Webinar Transcript
Who You Gonna Call? Setting Up Referral Networks

Operator: Welcome and thank you for standing by. I would like to remind all parties that your lines have been placed on listen-only until the question and answer portion of today's conference. At that time if you're wishing to ask a question please press Star followed by 1 on your keypad of your telephone and please be sure that your telephone is unmuted and clearly record your name at the prompt so that your question may be introduced.

Today's conference is being recorded. If you should have any objection you may disconnect at this time. It is now my pleasure to turn the call over to Public Health Advisor Jaclyn Ruiz with the Office of Adolescent Health. Thank you, ma'am. You may begin.

Jaclyn Ruiz: Thank you and welcome to our webinar today, *Who You Gonna Call? Setting Up Referral Networks*. In today's webinar we'll be learning practical skills for setting up and implementing youth-friendly referral networks. And so, the topic we touched on last year was the development of a TA tool - *Referrals and Linkages to Use Friendly Healthcare Services* which is available on the OAH Web site and the TPP Resource Center under the "Building Collaborations" topic page. And you'll see a link to it later on in our slides. I wanted to give it a little plug.

And we also talked a little bit about this topic during our in person TPP Grantee Orientation meeting. However, today we have some excellent speakers that are going to delve a little more into this topic, and hopefully we'll have a good amount of time left over at the end for us to discuss a little bit more how to best operationalize the information that is presented today.

As a disclaimer, the views expressed in this webinar do not reflect the official policy of the Office of Adolescent Health or the US Department of Health and Human Services nor does mention of trade names, commercial practices or organizations imply endorsement by the US government. All statements expressed are those of the presenters and do not necessarily reflect the views of OAH or HHS. Okay, sorry, just wanted to make sure I didn't do that too much.

Okay, so our speakers for today, I'm going to just introduce everybody and then of course they will be - they'll probably do a mini introduction for themselves as they go to speak. But we'll be starting off with Alex Eisler. She is a creative and innovative champion for adolescent health and well-being. Alex's experience in resource development, instructional design, management, training, and delivering capacity-building assistance across the US has enabled her to develop nuanced and inventive approaches to meet the sexual, reproductive, and social-emotional needs of adolescents including teen parents.

Alex is especially enthusiastically working on projects that seek to communicate about health in imaginative, concise, appealing and approachable ways, whether that be in person or digitally. For example, she codeveloped the CAI *Keeping it Simple* lesson plan, linking teens to sexual health care lesson plan and the accompanying video and motion graphic that is designed to help link young men and women ages 15 to 16 to trusted teen

friendly contraceptive and reproductive healthcare providers which is also available in Spanish. She also developed and facilitated a Webinar for FYSB grantees on connecting youths to clinical care in 2014 and 2016.

Amanda Brown has 20 years of experience providing capacity-building assistance to health and human service and education agencies across the US and in Latin America. She specializes in sexual and reproductive health, adolescents and increasing access to essential health services. Ms. Brown is the director of CAI's CDC DASH-funded Connections for Student Success project which is providing CBA to 17 school districts and their health services partners in high-needs communities to establish linkage and referral systems for youths. And, she led the development, production and dissemination of developing a referral system for sexual health services and implementation care for education agencies.

Finally we have Mousumi Banikya-Leaseburg. She has worked for 16 years in the field of sexual reproductive health. And in her early professional career she was a physician in India and primarily managed patients from marginalized populations such as tribal women and children. She has designed interventions promoting the correct and consistent use of modern contraceptives and diverse populations across India, Honduras, Uganda, and the US.

Prior to her joining the Office of Adolescent Health, she worked as a program manager with Healthy Teen Network on several federally funded programs and led an effort to enhance the user-friendliness of Title X clinics in Baltimore city in collaboration with the Baltimore City Health Department.

And as I mentioned she is currently a private doctor with OAH and provides oversight and technical assistance to not only TPP grantees but also our

pregnancy assistance on grantees. And she serves as our subject matter expert on linkages and referrals to youth-friendly health care.

And then just at the end of this presentation, we have a guest who is joining us, Lauren Ranalli. She is our newest CBA grantee that is focused on linkages and referrals to youth-friendly healthcare services. She is from the University of Michigan Adolescent Health Initiative. And you'll get to meet her just a little bit and learn a little bit about their project later on in our presentation. So with that, I am going to hand it over to Alex.

Alex Eisler: Thank you very much, Jackie.

Jaclyn Ruiz: Oh, I'm sorry Alex, I need to give you the ball. I apologize for that.

Alex Eisler: Thank you very much.

Jaclyn Ruiz: It's coming. You go ahead and get started.

Alex Eisler: Okay, wonderful. So thank you very much Jackie. So first we'll go ahead and get started now to talk a little bit about why we are here. So first things first, referring youth to health services takes some skill to do well. And after this webinar, you will be able to know better what makes for an effective referral system, some ways that you can improve a health referral system in your organization or your community and address common challenges that come up when building these kinds of systems.

And finally you'll know more about what the Office of Adolescent Health requires regarding health referrals. So the combination of knowing how to do it well in your community, overcome challenges, and then finally know what

you're doing in compliance with what the grant is requiring of you and your colleagues.

So to get started I want to orient everyone to what we are doing on the webinar today. So, first as we've gone through introductions, and Jackie so courteously introduced you all to all of us as presenters. We hope to hear more from you throughout the course of the webinar. Then we'll hear more about youth-friendly principles for referrals, the importance of these friendly principles in teen pregnancy work and so this will be focusing on Office of Adolescent Health expectations, and then how to implement a health referral system and then finally questions and answers and a closing.

Of course throughout the webinar you are welcome to ask us questions. And to do this you should look in the online platform. On the right side you'll see a couple of different boxes. First you'll see really at the top the place where it says participants, chat, and Q&A. Please make sure that your chat and your Q&A are lit up in blue. And the chat box it will show up in the middle. And you'll see it says send to at the bottom. And you'll want to make sure it says "all participants" for anything that you would like to put out to the group. Whether it's a question for a panelist or something you want to ask of your colleagues attending the webinar, this is the place to do it. You can also select others specifically that you would like to address.

If you click on All Attendees that will not include those of us who are presenters or panelists it will only include other attendees to the webinar. So "all participants" is a good go-to for that sort of thing and in just a moment you'll get a chance to practice.

