

February 17, 2026

MEMORANDUM FOR: Advisory Board of Health and Liz King, Health Officer
St. Clair County Health Department

FROM: Dr. Remington Nevin, Medical Director, St. Clair County Health Department

The St. Clair County Health Department Teen Clinic, located in a separate building on the grounds of the Port Huron High School, is a school-based primary care clinic run by the St. Clair County Health Department (SCCHD).

Although operation of school-based clinics is not a core function of local health departments (LHDs), SCCHD has operated the Teen Clinic for nearly 40 years since its opening in 1986.ⁱ The clinic is considered by many to be a local institution and has a strong base of support within the local community and within the Michigan Department of Health and Human Services (MDHHS). Since its opening, the Teen Clinic's operations have been supported largely by funding from MDHHS, now through its Child and Adolescent Health Clinic (CAHC) program, for which the Teen Clinic has long served as a model (Exhibit 1).

Prior to assuming her former role as the SCCHD medical health officer, Dr. Mercatante (now an MDHHS employee in the Public Health Administration, which oversees LHDs),ⁱⁱ began her work for SCCHD as a primary care clinician at the Teen Clinic.ⁱⁱⁱ Under the department's leadership, and consistent with Dr. Mercatante's vision,^{iv} SCCHD subsequently opened two additional CAHCs at schools in Algonac and Yale.^v

In contrast to practices within SCCHD, other CAHCs across the state are not typically operated by LHDs.^{vi} Instead, the majority of Michigan's over 120 CAHCs are operated by federally qualified health centers (FQHCs), and other private community health organizations, such as hospital systems and non-profit organizations, which typically operate CAHCs among a broader portfolio of comprehensive primary care clinical services. According to MDHHS, of Michigan's 45 LHDs, only 11 inclusive of SCCHD operate one or more CAHCs, and typically then one CAHC per LHD.

Consistent with a recent refocusing of SCCHD's clinical operations on its core public health functions under its current part-time medical direction,^{vii} the department recently discontinued operation of its Yale and Algonac clinics.^{viii} In October 2025, operation of the Algonac clinic was transitioned to Community First Health Centers, a local FQHC,^{ix} while a similar transition of the Yale clinic remains under discussion.

During this process, owing to its experienced staff and its longevity, the Teen Clinic was afforded significant deference for continued operation, pending action on recommendations for likewise



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transitioning its operations to a private organization as part of further development of primary care services in the county.^x The Teen Clinic subsequently completed a previously-scheduled \$250,000 renovation, the first since its opening in 1986, and reopened in late 2025 following a temporary closure that summer.^{xi} Despite consolidation of SCCHD CAHC clinical activities at this single location, volume at the Teen Clinic has nonetheless declined significantly, from approximately 1,900 to 2,000 visits in 2016,^{xii} to approximately 1,200 visits in 2025.^{xiii}

Following the Teen Clinic's reopening in late 2025, public concern was raised regarding the presence of inappropriate material in the clinic, presented to or available to youth as young as age 10. This material included sexually explicit pamphlets and cards, and sexualized screening questions included in a "demographics" survey commonly administered to students.^{xiv} These findings are especially concerning given prior recommendations for transitioning school-based clinical operations outlined in my memoranda of August 1 and September 18, 2025.

In response to these and other concerns, a quality assurance and compliance review was conducted over four days from February 10 through February 13, 2026,^{xv} during which time the clinic was temporarily closed, with patients rescheduled or referred to the SCCHD main clinic,^{xvi} so as to permit the staff of the Teen Clinic to focus exclusively on this review. During this period, staff were interviewed, data was reviewed, and discussions were had with the vendor of the survey at issue. The following initial findings are presented for consideration by the advisory board of health to guide its recommendations.

Sexually Explicit Pamphlets and Cards

The Teen Clinic serves a potentially diverse population as young as age 10, including students seeking a variety of simple services including immunizations and school physicals, whose parents may reasonably wish to protect the student from precocious exposure to sexually explicit materials during these encounters. Michigan law on sex education, codified as MCL 380.1507, requires that parents specifically consent to their child's exposure to any such sexually explicit materials in schools, and in MCL 380.1507(1), provides for these materials to stress abstinence as "a positive lifestyle for unmarried young people." In particular, MCL 380.1507(3) reads:

"A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course, is given a prior opportunity to review the materials to be used in the course and is notified in advance of his or her right to have the pupil excused from the class."

Although not strictly violative, it appears reasonable that given this law, parents might expect that equivalent sexually explicit materials would similarly not be made readily available to students at CAHCs.^{xvii}

However, review has confirmed that at least since the Teen Clinic's reopening in late 2025, young patients have been exposed to sexually explicit material through a pamphlet created by SCCHD, clearly intended for widespread, non-targeted distribution through the Teen Clinic (Exhibit 2). This pamphlet, explicitly branded for the Teen Clinic's post-renovation reopening, and co-branded with the SCCHD "Harm Reduction" logo, promotes the availability of condoms at the SCCHD main clinic and instructs students how to use them, thus constituting a *de facto* form of sex education.^{xviii} Although Teen Clinic staff deny specifically seeking production of this material (which appears to have been authored and prepared by related SCCHD staff focused on sexually transmitted infections and Title X contraception services and at the main clinic),^{xix} no Teen Clinic or other

SCCHD staff have acknowledged expressing concern at its content, nor sought to limit distribution of this specific pamphlet to children and adolescents absent parental consent.

