

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-15-3

TO: All Staff

FROM: Marie Morilus-Black
Deputy Director for Well Being

DATE: February 11, 2015

RE: Sexually Transmitted Infections (STI) Screening Process

Early screening for sexually transmitted infections (STI) will lead to more timely identification and treatment. The Child and Family Services Agency's Healthy Horizons Assessment Center (HHAC or Clinic) has implemented a process for screening youth who are entering foster care or who are changing foster care placements for certain STIs. If you have any questions about this administrative issuance please contact the CFSA's Health Services Administration.

In General

For purposes of this business process, an "STI" is limited to an infection that can be transmitted from one person to another person through sexual contact. The Clinic will screen for only chlamydia, gonorrhea, and trichomoniasis during the pre-placement screens. A youth will be referred to his or her primary care or other medical provider if additional STI screens are needed.

STI Screening for Youth Age 11 years and Older

1. Who is screened? The Clinic will screen all youth age 11 years and older who consent for STIs during the pre-placement screening. Pre-placement screenings are conducted:
 - a. Upon initial entry into foster care
 - b. Upon re-entry into foster care
 - c. Prior to any placement change
 - d. Upon return from abscondence
2. Consent is required. Written consent for STI screening is required prior to the screening (see the *Consent for STI Testing and Release of Information* attached). Clinic staff will review the form with the youth and answer any questions he or she may have prior to the screening.
3. Consent is obtained. When the youth signs the consent form:
 - a. The nurse practitioner will collect urine for screening.
 - b. The Clinic will obtain the results from the lab within 1-2 days.

4. Positive test results. When the Clinic receives test results indicating a positive diagnosis for one or more of the STIs, a nurse practitioner will notify the youth that he or she needs to return to the Clinic. If needed, the nurse practitioner will also notify the social worker and/or foster parent that the youth needs to return to the Clinic but the diagnosis will not be revealed to the social worker and foster parent.
 - a. The Clinic will assign a nurse care manager who will develop a treatment plan consistent with the guidelines issued by the Center for Disease Control.
 - b. The nurse care manager will inform the youth of the test results and the treatment plan.
 - c. Consent from the youth is required for the Clinic to provide treatment.
 - i. For youth who consent to the treatment, the Clinic will provide counseling and treatment.
 - ii. For youth who refuse treatment, the youth will be referred to his or her primary care provider or a provider through the Department of Health.
 - d. If a youth refuses treatment from the Clinic or other medical provider, the nurse care manager will inform the assigned social worker and, if needed, the assigned assistant attorney general to determine next steps.
5. Consent is not obtained. If the youth refuses to consent or is unable to consent to the screening:
 - a. The nurse practitioner will document this in the medical record.
 - b. If there is a clinical indication of an STI, the youth will **not** be cleared for placement and the nurse practitioner will complete the *Emergency Department Referral Form* (attachment B) for the youth to receive a medical screening at Children's Health Systems (formerly the Children's National Medical Center).

STI Screening for Children Younger than 11 Years

1. A child under 11 years old who clinically presents with an STI will not be cleared for placement.
2. The nurse practitioner will complete the *Emergency Department Referral Form* for the child to receive a Medico-Legal at Children's Health Systems.

Suspected Sexual Abuse

Anytime the Clinic staff suspects that a youth has been abused, the staff must contact the Hotline. Suspected abuse may include disclosures that a parent or other caregiver engaged in sexual activity with the youth or forced the youth to engage in sexual activity. In addition, depending on the age and capacity of the youth, the mere fact that the youth was sexually active should be reported to the Hotline.

The Clinic staff should review the mandated reporter training available online for a refresher on when to report suspected abuse to the Hotline.

Reporting to DOH

The Clinic will report all cases with a positive STI result or where treatment was provided for an STI to the Department of Health, consistent with the Department's reporting requirements.

Privacy Concerns

Information about medical testing and results is sensitive and personal information that should be treated with care and disclosed only as necessary and consistent with District and federal law.

1. Information obtained from the Clinic may be shared with social workers to the extent needed to ensure the treatment and care of foster youth.

2. Such information should not be further disclosed to third parties, such as foster parents, biological parents, the Family Court, etc. without first considering privacy laws and requirements.

Reporting to the Assigned Social Worker

1. If the youth refuses to obtain treatment following a positive STI test, the nurse care manager may disclose the diagnosis and treatment information to the assigned social worker and, if needed, to the assistant attorney general to discuss next steps and interventions to obtain treatment for the youth.
2. Anytime the Clinic learns that a youth is sexually active (regardless of the results of an STI screening), the Clinic will inform the social worker that the youth should receive sexual education and counseling.

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Consent for STI Testing and Release of Information

*****Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español*****

As a part of the standard medical intake process, the Child and Family Services Agency (CFSA) screens youth in foster care for sexually transmitted infections (STI's) prior to placement and re-placement in foster care.

Information to foster youth/client

Your consent is required for CFSA to administer this screening. The District of Columbia Municipal Regulations, Title 22, Chapter 6, Section 600.7, allows youth of any age to consent to health services regarding the prevention, diagnosis, or treatment of reproductive health matters (including, but not limited to, sexually transmitted diseases). This means that you are able to consent to STI testing without seeking your parent's permission.

CFSA wants to ensure that you understand the process for screening for STIs, the purpose of the screening, and to answer any questions. Please review this form carefully and ask any questions to the nurse. The nurse is here to assist you and will review the form and the testing with you if you have questions.

Process for testing:

The STI screening conducted by CFSA is for chlamydia, gonorrhea, and trichomoniasis only. In order to test for these STIs, CFSA will need to obtain a urine sample. The results of the screen will be available in 1-2 days.

Sharing results:

If the STI screening shows that you have one or more STIs, a nurse will contact you and set up a time for treatment. The treatment plan will be discussed with you at that time and you will be asked to consent to the treatment.

The results will not be shared with your foster parent unless you want to share the information with him/her. There are limited instances where the Clinic will be required to share results with your social worker. Those instances include, if the Clinic needs your social worker's assistance in contacting you and/or to ensure that you receive treatment. In addition, the Clinic is required to share positive results with the Department of Health.

Section A: Client Information		
Last Name:	First Name:	Middle Initial:
Date of Birth: (Month/Day/Year)		
Address: (Street Address/City/ State/Zip)		
Telephone:		

Section B: Terms of Agreement

I have read the above information, or it has been read to me. I have had the opportunity to ask questions and any questions that I have asked have been answered to my satisfaction.

- I consent voluntarily to be tested for the following STIs: chlamydia, gonorrhea, and trichomoniasis.
- I understand that I have the right to withdraw my consent at any time. I understand that withdrawing my consent will *not* affect any action CFSA took in reliance of this consent before it was withdrawn.
- I understand that the results of the screening may be shared with the Department of Health and, if needed for medical purposes, with my social worker.
- I understand that I am entitled to receive a copy of this consent upon request.
- I understand that this Consent is voluntary.

Section C: Signature - Client

Signature:

Date:

Print Name:

Section D: Signature – Clinic staff

I have accurately read or witnessed the reading of the consent form by the client, and the client has had the opportunity to ask questions. I confirm that the client has given consent freely.

Signature:

Date:

Print Name and Title: