



Administrative Policies and Procedures: 20.8

Subject:	Reproductive Health Education and Services
Authority:	TCA 37-5-106, 37-10-301 seq, 63-6-204, 222, 223, 68-10-104, 68-34-104, 68-10-113
Standards:	3-JTS-4C-15, 3-JTS-4C-24-1, 3-JTS-4C-365, 3-JCRF-5C-03
Application:	All DCS Staff and Contracted Provider staff

Policy Statement:	
All children/youth shall be afforded access to a comprehensive, age-appropriate program of reproductive health education and services. The educational program will meet their particular and individual health needs and include information about his/her current health status, family planning information, sexually transmitted diseases and prevention, and general health education. DCS will attend to the special health needs of females including, but not limited to, their unique developmental and reproductive health needs.	
Purpose:	
Children/youth in custody shall receive reproductive health education and services that promote their overall health and well-being and will receive health guidance to promote a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care.	
Procedures:	
A. Reproductive Health Services	<ol style="list-style-type: none"> 1. Reproductive Health History <ol style="list-style-type: none"> a) Information about reproductive health for females and sexual activity for both sexes shall be obtained and recorded on form CS-0543 Well-Being Information and History when the child/youth enters custody. If the information is absent, the FSW, group home staff or YDC clinic staff shall solicit this information and document it on the form at the earliest possible opportunity. b) Children/youth requesting or needing family planning and reproductive health services shall be referred to the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women’s health provider, or other licensed health care provider that delivers such services. 2. Gynecological Exams for Females <p>The standard recommendation is for young women to have their first full gynecological exam including a Pap test around the age of 18. However, a</p>

gynecological exam is also recommended if a younger girl experiences problems with her menstrual cycle, pelvic pain, vaginal discharge, or is sexually active. Not all pediatricians will provide gynecological exams. Females in Youth Development Centers will be referred to the contract Primary Care Provider.

3. Sexual Health for Males

Teenage males need a testicular exam during the initial and periodic EPSDT screening to check for cancer or hernia.

4. Sexually Transmitted Diseases (STDs)

Any child/youth that is sexually active should be checked for sexually transmitted diseases. This can be done at the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, Gynecologist or women's health provider, or other licensed health care provider that provides such services. (See [DCS Policy 20.19 Communicable Diseases](#)).

5. HIV/AIDS

Any child/youth requesting HIV/AIDS testing or has symptoms that would indicate HIV/AIDS testing would be appropriate should be referred to the local Health Department or their Primary Care Provider. (See [DCS Policy 20.22 HIV/AIDS](#)).

6. Contraception

a) Family planning services must be made available for sexually active youth or for youth who request it. Children/youth in foster homes and group homes can be referred to the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women's health provider, or other licensed health care provider that provides such services.

b) Contraceptives may be provided for family planning or, in the case of females, may be prescribed by a licensed health care provider for medical or therapeutic purposes. All females placed on prescription contraceptives shall be monitored regularly by the prescribing provider. Condoms can be provided as needed. Educational material should be provided with contraception.

NOTE: access to contraception does not always mean teens will use it; communication and teaching reinforcement is important.

c) Emergency contraception is available through the local Health Department or through the Primary Care Provider for contraceptive failure, unprotected sex, or sexual assault.

d) All sexually active youth using contraceptives also need to be monitored for sexually transmitted diseases by receiving regularly scheduled health check-ups.

7. Consent

Under TCA 68-34-104, children/youth seeking reproductive health services and pregnancy prevention can do so without the consent of their parent(s) or the Department of Children's Services. (See [DCS Policy 20.19](#)

	<p><u>Communicable Diseases</u></p> <p>8. Confidentiality</p> <p>Under TCA 68-10-113, healthcare service providers are mandated to maintain the confidentiality of those children/youth receiving reproductive health services.</p>
<p>B. General Pregnancy Guidelines</p>	<p>1. Pregnancy Counseling</p> <p>If a pregnancy is confirmed, or if it has been confirmed that a male is an expectant father, the YDC or contract facility nurse, FSW or designated staff must refer the child/youth for professional counseling and assistance by a family planning agency or health care provider. They may also be referred for religious counseling from representatives of the denomination of their choice.</p> <p>2. Parent/Guardian Notification</p> <p>Children/youth shall be provided assistance in notifying parent(s)/guardian(s) or spouse of the youth of a pregnancy or expectant paternity in accordance with current state and federal laws.</p> <p>3. Financial Help and Child Support</p> <p>The FSW or designated staff will assist the child/youth in obtaining appropriate financial support services, which may be available through the Department of Children’s Services, Department of Human Services and/or Department of Health.</p> <p>4. Documentation</p> <p>Referrals for counseling, financial assistance, and parental notification shall be documented in the current child welfare information system.</p> <p>5. Child-Rearing Education</p> <p>Any child/youth that is pregnant, is an expectant father, or already has one or more children, should be referred for child-rearing education, using resources in the community or online programs. General topics should include effective parenting, teaching child responsibility, parenting issues related to specific developmental stages, building self esteem, communication skills, discipline, stress and depression.</p>
<p>C. Female Reproductive Health Services</p>	<p>1. Supplies</p> <p>Feminine hygiene supplies, including tampons and sanitary napkins along with other necessary supplies, will be provided to female youth. Douching materials only will be provided when it has been recommended by a healthcare professional. Douching for personal cleanliness is not recommended.</p> <p>2. Pregnancy</p> <p>a) If a youth believes she is pregnant or there is a suspicion of pregnancy, the YDC nurse, FSW, or designated agency staff will refer her to the Primary Care Provider, Obstetrician/Gynecologist or women’s health provider, or the local Health Department for pregnancy testing.</p>

