



Department  
of Health

AIDS  
Institute

## New York State Youth Sexual Health Plan

Promoting Sexual Health through prevention of HIV, STDs, unintended pregnancy, hepatitis C, drug user health and trauma-informed care

*The New York State Sexual Health Plan, consistent with the New York State Department of Health Prevention Agenda, is a guide to ensure accurate sexual health information and quality health services are made available to all New York State youth.*

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## What is Sexual Health?

Sexual health is a state of well-being in relation to sexuality across the life span that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction that is free of coercion, fear, discrimination, stigma, shame, and violence. It includes: the ability to understand the benefits, risks, and responsibilities of sexual behavior; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships. Sexual health is impacted by socioeconomic and cultural contexts—including policies, practices, and services—that support healthy outcomes for individuals, families, and their communities.<sup>1</sup>

## Acknowledgements

This sexual health plan is a collaborative effort between the New York State Department of Health AIDS Institute, Division of Family Health, Bureau of Women, Infant and Adolescent Health and Interagency Task Force on HIV/AIDS partners\*.

The purpose of this document is to provide a New York State sexual health plan that addresses the HIV, STD, and pregnancy prevention needs of adolescents and young adults and promote positive, healthy, and informed choices regarding sexual health.

The Department encourages educators, community stakeholders, health care providers, policy makers, members of the public and private sectors to utilize this plan as a helpful tool to assist and educate their communities and youth.

*\*The following New York State agencies contributed to the development of this plan:*

Council on Children and Families

Office of Children and Family Services

Division of Criminal Justice Services

State Education Department

Office for People with Developmental Disabilities

Office for the Prevention of Domestic Violence

Office of Temporary and Disability Assistance

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<sup>1</sup> Recommended by the CDC-HRSA Advisory Committee on HIV, STD, and Viral Hepatitis Prevention and Treatment, May 2012; [http://www.cdc.gov/maso/facm/pdfs/CHACHSPT/20120508\\_CHAC.pdf](http://www.cdc.gov/maso/facm/pdfs/CHACHSPT/20120508_CHAC.pdf)

## Statement of Need: HIV, STDs, Pregnancy, Hepatitis C, Drug User Health and Trauma-Informed Care

- Many adolescents are sexually active, as demonstrated by key findings in 2015 from the students' self-reported health risks and behaviors: <sup>2</sup>
  - Half of New York State high school seniors reported they had sexual intercourse by 12th grade. More than 1 in 7 had sexual intercourse by 9th grade.
  - More than 1 in 7 (15.1%) students did not use any method to prevent pregnancy during last sexual intercourse.
  - Only 11.9% of sexually active students used both a condom plus other birth control method (recommended to address both pregnancy and STD/HIV prevention) during their last sexual intercourse.
- In addition, youth with special circumstances, such as youth in foster care, have significantly higher rates of sexual activity and pregnancy than their peers in the general population. Nearly one-third of young women in foster care reported that they had been pregnant at least once by age 17. <sup>3</sup>
- Sexually active youth are at increased risk for HIV and STDs as compared to older adults:
  - From 2010 to 2016, new HIV diagnoses among youth dropped 38% (830 to 513, respectively). A drop of 34% was noted among male youth (from 681 to 447, respectively) and a drop of 56% was noted among female youth (149 to 66, respectively). These substantial decreases in new diagnoses can be primarily attributed to a decrease of 36% among male youth with a history of male-to-male sexual contact (577 and 371, respectively) and a 56% decrease in new infections among heterosexual female youth (142 and 63 respectively).
  - Sexually active adolescents and young adults (15-24 years) are disproportionately affected and are at increased risk for STDs compared to older adults. Over half of all reported STDs are among

**STD Case Reports Among Adolescents and Young Adults  
New York State, 2016**

	Age Group (years)	UPSTATE NY*	NYC	NYS
<b>Chlamydia</b>	15-19	11,507	14,114	25,621
	20-24	16,776	20,201	36,977
<b>Gonorrhea</b>	15-19	1,836	2,328	4,164
	20-24	2,845	4,210	7,055
<b>Early Syphilis</b>	15-19	55	124	179
	20-24	201	569	770
<b>NYS Total (Age 15-24 years)</b>		<b>33,220</b>	<b>41,546</b>	<b>74,766</b>

\*Includes the 57 NYS Counties outside of New York City

<sup>2</sup> Youth Risk Behavior Surveillance System (YRBS), a nationally standardized survey funded by the Centers for Disease Control and Prevention (CDC) to monitor grades 9–12  
<http://nccd.cdc.gov/YouthOnline/App/Default.aspx?SID=HS>

<sup>3</sup> "Opportunity to help Youth in Foster Care- Addressing Pregnancy Prevention in the Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008," The National Campaign to Prevent Teen and Unintended Pregnancy, July 2009.

- New York adolescents and young adults. This age group represents only 1 in 7 New Yorkers.
- Viral STDs including herpes and human papillomavirus (HPV) are not reportable, but they are exceedingly common. Overall, among sexually active adolescents, 1 in 4 will have an STD by age 21, with 1 in 2 sexually active people having an STD by age 25.
  - Although STDs have serious consequences such as infertility, many STDs have no symptoms, so people may not be aware they are infected.

New York State has a plan to end the AIDS epidemic! The goal is to significantly reduce the number of new HIV infections by the end of 2020 and achieve the first ever decrease in HIV prevalence in New York State. The three-point plan priorities are:

1. HIV testing
2. Access to care and support to stay in care, and
3. Information and access to Pre-Exposure Prophylaxis (PrEP)

Ending the Epidemic (ETE) in New York State will maximize the availability of life-saving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. It will move New York from a history of having the worst HIV epidemic in the country, to a future where new infections are rare and those living with the disease have normal lifespans with few complications.

New York State youth continue to have high rates of STDs which have serious health consequences including infertility and increased susceptibility to HIV infection. Currently, schools are strongly encouraged to identify their local level needs pertaining to sexual health education. This is a vital component for achieving the goal of ending the epidemic in New York State by the end of 2020.

The New York State Youth Sexual Health Plan is a vital tool which addresses HIV, STD, pregnancy prevention, hepatitis C and Drug User Health needs of adolescents and young adults to assist communities in developing a plan of action for addressing identified local level needs.

## Hepatitis C Among Young Adults

The hepatitis C virus (HCV) is not easily spread through sex. Having an STD or HIV, sex with multiple partners, or sex that results in tearing or bleeding (also referred to as “rough sex”) increases a person’s risk for HCV. While sex is not an easy way to spread HCV, injection drug use is. The rising rate of new HCV cases among young people is of growing concern. The primary risk associated with these new HCV cases in young people is injection drug use. Data from a study conducted by CDC that strongly suggest the national increase in acute HCV infection is related to the country’s opioid epidemic and associated increases in injection drug use (IDU). [Zibbell JA, Asher AK, Patel RC, Kupronis B., et al. *Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States 2004 to 2014. Am J Public Health. 2018 February; 108(2): 175–181.*]

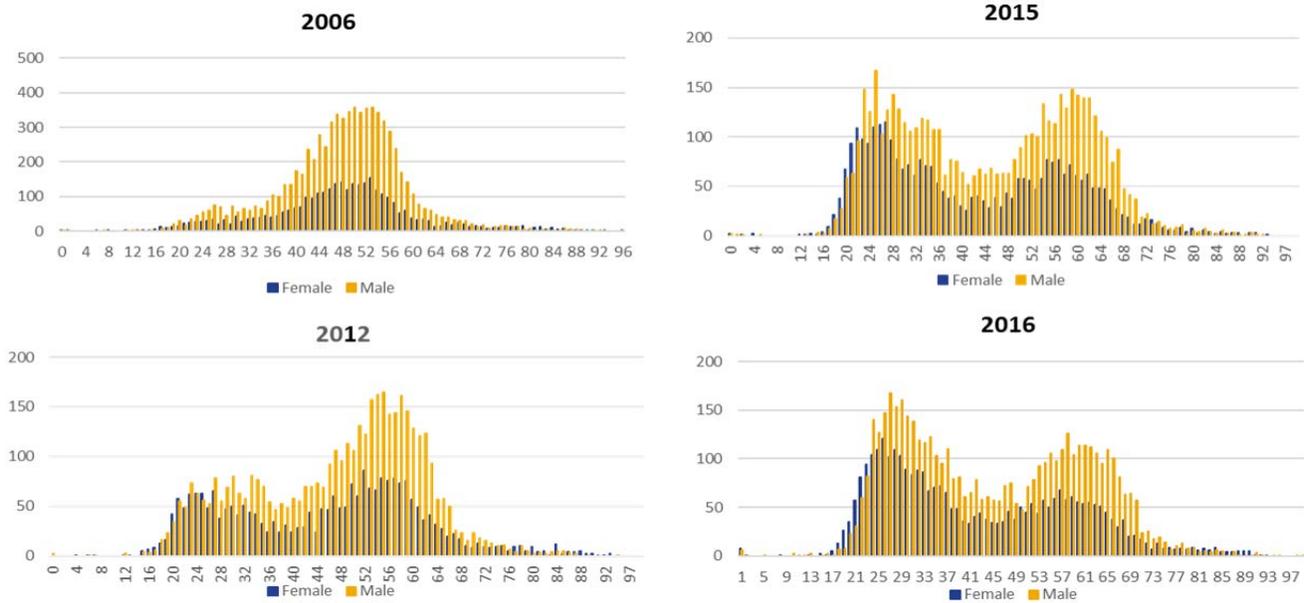
**NYSDOH Communicable Disease Electronic Surveillance System (CDESS) data as of August 23, 2017:**

- In 2016, in New York State hepatitis C rates are highest in 25-29 age-group (186.2 per 100,000).
- When information on risk available, injection drug use (IDU) is very common among cases 30 years (91%), and similarly common among male (73%) and female cases (70%).
- Most (59%) female cases are of child-bearing age. Rates are higher among women of childbearing age (91.7 per 100,000) and have been increasing.