Likewise, review has further confirmed that since the Teen Clinic's reopening in late 2025, young patients have also been exposed to sexually explicit material through distribution of materials created by Bedsider,^{xx} promoting visits to the sexually explicit website bedsider.org, described as a "birth control support network for women 18-29," but producing material seemingly intended for a significantly younger audience (Exhibit 3). Although no Teen Clinic staff have acknowledged review of this website in the initial months of the clinic's reopening, review confirms that this website and these materials were well known to other SCCHD staff at this time (specifically those SCCHD staff focused on Title X contraception services and STI treatment at the main clinic), but that likewise no SCCHD staff have acknowledged expressing concern at the content of these materials, nor sought to limit distribution of these materials to children and adolescents at the Teen Clinic absent parental consent.

Review has also confirmed that SCCHD and Teen Clinic staff generally view this material as consistent with the perceived broader aims of the leadership of the CAHC program – as expressed at annual meetings and in its training and outreach materials (Exhibit 4) – in not merely providing targeted education related to pregnancy and sexually transmitted diseases among youth, but in seemingly normalizing youth sexuality during clinical encounters, even absent explicit parental awareness or consent.^{xxi}

Sexualized "Demographics" Survey

A minimum requirement for the granting of funds by MDHHS under the CAHC program is that the school-based clinic will administer some form of risk behavior survey to students served by the center. For CAHCs located on school property, this risk behavior survey is to be approved by the school administration.^{xxii}

Although numerous free risk or public domain behavior survey instruments exist, including those developed and recommended by various government agencies, including the Centers for Disease Control and Prevention (CDC),^{xxiii} or developed and recommended by various medical specialty groups, including the American Academy of Pediatrics (AAP),^{xxiv} many CAHCs in Michigan, including SCCHD, have nonetheless elected to contract with a Michigan-based company, Possibilities for Change, LLC ("P4C") to license various paid, copyrighted survey instruments, including its Risk Assessment and Prevention Screening (RAAPS[®]) instrument, which is available in several versions for youth of different age groups, beginning as young as age 9.^{xxv}

P4C has strong ongoing ties to the Michigan public health community and to MDHHS, and is regularly invited to provide education to CAHC staff at annual meetings and in its training and outreach materials, where its products including RAAPS[®] are promoted.

Although not explicitly endorsed as such by MDHHS, review has confirmed that SCCHD and Teen Clinic staff view P4C as one of – if not the – natural provider of choice for these services. For example, in recent years, review has revealed that the longstanding contract between P4C and SCCHD for the RAAPS[®] has been renewed annually seemingly by default, without much apparent consideration of whether SCCHD or the CAHCs would be better served by an alternative no-cost instrument. The relationship between P4C and staff at SCCHD and Teen Clinic has been so close and longstanding that several years ago, P4C staff approached Teen Clinic staff requesting they appear in promotional material for the company. Upon request of the Teen Clinic, SCCHD staff then-responsible for the department's school-based clinics subsequently recorded various

promotional videos for P4C, which were then prominently displayed on the P4C website, until staff and P4C were subsequently made aware of this during the course of the recent review, at which time these were removed (Exhibit 5). No other Michigan LHD or CAHC provider appears to have produced similar promotional content for P4C.

As in prior years, in mid- to late-2024, SCCHD approved a renewal of its annual contract with P4C, at a cost of over \$4,000, for continued use of its RAAPS[®] and related screenings at the Teen Clinic and at other school-based clinics then in operation. This contract renewal included the addition of a new online method of administering the RAAPS[®] and related risk surveys, via a system stylized by P4C as ADAM (herein referred to as "ADAM"). As described in the contract documents and in related promotional materials by P4C, ADAM was to improve the convenience of administering RAAPS[®] and related risk surveys by permitting students to complete these on an iPad or similar device, rather than on paper as had been largely done previously, prior to their review by the clinician. However, not explicitly mentioned in the renewal contract was that the ADAM system introduced new functionality including a misleadingly titled "demographics" survey, whose questions almost exclusively focused on sexualized topics, including sexual identity and sexual orientation, and which was made available through the ADAM interface for administration to children as young as age 9-12 (age 10-12 in the Teen Clinic) taking the "older child" version of the RAAPS[®] survey (i.e., the RAAPS-OCPH[®]). An example of this survey is enclosed (Exhibit 6).

Although during review, Teen Clinic staff denied knowledge of the content of this survey, believing prior to these concerns being brought to their attention that any reference to "demographics" in the ADAM interface represented routine patient registration data, and not the sexualized material at issue, review of P4C's walkthrough videos, required of Teen Clinic staff for use of the ADAM interface, and taken by all staff in early 2025 prior to deployment of the tool, confirmed that at least brief reference was made to the content of this survey, including "gender identity" and "sexual identity".^{xxvi}

During review, P4C staff confirmed the "demographic" survey as one that can "optionally be assigned alongside screenings", and noted that a change to the ADAM interface was being made to better emphasize the opt-in nature of this option:^{xxvii}

"ADAM was generating a prompt to staff asking whether a demographic survey had been assigned when other screening tools were being sent. My understanding is that this prompt has been in place since last year, and I have reached out to our technical team to confirm the exact timeframe."

"To reduce confusion for staff, we are in the process of removing this prompt from all MDHHS organizations, based on the concerns that have been raised."

Regardless, Teen Clinic staff have nonetheless expressed concern that P4C did not fully alert them during training to the content of this survey, and a review of the P4C website and related training materials likewise did not reveal evidence of any prominent notice of the availability of this survey, nor its contents.

Initial review has determined that this "demographic" survey was administered to 24 students aged 10-12 alongside the RAAPS-OCPH[®], and to 229 students aged 13-18 alongside the corresponding adolescent RAAPS[®], from the time the ADAM system was deployed for regular use at the Teen Clinic in March 2025, through the time of its discontinuation earlier this year.

