Youth-Centered Care Resources

Communication

Health Literacy

Provider/Staff Attitudes, Skills & Interactions

Transition

Guideline-Driven Care

Youth Involvement in Care

Confidentiality

Accessibility

Effective Data Systems

Understanding of Youth Development

Welcoming Environment

STATE ADOLESCENT HEALTH

Adolescent & Young Adult Health
National Resource Center

sahrc
State Adolescent Health Resource Center

Available at www.nnsahc.org
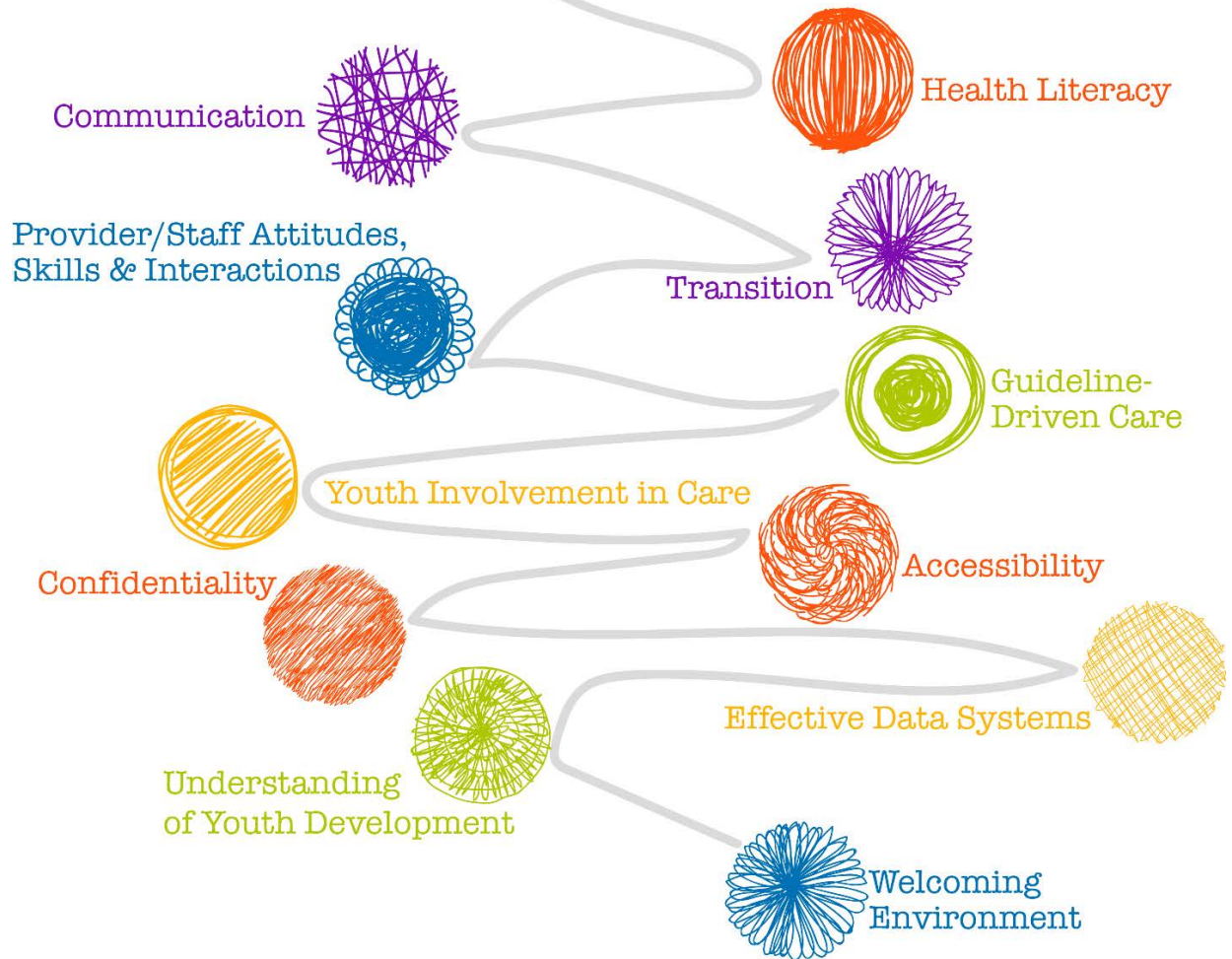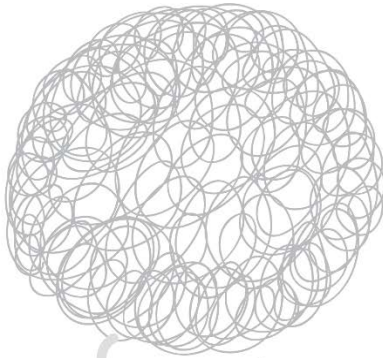
Youth-Centered Care Resources

Youth Centered Care (also known as youth-friendly care) has been used in past decade to improve health care services to better address the needs of adolescents AND young adults. It provides a framework that weaves together the standards for health care with the qualities that young people are entitled to and demand (including youth-friendly experiences, settings and services). Through this, health care providers and systems are guided to do the "right thing" (evidence-based care) the "right way" (care designed for young people).

