

Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services

A Resource Guide for Education Agencies



Developed by



CAI and



National Coalition of STD Directors
Promoting Sexual Health
Through STD Prevention

and



Increasing Access to Sexual Health Services in Schools and Communities



A Project of



CAI

Disclaimer: This resource was supported by Cooperative Agreement Numbers, 5U87PS004164-02 and 5U87PS004223-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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SECTION 1: Introduction



KEY CONCEPTS

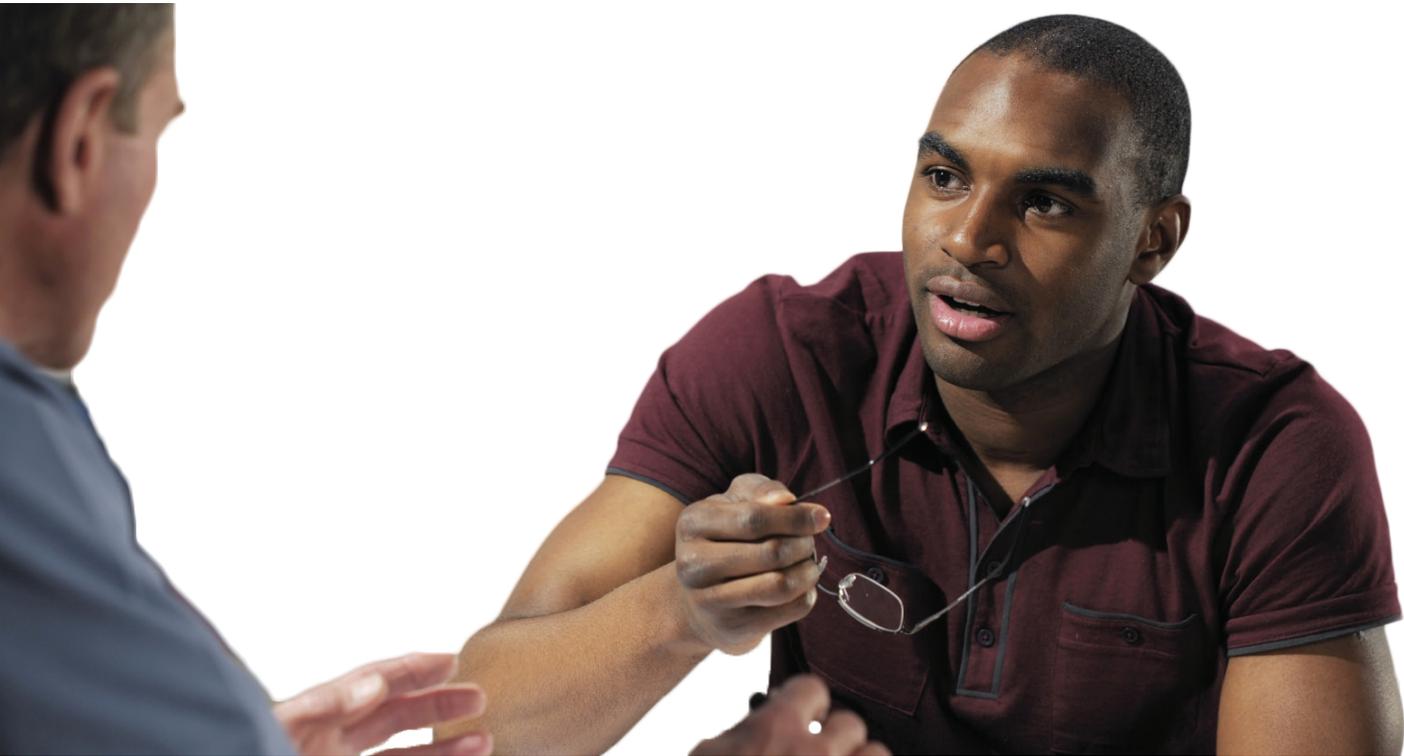
- Overview
- Purpose of the Resource
- How to Use This Resource

In this section we will review the positive impact organizational partnerships have on increasing access to sexual health services (SHS) for youth and how to form strategic partnerships with youth-friendly, community-based, healthcare organizations.



KEY CONCEPTS

Introduction



Introduction and Overview

While youth 15–24 years of age represent an estimated 14%¹ of the total population, they accounted for over half of all new STD infections in 2012,² with significant disparities in reported STD cases among black, Hispanic, and LGBTQ youth.³ Healthy People 2020 has identified improving access to sexual health services (SHS) as “crucial” to eliminating disparities in reproductive health outcomes.⁴

Given their access to youth, the Nation’s schools can play a critical role in addressing these epidemics. Creating new or enhancing current organizational partnerships with agencies that have expertise in sexual health services (SHS) and other related health and community services like mental health and social services is key to the success of state and local education agencies (SEA/LEA) looking to increase access to SHS for youth. These partnerships are essential components to ensure that students and their families can successfully access needed services either through referral to appropriate community services or via enhanced on-site services at a school.

The focus of this guidance is on organizational partnerships for SHS; however, similar principles and steps can be used for partnerships with other health and community services for youth.



Introduction

Purpose of This Resource

Through the Centers for Disease Control and Prevention’s Division of Adolescent and School Health (CDC DASH) FOA PS13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*, SEA and LEA are required to form strategic partnerships with youth friendly community-based organizations and healthcare agencies. These partnerships will help to link youth with sexual health services through school-based or community-based organizations. This guidance provides support to SEA and LEA who are developing new partnerships or invigorating current partnerships.

How to Use This Resource

This resource was developed for staff members from state and local education agencies (SEA/LEA) who will be leading or supporting the establishment of organizational partnerships to increase student access to SHS.

This resource provides many practical and concrete suggestions for the development of organizational partnerships to increase student access to SHS. The sections in this document outline the key concepts to establishing organizational partnerships and build upon one another. It begins with an overview and examples of organizational partnerships, how to involve stakeholders, establish and strengthen organizational partnerships, and then finally, how to assess whether partnerships are successful in achieving goals related to increasing student access to SHS.

Within sections of this document are “Lessons From the Field.” The experiences described provide examples of SEA/LEA that have established successful organizational partnerships to increase student access to SHS. Sections also contain tools that can be used individually or with a team to guide you through the process of establishing organizational partnerships. Tools are found at the end of the sections that they apply to.

The appendices found at the end of the document include resources and samples that can be used to obtain more information about organizational partnerships and guide SEA/LEA in the development of materials to strengthen relationships with organizations.

This guidance was developed as a companion to the resource entitled, “Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies.” The implementation kit was developed to serve as a framework for a standardized approach for developing and implementing a SHS referral system in districts and/or schools. The partnerships between SEA/LEA and community-based organizations and healthcare agencies are a key element of the referral system.

SECTION 2: **Understanding Organizational Partnerships**



KEY CONCEPTS

- Formal versus Informal Partnerships
- Types and Levels of Partnerships

In this section we will define organizational partnerships and describe the different types and levels of partnerships.



KEY CONCEPTS

Organizational Partnerships

SECTION 2 Understanding Organizational Partnerships

Organizational partnerships can be described or defined in many ways—there is not a single definition. An organizational partnership is an intentional effort to create and sustain relationships between organizations that agree to work together to address common goals.⁵ They involve mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability and transparency.⁶ To improve youth access to SHS, formal or informal partnerships are needed between schools or school districts, school-based health centers (SBHC), community-based organizations such as school-linked health centers (SLHC), the local health department, and/or a reproductive health organization.

Formal Versus Informal⁷

Most education agencies and schools already have informal partnerships with community-based organizations like local health departments, youth-serving organizations, and mental health agencies. While these partnerships are important, they are often not supported by formal agreements like memorandums of agreement (MOAs) between agencies. In addition, informal relationships may not include clearly defined roles, responsibilities, and processes which are necessary for building strong relationships. By gaining organizational buy-in and support through formal means, partnerships can be strengthened and provide better coordination for youth services, i.e., system level structural change. A formal agreement between two organizations may also help sustain a partnership in times of staff turnover.

Table 1: Characteristics of Informal and Formal Partnerships

	RELATIONSHIP	CONTRACT/MOU	COORDINATION OF SERVICES	SHARED RESOURCES	COMPLEMENTARY MISSION
INFORMAL	Between staff/ individuals	No	Maybe	Maybe	Maybe
FORMAL	Between organizations	Yes	Yes	Yes	Yes

Organizational Partnerships

Formal Versus Informal (continued)

Depending on the goal of the partnership an informal relationship may be better suited for the two organizations. For example, if the school would like to provide training to staff on SHS related topics, it may partner with a local community health provider or health department. This would not require a formal contract or exchange of resources. Other examples of more informal partnerships could include provision of workshops to students or assistance with reimbursement. However, in other cases, like the provision of on-site SHS (i.e., on school grounds), a more formal partnership would be important. This would require coordination between the school and healthcare provider in terms of space, supplies, staff and additional financial support as needed. Formal relationships take time to establish and staff should be prepared to build adequate room into a timeline to establish the formal agreements such as contracts or MOAs. Depending on the relationship and history between the two organizations and the overall goal of the partnership, this process may take a year or more.⁸ The next section of this guidance explores SHS partnerships in more detail. Sample MOAs can be found in Appendix B.

