

Introduction

Build your school's capacity to connect students to essential health services. This Spark mini-training outlines South Carolina laws and policies related to minor consent for confidential services, and it explores best practices for providing referrals to health services for adolescents.

Objectives

By the end of this Spark training, participants will be able to:

- State what services minors can consent to without a parent's permission
- Identify their role in referring adolescents to health services

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector
- Copies of the *South Carolina Minor Consent and Confidentiality Laws Handout* for all participants

Additional Resources

If you would like to learn more about this topic, here are some additional resources and cited sources.

- [South Carolina Campaign to Prevent Teen Pregnancy: K-12 Educators](#)
- [Comprehensive Health Education Act Fact Sheet](#)
- [Comprehensive Health Education Act](#)
- [SIECUS State Profiles: South Carolina](#)
- [Youth Risk Behavior Survey 2016-2017](#)
- [Youth Risk Behavior Surveillance 2017](#)
- [DHEC Teen Clinics](#)
- [Developing a Referral System for Sexual Health Services](#)
- [South Carolina Minor's Access to Confidential Reproductive Healthcare](#)
- [Title 63 - South Carolina Children's Code](#)

Citation

If you plan to modify this resource, please cite or credit as: "How South Carolina school staff can facilitate access to health services: everyone can do something" Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; March 2019; Ann Arbor, MI.

Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (3 minutes) 1 – TITLE SLIDE: HOW SOUTH CAROLINA SCHOOL STAFF CAN FACILITATE ACCESS TO HEALTH SERVICES: EVERYONE CAN DO SOMETHING

 Introduce yourself/yourselfes.

 Today we're going to do a 15-minute mini-training, also called a Spark, which is intended to "spark" discussion and learning. In this Spark, we'll focus on the role school staff, in South Carolina specifically, can play in facilitating access to health services for students – especially when it relates to sensitive topics like sexual health. Sometimes, teachers and other school personnel are uncertain about what they can and cannot say to students about sexual health services – like STI testing and pregnancy prevention – within the limitations of South Carolina law and school policies. Hopefully, this discussion will help clarify the issue.

 2 – SCHOOL DISTRICT INFORMATION

 Use this slide to insert any relevant information or disclaimers from your school district that needs to be shared with the audience. If there's nothing to add, this slide can be deleted.

 3 – SCENARIO: MR. BROWN AND JAMES

 First, I'm going to read a scenario about an interaction between a Math teacher and a student. As I read aloud, be thinking about ways the adult could handle the situation.

 4 – MR. BROWN

 "I'm a high school Math teacher. One of my students, James, came to me after class yesterday to confide that he is concerned that he might have an STD after finding out that his partner was with someone else at a recent party. He wondered if I knew where he could go for testing. Our school doesn't have any policies about referring students for those types of services, and I was caught off guard. This isn't the first time a student has come to me with an issue. I've sent others to the guidance counselor, but I recently learned that she calls their parents. James's parents are very conservative and would be really upset if they found out he was having sex. I told him I would get back with him today. I feel like I am in a bind..."

 5 – JAMES

 “My name is James. It took me a few days to get up the nerve, but I talked to my Math teacher, Mr. Brown, yesterday after class. I told him that I heard my partner Chris was with someone else at a party recently, and I think I should get tested for STDs. We don’t have a clinic in our school so I asked Mr. Brown where I could go without telling my parents. They’d freak out if they knew I was doing that. Mr. Brown said he understood that I needed this to stay private, and said he needed to do some checking to give me the best information. I would have gone to our Counselor, Ms. Wilson, but I heard she calls kids’ parents when they ask about this kind of thing. Mr. Brown has always been someone I trust so I’m sure he’ll be able to help me tomorrow...”

 6 – DISCUSSION

 What are your first reactions to this scenario?

 Invite audience to share their thoughts. Possible responses are unsure, uncomfortable, disappointed, concerned. Ask the following questions and allow for brief discussion.

 How realistic is this scenario? Could you imagine this happening in your school?

What do you think the intent of the teacher might be?

What are the possible outcomes in this scenario?

Key Concepts (8 minutes)

 7 – THE NEED

 Many adults feel uncomfortable talking with young people about sex, and some are concerned that talking about it will send a message that they’re encouraging risky behaviors. At the same time, data from the CDC’s 2017 Youth Risk Behavior Survey shows that 40% of high school students have had sex and nearly 30% were currently sexually active.

Of these teens, almost half (46%) did not use a condom the last time they had intercourse, and over two thirds (70%) did not use any form of medically prescribed birth control.

 8 – THE NEED

 Despite guidelines from the Centers for Disease Control and Prevention calling for sexually active individuals age 13 and up to be tested for HIV, nearly 90% have never been tested, according to the Youth Risk Behavior Survey.

