Connections
for Student Success

Developing a Referral System for Sexual Health Services

An Implementation Kit for Education Agencies

Developed by

CAI and NCSD National Coalition of STD Directors *Promoting Sexual Health Through STD Prevention* and CDC Centers for Disease Control and Prevention

Increasing Access to Sexual Health Services in Schools and Communities

Connections for Student Success A Project of CAI

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KEY CONCEPTS

- Overview
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This section will discuss the role that schools and school districts can play in increasing student access to sexual health services through the establishment of an effective referral system. We will define key terms such as referral and referral system. We will also introduce the seven core components of a referral system and provide an overview of the Referral System Implementation kit.

KEY CONCEPTS

Introduction and Overview

Schools are Key Settings to Address Youth STD and HIV Prevention

According to 2013 National Youth Risk Behavior Survey data, 64% of students report having sexual intercourse by 12th grade, and 23% of all 12th grade students report having had 4 or more sexual partners. Furthermore, among sexually active students, only 60% of high school students report using condoms at last intercourse.[1] 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]

Healthy People 2020 has identified improving access to sexual health services (SHS) as "crucial" to eliminating disparities in reproductive health outcomes.[5] Furthermore, 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.[6] After the family, schools are of one of the primary entities responsible for the development of young people.

Given their access to youth, the Nation's schools can play a critical role in addressing these epidemics. Through the development and implementation of sustainable referral systems, schools can help realize Healthy People 2020 goals of increasing access to SHS by improving awareness of, and connecting sexually active adolescents to, adolescent-friendly school-based and community-based SHS.

REFERRAL SYSTEM

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

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-friendly providers and support services.

Introduction and Overview

Purpose of this Implementation Kit

Through the Centers for Disease Control and Prevention's Division of Adolescent and School Health FOA PS13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance,* State Education Agencies (SEA) and Local Education Agencies (LEA)[7] will partner with priority districts and schools, and other stakeholders, to develop a SHS referral system and associated protocols, resources, and tools that will effectively increase student access and connection to SHS.

The design of this implementation kit was informed by the *Program 1308 Guidance*: *Supporting State and Local Education Agencies to Reduce Adolescent Sexual Risk Behaviors and Adverse Health Outcomes Associated with HIV, Other STD, and Teen Pregnancy,*[8] as well as evidence-based practices from the health and educational fields including key informant interviews with team members from *Project Connect.*[9] *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 www.cdc.gov/std/projects/connect to access the *Project Connect Implementation Guide* and other related resources.

How to Use this Implementation Kit

The implementation kit was developed for staff members from state and local education agencies, such as Health Program Coordinators, Managers and Administrators. This kit will serve as a framework for a standardized approach for developing and implementing a SHS referral system in your priority districts and/or schools. This framework can also be used to establish a referral system for behavioral and supportive services (e.g., housing support, mental health, after school activities, job training, and substance abuse treatment).

The sections in this kit outline the core components of developing and implementing a SHS 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 associated key activities and tools that can be used to plan, implement, and sustain a SHS referral system. Tools will be located at the end of core component sections. These are meant to stand alone and, as such, may repeat information found elsewhere in this kit.

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 accompanying 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 SEA/LEA that have successfully established components of a SHS referral system.

Introduction and Overview

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 this case, the referral system should:

- 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
- increase the number of sexually active adolescents receiving key SHS services

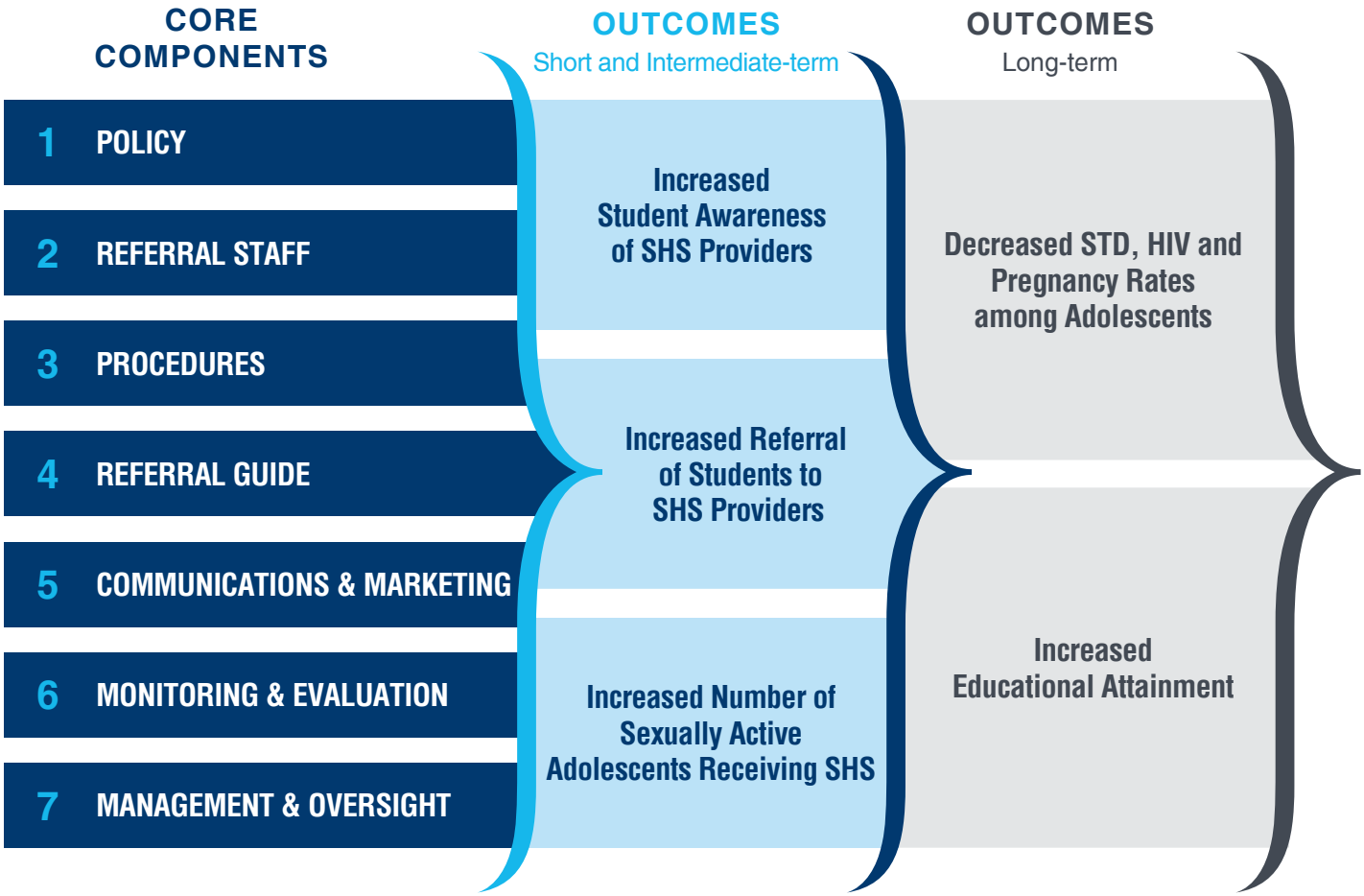
Implementing these evidence-based activities should ultimately lead to the desired long-term outcomes:

