

SEA Institute Gallery Walk: 1308 Promising Practices

The State Education Agencies Institute

Building state capacity for school-based HIV/STD prevention

June 2015

Washington, DC

Connect-Learn-Share

SEA Gallery Walk

- SEA partners shared promising practices during the SEA Institute that they developed and are implementing in order to achieve 1308 programmatic activities in ESHE, SHS, SSE and POLICY.
- If you would like more information and to learn more about a promising practice please contact the SEA partner listed on each slide.
- If you are having trouble viewing and need help please contact: Januari McKay at Januari@advocatesforyouth.org



Engaging Students in Promoting a Safe School Environment

DESCRIPTION: A student-lead approach to safe schools and anti-bullying has empowered students to become advocates for making their school a safer, more welcoming place for all students. Three students have made such an impact that when seeking interest to continue the process for the 2015 -2016 school year, a room full of students showed up in hopes of becoming a part of the Clinton Safe Schools Leadership Team.

BENEFITS: "As the primary 'clients' of school safety/anti bullying efforts, students can be vital contributors and partners in developing, implementing, and evaluating such services. . . If we involve them." (Dr. John Murphy, Lic. Psychologist, Professor, University of Central Arkansas)

KEY PARTNERS: Students in the Clinton School District, Clinton School Based Mental Health Coordinator, University of Central Arkansas-Dept. of Psychology & Counseling, Arkansas Department of Education.

STUDENT EFFORTS: Developed: 1) a 2 minute PSA for students; 2) Safe Schools/Anti-Bullying Buckets, with Signage/posters; 3) Presentations – state and local meetings/conferences.

GOAL: To develop a universal framework/roadmap that helps school districts identify steps and procedures necessary in starting and implementing a student-led approach to a safer school environment for all students.



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California DASH: Foundational Policy Review
Thirty-Three Policies for ESHE, SHS & SSE
Sharla E. Smith, MPH

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As part of *(list district name here)* cooperative agreement with the California Department of Education (CDE) Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance initiative, one of the initial activities to take place was a review of _____ policy as it relates Exemplary Sexual Health Education (ESHE). The following district policies were reviewed and compared to the California School Boards Association (CSBA) samples:

Policy Number	Policy Name	Findings
BP/AR 6142.1	Sexual Health and HIV/AIDS Prevention Instruction	Found to be in compliance with recommended board policies for mandated HIV instruction and comprehensive sexual health education
BP/AR 6142.8	Comprehensive Health Education	Found to be in compliance with recommended board policies for comprehensive health education
BP/AR 6143	Courses of Study	Found to be in compliance with recommended board policies for certain courses of study: Grades 1-6 AR 6143 section c: sexually transmitted disease was found to be in compliance with recommended board policies Grades 7-12 AR 6143 section 12.c: sexually transmitted disease was found to be in compliance with recommended board policies Section 12.d: AIDS and AIDS prevention _____ sites on old policy (6142.2) that should be removed from your district policies (see recommendations below)

Sharla E. Smith, MPH HIV/STD Prevention Education Consultant shsmith@cde.ca.gov 916-319-0914

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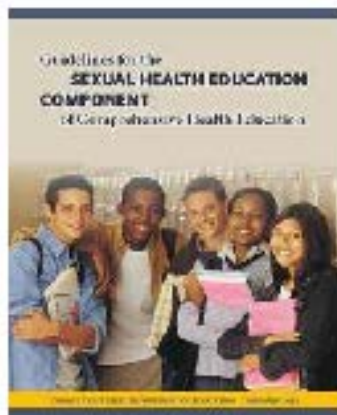
Developing Exemplary Policy, Program and Practice in Exemplary Sexual Health Education

Dr. Bonnie J. Edmondson

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Connecticut's Guidelines for the Sexual Health Education Component of Comprehensive Health Education (Guidelines) was developed and disseminated to all 196 school districts. These *Guidelines* are based on the National Sexuality Education Standards and provide best practice recommendations on policy and programs for local school communities.