This compilation explores key elements of youth-centered care, initially based on eight global standards defined by the World Health Organization (WHO) in 2015 to assure receipt of quality youth-centered care. This compilation expands key elements to eleven, reflecting other key themes of youth-centered care aligning with and emerging from WHO standards, and elevated for greater focus in the resources.

This compilation highlights resources and examples related to each key element. Links to these resources and others related to youth-centered care are available in a Companion Tool on the website of the National Network of State Adolescent Health Coordinators (NNSAHC). Click **COMPANION TOOL: Types of Resources Available** in each element to access the NNSAHC Youth-Centered Care Resource Depot and Companion Tool.

Health Care Literacy

What does this mean?

- Adults (providers, parents and families) help youth become educated consumers of health care.

What does that look like?

Young People

- Know what quality care is (or should be).
- Understand their right to obtain quality care.
- Have the skills to give feedback to improve their care.
- Know how to use health insurance (know if they have it or not, know their billing/payment options, know they have a right to a copy of their insurance card/information).
- Understand what a well-visit is (importance of AWV vs. seeing a provider for a specific problem, vs. sports physicals).

Parents

- Understand what a well-visit is (importance of AWV vs. seeing a provider for a specific problem, vs. sports physicals).
- Have the skills to teach their kids about the health care system.

How do you do that?

- Teach young people how to use the health care system.
- Provide tools to HC providers so they can teach their young patients.
- Provide tools to parents so they can teach their kids.
- Communicate to young people and parents about importance of the well visit.
- Establish clinic policies to promote well visits.

COMPANION TOOL ☀
Types of Resources Available

For teens

- TeenSource.org – California Family Health Council
- University of Michigan Video gallery (e.g. Teen Self Advocacy)
- T2X (website, social media platform with different 'channels" such as adolescent well care, directing users to articles, podcasts, and other resources to explore the topic)
- IAMINCONTROL.ORG – Iowa Department of Public Health website by and for youth.

For use with teens

- New Mexico – Youth Health Literacy Tool
- New Mexico Alliance for School-Based Health Care Youth Health Literacy Guide Tools for Expectant and Parenting Teens
- Wisconsin PATCH – Youth to Youth Training
- The Public Health Advocacy Curriculum from Stanford Medical Youth Science Program
- Nemours Children's Health Services, Navigating the Health Care System Curriculum (health care literacy for high school age youth)

For providers and clinics

- Envision New Mexico for the Adolescent Health Initiative telehealth series (best practice care topics incl. effective communication, open to all professionals)
- New Mexico – Know Your Health Toolkit and Campaign
- Minnesota Health Literacy Statewide Partnership
- Act for Youth Center of Excellence – compilation of adolescent health literacy research and assessment tools

Communication

What does this mean?

- Health care providers and staff use communication that actively engages young people, and their parents/family, in the health care experience.

What does that look like?

Providers and staff communication with young people is:

- Simple, non-jargon language.
- Actively listening.
- Respectful with an open tone of communication young person feels respected).
- Uses client-centered interviewing and counseling techniques to engage young people and build rapport while assessing the full range of their needs (e.g. HEADSS, motivational interviewing).

Effective communication techniques are used:

- To clearly delineate roles and responsibilities of the provider, the parent/caretakers, and the youth.
- To develop a functional relationship with the whole family.

How do you do that?

- Build skills of providers and staff to communicate effectively with young people and their parents/families (continuing education, training at university level, working with pre-service training programs).
- Train young people on how to communicate effectively with providers.
- Adopt clinic policies that allow enough time in a visit for authentic communication.

COMPANION TOOL
Types of Resources Available

Managing workflow/ optimizing time with adolescents

- Adolescent Well Care Visits Guidance Document, Oregon Health Authority (workflow management examples for clinics)
- Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screenings Tools (2014) Patient Centered Primary Care Institute (work flow & screening tool tips)
- Changes for Improving Health Care Delivery: Optimize the Care Team, Institute for Health Care Improvement (improving team communication, managing/measuring office visit cycle time)
- Workflows that Work: Integrating Adolescent Risk Screening in Primary, Family & Pediatric Practice, Possibilities for Change

Team-based approaches

- Transforming Adolescent Healthcare Delivery in the State of Michigan, Report, MI Depts. of Health and Human Services and Education (team-based approaches to adolescent health care)
- Transformational Adolescent Health Care Delivery Models, MI Dept. of Community Health Transformational Grants (video gallery & implementation guides for team-based approaches)

Models of youth-involved/ engaged training for providers

- YouthCHAT: The Minnesota Model for Youth - Involved Adult Training, University of Minnesota, Department of Pediatrics
- New Mexico YouthCHAT
- Wisconsin Provider and Teens Communicating for Health (PATCH)

Research on youth-involved training for providers

- Conversations with Adolescents: What We Have Learned from Medical Student Exercises with Standardized Patients, Barratt et al. Journal of Clinical Outcomes Management, January 2006, Volume 13(1)
- Communicating in Adolescence: Building On Strengths While Addressing Risks (January 2008), American Academy of Pediatrics.

