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Contraceptive Toolkit for Illinois School- Based Health Centers

A Guide to Support Illinois School-Based Health Centers in Providing
Contraceptive and Pregnancy Prevention Care

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Introduction

EverThrive Illinois works to improve the health of women, children, and families over the lifespan, and we envision a society in which all Illinoisans are able to live their healthiest life. Two of the coalitions we lead to advance our mission are the Illinois School-Based Health Alliance (ISBHA) and the Contraceptive Justice Coalition. The ISBHA works to ensure that children and adolescents are healthy, safe, and ready to learn by advocating for and supporting school-based health centers (SBHCs) as school and community assets. The Contraceptive Justice Coalition works to increase access to all forms of contraception for all people and communities. We aim to do this by reducing unmet contraceptive need and addressing disparities in health and health care related to race, sex, gender, sexual orientation, age, income, ability, immigration status, primary language, and geographic location.

In June 2019, the Contraceptive Justice Coalition published the Contraceptive Justice Report, a landscape assessment to evaluate access to all forms of contraception for all people and communities at the individual, community, health care professional, and policy levels. This report revealed the barriers to comprehensive access to contraception that remain for all people, but especially people from communities that have been marginalized. It also revealed practices that facilitate and support comprehensive access, including information and education for people and communities about contraception and their rights, to sexual and reproductive health care, and support of efficient billing and reimbursement protocols for all methods of contraception, including switching or removing methods. The result of this report is a series of recommendations to increase contraceptive access in Illinois, which were considered and prioritized in this toolkit. The ISBHA and the Contraceptive Justice Coalition work together to promote access to contraceptive care and reproductive resources for Illinois youth, as well as to support and facilitate the provision of such care in SBHCs.

In order to understand SBHC strengths, where gaps in access and resources occur, and how this toolkit could best support contraceptive care in SBHCs, a landscape assessment was conducted in January 2019. This assessment gathered perspectives from health care professionals in 39 SBHCs in Illinois, detailing the methods of contraception most frequently sought and provided, how SBHCs are providing Long-Acting Reversible Contraception (LARC), the types of sexual and reproductive health education provided in the school and SBHC, and the barriers to providing contraception.

The assessment revealed that the forms of contraception most commonly administered and consulted on in SBHCs were external condoms (84.6%), injections (71.8%), and oral contraceptives (61.5%). The majority of SBHCs are able to provide these services on-site, while some provide them by prescription. In terms of LARC, it was found that a significant number of clinics are providing implants, but only a small subset provides hormonal or nonhormonal intrauterine devices (IUDs). Often, there is a perception by health care professionals that these forms of contraception are more invasive and so young people are steered towards other methods.

Of the 39 clinics interviewed, only 19 were aware of the sexual and reproductive health education being taught at the schools they serve and only 15 could confidently report that the health care professionals were trained in comprehensive contraceptive counseling. In concluding each discussion, we elicited barriers that might prevent clinics from offering the full range of contraceptive options. The barriers most frequently expressed were health care professional training, ordering and stocking, confidential billing, clinic flow, and comfort interacting with parents.

The goal of this toolkit is to facilitate improved access and quality of contraceptive and pregnancy prevention care in SBHCs. Using the landscape assessment as a guide, this toolkit provides information, resources, and best practices on contraceptive and pregnancy prevention care from SBHCs in Illinois, as well as suggestions to address the gaps in care that exist. Section I of this toolkit discusses the current health care laws that exist at the federal and state levels, including how they pertain to sexual and reproductive health care and minor consent and confidentiality. Section II provides information to improve access to sexual and reproductive health resources, including suggestions for clinical best practices, health education materials, and how to navigate relationships with schools and parents. Section III outlines the clinical operations and procedures of SBHCs related to contraceptive and pregnancy prevention care. And lastly, section IV discusses the Title X National Family Planning Program, how federal funding operates, and the relationship between such grants and SBHCs.

This report was made possible with the generous financial support from the [National Institute for Reproductive Health \(NIRH\)](#). We are grateful to funders, national organizations, and the Illinois SBHCs who supported this work as thought partners, reviewers, and advisers.

If you're interested in learning more about the Contraceptive Justice Coalition's work, [please visit EverThrive IL's website](#) and check out the [Contraceptive Justice Report and Recommendations](#).

Section I: Laws

This section includes a comprehensive breakdown of federal and state health care laws, specifically focusing on laws that pertain to sexual and reproductive health care services, as well as their application to minor consent and confidentiality. The purpose of this section is to clarify the practices and services school-based health centers (SBHCs) are legally allowed to provide for young people in order to increase contraceptive access in SBHCs.

Federal Sexual and Reproductive Health Care Laws

1. Patient Protection and Affordable Care Act of 2010 – Overview
 - a. The Affordable Care Act (ACA) was enacted in 2010 under the Obama administration. Some of the primary tenets of the ACA that aim to expand health insurance coverage are:
 - i. Increased accessibility of affordable health insurance by providing people with subsidies, or premium tax credits, that lower costs for households with incomes between 100% and 400% of the federal poverty level. The ACA aims to extend health insurance coverage by expanding private and public insurance and provides states the option to expand Medicaid coverage to all people over the age of 18 with an income below 138% of the federal poverty line.
 - ii. Prevention of health insurance companies from refusing coverage on the basis of a pre-existing health condition.
 - iii. Allowing young people to be added or remain on a parent's health insurance plan until 26 years of age.
 - b. In 2017, the Trump administration enacted several repeals to the Affordable Care Act to be implemented in 2019, including:
 - i. The inclusion of short-term, less expensive, health insurance plans that are allowed to refuse services involving pre-existing conditions.
2. Patient Protection and Affordable Care Act of 2010 – Reproductive Health
 - a. In addition to expanding access to health insurance, the ACA outlines improvements in sexual and reproductive health, including the expansion of sexual and reproductive health services and contraceptive coverage. The primary tenets of the ACA that aim to expand access to sexual and reproductive health services are:
 - i. Eliminating gender rating in health care; women cannot be charged a higher health insurance premium than men for the same services. This includes all women and not just ciswomen. The ACA also provides coverage for preventative services at no cost, including annual mammograms and "well-woman" visits. "Well-woman" visits are full checkups, separate from any other visit for sickness or injury. These visits focus on preventive care, and it is recommended that you have a "well-woman" visit annually.
 - ii. Guaranteed federal contraceptive coverage for 18 contraceptive methods, as well as counseling and services, without out-of-pocket patient costs. In certain states, this guarantee has been expanded to cover people for an extended supply of over the counter contraceptive methods as well.
 - b. Over the past few years, the Trump administration has enacted several changes to the ACA regarding sexual and reproductive health care and contraceptive coverage, including:
 - i. The allowance for employers to limit or exclude contraceptive coverage from health plans if they conflict with the employer's religious beliefs. Employers includes any nonprofit, for-profit employers (including publicly traded companies), insurers, or private colleges or universities that issue student insurance plans.
 - ii. The allowance for employers to limit or exclude contraceptive coverage from health plans if they conflict with the employer's moral beliefs. Employers includes any nonprofit, closely-held for-profit employers, insurers, or private colleges or universities that issue student insurance plans.
3. Consent and Confidentiality for Young People Under 18
 - a. Health Insurance Portability and Accountability Act (HIPAA)
 - i. Gives people the rights to their own health information. Allows people to have access to their medical records and know who has seen them.

