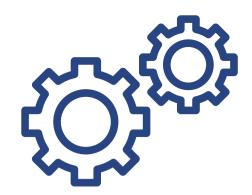


Adolescent Referral System Implementation Toolkit

# Credit



Developing a Referral System for Sexual Health Services (2022) is an updated version of the original Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies (2016) developed by Cicatelli Associates Inc. (CAI) in partnership with the National Coalition of STD Directors and funding from the Centers for Disease Control and Prevention. This 2022 version has been updated to utilize a health equity lens while addressing the needs of an expanded audience, and new service delivery models, and include more recent statistics and language used in the field.





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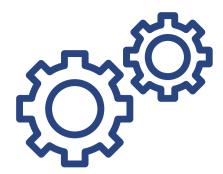
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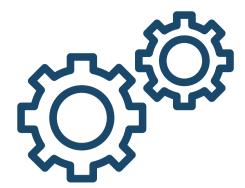


## Schools are Key Settings to Address Youth STI and HIV Prevention and Promote Overall Wellbeing

According to 2019 National Youth Risk Behavior Survey (YRBS) data, 57% of students report ever having sexual intercourse by 12th grade, and 16% of all 12th-grade students report having had 4 or more sexual partners. Furthermore, among sexually active students, only 50% of high school students report using condoms at last intercourse.<sup>1</sup> While young people 15-24 years of age represent an estimated 13% of the total population,<sup>2</sup> they accounted for over half of all new sexually transmitted infections (STI) in 2019,<sup>3</sup> with significant disparities in reported STI cases among Black, Hispanic, and LGBTQIA+ youth.

<u>Healthy People 2030</u> focuses on addressing preventable health issues that can begin during adolescence and has identified reducing rates of suicidal ideation, bullying, and substance use for LGBTQIA+ adolescents as well as reducing the number of pregnancies among adolescents as leading indicators. Further, in 2018, only 41.4 percent of adolescents aged 12 to 17 who had experienced a major depressive episode (MDE) received treatment in the past 12 months.<sup>4</sup> LGBTQIA+ youth face exceptionally high rates of mental health issues. In 2017, 58.5 percent of lesbian, gay, and bisexual students in grades 9 through 12 reported experiencing suicidal thoughts in the last 12 months.

By providing preventative care and encouraging positive health behaviors, we can improve the long-term health of young people through working toward the <u>Healthy People 2030</u> goal of increasing rates of adolescents receiving treatment for depression, using effective birth control methods, and getting screened for STIs.<sup>5</sup>In the United States, schools have direct contact with more than 15 million students attending grades 9-12 for at least 6 hours a day during key years of their social, physical, and intellectual development.<sup>6</sup>After the family, schools are one of the primary entities responsible for the development of young people.



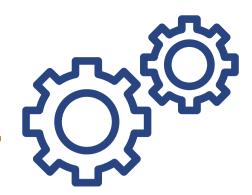
#### COVID-19

In 2019, a new coronavirus was found to be the cause of a disease outbreak in China. Known as COVID-19, this disease (caused by the severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2) soon spread to the United States. By Spring 2020, many states mandated the closure of schools, childcare centers, and non-essential businesses and enacted "stay-at-home orders" in an effort to control the spread of the virus. *Visit CDC's Basics of COVID-19 for more information about the disease including up-to-date case data.* 

Given their access to youth, the Nation's schools can play a critical role in addressing these epidemics and supporting young people's health. Through the development and implementation of sustainable referral systems, schools can help realize <u>Healthy People 2030</u> goals of improving the health and well-being of adolescents by linking them to services early. Robust referral systems are a set of resources and processes that can help connect youth to treatment and needed services earlier, increasing effectiveness and helping to improve overall long-term well-being later in life. *See Key Terms below for a full definition of "referral system" and "referral."* 

Critical to addressing the needs of students are employing a framework for supporting youth that recognizes adverse life experiences as a root cause of negative health outcomes and helps both professionals and students to respond in positive and resilient ways.<sup>7</sup> Trauma is often exasperated during times of great disruption, such as the COVID-19 public health emergency and other pandemics, episodes of school and community violence, family traumas, and civil unrest. With many students engaging in remote learning during the pandemic, there have been added obstacles in reaching students for health services.

Even as students return to in-person school, reconnecting and rebuilding trust can be challenging. During these times it is important to utilize a trauma-informed approach when providing care to adolescents. Recognizing the impact of trauma creates space for students to actively engage in their healthcare process while feeling safe and respected. Further, maintaining connections and ensuring access to services for youth during these times is essential especially when students have had to pivot to online or remote learning due to the pandemic.



Now more than ever, we have more ways to provide care including the use of telehealth for mental health counseling and certain health services including STI/HIV testing. We also have delivery and curbside pickup options for certain services, such as obtaining birth control and prescription drugs for treatment.

#### **KEY TERM: REFERRAL SYSTEM**

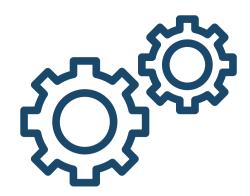
A set of resources and processes that are aligned to increase student awareness of schooland community-based health services and supportive service providers, increase referral of students to school- and community-based health services and supportive services providers for all adolescents and increase the number of all adolescents receiving key supportive health services.

#### **KEY TERM: REFERRAL**

The term "referral" is used to describe a process of assisting students in obtaining preventive health services through a variety of activities, including, but not limited to, connecting students to adolescent-and LGBTQIA+-friendly providers and support services.

#### **KEY TERM: LGBTQIA+**

Some of the data in the toolkit only covers LGBT students, however, we are seeking to expand services and research to LGBTQIA+ students. LGBTQIA+ is an acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. The (+) is for those that exist beyond the currently defined gender and sexuality spectrum including nonbinary (enby) students. Nonbinary or genderqueer is an umbrella term for gender identities that are neither male nor female – identities that are outside the gender binary.



#### **Purpose of this Implementation Kit**

Through the Centers for Disease Control and Prevention's Division of Adolescent and School Health FOA PS18-1807, Promoting Adolescent Health through School-Based HIV/STD Prevention,<sup>8</sup> State Education Agencies (SEA) and Local Education Agencies (LEA)<sup>9</sup> will partner with priority districts and schools, and other stakeholders, to develop a comprehensive referral system and associated protocols, resources, and tools that will effectively increase student access and connection to key youth-friendly and LGBTQIA+ affirming sexual health, mental health, and supportive services.

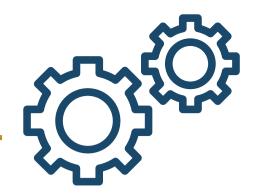
The design of this implementation toolkit was informed by the <u>PS18-1807 Program Guidance: Guidance for</u> <u>School-Based HIV/STD Prevention (Component 2) Recipients of PS18-1807</u>, as well as evidence-based practices from the health and educational fields including lessons learned on how to stay connected with youth during times of disruption to ensure they have continued access to the care and support they need. Key informant interviews with team members from Project Connect were also incorporated into the tool design. Project Connect is an evidence-based health systems intervention implemented in schools and designed to increase the receipt of sexual and reproductive healthcare by at-risk youth. *Please visit <u>Project Connect Guide</u> to access the Project Connect Implementation Guide and other related resources.* 

#### KEY TERM: TRAUMA-INFORMED CARE APPROACH

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in students, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist retraumatization.<sup>1</sup>

#### **KEY TERM: HEALTH EQUITY**

Health equity is achieved when everyone has a fair and just opportunity to attain their highest level of health. This means that ongoing and targeted societal efforts must be made to address systemic inequities and historic and contemporary injustices, eliminate health disparities, and overcome barriers to health and healthcare including social and economic.<sup>1</sup>



#### How to Use this Implementation Toolkit

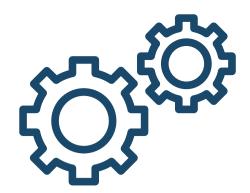
The implementation toolkit was originally developed in 2016 with a focus solely on sexual health services (SHS) and has been revised in 2022 with a broader focus on mental health, the unique needs of LGBTQIA+ students, supportive services, and providing referrals using flexible tools like telehealth as a standard part of care. This is especially important during times of great disruptions such as during the COVID-19 era, other pandemics and outbreaks, and the aftermath of these events. This revised toolkit also includes a focus on health equity and the acknowledgment that LGBTQIA+ students, students of color, and other marginalized student populations experience disproportionate hardships and require certain considerations when providing referrals. This toolkit provides a framework for a standardized approach to developing and implementing a comprehensive health service referral system in your priority districts and or schools.

Where referral systems already exist, this toolkit provides an opportunity for enhancement and adaptation to integrate innovations associated with telehealth, at-home testing delivery/pick-up, and the need for increased access to supportive services.

The sections in this toolkit outline the core components of developing and implementing a comprehensive referral system. The core components do not have to be addressed in the order presented and can be worked on simultaneously. Each core component has a set of key activities associated with addressing the core component and tools that can be used to plan, implement, and sustain a referral system. Tools are located at the end of each core components section.

An additional section on designing a sustainable referral system has also been included. The final section, "Establishing Organizational Partnerships," provides information about practical and concrete strategies to develop organizational partnerships to increase student access to SHS. This resource has accompanied appendices intended to support the implementation of the referral system in your priority districts and schools. Within sections of this document are "Lessons from the Field." The experiences described provide examples of state education agencies/local education agencies (SEA/LEA) that have successfully established SHS referral systems.





#### **Referral System**

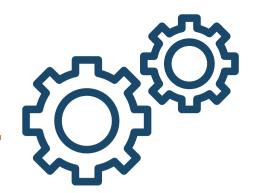
#### **Purpose**

Establishing a successful referral system requires understanding the intent or purpose of the system and what it is trying to achieve. In general, a system is a set of resources and processes (core components) that when combined produce an outcome. It is the combination of purpose and aligning resources and processes to achieve that purpose, that will serve to drive the success of the referral system. In order to increase access to services, an effective referral system must be established. This document provides evidence-informed guidance on the components of a referral system. In this case, the referral system should:

 Increase student awareness of school and community-based health services and supportive service providers

- Increase referral of students to school- and community-based health and supportive services for all adolescents
- · Increase the number of adolescents receiving key supportive services
- Increase the ability of SEAs and LEAs to promote and implement best practices for health service referral systems, service access, and telehealth during pandemics and beyond
- Implementing these evidence-based activities should ultimately lead to these long-term outcomes:
- · Decrease rate of HIV, STIs, and unintended pregnancy among adolescents
- Increase educational attainment
- · Increase positive adolescent engagement in the community and schools



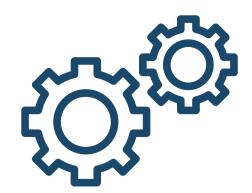


### **CORE** Components of a Referral System

There are seven core components of a referral system: (1) Referral Policy, (2) Referral Staff, (3) Procedures, (4) Referral Guide, (5) Communications & Marketing, (6) Monitoring & Evaluation, and (7) Management & Oversight. This toolkit provides guidance, tools, and resources to address each core component in your school setting to achieve the desired outcomes highlighted below:

CORE COMPONENTS	OUTCOMES: Short/Intermediate	OUTCOMES: Long-term
POLICY	Increased Student Awareness of SHS and	Decreased Adolescent STI, HIV, and
REFERRAL STAFF PROCEDURES	Supportive Service Providers	Unintended Pregnancy Rates
REFERRAL GUIDE	Increased Referral of Students to SHS and Supportive Services	Increased Educational Attainment
COMMUNICATIONS & MARKETING	Increased Number of	Increased
MONITORING & EVALUATION	Adolescents Receiving SHS and Supportive Services	Positive Adolescent Engagement in Community
MANAGEMENT & OVERSIGHT		and School

# **Core Component 1:** Policy



#### **Overview**

Policies help define rules, regulations, procedures, and protocols that enable school districts and schools to run smoothly and efficiently. Policies come into play every day and serve to establish expectations for what and how work should be done and to facilitate accountability.

