TOTAL TEEN

The Comprehensive Healthcare
for **Adolescents Initiative**

Kelly L. Wilson, PhD, MEd, MCHES®
Whitney R. Garney, PhD, MPH
Christi Esquivel, PhD, MEd, CHES®

Acknowledgements and Contributions

Development of Total Teen was led by the Comprehensive Healthcare for Adolescents Initiative (CHAI) project. The CHAI project convened a network of partner healthcare organizations, subject-matter experts (SMEs), and a teen advisory group (TAG). The goal of the CHAI project is to develop innovative programs that increase youth access to, and enhance experiences with, healthcare. Members of the CHAI project team include:

Kelly L. Wilson, PhD, MEd, MCHES®

Whitney R. Garney, PhD, MPH

Christi Esquivel, PhD, MEd, CHES®

Kristen Garcia, MPH

Sonya Panjwani, MPH

Sara A. Flores, BS

Ashley R. Khanhkham, MEd, CHES®

Laurel Curran, MPH, WELL® AP

Kobi V. Ajayi, MPH, MBA

A diverse group of partner organizations, SMEs, and the TAG were instrumental in the development process and provided invaluable contributions to and feedback on the Total Teen program. The CHAI project is grateful to these organizations and individuals:

Organizational Partners

Ann & Robert H. Lurie Children's Hospital of Chicago, Potocsnak Family Division of Adolescent and Young Adult Medicine: The Potocsnak Family Division of Adolescent and Young Adult Medicine provides comprehensive primary, consultative, and specialty services to adolescents and young adults.

Bee Busy Wellness Center: A Federally Qualified Healthcare Center with a mission to provide culturally appropriate healthcare services that promote improved health, and quality of life, for families and individuals.

Community Action Corporation of South Texas (CACOST): CACOST is a non-profit organization that aims to improve the lives of South Texans by providing high quality health care, education, housing and economic opportunities to reduce poverty through services and partnerships.

Teen Health Mississippi: Teen Health Mississippi is made up of a team of passionate individuals who work to improve the sexual health of Mississippi teens.

Texas A&M Telebehavioral Care (TBC): TBC is a leader in telebehavioral health service delivery, policy-relevant research and evaluation, and interdisciplinary training.

Subject-Matter Experts (SMEs)

Aletha Akers, MD, MPH

April Anzaldua

Misi Hill Carter, JD, PhD

Christine Childers

Holly Fontenot, PhD, APRN, WHNP-BC, FAAN, FNAP

Whitney French

Chi-Son Kim, MD

Jennifer Leininger, MEd

Deborah Mattheus, PhD, CPNP, APRN-Rx

Josh McCawley

Carly McCord, PhD

Elisa Beth McNeill, PhD, CHES®

Sue Milstein, PhD, MCHES®, CSE

Norman Mitchell

Sherida Morrison

Sally Rafie, PharmD

Hadeis Safi

Meagan Shipley, PhD, CHES®

Lydia Shrier, MD, MPH

Teen Advisory Group (TAG) Members

Gabrielle French

Bria Combs

Diya Patel

Tamia Percy

Abby Muths

Rowan Black

Hannah Morrison

Angel Amankwaah

Ifeomachukwu Angel Ugeh

Nevaeh Faith Thompson

Rayanah Mkuu

Meghan Scourfield

Victoria Pino

*An additional nine teen advisory group members contributed to the development of this program but are not listed above.

Table of Contents

Introduction

About Total Teen

Total Teen is an easy to implement set of processes that integrate sexual and mental health consultations into all primary care visits for adolescents (ages 12 and older). Total Teen includes an adolescent health assessment, immediate care, and referrals based on identified needs. By adopting Total Teen, organizations can streamline and standardize a holistic approach to adolescent healthcare without increasing the burden on providers. This toolkit contains all information and supporting resources needed for healthcare organizations to successfully implement Total Teen.

Development Process

Total Teen was developed through the Comprehensive Healthcare for Adolescents Initiative (CHAI) project from Fall 2020 through Summer 2021. The CHAI project worked with six organizational partners and a teen advisory group (TAG) to gather insights on the healthcare experience for adolescents. Using human-centered design, through a six-stage Design Sprint that occurred over six months, a network of subject-matter experts (SMEs) used the insights to gain a deeper understanding of the root problems faced by adolescents and brainstorm innovative solutions. One of those solutions is Total Teen. Network partners represented a variety of content expertise to contribute their knowledge and experience to this process, while the TAG provided continuous feedback throughout the design process.

Key Components and Organizational Commitments

By implementing this program, your organization will provide adolescents with quality, individually-tailored healthcare. This approach requires providing adolescents ample time to complete the health assessment privately on a tablet and offering confidential one-on-one time between adolescent patients and providers (i.e. micro visits) to address assessment results or other questions. Additionally, your organization must commit to providing follow-up services on-site or through adolescent-friendly referral partners. To build trust and promote transparency, it is important to communicate the clinic's new workflow, confidentiality policy, and accompanying procedures to patients, their parents/guardians, and other relevant stakeholders. To support and enable confidential conversations, it is essential to create adolescent-friendly environments, ensure staff and providers embody adolescent-friendly characteristics, and provide accessible resources for patients.

Purpose of Total Teen

Total Teen is a standardized set of clinic processes that integrates sexual and mental health into all primary care visits for adolescents ages 12 and older.

The goals of Total Teen are:

1. To increase access to sexual and reproductive healthcare services in primary care settings.

2. To increase access to mental healthcare services in primary care settings.

3. To improve adolescent patient experiences in healthcare settings.

Program Needs and Significance

Adolescence is a unique period in development marked by an increased sense of agency and an increased possibility for engaging in risky health behaviors, which may lead to lifelong consequences for an individual's health and safety. For example, adolescents are particularly susceptible to unintended outcomes, such as sexually transmitted infections and unintended pregnancy, compared to other age groups. As such, it is critical they have unconstrained access to quality, comprehensive sexual and reproductive health (SRH) information and services, which is shown to minimize risky behavior in youth and improve SRH outcomes.[1–4]

Similar to SRH, improper or lack of mental healthcare can negatively impact adolescent development and outcomes regarding mental health, relationships, education, and employment.[5] However, adolescents may have trouble assessing and addressing their mental health (MH) needs. Evidence suggests low mental health service utilization among adolescents,[6,7] thus creating the need for improved processes among healthcare providers to address adolescents' unique mental health needs.

Providing quality comprehensive SRH and MH services to adolescents involves adopting adolescent-friendly practices, such as explaining patient rights to confidentiality, offering one-on-one time between an adolescent patient and their healthcare provider, using screening or trigger questionnaires, and creating comfortable environments inclusive of adolescent needs and preferences.[8,9] By implementing Total Teen, healthcare organizations can institutionalize these adolescent-friendly practices and facilitate their ability to support the many physical, social, and emotional needs of adolescents during a critical period in their development.

Importance of Health Screenings

Primary care visits represent opportunities for adolescents to receive screening, education, and guidance related to SRH and/or MH. Unfortunately, some primary care providers frequently miss opportunities to have critical conversations about potentially sensitive topics (e.g., SRH and MH) with adolescents.[10] Regarding sexual health, patients feel providers should initiate discussions; however, providers are often uncomfortable and lack confidence in discussing sexual health topics.[1] Regarding mental health, adolescents typically limit discussions with providers to focus on somatic symptoms

and fail to disclose psychological complaints they experience.[12,13] Thus, adolescents not only forgo seeking SRH and MH services, but fail to discuss questions and needs during primary care visits.

Screening questionnaires can facilitate discussions between adolescents and providers regarding SRH and MH by identifying potential needs.[9] Through follow-up conversations about screening results, providers can offer immediate services and referrals, as appropriate, to address identified needs. Follow-up conversations and services should increase access to care while improving patients' perceptions of providers. Thus, patients are more likely to seek and utilize these healthcare services in the future.

Importance of Confidentiality

Confidentiality protections exist to encourage healthy decision-making. Without these protections, many adolescents are less willing to disclose potentially sensitive information (e.g., substance use, mental health, sexual history) and may forgo care altogether.[14–16] Despite the established importance of confidentiality, providers may be unfamiliar with laws and policies regulating confidential care for minors. As a result, they may overcompensate by including parents/guardians in all aspects of the adolescent's care, even when access inhibits these key services. In fact, research shows many adolescents in the United States have never had a private discussion with their provider about any topic.[15,17]

There is a need to establish policies and procedures which ensure adolescents are educated about their rights to confidential services and allow them to exercise those rights. In doing so, healthcare organizations and providers can enhance trust, communication, satisfaction, adherence, and likelihood of returning for continued services.[9,15,18]

As stated by Pasternak et al (2019, p.5), "It is the position of the Society for Adolescent Health and Medicine (SAHM), the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG) that policies should be developed to not impede the provision of confidential healthcare to adolescent patients." [19]

> "It is the position of the Society for Adolescent Health and Medicine (SAHM), the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG) that policies should be developed to not impede the provision of confidential healthcare to adolescent patients." [19]

As long as policies do not violate state or federal laws, healthcare settings are able to establish specific policies regarding conditional confidentiality for adolescent patients. Confidentiality should be upheld, except in instances that warrant mandatory reporting and child protection concerns, specifically if the safety of a patient or others is at risk. Organizations should ensure all staff know the steps for reporting cases to the appropriate authorities.

Figure 1 depicts an example of a confidential workflow policy in an adolescent clinic.

FIGURE 1 **EXAMPLE OF A CONFIDENTIAL WORKFLOW IN AN ADOLESCENT CLINIC**

During check-in, a member of the front desk staff will inform the patient and their parent/guardian of confidentiality rights for adolescent patients.

The medical assistant (MA) or nurse will call the patient to take vital signs and perform screenings, while informing the parent/guardian that they will be called to join the patient after the vital signs and screenings are completed.

The MA or nurse will bring the patient to the exam room, review any screening information, and then will bring the patient's parent/guardian back to the exam room.

The provider will begin the visit speaking with the patient and the patient's parent/guardian. The provider will then ask the parent/guardian to step out of the room while a discussion continues between the provider and the patient.

Provided by Children's Hospital New Orleans, Louisiana.

Importance of Adolescent-Friendly Environments

Creating an adolescent-friendly environment is important in ensuring a comfortable and safe space for adolescents. **Pediatric clinics cater to young children (10 and under) and family medicine practices commonly cater to older adults.** Adolescents (teens) may feel too old for pediatric environments while feeling apprehensive of or intimidated by adult clinics. This perception can often contribute to healthcare visits being a stressful experience for adolescents.

As a result, organizations have opportunities to address the unique needs of adolescents. Various strategies exist to create healthcare settings that support and enable adolescents to feel confident communicating their health needs, including but not limited to:

▶ **PHYSICAL SPACE.** Creating waiting areas that represent local, teen culture contributes to adolescents' comfort and decreases patient anxiety.

▶ **PERSONNEL.** Staff who are welcoming and accommodating facilitate adolescent engagement with the organization.[20] Particularly, young people connect better with staff perceived as friendly, relatable, and culturally understanding.[20]

► **PROCESS.** Leveraging novel resources, such as technology, provides adolescents with an opportunity to connect with their care team out-of-office. Patients can stay engaged in their healthcare by expressing concerns and as they arise, access health records, and learn about health promotion through texting, apps, patient portals, and e-messaging.

Strategies that create a welcoming environment and connection to providers above have been identified as key constructs in establishing adolescent-friendly care. These domains align with the World Health Organization (WHO) framework of adolescent-friendly health care, as well as with principles of patient-centered care.[8]

4 C's of Total Teen

Just as Total Teen was developed using a human-centered design process and approach, it must be implemented in a patient-centered manner to help ensure successful outcomes. Patient-centered care (PCC) is a key element of high-quality care centered on the qualities of personal, professional, and organizational relationships. PCC is an approach to care that focuses on the patient rather than an illness or diagnosis. In addition, PCC encourages patients to actively engage in their own care while emphasizing communication, partnerships, and health promotion in the provider-patient consultation.[21] PCC is associated with improved health outcomes, positive health-seeking behaviors, patient satisfaction, and improved health service utilization.[22]

Similar to PCC, adolescent-friendly care is a theoretical framework for improving the quality of care. However, adolescent-friendly care focuses on quality service delivery for young people. Key domains of the adolescent-friendly care framework include healthcare accessibility, staff attitudes, communication, evidence-based guideline-driven care, age-appropriate environments, healthcare involvement, and health outcomes.[8] Webb et al. (2017) report PCC and adolescent-friendly care frameworks provide a strong theoretical basis to meet the health care needs of adolescents.[23] These theoretical frameworks help guide what is defined as the **4 C's of adolescent patient-centered care: Coordination, Collaboration, Communication, and Care.**

The contents of this toolkit are organized by using the 4 C's approach. Each of the 4 C's are composed of organizational, interpersonal, and individual level elements to be addressed. An overview of each component is given below.

► **Coordination**—the process and practices that must occur among organizational leadership and administrators to ensure Confident Teen can be implemented effectively and efficiently to meet the needs of adolescent patients.

► **Collaboration**—the need to utilize an interdisciplinary approach to ensure adolescent healthcare needs are met and facilitating referrals and warm hand-offs to other adolescent-friendly providers as needed.

► **Communication**—the interpersonal communication between providers and patients, which includes the verbal and nonverbal actions to support adolescents in their healthcare experience.

► **Care**—the process of ensuring confidential care is provided to adolescent patients to meet their needs and help them learn to navigate the healthcare system independently.

Section in Review

SRH and MH needs often go unmet and form a complex web of potential challenges to adolescent development. Implementing Total Teen presents an opportunity to embed SRH and MH into primary care visits. The following list summarizes key information about the background and significance of Total Teen:

- ▶ Total Teen screens adolescent patients (ages 12 and up) for SRH and MH needs during primary care visits and prompts micro visits, referrals, and follow-up services based on results.