- ii. Protects all individual health information held or transmitted by health plans, health care professionals, or business associates in any form of media, including electronic, paper, or oral.
 - iii. Young people under 18 are represented by their parents or guardians under special patient considerations. This generally grants parents or guardians access to their child's medical records, unless the service received by the minor is protected under state minor consent laws.
 - iv. It is permissible to disclose Protected Health Information without patient authorization when required for payment unless the patient feels it could endanger them.
- b. Family Educational Rights and Privacy Act (FERPA)
 - i. FERPA is a federal law that protects the privacy of people's education records and applies to educational agencies and institutions that receive funds from any U.S. Department of Education program.
 - ii. Health records maintained by elementary or secondary schools that receive funds under any program administered by the U.S. Department of Education are "education records" subject to FERPA. This includes health and medical records maintained by a school nurse who is employed by or under contract with a school or school district.
 - iii. Under FERPA, parents have the right to inspect and review their child's health records because they are "education records". Records may not be shared with third parties without written parental consent unless an exception to FERPA is met.
 - iv. SBHCs are governed by HIPAA (outlined above) and not FERPA. This is because the individuals providing care in SBHCs are employed by a medical entity and not the school district.

4. Sexual and Reproductive Health Education

- a. Legislation surrounding sexual and reproductive health education is primarily left to state and local governments, however federal funding for such programs has played a role in maintaining these curricula.
- b. In 2010, the Obama administration enacted the Personal Responsibility Education Program (PREP) and Teen Pregnancy Prevention Program (TPPP), two federal funding streams with the goal of promoting safe and scientifically backed sexual and reproductive health education to prevent unintended pregnancy.
- c. Prior to such legislation, federal funding for sexual and reproductive health education was concentrated toward abstinence-only resources for schools, and under the Trump administration, trends in funding have begun to swing this way again.

5. Title X Clinics and Reproductive Health

- a. In 1970, the Title X National Family Planning Program was signed into law as part of the Public Health Service Act. It is dedicated to providing individuals with comprehensive family planning and related preventative health services, including contraceptive education and counseling, contraceptive methods, STI and HIV testing, referral, and prevention education, and pregnancy testing and options counseling. Congress appropriates Title X funds annually, which are then administered through the U.S. Department of Health and Human Services, Office of Population Affairs. This office then administers and distributes the grants to 99 Title X grantees across the U.S., which has traditionally included the Illinois Department of Public Health, Planned Parenthood of Illinois, and Aunt Martha's Health and Wellness in Illinois. The Illinois Department of Public Health contracts with sub-grantees to administer the program, and several SBHCs across the state are sub-grantees.
- b. Threats to Title X are increasingly appearing, beginning in 2019 with the Trump Administration's implementation of the "gag rule". The gag rule encourages counseling that directs people away from abortion by prohibiting any discussion of abortion as a pregnancy option, including any request by the patient for medically accurate information and referrals. Additionally, it eliminates eligibility of funding for organizations providing abortion care unless they are 100 percent physically and financially separate, meaning any abortion care must be provided in a completely separate building with a completely separate billing process. Enforcement of the gag rule went into effect nationwide in July 2019 following the 9th Circuit Court of Appeals deeming it legal.
- c. In response to the implementation of the gag rule, Governor Pritzker pulled Illinois out of the Title X National Family Planning Program, refusing \$24 million in federal funds. All sub-grantees in the state previously funded through the Illinois Department of Public Health, including SBHCs, are now funded by the state. Planned Parenthood also decided to pull out of

the Title X family planning program. This allows the centers to provide users with a complete and comprehensive understanding of their family planning health care options.

State Sexual and Reproductive Health Care Laws – Illinois

[EverThrive IL's Contraceptive Justice Project](#) has created a [Policy Crosswalk](#) that outlines the current laws in education, access, and insurance across 12 states, including Illinois.

<i>Summary of Sexual and Reproductive Health Care Policies in Illinois</i>	
Sexual and Reproductive Health Care Policies	Does Illinois Have These Policies?
Expanded Medicaid Coverage	Yes
Protection of all Sexual and Reproductive Health Care Services	Yes
Expanded Coverage of Contraception	Yes
Prescription of Contraception by Pharmacists	No
Contraceptive Services for Young People Under 18	Yes
STI Testing and Treatment for Young People Under 18	Yes
Medicaid Family Planning Waiver/State Plan Amendment	No
Sexual and Reproductive Health Education in Schools	Some

1. Health Care Access in Illinois
 - a. The Patient Protection and Affordable Care Act ([IL Public Act 098-0104](#))
 - i. Expands the Medicaid eligibility for Illinoisans between the ages of 19 and 64 with a monthly income less than 138% of the federal poverty line. The previous limit was 100% of the federal poverty line.
2. Sexual and Reproductive Health Care in Illinois
 - a. Illinois Contraceptive Coverage Act ([215 ILCS 5/356z.4](#))
 - i. At the time of passage in 2016, this law was the most comprehensive contraceptive coverage law in the country. It guarantees coverage without any cost-sharing for all FDA approved contraceptive drugs, devices, and supplies (except external condoms), as well as sterilization. Contraceptive services including related outpatient services, patient education, and contraceptive counseling are covered as well.
 - ii. It also requires insurance companies to cover hormonal contraception prescriptions for up to 12 months at a time.
 - iii. Coverage without any cost-sharing for vasectomies is limited to certain plan types (to maintain compliance with federal tax laws regarding health savings accounts).
 - b. Abortion – Various ([100-0538](#))
 - i. This Act, sometimes referred to as HB40, protects and expands abortion access by removing language prohibiting the state's Medicaid program from covering abortion care and explicitly affirms that any sexual and reproductive health care that is legal in Illinois shall be covered under the Medicaid program.
 - c. Illinois Reproductive Health Act ([HB2495](#))
 - i. Passed in 2019, this law recognizes all forms of reproductive care as health care and that each person has a fundamental right to make decisions about such care, including contraception, abortion, and maternity care.
 - ii. It repeals the Illinois Abortion Law of 1975 and the Partial-Birth Abortion Ban Act. This removes the criminal penalty for providing abortion care, as well as includes a viability standard for abortions that occur later in pregnancy.
 - iii. It also requires private health insurance plans that cover pregnancy related care in Illinois to include abortion care at the same level as all other pregnancy related care.
3. Consent and Confidentiality for Young People under 18 in Illinois
 - a. Consent by Minors to Health Care Services Act ([410 ILCS 210](#))

- i. Young people under the age of 18, who are married, pregnant, or already parents may give consent to any medical treatment or procedure without any parental involvement. Such minors have the same rights, including confidentiality, as people who are 18 and older.
 - ii. Unaccompanied minors who are homeless, or “minors seeking care”, defined as young people between the ages of 14 and 17 without stable housing, can consent to their own primary care services if they have verification from an adult relative or advocate (such as a homeless liaison, social worker, or lawyer). Verification forms can be found at chicagohomeless.org/consent.
- b. Emancipation of Minors Act ([750 ILCS 30/](#))
 - i. Emancipated minors are young people between the ages of 16 and 17 who have demonstrated the ability to manage their own affairs and to live wholly or partially independent of their parents or guardian. Fully emancipated minors can consent to all of their own health care services, while partially emancipated minors shall have only those rights and responsibilities specified in the order of the court.
 - ii. Young people between the ages of 16 and 17 must go through emancipation proceedings in court in order to be deemed an emancipated minor.