Although the iPad on which the ADAM interface is presented to the student is initially loaded with the "demographics" survey and this may be visible to Teen Clinic staff, this survey begins with an innocuous question that would not have attracted staff attention. Short of piloting the full survey

themselves, which Teen Clinic staff deny having done, staff would have had no reason to advance through this survey to later sexualized questions, as the ADAM interface is intended for the student to complete alone (or with their parent) prior to the clinician entering the room. Likewise, upon the student's completion of this survey, the ADAM interface automatically transitions to presenting the RAAPS[®] survey, and it is this survey alone that is prominently presented to the clinician in their own interface for inspection and review on their own device, typically prior to entering the examination room to discuss the results with students. Although the ADAM interface does permit the clinician to access these additional "demographic" results (Exhibit 7), this occurs only if the clinician specifically clicks on "demographics", which they have denied doing.

Recommendations

These initial findings reveal systemic lapses in oversight and adherence to principles of parental involvement and age-appropriate content, inconsistent with SCCHD's core public health mandate and the expectations of the community.

Given the documented exposure of young patients—including potentially as young as age 10—to non-targeted sexually explicit materials and to undisclosed sexualized survey questions, and in light of prior recommendations to refocus clinical operations on essential functions while transitioning school-based primary care services to qualified private providers, the Advisory Board of Health is urged to recommend prompt action to permanently transition operation of the Teen Clinic to an external FQHC or similar entity.

Such a step would safeguard student care continuity under appropriate governance, restore public trust, and allow SCCHD to concentrate resources on its statutory public health responsibilities without the recurring risks demonstrated here.



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ⁱ See, for example: <https://www.thetimesherald.com/story/news/local/2025/12/17/teen-health-center-in-port-huron-showcases-renovations-at-open-house/87792471007>.

ⁱⁱ See, for example: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Org-Chart/MDHHS_OrgChart.pdf and <https://www.michigan.gov/mdhhs/doing-business/providers/irb/membership/current-mdhhs-irb-membership>.

ⁱⁱⁱ <https://www.thetimesherald.com/story/news/local/2016/10/04/teen-health-center-celebrating-30-years/91492592>.

^{iv} "If there's anything I would like to see is a school-based health clinic on the campus of every school," Mercatante said. <https://www.thetimesherald.com/story/news/local/2016/10/04/teen-health-center-celebrating-30-years/91492592>.

^v <https://www.thetimesherald.com/story/news/local/2024/03/19/yale-algonac-school-districts-open-health-clinics/73014514007>.

^{vi} Data in this paragraph are drawn from the September 18, 2025 memorandum, Subject: Medical Recommendations for the Development of Primary Care Services.

<https://stclaircounty.org/PageBuilder/scchd/Uploads/20250918%20Memorandum.pdf>.

^{vii} The rationale for this is discussed in the August 1, 2025 memorandum, Subject: Medical Direction for the Consolidation of Clinical Services.

<https://stclaircounty.org/PageBuilder/scchd/Uploads/20250801%20Memorandum.pdf>.

^{viii} <https://www.thetimesherald.com/story/news/local/community/2025/09/04/michigan-st-clair-county-health-department-changes-in-effect/85970208007>.

^{ix} <https://wgrt.com/clinic-set-to-reopen-under-new-management>.

^x Data in this paragraph are drawn from the September 18, 2025 memorandum, see note vi above.

^{xi} <https://www.thetimesherald.com/story/news/local/2025/12/17/teen-health-center-in-port-huron-showcases-renovations-at-open-house/87792471007>.

^{xii} <https://www.thetimesherald.com/story/news/local/2016/10/04/teen-health-center-celebrating-30-years/91492592>.

^{xiii} <https://www.wphm.net/2026/02/09/services-paused-at-port-huron-teen-health-clinic>.

^{xiv} <https://www.thetimesherald.com/story/news/local/2026/02/06/st-clair-county-school-clinic-faces-parental-consent-questions/88548567007>.

^{xv} The closure was announced February 6, 2026, with knowledge that the clinic was previously scheduled to be closed Monday, February 9, 2026. Therefore, the effective closure was limited to four days of clinic operations.

^{xvi} <https://www.thetimesherald.com/story/news/local/2026/02/06/st-clair-county-teen-health-clinic-services-suspended-for-review/88553963007>.

^{xvii} As interpreted, MCL 380.1507 applies to school districts and school boards, and does not explicitly apply to CAHCs located on school property. However, the provision of equivalent sex education at CAHCs, including particularly to students age 13 through 17, under the confidentiality provisions of MCL 333.5127(1), which may be triggered by a student who “professes to be infected with a sexually transmitted infection,” may be viewed as exploiting a loophole and which at the very least, undermines the legislative intent of MCL 380.1507 for strict parental consent for all school-related sex education.

^{xviii} Although not strictly violative of MCL 380.1507(7) which reads “A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device,” as above, the open promotion of the availability of condoms at the SCCHD main clinic can be reasonably viewed as undermining the legislative intent of this provision.

^{xix} Staff at the SCCHD main clinic, who are subject to strict confidentiality requirements accompanying receipt of federal Title X contraception services funding, commonly provide confidential services, including diagnosis and treatment of sexually transmitted infections (STI) and provision of contraception and, in certain cases, abortion counseling, to sexually active youth. The primary confidentiality provisions triggered by receipt of Title X (under Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) are codified in federal regulations at 42 C.F.R. § 59.10 and apply to all Title X projects (grantees and subrecipients) as a condition of funding, including activities at the SCCHD main clinic. SCCHD’s provision of Title X contraception services, although not a requirement of the Public Health Code, and although not explicitly required by state law to be offered by SCCHD and other LHDs, is nonetheless an expectation of the MDHHS credentialing process and is a condition of receipt of MDHHS funding.