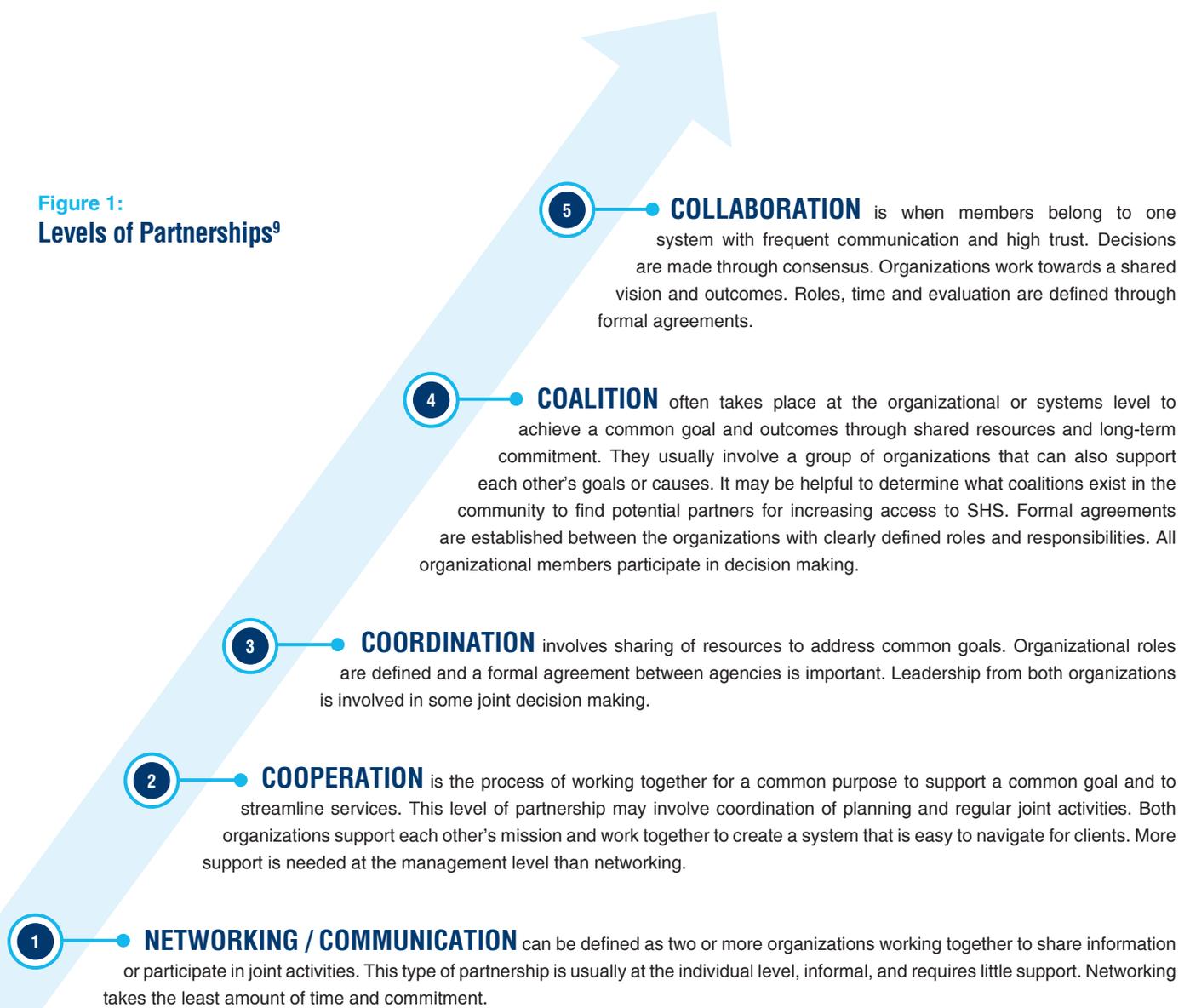


Organizational Partnerships

Types and Levels of Partnerships

There are various models used to describe working relationships between organizations. Different partnership models use similar language and characteristics to describe a continuum in which two organizations can move from weaker to stronger partnerships. Figure 1 showcases various levels of partnerships starting at networking or communication and ending with collaboration. Partnerships can change over time and may not fit distinctly in one category. In general, the dimensions listed below can be used to determine the level of partnership and determine if it's feasible to [move along the continuum to a higher level of partnership](#).

Figure 1:
Levels of Partnerships⁹



SECTION 3: Identifying Partnerships



In this section we will describe the different types of partnerships to increase youth access to SHS. These partnerships can be between schools/school districts and local organizations who provide: on-site SHS at school-based health centers, on-site STD testing and other services, off-site SHS, professional development and technical assistance for referral staff, guest speakers in classrooms to enhance sexual health education curriculum, and representation on the school health advisory or wellness council.



KEY CONCEPTS



TOOLS

KEY CONCEPTS

- On-site SHS at SBHC
- On-site STD Testing or other services
- Off-site SHS
- Professional Development and Technical Assistance
- Incorporating Local Services into Sexual Health Education Curriculum
- School Health Advisory Council or Wellness Council
- Types and Levels of Partnerships

TOOLS

3.1 Organizations to Partner With

Identifying Partnerships

SECTION 3

Examples of Partnerships to Increase Youth Access to SHS

In order to increase youth access to SHS, schools and school districts can form partnerships with local community-based organizations and clinics. These partnerships might include providing on-site SHS at a SBHC, on-site STD testing or other SHS services, off-site SHS in the community (a provider listed in the Referral Guide), professional development and technical assistance for school/district staff, local services incorporated into the sexual health education curriculum, and serving on a School Health Advisory Council (SHAC) or Wellness Council.

See **Appendix A** for **Examples of the Delivery of SHS to Youth** for more detailed information on each model and **Appendix B** for **Sample MOAs** between school districts and SHS providers.

On-site SHS at School-Based Health Center

Depending on school district or state policies regarding provision of SHS on school grounds and/or the capacity of SBHC, schools can partner with the SBHC to increase youth access to SHS. If the SBHC is already providing such services, the school and SBHC can work together to increase student awareness about the services and how to access them. One can monitor the success of such awareness-building activities by tracking data related to the number of clinic visits as well as the student reason for visit.

If the SBHC is not providing SHS, determine if there are any policies or capacity issues acting as barriers. Consider partnering with the health center to start incorporating SHS. Connect with the School Based Health Alliance¹⁰ and state affiliate for assistance.

LESSONS FROM THE FIELD

THE DISTRICT OF COLUMBIA

The District of Columbia (DC) Department of Health provides grant funding, oversight and technical assistance to six school-based health centers in DC Public Schools. Students may access pregnancy testing, family planning services including abstinence planning and contraception, STI and HIV testing, and health education. Minors are able to consent to sexual health services due to DC's Minor Consent laws. Additional medical and mental health services are available at each center as well as referrals for outside medical treatment. For more information, visit <http://doh.dc.gov/service/school-based-health-centers>.

Identifying Partnerships



On-site STD Testing or Other Services

Schools/districts can partner with local health departments or other medical providers to provide on-site SHS regardless of an established on-site clinic or SBHC. This type of SHS is often called a “school-based screening program” and has been implemented across the nation in Philadelphia, New Orleans, the District of Columbia, New York, Michigan, Memphis and others. Although these programs have not yet documented decreases in school or community prevalence in the long run, these programs are effective in identifying and treating active STD cases. They also provide an opportunity to deliver educational and prevention counseling messages to young people. Districts and schools in high prevalence areas may consider school-based screening programs when partnerships are strong and when capacity and interest are high. In general this type of service is conducted on an annual basis in partnership with the local health department, community-based organization or a federally qualified health center (FQHC) that provides staff to provide a short educational session, STD testing, and follow-up for treatment. FQHCs may be willing partners for this type of service as they often enroll students and their families as members of their federally funded programs. The schools support the program by promoting the event to students and staff, providing space and storage, and determining the need and handling details regarding parental consent/notification of testing event.

Identifying Partnerships

Off-site SHS

Schools/districts can also partner with a variety of youth-friendly SHS providers in the community to be included in a referral guide as part of the SHS referral system. Once an organization has been assessed and included in the referral guide, school staff can connect students with needed SHS.

For more information, view the Referral System Implementation Kit online at www.ConnectionsForStudentSuccess.org/kit.

LESSONS FROM THE FIELD

TEENS IN NYC

The New York City Department of Health and Mental Hygiene has developed a printed guide, online locator, and mobile application, Teens in NYC, to connect youth with sexual and reproductive health services throughout the City. Healthcare providers are included in the guide following a clinical self-assessment based on criteria identified in the Best Practices in Sexual and Reproductive Healthcare for Adolescents¹¹ as well as a youth led mystery shopper screening. For more information, visit www.nyc.gov/teen.





Identifying Partnerships

Professional Development and Technical Assistance

Schools and districts can partner with local organizations with expertise in SHS to provide school nurses, social workers, administration, and teachers with training related to policies, importance of SHS, referrals, and community services available to youth. Often teachers, counselors, and other school staff may be identified by youth as a trusted adult to ask about sexual health. Staff needs to be armed with the correct information including local policies around minor access to SHS, local resources and how to refer students to services. In addition, staff can receive up-to-date and medically accurate training on sexual health topics like STD testing procedures and recommendations, HPV vaccination recommendations, contraception and other health and wellness topics.

In addition to experts in SHS, schools and districts can partner with organizations with expertise in reimbursement and billing. Health agencies in the community may be able to provide technical assistance to schools and districts interested in exploring third-party billing for school health services. This may begin by assessing what the district is already doing related to billing and reimbursement (e.g., for special education services) and determining what state and/or local policies impact a school's ability to bill. If the school or district still has an interest and believes the policies are favorable, it may partner with an agency to provide information about processes and lessons. A potential benefit to this type of partnership or a focus on billing and reimbursement is increasing youth and family enrollment in programs such as Medicaid.

LESSONS FROM THE FIELD

PROJECT CONNECT

Project Connect, a multi-level intervention for STD prevention among adolescents, was implemented in Los Angeles County to address high rates of STDs and teen pregnancy. As part of this project, a healthcare provider guide was developed and then disseminated to school nurses to link adolescents with sexual health services. To facilitate the partnership between the school staff and local clinics, a series of “Link Over Lunch” sessions were conducted. During these sessions providers and school nurses were able to learn more about each other, receive training on adolescent health and policy issues (e.g., minor consent policies) and share relevant information to improve the access and health services for youth. For more information, visit www.cdc.gov/std/projects/connect.