4. Consent and Confidentiality of Sexual and Reproductive Health Care Services for Young People under the age of 18 in Illinois

<i>Sexual and Reproductive Health Care Services Young People between the ages of 12 and 17 Can Consent to in Illinois</i>			
Contraceptive Services	STI Services	Prenatal Care	Abortion Care
All	All	All	Parental Notice

- a. Birth Control Services to Minors Act ([325 ILCS 10](#))
 - i. Contraceptive care and information may be provided by a doctor to any young person between the ages of 12 and 17 who is married, pregnant, already a parent, or is referred by a physician, clergyman, or Planned Parenthood agency without parental involvement.
 - ii. Contraceptive care may also be provided to any young person between the ages of 12 and 17 if a serious health hazard would be created by failure to provide such services.
 - iii. A “serious health hazard” is not defined and therefore left to the discretion of health care professionals in Illinois, when it is clear that an unintended pregnancy that is also mistimed and/or unwanted can be a serious health hazard for anyone, regardless of age. Fear of familial violence due to pregnancy is also a serious health hazard and should be included in these conversations.
- b. Consent by Minors to Health Care Services Act ([410 ILCS 210](#))
 - i. Young people between the ages of 12 and 17 may consent to STI testing and treatment and HIV testing and treatment, as well as any counseling related to a diagnosis or treatment.
 - ii. A young person between the ages of 12 and 17 who may have been exposed to an STI may give consent to STI testing and treatment, as well as any counseling related to the diagnosis or treatment of, or vaccination against, an STI. This provision allows health care professionals to provide the HPV vaccine to young people between the ages of 12 and 17 confidentially, if the young person believes they have been exposed to an STI.
 - iii. Young people between the ages of 12 and 17 who are pregnant do not need any involvement by a parent or guardian for prenatal care, as prenatal care is regarded as general health care.
 - iv. While health care professionals are not required to involve parents, they are asked to make a reasonable effort to encourage the young person to consent to parental involvement in STI testing and treatment if they believe that family involvement will not be detrimental to the progress and care of the young person. The purpose of ensuring confidential sexual and reproductive health services for young people is to keep them safe, build trust, and remove any family barriers to care.
- c. Youth Pre-exposure Prophylaxis (PrEP) Bill ([Public Act 101-0214](#))

- i. Beginning January 1, 2020, the Consent by Minors to Health Care Services Act will be amended to include language clarifying that young people across Illinois are able to access preventive health care services, like PrEP, without parental involvement.
 - d. Parental Notice of Abortion Act of 1995 ([750 ILCS 70](#))
 - i. Requires health care professionals to notify an adult family member or legal guardian 48 hours before providing abortion care to a young person between the ages of 12 and 17. The law does not require consent and a family member or guardian cannot refuse permission or legally prevent the young person from having an abortion.
 - ii. The notice requirement is waived if the young person is accompanied by a parent or guardian, if a parent or guardian waives notice in writing, there is a medical emergency and not enough time to make the notification, or if the young person obtains a judicial waiver of notice. Notice is also waived if the young person provides written indication that they are a victim of physical or sexual abuse or neglect by an adult family member or legal guardian.
 - iii. The [Judicial Bypass Project of the ACLU of Illinois](#) provides support to those young people seeking abortion care that do not wish to notify their families.
- 5. Sexual and Reproductive Health Education in Illinois
 - a. Sex Education ([Public Act 098-0441](#))
 - i. Illinois schools are not required to teach sexual and reproductive health education, but if they do, the curriculum must be age appropriate, medically accurate, and evidence based for grades 6-12.
 - ii. This Act was amended by HB5148 to include content on sexual consent for schools that offer sex education.
 - iii. Under the Act, parents are provided the option to opt their children out of sexual and reproductive health education if it is offered. HIV education, however, is mandated by the state.
 - b. HPV-Related Prevention ([410 ILCS 315/2e](#))
 - i. Requires that all students, regardless of gender, entering 6th grade and their parents or legal guardians be provided with written information about the link between human papillomavirus (HPV) and cervical, vulvar, penile, anal, and oropharyngeal cancers.
 - ii. Information must also include the availability of the HPV vaccine so that students may be protected before ever being exposed to the virus.

Sample Minor Consent Forms

1. Minor consent forms are used when a young person between the ages of 12 and 17 is seeking a confidential service. This is separate from the consent form that parents or guardians will sign for general health care services.
2. It is best to ensure that consent forms are valid for multiple years. This makes it easier for young people to access services throughout their entire school career.
3. Below are two examples of minor consent forms used by SBHCs in Illinois:
 - a. [Rush School Based Health Centers \(RSBHC's\) Minor Enrollment Consent Form for Reproductive and Mental Health Services: For Adolescents 12-17 Years of Age](#)
 - b. [Heartland Health Centers Minor Consent](#)

Section II: Sexual and Reproductive Health Care Best Practices

This section details best practices to support school-based health centers (SBHCs) in expanding contraceptive access for students. An outline of the importance of practicing person-centered care during contraceptive counseling is included, as well as tips and sample conversations to help apply this style of care in your SBHC. This section also provides sexual and reproductive health education resources, suggestions for collaborating with schools, and support for navigating conversations with parents regarding contraceptive and pregnancy prevention care. We also acknowledge that not all interactions that have an impact on a young person in SBHCs are clinical (i.e. the front desk person) and that not all methods of contraception require a clinic visit (i.e. condoms and emergency contraception). Therefore, we are intentionally using “person-centered” over “patient-centered” because we are referring to the whole person and their preferences, needs, and values in the context of their lives, families, and communities, which is so much more than just a clinical interaction.

Person-Centered Contraceptive and Pregnancy Prevention Care

1. What is Person-Centered Contraceptive and Pregnancy Prevention Care?
 - a. Person-centered contraceptive and pregnancy prevention care involves a personal, professional, and organizational relationship between a person, their health care professional, and the accompanying health system. This style of care highlights the person’s preferences, needs, and values, and calls for empathy, collaboration, and mindfulness from the clinical side of care. When practicing person-centered care, the health care professional provides information and resources on all of the methods of contraception that the young person is medically eligible for in a nondirective way and answers any questions and concerns regarding the methods.
2. Why is Person-Centered Contraceptive and Pregnancy Prevention Care Important?
 - a. It is important to practice person-centered care in order to ensure that all people receive the contraceptive option(s) that fits best with their preferences, needs, and values. It also trusts that people, including young people, are able to make the best decision for themselves when they’re given all of the relevant information. As a result of centering people’s needs, person-centered care has been associated with improved health outcomes¹.
 - b. Person-centered care also increases the comfort level of the young person and fosters a positive relationship between the young person and the health care professional^{2,3,4}. Creating a person-centered environment that is welcoming, respectful, and honest when caring for young people also encourages further engagement with the health care system.
3. Person-Centered Contraceptive and Pregnancy Prevention Counseling – What to Keep in Mind
 - a. The goal of contraceptive and pregnancy prevention counseling is to provide all people, including young people under 18, with the information and resources to make voluntary and informed choices regarding their preferred method of contraception.
 - i. Listen to the person’s preferences, needs, and values and provide an objective and factual description of every contraceptive method available that satisfies the desires of the person.
 - ii. Inform the person of the effects of each method, extending beyond a simple explanation of how the method works, and the importance of STI prevention and dual methods of contraception. Make sure to discuss side effects, bleeding patterns, and other associated risks including what reduces the efficacy of certain methods. Discuss a backup method for the young person in the event that they are not satisfied with the method selected, ensuring that they feel cared for across all present and future circumstances.
 - iii. Ensure that the clinic or school is able to provide all forms of contraception, preferably the same day. If unable to provide a certain method, ensure you are able to coordinate services.

¹Dehlendorf C, Henderson JT, Vittinghoff E, et al. Association of the quality of interpersonal care during family planning counseling with contraceptive use. *Am J Obstet Gynecol* 2016; 215:78.e1.

²Dehlendorf C, Levy K, Kelley A, et al. Women’s preferences for contraceptive counseling and decision making. *Contraception* 2013; 88:250.

³Dehlendorf, C., Krajewski, C., & Borrero, S. (2014). Contraceptive counseling: best practices to ensure quality communication and enable effective contraceptive use. *Clinical obstetrics and gynecology*, 57(4), 659–673. doi:10.1097/GRF.0000000000000059

⁴Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013;3

- iv. Consider confidentiality when describing methods, which is especially important when working with young people. For young people who need to keep contraceptive use confidential, be sure to describe how visible, noticeable, and/or hide-able the different methods of contraception are.
 - b. People's preferences, needs, and values must be prioritized during contraceptive and pregnancy prevention care counseling.
 - i. Be aware of your own implicit biases you may have about the young person and what you may be assuming about them. Make sure you prioritize the young person's preferences, needs, and values rather than assuming what may be best for them when discussing methods.
 - ii. Ensure your SBHC's practices are culturally and linguistically affirming. Discuss the young person's concerns in an accessible way and meet them where they are using an individual focus surrounding their needs.
 - c. Use specific techniques to remain person-centered, such as reflective listening, asking open-ended questions, and expressing empathy.
4. Tips and Examples of Person-Centered Communication to use in Contraceptive and Pregnancy Prevention Counseling
- a. Person-centered care is guided by three goals:
 - i. Eliciting the person's perspective
 - ii. Understanding the person's psychosocial context
 - iii. Reaching shared treatment goals based on the person's preferences, needs, and values
 - b. Steps to achieve person-centered care:
 - i. Create a space that is warm, welcoming, and youth centered.
 - ii. Introduce yourself to the young person and build rapport.
 - iii. Understand the young person's agenda and relay it back to demonstrate you heard and understood their needs.
 - iv. Discuss the young person's options and concerns with open ended questions.
 - v. Elicit the young person's perspective.
 - vi. Empathize with the young person.
 - vii. Summarize what was discussed in the visit.
 - viii. Transition to provision of care.
 - ix. Follow up.

