



LINKING ADOLESCENTS TO YOUTH-FRIENDLY SEXUAL HEALTH SERVICES

April 2016

Since the early 1990s, adolescent pregnancy and birth rates in the United States have dropped by over 50% due to an increase in contraceptive use, use of more effective contraceptive methods, and a decline in sexual initiation.¹⁻³ Although this trend is promising, greater effort is needed to address factors that put sexually active adolescents at risk for pregnancy and sexually transmitted diseases, including HIV. These risk factors include underestimating the risk of pregnancy, myths and misinformation about contraception, low use of the most effective contraceptive methods, low use of dual protection, and engaging in unprotected sex and other high-risk behaviors (e.g., multiple partners and alcohol use before sex).³⁻⁷

U.S. adolescents face barriers to accessing sexual health services (SHS) and information that fully address their needs. For example, adolescents may not know where they can go to receive confidential SHS.⁸ Even if they succeed in accessing SHS, the site or provider may be unwelcoming, or their access to the most effective contraception or other SHS may be limited by outdated approaches to care.⁹⁻¹¹ The Personal Responsibility Education Program (PREP) can play an important role in safeguarding youth sexual and reproductive health by linking participants to “youth-friendly” SHS providers. In fact, referring participants to preventive health care that includes SHS is a program requirement. This tip sheet provides information and resources to help programs design, implement, and maintain an effective SHS referral system.

WHAT ARE “YOUTH-FRIENDLY” SEXUAL HEALTH SERVICES?

According to a widely accepted definition, SHS are “youth friendly” if they have “policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for serving youth, meet the needs of youth, and are able to retain their youth clientele for follow-up and repeat visits.”¹²

Exhibit 1 presents an illustrative list of features of youth-friendly SHS (see Resources List).

BUILDING AN EFFECTIVE REFERRAL SYSTEM TO YOUTH-FRIENDLY SHS PROVIDERS

Building and maintaining an effective referral system is critical to ensuring that youth are able to access and receive high-quality and youth-friendly SHS. An SHS provider referral system has the following goals¹³:

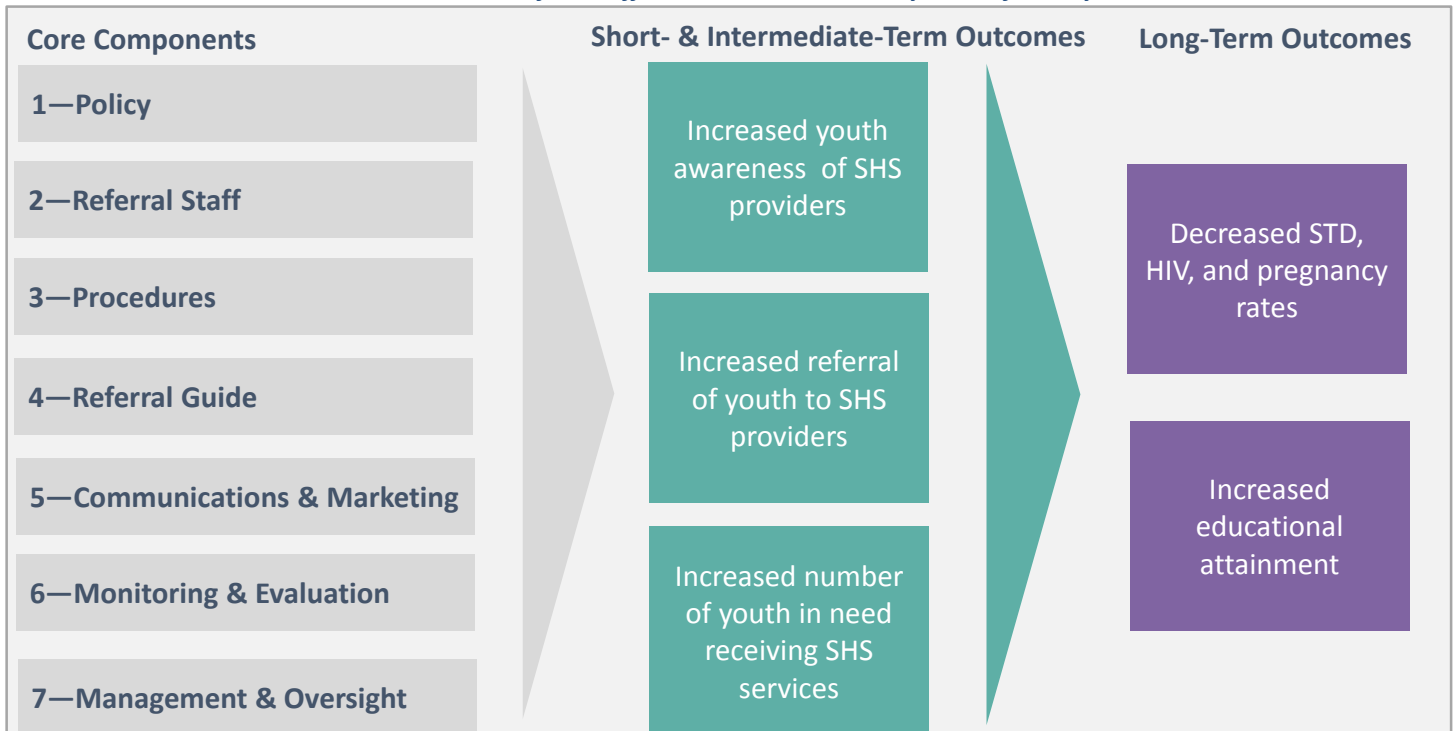
- Increase youth awareness of youth-friendly SHS providers.
- Increase referral of youth seeking or in need of SHS to youth-friendly SHS providers.
- Increase the number of youth in need of SHS who receive youth-friendly SHS.