You'll notice the Q&A that shows up at the bottom. The Q&A is designed to provide questions that you have to the panelists and the host. And it only goes

to those of us in a presenter mode. So anything you write there will not be seen by other attendees, and they will not be able to respond if you're wanted to ask questions of your colleagues okay? I hope that is clear for folks. And if you're having challenges, go ahead and send a note to us and we will help you get what you need to make sure that it works.

All right, so first things first, you'll get a chance to try out your chat box. So please everyone, go over to your chat box on the right side of your screen. Make sure all participants are highlighted and respond in one or two words to the question that you see on the slide in front of you.

What are one or two words that describe how you feel about making referrals for youths to clinical service - I'm sorry youths to services and programs in your community? So make sure "all participants" is selected and type one or two words that you think of about making referrals for youths to services and programs in your community. What is your first reaction when you think about doing this on the project that you are currently funded to do? Go ahead and start typing those in.

I see Beth said she is excited and Lakisha also says that she is excited. Well, that's good to hear. We're starting off on the right foot. Do other folks have any reactions when they think about making referrals for use in this context or are folks generally trying to test out the waters and see what that means? "Curious" from Jaclyn, excellent.

"Challenging yet encouraged," excellent. Thank you Brooke and Ellen. So to make referrals Brooke is excited to expand relationships and serve youths. Thank you. And Lakisha sees it is important. Nicole - I'm not sure how to pronounce your last name - says it is challenging. And Gloria says that it is hard and important.

"Protective of youth" and "it's critical" from Hillary and Erica. Alicia says "vital." These are all very true all of these statements. It is - we can't be all things to all people right? So when we're doing this kind of work we have to find those in the community who can help us to provide the well-rounded services that young people need. And not only that we need to be creating a culture where young people, no matter where they go, are hearing the same kinds of helpful, and protective, and supportive messages around their health and well-being no matter where they turn.

And so as we work throughout this webinar, we're going to be talking about how to do this in a high-quality way to ensure that that is the case. Also Amystess says that she is "elated and expectant." And we are excited to have you here for that. And Muriel, you were excited to create sustainable connections. Excellent, that is perfect.

So as we move throughout the webinar, you're going to be hearing from Amanda Brown from CAI, Mousumi Banikya-Leaseburg from OAH and Lauren Ranalli from Adolescent Health Institute from the University of Michigan talking about ways to do this. So if you would stay engaged throughout the webinar the feature that we just used to do this exercise is how you will ask questions. If you want to ask questions of your colleagues, want to hear from them, if you want to ask questions of all of us, this is a good place to do it. And of course for all participants, we'll put your comments out to the entire group including presenters.

And you may also select specific people that you would like to ask questions of. Again, the Q&A box at the bottom - that will only provide questions back to us the presenters and will not be visible to the rest of the group, all right? I

hope that is clear for everyone. We will move right along. Thank you very much for your participation.

All right so we're going to get started with a quick primer on youth-friendly clinical services, all right? And so to do that first there's a few tenants that we want to cover before we hand it over to the Office of Adolescent Health to talk about how they would like to see this happen. And first what you're looking for, for these kinds of clinical services in your community, is that they provide assessable locations and hours. And this means that young people, given their unique needs, are going to be able to access services.

So maybe hours that are outside of the school day, hours that provide for walk-ins, or appointments that can be made right away. It also means location will be in a space where it is easy for young people to get there whether via public transportation, walking, or whatnot. That it may look different if you're in a rural area, a suburban area, or an urban area; however, young people have to be able to get there in order to actually get the services.

The actual physical space, along with the staff and personnel that are working within the clinic, must provide a warm and respectful environment. This is extra critical for young people who are just starting out learning to take care of their health and taking on this very adult role of managing their own health needs. And also very critically, like for anyone, you must be able to maintain confidentiality. Simply because young people are the clients does not mean that they have any less of a right to confidentiality as would you would expect for yourself, or your partner, or any other family or friend in the community.

Also they must ensure opportunities for private conversations. This goes hand in hand with the last bullet point. Private conversations will allow young people to be able to ask the questions they really need answered. This is a

critical component for making sure that their actual needs are being met when they show up on site for these services.

You must also provide age-appropriate explanations for adolescents and give informed consent. This helps young people to be able to know what kind of services they're receiving and to be able to consent to them in a way that doesn't feel like they're just signing paper or doing what they're told. Simply signing off on sheets, or electing to use say one kind of birth control, or getting a certain kind of test or that sort of thing is not enough. Young people need to know why and they need to be given the opportunity to ask questions.

Further, clinics like this or clinical services should be offered with comprehensive services. And so this means that a good referral needs to be effective and youth friendly. And ultimately it means they need to follow clinical guidelines for the provision of adolescent sexual and reproductive health services. And that includes things like Quick Start for birth control someone being able to get birth control and start it same day. It also means having emergency contraception available in advance for young people who are getting these services.

And then another good example would be providing something like rapid HIV testing on site - being able to provide services quickly in a comprehensive way so that all needs can be met in a timely fashion. And then finally encouraging youths to involve their parents and guardians while respecting their privacy, and so of course depending on where you live and what the laws and policies are or if a young person is visiting say a Title X clinic youths should be - their privacy must be maintained. However, with that, we know that young people do well when they're connected to adults they trust in their lives, like their parents or their guardians, in order to help them be in control of their health and the clinical care that they receive.

Different young people may have different needs when it comes to that depending on the nature of their families, their living situation, and that sort of thing. However, clinical services should encourage young people to take advantage of the adults who can help them make good choices as they move further into adulthood and taking care of their own health.

So all of this to say that ideally, any time a youth interacts with providers they should be able to also get their sexual reproductive health needs met. Amanda will talk about this a bit more later, but a good example to get you thinking about it is not just that a young person would have to go to a clinic specifically for sexual health care, where they're doing a sports physical, there should be no wrong door for them to be able to ask about sexual and reproductive health. So if they're doing a sports physical, they should be able to get some questions around this answered. Maybe get services or be referred further for what they need.

So here are a few examples of resources for youth-friendly clinics. And some folks on the call may be people who are providing clinical services themselves in their organization or they may be linking to others who provide these kinds of services. And so making sure that the services are youth friendly, as we just discussed, is critical. Healthy Teen Network, the organization where I work, we have a tip sheet around the characteristics of youth-friendly services. All of these that are linked here will be linked at the end of this webinar and everyone will have access to these resources following our time together today.

