampling frames and parameters developed C-D. Profiles implemented, tracking forms submitted,	A-F. Manager of Health Education, and Healthy Youth Coordinator	A. December 2019, 2021 B-D. February 2020, 2022 E. May 2020, 2022 F. July 2020, 2022

<p><i>Handbook for Conducting School Health Profiles (The Profiles Handbook).</i></p> <p>B. Sampling frames and parameters will be developed, and all school-based point people will be identified to ensure successful school participation. SPS will collaborate with CDC, public health, local agencies and SPS evaluation team to identify roles and functions of individuals and organizations in all surveillance activities in preparation of completion of surveillance implementation plan.</p> <p>C. Profiles questionnaires will be developed with input from stakeholders including public health, other local agencies, and guidance from CDC. SPS will prepare agendas and hold meetings with the SPS evaluation team and with PHSKC. SPS will conduct Profiles according to procedures outlined in The Profiles Handbook and will submit the Survey Tracking Form as required by CDC.</p> <p>D. Implementation plan solidified in collaboration with CDC and SPS evaluation team for Profiles. SPS will complete implementation plan, prepare packets, complete notifications and communications, share with internal partners and CDC.</p> <p>E. Questionnaires or raw data sets completed and submitted to CDC using appropriate sample documentation forms as specified in The Profiles Handbook.</p>	<p>implementation plan completed</p> <p>E. Weighted data achieved</p> <p>F. Profiles results disseminated</p>		
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<p>F. Profiles results disseminated via fact sheets, web sites, and through engaging student leaders, and media outreach. Results used to help target and improve interventions, establish funding priorities, and develop policies and practices. Report use of Profiles data to CDC.</p>			
<p>Discussion: Obtaining Profiles data is critical for monitoring school policies, procedures and practices and to inform professional development needs, and support health-related policies and legislation. Internal and external stakeholders use Profiles data and will be engaged in the surveillance process as implementation plans are established and sustainability is considered.</p> <p>Profiles is a key piece of the local surveillance system providing school-level comparison and invaluable district-wide data. Profiles, data informs professional development needs, helps with planning and monitoring programs, and supports health-related policies and legislation. Profiles data are used by state and local policy and program leaders to improve health outcomes and reduce health risk behaviors among youth. In addition, state and national organizations incorporate these data into reports and publications such as Healthy People 2020, MMWR, and by agencies such as Washington State Department of Health.</p>			

3. Budget Narrative for Component 1

BUDGET FOR PRIORITY 1 YRBS

Budget Period 1

August 1, 2018 - July 31, 2019

				AMOUNT REQUESTED
PERSONNEL		% time on CDC grant	# of months	\$ 20,092
Healthy Youth Coordinator, Secondary Compliance, Program Development, Access to Health Services TBD		20%	12	\$ 12,892
	<u>Rate</u>	<u>Hours</u>	<u>Staff</u>	
Teacher Extra Time	\$ 40	6	30	\$ 7,200
BENEFITS		base	rate	\$ 6,957
Medical insurance is \$10,904 per FTE.		\$ 10,904	20%	\$ 2,181
General benefits rate is 23.77% for classified staff in 2018-19.		\$ 20,092	23.77%	\$ 4,776
CONSULTANT				\$ -
EQUIPMENT				\$ -
SUPPLIES		Unit cost	#	\$ 750
Office supplies		\$ 25	10	\$ 250
Printer		\$ 500	1	\$ 500
TRAVEL				\$ 500
<u>In-State Travel</u>	<u>Rate/mo.</u>	<u>Months</u>	<u>Staff</u>	
Mileage is reimbursed at \$0.525/mile	\$ 50	10	1	\$ 500

JUSTIFICATION: Program staff meets regularly with staff from collaborating agencies. The amount cited above represents an average monthly cost. Travel costs align with school-based surveillance activities in strategies 1 and 2.

OTHER			\$ 10,500
		#	
	<u>Unit Cost</u>	<u>Schools</u>	
School Incentives	\$ 500	20	\$ 10,000
Printing			\$ 500

CONTRACTUAL			\$ 12,900
Contract with Public Health Seattle & King County			\$ 12,900

JUSTIFICATION: Sub-population data reports will be important to identify specific high-risk groups and behaviors to inform policies and programs

DIRECT SUBTOTAL			\$ 51,699
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INDIRECT		indirect base rate	\$ 6,398
The federal unrestricted indirect rate 13.83% will be charged on direct costs excluding contractual services.	\$ 38,799	13.83%	\$ 5,366
An 8% indirect rate will be charged on contractual services.	\$ 12,900	8.00%	\$ 1,032

TOTAL PERIOD 1			\$ 58,097
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4. Project Narrative for Component 2

a. Background

Seattle Public Schools (SPS) is the largest school district in Washington state, serving nearly 54,000 students. There are approximately 604,000 children and youth in King County. Children and youth up to age 24 make up 30% of the total King County population. Children and youth of color make up almost half of this population.²⁴ Most children within King County live in the City of Seattle and the south region of King County. Over one-third of these children are enrolled in public schools.²⁵

Seattle Public Schools has 62 elementary schools, 10 Kindergarten-8th grade schools, 12 middle schools, 11 high schools and eight service schools. By grade level, SPS serves 27,823 elementary students (K-5), 11,311 middle school students (6-8), and 14,256 high school students (9-12). Students speak 154 languages from 150 countries of origin and 34% of students are eligible for free and reduced lunch. Additionally, 13% of Seattle's students are designated Special Education, 5% are experiencing homelessness, and 22% are English language learners.²⁶

With an average of 470 new HIV cases per year, Seattle is a high-needs region committed to addressing HIV and other STDs. In King County, rates of chlamydia, gonorrhea, syphilis, and herpes are higher than the Washington State average.²⁷ In addition to HIV and STD risk, data related to drug and alcohol use among Seattle's young people are concerning. Within King County, 27% of students reported using illicit substances.²⁸ While illicit substance use has been decreasing among students overall, drug use remains a relevant issue – particularly among older youth. According to National Youth Risk Behavior Survey data, adolescent marijuana use was 39% in 2015.²⁹ Washington State's Healthy Youth Survey (HYS) 2016 results show lifetime marijuana use for 12th graders at 45%. Of Seattle high school students, 62% report drinking at least once in the month prior to the HYS, and 42% report drinking three or more days in the past month and/or binge drinking episodes.³⁰

SPS students also report mental health distress similar to national studies. Among students in grades 9-12 in the U.S. during 2013, the CDC reports that 17% of students seriously considered attempting suicide in the previous 12 months, 14% of students made a plan about how they would attempt suicide in the previous 12 months, and 8% of students attempted suicide one or more times in the previous 12 months.³¹ Seattle's 9-12 grade students report similarly alarming rates of suicide attempts and ideation, as well as high levels of anxiety, nervousness and worry. As early as 8th grade, students report (53%) feeling anxious, nervous or on edge. By 12th grade, 67% of students report feeling anxious, nervous or on edge and 57% say they are not able to stop or control worrying.³²

Subpopulations based on race, sexual orientation, and gender identity experience health inequities due to historic, systemic racism and historic discrimination by school systems and health providers. In King County, Latina teens experience disproportionately high rates of teen births and adults of color are disproportionately at risk for contracting HIV and STDs.^{33,34} LGBT youth are at a higher risk to contract STDs than youth who do not identify as LGBT and 20% of SPS students report identifying as LGBT or are unsure of their sexual identity.³⁵

These data point to the critical need to tailor interventions to support students most at risk and to evaluate interventions to assess program impact.

The Notice of Funding Opportunity, CDC-RFA-PS18-1807, will allow Seattle Public Schools to address root causes and conditions that contribute to negative health outcomes. The work plan efforts will improve short-term and intermediate outcomes for young people. Ultimately, these efforts will decrease HIV and STD rates among adolescents as well as address health disparities faced by subpopulations of young people.

b. Approach

i. Purpose

Seattle Public Schools serves many students whose sexual behaviors put them at risk for HIV infection, other STDs, pregnancy, and negative outcomes due to drug and alcohol use. The primary purpose of this project is to build the capacity of Seattle Public Schools to reduce HIV and other STD infections among adolescents and reduce disparities in HIV and other STD infections experienced by specific adolescent subpopulations.

ii. Outcomes

At the end of the five-year project period, Seattle Public Schools expects to achieve short-term and intermediate outcomes among students receiving interventions, services, and programs supported by this funding opportunity. These outcomes include increasing students': knowledge and skills to avoid and reduce sexual risk; HIV/STD testing; access to sexual health services; participation in positive youth development activities; family communication; and connectedness to school. These short-term and intermediate outcomes will contribute to long-term health and educational outcomes including: delayed onset of sexual activity; decreased sex without a condom; increased use of contraceptives; decreased risk behaviors that place youth at higher risk of adverse health outcomes including substance use, violence, and mental illness; reduced HIV infection and other STDs; decreased teen pregnancy rates; and increased student academic success.

iii. Strategies and Activities

In order to meet the short-term and intermediate outcomes of this project, Seattle Public Schools will implement activities at multiple levels of the educational system. In addition to data collection, analysis, and reporting using the Youth Risk Behavior Survey and Profiles, SPS will collaborate with national partners through technical assistance. Additionally, SPS will employ three strategies outlined in Component 2 to address the required program activities focusing on school-based HIV/STD prevention efforts. SPS will: 1) increase schools' implementation of Sexual Health Education (SHE), allowing adolescents to acquire the essential knowledge and critical skills needed to prevent HIV, STDs, and teen pregnancy; 2) increase access to key Sexual Health Services (SHS), including HIV and other STD testing; and 3) establish Safe and Supportive Environments (SSE) for students, thereby increasing adolescents' connectedness to their school and increase parental monitoring and communication. Together, these strategies will help strengthen staff capacity, increase student access to programs and services, and engage parent and community partners. Through infusion of District-level activities, activities in priority schools and activities in all secondary schools, SPS will increase the impact of program efforts, thereby improving the health and academic outcomes for students.

A sample of program activities under Strategy 2A, 2B, and 2C include:

School Health Education (SHE): providing quality professional development, developing health education scope and sequence, convening a sexual health advisory committee, creating relevant health education policies and procedures, facilitating collaborations between health and education departments, providing technical assistance to internal and external partners.

Sexual Health Services (SHS): collaborating with the Component 3B recipient to assess school capacity to increase student access to SHS, incorporating instruction on how to access SHS, partner with health services staff to increase student access to SHS.

Safe and Supportive Environments (SSE): implementing positive youth development activities, providing and improving student-led clubs that support LGBT youth, disseminating resources to families on parental monitoring and family communication, providing LGBT-specific professional development to school staff.

Please see the work plan for more details and complete program activities supporting SHE, SHS, and SSE.

1) Collaborations

a. With other CDC Programs and CDC-funded Organizations

Seattle Public Schools has a long history (20 years) of partnering with the Centers for Disease Control and Prevention, Division of Adolescent Health. Seattle Public Schools commits to partnering with CDC and the National Center for HIV-AIDS, Viral Hepatitis, STD and TB Prevention division, the Agency for Toxic Substances and Disease Registry, and other CDC-funded state, territorial and local (STL) agencies and non-governmental organizations (NGOs). In addition, SPS will collaborate and seek guidance from CDC staff and other CDC-funded partners to effectively and efficiently achieve the goals of this cooperative agreement. These partners may include other CDC-funded partners, contractors, or representatives from: CDC's Division of HIV/AIDS Prevention (DHAP), CDC's Division of STD Prevention (DSTDP), and CDC's Division of Reproductive Health (DRH); the Department of Health and Human Services' Office of Adolescent Health (OAH) and Administration for Children and Families' Family and Youth Services Bureau (FYSB); the U.S. Department of Education (ED); state and local health departments; and other organizations whose work includes HIV, STD, and/or substance use prevention among teens. SPS' work on this project will support the Healthy People 2020 goals for adolescent health, LGBT health, and HIV and STD prevention, control, and reduction. SPS will continue to refer to the Healthy People 2020 objectives when designing and updating the work plan and evaluation and performance measurement plan.

b. With Other Organizations External to CDC

Seattle Public Schools has a long history of collaborations and partnerships with numerous internal and external partners. These partnerships have contributed to improved overall student health and to their social-emotional and academic success. SPS has relied heavily on partnerships to serve its diverse student and family populations as well as create sustainable, wrap-around services to youth facing barriers to accessing traditional health services.

Our positive relationships and collaborations are evident in the strong letters of support from many internal and external partners. SPS has enjoyed a long-standing partnership with Public Health – Seattle & King County (PHSKC). PHSKC oversees the efforts of our school-based health centers. SPS provides professional development

for the providers and school-based health center staff and supports classroom-based efforts related to sexual health education, sexual health services and safe and supportive environments. PHSKC is the author of SPS's board-adopted sexual Health curriculum, Family Life and Sexual Health (FLASH). SPS and PHSKC collaborated on the original creation of the materials and continue to work together as lessons and content are updated. SPS and PHSKC also collaborate on professional development offerings for school district staff as well as community health care providers.

Representatives from many of the community partners also participate on the SPS advisory committee and will participate on the HIV Materials Review Committee. In addition, internal partners will serve as members of these groups and will collaborate in many of the initiatives outlined in the work plan.

Through partnerships with community-based organizations, SPS internal departments, and national organizations, the project goals will be enhanced, as specific language and cultural groups will be served in meaningful and relevant ways. SPS will collaborate with experts in various fields to maximize outcomes in improved adolescent health and well-being.

SPS is well positioned to partner with many population-specific organizations to better serve marginalized and historically underserved youth. SPS will continue to partner with these groups and is eager to expand collaborative relationships with additional organizations to achieve the goals of the project as well as build sustainability. The attached Memorandum of Understanding (MOU) from PHSKC shows a strong commitment to the shared goals under this cooperative agreement. The Letter of Commitment (LOC) from the Chief of Curriculum, Assessment and Instruction and Letters of Support from internal and external partners illustrate the organizational commitment to partnering to ensure improved adolescent health outcomes and outcomes impacting youth in subpopulations facing greater risk of HIV, STDs, and teen pregnancy, as well as the overall success of the project.

Key Collaborators Include:

- **SPS Coordinated School Health:** Supports school efforts in creating school culture and climate that communicates ALL students belong and can be successful; addresses barriers and challenges faced by students and families.
- **SPS Native Education:** Ensures ongoing high-quality and culturally relevant instruction is provided for Native learners; improves school-community partnerships and facilitates effective communication with Native families.
- **SPS Family and Community Partners:** Ensures that the needs and strengths of every student are known, and partner services are differentiated to support students' academic and social-emotional growth.
- **SPS Race and Equity:** Addresses educational equity practices in our schools and central office.
- **SPS ELL:** Provides a range of services grounded in language acquisition and promotes an understanding that acquiring a second language is necessary and an asset.
- **SPS Special Education:** Works collaboratively with school and district leaders, teachers, students, and families to provide the tools, guidance, supports, and services needed to ensure access and success for students with disabilities.
- **SPS Research and Evaluation:** Supports data analysis and reporting.

- **SPS Prevention and Intervention:** Administers the Healthy Youth Survey and supports students to maintain a safe and healthy learning environment.
- **SPS McKinney-Vento and Foster Care:** Supports students and families experiencing homelessness.
- **Harborview Center for Sexual Assault and Traumatic Stress:** Supports students and families surviving sexual assault and trauma.
- **Public Health — Seattle & King County (PHSKC):** Coordinates school-based health centers in collaboration with other health care partners, including Group Health, Swedish Medical Center, Neighborcare Health, HealthPoint, International Community Health Services and Odessa Brown Children's Clinic/Seattle Children's.
- **The Northwest Network for Lesbian, Gay, Bisexual and Transgender Survivors of Abuse:** Supports bisexual, transgender, lesbian and gay survivors of abuse through education, organizing and advocacy.
- **City of Seattle Parks and Recreation:** Provides access to public parks and recreation activities for students and families.

2) Target Populations and Health Disparities

Seattle Public Schools (SPS) serves more than 54,000 students in over 100 school settings; 25,693 are middle or high school students. There are 59 elementary, 11 K-8, 10 middle, 12 high, and 14 self-contained schools. In middle and high school, 25,693 students were enrolled in 2016-17. SPS serves a diverse population where over 50% of the population are students of color. In 2016-17, 36.4% of the student population were in the Free and Reduced Lunch (FRL) program. District-wide, 12.4% of students are eligible for bilingual services (See Figure 1).³⁶

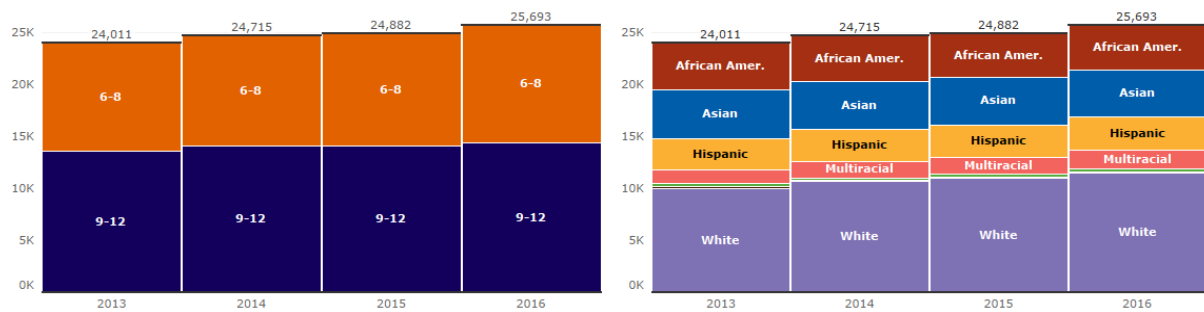


Figure 3. SPS Data Profile Demographics 2016-2017.

Seattle Public Schools will focus interventions to support middle and high school populations affected disproportionately by HIV, STD, teen pregnancy, historic institutionalized violence, and health inequities. Seattle Public Schools has reviewed data from the Healthy Youth Survey, Public Health — Seattle & King County, and other sources, and looks forward to working with the CDC to finalize priority schools for initial intervention. Public Health — Seattle & King County reports on how systemic racism has affected communities in King County and led to health inequities.³⁷ Historic redlining and racially restrictive covenants forced communities of color to reside in South Seattle and South King County.³⁸ With communities of color experiencing disproportionate negative health outcomes in South Seattle and South King County, SPS will include middle and high schools from South Seattle in its priority schools. In addition, SPS will select middle and high schools from throughout

its district area as priority schools because HIV and STD occurrence are distributed throughout the Seattle area.³⁹

At this time, SPS designates the following high schools as priorities, due to the number of 9th grade students receiving sexual health education at each school and the at-risk population served by the high school.

Table 3. SPS Priority High Schools (March 2018 Enrollment Report).⁴⁰

Priority High School	9th Graders Receiving SHE	Total March 2018 Enrollment, Grades 9-12
Ballard	521	1,909
Chief Sealth Intl	272	1,054
Cleveland STEM	225	865
Franklin	340	1,274
Garfield	473	1,811
Ingraham	364	1,361
Nathan Hale	309	1,186
Rainier Beach	186	716
Roosevelt	529	1,857
West Seattle	271	1,001
Total	3,490	13,034

The high schools listed at left serve a total of 13,034 students, with 3,490 of these students being 9th graders who receive Sexual Health Education as part of their curriculum (March 2018 Enrollment Report).⁴⁰

Table 4. Priority Middle Schools (March 2018 Enrollment Report).⁴⁰

Priority Middle Schools	Students Served
Aki Kurose	692
Denny International	842
Eckstein	958
Hamilton International	986
Jane Addams	925
Madison	876
McClure	546
Mercer International	1,140
Washington	707
Whitman	560
Meany	471
Robert Eagle Staff	713
Total	9,416

The priority middle schools serve 9,416 students, all of whom receive Sexual Health Education as part of their curriculum. With the 9th grade students listed above (3,490) and priority middle school students (9,416), the total number of students from priority schools served by this project will be 12,906.