Policies serve to set forth expectations that support the establishment and implementation of SHS and supportive service referral systems. Of particular importance to school-based referral systems are district and school-level policies related to when, and under what circumstances, students can:

- · receive information from school staff related to SHS
- · access school-based healthcare
- eave school premises to receive community-based medical services during regularly scheduled school hours
- · access telehealth and web-based virtual care

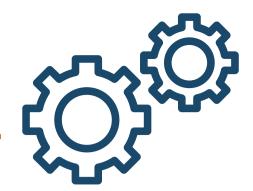
#### **Relevant Federal and State Laws and Regulations**

As it relates to the development of an SHS and supportive service referral system, there are several federal and state laws and regulations that should be considered:

- 1. Confidentiality
- 2. Minor's Consent
- 3. Family Educational Rights and Privacy Act (FERPA), and the Health Information and the Health Insurance Portability and Accountability Act (HIPAA)



## **Core Component 1:** Referral Policy



#### Confidentiality

Confidentiality policies should be consistent with relevant federal and state laws and regulations associated with a minor's right to SHS, mental health, LGBTQIA+ affirming care, and telehealth. The American School Health Association9 recommends the following guidelines for protecting confidential student health information:

Distinguish student health information from other types of school records

**Extend** to school health records the same protections granted to medical records by federal and state law

Establish uniform standards for collecting and recording student health information

**Establish** district policies and standard procedures for protecting confidentiality during the creation, storage, transfer, and destruction of student health records

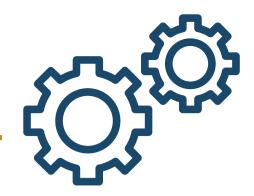
**Require** written, informed consent to release medical and psychiatric diagnoses to other school personnel

Limit the disclosure of confidential health information within the school to information necessary to benefit students' health or education

**Establish** policies and standard procedures for requesting necessary health information from outside sources and for releasing confidential health information to outside agencies and individuals

**Provide** regular periodic training for all new (and current) school staff, contracted service providers, substitute teachers, and school volunteers concerning district's policies and procedures for protecting confidentiality

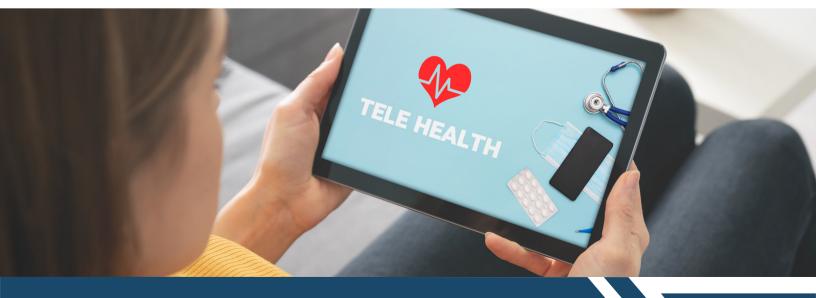
# **Core Component 1:** Referral Policy

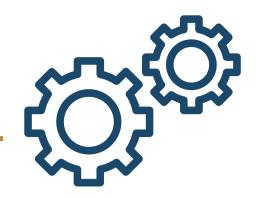


#### **Telehealth and Confidentiality Best Practices**

Due to the increase in the provision of telehealth services during the pandemic and how it has become a standard of care going forward, existing policies on confidentiality have been expanded to address sexual, mental, and general health services that are being provided via telehealth. Updated procedures for telehealth are outlined by the American Telehealth Association in collaboration with the American Academy of Pediatrics, located here: <u>Operating Procedures for Telehealth from ATA and AAP</u>. HIPAA policies expanded available HIPAA-compliant telehealth platforms and enhanced existing doctor-patient confidentiality agreements. The common HIPAA-compliant platforms for telehealth meetings are Zoom, Skype for Business, Cisco, GoToMeeting, or doxy.me. Some allowable non-HIPAA-compliant platforms include Apple FaceTime, Facebook Messenger video chat, Google Hangouts, WhatsApp, and Skype. Due to the increase of telehealth communications, there are many tips to protect conversations and communication, located here: <u>Tips to Protect Communications</u>.

Protecting confidentiality via electronic communications can be a challenge especially when staff need to connect or contact adolescents utilizing school-provided emails that may go to both students and their registered guardians or needing to call a guardian's cell phone number. In these cases, staff can use generic wording for a reason for contact until they can talk more openly through a secure web-based platform. Additionally, finding enough privacy within households to have conversations with school staff has proved difficult for some adolescents during times of remote learning and stay-at-home orders. Staff can pivot to asking "yes" or "no" questions to protect adolescents' privacy and continue building relationships of trust and rapport to facilitate appropriate referrals. More resources about implementing telehealth policies around confidentiality and setup can be located here: <a href="https://telehealthresourcecenter.org/">https://telehealthresourcecenter.org/</a>





#### **Telehealth and Confidentiality Best Practices**

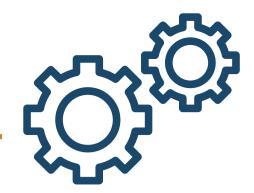
When drafting a confidentiality policy include the following components:<sup>10</sup>

- The information covered
- · Who has access to the information
- How the information is kept confidential (written and telehealth communications)
- How confidentiality will be handled via telehealth platforms and which platforms are acceptable
- Who the information can be shared with (e.g., parents, school staff, or outside agencies)
- Each school district will determine which services and information needs involvement from parents (e.g., mental or sexual health services)
- Instances when maintaining confidentiality is not possible

Consult with district and/or school policies regarding protections of student health records and what information should be included in such records.



## **Core Component 1:** Referral Policy



#### **Minors Consent**

Most states allow minors to consent to SHS and other supportive services without parental involvement.<sup>10</sup> However, some states specify the age at which a minor can consent and/or the specific service that they can consent to, for example, STI screening and treatment, contraceptives, or pregnancy-related services. These state policies should be shared with the adolescents and posted in a visible area along with the confidentiality policy.

#### STATE POLICIES: MINORS CONSENT

State minors' consent policies:

https://www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services#

State-specific policies on minor consent for other health services including mental health and substance use:

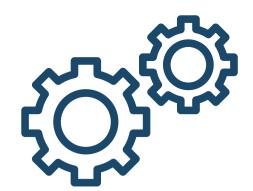
https://www.healthit.gov/topic/state-health-it-privacy-and-consent-laws-and-policies

https://www.healthit.gov/sites/default/files/appa8-1.pdf

Obtaining consent via telehealth may look different than in-person services for SHS, mental health, or other supportive services, however, the same rules of adolescent confidentiality and minor consent apply to telehealth. During the pandemic public health emergency, states waived the need for written consent and allowed verbal consent at the beginning of telehealth appointments or during a separate call prior to the appointment. Guidance about gathering consent were developed by The American Telehealth Association, which were endorsed by the American Academy of Pediatrics, that detail the essential elements.

# **Core Component 1:**

## **Referral Policy**



# Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act $(HIPAA)^{11}$

Federal laws such as FERPA and HIPAA play an important role in protecting the confidentiality of students' educational records<sup>12</sup> and health information. FERPA protects the privacy of students and allows the student and their parents to access and amend educational records and control the disclosure of such records. HIPPA protects the privacy and security of individually identifiable health information. Review your district and/or school policies and consult with district legal counsel regarding protections of student health records and what information should be included.

#### **Exceptions to Confidentiality**

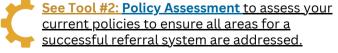
As a school employee and a mandated reporter, one must disclose confidential student health information in the case of suspected child maltreatment or if the student is going to hurt themselves (i.e. suicide) or others. This exception should be included in any written materials containing the confidentiality policy as well as verbally communicated to students. Consult with your school and/or district staff on specific policies regarding mandated reporters.

#### How Specific Should School Referral Policies Be?

School referral system policies can be integrated within broader district wellness policies that typically address such issues as: physical activity, mental health, nutrition, immunizations, and health education. How specific or detailed a policy should be is dependent upon each unique state, district, and school environment. The policies/protocols should be responsive to the social and cultural needs of adolescents being served including LGBTQIA+ and BIPOC (Black, Indigenous, People of Color) communities. The policies should also reflect how each school district handles referrals for each type of service, whether sexual health, mental health, or other supportive health services. Adolescent empowerment should be prioritized so that students can remain in control during decision-making.

In instances where district and/or school policy does not explicitly address federal and state minors' consent, confidentiality, FERPA, and HIPAA laws and regulations, referral procedures must be consistent with relevant state laws and regulations.

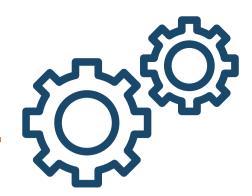
#### **Implementation of Referral Policies**



A successful referral system planning process includes assessing the current state, district, and school-level related policies, using the areas for consideration listed on the next page, identifying any gaps from the assessment, and developing a plan to educate stakeholders on potential policy solutions.

# **Core Component 1:**

## **Referral Policy**



### Key Activities for Implementing the 1807 Policy-Related Activities<sup>13</sup>

#### **Policy Assessment**

The level of specificity of policies will vary depending on the state and district-specific environment and approach. When assessing district and school-level policies related to SHS and supportive services, it is important to have a guide by which to consider to what extent policies support the implementation of the referral system.

 See Tool #2: Policy Assessment to assess your current policies to ensure all areas for a successful
 referral system are addressed.

#### **Gap Analysis**

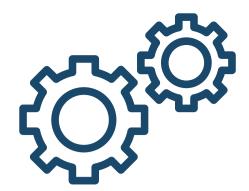
After reviewing existing policies, identify and document any gaps in current policies as they relate to the referral system. In addition to identifying gaps, look for policies that are inconsistent with the goals of the referral system. Once gaps are identified, actions should be prioritized to address identified gaps.

# Educate Key Decision-Makers and Stakeholders

Develop or update an existing list of key decision-makers who can assist with the implementation of referral system policies (e.g., school administrators, Director of School Health Services). Decision makers can also be stakeholders who are important allies in implementing policy solutions. Be strategic when developing a set of key messages and informational materials that will support efforts to educate stakeholders about current policies or potential policy options. Because the messenger is equally as important as the message, individuals selected to meet with identified stakeholders should be selected. They must be well respected and seen as leaders among their peers.

#### **TOOLS AND RESOURCES**

- Tool #1: Sample SHS Policy
- Tool #2: Policy Assessment
- <u>Teens and Telehealth Consent</u> <u>from Pediatric Health Network</u>
- <u>Minor Consent and Confidentiality</u> <u>in California</u>
- Mental Health Telehealth Policies: <u>Sample Consent Form from NASW</u>
- <u>Upstream's Guidance on</u>
   <u>Implementing Telehealth for</u>
   <u>Contraceptive Care</u>
- Resources on Trauma Informed
   Care Approach:
- <u>https://youth.gov/feature-</u> article/samhsas-concept-traumaand-guidance-trauma-informedapproach
- <u>https://www.traumainformedcare.c</u> <u>hcs.org/what-is-trauma-informed-</u> <u>care/</u>
- <u>https://www.nctsn.org/trauma-</u> informed-care
- <u>https://store.samhsa.gov/sites/defa</u> <u>ult/files/d7/priv/sma14-4884.pdf</u>
- Minor's Access to Contraceptive Services (CAI & NCSD)
- Minor's Access to STI Services (CAI & NCSD)



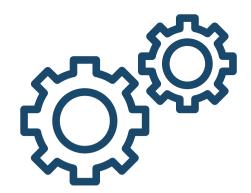
#### **Guidelines for Releasing Students for Confidential Medical Care**

(Board Policy H-3500: Attendance-Release of Students and AP 6156: Leaving School Grounds; CA Ed Code 44808, 46010.1, 48205)

- 1. Confidential medical service is defined as medical care or counseling for drugs, alcohol, sexually transmitted diseases, or mental health for students 12 years and older, or care for sexual assault or reproductive health at any age. Students may access these services without parental consent or notification.
- 2. The district is required to notify parents and students of this law. Parental notification is included in Facts for Parents; student notification takes place during required sexual health education instruction.
- 3. A student may be referred by site staff or self-refer to the school nurse or school counselor if the student wishes to be released from school for confidential medical services.
- 4. Release from school shall be handled confidentially by the school nurse, school counselor, or attendance office if no school nurse or school counselor is present. Schools should take steps to ensure that the parent is not informed of the absence.
- 5. The school nurse, school counselor, or attendance office may request that students verify their absence verbally, electronically, or in writing prior to the appointment.
- 6. The "Absence Excuse Slip for Parent's Signature" (blue slip) shall be completed and signed by the district staff member releasing the student in place of the parent, with the original given to the student and the other copies retained by the staff member releasing them. The district staff member should immediately list the student in PowerSchool as "Excused" for the remaining periods of the day until the student returns to campus.
- 7. After the appointment (or the next school day if the appointment was at the end of the day), the student should check in with the same staff member who excused the student. At that time, the staff member who released the student should dispose of the copies of the excuse slip.
- 8. If a parent learns of their child's absence, and questions the staff member, the reason for the absence should not be disclosed. The staff member can inform the parent that "their child requested to be released from school for a confidential appointment and by law, we are required to release them." The staff member may also refer the parent to speak with a site administrator.
- 9. Students are responsible for making arrangements with their teachers to make up any assignments that they miss due to their absence.
- 10. District staff should continue to encourage students seeking confidential medical services to consult with their parent/guardian or another trusted adult.
- 11. Additional questions/concerns should be referred to the Nursing and Wellness Program Manager or the site administrator.

Guidelines for Releasing Students for Confidential Medical Care, Revised on 06/30/16 by Nursing and Wellness Department and Sexual Health Education Program, Credit: San Diego Unified School District

# **Tool #1:** Sample SHS Policy



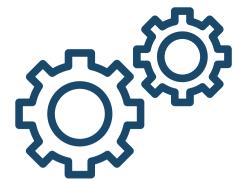
### **SHS Policy Implementation**

#### 1. Observations:

- No policy exists to address referrals to Sexual Health Services and the issues, such as absences, confidentiality, who may make referrals, and procedures to assure appropriate referrals are made.
- Several existing policies would have an impact on SHS policy- attendance (5150.R.02), the definition of local wellness (5700.R.01), relationships with Community Groups and Agencies (7200.R.01), controversial issues, including sex education (6190.R.01), and the content of the Parent and Student Handbook, including Rights and Responsibilities (5000.R.01). These policies would need to be clarified and/or amended to support any referral to SHS policy.

