Office of Adolescent Health

Technical Assistance Call for PAF and TPP Grantees

"Runaway Youth & Youth Experiencing Homelessness"

June 26, 2019
2:00 – 3:30pm EDT

Jaclyn Ruiz
OAH Project Officer

Welcome, Introductions and Purpose

- OAH Project Officers
- The MayaTech Corporation TA Team
- Purpose of Group Call
- OAH Announcements

Group Call Format

- Part I – SME Presentation
  - **Meera Beharry, MD, FAAP,** Adolescent Medicine Section Chief McLane Children's Specialty Clinic

- Part II – Group Discussion

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Disclaimer

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Teen Pregnancy Prevention for Youth Experiencing Homelessness

Technical Assistance Call for PAF and TPP Grantees

Meera Beharry, MD, FSAHM, McLane Children's Specialty Clinic

June 26, 2019

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Goals

1. Be able to Support Science-based best practices for contraceptive decision making
2. Take into account special concerns for homeless and Unstably-Housed Youth
3. Name references for more information including counseling tools

Who are we talking about?

- Youth in shelters
- Street dependent
  - “Literally homeless”
- Foster Youth
  - With family
  - Transitioning out
- Couch surfing
  - Doubled up
  - Hidden homeless
- Immigrants, Refugees, Uprooted Youth
  - Political, disease-epidemic, climate
- Migrant youth
- Causes: family conflict, abuse, psychosocial factors, poverty
- Risks: LGBTQ , racial or ethnic minority

Society for Adolescent Health and Medicine. “The Healthcare Needs and Rights of Youth Experiencing Homelessness.” Journal of Adolescent Health. Vol 63. Issue 3. pp372-375. Sept 2018. https://www.jahonline.org/article/S1054-139X(18)30252-0/fulltext

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Trauma informed approach/trauma informed care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **Resist Re-traumatization**

SAMSHA's Trauma and Justice Strategic Initiative. Trauma Concept of Trauma and Trauma Informed Approach. July 2014 https://store.samhsa.gov/system/files/sma14-4884.pdf

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Who are we talking about? Epidemiology

- McKinney Vento definition: “lack a fixed, regular and adequate nighttime residence”
- 8,000 children under 18 years and an additional 50,000 to 100,000 young people age 18 to 24 years are homeless on any given night.

National alliance to end homelessness. The State of Homelessness in America 2012
www.endhomelessness.org/content/article/detail/4361

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Who are we talking about? Epidemiology (con't)

Change in Homelessness
By Age and Sheltered Status, 2017-2018

	All Homeless People (Number / percent)	Sheltered People (Number / percent)	Unsheltered People (Number / percent)
Total	1,834 / 0.3%	-2,504 / -0.7%	4,338 / 2.3%
Under 18	-2,937 / -2.6%	-2,203 / -2.1%	-734 / -6.5%
18 to 24	-2,673 / -5.2%	-1,588 / -5.0%	-1,084 / -5.6
Over 24	7,444 / 1.9%	1,287 / 0.6%	6,157 / 3.9%

2018 Annual Homeless Assessment Report to Congress.
https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

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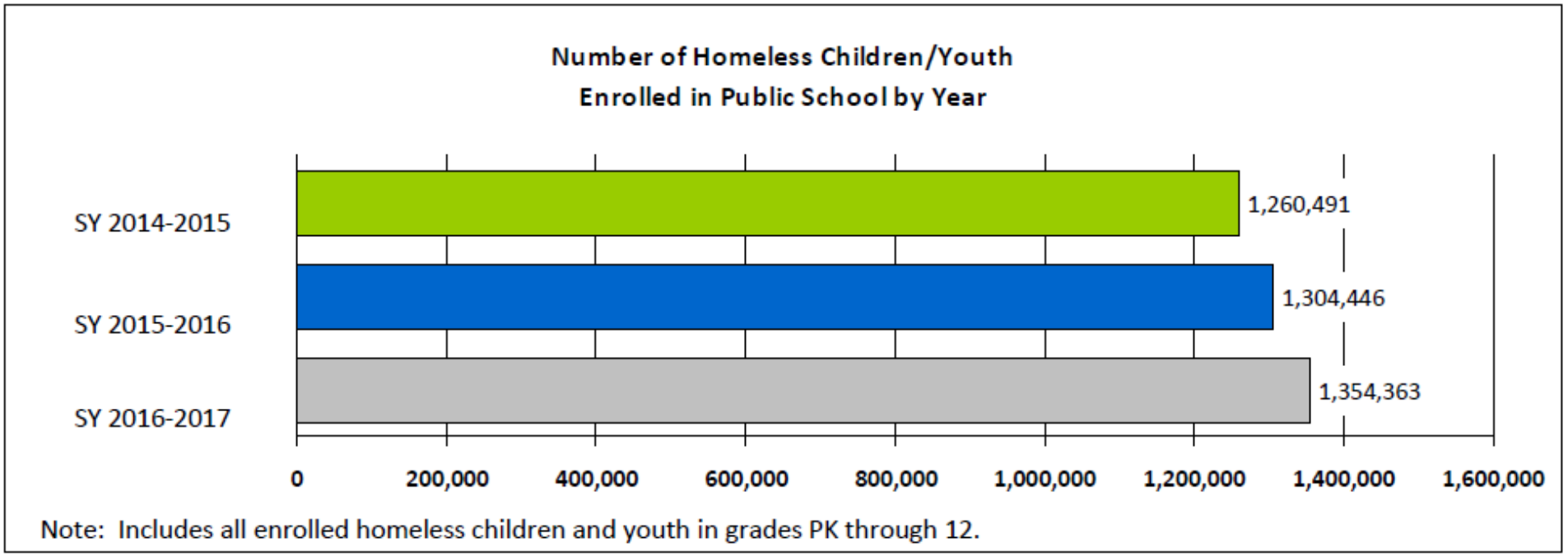
National Snapshot



Note: Includes all enrolled homeless children and youth in grades PK through 12.

