STI Prevention and Care in Settings That Serve Youth in the Legal System

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Youth in the legal system—including those under community supervision, in secure confinement, or navigating reentry—are among the most vulnerable to experiencing sexually transmitted infections (STIs).[1] For example, rates of chlamydia and gonorrhea in this population are significantly higher than among the general adolescent population[2]—yet public health agencies rarely have a systematic mechanism to reach them. For many of these young people, division across legal systems, community health, and public health systems limits access to consistent health care.[3] Public health agencies are uniquely positioned to bridge these gaps and ensure continuity of care.

This resource is for public health administrators and staff ready to act on that opportunity, with practical guidance organized across three sections: understanding the broad settings where youth encounter the legal system, reaching youth in the community, and providing care for youth in detention and secure confinement.

Understanding the Settings

The guidance in this resource is organized around two broad settings where public health agencies will encounter youth in the legal system: in the community and confined in a facility. In practice, youth may move back and forth between these settings.

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Community Supervision and Non-Secure Residential Settings

This setting includes youth under court-ordered community supervision who live at home or in non-secure community-based residential placements (e.g., probation group homes). Most youth under juvenile court supervision live in the community.[4] Access to health care varies widely and is often inconsistent for this population.

Detention and Secure Confinement

This setting includes youth held in detention facilities (typically, short-term) or committed to a secure (locked) residential/correctional facility. Confinement and reentry (the transition period between confinement and community living) represent a sustained window of opportunity for public health agencies to deliver care and build continuity of care into the community.

Reaching Youth in the Community

The majority of youth in the legal system are not in facilities—they are living in the community under court supervision (e.g., diversion monitoring, probation conditions).[4] While probation agencies often serve as the primary point of contact for these youth, reaching the youth population in the community requires public health agencies to actively cultivate cross-system relationships rather than wait for referrals. By building cross-system, interdisciplinary partnerships with probation agencies and other health clinics and departments, public health agencies can bring services to youth. The following recommendations are for public health agencies looking to build or strengthen partnerships with legal, health care, and community systems to better reach youth under community supervision.

Formalize the public health and legal partnership.

A memorandum of understanding (MOU) between public health and probation agencies should explicitly name the services covered under the partnership (including STI screening, treatment linkage, and reproductive health education) to clearly define the scope of public health's role.[5] Additional considerations should include defined roles for community health partners and data-sharing protocols. Formalizing these relationships ensures that collaboration across public health, probation, and health care systems is institutional, not dependent on individual relationships that change with staff turnover. Without a formal MOU, partnerships risk disruption when staffing changes or priorities shift, leaving youth without consistent access to STI screening and treatment.

What to avoid:

- Avoid language in MOUs or partner communications that frames STI screening as targeting "high-risk" youth or that conflates sexual health care with history within the legal system. Ensure confidentiality of testing and sharing of results.

Bring screening to where youth already are.

Partner with probation agencies to offer confidential STI screening at probation offices and courthouses. Because youth are already required to show up for regular check-ins at these locations, bringing testing there removes common barriers: no extra appointments to schedule, no transportation to arrange, and no need to seek out a separate clinic. Mobile testing units can serve the same purpose where fixed sites aren't feasible.[6] For this to work, youth must trust that the testing won't affect their legal case. Before any screening begins, make clear to youth and all staff involved that STI testing is completely separate from the legal process.

What to avoid:

- Avoid placing the burden of access on youth. Do not make assumptions about which youth need screening based on personal characteristics, and do not leave scheduling or follow-through to the youth themselves.
    - **Note on pregnant youth:** Untreated syphilis during pregnancy can result in congenital syphilis, a serious and preventable condition. Ensure that all pregnant youth are screened for syphilis regardless of prior testing history.

Close the gap between a positive result and completed treatment.

Referral to treatment is not treatment itself, especially for youth in the legal system who often face many barriers to care. When a youth tests positive for an STI, public health agencies and health care providers should support active follow-through, such as helping the youth schedule appointments, following up on missed visits, and assisting with Medicaid enrollment. This also includes ensuring that sexual partners are notified and offered testing.

What to avoid:

- Avoid sharing test results without at least a basic plan for follow-up. Ensure that the relationship between probation agencies and public health facilitates a warm handoff for referrals.

Communicating With Youth: Key Considerations

Many youth in the legal system have experienced trauma and may have prior negative encounters with health care. How providers communicate matters as much as what you communicate. Below are some reminders to consider:

- ✓ **Lead with confidentiality, immediately and explicitly.** Youth need to know what is and is not shared before they will engage honestly. Health care providers are required to report certain STIs (including chlamydia, gonorrhea, and syphilis) to public health agencies, regardless of the setting in which youth are identified. Transparency about these reportable conditions is both ethically required and practically important for maintaining trust. Explain clearly that STI results stay in their medical record and are not shared with probation officers, courts, family, or schools without their consent.