Exhibit 1. Illustrative Features of Youth-Friendly Sexual Health Services

Easy Access	Welcoming Setting
<ul style="list-style-type: none"> • Offer lunchtime, evening, and weekend hours; accept walk-in appointments • Offer no/low-cost fees based on ability to pay • Provide access to no/low-cost contraceptives and other SHS devices or drugs • Maintain private billing accounts to bill confidential labs directly to the clinic • Offer locations that are conveniently located and served by mass transit 	<ul style="list-style-type: none"> • Offer comfortable surroundings with adolescent-focused magazines and wall decorations • Provide a reception area that allows clients to talk to receptionists without others hearing • Offer age-appropriate educational materials, in different languages and reading levels • Post hours, service fees, and payment policies • Provide separate waiting room for adolescent clients
Respectful & Equitable Treatment	Confidentiality & Privacy Protections
<ul style="list-style-type: none"> • Treat every youth as a whole person and involve him or her in managing their own health • Have staff familiar with adolescent physiology and development • Have staff trained to counsel youth and communicate using terms that youth understand • Have staff able to discuss a range of issues of concern to youth (e.g., body image, sex, and relationships) • Deliver high-quality care to all youth, regardless of sex, gender identity, race or ethnicity, English proficiency, or disability or relationship status 	<ul style="list-style-type: none"> • Have staff who know minor consent laws for SHS and are trained in protecting adolescent confidentiality • Post confidentiality policy and consent laws • Have staff who explain confidentiality protections and limits • Allow adolescents accompanied by parents/guardians time alone with clinician • Ensure that partnering pharmacies call clinics (not parents) with prescription questions
Comprehensive & Evidence-Based Care	
<ul style="list-style-type: none"> • Assess sexual history using a standardized format • Provide age and developmentally appropriate counseling/education. • Encourage youth to involve parent/guardian while respecting their privacy • Provide referrals to youth-friendly providers for behavioral, other health, and social services 	<ul style="list-style-type: none"> • Offer a comprehensive range of adolescent SHS (family planning, STI testing/treatment, HIV testing, HPV vaccinations) delivered according to national guidelines • Offer a comprehensive range of FDA-approved contraceptives, including IUDs and implants • Advise on the importance of dual use of condoms

Achieving these three goals will lead to improved health and other positive outcomes. **Exhibit 2** presents a framework¹³ for an SHS referral system based on seven core components.