^{xx} Bedsider is described as a birth control support network now affiliated with Power to Decide (powertodecide.org), a proponent of abortion access. Bedsider was previously described as affiliated with The National Campaign, previously The National Campaign to Prevent Teen and Unplanned Pregnancy. Since these initial affiliations, Bedsider appears to have adopted a far more explicit position in support of youth sexuality and exclusive youth control over contraceptive use. For example, a recent article (<https://providers.bedsider.org/birth-control/birth-control-methods/person-centered-contraceptive-counseling-is-not-optional>) promotes “person-centered contraceptive counseling,” described as “meeting young people where they are. It means listening without judgment, respecting their preferences, and providing clear, honest information about all contraceptive options so they can make decisions that are right for *them*—not their clinicians’ decisions, not their parents, but their own [emphasis added].”

^{xxi} See, for example, the website of the Michigan Organization for Adolescent Sexual Health (MOASH), at moash.org, an organization established by and receiving the majority of its funding from MDHHS and the Michigan Department of Education. MOASH Executive Director Taryn Gal has publicly described school-based health centers (i.e., CAHCs) as “one of the best resources that young people have.” In recent reporting, she said the centers aim to work with parents but there may be instances where a student is sexually active and the student knows that if they told their parent, the student could be kicked out of the home or abused. “I think young people have the right to know how to keep themselves healthy,” Gal said, “and it’s important that they be able to access treatment from somewhere that they know is safe.” <https://bridgemi.com/talent-education/some-michigan-parents-question-whether-schools-should-have-health-clinics>.

^{xxii} <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder83/Folder1/Folder183/Clinical-MPR.pdf>

^{xxiii} See, for example: <https://www.cdc.gov/yrbs/results/index.html>.

^{xxiv} See, for example: <https://www.aap.org/en/practice-management/bright-futures>.

^{xxv} Although the content of these various risk surveys, including P4C’s RAAPS®, as well as the content of various free or public domain instruments (e.g., CDC’s Youth Risk Behavior Survey instruments) may be a matter of reasonable parental concern, the current review has focused not on these, but on a separate “demographic” survey which was administered together with the RAAPS®. Regardless, use of P4C’s products have been discontinued at the Teen Clinic pending further review of these instruments.

^{xxvi} Review of the transcript of this video (“ADAM Walkthrough Recording”), which appears to be no longer available online, included a single brief reference to the “demographic” survey included in the ADAM interface. Without demonstrating the survey on-screen, or displaying the specific questions, the speaker alluded to this survey as “optional” and noted that it would ask “what’s your racial identity what’s your gender identity your sexual identity things like that.”

^{xxvii} Email sent February 10, 2026, 9:37:09 PM EST from P4C.



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNORDEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGELIZABETH HERTEL
DIRECTOR

August 12, 2025

Liz King
 Health Officer
 St. Clair County Health Department
 220 Fort Street
 Port Huron, MI 48060

Dear Ms. King:

The Michigan Department of Health & Human Services (MDHHS) received the August 1, 2025, memorandum from Dr. Remington Nevin, addressed to you and the Advisory Board of Health, concerning medical direction for the consolidation of clinical services. It is our understanding that this memo proposes to discontinue primary care services at the Yale and Algonac Child & Adolescent Health Centers (CAHCs) beginning September 1, 2025. Discontinuing these services would put your organization out of compliance with the required grant expectations and would jeopardize funding for these centers. We are also aware that a Board of Health meeting is scheduled on August 14th to discuss the future of these two CAHC sites.

As part of the MDHHS Child & Adolescent Health Center request for proposal (RFP) process, applicants are required to demonstrate the need for primary care services in the targeted community, the capacity and experience of the sponsoring agency to administer the program and provide letters of support from key partners. St. Clair County Health Department was awarded two new grants in the 2023 CAHC RFP process because of the compelling case demonstrated through these applications.

We also want to acknowledge your department's historical commitment to school-based health center services as Teen Health at Port Huron High School is one of the longest operating health centers in Michigan, having opened in 1986. It is one of the eight original health centers that were awarded state grant funding and has successfully secured continued grant funding every year since opening. Teen Health-Port Huron consistently exceeds serving more than the required minimum 500 unduplicated users each year, typically seeing close to 700 unduplicated users. Among the multitude of preventive and primary care services provided, the health center provides physical exams to 65%-70% of their patients, demonstrating the need for such services from students and families in the community. MDHHS' CAHC staff conducted a site review of Teen Health in December 2022. Teen Health was awarded Full Accreditation Status after receiving a score of 275 out of 300 possible points (91.7%) and a grade of "A." Program strengths noted by the MDHHS review team during the site review included:

- a health center facility that is clean, bright, teen friendly, and positive, with educational materials available throughout
- staff that are warm, friendly, competent, professional, and function as a team
- staff that actively use care improvement processes to augment their Continuous Quality Improvement (CQI)
- strong supervisory and administrative support

In short, your department has demonstrated its capacity to deliver high quality primary care services for over three decades.