Identifying Partnerships

Incorporating local services into sexual health education curriculum

In the same way schools can work with organizations to provide staff training, schools can work with local organizations and clinics to provide students with up-to-date sexual health information in the classroom. Depending on school policy related to sexual health education and outside speakers, schools can invite providers into the classroom during sexual health education sessions to provide information on their services and how to access them. This might include an overview of clinic hours, location, what happens during a clinic visit or a virtual tour of the clinic. Some localities may take students on a field trip to a nearby clinic for tours and information on services. Clinicians and community health educators can also present on other sexual health topics. This provides an opportunity for youth to meet a local medical provider and begin forming a connection before a visit to the clinic. This may help improve their comfort level with seeking services.

School Health Advisory Council (SHAC) or Wellness Council

Another way to work with local organizations is to invite them to be an active participant on the school/district SHAC or Wellness Council. This may be a starting point for inviting a new organization to join the school or district's efforts related to improving access to SHS. The organization can be a voice for community services and youth's needs related to SHS. It can also provide training to other SHAC members on SHS.

The examples highlighted above may be executed through formal or informal partnerships. Below is a table listing each example and the degree of relationship that may be necessary.

Table 2: Partnerships and Level of Relationship

EXAMPLES	FORMAL PARTNERSHIP	INFORMAL PARTNERSHIP
On-site SHS at School-Based Health Center	✓	
On-site STD/HIV Testing or other services	✓	
Off-site SHS	✓	✓
Training for School Staff		✓
Incorporating local services into sexual health education curriculum		✓
School Health Advisory Council		✓

Identifying Partnerships



TOOL 3.1 Organizations to Partner With

Use the following tool to brainstorm and think about the staff at your school that will be the most effective and appropriate to connect students to sexual health services. You may need to have individual conversations with each staff person in order to determine if they meet the criteria outlined on page 7.

TYPE OF ORGANIZATION	ORGANIZATION NAME	EXISTING/ NEW PARTNERSHIP	CONTACT INFORMATION (name, phone, email)	NOTES
Providers of on-site SHS at SBHC				
Providers of on-site STD testing and other SHS				
Providers of off-site SHS				
Local organizations to provide PD and TA				
Local organizations to enhance sexual health education curriculum				
Local organizations to invite to join the advisory committee				

TIP: Leverage existing partnerships that schools and districts have with SHS provider organizations.

SECTION 4: Involving Stakeholders



KEY CONCEPTS

- Point Person
- Examples of Stakeholders
- Building Relationships

TOOLS

4.1 Key Stakeholders

In this section we will discuss the importance of identifying a point person from the school/school district to manage the organizational partnerships. We will also share key considerations for identifying and engaging stakeholders from the partner organizations.



KEY CONCEPTS



TOOLS



Involving Stakeholders

SECTION 4 Involving Stakeholders

Before determining what organizations the district or school will partner with, it is important to establish a point person (referred to as the partnership manager throughout the rest of the document) within the school system, at the school or district level, to manage organizational partnerships. The partnership manager is responsible for engaging local stakeholders and decision-makers; assessing and strengthening current partnerships; establishing new partnerships; building and maintaining partnerships; and convening meetings with stakeholders and partners. Building relationships with key stakeholders will take considerable time and effort. Not only does it require bringing together groups of people/organizations, it requires establishing common goals and providing opportunities for active participation by each stakeholder. It is important that the partnership manager have lines of communication with district or school level decision makers especially in the context of setting up formal partnerships and establishing a memorandum of agreement.



Involving Stakeholders

SECTION 4 Involving Stakeholders

The partnership manager would be charged with bringing together a diverse group of stakeholders. Stakeholders would include those directly impacted by the partnership or whose needs would be served by the partnership; those directly involved in providing the service; and those with an interest in SHS; and key decision makers at the school and community level.¹² For example schools/districts may include the following stakeholders:

- Youth
- Teachers
- School nurses
- School counselors/social workers
- Community health providers
- Clinics
- SHAC members
- Parents
- GSA Advisors
- Community organizations
- Principals
- District health service coordinators
- Faith leaders
- Tribal elders

A group of stakeholders may already exist at the school or district level, (e.g., SHAC). Instead of recreating or duplicating efforts, work with the existing group to help determine new partners or strengthen current partnerships that work to increase youth access to SHS.

Involving Stakeholders



After the key stakeholders have been identified, the school or district will want to assess their interests, why they want to be involved and what is important to them or their organizations. Use this information to see how the stakeholder fits into the whole partnership building process. Some stakeholders may include organizations that you will partner with to provide services but others may have a less active role in efforts and serve as supporters of the project.

Regardless of a new stakeholder group or use of an existing group, the partnership manager will work with key stakeholders to establish relationships, goals, and processes to work toward better health outcomes for youth. The initial group of stakeholders will work to identify and assess new and existing partners, build relationships, and evaluate partnerships.

YOUTH AS PARTNERS

Youth are key members of the stakeholder group and should be involved in the process from the beginning. Youth stakeholder groups should be diverse in terms of racial, ethnic, and socio-economic background. Working with already established student groups like a Gay Straight Alliance (GSA) club, youth advisory board, or group of peer educators is one option. Another option is to conduct focus groups or surveys to find out what organizations youth frequent for sexual health services (or other health services), provide feedback on certain organizations, and determine barriers to accessing services. In addition to providing feedback and assessing organizations, this group of youth can be key players in reaching out to their peers to help promote the referral system.

Involving Stakeholders



TOOL 4.1 Key Stakeholders

Stakeholders are those who are directly impacted by the partnership between an organization and the school or whose needs would be served by the partnership; those directly involved in providing the service; and those with an interest in SHS; and key decision makers at the school and community level. These individuals may include: youth, teachers, school nurses, community health providers, clinics, SHAC members, parents, community organizations, principals, school counselors/social workers, GSA Advisors, district health service coordinators, faith leaders and tribal elders.

Brainstorm key stakeholders in the space below.

SECTION 5: **Strengthening Partnerships**



In this section we will review core activities for identifying potential partners as well as establishing and sustaining a partnership.



KEY CONCEPTS



TOOLS

KEY CONCEPTS

- Inventory of Current Partnerships
- Identifying Potential Partner Organizations
- Establishing a Partnership
- Sustaining a Partnership

TOOLS

- 5.1** Partnership Feedback Tools
- 5.2** Overcoming Barriers with Organizations

Strengthening Partnerships

SECTION 5

Strengthening Current and Establishing New Organizational Partnerships

Inventory of Current Partnerships

The partnership manager for the school or district should collect up-to-date information about already established informal and formal partnerships. This person should connect with various school and district staff to collect information about the organizations they partner with, how the partnership works, and the successes and challenges of such partnership. In addition, it would be important to collect information about how the partnership supports the goal of increasing youth access to sexual health services.

Following the collection of this information, the partnership manager should connect with the organization's representative to discuss similar information – how the partnership works and the successes and challenges of partnering with the school or district. Discussions should include partnership expectations, shared purpose and goals, and expected outcomes.

Clear lines of open communication between the organizations are important to maintaining and strengthening partnerships. Opportunities for expansion and/or to move from informal to formal partnership can also be explored. This can help obtain upper-level administration buy-in for the partnership and help sustain it regardless of staff turnover. It also moves the partnership from individual to an organizational-level relationship.





Strengthening Partnerships

How to Identify Potential Partner Organizations

There are a variety of ways to identify an initial list of potential partners to increase youth access to SHS. The group of established stakeholders can also serve as service providers or partners in providing SHS. They may also be able to provide recommendations for potential partners based on the inventory of current partners and any gaps in services or programs related to the goal. Youth, school staff, and health departments are key groups to solicit feedback and information about potential partners.

Youth

Beyond serving as a key stakeholder, youth are a valuable resource to identify potential partners. Students can provide feedback and recommendations based on their experiences at community organizations/clinics through surveys and focus groups conducted by stakeholders and/or their peers (training may be required). Schools can also work with already existing student groups such as a peer educators or counselors, GSA clubs, or student councils to gather such information.

Students can also help evaluate potential partners through mystery shopper calls or visits. Youth can be trained to conduct such visits to determine if the organization is youth-friendly and/or gather feedback on the services provided. For example, in New York City youth groups are trained to conduct mystery shopper calls to determine if the services are available as advertised, confidential, and free or low cost. The youth also gather information to see if it matches the clinic's self-assessment.

Health Department

The local health department is an important partner to increase access to SHS especially in terms of on-site and/or school-linked health services. Health departments can also provide recommendations for other SHS partners and assist schools in engaging these new partners. They can use data to determine what providers are already providing SHS to youth in the school/district catchment area (usually done by zip code). In addition, the health department would have expertise in SHS clinical guidelines and may be available to help schools by assessing potential partners' use of up-to-date clinical guidelines and/or providing training to partners.

School nurses and other staff

School nurses or other key staff may already have existing relationships with SHS providers in the community and may serve as a primary contact for youth for referrals to such services. School nurses and other staff can facilitate relationships between the school/district and the SHS provider to establish more formal relationships and/or to explore other ways to partner.

Strengthening Partnerships

How to Establish a Partnership

Establishing a new relationship with a community-based organization may take several months or longer. The partnership manager needs to allocate enough time to get to know the organization before inviting it to partner with the school or district. Before moving forward with a new organization, the school or district partnership manager should be knowledgeable about school and/or district policies and procedures around establishing formal partnerships with community-based organizations. In addition, school or district staff can identify the expectations and benefits of the new partnership and share with potential partners. The district/school staff should set up a time to visit the organization and meet with a key staff person to learn more about the organization's mission, goals, and services. Once the organizational information is gathered, the partnership manager should engage the stakeholder group to determine if the organization is a viable partner.

