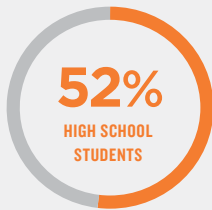


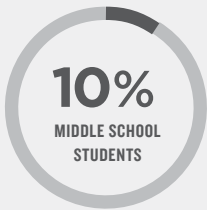
## SCHOOL INVOLVEMENT IN CONNECTING STUDENTS TO SEXUAL HEALTH SERVICES (SHS)

### THE RATIONALE FOR USING THE SHS REFERRAL TOOLKIT

#### OVER HALF OF CPS TEENS ARE SEXUALLY ACTIVE<sup>1</sup>



CPS STUDENTS REPORT HAVING HAD SEXUAL INTERCOURSE



STUDENTS REPORT NOT USING A CONDOM DURING LAST SEXUAL INTERCOURSE

39%  
CPS HIGH SCHOOL STUDENTS

27%  
CPS MIDDLE SCHOOL STUDENTS



OF SEXUALLY ACTIVE CPS 12TH GRADERS REPORT HAVING HAD 4 OR MORE PARTNERS

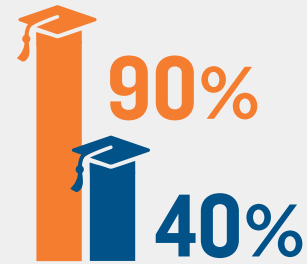
#### TEEN STI AND BIRTH RATES ARE HIGH AND THIS AFFECTS SCHOOL SUCCESS



CHICAGO IS #2 THE NATION FOR CHLAMYDIA & GONORRHEA WITH YOUTH CONTRACTING OVER 65% OF NEW CASES IN 2013<sup>2</sup>

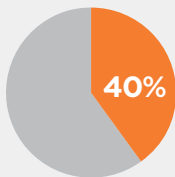


IN 2013 27% OF NEW HIV DIAGNOSES IN CHICAGO OCCUR IN 13-24 YEAR OLDS<sup>3</sup>

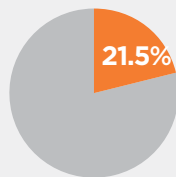


BY AGE 22 ONLY 40% OF TEEN MOTHERS GRADUATE FROM HIGH SCHOOL COMPARED TO 90% OF WOMEN WHO DID NOT GIVE BIRTH AS A TEEN<sup>4</sup>

#### STUDENTS DON'T KNOW THEIR RIGHTS OR HOW TO ACCESS SEXUAL HEALTH SERVICES



40% OF TEENS SURVEYED DID NOT KNOW THAT THEY COULD ACCESS CONTRACEPTION WITHOUT PARENTAL INVOLVEMENT OVER THE AGE OF 12<sup>5</sup>



21.5% DID NOT KNOW THAT THEY COULD BE TESTED FOR STIs WITHOUT PARENTAL INVOLVEMENT<sup>6</sup>

**BOTH CHLAMYDIA AND GONORRHEA ARE EASILY CURABLE.**

MANY YOUTH HAVE NOT BEEN TESTED AND, BECAUSE THERE ARE OFTEN NO SYMPTOMS, THEY DON'T KNOW THEY HAVE AN INFECTION.

#### THIS IS WHERE SCHOOLS COME IN...

BY HELPING STUDENTS ACCESS HEALTH CARE, SCHOOLS IMPROVE ATTENDANCE, BEHAVIOR AND ACHIEVEMENT AND GRADUATION SUCCESS.<sup>7</sup>



# USING THE SEXUAL HEALTH SERVICES (SHS) REFERRAL TOOLKIT

## CONNECTING STUDENTS TO SEXUAL HEALTH SERVICES AND MAKING REFERRALS

### **STAFF CAN REFER STUDENTS**

All school personnel can refer students to SHS through

1. One-on-one conversations with students
2. Raising general awareness to all staff and students about where students can access this health care.

A referral point person or team at each school can coordinate the school's efforts from finding a health center for referrals to answering staff/parent questions.