Additionally, the Centers for Disease Control Division of Reproductive Health created the *Teen-Friendly Reproductive Health Visit*. You see that there's a - it's a second document. It's an infographic indicating various physical

elements and interpersonal elements of the youth-friendly clinic visit. Not only is it useful tool to show people, it's also visually appealing and helps to answer a lot of questions by providing information in a real-world-looking setting. This would be the clinic. These would be the people that the client are - is interacting with.

Next, Advocates for Youth. You'll see the blue and white resource provided at the top of the right-hand of your screen. One of its publications - around best practices for youth-friendly clinical services - this focuses a lot on the physical settings around youth-friendly clinical services. And then finally see at the bottom with the University of Michigan Adolescent Health Institute they have a teen self-advocate - they have, sorry, the Adolescent Health Initiative has various resources. And this is a screenshot of one resource in particular. It's a video around teen self-advocacy for helping young people take control of their health.

There are a variety of other resources through AHI that will support young people in accessing these services. And you'll hear later from Lauren Ranalli, who works for the University of Michigan on this project, to be able to answer a few questions about the kinds of support they will provide. All right, so I'm going to go ahead and pass the mic over to Mousumi Banikya-Leaseburg. And she will provide some information around the Office of Adolescent Health expectations for making these kinds of referrals.

Mousumi Banikya-Leaseburg: Thank you Alex, and welcome everyone. I'm so excited about today's webinar. This particular topic is a personal passion of mine. And although I could go on endlessly about youth family services and referrals and linkages, today I will only be providing a refresher on OAH's requirements and expectations regarding health referrals and linkages.

As Jackie shared before, some of this information has already been presented in various forms. Regardless, Amanda has some great tips and strategies in her toolbox today. And we hope that you'll walk away with something new and useful. And I highly encourage all the grantees online today to actively participate by sharing your tips and strategies as well as successes and challenges throughout the webinar by using the chat feature.

But before we get into all of these great details I want to briefly talk about why youth friendly referrals and linkages is a priority topic for OAH. Now a few years ago the US Department of Health and Human Services sought the input of professionals who through their work in various youth serving organizations such as school or community's programs, education, faith based organizations, public health and social service settings reach a large number of adolescents.

Now together these national leaders identified five essential components of adolescent health. OAH embraced these recommendations and put out a national call to action to improve adolescent health in the United States. And as most of you may know about this already this national call to action is called the Adolescent Health Think, Act, Grow, or TAG. Now TAG calls upon organizations and individuals to prioritize activities that can support the health and healthy development of all of America's adolescents - 42 million to be precise. So if you have not already done so, I would highly encourage that you to go on our Web site and search for TAG-related resources.

Of the five recommendations that came out of this endeavor two are particularly are actually directly aligned with our topic of today. And those two are adolescents should have access to high-quality teen-friendly healthcare and adolescents should have coordinated adolescent and family centered services as needed. Now these experts put forth that adolescents

benefit from access to high-quality medical and dental care, mental and behavioral health services and to healthcare providers who understand and value adolescents. Services that are youth friendly, culturally competent, affordable, convenient and confidential are preferred by young people. And this is some of what Alex had shared earlier. Now health care that is adolescent centered and involves parents and responsible adults, but allows for increased autonomy as adolescents reach their late teens, is desirable.

So a little bit about myself. In my early professional life I was a physician. And when I ceased being a full-time practicing physician and transitioned fully into public health was when I actually realized how difficult it is to navigate the health system and receive timely, accurate, and helpful information regarding my own health without the privilege of being an insider. So even with my background it's really hard. And I'm sure many of you would echo my sentiments.

Now just think about having to do so as an adolescent perhaps without the support of an adult or even with the support of an adult who may or may not know what's going on themselves. So adolescents enter service systems at multiple points and places and an integrated and coordinated services can help ensure better health outcomes and support healthy development for adolescents. Unfortunately, as we know, those systems for providing services and supports to adolescents are often fragmented; they're spread across government service agencies and nonprofit organizations, healthcare providers, businesses, and faith-based organizations.

Our expert group articulated that there is a clear benefit from a more coherent, integrated approach to fostering health and healthy development for adolescents. Now through evidence-based TPP programs and positive youth development approaches we are raising a lot of awareness among young

people about the importance of taking care of their health and well-being. We are creating a demand which we need to make sure is fulfilled to the highest possible standards.

Every young person who assumes responsibility for their own health or takes agency and is - or is referred by youth serving professional or a caring adult and seeks healthcare and other supportive services has the right to receive such services to meet their needs. And these services need to be high quality and delivered in a respectful and confidential manner, as Alex mentioned earlier. TPP programs alone are not sufficient to fulfill the needs of young people. The linkage and referral system needs to be established, needs to be managed and sustained to connect young people to the services they need and these services need to be youth friendly to truly fulfill young people's needs.

Next slide please. So I would like to talk a little bit about OAH's expectations regarding health referrals and linkages. Think about health in the broadest sense of the term. So we're not only talking about sexual and reproductive health services alone, but a wide range of healthcare services. Now according to our FOA, grantees are expected to establish and maintain linkages and referrals to a network of organizations including public providers such as the HRSA-funded community health centers and the OAH-funded Title X family planning clinics and other healthcare providers who can provide high-quality youth-friendly healthcare services for youth participants and their families.

Now specifically, there were five expectations outlined in the FOA. These are to identify and to recruit organizations and healthcare professionals within the communities who provide, as I mentioned earlier, a wide range of high quality healthcare services for you. Second is to assess identified organizations and providers to ensure services provided are youth friendly and accessible. And it is recommended to visit providers identified as offering youth-friendly

services to collect information on ease of access, location, transportation options, accessibility, and receptiveness of the staff.

Next slide please. Next slide please. Okay, then the third expectation is to develop protocols and procedures for how referrals to healthcare services will be made by the grantee and partner organization and how often the information will be updated to ensure accuracy. The fourth point is to develop and disseminate a provider referral guide for youths and their families. And lastly, identify and train key staff in organizations responsible for making referrals to youth to ensure awareness of available services and familiarity with referral protocols and procedures.