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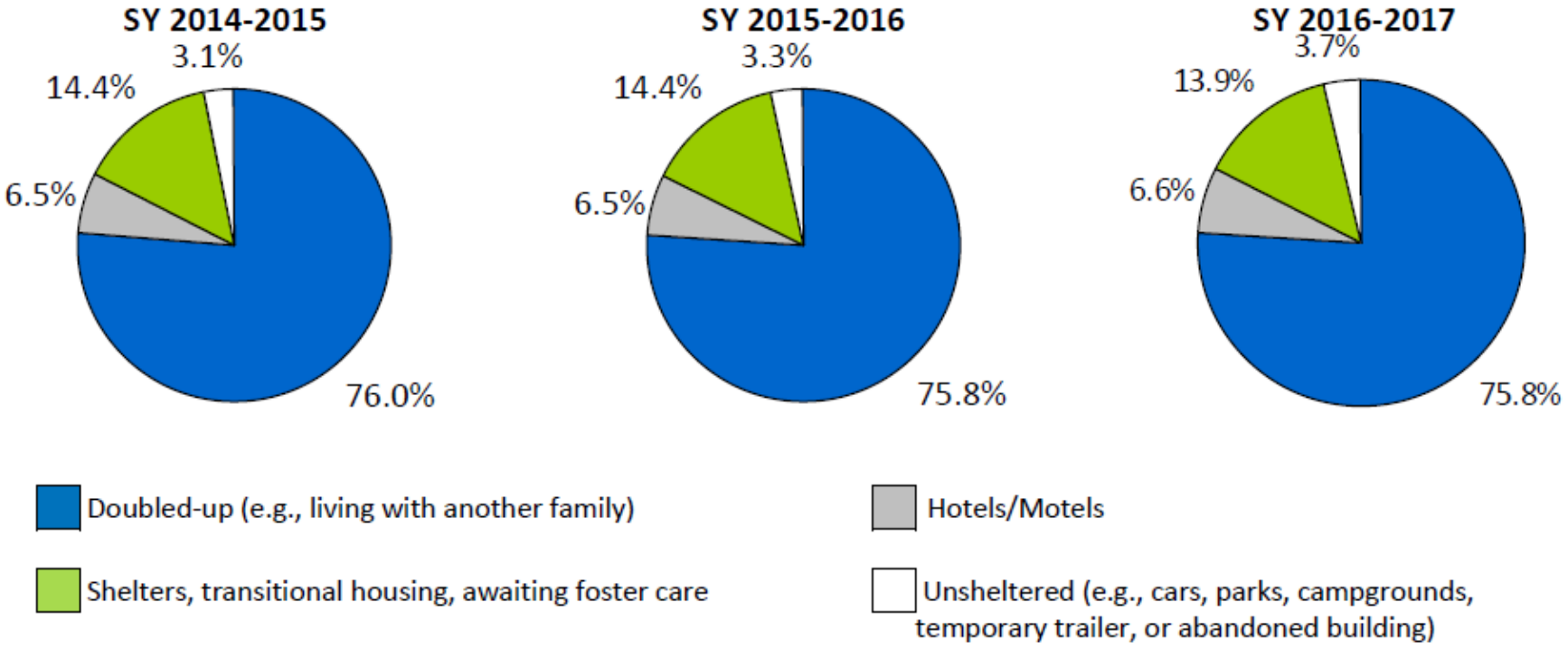
National Center for Homeless Education https://nche.ed.gov/data/

National Snapshot (con't)

Percentage of homeless children/youth enrolled in public schools by type of primary nighttime residence



National Center for Homeless Education at SERVE

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National Center for Homeless Education https://nche.ed.gov/data/

Health issues for homeless youth

- Poor control of chronic conditions
  - Asthma
  - Diabetes
- Infection
  - Frequent cold/upper respiratory infections
  - Tuberculosis
  - Lice
  - Cellulitis
- Injuries
- Malnutrition
  - obesity
- Mental health
  - PTSD
  - Depression
  - Bipolar Disorder
- Substance Use/Abuse
- Academic Problems
  - ADHD
  - Learning or discipline problems
- STD's
- Pregnancy

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WHY are we talking about this population?

- Higher risk of pregnancy; their children at risk for maltreatment
- Barriers to comprehensive reproductive health services
- Want to empower youth for optimal future

Case: Diana

- Diana is a 16 year old female living in a residential foster program.
- She was abused when she was 10 years old. Her biologic mother was 15 when she had Diana.
- Diana attends a public high school and would like to start dating.
- She has questions about contraception.
- She does not want the staff at her residence or her CPS case worker to know if she decides to get on something.