To increase implementation of the recommendations outlined in the *Guidelines*, a supplemental *Tool to Assess Policy, Program and Practice (Assessment Tool)* was developed inclusive of a scoring rubric.

***Exemplary Sexual Health Education:
Tool to Assess Policy, Program and
Practice***

Connecticut State Department of Education



Advocates for Youth provided technical assistance with the development of the Assessment Tool and provided training including both documents and a curriculum selection process to 75 professionals from the 10 Partner Districts.

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“Speak up! We are listening.”
Statewide Youth Focus Groups
Pat Ayers

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Statewide youth focus groups

- Serve as a key method for collecting information from youth on their views of sexual health education, informational needs, their methods of learning, and their sense of safety in their school environment.
- NOT intended to gather input about student behavior(s). Aggregate level, blinded reports of findings assist the DDOE and the districts participating in the 1308 program.

The goals of the youth focus groups are to:

- Inform the selection of best-fit, evidence-based, Exemplary Sexual Health Education (ESHE) curriculum that meets youth “where they are” in terms of building essential knowledge and critical skills in particular regards to HIV/STD and Teen Pregnancy Prevention.
- Provide State officials, school administrators, educators, and service providers with key insights about youth identified opportunities for maximizing/improving youth friendly Sexual Health Services (SHS).
- Identify characteristics of “Safe and Supportive Environments” (SSE) wherein youth, regardless of sexual orientation/gender identity, feel supported within a school setting that has “zero tolerance” for bullying, perpetuation of stigma, and/or acceptance of prejudice.
- Establish a core infrastructure (which may include social media) that may be used for continued dialogue with youth and their families.

Response:

- “I’m glad someone is finally including us”- young person
- “I think that including social media and technology is a great way to teach us”- young person
- “I would not be as nervous about asking hard questions if it was online and not in person”- young person

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Year 1: Resource Developed

- Experienced teachers of health education, physical education, science and language arts; the coordinator of a teen pregnancy prevention program; and an associate professor of public health hired to assist the project
- Met spring of 2014, reviewed 11 curricula
- Eight curricula chosen to be aligned to Florida State Standards and benchmarks
- Course descriptions for health education, physical education, language arts, and science courses, with high student enrollment, provided to workgroup members
- Health benchmarks, Language Arts and Math Standards identified for all lessons from each reviewed curricula

Florida courses require teachers meet content specific standards and health benchmarks.

Year 2: Resource Distributed Statewide

- Technical assistance webinar provided to priority districts and additional districts statewide to roll out the resource

Success: Leon County School District (a priority district) used the resource to determine which evidence-based curriculum to adopt for implementation in year 3.

Less than 1% of Florida students are enrolled in stand-alone health education courses.

7th Grade: 7 Lessons - Learning Objectives

Lesson 1 - Verbalize the steps to "Draw the line" in high pressure situations

Draw the Line, Respect the Line

M/J Health 1.0800000		
Health Benchmarks	Related Standards for ELA/FS	Related Standards for Math
HE.6.C.1.2, HE.6.C.1.3, HE.6.C.1.4, HE.6.C.1.8, HE.6.B.4.1, HE.6.B.4.2, HE.6.B.4.3, HE.6.B.4.4, HE.6.B.5.1, HE.6.B.5.2, HE.6.B.5.3, HE.6.B.5.4, HE.6.B.5.5, HE.6.B.6.2, HE.6.B.6.3, HE.6.P.7.1, HE.6.P.7.2, HE.6.P.8.1, HE.6.P.8.2, HE.6.P.8.3, HE.6.P.8.4, HE.6.C.2.2, HE.6.2.C.2.3, HE.6.C.2.5, HE.6.2.C.8, HE.6.2.C.2.9	RI.1.1; 1.2; 2.4; 2.5; 2.6; 3.7; 3.8; 3.9/ W.1.1; 1.2; 2.4; 2.5; 2.6; 3.7; 3.8; 3.9; 4.10/ SL.1.1; 1.2; 1.3; 2.4; 2.5; 2.6/ L.1.1; 1.2; 2.3; 3.4; 3.5; 3.6	