### **USE THE TOOLKIT TO HELP YOU**

#### **DETERMINE WHAT YOU NEED**

Determine any school level planning needs, complete the Sexual Health Services (SHS) Referral Implementation Checklist which you can find in the toolkit.

#### **GET THE TOOLS YOU NEED**

Find comprehensive information, related resources and printable tools:

- » Laws and Policies
- » School-Level Planning
  - Getting Support from School Administration
  - Creating and Training an SHS Referral Team
  - Choosing and Connecting with Youth Friendly Health Providers
  - Creating Staff and Student Awareness through Marketing and Sexual Health Education
- » Making SHS Referrals to Students
- » Frequently Asked Questions from Parents

### **FIND THE TOOLKIT**

- » Start at the CPS Knowledge Center Homepage
- » Click on "Departments"
- » Click on "Student Health and Wellness"
- » Click on "Sexual Health Education"
- » Look at the list of Resources and click on "Sexual Health Services (SHS) Referral Toolkit"

### **THE BASICS OF MAKING SHS REFERRALS THAT STAFF AND STUDENTS SHOULD KNOW**

#### **THE LAW**

**In Illinois minors aged 12 and up can access most SHS without permission or notification of a parent/ guardian. Additionally, Medicaid cannot send home a bill/explanation of benefits for these services.**

This includes the following Key Sexual Health Services that adolescents need:

- » HIV and Sexually transmitted infections (STIs) testing and treatment
- » Contraception (condoms and other birth control including emergency contraception (EC))
- » Pregnancy testing and medical care when pregnant
- » Abortion (notification of an "adult family member" is required but consent is not)
- » Emergency medical treatment (including substance abuse and mental health counseling)
- » HPV vaccinations

There are some exceptions and variations for each. For more information, see the SHS Referral Toolkit. NOTE: Youth under 18 seeking general medical care need permission from a parent or guardian.

#### **POLICIES AND STAFF RESPONSIBILITIES**

- » Attendance: Most students should plan to go to the clinic during non- school hours or non-attendance days. Otherwise parental or principal permission is needed to leave school. (Note: Students over 18 may sign themselves out.)
- » Mandated Reporting: If a staff member suspects abuse, they are required to report it.
- » Privacy/Confidentiality: Students and families should be encouraged to discuss health care decisions. Staff should maintain students' privacy both verbally and in writing.

#### **HOW TO MAKE A REFERRAL**

1. Build trust and rapport
  - Listen to identify student need for services.
  - Ensure Confidentiality
2. Initiate conversation about a clinic visit and make a referral
  - Give information about a youth-friendly clinic nearby that can meet their needs and offer to call the clinic with them.
  - Remind them of their rights.
3. Help build confidence.
  - Remind students that they are making a healthy, smart choice.
  - Answer any questions they have.
  - Follow up

1 CHICAGO YOUTH RISK BEHAVIOR SURVEY (YRBS), 2013

2 CHICAGO DEPARTMENT OF PUBLIC HEALTH. HIV/STI SURVEILLANCE REPORT, 2014. CHICAGO, IL: CITY OF CHICAGO; DECEMBER 2014.

3 ID.

4 NG, A. S., & KAYE, K. (2012). WHY IT MATTERS: TEEN CHILDBEARING, EDUCATION, AND ECONOMIC WELLBEING. WASHINGTON, DC: THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY.

5 UNIVERSITY OF CHICAGO MEDICAL CENTER (2011). YOUTH AWARENESS OF A MINOR'S RIGHT TO ACCESS REPRODUCTIVE HEALTH SERVICES INDEPENDENTLY. CHICAGO: FAMILY PLANNING AND CONTRACEPTION RESEARCH POLICY BRIEF

6 ID.

7 LEWALLEN TC, HUNT H, POTTS-DATEMA W, ZAZA S, GILES W. THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL: A NEW APPROACH FOR IMPROVING EDUCATIONAL ATTAINMENT AND HEALTHY DEVELOPMENT FOR STUDENTS. J SCH HEALTH. 2015; 85: 729-73.