When we look specifically at South Carolina, the trends are similar. In 2017, youth ages 15-19 accounted for 29% of all Chlamydia cases in the state and 21% of all Gonorrhea cases. Additionally, the HIV rate among teens ages 15 to 19 increased by 5% from 2016 to 2017.

Connecting teens to services where they can get testing and treatment for HIV and other STIs, as well as effective pregnancy prevention, is vital to improving the health of young people in South Carolina.

9 – SEX EDUCATION: IMPORTANT BUT NOT ENOUGH

Most schools include some information about sexual health in health classes. However, teens can be “book smart” in the classroom, but they also need to be able to access contraception or STI testing and treatment if they are (or are planning to become) sexually active. Our role as adults is to help them find where they can go to get those needed services.

10 – SC LAW: TRUE OR FALSE?

Let’s start with a quick quiz to see what you know about South Carolina laws. I will be reading four statements. Think to yourself whether you think each is TRUE or FALSE.

Note: statements are animated to appear one after each click, with the answer showing after the last click. Read each statement aloud before advancing to the next one.

1. Students age 16 and up have the legal right to access confidential services (like mental health and substance use treatment and sexual health services) without a parent’s consent. – **TRUE**. Minors 16 or older can consent to any health care services that do not require an operation

2. A family planning drug or device (including condoms) can be dispensed or prescribed on school grounds. – **FALSE**. According to the South Carolina Comprehensive Health Education Act schools cannot distribute contraception on school grounds or allow a health provider to do so.

3. There is no state law that prohibits school staff from making referrals for STI testing and contraception to family planning agencies. – **TRUE**. No law exists in South Carolina that prohibits school staff from making referrals for STI testing or contraception.

4. There is no state law that prohibits school staff from assisting a student in obtaining an abortion or making referrals specifically for an abortion. – **FALSE**. According to the South Carolina Comprehensive Health Education Act schools cannot provide information or counseling regarding abortion.

Reflect on this for a moment. What surprises you? Which statement were you least certain about?

Invite a few audience members to share, then continue.

11– SC LAW: PARENTAL CONSENT EXCEPTIONS

Now let’s review the South Carolina laws in more depth. As this slide says, a parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions.

These exceptions are based on:

- A minor’s **status** (independence from parents/guardians),
- A minor’s **age**
- The **type of service** requested (such as certain sexual health services), or
- The **funding source** (such as a DHEC clinic)

Again, these laws can sometimes be confusing, so I'm passing out a handout that summarizes these exceptions.

 Pass out the "South Carolina Minor Consent and Confidentiality Laws" Handout.

12– SC LAW: MINOR CONSENT BASED ON STATUS

 First, let's look at the exceptions based on status.

If a minor has any of these three statuses, they can consent to health care services without a parent or guardian's permission. If they are:

- Married -OR-
- Serving in the military -OR-
- Legally emancipated

13– SC LAW: MINOR CONSENT BASED ON AGE

 Additionally, South Carolina has several laws that outline different health care services that minors can receive without their parent's or guardian's permission based on their specific age.

- Minors **16 or older** can consent to **any** health care services that do not require an operation.
- Minors **16 or older** may also consent to an operation if it is **essential to their health or life** in the opinion of the performing physician and a consultant physician if one is available

For example – a 16-year-old can consent for insertion of the contraceptive implant, such as the Nexplanon but cannot consent to have it removed because removal is considered an operation/invasive medical procedure. However, if the operation was deemed "essential to their health or life" by the performing physician and, ideally, a consultant, the operation could be performed.

- Minors **under 16** may consent to health services of **any kind** when, in the judgment of a person authorized by law to render a particular health service, **such services are deemed necessary**
 - Additionally, if the minor is under 16 and the health services involve an operation, it can only be performed only if it is **essential to their health or life** in the opinion of the performing physician and a consultant physician if one is available

As you can see, these laws allow for a broad exception for health care professionals to use their professional judgement. In these cases, it is advisable for the physician to consult another physician if one is available.

14– SC LAW: MINOR CONSENT BASED ON SERVICE

 Now let's look at the exceptions based on type of service. Each state has certain services that a minor may consent to without a parent or guardian's consent. A parent may still find out about the service, so it may not actually be confidential, but it's important to note that legally, a minor does not need a parent to consent to these services:

- Pregnancy testing and prenatal care, other than abortion
- Family planning and contraceptive care, including Emergency Contraception
- STI testing and treatment (although some STIs must be reported to the health department)
- Treatment for abuse of controlled substances or alcohol
- Outpatient mental health services
- Emergency care if:
 - the proposed surgical or medical treatment is reasonably necessary (according to competent medical judgment)
 - a person authorized to consent is not readily available and
 - any delay in treatment would jeopardize the minor's life or health

15-REFERRING FOR MAXIMUM CONFIDENTIALITY

 Not surprisingly, school staff are often most comfortable referring students to their family doctor. However, while minors are legally allowed to receive the health services we just discussed without a parent's permission, in many cases, confidentiality is not protected because of the way insurance companies are billed. When private insurance is used, parents receive an Explanation of Benefits statement listing the services the minor received.