**NYSDOH Communicable Disease Electronic Surveillance System (CDESS) data as of March 19, 2018:**

- From 2012-2016, in New York State (excluding NYC), there was an 83% increase in the number of HCV cases among individuals reporting a history of IDU. HCV cases rose by 136% individuals under 30 years compared to a 55% increase in those over 30 years of age.
- Cases of HCV in women under 30 years of age who reported a history of IDU increased by 129% from 2012-2016.

**Total Hepatitis C by Age, Sex and Year, NYS (Excluding NYC)**



Hepatitis C was seen primarily among ‘Baby Boomers’ as seen in the 2006 graph. New York State (exclusive of NYC) started seeing an increasing number of cases in younger age groups, as seen in the 2012 graph. In 2015, there was an equal number of cases among ‘Baby Boomers’ as in the 20-39 age group. In 2016, the number of cases in the younger age group surpassed that seen among ‘Baby Boomers’. While in the past hepatitis C was seen mostly among males, in recent years the number of female cases in New York State (exclusive of NYC) surpassed the number of male cases among young adults.

## Drug User Health

The burgeoning opioid epidemic and opioid overdoses occurring throughout New York among young people who use drugs has led the NYSDOH AIDS Institute Office of Drug User Health to direct resources and provide ready access to a continuum of age appropriate HIV/STD/Hepatitis C (HCV) prevention and harm reduction services to reach young people who use drugs.

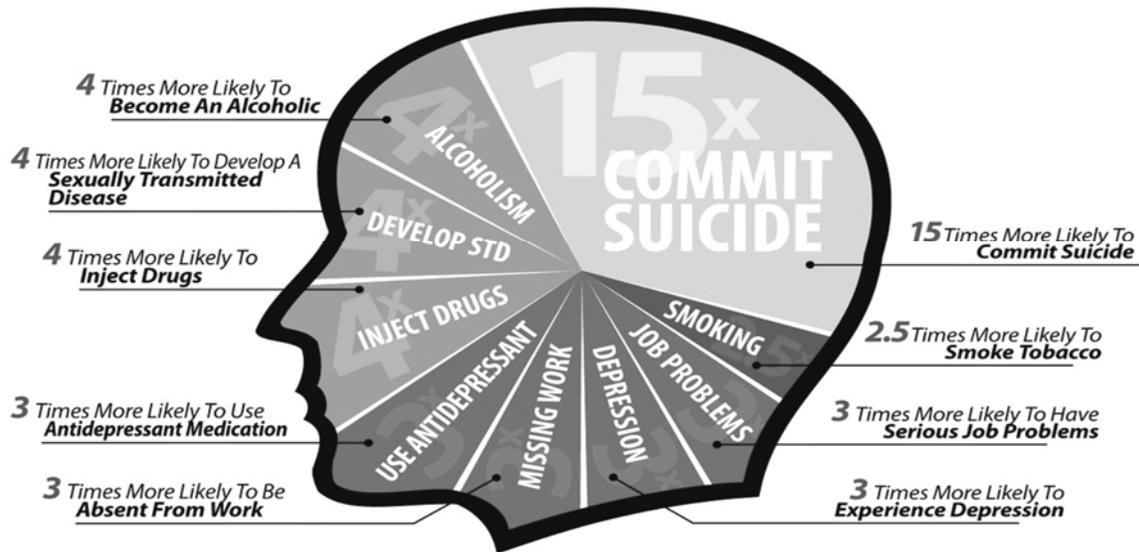
With targeted outreach to younger populations in 2016-17, new enrollments of young people in the New York State Syringe Exchange Programs (SEP) rose to 40-50% of new clients in upstate agencies. These new SEP participants are offered HIV/STD/HCV counseling and testing, harm and risk reduction education including information on Pre-exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP) and Opioid Overdose Prevention Training and provision of Narcan/naloxone. The increase in opioid use by young people, with injection as the preferred route of administration, is reflected in the growth of Hepatitis C infections in young people < 29 years of age, both upstate and downstate. HCV prevalence in young males and females now mirror those of the older baby boomer generation.

Substance use and sexual activity are often related. Sex may be exchanged for drugs, or basic life needs such as food and/or a place to sleep. For LGBTQ youth, who are forced out of their homes because of their sexual preference or gender identity and become homeless, sex work or escorting may be their only source of financial support. Risks for HIV and STDs are heightened when youth engage in transactional sex, which may involve multiple partners, is often unprotected sex, sex while using substances including alcohol, intimate partner violence, and/or sex where the power dynamics are skewed to the older partner.

In 2017, Drug User Health Hubs were established at 11 SEPs, enhancing existing services with accessible medication assisted treatment (buprenorphine/Suboxone/Subutex prescription, induction and maintenance), culturally competent primary care for PWUD, pregnancy and STD testing, Hepatitis C testing and treatment and referrals for an array of age appropriate medical, mental health, or other substance use disorder treatment. These SEPs/health hubs may be the first welcoming interaction a young person may have in a supportive services or health care system. The trust that is built between the SEP and young person may lay the foundation for that individual's future engagement in care and treatment and disease prevention efforts.

## Trauma-Informed Care

### PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



Source: SUNY-Buffalo Institute on Trauma and Trauma-Informed Care (ITIC)

Frequently, the lives of clients, patients, and students walking through the door seeking help, or an education, have been adversely impacted by trauma. In defining trauma, the Substance Abuse and Mental Health Services Agency (SAMHSA), reports that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and/or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing. (*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, July 2014.*)

Trauma-Informed Care (TIC) understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. TIC utilizes the philosophy of "What has happened to you?" versus "What is wrong with you?"

The Adverse Childhood Events (ACE) study finds there is a strong relationship between childhood trauma and common adult health conditions. Trauma can have lasting effects on a students' health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, COPD, chronic lung/pulmonary illness/COPD, liver disease, auto-immune disorders, cancer, stroke, broken bones, substance use/abuse, and other forms of mental health challenges; on a students' behaviors (smoking, alcohol and drug use); and on a students' life potential (graduation rates, academic achievement, lost time from work).

Likewise, trauma/adversity impacts an individual's ability to trust, cope and form healthy relationships. Trauma/adversity impairs memory, concentration, new learning and ability to focus. Trauma/adversity disrupts emotional intelligence, ability to self-soothe, ability to control expression of emotions and one's ability to distinguish between what's safe and unsafe. Trauma/adversity shapes a person's belief about self and others, ability to hope, and one's outlook on life and one's meaning of life.

In fact, people who experience trauma are: 4x more likely to become an alcoholic, 4x more likely to develop a STD/STI, 4x more likely to inject drugs, 3x more likely to use antidepressant medication, 3x more likely to be absent from work, 15x more likely to commit suicide, 2.5x times more likely to smoke tobacco, 3x more likely to have serious job problems, and are 3x more likely to experience depression. (Source: C. L. Mears: "Reclaiming School in the Aftermath of Trauma", Paigraive Macmillan, 2012.) Source: Link downloaded on 5/7/2018 from: <http://socialwork.buffalo.edu/content/dam/socialwork/social-research/ITIC/TIC-whitepaper.pdf>

It is essential to understand the consequences of trauma in promoting prevention and recovery. Trauma-Informed Care (TIC) understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices services that may inadvertently re-traumatize (e.g. building resilience through affirmation and self-care, versus ignoring bullying in the hallways and such words in the classroom.)

Findings like those in the *Adverse Childhood Events (ACE) study* indicate the need for Trauma-Informed Care practices to be implemented throughout all New York State programs. All areas of the Social Services Arena can benefit from the improved outcomes for both clients and employees, and a reduction in societal costs by helping those impacted by trauma heal, become self-sufficient, and avoid re-traumatization through Trauma-Informed Care. Trauma-sensitive approaches have been addressed and accepted in many other states.