#### 2. Next steps:

- Determine a process for amending/modifying existing policies and introducing new policies.
- Address areas in existing policies listed above.
- Create a draft policy, working on the assumption that the above issues in existing policies have been modified.



## Guidelines for Releasing Students for Confidential Medical Care Draft Policy: (Based on the format of existing policies)

Book:

Policies & Regulations:

Section: 5000: Student

Title: Releasing Students for Confidential Medical Care

Number:

Status:

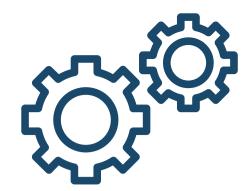
Legal: [State] Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents (The Network for Public Health Law-Issue Brief)

#### 1. Purpose

1.1 To provide guidelines for releasing students to access Confidential Medical Care

- 2. Organizational Units Affected
  - 2.1 Principals
  - 2.2 School Nurses and Office Professionals
  - 2.3 Counselors
  - 2.4 Parents/Guardians
  - 2.5 Teaching Staff
- 3. Definitions
  - 3.1 Confidential Medical Care [State] Law allows minors to give their own consent for some kinds of health care-including contraceptives, HIV or other STDs, pregnancy-related, substance abuse, and mental health care. Accessing of these services is confidential and shared only with express consent from the minor.
  - 3.2 Sexual Health Services- Sexual Health Services include anticipatory guidance for prevention, including delay of 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.

## **Tool #1:** Sample SHS Policy

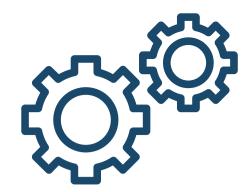


- 3.3 Referral- The term "referral' is used to describe a process of assisting students in obtaining preventative health services through a variety of activities, including, but not limited to, connecting students to adolescent-friendly providers on the basis of an identified need.
- 3.4. Sexually Transmitted Disease (STD): a disease transmitted by sexual contact, such as chlamydia, gonorrhea, syphilis, viral hepatitis, genital herpes, and trichomoniasis. Individuals who are infected with STDs are at least two to five times as likely as uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.
- 3.5. School Linked Health Centers (SLHC)-Youth-focused health care programs (e.g., clinics, health service providers) commonly characterized by the following attributes are located off school grounds; often serve more than one school; often have extended hours beyond the school day; and often provide a broader scope of services than those available through School-based Health Services.
- 3.6. 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 deliver culturally appropriate care in an integrated fashion at no charge or low cost: and are easy for youth to access.

#### 4. Background Information

- 4.1 According to the CDC, among U.S. high school students in 2013:
  - 47% have had sexual intercourse at least once.
  - 34% are currently sexually active
  - 41% of currently active students did not use a condom the last time they had sexual intercourse.
  - 15% have had four or more sex partners.
  - 6% had sexual intercourse for the first time before age 13.
  - In 2010,26% (about 1 in 4) of the estimated 47,500 new HIV infections were among youth aged 13-24 years.
- 5. [Consider providing local data]
  - 5.1 In 2002, a new federal rule took effect that protects the privacy of individual health information and medical records. The rule, which is based on requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HHIPAA), embodies important protections for minors, along with a significant degree of deference to other laws (both state and federal) and to the judgment of health care providers. These provisions represent a compromise between competing viewpoints about the importance of parental access to minor's health information and the availability of confidential adolescent health services.

## **Tool #1:** Sample SHS Policy



- 5.2 Adolescents have gained many opportunities to receive confidential health care services, particularly for concerns related to sexual activity, pregnancy, HIV, and other sexually transmitted diseases (STDs), substance abuse, and mental health.
- 5.3. Protection of confidentiality for adolescents has been based on the recognition that some minors would not seek needed health care if they could not receive it confidentially, and their forgoing care would have negative health implications for them as well as society.

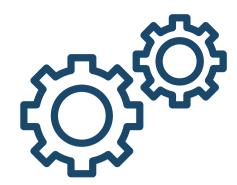
#### 6. Procedures

- 6.1. Confidential Medical Care is defined as medical care or counseling for drugs, alcohol, sexually transmitted diseases, or mental health for students 14 years and older. Students may access these services without parental consent or notification.
- 6.2. The district is required to notify parents and students of this law. Parental notification is included in the Rights and Responsibilities Handbook.
- 6.3. A student may be referred by site staff or self-refer to the school nurse or school counselor if they wish to be released from school for confidential medical services.
- 6.4. Designated staff, school nurses, and/or counselors will develop a list of vetted, youth-friendly School Linked Health Centers approved for a referral.
- 6.5. Release from school shall be handled confidentially by the school nurse, school counselor, or attendance office if no school nurse or school counselor is present. Schools should take reasonable steps to ensure that the parent is not informed of the absence.
- 6.6. The school nurse, school counselor or attendance office may request the student verify their absence verbally or in writing.
- 6.7. The school nurse, school counselor or attendance office shall enter "excused" in PowerSchool for the period the student is off campus seeking confidential medical care.
- 6.8. The student should report back to the same staff member who excused them, upon return to the school following the appointment, (or the next school day). The copies of the referral forms will be kept with the staff member who released the student and should not be recorded in the student's record without the student's permission.
- 6.9. The absence will not be recorded in the electronic attendance record.
- 6.10. District staff will continue to encourage students seeking confidential medical services to consult with their parent/guardian or trusted adult.
- 6.11. If a parent learns of their child's absence, and questions the staff member, the reason for the absence should not be disclosed. The staff member can inform the parent that "their child requested to be released from school for a medical appointment and by law we are required to release them."
- 6.12. Students are responsible for making arrangements with their teachers to make up any assignments that they miss due to their absence.



- 7. Work Instructions, templates, & samples
  - 7.1. Centers for Disease Control and Prevention, 2014. <u>Reported STDs in the United States</u>. Atlanta, Georgia. Accessed November 18, 2014.
  - 7.2. Center for Disease Control and Prevention, 2014. HIV Testing Among Adolescents: What Schools and Education Agencies Can Do.
  - 7.3. Referral template (to be developed)
  - 7.4. Staff training guidelines (to be developed)
- 8. Training and feedback
  - 8.1. Staff (and parents) will be notified of district policy for referral to Confidential Medical Care.
  - 8.2. The appropriate building administrator will identify designated staff, who are approved to make and manage referrals to Confidential Medical Care (e.g., school nurses, counselors, etc.).
  - 8.3. Approved staff will receive training regarding appropriate referrals to recognized School Linked Health Centers. This training will include procedures for ensuring confidentiality and managing absences.
  - 2.4. Approved staff will monitor and evaluate School Linked Health Centers, gathering data from students and health care providers to ensure referrals are effective and appropriate.
- 9. Implementation, Compliance & Assessment 8.1
  - 9.1. Information regarding laws impacting student access to Confidential Medical Care will be included annually in the Parental Rights and Responsibilities Handbook.
  - 3.2. Data collected by approved staff will be evaluated and reviewed on an annual basis and as needed, in response to any concerns expressed by staff or students. Data will be utilized to evaluate the appropriateness of referrals to School Linked Health Centers, particularly for concerns related to sexual activity, pregnancy, HIV, other sexually transmitted diseases (STDs), substance abuse, and mental health.

Credit: <u>https://portal.ct.gov/-/media/SDE/Health-Education/Sexual-Health/sample\_district\_shs\_policy.pdf</u>

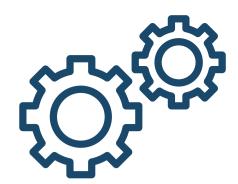


Use the tool below to reflect on your current policies and to determine whether your current policies support a successful referral system at your education agency. Once gaps are identified, actions should be prioritized to address identified gaps.

Policy Assessment Areas for Consideration		Extent to which this area is addressed (circle the best response)		
Addresses state and federal regulations describing minor's rights to access SHS	YES	NO	SOMEWHAT	
Addresses state and federal regulations describing minor's right to access LGBTQIA+ affirming services	YES	NO	SOMEWHAT	
Addresses state and federal regulations describing minor's right to access telehealth services	YES	NO	SOMEWHAT	
Addresses state reporting requirements for child maltreatment	YES	NO	SOMEWHAT	
Addresses student ability to be released from school, during school hours, to access community-based providers without parental consent	YES	NO	SOMEWHAT	
Addresses student ability to be released from class, during school hours, to access school-based SHS providers without parental consent	YES	NO	SOMEWHAT	
Addresses standards for documenting, storing and releasing student information	YES	NO	SOMEWHAT	
Addresses maintaining student confidentiality throughout the referral process	YES	NO	SOMEWHAT	
Addresses types of services for which referrals can be made	YES	NO	SOMEWHAT	
Addresses standards for staff who can make referrals	YES	NO	SOMEWHAT	
Addresses requirements for use of referral guide/directory to facilitate referral	YES	NO	SOMEWHAT	
Addresses incorporating SHS, LGBTQIA+ health and mental health information into classroom curricula	YES	NO	SOMEWHAT	

## **Core Component 2:**

## **Staff Referral**



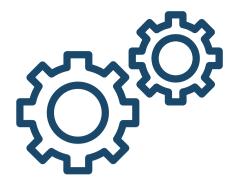


#### **Overview**

A core element of a referral system is selecting the school personnel charged with recognizing adolescents in need of youth-friendly, equitable, LGBTQIA+ affirming, mental health, and sexual health services and referring them to the appropriate channels for care.

Identifying school champions who perceive a need for connecting students to health services and are highly motivated to address this need will greatly contribute to the success of the referral system.<sup>14</sup> Those identified should have some understanding of or experience in working with underserved and marginalized populations and should be able to recognize the unique challenges these populations face including discrimination, bias, and lack of adequate resources. They also should possess an appropriate level of cultural consciousness and humility. Also, ensuring that all school personnel have access to the referral guide and basic information about a minor's right to consent will also contribute to the success of the referral system. Easy access to the referral guide for both school staff and students will allow everyone to engage with the guide in practical and affirming ways. There are a variety of innovative ways to make the referral guide available via the school website, during in-person and virtual classroom activities, in selected places in schools (e.g., school-based health center or guidance counselor office), or by creating a web-based guide also allows for students to make self-referrals.

# Core Component 2: Staff Referral



#### Identifying and Selecting Designated Referral Staff

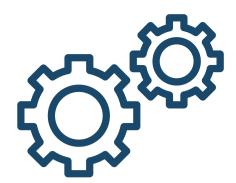
The identification of school personnel to play the role of school champion should be a selective process. School nurses, school-based health center (SBHC) staff, health resource center staff, counselors, social workers, Gender and Sexuality Alliance advisors/LGBTQIA+ support people, coaches, teachers, and other school staff who have the knowledge and skills to make referrals may take on this role. Equally essential is their level of comfort in addressing sexual health, mental health, being adolescent-friendly and LGBTQIA+ affirming as well as their attitudes and beliefs about adolescent sexuality and students' rights to access care. Designated referral staff should have an understanding of the principles of trauma-informed care and use a strengths-based approach to referrals in order to build trust and comfort with students. Depending on the local school district, referral staff may be different based on the types of services they are referring to. For instance, social workers and guidance counselors may be designated referral staff for mental health services and SBHC and health resource center staff may be designated for sexual health services. The ability to access professional development and training opportunities is also important for designated referral staff who are selected.

Since each school environment is unique, it should be the responsibility of key school leaders to determine the most appropriate staff to serve as designated referral makers. It can be difficult to assess the level of staff comfort in addressing pertinent health needs and services, or their relevant attitudes and beliefs. An option for identification of staff can include requests for volunteers, or the identification of appropriate staff through individual conversations. In some cases, a state, district, or school administrator might designate a specific group of staff, for example, nurses, social workers, and guidance counselors. In this case, formal job descriptions might be revised to reflect this change to promote sustainability over time. These cadres of staff are considered in-house "experts" or "champions" and can be identified as staff that receive the most training on the referral system and how to make a referral.

See Tool #3: Designating Referral Staff for support on selecting the most appropriate staff to refer students to services.

# **Core Component 2:**

## **Staff Referral**



#### **Staff Training**

Designated staff should receive training to ensure they are equipped with the knowledge, skills, and resources necessary to promote the referral system and make appropriate referrals in accordance with district or school procedures. The training on the referral guide should include:

- An explanation of the categories of information available in the guide
- The rationale behind their inclusion
- Emphasis on the referral procedures
- Discussion of policy issues, such as state laws on minors' consent to sexual and mental health services
- Confidentiality
- Potential barriers to using the resource guide, for instance, school health staffs' sense of personal responsibility when referring students off campus for healthcare

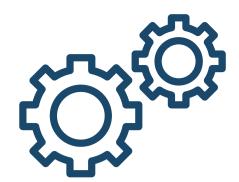
See Tool #4: Staff Training Checklist for more information and guidance on providing training to designated referral staff.

## LESSONS FROM THE FIELD

Many school staff are already addressing the sexual health needs of adolescents. They do this work without training or resources because the need for SHS exists among students. The experience of Project CONNECT revealed that staff designated to make student referrals for SHS welcomed annual training provided in the areas listed above. It improved both their knowledge and comfort in an area they were already addressing with students without the appropriate support.