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Promoting Adolescent Health through School-Based HIV/STD
Prevention and School-Based Surveillance
Reginald Patterson Ed.D. ISBE

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- State-wide resources and intensive work with 11 priority districts on:
 - Access to Key Sexual Health Services (SHS)
 - State –Wide PSD – Priority School District Meeting.
- Collaboration between schools and Public Health agencies, community agencies, and national partners is important in improving the health and well-being of young people where they live, learn, and play.
- Increase youth access to sexual health services.
- Establish new or strengthen existing linkages.
- Collaboration with Health Service Providers and PSD-Priority School Districts.
- Representatives from regional agencies met with all Priority School districts.



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Lean Out:

You Don't Have To Do It All (Alone)

Joy Robinson-Lynch

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- Working with partners from the Massachusetts Commission on LGBTQ Youth, we developed a cadre of TA and PD providers who can assist priority districts in implementing program approaches.
- In June, 2014 twenty-five potential TA providers attended 2 to 4 days of workshops to train them to support priority districts in specific approaches
- Participants either worked for community-based agencies or were independent consultants
- All 25 attended a full day workshop on the goals of the FOA and strategies for supporting schools
- Based on written applications, attendees were placed in small groups sessions over the next 3 days that taught important content around each approach, allowed time for participants to practice TA interventions and created a supervision group that will provide support over the next 3 years.
- The skills of Motivational Interviewing as they apply to working with schools were taught and practiced.



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Launching a Learning Collaborative! Fostering Priority District Partnerships

Semi-annual two-day learning collaborative meetings were established to bring together priority district co-chairs with state and regional partners to foster connections, share with one another, and build their capacity to lead the initiative in their districts.

- Meeting themes include *Launching the Learning Collaborative* (Apr '14), *Building a Solid Foundation* (Oct. '14), and *Reflecting and Connecting* (Apr '15).
- Participants gained leadership skills in team building and stakeholder engagement, visioning, meaningful youth involvement, data-driven approaches, communications, and action planning.
- Highlights for participants include networking, sharing success and challenges, time for action planning, strengthened passion for the work, and access to supports and timely resources.
- Barriers include scheduling, varying individual and district needs, and competing priorities.

Michigan Department of Education

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Learning Collaborative Resources 2013 – 2018