While SPS will prioritize project work for these 12,906 students first, it will later expand project work to additional middle and high schools in the school district.

In this project, SPS will focus on supporting LGBT youth. National data show LGBT youth are at a higher risk to contract STDs than youth who do not identify as LGBT.⁴¹ Around 20% of SPS

students completing the 2016 Healthy Youth Survey identified as gay, lesbian, bisexual, or reported they were not sure of their sexual identity.⁴² LGB-identifying youth are also at higher risk to experience violence, including sexual violence.⁴³ Safe and supportive school environments, as well as safe and supportive health care systems, are essential for LGBT students to receive the education, testing, services, and support they need to live healthy lives.

Seattle Public Schools will also focus on supporting students of color. In King County, data show a large disparity in rates of teen births by race and ethnicity (See Figure 2).⁴⁴ SPS will focus its teen pregnancy prevention efforts by ensuring that students of color receive culturally responsive sexual health education, have access to culturally responsive sexual health providers, and feel their school is a safe and supportive environment.

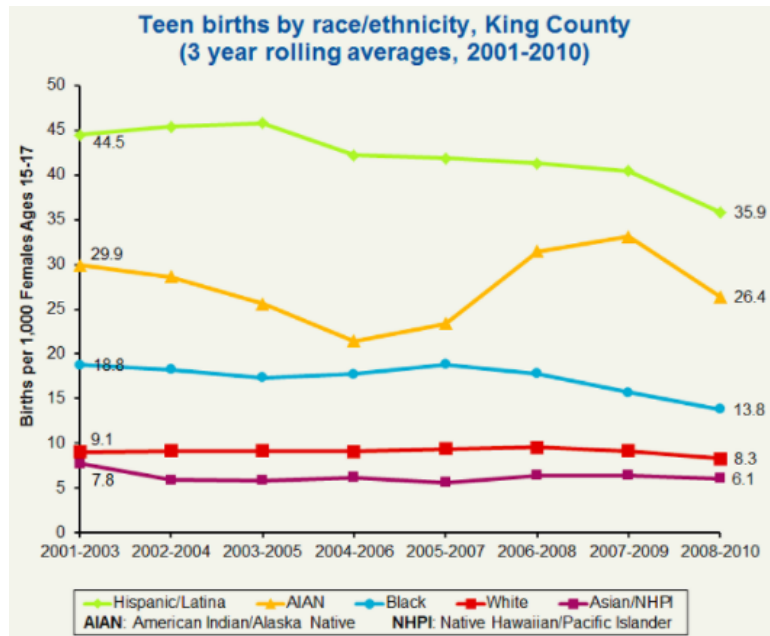


Figure 4. Teen Births by Race/Ethnicity, King County, 2001-2010

Data from King County also show Black women and Latino men who have sex with men (MSM) experience disproportionately high rates of HIV.⁴⁵ SPS will take an intersectional approach to its work, supporting students' multiple identities and acknowledging and working to undo lingering historic systemic racism in its own practices and policies, sexual health curriculum, and health care services.

In addition, females ages 10-19 in King County experience disproportionately high rates of chlamydia. PHSKC reports a rate of 1,968 per 100,000. SPS will consider gender as part of its intersectional approach and will develop specific activities to support female students.⁴⁶

The HIV/STD Prevention team at SPS will also collaborate closely with Lisa Davidson, the SPS Manager of Prevention and Intervention, to assess data from the Healthy Youth Survey, PHSKC, and other sources regarding risk behaviors that may contribute to HIV, STD, and teen pregnancy, including substance use, violence, bullying, and mental health.

c. Applicant Evaluation and Performance Measurement (EPM) Plan

Development of the EPM Team and Key Evaluation Partners

SPS looks forward to working with the CDC and other collaborators to develop and submit a detailed evaluation and performance measurement plan within 6 months of receiving the grant award. This evaluation plan will follow the logic model outlined by the CDC for PS18-1807 and will include evaluation of process, short-term, and intermediate-term outcome and performance measures.

SPS has budgeted 6% of the award funding for evaluation activities which will be used to establish contracts with professional external evaluators, who will advise SPS on its overall evaluation and performance management plan, provide technical assistance, and conduct evaluation.

SPS has worked with Public Health – Seattle & King County (PHSKC) evaluators in the past and has a strong partnership and signed MOU with this institution. PHSKC manages longitudinal data relevant to this work and synthesizes all data from school-

based health center service providers. PHSKC is also a national leader in its implementation of data sharing agreements that improve access to key data and inter-agency collaboration.

SPS will also contract with Cardea Services. OSPI has worked previously with Cardea Services as their external evaluator. SPS will maintain continuity and continue to foster a strong collaborative partnership with Cardea Services, who will be the primary external evaluator for its work. The attached MOU with PHSKC and Letter of Support from Cardea Services demonstrate their willingness to collaborate with SPS to evaluate program impact.

The primary evaluation team will consist of SPS Health Education team members, the SPS Prevention and Intervention team, the SPS Research and Evaluation Department, PHSKC, Cardea Services, students, and families. This team will consult with other key SPS employees, including teachers, administrators, data management and assessment specialists, and others. This team will develop the detailed evaluation and performance management plan, in collaboration with the CDC, and will review the plan biannually to make any necessary adjustments to improve its evaluation efforts. The evaluation team will also review the Data Management Plan.

Evaluation and Performance Measurement Plan

The following information lays out an initial draft evaluation and performance management plan. We look forward to working with the CDC early in the process to finalize the evaluation plan, and to detail each process and outcome measure individually and which source we will use or develop to collect data on our progress.

Evaluation Questions

Together, this team will answer the following evaluation questions outlined by the CDC:

- For Component 1:
 - *To what extent are YRBS and Profiles institutionalized within the jurisdiction?*
- For Component 2:
 - *To what extent do districts and schools provide effective Sexual Health Education (SHE) to students?*
 - *To what extent do districts and schools provide access to key Sexual Health Services (SHS) for students?*
 - *To what extent are districts and schools providing safe and supportive environments (SSE) for students?*

Collection of Performance Measures

The evaluation team will collect process and outcome measure data, as outlined by the CDC, by using tracking sheets, establishing regular meetings for data review and progress assessment, and training key SPS staff on best practices for collecting and reporting data. In alignment with CDC expectations, SPS will monitor schools' progress and submit the Survey Tracking Form bi-weekly during YRBS and Profiles data collection periods. SPS will use internal tracking systems and data from PHSKC to assess progress toward process and outcome measures. SPS will use internal tracking systems and YRBS and Profiles data to observe process and outcome measures related to Sexual Health Education. In addition, SPS will collect retrospective pre/post evaluations at professional development (PD) events for

school staff to assess changes in participants' knowledge, comfort, and instructional competencies related to SHE, SHS referrals, and creating SSE within their schools. Annually, the evaluation team will identify a sample of participants for brief, follow-up interviews to assess strengths and weaknesses of the PD events, as well as changes to their practice.

SPS will collaborate with PHSKC and school nurses for data related to SHS. Currently, PHSKC tracks all data related to testing, referrals to services, and HIV/STD education during school-based health center (SBHC) visits. Schools without a SBHC, will track student referrals to youth-friendly SHS providers and report data to the evaluation team monthly. The evaluation team will refer to Profiles data regarding parental monitoring and may add an additional survey to capture more detailed information. For SSE, the evaluation team will use existing SPS tracking systems in addition to the Profiles survey to assess professional development, inclusive policies and procedures, positive youth development programs for students and participation rates, resources disseminated to parents, and student clubs.

The evaluation team will also work closely with the SPS Research, Evaluation and Accountability (REA) department to determine opportunities for collaboration on the District Scorecard and the middle and high school Climate Surveys. REA is re-designing the Climate Surveys and strengthening questions about students' sense of safety and belonging based on race, ability, income, sexual orientation and gender identity. Data from this survey will be used in conjunction with YRBS and Profiles data to assess SSE-related performance measures.

In order to capture success stories related to SHE, SHS, and SSE, SPS will convene quarterly priority school meetings, where schools will reflect on progress made, discuss challenges, and set goals for the next quarter. As milestones are achieved at the school-level, SPS will facilitate submission of success stories to the CDC.

Use of Findings

SPS will work with the evaluation team to determine the best methods for dissemination and will consider how best to reach primary audiences—students and families—as well community partners, school administrators, district officials, community members, and others with decision-making power over key resources that support student health and wellness. The evaluation team will consider multiple methods of dissemination, from print to electronic and web-based materials, community forums, television, etc. SPS remains committed to its policy supporting speakers of diverse languages and will provide translated materials and interpretation at community events.⁴⁷

SPS will disseminate key SHE, SHS, and SSE findings from YRBS and Profiles data annually when new data is available. In collaboration with School Health Advisory Council members and other key stakeholders, SPS will use YRBS and Profiles data to set program goals, develop policies, support health-related legislation, and identify professional development needs. In addition, SPS will disseminate a summary report at the end of the five-year grant period.

Evaluation data will not only be used to improve transparency and communication with students and families, but will also provide key information for internal accountability, communication with community partners, and continuous learning and program quality improvement. Through monthly meetings with all SPS team members working on this grant, email updates, biannual reviews, and more, the

evaluation team will remain up to date on current evaluation data. The SPS Health Education team will also create opportunities in each evaluation team meeting to collect feedback on program improvement and will hold an annual retreat to assess program quality and make plans for adjustment and accountability measures to document improvement.

d. Organizational Capacity of Applicants to Implement Approach

Seattle Public Schools (SPS) is well positioned to meet the requirements of this cooperative agreement. SPS has been a long-standing funded partner of CDC/DASH grant funding. Between 1992 and 2013, SPS achieved tremendous success in implementing CDC/DASH activities. The organization is familiar with and prepared to support this work, including overseeing fiscal compliance, reporting data, submitting success stories, conducting HIV Program Review, as well as complying with other grant expectations. The current overarching grant goals align with the mission and vision of SPS and are deeply embedded in the work of the Health Education Office and the SPS Department of Coordinated School Health. At this time, the SPS Board, Senior Leaders and school and central office staff support the type of activities outlined in the grant work plan. SPS understands the connection between health education, health services, safe and supportive environments, and overall student academic success.

The current structure of the SPS organization supports the outcomes of the project. A relatively new (two years old) Student Support Services division houses the work of the Coordinated School Health Department. Health Education, Nursing Services, Behavioral Health, Social and Emotional Learning, Homelessness, Family Supports, and Prevention and Intervention live within Coordinated School Health, allowing for stronger interdepartmental collaborations.

The Health Education Department will oversee all grant efforts including Components 1 (YRBS and Profiles) and Component 2 (Sexual Health Education, Sexual Health Services, and Safe and Supportive Environments). With active support throughout the organizational chart (see *Appendix: SPS Consolidated School Health Organization Chart*), communication will be straightforward and efficient. The Manager of Health Education has been in this position for 17 years, the Social-Emotional Learning Coordinator has been at SPS for 20 years, and the Manager of Prevention and Intervention has been in the role for 11 years. Two new positions will be filled to better support the work plan outlined in the grant. These positions include Health Education Specialist and Healthy Youth Coordinator.

The Manager of Health Education will assume all oversight and ultimate responsibility for grant funding, outcomes and activities. This position supervises the Social-Emotional Learning Coordinator and the Health Education Specialist and Healthy Youth Coordinator. The Manager of Health Education will collaborate with the Healthy Youth Coordinator to support the implementation of SHE and SHS within Component 2. Initiatives related to SSE will be overseen by the Health Education Specialist and Manager of Health Education. The Secretary position will support all grant efforts and report to the Manager of Health Education.

e. Work Plan

Seattle Public Schools HIV/STD School-Based Work Plan for PS18-1807
August 1, 2018 – July 31, 2019

Component 2: Sexual Health Education (SHE), Strategy 2A Outcome 2

<p>Short-term outcome: 2A.2</p> <p>Increased teacher ability to teach SHE effectively.</p>		<p>Outcome Measure: 100% of priority schools/75% of the schools in the district will receive professional development on the 6 identified sexual health education measures in the RFA.</p>	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
<p>A. Identify and approve list of instructional competencies and create professional development calendar, select PD dates and reserve space.</p> <p>B. Review policies around health course requirements, review health education scope and sequence, and review SHE instructional program with HECAT tool.</p> <p>C. Secure speakers and align training content to Washington State Health standards and SPS scope and sequence.</p> <p>D. Establish tracking tools for monitoring delivery of SHE</p> <p>E. Establish membership, purpose, and goals of SHAC</p>	<p>A. Professional development delivered that is aligned with instructional competencies for middle and high school teachers to deliver sexual health education.</p> <p>B-D. Approved and effective SHE instructional programs and district requirements, materials, teaching tools, and SHE delivered in middle and high schools.</p> <p>E. District-level school health advisory council established and maintained.</p> <p>F-G. Strategies to include parents integrated in SHE instructional programs, including teacher survey assessing use of parent homework.</p>	<p>A-C. Manager, Health Education/Healthy Youth Coordinator and Secretary</p> <p>D-F. Healthy Youth Coordinator</p> <p>G. Manager, Health Education/Healthy Youth Coordinator</p>	<p>A-C. December 2018</p> <p>D. January 2019</p> <p>E-F. February 2019</p> <p>G. June 2019</p>

<p>F. Maintain SHAC minutes, agendas and attendance records</p> <p>G. Identify and support strategies to involve parents/families in SHE programs, including assessing teacher use of parent homework in SHE instruction via survey.</p>			
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Component 2: Sexual Health Education (SHE), Strategy 2A Outcome 3

<p>Short-term outcome: 2A.3</p> <p>Increased student receipt of effective SHE.</p>		<p>Outcome Measure: Number of students who receive SHE: 12,000 or more. 100% of priority schools will implement sexual health curricula in 6-12 grades.</p>	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
<p>A. PD designed and advertised, logistics completed.</p> <p>B. Teacher survey developed and administered, assessing implementation of SHE instructional programs.</p>	<p>A. Professional development delivered that is aligned with instructional competencies for middle and high school teachers to deliver sexual health education.</p> <p>B. Approved and effective SHE instructional programs and district requirements, materials, teaching tools, and SHE delivered in middle and high schools.</p>	<p>A. Manager of Prevention and Intervention and Manager of Health Education, and Healthy Youth Coordinator</p> <p>B. Manager of Prevention and Intervention, Manager of Health Education, and Healthy Youth Coordinator</p>	<p>A. December 2018</p> <p>B. June 2019</p>

Component 2: Sexual Health Services (SHS), Strategy 2B Outcome 4

<p>Short-term outcome: 2B.4</p> <p>Increased access to SHS on-site.</p>		<p>Outcome Measure: 90% of priority schools will provide the nine services to students identified in the RFA.</p>	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>

<p>A. Collaborate with existing School Based Health Centers (SBHC) and their oversight body, Public Health-Seattle & King County (PHSKC), to co-host staff training between SBHC staff and classroom teachers.</p> <p>B. Work with PHSKC to select training dates and develop co-agenda for SBHC and Health teacher training focusing on SHS referrals.</p> <p>C. Identify school-wide programs and research-based classroom instruction to be delivered.</p> <p>D. Identify on-site and off-site SHS available by region.</p> <p>E. Assess district and priority school capacity to increase student access to SHS, with support from Component 3(B) recipient</p> <p>F. Support the creation of student-led marketing campaigns regarding SHS</p>	<p>A. PD delivered to school staff to direct students to SHS.</p> <p>A-B. PD delivered to school staff to make SHS referrals.</p> <p>C-F. School-wide programs and classroom instruction delivered to increase student access to SHS on-site and off-site.</p>	<p>A. Manager, Prevention and Intervention, Manager of Health Education and Healthy Youth Coordinator</p> <p>B. Manager of Health Education, Healthy Youth Coordinator, and Secretary</p> <p>C. Manager, Health Education and Healthy Youth Coordinator</p> <p>D. Healthy Youth Coordinator</p> <p>E. Healthy Youth Coordinator</p> <p>F. Health Education Specialist</p>	<p>A. December 2018</p> <p>B. December 2018</p> <p>C. September 2018</p> <p>D. October 2018</p> <p>E. November 2018</p> <p>F. May 2019</p>
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Component 2: Sexual Health Services (SHS), Strategy 2B Outcome 5

<p>Short-term outcome: 2B.5</p> <p>Increased access to SHS off-site.</p>	<p>Outcome Measure:</p> <p>100% of priority schools will have a referral list for offsite services related to the 7 components sexual health services identified in the RFA.</p>
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		100% of priority schools will provide students with referrals to any organizations or health care professionals not on school property for any of the 9 identified services in the RFA.	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
<ul style="list-style-type: none"> A. Identify existing policies and procedures related to SHE referrals. B. Assess need for changes in policies and procedures. C. Select and schedule PD dates for school staff training. D. Collaborate with SHS community-based organizations, PHSKC, and school staff to create referral guide. E. Deliver PD to school staff related to directing students and referring students to off-site SHS. F. Collaborate with Nursing Services and SBHC to provide Health Fairs at priority MS and HS sites 	<ul style="list-style-type: none"> A-D. PD delivered to school staff to direct students to off-site SHS. E. PD delivered to school staff to make SHS referrals. F. School-wide programs and classroom instruction delivered to increase student access to SHS on-site and off-site. 	<ul style="list-style-type: none"> A-D. Manager of Prevention and Intervention, Manager of Health Education and Healthy Youth Coordinator E. Manager of Prevention and Intervention, Manager of Health Education, Healthy Youth Coordinator F. Healthy Youth Coordinator 	<ul style="list-style-type: none"> A. December 2018 B. October 2018 C-D. November 2018 E. December 2018 F. June 2019

Component 2: Sexual Health Services (SHS), Strategy 2B Outcome 6

<p><i>Short-term outcome: 2B.6</i></p> <p>Increased delivery of on-site SHS.</p>	<p><i>Outcome Measure:</i></p> <p>Number of students receiving on-site SHS through a school-based health center will increase by 3% from baseline at the end of the 2018-2019 school year.</p> <p>Number of students receiving on-site SHS through a full-time or part-time school nurse will increase by 3%</p>
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		from baseline at the end of the 2018-2019 school year.	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
<p>A. PD planned, scheduled and delivered to school staff related to directing students and referring students to SHS through SBHC and Nurses</p> <p>B. Collaborate with school counselor leaders to schedule PD regarding SHS referrals</p> <p>C. Support SBHC in getting enrollment packets out to families in all languages</p> <p>D. Meet with PHSKC to determine strategies for increasing student referrals</p>	<p>A-B. PD delivered to school staff to direct students to on-site SHS.</p> <p>C-D. School-wide programs and classroom instruction delivered to increase student access to SHS on-site and off-site.</p>	<p>A-B. Manager of Health Education and Healthy Youth Coordinator</p> <p>C-D. Healthy Youth Coordinator</p>	<p>A. December 2018</p> <p>B. February 2019</p> <p>C. May 2019</p> <p>D. September 2018</p>