Next, the partnership manager should meet with the organization's key decision makers and staff to establish the partnership. This may take several meetings with various staff. During the meeting(s) it is important for the partnership manager to explain the rationale for the partnership, goals and expected outcomes and potential benefits of the partnership. If necessary, work with the organization's key decision makers to establish a formal partnership. Establishing a formal agreement between the two organizations can lead to sustainable partnerships and clear expectations of roles and responsibilities of each party. If a written agreement is not feasible, it is still important to lay out expectations and roles/responsibilities of each organization.





Strengthening Partnerships

How to Sustain a Partnership

Potential Barriers

As with any relationship, challenges and barriers to successful partnerships may arise and will take time to overcome. Some common barriers or challenges include competing interests, history of conflict between organizations, political or resource constraints, changing values or goals, lack of coordination or structure, and change in supportive staff and/or leadership

Strategies to Overcome Barriers

As the relationship begins, keep in mind the importance of communication and trust.

Some ways to overcome barriers include:

1. Listening. The partnership manager should begin the relationship by listening to the organization and finding out what its mission and values are before making a request.
2. Minimizing preconceived notions.
3. Averting prejudgment of the organization.
4. Taking time to make connections.
5. Identifying what will be gained by working together.
6. Ensuring that the partnership will be productive.
7. Providing examples of how the school/district will support the organization's role in the partnership.
8. Remembering to focus on the positive throughout the relationship and bring successes to each meeting.
9. Conveying genuine respect and interest in the organization.
10. Communicating regularly and openly.



Strengthening Partnerships

How to Sustain a Partnership

Ways to Sustain a Partnership

Once a partnership has been established it requires regular communication and planning.

A partnership can be maintained in the following ways:

1. Ensuring that the partnership goals be considered at all times while also being flexible to changes that may occur at each organization.
2. Keeping up-to-date information on each organization and providing it to school/district staff.
3. Scheduling regular meetings and professional development opportunities between organizations to share information, discuss available services, and assess the partnership.
4. Providing opportunities for school/district key staff (i.e. school nurses) to interact with partner organizations. One idea from Project Connect is a series of “Lunch and Learn” meetings with key staff from both organizations. Key staff can learn more about each organization and focus on building relationships.
5. Recognizing new organizations through a certificate of appreciation or other means to highlight the importance of their work and to thank them for their partnership.

Strengthening Partnerships



TOOL 5.1

Partnership Feedback Tools

It is important to gain feedback about the partnerships to ensure they are working effectively. Connect with various school and district staff, as well as the organizations your district or school has partnered with, to ask them the set of questions below in order to collect information about how the partnership is going.

1. What is the purpose of this partnership?
2. What are the goals of this partnership?
3. What are your expectations of this partnership?
4. Is the partnership meeting your expectations? Describe.
5. What are the successes of this partnership?
6. What are the challenges of this partnership?
7. How does this partnership support the goal of increasing youth access to sexual health services?



Strengthening Partnerships



TOOL 5.2

Overcoming Barriers with Organizations

Once you have collected feedback from both school staff and organizations about how the partnership is going, it is important to make note of any barriers that may be experienced. Use the worksheet below and the suggestions on page 27 of this document to strategize how you will overcome barriers with each organization.

Organization Name: _____

BARRIER	STRATEGY FOR OVERCOMING BARRIER	NOTES

SECTION 6: **Assessing Successful Partnerships**



KEY CONCEPTS

- Measuring Success
- Sharing Results

In this section we will share strategies for determining a way to assess, evaluate, and monitor the effectiveness of partnerships and the intended outcomes.



KEY CONCEPTS



Successful Partnerships

SECTION 6

Assessing Successful Organizational Partnerships

When the partnership is established, the partnership manager, in conjunction with the stakeholder group and the partnering organizations, should determine a way to assess, evaluate, and monitor the effectiveness of partnerships and the intended outcomes. This would include setting goals and objectives, identifying data needed, establishing a timeframe, and seeking additional resources if necessary. Assessing organizational partnerships enables the two (or more) organizations to document successes, demonstrate accountability, measure effectiveness, and plan for the future.¹³ To help with this assessment, partners can ask the following key questions:

- Did you do what you agreed to do?
- Were the goals and objectives achieved?
- Based on the findings, what are the next steps?

Beyond reviewing the intended outcomes, the organizations can also determine what is working or not working in the partnership, and if any changes are necessary. This information can be gathered during established meetings or through partner surveys.

In addition to the key questions above, did the partnership include the following indicators of a successful collaboration?

- Shared mission/values/purpose
- Strong leadership support
- Effective channels of communication
- Understanding of community needs and how to meet those needs
- Knowledge and skills at each organization

Assessment results should be shared externally, with the community, as well as internally with the school/district and their partners. The results of the partnership assessment can be used to identify any challenges and successes. If challenges persist or seem insurmountable, it may be time to terminate a partnership. If the partnership was successful, this can be used as a communication tool to showcase the work to the community and be used as a way to recruit new partners.



Appendix A

EXAMPLES OF THE DELIVERY OF SHS TO YOUTH

School-Based Health Center (SBHC)

In general a school-based health center (SBHC) is a health clinic on school property where youth can receive primary care services, including diagnostic and treatment services. Other characteristics of a SBHC include:

- A commitment to working cooperatively within the school to become an integral part of the school;
- The provision of a comprehensive range of services that meet the needs of the youth in the community;
- A multidisciplinary team of providers (e.g., Nurse practitioners, registered nurses, physician assistants, social workers, physicians, alcohol and other drug counselors and other health professionals);
- A parental consent requirement for a youth to receive the full scope of services (except in the case of state law and confidential services); and
- An advisory board of community members, parents and youth to provide planning and oversight.

Clinical services provided at a SBHC differ but may include primary care for acute and chronic health conditions, mental health services; substance abuse services, dental health services, reproductive health services, nutrition education, health education and case management.

Resources: School-Based Health Alliance

<http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7453519/k.BEF2/Home.htm>



Appendix A

EXAMPLES OF THE DELIVERY OF SHS TO YOUTH

School-Linked Health Center

School-Linked Health Centers (SLHC) are adolescent healthcare facilities located off school grounds with formal or informal linkages to a school or schools. Services are often primarily for youth but may include children or young adults. Services provided by a SLHC vary but can include general medical care, reproductive healthcare, counseling and/or social services. One advantage of a SLHC over a SBHC is it can determine the services provided without school control. This may allow for better access to sensitive services like sexual health services.

One well known and researched example is the Baltimore Self Center. This SLHC was established to provide contraception and reproductive health services. A social worker and nurse provided in-school support and education through homeroom and classroom presentations, and a weekly presence in a school health-suite for individual counseling and small group discussions. Off school grounds, the social worker and nurse provided reproductive healthcare and services at the Self Center. Evaluation of the Self Center showed a positive impact on sexual debut, teen pregnancy rates, and contraceptive usage.

Resources: Baltimore SELF Center

<http://www.promisingpractices.net/program.asp?programid=33#programinfo>

Appendix A

EXAMPLES OF THE DELIVERY OF SHS TO YOUTH

School-Based STD/HIV Screening and Treatment Program

School-based STD/HIV screening and treatment programs are one way that schools, health departments and other medical providers partner to provide one sexual health services component, STD/HIV screening, for youth at school. Although these programs have not yet documented decreases in school or community prevalence in the long run, these programs are effective in identifying and treating active STD cases. They also provide an opportunity to deliver educational and prevention counseling messages to young people. Periodic STD screenings primarily screen for chlamydia and/or gonorrhea and include education, testing, diagnosis, treatment and follow-up for students at a particular school. Each school-based STD/HIV screening and treatment program is different, but often includes the following elements:

- Offers STD screening to all students (no one is singled out for a screening)
- Uses non-invasive, urine tests
- Provides a short STD educational session before screening
- Offers treatment to all who test positive
- Provides referrals to a community-based organization or health department for other STD screenings and reproductive healthcare
- Ensures proper consent is given by students and/or parent guardians (dependent on local and state policy)
- Creates a formal linkage through a memorandum of agreement between the parties involved (school, health department, healthcare provider or community based organization)

Key considerations include the development of protocols and procedures to ensure privacy and confidentiality as well as to determine how results, treatment and follow-up will be provided. Districts and schools in high prevalence areas may consider school-based screening programs when partnerships are strong and when capacity and interest are high.

Resources:

ETR: Starting a School-Based Chlamydia Screening and Treatment Program
<http://recapp.etr.org/recapp/documents/theories/chlamydiaScreeningManual.pdf>

IHS: Starting a School-Based Chlamydia Screening Project in Indian Country
Country http://www.npaihb.org/images/epicenter_docs/aids/2008/Chlamydia_School_Guidelines.pdf

NCSD: How to Work with School to Conduct STD Screening Programs
<http://www.ncsddc.org/publications/how-work-schools-conduct-std-screening>

Michigan Department of Community Health, Division of Health, Wellness and Disease Control, STD Section: Guide to Implementing a Sexually Transmitted Disease School Wide Screening
http://www.ncsddc.org/sites/default/files/michigan_guide_to_school-wide_std_screening.pdf

Appendix A

EXAMPLES OF THE DELIVERY OF SHS TO YOUTH

School Nurses

The National Association of School Nurses defines school nursing as:

A specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

The certifications and educational background necessary to be a school nurse and their roles and duties differ across school systems. However some common roles of a school nurse include:

- Serving as the school's health expert to meet the needs of normal childhood development as well as those youth with special needs;
- Providing school leadership in health promotion, safety and healthy environment;
- Providing quality healthcare for acute and chronic conditions and may include medication administration, healthcare procedures and screenings, and the development of healthcare plans;
- Using clinical judgment in providing case management;
- Collaborating with others to build student and family capacity (i.e., Assist families with healthcare resources and insurance information; participate in educational teams for individualized education programs and special education).