Map of Participating Districts



Key Principles

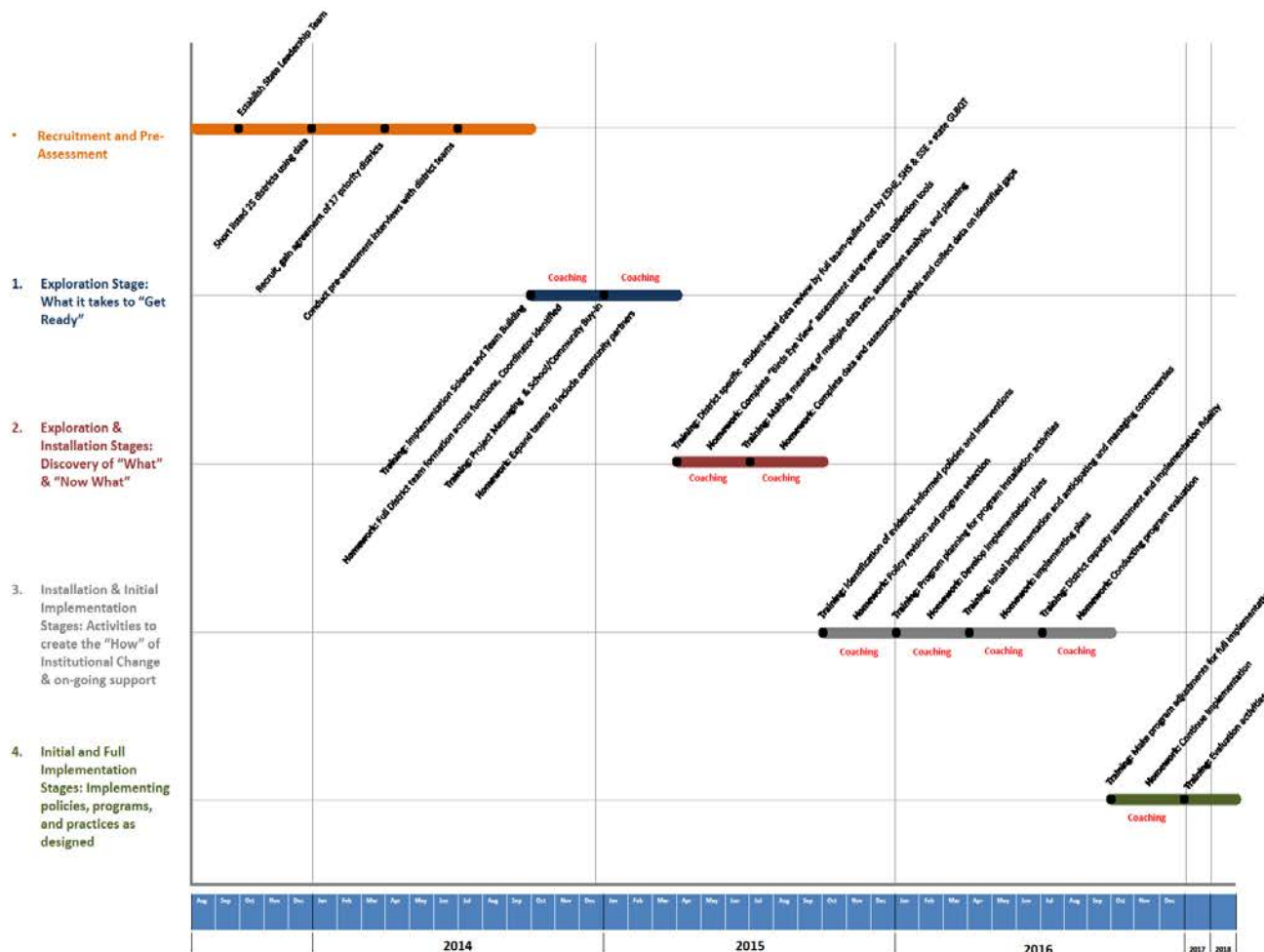


1. Tappe in Resources	2. Learn from One Another	3. Plan Together
4. Data Driven Decision Making	5. Achieve Balance	6. Continuous Improvement
7. Ask for What You Need	8. Focus on Quick Wins	9. Build a Sustainable

Adolescent Health & Academic Equity

Minnesota's Roadmap to Success

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The Minnesota Department of Education (MDE) implements district-specific educational initiatives, *regardless of content area*, by using a *continuous improvement process* shown by research to result in systems change and sustainability leading to positive student outcomes in schools.

MDE is in a formal partnership with University of North Carolina at Chapel Hill's State Implementation and Scaling-up of Evidence-based Center regarding the application of implementation science, through their U.S. Department of Education federal grant to build the capacity of state education agencies. We are grateful to CDC DASH and Sally Goss, Project Officer, for their support to apply this cross-cutting approach to the 1308 project.