Component 2: Sexual Health Services (SHS), Strategy 2B Outcome 7

<i>Short-term outcome: 2B.7</i>		<i>Outcome Measure:</i>	
Increased referrals to community providers.		Number of referrals made within priority schools to youth-friendly off-site providers or SBHCs for any of the key sexual health services will increase by 3% from baseline at the end of the 2018-2019 school year.	
<i>Strategies and Activities</i>	<i>Process Measure</i>	<i>Responsible Position/Party</i>	<i>Completion Date</i>
<p>A. Establish provider list</p> <p>B. Collaborate with providers to co-lead training to school and SBHC staff</p> <p>C. Classroom lesson/guidance created and disseminated to increase SHS referrals and instruction delivery</p>	<p>A-B. PD delivered to school staff to direct students to SHS.</p> <p>A-B. PD delivered to school staff to make SHS referrals.</p> <p>A-C. School-wide programs and classroom instruction delivered to increase student</p>	<p>A-C. Manager of Health Education and Healthy Youth Coordinator</p>	<p>A-B. December 2018</p> <p>C. May 2019</p>

	access to SHS on-site and off-site.		
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Component 2: Safe and Supportive Environments (SSE), Strategy 2C Outcome 8

Short-term outcome: 2C.8		Outcome Measure:	
Increased teacher implementation of best classroom management practices.		100% of priority schools will provide school staff with materials on classroom management techniques (e.g. social skills training, environmental modification, conflict resolution and mediation, and behavior management).	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
<ul style="list-style-type: none"> A. Collaborate with Social Emotional Learning coordinator to plan, develop materials for, advertise, and deliver PD on classroom management. B. Develop content, select materials, advertise and deliver PD to staff regarding LGBT youth. C. Positive Youth Development (PYD) programs established or identified – community-based programs identified, compiled by region, and distributed to teachers. D. Develop and disseminate resources for families regarding decreasing adolescent sexual health risks, risk and protective factors, and norm setting within families. 	<ul style="list-style-type: none"> A. PD delivered on best practices for classroom management. B. PD delivered on supporting LGBT youth. C. Positive youth development (PYD) programs delivered to students or students connected to community-based programs. D. Resources for parents disseminated and programs implemented to increase parenting skills. 	<ul style="list-style-type: none"> A. Social-Emotional Learning Coordinator and Healthy Youth Coordinator B. Manager, Health Education, Health Education Specialist C. Health Education Specialist D. Manager, Prevention and Intervention, Social-Emotional Learning Coordinator 	<ul style="list-style-type: none"> A. June 2019 B. February 2019 C. June 2019 D. March 2019

Component 2: Safe and Supportive Environments (SSE), Strategy 2C Outcome 9

Short-term outcome: 2C.9		Outcome Measure:	
Increased student participation in positive youth development activities.		100% of priority high schools and 50% of priority middle schools will have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
<ul style="list-style-type: none"> A. Develop, schedule and provide quarterly GSA leader meetings/PD to increase GSA participation and effectiveness B. Create SPS GSA database, visit all priority schools to determine status of GSAs C. Support schools, track visits and create student survey of participation in priority HS and MSs with GSAs. D. Develop online guidance materials for GSA leaders 	<ul style="list-style-type: none"> A. PD delivered supporting LGBT youth. B. GSAs established and visited in all priority high schools and 50% of middle schools. C. Tracking sheet reflecting GSA visits and student survey created D. Web resources uploaded and monitored 	<ul style="list-style-type: none"> A. Manager, Health Education, Health Education Specialist B. Health Education Specialist C. Health Education Specialist D. Health Education Specialist 	<ul style="list-style-type: none"> A. Quarterly October 2018 - June 2019 B. May 2019 C. April 2019 D. March 2019

Component 2: Strategy 2A-2C Intermediate Outcome 1

Intermediate-term outcome: 2A-2C.1		Outcome Measure:	
Increased student knowledge, skills, and behaviors to avoid and reduce sexual risk.		100% of students in priority schools receive HIV Prevention Education, including how to access HIV testing and treatment if need be.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
<ul style="list-style-type: none"> A. Plan, create materials, schedule and deliver PD to health teachers. B. Develop online survey for distribution to health teachers. 	<ul style="list-style-type: none"> A. Training documentation of attendance/materials. B. Data collected and compiled from online survey results. C. Contracts approved and classes scheduled. 	<ul style="list-style-type: none"> A. Manager of Health Education and Healthy Youth Coordinator B. Healthy Youth Coordinator C. Health Education Specialist 	<ul style="list-style-type: none"> A. June 2019 B. June 2019 C. June 2019

C. Create contracts with HIV+ speakers, schedule and track classroom visits.			
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Component 2: Strategy 2A-2C Intermediate Outcome 2

Intermediate-term outcome: 2A-2C.2		Outcome Measure:	
Increased student awareness of SHS needs and services.		100% of priority schools will include as a topic in sexual health education: (1) how to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy; and (2) preventive care such as screenings and immunizations that is necessary to maintain reproductive and sexual health.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Identify classroom-based strategies, lessons and materials that support accessing valid and reliable health information. B. Create and distribute survey to track schools meeting any of the measures.	A. Lessons and strategies identified and distributed to health teachers B. Survey results tracked and monitored each semester	A. Manager, Health Education and Healthy Youth Coordinator B. Healthy Youth Coordinator	A. November 2018 B. January and June 2019

Component 2: Strategy 2A-2C Intermediate Outcome 3

Intermediate-term outcome: 2A-2C.3		Outcome Measure:	
Increased student HIV testing.		Increase percentage of students in priority schools by 2% who have been tested in the past year for HIV.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Facilitate student-led HIV testing campaigns in partnership with SBHCs. B. Establish data sharing and collection methods with PHSKC.	A-B. Track communications and outreach results as well as data from school-based health centers and PHSKC. C. Training completed, tracking system established	A-B. Healthy Youth Coordinator, Manager, Health Education, PHSKC Partner C. Healthy Youth Coordinator, Manager, Health Education, PHSKC Partner	A-B. Monthly, October 2018 - July 2019 C. December 2018 and throughout school year

C. SBHC tours in health classes/practitioners trained to present in classes.			
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Component 2: Strategy 2A-2C Intermediate Outcome 4

Intermediate-term outcome: 2A-2C.4		Outcome Measure:	
Increased student STD testing.		Increase percentage of students in priority schools by 2% who have been tested in the past year for STD. (Establish baseline with PHSKC.)	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Facilitate student-led STD testing campaigns in partnership with SBHCs. B. Establish baseline and data sharing and collection methods with PHSKC. C. SBHC tours in health classes/practitioners trained to present in classes. D. Schedule presentations at GSAs and other student groups.	A-B. Track communications and outreach results as well as data from school-based health centers and PHSKC. C. Training completed, tracking system established. D. Tracking system reflecting completed visits to groups.	A-B. Healthy Youth Coordinator, Manager, Health Education, PHSKC Partner C. Healthy Youth Coordinator, Manager, Health Education, PHSKC Partner D. Health Education Specialist	A-B. Monthly, October 2018 - July 2019 C. December 2018 and throughout school year D. June 2019

Component 2: Strategy 2A-2C Intermediate Outcome 5

Intermediate-term outcome: 2A-2C.5		Outcome Measure:	
Increased parental monitoring.		Increase by 50% the number of students in priority schools whose parents or other adults ask where they are going or with whom they will be during free time.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Plan, schedule, advertise and deliver Family Night program to incoming Middle School students and their families. B. Parent education events given in partnership with	A. 15 Family Night programs delivered, addressing parenting skills and sexual health norm setting. B. 5 parent education events/activities delivered in	A. Social-Emotional Learning Coordinator B. Prevention and Intervention Manager and Healthy Youth Coordinator	A. June 2019 B. May 2019

PTAs and drug and alcohol community coalition groups. Create retro- pre/post survey to measure impact.	collaboration with community and parent partners (focus on reducing health and sexual health risks, such as drug and alcohol use and sexual behaviors.		
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Component 2: Strategy 2A-2C Intermediate Outcome 6

Intermediate-term outcome: 2A-2C.6 Increased parent/student communication about sexual health.		Outcome Measure: Increase by 50% the number of students in funded districts whose parents or other adults in the family ever talked with them about what they expect them to do or not to do when it comes to sex.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Family Nights-transition to middle school puberty/sex ed evening with families. B. Parent education materials selected and distributed.	A. List of schools and attendance with Family Night programs. B. Materials distributed to priority schools to be sent home with students or made available online for families	A. Social-Emotional Learning Coordinator B. Social-Emotional Learning Coordinator and Healthy Youth Coordinator	A. June 2019 B. March 2019

Component 2: Strategy 2A-2C Intermediate Outcome 7

Intermediate-term outcome: 2A-2C.7 Increased student connectedness to school.		Outcome Measure: Percentage of students in priority schools who agree that they feel like they belong at their school will increase by 3% over baseline from HYS data or student climate survey.	
Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date
A. Provide LGBT training to out of school time providers B. Establish baseline data from Healthy Youth Survey and Student Climate Survey.	A. Number of staff attending provider training B. Number of students completing Healthy Youth Survey/Student Climate Survey	A. Manager, Health Education and Health Education Specialist B. Healthy Youth Coordinator	A. May 2019 B. October 2018 and June 2019

5. Budget Narrative for Component 2

a. Detailed Budget for Component 2, Year 1

BUDGET FOR COMPONENT 2 HIV EDUCATION

Budget Period 1

August 1, 2018 - July 31, 2019

			AMOUNT REQUESTED
PERSONNEL	% time on CDC grant	# of months	\$ 118,856
Health Education Manager Grant Manager Oversight, Policy, Implementation LISA LOVE	-	12	\$0 (paid in full by SPS)
Social-Emotional Learning Coordinator School Climate and Family/Community Ed. HELEN WALSH	-	12	\$0 (paid in full by SPS)
Manager, Prevention and Intervention Drug and Alcohol prevention/coalition and YRBS support LISA DAVIDSON	-	12	\$0 (paid in full by SPS)
HIV/Health Education Specialist, Secondary Trainings, Activities, Safe and Supportive Schools TBD	80%	12	\$ 42,874
Healthy Youth Coordinator, Secondary Compliance, Program Development, Access to Health Services TBD	80%	12	\$ 51,570
Administrative Support Secretary 2 TBD	50%	12	\$ 24,413
BENEFITS	base	rate	\$ 51,150
Medical insurance is \$10,904 per FTE.	\$ 10,904	2.10	\$ 22,898
General benefits rate is 23.77% for classified staff in 2018-19.	\$ 118,856	23.77%	\$ 28,252
CONSULTANT			\$ -

EQUIPMENT**\$ -**

SUPPLIES	Unit cost	#	\$ 10,525
FLASH Sexuality/HIV/AIDS	\$ 55	115	\$ 6,325
Printers for new hire staff	\$ 300	2	\$ 600
Chairs for new hire staff	\$ 100	1	\$ 100
Training Materials and general office supplies (paper, pens, etc.)	\$ 300	1	\$ 300
Materials for Gender and Sexuality Alliance (GSA's) activities: Supplies support efforts related to Strategy 2C.9. Activities A-D	\$ 100	20	\$ 2,000
Computers	\$ 600	2	\$ 1,200

TRAVEL**\$ 7,034**

<u>Out-of-State Travel</u>	<u>Rate</u>	<u>Days</u>	<u># Staff</u>	
1. National Conference - CDC Funded Partners (Sept. 18-20)				
Airfare	\$ 500	1	2	\$ 1,000
Lodging	\$ 180	3	2	\$ 1,080
Per diem	\$ 52	3	2	\$ 312
2. National Conference - related to Adolescent Sexual Health				
Airfare	\$ 500	1	2	\$ 1,000
Lodging	\$ 180	3	2	\$ 1,080
Per diem	\$ 52	3	2	<u>\$ 312</u>
<i>Out-of-State Subtotal</i>				\$ 4,784

JUSTIFICATION: Out-of-State travel funding to fulfill our obligation to CDC to participate in scheduled conferences (September 24-26 in Atlanta, GA). Additional out-of-state travel for staff to seek relevant professional development that aligns with grant goals including Strategy 2A.2 Activities A-F.

<u>In-State Travel</u>	<u>Rate/mo.</u>	<u>Months</u>	<u># Staff</u>	
Mileage is reimbursed at \$0.525/mile	\$ 75	10	3	\$ 2,250

JUSTIFICATION: Program staff regularly drives to all Seattle School buildings, providing a variety of services including building based in service training, faculty and instructional council meetings, teacher observation and HIV+ student placement services, model teaching, crisis support, staff development, GSA meetings, etc. Additionally, program staff meets regularly with staff from collaborating agencies. The amount cited above represents an average monthly cost. Travel costs align with activities in Strategies 2A.2, 2A.3, 2B.4, 2B.5, 2B.6, and 2C.8.

OTHER				\$ 43,788
<u>Office</u>	Rate	Months		
Printing	\$ 164	12		\$ 1,968
Telephone	\$ 50	12		\$ 600
Postage	\$ 15	12		<u>\$ 180</u>
<i>Office Subtotal</i>				<i>\$ 2,748</i>
<u>Staff Development</u>	Rate	Days	# Staff	
Comprehensive HIV/STD FLASH Training	\$ 232	1	80	\$ 18,560
High School Health Teacher Training	\$ 232	3	20	\$ 13,920
Special Education FLASH/HIV Training	\$ 232	1	10	\$ 2,320
GSA Facilitator Training (8 staff, 4 hours ea.)	\$ 50	4	8	\$ 1,600
LGBT Liaison Training	\$ 232	1	20	<u>\$ 4,640</u>
<i>Staff Development Subtotal</i>				<i>\$ 41,040</i>
CONTRACTUAL				\$ 33,925
	Rate	Classes		
1 <u>PLWA Speakers and Panels:</u> contract with trained HIV+ speakers <i>JUSTIFICATION: Students are personally impacted by the speakers; it is one of the primary classroom tools to challenge teen invulnerability. Strategy 2A.2, Activity B and Strategy 2A-2C.1, Activity C</i>	\$ 50	100		\$ 5,000

<p>2 <u>Family Nights</u> 1 male sexuality trainer, 1 female sexuality trainer 2 educators @ \$80.00 each (X 30 evenings). Seattle’s most outstanding sexuality educators facilitate for this program. <i>JUSTIFICATION:</i> This is a program for parents and students who are transitioning in to middle school. They learn together; they talk together about sexuality issues. The primary objective is to help parents be more comfortable in their role as primary sexuality educator. Topics include puberty, communication, decision-making, refusal skills, family values, and avoiding risk. 2 educators @ \$80.00 each x 30 nights Supplies @ \$50/night x 30 nights Strategy 2A.2, Activities D, E, F; Strategy 2C.8, Activity D; Strategy 2A-2C.5, Activities A, B; Strategy 2A-2C.6, Activities A, B</p>	\$ 6,300		
	Rate Hours		
<p>3 <u>Sexual Health Education/Training:</u> contract with Relevant Strategies <i>JUSTIFICATION:</i> Relevant Strategies will help support and facilitate the process of improving Sexual Health Education by leading stakeholders in creating a K-12 health education scope and sequence. This effort will align with Washington State standards and reflect exemplary sexual health education practices. Strategy 2A.2, Activity B</p>	\$ 185 25 \$ 4,625		
<p>4 <u>Evaluation Contract:</u> contract with CARDEA for program evaluation. Required 6% funds <i>JUSTIFICATION:</i> Required for data collection and report on short and intermediate-term outcome performance measures. Necessary for dissemination of evaluation results to key stakeholders. All Strategies/Activities</p>	\$ 18,000		
DIRECT SUBTOTAL		\$ 265,278	
INDIRECT	base	indirect rate	\$ 34,710
The federal unrestricted indirect rate 13.83% will be charged on direct costs excluding contractual services.	\$ 231,353	13.83%	\$ 31,996
An 8% indirect rate will be charged on contractual services.	\$ 33,925	8.00%	\$ 2,714
TOTAL PERIOD 1		\$ 299,988	

b. Budget Justification

i. Personnel

The **Grant Manager** is responsible for the overall operation of the project including: oversight for implementation of project activities, coordination and collaboration with state, local, and federal agencies, design and implementation of in service and training, data collection and interpretation. The quality of staff performance, the quality and quantity of technical assistance provided to schools and to collaborating agencies, and for the timely completion of all reports and documentation to CDC. This position relates to all program objectives.

The **Social-Emotional Learning Coordinator** leads staff training and classroom efforts to increase student safety and sense of belonging. This position also addresses community and family education, including effort to support families whose students are entering middle school.

The **Prevention and Intervention Manager** helps reduce risk by addressing drug and alcohol prevention and intervention efforts in high-risk populations. This position also provides YRBS support for the district.

The **HIV/Health Education Specialist** is responsible for coordinating, organizing and planning HIV and Sexuality in service training for students and staff. This position is responsible for providing quality technical assistance at the building level, including model teaching in the classroom. This staff person will design and develop appropriate training materials as required. They will assess the particular needs of sub-populations of students, high-risk students and out of school youth and respond with appropriate materials, resources and staff in service. This position develops programs and selects materials to support safe and supportive environments efforts. They support the collection and analysis of relevant data and the cooperation and collaboration with local community agencies.

The **Healthy Youth Project Coordinator** is responsible for dissemination, collection and collaboration of effort related to YRBS and Profiles. This position is responsible for aligning national, state, and local health education efforts and collaborating with internal and external partners to meet the goals of the CDC grant. This includes working closely with Public Health-Seattle & King County to uphold the MOU agreements and overseeing contracts. This staff person will provide oversight in efforts related to increasing student access to health services. In addition, the Healthy Youth Project Coordinator will support the Health Education Manager in meeting the grant reporting objectives.

The **Administrative Support Secretary** is responsible for the efficient running of the Health Education Office. The administrative assistant schedules trainings and meetings, creates documents supporting the grant goals, purchases appropriate materials and supplies, facilitates communication with external partners and works closely with the district communication office as needed, as well as supports the work of the Health Education Manager, Health Education specialist, and Healthy Youth Project Coordinator. This staff facilitates materials dissemination both in and out of district, provides appropriate resources to individuals who come to the office in person, and provides exceptionally outstanding secretarial service.

ii. Benefits

SPS uses a base rate of \$10,904 per FTE for medical insurance for the 2018-2019 fiscal year. SPS plans to cover all benefits for three full-time positions. The remaining

benefits costs for three positions, totaling 2.10 FTE, are prorated at the base rate for medical insurance.

The general benefits rate (excluding medical) for classified staff in 2018-2019 is 23.77% of base salary.

iii. Consultant

SPS is not requesting any consultant funds in this request.

iv. Equipment

SPS is not requesting any equipment funds in this request.

v. Supplies

The Supplies budget of \$10,525 covers instructional materials, miscellaneous office components for the new staff hires, related to all strategies and activities, and materials for the Gender and Sexuality Alliance (GSA) activities, related to Strategy 2C.9. Activities A-D.

vi. Travel

Out-of-State travel funding is requested to fulfill our obligation to CDC to participate in scheduled conferences (September 18-20 in Atlanta, GA). Additional out-of-state travel is requested for staff to seek relevant professional development that aligns with grant goals including Strategy 2A.2, Activities A-F.