In addition, *re-traumatization* remains a significant concern, as individuals who are traumatized multiple times frequently have exacerbated trauma-related symptoms. Re-traumatization is any situation or environment that resembles an individual's trauma literally or symbolically, which then triggers difficult feelings and reactions associated with the original trauma. Individuals with multiple trauma experiences often exhibit a decreased willingness to engage in treatment. The potential for re-traumatization exists in all systems and in all levels of care: individuals, staff, system, organization.

Through purposeful attention to becoming trauma-sensitive, utilizing the key fundamentals of TIC of: Safety (ensuring physical and emotional safety), choice (individual has choice and control), collaboration (making decisions with the individual and sharing power), trustworthiness (task clarity, consistency, and interpersonal boundaries, and empowerment (prioritizing empowering and skill building)- with special concern for cultural, historical and gender issues--the health needs and well-being of our most vulnerable populations can be met. No one is immune to the impact of trauma.

## New York State Youth Sexual Health Plan Goals

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1. Promote continuity and consistency of evidence-based and medically accurate health education across the State.
  2. Reduce the rate of HIV/STD infections.
  3. Reduce the rate of unintended teen pregnancy.
  4. Make available school-based HIV/STD testing and screening through school-based health centers.
  5. Promote healthy and safe relationships and decision making (alcohol/substance use, mental health, peer pressure and partner violence).
  6. Increase knowledge of and access to contraception and other sexual health services.
  7. Educate professionals and youth about the difference between healthy sexual relationships and abusive ones.
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## Summary in support of goals

Reproductive and sexual health are key health issues for adolescents and young adults. Providing accurate and comprehensive information to protect adolescents' health and prepare them for responsible decision making is a public health responsibility. The New York State Youth Sexual Health Plan, consistent with the New York State Department of Health Prevention Agenda, is a guide to ensure that accurate sexual health information and quality health services are made available to all New York State youth. New York State youth should be supported in making healthy, positive choices about sexual health to avoid negative outcomes such as HIV/STD infections and unintended pregnancy. This is consistent with the National Coalition of STD Directors 'Advancing Sexual Health through State Sexual Health Plans' initiative.<sup>4</sup>

All schools are encouraged to explore whether their current approach is sufficiently comprehensive to meet students' sexual health needs as appropriate to their mission. In New York State, the goals of the plan are broadly supported by the public. A recent statewide survey, Behavioral Risk Factor Surveillance System (BRFSS) indicated that there was 95.2% acceptability for teaching STD prevention in high school and 89.6% for teaching STD prevention in middle school.<sup>5</sup> In the 2012 NYS BRFSS survey, 68% of respondents selected 13 or younger as the age at which parents should begin to talk with their child about sexuality and ways to prevent pregnancy and STDs; and only 12.4% agreed that "most teens already know enough about how to protect themselves against STDs."

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<sup>4</sup> February 20-21, 2013, Washington, DC; Advancing Sexual Health through State Sexual Health Plans Meeting; meeting of 50 key sexual health stakeholders from selected state and national partners; NCSD's Manager, Policy and Communications, Stephanie Arnold Pang; <http://www.ncsddc.org/>

<sup>5</sup> Thomas et. al. Community Attitudes About Discussing Sexual Health: Assessing Public Opinion of Local STD Prevention Campaigns. Public Health Reports/2013 Supplement 1/Volume 128, pp. 73-80.

## Strategies for accomplishing goals

The following are proposed strategies for consideration across all sectors, including the Health Care Delivery System; Employers, Businesses, and Unions; Media; Community-Based Organizations; Educational Systems, Governmental and Non-Governmental Public Health Agencies; Policymakers and Elected Officials; Other Governmental Agencies; Researchers; Individuals; Communities and Philanthropy to improve health outcomes related to HIV, STDs and unintended pregnancies.

The sexual health plan promotes collaboration and communication among all sectors within New York State for the coordination of prevention and student health services. Identified sectors may take the lead in facilitating the recommendation but all sectors should consider the proposed action as appropriate to their mission.



## Strategy 1: Promote continuity and consistency of evidence-based and medically accurate health education across the State:

*Encourage communities to assess and identify local level need for comprehensive gender-neutral and Lesbian, Gay, Bisexual, and Transgender (LGBT) inclusive sexual health education. [All Sectors]*

- When providing access to appropriate sexual health education for individuals, consideration must be given to comprehension ability, developmental age and other disabilities. *[All Sectors]*
- Increase the health literacy of LGBT individuals, identify and address the health disparities of LGBT communities within a region and to increase the awareness of the exponential impact of unaddressed health disparities on LGBT individuals. *[Health Care Delivery System]*
- The “Dignity for All Students Act” must be consistently, accurately and systematically implemented and enforced within the education system for the full intent, impact and safety of LGBT students to be actualized. *[Education System]*
- School health service staff in these settings should continue to provide one-on-one individualized health education to transgender youth regarding their rights, provide understanding and awareness about their unique health needs, and connect them to LGBTQ welcoming, affirming, competent and culturally responsive medical providers in their communities. *[Education System]*
- Build the capacity of local education agencies, administrators, teachers, health coordinators, health educators and other school staff, to coordinate and deliver educational programs with an understanding of the relationship between personal behaviors, health and academic achievement within the context of positive youth-development based on local level decision making. *[Education System]*
- Support the establishment of formal partnerships between State and Federal agencies focused on development of a coordinated school health approach providing education professionals responsible for coordinating health education, teaching health education and provision of school health services with a best-practice framework of evidence-based resources, tools and trainings. *[State and Federal Agencies, Health Care Delivery System, Education System, Governmental Agencies]*
- Support the establishment of formal partnerships between local education agencies, and/or school clinics and community-based organizations to deliver health education and support teacher training programs. *[Health Care Delivery System, Local Education Agencies]*
- Provide educational opportunities for educators, parents and other adults to gain knowledge and skills for communicating with youth about sexual health. *[Communities]*

*Be safe. HIV doesn't just affect you...it affects everyone who knows you. “*

*New Lebanon School student*

- Acknowledge sexuality as a natural, healthy part of being human and facilitate opportunities to address healthy relationships, gender and sexual orientation, stereotypes, abstaining from or delaying sex, communication, decision making, pleasure, contraception, sexual protection (male/female condoms, dental dams; promote use of both a condom and hormonal contraception as most protective for sexually active teens), peer pressure, human development and community resources. ***[Individual]***
- Normalize the discussion of sexual health. ***[Communities]***
- Reduce the stigma of HIV/STD infection. ***[Communities]***
- Educate young people of their right to consent on their own to HIV/STD testing, prevention and treatment, sexual and reproductive health care services, including PrEP, PEP and the HPV vaccine, as well as pregnancy prevention and pregnancy-related services. ***[All Sectors]***
- Forge partnerships between the local education and local health departments and community based organizations to support the efforts of schools in providing comprehensive sexual health education. ***[Communities]***
- Provide age-appropriate, medically accurate, unbiased and nonjudgmental sexual health education. ***[Health Care Delivery System]***
- Educate local education agencies, administrators, teachers, health coordinators, health educators and other school staff that a child with any kind of disability should never be excluded from discussions about sexual health. ***[Education System]***
- Educate youth with intellectual, developmental, and/or other disabilities of their health rights. ***[Education System]***
- Eliminate the stigma that a youth with intellectual, developmental, and/or other disabilities is not capable of being sexually active. ***[All Sectors]***
- Promote health services for youth with intellectual, developmental, and/or other disabilities. ***[Health Care Delivery System]***
- Understand and embrace the challenges of addressing sexuality and sexual health with youth with intellectual, developmental, and/or other *disabilities*. ***[Communities, Education System, Health Care Delivery System, Individuals]***
- Involve youth leaders in the development of new policies to effectively address young people's needs employing a positive youth development approach. ***[Community, Health Care Delivery System, Policymakers and Elected Officials]***
- Ensure policies are inclusive of community values, needs and populations (i.e., family income, age, race, gender identity, ability, immigration status, sexual orientation, ethnicity and geography). ***[Policymakers and Elected Officials]***
- Provide support to local education agencies choosing to integrate sexual health education programs, following State and Federal Laws and aligned with the New York State Education Department Commissioner Regulations 135.3 Health education. (i.e., Development of HIV/AIDS Advisory Councils, Condom Availability Program). ***[Governmental Agencies, Education System]***



- Increase the availability of evidence-based, trauma-informed sexual health education for high-risk youth.<sup>6</sup> *[Governmental Public Health Entities, Communities, Governmental Social Services, Governmental Behavioral Health Services]*
- Encourage the implementation of demonstration models of comprehensive evidence-based trauma-informed sexual health education programs specifically designed for the need of high-risk youth in foster care. *[Governmental Public Health Entities, Communities, Governmental Social Services, Governmental Behavioral Health Services, Researchers]*
- Ensure that youth in Office of Alcoholism and Substance Abuse Services (OASAS) sponsored substance abuse treatment settings have access to comprehensive evidence-based sexual health education with a special focus on the effect of alcohol, tobacco and other drugs. *[Governmental Behavioral Health Services, Governmental Public Health Entities, Communities]*
- Inform, educate and empower people about health issues and provide information on disease prevention, symptoms and treatment through HIV/STD prevention websites, and links to available STD clinics. *[Other Governmental Agencies]*