## **Core Component 2:**

## **Staff Referral**

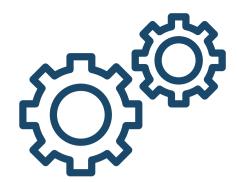




Designated staff should also receive training on topics that will increase knowledge and skills in areas of:

- Adolescent development including the fluidity of sexuality and gender
- Using a strength-based and trauma-informed approach in the referral-making process
- LGBTQIA+ health and sensitivity/allyship
- Understanding the impact of racism on adolescent health
- Skill building in strengthening relationships with referral sites
- Skill building on how to identify telemedicine care services

See Tool #4: Staff Training Checklist for more information and guidance on providing training to designated referral staff.



## **LESSONS FROM THE FIELD**

"It is important to keep in mind that it is not uncommon for school staff, even school nurses, to lack accurate information about an adolescent's right to access SHS, availability of low or no cost services, confidentiality provisions, and how and what services are available. Therefore, at a minimum, all school staff should have basic information about a student's right to access confidential SHS in accordance with state law and regulation."

- Project Connect staff member

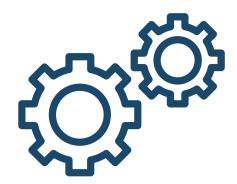
#### **Ensuring All Staff Awareness**

All school staff and faculty can be important resources and sources of support for adolescents. Therefore, every staff person, including janitors, office staff, gym teachers, coaches, security staff, and after-school club leaders, should have basic information about the referral system and the availability of the referral guide. When school staff and faculty have an awareness of the breadth of students' lived experiences including past traumas and mental health and their impact on adolescent sexual health, staff will then be able to provide support to adolescents and create a welcoming and safe space for them to express concerns, needs, and plans.

Consider a student who has a trusting relationship with his/her language arts teacher and begins sharing information that leads that teacher to recognize the student has a need for SHS. Although the language arts teacher may not be prepared to have an in-depth conversation with the student about services in the community, that teacher could at a minimum, provide the student with the referral guide and connect them with "expert" referral staff for more support (*see Core Component 5: Communications and Marketing for more information*).

See Tool #5: Making All Staff Aware of the Referral System to plan how you will make all staff aware of the referral system.

# Core Component 2: Staff Referral



#### **Planning for Self-Referral**

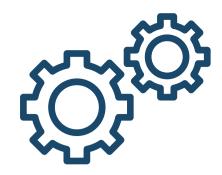
Additionally, in some circumstances, students may self-refer to sexual health or other supportive services. For example, referral guides may be available to students in paper or web-based/electronic form, such as on the school's website/portal, or be used as a part of a sexual health education lesson in the virtual or in-person classroom. In this case, the availability of the referral guide itself increases student awareness of SHS and other service options available to them and sufficiently motivated and efficacious students can access the healthcare provider on their own.

See Tool #6: Planning for Self-Referrals for guidance on how to ensure the referral guide is accessible to students in order for self-referrals to be made.

#### **TOOLS AND RESOURCES**

- Tool #3: Designating Referral Staff
- Tool #4: Staff Training Checklist
- Tool #5: Making All Staff Aware of the Referral System
- Tool #6: Planning for Self-Referrals

# **Tool #3:** Designating Referral Staff

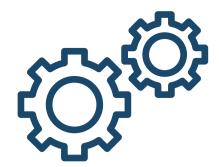


Use the following tool to brainstorm and think about the staff at your school that will be the most effective and appropriate to connect students to sexual and mental health services. You may need to have individual conversations with each staff person in order to determine if they meet the criteria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

## Place a checkmark ( $\checkmark$ ) in the column if the staff person demonstrates the qualities of designated referral staff.

Staff Name	Role (e.g., school counselor)	Knowledge/skills to make referrals	Access to training/PD opportunities	Comfort in addressing sexual health	Appropriate attitudes and beliefs about youth sexuality	Appropriate attitudes and beliefs about youth access to care	Comfort in addressing mental health and other health needs	Comfort in using affirming language and addressing LGBTQIA+ specific health

## **Tool #4:** Staff Training Checklist



At a minimum, training provided to designated referral staff should include the topic areas below. Use this checklist to guide your training content development and track once designated referral staff have been provided with training on each topic area.

#### Place a checkmark ( $\sqrt{}$ ) next to each topic area when referral staff have been trained.

	2	STAFF TRAINING CHECKLIST
•	Referral Guide	<ul> <li>An explanation of the categories of information available in guide</li> <li>The rationale behind their inclusion</li> <li>How to use the school approved referral guide to identify appropriate health providers and make referral</li> <li>Potential barriers to using the resource guide, for instance, school health staffs' sense of personal responsibility when referring students' off-campus for health care</li> </ul>
	Policy	<ul> <li>Policy issues, such as the confidential release of students for sexual and reproductive health care during the school day</li> </ul>
	Procedures	<ul> <li>Steps in making a referral (review of school referral protocols)</li> </ul>
	Epidemiology	<ul> <li>Community specific epidemiology including rates of immunization coverage, HIV, STIs and pregnancy, mental health, LGBTQIA+ care (health department partners can support this activity)</li> </ul>
	State Law or Regulation	Overview of state-specific minor's rights and confidentiality laws
•	Sexual Health Services	<ul> <li>Basic information about SHS (e.g., urine testing available for Gonorrhea and Chlamydia testing, rapid HIV testing, no pelvic exam required to get a prescription for birth control, the importance of dual protection, vaccine requirements)</li> <li>Understanding gender affirming care services including hormone replacement therapy</li> </ul>
	Mental Health and Supportive Services	<ul> <li>Trauma-informed care, using a strengths-based approach, understanding of mental health, substance use and intimate partner violence</li> </ul>
	Adolescent Development	<ul> <li>Adolescent Development including fluidity with sexuality and gender</li> <li>Addressing the sexual and reproductive health needs of LGBTQIA+ adolescents</li> <li>LGBTQIA+ sensitivity and understanding/allyship</li> <li>Understanding the impact of racism on adolescent health</li> </ul>
	Reporting Requirements	Child maltreatment reporting requirements

# **Tool #5:**

**Making Staff Aware of the Referral Systems** 



For each category of school staff listed below, describe how each will be made aware of the referral system and where/how the referral guide is available.

STAFF	How they will be made aware of the referral system and referral guide (e.g., faculty meeting, memo, email)
Administrators	
Teachers	
Facilities Personnel/Janitors	
Office Staff	
After-School Club Leaders	
Parent Coordinators	
Coaches	
Other:	
Other:	
Other:	

# **Tool #6:**

## **Planning for Self-Referrals**



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 below.

C	neck (v) all the places that students can locate copies of the referral guide for self-referrals:
	Posters placed where students gather
	School-Based Health Center and website
	Health Resource Center/Rooms
	School nurses' offices
	Counselors' offices
	Coaches' offices
	Integrate it into classroom activities
	Health fairs
	After school clubs
	School website or web-based platform
	Email blasts and newsletters to students
	Other
	Other
	Other

## **Core Component 3:**

## **Procedures**





#### **Overview**

Written procedures for making referrals lay out the referral system and ensure it "comes alive" in the school building. Procedures define the day-to-day work of implementing a referral system for staff. School faculty and staff are important and trusted resources for students. The development of written procedures provides a standardized and concise roadmap for staff to follow to connect students to appropriate SHS and supportive service providers. They should outline the processes or procedures that school staff will use to refer students for sexual and supportive services, and should clearly define the **who**, **when**, **what**, and **how** of making a referral. The written procedures should also incorporate key principles of a trauma-informed and strength-based approach that will advise the referral-making process with students. The procedures may vary slightly depending on the type of referral being made, whether for sexual health services, mental health services, LGBTQIA+ services, etc.

### LESSONS FROM THE FIELD

"Schools that have developed and implemented procedures for making student referrals for SHS report that prior to the development of procedures, school staff were already addressing the sexual health needs of adolescents. They found that staff welcomed the availability of written procedures to guide their work and staff reported feeling more confident in providing this service to students."

- Project Connect staff member

# **Core Component 3:**

## **Procedures**



#### **Elements of a Written Procedure for Making a Referral**

The framework below provides an outline of the elements of a written procedure, including considerations for the **who**, **when**, **what**, and **how** of making a referral.

WHO should make a referral?	<ul> <li>Designated staff who have received the required training</li> <li>All staff can distribute the referral guide and link to designated referral staff</li> <li>Self-referral by student</li> <li>See <u>Core Component 2: Referral Staff</u> for more information)</li> </ul>
WHEN can a referral be made?	<ul> <li>Upon student request</li> <li>As identified during a one-on-one interaction with a student in person, virtually, or via email</li> <li>Upon referral from other staff members</li> </ul>
WHAT steps are involved in making a referral?	<ul> <li>Identify students' need for SHS, mental health, and supportive services <u>Qs to follow Integration</u> <u>Statements Doc</u></li> <li>Use the referral guide to select adolescent-friendly, affirming, and trauma-informed service provider</li> <li>Make appropriate referral via a warm handoff approach using phone, email, in-person, or virtually with the student</li> <li>Document information about referral</li> </ul>
HOW to make a referral?	<ul> <li>Build rapport with the student</li> <li>HOW to make a referral?</li> <li>Address confidentiality at the start of every discussion</li> <li>Assure appropriate handling and storage of confidential information</li> <li>Identify and clarify students' service needs (consider location, services provided, cost, confidentiality, etc.)</li> <li>Use the approved referral guide to select appropriate SHS and/or supportive service providers including the type of service whether virtual, in-person or web-based</li> <li>Provide a document and/or email to the student that includes key referral information (e.g., location, website, provider name, phone number), help the student call the selected provider to make an appointment, or go online to make an appointment)</li> <li>Establish a process for documenting that a referral was provided</li> <li>Follow-up after a referral to obtain feedback about the referral</li> </ul>

## **Tool** #7:

### How to Effectively Make Referrals



How to Effectively Make a Referral describes six key activities to making a referral that can be used to develop procedures. It is appropriate for a variety of school team members (e.g., school nurses, school counselors, school-based health center staff, school psychologists, teachers, administrators, and peer health educators) who are actively involved in the referral process. The six key activities for effective referrals include:

#### Key Activity #1: Build Rapport

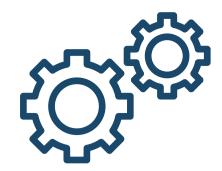
Creating an environment of trust and comfort is an important part of the referral-making process by valuing what teens have to say and normalizing discussions around health. The use of core communication skills, such as open-ended questions, reflective listening, and affirmations/validations, support rapport building with a trusted adult. Rapport building should begin even before a need is identified and continue throughout the referral process. Rapport building supports the qualities that young people look for in an "askable adult", which include being approachable and clear about the facts, open to questions, willing to listen, willing to respect confidentiality, and willing to look for accurate information.

#### Key Activity #2: Ensure Confidentiality and Consent

Once initial rapport is established, the referral process begins with informing students about their confidentiality and consent rights. "Adolescents list confidentiality concerns as the number one reason for delaying or forgoing medical care. Providers should re-clarify the laws and limits of confidentiality during each visit."<sup>15</sup>School staff can remind students that the same rules of consent and confidentiality apply to in-person and telehealth visits. During a visit, teens are more likely to disclose sensitive information if consent and confidentiality are explained to them and they have time alone with a provider. In speaking with students to refer them for health care, school staff should be clear about how they will keep students' information confidential (e.g., restricting access to files, not documenting certain types of information, not talking about their conversations with anyone else), and what types of information they might not be allowed to keep confidential (e.g., certain types of student records, indications of abuse). **See Core Component 1: Polic**y for more information about confidentiality and consent policies.

## **Tool #7:**

### How to Effectively Make Referrals



#### Key Activity #3: Identify Student Needs

Effective referrals are based on identified student needs. An assessment will assist school staff in identifying student sexual health needs. The type of assessment used will vary depending on the role and expertise of school staff. For example, a classroom teacher may simply identify a need based on informal conversations and then be able to connect that student to another resource or staff member (e.g., the school counselor, school nurse, community-based clinic provider) for more specialized assistance. In contrast, a school counselor might conduct a more standardized assessment to determine very specific needs of a given student for follow-up care and treatment. All school staff should have access to the referral guide and be able to assess, at least in a general way, students' need. The extent of this assessment should be based on the staff member's individual level of comfort, training, and expertise.

### Key Activity #4: Select the Appropriate Service(s) and Provider(s)

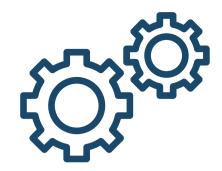
In addition to identifying student needs, referrals need to be made with consideration given to the student's gender identity, sexual orientation, and language needs, as well as the provider's location, accessibility via public transportation, appointment type options via telehealth/in person, cost, hours, and confidentiality policy. Solicit students' input in the selection process. For instance, ask the student what organizations they are familiar with or what agencies their friends have successfully accessed. Consider asking which aspects of a provider are most important to the student (e.g., location or cost). Use of the district and/or school-approved referral guide will assist with identifying appropriate community-based providers and services for students.

### Key Activity #5: Make and Track the Referral

Effective referrals involve taking action to assist students with scheduling appointments, becoming familiar with the referral source, and documenting the referral and whether the student used it. A warm handoff referral is an introduction either in-person, via phone, or email where the individual making the referral makes first contact on behalf of the student and explains to the referral organization the student's specific need or reason for the referral. In some cases, the student may be able to ask for a specific contact person at the referral organization who will already have been informed of the student's situation and/or visit. This is designed to make the process of approaching the provider or organization more comfortable (and more likely) for the student.