Knowledge of legal status is crucial

- Be familiar with legal issues related to providing reproductive health care to unaccompanied minors
- Maintain continuously updated awareness of local and federal laws pertaining to reproductive rights & access to reproductive health care
- Many young people & the adults the interact with may not know their rights
- Foster youth on Medicaid or in a Title X Clinic have reproductive health rights

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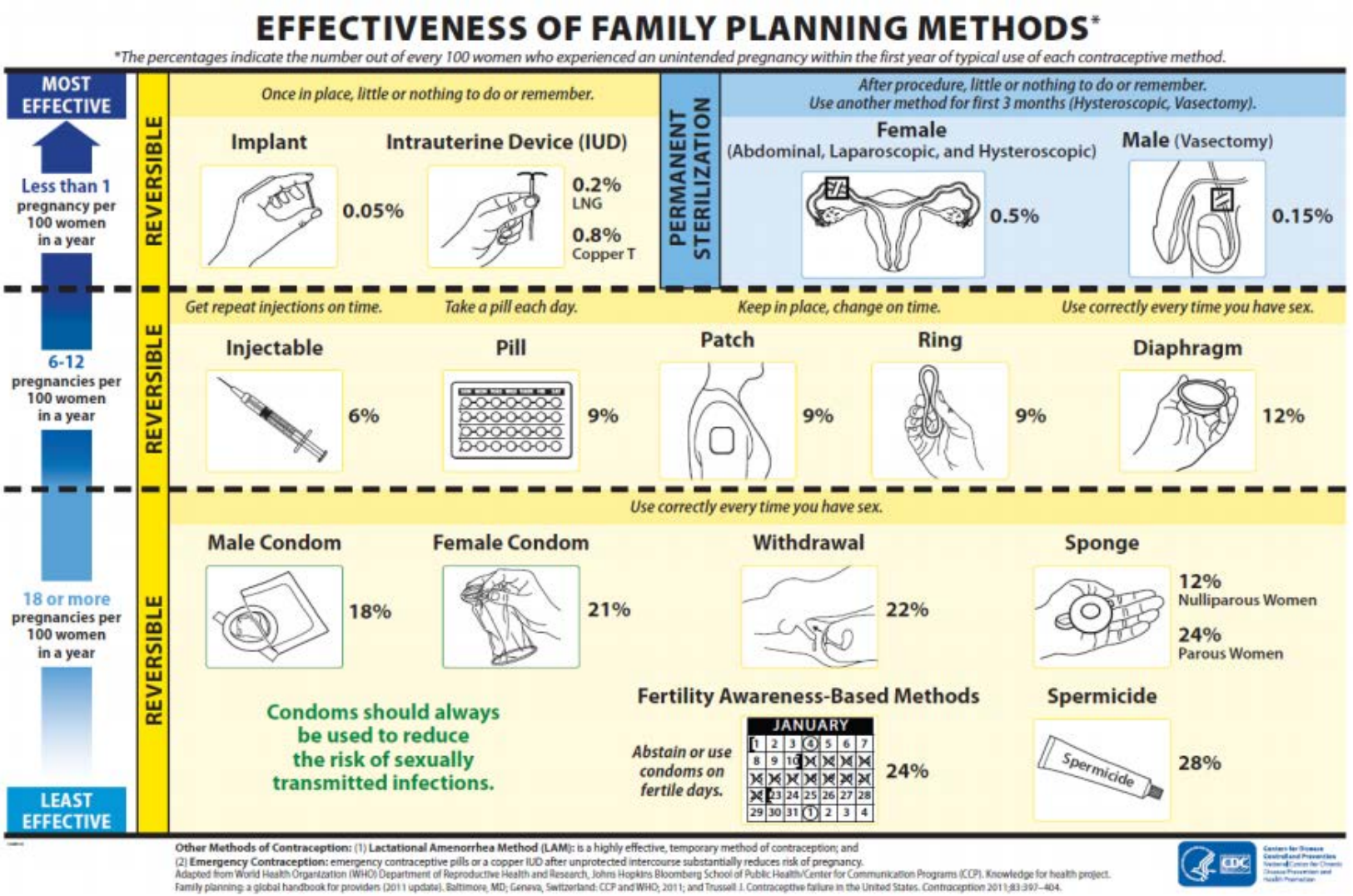
Knowledge of medical status

- Chronic Diseases
- Medications Taking or Substance Abuse
- Specific Disabilities
- Gender Dysphoria

Other considerations

- Trafficking
- Abuse
- Safe place to keep medicine
- Abstinence and/or limited knowledge
- Insurance or financial status

CDC Effectiveness of Family Planning Methods



https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/family-planning-methods-2014.pdf

LARC: Copper IUD

Advantages

- Not visible
- Hormone free
- Low maintenance
- Can be used for emergency contraception
- Lasts 10 years

Disadvantages

- Can have more cramping and heavier bleeding in the first 6 months
- Procedure may be a barrier
- Needs office visit to remove
- Could be expelled, embedded or migration
- Strings might be felt

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Progesterone Only Methods

- Little drug interaction
- Few contraindications
- Generally medically safe
- Can be used postpartum or if breastfeeding
- Changes menstrual cycles
- Can help dysmenorrhea, endometriosis, and possibly irregular menses, anemia, gender dysphoria with menses, menstrual migraines, catamenial epilepsy