- decrease rate of HIV, STDs, and pregnancy among adolescents
- increase educational attainment

Introduction and Overview

Core Components of a Referral System

There are seven core components of a referral system: (1) policy, (2) referral staff, (3) procedures, (4) referral guide, (5) communications and marketing, (6) monitoring and evaluation, and (7) management and oversight. This kit provides guidance, tools, and resources to address each core component in your school setting to achieve the desired outcomes highlighted below:



Core Component 1:

Policy

KEY CONCEPTS

- Confidentiality
- Minors Consent
- Policy Assessment
- Gap Analysis
- Educate Key Decision-Makers and Stakeholders

TOOLS

1.1 Sample SHS Policy

1.2 Policy Assessment

This section will describe the key policy areas that impact students' access to sexual health services. We will also review the three steps to implementing the FOA PS 13-1308 policy-related activities.

KEY CONCEPTS

TOOLS

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 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
- leave school premises to receive community-based medical services during regularly scheduled school hours

Relevant Federal and State Laws and Regulations

As it relates to the development of a SHS referral system, there are a number of 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 Insurance Portability and Accountability Act (HIPAA).

Confidentiality

Confidentiality policies should be consistent with relevant federal and state laws and regulations associated with a minor's right to SHS. The American School Health Association[10] recommends the following guidelines for protecting confidential student health information:

1. **Distinguish** student health information from other types of school records.
2. **Extend** to school health records the same protections granted to medical records by federal and state law.
3. **Establish** uniform standards for collecting and recording student health information.
4. **Establish** district policies and standard procedures for protecting confidentiality during the creation, storage, transfer, and destruction of student health records.
5. **Require** written, informed consent to release medical and psychiatric diagnoses to other school personnel.
6. **Limit** the disclosure of confidential health information within the school to information necessary to benefit students' health or education.
7. **Establish** policies and standard procedures for requesting necessary health information from outside sources and for releasing confidential health information to outside agencies and individuals.
8. **Provide** regular, periodic training for all new (and current) school staff, contracted service providers, substitute teachers, and school volunteers concerning the districts' policies and procedures for protecting confidentiality.

When drafting a confidentiality policy include the following components:[11]

- The information covered
- Who has access to the information
- How the information is kept confidential
- Who the information can be shared with (e.g., parents, school staff or outside agencies)
- 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.

Minors' Consent

Most states allow minors to consent to SHS without parental involvement.[12] However, some states specify the age at which a minor can consent and/or the specific service that they can consent to certain services, for example sexually transmitted infection screening and treatment, contraception, or pregnancy-related services. These state policies should be shared with students and posted in a visible area along with the confidentiality policy. State policies can be found at http://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf.

Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)[13]

Federal laws such as FERPA and HIPAA play an important role in protecting the confidentiality of students' educational records and health information. FERPA protects the privacy of students and allows the student and their parent to access and amend educational records and control the disclosure of such records.[14] HIPAA 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 confidentially 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 issues such 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.

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.

*See **Tool 1.1: Sample SHS Policy** for an example of a district policy around student access to SHS.*

Implementation of SHS Referral Policies

A successful SHS referral system planning process includes conducting an assessment of 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:
Policy

KEY CONCEPTS FOR IMPLEMENTING THE 1308 POLICY-RELATED ACTIVITIES[15]

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, it is important to have a guide by which to consider to what extent policies support implementation of the referral system.

*See **Tool 1.2: 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 SHS 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

Tool 1.1: Sample SHS Policy
Tool 1.2: Policy Assessment

TOOL 1.1
Sample SHS Policy

The San Diego Unified School District adopted a district policy, in accordance with the California Law, that allows school districts to release students for confidential medical services without parental consent.

SAN DIEGO UNIFIED SCHOOL DISTRICT
School Services Office
Guidelines for Releasing Students for Confidential Medical Care
(Board Policy F-3500: Attendance-Release of Students and AP 6156:
Leaving School Grounds, Secondary, 6-12)

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 sex 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 "detained" 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 Department; and P.E., Health and Athletic Department, Sex Education Program.

TOOL 1.2
Policy Assessment

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

POLICY ASSESSMENT AREAS FOR CONSIDERATION	EXTENT TO WHICH THIS AREA IS ADDRESSED (circle the best response)
Addresses state and federal regulations describing minors' rights to access SHS	[YES] [NO] [SOMEWHAT]
Addresses state reporting requirements for child maltreatment	[YES] [NO] [SOMEWHAT]
Addresses student ability to be released from class, during school hours, to access community-based SHS providers without parental consent	[YES] [NO] [SOMEWHAT]
Addresses student ability to be released from school, 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 information into classroom curricula	[YES] [NO] [SOMEWHAT]

Core Component 2:

Referral Staff

In this section we will describe the steps in identifying and training designated referral staff. We will also explore how to effectively plan for self-referrals and increase staff awareness around the referral system.