Now, what's important to remember is that all or most of these activities that I just described need to be in your work plans in some form or another if they're not already. Now the level of effort spent on these activities will depend on where you are at this point in time in terms of setting up your health linkages and referral systems and also where you want to be, so what your goals are.

Now we are aware at OAH that many grantees are working within the school system and may be facing multiple challenges, as to how setting up their referral system given school policies or procedures for how referrals can be managed or made. Today's speakers will be talking about a little bit about these challenges. And I highly encourage you, once again, for those grantees who have had these challenges or who have had successes in overcoming these obstacles to share freely during the course of the Webinar via the chat feature to promote some cross learning.

Next slide please. And could you go to the tip sheet slide please Brandon? Thank you. So Jackie mentioned this tip sheet already but I just wanted to

remind you once again that this tip sheet on referrals and linkages to youth-friendly services may be found at the TPP Resource Center. And if you have not done so already, this is also something that you should review, share and discuss with your team and your partners.

Next slide. Next, thank you. Okay so now, let's move to performance measures. We have received a lot of questions about performance measures. So just to clarify I want grantees to know that you're only required to report the number of referrals made in the following categories that cover health and other youth-related services. And these are the off-site providers or the school-based health centers for reproductive health care services, mental health services, primary health care, educational services, vocational education, workforce development services, intimate partner violence prevention services, and healthy relationships training. And you must have seen these domains in the RTI performance measures web site already.

Now if you refer to other youth-friendly services, you may note the number and description of these services in your biannual or annual reports. We love to have that information. And you could also describe why such referrals were deemed important and how you established such linkages. So it's not required but if you would like to provide this information, you can do so in your reports.

Next slide please. So, what are you evaluating? As far as OAH is concerned we are only requiring grantees to evaluate the components that are aligned with OAH's requirements in terms of health referrals and linkages. So for example, if you would evaluate the development and dissemination of the provider referral guide, assessment of youth-friendly services, the training component and so on and so forth. Now if you choose to evaluate some other

component of your referral system. If you have some unique characteristics you may do so, but it's not required.

Next slide please. Then this is a question that we have received a lot and I wanted to clarify that OAH does not require grantees to track and evaluate the receipt of services or service utilization, but we ask to track the number of referrals, which I mentioned earlier. So if you are a grantee who has a well-oiled system in place and has some mechanism in place whereby you can track and evaluate service utilization effectively, that is a bonus and we would love to hear about it. You can document it but it's not required.

Okay, so that concludes my portion of the presentation. If you have any questions please feel free to ask on the chat feature and the lines will be open at the end of the Webinar. And with that I will pass it over to Amanda. Amanda, take it away.

Amanda Brown: Thank you. And thank you to OAH and Child Trends for inviting me to be a part of today's session. The core content that I'll be providing during today's Webinar is from a resource called *Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies*. This resource was developed in 2015 by CAI in partnership with the National Coalition of STD Directors and CDC Division of Adolescents and School Health as part of CDC DASH's Promoting Adolescent Health Through School-Based HIV/STD Prevention. This project provides funding to state and local education agencies located throughout the United States.

Prior to the kit's development, no standardized framework or guidance existed for implementing a sexual health service referral system in schools. We developed a framework with seven core components for organizing a referral system. I'll provide you with an overview of the framework but first, although

this framework and corresponding implementation kit was originally designed for education agencies, since its creation it has been utilized to support referral system development and implementation by numerous state and local health departments, community-based healthcare organizations, other youth-serving organizations, hospitals, universities, and governmental agencies including Office of Adolescent Health and CDC.

Additionally although this framework was developed based on evidence from interventions that were specifically designed to increase adolescent access to sexual health services, this framework is also being used to establish referral systems for other health services including behavioral and supportive services, mental health services, substance abuse treatment programs, primary care and many of the other services that Mousumi mentioned just a few minutes ago.

This framework presented on this slide breaks down the referral system into seven core components: policy, referral of staff, procedures, referral guide, communications and marketing, monitoring and evaluation, also known as referral tracking or counting, and management and oversight. Each component has its own process that I will explain in the slides to follow.

The goal of a referral system is to reach the intermediate outcomes of number one, increasing adolescent awareness of healthcare providers; two, increasing referrals of adolescents to healthcare providers; and also to increase number of sexually active adolescents receiving sexual health services. Ultimately to achieve the long-term outcomes of decreasing STD, HIV and pregnancy rates among adolescents. And the second long-term outcome, which is to increase educational obtainment among youths. Again this is the framework for the kit that we developed.

So let's dive into the core components. The first being policy. This slide shows some of the key policy areas that impact the implementation of our referral system and adolescents' access to services. Starting off with confidentiality policies developed by youth-serving organizations, schools, healthcare centers, and other YSOs should be consistent with relevant federal and state laws and regulations associated with minors' rights to services indicating with whom will the adolescents' information be shared with and under what circumstances.

Another key area of policy has to do with minors' right to consent for services. Minors' rights to consent to reproductive and sexual health services and other services vary from state to state. It is important to know your state laws. One resource I would recommend around access to sexual health services is the Guttmacher Institute's *Overview of Minors Consent Laws by States*. This is updated on a regular basis. Because policies can change, its important that referral system implementers monitor the relevant policy landscape on an ongoing basis.

Another area of policy that's particular relevant to education agencies is the FERPA, the Family Educational Rights and Privacy Act. It is a law that protects the privacy of students and allows the student and their parents to access and amend educational records and control of the disclosures of such records. Depending on the circumstances, FERPA may have implications for school referral staff around what health-related information should be included in the student's educational records with the consideration that, that may be shared with that student's parent or legal guardian.

Another area of relevant policy is HIPAA, which protects the privacy and security of individually identified health information. HIPAA has implications for providers of healthcare services. It's important to note the policies do not

have to be put into place in order to make youth referrals to healthcare services but procedures do. We'll be talking about those in just a minute.

Referral staff is another core component of the system - champions who advocated for and facilitate access to health services for youths. Referral staff do not need to be healthcare professionals or licensed counselors. Depending on the setting, a schoolteacher or a coach can make an excellent referral, or a community-based health promoter or educator. What's most important is that the designated referral staff feel comfortable engaging in conversations with young people around their health and demonstrate a willingness to learn new information as needed. Referral staff need to be identified and selected and need to receive training and regular updates on the referral system and related topic areas.