Resources:

National Association of School Nurses

<http://www.nasn.org/>

National Board for Certification of School Nurses

<http://www.nbcsn.org/>



Appendix A

EXAMPLES OF THE DELIVERY OF SHS TO YOUTH

Health Education Resource Centers

Schools may establish on-site health education resource centers staffed by trained health educators or other school staff personnel to provide youth with access to health education materials and information. New York City public schools have established Health Resource Rooms (HRRs) in each high school to provide students with free condoms, health information, and health referrals by trained staff. Each school must have a trained male and female staff person who coordinates the HRRs. Chicago and Philadelphia public schools have similar programs in their high schools.

Resources:

NYC Department of Education Health Education Resource Rooms
<http://schools.nyc.gov/Academics/FitnessandHealth/CAP/default.htm>

Appendix B

MEMORANDUM OF AGREEMENT FOR OFF-SITE SHS AT COMMUNITY-BASED ORGANIZATION

Shelby County Schools Coordinated School Health Memorandum of Understanding

I. Description

Shelby County Schools (SCS) Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance CDC-DASH funded project and _____ enter into an understanding that they will work collaboratively to help SCS and priority schools to develop and implement sustainable sexual health services (SHS) activities to:

1. Reduce HIV infection and other STD among adolescents; and
2. Reduce disparities in HIV infection and other STD experienced by specific adolescent sub-populations.
3. Reinforce efforts to reduce teen pregnancy rates.

The purpose of this Memorandum of Understanding (MOU) is to create a framework for the partnership.

This memorandum and the joint activities outlined in it will take effect upon the parties signing the MOU and will be reviewed, initialed, and if necessary, revised on a yearly basis. It shall remain in effect subject to continued funding.

Signing this document denotes only that you have read the points below, understand the scope of the partnership and have every intention of being involved with the SCS HIV/STD Prevention project at a partnership level. **This is not a legally binding document and any party may choose to leave the partnership at any time.**

II. Partnership Obligations and Activities

Partners will participate in SCS HIV/STD Prevention Project events, trainings, meetings and other activities at a mutually agreed upon level of involvement. They are expected to collaborate with other SCS HIV/STD Prevention Project partners in an effort to ensure that students who are most at risk have access to sexual health services.

_____ (CBO name) will collaborate in the following ways:

1. Help raise community awareness and create support for SCS HIV/STD Prevention Project activities.
2. Assist in prevention activities for students and the community, such as serving as a member of SCS World AIDS Day Committee for Healthy Choices Week.
3. Provide the mechanism to increase access for key sexual health services (SHS), which include anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.
4. Attend relevant SCS professional development programs on the Michigan Model, Puberty: The Wonder Years, and other approved curricula for informational purposes.
5. Attend relevant SCS professional development programs on sexual health service referrals.
6. Share knowledge with SCS about agencies' services, especially those services focused on teens to prevent unplanned pregnancies, STD infection, and HIV infection.
7. On a quarterly basis, track and share with SCS the aggregate number of patients (numbers only, no names or other identifying information) referred to the agency by SCS sources, i.e. nurses, counselors, etc., using color-coded referral cards from student patients distinguishing priority schools from regular schools.

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MEMORANDUM OF AGREEMENT FOR OFF-SITE SHS AT COMMUNITY-BASED ORGANIZATION

8. On a quarterly basis, track the SHS services provided to the SCS-referred student patients and share with SCS a summary of services provided.
9. In collaboration with SCS/Coordinated School Health (CSH) deliver professional development programs for SCS staff on SHS provided by the agency, including updates about forms of prevention.
10. Serve as a member of the CSH School Health Advisory Committee (SHAC) and the HIV Materials Review Panel.
11. Maintain best practices (see attached definitions and criteria) for providing youth-friendly sexual and reproductive health services in health clinics used by CBO.
12. On an annual basis, complete an online survey report based on self-assessment of youth friendly services (see attached definitions and criteria) in each health clinic used by CBO. Work to address reasonable areas for improvement, in relation to partnership.
13. Provide quarterly updates to SCS on any changes in location, services, hours, etc.

SCS/CSH will collaborate in the following ways:

1. Assess and monitor implementation of SHS-related policies and procedures, including HIV/STD prevention, in middle and high schools.
2. Provide resources, professional development, and support.
3. Provide surveillance data, including the Youth Risk Behavior Survey and School Health Profiles.
4. Create and distribute a SHS referral directory of youth-friendly services for school staff that includes CBO partner's information.
5. Establish a SCS SHS referral system, including a written procedure for making referrals and for maintaining student confidentiality throughout the referral process; provide professional development to SCS staff on best practices for using referral system and tracking referrals.
6. On a quarterly basis, track SHS referrals and share the aggregate number of students (numbers only, no names or other identifying information) referred to their CBOs by SCS sources.
7. On a quarterly basis, tracks the SHS provided in the school-based clinics and shares with CBOs a summary of services provided.
8. Work in collaboration with _____ (CBO name) to help them develop a referral tracking system that utilizes best practices.
9. Collaborate to identify members to serve on the established HIV Review Panel to review the core curriculum and potential supplemental Evidence Based Interventions (EBIs).
10. Attend relevant professional development and advisory council meetings held by CBOs.
11. Coordinate with _____ (CBO name) and schedule professional development programs for SCS staff.
12. Coordinate with _____ (CBO name) and schedule presentations with non-staff, parents, etc.
13. Maintain best practices (see attached definitions and criteria) for providing youth-friendly sexual and reproductive health services in school-based health clinics.
14. On a quarterly basis, complete an online survey report based on self-assessment of youth friendly services (see attached definitions and criteria) in each school-based clinic. Work to address reasonable areas for improvement, in relation to partnership.

III. Compensation

No compensation shall be due or payable to _____ (CBO name) by SCS/CSH pursuant to this MOU for any services provided by _____ (CBO name)

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MEMORANDUM OF AGREEMENT FOR OFF-SITE SHS AT COMMUNITY-BASED ORGANIZATION

IV. Liability

1. _____ (CBO name) shall hold harmless SCS and its elected officials, officers, employees, agents, assigns, and instrumentalities from and against any and all claims, liability losses or damages-including but not limited to conduct, whether actions or omissions; whether intentional, unintentional or negligent; whether legal or illegal; or otherwise that occur in connection with or in breach of this contract.
2. SCS has no obligations to _____ (CBO name) to provide legal counsel or defense in the event that a suit, claim, or action of any character is brought by any person against the contractor as a result of or relating to performance of the services of this contract.
3. _____ (CBO name) shall immediately notify SCS/CSH or its designee of any claim or suit made or filed against the contractor regarding any matter resulting from or relating to the contractor's performance of the services under this contract.
4. _____ (CBO name) will cooperate, assist, and consult with SCS in the defense of all investigations related to liabilities associated with contract.

Under the terms of this working affiliation, these collaborating agencies will review this Agreement annually and make changes as appropriate. Either party may terminate this Agreement at any time without cause, breach, or penalty upon at least ten (10) prior written notice.

SCS/CSH REPRESENTATIVE

DATE

CBO REPRESENTATIVE

DATE

SCS/CSH CONTACT PERSON _____

PHONE # _____ EMAIL ADDRESS _____

CBO CONTACT PERSON _____

PHONE # _____ EMAIL ADDRESS _____

Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE SERVICES AT SCHOOL-BASED HEALTH CENTER

THE STATE OF TEXAS
COUNTY OF TARRANT

INTERLOCAL COOPERATION AGREEMENT FOR OPERATION OF SCHOOL-BASED HEALTH CENTERS

This Interlocal Cooperation Agreement for the Operation of School Based Health Centers (“Agreement”) is made this the 31st day of October, 2014, and entered into by and between the Tarrant County Hospital District, d/b/a JPS Health Network (“TCHD”) and the Fort Worth Independent School District (“FWISD”), each a unit of local government, having been duly authorized by their respective governing bodies pursuant to and in compliance with the provisions of the Interlocal Cooperation Act, Government Code Section 791.000 et seq. to enter into this Agreement. TCHD and FWISD may be referred to individually as a “Party” to this Agreement and they may be referred to collectively as the “Parties” to this Agreement.

RECITALS

WHEREAS, TCHD, in furtherance of its statutory obligation to provide health care services to the indigent and needy residents of Tarrant County, Texas, owns and operates a fully accredited, integrated health care delivery system providing health care services throughout and serving the residents of Tarrant County, Texas; and

WHEREAS, FWISD is a Texas public school district and wishes to establish a School-Based Health Center (as defined herein) at one or more of its school campuses; and

WHEREAS, TCHD has developed and maintained the infrastructure, expertise and resources necessary to provide clinical services required and appropriate for the operation of school-based health centers and has established multiple school-based health centers in Tarrant County, Texas; and

WHEREAS, it is the Parties’ intention to mutually establish and maintain a quality school-based health center program to benefit the citizens of Tarrant County, Texas and the Eligible Children (as defined herein); and

WHEREAS, the Parties previously entered into and executed that one certain agreement titled “Interlocal Cooperation Agreement Between Tarrant County Hospital District and Fort Worth Independent School District For Operation Of the JPS Health Network/FWISD School Based Health Centers”, dated effective October 1, 2010 (“October 1, 2010 Agreement”); and

WHEREAS, in accordance with Government Code Section 791.011, the Parties desire to enter into a new agreement which shall (i) take the place of and supersede the October 1, 2010 Agreement, and (ii) set forth the purpose, terms, rights and duties of the Parties with respect to establishing and maintaining a School-Based Health Center at one or more FWISD campuses.

NOW, THEREFORE, for and in consideration of the mutual covenants and conditions herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, TCHD and FWISD do hereby agree as follows:

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1. DEFINITIONS.