Things you may notice on your left:

- Full implementation of any initiative, including ESHE, SHS, and SSE takes 3-5 years
- Prior to initial programmatic installation, including any programmatic training, infrastructure development will take a minimum of 2 years at the district level
- Most activities the first two years involve:

1. Infrastructure development of the State Leadership Team (our SHAC) to provide intensive 1:1 coaching for each district, actively managed by MDE and coached and trained by University of Minnesota Prevention Research Center
2. Developing the district's infrastructure, including a District-level Leadership Team (DLT) comprised of individuals with functions across the district (vertical and horizontal alignment) for shared-decision making
3. Messaging and buy-in skills are included up-front as critical to both informal communication and formal communication among all school and community stakeholders
4. District-wide comprehensive needs assessment that involves data collection and review completed by the DLT, that includes a review of policies, practices, and student, parent and community level data, that aligned to ESHE, SSE, and SHS
5. All DLTs participate in four day-long trainings per year, that includes homework and 1:1 coaching between the quarterly convenings
6. SLT members with content expertise fully participate in every quarterly training and provide 1:1 coaching to districts

For more information on Minnesota's application of a continuous improvement process (implementation science), please see the materials binder "Adolescent Health & Academic Equity" below or visit with us or contact us at:

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Social Justice Sex Ed: Contextualizing Adolescent Risk Behavior

Gabrielle Abousleman, NM PED

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Description: Utilizing a social justice framework that fear and stigma are not sound pedagogical techniques, the coordinator offered workshops to staff from all partner sites that aimed to increase educator awareness of biases and to contextualize adolescent risk behavior. The trainings addressed oppression, privilege, racism, sexism, ageism, micro-aggressions, historical trauma, cultural humility, cultural fluency, personal values, building partnerships, and strategies for supporting all students.

Barriers: Educators have different levels of experience and willingness to engage with these topics.

Partners: Albuquerque Area Indian Health Board, the Rape Crisis Center of Central New Mexico, and Advocates for Youth.

Continuation: Coordinator will continue to offer workshops that build educator skills in teaching sexual health education from a social justice standpoint.

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Short-term and Intermediate Outcomes of Training for "How to Be an Ally for Lesbian, Gay, Bisexual, Transgender, Questioning Youth"

Ellen Essick Ph. D. , N.C. Healthy Schools
North Carolina Department of Public Instruction



Introduction/Purpose

Evaluate the short-term and intermediate effects of the "How to be an Ally for LGBTQ Youth" training on participants:

- 1) Preparedness
- 2) Actions

Objectives

Short-term Outcomes (Preparedness)



Increase:
Self efficacy
Favorable attitudes
Perceived vulnerability
Favorable expectations
Response efficacy
Intention to be an advocate

Decrease:
Response costs

Intermediate Outcomes (Action)



Sustained short-term outcomes
Perceived favorable school environment
Increased interaction with teens at risk of suicide
Increased interaction with LGBTQ teens
Increased perception as advocate by LGBTQ teens

Results

- Training achieved increased preparedness
- All as short-term outcomes
 - Most sustained as intermediate outcomes
 - Most intermediate outcomes related to increased activity with LGBTQ youth not achieved

	Pre training to Post-training*	Pre training to Follow-up*
Higher self efficacy for preventing teen suicide	SSR	SSR
Higher self-efficacy for being an advocate for LGBTQ teens	SSR	SSR
Greater expectations that being an advocate for LGBTQ teens would be beneficial to LGBTQ teens and the school environment	SSR	SSR
Response efficacy that supporting LGBTQ teens in school would reduce their risk of making a suicide attempt	SSR	SSR
Greater intention to advocate and advocate on behalf of LGBTQ teens in school	SSR	SSR
Response costs associated with being an advocate for LGBTQ students	SSR	SSR

* statistically significant result

Limitations

- No comparison group
- Small sample
- Additional questions not asked to assess activity

Implications

- Training focus on specific ways participants can be involved with LGBTQ teens
- School environments and ability to put training into action

Source

Research conducted by the University of North Carolina at Chapel Hill Injury Prevention Research Center



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Description: The main goal of the Standard Aligned System Community Portal is to host a site of resources, priority district documented work, open forums for school district collaboration, and to extend the learning community outside our grant level. The information presented on this site is information that has been shared with all of our priority districts pertaining to trainings and resources for (ESHE), (SHS), (SSE), and documents pertaining to policies at national, state and local levels.