The level and depth of training will vary with the professional role of the referral staff person. Training or professional development for referral staff can include some of the following content areas: the referral guide - you want your referral staff to know how to use this tool during referral making. It's important for referral staff to be trained on local and state policy some of the areas we hit on the previous slide. It's important for referral staff to be up on the best practices for referral making. What should that conversation look like? What should it contain?

Basic epidemiology, so looking at community-specific epidemiological data like rates of disease among the target population. Another area that is going to come up will be state-specific mandatory reporting requirements, so for example, child maltreatment reporting and harm to self or others. This training that you would want your referral staff to have.

And it's important for referral staff to be trained on what is meant by youth-friendly health services. So the information that Alex shared and the resources that are going to be provided to you following this Webinar, often times we use that term and we don't want to assume that a referral staff knows what, you know, an understanding of what that looks like and to provide examples.

Finally, if you or a referral staff are making sexual health service referrals, it is important that they have some very basic information on the state of sexual health services in 2016 for adolescents. Things like being aware that urine testing is available for gonorrhea and chlamydia or as Alex mentioned, that rapid HIV testing is available.

So the next core component is procedures. And the idea that the procedures of making a referral are written in a way that there is consistency around how referrals are made across referral staff. It also helps ensure the sustainability of the referral system. Written referral procedures should address the who and how of the actual referral-making process. So when thinking about how referrals can be made, we recognized six key activities. And these you would - you would to include in the development of your written procedures.

So first to build rapport with a young person, to ensure confidentiality and consent, identify adolescent's need, select the appropriate service provider, make the referral, and then follow-up after the referral. Referral staff need training on procedures for referral making. And the procedures should periodically be reviewed and updated as needed.

When looking to refer a young person to a healthcare provider organization, referral staff need to be aware of whether or not the referral agency uses a trauma-informed approach. For example, does the referral agency staff have an awareness of how trauma can inform a young person's sexual and sexual

health care decision making? Furthermore, the person making the referrals so the referral staff needs to have the skills to not retraumatize a young person during the referral-making conversation.

Moving on to the next core component, which is referral guide, a referral guide can be either paper-based or electronic - so a mobile application or a Web site. Right now there is a lot of development happening around electronic referral guides. It's important when deciding what format a guide should be put into that you consider cost, sustainability, and usability by the target audience.

If a referral guide is being developed for use , a best practice would be to have youths provide feedback on the tool during the guide-development process. Similarly, if the referral guide is being developed for referral staff to use for or with youths, you would want to engage referral staff in the referral guide-development process to make sure the tool meets their needs. I will share a brief overview of the referral guide-development process and talk about assessment of organizations for youth-friendly and LGBTQ-affirming care a little later on this presentation.

It's important in the referral guide process to think about partners. In order to put a guide together for healthcare services, partnerships are needed. These partnerships can be formal or informal and would include key stakeholders such as schools, public health departments, other community-based healthcare providers, and youth-serving organizations. It should not necessarily be the responsibility of one of those partners to take on the development of the referral guide, but rather a collaboration across partners in order to make it happen and to collect to leverage existing resources.

Here's a picture of the front of a referral guide that was developed by the Office of State Superintendent of Education, which is in Washington DC. This is one of the CDC-funded state education agencies. The guide was designed to offer assistance to DC youth in the community in accessing services for the following sexual health services: family planning services, sexual health education, LGBTQ services and support, dating and relationship support services, mental health services, academic support services, state based services, and more. This guide was also designed specifically as a resource for DC schools in connecting adolescents to youth-friendly and youth-serving organizations. This resource guide is structured to help both the provider and the adolescent better navigate the referral process.

Another core component of the referral system is communications and marketing. This is an essential part of the system. It's how young people and staff become aware of where to go for referrals and/or referral services. This slide shows pictures of posters that were developed to hang in high schools in Chicago, New York City, and Palm Beach County Florida. These communication tools have been effective in raising youth's and program staff's awareness about referral resources. The development of marketing materials represents another great opportunity to engage youth in the design of the referral system. Young people engaged in youth clubs like Gay Straight Alliances and other groups can support the design of the material.

So monitoring and evaluation, how do we know we're making the change we want to see? When designing a referral system, it's important to keep this in mind from the beginning. So one option, and this I would like to reiterate, is the level of OAH's performance measure that the grantees are expected to complete. This is counting referrals made over a specific time. This would be without identifying information from the adolescent. And it can be done

through a physical or electronic log and/or youth reports. It is a basic option for evaluating the success of the referral system.

A second option is counting the referrals actualized. And I'd like to reiterate this is not a requirement from OAH, however some may choose to look at the numbers of referrals actualized as the actual numbers of visits completed. This can be done through several ways. One way to count the numbers of referrals actualized is to create data sharing agreements between the program setting and the healthcare provider agency. Another way is to follow-up with youths following the health care visit. This is a more high intensity option. And it can help gain more understanding and confirmation about the receipt of care that a young person received as a result of the referral. For either option, the information generated from referral tracking helps identify successes to be celebrated in your referral system and it also will allow you to look at gaps and identify areas of improvement.

So going to put the different tasks up. sorry about that. So management and oversight, in order to develop and implement and sustain a referral system, a management oversight strategy must be in place. Some of the key activities of tasks associated with the management of a referral system include the use of evaluation data for DQI, updating professional development or training initiatives, maintaining relationships with community health service partners, updating the guide keeping it current and assessing ongoing policy landscapes.

Organizational partnerships are absolutely critical to the creation or enhancement of a referral system designed to increase adolescent access to healthcare services. These partnerships can be between schools and school districts, state and local health departments, community-based healthcare organizations and other youth-serving organizations. The resource

establishing organizational partnerships to increase student access to sexual health services was developed by CAI in partnership with NCSG and CDC DASH. And is a companion document to the referral system implementation kit.

It contains many practical and concrete suggestions along with sample implementation tools for the development and maintenance of organizational partnerships to increase adolescent access to health services. And I know that the tag is a resource for education agencies. We also know this resource is being widely used across the country beyond educational agencies. So this is the part of the presentation where we're going to transition into discussing some of the common concerns for a referral system implementation that have come up from the field and from the OAH grantees.

Alex Eisler: Amanda, this is Alex actually. There's a couple of questions that have come in. Would it be all right if we posed them now…

Amanda Brown: Sure.