COMPANION TOOL

Types of Resources Available (continued)

Communications training/ curriculum for providers

- Adolescent Medicine Resident Curriculum, Society for Adolescent Health and Medicine (free/online)
- Reaching Teens online curriculum - American Academy of Pediatrics
- EuTEACH, Multidisciplinary Unit for Adolescent Health (Switzerland) (free/online)
- Texas Health Steps online curriculum and CE courses (free/online)
- Adolescent HIV Care and Treatment– A Training Curriculum for Health Workers, Participant Manual (modules on building trust and rapport, and effective counseling techniques)
- Michigan Adolescent Champion Model
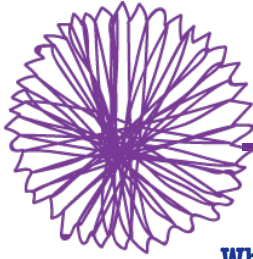
Transition

What does this mean?

- Healthcare providers, staff and parents support and engage youth in improving their transition from pediatric to adult health care.

What does that look like?

Clinics and providers

- Have policies and procedures for youth in health care transition.
- Have good relationships and connections with adult health care and community services.
- Allow time during clinic visit to address transition to adult health care.
- Provide anticipatory guidance on health care transition to youth and parents/caregivers.
- Ensure interface between other providers and settings where young person receives health care (medical home, alternate care settings such as schools, minute-clinics, community clinics).

Parents and caregivers

- Know how to support young people to transition.

Young people

- Understand health care and how to transition to adult care.

How do you do that?

- Help clinics create policies.
- Share model clinic policies on health care transition.
- Train providers on how to address transition with young people and parents.
- Help providers code and get reimbursed for transition.
- Train young people and parents about transition.
- Create materials that can be used to train young people and parents about transition.
- Help young people communicate and coordinate between their primary care provider/medical home (if they have one) and alternate care settings and other sectors where they might receive care (schools, minute-clinics, community clinics)
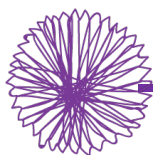
COMPANION TOOL ✳

Types of Resources Available

Organizations and agencies

- GotTransition.org (incl. Six Core Elements of Transitioning to an Adult Approach to Health Care Without Changing Providers)
- American Academy of Pediatrics, National Center for Medical Home Implementation (incl. providers resources on facilitating transition from pediatric to adult care)

For youth and families

- Rhode Island Department of Health, Complete Care Notebook (portable organizer for families to record important child health information)
- Rhode Island Dare to Dream Leadership Program (incl. downloadable Transition and Transfer of Adolescents to Adult Health Care Poster and Transition Workbook for Youth)
- Connecticut Medical Home Initiative, Children & Youth with Special Health Care Needs - Transition to Adulthood survey (Youth or Young Adult, and Caregiver versions)
- The Adolescent Patient Centered Medical Home Initiative of Rhode Island

For providers

- Clinical Report: Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians (ACP) (incl. step-by-step algorithm on how to plan and execute better health care transitions for all young people).
- Health Care Transition Service Models and Providers' Attitudes - Health Care Transition Talks (Video), Texas Children's Adolescent Medicine Clinic & Baylor College of Medicine
- Adolescent HIV Care and Treatment - A Training Curriculum for Health Workers, Participant Manual. Columbia University, Mailman School of Public Health (modules including supporting transition to adult care
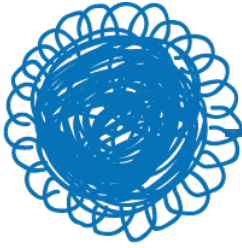
Provider & Staff
Attitudes, Skills & Interactions

What does this mean?

- Providers and staff use client-centered interviewing and counseling techniques that build on youth strengths to help them explore and resolve issues and inspire behavior change.

## What does that look like?

Attitudes

- "See the person, not the problem".
- Respectful, non-judgmental, supportive.
- Friendly, comfortable, welcoming.
- Recognition of YSHCN as "youth with normal problems" rather than youth defined through their disease.
- Likes working with youth.

Skills

- Effective interpersonal skills – build a relationship with youth.
- Skilled in client-centered interviewing and counseling techniques (e.g. motivational interviewing, HEADSS).
- Handles youth concerns about privacy and confidentiality.
- Build on young peoples' strengths (strengths-based approach).

How do you do that?

- Cross-train providers and staff to be sure they: understand adolescent development; have interaction skills that engage young people; create a welcoming environment; use motivational interviewing.
- Partner with youth to train providers and staff.
- Conduct routine youth/patient satisfaction survey to assess young people's experience in the clinic with staff.
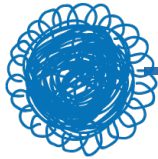
COMPANION TOOL ✦
Types of Resources Available

General communication training and curriculum

- Adolescent Medicine Resident Curriculum, Society for Adolescent Health and Medicine (free/online)
- Reaching Teens online curriculum - American Academy of Pediatrics
- EuTEACH, Multidisciplinary Unit for Adolescent Health (free/online)
- Texas Health Steps online curriculum and CE courses (free/online)
- Adolescent HIV Care and Treatment– A Training Curriculum for Health Workers, Participant Manual (modules incl. building trust and rapport, effective technical for counseling adolescents)

Provider training models

- Ohio Talk (Transforming Adolescent Care Learning Collaborative)
- Vermont Youth Health Improvement Program
- Michigan Adolescent Champion Model