We would also like to provide the below clarifications regarding grant requirements of the CAHC program, in response to the August 1 memo:

- *Role of local public health.* There are three main types of sponsoring agencies that oversee CAHCs in Michigan, including local health departments, community health centers and health systems/hospitals. Local health departments – including St. Clair – have been administering these services since the program was launched in the late 1980s. There are currently 11LHDs that oversee 22 CAHCs and provide medical direction and oversight.
- *Staffing plan.* While the staffing plan does vary by location, most centers start with a mid-level provider (Nurse Practitioner or Physician Assistant), medical assistant/front office position, and a master level mental health provider. As centers grow and receive more funding from third party payors or other sources, they might add staff such as a health educator, registered nurse, or other needed positions.
- *Medical director.* All clinical centers must have a licensed Medical Director that provides clinical oversight to the CAHCs. There is no minimum hourly requirement for this role as needs and capacity vary by site. It is common for a medical director to have a background in pediatrics or family practice, although not required. The sponsoring agency may designate an internal or external position to serve in this capacity. If for any reason an existing medical director is not able or does not choose to serve in this capacity, a new person can be identified to fulfill this role.

One of the biggest challenges for new school-based health centers is hiring a mid-level provider as there are significant provider shortages in our state. With the recent hiring of the two-nurse practitioner (NP) positions for the Yale and Algonac sites and your department's demonstrated record of administering CAHC services, these two centers are well positioned to meet a critical need in your community.

Our department is always available to answer any questions or provide other support needed as next steps are determined. Given the changes that are proposed to take effect on September 1, 2025, as outlined in the memo from Dr. Nevin, please confirm whether your department intends to maintain grant-required services for the two CAHC sites at Yale and Algonac.

We value our collaboration and look forward to your response.

Sincerely,



Sarah

Sarah Lyon-Calio, PhD, MS
Senior Deputy Director and State Epidemiologist MDHHS
Public Health Administration www.michigan.gov/mdhhs

cc: Brenda Jegede, Director, Bureau of Health & Wellness
Carrie Tarry, Director, Division of Child & Adolescent Health
Taggart Doll, Manager, Child & Adolescent Health Services Section

CONTACT US

Location:

SCCHD - Clinic Services

220 Fort Street, Port Huron MI, 48060

810-987-5300



How to Use a Condom:

1. Use a condom before each sex act.
2. Remove condom from package, squeeze tip of the condom to remove air.
3. When penis is erect, place condom on tip and roll down all the way.
4. After ejaculating, withdraw penis while it is still hard. Hold on to rim of condom as you withdraw so nothing spills.

Remember:

- Use water based or silicone lubrication if more is needed.
- If the condom is sticky or brittle or looks damaged, do not use it.
- Store condoms at room temperature.
- **Do not** use a condom more than once.
- Check condom expiration dates before using.



FYIs About STIs

FREE condoms are available at the
St. Clair County Health Department

Monday-Friday.



VIRAL

Anyone who has sexual contact (vaginal anal, or oral sex, contact with sexual fluids or direct genital contact) could get a sexually transmitted infection/disease (STI/STD).

BACTERIAL

A bacterial STI is a sexually transmitted infection caused by bacteria. Bacterial STIs are curable, though they can cause more problems if left untreated. For this reason, early diagnosis and treatment are key.

The most common bacterial STIs are chlamydia, gonorrhea, & syphilis.

Type & Onset	Common Symptoms	How You Get It	Complications
Chlamydia Onset 7-28 days	Most do not have symptoms. Some have discharge or drainage from vagina, penis, anus, painful urination, and/or itching or burning of the genital area.	Sexual contact with an individual who has chlamydia. Can be passed from mother to baby.	<ul style="list-style-type: none"> • Pelvic inflammatory disease (PID). • Damage to reproductive organs. • Sterility.
Gonorrhea Onset 2-21 days	Most do not have symptoms. Some have discharge or drainage from vagina, penis, anus, painful urination, and/or itching or burning of the genital area.	Sexual contact with an individual who has gonorrhea. Can be passed from mother to baby.	<ul style="list-style-type: none"> • Pelvic inflammatory Disease (PID). • Arthritis. • Heart disease. • Skin disease. • Sterility. • Death.
Syphilis Stage I: 1-12 weeks	Stage one symptoms emerge as a painless sore(s) on mouth, genitals or anus. Second stage symptoms show up as the sore(s) heal or weeks following. Present as a rash or flu-like symptoms.	Sexual contact or direct contact when sores are present. Can be passed from mother to baby.	<ul style="list-style-type: none"> • Heart disease. • Blindness. • Brain damage. • Miscarriage. • Death.

A viral STI is a sexually transmitted infection that's caused by a virus. Unfortunately, not all viral STIs can be cured. However, there are existing treatments for most of them.

Some of the most common viral STIs are HPV, herpes (often abbreviated as HSV), hepatitis, and HIV.

Type & Onset	Common Symptoms	How You Get It	Complications
Herpes Onset 1-30 days	Painful, blister-like sores on genitals, mouth or anus. Itching or burning before blisters appear. Flu-like symptoms.	Sexual contact with an individual who has herpes. Can be passed from mother to baby. Can be transmitted even with no symptoms present.	<ul style="list-style-type: none"> • Sexual contact with an individual who has HIV/AIDS. Contact with someone's breast milk, blood, sharing of needles. Can be passed from mother to baby. Can be spread when no symptoms are present. • Infections. • Miscarriage. • Preterm delivery.
HPV/Genital Warts Onset weeks-months	Small bumpy warts in and around the genital or anal area. Abnormal PAP smear.	Sexual contact and/or genital touching. Can be transmitted even if no visible warts are seen.	<ul style="list-style-type: none"> • Some strains of HPV have been linked to oral, cervical, anal, penile cancer(s).