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LARC: Progesterone Only IUD

Advantages

- Not visible
- Menstrual suppression
- Low maintenance
- Lasts 3 or 5 years
- Very effective

Disadvantages

- Procedure may be a barrier
- Needs office visit to remove
- Increased risk of infection soon after placement
- Irregular bleeding, more initially
- Could be expelled, embedded, migration (rare)
- Strings might be felt

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LARC: Progesterone Implant

Advantages

- No testing needed
- Easy insertion
- Lasts 3+ years
- Very effective

Disadvantages

- Can be visible at times
- Avoid trauma to area
- Irregular bleeding (most common cause for removal)
- Provider needs to be trained by company to place it
- Need office visit to remove

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Depo-Medroxyprogesterone Injection

Advantages

- Nothing visible
- Only come in every 3 months
- Can be given subcutaneously

Disadvantages

- Irregular bleeding
- Weight gain possible (some controversy)
- Can affect bone mineral density if on it long term
- Need transportation and access to clinic or way to access medication if self-injecting

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Progesterone Only Pill

Advantages

- Can stop whenever want

Disadvantages

- May have irregular bleeding
- Have to keep packets of pills
- Have to remember to take a pill every day
- Not as effective

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Combined Hormonal Contraception

Advantages

- Can treat dysmenorrhea, endometriosis, irregular menses, Polycystic Ovary Syndrome, acne, anemia and other conditions
- Pill, ring, and ?patch can be used for extended cycling and can choose when/if want to bleed
- Menstrual cycles are usually lighter and more predictable
- Combined OCPs can be used for emergency contraception (Yuzpe method)
- Can be stopped immediately

Disadvantages

- Can have increased risk of blood clots
- Can have side effects such as breast tenderness, nausea, mood changes
- Have to go to pharmacy or clinic regularly to get the method or find place to store
- Have to remember to use consistently
- Patch---may cause skin irritation, may be visible, may not stick well if in high heat
- Ring—may increase risk for BV, may be felt

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Barrier Methods

Advantages

- For males and females
- Condoms can protect against STIs
- Use only when need
- No drug interactions or medical side effects (unless allergic)

Disadvantages

- Have to remember to use before event
- Need to be fitted for diaphragm and cervical cap
- Need access to method
- Sex partner may not cooperate
- May not use correctly

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Sex positive approach

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Natural Methods

Advantages

- Male and female options
- No prescription needed
- Can be used by anyone once they are taught
- No drug or medical side effects
- Can use if don’t have access to anything else

Disadvantages

- Less effective
- Does not work well with irregular cycles
- Does not work if forced into sex

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Abstinence/Renewed Abstinence