Team based approaches

- Changes for Improving Health Care Delivery: Optimize the Care Team, Institute for Health Care Improvement
- Transforming Adolescent Healthcare Delivery in the State of Michigan - Report, MI Depts. of Health and Human Services and Education (website gallery & implementation guides on team-based approaches)
- Best Practices for Youth Friendly Clinical Services, Advocates for Youth
- A Pre-visit Screening Checklist Improves Teamwork and Access to Preventive Services in a Medical Home Serving Low-Income Adolescent and Young Adult Patients, Clinical Pediatrics (October 2013)

Patient satisfaction surveys

- Michigan Adolescent Champion Model
- Measuring youth health engagement: development of the youth engagement with health services survey. Journal of Adolescent Health, 2014 (CO and NM examples)
- Vermont Adolescent and Young Adult Patient Exit Survey – Sample for Clinics
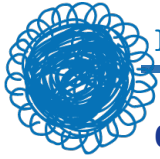
COMPANION TOOL

Types of Resources Available (continued)

Client centered interviewing and counseling techniques

- Michigan Public Health Institute - Motivational Interviewing & Risk Assessment online courses (free/online)
- Minnesota Department of Health Screening Tools for Local Clinics (Incl. adapted long and short HEADSSS guide)
- University of Washington Medical Center, Online Center for adolescent screening tools for clinical care
- Wisconsin Department of Public Instruction, compilation of evidence-based, behavioral health screening tools in public domain.
- HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media, Modern Medicine Network
- CRAFFT, Center for Adolescent Substance Abuse Research

Youth-involved/engaged training for providers

- YouthCHAT: The Minnesota Model for Youth - Involved Adult Training, University of Minnesota, Department of Pediatrics
- New Mexico YouthCHAT
- Wisconsin Provider and Teens Communicating for Health (PATCH)

Guideline-Driven Care

What does this mean?

- Clinics and other venues establish policies, practices and service based on established guidelines.

What does that look like?

Policies

- Clinic policies promote use of preventative health guidelines and client-centered screening tools.
- Pre-visit questionnaires are used with youth and parents (electronic if possible).

Services

- Clinic procedures prompt or remind for recommended services and/or screenings.
- Ample time is given for providers to assess, discuss, and counsel on youth concerns.

Practice

- Youth are able to see consistent health care provider.
- Client-centered screening and interview tools are used routinely in health care of youth.
- Care is culturally-sensitive.

How do you do that?

- Align state Medicaid policies to Bright Futures guidelines.
- Integrate guidelines into electronic health record systems.
- Adopt AAP periodicity schedules (Medicaid, health plans, clinic, clinic systems).
- Train providers and staff on guidelines.
- Train providers and staff on use of screening tools.
- Conduct quality improvement initiatives on adolescent screening.
- Train providers and staff on culturally sensitive care.
- Compile and curate screening tools.
- Adopt electronic tools for screening (i.e. iPADS).

COMPANION TOOL

Types of Resources Available

Adolescent specific health guidelines and standards

- Implementing the Guidelines for Adolescent Preventive Services (GAPS), Am Fam Physician (May 1988)

- Bright Futures, American Academy of Pediatrics, Adolescent Core Tools (English and Spanish, incl. Visit Documentation Forms, Pre-visit Questionnaires and Parent/Patient Education Handouts)

- Healthcare.gov Preventive care benefits for children and adolescents (list of well-child and preventive health services covered under the Affordable Care Act)

- Summary of Recommended Guidelines for Clinical Preventive Services for Adolescents up to Age 18, UCSF Div. of Adolescent and Young Adult Medicine (April 2016)

- World Health Organization, Global Standards for Quality Health Care Services for Adolescents, Volume 1: Standards and Criteria.

State examples & resources on aligning with Bright Futures

- Adolescent Well Care Visits Guidance Document, Oregon Health Authority (example of state Medicaid policy aligned to Bright Futures guideline for annual well care visits for adolescents from ages 11-21).

- Bright Futures and State Implementation Issue Brief, Association of State and Territorial Health Officials (examples from IL, NY, VA, WA)

- Bright Futures – State profile, Colorado (how Colorado's Medicaid program has adopted the Bright Futures Guidelines as the standard of care in the state)

- State Innovations in EPSDT, National Academy for State Health Policy (Examples of how Iowa and Oklahoma Medicaid agencies report using Bright Futures resources to help primary care providers implement EPSDT)

- Paving the Road to Good Health, Strategies for Increasing Medicaid Adolescent Well Visits (Strategy 1: Adopt Current Bright Futures Guidelines for Adolescents)

- Integrate Bright Futures Into Your Electronic Health Record System, AAP Bright Futures

COMPANION TOOL

Types of Resources Available (continued)

Managing workflow/ optimizing time with adolescents

- Adolescent Well Care Visits Guidance Document, Oregon Health Authority (workflow management examples)
- Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screenings Tools (2014) Patient Centered Primary Care Institute (work flow & screening tool tips)
- Changes for Improving Health Care Delivery: Optimize the Care Team, Institute for Health Care Improvement (improving team communication and managing/measuring office visit cycle time)
- Workflows that Work: Integrating Adolescent Risk Screening in Primary, Family & Pediatric Practice, Possibilities for Change (case studies on successfull workflow integration with RAAPS, including use of I-Pad for waiting screening).