- b) Appropriate prenatal care shall be provided through community obstetrical providers for all females with a confirmed pregnancy. If a high risk obstetrical provider is available in the community, a referral should be made to that provider. For youths at New Visions YDC, some routine care may be provided by the nursing staff and contract providers in agreement with the attending physician. All obstetrical care, testing and treatments will be documented in the current child welfare information system.

3. Medication and Nutrition During Pregnancy

Information about the youth's current diet and medication must be shared with the obstetrician or women's health provider. Before any new diet or new medication is prescribed for the pregnant female, the attending obstetrician or women's health provider must be consulted. Any other health care professional that is providing services to the pregnant female must be informed of the pregnancy as it may impact care.

4. Decisions About Adoption and Abortion

Professional family planning counseling and assistance services, through a neutral independent source, must be available to pregnant youth to assist them in making decisions regarding keeping the child, giving the child up for adoption, or seeking an abortion.

5. Abortion Services Information

If a pregnant youth requests information about abortion services, the YDC nurse, FSW, or designated agency staff will direct her to an appropriate health care provider or professional. Note: local Health Departments do not offer information and counseling about abortion procedures.

6. Parental Notification of Abortion

If the pregnant youth requests an abortion after receiving appropriate information from the health care provider, the YDC nurse, FSW or designated agency staff must inform/counsel the youth of the need for parental consent for minor youth under the age of eighteen (18) years.

7. Court Advocate Program

- a) If the youth is unable to obtain the consent of a parent/guardian for an abortion, or the parent/guardian is not available for consent, refuses to consent, or if the youth chooses not to ask for her parent/guardian's consent, or if incest is a factor, the youth will be referred to the Court Advocate program for information regarding the judicial bypass waiver. (See [DCS Policy 20.9, Court Advocate Program](#)).
- b) Confidentiality shall be maintained in accordance with all applicable federal and state laws, policies, and ethical standards.
- c) Documentation of the referrals, counseling, and services, including any medical procedures, shall be maintained in the youth's case files and/or medical records, and documented in the current child welfare information system as appropriate.

	<p>8. Abortion Costs</p> <p>The Department of Children's Services and TennCare do not cover the costs of an elective abortion. EXCEPTION: in cases of documented criminal charges of rape or incest, or if a health care provider has recommended a therapeutic abortion to protect the mother's physical or mental health, payment may be made.</p>
<p>D. Reproductive Health Education</p>	<p>1. General Health Status Education</p> <p>a) All children/youth shall be educated on any specific health-related issues they may have, considering their age and developmental status. This education can be provided by the community health care provider or YDC health professionals. This education should include the nature of the illness, treatment, including medications, prognosis both with and without treatment, and periodic follow-up care if indicated.</p> <p>b) Health education should be age appropriate and emphasize teaching those self-care activities that the youth can accomplish to positively influence his/her health. This includes education about general health issues as well as those that are specific to the child's condition.</p> <p>2. Reproductive Health Education</p> <p>a) All children/youth in DCS custody shall receive age-appropriate reproductive health education including responsible sexual behavior, abstinence, birth control, sexually transmitted diseases (STDs) and HIV infection.</p> <ul style="list-style-type: none"> ◆ The Youth Development Center health or other staff provides this education to youths placed in DCS YDCs. ◆ The local Health Department or other community resource agencies provide this education to all other children/youth in custody. <p>b) Although some messages about the importance of reproductive health are universal, tailoring an intervention to the child or youth's age, socio-economic status, and cultural identification can make it more effective. Messages should be age appropriate, since developmental levels vary greatly from early to late adolescence. Messages also should be grounded in the cultural and/or religious tenants that will resonate with the children/youth.</p> <p>3. STD/HIV/AIDS Education</p> <p>a) All Youth Development Centers, DCS Residential Facilities, and Contract Agency facilities must establish and maintain an STD/HIV/AIDS education program. The facility must have an appointed staff member responsible for the program. Any staff members providing this education must be trained as a trainer on STD/HIV/AIDS education in a program approved by the DCS Well-Being Division (Central Office). Community resources also can be used to provide this education for youth in custody.</p> <p>b) STD/HIV/AIDS information should be delivered in a structured live presentation with audiovisual materials. Written material (brochures,</p>