PARASITIC

Know Your Status

TALK



Once in the clinic room, a nurse will ask about current health status, risk factors, and sexual history. If seeking birth control, discuss methods available.

TEST

A physical exam and/or laboratory tests (urine, blood or swab collection) may be required. Some results will be available the same day, while others may take up to 7 days.

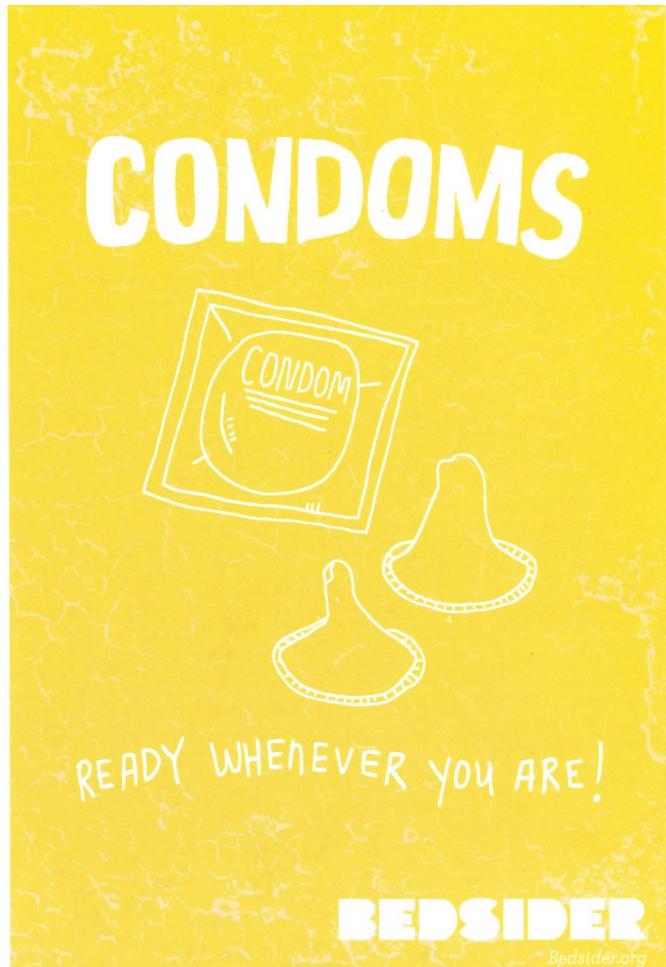
TREAT

Treatment is provided. STIs are treatable and many are curable.

Type & Onset	Common Symptoms	How You Get It	Complications
Public Lice "Crabs" Onset 5 days	Itching in the genital area. The sight of tiny nits (eggs) or crawling lice.	Sexual contact. Sharing infested towel, clothing, bedding with those infected.	<ul style="list-style-type: none"> • Secondary skin infections from scratching. • Increases risk of acquiring additional or other STIs/STDs. • Preterm labor or low birth weight in pregnant individuals.

Type & Onset	Common Symptoms	How You Get It	Complications
Trichomoniasis "Trich" Onset 5-28 days	Can range in severity. They can include no symptoms and painful urination. Females: Vaginal discharge, odor, itching. Males: Penile discharge, itching and irritation inside the penis.	Sexual contact. Primarily vaginal sex.	<ul style="list-style-type: none"> • Increases risk of acquiring additional or other STIs/STDs. • Preterm labor or low birth weight in pregnant individuals.

No symptoms does not always mean **No** infection. A person can pass an infection without having any symptoms.



CONDOMS



READY WHENEVER YOU ARE!

BEDSIDER
Bedsider.org

This advertisement features a yellow background with a textured, floral-like pattern. The word 'CONDOMS' is written in large, bold, white capital letters at the top. Below it is a white line drawing of a condom box and two condoms. The text 'READY WHENEVER YOU ARE!' is written in a white, hand-drawn style. The 'BEDSIDER' logo is at the bottom.

GET TO KNOW CONDOMS.

Slip a condom over the penis or insert an internal condom into the vagina to prevent pregnancy and lower the risk of sexually transmitted infections.

HOW DO THEY WORK?

Condoms are a barrier method. They keep sperm inside the condom and out of the vagina.

ARE THERE SIDE EFFECTS?

Usually none. Unless you have a true latex allergy. If you or your partner are allergic, there are non-latex condoms you can use to protect against pregnancy and STIs.

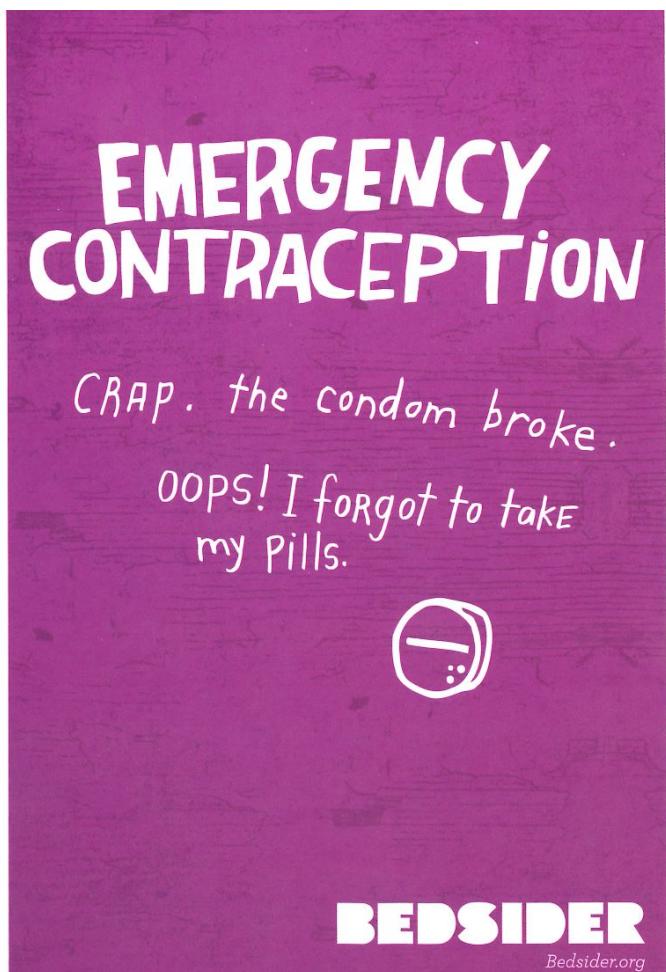
WHAT WOMEN LIKE.