It can be difficult to get confidential services in a primary care setting unless the person has Medicaid, which includes some protections for sexual health services. And we know from research that young people are more likely to seek sexual health services when they have the assurance of confidentiality. If maximum privacy and confidentiality is important to the adolescent, then South Carolina Department of Health and Environmental Control (DHEC) clinics offer the maximum safeguards. These sites offer confidential services and allow the option for youth to have their Explanation of Benefits mailed directly back to the DHEC clinic instead of to their home.

16-THE LAW IN ACTION

 Let's apply the law to some specific situations.

 [Click through the slides so that the questions and then answers appear.](#)

 1. Are teachers required to work through the school counselor or nurse to give students referrals to outside agencies?

Answer: **NO** – there is no law that requires this.

2. Is the school counselor or teacher required to tell the parents if a student discloses that they are sexually active and would like to get birth control?

Answer: **NO** – there is no law that requires school staff to tell parents if a student discloses this information. However, if the minor is 13 years old or younger and discloses that they are sexually active, the counselor or teacher would be required to report this to the Department of Social Services because according to the law, minors under age 14 cannot legally consent to sexual activity.

3. Would a school counselor or teacher be allowed to tell a student where they can get contraception?

Answer: **YES** – there is no law that prohibits school staff from referring students for contraception, however they are not allow to make referrals for abortion services.

4. Can a health teacher do a condom demonstration?

Answer: **YES** - The law allows a health teacher can do a condom demonstration. However, the individual school district's CHEA Committee may decide not to allow condom demonstrations. While it is not illegal to provide a demonstration, going against the district policy may result in consequences for the teacher involved. It's always best to double check with the school district's CHEA Committee policies.

17 –IMPORTANT CONSIDERATIONS

 It's always best to encourage students to talk to their parents or other trusted adults about these issues. A school staff person can talk with the student about what that might look like and offer to be a part of the conversation.

There may be situations, however, where the student is adamant about not wanting their parent to know. In those situations, our first instinct is to refer to a counselor, school nurse, or a school-based health center.

And that makes sense, because these professionals may have more training and often more comfort in these areas.

BUT...students may not feel comfortable, have a rapport, or have easy access to these professionals. So ultimately everyone in the school needs to be informed and have the knowledge and skill to make referrals.

Application (4 minutes)

18– WE ALL PLAY A PART

 No matter what your role, whether a teacher, counselor, nurse, administrative assistant, principal, or other role, you can help students access the health services they need. Most of us do this because we care about teens and we want them to be healthy and supported.

Students tend to come to a school staff person for a reason. It's because they trust you and it often takes a lot of courage for them to confide in you. We want to make sure that all of you have the information, comfort, and resources to make the connection for students.

 19 – HELPFUL TIPS

 Here are some things that we have seen other sites use effectively in their schools.

- Develop a list of providers and resources that young people may need to access confidential health services.
- Identify staff in the building who are the “go to people” for helping students identify and access needed providers.
- Utilize student-developed posters or other PSA materials in highly visible areas.

What other ideas do you have?

 20 – REFERRAL LIST

 A referral list can be a really helpful tool. Develop a list of providers and resources that young people may need to access confidential health services (e.g., suicide prevention, substance use, sexual assault, STD testing and treatment). The list can be vetted by school leaders and community partners. The list is only effective if people know about it and can easily access it!

 16–POSTERS

 Student-developed posters or other awareness materials can be put in bathroom stalls or other highly visible areas. These posters can be about a number of health-related topics, including sexual health. What other ideas do you have?

 17– WHAT CAN WE DO?

Let’s close with a think-pair-share discussion. Turn to the person sitting next to you, and discuss what role you could play.

Discussion Prompts:

- Which strategies would be most realistic in our school?
- Which strategies might have the biggest impact?
- What would need to be in place for this to happen?

 Give participants a little time to discuss. If time report out.

 18 – THANK YOU!

 To keep this conversation going over the next month, I will share Sparklers, or quiz questions, about confidentiality. I’ll post the Sparklers around in places that you all can easily see them. When you see a Sparkler, take a moment to read them and reflect on the responses. Thank you for your participation!

 Print and post Sparklers in areas your staff can see (e.g. lunchroom)