	<p>pamphlets, articles, newsletters, etc) must be provided. Information and materials used must be medically and scientifically accurate and objective. The opportunity for receiving follow-up information must be arranged at the request of a youth or when otherwise deemed appropriate by the health care provider.</p> <p>c) Program content shall minimally include:</p> <ul style="list-style-type: none"> ◆ Definition of terms ◆ Mode of transmission (including how STDs and HIV are not transmitted) ◆ Most common signs and symptoms ◆ How the body is affected ◆ Definition of high risk behaviors ◆ Methods of prevention ◆ Periodic health exams and testing <p>d) A pre and post-test (written or oral) may be used to determine the effectiveness of the educational program.</p> <p>e) Children/youth in foster homes can be referred to the local Health Department, family planning or reproductive health services agency, the Primary Care Provider, a Gynecologist or women’s health provider, or other licensed health care provider that delivers such services.</p> <p>4. Dating Violence</p> <p>Information about past and present dating violence, either as victim or perpetrator, is included in form CS-0543 Well-Being History and Information. Appropriate follow-up should be provided to those identified youth and may include referral to the Primary Care Provider, local Health Department, and/or a community based resource. Educational material on dating violence shall be available at DCS Residential Facilities, YDCs, and contract agency facilities and also can be obtained through the local Health Department and other community resources.</p> <p>5. Documentation</p> <p>For youth placed in Youth Development Centers and DCS residential facilities all reproductive health education shall be documented using the CS-0209, Health Education Roster form. For children/youth placed with contract agencies, reproductive health education shall be documented in the monthly treatment summary provided to DCS. For children/youth placed in DCS foster homes, reproductive health education shall be documented in the current child welfare information system.</p> <p>(See DCS Communicable Disease policy 20.19 for confidentiality issues regarding testing, diagnosis and treatment for STDs and HIV/AIDS.</p>
<p>E. Homosexual Children/Youth</p>	<p>1. Protection from Discrimination</p> <p>A person is said to be homosexual if he or she is sexually or romantically attracted to members of the same gender, or sex. The term bisexual refers to people who are attracted to both males and females. Children/youth in custody who identify themselves as being homosexual or bisexual shall be protected from harassment and discrimination in placement decisions, educational settings, and provisions of health care. They shall be treated</p>

	<p>respectfully by staff according to DCS policies.</p> <p>2. Counseling</p> <p>a) All major mental health organizations, including the American Psychological Association (APA), have stated that homosexuality is not an illness, mental disorder or emotional disorder; therefore, no treatment is in order. However, counseling may be helpful for children/youth that are uncomfortable with their sexual orientation or uncertain about how to express it. They may benefit from support and the opportunity to clarify their feelings. Therapy may also help the children/youth adjust to personal, family, and school-related issues or conflicts that emerge.</p> <p>b) Being unsure or uncomfortable about sexuality or experiencing bullying or discrimination can lead to severe depression, suicidal tendencies, antisocial behavior, and/or increased risk for alcohol and drug dependency. Physical problems such as trouble sleeping, nausea and headache may also occur. Children/youth experiencing issues with sexual orientation should be monitored and referred for related mental health and physical problems.</p>
<p>F. Transgender Children/Youth</p>	<p>1. Protection from Discrimination</p> <p>Gender Identity Disorder describes people whose self-identification does not correspond to their physical or birth-assigned gender and sex. Children/youth in custody who are transgender or gender non-conforming (individuals who do not identify as male or female) shall be protected from harassment and discrimination in placement decisions, educational settings, and provisions of health care. They shall be treated respectfully by staff.</p> <p>2. Identifying Transgendered Child/Youth</p> <p>A history and thorough psychological or psychiatric evaluation can confirm the persistent desire to be the opposite sex</p> <p>3. Counseling</p> <p>Individual and family counseling are generally recommended. The lack of congruity between gender identity and birth sex creates stress and anxiety that can lead to severe depression, suicidal tendencies, antisocial behavior, and/or increased risk for alcohol and drug dependency. Physical problems like trouble sleeping, nausea and headache may also occur. Children/youth experiencing issues with sexual identity should be monitored and referred for related mental health and physical problems.</p> <p>4. Treatment</p> <p>Hormonal therapy and sex reassignment through surgery is an option that is available once the child/youth has reached adulthood. Medically necessary treatment and therapeutic support will be provided while the child/youth is in DCS custody.</p>

Forms:	<u>CS-0209, Health Education Roster</u> <u>CS-0543 Well Being Information and History</u>
Collateral Documents:	<u>Policy Attachment 1 Definitions</u>