<i>Sample Conversations to Guide Person-Centered Contraceptive and Pregnancy Prevention Counseling</i>	
Conversation Type	Tips and Examples
Creating a Welcoming Office Space	<ul style="list-style-type: none"> • Natural lighting • Friendly office staff • Calming decorations • Youth-centered materials
Introduction and Building Rapport	<ul style="list-style-type: none"> • Make eye contact with the young person, smile, offer to be called by your first name if comfortable • Start conversations with non-medical issues such as how folks are doing/feeling, what self-care they're engaging in to manage school-related stress, etc.
Understanding the Young Person's Agenda	<ul style="list-style-type: none"> • Make it clear that the focus of the visit is on the person. Use phrases such as: <ul style="list-style-type: none"> ○ "How may I help you today?" ○ "What would you like to get out of today's visit?" ○ "What are you looking for in a contraceptive method?"
Discussing the Person's Options and Concerns	<ul style="list-style-type: none"> • Present all contraceptive methods, including side effects, effectiveness, etc. • Guide the conversation so the person knows their needs are heard. Use phrases such as: <ul style="list-style-type: none"> ○ "Would you like to talk more about that?"

	<ul style="list-style-type: none"> ○ “Are there any specific things that you’d absolutely not like to have in a contraceptive method, such as unscheduled bleeding, for example?” ○ “Is there anything that’s really important to you in a contraceptive method, such as preventing pregnancy or STIs, for example?” ○ “Are there any concerns about using contraception?”
Eliciting the Young Person’s Perspective	<ul style="list-style-type: none"> ● Show that you care about the young person’s story and that they are there to support them in their care. Use phrases such as: <ul style="list-style-type: none"> ○ “Have you previously used any contraceptive methods?” ○ “If so, what did you like or didn’t like about your previous contraceptive method? What would you like to change in your method?”
Empathizing with the Young Person	<ul style="list-style-type: none"> ● Show that you understand where the young person is coming from and how they are feeling. Use phrases such as: <ul style="list-style-type: none"> ○ “It seems like you are feeling ____.” ○ “I understand why you are concerned about this method, and your concerns are completely valid.” ○ “I am here to help you select the contraceptive method that is best for you in any way I can.”
Summarizing the Conversation	<ul style="list-style-type: none"> ● Make it clear to the young person that you have listened to their concerns. Use phrases such as: <ul style="list-style-type: none"> ○ “We have discussed a lot of options today. Let me just recap them.”
Transitioning to Care	<ul style="list-style-type: none"> ● Emphasize that the young person’s care is a team effort and that they are included. Use phrases such as: <ul style="list-style-type: none"> ○ “Based on your preferences, needs, and values there are a few contraceptive options we can discuss...” ○ “I’d like to talk about these methods further with you to give you a complete picture, like side effects, how you use them, and how well they work based on whether you are trying to prevent pregnancy, STIs, or both.” ○ “Before I start, do you have any particular questions or concerns about any of these contraceptive methods?”
Follow Up	<ul style="list-style-type: none"> ● Be sure to schedule a follow up phone call or appointment between 3 to 6 months to discuss whether they faced a barrier in accessing their contraception, whether they are still using it or experiencing adverse side effects, answer any questions or concerns, and assess whether additional visits are needed ● Make it clear to the young person that they have the right to change their method if they are not satisfied or even stop

5. Satisfaction Surveys

- A great way to ensure that person-centered care is provided and that all people are satisfied with their health care experience is to administer satisfaction surveys after a visit.
- While each SBHC can design their own survey based on the needs of young people, here is a [sample satisfaction survey](#) from the Adolescent Health Initiative. This can be used as a guide for creating a survey that is tailored to young people, and it includes questions on person-centered care more broadly.
- [EverThrive IL also created an evaluation for young people that can be accessed here. This includes questions specifically related to contraceptive and pregnancy prevention care.](#)

Sexual and Reproductive Health Education Materials

1. Current Status of Health Education in SBHCs using Landscape Assessment Data
 - a. Of the 39 SBHCs in Illinois interviewed for the assessment, 19 clinics were aware of the sexual and reproductive health education being taught in their schools, and only 15 of those clinics have staff that participate in these programs. Partnering with the school to provide sexual and reproductive health education, as well as information on young people's health care rights, is a great way to spread accurate contraceptive information and increase the visibility of the clinic. Inviting students to tour the clinic after health education allows students to see where they can receive services and increases the likelihood that they will seek care there.
2. Materials and Resources
 - a. Whether or not school partners provide comprehensive sexual and reproductive health education to students, SBHCs have the opportunity to play an active role in providing resources for students in regard to their sexual and reproductive health. Here are resources and suggestions for SBHCs to use and access to provide students with comprehensive, evidence-based, sexual and reproductive health education materials:

Youth Rights

1. The Illinois Caucus for Adolescent Health (ICAH) outlines [the health care rights of youth in Illinois](#).

Sex-Ed/Healthy Relationships

1. [Scarleteen.org](#) provides inclusive and comprehensive information on a variety of topics, including healthy relationships, consent, contraceptive options, and more.
2. Advocates for Youth and AMAZE have collaborated to produce [sexual and reproductive health education videos for young people](#). These cartoon videos provide information on topics ranging from puberty to healthy relationships and personal safety.
3. Planned Parenthood uses the F.R.I.E.S. acronym to explain consent. The acronym stands for: Freely Given, Reversible, Informed, Enthusiastic, and Specific. [Their website includes informational](#) videos on what is consent, as well as how to talk about consent.

General Sexual and Reproductive Health

1. [The Center for Young Women's Health](#) contains an index of health guides which pertain to the health of young women in topics ranging from general health, sexual health, gynecology, medical conditions, nutrition and fitness, and emotional health.
2. [The Society for Adolescent Health and Medicine](#) holds a myriad of sexual and reproductive health resources that are youth-friendly, interactive, and cover a wide scope of sexual and reproductive health topics.

Contraception

1. [Bedsider.org](#) provides resources and information surrounding contraception options and answers frequently asked questions young people may have regarding this health topic.
2. The Reproductive Health Access Project outlines each of the contraceptive options to consider in this [chart](#), including how to use each method, side effects to consider, and their effectiveness.
3. EverThrive IL has also developed a comprehensive contraceptive options chart that includes a description of all methods, their effectiveness with typical and perfect use, and brand names. This chart is free from subjective language, such as the pros and cons of each method. The chart is available in two sizes: [8.5x11](#) and [11x17](#).
4. [Planned Parenthood has a period tracker app called "Spot On."](#) It helps individuals keep track of their period, birth control, and fertile windows. It is available on Apple Store and Google Play Store.
5. The Centers for Disease Control and Prevention (CDC) has developed an app for the [United States Medical Eligibility Criteria for Contraceptive Use, 2016 \(US MEC\)](#). It includes recommendations for the use of specific

contraceptive methods by people who have certain characteristics or medical conditions. This app is able to assist health care professionals when discussing contraceptive methods with young people. It is available on the Apple Store and Google Play Store under the name “Contraception.”