Advantages

- Free
- No physical side effects

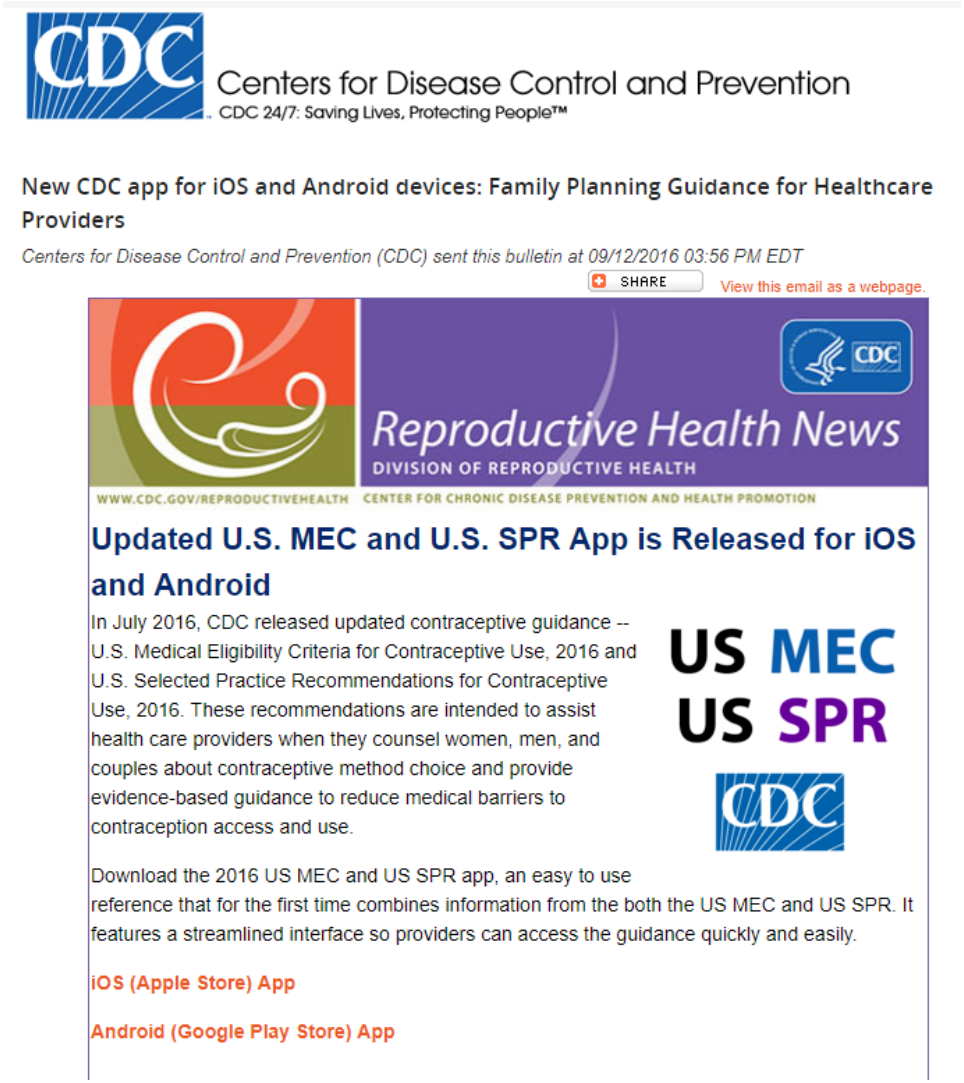
Disadvantages

- Not an option for those forced into sexual activity
- Very ineffective if not used 100% correctly

Emergency Contraception

- Levonorgestrel
- Ulipristal Acetate
- Copper IUD
- Yuzpe method
- Important to educate all patients about these options in the event of contraceptive failure or forced sexual activity. Able to access?

Knowledge is power: apps



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

New CDC app for iOS and Android devices: Family Planning Guidance for Healthcare Providers

Centers for Disease Control and Prevention (CDC) sent this bulletin at 09/12/2016 03:56 PM EDT

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Reproductive Health News
DIVISION OF REPRODUCTIVE HEALTH
WWW.CDC.GOV/REPRODUCTIVEHEALTH CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Updated U.S. MEC and U.S. SPR App is Released for iOS and Android

In July 2016, CDC released updated contraceptive guidance -- U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 and U.S. Selected Practice Recommendations for Contraceptive Use, 2016. These recommendations are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice and provide evidence-based guidance to reduce medical barriers to contraception access and use.

US MEC
US SPR

Download the 2016 US MEC and US SPR app, an easy to use reference that for the first time combines information from the both the US MEC and US SPR. It features a streamlined interface so providers can access the guidance quickly and easily.

iOS (Apple Store) App

Android (Google Play Store) App

https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

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U.S. Medical Eligibility Criteria for Contraceptive Use

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <20 yrs: 2		Menarche to <20 yrs: 2		Menarche to <18 yrs: 1		Menarche to <18 yrs: 2		Menarche to <18 yrs: 1		Menarche to <40 yrs: 1	
		≥20 yrs: 1		≥20 yrs: 1		18-45 yrs: 1		18-45 yrs: 1		18-45 yrs: 1		≥40 yrs: 2	
						>45 yrs: 1		>45 yrs: 2		>45 yrs: 1			
Anatomical abnormalities	a) Distorted uterine cavity	4		4									
	b) Other abnormalities	2		2									
Anemias	a) Thalassemia	2		1		1		1		1		1	
	b) Sickle cell disease[2]	2		1		1		1		1		2	
	c) Iron-deficiency anemia	2		1		1		1		1		1	
Benign ovarian tumors	*(including cysts)*	1		1		1		1		1		1	
Breast disease	a) Undiagnosed mass	1		2		2*		2*		2*		2*	
	b) Benign breast disease	1		1		1		1		1		1	
	c) Family history of cancer	1		1		1		1		1		1	
	d) Breast cancer[1]												
	i) Current	1		4		4		4		4		4	
	ii) Past and no evidence of current disease for 5 years	1		3		3		3		3		3	
Breastfeeding	a) <21 days postpartum					2*		2*		2*		4*	
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*		2*		2*		3*	
	ii) Without other risk factors for VTE					2*		2*		2*		3*	
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					1*		1*		1*		3*	
	ii) Without other risk factors for VTE					1*		1*		1*		2*	
	d) >42 days postpartum					1*		1*		1*		2*	
Cervical cancer	Awaiting treatment	4	2	4	2	2		2		1		2	
Cervical ectropion		1		1		1		1		1		1	
Cervical intraepithelial neoplasia		1		2		2		2		1		2	
Cirrhosis	a) Mild *(compensated)*	1		1		1		1		1		1	
	b) Severe[2] *(decompensated)*	1		3		3		3		3		4	
Cystic fibrosis[2]		1*		1*		1*		2*		1*		1*	
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy												
	i) Higher risk for recurrent DVT/PE	1		2		2		2		2		4	
	ii) Lower risk for recurrent DVT/PE	1		2		2		2		2		3	
	b) Acute DVT/PE	2		2		2		2		2		4	
	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	2		2		2		2		2		4*	
	ii) Lower risk for recurrent DVT/PE	2		2		2		2		2		3*	
	d) Family history *(first-degree relatives)*	1		1		1		1		1		2	
	e) Major surgery												
	i) With prolonged immobilization	1		2		2		2		2		4	
	ii) Without prolonged immobilization	1		1		1		1		1		2	
	f) Minor surgery without immobilization	1		1		1		1		1		1	
Depressive disorders		1*		1*		1*		1*		1*		1*	

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy[2]	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration[2]	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer[2]		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy[2]	*(see also Drug Interactions)*	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease[2]	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant ß-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing ß-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated ß-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
	iv) Persistently elevated ß-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*	
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery[2]	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		2*		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy[2]	2	1	2	1	If on treatment, see Drug Interactions							

Key:

1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; IVR=patch/ring ǂ Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.