## **Strategy 2: Reduce the rate of HIV/STD infections:**

### ***Increase young people's sexual health knowledge, skills and self-confidence. [All Sectors]***

- Ensure access to sexual health care for all youth regardless of ability. Ensure that appropriate sexual health care is accessible for all youth (i.e., culturally competent, stigma-free, affordable and confidential). *[Communities]*
- Increase awareness and access to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).<sup>7</sup> A change in public health law indicates minors can consent to their own HIV treatment and prevention services, including PrEP and PEP. *[Health Care Delivery System]*
- Pair youth with adult mentors to enforce positive messages and education that promote healthy sexuality. *[Community Based Organizations]*
- Promote the use of evidence-based medically accurate and best-practice health curricula and programs. *[Education System]*

<sup>6</sup> Trauma-informed health education and/or services would allow for the reality of discussing adverse childhood experiences in a safe and supportive environment within the context of learning about healthy sexual behavior and relationships. Offering trauma-informed health education to high-risk youth addresses the significant impact of childhood sexual trauma in relation to self-identity and one's ability to engage in healthy relationships.

<sup>7</sup> PrEP is the use of anti-HIV medications as a form of HIV prevention and is meant to be used consistently every day with other prevention options such as condoms. PrEP may be an option for eligible individuals who have ongoing behavior that places them at high risk for HIV infection. PEP is medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV. If you take PEP as directed, it can stop the HIV virus from infecting your body.

<http://www.health.ny.gov/diseases/aids/general/prep/index.htm>

- Monitor provider adherence to screening guidelines (e.g., U.S. Preventive Services Task Force recommendation to screen all sexually active women under age 25 for Chlamydia) and the mandatory offer of HIV testing for all persons 13 years of age and older in New York State. **[Governmental Agencies, Health Care Delivery System]**
- Encourage young people age 13 and older to be aware of their HIV status by agreeing to HIV testing when it is offered as a routine part of health care. **[Health Care Delivery System]**
- Create and promote positive opportunities and connections for youth by engaging them as partners in decision making. **[Other Governmental Agencies]**
- Promote and fund age-appropriate comprehensive sexuality education programs beginning in elementary school for districts choosing to implement. **[Governmental Agencies]**
- Promote and fund professional development on comprehensive evidence-based sexual health education, with special attention to trauma-informed sexual health education. **[Governmental Public Health Entities, Communities, Governmental Behavioral Health Services, Governmental Social Services, Researchers]**
- Identify and address health inequities especially among youth with intellectual, developmental and/or other disabilities. **[All Sectors]**
- Collaborate with organizations that focus on youth with disabilities. **[Community Based Organizations]**
- Encourage youth with disabilities and their parents to discuss youth sexual health. **[All Sectors]**
- Inform parents of youth with disabilities of the higher incidence of HIV/STD infections among youth with intellectual, developmental, and/or other disabilities who have not received knowledge or education about sexuality and safe sex. **[All Sectors]**
- Promote positive youth development.<sup>8</sup> **[All Sectors]**
- Engage youth, parents and other adults as partners in promoting youth sexual health. **[All Sectors]**
- Use social media and social network strategies to engage persons with high risk behaviors. **[Health Care Delivery System, Media, Community Based Organizations, Governmental and Non-Governmental Public Health Agencies, Communities]**
- Increase awareness of the importance and availability of the HPV vaccine for teens and improve vaccine uptake in New York State. **(Health Care Delivery System).**

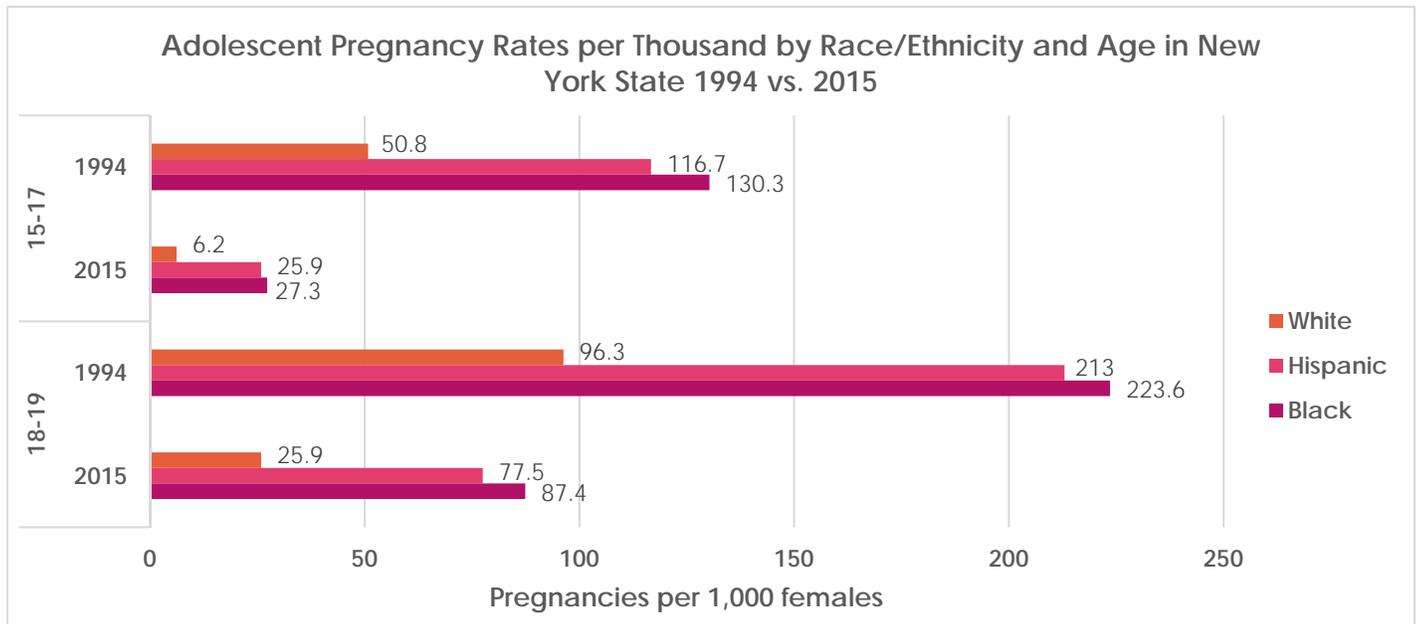
**STD/HIV Testing**  
 The only way to know for sure if you have an STD or HIV is to get tested.

<sup>8</sup> Positive youth development is a way to think about young people which focuses on their assets (capacities, strengths and developmental needs) and not on their deficits (risks, negative behaviors and problems). This approach calls for the shifting of attention away from a focus on the elimination of problems. It develops strategies that increase young people’s exposure to positive and constructive relationships and activities that promote healthy, responsible and compassionate choices. A program that uses a positive youth development approach works with young people to help them realize their fullest potential.

- Engage media to promote youth sexual health. *[All Sectors]*
- Utilize social media and youth voices to increase awareness of youth related sexual health issues and use of services. *[All Sectors]*

### Strategy 3: Reduce the rate of unintended teen pregnancy:

*Encourage as appropriate the implementation of comprehensive evidence-based adolescent pregnancy prevention programming in priority communities. [All Sectors]*



- Increase young people’s knowledge of, and access to, comprehensive reproductive health care services. Increase young people’s utilization of family planning services by referring them as appropriate to family planning programs in their communities and facilitating the enrollment of those eligible in the Medicaid Family Planning Benefit Program (FPBP).<sup>9</sup> *[Health Care Delivery System]*
- Educate and engage men in sexual and reproductive health care decision-making to provide support and promote their well-being and that of their partners. *[Health Care Delivery System]*
- Provide patient education focused specifically on correct, consistent use of highly effective contraception and use of dual protection. Teach teens and young adults to negotiate contraceptive use with their partners. *[Health Care Delivery System]*



<sup>9</sup> The FPBP allows for a period of presumptive eligibility which allows individuals to receive immediate access to family planning services pending a final determination of their eligibility for FPBP.