- a. Agreement: Agreement shall mean this Interlocal Cooperation Agreement between TCHD and FWISD for operation of the School-Based Health Center (defined below).
- b. Anniversary Date: The date which is one (1) year after the Commencement Date of this Agreement or which is one (1) year after the Commencement Date of any Renewal Term hereof.
- c. Clinic Patients: Clinic Patients shall mean any Eligible Child (as defined herein).
- d. Commencement Date: The Commencement Date of this Agreement shall be the October 31, 2014, or the first day of any Renewal Term hereof.
- e. Eligible Child: Eligible Child shall mean an individual who is 23 years old or younger and who: (1) resides within the boundaries for the FWISD; (2) is enrolled at a FWISD school; or (3) is currently insured.
- f. Family Planning Services: Family Planning Services includes, without limitation, the following services: abstinence education, birth control, treatment of sexually transmitted diseases and gender-specific general health issues. Family Planning Services provided to a Clinic Patient shall be conducted and delivered in accordance with applicable provisions of the Texas Family Code and the Texas Education Code.
- g. FERPA: FERPA shall mean the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and the regulations promulgated thereunder, as amended.
- h. FWISD: FWISD shall mean the Fort Worth Independent School District in Tarrant County, Texas.
- i. FWISD School Nurses: FWISD School Nurses shall mean licensed vocational nurses or registered nurses duly authorized to practice nursing in the State of Texas and employed as school nurses by FWISD.
- j. Health Care Team: Health Care Team shall mean the staff/personnel (as determined in TCHD's sole discretion) providing services at the School-Based Health Center(s) which may be comprised of: a supervising physician, a mid-level provider (Nurse Practitioner or Physician Assistant), Licensed Vocational Nurse and/or a registration representative. Decisions regarding SBHC (defined herein) staffing levels and adjustments to SBHC staffing configurations shall be determined at the sole discretion of TCHD.
- k. HIPAA: HIPAA shall mean the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320 "d") and the regulations promulgated thereunder, as amended.
- l. Joint Commission: Joint Commission shall mean the independent, not-for-profit organization that accredits and certifies health care organizations and programs in the United States. Joint Commission standards are located at www.jointcommission.org.
- m. Laboratory Testing: Laboratory Testing shall, at the sole discretion of the Health Care Team, mean and include, but not be limited to: (i) onsite testing for communicable diseases such as strep throat, influenza, tuberculosis, sexually transmitted diseases and other communicable diseases; (ii) onsite diagnostic testing such as hemoglobin urinalysis, glucose and pregnancy screening; and (iii) collection of blood, urine and other bodily fluid specimens for offsite testing.
- n. Protected Health Information or "PHI": Protected Health Information or PHI shall mean health information, including demographic information collected from an individual, that: (i) is created or received by a health care



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provider, health plan, employer, or health care clearing house, (ii) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, (iii) identifies the individual or can reasonably be used to identify the individual, and (iv) is transmitted or maintained in any form or medium.

- o. School-Based Health Center (“SBHC”): School-Based Health Center or SBHC shall mean the health center(s) located at one or more FWISO campuses or other locations established pursuant to this Agreement.
- p. Student Education Records: Student Education Records shall mean the Clinic Patients’ confidential student education records as that term is defined and utilized in FERPA and the regulations promulgated thereunder, as amended.
- q. Term: The Term of the Agreement shall be for a period of three years from the Commencement Date, subject to the provisions of Section 7 herein.
- r. TCHD: TCHD shall mean the Tarrant County Hospital District d/b/a JPS Health Network.

2. CLINICAL SERVICES AND HEALTH CARE TEAM.

TCHO will provide a Health Care Team at each SBHC for the provision of clinical services to Clinic Patients. The clinical services to be provided by the Health Care Team, at TCHO’s sole discretion, and under the direction of a supervising physician (who, at TCHO’s sole discretion, may or may not be onsite), may include, without limitation the following: general physicals, sports physicals, treatment of minor illnesses and injuries, monitoring of chronic conditions, testing and treatment of communicable diseases such as strep throat, influenza, tuberculosis, sexually transmitted diseases and other communicable diseases, Family Planning Services, and Laboratory Testing (all based upon the Health Care Team’s assessment of each Clinic Patient’s condition). The Health Care Team shall confer with and direct the FWISO School Nurses regarding appropriate triage, referral and follow-up with respect to the Health Care Team’s prescribed treatments to the Clinic Patients. With respect to Clinic Patients requiring services offered by other Tarrant County agencies, the Health Care Team has the discretion to refer such Clinic Patients to such other Tarrant County agencies, as and when, in its sole discretion, it deems appropriate and necessary.

Individualized education regarding a Clinic Patient’s healthcare and treatment may be provided as the Clinic Patient’s educational needs are identified by the Health Care Team. Services to dependent minors related to family-life responsibilities such as counseling about teenage growth and development, personal responsibility and decision-making will be provided with parental consent. Family Planning Services will only be provided to students who: (i) have made a request for such services and who have completed all necessary consent forms and other documentation required by law, TCHD and/or FWISO. Family Planning Services shall be conducted in accordance with the applicable provisions of the Texas Family Code and the Texas Education Code. The SBHC will not present abortion as a family planning option.

3. HOURS OF SERVICE.

The proposed hours of service for each SBHC shall be set by TCHD based upon TCHD’s assessment of the utilization of the SBHC. Clinic Patients may seek services at other TCHD health care facilities during clinic closings. After hours emergencies will be referred to the appropriate TCHD or other health care facility or provider.



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4. FEES FOR SERVICES.

Fees for the services rendered by the Health Care Team will be charged according to the then current applicable TCHD policies, as amended or revised from time to time.

5. LOCATION.

The Health Care Team will provide services in the SBHC provided by FWISD at the locations set forth and identified on the attached Exhibit “A”, which exhibit is incorporated herein for all purposes.

6. MAINTENANCE.

- a. Maintenance and Other Responsibilities of FWISD. The SBHC space, security, custodial services, utilities, and other standard maintenance items and responsibilities shall be arranged for, provided, and maintained by FWISD. FWISD shall maintain this space in compliance with the Occupational Safety and Health Act of 1970 (“OSHA”) and applicable Joint Commission standards. However, and only with respect to the Western Hills School-Based Health Center, FWISD shall also provide, install, and maintain all the medical equipment and related items to be located at the Western Hills School-Based Health Center (the “Western Hills Medical Equipment”) as set forth and identified on Exhibit “B”, which exhibit is attached hereto and incorporated herein for all purposes.
- b. Maintenance and Other Responsibilities of TCHD. With the exception of the Western Hills Medical Equipment provided, installed and maintained by FWISD, at all locations shown in Exhibit “A”, other than the Western Hills location, all examination room furnishings, examination room equipment, including, but not limited to office equipment, computers, fax machines, and other similar office equipment, and all medical equipment shall be arranged for, provided by, and maintained by TCHD. Medical supplies and medications shall be arranged for, provided by, and maintained by TCHD at all locations shown in Exhibit “A”.
- c. In the event of a dispute between the parties regarding the parties respective maintenance responsibilities, the parties agree to confer and to negotiate in good faith to reach an amicable solution agreeable to both parties.

7. RENEWAL AND TERMINATION.

This Agreement shall terminate after the expiration of three (3) years from the original Commencement Date hereof unless the extension of this Agreement is expressly consented to in written instrument signed by of all the Parties hereto. Notwithstanding the foregoing, however, this Agreement may be terminated after any Commencement Date by either Party hereto upon sixty (60) days written notice to the other Party in accordance with the “Notice” provision of Section 17 herein.

8. ENTIRE AGREEMENT.

This Agreement contains the entire agreement between TCHD and the FWISD relating to the rights herein granted and the obligations herein assumed, and supersedes all prior written or oral agreements or communications between the parties regarding the subject matter hereof.

9. FISCAL FUNDING.

The Parties hereby acknowledge and agree that TCHD and FWISD are each governmental entities, subject to annual budgetary processes, and restrictions on spending in conformity with those processes, approved budgets, and applicable law. The Parties further agree that, notwithstanding any other language in this Agreement, if for any reason funds are not expressly and specifically allocated to cover each Party’s prospective obligation in this Agreement in each Party’s formally and finally approved budget in any fiscal year subsequent to that in which each Party’s funds for this Agreement were first allocated, any such Party may immediately



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and without penalty terminate this Agreement; provided, however, that in no event shall such a termination be effective earlier than the last date for which the terminating Party's funds have already been so allocated under an existing formally and finally approved budget. Should this Agreement terminate under the provisions of this Section, the terminating Party will provide the other Party with written Notice as soon as is reasonably possible of the pending termination under this provision, the effective date of which shall be at the end of the terminating Party's fiscal year in which funds had previously been allocated. Notwithstanding the foregoing, the Parties hereto warrant and represent that any expenditures of funds for services to be provided hereunder will be made from current revenues available to the Party making the expenditures

10. GOVERNING LAW/VENUE.

This Agreement shall be governed by the laws of the State of Texas without regard to its conflict of laws provisions and the venue of any litigation arising from this Agreement shall be in a court of competent jurisdiction in Tarrant County, Texas. Additionally, the venue of any dispute resolution proceeding shall be in Fort Worth, Tarrant County, Texas.

11. DISPUTE RESOLUTION.

Each Party agrees to follow the rules and regulations of its own organization. In the event of a conflict between these rules and regulations, administrative representatives of both entities shall discuss the issue and seek a solution that is mutually beneficial, if determined feasible by the Parties.