U.S. Medical Eligibility Criteria for Contraceptive Use (con't)

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b) Elevated blood pressure levels (*properly taken measurements*)												
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii) Systolic ≥160 or diastolic ≥100[‡]	1*		2*		2*		3*		2*		4*	
	c) Vascular disease	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease	(*Ulcerative colitis, Crohn's disease*)	1		1		1		2		2		2/3*	
Ischemic heart disease[‡]	Current and history of	1		2	3	2	3	3		2	3	4	
Known thrombogenic mutations[‡]		1*		2*		2*		2*		2*		4*	
Liver tumors	a) Benign												
	i) Focal nodular hyperplasia	1		2		2		2		2		2	
	ii) Hepatocellular adenoma[‡]	1		3		3		3		3		4	
	b) Malignant[‡] (hepatoma)	1		3		3		3		3		4	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		3	
	b) Without prolonged immobility	1		1		1		2		1		1	
Obesity	a) Body mass index (BMI) ≥30 kg/m^2	1		1		1		1		1		2	
	b) Menarche to <18 years and BMI ≥ 30 kg/m^2	1		1		1		2		1		2	
Ovarian cancer[‡]		1		1		1		1		1		1	
Parity	a) Nulliparous	2		2		1		1		1		1	
	b) Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a) Past												
	i) With subsequent pregnancy	1	1	1	1	1		1		1		1	
	ii) Without subsequent pregnancy	2	2	2	2	1		1		1		1	
	b) Current	4	2*	4	2*	1		1		1		1	
Peripartum cardiomyopathy[‡]	a) Normal or mildly impaired cardiac function												
	i) <6 months	2		2		1		1		1		4	
	ii) ≥6 months	2		2		1		1		1		3	
	b) Moderately or severely impaired cardiac function	2		2		2		2		2		4	
Postabortion	a) First trimester	1*		1*		1*		1*		1*		1*	
	b) Second trimester	2*		2*		1*		1*		1*		1*	
	c) Immediate postseptic abortion	4		4		1*		1*		1*		1*	
Postpartum (*nonbreastfeeding women*)	a) <21 days					1		1		1		4	
	b) 21 days to 42 days												
	i) With other risk factors for VTE					1		1		1		3*	
	ii) Without other risk factors for VTE					1		1		1		2	
	c) >42 days					1		1		1		1	
Postpartum (*in breastfeeding or non-breastfeeding women, including cesarean delivery*)	a) <10 minutes after delivery of the placenta												
	i) Breastfeeding	1*		2*									
	ii) Nonbreastfeeding	1*		1*									
	b) 10 minutes after delivery of the placenta to <4 weeks	2*		2*									
	c) ≥4 weeks	1*		1*									
	d) Postpartum sepsis	4		4									

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Pregnancy		4*		4*		NA*		NA*		NA*		NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
	b) Not on immunosuppressive therapy	1		1		1		2		1		2	
Schistosomiasis	a) Uncomplicated	1		1		1		1		1		1	
	b) Fibrosis of the liver[‡]	1		1		1		1		1		1	
Sexually transmitted diseases (STDs)	a) Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b) Vaginitis (*including trichomonas vaginalis and bacterial vaginosis*)	2	2	2	2	1		1		1		1	
	c) Other factors relating to STDs	2*	2	2*	2	1		1		1		1	
Smoking	a) Age <35	1		1		1		1		1		2	
	b) Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c) Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation[‡]	a) Complicated	3	2	3	2	2		2		2		4	
	b) Uncomplicated	2		2		2		2		2		2*	
Stroke[‡]	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial venous thrombosis (acute or history)	1		1		1		1		1		3*	
Systemic lupus erythematosus[‡]	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
	b) Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c) Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d) None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis[‡] (*see also Drug Interactions*)	a) Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b) Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a) Uncomplicated	1		1		1		1		1		2	
	b) Complicated[‡]	1		1		1		1		1		4	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		1	1	2		2		2		1	
	b) Heavy or prolonged bleeding	2*		1*	2*	2*		2*		2*		1*	
Viral hepatitis	a) Acute or flare	1		1		1		1		1		3/4*	2
	b) Carrier/Chronic	1		1		1		1		1		1	1
Drug Interactions													
Antiretroviral therapy All other ARV's are 1 or 2 for all methods.	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		3*	
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b) Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

Updated in 2017. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm. Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV.

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GETTING NEEDED INFORMATION

HEEADDSSS: Assessment

The HEADSS assessment is a tool developed at Childrens Hospital Los Angeles by Dr. Eric Cohen to help assess psychosocial risk factors for high risk youth.

- Home
- Education/Employment
- Eating
- Activities
- Drugs
- Depression
- Sex
- Safety
- Strengths

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HEEADDSSS: Home

- **Stable?**
  - If yes, can choose from a variety of methods.
- **Couch surfing? On the streets?**
  - If yes, they may have difficulty keeping track of methods like the pill, patch or contraceptive ring.
  - Ring needs to be kept in a cool dry place before use
- **Foster care?**
  - May wish to keep choice of method private from guardians or other foster children.
  - May need help in planning contraceptive coverage if returns to family of origin.
- **Travelling?**
  - May not be able to make it to appointments to follow up on birth control refills or for the DMPA shots.
  - May lose pills, patch or ring or have them stolen while travelling.