Sexually Transmitted Infections (STIs)

1. [The Center for Disease Control and Prevention](#) provides fact sheets and brochures for providers and young people on STIs and prevention that are engaging and informational.
 2. Those who need more information about Herpes (HSV-1, HSV-2) can visit [Herpeshandbook.com](#). It includes facts about Herpes, information on how to get tested, and how to navigate dating and relationships after a Herpes diagnosis. Westover Heights Clinic also offers PDF version of the Herpes Handbook by Terri Warren in English and Spanish.
- b. Sexual and Reproductive Health Education Partnerships with Schools
- i. Building rapport with school administration and the student community is essential to promote awareness of the sexual and reproductive health resources SBHCs have. Whether or not the partner school teaches sexual and reproductive health education to students, it is important to make these resources are accessible to students.
 - ii. If your partner school does not have the resources to teach sexual and reproductive health education, consider suggesting outside educational partnerships for your school such as [Chicago Healthy Adolescents and Teens \(CHAT\)](#) (Chicago), [Peer Health Exchange](#) (Chicago), the [Illinois Caucus for Adolescent Health \(ICAH\)](#) (Statewide), and [the Hult Center](#) (Central IL), as other schools have.

Building Support for Sexual and Reproductive Health Care in Schools

1. Providing Sexual and Reproductive Health Care in the SBHC
 - a. In Illinois, school districts and principals have the final say on whether sexual and reproductive health care can be offered in the school and/or SBHC. If your SBHC is currently not allowed to provide sexual and reproductive health care due to district or principal restrictions, there are a several strategies that have turned the tide for other SBHCs in our state:
 - i. Articulate the need from a public health perspective by presenting local STI and/or unintended pregnancy data.
 - ii. Administer surveys to students and/or parents to get a better understanding of the community’s sexual and reproductive health care needs. Support from students and/or parents can change the minds of school administrators. Crusader SBHC surveyed both groups before presenting the data to their school board several years ago, and they were successful in expanding sexual and reproductive health care services in their clinic.
 - iii. Leverage student and/or parent advisory committees when presenting data or having conversations with school personnel.
 - iv. Start small by focusing on offering one form of contraception, such as condoms. The Anna-Jonesboro SBHC allows students to pick up condoms in a brown paper bag after school.
2. Providing Sexual and Reproductive Health Care in the School
 - a. If the SBHC is not allowed to offer sexual and reproductive health care due to agency policy, SBHCs can still help increase access to sexual and reproductive health care by providing resources to school district personnel. This could include:
 - i. Sharing condom distribution policies with the school and advocating for its implementation. Condom distribution in school results in a decrease in unintended pregnancies, as well as a decrease in STIs.⁵ Additionally, no studies to date have shown that an increase in the availability of condoms will lead to an increase in sexual activity. In fact, several studies suggest that condom availability may be associated with a decrease in sexual activity or delayed

⁵ Brackmna, Anita, et al. 2017. “Condom Availability in Schools: A Practical Approach to the Prevention of Sexually Transmitted Infection/HIV and Unintended Pregnancy.” *Journal of Adolescent Health*. 60(6): 754-757. Available online at: https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Condom-availability-in-school.pdf

onset of sexual activity.⁶ [The Centers for Disease Control and Prevention \(CDC\) has a list of things to consider on their website related to Condom Availability Programs \(CAPs\) in schools.](#)

- ii. Partnering to provide comprehensive sexual and reproductive health education in the classroom.
- iii. Creating and providing a list of the nearest clinics in the community that can provide sexual and reproductive health services.

Opportunities for School Partnerships

1. Participate in School Events and Initiatives
 - a. Immerse yourself in the school to learn about its climate and culture. Understand where gaps exist within the school and how your SBHC can best support students' needs.
 - b. Attend school events and promote them through the SBHC. Offer to sponsor an event if it is within your budget.
 - c. Coordinate SBHC enrollment with school and sports enrollment to increase the number of signed consent forms.
2. Provide Active Teacher and Staff Support
 - a. Provide an annual teacher and staff orientation to your SBHC and offer professional development opportunities on health topics that might benefit them, including sexual and reproductive health, behavioral health, etc.
 - b. Have a presence at school meetings and events and show appreciation for their work.
 - c. Be mindful of which classes students are being pulled out of for appointments as it can be frustrating for teachers if students are frequently called out of their class.
 - d. Ask for teacher and staff feedback through end of the year surveys.
3. Clinic Tours
 - a. Give staff and administration a tour through the health center and inform them of the services offered. Encourage student tours of the SBHC at the beginning of each year to welcome students to the services and let them know they are always available to them.
4. School-Wide STI Screens
 - a. Offer to provide STI testing across the entire school to introduce the types of services offered to students by the SBHC. The expansion of screening across schools has been associated with declines in STIs and raises awareness of prevention methods. Rush University Medical Center sponsors three SBHCs in the Chicago area and has been doing school wide STI screens since 2010. [They have also created a toolkit for SBHCs on how to implement school wide STI screenings, which can be accessed here.](#)
 - b. The Chicago Department of Public Health (CDPH) is working on a toolkit that will outline best practices for SBHCs implementing schoolwide STI screens. We will share more when it becomes available.
5. Have Youth Ambassadors to Foster Connections
 - a. Establish or maintain a Youth Advisory Council and invite them to present their perspective to administration or staff at meetings.
 - b. Create opportunities for the council to present health education in classrooms, assemblies, and lunch events.

Conversations with Parents

1. Communicate with Parents
 - a. Host an informational session with parents at the beginning of the year to inform them of the services offered by the SBHC. Introduce parents to clinic staff so they are comfortable with who will be caring for their children.

⁶ Andrzejewski J, Liddon N, Leonard S. Condom availability programs in schools: A review of the literature. *Am J Health Promotion*. 2019;33(3):457-467.

- i. Inform parents of the consent and confidentiality laws, including HIPAA, which apply to SBHCs and young people between the ages of 12 and 17 and how they differ from the FERPA laws that apply to the school as a whole and the school nurse. Provide consent forms for parents and offer to walk through the forms with them.
 - b. Use a variety of communication methods, such as flyers, newsletters, websites, and e-mails to communicate with parents about health-related topics and issues, including any updates pertaining to the services or staff at their SBHC. This makes parents feel welcome and like valued partners in their child's health.
 - c. Appoint a parent-liaison within the SBHC as a point person to communicate with parents and form consistent and trustworthy relationships.
2. Provide Parent Support
- a. Offer clinic tours for parents to increase familiarity and comfort with the services provided to their children.
 - b. Provide parents with seminars or workshops on health-related topics that pertain to their children. Topics could include child and adolescent development, modeling healthy behaviors for youth, sexual and reproductive health education, and health-related risks and behaviors. For parent resources on topics surrounding adolescent health, see [these](#) toolkits for parents.
3. Parent Volunteer Opportunities
- a. Involve parent organizations such as the PTO or PTA in helping the school and SBHC make decisions that improve the health of students. Host parent-led fundraisers to support school-wide wellness efforts.
 - b. Form a school health council that invites parents to voice concerns, provide suggestions, and influence school policies related to student health.

Section III: Clinical Operations

This section outlines the clinical procedures and operations related to providing sexual and reproductive health care in a school-based health center (SBHC). Included is information regarding ordering and stocking various contraceptive methods, resources on how to bill for sexual and reproductive health care services, resources on clinic flow, and how to ensure confidentiality within electronic health records. Finally, we include resources on where health care professionals can receive additional web-based or in-person trainings related to contraceptive and pregnancy prevention care.

Ordering and Stocking

During our landscape assessment, we found that while some SBHCs are able to order and stock the full range of contraceptive methods, other SBHCs face financial barriers and are unable to stock multiple methods. Here we highlight various ways SBHCs have tried to address these financial barriers, as well as programs that help reduce the cost barrier of certain forms of contraception and abortion care.

