



Sexual Health Services Referral Toolkit

Sexual Health Services (SHS) Referral: A one-on-one conversation with a student in which you provide information about off-site providers or an on-site school-based health center for sexual health services that resulted in a formal or informal referral to one or more of those providers.

These services include:

- HIV testing
- STD testing and 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)
- Human papillomavirus (HPV) vaccine

LAWS AND POLICIES	<i>You will be able to reference:</i> <ul style="list-style-type: none">• CA minor consent and confidentiality laws (page 3)• Policies and procedures (page 4)
BEST PRACTICES	<i>You may refer to:</i> <ul style="list-style-type: none">• Six key activities for making effective referrals (page 5)• Additional tips and guidelines (page 7)
SHS TRACKING	<i>You will be provided with:</i> <ul style="list-style-type: none">• Rationale for SHS tracking and online tracking form (page 8)• SHS Referral Log (page 9)
SHS CLINIC INFORMATION	<i>You will be able to provide students information about:</i> <ul style="list-style-type: none">• Local youth-friendly Title X SHS clinic locations (page 10)• Funded programs such as Family PACT and Condom Availability Programs (page 11)• Confidential Communications Request form (page 12)



Developed by Rachel Miller, SDUSD Sexual Health Education Program
With support from Amanda Brown, CAI
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California Minor Consent and Confidentiality Laws

California has many laws that ensure the health and safety of minors. When you become aware that a student is need of sexual health services, please keep the following laws and guidelines in mind:

Services teens can get without parent permission from their parent/guardian:		Can provider tell parent/guardian?
Abortion	Minors of any age	<p style="text-align: center;">No</p> <p>Parental notification not allowed without consent of minor</p>
Birth Control	Minors of any age Except sterilization	
Pregnancy (Prevention, Dx, Tx)	Minors of any age Including inpatient care	
STDs, Contagious and Reportable Diseases (Dx & Tx)	Minors 12 yrs or older	
HIV Testing	Minors 12 yrs or older and assessed as competent to give informed consent	
Rape	Minors of any age Including inpatient care	
Alcohol/Drug Counseling by Federally Assisted Treatment Program	Minors of any age Including inpatient care	<p style="text-align: center;">Yes</p> <p>An attempt to notify must be made, except when provider believes it is inappropriate</p>
Alcohol/Drug Counseling by Non-Federally Assisted Treatment Program	Minors of any age	
Outpatient Mental Health Treatment		
Sexual Assault	Minors of any age	<p style="text-align: center;">Yes</p> <p>An attempt to notify must be made, except when provider believes parent/guardian is responsible for the assault</p>

Adolescent Health Working Group www.ahwg.com

HELPFUL TIPS

Help youth understand their consent and confidentiality rights.

Even when a youth presents with non-sensitive issues, there may be underlying sexual health issues.

Youth are more likely to disclose sensitive information when they have time alone with a provider.

Follow district guidelines (next page) for releasing students from school for confidential appointments.

Please see next page for district-approved school release guidelines.

INSURANCE CONFIDENTIALITY

Minors have several confidential sexual health insurance options. Advise the student to ask for either of the following when they seek sexual health services at their local clinic:

Family PACT – Clinics with Title X funding allow minors to apply for and use this insurance plan to pay for reproductive services.

Myhealthmyinfo.org – Students may confidentially use their family’s private insurance; however, they must request this by filling out a Confidential Communications Request form and submitting it to their provider.

Guidelines for Releasing Students for Confidential Medical Care

(Board Policy H-3500: Attendance-Release of Students and AP 6156:
Leaving School Grounds)

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 he or she 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 reasonable 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 or in writing.
6. The "Absence Excuse for Parent's Signature" form 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 copy retained by the staff member releasing them. The district staff member should immediately list the student as "Detailed in School Office" for the periods they will be off campus.
7. The student should sign back in to school after the appointment, (or the next school day), with the same staff member who excused him or her. The copies of the forms will be kept by the staff member who released the student and should not be recorded in the student's record without the student's permission.
8. The absence will not be recorded in the electronic attendance record.
9. District staff should continue to encourage students seeking confidential medical services to consult with their parent/guardian or another trusted adult.
10. 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."
11. Students are responsible for making arrangements with their teachers to make up any assignments that they miss due to the absence.
12. Additional questions/concerns should be referred to the Counseling and Guidance Director or the Nursing Program Manager.

Developed 4/10 by the Counseling and Guidance Department; Nursing and Wellness Program; and P.E., Health and Interscholastic Athletics Department, Sexual Health Education Program.