In-state travel is requested for program staff who regularly drive to all Seattle School buildings, providing a variety of services including building based in-service training, faculty and instructional council meetings, teacher observation and HIV+ student placement services, model teaching, crisis support, staff development, GSA meetings, etc. Additionally, program staff meets regularly with staff from collaborating agencies. The amount cited above represents an average monthly cost. Travel costs align with activities in Strategies 2A.2, 2A.3, 2B.4, 2B.5, 2B.6, and 2C.8.

vii. Other

Most of the Other expenses relate to providing comprehensive HIV/STD FLASH staff development training. This training will be provided to middle and high school health educators, special education teachers, GSA facilitators, and LGBT liaisons in priority schools. Approximately 138 professional staff will receive training. Other expenses are for printing, telephone, and postage related to the grant objectives. Contractual

Approximately \$34,000 is set aside in the first year for contractual support from outside experts to fulfill the goals and objectives outline in the grant proposal.

1. Persons Living with AIDS (PLWA) Speakers and Panels: Students are personally impacted by the speakers; it is one of the primary classroom tools to challenge teen invulnerability. Strategy 2A.2, Activity B.
2. Family Nights
1 male sexuality trainer, 1 female sexuality trainer
2 educators @ \$80.00 each (X 30 evenings). Seattle's most outstanding sexuality educators facilitate for this program.
JUSTIFICATION: This is a program for parents and students who are transitioning in to middle school. They learn together; they talk together about sexuality issues. The primary objective is to help parents be more comfortable in their role as primary sexuality educator. Topics include puberty, communication, decision-making, refusal skills, family values, and avoiding

risk.

2 educators @ \$80.00 each x 30 nights

Supplies @ \$50/night x 30 nights

Strategy 2A.2, Activities D, E, F; Strategy 2C.8, Activity D; Strategy 2A-2C.5, Activities A, B; Strategy 2A-2C.6, Activities A, B.

3. Sexual Health Education/Training: contract with Relevant Strategies. Relevant Strategies will help support and facilitate the process of improving Sexual Health Education by leading stakeholders in creating a K-12 health education scope and sequence. This effort will align with Washington State standards and reflect exemplary sexual health education practices.
Strategy 2A.2, Activity B
4. Evaluation Contract: contract with CARDEA for program evaluation. Required 6% funds. Required for data collection and report on short and intermediate-term outcome performance measures. Necessary for dissemination of evaluation results to key stakeholders. All strategies and all activities.

viii. Indirect Costs

The federal unrestricted indirect rate 13.83% will be charged on direct costs excluding contractual services.

An 8% indirect rate will be charged on contractual services.

6. Funds Tracking

Funds Tracking Summary

Upon receipt of the grant award, SPS will demonstrate accountability for all funds, property and other assets, comparison of expenditures with budget amounts for each Federal Award with written procedures to implement payment requirements via written procedures to determining allowable costs, financial reporting and monitoring.

Detail

Seattle Public Schools will ensure proper fiscal oversight while maintaining public trust in the stewardship of federal funds. Upon notification of receiving the grant, SPS will confirm that the Payment Management System (PMS) properly adheres to CDC guidelines. SPS understands that the district will be required to draw down funds from award-specific accounts in the PMS. Funds will be tracked for each project/cooperative agreement awarded. Upon request, SPS will provide a record of fiscal responsibility which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining allowable costs.
- Written procedures for financial reporting and monitoring.

7. Intergovernmental Review

Washington state does not have a single point of contact (SPOC) for federal assistance applications. In 1992, Governor Booth Gardner eliminated the Washington Intergovernmental Review Process with Executive Order 92-03.⁴⁸ The Office of Grants and Fiscal Compliance oversees coordination of all grant efforts for SPS. The Health Education Manager consulted with the SPS Director of Grants and Strategic Partnerships and with the state's Office of Superintendent of Public Instruction, Washington State Department of Health, and Public Health – Seattle/King County before and during the grant writing process for PS18-1807 to ensure coordination of efforts.

8. Pilot Program for Enhancement of Employee Whistleblower Protections

SPS will adhere to the terms of 48 Code of Federal Regulations(CFR) section 3.908 to the award and inform our employees in writing under 41 U.S.C. 4712 to ensure complete adherence.

SPS has a policy and procedure in place to report improper governmental actions and protect whistleblowers against retaliation. Policy 5250⁴⁹ and Procedure 5250SP⁵⁰ encourages reporting by employees of improper governmental actions taken by district officers or employees and protects employees who have reported improper actions from retaliation.

9. Copyright Interests Provisions

Pursuant to applicable grant regulations and CDC's Public Access Policy, SPS agrees to provide the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available as soon as possible via notification via PubMed Central (PMC) no later than 12 months after the official date of publication.

SPS will obtain prior approval from the CDC for any exception to this provision and will ensure any publishing or copyright agreements fully comply with the provision and license reserved by CDC.

SPS will identify publications subject to the CDC Public Access Policy via the applicable NIHMS number for up to three months after the publication date and the (PMCID) number thereafter.

10. Funding Restrictions

SPS will get written permission if we plan to make any alterations to the budget and will not use funds for researching, clinical care except as allowed by law or to influence legislative action of any kind.

SPS will perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible. Also, in accordance with the US Protecting Life in Global Health Assistance policy, we will not partner or engage with any organization that perform abortions as a method of family planning or that promotes abortion as a method of family planning, or to provide financial support to any organization that conducts such activities.

SPS understands that Component 1 funding is intended only for the administration, dissemination, and use of the YRBS and Profiles and is not meant for school-based surveillance activities.

11. Data Management Plan

SPS engages in best practices for the collection, storage, and archiving of identifiable and de-identified data. The SPS Health Education Manager, lead HIV/STD Prevention Manager, and external evaluators will have access to password-protected large-scale data sets on a secure server. They will de-identify data before they are shared with the larger evaluation team, other partners, key stakeholders, and the public. SPS will house data on its secure server and will maintain best practices for protecting and then eventually archiving or purging data based on both CDC project and SPS data retention policies. Furthermore, SPS will ensure that de-identified surveillance data are available to the public on the SPS website. Published data will include materials that detail how data were collected (methodology), what data represent (data dictionary), limitations of data, and how SPS will store and preserve data. Published evaluation reports will describe the type of evaluation, key evaluation question or questions, and data sources used in measurement.

During the initial project phase, SPS will develop a data management plan (DMP) based upon the plan description above. The DMP will describe the data to be collected and the standards to be used for collection of data. The DMP will include a section detailing the privacy protections used to protect the confidentiality, security, and integrity of the data, including de-identification of data and minimum n-size to protect privacy. Data will only be published or shared with accompanying guidance describing the data collection methodology, data descriptors, known limitations, and acceptable use policies. Data will be provided in non-proprietary formats, for example comma separated value (CSV) files. Surveillance data will be made available within one year of collection, after it has been de-identified, cleaned, and documented. Other data will be made available within 30 months of collection. SPS will work with CDC and the SPS Data Governance Office to establish acceptable data retention policies that comply with the terms and conditions of the CDC PS18-1807 grant.

12. Appendix: Gantt Charts for Work Plans

a. Component 1 Gantt Chart

Component 1: School Based Surveillance	2018				2019				2020				2021				2022				2023			
Outcome/Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
YRBS Implemented and Disseminated																								
A. YRBS surveillance administration				■								■								■				
B. Sampling frames and parameters					■								■								■			
C. YRBS delivered					■								■								■			
D. Implementation plan finalized					■								■								■			
E. SPS submits forms and data sets						■								■								■		
F. YRBS implemented, administered, disseminated							■								■								■	
Profiles Implemented and Disseminated																								
A. Profiles surveillance administration								■								■								
B. Sampling frames and parameters									■								■							
C. Profiles questionnaires developed									■								■							
D. Implementation plan finalized									■								■							
E. Questionnaires/data completed and submitted										■								■						
F. Profiles results disseminated											■								■					

b. Component 2 Gantt Chart

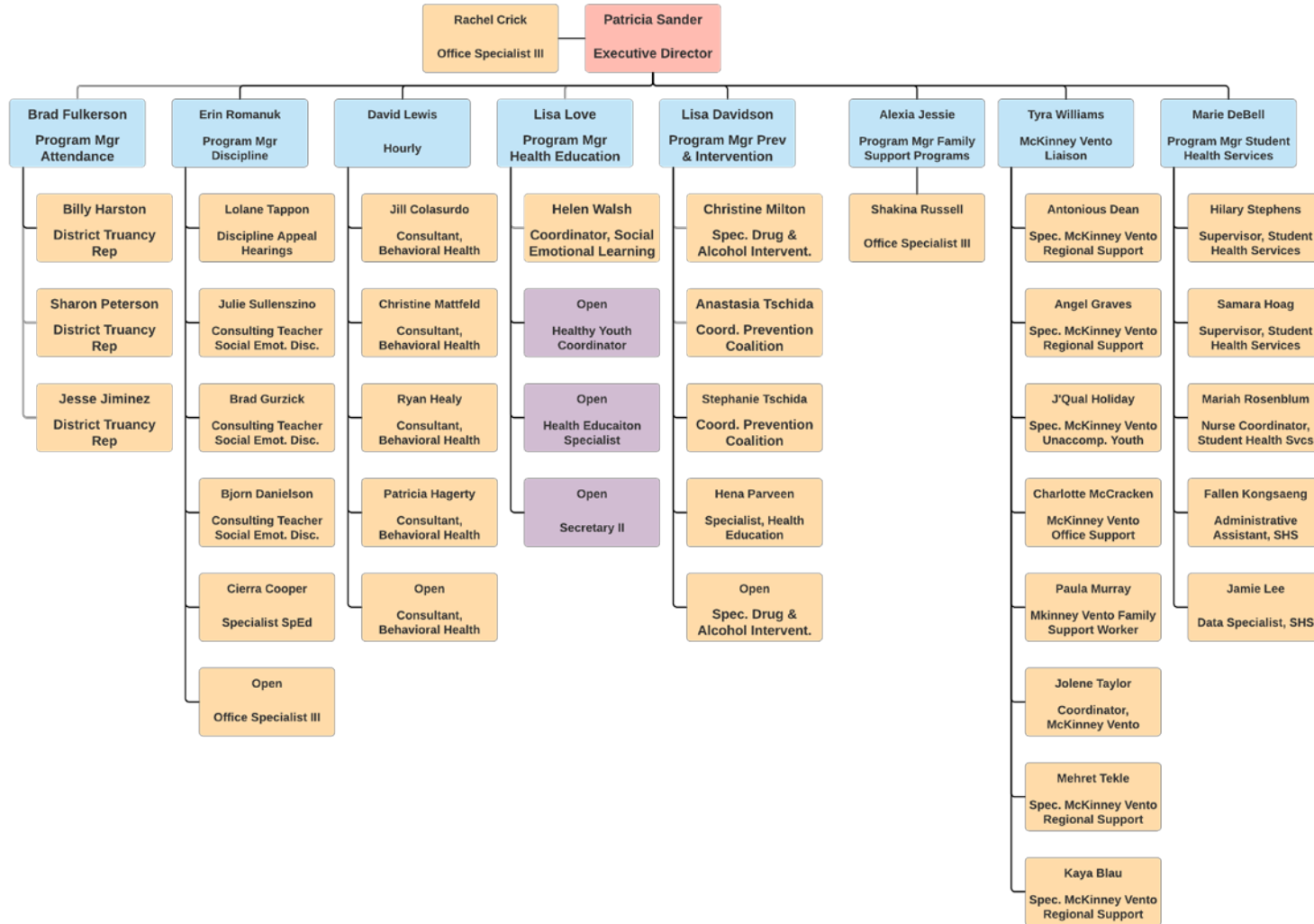
Component 2: School-Based HIV/STD Prevention	2018												2019											
Outcome/Activity	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
2A.2 Increased teacher ability to teach SHE effectively																								
A. Identify instructional competencies																								
B. Review policies, scope & sequence																								
C. Secure speakers, align content																								

Component 2: School-Based HIV/STD Prevention	2018												2019											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
D. Establish tracking tools																								
E. Establish membership et al of SHAC																								
F. Maintain SHAC																								
G. Support strategies to involve parents/families																								
2A.3 Increased student receipt of effective SHE																								
A. PD designed and advertised, logistics completed																								
B. Teacher survey completed																								
2B.4 Increased access to SHS on-site																								
A. Collaborate with SBHCs, PHSKC																								
B. Select training dates, develop agendas																								
C. Identify programs and instruction to deliver																								
D. Identify available on/off-site SHS by region																								
E. Assess capacity to increase services																								
F. Support student-led marketing campaign																								
2B.5 Increased access to SHS off-site																								
A. Identify existing policies for SHE referrals																								
B. Assess need for changes																								
C. Select/schedule PD dates																								
D. Collaborate to create referral guide																								
E. Deliver PD to school staff																								
F. Collaborate to provide health fairs																								
2B.6 Increased delivery of on-site SHS																								
A. PD planned, scheduled, delivered																								
B. Collaborate with school counselor leaders																								
C. Support SBHC with enrollment packages																								
D. Meet with PHSKC to determine strategies																								
2B.7 Increased referrals to community providers																								

Component 2: School-Based HIV/STD Prevention	2018												2019											
Outcome/Activity	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
A. Establish provider list																								
B. Collaborate to provide training																								
C. Create classroom lesson/guidance																								
2C.8 Increased teacher implementation of best classroom management practices																								
A. Collaborate with SEL coordinator																								
B. Develop content, deliver PD re: LGBT youth																								
C. Positive Youth Development programs established																								
D. Develop, disseminate resources for families																								
2C.9 Increased student participation in positive youth development activities																								
A. Develop, schedule, provide GSA leader meetings																								
B. Create SPS GSA database																								
C. Support schools, monitor GSA participation																								
D. Develop online guidance for GSA leaders																								
2A-2C.1 Increased student knowledge, skills, and behaviors to avoid and reduce sexual risk																								
A. Plan, deliver PD to health teachers																								
B. Develop online survey for health teachers																								
C. Create contracts with HIV+ speakers, track																								
2A-2C.2 Increased student awareness of SHS needs and services																								
A. Identify strategies to access valid health info																								
B. Create survey to track measures																								
2A-2C.3 Increased student HIV testing																								
A. Facilitate student-led HIV testing campaigns																								

Component 2: School-Based HIV/STD Prevention	2018												2019											
	Outcome/Activity	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
B. Establish data sharing and collection methods																								
C. Promote SBHC tours, in-class presentations																								
2A-2C.4 Increased student STD testing																								
A. Facilitate student-led STD testing campaigns																								
B. Establish data sharing and collection methods																								
C. Promote SBHC tours, in-class presentations																								
D. Schedule presentations to GSAs & other groups																								
2A-2C.5 Increased parental monitoring																								
A. Plan, deliver Family Night pgms for MS students																								
B. Provide parent education events with others																								
2A-2C.6 Increased parent/student communication about sexual health																								
A. Deliver Family Night pgms: transition to MS																								
B. Select, distribute parent education materials																								
2A-2C.7 Increased student connectedness to school																								
A. Provide LGBT training to providers																								
B. Establish baseline data from HYS and SCS.																								

13. Appendix: SPS Consolidated School Health Organization Chart



14. Appendix: Key Job Descriptions

a. Health Education Manager

Salary \$73,091.20 - \$98,737.60 Annually

General Summary

- Manages District-wide health education programs, in order to support students overcoming barriers to learning, increasing academic achievement and eliminating the disproportionality gap.
- Provides District health expertise and innovative leadership to maximize learning and teaching. Provides a coordinated school health service delivery model, thereby creating a safe and healthy school environment.
- Articulates program goals, strategies and objectives to District staff and the public to strengthen effectiveness of the program. Ensures adherence to District policies and state/federal requirements.
- Oversees health curriculum, health- focused professional development and provides technical assistance to school and district staff on a variety of health issues contributing to disparities which impact student academic success.
- Acts as District point person for issues regarding gay, lesbian, bisexual, transgender and questioning (LGBTQ) students, staff and families.
- Oversees federal, state, local and private grant programming to ensure compliance with applications rules and regulations and to maintain the fidelity of the programming.

Essential Functions

20% Grant Management:

- Oversees and coordinates all central office elements of the federal, state, local and other grants.
- Acts as a key point of contact that interfaces with grantors and the partners involved inside and outside SPS.
- Maintains essential functional relations required for grant success and management of the grant.
- Reporting and accountability in meeting specific requirements and deliverables related to each source of funding.

20% District-wide programs:

- Works collaboratively across Seattle Public Schools to implement tiered support systems using research based, highly effective interventions to support students in both the social/emotional and academic areas of the curriculum.
- Leads, supports, and coordinates staff to implement multiple grant objectives and the Health Education efforts, including curricular content, health disparities, and addressing health issues of high-risk populations.
- Provides leadership for district health efforts and integrates goals, activities and initiatives into district, division, and departmental work plans and accountability structures.

10% Budget and Finance:

- Oversees assigned grant budgets.

- Collaborates with the Human Resources and Finance departments to develop and prepare annual budget.
- Identifies and prioritizes resource needs.
- Monitors and authorizes budgetary and financial data including materials, equipment selection and staffing.
- Ensures that all budgetary, purchasing and contract services follow district, state and federal regulations.

10% Compliance:

- Serves as project manager for all grants within this program.
- Ensures that the district is in compliance by monitoring, assessing and reporting on all assigned federal/state grants and programs.
- Assures health program and district curriculum alignment with state and national standards, maintaining compliance with federal, state, and district mandates.

10% Supervision and Personnel:

- Supervises assigned staff.
- Oversees hiring, placement and dismissal of staff.
- Evaluates performance and ensures adequate training and cross-training.
- Coordinates and leads staff meetings.
- Visits school sites to mentor staff and ensure quality instruction.

10% Program Evaluation and Progress Monitoring:

- Collaborates with school and program staff, community organizations and funding sources to develop a comprehensive plan and process to track, record and evaluate student progress to meet program goals and objectives.
- Monitors the impact of programs, interprets and uses data effectively to identify differentiated needs, and adjusts direction and support based on performance.
- Completes regular school site visits for technical assistance and evaluation purposes, serves as point of contact for the grant evaluators.

10% Spokesperson:

- Serves as the District's representative for assigned grants, Health Education and LGBTQ matters.
- Responds to internal and external concerns and inquiries.
- Leads outreach to and facilitates open lines of communication with school administrators, teachers and other staff on HSGI and Health Education-related work.
- Serves as a primary liaison to the Federal Department of Education on relevant grant issues.
- Serves as a primary communicator to District administrators and OSPI representatives on all issues related to Health Education.
- Works closely with SPS legal office and communications office to address policy issues and controversial legal and media concerns providing accurate communications internally and externally.

5% Collaboration:

- Collaborates with district administrators, school staff, and parents to evaluate plans and programs that work to decrease risk behaviors and dropout rates and to increase student graduation and academic success.
- Works collaboratively with the Discipline, Truancy and Homelessness Programs, local and regional government, non-profit agencies, and private partnerships to focus efforts on keeping students in school and on track toward graduation.
- Works with schools to establish and coordinate mutually beneficial partnerships with community-based organizations, parent organizations, the philanthropic community, and businesses that can help schools advance student learning and positive health outcomes.
- These efforts will support high quality comprehensive services.

5% Professional Development:

- Provides and supports relevant professional development opportunities for employees, district staff and administrators.
- Determines program needs.
- Develops presentations and presents to internal or external partners.
- Provides consultative services to district administrators and staff regarding status of assigned grants as well as relevant Health Education and LGBTQ topics.
- Participates in ongoing training to enhance professional skills.
- Maintains currency on practices and research in Health Education.
- Maintains state-of-the-art expertise in Health Education administration and service delivery.
- Establishes competency in the general field of curriculum and instruction, and school support services.
- Develops additional competencies to perform manager functions.

