

# Empowering Teens Through Health Evaluation

## SHS Referral Worksheet

**Please follow steps in this SHS Referral Worksheet in order to accurately report SHS Measures for ETTH.**

**SHS Measure:**

- # of referrals made by school staff to youth-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
- 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)
Individual 1			
Individual 2			
Individual 3			
Individual 4			
Individual 5			
Individual 6			

*Add additional lines as needed*

- Distribute the sample SHS letter and “Condom Dispense & SHS Referral Tracking Form” to each individual 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.**



## Empowering Teens Through Health Key Sexual Health Services (Sample Letter to Staff providing SHS)

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 youth-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 each individual 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 9<sup>th</sup>, 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,

## Empowering Teens Through Health GUIDANCE: Condom Dispense & SHS Referral Tracking Form

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.

Please capture the following information on the Condom Dispense & SHS Referral Tracking Form:

- **Column A:** date of encounter with student
- **Column B:** if condoms were dispensed (Y=yes, N=no)
- **Column C:** type of referral made (see Referral Type Code Table)
- **Column D:** agency student was referred to (see Referral Agency Code table)

Referral Type Code	
<b>H</b>	HIV testing
<b>T</b>	STD testing
<b>RX</b>	STD treatment
<b>HP</b>	HPV vaccine
<b>P</b>	Pregnancy testing
<b>BC</b>	Provision of contraceptives other than condoms (ie: birth control pill, birth control shot, IUD)
	Provision of condoms and/or condom-compatible lubricants (ie: water or silicone based)
<b>L</b>	Lubricants
<b>C</b>	Condoms
<b>O</b>	Other

Referral Agency Code	
<b>On School Site/Campus</b>	
<b>HRC</b>	Health Resource Center
<b>SBHC</b>	School-based Health Center
<b>CT</b>	Condom availability team
<b>Off School Site/Campus</b>	
<b>YFP</b>	Youth friendly program (same as Adolescent program)
<b>ABCD</b>	Action for Boston Community Development
<b>PCP</b>	Primary care physician
<b>H</b>	Hospital
<b>DK</b>	Unknown
<b>O</b>	Other

### Notes about Referrals:

- Record **each encounter** with a student, regardless of the number of providers or services for which the student is referred in that encounter. Select all types of referrals and agencies that apply, but record information as **one encounter** on the same line.
- **Condom Dispense vs. Condom Referral:**
  - If you provide a condom(s) to a student, record the number of condoms you dispensed to that student in Column B. You do not need to complete the referral type (Column C) or referral agency (Column D) if you are just dispensing condoms and not referring the student.
  - If you refer a student to another agency for condom access or counseling, record the referral by selecting "C" under Column C.
  - **NOTE:** Providing a student with a condom(s) does not count as a referral unless the student is actually referred to another organization/agency for condom access or counseling. For example, a student may be referred to another agency for condoms if he/she has a condom opt-out.
- List date; **do not track names or any other personally identifying information.**
- Tracking Sheets should be tallied at the end of each week and collected monthly.

**Example:** SHS staff sees a student and provides condoms and condom counseling. Mark "Y" in Column B. If the student is referred to a hospital for condom compatible lubricants, circle "L" under Column C and "H" under Column D.



## Empowering Teens Through Health Additional Notes for Nurses

**About Referrals** - It is important for to know if we are making a difference. It will be helpful to see what students have been referred as well as where students are going for referrals. We are trying to build a sustainable process. If there are more referrals to one resource than others, understanding why (ie. is it easier to refer, do the students prefer external to internal) will help us design stronger programs in the future. Referrals can be made to agencies that are both on and off the school campus.

- **Who uses this Referral Tracking Form?**

- CAT Team Members
- Health Resource Center Staff
- School-based Health Center Staff
- Nurses

- **Note:** School nurses will use these forms until SNAP can be updated.

- **Who collects these Tracking Forms?**

- For ETTH priority schools: The ETTH Wellness Champion at your school will collect these tracking sheets. **Please also give the school nurse the information as well.**
- If you are not an ETTH priority school, the school nurse, the SHS nurse or Linda Grant will collect the tracking sheets.

- A manual of referral information is being developed for youth friendly resources as well as a narrated PowerPoint on details of making a referral. In the interim ABCD Family Planning Services is always available to take referrals from across the city.
- The letter that can be used with the members in the school that will be doing referrals. It is designed for the ETTH Wellness Champions in the priority schools, but can be used in the other schools by the CAT team lead (which is usually the school nurse)

### Priority Schools for the Empowering Teens Through Education

1	School Name	11	School Name
2	School Name	12	School Name
3	School Name	13	School Name
4	School Name	14	School Name
5	School Name	15	School Name
6	School Name	16	School Name
7	School Name	17	School Name
8	School Name	18	School Name
9	School Name	19	School Name
10	School Name	20	School Name

**Please note that if you are NOT a priority school, it is still important to track your referrals.**