1. Models for Ordering and Stocking Contraception

- a. SBHCs across Illinois have established a variety of models that allow them to provide contraceptive care to young people. They include:
 - i. Offering the full range of contraceptive options on site. If there is not a full-time health care professional that is trained in Long-Acting Reversible Contraception (LARC) insertion and removal, some SBHCs have an individual from another clinic come on site to help with those services. For example, Heartland Health Centers has a midwife come to the SBHC once or twice a month to provide these services to young people.
 - ii. Offering a limited number of contraceptive options on site. When a SBHC isn't able to stock all methods on site, sometimes they refer out or partner with other organizations to fill any gaps (see below).
 - iii. Becoming a Title X clinic, which reduces cost barriers to stocking the full range of contraceptive options, as it allows participation in the 340B Drug Program. Rush University's three SBHCs are all Title X clinics and participating in the Family Planning Program has been integral to addressing reimbursement issues. More information on Title X clinics can be found in Section IV.
- b. Partnerships
 - i. Some SBHCs, if not equipped to provide certain contraceptive methods on site, will partner with another clinic in the neighborhood to ensure a wider number of methods are available to young people. For example, Evanston Township High SBHC provides many forms of contraception on site, but not Long-Acting Reversible Contraception (LARC). Therefore, young people that are interested in receiving LARC are referred to an Erie Family Health Center clinic that is within walking distance of the school.
 - ii. SBHCs have also cited various relationships with pharmacies that have allowed greater access to the full range of contraceptive options. If there is a pharmacy close to the SBHC, students can pick up their prescription (e.g. a LARC device or implant) and bring it back to the clinic to be inserted.
 - iii. There are some cases, such as with the Southern Illinois University (SIU) Care-A-Van, where they've established a partnership with the local pharmacy that allows prescriptions to be delivered to the Care-A-Van, reducing all access barriers for young people.

2. Programs for Specific Types of Contraceptives and Abortion Care

- a. [Chicago Abortion Fund](#) provides financial support to people needing assistance paying for abortion care. Individuals can call their client service hotline at 312-663-0338.
- b. [Midwest Action Coalition \(MAC\)](#) helps people traveling to, from, and within the Midwest access a safe, legal abortion with support in the following areas: travel coordination and costs, lodging, food, medicine, and emotional support. Individuals can call MAC at 847-750-6224.
- c. [Illinois Judicial Bypass Coordination Project](#) provides support to young people seeking abortion care that do not wish to notify their families. Under the Illinois Parental Notice of Abortion Act, young people have the right to apply for a waiver of

the parental notice requirement. Individuals can call 877-44-BYPASS (877-442-9727), text 312-560-6607, or email judicialbypass@aclu-il.org to get connected to a lawyer that will help young people through this process.

- d. [Free the Pill - Who Prescribes the Pill Online](#) is a compilation of various companies that will prescribe oral contraceptives online. It also includes information on whether the company accepts insurance, the cost of consults and prescriptions, and whether there are any age limitations.
- e. [Bedsider.org](#) provides information on various services that allow individuals to order a variety of contraceptive methods online. Depending on which service is chosen, the contraceptive method can be delivered to individuals or picked up at a local pharmacy.
- f. [The Reproductive Health Access Project](#) highlights three low-cost IUD programs on their website: Liletta Patient Savings Program, Mirena and Skyla IUD Patient Assistance Program, and the Paraguard IUD Patient Assistance Program.
- g. [The Emergency Contraception Website](#) provides information on lower-cost ways for individuals to obtain the emergency contraceptive pill.
- h. [Juno4Me](#) is a Chicago-based program that aims to improve access to contraception by providing implants, IUDs, pills, the path, ring, and emergency contraception to individuals at no cost. Juno4Me links individuals with a health care professional and helps cover transportation costs. Some health care professionals specifically see individuals that are 24 years and younger.
- i. EverThrive IL compiled this list of [COVID-19 Resources for Sexual and Reproductive Health Care](#), including how to access contraception and abortion care via telehealth. You can also find more information on our [Accessing Abortion With Your Health Care Coverage](#) fact sheet.

Billing

1. General Billing Practices

- a. SBHCs bill both Medicaid and private insurance for the services provided in the clinic. SBHCs will use one of two fee schedules to bill for services:
 - i. [School-Based/Linked Health Center Fee Schedule](#). This is for non-FQHC sponsored SBHCs, including those sponsored by hospitals, universities, local health departments, school districts, etc.
 - ii. The [Federally Qualified Health Center \(FQHC\) CY21 Rates](#), which FQHCs use in conjunction with the [Practitioner Fee Schedule](#) for a listing of covered services billable as detail codes.
- b. SBHCs interested in learning more about contracting and billing Medicaid Managed Care Organization (MCOs) should review our [Illinois Medicaid Managed Care Toolkit for SBHCs](#).

2. Billing for Sexual and Reproductive Health Services

- a. [Contraceptive Action Plan \(CAP\) has created a Billing Codes for Contraceptive Services Chart](#) that includes information on all forms of contraception.
- b. [The Family Planning National Training Center \(FPNTC\) has a myriad of trainings and resources](#) on how to code for family planning services.
- c. The Reproductive Health Access Project has two resources helpful when coding for LARCs:
 - i. [Coding for IUD insertion and removal](#)
 - ii. [Coding for progestin implant insertion and removal](#)
- d. [The American College of Obstetricians and Gynecologist \(ACOG\) has also created several resources related to LARC](#), including a [LARC Quick Coding Guide](#), a LARC coding webinar, and a database where ACOG members can answer coding questions related to LARC and general sexual and reproductive health services.

3. Confidential Billing

- a. HIPAA
 - i. Under Title II, all providers and billers are required to submit claims electronically using an approved, secure, and confidential format.

- ii. Under the Privacy rule, any billing information or records are regarded as Protected Health Information (PHI) and measures of confidentiality must be applied to secure and protect this information. Health and billing records may only be shared with those who are required to know the information.
 - iii. Young people under 18 are represented by their parents under HIPAA, allowing parents to have access to their child's billing records and information. It is permissible to disclose PHI without the authorization of the young person when required for payment unless the young person feels it could endanger them. It is important to explain this first and seek the permission of the young person in order to understand if this disclosure would endanger them prior to disclosing.
- b. Explanation of Benefits: Confidentiality for Sensitive Services within Medicaid Managed Care
 - i. Confidentiality can often be broken through the sending of explanation of benefits (EOBs), which are sent by insurers to policy holders, in this case parents of young people under 18, after an individual has received care.
 - ii. In Illinois, the Confidentiality for Sensitive Services within Medicaid Managed Care law protects patient privacy for "sensitive services" when the young person has Medicaid. Medicaid Managed Care Organizations (MCOs) cannot send an EOB document or any other written or electronic communication to a person who has Medicaid, their family, or people they live with when provided a sensitive service, unless the person receiving care explicitly asks for this information to be shared.
 - iii. Sensitive services include any mental health, sexual and reproductive health, family planning, sexually transmitted infections (STI), domestic violence, sexual assault, or substance use service.
 - iv. This law does not apply to people with private insurance, and private health insurers are still able to send EOBs to the primary health insurance holder. People with private insurance can request that SBHCs not send documentation of sensitive services home, however, information coming directly from the health plan is not protected.