OTHER FUNCTIONS:

- Attends or participates in all required staff and committee meetings and other activities deemed necessary by the District or Director in order to accomplish the objectives of the position and for professional achievement.
- Provides quality District-wide staff training regarding LGBT youth and other sensitive health education-related topics.
- Manages contracts, MOUs and scope of work agreements. Oversees district and grant budgets.
- Participates in ongoing training to enhance professional skills.
- May perform related duties consistent with the scope and intent of the position.

DISTRICT-WIDE CORE COMPETENCIES:

Collaboration

- Develops cooperation and teamwork while participating in a group, working toward solutions which generally benefit all involved parties.
- Is seen as a team player who encourages efficient and effective collaborations.
- Works skillfully in difficult situations with both internal and external groups.

- Represents his/her own interests while being open-minded to other groups.
- Builds respectful and productive relationships internally and externally.

Getting Results (Action Oriented)

- Performs work with energy and drive; values planning, but will take quick, decisive action when an opportunity presents itself.
- Demonstrates a strong sense of urgency about solving problems and getting work done.
- Focuses on achieving the goal even in the face of obstacles.
- Assumes responsibility for starting and finishing work with minimal supervision.
- Strives for new levels of performance.

Decision Quality & Problem Solving

- Uses analysis, wisdom, experience and logical methods to make good decisions and solve difficult problems with effective solutions; appropriately incorporates multiple inputs to establish shared ownership and effective action.
- Weighs the consequences of options before making a decision.
- Applies appropriate criteria to situations for the purpose of making decisions.
- Displays self-confidence in own judgment.
- Focuses in the facts and solutions instead of opinions and problems.

Integrity

- Is widely trusted; is seen as a direct, truthful individual; presents truthful information in an appropriate and helpful manner; keeps confidences; admits mistakes; doesn't misrepresent him/herself for personal gain.
- Deals with people and situations in an honest and forthright manner.
- Represents information and data accurately and completely.
- Represents the confidentiality of information and concerns shared by others.
- Takes ownership if a mistake is their own and does not blame others.

Accountability

- Holds self and others accountable for measurable high-quality, timely and cost-effective results; determines objectives, sets priorities and delegates work; accepts responsibility for mistakes; complies with established control systems and rules.
- Takes responsibility and action as if the risks (financial or otherwise) are his or her own.
- Holds individuals and team accountable for their actions and results.
- Initiates action even if outcome is uncertain and is willing to accept the consequences of failure.
- Aligns own activities and priorities to meet broader organizational needs.
- Demonstrates courage and confidence in his or her own ability.

RELEVANT COMPETENCIES:

Strategic Agility & Innovation Management

- Anticipates future consequences and trends accurately; brings creative ideas to market; recognizes strategic opportunities for change; creates competitive and breakthrough strategies.
- Sees ahead clearly and accurately anticipates how potential ideas may play out.
- Thinks holistically by combining ideas in unique ways or making connection between different ideas.
- Examines and evaluates potential solutions to determine where the greatest gain can be achieved.
- Creates new ways of thinking to address complex issues.

Developing Others

- Is a people builder; provides challenging and stretching tasks and assignments; constructs compelling development plans and executes them; pushes direct reports to accept developmental moves.
- Gives people assignments that help to develop their abilities.
- Work collaboratively with direct reports to set meaningful performance objectives.
- Meets regularly with direct reports to review developmental progress.
- Recognizes and reinforces developmental efforts and improvements.

Directing Others

- Establishes clear directions; sets stretching goals and assigns responsibilities that bring out the best work from people; establishes a good work plan, and distributes the workload appropriately
- Assigns work to others, adapting to the responsibilities, motivation and interest of each individual.
- Clearly communicates responsibilities including decision making authority, required actions and deadlines.
- Provides appropriate support based on direct report's capabilities.
- Encourages two-way dialog to ensure success

Managing & Measuring Work

- Clearly assigns responsibility for tasks and decisions; sets clear objectives and measures; monitors process, progress, and results; designs feedback loops into work.
- Identifies people and resources necessary to accomplish tasks.
- Develops success indicators and monitors and reports status based on those indicators.
- Develops effective communication skills and tools to interact with team

Building Effective Teams

- Builds cohesive teams of people within the organization; shares wins and success such that each team member feels valuable and appreciated; guides teams to establish and achieve goals.
- Creates high performance environment where others pull together to get things done.
- Promotes collaboration and removes obstacles to teamwork.

- Celebrates successes and rewards team achievements.
- Monitors and evaluates team successes and challenges while providing productive feedback.

KNOWLEDGE, SKILLS AND ABILITIES:

- District, state, and federal regulations related to Health Education, diverse populations, student rights and budget accountability systems.
- Providing leadership for a complex process and to staff assigned within the department.
- Strong oral and written communications.
- Team building, problem solving and time management.
- Evaluate and assess the effectiveness of processes and staff.
- Motivate others and stimulate team and group processes.
- Effectively represent the District before the public
- Take individual initiative and responsibility.
- Coordinate multiple activities simultaneously.
- Establish and maintain effective working relationships with District staff and administrators, students, parent or guardians, community agencies and the diverse community.

Minimum Qualifications

EDUCATION:

Master's degree in education, public health or related field. A Bachelor's degree plus six years of experience working in education with a working knowledge of how schools and Federal grants function may substitute for the Master's degree.

YEARS of RELEVANT EXPERIENCE:

Five (5) years of increasingly responsible experience in a public school environment.

CERTIFICATION & LICENSES:

Valid Washington State driver's license or evidence of equivalent mobility.

CLEARANCES:

Criminal Justice fingerprint and background check

b. Manager, Prevention and Intervention

Salary \$73,091.20 - \$98,737.60 Annually

General Summary

Manages the implementation and evaluation of District-wide Prevention and Intervention Program to support students overcoming barriers to learning, increasing academic achievement and eliminating the disproportionality gap. Provides District health and drug/alcohol expertise to maximize teaching and learning. Oversees federal, state, local and private grant programming to ensure compliance with applications rules and regulations and to maintain the fidelity of the programming.

Essential Functions

20% Grant Management:

- Oversees and coordinates all central office elements of federal, state, local and other grants.
- Acts as a key point of contact that interfaces with grantors and the partners involved inside and outside SPS.
- Maintains essential functional relations required for successful grant management.
- Reporting and accountability in meeting specific requirements and deliverables related to each source of funding.

20% District-wide programs:

- Works collaboratively across Seattle Public Schools to implement tiered support systems using researched based-highly effective interventions to support students in both the social/emotional and academic areas.
- Provides leadership, support, and coordination of staff to implement Prevention and Intervention programs and grant objectives, including addressing curricular content, health disparities, and health issues of high-risk populations.
- Provides leadership for district Prevention and Intervention efforts and integrates goals, activities and initiatives into district, division, and departmental work plans and accountability structures.

15% Budget and Finance:

- Oversees assigned budgets, and identifies and prioritizes resource needs.
- Collaborates with Human Resources and Finance departments to develop and prepare annual budget.
- Monitors and authorizes budgetary and financial data including materials, equipment selection and staffing.
- Ensures that all budgetary, purchasing and contract services follow district, state and federal regulations.

10% Compliance:

- Serves as project director for all grants within this program.
- Ensures that the district is in compliance by monitoring, assessing and reporting on federal/state/local grants and programs.
- Assures health program and district curriculum align with state and national standards, maintaining compliance with federal, state, and district mandates.

10% Supervision and Personnel:

- Supervises assigned staff.
- Oversees hiring, placement and dismissal of staff.
- Evaluates performance and ensures adequate training and cross-training.
- Coordinates and leads staff meetings.
- Visits school sites to mentor staff and provides technical assistance in order to ensure quality services to students and families.

10% Program Evaluation:

- Manages the administration of student health surveys and other methods to assess student needs.
- Collaborates with school and program staff, community organizations and funding sources to develop a comprehensive plan and process to track, record and evaluate student progress to meet program goals and objectives.
- Frequently monitors the impact of programs, interprets and uses data effectively to identify differentiated needs, and adjusts direction and support based on performance.
- Completes regular school site visits for technical assistance and evaluation purposes.
- Serves as main point of contact for grant evaluators.

5% Spokesperson:

- Serves as the District's representative for Prevention/Intervention, Middle School Health Education, and drug/alcohol matters as needed on assigned grants.
- Responds to internal and external concerns and inquiries.
- Serves as a primary liaison to the Federal Department of Education on relevant grant issues.
- Serves as a primary communicator to District administrators, local and regional government, and grantors on all issues related to the Prevention and Intervention Program.
- Works closely with SPS legal office and communications office to address policy issues and controversial legal and media concerns.

5% Collaboration:

- Collaborates with district administrators, school staff, and parents to plan and evaluate Prevention/Intervention programs that work to decrease risk behaviors and dropout rates and to increase student graduation and academic success.
- Works with District leadership and programs, local and regional government, community-based organizations, philanthropic community, and parent organizations to establish partnerships that help schools advance student learning and positive health outcomes.

5% Professional Development:

- Provides and supports relevant professional development opportunities for employees, district staff and administrators.
- Determines program needs and develops presentations and presents to internal or external partners.
- Provides consultative services to district administrators and staff regarding status of assigned grants as well as relevant Prevention/Intervention and health topics.
- Participates in ongoing training to enhance professional skills.
- Maintains state-of-the-art expertise in prevention/intervention, substance abuse, and health education administration and service delivery.
- Participates in ongoing training to enhance professional skills.

OTHER FUNCTIONS:

- Attends or participates in all required staff and committee meetings and other activities deemed necessary by the District or Director in order to accomplish the objectives of the position and for professional achievement.
- Serves as member/leader on Seattle community anti-drug abuse coalitions.
- May perform related duties consistent with the scope and intent of the position.

DISTRICT WIDE CORE COMPETENCIES:

Collaboration

- Develops cooperation and teamwork while participating in a group, working toward solutions which generally benefit all involved parties.
- Is seen as a team player who encourages efficient and effective collaborations.
- Works skillfully in difficult situations with both internal and external groups.
- Represents his/her own interests while being open-minded to other groups.
- Builds respectful and productive relationships internally and externally.

Getting Results (Action Oriented)

- Performs work with energy and drive; values planning, but will take quick, decisive action when an opportunity presents itself.
- Demonstrates a strong sense of urgency about solving problems and getting work done.
- Focuses on achieving the goal even in the face of obstacles.
- Assumes responsibility for starting and finishing work with minimal supervision.
- Strives for new levels of performance.

Decision Quality & Problem Solving

- Uses analysis, wisdom, experience and logical methods to make good decisions and solve difficult problems with effective solutions; appropriately incorporates multiple inputs to establish shared ownership and effective action.
- Weighs the consequences of options before making a decision.
- Applies appropriate criteria to situations for the purpose of making decisions.
- Displays self-confidence in own judgment.
- Focuses in the facts and solutions instead of opinions and problems.

Integrity

- Is widely trusted; is seen as a direct, truthful individual; presents truthful information in an appropriate and helpful manner; keeps confidences; admits mistakes; doesn't misrepresent him/herself for personal gain.
- Deals with people and situations in an honest and forthright manner.
- Represents information and data accurately and completely.
- Represents the confidentiality of information and concerns shared by others.
- Takes ownership if a mistake is their own and does not blame others.

Accountability

- Holds self and others accountable for measurable high-quality, timely and cost-effective results; determines objectives, sets priorities and delegates work; accepts responsibility for mistakes; complies with established control systems and rules.
- Takes responsibility and action as if the risks (financial or otherwise) are his or her own.
- Holds individuals and team accountable for their actions and results.
- Initiates action even if outcome is uncertain and is willing to accept the consequences of failure.
- Aligns own activities and priorities to meet broader organizational needs.
- Demonstrates courage and confidence in his or her own ability.

RELEVANT COMPETENCIES:

Strategic Agility & Innovation Management

- Anticipates future consequences and trends accurately; brings creative ideas to market; recognizes strategic opportunities for change; creates competitive and breakthrough strategies
- Sees ahead clearly and accurately anticipates how potential ideas may play out.
- Thinks holistically by combining ideas in unique ways or making connection between different ideas.
- Examines and evaluates potential solutions to determine where the greatest gain can be achieved.
- Creates new ways of thinking to address complex issues.

Building Effective Teams

- Builds cohesive teams of people within the organization; shares wins and success such that each team member feels valuable and appreciated; guides teams to establish and achieve goals.
- Creates high performance environment where others pull together to get things done.
- Promotes collaboration and removes obstacles to teamwork.
- Celebrates successes and rewards team achievements.
- Monitors and evaluates team successes and challenges while providing productive feedback.

Directing Others

- Establishes clear directions; sets stretching goals and assigns responsibilities that bring out the best work from people; establishes a good work plan, and distributes the workload appropriately.
- Assigns work to others, adapting to the responsibilities, motivation and interest of each individual.
- Clearly communicates responsibilities including decision making authority, required actions and deadlines.
- Provides appropriate support based on direct report's capabilities.
- Encourages two-way dialog to ensure success.

Managing & Measuring Work

- Clearly assigns responsibility for tasks and decisions; sets clear objectives and measures; monitors process, progress, and results; designs feedback loops into work.
- Identifies people and resources necessary to accomplish tasks.
- Develops success indicators and monitors and reports status based on those indicators.
- Develops effective communication skills and tools to interact with team.

Presentation Skills

- Is effective in a variety of formal and informal presentation settings; commands attention and manages group process during the presentation; is cognizant of audience response and able to adapt content and style accordingly.
- Presents clear and convincing presentations that achieve their purpose.
- Tailors presentation to meet the needs of the audience.
- Practices active listening and can quickly change approaches when something isn't working.
- Uses strong listening skills to formulate appropriate responsive answers to questions.

KNOWLEDGE, SKILLS AND ABILITIES:

- District, state, and federal regulations related to drug prevention/intervention, health education, student counseling, student rights and responsibilities.
- Principles and practices of Prevention Science.
- Accounting and district budgeting systems.
- Multi-Tiered Systems of Support (MTSS).
- Providing leadership for a complex process and to staff assigned within the department.
- Strong verbal and written communication skills.
- Group facilitation.
- Team building, problem solving and time management.
- Evaluating and assessing the effectiveness of processes and staff.
- Developing and implementing district-wide professional development.
- Motivate others and stimulate team and group processes.
- Analyze student data to select and evaluate programs.
- Take individual initiative and responsibility.
- Work independently.
- Training facilitation.
- Establish and maintain effective working relationships with District staff and administrators, students, parent or guardians, community agencies and the diverse community.
- Manage several projects with multiple staff and contractors.

Minimum Qualifications

EDUCATION:

Master's degree in education, public health, public administration, or related field.

SUBSTITUTION:

A Bachelor's degree plus four (4) additional years of experience in education, social services, or related field in a school setting with working knowledge of how schools and Federal grants function may substitute for the Master's degree.

EXPERIENCE:

Five (5) years of increasingly responsible experience in a public school environment.

CERTIFICATIONS & LICENSES:

Valid Washington State driver's license or evidence of equivalent mobility.

PREFERRED:

WA State Certified Prevention Professional preferred.

CLEARANCE:

Criminal Justice Fingerprint and background check.

c. Healthy Youth Coordinator

Salary TBD

General Summary

This position's responsibilities are to provide implementation support and evaluation of programs including comprehensive social emotional and behavioral health for students, families and community members in order to support students overcoming barriers to learning, increasing academic achievement and eliminating the disproportionality gap.

Essential Functions

15% Review research, literature and model curricula/programs/frameworks. Provide leadership and direction to the development and implementation of program by reviewing, selection, adoption and/purchase of instructional material and technology resources. Assures alignment with state and national standards, maintaining compliance with federal, state and district mandates.

20% Design and deliver staff development. Provides professional development to support district and building leaders responsible for ongoing implementation of program or curriculum. Determines program needs, develops presentations and presents to internal and external partners

20% Provide technical assistance/support to staff, students and families on a variety of social emotional and health issues that impact student academic success. Completes regular site visits. Work collaboratively and maintain excellent relationships with Principals, Building Team Leaders, teachers and staffing in order to support effective program implementation across all three MTSS tiers.

20% Collaborate with school/program staff to develop a comprehensive plan and process to track, record, and evaluated student/school progress to meet program goals and objectives. Monitor the impact of program, interpret and use data to

identify needs for progress monitoring and program adjustment. Support administration of student health surveys and other methods to assess student needs in assigned building(s). Build/assess evaluation tools and reporting mechanisms. Complete regular site visits for technical assistance and evaluation purposes.

15% Facilitate teaming between schools and community-based organizations. Complete resources assessment in assigned buildings. Collaborate and generate partnerships with community agencies and providers. Lead District execution of MOUs and contracts as appropriate.

10% Complete data collection and reporting requirements. Serve as point of contact for grant monitor and evaluators. Ensure district compliance.

Other Functions

- Attends or participates in all staff and committee meetings and other activities deemed necessary by the District or supervisor in order to accomplish the objectives of the position and for professional achievement.
- Participates in ongoing training to enhance professional skills.
- Required to travel between sites.
- May perform related duties consistent with the scope and intent of the position.

RELEVANT COMPETENCIES:

Organizing

- Identifies and prioritizes critical activities and tasks to achieve results
- Ensures that materials and information are prepared to maximize productivity.
- Knows how to get things done both through formal and informal channels

Presentation Skills

- Presents clear and convincing presentations that achieve their purpose.
- Tailors presentation to meet the needs of the audience.
- Practices active listening and can quickly change approaches when something isn't working.
- Uses strong listening skills to formulate appropriate responsive answers to questions.

Building Effective Teams

- Creates high performance environment where others pull together to get things done.
- Promotes collaboration and removes obstacles to teamwork.
- Celebrates successes and rewards team achievements.
- Monitors and evaluates team successes and challenges while providing productive feedback

Interpersonal Skills

- Relates well with others .
- Builds constructive and effective relationships .
- Considers and responds appropriately to the needs and feelings of different situations.

- Is tactful, diplomatic and demonstrates consistency and fairness.

Valuing Diversity

- Values diversity as demonstrated in hiring decisions, delegating work, team forms and interaction with others.
- Demonstrates respect for all people from all walks of life.
- Seeks out different points of view and leverages the benefits of different perspectives.

DISTRICT-WIDE CORE COMPETENCIES:

Collaboration

- Is seen as a team player who encourages efficient and effective collaborations.
- Works skillfully in difficult situations with both internal and external groups.
- Represents his/her own interests while being open-minded to other groups.
- Builds respectful and productive relationships internally and externally.

Getting Results (Action-Oriented)

- Demonstrates a strong sense of urgency about solving problems and getting work done.
- Focuses on achieving the goal even in the face of obstacles.
- Assumes responsibility for starting and finishing work with minimal supervision.
- Strives for new levels of performance.

Decision Quality & Problem Solving

- Weighs the consequences of options before making a decision.
- Applies appropriate criteria to situations for the purpose of making decisions.
- Displays self-confidence in own judgment.
- Focuses in the facts and solutions instead of opinions and problems.

Integrity

- Deals with people and situations in an honest and forthright manner.
- Represents information and data accurately and completely.
- Represents the confidentiality of information and concerns shared by others.
- Takes ownership if a mistake is their own and does not blame others.