- ▶ Total Teen incorporates adolescent-friendly processes (a screening questionnaire, confidential follow-up discussions, and comfortable environments) to improve access to and experiences with healthcare.

- ▶ These processes foster independence for teens, build skills for navigating and engaging in the healthcare system, and allow adolescents the opportunity to advocate for their own SRH and MH.

- ▶ Organizations must implement Total Teen in an adolescent patient-centered manner to help ensure successful outcomes.

The next section, **Preparing Organizations to Implement,** discusses steps to create an adolescent-friendly environment that supports and enables implementation of Total Teen.

Preparing Organizations to Implement

Program Orientation

Total Teen includes a mandatory program orientation that will prepare your organization for implementation. The program orientation includes various components (both online/ asynchronous, and in-person) to ensure your team is prepared to implement Total Teen successfully, and identifies opportunities to pursue professional development as needed. The in-person component of the program orientation will serve as a time for members of the CHAI team to work through key components of TT with members of your team. To ensure this time is as productive as possible, we strongly recommend organizations include the following people from your team:

1. **Site Champion** (one person that is the "go-to" for CHAI programs at your organization)

2. **Front desk staff / Patient services representative** (someone that interacts with patients in non-medical care role (e.g. receptionist, etc.))

3. **Clinician / Provider** (a care provider)

4. **Organization representative** (a decision-maker regarding policies and procedures, etc.)

Adolescent-Friendly Environments

The clinic environment plays a major role in adolescents' experiences with healthcare services. Therefore, the physical clinic environment should facilitate open communication between adolescent patients and the healthcare team. This section provides resources for the clinic team to ensure their environment is comfortable, accepting, and welcoming of adolescents from all walks of life.
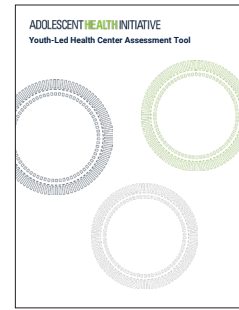
Clinic Assessment

The first step in ensuring your clinic is adolescent-friendly is to complete a clinic assessment. The first two tools listed below are comprehensive assessments focused on various factors related to adolescent-friendly healthcare, while the third tool will help the team focus on the physical environment.

1. **Youth-Led Health Center Assessment Tool**
   *Source:* Adolescent Health Initiative

   This resource will link you to an assessment tool, a facilitator guide, and accompanying video with adolescents reflecting on what is important to them when accessing health care services. This tool is intended to be completed by a small group of adolescents, so your organization can experience the first-person point of view of at least three teens to find out what they notice while waiting for their appointments.

2. **Youth-Friendly Services Assessment Tool & Guide**
   *Source:* Healthy Teen Network

   This resource is an interactive tool, including a guide and complete bibliography, which helps assess if your clinic delivers services in a youth-friendly manner. The tool is comprehensive with a focus on service-delivery as well as the clinic environment.
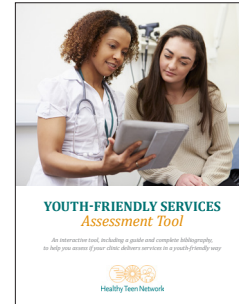
3. **Physical Environment Assessment Tool**
   Source: The CHAI Project at Texas A&M University

   This tool will help you assess various aspects of the physical environment of your clinic space. Through this instrument you will analyze the large-scale environment, down to small-scale details and accessories that contribute to the look and feel of your clinic space. A copy of the tool is provided at the end of this section.
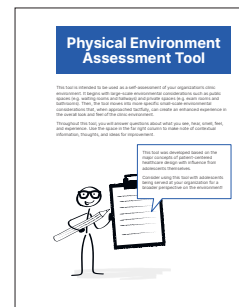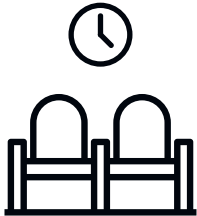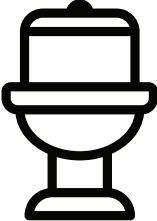
Physical Environment
Assessment Tool
See pages 17–30

These tools can assist your organization in identifying gaps and areas for improvement. Specific tactics are described in the sections below to guide you in modifying your clinic environment (i.e., both large and small-scale environments).

Large-Scale Environmental Considerations

Entering a healthcare facility can be nerve-wracking - from large, crowded, public spaces to information-rich, sterile exam rooms. Adolescents can experience multiple spaces and settings within the larger facilities during a single appointment. Fortunately, healthcare organizations can leverage the design of these spaces to promote comfortable, equitable, and engaging areas for adolescents to feel comfortable and ready to approach their appointment.

The concepts below are briefly explained for contextual purposes. Organizations are encouraged to utilize the included **Physical Environment Assessment Tool** to explore how their organization approaches these concepts.

Public Spaces	Private Spaces	Bathrooms
Promoting patient experience elements through sight, sounds, smells, and touch.	Promoting confidential, informative, and clean exam rooms, as well as lab collection spaces.	Promoting inclusive and clean private spaces.

Design Considerations

Public Spaces can be overwhelming and lead to "information-overload", so avoid having too many text-heavy posters or postings. These spaces can also be off-putting in design, making adolescents feel out of place. Feature decor that does not cater to one particular age group or demographic. Instead, try to have welcoming decor that is inviting to all groups and demographics.

Private Spaces, especially small spaces, can quickly become cluttered. Be careful to not over-decorate with information-rich content. Too much information can be overwhelming and the clutter may increase patient anxiety.

Bathrooms are opportunities to provide hidden services such as anonymous question submission, and advertisements for local programs or resources. Some clinics have even created a sample labeling system for patients to confidentially notify providers they are in a dangerous situation (e.g., providing patients with black and red sharpies to self-label urine samples; the red sharpie was to be used if the patient was experiencing violence or danger at home). If tear cards that advertise services are provided, be sure to tear the first two-three cards away from the display so the adolescent isn't reluctant to be the "first" to remove an information tear card.

Small-Scale Environmental Considerations

Experiences and perceptions of a space can vary greatly depending on a person's race, ethnicity, sexual orientation, gender identity, age, ability level, income, and other factors. While this is not an exhaustive list, it is meant to provide examples of areas to address in order to enhance the adolescent's clinic experience.

Accessibility	**Auditory & Visual**	**Information Materials**
Promoting accessible environments and materials	Promoting representative, inclusive, and adolescent-inspired auditory and visual media	Promoting equitable and confidential access to health information
Paint & Art	**Biophilia (Nature)**	**Lighting**
Promoting stimulating, creative, engaging spaces through color and art	Promoting nature- and naturally-inspired design (plants, water features, etc.)	Promoting healthy circadian rhythms and eye health
Furnishings	**Entertainment**	**Provider Connections**
Promoting comfort and autonomy through choice in the physical environment	Promoting access to secure wifi and organizational amenities	Promoting access to health services outside of the visit

Informational Posters

Visual cues and information should be posted throughout the clinic environment to support an adolescent-friendly clinic environment and encourage open and honest discussions between patients and providers.

A set of posters, designed by members of the CHAI teen advisory group (TAG), are provided as part of this program package. These posters contain talking points, reassuring messages, and topics of interest to post in the clinic to facilitate patient-provider communication. Samples of these posters can be found at the end of this section.
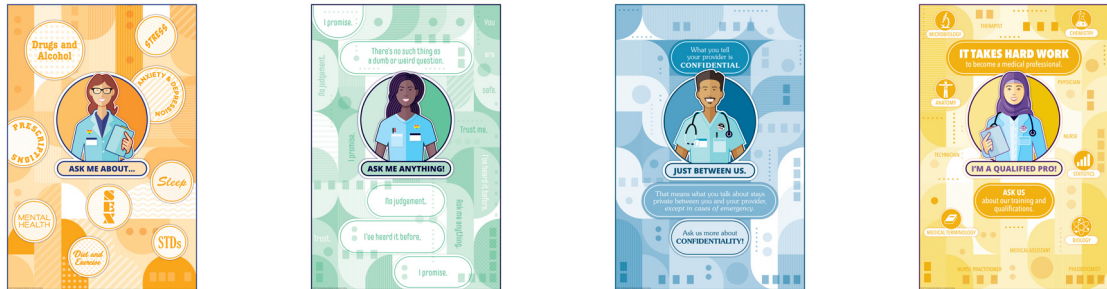
See pages 31–37

Technology Requirements

Your organization will make the Total Teen Assessment accessible to adolescents via a tablet or iPad. It is recommended your organization have at least two tablets for the Total Teen Assessment to accommodate for patient caseload and the number of providers seeing patients simultaneously.

When setting up the assessment on tablets, adjust the screen lock/sleep settings so the device does not lock out adolescents. A lockdown screen can be used to limit distractions and access to other apps while completing the assessment. Organizations can also add adolescent-friendly websites to the tablets for patients to browse while waiting to see their provider (see the Communication section for a list of health resources for teens).

Adolescent-Friendly Providers and Staff

Adolescent friendly environments do not stop at the physical space; they are also impacted by the staff and providers within the facility. Clinics providing services to adolescents should ensure their staff and providers demonstrate adolescent-friendly characteristics (see table below). It is often the receptionist at check-in who sets the tone for the entire visit.

Adolescent-friendly providers are uniquely qualified to provide services in a way to further empower teens to take ownership over their health and healthcare experience. Provider-level approaches are used to help adolescents, their families, and friends to feel welcome, comfortable, accepted, and safe. This includes the personality traits and characteristics, and interpersonal tactics of providers (e.g., clinicians, physicians, nurses, receptionists, pharmacists, etc.), which equip them to work competently and sensitively with adolescents.

Characteristics of Adolescent-Friendly Providers

Below are characteristics of adolescent-friendly providers and staff, along with examples of those characteristics in action.

Characteristic	Description A provider that...	Example
Engaging	Consistently greets and welcomes teens into the clinical setting. Engages the teens by respectfully asking questions even when teens may be unresponsive or act uninterested.	A receptionist greeting a teen with a warm welcome and a smile as they walk in the door. A clinician telling the teen how happy they are to see them.
Honest	Provides unbiased, truthful information even for difficult questions.	A pharmacist informing a teen on the potential side effects of a common antibiotic (like azithromycin) used to treat Chlamydia.
Trustworthy	Does not disclose information to parents/guardians or partners when asked not to.*	A nurse not revealing information about contraceptive use (such as an IUD) to parents/guardians or partners without patient permission.
Genuine	Genuinely enjoys working with teens and cares about the well-being, health, and happiness of the adolescent patients they serve.	A clinician who smiles, communicates care, and displays emotions (like laughter) with teens.
Open/ Non-judgmental	Does not insert their own values/beliefs to make comments or recommendations, particularly regarding sexual health behaviors and practices.	A medical assistant asking questions about condom use or sexual partners without judgment.
Listener	Listens before responding and validates concerns/worries the teens may be experiencing.	A physician's assistant using reflective listening statements like "I can see why you are upset" or "I understand why you would have been nervous," to validate a teen's feelings.
Culturally Competent + Inclusive	Supports and recognizes diversity in all forms. A provider who openly welcomes underrepresented and minoritized groups (e.g., racial/ethnic minorities, English language learners, immigrants/refugees, LGBTQ+, intellectual and physical disabilities, etc.).	A clinic displaying safe space signs, diverse race/ethnicity images, and educational materials in multiple languages.
Informed/ Educated	Is well-informed and up-to-date on the current trends and practices teens may be participating in and/or exposed to (e.g., social media).	A nurse references a TikTok account (like HFTX_YAC) to learn more about consent. A medical assistant recommends the hashtag #askanOB on TikTok to learn more about reproductive healthcare.

*Confidentiality policies may vary by setting and location.

Provider Self-Assessment

All staff in your organization should complete a self-assessment to assess their respective competency in the characteristics of adolescent-friendly service delivery. The tools listed below are recommended and will also identify potential opportunities for professional development and changes in your service delivery approach. All staff who are a point of contact with adolescents should complete the assessment, not just medical providers.

> "Giving providers a direct role in their own assessment could enhance the effectiveness of supervisory visits because the provider has already considered his or her performance and assessed its strengths and weaknesses. Self-assessment also has the potential to reinforce medical standards and to increase worker accountability" (USAID).

1. **Adolescent-Friendly Provider Self-Assessment Tool**
   *Source:* The CHAI Project at Texas A&M University

   The Adolescent-Friendly Provider Self-Assessment tool was derived using compelling questions from existing, more comprehensive assessment tools from the International Planned Parenthood Federation (2008) and Engender Health (2002).[17,18] This tool is intended to serve as a starting place for self-assessing adolescent-friendly practices among staff and providers, and identify areas of opportunity for professional growth and development. To learn more about these assessments, these sources are included in the References section at the end of this manual.

   Adolescent-Friendly Provider Self-Assessment Tool See pages 39–40

2. **Youth-Friendly Services Assessment Tool**
   Source: Healthy Teen Network

   The Healthy Teen Network Youth-Friendly Services Assessment Tool is an interactive tool, including a guide and complete bibliography, to help assess if your clinic delivers services in a youth-friendly manner. Though this tool was listed previously as a clinic assessment, it is listed here again because it includes sections on staff and provider-level approaches.
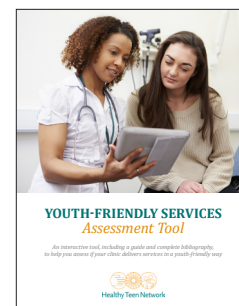
3. **Being Youth-Friendly**
   Source: The University of Michigan Adolescent Health Initiative (AHI)

   The University of Michigan Adolescent Health Initiative has a tool within their Spark program titled "Being Youth-Friendly." This tool introduces "elements of an adolescent-centered environment and outlines key staff and provider behaviors that are essential to providing youth-friendly care." The University of Michigan also has other Spark initiatives to assist providers and staff with training for adolescent patient-centered care.