- Identify and promote educational messages on delaying sexual activity, consistent contraceptive use, preventive health care, taking individual responsibility, and the male’s role in preventing pregnancy. ***[Health Care Delivery System, Media, Communities]***
- Integrate preconception care, including strategies to prevent unintended pregnancy, into care delivered by pediatricians, obstetricians/gynecologists, adolescent medicine specialists and family practice physicians. ***[Health Care Delivery System]***
- Integrate, as appropriate, discussions of a child’s abuse history, mental health and reproductive health history into every stage of transition planning for youth in foster care.<sup>10</sup> ***[Health Care Delivery system, Governmental Behavioral Health Services, Governmental Social Services]***
- Provide technical assistance to local educational agencies requesting to implement a local level school Condom Availability Program, and to ensure alignment with the New York State Education Department Commissioner's Regulations §135.3 (c) (2-ii), while maintaining compliance with State and Federal Laws. ***[Education System]***
- Increase the number of school-based health centers in regular, mainstream and special needs middle and high schools providing comprehensive reproductive health care and family planning services, and active referral to drug user health services. ***[Health Care Delivery System]***
- Identify opportunities to address youth with intellectual, developmental, and/or other disabilities. Many youth with disabilities have less exposure to sex education and are therefore more vulnerable. ***[Communities, Governmental Public Health]***
- Inform parents of youth with disabilities of the higher incidence of unintended teen pregnancies among youth with intellectual, developmental, and/or other disabilities who have not received knowledge or education about sexuality and safe sex. ***[All Sectors]***
- Foster working professional relationships between secondary school health services and community based reproductive health care providers as appropriate to increase access to age appropriate medically accurate sexual health education and health care services. ***[Health Care Delivery System]***
- Identify opportunities to address youth with special circumstances such as youth in foster care. Youth in foster care have significantly higher rates of sexual activity and pregnancy than their peers in the general population. ***[Communities, Governmental Public Health]***
- Collaborate with the State Education Department and local education agencies to encourage the implementation of evidence-based, age-appropriate sexual health education in schools. ***[Education System, Governmental Public Health]***
- Increase evidence-based education on Fetal Alcohol Spectrum Disorders. With over 50% of pregnancies being unintended, many young women don’t know they are

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<sup>10</sup> Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351.

pregnant until the 7th week.<sup>11</sup> *[Governmental Public Health Entities, Communities, Governmental Behavioral Health Services]*

- Ensure access to, and affordability of, confidential contraceptive services and access to no-cost contraception in accordance with the federal Affordable Care Act (ACA). *[Policymakers and Elected Officials]*

## Strategy 4: Make available school-based HIV/STD testing and screening through school-based health centers:

*As appropriate link students to comprehensive sexual health care. [All Sectors]*

- Make referrals to testing, screening and other sexual health resources available and accessible for identified needs. *[Health Care Delivery System]*
- Ensure youth with disabilities are aware and have access to testing and screening as well as make sure that appropriate steps have been taken to accommodate each disability. *[All Sectors]*
- Solicit and respond to youth feedback to improve services. *[Health Care Delivery System]*
- Request, evaluate and respond to feedback collected from youth with intellectual, developmental and/or other disabilities. *[Health Care Delivery System]*
- Promote and maintain knowledgeable school nurses to bolster and increase professional knowledge base in working with youth. *[Education System]*
- Promote and maintain knowledgeable school-based health center workers to bolster and increase professional knowledge base in working with youth. *[Governmental Public Health]*
- Provide training for school-based health center workers and school nurses to better assist and educate youth with disabilities. *[Governmental Public Health, Education System]*
- In settings where HIV testing is performed, educate school based health center workers that when providing negative HIV test results to students, include information about PrEP and PEP and information about how to access services in their community. *[Education System]*
- Ensure sexual health services are welcoming to all and are offered within and beyond traditional health care settings. *[Communities]*
- Involve youth, parents and other adults in promoting sexual health services that are informed, nonjudgmental, youth-friendly and culturally sensitive. *[Communities]*

**EXPECT THE TEST**  
This health care facility follows good medical practice and public health law by offering HIV testing to all patients aged 13 and older.

Routine Lab Tests	
✓	Glucose
✓	Cholesterol
✓	HIV Test
✓	Complete Blood Count
✓	Lipid Profile

**HERE'S WHAT YOU NEED TO KNOW ABOUT HIV TESTING**

- HIV testing is voluntary and all HIV test results are confidential (private).
- HIV can be spread through unprotected sex, sharing needles, childbirth, or breastfeeding.
- Treatment for HIV is effective, has few or no side effects, and may involve taking just one pill a day.
- Partners can keep each other safe by knowing their HIV status and getting HIV treatment or taking HIV pre-exposure prophylaxis (PrEP). Not sharing needles and practicing safer sex will help protect against HIV, hepatitis C and other STDs.
- It is illegal to discriminate against a person because of their HIV status.
- Anonymous HIV testing (without giving your name) is available at certain public testing sites.
- HIV testing is a routine part of health care but you have the right to object or decline an HIV test.
- If you wish to decline HIV testing, inform the health care provider.

Talk to your health care provider about how and when you will learn your HIV results.  
Worst HIV status: unknown. Testing puts you in control. HIVTestNY.org

[www.health.ny.gov/publications/9822.pdf](http://www.health.ny.gov/publications/9822.pdf)

<sup>11</sup> Alcohol exposure to the fetus during pregnancy can cause Fetal Alcohol Spectrum Disorders with lifelong learning implications for the growing child. There is no safe amount of alcohol during pregnancy.

- Inform school nurses and school medical directors of resources available to students in the community regarding sexual health in alignment with State and Federal confidentiality laws (FERPA & HIPPA). *[Education System, Health Care Delivery System]*
- Inform school nurses and school medical directors of expanded scope of minor consent<sup>12</sup> to include access to HIV prevention and treatment services. *[Education System]*

### **Strategy 5: Promote healthy and safe relationships and decision making:**

*Promote healthy relationship skills to prevent adolescent relationship abuse and sexual violence by engaging young people, parents and caregivers and other trusted adults to assist young people to build social and emotional skills for healthy relationships based on equality, respect and trust. [All Sectors]*

- Encourage and promote educational opportunities for youth on the characteristics of healthy relationships to ensure the development of the skills needed to create meaningful and fulfilling relationships both in adolescence and young adulthood. *[Communities, Education System]*
- Educate and engage men in sexual and reproductive health care decision-making to provide support and promote their well-being and that of their partners. *[Health Care Delivery System]*
- Increase awareness, positive norms, self-efficacy, and skills among youth to establish respectful, healthy relationships and environments to prevent partner violence. *[All Sectors]*
- Educate young people about sexual health and other risks associated with the use and misuse of alcohol, illicit drugs and prescription medication. *[Health Care Delivery System, Education System]*
- Substance use and sexual activity are often related. According to CDC, “studies conducted among teens have identified an association between substance use and sexual risk behaviors such as ever having sex, having multiple sex partners, not using a condom, and pregnancy before the age of 15 years of age.” *[Health Care Delivery System, Education System]*
- Educate young people, parents, school personnel, other trusted adults and community members about opioid overdose risk, and how to recognize an overdose and how to appropriately intervene (i.e., opioid overdose prevention and naloxone administration). This includes the 911 Good Samaritan law.<sup>13</sup> *[Health Care Delivery System, Education System]*

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<sup>12</sup> Minor Consent New York Codes, Rules and Regulations, Title 10, Part 23 Sexually Transmitted Diseases (STDs); <https://bit.ly/2OyUanB>

<sup>13</sup> [https://www.health.ny.gov/diseases/aids/general/opioid\\_overdose\\_prevention/good\\_samaritan\\_law.htm](https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm)

- Young people who use drugs should have ready access to a continuum of appropriate substance use prevention, harm reduction<sup>14</sup> and treatment services.<sup>15</sup> *[Health Care Delivery System, Education System]*
- Promote safe places within the community for young people to seek support and discuss their lives and pressures that may lead to unhealthy choices. *[Education System, Communities]*
- Expand mental health and psychosocial services at school-based health centers. *[Behavioral Health Care Delivery System, Education System, Governmental Agencies]*
- Destigmatize behavioral health issues. *[All Sectors]*
- Educate stakeholders about the prevalence of depression, anxiety, trauma, impulse control disorders, suicidality and their impact on school performance, family life and friendships. *[Behavioral Health Care Delivery System, Education System]*
- Educate stakeholders and students to assist young people with understanding anger and its underlying contributors and develop strategies for anger management. *[Behavioral Health Care Delivery System, Health Care Delivery System, Education System, Governmental Agencies]*
- Educate stakeholders to assist young people with seeing the warning signs for teen suicidality and high-risk activities among their peers. *[Behavioral Health Care Delivery System, Health Care Delivery System, Education System]*
- Educate stakeholders and students to assist young people with identifying sources of low self-esteem and develop strategies to build self-worth and skills to confidently and clearly communicate thoughts and feelings. *[Behavioral Health Care Delivery System, Education System, Communities]*

### **Signs and Symptoms**

Any one of the following behaviors can be a symptom of normal adolescence. However, keep in mind that the key is change. It is important to note any significant changes in your child's physical appearance, personality, attitude or behavior.