KEY CONCEPTS

TOOLS

KEY CONCEPTS

- Identifying and Selecting Designated Referral Staff
- Staff Training
- Ensuring All Staff Awareness
- Planning for Self-Referrals

TOOLS

Core Component 2:

Referral Staff

Overview

A core element of a referral system is selecting the school personnel charged with recognizing adolescents in need of SHS and referring them to care.

Identifying school champions who perceive a need for connecting students to SHS and are highly motivated to address this need, will greatly contribute to the success of the referral system.[16] 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. Making the referral guide available to students via the school website, classroom activities, or in selected places in schools (e.g., school-based health center or guidance office) creates an opportunity for students to make self-referrals.

Core Component 2:

Referral Staff

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, Gay Straight Alliance (GSA) advisors, coaches, teachers, and other school staff who have the knowledge and skills to make referrals may take on this role. Equally essential, is school personnel's level of comfort in addressing sexual health, and their attitudes and beliefs about adolescent sexuality and students' rights to access care. 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 sexual health, 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 receives the most training on the referral system and how to make a referral.

*See **Tool 2.1: Designating Referral Staff** for support on selecting the most appropriate staff to refer students to SHS.*

Core Component 2:

Referral Staff

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 should include:

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

*See **Tool 2.2: Staff Training Checklist** for more information 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:

Referral Staff

Ensuring All Staff Awareness

All school staff and faculty can be important resources and sources of support for adolescents. Therefore, every staff person, including office staff, gym teachers, coaches, security staff, janitors, and after-school club leaders, should have basic information about the referral system and the availability of the referral guide. 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 2.3: Increasing Organizational Awareness** to plan how you will make all staff aware of the referral system.*

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

Core Component 2:

Referral Staff

Planning for Self-Referral

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

*See **Tool 2.4: 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

2.1: Designating Referral Staff
2.2: Staff Training Checklist
2.3: Increasing Organizational Awareness
2.4: Planning for Self-Referrals

TOOL 2.1
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 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 (√) in the column if the staff person demonstrates the qualities for designated referral staff.						
STAFF NAME	**ROLE** (e.g., school nurse, 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

TOOL 2.2
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.

TOPIC AREA	DESCRIPTION	CHECK WHEN REFERRAL STAFF HAVE BEEN TRAINED
REFERRAL GUIDE	An explanation of the categories of information available in guide	
	The rationale behind their inclusion	
	How to use the school approved referral guide to identify appropriate SHS providers and make referral	
	Potential barriers to using the resource guide, for instance, school health staffs' sense of personal responsibility when referring students' off-campus for healthcare	
POLICY	Policy issues, such as the confidential release of students for sexual and reproductive healthcare during the school day	
PROCEDURES	Steps in making a referral (review of school referral protocols)	
EPIDEMIOLOGY	Community specific epidemiology including rates of immunization coverage, HIV, STDs and pregnancy (health department partners can support this activity)	
STATE LAW OR REGULATION	Overview of state-specific minor's rights and confidentiality laws	
SEXUAL HEALTH SERVICES	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)	
REPORTING REQUIREMENTS	Child maltreatment reporting requirements	

ADDITIONAL PD TOPICS INCLUDE: adolescent development, addressing the sexual and reproductive health needs of LGBTQ adolescents, male sexual health, contraceptive options, trauma-informed care, managing controversy, and STD/HIV overview.

TOOL 2.3
Increasing Organizational Awareness

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 2.4
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.

Check all of the places that students can locate copies of the referral guide for self-referrals:

- ☐ Posters placed where students gather
- ☐ School-based Health Center
- ☐ Health Resource Center/Rooms
- ☐ School nurses' offices
- ☐ Counselors' offices
- ☐ Coaches' offices
- ☐ Integrate into classroom activities
- ☐ Health fairs
- ☐ After school clubs
- ☐ School website
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Core Component 3:

Procedures

KEY CONCEPTS

- Who Should Make a Referral
- When a Referral can be Made
- Steps Involved in Making a Referral
- How to Make a Referral

TOOLS

3.1 How to Effectively Make a Referral

In this section we review considerations for the who, when, what, and how of making a referral.

KEY CONCEPTS

TOOLS

Core Component 3:

Procedures

Overview

Written procedures for making referrals lay out the referral system and ensures 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 providers. They should outline the processes or procedures that school staff will use to refer students for SHS, and should clearly define the **who, when, what,** and **how** of making a referral.

LESSONS FROM THE FIELD

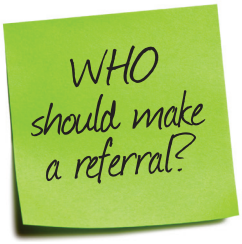
Schools that have developed and implemented procedures for making student referrals for SHS report that prior to the development of procedures, school staff were already addressing the sexual health needs of adolescents. They found that staff welcomed the availability of written procedures to guide their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

-Project Connect staff member

Core Component 3:
Procedures

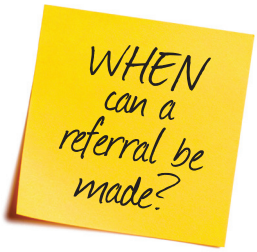
Elements of a Written Procedure for Making a Referral

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.

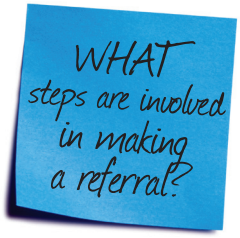


- Designated staff who have received required training
- All staff can distribute the referral guide and link to designated referral staff
- Self-referral by student

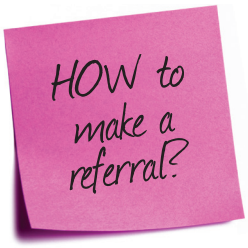
*See **Core Component 2: Referral Staff** for more information.*



- Upon student request
- As identified during a one-on-one interaction with a student
- Upon referral from other staff member



- Identify student's need
- Use the referral guide to select service provider
- Make referral
- Document information about referral



- Build rapport with the student
- Address confidentiality at the start of every discussion
- Assure appropriate handling and storage of confidential information
- Identify and clarify student's service needs (consider location, services provided, cost, confidentiality, etc.)
- Use approved referral guide to select appropriate SHS provider
- Provide document to student that includes key referral information (e.g., location, provider name, phone number), help student call selected provider to make an appointment, or go online to make an appointment
- Establish a process for documenting that a referral was provided
- Follow-up after a referral to obtain feedback

*See **Tool 3.1: How to Effectively Make a Referral** for support in planning the" how" piece of your referral system procedures.*

TOOL 3.1
How to Effectively Make a Referral

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, peer health educators) who are actively involved in the referral process. The six key activities to effective referrals include:

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/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."[17] 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).