They're cheap (sometimes even free!) and easy to get. Internal condoms offer women more control. All condoms offer dual STI and pregnancy prevention.

CONSIDERING THEM?

Hear about condoms from real people who use them at Bedsider.org/RealStories.

Visit **BEDSIDER.ORG** for free info on all your birth control options.



EMERGENCY CONTRACEPTION

CRAP. the condom broke.

OOPS! I forgot to take my Pills.



BEDSIDER
Bedsider.org

This advertisement features a dark purple background. The title 'EMERGENCY CONTRACEPTION' is at the top in large, white, bold letters. Below it are two lines of handwritten-style text: 'CRAP. the condom broke.' and 'OOPS! I forgot to take my Pills.' A white circle with a horizontal line through it (a 'ban' or 'no' symbol) is centered between the two lines of text. The 'BEDSIDER' logo is at the bottom.

GET TO KNOW EMERGENCY CONTRACEPTION.

If you didn't use birth control—or something went wrong with your method—emergency contraception (EC) can stop a pregnancy *before* it starts. (That means EC is not the same as the abortion pill.)

HOW DOES IT WORK?

There are four types of EC to choose from and they work up to 5 days after unprotected sex. For specifics, go to Bedsider.org/EC.

ARE THERE SIDE EFFECTS?

EC can sometimes cause upset stomach and vomiting.

DOES IT REALLY WORK?

The ParaGard IUD is extremely effective as EC. Taking EC pills can also be effective if taken in time and as directed. Ideally, you'll want to avoid EC by getting on a method you can use before or during sex.

CONSIDERING IT?

Hear about emergency contraception from real people who use it at Bedsider.org/RealStories.

Visit **BEDSIDER.ORG** for free info on all your birth control options.

the ring



looks like a
jelly bracelet

BEDSIDER

Bedsider.org

THE SHOT

IT'S
JUST
A LITTLE
PRICK



it's like being
immune to sperm

BEDSIDER

Bedsider.org

GET TO KNOW THE RING.

You insert this small, bendable ring into your vagina and leave it there for 3 weeks. You then remove it during the fourth week, which is when you usually get your period.

HOW DOES IT WORK?

It releases hormones that keep your ovaries from releasing eggs (no eggs, no pregnancy) and it thickens cervical mucus, which blocks sperm.

ARE THERE SIDE EFFECTS?

The most common—yet temporary—side effects are spotting, sore boobs, and nausea.

WHAT WOMEN LIKE.

The ring's really effective when you remember to put the new one in on time each month.

CONSIDERING IT?

Hear about the ring from real people who use it at Bedsider.org/RealStories.

Need help remembering your ring?

Visit **BEDSIDER.ORG/REMINDERS_APP**
for our free Bedsider Reminders app.

GET TO KNOW THE SHOT.

It's exactly what it sounds like—a shot that keeps you from getting pregnant. Some call it Depo, short for Depo-Provera. It offers total privacy because no one can tell you're on it.

HOW DOES IT WORK?

The shot contains progestin, a hormone that prevents ovaries from releasing eggs. It also thickens cervical mucus, which keeps sperm from getting to any eggs.

ARE THERE SIDE EFFECTS?

The injection spot might be sore for a day or two after you get it. Some have irregular bleeding in the first 6 to 12 months of use. That could mean spotting or heavier periods. After a year, most have little or no bleeding.

WHAT WOMEN LIKE.

Each shot lasts 3 full months. It's extremely effective as long as you get your shots on time.

CONSIDERING IT?

Hear about the shot from real people who use it at Bedsider.org/RealStories.

Need help remembering your shot?

Visit **BEDSIDER.ORG/REMINDERS_APP**
for our free Bedsider Reminders app.

2:30-3:20 pm: Breakout Sessions Group 2

Breakout 2A: Confidentiality and Information Sharing in Adolescent Health Care: Three Scenarios to Explore the Application of Michigan and Federal Laws (Repeat of Session 1A)

Target audience: All models, roles

CEUs: Medical, CHES, Social Work

Presenter: Abigail English, JD

By the end of this session, participants will be able to:

1. Discuss the best ways of explaining confidentiality protection and its limits to adolescents and families.
2. Clarify the requirements for sharing protected health information (PHI) under HIPAA and personally identifiable information (PII) under FERPA.
3. Explore strategies for protecting confidentiality and sharing information when laws are not clear.

Breakout 2B: Back to Basics: Needs Assessment 101

Target audience: All models, roles

CEUs: Medical, CHES

Presenter: Lisa Rutherford, MPH, Program Consultant, MDHHS, CAHC Team

In this session, perfect for new CAHC Program coordinators and providers, you will learn the foundations of a comprehensive needs assessment to drive service delivery and community support for your CAHC program. Learn about the minimum program requirement (MPR), what MDHHS looks for in a site review, and resources for planning your next comprehensive needs assessment.