Adolescent-Friendly Provider Trainings

Adolescent patient-centered care requires continual efforts by staff and providers to ensure they are meeting the needs of their patients and providing quality confidential care. Total Teen entails organizational practices to assist your organization in providing services, but is not all-encompassing of the training and resources needed. Additional training and professional development should be considered based on opportunities for growth and improvement identified through clinic- and self-assessments. The training listed below is recommended by the CHAI team as a starting place when considering new ways to provide services and further develop staff and providers' skill sets.

1. Motivational interviewing and coaching
2. Contraceptive counseling
3. Mental health first aid
4. Trauma-informed care
5. Youth diversity, equity, and inclusion
6. Conditional confidentiality
7. Adolescent-patient-centered care youth to provider dialogues

Section in Review

The clinic environment, including both physical space and social climate, influences patient experiences. This section focused on creating an adolescent-friendly environment to aid Total Teen implementation. The following list summarizes key information and tasks from this section:

▶ Clinic spaces are an important factor in adolescent patients' healthcare experiences. Organizations should determine whether a clinic is adolescent-friendly by completing clinic assessments.

▶ After completing a clinic assessment, organizations should identify ways to make their clinic spaces more adolescent-friendly using built structures, interior factors, and accessories.

▶ All clinic staff should periodically assess their respective competency in adolescent patient-centered care using validated tools and identify opportunities for professional development and improvements in service delivery.

The next section focuses on Coordination, the first pillar of adolescent patient-centered care. This section will discuss clinic workflow and implementation processes, including potential action items regarding follow-up specialty care coordination and keeping stakeholders informed.

Preparing Organizations to Implement

Resources

bit.ly/332fLAI

Physical Environment Assessment Tool

This tool is intended to be used as a self-assessment of your organization's clinic environment. It begins with large-scale environmental considerations such as public spaces (e.g. waiting rooms and hallways) and private spaces (e.g. exam rooms and bathrooms). Then, the tool moves into more specific small-scale environmental considerations that, when approached tactfully, can create an enhanced experience in the overall look and feel of the clinic environment.

Throughout this tool, you will answer questions about what you see, hear, smell, feel, and experience. Use the space in the far right column to make note of contextual information, thoughts, and ideas for improvement.
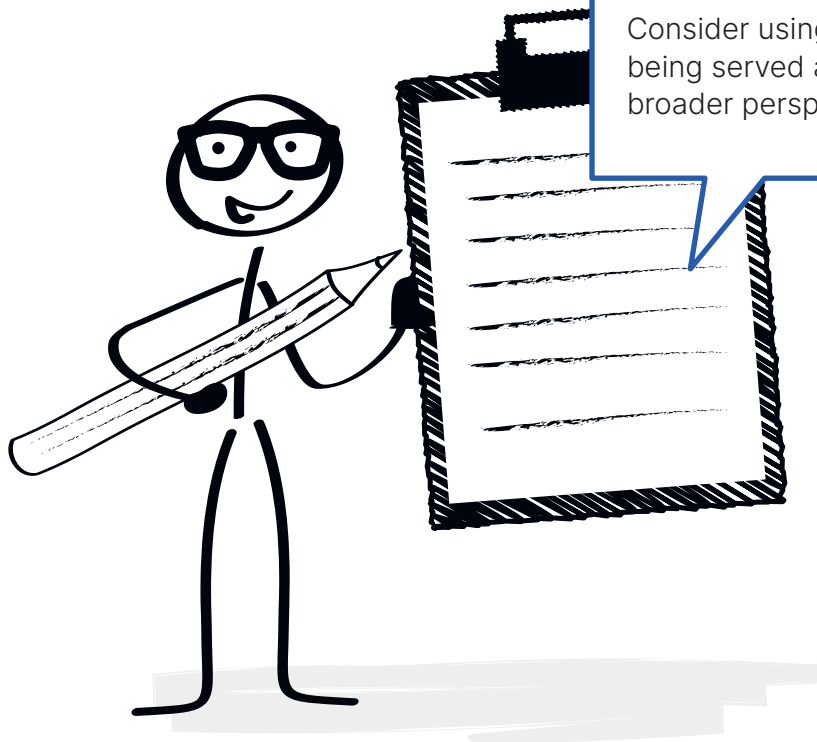
This tool was developed based on the major concepts of patient-centered healthcare design with influence from adolescents themselves.

Consider using this tool with adolescents being served at your organization for a broader perspective on the environment!

Large-Scale Environmental Considerations

1. Public spaces (such as waiting rooms or hallways)

Managing the patient experience by curating sight, sounds, smells, and touch can be beneficial for improving the patient experience.

NOISE MANAGEMENT	
Questions	**Notes, thoughts, and ideas**
What do you hear? (Noises, music, television, white noise, etc.)	
Is the space too loud?	
Is the space too quiet? (Can someone hear private conversations?)	
Would adding sound machines or music be beneficial?	
Would adding sound machines or music be beneficial?	

THERMAL COMFORT	
Questions	**Notes, thoughts, and ideas**
Is the space too hot or cold?	
Do you have an option to sit in the sun or a shaded area?	
Do you have an option to sit away from direct air vents?	

OLFACTORY COMFORT

Questions	Notes, thoughts, and ideas
Are there any smells? Are they overpowering?	
If an air freshener is being used, is it hypoallergenic?	

VISUAL APPEAL

Questions	Notes, thoughts, and ideas
Does the space look clean?	
Does the space look welcoming?	
Are there comfortable and diverse seating options?	
Are there ties to nature? A window, artwork, or indoor plants?	

2. Private spaces (such as exam rooms)

Patients often spend minutes alone in a patient room, waiting for their providers. Consider creating and posting a QR code that links patients to an online repository of resources they can access from their phones (while waiting in the exam room or after they have left the clinic).

VISUAL APPEAL	
Questions	**Notes, thoughts, and ideas**
Are the rooms clean?	
Are there intimidating technologies or examination items on display?	
Is the space too quiet? (Can someone hear private conversations?)	
Are there educational materials or interactive devices in clear sight? *Be careful to not over-decorate with information-rich content; this can be overwhelming, and clutter may increase patient anxiety.*	
How many informational items are within your sightline? (Include brochures, posters, flyers, QR codes...)	
What colors are used? (Natural colors like blues and greens help calm patients)	

NOISE MANAGEMENT	
Questions	**Notes, thoughts, and ideas**
Can you hear people in the adjoining rooms or hallways?	
Is the space too loud?	
Is the space too quiet? (Can someone hear private conversations?)	
Would adding sound machines or music be beneficial?	
Would adding sound machines or music be beneficial?	

3. Bathrooms

When possible, bathrooms that are gender neutral or multi-gender friendly help many patients feel more comfortable. They also assist with decreasing wait times and provide increased privacy for the patient.

NOISE MANAGEMENT	
Questions	**Notes, thoughts, and ideas**
What noises do you hear outside?	
Does it feel private?	

OLFACTORY COMFORT	
Questions	**Notes, thoughts, and ideas**
If an air freshener is being used or provided, is it hypoallergenic?	

VISUAL APPEAL	
Questions	**Notes, thoughts, and ideas**
Is the bathroom clean?	
Are there multiple stalls with ADA accessibility?	
Are there multiple sinks?	
Is there a mirror?	

HIDDEN SERVICES	
Questions	**Notes, thoughts, and ideas**
Are any additional resources available in the privacy of the bathroom/stalls? *Bathrooms are opportunities to provide hidden services such as anonymous question submission and advertisements for local programs and resources. Some clinics have even created a sample labeling system for patients to confidentially notify providers they are in a dangerous situation (e.g., Clinics provide black and red sharpies to self-label urine samples; the red sharpie is used if the patient is experiencing violence or danger at home).*	

Small-Scale Environmental Considerations

These questions may apply to public spaces (e.g., waiting rooms), private spaces (e.g., exam rooms), and bathrooms. Consider the application of each in the various spaces of your clinic.

ACCESSIBILITY	
Questions	**Notes, thoughts, and ideas**
Is appointment/policy-related information provided in both auditory and visual formats for visitors with hearing or visual disabilities?	
Is seating offered at a variety of heights? *If not, consider keeping extra seating cushions on hand to boost seat height.*	
Is the check-in desk wheelchair accessible? How about the tables in the space?	
Are the patient walkways free of trip hazards and wide enough for patients with mobility assistive devices to comfortably move through the space?	

AUDITORY & VISUAL	
Questions	**Notes, thoughts, and ideas**
What kind of music or auditory stimulus is being played? *Music should be free of profanity but could be pop-culture oriented to appeal to adolescents.*	
Are videos played on screens offered in multiple languages? Be considerate of your patient population. *Patients may spend 10-minutes or less in the waiting area; videos should be short.*	
Do you use closed-captioning to make messages accessible to patients who are deaf or hard of hearing?	
Are posters displayed in the space colorful and easy to read? *Posters should include non-discrimination postings and confidentiality policies.*	
How is the artwork representative, inclusive, and adolescent-inspired?	

INFORMATIONAL MATERIALS

Questions	Notes, thoughts, and ideas
Are materials available in a take-home (or mobile) format for the adolescents to access outside the clinic?	
Are accessible educational materials available for patients with disabilities?	

PAINT & ARTWORK

Questions	Notes, thoughts, and ideas
What color is the room? *Natural colors evoke calmness; try to avoid red and dark colors.*	
Do any walls, rooms, or ceilings need to be repainted?	
Is there any local artwork present? (Murals, canvases, posters. sculptures, etc.)	

NATURAL FEATURES (BIOPHILIA)	
Questions	**Notes, thoughts, and ideas**
Does the space have any water features? (An indoor waterfall, fish tank, video of a babbling brook, etc.)	
Does the space have any biophilia? (Desk plant, window to nature, plant wall, etc.)	
Does the space have any ties to nature? (Nature-related artwork, natural materials used, windows to the outdoors, etc.)	

Biophilia

As a concept: the innate human tendency to interact or be closely associated with other forms of life in nature.

In practice: including nature- and naturally-inspired items in design (plants, waterfalls, etc.)

Exposure to water and plants is beneficial for stress reduction and can reduce anxiety. Water features may also provide white noise, improving perceptions of privacy. When plants and water features are not available, consider artwork and color pallets that mimic natural scenes.

LIGHTING	
Questions	**Notes, thoughts, and ideas**
Is there natural light in the space?	
Does artificial light used mimic natural light? *5000-6000 Kelvin can be a natural substitute for daylight (check light boxes).*	
Does the space have any "fun" lighting? (Lava lamp, skylight, floor lamp, etc.)	

FURNISHINGS	
Questions	**Notes, thoughts, and ideas**
Are furnishings (seating options) comfortable?	
Are furnishings free of stains and tears?	
Is task lighting provided for patients to read or work while they wait?	
Are personal thermal comfort devices, such as movable fans, provided?	

ENTERTAINMENT	
Questions	**Notes, thoughts, and ideas**
Are WiFi passcodes easily accessible and posted in the waiting room?	
Are phone charging stations present? *This may help patients use their phone during and after appointments (to call a ride-share, contact family or friends, browse media, scan QR codes, etc.).*	

PROVIDERS	
Questions	**Notes, thoughts, and ideas**
Are adolescents able to <u>confidentially</u> contact their providers before or after their appointment? *For example, texting abilities could make adolescents more comfortable asking questions and engaging in the healthcare process.* *This differs from submitting a question through platforms like MyChart (which is often accessible by parents/ guardians).*	

Drugs and Alcohol

STRESS

ANXIETY & DEPRESSION

PRESCRIPTIONS

ASK ME ABOUT...

Sleep

MENTAL HEALTH

SEX

STDs

Diet and Exercise

MICROBIOLOGY

THERAPIST

CHEMISTRY

IT TAKES HARD WORK
to become a medical professional.

PHYSICIAN

ANATOMY

NURSE

TECHNICIAN

I'M A QUALIFIED PRO!

STATISTICS

ASK US
about our training and qualifications.