Clinic Flow

1. [The Reproductive Health Access Project has created a LARC Site Readiness Checklist](#), which walks through everything you need to consider when providing LARC in your SBHC. Some highlights include:
 - a. Facility Considerations: storage space, sterilization of equipment, and [appropriate insertion and removal tools](#).
 - b. Administrative Considerations: [chart note templates for IUD insertion/removal visits](#), as well as [implant insertion/removal visits](#), putting systems in place for ordering/tracking supplies and appointment scheduling.
 - c. Clinical Considerations: putting [IUD protocols](#) and [implant protocols](#) in place, sterilization procedures, consent forms, and educational materials.
2. The Family Planning National Training Center created [Using Data to Increase Clinic Efficiency: A Quality Improvement Guide](#), which includes a section on clinic flow (p. 21-30). The guide includes:
 - a. Information on how to start clinic flow conversations with staff.
 - b. Tools that will help assess current clinic flow, as well as quality improvement models that can help assess improvements to clinic flow.
 - c. Information on common clinic flow indicators and strategies to improve them:
 - i. Cycle Time
 1. Plan for the visit
 2. Simplify paperwork
 3. Reduce documentation burden for staff and providers
 4. Stock exam rooms regularly and consistently
 5. Structure the visit for continuous flow
 - ii. Wait Time
 1. Start all appointments on time, every time
 2. Monitor and communicate patient waiting time to staff
 - iii. Patient Stops

1. Move around your patients instead of moving them
2. Design and structure your physical space for efficiency
3. Eliminate specialization of multiple rooms
4. Avoid segmenting the visit

Electronic Health Records (EHR)

1. Patient Portal Confidentiality
 - a. Electronic Health Records (EHR) Overview
 - i. EHRs refer to patient information from a health care provider that is maintained electronically. This may include medical history including gender identity, sexual assault, pregnancy and pregnancy loss, notes, diagnoses, medications, lab results, immunizations, etc. Information in EHRs can be shared with other organizations involved in care if authorized by the law or by the patient. EHRs are regarded as electronic protected health information (e-PHI) and follow the confidentiality provisions guarded under HIPAA.
 - b. HIPAA
 - i. This rule establishes a national set of security standards for protecting certain health information that is held or transferred electronically. This applies to health plans, providers, and any other health care entity who transmits health information in an electronic form. For more information on HIPAA, please see Section 1: Laws.
2. EHRs and Young People Under 18
 - a. Understanding how the EHR handles confidential services and documents is important so that SBHCs can develop clearly defined workflows for staff and providers to prevent the inadvertent release of confidential information for young people under 18. Each EHR functions differently and varies in their ability to keep confidential EHR records, so it's important to understand best practices for the EHR that your SBHC is using. While we've provided some general tips below, the best way to improve confidentiality for young people would be to have conversations with the your SBHC's EHR vendor.
 - b. If the SBHC is considering switching to a new EHR system, it is important to inquire which systems have adolescent-specific modules that can be customized to accommodate the confidentiality needs of young people. Implementing privacy default setting for young people on the front end can help avoid future (and costly) manipulations to the EHR.
 - c. Best Practices
 - i. EHR and Sexual and Reproductive Health Care
 1. In Illinois, young people between the ages of 12 and 17 may seek and receive various sexual and reproductive health care services without parental involvement, including some contraceptive and pregnancy prevention services and all STI and prenatal care services. Confidentiality laws apply to these services and must be reflected in the management and use of all electronic health records.
 - ii. Best Practices and Tips
 1. Generally, there are two ways in which systems allow a health care professional to identify a document as confidential. First, the system could label a document or information (i.e. medication, laboratory results, discharge summary, etc.) as confidential, and then it can only be accessed by certain types of health care professionals. Conversely, some systems will only allow an entire chart to be labeled confidential. In these instances, SBHCs would likely need to set up a chart for non-confidential services and a second chart for confidential services.
 2. Adopt default privacy settings for young people between the ages of 12 and 17 to ensure the EHR follows the confidentiality protocols which apply to young people. Customize these controls so that individuals with different confidentiality preferences are accommodated.
 3. Implement access control tools to EHRs like passwords and PIN numbers to limit information to authorized individuals. This includes other health care professionals.
 4. Implement an audit trail to record who accessed information and if any changes were made to an EHR.
 5. When information is being transmitted to patient portals, differential access can usually be created for young people and parents/guardians. For example, the SBHC can give full access only to those seeking

the confidential service (those 12 – 17 years of age), while parents can only receive access to information about nonconfidential services.

Health Care Professional Training

The following resources offer health care professional training on contraceptive and pregnancy prevention education, reproductive justice, person-centered counseling, youth-friendliness and rights, and LARC insertion and removal.

1. In-Person Trainings

- a. The Midwest Access Project (MAP) hosts on-site trainings throughout the Midwest to reduce barriers to contraception and educate providers on various sexual and reproductive health topics. Training topics include sexual health history taking, informed consent, contraception, person-centered contraception counseling, contraception device insertion and removal, comprehensive person-centered pregnancy options counseling, abortion care, management of pregnancy loss, first trimester bleeding, and ectopic pregnancy. Other topics such as screening and treatment of sexually transmitted infections and ultrasound are available. EverThrive IL has partnered with MAP to provide person-centered counseling trainings to SBHCs. [Their website can be found here](#) and [information to apply for an in-person training can be found here](#).
- b. The Illinois Caucus for Adolescent Health (ICAH) is a youth-centered Reproductive Justice organization that offers on-site professional development for adults who work with youth in school, family, and health care systems on the sexual health, rights, and identities of youth in Illinois. Topics range from the history of the Reproductive Justice framework and sexual health education to youth sexual rights and birth justice. ICAH also hosts the Adult Accomplice Training series and certification program at their Chicago office. [Information on their youth education can be found here](#) and [information about their adult education offerings can be found here](#).
- c. [SisterSong Women of Color Reproductive Justice Collective has a nationwide Reproductive Justice training program](#) that can range from short speeches to multi-day sessions. Topics include: Reproductive Justice 101, empowerment of women of color, achieving stakeholder buy-in, developing value and mission statements, and more.
- d. [The Reproductive Health Access Project provides primary care providers with hands-on training](#) to improve competency in IUD and contraceptive implant insertion and removal. It includes materials to set up a hands-on training, background reading, readiness checklists for providing LARC in your clinic, and educational materials for clinic users.
- e. [Provide Care offers professional development training](#) for health and social service providers on how to give accurate, informed, and non-judgmental referrals for abortion care. CEUs are offered for trainings, which are appropriate for administrators, social workers, counselors/case workers, client educators/advocates, physicians, advanced practice clinicians, registered nurses, medical assistants, office/clinic staff, and others.
- f. [Beyond the Pill program from the Bixby Center for Global Reproductive Health at the University of California, San Francisco \(UCSF\) offers nationwide in-person trainings](#) in a variety of health care settings, including SBHCs, on how to improve access to IUDs and implants. Their trainings are geared towards a variety of health care professionals, including clinicians, educators, front desk, and billing staff. While all trainings incorporate aspects of person-centered counseling, they are now developing a workshop that dives more deeply into this type of care.
- g. [AccessMatters provides a variety of educational sessions](#) to family planning and sexual and reproductive health care professionals across the nation. This can include virtual and in-person trainings, lunch and learns, staff trainings, speakers for events, and more. There are nearly two dozen topics that AccessMatters can focus on, including contraceptive counseling, reproductive life planning, contraceptive methods and birth spacing, adolescent development and sexual health, adolescent dating violence, and many more.
- h. The Office of Population Affairs has provided funding to the National Clinical Training Center for Family Planning (NCTCFP) to arrange for in-person LARC training, which includes IUD and implant placement, in different regions across the nation. [Current training opportunities can be found on their website](#).

2. Online Trainings

- a. [Beyond the Pill recently updated its online training “Improving Access to the Full Range of Contraceptive Methods, Including IUDs & Implants”](#). The training is 90 minutes, is geared towards all health care professionals, and serves as a

primer on IUDs and the implant and discusses how to integrate these methods into your clinic services to help individuals access the full range of contraceptive options. This training is interactive and uses self-paced videos, case studies, and quizzes.