Alex Eisler: …to get them answered?

Amanda Brown: Absolutely.

Alex Eisler: Wonderful. Thank you so much. So we first got a question a little bit ago from Kelly Dodd who asked, what role does the Office of Adolescent Health see for partnership with 211 call lines in communities? And perhaps this is a good question for Mousumi or someone from the Office of Adolescent Health?

Amanda Brown: Sure Alex, I can answer that. So, I actually have a good example of partnerships with a 211 helpline. And this is not a TPP grantee but a

Pregnancy Assistance Fund grantee who has partnered at the state level with the 211 helpline to introduce a specific pregnant/expecting and in parenting team-focused option. So it is possible but I do not know the procedures involved. But there is certainly room for a partnership with the 211 helpline.

And the 211 helpline itself it connects callers to such great resources. And these are some of the resources or referrals we're talking about when we're at OAH in terms of, you know, the basic needs and housing assistance, mental health services, other health services, et cetera. So yes I, mean we would love to see grantees being able to partner with the existing resources. It's not always necessary to create something from scratch; leveraging is definitely encouraged.

Woman: Thank you.

Mousumi Banikya-Leaseburg: Excellent. Thank you, Mousumi. So Kelly, thank you for your question. And so for those of you listening you may consider pursuing your local 211 lines. We did have one more question also from Polly Padgett. I may be saying your name wrong. I apologize Polly. You had a question asking, is there a training or Webinar that already exist for training professionals on effective referrals specifically trauma informed, so perhaps for anyone off the line Amanda or Mousumi perhaps if you have any immediate ideas?

Mousumi Banikya-Leaseburg: Alex this is Mousumi. I will have to think about that. I'm not sure whether there is one specifically targeted towards trauma-informed but that's something that I can certainly follow-up on and perhaps in one of the Grantee Digest if we come across such a Webinar we could potentially share resource to the Grantee Digest.

Alex Eisler: Thank you. And Amanda did you have anything to add at this time?

Amanda Brown: No, not off the top of my head. It was something I'd have to look into.

Alex Eisler: Excellent, thank you very much. All right so those are all the questions that I have here. Although I do have a note from Muriel Scheier saying that although with 211 and pregnancy care, you need to be careful that teens are inadvertently directed to crisis pregnancy centers where they may not get a full range of options. So thank you very much for that kind of point of interest, Muriel. That is something to consider.

Mousumi Banikya-Leaseburg: Right. And Alex I do want to comment on that. That's a great point actually. And I want to reinforce the importance of really, you know, assessing what resources referrals are out there. You don't always know that who you're referring to is the best option. You don't want to send young people to a place where they might be traumatized, judged, et cetera. So that's why it's so important to follow up to assess and make those referrals that are truly youth friendly. And I can see how that can be challenging with the 211 but perhaps there are some ways to ensure that whoever is on their directory that those services - service providers who are on the directory are actually youth friendly.

Alex Eisler: Thank you Mousumi. So that - at this time I don't see any other questions or comments from the group as a whole, so if you do have other thoughts or things that you would like to share with us.. we do acknowledge that it appears that not everyone has permission to send notes out or pose questions to the entire group. So please send them our way and we'll ensure they get answered. So anyway I will have the presentation back over to Amanda. Thanks for allowing for the question break.

Amanda Brown: Thank you. It's a lot of talking so it's great to hear your questions, your comments, your experiences we encourage you to keep sharing those throughout the course of the Webinar. So diving into one of the common concerns that has come up it really is around working with people from a diversity of program settings, so the fact that you're building referral networks but not with just one type of organizations so you're partnering with schools, community-based organizations, clinics and others.

So this has implications on the type and ease of setting up a referral network right? The processes of setting up a referral network will look differently in a different program setting. So it's important to examine the types of partner agencies whether they be schools, CBOs, clinics, to be leveraged. And look at how each entity approaches the work that way we'll be able to identify strengths and leverage opportunities.

It's important to understand that investment of time and effort for each partner organization. And it also is essential to identify common goals and shared outcomes from the get go of the collaboration. So for clinics, in terms of the referral network, you would be looking at identifying service area gaps and exploring new partnership opportunities or ways to fill those gaps with schools looking to partner with different program settings in order to work collaboratively to increase youth's access to services.

I'm going to provide you an example that came from DC public schools. And this was around implementing a school-based STD screening program. And what DC public schools did is that they connected with a local community based organization that was receiving funding to make condoms available and perform STDs testing. So DC public schools were able to leverage this CBO that was already receiving dollars to provide these services and then provide them in DC public schools.

Some OAH grantees have expressed the task of partnering with schools as a
challenge, particularly when schools may not be as receptive to doing work
around students' access to services or particularly, students' access to sexual
or reproductive health services. So here's some lessons learned from one of
the OAH Tier 1B grantees. And basically early on in the project, this grantee
felt it was vital to build community awareness and through education
engagement of both inside school and outside of school partners.

So some of the tips for how to build engagement within schools came from
this grantee such as identifying a district champion, so for example a director
of health services for the district, or leveraging parents and students, engaging
principals, school boards, school health advisory committees, making the
connection of how the referral system helps make the teachers jobs easier
tying the referral system to outcomes around academic achievement,
attendance in order to build buy in and support. Also identifying a point
person or coordinator for the school district to provide management and
oversight of the system can really help it gain traction at the school district
level.

So then how do we build engagement with outside-of-school champions who
are connected to schools? It can be helpful to mobilize a group of faith-based
leaders, or perhaps a Parent-Teacher Association or leveraging existing
community action groups comprised of stakeholders who are invested in
schools. They can be the voice of why this initiative is important to the school
district. You might want to look at your own community action group and ask
who has influential power to be the voice to connect with the school board.
The school board could then in turn influence the superintendent. We've seen
this work in action in one of your communities. Another thing is to consider
when forming a community action group is to think strategically about who

the community influences are and do your best to see if you can get them included in the CAG.

So another common concern that came up was the difference between creating a new referral network versus expanding an existing one, and the different considerations to think about with those two distinct tasks. So that's where we're going next. Let's talk about creating a new referral network. This image represents the seven key activities to the referral guide development process. While the figure focuses specifically on sexual health services because that was the focus of the program of what we were funded to create this resource OAH grantees are expected to establish referrals and linkages for a wide range of healthcare services.