Accountability

- Takes responsibility and action as if the risks (financial or otherwise) are his or her own.
- Holds individuals and team accountable for their actions and results.
- Initiates action even if outcome is uncertain and is willing to accept the consequences of failure.
- Aligns own activities and priorities to meet broader organizational needs.
- Demonstrates courage and confidence in his or her own ability.

KNOWLEDGE, SKILLS AND ABILITIES:

- Familiarity with grant reporting and data analysis

- Experience working with diverse parent, student, and community groups

Minimum Qualifications

EDUCATION:

BA/BS in Health, Nursing; Social Work or related field. Master's preferred.

YEARS of RELEVANT EXPERIENCE:

Three (3) years' experience in adolescent health issues. Facilitation training and/or supervising experience preferred. Requires individual initiative and teamwork; travel between sites; excellent communication skills; experience with diverse communities

CLEARANCES:

Criminal Justice fingerprint and background check.

d. Health Education Specialist/Trainer

Salary \$42,816.00 - \$57,837.28 Annually (223 days)

General Summary

The position's responsibilities are to develop, implement, and assess comprehensive health education and related staff development, provide health education support and technical assistance across the district, and collaborate with school and community health education efforts.

Essential Functions

15% Review research, literature and model curricula.

20% Design and deliver staff development.

25% Provide technical assistance/support to staff, students and families.

20% Develop and maintain excellent working relationships with key health staff in each building, ex. nurse, counselor, clinics, drug/alcohol specialist, health education teachers.

15% Collaborate and generate partnerships with community health care agencies and providers.

5% Develop monitoring and assessment tools for health education curricula.

OTHER FUNCTIONS:

May perform related duties consistent with the scope and intent of the position.

DISTRICT-WIDE CORE COMPETENCIES:

Collaboration

- Is seen as a team player who encourages efficient and effective collaborations.
- Works skillfully in difficult situations with both internal and external groups.
- Represents his/her own interests while being open-minded to other groups.
- Builds respectful and productive relationships internally and externally.

Getting Results (Action-Oriented)

- Demonstrates a strong sense of urgency about solving problems and getting work done.
- Focuses on achieving the goal even in the face of obstacles.
- Assumes responsibility for starting and finishing work with minimal supervision.
- Strives for new levels of performance.

Decision Quality & Problem Solving

- Weighs the consequences of options before making a decision.
- Applies appropriate criteria to situations for the purpose of making decisions.
- Displays self-confidence in own judgment.
- Focuses in the facts and solutions instead of opinions and problems.

Integrity

- Deals with people and situations in an honest and forthright manner.
- Represents information and data accurately and completely.
- Represents the confidentiality of information and concerns shared by others.
- Takes ownership if a mistake is their own and does not blame others.

Accountability

- Takes responsibility and action as if the risks (financial or otherwise) are his or her own.
- Holds individuals and team accountable for their actions and results.
- Initiates action even if outcome is uncertain and is willing to accept the consequences of failure.
- Aligns own activities and priorities to meet broader organizational needs.
- Demonstrates courage and confidence in his or her own ability.

RELEVANT COMPETENCIES:

Valuing Diversity

- Values diversity as demonstrated in hiring decisions, delegating work, team forms and interaction with others.
- Demonstrates respect for all people from all walks of life.
- Seeks out different points of view and leverages the benefits of different perspectives.

Presentation Skills

- Presents clear and convincing presentations that achieve their purpose.
- Tailors presentation to meet the needs of the audience.
- Practices active listening and can quickly change approaches when something isn't working.
- Uses strong listening skills to formulate appropriate responsive answers to questions.

Strategic Agility & Innovation Management

- Sees ahead clearly and accurately anticipates how potential ideas may play out.

- Thinks holistically by combining ideas in unique ways or making connection between different ideas.
- Examines and evaluates potential solutions to determine where the greatest gain can be achieved.
- Creates new ways of thinking to address complex issues.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of preK-12 Health Education Curriculum.
- Knowledge of components of a comprehensive health education program, including requisite skills, education and knowledge of appropriate content areas.
- Knowledge of human sexuality including HIV/AIDS and other sexually transmitted diseases, LGBTQ identity, and child/adolescent development.
- Knowledge of Seattle Schools policies, applicable state laws, OSPI requirements and regulations.
- Excellent oral and written communications skills
- Team building and leadership
- Teaching and training
- Group facilitation
- Program coordination
- Interpersonal relations
- Multicultural education
- Establish and maintain effective working relationship with District staff and students.
- Collaborate with community agency staff in a multicultural environment.
- Requires individual initiative and teamwork
- Experience with diverse communities
- Required travel between sites

Minimum Qualifications

EDUCATION:

BA/BS in Health Education, Nursing; Social Work or related field.

YEARS of RELEVANT EXPERIENCE:

Three (3) years experience in Social Emotional Learning.

PREFERRED:

Facilitation training and/or supervising experience.

CONTINUING EDUCATION/TRAINING:

Periodic as assigned.

CLEARANCES:

Criminal Justice fingerprint and background check.

e. Social Emotional Learning Coordinator

Salary \$56,998.80 - \$76,979.60 Annually (223 days)

General Summary

- This position's responsibilities are to provide leadership, direction and expertise in social emotional learning. This position is responsible for developing , implementing, coordinating and aligning social emotional learning and programs in PreK, Head Start, K-8 Schools and Community-based organizations.
- This position manages the implementation and evaluation of social emotional programs including comprehensive social emotional, physical and sexual health for students, families and community members in order to support students overcoming barriers to learning, increasing academic achievement and eliminating the disproportionality gap.

Essential Functions

- 15%** Review research, literature and model curricula. Develop district goals and direction for SEL based on current research, CASEL (Collaborative for Academic and Social Emotional Learning). Provide Leadership and direction to the development and implementation of K-8 SEL program by reviewing, selection, adoption and/purchase of instructional material and technology resources. Assures social, emotional, physical health program and district curriculum alignment with state and national standards, maintaining compliance with federal, state and district mandates.
- 20%** Design and deliver staff development. Provides Professional development to support district and building leaders responsible for ongoing implementation of the K-8 SEL curriculum. Determines program needs, develops presentations and presents to internal and external partners.
- 20%** Provide technical assistance/support to staff, students and families on a variety of social emotional and physical health issues that impact student academic success. Oversees web page and web-based training. Completes regular site visits. Develop and maintain excellent working relationships with Principals, Building Team Leaders, teachers and support staff.
- 20%** District –wide programs: Works collaboratively across Seattle Public Schools to implement tiered support systems using research based highly effective interventions. Provide support and coordination to implement Tier 1 Prevention efforts. Support district and building leaders to effectively implement the adopted curriculum.
- 15%** Facilitates teaming between classroom, families and community-based organizations. Collaborate and generate partnerships with community health care agencies and providers.
- 10%** Program evaluation and Progress monitoring: Collaborates with school /program staff and community organizations to develop a comprehensive plan of implementation and evaluation. Completes regular site visits for technical assistance and evaluation purposes. Work with University partners to study the effectiveness of implementation and impact on student outcomes.
- 5%** Budget and Finance: develop and prepare annual budget: identifies and prioritizes resource needs: monitors budgetary and financial data. Ensures that all budgetary, purchasing and contract services follow district, state and federal regulations.

OTHER FUNCTIONS:

- Attends or participates in all staff and committee meetings and other activities deemed necessary by the District or director in order to accomplish the objectives of the position and for professional achievement
- Participates in ongoing training to enhance professional skills.
- May perform related duties consistent with the scope and intent of the position.

DISTRICT-WIDE CORE COMPETENCIES:

Collaboration

- Develops cooperation and teamwork while participating in a group, working toward solutions which generally benefit all involved parties.
- Is seen as a team player who encourages efficient and effective collaborations.
- Works skillfully in difficult situations with both internal and external groups.
- Represents his/her own interests while being open-minded to other groups.
- Builds respectful and productive relationships internally and externally.
- **Getting Results (Action Oriented)**
- Performs work with energy and drive; values planning, but will take quick, decisive action when an opportunity presents itself.
- Demonstrates a strong sense of urgency about solving problems and getting work done.
- Focuses on achieving the goal even in the face of obstacles.
- Assumes responsibility for starting and finishing work with minimal supervision.
- Strives for new levels of performance.

Decision Quality & Problem Solving

- Uses analysis, wisdom, experience and logical methods to make good decisions and solve difficult problems with effective solutions; appropriately incorporates multiple inputs to establish shared ownership and effective action.
- Weighs the consequences of options before making a decision.
- Applies appropriate criteria to situations for the purpose of making decisions.
- Displays self-confidence in own judgment.
- Focuses in the facts and solutions instead of opinions and problems.

Integrity

- Is widely trusted; is seen as a direct, truthful individual; presents truthful information in an appropriate and helpful manner; keeps confidences; admits mistakes; doesn't misrepresent him/herself for personal gain.
- Deals with people and situations in an honest and forthright manner.
- Represents information and data accurately and completely.
- Represents the confidentiality of information and concerns shared by others.
- Takes ownership if a mistake is their own and does not blame others.

Accountability

- Holds self and others accountable for measurable high-quality, timely and cost-effective results; determines objectives, sets priorities and delegates work; accepts responsibility for mistakes; complies with established control systems and rules.
- Takes responsibility and action as if the risks (financial or otherwise) are his or her own.
- Holds individuals and team accountable for their actions and results.
- Initiates action even if outcome is uncertain and is willing to accept the consequences of failure.
- Aligns own activities and priorities to meet broader organizational needs.
- Demonstrates courage and confidence in his or her own ability.

RELEVANT COMPETENCIES:

Drive for Results

- Pursues everything with energy, drive, and a need to finish; does not give up before finishing, even in the face of resistance or setbacks' steadfastly pushes self and others for results.
- Sets and maintains high performance standards for self and others.
- Motivates others to convert ideas into actions and results.
- Recognizes and takes advantage of opportunities to deliver results.
- Has a strong sense of urgency about solving problems and accomplishing work.

Functional/Technical Skills

- Possesses required functional and technical knowledge and skills to do his or her job at a high level of accomplishment; demonstrates active interest and ability to enhance and apply new functional skills.
- Understands the technical aspects of the job and keeps up-to-date on key technical or functional aspects of the job.
- Applies appropriate technical/functional knowledge to address situations in a timely manner.
- Thinks of ways to apply new developments to improve organizational performance.
- Shares expertise and skills with others when appropriate.

Managing Relationships

- Responds and relates well to people in all positions; is seen as a team player, and is cooperative; looks for common ground, and solves problems for the good of all.
- Relates well to all kinds of people inside and outside of the organization.
- Works to create win-win scenarios.
- Shares appropriate information to find common ground.
- Puts own agenda aside in order to achieve organization's goals.

Minimum Qualifications

EDUCATION:

BA/BS in Health, Nursing, Social Work or related field

YEARS OF RELEVANT EXPERIENCE:

Three (3) years' experience in adolescent health issues including general sexuality topics. Facilitation training and/or supervising experience preferred. Requires individual initiative and teamwork; travel between sites; excellent communication skills; experience with diverse communities.

CONTINUING EDUCATION/TRAINING:

Yes

CLEARANCES:

Criminal Justice fingerprint and background check

f. Secretary II

Salary \$34,845.12 – 47,348.16 Annually

GENERAL SUMMARY

This position's responsibilities are, under general supervision, to provide secretarial support to a manager or administrator of a Central Administration or specialized, complex program or section; organize and coordinate office operations; monitor work processes and maintain fiscal records which require a detailed knowledge of regulations, guidelines and policies; provide lead direction and training to assigned clerical staff.

ESSENTIAL FUNCTIONS

Serves as secretary to a manager or administrator; receives and screens calls and visitors' responds to requests as assigned; prioritizes and schedules inquiries to be resolved; maintains appointment calendar; prepares materials; may take minutes for meetings; represents the manager or administrator at meetings as assigned.

Communicates with District offices, outside agencies and the public to compile, collect, organize and distribute information and materials; answers, refers, and responds to inquiries; explains procedures and processes which require detailed knowledge of regulations, guidelines and policies.

Organizes and coordinates office operations; schedules activities and monitors workflow to ensure compliance with procedures, regulations and policies; maintains office supply inventory; arranges for equipment repair, telephone service, and scheduling of rooms; assists in prioritizing special projects and monitoring deadlines; develops and implements procedures.

Provides lead direction to assigned office staff; assists with hiring, training, evaluation and assigning work activities for secretarial and clerical employees; monitors quality of office services; recommends improvements to supervisor; ensures deadlines are met.

Compiles and organizes information, materials and statistics for meetings and management decision-making; provides historical and operational data as requested; receives and distributes warrants and mail; performs data entry, interpretation and retrieval; compiles data and performs calculations.

Develops, maintains and organizes assigned records, files and materials using computer applications and manual recordkeeping systems; maintains confidentiality and integrity of records and files.

Maintains and monitors assigned fiscal and budget records and reports; prepares and processes requisitions, contracts and related documents; assists with mandated reporting for grants and contracts; reviews and reconciles accounts.

Composes, edits and/or keyboards correspondence and memoranda; designs and revises forms, report formats and other documents; ensures production and distribution of reports; creates, edits and maintains department web pages.

Arranges for assignment and release of substitute personnel, interpreters, and other staff; coordinates arrangements for workshop and training sessions; assists with specialized functions such as fundraising and grant development activities.

OTHER FUNCTIONS

Performs related duties consistent with the scope of the position.

REPORTING RELATIONSHIPS

Reports to assigned manager or administrator.

MINIMUM QUALIFICATIONS

Education:

High school diploma or GED equivalent and year of college business school.

Experience:

Three (3) years of secretarial/clerical experience which included operating a computer, using MS Office, Word and Excel, and working with the public.

Substitution: Additional qualifying work experience may substitute for the college or business school requirement on a month-for-month basis.

<u>Required Testing:</u> Ability to type 50 wpm or pass skills tests (Basic Word, Intermediate Windows/Excel).	<u>Certificates & Licenses:</u> Valid State of Washington Driver's License
<u>Continuing Education/Training:</u> None Specified	<u>Clearances:</u> Criminal Justice Fingerprint Background Clearance

Required Knowledge, Skills and Abilities:

KNOWLEDGE is required to perform basic math, including calculations using fractions, percents, and/or ratios; read a variety of manuals, write documents following prescribed formats, and/or present information to others; and analyze situations to define issues and draw conclusions. Specific knowledge required to satisfactorily perform the functions of the job includes: accounting and bookkeeping

principles; business telephone etiquette; planning; and concepts of grammar and punctuation.

SKILLS are required to perform multiple, technical tasks with a need to occasionally upgrade skills in order to meet changing job conditions. Specific skills required to satisfactorily perform the functions of the job include: operating standard office equipment including using MS Office products and other software applications; preparing and maintaining accurate records; adhering to safety practices; applying assessment instruments; and planning and managing projects. .

ABILITY is required to schedule activities, meetings, and/or events; gather and/or collate data; and use job-related equipment. Flexibility is required to work with others in a wide variety of circumstances; work with data utilizing defined but different processes; and operate equipment using standardized methods. Ability is also required to work with a diversity of individuals and/or groups; work with a variety of data; and utilize a variety of job-related equipment. In working with others, problem solving is required to identify issues and create action plans. Problem solving with data requires independent interpretation of guidelines; and problem solving with equipment is moderate. Specific abilities required to satisfactorily perform the functions of the job include: communicating with diverse groups; displaying tact and courtesy; maintaining confidentiality; setting priorities; being attentive to detail; working as part of a team; and working with frequent interruptions.

Responsibility:

Responsibilities include: working under limited supervision using standardized practices and/or methods; leading, guiding, and/or coordinating others; and operating within a defined budget. Utilization of some resources from other work units is often required to perform the job's functions. There is a continual opportunity to have some impact on the Organization's services.

Working Environment:

The usual and customary methods of performing the job's functions require the following physical demands: some lifting, carrying, pushing, and/or pulling; some stooping, kneeling, crouching, and/or crawling; and significant fine finger dexterity. Generally the job requires 75% sitting, 13% walking, and 12% standing. The job is performed under a generally hazard free environment.

CONDITIONS

The preceding list of essential functions is not exhaustive and may be supplanted as necessary.

Lisa Love
4160 41st Ave. S.
Seattle, WA 98118
(206) 723-9734

EDUCATION

Western Washington University, Bellingham, WA 1995

- Master of Education, Secondary Teaching Certificate, Health Education

University of Washington, Seattle, WA 1990

- Bachelor of Arts, Sociology

OCCUPATION

2013- Present

Seattle Public Schools, Manager, Health Education

- Manage Federal Department of Education grants for dropout prevention
- Supervise implementation and evaluation of programs in schools supporting health education, social-emotional health and dropout prevention using tiered approach (MTSS)
- Manage budgets and reporting requirements using Federal and District funds
- Provide professional development for district staff around reproductive health, sexual health, cultural competency and social-emotional health disparities
- Create data collection systems and analyze data for program implementation and success
- Collaborate across departments to address disparities in academic and behavioral outcomes
- Train school teams and district staff in culturally responsive interventions
- Maintain and seek grant funding opportunities
- Collaborate with local, State and National entities to address health issues, including local CBOs, King County Public Health, City of Seattle, Washington State OSPI, and the Centers for Disease Control and Prevention
- Supervise staff, manage performance and productivity

2000- 2013

Seattle Public Schools, Supervisor, Student Health Outreach Programs

- Managed Federal Centers for Disease Control and Prevention Grant for HIV/STD and pregnancy prevention
- Supervised Health Intervention Staff, overseeing classroom education and services
- Created and Implemented support programs for lesbian, gay, bisexual and transgender students, staff and families
- Provided district-wide professional development in sexual health, and cultural competency

2000

Planned Parenthood Community Educator

- Designed, implemented and assessed reproductive health curriculum for classroom use
- Trained and oversaw Youth Peer Education group
- Provided community and school-based education and training

1996-2000

Seattle Public Schools, High School Teacher, Nathan Hale High School

- Taught health, leadership, social skills courses and high school readiness
- Participated in building leadership committees and led student support groups

1988-1992

Fairfax Psychiatric Hospital

- Taught academic and social skills content to school aged children and teens in inpatient psychiatric treatment facility
- Maintained data collection system regarding interventions and progress of patients

ADDITIONAL SKILLS AND ACTIVITIES

- Provide consultation, training and education to community groups, colleges and private industry regarding, sexuality, and health education
- Member, LGBT Joint Working Group, National Centers for Disease Control, Division of Adolescent and School Health
- Co-chair City of Seattle LGBT Commission via Office of Civil Rights
- Participate in SPS Title IX Task Force regarding sexual abuse prevention and harassment
- Published: *"They Were Only Joking"*: Efforts to Decrease LGBTQ Bullying and Harassment in Seattle Public Schools, Journal of School Health, 2013

ADDITIONAL TRAININGS AND PROFESSIONAL DEVELOPMENT

- Attended and presented at National Centers for Disease Control Division of Adolescent Health LGBT Youth Summit, Washington DC, June 2011
- Participated in numerous webinars including Gender Spectrum, San Francisco Unified Schools, GLSEN, All Students Count Coalition, 2014-15
- Presented at Seattle Children's Hospital regarding transgender youth issues, 2013-15
- Provided LGBT-specific staff trainings for teachers throughout Seattle Public Schools, Vashon Public Schools, Lake Washington Public Schools as well as private businesses such as Starbucks, Amara Adoption and Parenting Services, Lambert House, and Atlantic Street Center, 2001-15
- Presented at University of Washington School of Education, School of Social Work, 2011-15
- Participated in collaborative efforts with community agencies to address academic and social-emotional needs of students across grade levels, 2002-15
- Attended PBIS training, Seattle 2013
- Presented at Nation At-Risk Youth conference, Las Vegas, Nevada, 2015
- Attended multiple trainings addressing Adverse Childhood Experiences and Trauma-Informed Care 2013-15
- Trained in Check and Connect Case Management, 2014-15

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WORK EXPERIENCE

Seattle Public Schools

Manager, Prevention and Intervention

September 2013 – Present

Supervisor, Student Health Networking Program

September 2011 – September 2013

- Prevention Coordinator: Provide leadership for the Prevention/Intervention team in networking with community and government agencies. Supervise and evaluate staff. Speak to community groups, internal and external organizations regarding district prevention and intervention programs.
- Grant Management: Coordinate and implement activities to meet grant requirements, ensure efficient application of funding source goals and objectives, participate in the analysis and evaluation of program effectiveness. Complete documentation and reporting requirements, manage multi-million dollar budgets.
- Communities That Care Program: Supervise the development and implementation of CTC program, develop procedures for mini-grants, facilitate CTC Leadership Team activities.
- HYS and YRBS Coordinator: Manage the full implementation of Healthy Youth Survey and Youth Risk Behavior Survey. Recruit and register schools, train staff and administrators, process survey materials. Evaluate and disseminate survey results.
- Professional Development: Serve as a resource for information on substance abuse prevention and health education, including teaching methods and research. Assess training needs of school staff and provide workshops.