## **Tool #7:**

### **How to Effectively Make Referrals**



Three Strategies for Making the Referral:

- Call the selected provider to make the appointment for the teen while they are there with you in person or via a video visit "What do you think of us making the appointment together?"
- Have the teen call for the appointment while you are with them "How can I help you make the appointment? I can sit with you while you make the call."
- Provide step-by-step instructions to the teen on how to make the appointment later "Let's walk through the steps you will take to make the appointment before you leave. Who might you seek help from when you get home?"

## **Tip:** Provide or send the referral guide to the teen and include key referral information (e.g., circle the selected location and phone number, write the date and time of the appointment)

#### Key Activity #6: Follow-Up After the Referral

When a referral is made, it is useful to obtain feedback about the referral. "Information obtained through followup of referrals can identify barriers to completing the referral, responsiveness of referral services in addressing student needs, and gaps in the referral system."<sup>16</sup>The process for follow-up and feedback on referrals can take many forms – ranging from categorizing the number and types of referrals made to verify that the student actually received the service. The extent to which follow-up and feedback are possible is often determined by the agency's capacity and the overall scope of the program.

### **TOOLS AND RESOURCES**

- Connections for Student Success: Making an Effective Referral Video Series: <u>http://connectionsforstudentsuccess.org/index.php/download/teen-pregnancy-prevention-resources-4</u>
- Warm Handoff Video: <u>https://vimeo.com/511788121/c98c9ed5d7</u>
- <u>Effective Referral Flowchart</u>
- <u>Tips to Protect Communications</u>

### **Core Component 4:**

### **Referral Guide**





### **Overview**

#### **Primary Resource for Making a Referral**

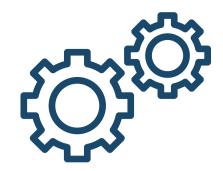
One of the key aspects of any referral system designed to increase adolescents' access to health and supportive services is a referral guide.

#### **KEY TERM: REFERRAL GUIDE**

A referral guide is a paper-based (posters, palm cards, tear-off sheets) or electronic resource (database, website, mobile app.) that lists health service provider organizations.

# **Core Component 4:**

### **Referral Guide**



The referral guide will serve several purposes including:

- Serve as the primary tool or resource that staff will use to guide the selection of an appropriate service provider with a student, and facilitate making a referral
- Serve as a stand-alone resource. When distributed widely, the guide can aid in raising awareness among the student population about services available and facilitate self-referral to care

At a minimum the guide should include a list of school- and community-based provider organizations and pertinent information about each one, including service(s) provided, target population served, and access information (e.g., location, telehealth options, cost, telephone number/website, transportation, hours, etc.). The referral guide should include different types of referrals (in-person, telehealth, and web-based referrals) that address the changing landscape and increase of use in virtual healthcare and the use of web-based services. Web-based services might include, at-home STI/HIV test kits, curbside pick up of prescriptions and kits, birth control, and medication home delivery.

#### **Planning Considerations for Referral Guide Development**

There are a number of items that should be considered at the beginning of the guide development process. These include examining anticipated costs, time, and effort associated with the development of the guide, along with considerations for staffing and engaging a multidisciplinary workgroup to support the development and dissemination of the guide. There should also be considerations around creating a separate student-facing guide specifically for self-referrals. Each of these is described below.

#### **Anticipated Costs, Time, and Effort**

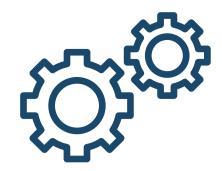
Costs associated with the development of the referral guide include SEA/LEA staff time to manage the development and periodic updating of the guide along with the resources to support the design and printing/publishing of the guide in paper and electronic forms.

### **LESSONS FROM THE FIELD**

The identification of community-based providers of SHS can be a time and labor intensive process. Processes need to be in place in order to periodically (at least every 12-16 months) update the guide to ensure information for health care providers included in the guide is both relevant and current.

-NYCDOE YMSM Project Team, 2013

## **Core Component 4:** Referral Guide



If the referral guide is to be used within the school district, be mindful that there will likely be an extensive review and approval process. If a deadline has been set for the completion of the referral guide, ensure that plenty of time has been allotted for this review process as it may take much longer than expected.

#### **Dedicated Staff and Key Stakeholder Group**

First, **identify a point person** from the district/school to oversee the guide development and implementation process. Next, **identify stakeholders** who will comprise a working group that will support all aspects of guide development and dissemination. Key stakeholders could include other identified district or school staff, parent and community volunteers, students, SHS, mental health, and LGBTQIA+ providers. These stakeholders will become the **Referral Guide Work Group**.

#### **Referral Guide Work Group Tasks:**

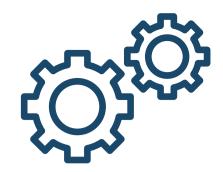
- · Identification of providers
- · Selection of providers for inclusion in the guide
- Determine what information should be included in the guide
- · Design the guide format and look (seek student input)
- Develop a guide dissemination plan
- Update and revise the guide (as needed)

The designated point person is responsible for convening the workgroup on a regular basis. The point person should convene regularly scheduled meetings, at least monthly, with the Referral Guide Work Group. This will keep the group's momentum going to ensure progress. Based on the availability of the work group members, these meetings can take place in person or via video conference, or a combination of the two. The point person can facilitate the meetings, yet all decisions are to be decided upon through group consensus.

The point person is also responsible for supporting the workgroup in the development of a work plan and timeline for completion of the guide, delegating responsibilities, maintaining the momentum and progress toward completion of the guide, and overseeing the production of the guide in print and electronic form.

# **Core Component 4:**

### **Referral Guide**



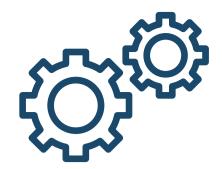
#### 7 Key Activities in The Referral Development Process

The development of the referral guide is a multi-step process, described in the 7 key activities listed below. The key activities do not have to be completed in order but can be addressed together. For instance, deciding what information to include in the guide (Key Activity #1) can happen at the same time guide design features are developed (Key Activity #5).



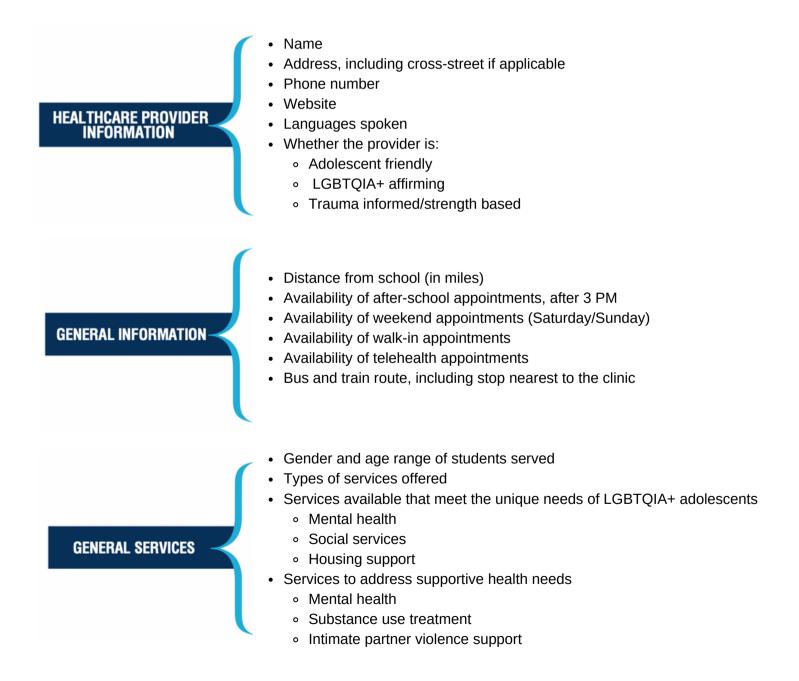
## **Core Component 4:**

### **Referral Guide**



### Key Activity #1: Decide What Information to Include in the Guide

The Referral Guide Work Group should come to a consensus on what information should be included in the referral guide. This is an important step and will help define what information should be gathered from potential providers who will be listed in the guide. It is important to include the following information in the guide:



44

## **Component 4:**

### **Referral Guide**



SEXUAL HEALTH SERVICES	<ul> <li>STI/HIV testing and treatment <ul> <li>Urine-based chlamydia and gonorrhea testing</li> <li>Expedited partner therapy (EPT) for the treatment of chlamydia and trichomoniasis</li> <li>Rapid HIV testing</li> <li>Rapid syphilis testing</li> </ul> </li> <li>Pregnancy testing and pregnancy options counseling</li> <li>Availability of contraception options</li> <li>Emergency Contraception</li> <li>Condom availability (internal and external) <ul> <li>Lubricants</li> </ul> </li> <li>HPV vaccine availability</li> <li>HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)</li> <li>Availability of trans-affirming care including counseling and hormone replacement therapy</li> <li>Availability of web-based services <ul> <li>At-home test kits for STIs/HIV and pregnancy</li> <li>Home or curbside delivery of birth control and/or medications</li> </ul> </li> </ul>
COST OF SERVICES	<ul> <li>Payment/insurance methods accepted (Medicaid and/or other insurance)</li> <li>Sliding scale fees</li> <li>Free services</li> </ul>
ADDITIONAL INFORMATION	<ul> <li>Location and Transportation: the specific location of a facility if it is located in a shopping center or within a larger facility, the provision of free transportation by the provider, etc</li> <li>Minor's Rights and Confidentiality Laws</li> <li>Websites of Interest</li> <li>Information relevant to the local context of a school district (e.g. presence of bilingual staff)</li> </ul>
	Referral Guide Information Checklist for a checklist to ensure that all matter that all matter and the referral quide

### **Referral Guide**



### Key Activity #2: Gather a List of Potential Healthcare Providers

Multiple strategies should be used to identify healthcare providers.

- Compile existing healthcare provider referrals or resource guides (especially those designed for adolescents)
- Partner with the local health department and community-based organizations to identify all sexual health and supportive service providers within the zip codes of the priority school areas as well as all zip codes from which students live
- Examine STI/HIV morbidity data to identify healthcare providers that report cases of STIs or HIV among adolescents to the health department (this is an indication that these providers are providing SHS to adolescents)
- Examine mental health data to identify healthcare providers that are providing evidence-based and trauma-informed mental health support
- Ask school nurses and other school staff about their recommendations for a health center they felt comfortable with or have heard about from students
- Ask School-Based Health Center (SBHC) staff for recommendations as they often have experience or informal partnerships with community providers
- Seek recommendations from students
- Search web-based providers and curbside/delivery services and include them in the referral guide:
  - Bedsider.org an online birth control support network
  - <u>Nurx</u>
  - The Pill Club
  - CDC HIV at-home testing
  - PP of Mass STI testing
  - STD Check
  - Pandia health https://www.pandiahealth.com/
  - Oraquick test from pharmacy <u>http://www.oraquick.com/</u>
  - https://heymistr.com/
  - Mahotline.org; abortionpillinfo.org

## **Core Component 4:**

### **Referral Guide**



- Search service locator websites:
  - Title X family planning database list of federally funded family planning clinics
    - <u>https://opa-fpclinicdb.hhs.gov/</u>
  - <u>FindSTDtest.org</u> The National HIV and STD Testing Resources Web sites are a service of the Centers for Disease Control and Prevention (CDC)
  - <u>https://www.reproductiveaccess.org/resources/</u>
  - Planned Parenthood <u>https://www.plannedparenthood.org/</u>
  - National Consortium for Telehealth https://telehealthresourcecenter.org/
  - SAMHSA <u>https://findtreatment.samhsa.gov/</u>
  - NAMI Helpline <u>https://www.nami.org/help</u>
  - Mental Health America <u>https://mhanational.org/finding-help</u>
  - <u>Society of Adolescent Health and Medicine Mental Health Resources For Adolescents</u> and Young Adults

 See Tool #9: Gathering Potential Providers for a worksheet that will support you in determining which methods you will use to gather a list of all community-based providers that
 can be included in the referral guide.

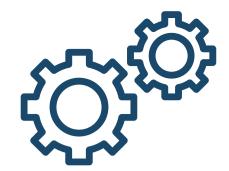
### Key Activity #3: Identify Services Provided by Providers

The Referral Guide Workgroup will decide what information about each type of provider and their services should be included in the guide.

<u>Tool #10: Provider Information Assessment</u> can be used to gather the information that will be included in the guide. The assessment survey should be designed to take no more than 10-15 minutes of the provider's time. Most often, a clinic manager will complete the assessment. Strategies that can be used to identify the sexual health and supportive services that a specific healthcare provider offers are to administer:

- · a web-based survey to each provider agency
- · phone surveys to each provider agency
- · in-person survey to each provider agency
- a combination of paper or electronic survey with follow-up phone or in-person survey or assessment

## **Core Component 4:** Referral Guide



#### Assessment for "Adolescent Friendliness" of Health Care Providers

Youth-friendly services are those that incorporate characteristics of services youth can and want to use. <u>Tool</u> <u>#11: Characteristics of Adolescent Friendly Services</u> lists elements of youth-friendly health services. You can use the checklist to assess the youth-friendliness of clinical services provided by SHS providers, however, all elements do not necessarily need to be in place to be considered for referrals. Use this in conjunction with <u>Tool #10: Provider Information Assessment.</u> Please note that specific characteristics may vary by community.