Beharry and Neavel. "Contraception" in Warf and Grant. Clinical Care for Homeless, Runaway and Refugee Youth: Program Development, Education and Research Directions. In Press

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HEEADDSSS: Education/Employment

- **Native language**
- **Literacy level**
- **Cognitive impairment**
- **They may not be able to understand information or instructions provided**
- **Engaged in sex work**
  - May prefer method with predictable bleeding patterns and/or methods that are not visible to others
- **Working outdoors**
  - Sweating a lot may affect how well the patch can stick to skin
- **Long term goals**
  - May prefer LARC (implant or IUD)

Beharry and Neavel. "Contraception" in Warf and Grant. Clinical Care for Homeless, Runaway and Refugee Youth: Program Development, Education and Research Directions. In Press

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HEEADDSSS: Eating

- **Regular access to food?**
  - If no, methods that cause nausea may increase the risk of malnutrition
- **Worried about overweight?**
  - If yes, methods that increase weight may not be preferred
- **Wanting to gain weight?**
  - May want methods more likely to increase weight.
- **Vegetarian/Vegan?**
  - May prefer non-hormonal or natural methods like the rhythm method

Beharry and Neavel. "Contraception" in Warf and Grant. Clinical Care for Homeless, Runaway and Refugee Youth: Program Development, Education and Research Directions. In Press

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HEEADDSSS: Activities

- What do you do for fun?
- May want method that will not interfere with activity
- How would a pregnancy affect your ability to participate in these activities?

Beharry and Neavel. "Contraception" in Warf and Grant. Clinical Care for Homeless, Runaway and Refugee Youth: Program Development, Education and Research Directions. In Press

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HEEADDSSS: Drugs

- Using Drugs or Alcohol?
- If yes, may affect ability to consistently or correctly use methods and/or condoms
- Drugs and alcohol may limit the efficacy of some methods
- May need more consistent protection from STD's

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HEEADDSSS: Depression

- **History of depression or mood disorder?**
  - **Hormonal methods may affect mood, as may worry about pregnancy**
- **Are mood symptoms worse with menses?**
  - **Menstrual suppression can help decrease symptoms**
- **On any mood-stabilizing medications?**
  - **Birth control levels may be affected by other medications and vice versa**

Beharry and Neavel. "Contraception" in Warf and Grant. Clinical Care for Homeless, Runaway and Refugee Youth: Program Development, Education and Research Directions. In Press

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HEEADDSSS: Sex

- **Sexual orientation**
  - Need to address actual sex partners
- **Gender identity**
  - Need to treat biology
- **Sex abuse or trafficking**
  - May not be able to control access to method. Partner may sabotage method.
- **Plan for pregnancy**
  - May not want contraception
  - May be forced to get pregnant
- **History of previous birth control use?**
  - Level of satisfaction with previous method can help with making a decision at this time
- **Enjoyment of sex?**
  - If yes, may be worried about method decreasing satisfaction for partner or themselves.
  - If no, using birth control & taking away concern about pregnancy may make sex more enjoyable.
- **Parties and other practices**
  - If engaging in S&M, sharing parties, sex toys, etc.
- **Abstinence/Renewed Abstinence**
  - Have they used it?
    What worked?
    What didn't?
    How can they use it now?

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HEEADDSSS: Safety

- **Intimate Partner Violence?**
- **Bullying, feeling pressured?**
- **Physically Safe?**
- **Emotionally Safe?**