12. HIPAA COMPLIANCE.

To the extent required by the provisions of HIPAA and the regulations promulgated thereunder, FWISD, its officers, employees and representatives shall keep confidential and appropriately safeguard PHI made available to or obtained by FWISD, its officers, employees and representatives pursuant to this Agreement regarding Clinic Patients, and shall comply with all federal and state laws, rules and regulations pertaining to patient confidentiality and the use and disclosure of Information regarding Clinic Patients. Without limiting the obligations of FWISD otherwise set forth in this Agreement or imposed by applicable law, FWISD agrees to comply with applicable requirements of law relating to PHI and with respect to any task or other activity FWISD performs in connection with this Agreement, including but not limited to, the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §1320(d) and the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act"). The Parties acknowledge that federal regulations relating to the confidentiality of individually identifiable health information require covered entities to comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") and the Health Insurance Reform: Security Standards (the "Security Standard") published by the U.S. Department of Health and Human Services ("HHS") at 45 C.F.R. parts 160 and 164 under HIPAA, as amended. Specifically, FWISD shall:

- (a). not use or disclose PHI other than as permitted or required by this Agreement or as required by law;
- (b). implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any electronic PHI that it creates, receives, maintains or transmits on behalf of the TCHD and otherwise use appropriate safeguards to prevent use or disclosure of PHI, other than as provided for by this Agreement;
- (c). report to TCHD any use or disclosure of PHI not provided for by this Agreement, and report any security incident, of which FWISD becomes aware;
- (d). make PHI available to TCHD in accordance with applicable law;
- (e). permit TCHD to access PHI to make or permit others to make amendments to PHI in accordance with applicable law;



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- (f). make available to TCHD the information in its possession required to provide an accounting of FWISD's disclosures of PHI as required by applicable law;
- (g). make FWISD's internal practices, books, and records relating to the use and disclosure of PHI received from TCHD available to the Secretary of the United States Health & Human Services for purposes of determining TCHD's compliance with applicable law; and
- (h). upon expiration or termination of this Agreement, return to TCHD or destroy all PHI in its possession as a result of this Agreement and retain no copies of PHI, if it is feasible to do so. If return or destruction is not feasible, FWISD agrees to extend all protections contained in this Agreement to FWISD's use and/or disclosure of any retained PHI, and to limit further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

FWISD agrees that it will negotiate in good faith an amendment to this Agreement if, and to the extent required by, the provisions of HIPAA and regulations promulgated thereunder, in order to assure that this Agreement is consistent therewith.

13. FERPA COMPLIANCE.

The Parties acknowledge that certain information about the Clinic Patients is contained in student education records ("FERPA Records") maintained by the Parties and that the FERPA Records are confidential by reason of the Family and Educational Rights and Privacy Act of 1974 (20 U.S. C. 1232g) ("FERPA") and related FWISD Board of Trustees Policy ("FWISD Board Policy") and shall not be disclosed to any unauthorized person unless valid consent is obtained from the Clinic Patients or their legal guardians. Both parties agree to protect these records in accordance with FERPA and FWISD Board Policy. To the extent permitted by law, nothing contained herein shall be construed as precluding either party from releasing such information to the other so that each can perform its respective responsibilities. Upon FWISD's receipt of a request from TCHD related to a particular Clinic Patient, FWISD shall advise TCHD whether that Clinic Patient or his/her legal guardian has provided consent to release information to an extent broader than as provided for by FERPA or FWISD Board Policy. Additionally, TCHD agrees that it may from time to time create, receive from or on behalf of FWISD, or have access to such FERPA Records. TCHD represents, warrants, and agrees that, to the extent TCHD receives or has access to such FERPA Records, it will: (1) hold the FERPA Records in strict confidence and will not use or disclose the FERPA Records except as (a) permitted or required by this Agreement, (b) required by law, or (c) otherwise authorized by FWISD, and/or the Clinic Patients or their legal guardians in writing; (2) safeguard the FERPA Records according to commercially reasonable administrative, physical and technical standards that are no less rigorous than the standards by which TCHD protects its own confidential information; and (3) continually monitor its operations and take any action necessary to assure that the FERPA Records are safeguarded in accordance with the terms of this Agreement. At the request of FWISD TCHD agrees to provide FWISD with a written summary of the procedures TCHD uses to safeguard the FERPA Records.

14. BINDING AGREEMENT.

The parties hereto warrant and represent that upon execution hereof, this Agreement shall be a legal, valid and binding obligation on them and shall be enforceable against them in accordance with its terms. The Individuals signing this Agreement warrant and represent that they are duly authorized to sign this Agreement on behalf of the parties hereto.

15. FORCE MAJEURE.

Neither party shall be liable or deemed to be in default for any delay or failure in performance under this Agreement or interruption of service resulting, directly or indirectly, from acts of God, civil or military authority, labor disputes, shortages of suitable supplies or materials, or any similar cause beyond the reasonable control of the parties.

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MEMORANDUM OF AGREEMENT FOR ON-SITE SERVICES AT SCHOOL-BASED HEALTH CENTER

16. TEXAS OPEN RECORDS ACT.

The parties acknowledge that each of them is a governmental body under Chapter 552 of the Texas Government Code and in such capacity each party acknowledges that information that is collected, assembled, or maintained in connection with the transaction of official business by a governmental body is considered public information potentially subject to disclosure pursuant to a valid Public Information Act request. Therefore, each party hereby assumes full responsibility for challenging any request for information it considers confidential under Chapter 552. Each party hereby agrees to notify the other Party of any Public Information Act request that seeks disclosure of potentially confidential information under this Agreement.

17. NOTICES.

All notices given by a party under this Agreement shall be delivered in writing either by personal delivery or by United States mail. All notices under this Agreement shall be deemed given to a Party when received by such Party's designated representative. The designated representative for each Party is as follows:

Dr. Pat Linares
Interim Superintendent
Fort Worth Independent School District
100 N. University Drive
Fort Worth, Texas 76107

Robert Earley
President and CEO
Tarrant County Hospital District
1500 S. Main Street
Fort Worth, Texas 76104

18. MODIFICATION.

The terms of this Agreement may be modified only by written agreement duly signed by persons authorized to sign agreements on behalf of TCHD and the FWISD.

19. NEW AGREEMENT.

This Agreement is an entirely new agreement which, upon (i) its execution by all the Parties hereto, and (ii) its final approval by the governing bodies of the respective Parties, takes the place of and supersedes the October 1, 2010 Agreement in its entirety, and thereafter the October 1, 2010 Agreement shall be and become null and void and of no further force and effect.

IN WITNESS WHEREOF, the parties hereby execute this Agreement as reflected by the signatures of their duly authorized agents below.

FORT WORTH INDEPENDENT
SCHOOL DISTRICT

TARRANT COUNTY HOSPITAL DISTRICT
D/B/A JPS HEALTH NETWORK

NAME: DR. PAT LINARES
TITLE: SUPERINTENDENT

NAME: ROBERT EARLEY
TITLE: PRESIDENT AND CEO

DATE

DATE



Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE SERVICES AT SCHOOL-BASED HEALTH CENTER

EXHIBIT "A"

To Interlocal Cooperation Agreement for Operation of School-Based Centers
Between TCHD and FWISD

SCHOOL-BASED HEALTH CENTER LOCATIONS

1. Eastern Hills Elementary
School
5900 Yosemite Drive
Fort Worth, Texas 76112
- 2 Forest Oak Middle School
3250 Pecos Street
Fort Worth, Texas 76119
3. J. P. Elder Middle School
2011 Prospect Avenue
Fort Worth, Texas 76164
4. Southside
2115 Hemphill Street
Fort Worth, Texas 76110
5. Western Hills
8376 Mojave Trail
Fort Worth, Texas 76116

Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE SERVICES AT SCHOOL-BASED HEALTH CENTER

EXHIBIT “B”

To Interlocal Cooperation Agreement for Operation of School-Based Centers
Between TCHD and FWISD

LIST OF MEDICAL EQUIPMENT AND RELATED ITEMS TO BE SUPPLIED AT THE WESTERN HILLS SCHOOL BASED CENTER

Equipment	QTY	Each	Total Cost	To be Provided By:	
				FWISD Grant	JPS
Exam Tables (Ritter 204)	3	975	2934	x	
Otoscope/ophthalmoscope wall units	3	878	2634	x	
Adult scale	1	1100	1100	x	
Centrifuge	1	4000	4000	x	
Clinitek-Status Analyzer	1	493	493	x	
Laboratory Refrigerator	1	265	265	x	
Microscope	1	938	938	x	
Audiometer	1	575	575	x	
Computer/Monitor	3	676	676		x
Printer/Copy/Fax	1	500	500		x
Desk printer	1	370	370		x
Scanner	2	100	2000		x
Dynamapp	1	2500	2500	x	
OAE Hearing screener	1	3000	3000	x	
Baby Scale	1	1130	1130	x	
Fetal Doppler	1	553	553	x	
Pulse Oximeter	1	1000	1000	x	
Hemocue	1	981	981	x	
Goose Neck Lamp	3	112	336	x	
Task Chairs	3	399	1197	x	
Mayo stands	3	135	405	x	
Exam stools	3	250	750	x	
Nebulizers	3	195	585	x	
Speculum light source	2	207	414	x	
Hamper	1	195	195	x	
Wood lamp	1	349	349	x	
Titmus 2S-Vision Screener	1	2160	2160	x	
Glucometer/docking station	1	890	890	x	
Temporal thermometers	2	328	656	x	
Urinalysis instrument	1	700	700	x	
Biohazard cabinet	1	500	500	x	
Safe	1	700	700	x	
Laptops-wireless	3	1300	3900		x
Vaccine refrigerator	1	1500	1500		x
AED Machine -with adult and pediatric paddles	1			x	

Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE STD TESTING

Memorandum of Agreement

between the

_____ (State Health Department, i.e. STD Control Program),

_____ (medical provider),

and _____ (school)

For Provision of School-Based STD Screening Services

I. Purpose of the Agreement

The Memorandum of Agreement (MOA) is entered between the _____ (State Health Department), _____ (Medical Provider), and _____ (School) to provide school-based sexually transmitted disease (STD) screening services.

II. Roles and Responsibilities

Overview of Responsibilities of State Health Department

1. [Establish or confirm Medical Provider in Laboratory Data Collection System]
May not be necessary for everyone
2. Notify designated laboratory of screening event dates and anticipated flow of specimens.
3. Provide Medical Provider with specimen collection and transport supplies.
4. Provide Medical Provider updated “role” procedure guides for event volunteers.
5. Provide laboratory information on event schedule and flow of specimens.
6. Provide staff to orient volunteers working in the designated laboratory area throughout the event.
7. Package and transport specimens to designated laboratory.
8. Analyze testing and positivity data from event and share with the participating Medical Provider and School.
9. Provide Medical Provider with medication to treat chlamydia and gonorrhea in line with the Centers for Disease Control and Prevention’s Treatment Guidelines.