#### **Physical Signs**

- *Loss or increase in appetite; unexplained weight loss or gain*
- *Inability to sleep or unusual laziness*
- *Smell of substance on breath or clothes*
- *Nausea, vomiting, sweating, shakes of hands, feet or head*
- *Red, watery eyes; pupils larger or smaller than usual; blank stare, thick tongue, slurred speech*

#### **Behavioral Signs**

- *Change in attitude/personality*
- *Change in friends; new hangouts*
- *Change in activities, hobbies or sports*
- *Drop in grades or work performance*
- *Isolation and secretive behavior*
- *Moodiness, irritability, nervousness, giddiness*

<sup>14</sup> Harm reduction can be described as a public health approach to engage individuals or groups in reducing harms associated with certain behaviors. It is a philosophy of "meeting people where they are" and incorporates a spectrum of strategies that include safer techniques as well as abstinence. Harm reduction is a means to reach at-risk, vulnerable populations and keep them engaged with services regardless of their ability or intent to abstain from sex or drugs (Harm Reduction Coalition, harmreduction.org).

<sup>15</sup> [https://www.health.ny.gov/diseases/aids/general/opioid\\_overdose\\_prevention/good\\_samaritan\\_law.htm](https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm)

- Educate stakeholders and students about school and community resources and policies related to bullying, harassment, and peer pressure, including cyber bullying. ***[Education System, Communities]***
- Promote young people's resiliency against peer pressure through healthy, fun and engaging educational activities using a positive youth development model. ***[Education System, Communities]***
- Educate community members, health care professionals and others who have regular engagement with young people about the risks and warning signs of bullying, harassment, and peer pressure and identify resources young people can use. ***[Health Care Delivery System, Education System]***
- Educate school staff and community members who may encounter young people experiencing partner violence about supportive services, resources, and effective communication skills for working with persons in crisis. ***[Health Care Delivery System, Local Education System, Law Enforcement, Governmental/Non-Governmental Public Health]***
- Promote healthy community norms and awareness through open discussion, policy and education related to evidence-based trauma-informed sexual health education for high-risk youth. ***[Governmental Public Health Entities, Communities, Governmental Social Services, Researchers]***
- Promote healthy community norms and awareness through open discussion, policy and education related to evidence-based trauma-informed sexual health education for youth in recovery. ***[Governmental Behavioral Health Services, Governmental Public Health Entities, Communities]***
- Promote healthy community norms and awareness through open discussion, policy and education related to partner and domestic violence issues. ***[Communities]***
- Promote positive peer, family and community role models for all young persons. ***[Communities, Individuals]***
- Educate community members, health care professionals and others who have regular engagement with young people about risks and warning signs of intimate partner violence, and local, state and national resources young people can use to get help. ***[Communities, Governmental/Non-Governmental Public Health]***
- Encourage schools and community organizations serving youth to effectively implement evidence-based and promising strategies to prevent partner and sexual violence. ***[Community Based Organizations, Education System]***
- Educate school officials as well as employees on how to promote healthy sexual health for youth with disabilities. ***[Health Care Delivery System, Education System]***
- Educate stakeholders, school officials, and employees on appropriate ways to communicate with a youth with intellectual, developmental, and/or other disabilities. ***[Behavioral Health Care Delivery System, Health Care Delivery System, Education System]***

- Encourage open communication between health professionals, school personnel, and parents of youth with intellectual, developmental, and/or other disabilities about sexual health education, safe relationships, and decision-making situations. **[All Sectors]**
- Encourage parents to discuss sexual development and health with their child regardless of ability. **[Communities, Individuals]**
- Provide information for youth with disability pertaining to how to protect themselves from being taken advantage of sexually. **[All Sectors]**
- Remove stigmatization that all youth with intellectual, developmental, and/or other disabilities are not capable of decision making and do not engage in sexual activities or have sexual curiosity. **[All Sectors]**

### **Strategy 6: Increase knowledge of and access to contraception and other sexual health services:**

*Develop high-quality, accessible, nonjudgmental, developmentally appropriate and youth-friendly health services. Refer as appropriate to sexual health services that are welcoming and within and beyond traditional health care settings. These environments help young people feel motivated and safe to ask questions and express themselves while feeling trusted to make the best choices for themselves. **[All Sectors]***

- Recommend HIV/STD testing and screening programs through school-based health centers (SBHCs). **[Health Care Delivery System]**
- Develop and disseminate to providers, evidence-based clinical guidelines and tools to promote patients' optimal well-being through use of preventive health services. **[Health Care Delivery System]**
- Make confidential and youth friendly clinical services available to youth in a variety of settings including primary care practices, family planning clinics, STD clinics, school-based health centers and others. **[Health Care Delivery System]**
- Post-test counseling with minors diagnosed as living with HIV should include information about the importance of HIV care and that minors can consent to their own HIV treatment. Clinical providers should maintain a high level of sensitivity to the concerns of young people diagnosed as living with HIV and should discuss the possible outcomes of parental/guardian involvement in HIV care decisions. Discussions about whether to involve a parent/guardian should never result in a delay in starting HIV treatment. Final decisions regarding the involvement of a young person's parent/guardian must be left to the young person. **[Health Care Delivery System]**
- Connect with community clinics to enhance all types of services to include physical, mental and social health as well as access to sexual health care. **[Health Care Delivery System]**
- Initiate referral systems among specialized clinics. **[Health Care Delivery System]**

- Provide clinics and clinic hours that accommodate teens' schedules as well as their disabilities, if present. *[Health Care Delivery System]*
- Increase awareness of pharmacy availability of emergency contraception to youth regardless of age, without a prescription from a health care provider. *[Health Care Delivery System, Governmental Public Health, Communities]*
- Increase access to contraception and emergency contraception for young people with online platforms. *[Health Care Delivery System]*
- Increase awareness of young people's right to consent to HIV testing, prevention (PrEP and PEP) and treatment when appropriate. *[Health Care Delivery System]*
- Provide resources and direction to youth to facilitate access to HIV prevention and treatment services. *[Education System, Health Care Delivery System]*
- Support young adults in making their own healthy choices by creating safe, positive community spaces and activities for young adults to develop healthy relationships and feel welcome. *[Health Centers, Communities, Governmental Public Health Entities]*
- Encourage youth with intellectual, developmental, and/or other disabilities to be confident and make their own healthy choices regardless of surrounding pressures. *[Individuals, Health Care Delivery System, Communities, Governmental Public Health Entities]*
- Create school-based focus groups to gather input from students regarding sexual health and what their thoughts are on promoting this in their classrooms. *[Communities]*
- Train youth to become peer educators and youth leaders to provide HIV/STD prevention education and advocate for sexual health education and awareness in their communities. *[Communities]*
- More effort is needed to provide effective school and community-based interventions to ensure all youth have the knowledge, skills, resources and support necessary to avoid HIV infection. Health care providers and public health agencies should ensure youth are tested for HIV, have access to sexual health services and receive ongoing health care and prevention services. *[Communities, Health Care Delivery System, Governmental Public Health]*
- Solicit and respond to youth feedback to improve sexual health services. *[Communities]*
- Include youth with intellectual, developmental, and/or other disabilities when collecting feedback on improving sexual health services. *[Communities]*
- Encourage partnerships between youth with intellectual, developmental and/or other disabilities and youth who are not disabled to implement projects in response to their needs. *[Communities]*
- Create interactive websites promoting education and awareness of contraception and other sexual health services. *[Communities]*

- Educate youth with disabilities about contraception, safe sex practices, and the risk of HIV/STDs. *[Health Care Delivery System, Education System, Communities]*
- Utilize peer education or teen theatre to educate on sexual health risks and community resources. *[Communities]*
- Organize youth to provide education for parents and providers. *[Communities]*
- Organize community forums featuring youth sharing their experiences with accessing sexual health services. *[Community Based Organizations]*
- Encourage use of social networking sites or blogs for online discussions as appropriate. *[All Sectors]*
- Encourage creating youth-designed public service announcements for TV and radio as appropriate. *[All Sectors]*

### **Strategy 7: Educate professionals and youth about the difference between healthy sexual relationships and abusive ones:**

#### **Educate the public about the prevalence of sexual abuse and the difference between abusive versus healthy sexual relationships. [All Sectors]**

- Provide state of the art trainings for law enforcement, mandated reporters, and adult bystanders on the signs and prevalence of sexual abuse. *[Governmental Agencies, Community Based Organizations]*
- Educate professionals on the prevalence of sexual abuse amongst disabled youth
- Encourage implementation of age appropriate curricula in regular, mainstream and special needs schools to teach all children to empower themselves and stay safe. *[Government, Education System]*
- Integrate trauma-informed care practices into juvenile justice, child welfare and other systems dealing with children who may have experienced some form of maltreatment, when appropriate. *[Governmental Agencies, Education System, Community Based Organizations]*
- Provide safe, unbiased environments for youth with intellectual, developmental, and/or other disabilities who may have experienced maltreatment. *[Education System, Communities].*
- Eliminate barriers of communication between professionals and youth with intellectual, developmental, and/or other disabilities. *[Government, Education System]*
- Integrate educational curricula that highlight healthy relationships, including platonic and romantic relationships, effective communication skills, conflict resolution and other elements needed in healthy relationships. *[Community Based Organizations, Education System]*
- Train mental health professionals in trauma-informed cognitive behavioral therapy. *[Government Agencies, Community Based Organizations]*