Pre-visit questionnaires for use with youth and parents

- Oregon Pediatric Improvement Partnership confidentiality tools (questionnaire for adolescent and for parent of adolescents)
- Bright Futures Adolescence Tools (including Pre-Visit Questionnaires for adolescents and parents (early, middle and older/late adolescence)
- A Pre-visit Screening Checklist Improves Teamwork and Access to Preventive Services in a Medical Home Serving Low-Income Adolescent and Young Adult Patients, Clinical Pediatrics (October 2013)
- Vermont Adolescent and Young Adult Patient Exit Survey – Sample for Clinics

Youth Involvement in Care

What does this mean?

- Providers and clinic settings ensure there are structures in place for involving youth in their care.

What does that look like?

Providers and staff use an interactive process with youth to:

- Assess issues of importance to the young person.
- Ensure they understand his/her health care, condition, treatment.
- Ensure they are actively engaged in their decision making and treatment process.
- Use referral procedures that ensure youth know where and when to go, who to see, and services to receive (including support for self-care and behavior change).
- Apply principles of Patient Centered Care to youth services (i.e. care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions).

Young People

- Are actively engaged in designing, assessing and providing health services.

How do you do that?

- Train providers and staff on interacting with/engaging young people.
- Establish clinic practice and policies that support training and allow time for extended visits with young people.
- Routinely conduct patient satisfaction surveys with youth for quality improvement purposes (not only as a measure that visit was achieved).
- Become certified as a Patient Centered Care clinic.
- Enhance medical home certification to ensure adequate adolescent focus.
- Engage youth as peer health educators where appropriate (e.g. in school-based health center settings).
- Start a youth advisory group, or partner with an existing youth advisory group/entity to get feedback (local public health, SBHC, FQHC).
- Offer feedback from existing youth advisory groups/structures to private practice providers to provide adolescent perspectives that could be helpful to their practices.

COMPANION TOOL
Types of Resources Available

Extended time with Adolescents

- Adolescent Well Care Visits Guidance Document, Oregon Health Authority (workflow management examples).
- Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screenings Tools (2014) Patient Centered Primary Care Institute (workflow and screening tool tips)

Models of Youth involved/engaged training for providers

- YouthCHAT: The Minnesota Model for Youth - Involved Adult Training, University of Minnesota, Department of Pediatrics
- New Mexico YouthCHAT
- Wisconsin Provider and Teens Communicating for Health (PATCH)

For Use with Teens

- Wisconsin PATCH – Youth to Youth Training
- Stanford Medical Youth Science Program, Public Health Advocacy Curriculum (10 lessons, intended to teach students how conditions in their neighborhood affect their health and engage them in health-related advocacy efforts)
- Nemours Children's Health System, Navigating the Health Care System Curriculum (for high school age students

Patient Satisfaction Surveys

- Michigan Adolescent Champion Model (patient satisfaction surveys)
- Measuring youth health engagement: development of the youth engagement with health services survey. Journal of Adolescent Health (2014) (CO & NM examples)
- Vermont Adolescent and Young Adult Patient Exit Survey (Clinic Sample)

Youth Advisory Groups

- Youth Alliance for a Healthier Alaska
- Youth Engagement Through Youth Advisory Councils Manual, Michigan Dept. of Health and Human Services
- Lead the Way: Engaging Youth in School-Based Health Care, National Assembly on School Based Health Care

COMPANION TOOL

Types of Resources Available (continued)

Research & Lessons Learned

- Oregon Health Authority, Youth Experiences of Prevention Care: Summary Report of Youth Listening Sessions
- Adolescents' Experiences and Views on Health Care, National Alliance to Advance Adolescent Health (March 2010)
- Scheool-Based Health Centers and the Intersection of Youth Empowerment and Health Care (2013) (highlights the impact on patient and provider when youth are given an opportunity to have a more active role in their own health care).
- Patient Engagement for Youth in Multiple Facets of Healthcare in Rhode Island, Rhode Island Medical Journal (2016)

Accessibility

What does this mean?

- Clinic and venue policies and procedures make health care easily accessible and user friendly for youth.

What does that look like?

Making appointments is easy

- Ability of youth to select their own appointment times
- Flexible appointment times (off hours, after school, evenings, weekends, walk-in if possible).
- Ease of making appointments.

Location of services is convenient

Alternative formats for care are available

- E-visits
- Telehealth
- Mobile technology

Access to follow-up is easy

- Easy access to follow-up (ability to communicate with provider, electronic prescription refills, referrals).
- Electronic communication with clinic (e.g. patient portals to make appointments online, text-information services).

How do you do that?

- Identify lessons learned from SBHCs and apply to other health care settings.
- Start or expand school-based health centers.
- Explore and create clear policies about electronic communications (who has access, what can be shared, how do you know intended young person receiving message vs. someone else).
- Co-locate or link services where young people already are (e.g. schools, homeless drop-in centers, community centers, juvenile justice programs.
- Employ technology-based methods to reach young people with technology they are comfortable with/already using.

