PS13-1308 Work Plan Status Report #2 Template Instructions Strategy 2: School-Based HIV/STD Prevention (State Education Agency Optional Template)

Funded partners must submit Work Plan Status Report #2 for the second six months of Year 3 (February 1, 2016 – July 31, 2016). The Work Plan Status Report #2 must address the following elements of each objective and activity:

- Successes: Indication of the completion status of the required activities of the Year 3 Work Plan (for example: met, in progress, or not met) through July 31, 2016;
- Challenges that hindered completion of the activities in the work plan through July 31, 2016;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges); and
- Success Story for this budget period (August 1, 2015 July 31, 2016) in a separate Word document. See Success Story Development Tool;
- HIV Materials Review Panel (include a detailed list of reviewed items or other areas in which the Panel was involved in program implementation);
- Evaluation results through July 31, 2016.

This sample Work Plan Status Report template is available for use, but is not required. Should you choose not to use this template, you are still required to include all of the elements listed within the template as detailed in the Year 3 Notice of Award letter.

The Work Plan Status Report #2 is sent directly to your Project Officer via email. Nothing is uploaded to www.grants.gov. Please name the Work Plan Status Report #2 as follows: "{Strategy} Work Plan Status Report #2 Year 3 {Agency}." Please provide a separate Work Plan Status Report #2 for each Strategy area for which you receive funding (Strategy 1: School-Based Surveillance; Strategy 2: School-Based HIV/STD Prevention; Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention; and/or Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men).

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

| | Required Activities | М | IP | NM | N/A |
|--|---|---------|---------|----------|-----|
| 1. Assess tl | ne program progress, capacity, and support of priority districts annually. | | | | |
| 2. Review a | agreement (MOU/LOC) with each priority district annually to confirm roles and responsibilities to implement required | | | | |
| approac | hes, making adjustments as needed. | | | | |
| 3. Work co | llaboratively with Strategy 3 NGO to build the SEA capacity to implement ESHE, SHS, and SSE. | | | | |
| 4. Meet wi | th priority districts throughout the project period to provide on-going professional development (PD) and technical | | | | |
| assistan | ce (TA) to implement required approaches and support youth at disproportionate risk (YDR) activities. | | | | |
| 5. Work wi | th priority districts to engage the school health advisory council (SHAC) to adopt and implement required approaches | | | | |
| and to re | eassess the process for engaging the SHAC in planning activities throughout the program period (revise as needed). | | | | |
| 6. Apply C | OC PD Practices in planning and implementing PD, TA, and follow-up support | | | | |
| | Success | | | | |
| Required Activity | If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative informati | on base | d on yo | ur actio | on |
| Required Activity Number Example: 4 | If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative informati steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new | | • | | |
| Activity Number | steps in your work plan) regarding the completion of the activity. | | • | | |
| Activity Number | steps in your work plan) regarding the completion of the activity. | | • | | |
| Activity Number | steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new | | • | | |
| Activity Number Example: 4 Required Activity | steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new Challenge | | • | | |
| Activity Number Example: 4 | steps in your work plan) regarding the completion of the activity. Example: 45 teachers in 12 priority districts were trained on the new ESHE policy and 30 of them implemented the new Challenge | | • | | |
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KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 1 | P a g e

Cooperative Agreement Number: PS00XXXX

Grant Year: 3

| Please describe how CDC could assist you in overcoming any challenges: | | | | |
|---|-------------------|----------|----------|---------|
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| 5 Year Goal 2: Strengthen the capacity of the state education agency (SEA) to provide leadership, guidance, and technical a | essistance to pri | iority d | ictricts | in an |
| effort to improve the working relationships with strategic partners to achieve program impact and sustainability. | issistance to pri | ionity u | | iii aii |
| Required Activities | М | IP | NM | N/A |
| 1. Monitor activities listed in the MOU/A between education and health agencies. | | | | |
| 2. Educate stakeholders and decision makers about the importance of each of the required approaches. | | | | |

| 4. | Expand working relationships between education agencies, Strategy 3 NGOs, and PD contractor. | | |
|----|---|--|--|
| 5. | Expand partnerships with health agencies and other organizations. | | |
| 6. | Actively participate in virtual and in-person training events led by Strategy 3 NGO, professional development contractor, and | | |

- CDC.
- Actively participate in a minimum of two CDC/DASH approved in-person trainings each year.
 Maintain a state-level SHAC to support the implementation of program strategies and reassess the process
- 8. Maintain a state-level SHAC to support the implementation of program strategies and reassess the process for engaging the SHAC in planning activities throughout the program period and to revise as needed.

3. Maximize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts and leverage

- 9. Implement a systematic process to engage the state-level SHAC in planning program activities.
- 10. Comply with the "Requirements for Contents of Aids-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs," and submit to a Program Review Panel to review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Required Activity If Met or In Progress was checked, please progress was

If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity.

Success

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable **2** | P a g e

Revised: June 29, 2016

Number

Agency Name:

| Agency Name: | : Cooperative Agreement N | Jumber: PSUUXXXX | Grant Year: 3 |
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| | | | |
| | Challenge | | |
| Required | If Not Met or Not Applicable was checked, please explain why the activity was not met. | | |
| Activity | | | |
| Number | | | |
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| | CDC Program Support | | |
| Please descri | ibe how CDC could assist you in overcoming any challenges: | | |
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| 5 ' | Year Goal 3: Increase the implementation of Exemplary Sexual Health Education (ESHE). | | | | |
|-----|--|---|----|----|-----|
| | Required Activities | М | IP | NM | N/A |
| 1. | Develop and disseminate guidance to staff, decision makers, and other stakeholders about ESHE within your jurisdiction and with priority districts. | | | | |
| 2. | Provide TA and PD on state-level guidance to jurisdiction and priority districts and to support ESHE policy implementation. | | | | |
| 3. | Provide TA, PD, and other educational opportunities for administrators, school board members, and community members to improve understanding and support for ESHE; within your jurisdiction and with priority districts. | | | | |
| 4. | Assist priority districts to establish a written MS/HS curriculum framework that reflects ESHE. | | | | |
| 5. | Assist priority districts to implement the selected MS/HS curriculum framework that reflects ESHE. | | | | |
| 6. | Assist priority districts in developing, selecting, or implementing curricula consistent with the district curricula framework that reflects ESHE and/or evidence-based intervention (EBI) with priority schools. | | | | |
| 7. | Establish and maintain a TA and PD system to assist priority districts in implementing ESHE. | | | | |