- b. [Innovating Education in Reproductive Health](#) is another program within the Bixby Center for Global Reproductive Health at the UCSF that has a variety of online resources, including video courses and curricula. Topics include abortion care, LARC insertion and removal, advancing equity and justice in sexual and reproductive health, counseling for person-centered abortion care, and more.
- c. [The Person-Centered Reproductive Health Program \(PCRHP\) at the UCSF](#) has published various presentations, webinars, and lectures on a variety of family planning topics, including shared decision making in contraceptive counseling, person-centered communication, health equity, and more.
- d. The American College of Obstetrics and Gynecology (ACOG) has compiled [online video trainings](#) on insertion and removal for each LARC method, as well as a walkthrough of LARC counseling scenarios and how to provide care with a person-centered focus.
- e. [Essential Access Health has a variety of training modules and tracking tools related to sexual and reproductive health](#), including live webinars, online trainings, toolkits, handouts, and resources. Many courses are free, but some are fee-based.
- f. [NCTCFP also has a variety of online trainings and resources related to contraception, including podcasts, webinars, and articles](#). Topics include Fertility Awareness Based Methods (FABM), opioids and contraception, fertility apps, LARC, etc. Some trainings offer CEs as well.

Section IV: Title X Clinics

This section introduces the Title X Family Planning Program and provides an overview of how this federal program operates in relation to school-based health centers (SBHCs) in Illinois. While Title X clinics have traditionally played an important role in contraceptive and pregnancy prevention care and accessibility, recent policy changes surrounding Title X have threatened their ability to provide the full range of contraceptive options, specifically abortion care.

Title X Family Planning Program

1. Overview

- a. [The Title X Family Planning Program](#) is a federal grant program that is dedicated to providing individuals with comprehensive family planning and related preventative health services, including contraceptive education and counseling, contraceptive methods, STI and HIV testing, referral, and prevention education, and pregnancy testing and options counseling. This program has been around for over 40 years, and it aims to reduce cost barriers for individuals seeking these services.
- b. Congress appropriates Title X funds annually, which are then administered through the U.S. Department of Health and Human Services, Office of Population Affairs. This office then administers and distributes the grants to 99 Title X grantees across the U.S. In 2018, state and local health departments made up 49% of Title X grantees, while nonprofit family planning and community health agencies made up the remaining 51% of grantees. Services are either provided directly by grantees or through subrecipients, including Federally Qualified Health Centers (FQHCs) and SBHCs.
- c. In 2019, the Trump Administration implemented the “gag rule,” which encourages counseling that directs people away from abortion by prohibiting any discussion of abortion as a contraceptive option, including any request by the patient for medically accurate information and referrals. Additionally, it eliminates eligibility of funding for organizations providing abortion care unless they are 100 percent physically and financially separate, meaning any abortion care must be provided in a completely separate building with a completely separate billing process. Enforcement of the gag rule went into effect nationwide in July 2019 following the 9th Circuit Court of Appeals deeming it legal. As a result of the gag rule, many grantees, including Illinois, have pulled out of the Federal Title X program, resulting in a decline in the number of Title X grantees. Illinois pulled out of the program in order to protect access to care, and more information is included in the next section on how the Family Planning Program in Illinois operates.

2. Services Provided

- a. Title X health centers provide an array of family planning and preventative services, including pelvic exams, STI and HIV screenings, contraceptive counseling and services, pregnancy testing, sexual and reproductive health education materials, wellness exams, cervical and breast cancer screenings, diabetes screenings, and referrals for additional health services.

3. Who it Serves

- a. Title X clinics primarily serve individuals who have low-incomes and are uninsured, and in 2018, 89% of users had family incomes that qualified them for either no-charge (<101% of federal poverty level) or subsidized (101% to 250% of federal poverty level) services.
- b. Additionally, 40% of individuals receiving care at Title X clinics are uninsured, 38% have Medicaid or other public health insurance, and 20% have private insurance. Health coverage status for 2% of users is unknown.
- c. People seeking care at Title X clinics are disproportionately Black and Latinx, with 22% of Title X users identifying as Black and 33% as Latinx. Nationally, 13% of individuals identify as Black and 18% identify as Latinx.
- d. Title X clinics primarily serve individuals who were assigned female at birth (87%) compared to individuals assigned male at birth (13%).
- e. Users of Title X clinics are also relatively young, with 63% of individuals being under 30 years of age.

4. How to Apply for Title X Funding

- a. The Office of Population Affairs publishes, at a minimum, an annual announcement of the opportunity to apply to be a Title X grantee. Applications must be submitted to OASH, Office of Grants Management on the forms required by HHS. The application process is conducted through the federal grants system [Grants.gov](#). Information on future grant opportunities will be posted on [HHS' website here](#).
- b. Successful applications must include:
 - i. A narrative description of the project and how the applicant intends to conduct the project and comply with all Title X laws and regulations.
 - ii. A budget including an estimate of project income and costs, with justification of the amount of grant funds requested and is consistent with the terms of the grant.
 - iii. A description of the standards and qualifications the project will use for all personnel and facilities and any other pertinent information which may be required by the Secretary.
 - iv. An example of successful Title X applications provided by the department of Health and Human Services can be found [here](#).
- c. While any organization can apply to become a Title X clinic, the application process with the federal government can be cumbersome and especially burdensome for an individual SBHC. As an alternative, many organizations in Illinois have traditionally been subrecipients of the grant that the Illinois Department of Public Health (IDPH) receives.

Title X and Illinois SBHCs

1. SBHC Funding Under Title X
 - a. In Illinois, Title X grantees traditionally included IDPH, Planned Parenthood of Illinois, and Aunt Martha's Health and Wellness. IDPH then contracts with sub-grantees to administer the program, and several SBHCs across the state are sub-grantees. In 2019, there were 8 SBHCs that were Title X clinics, the majority of which were subrecipients of IDPH's Title X grant.
 - b. In response to the implementation of the gag rule, Governor Pritzker pulled Illinois out of the Title X National Family Planning Program, refusing \$24 million in federal funds. However, the IDPH still provides sub-grants to the previously funded grantees, including SBHCs, but this grant is now completely funded and administered by the state. Planned Parenthood also decided to pull out of the Title X family planning program, which allows the centers to provide users with a complete and comprehensive understanding of their family planning health care options. Aunt Martha's Health and Wellness is the only remaining organization in Illinois that receives federal Title X dollars.
2. IDPH's Family Planning Program
 - a. [IDPH's Family Planning Program](#) funds 81 clinics through 38 agencies statewide, including health departments, FQHCs, SBHCs, and other community-based organizations.
 - b. [Information about IDPH's Family Planning Program can be viewed on EGrAMS](#), an Electronic Grants Administration & Management System utilized by the IDPH for end-to-end grants management. To view information about the Family Planning Program, select "Office of Women's Health" under the "Current Grants" heading on the left-hand side. Then select program "FPP-22, Illinois Family Planning Program 2022." Individuals can then view documents related to the program, including the RFP, and work plan guide, and guidelines. The most recent Illinois Family Planning Program grant is for FY22..
 - c. At this time there is no additional information on when the next RFP will become available, but [individuals can register in EGrAMS](#) to receive notifications when new grant opportunities become available. It is usually an annual process, although grants can sometimes be for multiple years.
 - d. SBHCs interested in learning about how to participate in the Illinois Family Planning Program can contact Lisa Upshaw-Smith at Lisa.Upshaw-Smith@illinois.gov. They have indicated that they are open to having conversations with SBHCs before the next RFP opens.
3. Impact and Benefits

- a. Title X funding allows for SBHCs to provide contraceptive services to young people who otherwise would not be able to afford such care. By providing affordable contraceptive and pregnancy prevention options, Title X has had a significant role in decreasing the number of unintended pregnancies, allowed for the early detection of cancers and STIs, given individuals access to a wider range of contraceptive options, and overall given people who can get pregnant more control over if and when they have children.
- b. As a Title X clinic, family planning providers are eligible for the 340B Drug Pricing Program. The 340B program allows grantees to access outpatient drugs at a discounted rate. Title X SBHCs find this program especially beneficial as it allows them to stock contraception, such as Intrauterine Devices (IUDs), at a lower cost. In addition to Title X clinics, Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes are also eligible for the 340B Drug Pricing Program. Unfortunately, Type 56 SBHCs that are not Title X clinics are not eligible to participate in the program.
 - i. To participate in the 340B program, eligible entities must register and be enrolled in the program. [Information on how to register can be found on the Health Resources and Services Administration \(HRSA\) webpage.](#)