Options for more in-depth assessment may include the following: an adolescent-led mystery or secret shopper, facilitated (led by a third party not associated with the healthcare provider), and self-guided (conducted by a member of the healthcare provider organization). An option to better understand adolescent friendliness is to conduct focus groups with young people by asking about the characteristics of an ideal provider and what makes them comfortable seeing a provider.



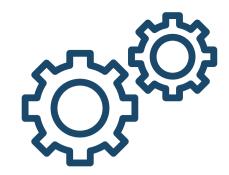
### **LESSONS FROM THE FIELD – "SECRET SHOPPERS"**

Projects supporting adolescent access to services have successfully conducted an in-depth assessment of adolescent friendliness and used adolescent-led "secret shopper" assessment tools. The utilization of an adolescent-led assessment empowers youth to be active partners in their own health care delivery. Implementation of the adolescent-led assessment requires an active approach from project staff. Adolescents require ongoing support including coaching prior to the assessment as well as a thorough debrief following the assessment.

-Access Matters, Philadelphia

## **Core Component 4:**

### **Referral Guide**



### Key Activity #4: Finalize Provider List

Once the provider assessment or survey has been completed, the workgroup must make final decisions about which providers to include in the guide. The list of providers included in the guide should be as comprehensive as possible, even if they do not meet all the characteristics of being youth-friendly or provide all recommended sexual health or supportive services.

#### Key Activity #5: Design, Produce, and Publish Guide

The design, look, and ease of use of the guide are important considerations and can affect how broadly the guide is used by school staff and students alike. Examples of guides used in other communities are presented at the end of the Kit. To ensure that the guide is relevant and appealing to the primary audience, seeking students' input in the design and development of the guide is very important.

#### Some Suggested Activities to Engage Adolescents:

- Engage an art class or student group to design the guide and associated marketing materials including a short video
- · Coordinate a school-wide contest to create a logo and/or a title for the guide
- Conduct focus groups with students to gather ideas about the look, design, and content
- Create and monitor an electronic suggestion box where students can provide feedback on the guide to ensure the relevancy and accuracy of the information included

### Key Activity #6: Conduct Training and Professional Development

Prior to the introduction of the referral guide into schools, in-service training should be held for any staff who will be expected to use the guide and integrate it into their daily practice. <u>See Core Component 2: Referral</u> <u>Staff</u> for more information and tools on providing training to staff.

### LESSONS FROM THE FIELD

Having adolescent involvement from the guide's inception will ensure it meets their needs and will support getting the word out about the availability of the resource, the referral system and support subsequent marketing efforts.

-NYCDOE YMSM Project Team, 2013 -Access Matters, Philadelphia

## **Core Component 4:**

### **Referral Guide**



### **TOOLS AND RESOURCES**

- Tool #8: Referral Guide Information Checklist
- <u>Tool #9: Gathering Potential Providers</u>
- <u>Tool #10: Provider Information Assessment</u>
- Tool #11: Characteristics of Adolescent-Friendly SHS

#### Key Activity #7: Update and Maintain Referral Guide

The referral guide should be updated regularly. One way to ensure it is updated regularly is to conduct a provider assessment survey annually with each provider listed on the guide. The survey can be administered either electronically, on the phone, or in person, and would contain a subset of the questions from the initial survey (**see Tool #10: Provider Information Assessment**). The basic intent of this follow-up survey is to ensure that providers are still accepting adolescent patients and to determine if there have been changes in services available, expanded services in emerging areas of need, availability of telehealth, provider hours, location, payment policies, or other pertinent information. Eliciting feedback from adolescents who have been referred to specific providers can also be incorporated when updating the guide. As part of the update and maintenance process, it is important to identify new providers within the community to include them in the guide as well as take out providers or health centers that are no longer in business.

While not required, building relationships with providers listed in the referral guide over time can serve to strengthen the referral system and increase connections between schools and communities. It can also make it easier to update the referral guide by increasing responsiveness to requests. Options for building relationships include hosting quarterly or yearly meetings where school staff and health care providers can meet. Choosing an informal setting or meeting over Zoom, perhaps during lunch hours to accommodate busy schedules, will increase attendance. Providers can have the chance to outline to school staff the services they offer and ways for students to connect with them. Another option is to organize "field trips" for students and key school staff to visit the community-based provider organizations. Also, consider inviting provider champions to participate in the school or school district Health or Wellness Council. *See the companion resource called Establishing Organizational Partnerships.* 

## **Tool** #8

### **Referral Guide Information Checklist**



For each provider included in the referral guide, use this checklist to ensure that all important information has been included. If you do not have the information readily available, **see** <u>Tool #9:</u> <u>Gathering Potential Providers</u> to determine how and who will collect the information required and <u>Tool #10: Provider Information Assessment</u> and <u>Tool #11: Characteristics of Youth-Friendly</u> <u>Services</u> for worksheets to record important information about each type of provider for the guide.

#### **Healthcare Provider information**

#### 🗆 Name

- Address, including cross-street if applicable
- D Phone number
- U Website
- Languages spoken
- $\Box$  Whether the provider is:
  - Adolescent friendly
    - LGBTQIA+ affirming
    - Trauma informed/strength based

#### **General information**

- Distance from school (in miles)
- Availability of after school appointments, after 3 PM
- Availability of weekend appointments (Saturday/Sunday)
- Availability of walk-in appointments
- Availability of telehealth appointments
- Availability of web-based service delivery
- □ Bus and train route, including stop nearest to the clinic

#### **General services**

<ul> <li>Gender and age range of students served</li> <li>Types of services offered</li> <li>Services available that meet the unique needs of LGBTOIA+ adolescents</li> </ul>
<ul> <li>Mental health</li> </ul>
<ul> <li>Social services</li> </ul>
<ul> <li>Housing support</li> </ul>
□ Services to address supportive health needs
<ul> <li>Mental health</li> </ul>
<ul> <li>Substance use treatment</li> </ul>
<ul> <li>Intimate partner violence support</li> </ul>
Cost of services

Payment/insurance methods	accepted
(Medicaid and/or other insura	nce)

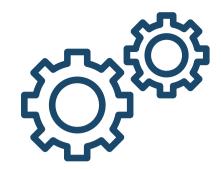
- □ Sliding scale fees
- □ Free services

Sexual Health Services
<ul> <li>STI/HIV testing         <ul> <li>Urine-based chlamydia and gonorrhea testing</li> <li>Rapid HIV testing</li> <li>Rapid syphilis testing</li> <li>*Many places that screen specifically for HIV and syphilis, do not usually have treatment available in office. Referral for testing and treatment may require more than one provider or site.*</li> </ul> </li> <li>STI/HIV Treatment         <ul> <li>HIV treatment</li> <li>Syphilis treatment</li> <li>Expedited partner therapy (EPT) for the treatment of chlamydia and trichomoniasis</li> </ul> </li> </ul>
*May need to be a different referral site than where testing happens such as a local health department or federally qualified health centers*
Pregnancy testing and options counseling
Availability of contraception options
Emergency Contraception
<ul> <li>Condom availability (internal and external)</li> <li>Lubricants</li> </ul>
HPV vaccine availability
HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
Availability of trans affirming care including counseling and hormone replacement therapy
<ul> <li>Availability of web-based services</li> <li>At home test kits for STIs/HIV and pregnancy</li> <li>Home or curbside delivery of birth control and/or medications</li> </ul>
Additional information
□ Location and transportation: the specific location of a facility if it is located in a shopping center or within a larger facility, the provision of free transportation by the provider, etc.
□ Minor's rights and confidentiality laws
<ul> <li>Websites of interest</li> <li>Information relevant to the local context of a school district</li> </ul>

- □ Information relevant to the local context of a school district (e.g., presence of bilingual staff)
- Procedures for making appointments

## **Tool #9:**

### **Gathering Potential Providers**

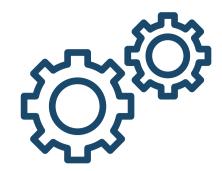


Use the following tool to determine how you will identify potential providers to be included in the referral guide. Record the strategies you will use, who will be responsible, associated timelines, and other notes. It is important to use multiple strategies to collect the information. Strategies include:

- Compile existing healthcare provider referrals or resource guides (especially those designed for adolescents)
- Partner with the local health department, specifically HIV/STI Programs to form simple pathways to Partner Services and to help identify other service providers
- Partner with community-based organizations to identify all sexual health and supportive service providers within the zip codes of the priority school areas as well as all zip codes from which students live
- Examine STI/HIV morbidity data to identify healthcare providers that report cases of STIs or HIV among
  adolescents to the health department (this is an indication that these providers are providing SHS to
  adolescents). The annual CDC STD and HIV Surveillance Reports can be useful resources for this data, as
  can state health departments
- Examine mental health data to identify healthcare providers that are providing evidence-based and traumainformed mental health support
- Ask school nurses and other school staff about their recommendations for a health center they felt comfortable with or have heard about from students
- Ask the School-Based Health Center (SBHC), staff, for recommendations. They often have experience or informal partnerships with community providers
- · Seek recommendations from students
- Search web-based providers and curbside/delivery services and include them in the referral guide:
  - <u>Bedsider.org</u> an online birth control support network operated by The National Campaign to Prevent Teen and Unplanned
  - <u>Nurx</u>
  - The Pill Club
  - <u>CDC HIV at-home testing</u>
  - <u>PP of Mass STI testing</u>
  - STD Check
  - Pandia health <u>https://www.pandiahealth.com/</u>
  - Oraquick test from pharmacy <u>http://www.oraquick.com/</u>
  - https://heymistr.com/
  - <u>Mahotline.org</u>; <u>abortionpillinfo.org</u>

## **Tool #9:**

### **Gathering Potential Providers**



- Search service locator websites:
  - Title X family planning database list of federally funded family planning clinics
    - <u>https://opa-fpclinicdb.hhs.gov/</u>
  - <u>FindSTDtest.org</u> The National HIV and STD Testing Resources Web sites are a service of the Centers for Disease Control and Prevention (CDC)
  - https://www.reproductiveaccess.org/resources/
  - Planned Parenthood <u>https://www.plannedparenthood.org/</u>
  - AIDS Healthcare Foundation <u>https://www.aidshealth.org/</u>
  - National Consortium for Telehealth <u>https://telehealthresourcecenter.org/</u>
  - SAMHSA <u>https://findtreatment.samhsa.gov/</u>
  - NAMI Helpline https://www.nami.org/help
  - Mental Health America <u>https://mhanational.org/finding-help</u>
  - <u>Society of Adolescent Health and Medicine Mental Health Resources For Adolescents and Young</u> <u>Adults</u>

STRATEGY	PERSON(S) RESPONSIBLE	TIMELINE	NOTES

# **Tool 10:**

**Provider Information Assessment** 

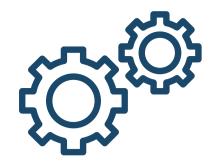


Use the worksheet template below to gather and organize information to include in a referral guide. This worksheet template and be used in conjunction with the <u>Tool #11: Characteristics of Youth-Friendly</u> <u>Services</u> worksheet and may be modified to include information that is important to your organization, student need or interest, and/or local service characteristics (e.g., bilingual staff, homeless youth).