- ✓ **Be transparent about the limits of confidentiality.** Health records can be accessed through court processes in active legal proceedings, and serious safety concerns may override standard privacy protections. Providers should consult their institution's legal or compliance staff to understand how these situations should be documented.

- ✓ **Normalize the conversation and remove the stigma.** Frame STI screening as standard care that every youth receives, not a response to their behavior or history.

- ✓ **Follow the youth's lead on language.** Avoid assumptions about sexual orientation, partners, or activity, and use the terms the youth uses for their own body and identity.

- ✓ **Be transparent about the process and the results.** Explain what testing involves beforehand and deliver results privately. A positive STI result is a health finding.

Youth in Detention and Secure Confinement

Youth in confinement have more consistent access to health care in a way that highly mobile, underserved youth in the community do not.[7,8] That makes facility stays a high-return point of intervention for a focused investment in screening, treatment, and transition planning. The following recommendations apply to public health agencies and facility health staff working inside detention and secure confinement settings.

Protect confidentiality within the facility.

STI status and sexual health information belongs in the medical record, not the case file. Treat it with the same protections as any other sensitive health information.

What to avoid:

- Avoid including STI status, sexual orientation, or sexual health information in legal, disciplinary, or placement documents shared broadly across the facility. Note that medical records may be subject to subpoena in legal proceedings. Exceptions to confidentiality may also apply when a youth's immediate health or safety needs are at risk. Staff should consult legal counsel on documentation practices.

Screen all youth at intake—universally, privately, and by opt-out.

Test all youth for STIs aligned with U.S. Centers for Disease Control and Prevention (CDC) guidelines as part of routine medical intake, regardless of reported symptoms, unless youth opt out of testing.[9] If a youth opts out of testing at intake, the opt-out should be documented and screening should be re-offered at every intake. Given its feasibility and non-invasive nature, urine-based testing to screen for chlamydia and gonorrhea is an effective and readily operationalized approach at intake.[10] Facilities with blood testing capacity should also screen for HIV and syphilis, especially in pregnant youth. Many STIs have no noticeable symptoms, and many minors are unaware they can have an STI without feeling sick.[11] Explain that this is a standard part of medical intake for every youth, not a drug test, and that results are confidential.

What to avoid:

- Avoid allowing administrative or security staff to interrupt or observe health screenings. While correctional settings may limit the conditions under which care is delivered, the goal should be to ensure confidentiality and privacy to the greatest extent possible according to the National Commission on Correctional Health Care standards.[12] Additionally, avoid screening only youth who report symptoms or ask to be tested. Symptom-based STI screening misses the majority of cases.

Treat promptly on-site without administrative delay.

Promptly treat STI-positive youth on-site as part of standard care, in line with CDC guidelines. Clear nursing protocols, standing orders, and pathways for alerting prescribers to positive test results can facilitate care.

What to avoid:

- Avoid deferring treatment to community providers when it can be initiated or completed during the facility stay. Do not make treatment contingent on provider scheduling. If a youth is in the facility and medication is available, treatment should begin. Use this time to also deliver preventive care the youth may not otherwise receive, such as missed or recommended vaccinations like HPV or Hepatitis B.

Provide reproductive health education and counseling during confinement.

Reproductive health education—including STI transmission and avenues for accessing sexual health care in the community—is a helpful part of STI prevention.[13] The facility stay is an opportunity to fill that gap with accurate, non-judgmental education that connects directly to the STI screening and treatment services the youth might be receiving.

What to avoid:

- Avoid relying on a post-release referral as a substitute for in-facility education and counseling. Youth who receive this education may adopt and sustain protective behaviors after release and learn what types of services are available to them.

Planning for the Community Transition

Reentry is not a single moment. Rather, it is a process that begins with intake into a facility and continues long after release. The steps below should be treated as a transition planning timeline, not a discharge checklist:

- ✓ **Initiate Medicaid and CHIP re-enrollment at least 30 days before release.**[14] Do not leave this to the youth or their families.
- ✓ **Establish referral networks with community health providers.** Schedule a confirmed appointment with a community health provider before release — not a referral, but a specific date and location confirmation.
- ✓ **Plan any final STI screening** early enough that results will be back before release, and ensure the youth has a contact number for any results still pending.
- ✓ For youth who need ongoing treatment, **send them home with enough medication** to bridge the gap until their first community appointment—with supply duration tailored to the treatment regimen—so that no youth faces a gap in treatment.
- ✓ Before release, **confirm that no STI or sexual health information has been included in documents** being transferred to courts, probation officers, schools, or family.

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Reference for this Resource and Contacting the Team

Chan, K., Barnert, E., Tolou-Shams, M., & McNeill-Johnson, A. (2026). *STI prevention and care in settings that serve youth in the legal system.* Child Trends. DOI: 10.56417/736v3036x

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