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 3 | Page

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

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| Agency Name: | Cooperative Agreement Number: PS00XXXX | Grant Year: 3 |
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| Please describe how CDC could assist you in overcoming any challenges: | | |
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| 5 Year Goal 4: Increase access to Sexual Health Services (SHS) for all youth. | | | | |
|--|---|----|----|-----|
| Required Activities | M | IP | NM | N/A |
| 1. Support priority districts to identify youth-friendly community health service providers for delivery of key SHS in priority districts. | | | | |
| 2. Develop informational materials about available SHS and disseminate to priority districts | | | | |
| 3. Support priority districts to establish linkages with organizations that have experience in adolescent SHS in priority districts. | | | | |
| 4. Develop written guidance for developing a referral system to youth-friendly sexual health services. | | | | |
| 5. Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff in priority districts on the delivery of on-site SHS, and referral to youth-friendly, off-site key SHS. | | | | |
| 6. Support priority districts to facilitate linking students to health, mental health, and other community services including STD/HIV testing, counseling, and treatment with providers that have experience in serving YDR. | | | | |
| 7. Assess implementation of SHS-related policies (including laws, codes, and regulations) within your jurisdiction and in priority districts. | | | | |
| 8. Monitor the implementation of key SHS in priority districts. | | | | |
| 9. Monitor the implementation of SHS-related policies in priority districts. | | | | |
| 10. [If applicable] Implement all of the above activities to meet the HIV/STD prevention needs of the selected YDR group with priority districts. | | | | |
| 11. Maximize funding to increase reimbursement for eligible health services with priority districts. | | | | |
| 12. Partner with Strategy 3 NGO and other agencies and organizations to leverage resources when working with priority districts to increase their capacity to implement SHS and EBI when appropriate. | | | | |
| Success | | • | | |

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PS13-1308 Work Plan Status Report #2

Strategy 2: School-Based HIV/STD Prevention

Grant Year 3: reporting timeframe February 1, 2016 – July 31, 2016

(State Education Agency Optional template)

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

| Required Activity Number | If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity. |
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| | |
| | Challenge |
| Required Activity Number | If Not Met or Not Applicable was checked, please explain why the activity was not met. |
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| | CDC Program Support |
| Please descr | ibe how CDC could assist you in overcoming any challenges: |
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| į | 5 Year Goal 5: Improve the Safe and Supportive Environments (SSE) for all students and staff. | | | | |
|---|--|---|----|----|-----|
| | Required Activities | М | IP | NM | N/A |
| | L. Support priority districts to facilitate linking students to community-based mentorship and service learning opportunities. | | | | |
| 7 | 2. Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other appropriate staff on activities | | | | |
| | to promote school connectedness and parent engagement. | | | | |
| 3 | 3. Provide PD opportunities, TA, and FUS for teachers, administrators, counselors, nurses, and other professionals on | | | | |
| | implementing anti-bullying and anti-sexual harassment policies. | | | | |

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 6 | Page

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable 7 | Page

Agency Name: Cooperative Agreement Number: PS00XXXX Grant Year: 3

| 5 Year Goal | 6: Educate decision makers on policy; implement and track policies related to ESHE, SHS and SSE. | | | | |
|--|---|---------|---------|----------|-----|
| | Required Activities | M | IP | NM | N/A |
| Assess st | tate and priority district policies related to required approaches (ESHE, SHS, and SSE). | | | | |
| 2. Track po | olicy adoption and monitor policy implementation within jurisdiction and with priority districts. | | | | |
| 3. Develop priority of | and disseminate guidance to support the implementation of science-based policy practices within jurisdiction and with districts. | | | | |
| 4. Deliver t | raining and TA to support the implementation of science-based policy practices related to the program approaches. | | | | |
| 5. Educate health is | stakeholders, priority district administrators and school board members, on potential policy solutions regarding school sues. | | | | |
| | n existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop tnerships. | | | | |
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| Required Activity | Success If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information steps in your work plan) regarding the completion of the activity. | n based | d on yo | ur actio | on |
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| Please describe how CDC could assist you in overcoming any challenges: |
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Cooperative Agreement Number: PS00XXXX

Grant Year: 3

Success Story for this Funding Period:

Agency Name:

Please submit one written Success Story in a separate Word document. See Success Story template and guidance: http://www.cdc.gov/healthyyouth/stories/index.htm

HIV Materials Review Panel Requirements:

HIV Material Review Panel Chair Summary Sheet. Include a signed and dated statement(s) of the chairperson of the HIV Materials Review Panel specifying the vote for approval or disapproval for each reviewed item that is subject to this guidance. http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/hivprpform.pdf

Evaluation Results through July 31, 2016:

Please provide a summary of any evaluation activities undertaken during the second six-month of Year 3 in narrative format below. Describe all activities resulting from the evaluation requirement of the FOA.

Summary of Action Planning with Priority Sites through July 31, 2016:

Please provide a summary of action planning efforts that were held in conjunction with priority sites during the second six-month period of Year 3 in narrative form below:

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable **9** | P a g e