Overview of Responsibilities of Medical Provider

1. Designate representative to meet with State Health Department and School representative to plan, execute, and evaluate screening event.
2. Obtain approval from State Health Department prior to event for the following: specimen collection, result delivery plan, treatment procedures and outline for educational session.
3. Provide promotional materials to the school for teachers, administrators, students and others.
4. Recruit volunteers to sufficiently staff all shifts and roles during the screening event.
5. Provide schedule, roles, and logistical information to volunteers and staff assisting with screening event.
6. Distribute and collect minor consent for confidential services forms at screening event.
7. Provide all educational and medical supplies needed for screening
8. Provide student questionnaire for screening event.
9. Provide educational session to students during screening event and record student attendance via student sign-in.
10. Provide screening results in school to students who test positive and negative to maintain confidentiality.
11. Provide treatment to students who test positive in accordance with the Centers for Disease Control and Prevention’s Treatment Guidelines and record in patient file.
12. Provide counseling on the importance of notifying partners and information regarding how this can be done by the patient or provider.

Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE STD TESTING

13. Report positive test results and treatment to local and state health department as required by law.
14. Call back patients for re-testing 90-days post treatment to avoid missed cases of reinfection.

Overview of Responsibilities of School

1. Designate school staff representative to work with representatives from State Health Department and Medical Provider to plan, execute, and evaluate STD screening event.
2. Provide student roster to ensure accurate recording of student name and date of birth on each specimen.
3. Promote screening program to students, parents and staff, as appropriate, through promotional materials developed by the Medical Provider in consultation with key constituents.
4. Provide space and storage (if needed) for education/screening session, specimen packaging, and treatment provision.
5. Establish and implement a plan to distribute and collect parental notification of screening event. Notify appropriate personnel regarding students who are unable to participate.
6. Establish plan for youth whose parents opt them out of event.

Overview of Shared Responsibilities of All Parties:

Designated representatives from each party will assist with event planning, implementation, and evaluation. As part of this team, representatives will take part in the following:

1. Tour event location to identify space for educational session, lab, specimen collection (bathrooms), volunteer area and results/treatment provision that ensures student confidentiality.
2. Conduct event walk-through prior to event and adjust plan if necessary.
3. Review class schedule and set schedule for screening event.
4. Identify staff and volunteers for event set-up and clean-up.
5. Participate in an event debrief session.

Overview of Shared Responsibilities of School and Medical Provider

1. Develop contingency plan for unexpected schedule changes and/or emergencies.
2. Meet with select teachers and school staff to explain event, schedule, and impact on their time.
3. Remind teachers and administrators of schedule and agreements.

Overview of Shared Responsibilities of State Health Department and Medical Provider

1. Develop volunteer solicitation message and registration form and distribute.
2. Conduct inventory of supplies needed for event (order additional if necessary).
3. Transport materials to secure location at event site.
4. Establish plan for transport of specimens to assigned laboratory.
5. Return surplus medication and test kits to State warehouse.

III. Confidentiality

[Insert your state law around minors consent for STD testing and treatment]

Example language: _____ state law allows for minors of any age to receive confidential advice, testing and treatment for sexually transmitted infections without their parent's knowledge or permission. If a minor is 12 years old or younger and sexually active, this is considered child abuse and would be reported as required by law.

By law, the Medical Provider must report positive test results for chlamydia and gonorrhea to the local and state health department. The local health department may follow-up with patients to ensure proper treatment and partner management.

Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE STD TESTING

State Health Department, Medical Provider, and School shall maintain confidentiality of all students participating in the screening program. The medical records are the sole property of the Medical Provider. Information may only be disclosed as authorized by any privacy law and /or regulation governing the activities covered by this MOA.

IV. Liability

Parties shall each be responsible for their respective liability. None of the Parties shall be responsible for the liability of the other parties as a result of acts or omissions in connection with the performance of this MOA. Medical Provider must maintain and present documentation of all required professional insurance including medical malpractice insurance, general liability coverage, and worker's compensation insurance covering all of its employees at the event.

V. Designated Officials

State Health Department

NAME OF REP _____

POSITION _____

ADDRESS _____

PHONE _____

EMAIL _____

Medical Provider

NAME OF REP _____

POSITION _____

ADDRESS _____

PHONE _____

EMAIL _____

School

NAME OF PRINCIPAL _____

ADDRESS _____

PHONE _____

EMAIL _____



Appendix B

MEMORANDUM OF AGREEMENT FOR ON-SITE STD TESTING

VI. Duration of the Agreement

This MOA shall be in force from _____ to _____
(probably one school year). This agreement may be updated at any time through written agreement of each party. Any party can terminate the agreement within 30 days by providing written notice.

In **Witness Whereof**, the parties hereto have signed this MOA as of the day and year written below.

For the (State Health Department)

SIGNATURE

DATE

For the (Medical Provider)

SIGNATURE

DATE

For the (School)

SIGNATURE

DATE



Appendix C

CITATIONS

¹ <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>. Accessed January 15, 2015.

² Centers for Disease Control and Prevention, 2014. *Reported STDs in the United States*. Atlanta, Georgia. Accessed November 18, 2014, from <http://www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf>.

³ <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>. Accessed January 15, 2015.

⁴ <http://www.healthypeople.gov/2020/LHI/reproductiveHealth.aspx>. Accessed January 15, 2015.

⁵ Center for Mental Health in Schools at UCLA. *School-Community Partnerships: A Guide*. Accessed at http://smhp.psych.ucla.edu/qf/Commout_tt/School-Com2-8.pdf.

⁶ CDC DASH Program 1308 Guidance: Supporting State and Local Education Agencies to Reduce Adolescent Sexual Risk Behaviors and Adverse Health Outcomes Associated with HIV, Other STD, and Teen Pregnancy. <http://www.cdc.gov/healthyyouth/fundedpartners/1308/index.htm>. Accessed December 10, 2014.

⁷ AED Center on AIDS & Community Health. *Connecting Clients to Services through Linkages and Referrals*. January 2010.

⁸ <http://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main>. Accessed January 15, 2015.

⁹ National Network for Collaboration. Collaboration Framework- Addressing Community Capacity. Accessed January 15, 2015, from: <http://www.uvm.edu/extension/community/nnco/collab/framework.html#framework>.

¹⁰ <http://www.sbh4all.org/site>. Accessed January 15, 2015.

¹¹ <http://www.nyc.gov/html/doh/downloads/pdf/ms/adolescent-sex-best-practices-online.pdf>. Accessed January 15, 2015.

¹² <http://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>. Accessed January 15, 2015.

¹³ The Joint Work Group on School-Based Teen Pregnancy Prevention (JWG). Essential Tips for Successful Collaboration. Accessed January 15, 2015, from: <http://www.nchealthyschools.org/docs/schoolhealthadvisorycouncil/essentialtips.pdf>.

Appendix D

GLOSSARY

Partnership: A relationship among a group of individuals or organizations that agree to work together to address common goals. Partnerships involve mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

Professional Development (PD): The systematic process used to strengthen the professional knowledge, skills, and attitudes of those who serve youth to improve the health, education, and well-being of youth. Professional development is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

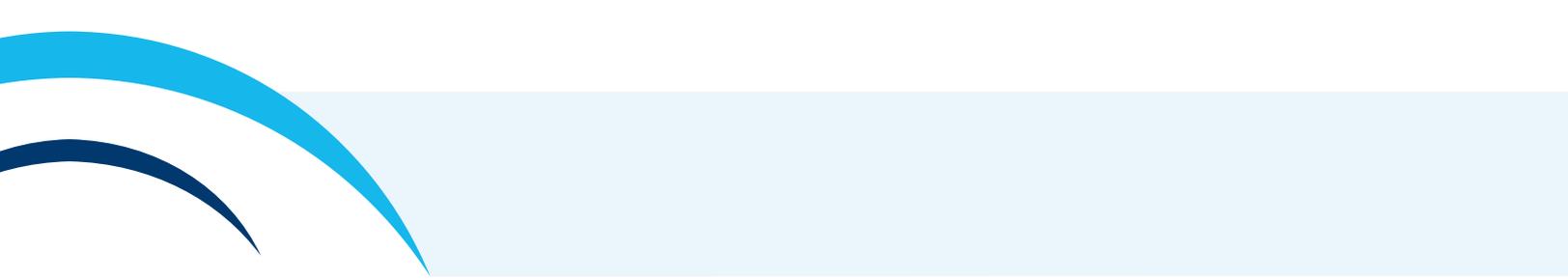
School-based Health Center (SBHC): A health center on school property where enrolled students can receive primary care, including diagnostic and treatment services, usually provided by a nurse practitioner or physicians' assistant.

School-linked Health Center (SLHC): Adolescent healthcare facilities located off school grounds with formal or informal linkages to a school or schools.

Sexual Health Services (SHS): Includes the following: HIV testing, STD testing, STD treatment, pregnancy testing, provision of condoms and condom-compatible lubricants (e.g., water- or silicone-based), provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD), and human papillomavirus (HPV) vaccine administration.

Technical Assistance (TA): The targeted provision of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

Youth-Friendly Services: Services with policies and attributes that attract young people to them, create a comfortable and appropriate setting, and meet young people's needs. Youth-friendly services ensure confidentiality, respectful treatment, and delivery of culturally-appropriate care in an integrated fashion at no charge or low cost and are easy for youth to access.





Disclaimer

This resource was supported by Cooperative Agreement Numbers, 5U87PS004164-02 and 5U87PS004223-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.