So here are some steps. Decide what information to include in the guide, gather a list of healthcare providers, identify services provided by those providers, and within the identification of service providers is would be some type of assessment for youth-friendly and LGBTQ-affirming care. And this would be part of identifying the services the providers.

There are different types of assessments that can be used. There is a youth-led model which could be a mystery or secret shopper, but not necessarily. And this can be done either via phone or in person. Keep in mind with the youth-led assessment that this can be a heavy lift as it involves training and more staff time. Consider the resources that are available and the time needed to determine which type of assessment is most appropriate.

Another type of assessment is third party. So this would be not associated with the healthcare provider organization, so someone outside of it could be members of your team. And finally there is a self-guided assessment. So this

would be conducted by a member of the healthcare organization. This can be a survey that is sent to a clinic manager, for example, or a medical director.

Following today's Webinar you'll be receiving a document entitled - *Characteristics of Adolescent-Friendly Sexual Health Services*. This is a resource that we developed to help provide referral system implementers with examples of what youth-friendly sexual health services are, just a reminder that OAH grantees are expected to provide referrals to comprehensive services. So this would just be a resource that would support your sexual health service component.

Putting together a referral guide is an excellent opportunity for the different program settings that you work with to collaborate. Community referral guides have been developed by partnerships between schools, healthcare organizations, public health departments, and other youth-serving organizations.

So now we'll talk about expanding an existing referral network. Before it was creating a new one. Now, if we have a referral network how do we expand it or enhance it? The first thing we want to do is assess the current providers in the network. And you would use the same assessment tools that I had mentioned in the previous slide.

After you do an assessment you'll be able to identify gaps in the providers. And what do we mean by gaps? So, a couple examples. If we're talking about sexual/reproductive health services, a gap could be that the provider organization does not have contraceptive methods available on site, for example IUDs or implants, or perhaps they don't use the quick-start methodology, which as Alex mentioned is same day availability of a method, or just thinking about services in general that might have a gap. For

adolescent-friendly it would be something like not accepting walk-in appointments or not having after-school or weekend hours to accommodate youths. Those are some of the gaps that you'd be looking for.

So after those gaps have been identified, it's time to identify and assess new providers who can fill in the holes. So, another area of concern gets into program size, particularly when people are thinking about creating referral guides. With the exception of some of the smaller states like Delaware or Rhode Island, consider having your referral guide resources be county- and/or city-specific rather than statewide.

This slide shows a picture of the front of a hard copy of a referral guide that was developed by Broward County Public Schools in Fort Lauderdale, Florida. Many referral guides include information on relevant policies. So, you see most services require no consent. That text that is a nod to in within the referral guide there, is information about minor consent laws; there's information about cost information, what services are provided by a particular provider organization, what languages are spoken.

It's important to engage youths in the design of the referral guide if the referral guide is targeting and is to be used specifically by youths. And this is kind of like a fold-out tom card. It folds out in four sections. So this was specifically designed for youths to use.

And I worked with one organization who created a referral guide, a hard copy guide, that was targeted to youth and it had a map on it. After the guide had been printed, so all of the copies had been made, it was pilot tested with a group of young people who said, we don't use maps for directions we use our smart phones. So, good lesson learned of when to bring in the piloters to give their feedback.

So let's talk a little bit about the challenges that come up in providing access to services in rural communities. Establishing partnerships becomes critical. And some of the partnerships that we've seen formed will be with Federally Qualified Health Centers. So having an FQHC provide mobile testing at the program setting - this has been done in schools and community-based organizations. And it could be something where the FQHC would have a mobile testing or a mobile services clinic on wheels that might show up several times a month, or working with a local health department to offer on-site services like periodic STD screening. I mentioned the example from DC. New Mexico uses this in their setting, particularly in some of the rural areas.

Another strategy is to identify a space in a nearby community center and bring a community-based health service provider to set up a mini-clinic on a periodic basis. So this wouldn't be at a clinic but it would be a space where a clinic, a makeshift clinic, could be easily created. And this is being done in the state of Michigan as well as in the US Virgin Islands. You might hear this referred to sometimes as "doc in a box."

Another strategy is to provide transportation. And there is a school district that is providing transportation to students to receive healthcare services. Also consider a preceptorship model. So, this would be identifying health service provider partners who can come to rural clinics to do staff training and providing youth-friendly services because sometimes there are a few clinics around. And so when we talk about youth-friendly - if you only have one or two clinics that will see adolescents, you may not be in a position to cross them off your list. So how can we enhance their level of adolescent-friendly care would be through the preceptorship model. And this has been used and been successful.

Great so there's a lot of buzz about the use of technology to support access to services and information for young people. So this slide shows you a mobile application that was developed by the Oakland Unified School District in Oakland, California. And it helps identify healthcare providers for youths. There are new mobile applications popping up every day. We have a new one that is coming soon, or maybe some of you have already seen it. It will allow youth to consult with a provider via a mobile device to get birth control prescriptions that would then be picked up by the young person at the local pharmacy. Of course there are certain implications for minors in terms of access that need to be worked out.

There are also technology-based health assessment tools that are very much up-and-coming. There is the Rapid Assessment for Adolescent Preventative Services or RAAPS. There is also another technology-based health assessment tool called Just Health that's designed by Apex Technologies. So there's a lot of different ways that technology is being utilized to increase access to services and actual service provision.

Planned Parenthood has a new app called Planned Parenthood Care. And this allows for a video visit with the clinician to find the right birth control method or get treatment for things like urinary tract infections or even to order at home STD testing kits, so all of this really impacts access to services.

Finally John Hopkins School of Medicine has the I Want the Kit Web site. This allows users to receive anonymous STI HIV testing and results and is available at this time in Maryland, DC, and Alaska only. At this time I would like to pass the mic back to Alex who will be facilitating the Q&A.

Alex Eisler: Excellent. Thank you, Amanda. So go ahead and pass me back the - thank you perfect. Can you send me the green ball that gives me control of the slides

please? Thank you so much. So excellent, this is a moment for some Q&A after receiving quite a bit of information on youth-friendly referrals. If you'd like to ask a question verbally you can certainly hit Star 1 and then you will be given instructions to introduce yourself and be allowed to speak with the group.