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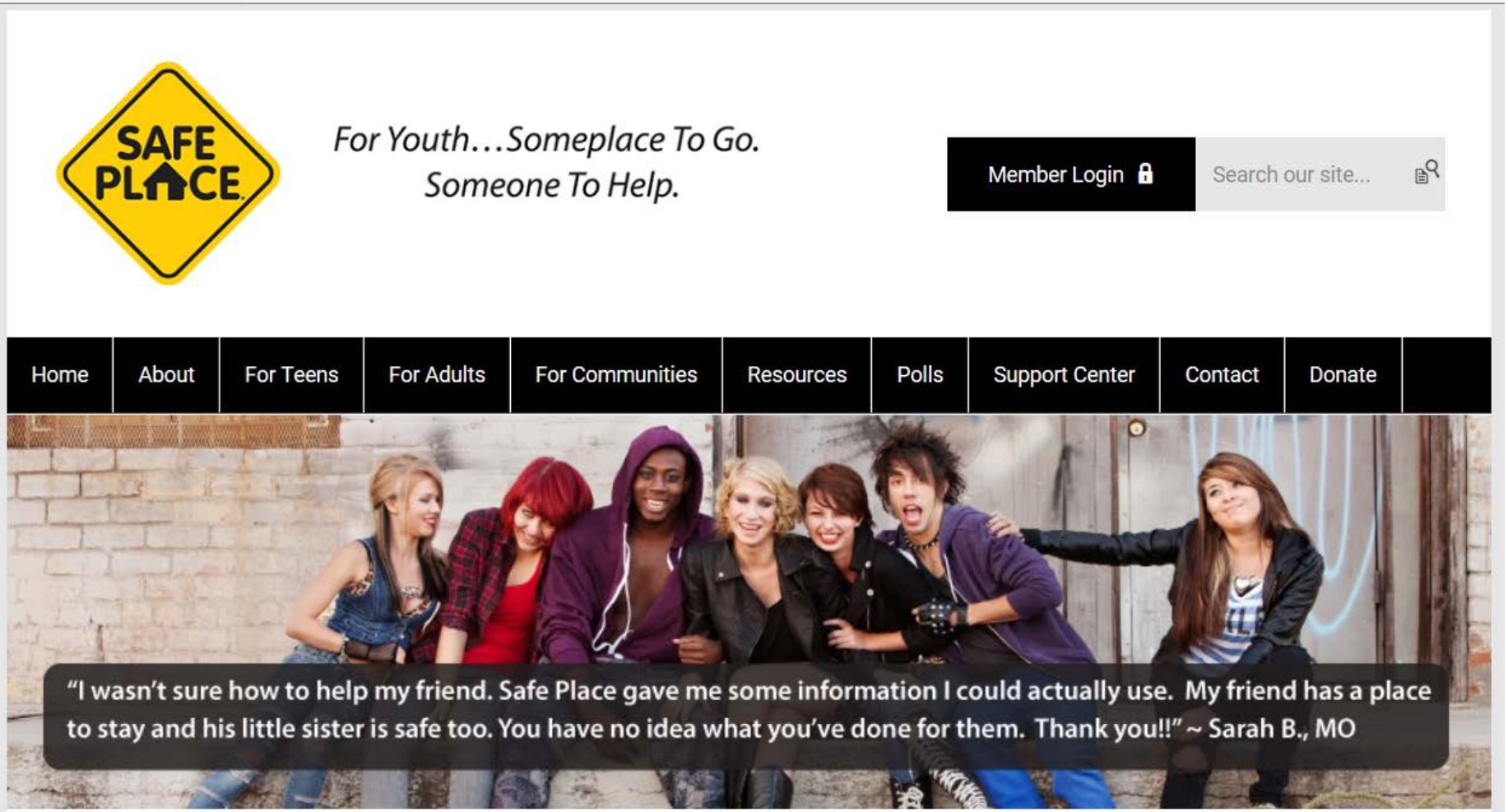
National Safe Place



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https://www.nationalsafeplace.org/

HEEADDSSS: Strengths

- **They are here and thinking about their health**
  - Use motivational interviewing techniques to help with decision making
- **What has worked in the past to prevent pregnancy?**
  - Can help with contraceptive decision making
- **What do you do well?**
  - Reproductive control may allow them to have more time to do these things

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Additional Thoughts

- One size does not fit all
- May switch between methods
- Harm reduction
- Keep the door open
- Keep the conversation going
- Respect adolescent rights to choose something or choose nothing

Case: Diana (con't)

- Diana is a 16 year old female living in a residential foster program
- She was abused when she was 10 years old. Her biologic mother was 15 when she had Diana
- Diana attends a public high school and would like to start dating
- She has questions about contraception
- She does not want the staff at her residence or her CPS case worker to know if she decides to get on something
- **What are factors to consider in discussing dating with Diana?**
- **What are factors in advising her about birth control?**
- **Does she have the right to confidential birth control?**
- **Is it possible for her foster program staff or CPS case worker not to know if she chooses a method?**

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In Closing

- Appreciate strengths and risks
- Ask questions to better understand
- Offer honest, factual, non-judgmental guidance
- Having structure (HEEADDSSS) helps
- Keep current in legal and research information
- Use Trauma Informed Approached

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Resources

- Legal
  - Center for Adolescent Health and the Law https://www.cahl.org/
  - Guttmacher Institute https://www.guttmacher.org/
- Scientific best practices for contraceptive decision making
  - Center for Disease Control Family planning Guide: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm
  - Medical Eligibility Criteria: https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
  - Selected Practice Recommendations https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm#usspr
- Advocacy
  - SAHM Position Paper: The Healthcare Needs and Rights of Youth Experiencing Homelessness https://www.jahonline.org/article/S1054-139X(18)30252-0/fulltext
  - NHCHC—National Health Care for the Homeless Council: https://www.nhchc.org/
  - National Association for the Education of Homeless Children and Youth: https://naehcy.org/
  - National Center for Homeless Education: https://nche.ed.gov/

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Resources: Medical Info & Patient Handouts

- Bedsider: https://www.bedsider.org/
- Adolescent Health Initiative: https://www.umhs-adolescenthealth.org/about-us/
- Office of Adolescent Health: https://www.hhs.gov/ash/oah/
- World Health Organization: https://www.who.int/maternal_child_adolescent/adolescence/en/
- National Adolescent and Young Adult Health Information Center: http://nahic.ucsf.edu/
- American College of Obstetrics and Gynecology: https://www.acog.org/
- Society for Adolescent Health and Medicine: https://www.adolescenthealth.org/Home.aspx
- North American Society of Pediatric and Adolescent Gynecology: https://www.naspag.org/page/patienttools
- SAMSHA's Trauma and Justice Strategic Initiative. Trauma Concept of Trauma and Trauma Informed Approach. https://store.samhsa.gov/system/files/sma14-4884.pdf

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Feedback survey

https://www.surveymonkey.com/r/KSDL39C

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