*See **Core Component 1: Policies** for more information about confidentiality and consent policies.*

Core Component 3:
Procedures

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, hours, and confidentiality policy. 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). 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 the Referral

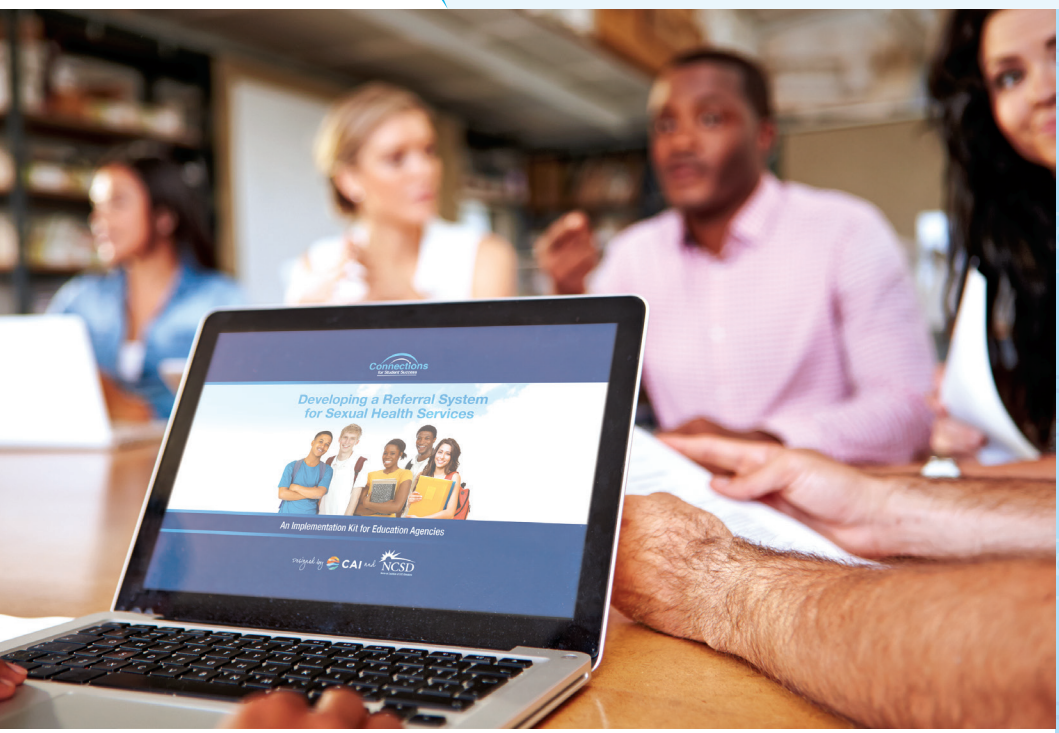
Effective referrals involve taking action to assist students with scheduling appointments, becoming familiar with the referral source, and documenting the referral and whether the student used it. Warm referrals may also be considered for special circumstances or if additional assistance is required. 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.

Core Component 4:

Referral Guide



In this section we will review the critical planning and development considerations for the referral guide.

KEY CONCEPTS

TOOLS

KEY CONCEPTS

- Understanding How to Develop, Design, Produce, and Publish Your Own Guide
- Best Practices for Updating and Disseminating the Guide

TOOLS

4.1 Referral Guide Information Checklist

4.2 Gathering Potential SHS Providers

4.3 SHS Provider Information Assessment

4.4 Characteristics of Adolescent-Friendly SHS

Core Component 4:

Referral Guide

Overview

Primary Resource for Making a Referral

One of the key elements of any referral system designed to increase adolescents' access to SHS is a referral guide.

REFERRAL GUIDE

A referral guide is a paper-based (posters, palm cards, tear-off sheets) or electronic (database, website, mobile app) resource that lists sexual 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 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-based and community-based SHS provider organizations and pertinent information about each one, including: service(s) provided, target population served, and access information (e.g., location, cost, telephone number/website, transportation, hours, etc.).

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. 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, printing, and dissemination of the guide.

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 healthcare 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 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, and SHS providers.
These stakeholders will become the **Referral Guide Work Group**.

Referral Guide Work Group Tasks:

- Identification of SHS providers
- Selection of SHS 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 guide dissemination plan
- Update and revise the guide (as needed)

The designated point person is responsible for convening the work group 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, virtually, or a combination of the two. The point person can facilitate the meetings, yet all decisions are to be made together based on group consensus.

The point person is also responsible for supporting the work group 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/or electronic form.

Core Component 4:

Referral Guide

7 Key Activities in the Referral Guide Development Process

The development of the referral guide is a multi-step process, described in the seven 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 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 SHS providers who will be listed in the guide. It is important to include the following information in the guide:

HEALTHCARE PROVIDER INFORMATION

- Name
- Address, including cross-street if applicable
- Phone number
- Website
- Languages spoken

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
- Bus and train route, including stop nearest to the clinic

GENERAL SERVICES

- Gender and age range of patients served
- Types of services offered
- Services available that meet the unique needs of LBGTQ and other adolescents at disproportionate risk (e.g., mental health, social services, housing support)

Core Component 4:

Referral Guide

SEXUAL HEALTH SERVICES

- STD/HIV testing and treatment
  - Urine-based chlamydia and gonorrhea testing
  - Expedited partner delivered therapy for the treatment of chlamydia
  - Rapid HIV testing
- Pregnancy testing
- Availability of contraception
  - Birth control pill
  - Birth control shot
  - Implant
  - Intrauterine device (IUD)
- Emergency Contraception
- Condom availability (male and female)
  - Water- or silicone-based condom-compatible lubricants
- HPV vaccine availability

COST OF SERVICES

- Payment/insurance methods accepted (Medicaid and/or other insurance)
- Sliding scale fees
- Free services

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
- Websites of Interest
- Information relevant to the local context of a school district (e.g., presence of bilingual staff)

*See **Tool 4.1 Referral Guide Information Checklist** for a checklist to ensure that all important information for each SHS provider is included in the referral guide.*

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

Multiple strategies should be used to identify SHS healthcare providers.