MEDICAL TERMINOLOGY

BIOLOGY

MEDICAL ASSISTANT

NURSE PRACTITIONER

PHLEBOTOMIST

Adolescent-Friendly Provider Self-Assessment

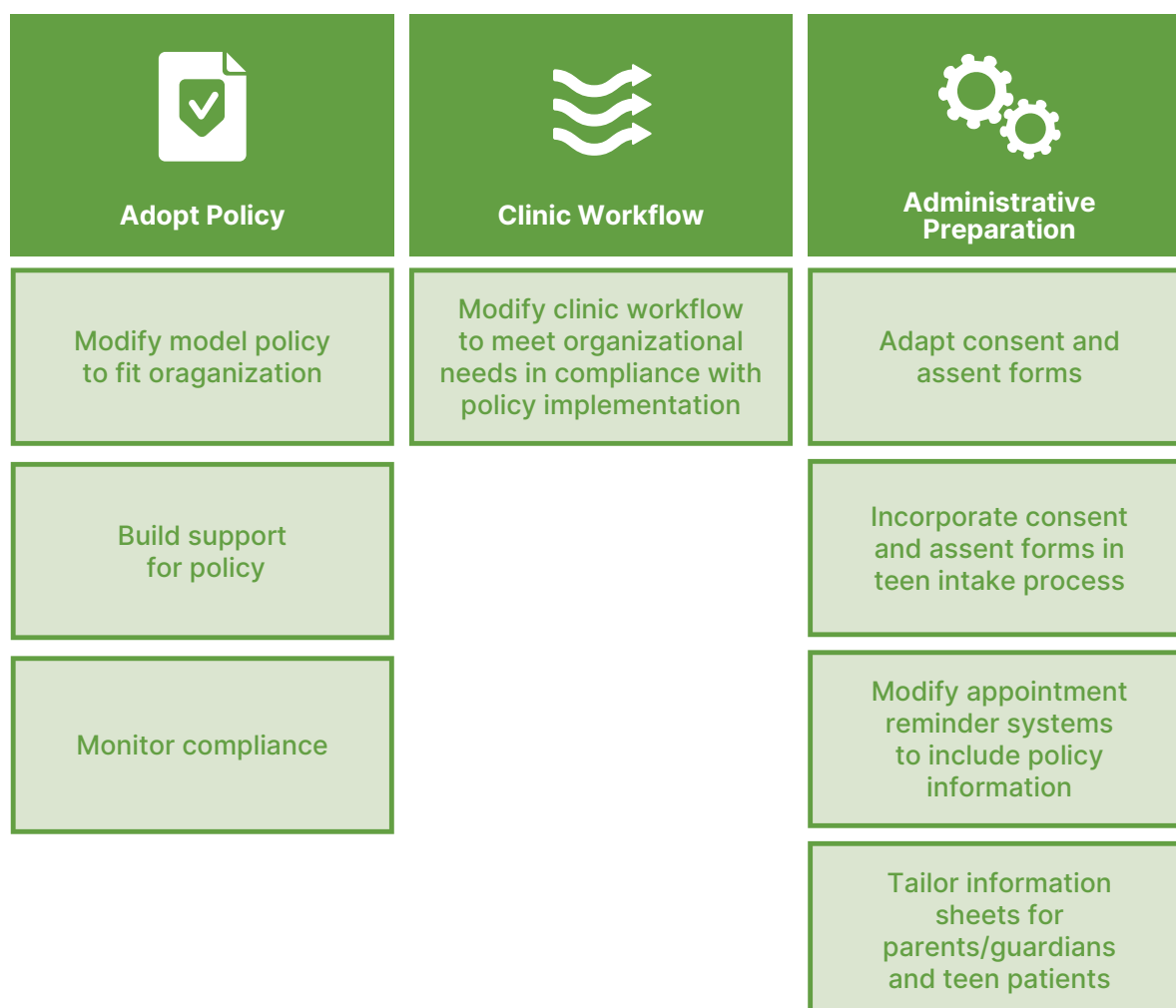|	Yes, sufficiently	Yes, but not sufficiently	No	Not applicable
I am confident and comfortable addressing the sexual and reproductive health needs, rights, and concerns of young people.	☐	☐	☐	☐
I am fully aware of when young people need and do not need parental consent to receive services.	☐	☐	☐	☐
I am fully aware of all the other laws and regulations which affect service provision for young people.	☐	☐	☐	☐
I am confident and comfortable addressing the needs, rights, and concerns of young people.	☐	☐	☐	☐
I understand the importance of non-discrimination, respect, and choice.	☐	☐	☐	☐
I have been trained to speak respectfully, positively, and in a non-discriminatory way toward young clients (not humiliated or blamed).	☐	☐	☐	☐
I have been trained to listen, be kind and encourage young people to be open about their health-related concerns (sexual and reproductive health, mental health, etc.).	☐	☐	☐	☐
I have been trained on how to deal with psychological or mental health issues which affect young people in relation to their mental health (anxiety, depression, suicidal tendencies, etc.).	☐	☐	☐	☐
I have been trained to deal confidently and respectfully with clients who come for repeat prescriptions of emergency contraception or abortion-related care.	☐	☐	☐	☐

	Yes, sufficiently	Yes, but not sufficiently	No	Not applicable
I am able to address the needs of young people with different sexual orientations (no assumption of heterosexuality).	☐	☐	☐	☐
I am aware that some young people are more vulnerable than others.	☐	☐	☐	☐
I am aware of the complexities, pressures, and fears young people face in their sexual and reproductive lives.	☐	☐	☐	☐
I am able to provide information in such a way that it supports/facilitates clients to make free and informed choices (free from coercion) especially in relation to contraceptive methods and pregnancy outcomes.	☐	☐	☐	☐
I provide messages either through information, education, and communication materials or during counseling that respects the young person's right to choose contraception methods (not abstinence-only).	☐	☐	☐	☐
I am confident in providing referral advice.	☐	☐	☐	☐
I am able to clearly explain services and treatment in simple straightforward terms.	☐	☐	☐	☐

Coordination

The first pillar of adolescent patient-centered care is coordination, which entails processes and practices that must occur among organizational leadership and administrators to ensure Total Teen can be implemented effectively and efficiently to meet the needs of adolescent patients. Total Teen coordination includes modifying clinic workflows and patient care practices, coordinating follow-up specialty care, and sharing information among stakeholders.

When implementing Total Teen, your organization will adopt/improve upon a holistic approach to supporting adolescent health. Total Teen includes a brief, but comprehensive assessment, clinic workflow, and support mechanisms to carry out adolescent-friendly activities. The **Key Components of Coordination** graphic illustrates key steps of program preparation.

Key Components of Coordination

Adopt Policy	Clinic Workflow	Administrative Preparation
Modify model policy to fit oraganization	Modify clinic workflow to meet organizational needs in compliance with policy implementation	Adapt consent and assent forms
Build support for policy		Incorporate consent and assent forms in teen intake process
Monitor compliance		Modify appointment reminder systems to include policy information
		Tailor information sheets for parents/guardians and teen patients

Total Teen Workflow

1 Patient checks in at clinic
Caregiver consents and patient assents, if required by organization

2 Patient completes the Total Teen assessment on iPad during vital check

3 Provider discusses Total Teen mental health and sexual and reproductive health scores with patient

If patient scores **at risk for sexual and reproductive health (SRH)** needs (SRH score of 3+) or requests SRH services

Follow both paths for patients indicating need of both SRH and MH services

If patient scores **at risk for Mental Health (MH)** needs (PHQ-9 score of 10+), or requests MH services

4 Patient receives SRH micro visit with PCP *Patient receives SRH services (like STI testing), if needed and available*

4 Patient receives MH micro visit with mental health provider

5 Patient receives SRH referral, if needed per provider recommendation

5 Patient receives MH referral, if needed per provider recommendation

6 Provider schedules a follow-up visit, if needed

6 Provider schedules a follow-up visit, if needed

7 Provider ends Total Teen visit

7 Provider ends Total Teen visit

At any point, patients may opt out of micro visits, in which case they proceed with their regularly scheduled visit.

8 Proceed with originally scheduled visit

Clinic Workflow

During the Visit

Patient Check-In

The clinic workflow starts when the adolescent arrives for their appointment. As with standard clinic workflows, adolescent patients and parents/guardians enter the waiting room and approach the front desk to start the check-in process.

During the check-in process, administrative staff should:

1. Encourage the adolescent to complete any paperwork independently and ask their parents/guardians for assistance as needed.

2. Give the parents/guardians a consent form to complete (as required by your organization).

3. Give the adolescent an assent form to complete (as required by your organization).

More information on consent and assent processes is provided later in the **Coordination section.**

Vital Check

Once check-in is complete, a provider (typically a nurse, clinical assistant, or medical assistant) will escort the adolescent into the exam area. ***At this time, parents/guardians will remain in the waiting room.***

The provider will proceed with the adolescent's vital check (e.g., measuring height, weight, blood pressure, etc.). During this time, the provider will give the adolescent a tablet or iPad, explain the purpose of the Total Teen Assessment, and ask them to complete it independently.

Total Teen Assessment

Design

The Total Teen Assessment uses four question sets to assess SRH needs (1 question set), MH needs (2 question sets), and substance use (1 question set).

Delivery

The assessment is administered electronically via a tablet or iPad. The assessment should be preloaded on devices for easy use. A lockdown screen can be used to limit distractions and access to other apps while completing the assessment. Organizations can also add adolescent-friendly websites to the tablets for patients to browse while waiting to see their provider.

The Total Teen Assessment will calculate scores on the tablet or iPad to identify potential needs for sexual and reproductive health (SRH) and mental health (MH) services, separately. The scores for both SRH and MH will be immediately calculated and displayed in an adolescent-friendly format that focuses on opportunities to improve the adolescent's overall health based on identified needs.

When the provider enters the exam room, they will review the assessment scores and discuss the Total Teen results with the adolescent. Refer to the Care section for more information regarding the Total Teen Assessment; a copy of the assessment is provided at the end of this section.

Discussion About Results

After reviewing Total Teen Assessment scores, providers will follow these procedures:

1 Explain assessment results to the adolescent.

2 Ask the adolescent if they have ever discussed SRH of MH with another provider.

If patient say "No" + Results = No to Low Need

- Ask the adolescent if they would like to talk to another healthcare provider.
- Briefly discuss ways the adolescent can maintain their SRH and MH.

If patient say "Yes" + Results = No to Low Need

- Ask the adolescent how they like their specialist and if they feel that they benefit from the service.

If patient say "No" + Results = Moderate to High Need

- Recommend the adolescent complete a micro visit to address urgent needs and discuss follow-up services.
- If the adolescent agrees to participate, perform micro visits for SRH and MH separately.
- Provide referrals to appropriate specialists or schedule follow-up appointments as needed.

If patient say "Yes" + Results = Moderate to High Need

- Ask the adolescent how they like their specialist and if they feel that they benefit from the service.
- Recommend a micro visit as needed if patients are interested.

3 Encourage the patient to ask questions and discuss concerns they may have.

4 Recommend or provide adolescent-friendly resources.

NOTE: *The preceding pathways should be used for both SRH and MH.*

Micro Visits and Referrals

A vital aspect of Total Teen is the immediate SRH and/or MH micro visit adolescents receive if they score moderate to high, or indicate need for services. Micro visit logistics will vary by organization (detailed information is provided later in the Coordination section). In lieu of micro visits, or in addition to them, referrals should be made to other adolescent-friendly specialists or service providers based on the patient's needs. Providers should share adolescent-friendly resources to support positive health behaviors.

After arranging micro visits and providing resources, parents/guardians may be invited to join for the rest of the appointment. The provider will then resume originally scheduled services.

Workflow Modifications

Modifying clinic workflows can be a tedious but necessary task to ensure Total Teen is adopted as intended and adolescent health outcomes are documented. The following tips are recommended when modifying your existing clinic workflow to incorporate the essential steps of Total Teen.

▶ Map out the current workflow of your clinic (graphics tend to be easier to follow and are recommended over narrative-based workflows).

▶ Identify ideal places in your existing workflow to incorporate steps from the Total Teen workflow.

▶ Work with clinical and administrative personnel to create an updated clinic workflow.

When mapping your current workflow, request assistance and input from both clinical and administrative personnel. Feedback from different professionals will allow you to identify where the components of Total Teen best fit your organization. It is essential to ensure the revised clinic workflow is time efficient and produces intended changes.

Electronic Record Modifications

Work with your IT department or Electronic Medical Records/Electronic Health Records (EMR/EHR) representative to modify your EMR/EHR to include fields for the Total Teen Assessment scores. Fields should be added to enter scores for the following:

▶ Sexual Activity Habits Screening Tool (Sexual and Reproductive Health Screening Tool)
  • Healthy Relationships
  • Contraception
  • STIs/STDs
▶ PHQ-9 (Depression Screening Tool)
▶ GAD-2 (Anxiety Screening Tool)
▶ S2BI (Substance Use Screening Tool)

Additionally, your organization should consider creating a protocol to document whether a patient completes a SRH and/or MH micro visit and whether patients were referred to another provider for additional services. To help maintain patient confidentiality, this information must be documented securely and separately from appointment information accessible to parents/guardians. Each organization should determine the best documentation process, taking into consideration state and local laws, EMR/EHR functionality and capabilities, and internal policies and practices.

Medical Billing Codes

Total Teen increases access to adolescent healthcare services by providing an opportunity to complete micro visits during primary care appointments. Micro visits can often be billed in 15-minute increments. It is important organizations bill appropriately for new services to allow for cost reimbursement from insurance providers.

It is up to your organization to best determine the billing needs and process of the appointments and services (including micro visits) provided to your adolescent patients. An example of **Potential Billing Codes** is provided at the end of this section.

Potential Billing Codes
See pages 59–60

Consent and Assent

Your organization should implement the Total Teen Assessment and micro visits as "opt out" processes to ensure adolescents have access to the services if a need or want is identified. As such, the consent and assent process should inform adolescents and parents/guardians that Total Teen is standard clinical practice for patients ages 12 and older. Your organization may require documentation of parent/guardian consent; if so, it is recommended you modify standard consent-to-treat forms to include the Total Teen Assessment and micro visits.

The following sections provide information and context for consent and assent processes associated with the Total Teen procedures for adolescent patients and their parents/guardians. Additional information on communicating about the assessment and micro visits with adolescents and parents/guardians is provided in the Communication section.

Parent/Guardian Consent

States have different laws regarding minor access to confidential services. Therefore, it is the responsibility of your organization to determine the best consent process for parents/guardians based on state and local laws and other governing bodies. If you are unsure of the access and consent laws in your state, consult your organization's administration and/or legal counsel.

▶ Determine the consent process for parents/ guardians within your organization and a process to opt out of services

▶ If your organization requires a formal consent form:

- Read the Consent Form for Parents/Guardians example at the end of this section and modify as needed
- Incorporate the Consent Form for Parents/Guardians into your organization's patient intake process

Consent Form for
Parents/Guardians
See page 61

Adolescent Assent

To fully embrace the adolescent-centered nature of Total Teen, your organization should inform adolescent patients about the assessment and associated micro visits. Your organization should also inform adolescents they have the right to opt out of these services, however they will continue to be offered these services during future visits. Determine an appropriate assent process for adolescent patients in your clinic and create or modify forms as needed.