## References & Resources

*The following resources provide evidence-based information that may inform planning and may assist with implementation of the New York State Sexual Health Plan.*

### Adolescent and School Health Resources

- CDC Youth Risk Behavior Surveillance System (YRBS)  
<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- CDC standardized data on school health policies, that includes STD/HIV teen pregnancy metrics <http://www.cdc.gov/healthyyouth/profiles/index.htm>
- CDC School Health Index, A Self-Assessment and Planning Guide for Middle School and High School, 2017  
<https://www.cdc.gov/HealthySchools/SHI/>  
<https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>

### Bullying Prevention Resources

- CDC Division of Violence Prevention  
<https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>
- CDC First National Study of Lesbian, Gay, Bisexual High School Students' Health  
<https://www.cdc.gov/nchhstp/newsroom/2016/lesbian-gay-bisexual-high-school-students-health.html>
- Futures without Violence  
<https://www.futureswithoutviolence.org/children-youth-teens/>
- Hazelden Foundation <http://www.violencepreventionworks.org/public/index.page>
- Stopbullying.gov  
<https://www.stopbullying.gov/prevention/in-the-community/>  
<https://www.stopbullying.gov/media/facts/index.html>

### Emergency Contraception Resources

- Princeton University, Office of Population Research and the Association of Reproductive Health Professionals (no connection with any pharmaceutical company or for-profit organization)  
<http://ec.princeton.edu/questions/QA-OTC-access.html>

**Emergency Contraception New York Codes, Rules and Regulations, Title 18, Part 463  
Family-Planning Services;**

[https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I7c337430b80f11dd9190c387f1d75965&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I7c337430b80f11dd9190c387f1d75965&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1)

### **Health Care Provider Resources**

- **Provider’s Guide: Sexual Health and Your Patients**  
<https://www.nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers>

### **Hepatitis C Resources**

- **New York State Department of Health Educational Materials**  
[https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis\\_c/consumers/educational\\_materials.htm](https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/consumers/educational_materials.htm)
- **American Journal of Public Health - Increases in Acute Hepatitis C Virus Related to a Growing Opioid Epidemic and Associated Injection Drug Use; US, 2004 to 2014**  
<https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304132>
- **CDC - Increase in Hepatitis C Infections Linked to Worsening Opioid Crisis; December 2017**  
<https://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection.html#Graphics>

### **Lesbian, Gay, Bisexual and Transgender (LGBT) Health Resources**

- **Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014).** The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation’s schools. New York: GLSEN.
- <https://www.glsen.org/article/2015-national-school-climate-survey>
- **LGBT Health and Human Services Needs in New York State – 2015 Report**  
<http://strengthennumbersconsulting.com/wp-content/uploads/2017/07/Needs-Assessment-WEB.pdf>
- **The Fenway Institute – Main Page**  
<http://fenwayhealth.org/the-fenway-institute/>
- **The Fenway Institute – Education and Training**  
<http://fenwayhealth.org/the-fenway-institute/education/>

- **The National LGBT Health Education Center – a Program of the Fenway Institute**  
<https://www.lgbthealtheducation.org/>
- **The National LGBT Health Education Center – Transgender Health**  
<https://www.lgbthealtheducation.org/topic/transgender-health/>
- **The National LGBT Health Education Center – Technical Assistance**  
<https://www.lgbthealtheducation.org/about-us/technical-assistance/>
- **US Department of Health and Human Services – Advancing LGBT Health and Well-Being 2016 Report**  
<https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf>

### **New York State Department of Health (NYSDOH) Resources**

- **100 Questions and Answers about HIV**  
<http://www.health.ny.gov/publications/0213.pdf>
- **Ending the AIDS Epidemic in New York State**  
[http://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/](http://www.health.ny.gov/diseases/aids/ending_the_epidemic/)
- **Minor Consent for HPV Vaccination & HIV Treatment and Prevention – A Provider Resource** <https://www.health.ny.gov/diseases/communicable/std/>
- **NYSDOH Adolescent Sexual Health Work Group Guiding Principles for Sexual Health Education for Young People: A Guide for Community-based Organizations. 2010 (NYSDOH Publication # 0206)** <http://www.health.ny.gov/publications/0206.pdf>
- **Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)**  
<http://www.health.ny.gov/diseases/aids/general/prep/index.htm>

### **New York State Education Department (NYSED) Resources**

- **Guidance Document to Achieving the New York State Standards in Health Education, November 2005**  
<http://www.p12.nysed.gov/sss/documents/GuidanceDocument4.25.update.pdf>
- **Guidance to School Districts for Creating a Safe and Supportive School Environment For Transgender and Gender Nonconforming Students**  
<http://www.p12.nysed.gov/dignityact/>
- **NYSED Commissioner Regulations 135.3 Health Education** (i.e., Development of HIV/AIDS Advisory Councils and Condom Availability Program)  
<http://www.p12.nysed.gov/ciai/health/CR135.pdf>

- **NYSED Condom Availability Program (CAP)**  
School districts may make condoms available to students as part of their district's HIV/AIDS instruction program. The New York State Education Department (NYSED) has established a process and an assessment rubric for the establishment of a Condom Availability Program(CAP), which should be completed and forwarded to NYSED for review and approval.  
<http://www.p12.nysed.gov/sss/documents/NYSED-CAP-update.4.25.14.pdf>  
Following approval, school districts can then request condoms from the NYS Condom program.  
<https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>
- **NYSED Dignity for All Students Act** <http://www.p12.nysed.gov/dignityact/>
- **NYSED Office of Student Support Services School Health Education Laws, Regulations and Resources**  
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/>

### **Opioid Overdose Prevention Resources**

- **CDC - Substance Use and Sexual Risk Behaviors Among Teens**  
[https://www.cdc.gov/healthyyouth/factsheets/substance\\_use\\_fact\\_sheet-basic.htm](https://www.cdc.gov/healthyyouth/factsheets/substance_use_fact_sheet-basic.htm)
- **Combatting Addiction in New York State** <https://combataddiction.ny.gov/>
- **Instructional Resource Packet for Heroin & Opioids (NYSED)**  
<http://www.p12.nysed.gov/sss/documents/FinalNYSEDAHeroin-OpioidsInstructionalResourcePacket6.16docx.pdf>
- **New York State Education Department** <http://www.p12.nysed.gov/ciai/health/>
- **New York State's Opioid Overdose Prevention Program**  
[https://www.health.ny.gov/diseases/aids/general/resources/ooop\\_directory/index.htm](https://www.health.ny.gov/diseases/aids/general/resources/ooop_directory/index.htm)

### **Parents and Caregivers – Youth and Disabilities Resources**

- **Coffee, G., Fenning, P., & Wells, T. (2015).** Promoting Youth Sexual Health: Home, School, and Community Collaboration. New York, NY: Routledge
- **Facts of Life...and More: Sexuality and Intimacy for People with Intellectual Disabilities.** Book written to help professionals and teachers provide the support and education that adults with intellectual disabilities need. Publisher is Paul H. Brookes. Edited by Leslie Walker-Hirsch, M.Ed., FAAMR.

- **Hear Our Voices: A Global Report** <http://hpod.org/pdf/HearOurVoices.pdf>
- **HIV/AIDS and Individuals with Disability** <https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2013/07/18-Groce.pdf>
- **Impact**; Published by the Institute on Community Integration & Research and Training Center on Community Living; Volume 23, Number 2, Spring/Summer 2010: **Identity, Disability, and Sexuality: Reflections from a Son and His Father**  
<http://ici.umn.edu/products/impact/232/>
- **National Dissemination Center for Children with Disabilities (NICHCY)**  
<http://nichcy.org/schools-administrators/sexed>
- **People First: Communicating with and about People with Disabilities**  
<https://www.health.ny.gov/publications/0951/>
- **Planned Parenthood Developmental Disabilities Resource**  
<http://www.plannedparenthood.org/ppnne/development-disabilites-sexuality-31307.htm>
- **Promoting Positive Community Norms**  
<https://www.cdc.gov/violenceprevention/pdf/efc-promoting-positive-community-norms.pdf.pdf>
- **Sexual Health Education for Young People with Disabilities – Research and Resources for Parents/Guardians**  
<http://www.advocatesforyouth.org/publications/publications-a-z/2560>
- **Sexuality and Developmental Disability: A Guide for Parents**  
[https://www.cpri.ca/files/6014/5278/9389/Talking\\_to\\_Your\\_Delayed\\_Child\\_-\\_accessible\\_Jan2016.pdf](https://www.cpri.ca/files/6014/5278/9389/Talking_to_Your_Delayed_Child_-_accessible_Jan2016.pdf)
- **Sexuality Education**  
<http://www.phi.org/uploads/application/files/ivt4kzchq4s71zqg875wo4kjjamss0tuffffgmhif6g9rcty5.pdf>
- **Sexuality Education for Children and Adolescents with Developmental Disabilities**  
<http://www.albany.edu/aging/IDD/documents/parentworkbook.pdf>  
A free, downloadable, 81-page 'parent as educator' workbook. It contains learning activities and lots of pictures covering information for grades K-12 on topics such as helpful hints for parents, body changes, social skills and dating.
- **Sexuality Education for Youth with Disability or Chronic Illness**  
<http://www.med.umich.edu/yourchild/topics/disabsex.htm>