How to Effectively Make a Referral

<p>WHO should make a referral?</p> <ul style="list-style-type: none"> • Designated, trained staff • All staff via linkage to trained staff member • Self-referral by student 	<p>WHEN can a referral be made?</p> <ul style="list-style-type: none"> • Upon student request • As identified during a one-on-one interaction with student • Upon referral from other staff member 	<p>WHAT steps are involved in making a referral?</p> <ul style="list-style-type: none"> • Identify student's needs • Select provider • Make referral • Document referral 	<p>HOW to make a referral?</p> <ul style="list-style-type: none"> • See Key Activities below • Refer to SHS Referral Toolkit for additional guidance
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These referral activities are intended to aide school staff in the referral process. Our goal is to ensure that our students are connected to adolescent-friendly providers and support services:

Key Activity #1: Build Rapport

Creating an environment of **trust** and **comfort** is an important part of the referral-making process. The use of core communication skills, such as **open-ended questions**, reflective **listening**, and **affirmations** or validations, support rapport building with a trusted adult. **Rapport building** should begin even before a need is identified and should 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.” 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 healthcare, 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).

Key Activity #3: Identify Student Needs

Effective referrals are based upon **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’ needs. 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 identify, sexual orientation, and language needs, as well as the provider's location, accessibility via public transportation, cost, and hours. Solicit student's 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).

Key Activity #5: Make 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. Warm referrals may also be considered for special circumstances or if additional assistance is required. **A warm referral is an introduction either in-person or via phone**, 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**.

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 follow-up of referrals can identify barriers to completing the referral, responsiveness of referral services in addressing student needs, and gaps in the referral system. The process for follow-up and feedback on referrals can take many forms – ranging from categorizing the number and types of referrals made to **verifying that the student actually received the service**. The extent to which follow-up and feedback is possible is often determined by the agency capacity and the overall scope of the program.

Adapted from *Connections for Student Success – Developing a Referral System for Sexual Health Services – An Implementation Kit for Agency Educators*, designed by CAI and (Cicatelli Associates, Inc.) and NCSD (National Coalition of STD Directors).

Tips from the Trade

Please see below for some useful methods that have proven useful in a school setting:

Facilitating Sexual Health Conversations with Students

1. **Keep conversations positive and praise students for coming to you to have this conversation.**
 - a. Students are often embarrassed or ashamed by these conversations.
 - b. Focus on the student's maturity and responsibility to engage in their own healthcare.
2. **If you become aware of signs of pregnancy and/or sexual activity, ask clarifying questions:**
 - a. *Do you have a doctor or other clinician that you can talk to?*
 - b. *Have you talked with your parents or other trusted adults about being sexually active? Can they help you access the services that you need?*
 - c. *If not, will you let me help you make a clinic appointment?*
 - Call clinic, introduce student, and help student make the appropriate appointment.

Verifying Appointments and Follow-Up Support

1. **Before releasing a student from school for a confidential appointment:**
 - a. Have student come to your office to verify appointment.
 - b. Put phone on speaker.
 - c. Dial the SHS agency.
 - d. Have the student verbally verify their appointment with the agency while you listen to the agency's appointment confirmation.
 - e. Ask student to bring stamped or signed slip from SHS agency indicating an office visit and date/time of visit by the end of the day (if returns to school) or next morning.
 - f. Set a Microsoft Outlook task to remind you to check for student's verification slip.
2. **After a student's confidential appointment:**
 - a. When student return's slip from SHS agency, have a follow-up conversation:
 - i. *"Is everything okay? Did you get your needs met? What is the plan moving forward? How can I help?"*
 - ii. Keep the conversation simple and non-judgmental.
 - iii. Offer supports and referrals to other resources, such as School Counselors and other medical and mental health practitioners.
 - iv. Facilitate conversations with parents and/or other trusted adults, such as helping the student make a phone call or schedule an appointment with student/family in your office.
 - b. If student does not voluntarily return verification slip, contact student and try to have a follow-up conversation.

SHS Referral Tracking

WHY TRACK REFERRALS?

Schools are Key Settings to Address Youth HIV/STD and Pregnancy Prevention

According to 2015 San Diego Unified School District Youth Risk Behavior Survey (YRBS) data, 52% of students report having sexual intercourse by 12th grade, and 10% of all 12th grade students report having had 4 or more sexual partners. Furthermore, among sexually active students, only 59% report using condoms at last intercourse. While youth 15–24 years of age represent an estimated 14%² of the total population, they accounted for over half of all new STD infection in 2012,³ with significant disparities in reported STD cases among black, Hispanic, and LGBTQ youth.⁴

Improving access to sexual health services (SHS) is crucial in eliminating disparities in reproductive health outcomes.⁵ In San Diego Unified School District, schools have direct contact with more than 67,000 students attending grades 6–12 for at least 6 hours a day during key years of their social, physical, and intellectual development. After the family, schools are of one of the primary entities responsible for the development of young people.