Micro Visits

Depending on their Total Teen Assessment results, adolescent patients may be encouraged to complete a micro visit to discuss their SRH and/or MH needs. Therefore, your organization will either have qualified staff to provide the micro visit, or identify appropriate providers for referrals so adolescents can access services. If micro visits will be facilitated by providers in your organization, preparation for the visits will be included in your implementation meeting.

Service Information

It is crucial your organization is prepared to provide micro visits on-site or via telehealth for both sexual and reproductive health and mental health needs. Some providers may be cross-trained and qualified to conduct micro visits for both types of services. Examples of specific topics and needs that micro visits may focus on are listed below.

Sexual and Reproductive Health Topics and Needs:	Mental Health Topics and Needs:
▶ Contraceptive counseling and prescriptions ▶ STI transmission, testing, and treatment (including HIV) ▶ Gender identity ▶ Sexual orientation ▶ Puberty (growth and development) ▶ Healthy relationships ▶ Sexual partners	▶ Stress relief ▶ Coping strategies ▶ Anxiety ▶ Depression ▶ Positive relationships ▶ Mindfulness ▶ Substance use/abuse ▶ Bullying issues

NOTE: More information is found in the **Preparing Organizations to Implement section.**

Logistics

To effectively implement Total Teen and provide quality micro visits in an efficient manner, your organization will need to consider how best to address the logistics listed below.

▶ Determine **who** will conduct micro visits.
  - Does your organization have qualified personnel available to conduct SRH micro visits?
    - If yes, identify who will conduct SRH micro visits (refer to topics listed above to ensure all needs are accounted for).
  - Does your organization have qualified personnel available to conduct MH micro visits?
    - If yes, identify who will conduct MH micro visits (refer to topics listed above to ensure all needs are accounted for).
▶ Determine **where** the micro visits will take place (on-site, telehealth, refer to offsite partner).
  - Consider the location within your clinic for micro visits. For example,will the visits occur in exam rooms, in providers' offices, or will there be a room specifically for micro visits?
▶ Determine **how** referrals and follow-up appointments will be made, as needed, after micro visits.

As you consider and plan these logistics, it is imperative you coordinate to ensure privacy, comfort, and confidentiality are accounted for, while necessary qualifications are met to provide various services. If your organization is unable to provide services in-house, then there should be a network of adolescent-friendly referral partners readily available.

Section in Review

This section focused on the clinic workflow, potential modifications to the workflow, organizational tasks for assent and consent processes, and micro visit logistics. The list below summarizes key information and tasks from this section:

▶ When implementing the Total Teen program, your organization may have to modify existing clinic workflows and procedures for adolescent appointments.

▶ Modifications to EMR/EHR fields are recommended to document Total Teen Assessment results.

▶ Organizations are responsible for determining the best consent and assent processes based on state and local laws and other governing bodies.

▶ Logistics for micro visits need to be carefully considered to identify appropriate providers with the capacity to meet adolescents' SRH and MH needs.

The next section focuses on collaboration, the second pillar of adolescent patient-centered care. Emphasis is placed on identifying and establishing a network of adolescent-friendly referral partners.

Coordination

Resources

bit.ly/332fLAI

NOTE: All posters, handouts, and scripts intended to be used with teen patients and their parents/guardians have a reading level e of 8 or below. Materials were developed to be easy to understand and accessible to a wide audience.

Total Teen Assessment

Thank you for taking this survey! We will ask you questions about your health (mental, sexual, and reproductive) so that we can better understand how to support your unique needs. The information that you share will be confidential (your parent/caregiver won't have access to the information shared) and only the clinic staff will see the your answers.

Please answer as many questions as you can as completely as possible. If there are questions that you don't want to answer or that make you feel uncomfortable feel free to skip them.

Thanks for giving us some additional information so that we can provide you with the right services and support!

Demographic Information

What name do you go by? _____

Legal First Name _____

Legal Last Name _____

What pronouns do you use? _____

Ethnicity

☐ Hispanic/Latino/Spanish Origin

☐ Not Hispanic/Latino/Spanish Origin

Race (choose all that apply)

☐ Asian

☐ Black or African American

☐ Hispanic or Latino/a/e

☐ Native American or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ White or Caucasian

☐ Multiracial or Biracial

☐ Other _____

Age _____

Sexual/Reproductive Health Assessment

Sexuality

The following questions are related to your sexual health. We ask these questions so we know how to best support you. Sometimes people have questions, but they are too shy to ask. Your provider is here to help address all of your health needs.

This information is confidential.

Sex Assigned at Birth

☐ Male

☐ Female

☐ Intersex

Gender Identity

☐ Man/Boy

☐ Girl/Woman

☐ Gender Queer/Gender Nonconforming/Nonbinary

☐ Other _____

What is your sexual orientation?

☐ Gay

☐ Lesbian

☐ Bisexual or pansexual

☐ Questioning/Unsure

☐ Asexual

☐ Queer

☐ Straight (heterosexual)

☐ Something else

Sexual Behaviors

Have you <u>ever</u> had any sexual experience (the act of engaging in sexual behaviors with another person—such as oral, anal, or vaginal intercourse)?

☐ Yes

☐ No

☐ Unsure

Are you <u>currently</u> having sex or have had any kind of sex within the past 6-12 months?

☐ Yes

☐ No

☐ Unsure

Are you thinking about starting to have sex within the next 6 months?

☐ Yes

☐ No

☐ Unsure

Have you or a partner ever taken a pregnancy test because you believed one of you may be pregnant?

☐ Yes

☐ No

☐ Unsure

Please rate the frequency to which you or your partner(s) do each of the statements.

	Never	Sometimes	About half the time	Most of the time	Always	Not sexually active
Use contraception (method to prevent pregnancy)	☐	☐	☐	☐	☐	☐
Use condoms when you have sex	☐	☐	☐	☐	☐	☐

If you or your partner(s) uses a method to prevent pregnancy, which ones do you use? (select all that apply)

- ☐ Condoms
- ☐ Birth control pills
- ☐ Shots or injections (ex: Depo-Provera)
- ☐ Contraceptive patch (OrthoEvra) or vaginal ring (NuvaRing)
- ☐ IUD (ex: Mirena, Liletta, Kyleena or Skyla)
- ☐ Contraceptive impact in the arm (ex: Nexplanon)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Other: _____
- ☐ Not sure
- ☐ Not using a method to prevent pregnancy

Would you like to learn more about contraceptive options now or in the future?

- ☐ Yes - now
- ☐ Yes - in the future
- ☐ No

Have you ever been screened for a sexually transmitted infection (STI)/disease (STD)?

- ☐ Yes - I had a positive result
- ☐ Yes - I had a negative result
- ☐ No
- ☐ Unsure

Do you want to talk to your provider about any experience where you felt forced, controlled, pressured, or coerced to engage in any sexual act when you did not want to?

- ☐ Yes
- ☐ No
- ☐ Unsure

Would you like to learn more about safer sex practices or get answers to any of your sexual health questions?

- ☐ Yes
- ☐ No

Mental Health Assessment

Mental Health

The following questions are related to your mental health (depression, anxiety).

This information is confidential.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed, irritable, or hopeless	☐	☐	☐	☐
Trouble falling asleep, staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite, weight loss, or overeating	☐	☐	☐	☐
Feeling bad about yourself-or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things like school work, work, reading, or watching TV	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed OR the opposite-being so fidgety or restless that you were moving around a lot more than usual	☐	☐	☐	☐
Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐
Feeling nervous, anxious, or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐

If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all

☐ Somewhat difficult

☐ Very difficult

☐ Extremely difficult

Have you received mental health counseling services in the last 6 months?

☐ Yes   ☐ No

Are you interested in speaking with a mental health provider?

☐ Yes   ☐ No

Behavioral Health Assessment

Substance Use

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs.

This information is confidential.

In the past year, how many times have you used:

	Never	Once or twice	Monthly	Weekly or more
Tobacco?	☐	☐	☐	☐
Alcohol?	☐	☐	☐	☐
Marijuana?	☐	☐	☐	☐
Vaping?	☐	☐	☐	☐
Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?	☐	☐	☐	☐
Illegal drugs (such as cocaine or Ecstasy)?	☐	☐	☐	☐
Inhalants (such as nitrous oxide or poppers)?	☐	☐	☐	☐
Herbs or synthetic drugs (such as salvia, "K2", or bath salts?)	☐	☐	☐	☐

Have you ever had an overdose experience?

☐ Yes   ☐ No

Thank you for taking the time to complete this assessment!

Potential Billing Codes

BILLING CODE	USE	NOTES
Problem-Oriented: The patient has a set of symptoms or complaints that require evaluation.		
CPT codes **99201 - 99215**	Evaluation and Management (E/M) Services	Use these codes for problem-oriented visits where contraceptive counseling may have been a component of the counseling but not the main purpose of the encounter
		Distinct problem-oriented E/M services may be reported at the same encounter using modifier -25
Counseling: The patient requests advice to promote health or prevent illness or injury (contraceptive counseling)		
CPT codes **99401 - 99404**	Individual counseling and/or risk factor reduction (15, 30, 45, or 60 minutes)	Use when contraceptive counseling is the ONLY purpose of the visit and at least 15 minutes are spent counseling
		All counseling codes are time-based and separate procedures (must use a modifier when coding with another service)
Behavior Change Interventions: The patient has a behavior that may be considered an illness itself (smoking, substance abuse)		
CPT codes **99401-99412**	Individual behavioral counseling	Use for patients who already have a behavior often considered an illness, such as substance use disorder
Preventive Medicine: The patient is coming in for their annual "well" visit (may include counseling and behavior change interventions)		
USER NOTICE: Other services cannot be reported on same day as preventive medicine services (counseling and behavior change interventions are included within the comprehensive preventive medicine codes)		
CPT codes **99381-99386**	New Patient Comprehensive Preventive Visits (include contraceptive counseling when performed)	
CPT codes **99391-99396**	Established Patient Comprehensive Preventive Visits	

Billing Code	Use	Notes
CPT code **96127**	To report behavioral assessments in children, adolescents, and adults	Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument.
CPT code **90832**	Individual patient psychotherapy	For MH visits that run between 16 and 30 mins
CPT codes **99201 - 99215**	Evaluation and Management (E/M) Services	Use for outpatient EM services for new patient
CPT code **G2012**	For virtual check in or brief patient initiative visit	

NOTE: This list is reflective of common codes, may not be exhaustive of all possible codes, and is subject to change. Organizations should use this list as a starting point, but it is their responsibility to ensure they use correct and applicable codes.

Consent Form
for Parents/Guardians

I give [healthcare organization] permission to:

- Administer a sexual and reproductive health and mental health needs assessments without me being present;

- Provide my child micro visits (one-on-one visits between the patient and provider to discuss results and potential health needs) if results show a need for other services;

- Provide micro visits without me being present.

I understand that:

- I have the right to refuse for my child to participate in the needs assessments;

- Depending on my child's needs assessment scores, they may complete a micro visit to further discuss their scores and potential health needs;

- If my child has a micro visit, there may be an additional co-pay to cover those services;

- Services may stay confidential between my child and their healthcare provider.

_____   _____ _____
Parent/Guardian Signature   Print Name   Date

_____   _____ _____
Witness Signature   Print Name   Date

Collaboration

The second pillar of adolescent patient-centered care is Collaboration. Collaboration ensures organizations have an adolescent-friendly network of providers and resources. A key component of adolescent-friendly care is not only providing confidential services, but connecting patients to additional services (including those requiring internal or external referrals) in a timely manner.

Establish a Network of Adolescent-Friendly Referral Partners

Healthcare organizations should have an identified network of trusted providers to whom they can refer adolescents. Specifically, you will know which sexual and reproductive health and/or mental health providers can provide timely, high-quality, confidential services to your adolescent patients. It is crucial referrals for future services be made on the same day to reduce barriers to accessing follow-up services. The network may include referral partners who are in-network, out-of-network, and/or community-based service providers. Consider services both local and national in scope; local providers may offer in-person services, while providers in other geographic regions may provide telehealth services.

Additionally, you should ensure the providers you refer patients to offer adolescent-friendly services and will not shame, refuse, or dismiss adolescent needs. Clinics should periodically assess if their referral sites adhere to adolescent-friendly standards (refer back to Preparing Organizations to Implement for details about adolescent-friendly services and providers). Consideration of adolescent-friendly services is important to establishing rapport and trust between the provider and the adolescent.

Steps to Establish a Network of Adolescent-Friendly Referral Partners

1. Determine the services and likely specialties you will need.

    a. Review the needs of your patient population; specifically include SRH and MH, but do not limit to these and refer to other specialities unique to your organization. Consider the most common diagnoses and associated specialities, while maintaining a holistic mindset regarding potential healthcare needs.

2. Conduct a search of local providers for various specialties

    a. Search hospital/clinic databases, the internet, insurance provider lists of healthcare providers and facilities, and ask providers and other community members to recommend adolescent-friendly healthcare providers they trust.

    b. Document a running list/database of all potential adolescent-friendly healthcare providers and organizations as you conduct your search. Consider ways to make this list accessible to other organizational staff for group input.

    c. At a minimum, include the following information in your list:

        i. Names, organization affiliation, services provided, location, contact information, and hours of operation.

3. Contact each provider

    a. Confirm services provided, location, and hours of operation.

        i. You may consider adding insurance and payment options.

        ii. When discussing services provided, determine their scope of practice including procedures and treatments provided, while making note of common procedures and treatments not provided (e.g., LARC insertion, cognitive-behavioral therapy, etc.).

    b. Determine adolescent-friendliness of their services (refer to Characteristics of Adolescent-Friendly Providers and Adolescent Friendly Environment in the Preparing Organizations to Implement section).

        i. Pay particular attention to their clinic workflow and policies regarding adolescent care and confidentiality.

        ii. Expand your list/database to document specific adolescent-friendly characteristics of each provider.

    c. Ensure they are accepting new patients/referrals.

    d. Establish a process for referring patients to their organization.

        i. Identify a point of contact for questions regarding referrals and the referral process.

        ii. Share any forms and paperwork required for referrals.

        iii. Determine ways to coordinate care and share appropriate information among providers.