Name of Health Center:	
Address:	
Telephone #:	
Website/URL:	
In the Health Center a Title X provider?	
Days and hours of operations: MondayTuesdayWednesda	ay 🗆 Thursday 🗆 Friday 🗆 Saturday
Adolescent who are provided with servi DMales DFemales DTransgender	
How do clients schedule an appointmer	nt? (mark all that apply)
Are walk-ins accepted?	
Are telehealth appointments available?	
What SHS are provided to adole	scents? (mark all that apply)
STI Testing HIV Testing STI Treatment Chlamydia Gonorrhea HIV HPV Syphilis Trichomoniasis HSV 1 and 2	<ul> <li>Pregnancy Testing</li> <li>Pregnancy Options Counseling</li> <li>Condoms</li> <li>Condom Compatible Lubricants</li> <li>HPV Vaccine</li> <li>HIV pre-exposure prophylaxis (PEP) and post-exposure prophylaxis (PEP)</li> <li>Trans affirming care including counseling and hormone replacement therapy</li> </ul>
	olescents? ( <i>mark all that apply</i> ) Health Substance Use Treatment □LGBTQA+ Counseling and Care □Intimate Partner Violence Support e □Career Services □Other
What contraceptive service is provided IUDs Implants Depo-Provera Emergency Contraceptives Othe	Birth Control Pills Ortho Evra Patch NuvaRing Condoms(internal and external)
Are SHS (e.g., HIV/STI testing, pregnanc	y testing, birth control) provided to adolescents without the requirement of parental consent? IYes INo
As low - or no-cost service provided to	adolescent? 🗆 Yes 💷 No
Are service provided to adolescents wit	hout regards to ability to pay? 🗆 Yes 👘 No
The location is accessible by: (mark all	that apply) □Bus □Subway/Train □Car □Walking Distance

# **Tool 11:**

**Characteristics of Youth-Friendly Services** 



Youth-friendly services are those that incorporate characteristics of services youth can and want to use. Below are some elements of youth-friendly health services. You can use the checklist to assess the youth-friendliness of clinical services provided by sexual health service providers, however, all elements do not necessarily need to be in place to be considered for referrals. Please note that specific characteristics may vary by community. Use this in conjunction with <u>Tool #10: Provider Information Assessment.</u>

#### **Sexual Health Services**

- Chlamydia and gonorrhea testing provided via urine or vaginal/penile/rectal swab sample
- · Syphilis testing provided via blood sample
- Treatment for Chlamydia, Gonorrhea, and Syphilis
- Expedited Partner Therapy (EPT) (as per state regulation)
- Rapid HIV testing provided using oral swab or finger stick
- Access to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- All FDA approved contraceptive methods are provided or prescribed
- Quick Start, or same day, initiation of all birth control methods
- Hormonal contraception provided without requirement of pap smear, pelvic exam, breast exam, or STD testing
- Condoms are available
- No pap (cervical cancer screening) required until age 21
- Advance provision of Emergency Contraception (EC) provided
- EC is provided or prescribed
- Pregnancy testing is available using rapid tests
- Pregnancy options counseling is available, including referral for prenatal care, adoption, and abortion
- Trans affirming care including hormone replacement therapy

#### **Confidentiality and Cost**

- Sexual health services are provided to adolescents without requirement of parental consent
- Sexual health services are confidential, and records cannot be shared with parents or guardians without the adolescent's consent <u>\*State laws may vary, please see policy section for further</u> <u>guidance\*</u>
- Sexual health services are provided without regard of ability to pay and offer a sliding scale fee
- Do not require use of health insurance if adolescents don't want services to be billed to parent/guardian's insurance

# **Tool 11:**

**Characteristics of Youth-Friendly Services** 



#### Appointments and Location

- Walk-in services are available
- · Appointments available same day or next day
- · Appointments available after school hours and on weekends
- Telehealth and phone appointments available
- · Health center site accessible to public transportation

#### Environment

- Waiting room includes posters and magazines targeted toward an adolescent audience
- Health center brochures include information about SHS available to adolescents including describing confidentiality provisions
- · Staff have been provided training on adolescent development
- Staff are welcoming and friendly to all adolescents including youth of varied: race/ethnicity, sexual orientation, and gender identity

#### **Supportive Services**

- Availability of mental health professionals
- Staff are competent in LGBTQIA+ care
- Staff screen for other needed services including substance use, relationship violence, housing assistance
- Warm handoff referrals are provided to behavioral and supportive services including mental health, education, housing, after school programs, substance use treatment, LGBTQIA+ care

#### For Primary Care and Pediatric Care Providers

- Adolescent has time alone with the healthcare provider at every visit (urgent and preventive)
- Employs a "No Wrong Doors, No Missed Opportunities" approach to addressing the sexual health needs of adolescents by conducting brief sexual health assessment at every visit (urgent or preventive)

Sample guides: https://boston.y2connect.org/

# **Core Component 5:**

### **Communications and Marketing**





### **Overview**

The majority of adolescents report they do not know where to get SHS or other supportive services and lack awareness of services available to them in their community. This includes where to receive services that address their needs for confidentiality (when indicated).<sup>17</sup> More specifically, LGBTQIA+ adolescents are more likely to have had negative experiences with healthcare systems, which can affect their likelihood of seeking services.<sup>18</sup> Past experiences of discrimination, as well as perceived bias by healthcare providers, can be a barrier for LGTBQIA+ people and people of color seeking care. In a LAMBDA Legal survey, nearly half of LGB respondents and almost 90% of transgender respondents believe that there are not enough medical personnel who are properly trained to care for them. Over half of LGB respondents and 85% of transgender respondents reported that overall community fear or dislike of people like them is a barrier to care.<sup>19</sup>

An effective marketing strategy is essential to any referral system aimed at successfully connecting students to services. Creating a school environment that increases awareness about the availability of SHS and supportive services for adolescents can increase the rate at which adolescents seek care. Access to and knowledge about LGBTQIA+ supportive services can be a protective factor for LGBTQIA+ youth. In schools with access to supportive services including adequate counseling, confidential support, and referrals, students reported lower rates of homophobic bullying.<sup>20</sup>In some cases, an effective marketing campaign can increase students' access to health services even in the absence of referrals from designated school staff. See the GYT <u>(Get Yourself Tested) for High Schools Toolkit</u> for principles on implementing a student-led marketing campaign.

# **Core Component 5:**

### **Communications and Marketing**





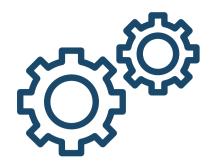
#### **Developing a Plan**

Every school can develop and implement a school-based marketing and communications plan with the specific aim of increasing awareness of the availability of both school- and community-based adolescent-friendly sexual health and supportive services. The plan and associated activities do not need to be complicated, and can include:

- Hanging posters, and flyers about adolescent-friendly health providers in places where students congregate
- Writing an article or advertising in the school newspaper or on adolescent-focused social media (Facebook, Instagram, Twitter, Tumblr, YouTube, TikTok)
- Integrating information about providers and designated referral staff into health or other classes both inperson and virtually
- Distributing referral guides during school health fairs or other school and community-based events
- Including referral information and the guide on the school website as part of the health and wellness page so that it is easily accessible to staff, students, and parents
- Using technology like text messaging, email blasts, or school-issued iPads to increase awareness of health and adolescent-friendly providers
- Partnering with school personnel from after-school programs to champion the marketing of the referral system
- Utilizing SBHC and school district websites as resource hubs for information about sexual health and mental health resources
- Consider principles outlined in the <u>Get Yourself Tested (GYT) Toolkit</u> to implement a student-led marking campaign. More information can be found <u>here</u>

# **Core Component 5:**

### **Communications and Marketing**



#### **Engaging Partners**

Engaging adolescents and other key partners in the design and implementation of marketing and communications plans allows them the opportunity to be ambassadors for the referral system. It will ensure the plan speaks to adolescents and is culturally relevant and may be the most effective way of increasing the visibility of the referral system school-wide. The other key partners that can be engaged include school social workers, counselors, guidance counselors; gender and sexuality alliance groups (GSA); school administrators, and parents.

#### **Ensuring School Faculty and Staff Awareness**

A successful referral system is one that everybody knows about, including school faculty and staff, students, school boards, school clubs, after-school programs, work groups, and committees. As part of the referral system communications strategy, activities designed to reach these groups with basic information about the referral system are necessary. Some options for spreading the word include:

- · Providing basic information during staff development days
- · Holding a faculty "lunch and learn" for school staff to meet and connect with designated referral staff
- Announcing the availability of the referral guide and designated referral staff at school assemblies
- Ensuring that information about the referral system is included on agendas at school board and committee meetings
- Utilizing a web-based platform or website to share the referral guide and resources about how to use the referral guide

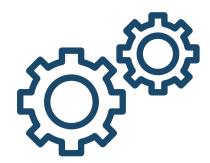


### LESSONS FROM THE FIELD

The Teen Coalition's Cambodian Youth Development Partnership, which is made up of youth leaders in Lowell, MA, provides a strong example of successfully engaging adolescents in marketing strategies. The Teen Coalition created a social marketing campaign, "CALL ME," solely to advertise the Teen Help Card which contains a list of community-based youth service agencies (i.e., a referral guide). Service categories include domestic violence, teen pregnancy prevention, HIV/AIDS counseling and testing, jobs, education and training, health care, gay and lesbian support programs, and drug counseling. The impact of the marketing and communications strategy for this referral guide has been great. No other piece of media has provided such an extensive directory of local youth services. In a community where services are difficult to access, and barriers keep youth from seeking out services, the Teen Help Card has been effective in connecting youth to assistance. -Access Matters, Philadelphia

# **Tool #12:**

### **Marketing Plan**

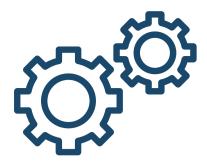


Use the following tool to develop a plan to communicate the purpose and availability of the referral guide and market it to students. Record the marketing strategies you will use, the different tasks associated with the strategy, who will be responsible for the different tasks, timelines, and additional notes. It is important to involve youth in marketing and communication activities to ensure they are culturally relevant.

### **Example Marketing Strategy**

- Hanging posters, flyers about adolescent friendly health providers in places where students congregate
- Writing an article or advertising in the school newspaper or on adolescent-focused social media (Facebook, Instagram, Twitter, Tumblr, YouTube, TikTok)
- Integrating information about providers and designated referral staff into health or other classes both in-person and virtually
- Distributing referral guides during school health fairs or other school and community-based events
- Including referral information and the guide on the school website as part of the health and wellness page so that it is easily accessible by staff, students and parents
- Using technology like text messaging, email blasts or school-issued iPads to increase awareness of health and adolescent friendly providers
- Partnering with school personnel from after school programs to champion marketing of the referral system
- Utilizing SBHC and school district websites as resource hubs for information about sexual health and mental health resources

MARKETING STRATEGY	TASK	PERSON(S) RESPONSIBLE	DATE	NOTES



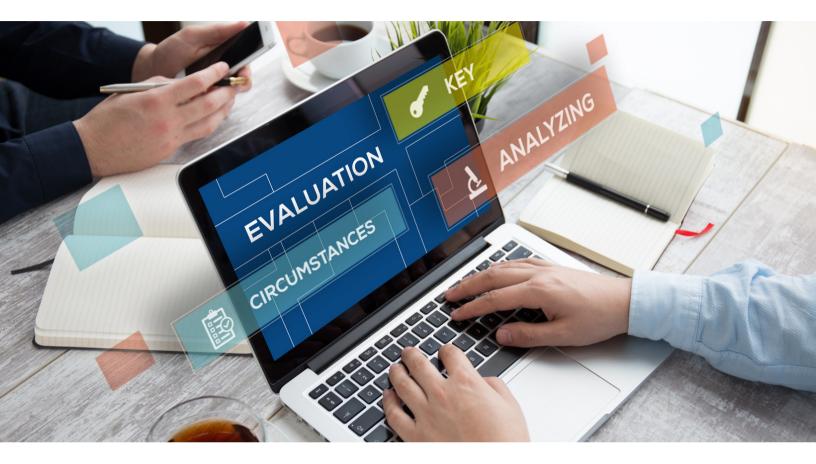
### **Example Marketing Plan**

MARKETING STRATEGY	TASK	PERSON(S) RESPONSIBLE	DATE	NOTES
	Develop posters	Jane	By Oct 31	Team meets with students to determine poster content and design Pilot test with a group of students to determine if they will be effective
Hanging posters, flyers or placing brochures	Determine where to hang posters	Team	By Oct 31	Focus on places where students congregate
about SHS and adolescent friendly providers in places where students congregate	Hang posters	Sunil and Silvia	By Nov 7	Team meets with students to determine poster content and design
				Pilot test with a group of students to determine if they will be effective
	Determine where to place referral guides	Team	By Oct 31	Focus on where students congregate
	Set referral guides in designated areas	Yeena	By Nov 7	

# **Core Component #6**

### **Monitoring and Evaluation**





### **Overview**

The development and implementation of a school-based referral system to connect adolescents with health providers require the allocation of limited school resources. The allocation of these resources must be justified through an examination of the impact of our efforts.

Therefore, while working to establish the referral system it is important to begin planning for the development of strategies and systems to answer the question, **"How do we know we are making the change we want to see?"** This question can only be answered by establishing a monitoring and evaluation (M & E) system capable of providing essential information about the extent to which the referral system is achieving its intended objectives to refer and link adolescents to adolescent-friendly sexual health and supportive service providers.

With the information generated from this M & E system, successes can be identified and celebrated, and gaps and areas for improvement identified.

# **Core Component #6**

**Monitoring and Evaluation** 

### **Monitoring and Evaluation Options**

There are many options for evaluating the success of a referral system ranging in intensity that may include the following options:

### Basic

Examining the number of referrals made over a specific time period by designated staff using a log (without personal identifiers such as name, age, etc.) that staff record every time a referral is made, or by counting the number of referral guides distributed or number of times referral guide was visited online.

### **Moderate**

Documenting the number of visits to health providers where adolescents report attending priority schools by adding a question to a health care provider intake form or to the electronic health record; or asking students if they were able to keep their appointment and the services they received. If possible, document the number of provider visits prior to the implementation of the referral system to establish a baseline measure and compile the student follow-up responses.

### High

More in-depth evaluation efforts would enable designated school staff to determine if a referral made resulted in receipt of care from a provider and may require a data sharing agreement or MOU between organizations.

# Key questions to guide the development of systems to monitor and evaluate the impact of a school's referral system are provided below.

- 1. What question(s) do you need to answer to measure your progress toward achieving the referral systems objectives and goals (i.e., how many instances of referrals were made within each priority school to adolescent-friendly off-site providers or SBHCs for ANY of the key health services)?
- 1. What data do you need to answer these questions?
- 2. Where can this data be found?
  - a. Are there existing systems already collecting the data?
  - b. Can existing systems be adapted to collect data?
  - c. Do new systems need to be put in place to collect data?
- 3. Who will collect the data?
- 4. Who will conduct data quality assurance?
- 5. Who will, and with what frequency will data be reported?
- 6. How will the data be used?