Barriers: Little support to begin the process of creating the Community Portal.

Partners: Pennsylvania Department of Education has teamed up with the Pennsylvania Department of Health, Advocates for Youth, National Coalition of STD, American Psychology Association and Center for Healthy Schools to provide the information on our network.

Continuation: The website is still a work in progress. At the conclusion of the grant the SAS Community Portal will hopefully encourage other schools to partner up to strengthen their Sexual Health Programs at their state level.

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Strong minds. Strong bodies. Strong schools.

Rhode Island Department of Elementary and Secondary Education (RIDE): Healthy Youth Initiative

CDC-RFA- PS13-1308 Promoting Adolescent Health Through School-Based HIV/STD Prevention and School Based Surveillance*

The CDC provides funding for state, territorial, and local education agencies and state health agencies to support two strategies:

- **Strategy One:** establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.
- **Strategy Two** support districts and schools to deliver exemplary sexual health education¹ emphasizing HIV and other STD prevention; increase adolescent access to key sexual health services²; and establish safe and supportive environments³ for students and staff. States and districts track policies, educate key decision makers on policy issues, and help districts and schools implement policies related to HIV/STD prevention⁴.

Selected Successes to date:

Exemplary Sexual Health Education ¹	Sexual Health Services ²	Safe and Supportive Environments ³	Policy ⁴
<ul style="list-style-type: none"> • RI Comprehensive Health Instructional Outcomes aligned to National Sexuality Education Standards. • RI awarded Tier III Professional Development support from Advocates for Youth. • Data Driven Professional Development for RI's Health Education Teachers white paper developed. • Healthy Youth Initiative webpage included on the thrive website. 	<ul style="list-style-type: none"> • Rhode Island School Health Manual Model Guidelines developed. • SHAC participating organization Resource Guide in development. 	<ul style="list-style-type: none"> • American Psychological Association's RESPECT professional development training & evaluation conducted among priority and SEA districts administrators, educators, school nurses, social workers, and counselors. • GLSEN Safe Schools Kit disseminated among all RI districts. 	<ul style="list-style-type: none"> • Annual School Health Report. • RI Rules and Regulations for School Health Programs. • RIDE State Level Advisory on Social and Emotional Learning. • RI Model Policy Guidance to Support Transgender Youth draft developed.

*CDC National Non-Governmental Organization funded partners include: Advocates for Youth, American Psychological Association, and the National Coalition of STD Directors.

Research demonstrates that HIV/STD prevention programs are effective in decreasing sexual risk behaviors among youth including delaying first sexual intercourse; reducing the number of sex partners; decreasing the number of times students have unprotected sex; and increasing condom use.

Rhode Island's School Health Advisory Council (SHAC)

RI's SHAC is a Community of Practice which includes representation from the 10 priority districts as well as a key state and community based organizations related to the four focus areas. The SHAC guides the work of the 1308 CDC grant at the state level. Members provide leadership for local efforts related to the four focus areas. The SHAC meets quarterly. Information on resources, publications and tools are shared via email as well as included in the Healthy Youth Initiative Drop box and on the newly developed thrive, RI's Coordinated School Health Program webpage.

Data is presented at each meeting. This is a strategy to build awareness and consensus around state level action in each of the areas. Data can establish a common ground among a variety of stakeholders.