4. Periodically review and update your list/database of referral partners

    a. Identify a liaison within your organization to review and update the list/database at least once a year or sooner, as needed.

    b. Communicate any major changes to staff and providers within your organization.

    c. Solicit feedback from adolescent patients about their experiences with referral partners to ensure they received adolescent-friendly care.

At the end of this section are templates to use for developing your database of adolescent-friendly referral partners. This template serves as a starting point; it is not all-encompassing and should be adapted to meet your organization and community's needs.

Within the database, it is strongly recommended you develop three lists to distinguish:

1. Sexual and reproductive health providers

2. Mental health providers

3. Other providers and resources

Sexual and Reproductive
Health Providers
See page 69

These lists are essential to providing multiple sources of support for adolescents' encounters with the healthcare system. As the Total Teen Assessment is designed to identify SRH and MH needs, it is critical your organization take the time to establish a robust and well-rounded database of adolescent-friendly referral partners.

Mental Health Providers
See page 71

Tips for Referral Best Practices

▶ Have patients identify sources of support they are comfortable contacting as needed.

▶ Incorporate more than just referrals in your practice; provide patients with adolescent-friendly resources (both local and national) that provide reliable information based on the patients' needs.

▶ For patients that have a referral within one month:

- Confirm they attended their appointment.

- If the patient did not attend the appointment, help them schedule a new one.

▶ For patients with referrals exceeding one month:

- Identify a staff member who can contact the patient every two weeks to check-in on the status of their referral appointment.

- For patients with more acute needs, consider scheduling regular check-ins (until they are able to see a specialist) to monitor symptoms and concerns. If symptoms appear to worsen, discuss options for more immediate treatment or intervention.

Additional Resources for Adolescents

It is important to inventory both local and national scale resources that provide reliable information for teens; include local non-profits, businesses, or social service organizations.

Depending on the adolescent's needs, not every adolescent will require or be ready for additional healthcare services. In some cases, they will need more information to be comfortable accessing specialty care, or they may need more time to research options and determine their choice for next steps. Empowering them to take ownership of their care will ultimately contribute to improved access to care.

Consider developing a list of adolescent-friendly resources for your patients. The list should include resources for sexual and reproductive health, mental health, and other health topics. Refer to the **Health Resources for Teens** list in the Communication section as a starting point.

Section in Review

Referring patients to adolescent-friendly healthcare organizations and providers for specialized care can facilitate access to care. This section focused on establishing an adolescent-friendly network of referral partners. The following list summarizes key information and tasks from this section:

▶ A collaborative, interdisciplinary approach to adolescent patient-centered care can ensure adolescents' healthcare needs are met.

▶ Healthcare organizations should identify and establish a network of adolescent-friendly referral partners.

▶ Timeliness is essential. When establishing network referral partners, processes should be put in place to ensure patient referrals can be made on the same day as an adolescent patient's appointment.

▶ It is important to know where to find reliable adolescent-friendly resources, as well as to know who the key stakeholders are within your community and how to engage them.

▶ In addition to providers for direct referrals, take inventory of both local and national scale resources that provide reliable information for adolescents.

Organizations can ensure adolescent healthcare needs are met by establishing an adolescent-friendly referral network. The next section, Communication, will focus on provider-patient communication, which is a critical aspect of adolescents' access to and experiences with healthcare.

Collaboration

Resources
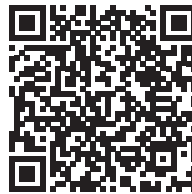
bit.ly/332fLAI

Sexual and Reproductive Health Providers

Organization	Contact Person	Contact Information	Date of Last Contact	Accepting New Patients	Services or Resources Provided	Adolescent-Friendly	Ensures Confidentiality	Other Notes

Organization	Contact Person	Contact Information	Date of Last Contact	Accepting New Patients	Services or Resources Provided	Adolescent-Friendly	Ensures Confidentiality	Other Notes

Mental Health Providers

Organization	Contact Person	Contact Information	Date of Last Contact	Accepting New Patients	Services or Resources Provided	Adolescent-Friendly	Ensures Confidentiality	Other Notes

Organization	Contact Person	Contact Information	Date of Last Contact	Accepting New Patients	Services or Resources Provided	Adolescent-Friendly	Ensures Confidentiality	Other Notes

Communication

The third pillar of adolescent patient-centered care is communication, which is the interpersonal communication between providers, patients, and various stakeholders. Communication about Total Teen should begin before healthcare appointments, and continue throughout the appointment.

During appointments, conversations between providers and adolescent patients may be centered around sensitive topics. Motivational interviewing (MI) and coaching are two types of communication techniques deemed effective with difficult conversations and sensitive topics, and addresses ambivalence to change. Providers and other adolescent points of contact in the clinic should consider completing MI or coaching training as part of their professional development.

Informational Resources

Adolescent-friendly resources related to sexual and reproductive health (SRH) and mental health (MH) should be available and displayed throughout the clinic facility (e.g., waiting rooms and exam rooms). After completing the Total Teen Assessment, encourage the adolescent to browse some available resources while they wait for their primary care provider.

Visual displays may include:

▶ Informational posters, cards, or pamphlets

▶ QR codes (which link to online and/or local resources adolescents can access through their personal devices)

Consider developing a list of adolescent-friendly resources for your patients. The list should state what each resource offers for adolescents, and provide a direct link to the resource. The list should specify if the resource provides information or services (whether virtual, in-person, or both). For service-based resources, include the services provided, population(s) served, cost of services, and experience working with adolescents. Example Health Resources for Teens can be found at the end of this section to use as a starting point. It is important to include both local and national scale resources that provide accurate and reliable information for teens; include local non-profits, businesses, or social service organizations.

Health Resources for Teens.
See pages 83–86

When possible, work with your communications team to create a version of this list that can be distributed to adolescents and made available online. This list should use graphics and be catered towards adolescents in a way that is visually appealing.

Considerations for Accessing Online Resources

Adolescents may need guidance on how to securely access the information provided through the QR codes or other links. Many sites on the "Health Resources for Teens" list are equipped with a "quick exit" function, which clears browser history and closes the web page being viewed. Consider informing adolescents about the importance of clearing the browser history on personal devices (and those distributed by schools) that are not private and may be seen by parents/guardians or others who are able to access and monitor their devices.

The resources shared in this list are adolescent-friendly, but adolescents may decide to explore the internet for other sources of information. Adolescents should be briefed on online safety topics such as protecting sensitive information and avoiding malicious websites. Organizations are encouraged to refer adolescents to online safety resources, such as:

▶ NetSmartz, an online safety program created by the National Center for Missing & Exploited Children to increase youth awareness of online risks and to prevent victimization by making safer choices on- and offline.[26]

▶ Common Sense Education's Digital Citizenship, which provides lessons to help youth (grades K-12) understand how to use technology responsibly.[27]

Information for Parents/Guardians

Advanced notification to parents/guardians about Total Teen, before arriving for appointments, is highly recommended and may be important for staying on time with provider appointments and scheduling. Consider including information about Total Teen in appointment reminders, along with ideal patient arrival times to ensure scheduled appointments remain on-time.

Sample Script: Check-In
See page 89

As patients arrive for appointments, healthcare staff should communicate with both the patients and parents/guardians about Total Teen to increase understanding and support. Healthcare staff should inform adolescents and their parents/guardians about Total Teen during the check-in process. A Sample Script is provided at the end of this section to use when explaining the associated protocol to patients and their parents/guardians.

During the check-in process, parents/guardians should be informed of the following:

▶ Their adolescent may complete the Total Teen Assessment.

▶ Their adolescent may complete a micro visit to discuss sensitive health matters.

▶ The importance of allowing their adolescent the opportunity to be autonomous and independent.

To make Total Teen part of regular care, we recommend organizations implement it as an opt-out practice. Refer back to the **Coordination section** for information on Consent and Assent recommendations and procedures.

Information for Adolescent Patients

To fully embrace the adolescent-centered nature of Total Teen, it is important to inform adolescents about the practices and provide them with a choice to participate. When communicating with adolescents about Total Teen, it is important to speak directly to them, and not just their parent/guardian, to facilitate a sense of autonomy.

Use the **Sample Script** at the end of the section during the check-in process to inform both the adolescent and their parents/guardians about the new procedures. Consider adapting the language to best fit the needs of your community and patient population.

Information for Providers

Total Teen incorporates an assessment to screen for SRH and MH needs into all visits and provides immediate follow-up consultations for appropriate services. The assessment not only screens for needs, but facilitates discussion between patients and providers about questions and concerns regarding sensitive health topics. These types of discussions allow providers to more holistically evaluate patient health and connect patients to services that may otherwise not be accessed. Detailed information on the assessment is provided in the Care section.

As a provider, you should assure adolescent patients their conversations with you will remain confidential under most circumstances. You should discuss confidentiality policies with them, including conditions under which you cannot uphold confidentiality. It is crucial you clearly explain to adolescent patients what information cannot be kept confidential, and warrants mandatory reporting. It is critical that you be very clear and concrete about what constitutes mandatory reporting, and what will remain confidential. You do not want patients worried that you will report minor things (e.g., smoking a cigarette) and then withhold information from you. A Confidentiality Sample Script is provided at the end of this section to use as a starting point.


Sample Script: Confidentiality
See page 91

Providers should remember that to maintain confidentiality, not all conversations with adolescent patients should be documented in medical records. As HIPAA regulations generally allow a parent/guardian to have access to medical records for their children under the age of 18, it is imperative that providers document any details regarding confidential conversations in a secure manner that is not accessible to parents/guardians. It is the responsibility of each organization to determine the best process for providers to take notes on confidential conversations in a manner that is secure and separate from appointment information accessible to parents/guardians.

> It is the responsibility of each organization to determine the best process for providers to take notes on confidential conversations in a manner that is secure and separate from appointment information accessible to parents/guardians.

Administering the Total Teen Assessment

The Total Teen Assessment helps providers identify adolescents' health needs, while connecting them to appropriate support and services. After the adolescent patient checks in and while the vital check is being conducted, a clinic staff member (e.g., a medical assistant, nurse, etc.) will provide the patient with an iPad or tablet with the assessment preloaded. Below is a set of talking points for administering the assessment; a sample script for Administering the Assessment is provided at the end of this section.
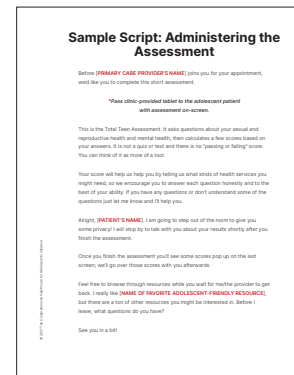
Sample Script: Administering the Assessment See page 93

▶ Inform the adolescent you have a short assessment for them to complete.

▶ Give the adolescent the clinic-provided tablet with the assessment on-screen.

▶ Explain to the adolescent what the Total Teen Assessment is and how it works.

▶ Let the adolescent know their results are private and confidential (i.e., they will not be discussed or shared with their parents/guardians unless the adolescent wants to).

▶ Give the adolescent privacy to complete the assessment on their own.

▶ Before leaving the room, let the adolescent know a QR code will appear on the last screen, which they can use to access interactive activities and educational resources while they wait.

Once the assessment is complete, a clinic staff member (e.g., a medical assistant, nurse, etc.) can leverage the assessment score to identify key talking points and set them up with a micro visit as needed. Organizations should refer to their workflow to identify which personnel will be responsible for this task.

Once the assessment results are available, you should:

1. Explain the results and potential needs identified through their results.
2. Ask the adolescent if they have ever discussed SRH or MH with another healthcare provider.
3. Allow the adolescent to ask questions and discuss concerns they may have.
4. Recommend or provide adolescent-friendly resources for the patient to explore.

The next steps will vary by adolescent depending on their assessment results. You should recommend immediate micro visits and make referrals to adolescent-friendly providers as needed. Refer back to the Coordination Section for specific actions to take based on assessment results.

Talking with Adolescent Patients

Conversations with adolescent patients will vary based on multiple factors, including but not limited to: comfort, knowledge and awareness, culture, communication styles, experiences, etc. However, in every conversation, the provider should take the following actions:

1. Introduce themself (name and pronouns).
2. Ask the patient their name and pronouns.
3. Ask the patient something about themselves to establish rapport (e.g., school, friends, hobbies, etc.).
4. Thank the patient for coming in and completing the Total Teen Assessment.
5. Ask the patient for permission to discuss the assessment results.
6. Define patient-provider confidentiality, explaining what constitutes conditional confidentiality and mandatory reporting.
7. Ask patients what questions they have for the provider.

Throughout the appointment, providers may ask teens a range of questions to learn more about patients , their health habits, and potential needs. Below is a list of potential questions to guide the confidential conversations. Both open and closed-ended questions are included. Some teens will be uncomfortable talking with an adult or professional about sensitive topics, therefore use your judgment and experience to find what works best with each patient. A sample script for Opening the Conversation is provided at the end of this section.

Sample Script: Opening the Conversation See page 95

General	Safety with Others	Health Behaviors	Behavioral Health
How are you doing in school?	Do you feel safe at home and school?	Tell me about your eating behaviors and habits.	Do you have anxiety often?
What activities do you like?	Tell me about your romantic relationships.	Are you sexually active?	Do you use any drugs or alcohol?
Tell me about your hobbies or interests.	Do you feel safe with your friends at school or when you are out and about?	Tell me about your physical activity habits.	Do you have suicidal thoughts?