- **Teenage Pregnancy and Youth with Intellectual Disabilities**  
[https://instrc.indiana.edu/pdf/resources/Fact\\_Sheet\\_Teen\\_Pregnancy\\_with\\_Disability.pdf](https://instrc.indiana.edu/pdf/resources/Fact_Sheet_Teen_Pregnancy_with_Disability.pdf)
- **Teens with Disabilities Have the Right to Healthy Relationships**  
<https://www.acl.gov/news-and-events/acl-blog/teens-disabilities-have-right-healthy-relationships>
- **The Risk and Prevention of Maltreatment of Children with Disabilities**  
<https://www.childwelfare.gov/pubPDFs/focus.pdf>
- **Tip Sheet Healthy Relationships**  
[https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/Tip\\_Sheet\\_Healthy\\_Relationships\\_5-16-16.pdf](https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/Tip_Sheet_Healthy_Relationships_5-16-16.pdf)
- **Youth with Disabilities** <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-with-disabilities.pdf>

### **Parents, Teachers and Others - Sexual Health Education Resources**

- **Adolescent Health: Think, Act, Grow (TAG)** is a national call to action to improve adolescent health in the United States. TAG calls upon organizations and individuals to prioritize activities that can support the health and healthy development of all adolescents. U.S. Department of Health and Human Services, Office of Adolescent Health <https://www.hhs.gov/ash/oah/tag/index.html>
- **CDC Sexual Health Information** <https://www.cdc.gov/sexualhealth/>
- **Delaware Youth Sexual Health Plan** was developed to reduce the high teen pregnancy and STI/HIV rates in Delaware. Delaware Health and Social Services, Division of Public Health; Addressing Adolescent Pregnancy and STI Prevention; Teen Pregnancy Prevention Advisory Board;  
<http://dhss.delaware.gov/dph/chca/files/deyouthshsp.pdf>; January 2011
- Eisenberg ME, Bernat DH, Bearinger LH, Resnick MD. Support for comprehensive sexuality education: Perspectives from parents of school-age youth. *J Adolesc Health*. 2008;42(4):352-359
- **For Goodness Sex: Changing the Way We Talk to Teens about Sexuality, Values and Health (2014)** - Al Vernacchio  
<https://alvernacchio.com/for-goodness-sex/>

- **Oregon Youth Sexual Health Plan** reflects a positive approach to working with young people to improve their sexual health. It focuses on promoting comprehensive well-being rather than simply avoiding negative outcomes. When young people feel valued by their communities, have hope for the future, and are confident their actions make a difference, they are better-equipped to make positive choices about sexual health. The plan emphasizes adults' responsibility to ensure availability of accurate information, skill-building opportunities and quality health services for all. Oregon Department of Human Services; Children, Adult and Families Division; <http://egov.oregon.gov/DHS/children/teens/tpp/#actionagenda>; 2009
- **The Center for Sex Education** <http://www.sexedcenter.org/>
- Tortolero S, Johnson K, Peskin M, Cuccaro P, Markham C, Hernandez B, Addy RC, Shegog R, Li DH. **Dispelling the Myth: What Parents Really Think about Sex Education in Schools.** *J Appl Resch on Children*[Internet]; 2011 Oct; 2(2). Available from: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss2/5/>
- **Take Charge of Your Sexual Health – What you need to know about preventive services**  
The National Coalition for Sexual Health (NCSH) is pleased to announce the release of a new, easy-to-use guide and website, *Take Charge of Your Sexual Health: What you need to know about preventive services*. This guide informs men and women of all ages about recommended preventive services, such as screenings, vaccines, and counseling, to help protect and improve sexual health. The guide, which was audience-tested with members of the public, includes action steps for achieving good sexual health, information about recommended sexual health services, tips on how to find and talk with a health care provider, and a list of additional sexual health resources. <http://nationalcoalitionforsexualhealth.org/?ref=partner>  
To view and download the guide, <http://www.ncshguide.org/>

### **Refugees & Immigrants Resource**

- **US Committee for Refugees & Immigrants (11 agencies in New York State)**  
<http://www.refugees.org/>

### **STD Prevention Resources**

Association of State and Territorial Health Officials (ASTHO)

- **STD Prevention Resources for Public Health Leadership**  
<http://www.astho.org/Infectious-Disease/Hepatitis-HIV-STD-TB/Sexually-Transmitted-Diseases/STD-Prevention-Resources-for-Public-Health-Leadership/>

- **STD Prevention in a Changing Environment: Opportunities for Public Health Leadership Engagement**  
<http://www.astho.org/Programs/Infectious-Disease/Hepatitis-HIV-STD-TB/Sexually-Transmitted-Diseases/STD-Prevention-in-a-Changing-Environment/>
  
- **Integration of Public Health and Primary Care: A Practical Look at Using Integration to Better Prevent and Treat Sexually Transmitted Diseases**  
<http://www.astho.org/Programs/Infectious-Disease/Hepatitis-HIV-STD-TB/Sexually-Transmitted-Diseases/STD-Integration-Report/>
  
- **The US Preventive Services Task Force (USPSTF) Guidelines**  
<http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
  - The USPSTF recommends screening for Chlamydia in all sexually active women age 24 years or younger and in older women who are at increased risk for infection.  
**Grade: B Recommendation.**
  - The USPSTF recommends screening for gonorrhea in all sexually active women age 24 years or younger and in older women who are at increased risk for infection.  
**Grade: B Recommendation.**
  - The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.  
**Grade: B Recommendation.**
  - The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.  
**Grade: A Recommendation.**
  - The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.  
**Grade: A Recommendation.**
  - The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.  
**Grade: B Recommendation.**
  - The USPSTF recommends that clinicians screen all pregnant women for syphilis.  
**Grade: A Recommendation.**

### **Trauma-Informed Care Resources**

- **CDC Violence Prevention – About Adverse Childhood Experiences**  
[https://www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)

- **JBS International – A collaborative project with Georgetown University National Technical Assistance Center for Children’s Mental Health**  
<https://trauma.jbsinternational.com/Traumatool/Module1Resources.html>
- **National Council for Behavioral Health – Mental Health First Aid**  
<https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>
- **Office for the Prevention of Domestic Violence** <http://www.opdv.ny.gov>
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma-Informed Approach and Trauma-Specific Interventions**  
<https://www.samhsa.gov/nctic/trauma-interventions>
- **The Anna Institute – Trauma-Informed Care Resources and Information**  
<http://theannainstitute.org/TIC-RESOURCES.html>
- **University at Buffalo – Buffalo Center for Social Research – The Institute on Trauma and Trauma-Informed Care**  
Provides research and training for organizations regarding trauma and trauma-informed care through evaluation, trauma-specific treatment interventions, training, and more.
  - <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>
  - <http://socialwork.buffalo.edu/content/dam/socialwork/social-research/ITIC/TIC-whitepaper.pdf>
- **Trauma-sensitive schools** <http://www.doe.mass.edu/sfs/tss.html>

### **Youth/Teen Focused Resources**

ACT for Youth <http://www.actforyouth.net>

- **Act Youth Network is a group of young people from all over New York State who are working to improve their health and wellness and the communities they live in**  
<http://nysyouth.net/>
- **American Sexual Health Association - I wanna know – Sexual Health for Teens and Young Adults** <http://www.iwannaknow.org>
- **Kids’ Well-being Indicators Clearinghouse (KWIC);** <http://www.nyskwic.org>

- **National Youth HIV + AIDS Awareness Day**

Posted by HIV.gov 4.11.2013

<http://blog.hiv.gov/2013/04/national-youth-hiv-aids-awareness-day.html>

At AIDS 2012, the international AIDS conference, youth advocates announced the inauguration of National Youth HIV + AIDS Awareness Day (NYHAAD) to be marked on April 10, 2013. In establishing this observance, Advocates for Youth and the eleven other founding partners are recognizing the key role of youth in our collective response to HIV. The organizers note that “the creation of National Youth HIV & AIDS Awareness Day is a step toward addressing the needs of young people in the fight against HIV and AIDS.”

- **Student Support Services Center - Genesee Valley Educational Partnership**

[http://www.gvbooces.org/NYS\\_SSS.cfm](http://www.gvbooces.org/NYS_SSS.cfm)

- **Sex Education by teens, for teens** <http://sexetc.org/>

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**Department  
of Health**

**AIDS  
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