By the end of this session, participants will be able to:

- Describe the implementation of minor consented services in the school-based and school-linked setting.
- Describe minor consented services to patients and families, and EMR/billing tips.

Breakout 2C: Minor Consented Services in the Real World: Tips and Tricks for Making it Work!

Target audience: Clinical and mental health providers, all models

CEUs: Medical, CHES

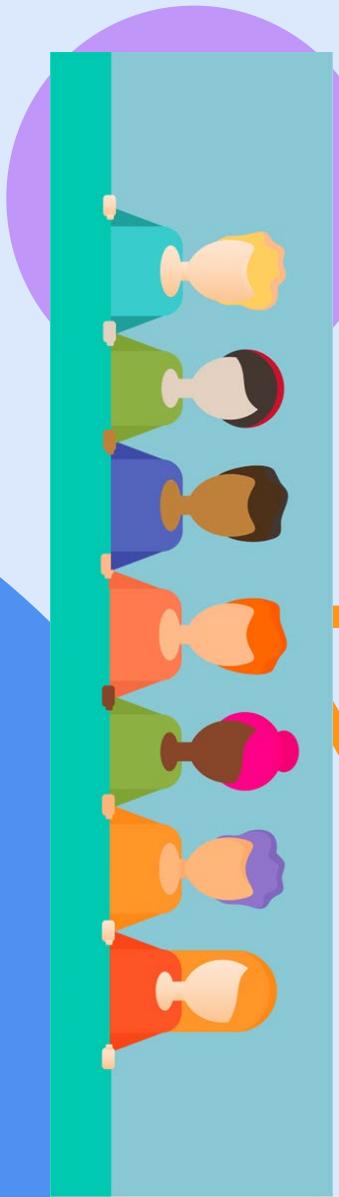
Presenter: Maureen D. Connolly, MD, Medical Director, MDHHS CAHC Program, Henry Ford Health

By the end of this session, participants will be able to:

- Describe the implementation of minor consented services in the school-based and school-linked setting.
- Describe minor consented services to patients and families, and EMR/billing tips.

Minor consented services in the real world: Tips and tricks for making it work!

Maureen (Mo) Connolly, MD



During the visit

- For BH visits, discussing the 12 visit/4 month limit from the start
- Plan B is OTC and is pregnancy prevention (not termination)
- Positive pregnancy test
 - Discussing a plan for follow up
 - Getting the name of a supportive adult - let young person know we will be reaching out to that adult if they ghost us :)
- Discussing all services even if you can't provide them at a SBH/under minor consent
 - PrEP
 - Options for birth control and referral locations
 - Condom access/delivery



5000+ bought in past month

MyChoice Emergency Contraceptive Tablet
★★★★★ (4.5) \$52.99

\$11.73

Price after purchase online ⓘ

Add to cart

Shipping arrives by tomorrow to Sacramento, 95823
Want it faster? Add an address to see options

Sold and shipped by Walmart.com

Free 90-day returns Details

Add to list Add to registry

BUSES DEPARTMENTS GOVERNMENT JOBS PAY WATER

SEARCH

ENGLISH ESPAÑOL

Where am I: Home / Dental Health Department / Programs and Services / HIV/STI Program

Order Free Condoms by Mail

To order a package of 12 condoms, click on the button below.

ORDER FREE CONDOMS >

Possibilities for Change Website, February 11, 2026 (Featuring SCCHD Staff)

The Power of Radical Partnership to Fuel a Nationwide Movement

School-Based Health Centers Identify at-risk youth who might be flying "under the radar" and open the door to more in-depth dialogue and risk-reduction coaching.	Healthcare Providers, Payers and Policymakers Streamline workflows, provide evidence-based coaching, quickly identify high-risk youth, and reduce administrative workload and referral resourcing.	Youth-Serving Organizations Expand health coaching and follow-up on a sustainable scale while gaining valuable insights for reporting and securing grant funding.
K-12 Schools Efficiently identify and prioritize students in need to deliver timely intervention and resources for ongoing support.	Colleges and Universities Assess student risks and connect them to campus resources for immediate intervention and ongoing support.	Influencers and Champions Pro athlete legends like Ray Lewis along with youth mental health experts and advocates are investing their resources in this critical nationwide movement.

Champions Share Our Impact From Their Perspective

Football Hall of Famer Terrell Davis Champions Youth Mental Health

Gabby Touchette – Yampah Mountain High School

Screening in Action in Action

Possibilities for Change Website, February 12, 2026 (SCCHD Staff Removed)**Champions Share Our Impact From Their Perspective**

Football Hall of Famer Terrell Davis Champions Youth Mental Health

Gabby Touchette – Yampah Mountain High School

8:27 AM Wed Feb 11



Provider Actions	
Additional Notes - Not Started	
Provider Action History	Approved
Screening(s) Reviewed	RAAPS, OCPH (9-12 yrs)
Status	No Risk
Visit Action	Positive reinforcement/anticipatory guidance only
Referral	No referral needed
Plan	No follow-up needed
Notes	1-27-26
Log	
Referral Actions - Not Started	
Demographics	
User ID: SCCHD-845200	
Name (Last, First): TEST, PATAGONIA	
Submitted: 01/27/2026	
Demographic Questions	
What is your grade?	5th
Which of the following best describes your gender identity?	Female
Which of the following best describes your sexual identity?	Heterosexual (straight)
Which of the following best describes your racial identity?	White
What pronouns do you prefer?	She/Her