Discussing the Assessment Results

After completing the Total Teen Assessment, the primary care provider should review the results with the adolescent to determine next steps (e.g., providing resources, completing a micro visit, providing a referral to another provider or specialist, or scheduling a follow-up appointment at a later date, etc.). Follow the steps listed below when discussing assessment results with adolescents:

1. Explain patient-provider confidentiality and disclose what constitutes mandatory reporting (give examples).

2. Discuss assessment results with the patient so together you can decide on next steps.

3. Allow the patient to ask any questions they may have.

4. Remind the patient about confidentiality.

After reviewing both the SRH results (healthy relationships, STIs, and contraception) then the MH results (depression, anxiety, and substance use), follow the steps below based on the patient's scores:

No to Low Need	Moderate to High Needs
▶ Let them know their scores do not indicate a need for additional services, which is positive. ▶ Identify healthy aspects of their behaviors. ▶ Commend them for their current health practices and efforts. ▶ Ask what questions or concerns they have regarding SRH and MH. ▶ Inform them of services offered through your organization should they want or need them in the future. ▶ Recommend or provide adolescent-friendly resources for future reference and prevention.	▶ Let them know their scores indicate a need for services to check-in and see how things are going. ▶ Inform them about any preventive care your organization provides, so the patient can seek out these resources if or when they desire. ▶ Inform them that your clinic offers micro visits to check in with a provider and discuss potential needs and services. ▶ Recommend the micro visit, but ensure the teen ultimately decides whether or not to participate in the micro visit. ▶ If the adolescent wants to complete the micro visit, commend them for taking this step for their health. Then connect them to the consulting provider whether on-site or via telehealth. ▶ If the adolescent does not want to complete the micro visit, providers should validate their preferences. Ask if they would like to come in another day to follow-up on their results. If so, assist them in scheduling the appointment. If not, let them know they can always come in for another appointment if they decide they would like to have those services, and provide them with some health resources. ▶ Provide referrals to appropriate specialists as needed.

A sample script for <u>Discussing Assessment Results</u> is provided at the end of this section.

Patients with moderate to high needs may require services from a specialist or another clinic. If making a referral, it is important to state:

▶ Why you are making a referral to another provider.

▶ Who the provider is you are referring the adolescent patient to.

▶ What makes the provider adolescent-friendly and trustworthy.

▶ What the adolescent can expect from the provider they are being referred to.

Sample Script: Discussing the Assessment Results. See page 97

Once you and the adolescent patient finish talking about their results and associated confidential matters, invite their parents/guardians to join the rest of the appointment. It is your responsibility to ensure any confidential topics discussed during the one-on-one time are not disclosed to parents/guardians, unless stated by the adolescent.

Tips for Talking with Adolescent Patients

1. Use age-appropriate language, and recognize the developmental differences in adolescent patients (compared to children or younger patients).

2. Ask patients to repeat information back to you in their own words to ensure their understanding.

3. Be aware of body language; avoid expressing shock from a patient's response.

4. Maintain a tone of mutual respect and understanding; take care to not sound condescending.

5. Reassure patients and make them feel in control of what they are going through; recognize the strengths in their stories and experiences.

6. Validate the patient; listen to them and make it a two-way discussion rather than a checklist of questions and answers.

Section in Review

Communication throughout the entirety of an adolescent's appointment is vital in making them feel comfortable and assured they have autonomy in their health. This section focused on communication in the clinic, communication with parents/guardians, and communication between providers and adolescent patients. The following list summarizes key information and tasks from this section:

▶ Adolescent-friendly resources related to SRH and MH should be available and displayed throughout the clinic facility (e.g., waiting rooms and exam rooms).

▶ Assuring adolescent patients that their conversations with providers are confidential can encourage and facilitate honest discussion about sensitive topics.

▶ Providers should discuss conditional confidentiality with their adolescent patients. It is especially important to describe circumstances where confidentiality cannot be upheld.

▶ After completing the Total Teen Assessment, the provider should review the results with the adolescent to determine next steps (i.e., providing them with resources, completing a micro visit, scheduling a follow-up appointment at a later date, or referring the patient to another clinic or specialty provider, etc.).

The next section focuses on the final pillar of adolescent patient-centered care with an emphasis on confidential care and providing patients with a safe space to talk about sensitive topics.

Communication

Resources

bit.ly/332fLAI

NOTE: All posters, handouts, and scripts intended to be used with teen patients and their parents/guardians have a reading level of grade 8 or below. Materials were developed to be easy to understand and accessible to a wide audience.

Health Resources for Teens

USER NOTICE: Some of the sites listed are equipped with a "quick exit" function, which clears browser history and closes the web page being viewed! The resources marked with one asterisk ***** have this function.

Note: These resources are not intended to be a substitute for professional healthcare treatment.

Resource	Topics	What they have/do	Link
amaze	Sex, puberty, STDs, relationships, and more	Real info in fun, animated videos that give you all the answers you actually want to know!	amaze.org
gender spectrum	Gender, gender expression	Online consulting, support groups, events and conferences	genderspectrum.org/audiences/youth
GLSEN®	LGBTQ Youth of Color group, National Student Council, Gay Straight Alliance	Resources to start a GSA at your school, ways to be active in LGBTQ communities	glsen.org
KidsHealth®	Body, mind, substance abuse, food and fitness, infections	Videos, expert answers, tips for choosing medical care, mental health resources	kidshealth.org/en/teens
love is respect *****	Dating, relationships, violence and safety	Interactive safety plan, Deaf services, Native American services, establishing and fostering healthy relationships, identifying risks of abusive relationships	loveisrespect.org
okay•so	Sex, relationships, identity, and more	Talk (via texting) with an expert you can trust and get your questions answered	okayso.co
Planned Parenthood®	Sexual health services	Education and providing care	plannedparenthood.org
Q Card Project	Queer/Trans sexual health	Youth space, networks for LGBTQ and survivors of abuse, education	qcardproject.com

Resource	Topics	What they have/do	Link
sex, etc.	Sex, advocacy	Clinic finder, communication tools, state-specific healthcare info, interactive polls to vote on sexual health issues	sexetc.org
THE TREVOR PROJECT *	Sexual violence, gender identity, mental health, community	Reach a counselor 24/7, social, educational tools (The Coming Out Handbook, Black & LGBTQ, & more)	thetrevorproject.org
CRISIS TEXT LINE		Mental health support and crisis intervention	English and Spanish Crisis Chat 24/7	crisistextline.org
GO ASK ALICE!	General health, sexual health, substance use, relationships, physical activity and nutrition	Fact sheets, quizzes, Q&A	goaskalice.columbia.edu
Mental Health is Health	Emotional health	Lifeline, crisis text line, educational tools	www.mentalhealthishealth.us
NAMI National Alliance on Mental Illness (NAMI)	Mental health	Education, support groups, NAMI HelpLine, online discussion groups, local chapters	nami.org
NEDA Feeding hope. National Eating Disorder Association (NEDA)	Eating disorders, body positivity	Online chat/phone/text line, treatment locator, recovery and relapse resources, BLM resources	nationaleatingdisorders.org
OK2TALK·ORG	Mental Health	Online chatboard (kind of like Reddit)	ok2talk.org
TeenHelp (TRIGGER WARNING)**	Mental health, physical health, sexual health, substance abuse, social/life	Informational articles (can be triggering; specifically discusses cutting right at the top. Proceed with caution)	teenhelp.com

Resource	Topics	What they have/do	Link
TeensHealth	Body, mind, substance abuse, food and fitness, infections	Videos, expert answers, mental health resources	kidshealth.org/en/teens/your-mind/
YM You Matter	Mental health	First-person stories and articles on mental health struggles	youmatter.suicidepreventionlifeline.org
YOUR *Life* YOUR Voice	Mental health, social relationships, coping skills	Q&A (topics: family, relationships, feelings, suicide, abuse, addiction, bullying, school, COVID-19), journal pages, tips and tricks	yourlifeyourvoice.org/pages/tips.aspx
teen talk	Sexuality, reproductive health, body image, substance use awareness, mental health, issues of diversity and anti-violence issues	Information and resources about sexual health topics to equip teens with knowledge and skills.	teentalk.ca
POWER TO DECIDE	Sexual health, relationships, birth control (info and access), and more	Provide accurate info, a clinic finder, and birth control info to find your method.	powertodecide.org

*   This website has a quick exit function

** This website discusses self-harm, sexual violence, and suicide. If you have a history of mental distress with these topics, please explore this resource with caution. Talk to your healthcare provider if you have thoughts about self-harm or suicide or if you experience sexual violence.

Resources for Healthcare Organizations

Resource	Topics	What they have/do	Link
Advocates for Youth	Access and justice, confidentiality, sex education	Fact sheets, political advocacy, curricula and education	advocatesforyouth.org
RUTGERS	Sex education, equity and access	Lesson plans, merch store, policies by state	answer.rutgers.edu
gender spectrum	Corporations, education, & gender; government & nonprofits; legal and policy	Online programs, professional development and training, organization level education	genderspectrum.org
GLSEN	Education and policy for inclusive and affirming curriculum	Reports & briefs, webinars, workshops	glsen.org
Q Card Project	LGBT health	Fact sheets, LGBT cultural competence and inclusive intake forms, healthcare equality indices	qcardproject.com
SIECUS SEX ED FOR SOCIAL CHANGE	Policy and advocacy, education and resource development, strategic communications	Fact sheets and policy briefs, state profiles for sex education, publications on sex education	siecus.org
NAMI National Alliance on Mental Illness (NAMI)	Mental health	Mental health education, publications and reports, video resource library	nami.org
NEDA Feeding hope. National Eating Disorder Association (NEDA)	Eating disorders, body positivity	Screening tool, BLM resources	nationaleatingdisorders.org

Sample Script: Check-In

This portion of the script is directed to the adolescent patient and parent/guardian. It is crucial that you address the adolescent during this time and not just the parent/guardian. Eye contact will let the adolescent know you are talking to them directly and reinforce their rights.

We have updated our standard clinical practice for teen patients with a program called Total Teen that I want to tell you about so you know what to expect.

[**Motion to the patient**]

[**TEEN'S NAME**], a clinician or staff member will call you back on your own, and your parent/guardian will be asked to stay in the waiting room at first. Once you go back, you will have your vitals checked by our nurse/medical assistant, and then you will complete a short assessment which screens for sexual and reproductive health and mental health needs. This lets us know if you may need additional services or referrals to any specialists. If results show a need or you disclose any needs, we will do a micro visit right away while you're here. A micro visit is a short, immediate conversation where you and a clinician will talk about the results of your assessment, and related health needs. The purpose is to make sure those needs are being met. It gives the clinician time to ask you more about those needs, for you to ask questions, and for the two of you to discuss next steps in potential healthcare services. If that is not possible, we can schedule an appointment for another day. Our goal is for you to stay healthy.

The micro visits are optional, but we highly encourage them. Your provider will walk you through it and go over any questions you have along the way. If you don't want to participate in this, just let us know. We want to be very clear that these services are provided confidentially, meaning one-on-one between you and your provider. This is to help you learn to be autonomous and take ownership in your healthcare to help you transition into adulthood. Once this piece of the appointment is over then your parent/guardian may be invited to join for the rest of the appointment.

Sample Script: Confidentiality

This script is directed to the adolescent patient.

Everything you tell me is confidential, meaning I will not tell anyone else anything that you say, unless it involves an issue of seriously harming yourself, harming someone else, or someone is harming you. In those cases, I would have to report it, but you and I will talk about that reporting process together and next steps. Again, this is only in cases when safety is a concern, not something like smoking a cigarette. The rest of our conversation is confidential. You can ask me questions and I will provide you with an answer that will be kept between you and me. To make sure our conversation stays confidential, I will not document what we discuss in your medical records. That way there is no concern about anyone else seeing what we talked about.

Sample Script: Administering the Assessment

Before [**PRIMARY CARE PROVIDER'S NAME**] joins you for your appointment, we'd like you to complete this short assessment.

**Pass clinic-provided tablet to the adolescent patient
with assessment on-screen.*

This is the Total Teen Assessment. It asks questions about your sexual and reproductive health and mental health, then calculates a few scores based on your answers. It is not a quiz or test and there is no "passing or failing" score. You can think of it as more of a tool.

Your score will help us help you by telling us what kinds of health services you might need, so we encourage you to answer each question honestly and to the best of your ability. If you have any questions or don't understand some of the questions just let me know and I'll help you.

Alright, [**PATIENT'S NAME**]. I am going to step out of the room to give you some privacy! I will stop by to talk with you about your results shortly after you finish the assessment.

Once you finish the assessment you'll see some scores pop up on the last screen; we'll go over those scores with you afterwards.

Feel free to browse through resources while you wait for me/the provider to get back. I really like [**NAME OF FAVORITE ADOLESCENT-FRIENDLY RESOURCE**], but there are a ton of other resources you might be interested in. Before I leave, what questions do you have?

See you in a bit!

Sample Script: Opening the Conversation

Key Points for Providers	Example
1. Introduce themself (name + pronouns) 2. Ask patient their name and pronouns	**Provider:** Hi, I'm Dr. Hawkins. I go by "she/they". What name should I call you and what are your pronouns? **Patient:** Hi, I'm Taylor... I go by he/him.
3. Ask the patient something about themselves to establish rapport (e.g., school, friends, hobbies, etc.)	**Provider:** Hi Taylor, I'm glad you came in today. Before we jump into things, how is the new school year going for you so far? **Patient:** Um, it's okay I guess. I have friends in most of my classes and most of my teachers seem pretty cool.
4. Thank the patient for coming in and completing the Total Teen Assessment 5. Ask the patient for permission to discuss the assessment results	**Provider:** That's great, I hope it continues to be a good year for you! I see you completed the Total Teen Assessment - thank you for doing that! This is a great way for us to start talking about different aspects of your health. Is it okay if we talk about your results? **Patient:** Yeah, sure.
6. Define patient-provider confidentiality, explaining what constitutes conditional confidentiality and mandatory reporting 7. Ask patients what questions they have for the provider	**Provider:** Great. So, I want to let you know that what we talk about will be confidential, meaning it will stay just between the two of us. This is a chance for you to tell me anything you aren't comfortable saying in front of your guardian, or ask questions you may not want to ask around someone else. Everything you tell me is confidential, meaning I will not tell anyone else anything that you say, unless it involves an issue of seriously harming yourself, harming someone else, or someone is harming you. In those cases, I would have to report it, but you and I will talk about that reporting process together and next steps. Again, this is only in cases when safety is a concern, not something like smoking a cigarette. I am also not writing any of this down for your official medical records. This is just a chat between us. What questions do you have for me? *[Conversation continues]*

Sample Script: Discussing Assessment Results

This conversation continues from the previous sample script "Opening the Conversation".