COMPANION TOOL

Types of Resources Available

Use technology to reach youth

- MI Transformational Adolescent Health Care Delivery Projects (compilations of technology-based resources to improve child and adolescent health care delivery)
- Using social media to engage adolescents and young adults with their health, Healthcare (December 2014)
- Texting, Tweeting, and Talking: E-communicating with adolescents in primary care, Contemporary Pediatrics (June 2013)
- Paving the Road to Good Health, Strategies for Increasing Medicaid Adolescent Well-Care Visits (Strategy 5: Use Social Media to Increase Well-Care Visits)

Bringing clinical services to non-clinical settings

- The Right Place, Right Time: School Based Health Centers Improve Care for Adolescents (lessons from CO and NM's SBHC Improvement Project)
- Attracting and Retaining Adolescent Patients: Recommendations for School-Based Health Centers (CA, 2013)
- MI Transformational Adolescent Health Care Delivery Models (video gallery and implementation guides for team-based approaches)
- Lucile Packard Children's Hospital, Mobile Adolescent Health Services Program, San Francisco Bay area (Multi-disciplinary staff, custom care for homeless, uninsured or underinsured youth, and those w/out access to health services)
- The SPOT (Supporting Positive Opportunities for Teens), St. Louis (Comprehensive health and social services center, provides free confidential medical care, mental health and substance abuse counseling, case management services, showers, snacks and a safe place to hang out for young people who need these)
- A Day in the Life of a Mobile Health Clinic, Boston (Mobile health clinic reaching homeless teens at shelters, parks, and subway stops; passing out sandwiches and survival guides)

Electronic health records and patient portals

- Meaningful use of a confidential adolescent patient portal, Journal of Adolescent Health (2016)
- Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care, Journal of Adolescent Health (2014)
- Unlocking the Potential of the Patient Portal for Adolescent Health, Journal of Adolescent Health (2016)

Confidentiality

What does this mean?

- Providers/staff understand legal parameters of confidentiality for youth.
- Clinic has policies and practices that ensure youth and parents understand and feel confident knowing their rights.

What does that look like?

Clinic ensures policies/practices support confidential care in:

- Time alone in a visit without caregivers.
- Medical records.
- Insurance/billing (e.g. suppress/direct EOBs).
- Communication with youth (e.g. consulting the young person on the best way to contact her for follow-up or test results).

Systems support confidential care:

- "Red-flag" youth with confidentiality concerns.
- Promote routine review of confidentiality policies with youth, parents and caregivers.
- Post policies in places young people are likely to see (front desk, bathroom, exam room).
- Create confidential patient portals that are used by staff, young people and parents.

Providers/clinic staff understand confidentiality laws /policies:

- State and local laws
- Emancipation
- HIPPA and other laws that impact healthcare/services for youth.

How do you do that?

- Create clinic practices and policies to ensure confidentiality.
- Interpret/summarize related state laws and application to clinic.
- Partner with legal organizations focused on public health law.
- Train providers and clinic staff in confidentiality.
- Research and adopt a method of confidential communication through patient protocols, text messaging programs, traditional phone-based programs, websites.
- Strengthen confidentiality laws.
- Educate young people about their rights and responsibilities.
- Survey providers to find out their comfort level and what they know.

COMPANION TOOL
Types of Resources Available

For youth and parents

- TeenSource.org – California Family Health Council (Know Your Rights Section)
- Society for Adolescent Health and Medicine, Confidentiality Resources for Adolescents, Young Adults, and Parents
- Bedsider.org (online birth control support network provides articles about insurance privacy settings and discrete birth control options)
- Your Body, Your Rights (website powered by the American Civil Liberties Union of PA, offers guidance to minors who want to learn about their right to health care and mental health services)
- THRIVE (App developed by the Society for Adolescent Health and Medicine provides parents with a resource to help adolescents increase ownership over their own health)

Examples of state law summaries

- Guttmacher Institute, An Overview of State Minor Consent Laws
- California's Confidential Health Information Act
- Michigan Confidentiality and Minor Consent Laws

  Oregon Health Authority Minor Rights: Access and Consent to Health Care A resource for providers, parents and educators

Training and curriculum for providers

- Adolescent Medicine Resident Curriculum, Society for Adolescent Health and Medicine (free/online, incl. module on Consent and Confidentiality)
- EuTEACH, Multidisciplinary Unit for Adolescent Health (Switzerland), free/online, include modules on confidentiality, consent, rights)
- Texas Health Steps online curriculum and CE courses (free/online training, incl. module on Teen Consent and Confidentiality)
- TeenHealth Mississippi (provider training on Minors' Rights to Sexual and Reproductive Healthcare)

COMPANION TOOL
Types of Resources Available (continued)

Clinic policies and practices

- Michigan Adolescent Champion Model (how-to guides and free sample clinic materials incl. clinic confidentiality poster; welcoming poster)
- Oregon Pediatric Improvement Partnership confidentiality tools (questionnaire for adolescent and for parent of adolescent, sample letters to parents, poster and handouts for parents and teens explaining confidentiality)
- Best Practices for Youth Friendly Clinical Services, Advocates for Youth (including confidentiality).