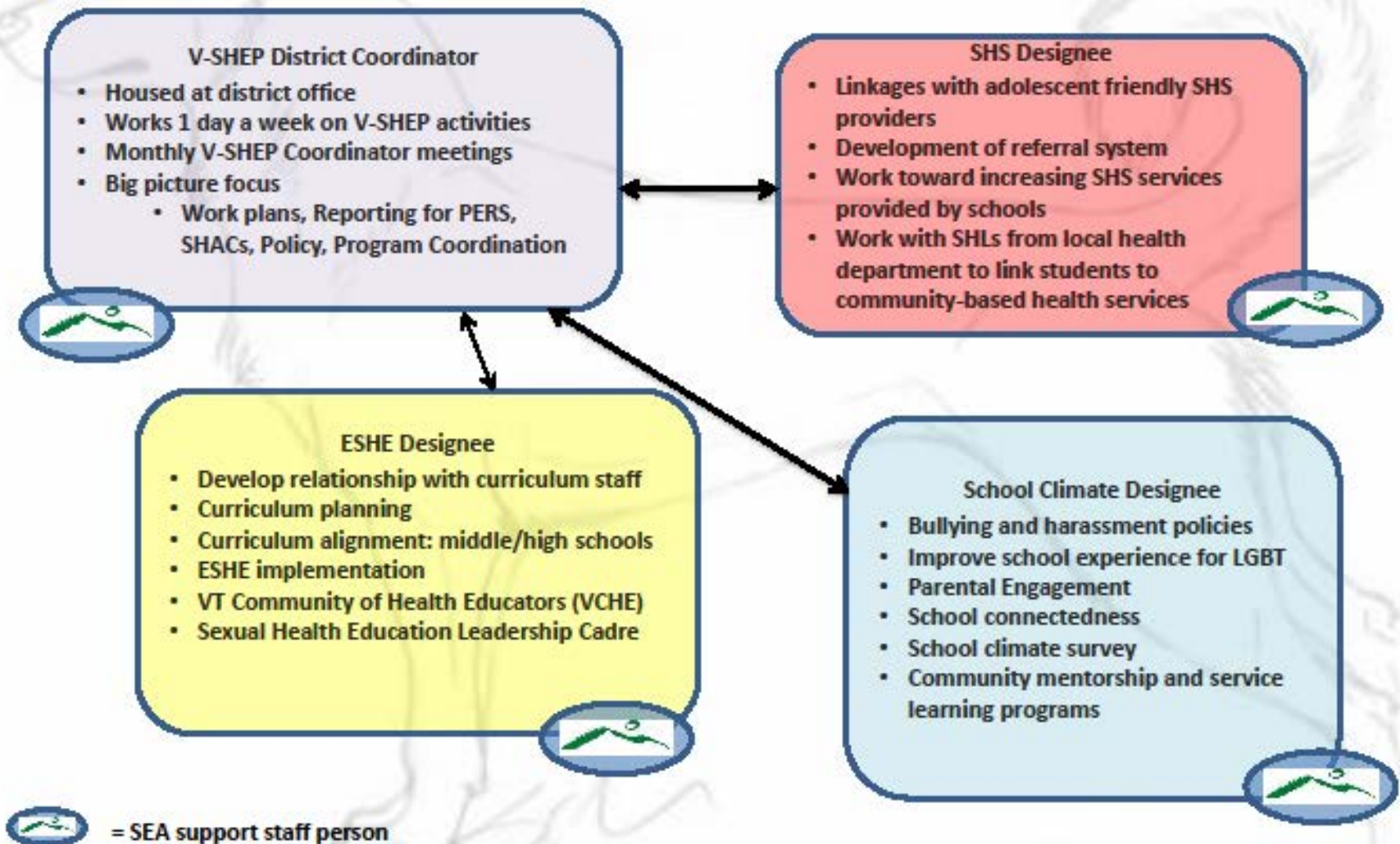
[Rosemary Reilly-Chammat, Ed.D.](#)
HIV/Sexuality Specialist