Training Specialist

February 2007-September 2011

- Tobacco Prevention Program Coordinator: Write and administer tobacco prevention grants, fulfill reporting requirements, manage budgets. Oversee school based programs.
- Middle School Sexuality Education Coordinator: Train classroom teachers on the implementation of Family Life and Sexual Health curriculum, oversee implementation to all students in grades 6-8. Teach FLASH Curriculum to grades 5-9, facilitate Family Nights.
- Drug/Alcohol Education: Facilitate various student support groups focusing on healthy choices. Lead classroom and parent presentations designed to discourage substance use.
- Professional Development: Serve as a resource for information on curriculum, teaching methods, and research. Assess training needs of school staff and provide workshops.

Planned Parenthood of Western Washington

Community Educator (Per-Diem)

October 2004-August 2008

- Sex Information Line: Answer a national phone line designed to help with questions related to sexuality and reproductive health. Respond to email inquiries from PPWW website.

Youth Intervention Specialist

October 2002-August 2004

- School Based Intervention: Designed and facilitated weekly education and support groups with a diverse group of at-risk middle school students.
- Case Plan Development: Conducted individual assessments, worked with youth to set individualized goals. Built and maintained relationships with students and their families.

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- Afterschool Care: Worked with teachers and families to design individualized academic plans, provided tutoring and afterschool activities for students, supervised tutors.
- Community Education: Designed and facilitated healthy sexuality groups for community agencies serving youth and adults.

University District Youth Center, Catholic Community Services

Case Manager

March 2000-October 2002

- Case Plan Development: Oriented new youth, assessed needs and strengths, enrolled in program. Set individualized goals and steps to meet them, offered counseling and guidance.
- Program Development: Assisted in expanding services. Co-founded and facilitated Youth Advisory Council, Young Women's Group, and Summer Drug Prevention Program. Wrote case management manual, resource manual, and internal case management forms.
- Volunteer Coordination: Recruited, screened, trained, scheduled, and supervised volunteers. Created volunteer training program—wrote training manual, volunteer packet, and led volunteer orientations.
- Milieu Management: Supervised drop-in floor, maintained safe and respectful environment. Provided crisis intervention and de-escalation. Referred clients to internal services and outside agencies.

YouthCare

Relief Youth Counselor:

March 2000-November 2001

- Supervision of Youth: Monitored youth and coordinated house activities, provided crisis intervention and de-escalation, dispensed medications to clients. Assisted in goal planning and referrals to services.
- Counseling: Built trusting relationships, modeled appropriate behaviors and relationships.

EDUCATION

University of Washington

Bachelor of Arts in Sociology, Minor in Speech Communication

June 2000

SELECT LEADERSHIP ACTIVITIES

Chair, Evaluation Team: Prevention WINS (DFC Coalition)

September 2011 – Present

Member: CPPW Tobacco Prevention Coalition

August 2010 – Present

Steering Committee: Stop Underage Drinking (SPF-SIG Coalition)

September 2007 – June 2009

REFERENCES

Available upon request.

Helen M. Walsh
3216 W. Dravus
Seattle, WA. 98199
(206) 359-1782

Employment History

2015- Present
Social Emotional Learning Coordinator

Seattle Public Schools
Seattle, Washington

Provide leadership and direction to the development and implementation of Social Emotional Learning programs for Seattle School District student and staff and Community Based Organizations

Design and deliver staff development to support district and building leaders responsible for ongoing implementation of Social Emotional Learning curriculum.

Provide technical assistance/support to staff, students and families on a variety of social emotional issues that impact student academic success. Oversee Social Emotional Learning web page and web based training.

Provide program evaluation and progress monitoring that aligns with District Multi Tiered Systems of Support. Provide support and coordinate Tier 1 prevention efforts.

1991-2015
HIV/AIDS Sexuality Specialist/Trainer

Seattle Public Schools
Seattle, Washington

- Coordinate the organization, planning, and implementation of HIV/AIDS and Sexuality education programs for Seattle School District students and staff.
- Monitor and evaluate individual school HIV/AIDS /Sexuality Education program plans.
- Develop, design, write, and edit related elementary and special education training materials and audio-visual aids.
- Provide statewide trainings for Office of the Superintendent of Public Instruction, Washington State SEA, on HIV/Sexuality and pregnancy prevention for Special Education teachers and community agencies working with students with developmental disabilities.
- Coordinate Family Nights to support and enhance communication with students and families in discussing sexuality/ pregnancy prevention and HIV education.

- Partner and collaborate with District departments and community agencies to develop programs and increase resources for HIV/ Sexuality and pregnancy prevention programs.

-
1990-Present
Consultant/ Trainer

Committee for Children
Seattle, Washington

- Train teachers and other professionals in identifying, reporting, and handling disclosures of abuse. Lead national trainings on personal safety and the implementation of "Talking about Touching" curricula.

-
1985 – 1992
Program Coordinator

Sportsmind
Seattle, Washington

- Responsible for the design, delivery and evaluation of educational programs to create high performing executives, managers, and work teams.
- Assessment of corporate culture and operations resulting in specific training for employee development, motivation, managing conflict, and communication.
- Research coordination, curriculum development and delivery of nutrition and fitness programs
- Responsible for interviewing potential employees and providing new employee training.

EDUCATION

Bachelor of Arts Degree in Professional Special Education
Western Washington University, Bellingham, Washington



SEATTLE
PUBLIC
SCHOOLS

MEMORANDUM OF UNDERSTANDING ROUTING FORM

DATE: 3-26-18

FROM: Lisa Love, Manager, Health Education

RE: MOU in support of CDC grant application for *Promoting Adolescent Health through School-Based HIV Prevention*

APPROVAL ROUTING

APPROVED BY

DATE

1. Central office or
School-based MOU initiator

4-3-18

2. Department Director or
Principal (if didn't sign above)

April 6, 2018

4/6/18

THE MAIN POINT OF CONTACT FOR THE PARTNERSHIP OR PRINCIPAL MUST ALSO SIGN LAST PAGE OF THE MEMORANDUM OF UNDERSTANDING ("MOU") NEXT TO THE ORGANIZATION'S SIGNATURE.

Required MOU Attachments:

- 1) Community partner's insurance certificate naming SPS as additional insured, with at least \$1 million in general liability insurance
- 2) Community partner's business license

School & Community Partner Memorandum of Understanding In support of Strategic Goals

SCHOOL*/DEPARTMENT PARTNER: Health Education

COMMUNITY PARTNER: Public Health-Seattle & King County

PARTNERSHIP TERM: August 1, 2018 until July 31, 2023

This MOU supports central office work rather than school site-based efforts.

THIS PARTNERSHIP SUPPORTS THE FOLLOWING SEATTLE PUBLIC SCHOOLS' STRATEGIC GOAL(S):

- Ensure educational excellence & equity for every student
- Improve systems districtwide to support academic outcomes
- Strengthen school, family, & community engagement

THIS PARTNERSHIP SUPPORTS THE FOLLOWING WHOLE CHILD ELEMENT(S):

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Learning | <input type="checkbox"/> Career and College Readiness | <input checked="" type="checkbox"/> Health and Wellness |
| <input checked="" type="checkbox"/> Basic Needs | <input type="checkbox"/> Expanded Learning | <input checked="" type="checkbox"/> School Culture & Climate |
| <input checked="" type="checkbox"/> Behavior/Social Emotional Learning | <input checked="" type="checkbox"/> Family Engagement and Support | <input type="checkbox"/> Readiness and Transitions |

Annually, each school develops a Continuous School Improvement Plan (CSIP). The CSIP lays out the areas a school plans to focus on in the current and coming school year, the performance goals they want students to achieve, and how they plan to meet these goals. The community partner has reviewed the CSIP for each school/s included in this MOU to achieve stronger alignment____ (initial)

N/A

SEATTLE SCHOOL DISTRICT NO. 1 ("DISTRICT") AND COMMUNITY PARTNER AGREE TO THE FOLLOWING:

I. SCOPE OF WORK

The purpose of this partnership is to provide (*what service, to whom, where, and when*):

The purpose of this agreement is to establish a framework of collaboration as well as articulate specific roles and responsibilities of Seattle Public Schools (SPS) and Public Health-Seattle & King County while achieving the overall goals of the project, including collecting, analyzing, and disseminating Youth Risk Behavior Survey (YRBS) data, delaying onset of student sexual activity, increasing the use of contraceptives, decreasing risk behaviors that place youth at higher risk of adverse health outcomes including substance use, violence, and mental illness, reducing rates of HIV/STD infection, decreasing teen pregnancy rates, and increasing student academic success.

Specifically, Public Health- Seattle & King County will partner with SPS by tracking and maintaining data regarding student access to a range of sexual health services via School Based Health Clinics (SBHC), attending meetings and collaborating on work generated through the School Health Advisory Committee (SHAC), and supporting professional development offerings for SBHC and nursing staff.

This MOU is contingent upon receipt of funding from Centers for Disease Control and Prevention (CDC) for the implementation of the *Promoting Adolescent Health through School-Based HIV Prevention Cooperative Agreement*

II. PARTNERSHIP INDICATORS

This partnership has the following measurable goals:

Goals	Measures
Increased Access to and delivery of on-site sexual health services	School-based Health Center (SBHC) data regarding number of students who receive on-site services (unidentifiable student data)
Increased student HIV/STD testing	Number of students who receive HIV and STD testing at a School-based Health Center (SBHC) (unidentifiable student data)
Collaboration on training	Collaborate on annual training opportunities for SBHS/nursing staff to receive relevant sexual health related training
YRBS data support	Support SPS in data collection, analysis and dissemination

III. PARTNER WILL PROVIDE

Attendance at key stakeholder meetings

Partnering on staff training related to YRBS and sexual health education

Data from SBHCs regarding referrals and testing for sexual health services, including data related to students who receive SHS, referrals to SHS, and number of schools providing specific SHS

IV. SCHOOL SITE OR DISTRICT WILL PROVIDE

www.seattleschools.org/dataaccess);

Regular communication regarding partnership efforts related to sexual health

Participation in joint effort committees

Training support for SCHC/nursing staff

YRBS data for analysis

V. COMMUNICATION

Both partners agree to meet and communicate as detailed below:

Communication will be ongoing and as needed. A semi-annual meeting schedule will be established and telephone and email communication will be frequent, as work is launched early in the school year.

VI. PAYMENT:

No payments will be made under this agreement by either party.

VII. TERMINATION:

This MOU may be terminated by either party at any time and for any reason, with 30 days written notice. Additionally, the District may terminate this MOU with written notice, effective immediately, if it determines that such action is necessary for the health, safety, or education of its students or staff.

VIII. NONDISCRIMINATION:

Community Partner shall comply with the following non-discrimination and equality in contracting provisions as mandated by federal and state law:

- a. Community Partner will comply with all applicable provisions of the Americans with Disabilities Act (ADA) in performing its obligations under this Agreement, and shall provide such reports and information relative to the accessibility of services as may be requested by the District.
- b. Community Partner shall not discriminate against any employee or applicant for employment because of race, color, age, sex, marital status, sexual orientation, gender identity, political ideology, creed, religion, ancestry, national origin, or the presence of any sensory, mental or physical handicap, unless based upon a bona fide occupational qualification. Community Partner shall affirmatively attempt to ensure that applicants are employed, and that employees are treated without regard to their race, color, age, sex, marital status, sexual orientation, gender identity, political ideology, creed, religion, ancestry, national origin, or the presence of any sensory, mental or physical handicap,

during their employment period. Such efforts shall include, but are not limited to the following: employment, upgrading, demotion, transfer; recruitment, layoff, rates of pay, or other forms of compensation and training.

IX. BACKGROUND CHECK:

Community Partner agrees that all staff assigned to work in a District school or with District students under this MOU will have undergone a criminal history background check. Please complete Appendix A with a list of staff members and the type of background check they have undergone, in accordance with the requirements below:

All Community Partner staff who have supervised access to students will undergo a name and birthdate background check with the Washington State Patrol.

All Community Partner staff who have regularly scheduled unsupervised access to students will have their records checked through the Washington State Patrol Criminal Identification System and through the Federal Bureau of Investigation. The record check will include a fingerprint check using a complete Washington state criminal identification fingerprint card. Every year thereafter, they must complete a Washington Access to Criminal History (WATCH) check.

For the purposes of this Agreement, "Unsupervised" means not in the presence of another employee or volunteer and working with a student. "Supervised" means that there is more than one adult staff member or volunteer in the room at all times.

Background checks must be paid for by the Community Partner, but the background check may be completed through the District's Safety and Security Department. It is the responsibility of Community Partner to make sure that all necessary background checks have been conducted before individuals are assigned to work in a District school or building.

If a positive criminal history is reported, Community Partner must share that information with the District Community Partnerships Department (notify communitypartnerships@seattleschools.org), and the District will make a final determination as to whether that particular staff person may be assigned to a District school or student.

Community Partner shall complete and provide to the District **Appendix A** as proof of fulfillment of this requirement.

X. SEXUAL MISCONDUCT TRAINING:

Community Partner agrees that all Community Partner staff who have supervised access to students, as well as all Community Partner staff who have regularly scheduled unsupervised access to students, will complete the District's Adult Sexual Misconduct Prevention Course ("Course") prior to having access to any District students. The Course can be located here: www.seattleschools.org/misconductvideo.

Community Partner shall complete and provide to the District **Appendix A** as proof of fulfillment of this requirement.

XI. CONFIDENTIAL STUDENT INFORMATION:

Community Partner agrees and understands that the District will only provide identifiable student information or academic records to Community Partner upon both a signed release of information and an executed Data Sharing Agreement.

Community Partner also understands and agrees that any educational records received from the District are considered confidential student information protected by federal law, the Family Educational Rights and Privacy Act ("FERPA"), and 20 U.S.C. Section 1232g. Community Partner further agrees that student educational records received from the District will not be disclosed to any other person, agency, or entity without the prior written consent of the District unless required to make such a disclosure under an applicable law or court order. Community Partner agrees that any student information obtained through this MOU is confidential and cannot be disclosed to a third-party unless disclosure is required by law; not including aggregated numerical data on student performance of students covered under this MOU and may be used only to perform the services described in this MOU. The unauthorized or unlawful disclosure of student records is just cause for the District to immediately terminate the MOU.

Community Partner shall maintain all therapeutic records and documents in accordance with the State of Washington regulations for Community Mental Health Agencies and the Health Insurance Portability and Accountability Act. Community Partner will only provide therapeutic records or treatment information to the District upon a signed release of information, which must be signed by the parent or legal guardian, or if the student is 13 years of age or older, by the student.

XII. RESEARCH:

The Community Partner has the right to present, publish, or use student results gained in the course of its partnership, so long as publication, presentation, or use of the results is consistent with scientific standards, is outside the scope of a current District-supported research study, and does not include personally identifiable information of parents, students, or teachers. Should Community Partner use or collect data for the purpose of conducting a research study, Community Partner must submit a separate External Research Request. To determine whether its data use/collection constitutes a research study, Community Partner may reference the Research Guidelines located at: www.seattleschools.org/REA or contact the District's Office of Research & Evaluation.

XIII. INDEPENDENT CONTRACTOR:

The parties agree that this MOU does not make any person an employee of the other party. Community Partner shall be an independent contractor at all times, and not an agent or representative of the District with regard to the services provided under this MOU. No individual assigned to work at a District location or for a District student shall become a District employee because of this MOU. Community Partner is responsible for all wages and benefits owed to its staff, agents, or volunteers.

XIV. SITE ACCESS:

The District retains the right to immediately prohibit any Community Partner staff, agent, or volunteer from entering District property if the District determines that such action is necessary

for the health, safety, or education of its students or staff. This includes, but is not limited to, violation of a District policy, procedure, or guideline.

If this agreement is made with the District Central Office, Community Partner agrees to notify its District point of contact if it intends to expand its services to schools in addition to those named in this agreement.

XV. INSURANCE AND INDEMNIFICATION:

a. Insurance

Each party to the Agreement will provide the other with a Certificate of Insurance, or evidence of Self-Insurance, which documents insurance coverage for personal injury or property damages claims that may arise from, or in connection to, the performance of the Agreement, with limits of not less than \$1,000,000 per occurrence.

b. Indemnification

Community Partner agrees that to the fullest extent permitted by law, Community Partner will hold harmless, defend, and indemnify the District, its agents, employees and board members from any liability, cost or expense, including and without limitation penalties, losses, damages, attorneys' fees, taxes, expenses of litigation, judgments, liens, and encumbrances, to the extent arising out of, or resulting from any act or omission by Community Partner under this MOU. The terms of this section shall survive the termination of this MOU.

The District agrees that to the fullest extent permitted by law, the District will hold harmless, defend, and indemnify Community Partner, its agents, employees, and board members from any liability, cost or expense, including and without limitation penalties, losses, damages, attorneys' fees, taxes, expenses of litigation, judgments, suits, liens, and encumbrances, to the extent arising out of, or resulting from any act or omission by the District under this MOU. The terms of this section shall survive the termination of this MOU.