Electronic health records and patient portals

- Meaningful use of a confidential adolescent patient portal, Journal of Adolescent Health (2016)
- Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care, Journal of Adolescent Health (2014)
- Electronic Access to Adolescents' Health Records: Legal, Policy, and Practice Implications. Fam Pract Manag (2015)
- Unlocking the Potential of the Patient Portal for Adolescent Health, Journal of Adolescent Health (2016)

Confidential Care

- Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X, National Family Planning & Reproductive Health Association (2015)
- National Adolescent Health Information Center (NAHIC) at the University of California, San Francisco, Compilation of Resources on Confidential Adolescent Care
- Protecting Adolescent Confidentially Under Health Care Reform: The Special Case Regarding Explanation of Benefits (EOBS) (2014)
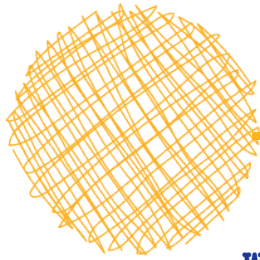
Effective Data Systems

What does this mean?

- Provider and clinic data collection efforts are designed for improving quality of service to youth.

What does that look like?

Data Collection

- Systems are in place to collect and analyze data to support quality improvement.
- Guidelines and standards are established/used to guide analysis and use of data collection.
- Staff is trained to collect and analyze data.
- Provider and staff interactions elicit superior data collection from adolescent patients (e.g. using motivational and psychosocial interviewing - better screening informs better data).

Data-driven decisions and quality improvement

- A data perspective is strategically used to make service/setting changes and improvements.
- Benchmarks and indicators of adolescent health care are incorporated into the clinic/setting's operational goals and objectives.
- Data is used to determine provider and staff training needs, as well as adolescent health patient needs.

How do you do that?

- Pull together the people in the "know" to understand the data you have / are looking at.
- Further define data systems (what data do you have access to, how can it be useful, Medicaid, electronic health records).
- Determine who and how to survey in order to gather data on provider and staff needs.
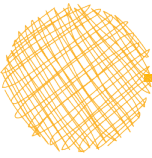
COMPANION TOOL

Types of Resources Available

Adolescent Well Visit Performance Measures

- Strengthen the Evidence for MCH Programs: Environmental Scan of Strategies NPM #10: Adolescent Well Visit, a collaborative initiative of the Women's and Children's Health Policy Center at Johns Hopkins University, AMCHP, and Welch Medical Library (Incl. reviews, strategies, frameworks, landmark initiatives, data sources, and inclusion and exclusion criteria).

### National Data and Measurement Initiatives

- Data Resource Center for Child and Adolescent Health
- Child and Adolescent Health Measurement Initiative, Bloomberg School of Public Health at Johns Hopkins University

School Based Health Center (SBHC) Performance Measures

- Results Based Accountability (RBA) Report Card, Connecticut's Appropriations Committee of the Connecticut General Assembly
- Standardized Performance Measures, School Based Health Alliance CoIIN Change Package (initiative to develop a core set of universal performance measures for all SBHCs to report on)

State Data and Measurement Initiatives

- Adolescent Clinical Health Center Review Tool, MI Dept. of Community Health (accreditation system to increase accountability and standardized measures of performance across state-funded Child and Adolescent Health Centers)
- Measures of Preventive Care for Adolescents, NY State Dept. of Health (for managed care organizations and providers, based on recommendations of national organizations)
- Using Claims Data to Measure Adolescent Screening: Issues to Consider, Oregon Pediatric Improvement Partnership (discusses the potential for two Coordinated Care Organization incentive measures - depression screening and screening for alcohol and drug misuse).
- Adolescent and Young Adult Health measures, National Improvement Partnership Network (standard process measures for improvement partnerships on adolescent and young adult health)
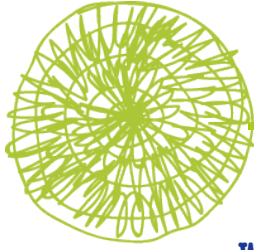
Understanding of Youth Development

What does this mean?

- Providers and staff acknowledge and respond appropriately to the developmental needs of adolescents and the "culture of youth".

What does that look like?

Providers and staff

- Understand key developmental tasks of adolescence.
- Acknowledge that youth behavior is a function of the developmental tasks of adolescents (the way they dress, talk, act).
- Acknowledge that culture, race and ethnicity influence the development and behavior of adolescents.
- Are sensitive to developmental needs of youth (e.g. privacy concerns, may sometimes be late through no fault of their own due to relying on others for transportation).
- Are respectful and responsive to culture issues (race, ethnicity and culture).
- Recognize and check their own pre-conceptions and biases.
- Enjoy working with youth and their families.
- Adopt a friendly and nonjudgmental approach.
- Understand and recognize shifting role between young people and their parents as caregivers (i.e. moving from working with adult/parent as primary caretaker, to working with youth AND their adults/parents).

How do you do that?