Exhibit 2. Framework for an Effective and Youth-Friendly SHS Referral System¹³



The **seven core components** of an effective SHS referral system, summarized below, are described more fully in two reports by Cicatelli Associates and the National Coalition of STD Directors (see Resources List):

- 1. Policy:** Establish confidentiality policy regarding linking youth to SHS. Examine and close policy gaps. Post confidentiality information (program policy, laws, and exceptions), and make everyone aware of them.
- 2. Referral Staff:** Identify, select, and train designated referral staff (e.g., staff involved in condom distribution) who have qualities that foster success in this role, including a level of comfort with adolescent SHS issues.
- 3. Procedures:** Establish and document procedures that specify which project staff should make SHS referrals, when SHS referrals should occur, and steps for implementing referrals.
- 4. Referral Guide:** Develop and produce a *Referral Guide* that includes a profile for each SHS provider with enough information to help youth make an informed decision about where to go for youth-friendly care. Identify SHS providers in the area using existing directories, guides, ZIP code–based clinic locators, and other sources. Title X-funded clinics (see Resources List) offer confidential, affordable, and evidence-based services to adolescent clients.¹⁴ Visit the identified SHS providers and use a standardized form to assess the sites’ youth-friendly features. Recruit and formalize the referral relationship with selected providers. Make the *Referral Guide* widely available so that youth who are interested may self-refer.
- 5. Communications and Marketing:** Develop and implement a plan to create awareness regarding the availability of youth-friendly SHS and to market the SHS referral system. Address ways to reach youth who have limited or no access to computers, the internet, or social media. Engage youth in the design and implementation of the communications and marketing plan.
- 6. Monitoring and Evaluation:** Develop and implement a monitoring and evaluation plan in accordance with the available resources and information needs. A monitoring and evaluation plan can vary in intensity from basic (e.g., referral counts) to complex (e.g., completed referral, and referral quality).
- 7. Management and Oversight:** Develop and implement a management and oversight strategy that includes designating staff to oversee, maintain, and promote the SHS referral system (e.g., policies, procedures, staffing, guides, and partnerships). Monitor providers periodically to ensure continued adherence to best practices in delivering youth-friendly care.

RESOURCES LIST

Sexual Health Service Referral Systems

- Cicatelli Associates, Inc., and National Coalition of STD Directors. (2015).
 - *Developing a referral system for sexual health services: An implementation kit for education agencies:* http://www.ncsddc.org/sites/default/files/docs/referral_system_implementation_kit_020615_.pdf
 - *Establishing organizational partnerships to increase student access to sexual health services: A resource guide for education agencies:* http://www.ncsddc.org/sites/default/files/docs/organizational_partnerships_020615.pdf
- Healthy Teen Network and Cicatelli Associates. (2013). *Keep it simple: Linking teens to sexual health care* (Facilitator’s Guide): <http://www.healthysteennetwork.org/sites/default/files/ClinicLinkagesModule.pdf>
- Office of Adolescent Health. (2015). *Referrals and linkages to youth-friendly health care services:* http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/referrals_and_linkages_to_youth_friendly_health_care.pdf
- Title X family planning clinic locator: www.hhs.gov/opa
- Bedsider clinic locator: bedsider.org/where_to_get_it
- Centers for Disease Control and Prevention (CDC) STD clinic locator: gettested.cdc.gov

Youth-Friendly Sexual Health Services

- Advocates for Youth. (n.d.). *Best practices for youth-friendly clinical services:* <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>
- CDC. (2013). *Infographic: A teen-friendly reproductive health visit:* http://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic_8.5x11.pdf
- Healthy Teen Network. (2015). *Tip sheet: Characteristics of youth-friendly clinical services:* http://www.healthysteennetwork.org/sites/default/files/TipSheet_CharacteristicsYouth-FriendlyClinicalServices_0.pdf