- Compile existing healthcare provider referral or resource guides (especially those designed for adolescents)
- Partner with the local health department and community-based organizations to identify all SHS providers within the zip codes of the priority school areas as well as all zip codes from which students live.
- Examine STD/HIV morbidity data to identify healthcare providers that report cases of STDs or HIV among adolescents to the health department (this is an indication that these providers are providing SHS to adolescents)
- 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. They often have experience or informal partnerships with community SHS providers
- Seek recommendations from students
- Search web-based provider/service locators such as:
  - **Bedsider.org** - an online birth control support network operated by The National Campaign to Prevent Teen and Unplanned Pregnancy
  - **HIVtest.cdc.gov** and **FindSTDtest.org** - The National HIV and STD Testing Resources Web sites are a service of the CDC
  - **https://opa-fpclinicsdb.nete.com/** - Title X family planning database – list of federally funded family planning clinics

*See **Tool 4.2: Gathering Potential SHS Providers** for a worksheet that will support you in determining which methods you will use to gather a list of all community-based SHS providers that can be included in the referral guide.*

Key Activity #3: Identify Services Provided by SHS Providers

The Referral Guide Workgroup will decide what information about each SHS provider and its services should be included in the guide. The **Tool 4.3: SHS Provider Information Assessment** 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 SHS that a specific healthcare provider offers are to administer:

- a paper or electronic-based survey to each provider agency
- phone survey 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

Assessment for "Adolescent-Friendliness" of Healthcare Providers

Adolescent-friendly services are those that incorporate characteristics of services youth can and want to use. **Tool 4.4 Characteristics of Adolescent-Friendly SHS** lists elements of adolescent-friendly sexual health services. You can use the checklist to assess adolescent-friendliness of clinical services provided by SHS 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 **Tool 4.3: SHS Provider Information Assessment.**

Options for more in-depth assessment may include the following: 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).

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 healthcare delivery. Implementation of the adolescent-led assessment requires an active approach from project staff. Adolescents require on-going 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 CONSIDERATIONS

General assessments for adolescent-friendliness should include lesbian, gay, bisexual, transgender, and questioning adolescents. It is important to look at the organization's visual media. Are these materials inclusive of LGBTQ adolescents? Assessments should capture healthcare personnel's assumptions about gender identity and sexual orientation, as well as use of pronouns and other gendered words (e.g., boyfriend/girlfriend).

Key Activity #4: Finalize SHS Provider List

Once the provider assessment or survey has been completed, the workgroup must make final decisions about which SHS 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 adolescent-friendly or provide all recommended SHS.

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 in the back of this Kit. In order 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.

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

Core Component 4:
Referral Guide

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 or physical suggestion box where students can provide feedback on the guide to ensure relevancy and accuracy of the information included

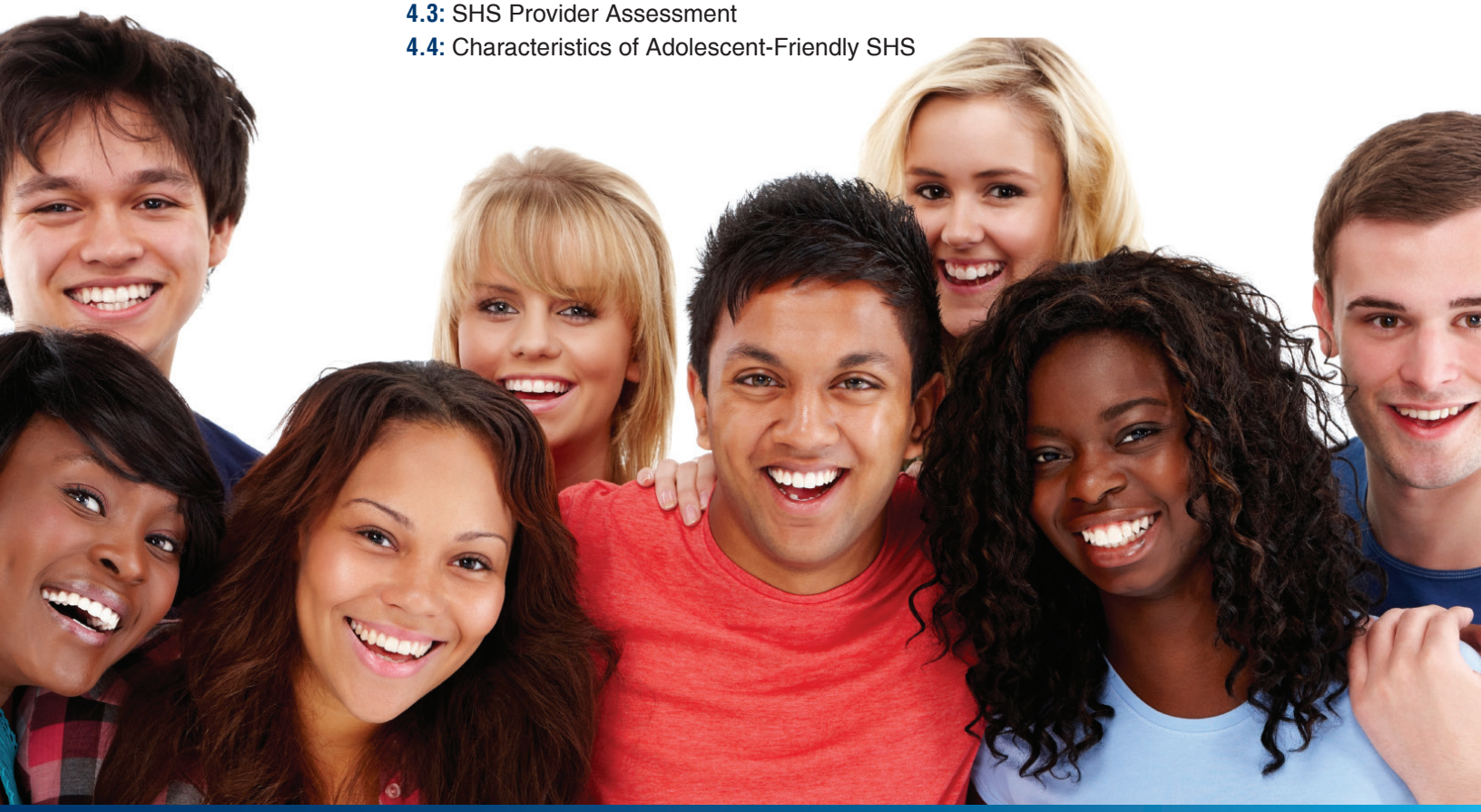
Key Activity #6: Conduct Training and Professional Development