- Train providers and staff on adolescent development.
- Involve young people in assessing services to ensure that services are developmentally responsive.
- Involve young people in training providers and staff to ensure you are building skills/experience based on real interactions with youth.
- Embrace how young people see the world, step in their shoes to see their perspective
- Recognize opportunities for partnership with young people to give providers and clinics a true pulse on how responsive they are to youth needs.
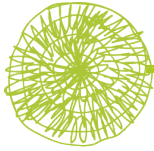
COMPANION TOOL
Types of Resources Available

Adolescent and Young Adult Development & Culture

- Key Development Tasks of Adolescence Fact Sheets (early, middle and late), State Adolescent Health Resource Center, University of Minnesota.
- Teen Years Explained: A guide to healthy adolescent development, Johns Hopkins Bloomberg School of Public Health
- UCLA Center for Mental in Schools - Youth Subcultures: Annotated Bibliography and Related References
- Adolescents vs. Young Adults Health Care Infographic, Association of Maternal and Child Health Programs
- New Mexico Youth Health Literacy: A Toolkit to Strengthen Health Literacy (includes activities to engage youth to gain insight on their needs)
- Raising Teens: A Synthesis of Research and a Foundation for Action (compilation of research on role of parents)
- MIT Young Adult Development Project
- Office of Adolescent Health, E-Learning Module: Adolescent Development

Models of Youth involved/engaged training for providers

- YouthCHAT: The Minnesota Model for Youth - Involved Adult Training, University of Minnesota, Department of Pediatrics
- New Mexico YouthCHAT
- Wisconsin Provider and Teens Communicating for Health (PATCH)

For Providers and Clinics

- Reaching Teens online curriculum - American Academy of Pediatrics
- Envision New Mexico for the Adolescent Health Initiative telehealth series (topics incl. effective communication, open to all professionals)
- Michigan Public Health Institute Motivational Interviewing & Risk Assessment online courses (free; incl. tips and techniques based on developmental tasks of adolescence).
- EuTEACH, Multidisciplinary Unit for Adolescent Health (Switzerland, free/online, incl. module on bio-psychosocial development during adolescence)

COMPANION TOOL

Types of Resources Available (continued)

Youth-Centered Care

- Michigan Adolescent Champion Model
- Teen Health Mississippi (broad youth centered care from a developmental perspective)

Patient Satisfaction Surveys

- Michigan Adolescent Champion Model (patient satisfaction surveys)
- Measuring youth health engagement: development of the youth engagement with health services survey. Journal of Adolescent Health. (2014) CO & NM examples)
- Vermont Adolescent and Young Adult Patient Exit Survey – Sample for Clinics
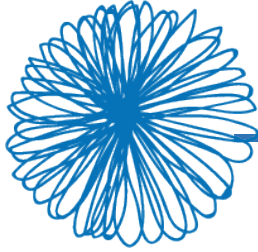
Welcoming Environment

What does this mean?

- Healthcare providers, staff and parents support and engage youth in improving their transition from pediatric to adult health care.

What does that look like?
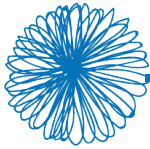
Youth-Friendly space

- Signage welcomes teens.
- Check-in process is friendly.
- Physical space is youth oriented (comfortable environment, youth orientated décor).
- Access to Wi Fi is available in the waiting room.

Youth-Friendly information

- Health information is youth oriented (waiting room and exam rooms, reading materials – link to website, more than handing out a brochure).
- Confidentiality laws/policies are displayed/shared in ways that youth understand and are comfortable with.
- Wait times are displayed.
- Staff communicate the reasons for long wait times to teens (young people may not understand the process of medical consultation).

How do you do that?

- Conduct a clinic makeover (including young people assessing clinic physical environment, décor, how they were treated/how they felt and give feedback).

- Make physical space where teens wait/sit youth friendly (e.g. not child focused, attention size of chairs, images on walls, materials/things to keep them busy while waiting, separated from younger children waiting areas).

- Rethink how health information is shared (e.g. if paper is handed out make it visual, move from paper brochures to websites).

- Hire young people to create the images/décor (e.g. invite young people to create murals, hire youth photographers to take/frame images displayed on walls).

COMPANION TOOL

Types of Resources Available

Assessment Tools & Checklists

- Vermont Adolescent and Youth Friendly Service Tour, Clinic Environmental Assessment Tool (for youth; and for providers and clinics) Vermont Child Health Improvement Project
- Adolescent-Centered Environment (ACE) Assessment, Univ. of Michigan Adolescent Health Initiative (facilitated, comprehensive self-assessment and guided improvement process)

Materials & Guides for clinics

- Univ. of Michigan Adolescent Health Initiative sample youth friendly materials (posters, infographics, manuals and starter kits) and video gallery (e.g. What Makes a Clinic Welcoming)
- Standards of Care for Adolescent Sexual and Reproductive Health Care and Best Practices, Better Together, Hennepin County, Minnesota
- A Teen Friendly Reproductive Health Visit Infographic, Centers for Disease Control and Prevention
- A Practical Guide for Creating Safe and Supportive Environments in Teen Pregnancy Prevention Programs, Office of Adolescent Health.
- Best Practices for Youth Friendly Clinical Services, Advocates for Youth

Lessons learned

- Youth-Friendly Clinic Makeover Project (lessons learned with two Title V Family Planning Clinics). Colorado Department of Public Health & Environment
- Attracting and Retaining Adolescent Patients: Recommendations for School-Based Health Centers (2013), California School-Based Health Alliance.