Guidelines for Adolescent Sexual Health Services

- American Academy of Pediatrics. (2014). *Contraception for adolescents*: <http://pediatrics.aappublications.org/content/pediatrics/early/2014/09/24/peds.2014-2299.full.pdf>
- American Congress of Obstetricians and Gynecologists (n.d.). *Health information especially for teens*: <http://www.acog.org/teen>
- CDC and Office of Population Affairs (OPA). (2014). *Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs*: <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- CDC. (2015). *Sexually transmitted diseases treatment guidelines, 2015*: <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf>
- CDC. (2014). Health care providers and teen pregnancy prevention. <http://www.cdc.gov/teenpregnancy/health-care-providers/index.htm>
- Society for Adolescent Health and Medicine. *Sexual and reproductive health*: <http://www.adolescenthealth.org/Topics-in-Adolescent-Health/Sexual-Reproductive-Health.aspx>

Minor Consent to Care and Confidentiality

- Guttmacher Institute. (2016). *State Policies in Brief*. New York, NY.
 - An overview of minors' consent laws: https://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf
 - Minors' access to contraceptive services: https://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf
 - Protecting confidentiality for individuals insured as dependents: https://www.guttmacher.org/statecenter/spibs/spib_CMII.pdf
 - Minors' access to STI services: https://www.guttmacher.org/statecenter/spibs/spib_MASS.pdf
- Society for Adolescent Health and Medicine. (2015). *Topics in adolescent health: Confidentiality in health care*: <https://www.adolescenthealth.org/Topics-in-Adolescent-Health/Confidentiality.aspx>

REFERENCES

1. Santelli, J. S., Lindberg, L. D., Finer, L. B., & Singh S. (2007). Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use. *American Journal Public Health, 97*(1), 150–156.
2. Kost, K., & Henshaw, S. (2014). *U.S. teenage pregnancies, births and abortions, 2010: National and state trends by age, race and ethnicity*. New York, NY: Guttmacher Institute.
3. Martin, J., Hamilton, B. E., Osterman, M., Curtin, S. C., & Mathews, T. J. (2015). Births: Final data for 2013. *National Vital Statistics Report, 64*(1), 66.
4. The Henry J. Kaiser Family Foundation (KFF). (2014). *Sexual Health of adolescents and Young Adults in the United States*. Menlo Park, CA: KFF.
5. CDC Division of Adolescent and School Health. (2015). Trends in the prevalence of sexual behaviors and HIV testing, National YRBS: 1991–2013.
6. Martinez, G. M., & Abma, J. C. (2015). Sexual activity, contraceptive use, and childbearing of teenagers aged 15–19 in the United States. *NCHS Data Brief, 209*.
7. Kaye, K., Suellentrop, K., & Sloup, C. (2009). *The fog zone: How misperceptions, magical thinking, and ambivalence put young adults at risk for unplanned pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
8. KFF. (2011). *Adolescent health: Coverage and access to care*. Menlo Park, CA: KFF.
9. Kavanaugh, M. L., Jerman, J., Ethier, K., & Moskosky, S. (2013). Meeting the contraceptive needs of teens and young adults: youth-friendly and long-acting reversible contraceptive services in U.S. family planning facilities. *Journal of Adolescent Health, 52*(3), 284–292.
10. The National Campaign to Prevent Teen and Unplanned Pregnancy (NC) and Association of Reproductive Health Professionals (ARHP). (2008). *Providers' perspectives: Perceived barriers to contraceptive use in youth and young adults*. Washington, DC: NC and ARHP.
11. Romero, L. M., Middleton, D., Mueller, T., Avellino, L., & Hallum-Montes, R. (2015). Improving the implementation of evidence-based clinical practices in adolescent reproductive health care services. *Journal of Adolescent Health, 57*(5), 488–495.
12. Senderowitz, J. (1999). *Making reproductive health services youth friendly*. Washington, DC: Pathfinder International.
13. Cicatelli Associates (CAI) and National Coalition of STD Directors (NCSD). (2015). *Developing a referral system for sexual health services: An implementation kit for education agencies*. New York, NY and Washington, DC: CAI and NCSD.
14. OPA. (2014). *Program requirements for Title X-funded family planning projects*. Rockville, MD: OPA.

This tip sheet was developed by RTI International under contract #HHS233200951WC Task 25 with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.

Suggested Citation:

Fowler, C. I. (2016) *Linking adolescents to youth-friendly sexual health services*. Washington, DC: Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.