Prior to the introduction of the referral guide into schools, an in-service training should be held for any staff who will be expected to use the guide and integrate it into their daily practice.

*See **Core Component 2: Referral Staff** for more information and tools on providing training to staff.*

Tools

4.1: Referral Guide Information Checklist
4.2: Gathering Potential SHS Providers
4.3: SHS Provider Assessment
4.4: 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 in the guide. The survey can be administered either electronically, on the phone, or in-person, and should contain a subset of the questions from the initial survey (see **Tool 4.3: SHS 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, provider hours, location, payment policies, or other pertinent information. As part of the update and maintenance process, it is important to identify new providers within the community and include them in the guide.

While not required, building relationships with SHS 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 healthcare providers have the opportunity to meet. Choosing an informal setting, 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 **Establishing Organizational Partnerships** for more information.

TOOL 4.1
Referral Guide Information Checklist

For each SHS provider included in the referral guide, use this checklist to ensure that all important information has been included.

SHS PROVIDER INFORMATION

Healthcare Provider Information

- ☐ Name
- ☐ Address, including cross-street if applicable
- ☐ Phone number
- ☐ Website
- ☐ Languages spoken

General Information

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

General Services

- ☐ Gender and age range of patients served
- ☐ Types of services offered
- ☐ Services available that meet the unique needs of LBGTQ and other adolescents at disproportionate risk (e.g., mental health, social services, housing support)

Sexual Health Services

- ☐ STD/HIV testing and treatment
  - ▪ Urine-based chlamydia and gonorrhea testing
  - ▪ Expedited partner delivered therapy for the treatment of chlamydia
  - ▪ Rapid HIV testing

Sexual Health Services *(continued)*

- ☐ Pregnancy testing
- ☐ Availability of contraception
  - ▪ Birth control pill
  - ▪ Birth control shot
  - ▪ Implant
  - ▪ Intrauterine device (IUD)
- ☐ Emergency Contraception
- ☐ Condom availability (male and female)
  - ▪ Water- or silicone-based condom-compatible lubricants
- ☐ HPV vaccine availability

Cost of Services

- ☐ Payment/insurance methods accepted (Medicaid and/or other insurance)
- ☐ Sliding scale fees
- ☐ Free services

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
- ☐ Websites of interest
- ☐ Information relevant to the local context of a school district (e.g., presence of bilingual staff)

TOOL 4.2
Gathering Potential SHS Providers

Use the following tool to determine how you will identify potential SHS 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 referral or resource guides (especially those designed for adolescents)
- Partner with the local health department and community-based organizations to identify all SHS providers within the zip codes of the priority school areas as well as all zip codes from which students live
- Examine STD/HIV morbidity data to identify healthcare providers that report cases of STDs or HIV among adolescents to the health department (this is an indication that these providers are providing SHS to adolescents)
- Ask school nurses and other school staff about their recommendations for a health center they feel comfortable with or have heard about from students
- Ask School-based Health Center (SBHC) staff for recommendations. They often have experience or informal partnerships with community SHS providers
- Seek recommendations from students
- Search web-based provider/service locators such as:
  - **Bedsider.org** - an online birth control support network operated by The National Campaign to Prevent Teen and Unplanned Pregnancy
  - **HIVtest.cdc.gov** and FindSTDtest.org - The National HIV and STD Testing Resources Web sites are a service of the Centers for Disease Control and Prevention (CDC)
  - **https://opa-fpclinicsdb.nete.com/** - Title X family planning database – list of federally funded family planning clinics

TOOL 4.2
Gathering Potential SHS Providers

STRATEGY	PERSON(S) RESPONSIBLE	TIMELINE	NOTES
Example			
Request local STD/HIV morbidity data from the local health department	Director of Student Health Services	3 weeks	Ms. Jenkins will contact the HD to request the data and will report back to Work Group by our next meeting scheduled for 2/12

TOOL 4.3
SHS Provider Information Assessment

Use the worksheet template below to gather and organize information to include in a referral guide. This worksheet template can be used in conjunction with the **Tool 4.4: Characteristics of Adolescent-Friendly Services** 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:

Is the Health Center a Title X provider?
☐ Yes ☐ No

Days and hours of operation:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Adolescents who are provided with services include *(mark all that apply)*:
☐ Males ☐ Females ☐ Transgender ☐ LGBQ

How do clients schedule an appointment? *(mark all that apply)*:
☐ Telephone ☐ Online

Are walk-ins accepted?
☐ Yes ☐ No

What SHS are provided to adolescents? *(mark all that apply)*:
☐ STD Testing ☐ HIV Testing ☐ Pregnancy Testing ☐ Condoms ☐ Condom Compatible Lubricants ☐ HPV Vaccine

What contraceptive services are provided to adolescents? *(mark all that apply)*:
☐ IUDs ☐ Hormonal Implants ☐ Depo-Provera ☐ Birth Control Pills ☐ Ortho Evra Patch ☐ Nuvaring ☐ Condoms ☐ Emergency Contraception
☐ Other _____

What other services are available to adolescents? *(mark all that apply)*:
☐ HIV Treatment ☐ Prenatal ☐ Mental Health ☐ Other _____

Are SHS (e.g., HIV/STD testing, pregnancy testing, birth control) provided to adolescents without the requirement of parental consent? ☐ Yes ☐ No

