

Introduction

Build your school's capacity to connect students to essential health services. This Spark mini-training outlines Michigan 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:

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

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop with PowerPoint presentation
- Projector
- Copies of the *Laws Relevant to Adolescent Access to Sexual Health Services Spark Handout* for all participants

Additional Resources

- See the Network for Public Health Law's tabulated review of [Michigan Laws Related to Right of a Minor to Obtain Health Care without Consent or Knowledge of Parents](#), last updated in 2014.
- Check your local school district policies about referrals to see if there is any additional guidance or restrictions.

Citation

If you plan to modify this resource, please cite or credit as: "How school staff can facilitate access to health services: everyone can do something" Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; December 2021; 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

 Introduce yourself/yourselves.

 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 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 STD testing and pregnancy prevention – within the limitations of Michigan law and school policies. Hopefully, this discussion will help clarify the issues.

 2 – 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.

 3 – 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..."

[Pause.]

Okay, now let's hear from the student.

 4 – 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..."

 5 – DISCUSSION

 What are your first reactions to this scenario?

 Invite audience to share their thoughts. 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 (15 minutes)

6 – THE NEED

 Many adults feel uncomfortable talking with young people about sex. Some are concerned that talking about it will send a message that they're encouraging risky behaviors, and others may just not know what they should say or are allowed to say. At the same time, data from the 2015 Youth Risk Behavior Survey show that over one fourth of high school students were sexually active.

Of these teens, 55% did not use a condom the last time they had intercourse, and a full two thirds did not use any form of medically prescribed birth control.

7 – 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, only 13.5% have never been tested, according to the Youth Risk Behavior Survey.

When we look specifically at Michigan, the trends are similar. In 2015, nearly 14,000 Michigan teens were diagnosed with chlamydia. Cases were diagnosed in every county in the state. Teens ages 15-19 are four times more likely to have chlamydia than the overall adult population. This is especially important because chlamydia is a leading cause of infertility.

Connecting teens to services where they can get testing and treatment for HIV and other STDs, as well as effective birth control is vital to improving the sexual health of young people in Michigan.

8 – SEX EDUCATION: IMPORTANT BUT NOT ENOUGH

 Most schools include information about sexual health in health classes. However, teens may be “book smart” about sexual health and still not know where to access contraception or STD testing and treatment. Our role as adults is to help them find where they can go to get the services they need.

9 – SURVEY OF PARENTS & SCHOOL STAFF

 To help us understand how teachers and parents feel about how school staff should handle this issue, Michigan Department of Education, in partnership with the Michigan Department of Health and Human Services, surveyed teachers and parents about their knowledge, attitudes, and comfort making referrals. It turns out that parents in particular believe that the school has an important role in helping students connect to sexual health services.

10 – IT IS PART OF THE SCHOOL'S ROLE!

 When asked about whether they agree or disagree with the statement “it is not the school's role to refer students for sexual health services,” only 21% of school staff and 13% of parents agreed or strongly agreed. Let's think about that for a second, since the statement is phrased in the negative. That means that most teachers – and even more parents – believe that the school should have a role in referring students for sexual health services.

 11 – BARRIERS

 On the survey, more than a third of school staff indicated that they were comfortable referring students. But a number of school staff said that there were barriers.

 **Ask the audience:**

 Before we show the results of the survey, what kinds of issues do you think are the biggest barriers to school staff referring students for sexual health services?

 **Allow a few moments for people to respond, then continue.**

 12 – BARRIERS

 Teachers were uncomfortable with giving a referral for three main reasons:

 **Click through to reveal reasons on slide.**

1. They don't think they have enough knowledge.
2. They don't think they were the appropriate person to make a referral.
3. They were worried about repercussions from parents, school, and law enforcement.

Which of these resonate most for you?

 **Allow a few moments for people to respond, then continue.**

 In this Spark, we want to address these three barriers so that you feel you are more knowledgeable, comfortable, and confident to help students access sexual health and other confidential services.

 13 – THE PRIVATE DOCTOR AND CONFIDENTIALITY

 Not surprisingly, school staff are most comfortable referring students to their family doctor. However, while minors are legally allowed to receive sexual health services without a parent's permission, in many health centers, confidentiality is not protected because of the way insurance companies are billed. Parents usually receive an Explanation of Benefits statement listing the services the minor received.

It can be very difficult to get confidential services, unless the person has Medicaid, which includes some protections for sexual health services, or when a teen receives care at health centers whose funding protects minor confidentiality. And we know from research that young people are more likely to seek sexual health services when they have the assurance of confidentiality. Health centers, school staff, and youth-serving professionals can all benefit from learning the basics about what Michigan laws allow or prohibit.

 14 – MICHIGAN LAW: TRUE OR FALSE?

 Let's start with a quick quiz to see what you know about Michigan 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. Teens have the legal right to access confidential services (like mental health and substance use treatment and sexual health services) without a parent's consent.
2. Teens may access certain sexual health services (such as STI testing & birth control) when they are under the age of consent (16).
3. A family planning drug or device (including condoms) cannot be dispensed or prescribed on school grounds.

4. There is no state law that prohibits school staff from making referrals for STD testing and contraception to family planning agencies.
5. There is a state law that says that school staff cannot assist a student in obtaining an abortion or make referrals specifically for an abortion.

 Allow a few moments for people to think, then click once more at the end to show the answer—all statements are true.

 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.

 Here is a handout that explains some of the key Michigan laws in greater depth. Feel free to reference it later if you have more questions.

15–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**
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**
3. Would a school counselor or teacher be allowed to tell a student where they can get contraception? Answer: **YES**. Does it matter if the health center also provides abortion services? Answer: **NO**
4. Can a health teacher do a condom demonstration? **YES**

There are some limits to condoms in schools. For example, a teacher can pass a condom around a classroom for demonstration purposes, but it is against the law to distribute condoms on school property. Also, it is up to each district's sex ed advisory board to determine policy on what content is taught related to contraception.

This slide can be summarized by two main points. Point one: given that Michigan is a state where students can't access contraception in schools or even in a school-based health center, it becomes especially important that we help facilitate access to these services in the community if they are needed. Point 2: The fact that a teacher is not allowed to make a referral for abortion services does not mean that school staff can't make referrals for contraception or STD testing to a health center that provides abortions, like Planned Parenthood, for example. School staff can refer young people to health providers for health services and sexual health services, as long as they aren't referring that student for an abortion, even if those health providers also deliver access to abortion services. In Michigan, schools have local control and are able to make many policy decisions based on needs of their community and district. However, schools can't make a local policy that allows school staff to dispense condoms or contraception, or allows school staff to make a referral for an abortion. State law takes precedent.

16 –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 school professionals have more latitude to make confidential referrals, 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 (3 minutes)

17- 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 young people 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.

18 - HOW WE CAN HELP

 In addition to knowing the laws and making yourself available to talk to students, there are some other concrete steps you can take to help connect young people to the services they need. 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?

19 - 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.

When we surveyed school staff about whether their school had a referral list, most indicated that they were unsure. The list is only effective if people know about it and can easily access it!

20-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?

21- HOW WILL WE HELP?

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.

 22 – THANK YOU!

 Thank you for participating today! If you have any questions, please feel free to reach out to us.