I did want to point out that Muriel Scheier shared a comment around assessment of providers. And I shared it out via the chat link a moment ago. And she said that in their assessment, they have providers identify if they have experienced a particular affinity for working with teens. She thinks that most of their providers have been honest about that. And if they don't love working with teens they say it. So that is to true trust the process right?

Amanda Brown: And can I add to that is also we find that the assessment can often be an incentive for healthcare providers who aren't sure how they're doing with teens but are really interested in increasing their adolescent client base. So it's not always viewed as punitive, or shouldn't be approached as, sort of, you're being marked, scored or monitored. A lot - across the country a lot of healthcare providers have been really excited about the assessment process to find out how they're doing and figure ways they can do better. So it has been a very positive experience for many healthcare providers as well.

Alex Eisler: Excellent, thank you Amanda. And as we're taking questions I do want to let folks know as we are getting to the end of our time together that you'll be receiving a link of the chat box for the Webinar assessment from Jacqueline Ruiz. I'm not telling folks to get off now but, as you're getting to that time don't log off before receiving that link. So are there other questions or comments that folks would like to pose at this time?

Operator: At this time I'm showing no questions. However, again as a reminder, if you're wishing to ask a question or make a comment please press Star 1 and record your name at the prompt.

Alex Eisler: Thank you very much. And we see that so Jacqueline shared that Polly shared that they love the RAAPS tool, R-A-A-P-S. And it's a great resource for communities and clinics. And she also provided the link for it, so that is raaps.org. Thank you so much Polly.

Well if there are no other questions at this time we want to respect everyone's time. I'm going to go ahead and pass over to allow Lauren Ranalli who is from Adolescent Health Initiative which we talked about a bit at the very top of the hour to introduce herself and a little bit about her role on this project. Lauren, are you there?

Lauren Ranalli: I am, thank you. So hi everyone. This is Lauren Ranalli. And I'm the Director of the Adolescent Health Initiative which is based out of University of Michigan. And I'm excited to take a moment to tell you a little bit about our work and our team of CBA providers.

So the vision of the Adolescent Health Initiative, or AHI, is to transform the healthcare landscape to optimize adolescent and young adult health and well-being. So AHI works directly with health systems, primary care providers, school-based health centers, community-based and nonprofit organizations, and health departments to implement strategies for improving comprehensive adolescent-centered care. And our team specializes in providing CBA around developing youth-informed strategies and resources for improving referrals, linkages, and utilization of services.

And we've developed the adolescent center environment assessment process to facilitate enhancements to use friendly environments, policies, and practices in what we believe are the 12 key areas of adolescent-centered care. And those include access to care, adolescent-appropriate environments, confidentiality, best practices and standards of care, reproductive and sexual health, mental health, nutritional health, cultural responsiveness, staff attitudes and respectful treatment, adolescent engagement and empowerment, parent engagement, and also outreach and marketing to youths.

So this process has won some innovation awards from the Society of Adolescent Health and Medicine and Healthy Teen Network and other organizations. And so we're really excited to bring it to other OAH grantees. In addition to this work we host our annual conference of adolescent health. I know I've met many of you through that event. And we run the Michigan chapter for the Society of Adolescent Health and Medicine.

I want to take a quick moment just to highlight some of the other members of our team. So Dr. Maggie Riley is our Medical Director. She's a family medicine physician in a community-based primary care clinic in a school-based health center. Jenni Lane is our Program Manager and Lead CBA Trainer. And she's an expert in youth engagement and sexual health services. Vani Patterson is our Program Specialist. And she's an expert in public health strategies for improving adolescent health outcomes. And we're also bringing on a number of new staff for this initiative as well.

And in terms of collaborating partners as always we partner with our Teen Advisory Council to provide authentic youth input and direction to our work. We'll also be partnering with the Center for Sexuality and Health Disparities, which is also known as SexLab. They are cohoused at the University of Michigan School of Public Health and School of Nursing. And we're going to

be partnering with ETR Associates and the Nemours Children's health system
to develop some new tools and resources.

So for the grantees, you know, we provide a variety of existing tools and
resources for implementing referral tracking mechanisms, establishing
meaningful linkages to sexual health services and comprehensive adolescent
health services, and identifying and assessing and enhancing really youth-
friendly services including a Web-based to find a provider geo-map that
identifies youth-friendly healthcare providers by county. And so over the
course of this grant we're going to be expanding that map to include all of the
TPP grantee states.

In addition to all of the resources that we've developed we carry resources
from other experts in the field because we know when not to reinvent the
wheel. And based on the grantee needs and OAH expectations, we'll be
working with all of you and providing trainings and technical assistance, and
coaching and other strategies around referral, workflows, quality
improvement, initiatives, and orchestrating organizational buy-in to really
enhance youth-friendly services. And our team is just really excited to work
with you. And I want to thank OAH and the other presenters on this Webinar
for including us today.

Alex Eisler: Excellent. Thank you so much Lauren. So you may very well be partnering
with Lauren and her colleagues in the coming months and years. So thank you
so much.

Lauren Ranalli: Yes.

Alex Eisler: So as we begin to wrap up this Webinar you will see one that there's the slide
I've just place ahead of you - in front of you. This will be available after the

Webinar, as well of the various resources that were all discussed during our time together - including the Office of Adolescent Health referrals and linkages to youth-friendly health care tip sheet, the CDC DRH infographic, advocates for youth-friendly services resources, Healthy Teen Network's *Youth-Friendly Clinical Services Tip Sheet*, and CAI's global health referral system, which Amanda talked about as well.

The Adolescent Health Initiative Find a Provider and the Adolescent Health Initiative youth-driven videos as well as AHI's Creating and Sustaining Thriving Youth Advisory Council, these links will all be provided to you following the Webinar. And you'll see in your chat box Jacqueline Ruiz placed a link to a SurveyMonkey feedback survey. So please do take the time to fill that out. It is greatly appreciated. And finally we are so glad that you were able to join us today and spend a bit of your afternoon on this sunny Thursday - at least where I am. Mousumi, was there anything you wanted to add?

Mousumi Banikya-Leaseburg: Yes. So I just wanted to thank everybody for being of the Webinar today. We at OAH are really excited about this work. And I wanted to extend a thank you to all of you for the great work that you do and everything that you do to meet our requirements. So thank you once again and have a great day.

Alex Eisler: Excellent, thank you, Mousumi. Everyone enjoy the rest of your week.

END