[Midge Sabatini, Ed.D.](#)
Manager, Coordinated School Health

Proposed VSHEP Coordination Model

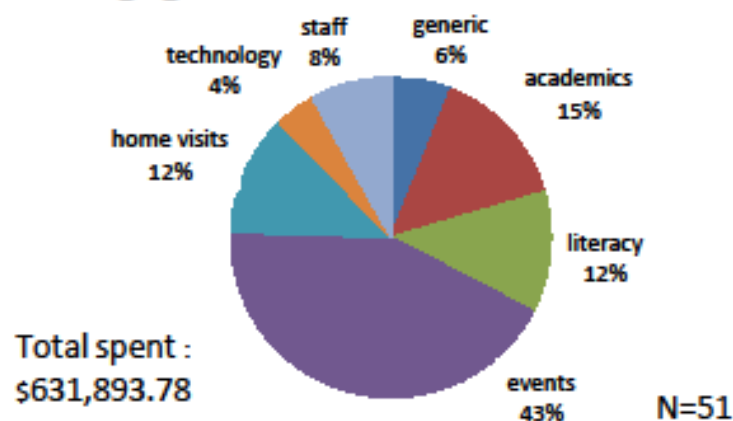
Tom Aloisi

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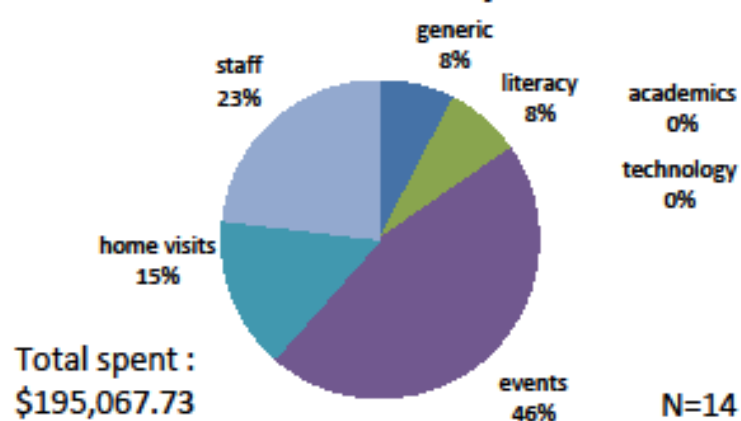


- All districts receiving more than 500,000 in Title 1 funding required to spend at least 1% of their funding on parental engagement activities.
- In Vermont, 7 of 14 priority districts meet the 500k threshold.
- Required funding of parental engagement in priority districts in FY16: \$5,600- \$22,800

Title 1 Funded Parental Engagement Activities Statewide



Title 1 Funded Parent Engagement Activities in 7 Priority Districts



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ESHE Academy: Building Comfort, Confidence and Commitment
Marissa Rathbone & Laurie Dils
WA Office of Superintendent of Public Instruction

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ESHE Academy Goals:

1. Increase comfort with, commitment to, and self-efficacy in teaching sexuality education.
2. Explore ways to show respect for individual, family and cultural characteristics and experiences that may influence student learning about sexuality.
3. Develop understanding for how to make decisions about sexual health education curriculum and instruction based on federal, state, and local laws and policies, as well as professional ethics.
4. Develop skills for creating a safe and supportive learning environments.
5. Acquire accurate and current knowledge of the biological, emotional, social and legal aspects of human sexuality.



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**Building Capacity through a
Professional Learning Community
Wisconsin Department of Public Instruction**

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Description: The Professional Learning Community (PLC) has provided an opportunity for priority districts to collaboratively explore policies and strategies that foster supportive learning environments for LGBT students. Local examples of best practices are also highlighted. The PLC was used to launch *Step In, Speak Up!* from Kognito which will build capacity among key staff within priority districts.

Partners: GSAFE, our lead technical assistance provider for Safe and Supportive Environments supports implementation of the PLC.

Barriers: Because of scheduling conflicts, not all priority districts are represented on each call. Sessions are achieved for those that are unable to attend, but it can make the conversion less robust with fewer attendees.

Continuation: The PLC will continue in year three, as priority districts complete implementation of *Step In, Speak Up!*.

Step In Speak Up!

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