XVI. NOTICES:

All notices contemplated or required under this MOU shall be in writing and delivered by hand or U.S. Mail as follows:

To the School/District Lead:

Health Education Office
Attn: Lisa Love, M.Ed.
PO Box 34165, MS 31-524
Seattle, WA 98124-1165

And also to:

Office of General Counsel
Seattle School District No.1
PO Box 34165, MS 32-151
Seattle, WA 98124-1165

To Community Partner:

Public Health-Seattle & King County
Attn: Sara Rigel, MPH, CHES
401 Fifth Ave. Suite 1000
Seattle, WA 98104

XVII. MISCELLANEOUS PROVISIONS:

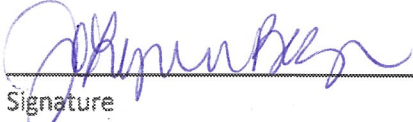
- a. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided herein.
- b. **Amendment.** Modifications to this MOU must be in writing and be signed by each party.
- c. **Governing Law.** The terms of this MOU shall be interpreted in accordance to, and enforced under, the laws of the State of Washington. The parties agree that any judicial proceedings will take place in Seattle, Washington.
- d. **Severability.** If any provision of this MOU is held invalid or unenforceable, the remainder of the MOU shall not be affected, but continue in full force.
- e. **Assignment.** Neither party shall assign its rights or responsibilities under this Agreement, unless it receives written permission from the other party.
- f. **Non-Waiver.** Any express waiver or failure to exercise promptly any right under this MOU will not create a continuing waiver or any expectation of non-enforcement.
- g. **District Policies and Procedures.** Community Partner agrees that all staff or volunteers assigned to a District school or that will provide services to District students under this MOU shall comply with all District policies, procedures, and guidelines.
- h. **Counterparts.** The parties agree that this MOU may be executed in one or more counterparts, each of which shall constitute an enforceable original of the Agreement, and that facsimile signatures shall be as effective and binding as original signatures.
- i. **Debarment.** Community Partner, by accepting this contract, warrants that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (defined as not being eligible to receive federal funds) by any local, state, or federal department or agency. Community Partner agrees to be bound by the terms of School Board Policy No. 6973, which provides additional requirements applicable to debarment of contractors from receiving future contracts with the District. Please go to http://www.seattleschools.org/UserFiles/Servers/Server_543/File/District/Departments/School%20Board/Policies/Series%206000/6973.pdf to read Policy No. 6973.
- j. **Cooperation with District Auditor and State Auditor:** Community Partner agrees to provide reasonable cooperation with any inquiry by either the District or the State Auditor relating to the performance of this contract. The District has the right to audit records of Community Partner relating to payment or performance under this contract,

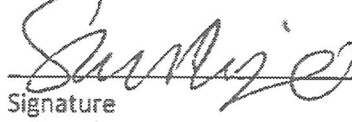
for one year after completion of this contract. Failure to cooperate may be cause for debarment from award of future contracts.

THIS MOU SHALL BECOME EFFECTIVE AS OF THE LAST DATE OF SIGNATURE. BY SIGNING BELOW, EACH SIGNATORY REPRESENTS THAT IT HAS THE AUTHORITY TO EXECUTE THIS MOU.

SEATTLE SCHOOL DISTRICT NO. 1

[COMMUNITY PARTNER]


Signature


Signature

JoLynn Berge
Printed Name

Sara Rigel
Printed Name

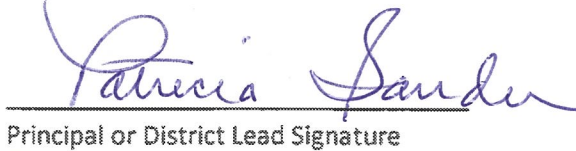
Asst. Superintendent for Business & Finance
Title

Program Manager
Title

4/6/18
Date

4/6/18
Date

Approved as to form:


Principal or District Lead Signature

Patricia Sander
Printed Name

Executive Director Coordinated School Health
Title

April 6, 2018
Date

APPENDIX A

Background Check Assurance

Prior to beginning work with students of Seattle School District No. 1, community partners must ensure that staff have met the background check requirements. Any adult, staff, or volunteer, who is working with students must annually complete the Washington Access to Criminal History (WATCH) background check through the Washington State Patrol. Any adult working unsupervised with students must complete a national background check; every year thereafter, they must complete a WATCH check.

If a positive criminal history is reported, Community Partner must share that information with the District Community Partnerships Department (notify communitypartnerships@seattleschools.org) and the District shall make a final determination as to whether that particular staff person may be assigned to a District school or student.

List staff who have completed WATCH background check:

N/A

List staff who have completed national background check:

N/A

Sexual Misconduct Training Course Requirement Assurance

Prior to beginning work with students of Seattle School District No. 1, community partners must ensure that any adult, staff, or volunteer who has any form of supervised or unsupervised access to children, regardless of whether that access is scheduled or unscheduled, has completed Seattle School District No. 1's Adult Sexual Misconduct Training Course Requirement, found here:

<https://www.seattleschools.org/cms/One.aspx?portalId=627&pageId=18626>.

This training must be completed prior to the adult, staff, or volunteer having any supervised or unsupervised access to children.

APPENDIX B

Partnership Contact Information

Make sure each party (the school/District representative and the community organization/partner representative) have a copy of this page.

Community Partner/Organization main point of contact:

Name: Public Health-Seattle & King County, Sara Rigel

Phone: (206) 263-8830

Email: sara.rigel@kingcounty.gov

Preferred method of communication, (e.g. texting): email

Back-up contact person in case of emergency: Jerry DeGriek

School or district main point of contact:

Name: Lisa Love

Phone: (206) 252-0982

Email: llove@seattleschools.org

Preferred method of communication: email

Back-up contact person in case of emergency: Pat Sander



April 6, 2019

Dear Centers for Disease Control and Prevention:

This Letter of Commitment is in support of the Seattle Public Schools' Health Education Office's application for funding opportunity *Promoting Adolescent Health through School-Based HIV Prevention*.

We know that young people who have access to accurate, age-appropriate, skills-based sexual health education have better health outcomes. In addition, access to appropriate sexual health services and safe and supportive environments contribute to better short- and long-term outcomes for all young people, including underserved and marginalized youth.

For many years, Seattle Public Schools has been committed to continuously improving its practice and leading the way in HIV/STD education, pregnancy prevention, drug and alcohol prevention and improving adolescent mental health. The Office of Curriculum & Instruction Support is committed to continuing its collaborative partnership with the Health Education Office as we work together to improve academic and health outcomes for youth.

Seattle Public Schools is committed to addressing these issues and has the institutional readiness to support this work. We are excited to partner in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kyle Kinoshita", is positioned above the typed name.

Dr. Kyle D. Kinoshita
Chief of Curriculum, Assessment and Instruction

DR. KYLE D. KINOSHITA
CHIEF OF CURRICULUM, ASSESSMENT AND INSTRUCTION

John Stanford Center for Educational Excellence * 2445 – 3rd Avenue South 98134
Mailing Address: MS 32-156 * PO BOX 34165 * Seattle, WA * 98124 – 1165 * 206/252-0050



SUPERINTENDENT OF PUBLIC INSTRUCTION

Chris Reykdal Old Capitol Building · PO BOX 47200 · Olympia, WA 98504-7200 · <http://www.k12.wa.us>

March 29, 2018

Office of Superintendent of Public Instruction
PO Box 47200
Olympia, WA 98504-7200

Dear Centers for Disease Control and Prevention:

This letter is in support of the Seattle Public Schools' Health Education Office's application for funding opportunity CDC-RFA-PS18-1807, *Promoting Adolescent Health through School-Based HIV Prevention*.

We know from research that young people who have access to accurate, evidence-informed, age-appropriate, skills-based sexual health education have better health outcomes. In addition, access to appropriate sexual health services and safe and supportive environments contributes to better short- and long-term outcomes for all young people, including underserved and marginalized youth.

As Washington's statewide education agency, we have had the good fortune to collaborate with Seattle Public Schools (SPS) for many years. As a current SEA recipient of CDC support through CDC-RFA-PS13-1308, we have observed their work closely, have shared resources with them, and have shared their resources with districts statewide. In addition to their long-standing commitment to improvement of their educational practices generally, they have been a statewide leader over the years in HIV/STD prevention education, pregnancy prevention, drug and alcohol prevention and adolescent mental health.

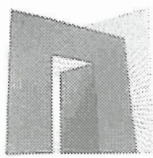
Seattle Public Schools is committed to the goals identified in 1807 and has the institutional readiness and capacity to engage successfully in this work. We are excited to partner with SPS in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,

A handwritten signature in blue ink that reads "Laurie Dils".

Laurie Dils, MSW

Sexual Health Education Program Supervisor
Division of Learning and Teaching
Office of Superintendent of Public Instruction (OSPI)
600 Washington St. SE | Olympia, WA 98504-7200
office: 360-725-6364 | fax: 360-725-6017
laurie.dils@k12.wa.us
www.k12.wa.us



CARDEA

Training, Organizational Development and Research
SERVICES

1809 Seventh Avenue
Suite 600
Seattle, WA 98101

206.447.9538
seattle@cardeaservices.org
www.cardeaservices.org

April 3, 2018

Dear Centers for Disease Control and Prevention,

On behalf of Cardea Services, I am pleased to offer this letter of support for the project proposed by Seattle Public Schools' Health Education Office's under CDC-RFA-PS18-1807, *Promoting Adolescent Health through School-Based HIV Prevention*.

For many years, Seattle Public Schools (SPS) has been committed to continuously improving its practice and leading the way in HIV/STD education, pregnancy prevention, drug and alcohol prevention and improving adolescent mental health. Our organization has long enjoyed a collaborative partnership with Seattle Public Schools as we have worked together to improve health outcomes for youth.

Cardea is a national organization that provides training, organizational development, and research and evaluation services to improve organizations' abilities to deliver accessible, high-quality, culturally proficient, and compassionate services to their clients. At the core of our organizational capacity is a deep understanding of HIV, STD, and other sexual health issues, and of the challenges that schools and communities face in improving adolescent sexual health. Cardea is pleased to support SPS and, if the proposed project is funded, intends to provide support with training and technical assistance and with evaluation and performance measurement.

Seattle Public Schools is committed to addressing these issues and has the institutional readiness to support this work. We are excited to partner with SPS in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,

Wendy Nakatsukasa-Ono, MPH
President/CEO

UW Medicine

HARBORVIEW
MEDICAL CENTER

April 3, 2018

To Whom It May Concern:

I am writing in support of the Seattle Public Schools' Health Education Office's application for funding opportunity *Promoting Adolescent Health through School-Based HIV Prevention*.

We know that young people who have access to accurate, age-appropriate, skills-based sexual health education have better health outcomes. Comprehensive sexual health education is a critical strategy in the prevention of sexual violence. In addition, access to sexual health services and safe and supportive environments contribute to better short- and long-term outcomes for all young people, particularly for youth who do not traditionally have as much access to these services.

Seattle Public Schools is a model for comprehensive strategies and high quality education in the areas of HIV/STD education, pregnancy prevention, drug and alcohol prevention and violence prevention. Our program has had a strong collaboration with Seattle Public Schools for many years. We have worked together to improve the district's policies around sexual health and sexual violence prevention, to provide advanced health teacher training, to educate parents and caregivers and create accessible materials, and to provide direct education to students.

Seattle Public Schools is committed to addressing these issues and has the institutional readiness to support this work. We are excited to partner with the school district in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,



Rebecca Milliman
Prevention & Education Coordinator
Harborview Center for Sexual Assault & Traumatic Stress
rebamill@uw.edu.



March 27, 2018

ELL and International Programs
MS: 31-676
PO BOX 34165 Seattle, WA 98124-1165

Dear Centers for Disease Control and Prevention:

This letter is in support of the Seattle Public Schools' Health Education Office's application for funding opportunity Promoting Adolescent Health through School-Based HIV Prevention.

We know that young people who have access to accurate, age-appropriate, skills-based sexual health education have better health outcomes. In addition, access to appropriate sexual health services and safe and supportive environments contribute to better short- and long-term outcomes for all young people, including underserved and marginalized youth.

For many years, Seattle Public Schools has been committed to continuously improving its practice and leading the way in HIV/STD education, pregnancy prevention, drug and alcohol prevention and improving adolescent mental health. The ELL and International Programs Department has long enjoyed a collaborative partnership within Seattle Public Schools as we have worked together to improve health outcomes for youth.

Seattle Public Schools (SPS) is committed to addressing these issues and has the institutional readiness to support this work. We are excited to partner with Health Education Department in these efforts and are prepared to engage in the work alongside diverse district staff, community based organizations, and local, state and national agencies.

Sincerely,

Michelle Ota
Director, ELL and International Programs



March 29, 2018

Dear Centers for Disease Control and Prevention:

This letter is in support of the Seattle Public Schools' Health Education Office's application for funding opportunity *Promoting Adolescent Health through School-Based HIV Prevention*.

We know that young people who have access to accurate, age-appropriate, skills-based sexual health education have better health outcomes. In addition, access to appropriate sexual health services and safe and supportive environments contribute to better short- and long-term outcomes for all young people, including underserved and marginalized youth.

For many years, Seattle Public Schools has been committed to continuously improving its practice and leading the way in HIV/STD education, pregnancy prevention, drug and alcohol prevention and improving adolescent mental health. The Prevention and Intervention Program has long enjoyed a collaborative partnership with the Health Education Office, as we have worked together within Seattle Public Schools to improve health outcomes for youth. As the manager and board member of several Seattle based substance abuse prevention coalitions, I am excited to welcome the Health Education Office to collaborate with our coalitions and increase the impact of this important work.

Seattle Public Schools (SPS) is committed to addressing these issues and has the institutional readiness to support this work. We are excited to partner with the Health Education Office in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,

Lisa Davidson
Manager, Prevention and Intervention



McKinney-Vento Program

Seattle Public Schools
John Stanford Center for Educational Excellence
2445 3rd Avenue South
Seattle, WA. 98124

March 28, 2018

Dear Centers for Disease Control and Prevention:

This letter is in support of the Seattle Public Schools' Health Education Office's application for funding opportunity *Promoting Adolescent Health through School-Based HIV Prevention*.

I am Seattle Public Schools (SPS) McKinney-Vento Liaison and Program Manager. SPS McKinney-Vento (Homeless) Program role is to identify, enroll, ensure students can fully participate in classes and be academically successful. Health education is very important to the growth and development all students, especially unaccompanied youth students that may not be in the custody of a legal parent or guardian. Many of the student we served are living in transition; doubled up, living in hotels/motels, in emergency shelters, and unsheltered on the streets.

We know that young people who have access to accurate, age-appropriate, skills-based sexual health education have better health outcomes. In addition, access to appropriate sexual health services and safe and supportive environments contribute to better short- and long-term outcomes for all young people, including underserved and marginalized youth.

For many years, SPS has been committed to continuously improving its practice and leading the way in HIV/STD education, pregnancy prevention, drug and alcohol prevention and improving adolescent mental health. Our SPS departments share a collaborative partnership as we have worked alongside each other to improve health outcomes for all youth.

SPS McKinney-Vento Program is devoted to addressing these issues and has the institutional readiness to support this work. We are excited to partner with SPS Health Education Office in these efforts and are prepared to engage in the work alongside district staff, other community partners, and local, state and national agencies.

Sincerely,

Tyra Williams
McKinney-Vento Program Manager
District Homeless Liaison
Seattle Public Schools
Direct: 206-252-0857
twilliams@seattleschools.org

18. Appendix: End Notes

¹ Seattle Public Schools data

http://www.seattleschools.org/district/district_quick_facts

² Public Health Seattle & King County, Health of Children and Youth in King County, September, 2016

<https://www.kingcounty.gov/depts/health/~media/depts/health/data/documents/health-of-children-youth-king-county-2016.ashx>

³ Seattle Public Schools data

http://www.seattleschools.org/district/district_quick_facts

⁴ Washington State Department of Health

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-105-TotalCaseRatebyCounty2015.pdf>

⁵ Public Health Seattle & King County, Health of Children and Youth in King County, September, 2016

<https://www.kingcounty.gov/depts/health/~media/depts/health/data/documents/health-of-children-youth-king-county-2016.ashx>

⁶ Centers for Disease Control and Prevention

https://www.cdc.gov/healthyouth/data/yrbs/pdf/trends/2015_us_drug_trend_yrbs.pdf

⁷ Washington State Healthy Youth Survey <http://www.askhys.net/FactSheets>

⁸ Centers for Disease Control and Prevention

<https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>

⁹ Washington State Healthy Youth Survey <http://www.askhys.net/FactSheets>

¹⁰ <http://www.communitiescount.org/index.php?page=teen-births>

¹¹ <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/facts.aspx>

¹² 2016 SPS Healthy Youth Survey

¹³ Source: SPS Data Profile Demographics 2016-2017 data.

<https://www.seattleschools.org/cms/One.aspx?portalId=627&pageId=23394317>

¹⁴ <https://www.kingcounty.gov/depts/health/data/maps.aspx>

¹⁵ <https://www.kingcounty.gov/depts/health/data/maps.aspx>

¹⁶ <https://aidsvu.org/state/washington/seattle/>

¹⁷

<http://www.seattleschools.org/cms/One.aspx?portalId=627&pageId=15178#p223>

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

¹⁹ 2016 SPS Healthy Youth Survey

²⁰ <https://www.cdc.gov/lgbthealth/youth.htm>

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- 21 <http://www.communitiescount.org/index.php?page=teen-births>
- 22 <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/facts.aspx>
- 23
http://www.seattleschools.org/UserFiles/Servers/Server_543/File/District/Departments/School%20Board/17-18%20agendas/20170920/I02_20170920_Policy_4218_Speakers_of_Diverse_Languages.pdf
- 24 Seattle Public Schools data
http://www.seattleschools.org/district/district_quick_facts
- 25 Public Health Seattle & King County, Health of Children and Youth in King County, September, 2016
<https://www.kingcounty.gov/depts/health/~media/depts/health/data/documents/health-of-children-youth-king-county-2016.ashx>
- 26 Seattle Public Schools data
http://www.seattleschools.org/district/district_quick_facts
- 27 Washington State Department of Health
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-105-TotalCaseRatebyCounty2015.pdf>
- 28 Public Health Seattle & King County, Health of Children and Youth in King County, September, 2016
<https://www.kingcounty.gov/depts/health/~media/depts/health/data/documents/health-of-children-youth-king-county-2016.ashx>
- 29 Centers for Disease Control and Prevention
https://www.cdc.gov/healthyouth/data/yrebs/pdf/trends/2015_us_drug_trend_yrebs.pdf
- 30 Washington State Healthy Youth Survey <http://www.askhys.net/FactSheets>
- 31 Centers for Disease Control and Prevention
<https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>
- 32 Washington State Healthy Youth Survey <http://www.askhys.net/FactSheets>
- 33 <http://www.communitiescount.org/index.php?page=teen-births>
- 34 <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/facts.aspx>
- 35 2016 SPS Healthy Youth Survey
- 36 Source: SPS Data Profile Demographics 2016-2017 data.
<https://www.seattleschools.org/cms/One.aspx?portalId=627&pageId=23394317>
- 37 <https://www.kingcounty.gov/depts/health/data/maps.aspx>
- 38 <https://www.kingcounty.gov/depts/health/data/maps.aspx>
- 39 <https://aidsvu.org/state/washington/seattle/>

40

<http://www.seattleschools.org/cms/One.aspx?portalId=627&pageId=15178#p223>

41 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

42 2016 SPS Healthy Youth Survey

43 <https://www.cdc.gov/lgbthealth/youth.htm>

44 <http://www.communitiescount.org/index.php?page=teen-births>

45 <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/facts.aspx>

46 <https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/~media/depts/health/communicable-diseases/documents/hivstd/2015-STD-Epidemiology-Report.ashx>

47

http://www.seattleschools.org/UserFiles/Servers/Server_543/File/District/Departments/School%20Board/17-18%20agendas/20170920/I02_20170920_Policy_4218_Speakers_of_Diverse_Languages.pdf

48 http://www.governor.wa.gov/sites/default/files/exe_order/eo_92-03.pdf

49 (PDF)

https://www.seattleschools.org/UserFiles/Servers/Server_543/File/District/Departments/School%20Board/Policies/Series%205000/5250.pdf

50

https://www.seattleschools.org/UserFiles/Servers/Server_543/File/District/Departments/School%20Board/Procedures/Series%205000/5250BP.pdf