Given their access to youth, our district staff can increase access to SHS by improving awareness of, and connecting sexually active adolescents to, youth-friendly school-based and community-based SHS. Tracking these referral numbers provides valuable data that assists us and our funding agency in our efforts to provide sexual health services to our youth.

SHS Referral Log

- An *SHS Referral Log* has been provided to you to track SHS referrals on daily basis:
 - Download, save a copy on your computer, and record referrals electronically.
 - OR
 - Print and record your referrals with pen or pencil.
- See page 9 for *SHS Referral Log* example.

Online Tracking Form

- A link to an online survey will be emailed to you from the Nursing and Wellness Program monthly during the school year.
- Enter the total number of SHS referrals that you made during the previous calendar month.
- https://www.surveymonkey.com/r/SDUSD_SHS_Referrals

CITATIONS

² <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>. Accessed January 15, 2015.

³ Centers for Disease Control and Prevention, 2014. Reported STDs in the United States. Atlanta (GA). <http://www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf>. Accessed December 4, 2014.

⁴ Centers for Disease Control and Prevention. Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; October 2010. www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf. Accessed December 4, 2014.

⁵ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>. Accessed December 5, 2014.

Sexual Health Services (SHS) Referral Log

Staff Member Name: _____

School Site: _____ School Year: _____

SHS Referral Definition: “Have you had a one-on-one conversation with a student in which you provided information about off-site providers or an on-site school-based health center for sexual health services that resulted in a formal or informal referral to one or more of those providers? If yes, how many of these one-on-one referral conversations have you had with students so far this school year?”

Please complete this form when you make a referral to a youth-friendly off-site provider for Sexual Health Services (SHS) such as:

- HIV testing
- STD testing or 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)
- Human papillomavirus (HPV) vaccine

Month	Number of Referrals
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	

For questions or further information, please contact the Sexual Health Education Program at (619) 725-7121.

Recommended Youth-Friendly Community-Based SHS Clinics

Include link to Title X clinics

SHS Funding Programs for Youth

Family PACT and CAPs

- Condom availability programs
 - How to use condoms booklets
 - Safer Sex Counts cards
 - Teensource.org

SB 138/

KEEP IT CONFIDENTIAL.

Confidential Communications Request

As of January 1, 2015, California law* requires insurers to honor this request

TO: _____
Name of Your Health Insurance Company

FROM: _____
Your Name

_____ Your Date of Birth _____ Your Insurance Member #

I am contacting you to request (please mark one or both statements below):

- _____ All medical information about the sensitive services I receive using my health insurance including where and when I receive health care **be sent directly to me.** ("Sensitive services" include sexual and reproductive health care, mental health, sexual assault counseling and care and treatment for alcohol and drug use.)
- _____ All information about the health care I receive using my health insurance including where and when I receive care **be sent directly to me and not my family members** because disclosure of all or part of this information could lead to harm or could subject me to harassment or abuse. **(You will never be asked to explain why you feel this way.)**

I request that communications containing any of the above information be sent to me as available as follows:

[Please mark the way(s) that are safe for you to receive information. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice and so on. Your health plan is required to contact you through at least one of the communication methods noted below.]

- _____ Email to the following email address: _____
- _____ Message through my online insurance patient portal: _____
- _____ Text to the following telephone #: _____
- _____ U.S. Mail at the address below
- _____ Other (please describe): _____

IMPORTANT! The following two sections MUST be completed:

1. If a communication cannot be sent in the above selected format(s) and/or I prefer receiving information by U.S. mail, please use the address below:

2. Is there a phone number or email we can use to contact you if we have questions regarding this request?

This request is valid until I submit a revocation or a new request.

Signature: _____ Date: _____

*As of January 2015, California law obligates health insurers to honor a Confidential Communications Request (CCR) when the CCR requests that "sensitive services" information, as defined in the law, be kept from the policyholder, or when the CCR requests confidentiality of all health service information because disclosure of the information to the main policy holder could lead to harm or harassment. Under California law, when a CCR is submitted, health insurers must send communications directly to the insured individual noted above and NOT the holder of the policy. To comply with California law, health insurers must implement CCRs within 7 days of their receipt by electronic transmission or 14 days of receipt by first class mail. See Cal. Civ. Codes 56.05 and 56.107 and Cal. Insurance Codes 791.02 and 791.29.