Are low- or no-cost services provided to adolescents? ☐ Yes ☐ No

Are services provided to adolescents without regard to ability to pay? ☐ Yes ☐ No

The location is accessible by: ***(mark all that apply)***: ☐ Bus ☐ Subway/Train ☐ Car ☐ Walking Distance

TOOL 4.4
Characteristics of Adolescent-Friendly SHS

Adolescent-friendly services are those that incorporate characteristics of services youth can and want to use. Below are some elements of adolescent-friendly sexual health services. You can use the list to assess adolescent-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 **Tool 4.3: SHS Provider Information Assessment.**

Sexual Health Services

- Chlamydia and Gonorrhea testing provided using urine or vaginal/penile swab sample
- Treatment for Chlamydia and Gonorrhea
- Expedited Partner Therapy (as per state regulation)
- Rapid HIV testing provided using oral swab or finger stick
- 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

Confidentiality and Cost

- Sexual Health Services are provided to adolescents without requirement of parental consent
- Sexual Health Services are provided without regard of ability to pay

Core Component 4:

Referral Guide

Appointments and Location

- Walk-in services are available
- Appointments available same-day or next day
- Appointments available after school hours and weekends
- 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

Other Services

- Linkages and referrals are provided to behavioral and supportive services (e.g., mental health, education, housing, after-school programs)

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)

Adapted from *Clinical Component: Integrating Services, Programs, and Strategies through Community-Wide Initiatives* from the Centers for Disease Control and Prevention – Division of Reproductive Health cooperative agreement 5U58DP002935-02.

Core Component 5:

Communications and Marketing

KEY CONCEPTS

- Developing a Plan
- Engaging Adolescents
- Ensuring School Faculty and Staff Awareness

TOOLS

5.1 Marketing Plan

In this section we will explore the steps in creating an effective communications and marketing strategy aimed at successfully connecting students to sexual health services.

KEY CONCEPTS

TOOLS

Core Component 5:

Communications and Marketing

Overview

The majority of adolescents report they do not know where to get SHS, 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).[18]

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 for adolescents can increase the rate at which sexually active adolescents seek care. In some cases, an effective marketing campaign can increase students' access to SHS even in the absence of referrals from designated school staff.

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 SHS. The plan and associated activities do not need to be complicated, and can include:

- Hanging posters/flyers about SHS and adolescent-friendly providers in places where students congregate
- Writing an article or advertising in the school newspaper or on adolescent-focused social media
- Integrating information about SHS providers and designated referral staff into health or other classes
- Distributing referral guides during school health fairs or other school and community-based events
- Including referral information on the school website as part of the health and wellness page
- Using technology like text messaging or school-issued iPads to increase awareness of SHS and adolescent-friendly providers
- Partnering with student groups and school personnel from after-school programs to champion marketing of the referral system

Core Component 5:

Communications and Marketing

Engaging Adolescents

Engaging adolescents 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 competent, and may be the most effective way to increase the visibility of the referral system school-wide.

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 is 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 and staff from community-based SHS organizations
- 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

Tools

5.1: Marketing Plan

LESSONS FROM THE FIELD

The Teen Coalition's Cambodian Youth Development Partnership,[19] 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, healthcare, 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.

TOOL 5.1
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 the marketing and communication activities to ensure they are relevant and culturally competent.

Example Marketing Strategy

- Hanging posters/flyers about SHS and adolescent friendly providers in places where students congregate
- Writing an article or advertising in the school newspaper or on adolescent-focused social media
- Integrating information about SHS providers and designated referral staff into health or other classes
- Distributing referral guides during school health fairs or other school and community-based events
- Including referral information on the school website as part of the health and wellness page
- Using technology like text messaging or school-issued iPads to increase awareness of SHS and adolescent-friendly providers
- Partnering with student groups and school personnel from after-school programs to champion marketing of the referral system

TOOL 5.1
Marketing Plan

MARKETING STRATEGY	TASKS	PERSON(S) RESPONSIBLE	DATE	NOTES
SCHOOL-WIDE POSTER CAMPAIGN **Hanging posters/flyers or placing brochures about SHS and adolescent-friendly providers in places where students congregate**	Develop and design posters (i.e., key messages and graphics)	Jane	By Oct 31	Team meets with students to determine poster content and design Focus group posters with small group of students to determine effectiveness (i.e., if messages and graphics resonate)
	Determine poster locations	Team	By Oct 31	Focus on places where students congregate Ask for student input on key locations
	Hang posters	Sunil and Silvia	By Nov 7	Hang posters with small team before or after school day
	Determine where to place referral guides	Team	By Oct 31	Focus on where students congregate and engage students for recommendations

MARKETING STRATEGY	TASKS	PERSON(S) RESPONSIBLE	DATE	NOTES

Core Component 6:

Monitoring and Evaluation

KEY CONCEPTS

- Options for Monitoring and Evaluating
- Questions for Guiding the Development of the Monitoring and Evaluation System

TOOLS

6.1 Sample Referral Worksheet

6.2 Sample Letter to Staff Providing SHS

6.3 Sample Referral Tracking Form

In this section we will describe the rationale for establishing a monitoring and evaluation system to measure the impact the referral system has on connecting students to SHS.

KEY CONCEPTS

TOOLS

Core Component 6:

Monitoring and Evaluation

Overview

Development and implementation of a school-based referral system to connect adolescents with SHS providers requires 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 sexually active adolescents to adolescent-friendly SHS providers.