## **Tool #13**

### **SHS Referral Worksheet**



#### Sample from Boston Public Schools

Please follow the steps in the SHS Referral Worksheet to accurately report SHS Measures for Empowering Teens Through Health (ETTH).

#### SHS Measure:

- Number of referrals made by school staff to adolescent-friendly off-site providers or SBHCs for ANY of the following key sexual health services:
  - HIV testing
  - STD testing
  - STD treatment
  - pregnancy testing
  - provision of condoms and/or condom-compatible lubricants (e.g., water- or silicone-based)
  - provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD)
  - human papillomavirus (HPV) vaccine administration
- Number of times students accessed school-based services to obtain SHS

#### Identify and list individuals who may provide key sexual health services at your school. These individuals may include (but are not limited to) the following staff.

- Nurse
- Health Education or Physical Education Teacher
- Guidance Counselor
- Headmaster or Assistant Headmaster
- School-based Health Center Staff
- Health Resource Center Staff

TEACHER/SCHOOL Staff	NAME	ROLE AT SCHOOL	IS THIS PERSON A MEMBER OF Your School's cat team? (Y = YES, N = NO)

- Distribute the sample SHS letter and "Condom Dispense & SHS Referral Tracking Form" to <u>each individual</u> identified as providing key sexual health services (please see sample provided).
- Collect the "Condom Dispense & SHS Referral Tracking Form" from each individual. Package all forms and submit to the ETTH Grant Manager by ETTH Evaluation Submission Dates. Include a copy of this page in your package.

## **Tool #14**

### **Letter to Staff Providing SHS**



Sample from Boston Public Schools



Dear Colleague,

Thank you for your tremendous work to deliver key **Sexual Health Services (SHS)** to the students in our school. As a part of the **Empowering Teens Through Health (ETTH)** program that supports this work, our school is required to report on the following measures:

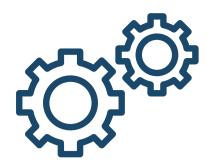
- # of referrals made by school staff to adolescent-friendly off-site providers or SBHCs for ANY of the following key sexual health services:!
  - HIV testing
  - STD testing
  - STD treatment
  - pregnancy testing
  - provision of condoms and/or condom-compatible lubricants (e.g., water- or silicone-based)
  - provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD)
  - human papillomavirus (HPV) vaccine administration
- · # of times students accessed school-based services to obtain condoms

Our funder requires that <u>each individual</u> providing key sexual health services or providing referrals to key sexual health services use the **Condom Dispense & SHS Referral Tracking Form** (attached) to track condom provision and sexual health referrals. Please see the **Condom Dispense & SHS Referral Tracking Form Guidance** for specific instructions.

In order for our school to meet the reporting deadline of January 9th, I ask that **you please return** your Condom Dispense & SHS Referral Tracking Form(s) (please make additional copies as needed) to me by **December 23**<sup>rd</sup>, **2014**.

Thank you again for your assistance! Sincerely,

## **Tool #15** SHS Referral Tracking Form



Sample from Boston Public Schools

#### The purpose of the Condom Dispense & SHS Referral tracking form is to record:

- 1. Number of referrals made by school-based staff for any key sexual health services,
- 2. Types of key sexual health services referrals,
- 3. Agencies students are referred to, and
- 4. Number of students accessing school-based services to obtain condoms.

Referrals can be made to agencies both on and off the school campus. Examples of school-based staff who may make referrals for key sexual health services may include the nurse, members of the CAT Team, school-based health center staff, and Health Resource Center staff.

		Refe		e Code	]	Referral Agency Code						
Н	HIV testing	BC	condom	n of contraceptives other than s (ie: birth control pill, birth control shot, IUD)			On School ite/Campus		Off School Site/Campus			
т	STD testing	Provision of condoms and/or condom- compatible lubricants (ie: water or silicone based)		HRC	Health Resource Center		YFP	Youth friendly program (same as Adolescent program)				
RX	STD treatment		L	Lubricants	1	SBHC	School-based Health Center		ABCD	Action for Boston Community Development		
HP	HPV vaccine		C	Condoms	]	СТ	Condom availability team		РСР	Primary care physician		
Р	Pregnancy testing	0	Other		1				H	Hospital Unknown		
					-				0	Other		

School N	School Name:									Υοι	ır Na	me:								
Your Ro	le (Please sele	ct on	ie):		lurse		CAT	Team M	lembe	er (other than nurse) Health Resource Center Staff										
School-based Health Center Sta									er Staf	ff Other (please describe)										
Reporting Period (select one):								3/14)			Spring	Semeste	r (01/05	5/15-06/1	2/15)					
A) Date of encounter (mm/ddyy) B) Were condoms dispensed? (YN) C) Circle the type of referral made (see code list attached)							D) Circle the agency student was referred to (see code list attached)													
	was		Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
	service	ž	Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
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	P	3	Н	Т	RX	HP	Ρ	BC	L	C	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
	sex u al	leave	Н	Т	RX	HP	Ρ	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	× 50	8	Н	Т	RX	HP	Р	BC	<u>, L</u> °	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	× ×	en counter,	Н	Т	RX	HP	Ρ	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	for an	8	Н	Т	RX	HP	Ρ	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
	5		Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	ferral	¢,	н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
	Ê	made in that	Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
			Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
	ONLY		Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
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			Н	T	RX	HP	P	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	Complete		Н	T	RX	HP	Р	BC	L	C	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
	3		н	T	RX	HP	P	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	н	CT	DK	0
			Н	T	RX	HP	P	BC	L	C	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
Column		łumn	Н	Т	RX	HP	Р	BC	L	С	0	HRC	SBHC	YFP	ABCD	PCP	Н	CT	DK	0
Total		Total																		

## **Core Component #7**

### **Management and Oversight**





### **Overview**

To develop, implement and sustain a successful referral system, a management and oversight strategy must be in place. Key staff, partners, or school groups should be tasked with maintaining the referral system at the state, district, and school levels. At a minimum, one school champion or a sub-committee of a larger school health team or council should have overall oversight and coordinating responsibilities for the referral system.

The champion(s) will be the person(s) promoting the referral system within the school, anticipating potential barriers (and helping overcome them when possible), keeping the school board, faculty, and administration involved and updated about the referral system, and serving as a liaison to collaborating partners.<sup>21</sup>

# **Core Component #7**

**Management and Oversight** 



### Core Tasks for the Management and Oversight Team

Key questions to guide the development of systems to monitor and evaluate the impact of a school's referral system are provided below.

Provide staff training (completed at least annually)

Update relevant policies and procedures

- Designate staff to make referrals (address staff turnover)
- Maintain partnerships with sexual health and supportive health providers
- · Update referral guides and tools
- · Disseminate referral guides and tools
- · Implement communications and marketing plan
- · Measure, monitor, report and improve
- · Share successes with partners and key stakeholders

Management of a successful referral system involves oversight and coordination. Establishing a plan for addressing the core areas identified above will help to ensure that the system is being implemented in a standardized manner and on track to supporting adolescents in making connections for success.

OVERSIGHT AND COORDINATION

## Designing a Sustainable Referral System



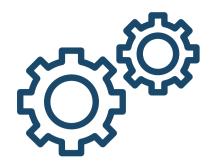


### **Overview**

School health programs are entering a new era. They can no longer be solely dependent on grant funds, nor can they just be "nice-to-have" and not imperative activities. Therefore, state and local education agency leadership must be deliberate and focused on what it takes to build sustainable referral systems during the planning process. Sustainability requires program definition independent of a single grant source and independent of an individual champion or point person. If the grant goes away or the individual leaves, the program continues.<sup>22</sup>

#### **KEY TERM: SUSTAINABILITY**

Having the human, financial, technological, and organizational resources to provide services to meet the needs and attain results toward a mission on an ongoing basis. Sustainability requires organizational and programmatic infrastructure to carry out core functions independent of individuals or one-time opportunities.<sup>23</sup>



### **Considerations for Promoting Sustainability**

The following describes some of the key activities associated with designing sustainable referral systems. The list below is drawn from the literature on the diffusion of innovations,<sup>24</sup> and lessons learned over 30 years of implementing new systems and innovations in both school and healthcare settings.<sup>25, 26</sup>

#### Key Activity #1: BUILD WILL

To mobilize a multi-stakeholder community response and ownership

- Establish and Communicate Need. Use data to establish a specific need for the referral system (Youth Risk Behavior Survey (YRBS) data, STI data, teen pregnancy data, and mental health data) and inform the decision-making processes.
- Link Effort to Achievement of Educational Attainment. Link integration of the referral system to the district or school's mission, vision, values, and achievement of educational outcomes.
- Link Effort to Achievement of Community Outcomes. Link integration of the referral system in the school setting to broader community wellness outcomes.
- Identify and Engage Champions. Identify and develop mutually beneficial relationships with core constituents, or those who are likely to take significant action on behalf of the project at the school and community level (e.g., school health director, school principal, superintendent, teachers, students, community, and school-based healthcare providers).

#### Key Activity #2: RE-ALIGN EXISTING RESOURCES and SYSTEMS

To design, implement and maintain the referral system

- Identify and Leverage Existing District and School Resources. Identify existing human, technological, financial, and organizational resources, and organize, deploy, and manage the resources to implement the referral system (e.g., policies, procedures, nurses, teachers, student clubs, School Health Advisory Council, School-Based Health Centers).
- Identify and Leverage Existing Community Resources. Identify adolescent-friendly and LGBTQIA+-affirming providers of sexual health and supportive services and engage as partners.

### Designing a Sustainable Referral System



#### Key Activity #3: DESIGN WITH THE END-USER IN MIND

To support easy adoption in real-world settings that meet the needs of adolescents attending school.

- **Team-based Approach.** Engage a multidisciplinary team of professionals and stakeholders to design the referral system especially those who will be implementing the system at the individual school level (e.g., select district and school staff, community stakeholders, parents, and adolescents).
- **Simplicity and Ease of Use.** Design simple and straightforward referral procedures and tools. Concepts and resources that are simpler to understand are adopted more rapidly than those that require the adopter to develop many new skills and understandings.
- Ability to Adapt. Develop referral policies, procedures, and tools that are flexible and can be easily adapted to address the unique context and resources of diverse districts and schools.
- **Compatibility with Existing Practices.** Examine existing practices within a district and school and consider how new activities and procedures associated with the planning and implementation of a referral system can be integrated.
- **Observable Results.** Share success, challenges, and outcomes with key stakeholders often. The easier it is for individuals to see the results of an innovation, the more likely they are to adopt it. Visible results stimulate peer discussion and enhance efforts to improve.

### **CASE STUDY: SIMPLICITY AND EASE OF USE**

Key informant interviews with Project Connect staff from the Los Angeles School District middle and high schools revealed that a brief interaction between designated referral staff (school nurses) and students effectively connected sexually experienced students to SHS.

# Appendix A

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# Appendix B Glossary



**LGBTQIA+:** An acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual. The (+) is for those that exist beyond the currently defined gender and sexuality spectrum including nonbinary (enby) students. Nonbinary or genderqueer is an umbrella term for gender identities that are neither male nor female—identities that are outside the gender binary.

**Partner Services:** Partner services are offered to people with STIs, to their partners, and to other people who are at increased risk for infection in an effort to prevent transmission of these infections and to reduce suffering from their complications. The historical focus was to identify and locate the sexual contacts of infected people and other people at risk for behavioral or other factors – 'contact tracing' – and then refer them for care and treatment, as appropriate.

**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, the 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 wellbeing 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).

**Referral Guide:** A referral guide is a paper-based (posters, palm cards, tear-off sheets) or electronic resource (database, website, mobile app.) that lists sexual health service provider organizations.

**Referral System:** a set of resources and processes that are aligned to increase student awareness of school- and community-based SHS providers, increase referral of students to school- and community-based SHS providers for sexually active adolescents and increase the number of sexually active adolescents receiving key SHS.

**Referral:** describes a process of assisting students in obtaining health services through a variety of activities, including, but not limited to, connecting students to adolescent-friendly providers and support services.

**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 physician's assistant.

# Appendix B Glossary



**School-linked Health Center (SIHC):** 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.

**Sustainability:** Having the human, financial, technological, and organizational resources to provide services to meet the needs and attain results toward a mission on an ongoing basis. Sustainability requires organizational and programmatic infrastructure to carry out core functions independent of individuals or one-time opportunities.

**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



CAI is a diverse, mission-driven nonprofit organization dedicated to improving the quality of health care and social services delivered to marginalized populations worldwide. Since 1979 they tackled the toughest health and social issues that confront populations and communities most impacted by health disparities. Working as trusted partners with numerous funders, our customized services build the capacity of health and human service organizations, improving lives in the communities we serve. Our passionate staff and commitment to the populations we serve drive us to innovate, educate and create positive change-fostering a more aware, healthy, compassionate, and equitable world.

NCSD's Adolescent Sexual Health initiative provides technical assistance to state health and education agencies throughout the nation. If you have adolescent SHS technical assistance requests, questions, or responses, please contact NCSD's <u>adolescenthealth@ncsddc.org</u>.

For more information on NCSD's Health Equity initiative and Health Equity technical assistance requests, questions, or responses, please contact NCSD's <u>healthequity@ncsddc.org</u>.