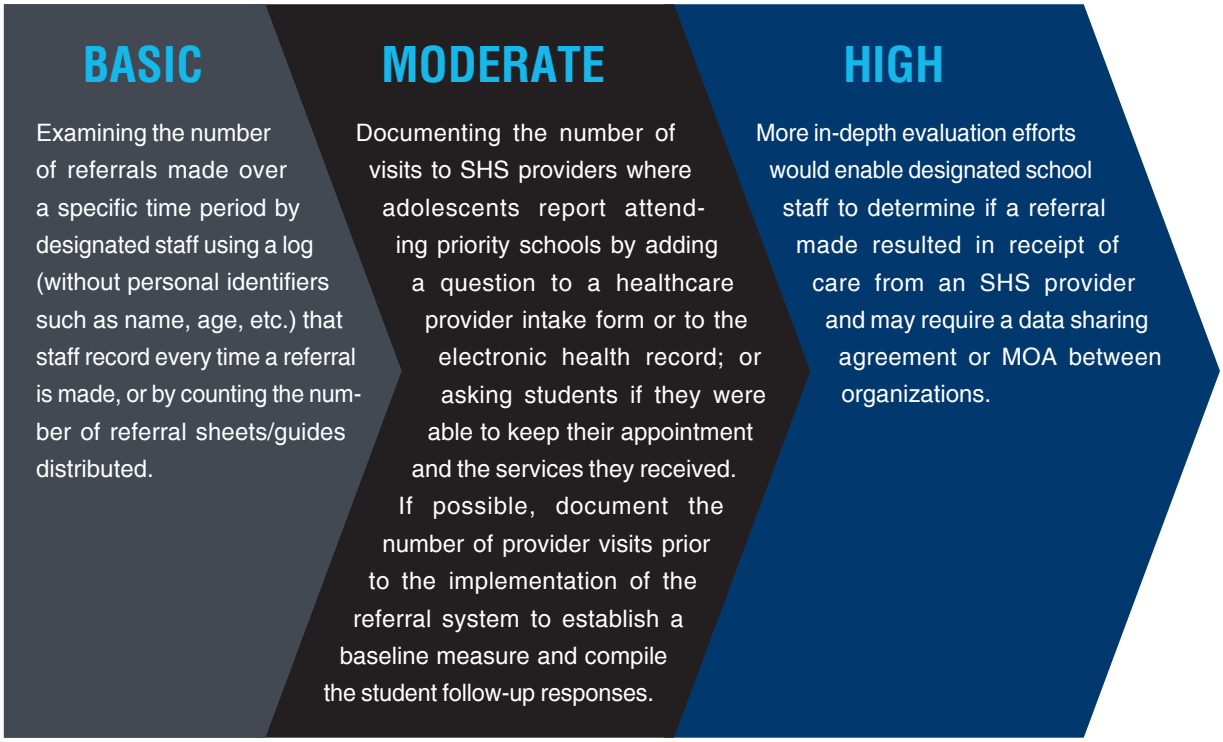
With the information generated from this M & E system, successes can be identified and celebrated, and gaps and areas for improvement identified.

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:



Key Questions for Guiding the Monitoring and Evaluation System

Key questions to guide the development of systems to monitor and evaluate the impact of a schools SHS referral system are provided below.

1. What question(s) do you need to answer in order to measure your progress toward achieving the SHS referral system 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 sexual health services)?
2. What data do you need to answer these questions?
3. 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?
4. Who will collect the data?
5. Who will conduct data quality assurance?
6. Who will report the data?
7. With what frequency will data be reported?

TOOL 6.1
SHS Referral Worksheet
(SAMPLE FROM BOSTON PUBLIC SCHOOLS)

Please follow steps in this SHS Referral Worksheet in order 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 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.**

TOOL 6.2
Letter To Staff Providing SHS
(SAMPLE FROM BOSTON PUBLIC SCHOOLS)

FOCUS On Children
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 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 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 23rd, 2014.**

Thank you again for your assistance!
Sincerely,

TOOL 6.3
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.

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

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

School Name: | **Your Name:**

Your Role (Please select one): ☐ Nurse ☐ CAT Team Member (other than nurse) ☐ Health Resource Center Staff ☐ School-based Health Center Staff ☐ Other (please describe) _____

Reporting Period (select one): ☐ Fall Semester (9/3/14-12/23/14) ☐ Spring Semester (01/05/15- 06/12/15)

A) Date of encounter (mm/dd/yy)	B) Were condoms dispensed? (Y/N)	Complete C and D ONLY if a referral for any key sexual health service was made. If no referral was made in that encounter, leave C and D blank.	C) Circle the type of referral made (see code list attached)									D) Circle the agency student was referred to (see code list attached)								
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
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			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
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			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
			H	T	RX	HP	P	BC	L	C	O	HRC	SBHC	YFP	ABCD	PCP	H	CT	DK	O
Column Total		Column Total																		

Core Component 7:

Management and Oversight

KEY CONCEPTS

- Core Tasks for the Management and Oversight Team

In this section we will explore the rationale for a management and oversight strategy and the key activities involved in the coordination of the referral system.

KEY CONCEPTS

Core Component 7:

Management and Oversight

Overview

In order to develop, implement and sustain a successful referral system, a management and oversight strategy must be in place. Key staff, partners, and/or school groups should be tasked with maintaining the referral system at the state, district and school level. 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.[16]

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 schools SHS referral system are provided below.

OVERSIGHT AND COORDINATION

- Update relevant policies and procedures
- Provide staff training (completed at least annually)
- Designate staff to make referrals (address staff turnover)
- Maintain partnerships with SHS 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.

Designing a Sustainable Referral System

KEY CONCEPTS

- Three Key Activities to Promote Sustainability

In this section we examine the importance of designing a sustainable referral system and describe the key activities involved in this effort.

KEY CONCEPTS

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 be "nice-to-have" but 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.[20]

SUSTAINABILITY
Having the human, financial, technological, and organizational resources to provide services to meet the needs and attain results towards a mission on an ongoing basis. Sustainability requires organizational and programmatic infrastructure to carry out core functions independent of individuals or one-time opportunities.[20]

Designing a Sustainable Referral System

Considerations for Promoting Sustainability

The following describe some of the key activities associated with designing sustainable referral systems. The list below is drawn from the literature on diffusion of innovations[21] and lessons learned over 30 years of implementing new systems and innovations in both school and healthcare settings.[20, 22]

Key Activity #1: Build Will

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, STD data, and teen pregnancy 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

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 providers of SHS and other key services, and engage as partners.

Designing a Sustainable Referral System

Key Activity #3: Design With The End-User In Mind

Design with the end-user in mind to support easy adoption in real-world settings and 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 straight forward 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 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.

LESSONS FROM THE FIELD

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 active students to SHS.

Appendix A

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Appendix B
GLOSSARY

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

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

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 sexual 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 physicians' assistant.

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

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

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

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

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