Key Points for Providers	Example

If scores indicate no-to-low need
 	
1. Discuss results with the patient
  a. Identify healthy aspects of their behaviors
  b. Commend them for current health practices and efforts
  c. Ask what questions or concerns they have
  d. Inform them of services offered at your clinic
  e. Recommend adolescent-friendly resources for future reference
2. Allow the patient to ask any questions they may have
3. Remind the patient about patient-provider confidentiality
	Provider: Well, Taylor, based on your answers, it looks like your scores do not indicate much need for sexual or reproductive health services. But, we don't want to rely solely on those scores.
	
	How do you feel about your sexual and reproductive health? Do you have any questions or concerns? [Allow the teen to answer.]
	
	I see here you are not sexually active. If or when you are sexually active, it's important you practice safer sex to prevent unintended outcomes like pregnancy and STIs. Do you have any questions you'd like to talk about today regarding safer sex?
	
	Well, if you ever have questions or need other services, you can always come in for another appointment! We offer contraceptive counseling and prescriptions, and STI testing onsite.
	
	We also have some resources you can check out here... [Give list of Adolescent-Friendly Resources.] My two favorites are... [State favorites and what you like about them]

If scores indicate moderate-to-high need
 	
1. Discuss results with the patient
  a. Inform them about preventive care services you provide
  b. Recommend a micro visit
  c. Provide referrals to appropriate specialists as needed
2. Allow the patient to ask any questions they may have
3. Remind the patient about patient-provider confidentiality
	Provider: Based on your answers, it looks like your scores indicate you might benefit from some additional sexual reproductive health services – just to check-in, see how things are going, and what we can do to help you.
	
	We offer a quick micro visit for you to check in with a provider and discuss these needs and services. You can do it while you are here today, and what you discuss will be confidential between you and the provider. Would you like to go ahead and do the micro visit real quick while you're here? Remember, all of our conversation is confidential and no one else will find out about it.

Care

The fourth and final pillar of Total Teen is care, which refers to the process of providing confidential care to adolescent patients to meet their needs and facilitate independent navigation of the healthcare system. Care within Total Teen includes an adolescent-friendly environment, adolescent-friendly providers and staff, an assessment tool, and follow-up micro visits or referrals.

Total Teen Assessment

The Total Teen Assessment includes evidence-based question sets related to sexual and reproductive health and mental health. The assessment is administered electronically via a tablet or iPad to match adolescent communication preferences and to ensure confidentiality. The assessment screens patients for additional needs and provides adolescents with the opportunity to seek additional services (i.e., SRH and/or MH) through micro visits or referrals. Scores are calculated immediately based on the responses and displayed at the end for providers and patients to discuss together.

Total Teen Assessment
See pages 53–58

The following sections describe the three main components of the assessment (sexual and reproductive health, mental health, and substance use). The question sets focused on SRH and MH should not be modified without consulting the developers of Total Teen for approval. However, the demographics questions can be adjusted to meet organizational and EMR/EHR needs.

Sexual and Reproductive Health Question Set

The first question set in the assessment focuses on patients' sexual and reproductive health (SRH) needs. While questionnaires exist for public health surveillance and documenting the detailed sexual health history of patients, the developers of Total Teen found no known validated tools used to assess adolescents' need for SRH services at the time of development.[28–30] However, national associations recognize the importance of assessing adolescent sexual health behaviors to ensure needs are met through programs and services. Therefore, the developers reviewed existing questionnaires to develop a question set that could be scored, based on answers, to identify level of SRH risk among adolescent patients.

Patients answer questions pertaining to relationships, sexual history, sexual activity, contraceptive use, and sexually transmitted infections. Skip-logic is used for patients who indicate they are not sexually active to display relevant questions based on their answers and experiences. Below is a summary of how scores are determined to identify potential need for services.

Healthy Relationships	Contraception	STIs/STDs
0 ....Low	0–4 ....Low	0 ....Low
1–2.............Moderate–High	5–11...........Moderate–High	1.................Moderate–High

The Sexual and Reproductive Health question set concludes by asking if the adolescent would like to speak to a provider about SRH questions. If an adolescent answers "yes" to this question, regardless of how they scored on the assessment, providers should discuss questions and concerns as able, or initiate a referral as appropriate.

Mental Health Question Set

The second question set assesses patients' mental health needs using the PHQ-9[31] and GAD-2.[32] The PHQ-9 comprises 9 questions to assess major depressive disorder. Scores are calculated based on responses ranging from 0 to 3 ("not at all" to "nearly every day"). The GAD-2 comprises 2 questions to screen for generalized anxiety disorder. Similarly, scores range from 0-3 ("not at all" to "nearly every day"). Results are delineated by each assessment, with the PHQ-9 score ranging from 0-27 and the GAD-2 score ranging from 0-6. Below is a summary of how scores are determined based on the literature.

PHQ-9 (Depression)	GAD-2 (Anxiety)
Low	**Low**
0–4 ....No or Minimal Depression	0 ....No Anxiety
5–9 ....Mild Depression	1–3.............Mild Anxiety
Moderate-High	**Moderate-High**
10–14..........Moderate Depression	4–6 ....Severe Anxiety
15–19..........Moderate Severe Depression	
20–27.........Severe Depression	

The Mental Health question set concludes by asking if the adolescent would like to speak to a mental health provider. If an adolescent answers "yes" to this question, regardless of how they scored on the assessment, they should be referred to an appropriate provider.

Substance Use Assessment

The final question set comprises nine questions focused on substance use and is based on the Screening to Brief Intervention (S2BI) Tool.[33] The questions ask about use of tobacco, alcohol, marijuana, and other substances. Responses range from "never" to "weekly or more." If the adolescent indicates use on a monthly basis for any of the substances in question, this indicates moderate need. If the adolescent indicates weekly use for any of the substances in question, this indicates high need. For any "yes" responses, regardless of frequency, an immediate consult or a referral for mental/behavioral health counseling is recommended. More severe cases (i.e., more frequent use and moderate to high need) will require a brief, motivational interview to be conducted by a licensed behavioral health counselor.

Substance Use
0–1..............Low
2–3 ....Moderate–High

Administering the Assessment

The Total Teen Health Assessment is meant to be administered to adolescents during their vital check. Therefore, medical assistants or nurses will likely administer it following the steps below: (refer back to the Communication section for accompanying scripts to use).

1. During the vital check, hand the tablet to the adolescent patient and briefly describe the assessment and its purpose.

2. Let the adolescent know they will immediately receive assessment results when finished and encourage them to browse adolescent-friendly resources while they wait to see their provider.

Reviewing Assessment Results

Upon completing the assessment, the results will be presented to adolescents to help them understand their scores. This information is presented in an adolescent-friendly format that focuses on opportunities to improve their overall health based on identified needs. The next page, intended for providers' use, displays the patient's individual responses (delineated by question and section) to identify the patient's needs for further discussion and referrals.

When reviewing assessment results with patients, providers should complete the actions listed below. For potential scripts and best practices for communicating with adolescent patients, refer back to the Communication section.

1. Greet the patient and initiate introductions. Start by introducing yourself and having the patient introduce themselves. Consider beginning with small talk to get to know the patient and establish rapport before jumping into the assessment results.

2. Acknowledge completion of assessment and results. Thank the patient for completing the assessment and ask permission to discuss results with them.

3. Explain the assessment results. Explain what the assessment results and scores indicate, noting positives first.

4. Address the assessment results. Scores may not indicate a need for follow-up services. However, scores and associated health behaviors should be addressed and discussed. This is a chance to commend positive health habits and recommend other positive, preventative habits.

No needs indicated	Additional needs indicated	
• Ask patients to elaborate on health behaviors and habits. • Commend and encourage patient to continue healthy behaviors. • Recommend additional positive and preventive behaviors, as appropriate. • Provide patient with adolescent-friendly resources.	Discuss and encourage a micro visit.	
	Patient agrees to a micro visit:	**Patient does not want to complete a micro visit:**
	• Arrange for micro visit to be completed as soon as possible, preferably right away. • Provide patient with adolescent-friendly resources.	• Let them know they can complete one anytime in the future if they change their mind. • Provide patient with adolescent-friendly resources.

While discussing assessment results, encourage patients to ask questions and discuss their concerns.

Providing Immediate Services

Total Teen aims to increase access to SRH and MH services. The assessment provides a means for identifying adolescents in need of additional SRH and MH services. For patients with assessment results indicating moderate-to-high need, healthcare organizations should provide immediate care when able, or connect patients to other adolescent-friendly service providers as appropriate.

Sexual and Reproductive Health (SRH)

SRH follow-up discussions and micro visits may focus on topics including, but not limited to:

▶ Contraceptive counseling and prescriptions

▶ STI transmission, testing, and treatment (including HIV)

▶ Gender identity

▶ Sexual orientation

▶ Puberty (growth and development)

▶ Healthy relationships

▶ Sexual partners

Contraceptive Counseling

Clinicians providing SRH follow-up care and services should be trained in adolescent-friendly contraceptive counseling to help adolescents make informed decisions regarding contraception. If clinicians are able to prescribe hormonal or procedure-based contraceptive methods the adolescent wants to try, they should do so. When discussing contraceptive options, it is pertinent the provider discusses the realities of parents/ guardians seeing contraceptive prescriptions on insurance documents or being notified when picking up a prescription.

> When discussing contraceptive options, it is pertinent the provider discusses the realities of parents/guardians seeing contraceptive prescriptions on insurance documents or being notified when picking up a prescription.

Contraceptive counseling should not be limited to female patients, but rather should be provided for all adolescent patients. As part of the counseling process, free condoms should be offered to all patients. Providers can encourage patients to talk to their partners about coming in to learn about the different contraception options available.

During this time, providers also need to be prepared to discuss matters around LGBTQ+ identities, orientations, and experiences.

STI Testing and Treatment

Ideally, healthcare organizations should provide STI testing on-site to eliminate barriers and expedite potential treatment and follow-up care. If your organization is not able to provide STI testing on-site, assist the adolescent patient in scheduling an appointment with an adolescent-friendly referral partner.

Mental Health (MH)

Mental health services should be provided to adolescents who need mental health or substance use support. Organizations adopting Total Teen will either provide face-to-face counseling services, telehealth services, or facilitate referrals with partner organizations and providers. Any additional costs incurred might not be covered by insurance and should be addressed with the patient.

Mental Health consultations may focus on topics including, but not limited to:

- ▶ Stress relief
- ▶ Coping strategies
- ▶ Anxiety
- ▶ Depression
- ▶ Substance use
- ▶ Relationships

Regardless of whether your organization provides face-to-face or telehealth services, it is important that your clinic dedicates space conducive to ensuring privacy and confidentiality. Spaces should not only prevent others from hearing conversations outside the room, but they should also provide a calming environment. Refer back to the Preparing for Implementation section for more information on creating a calming, private environment.

Face-to-Face Services

Ideally, face-to-face services are provided onsite, during the appointment or quickly following their originally scheduled appointment. If a licensed provider is not available that day, a staff member or provider from your organization should assist the patient in scheduling a follow-up appointment.

Telehealth Services

Onsite telehealth services provided during a patient's appointment, or quickly following their originally scheduled appointment, are ideal. If a telehealth provider is not available that day, a staff member or provider from your organization should assist the patient in scheduling a follow-up appointment. Insurance coverage of telehealth visits vary from state-to-state.

Resuming Scheduled Services

After the assessment is reviewed, discussed, and appropriate services are determined (and provided or scheduled), the provider can resume the originally scheduled appointment. This is when the patient decides if the parents/guardians may join the rest of the appointment.

If the parents/guardians join for the remainder of the appointment time, providers should not discuss any of the confidential matters from earlier, unless approved by the adolescent patient. Providers should be careful their body language, verbal communication, and notes do not disclose confidential information from the patient's appointment.

Section in Review

This section focuses on strategies to provide more holistic adolescent-friendly care through the Total Teen Assessment and providing immediate SRH and MH services as needed. The following list summarizes key information and tasks from this section:

▶ The Total Teen Assessment provides a means for identifying SRH and MH needs among adolescent patients. Organizations should tailor the assessment to fit their community without compromising the evidence-based question sets included.

▶ Immediately after completing the assessment, results should be discussed with patients in a confidential manner to discern appropriate next steps (providing micro visits and referrals as appropriate).

▶ Every appointment should conclude with the provider commending the patient's positive health behaviors and promoting other positive health behavior changes.

▶ Providers should ensure they maintain patient-provider confidentiality throughout the micro visit and remaining appointment so as not to disclose any unapproved information to parents/guardians.

▶ Providers should involve adolescent patients in decision-making as often as possible.

References

1. World Health Organization. *Selected Practice Recommendations for Contraceptive Use*. Third edition. World Health Organization; 2016.

2. Hagen NA, Biondo PD, Brasher PMA, Stiles CR. Formal feasibility studies in palliative care: Why they are important and how to conduct them. *Journal of Pain and Symptom Management*. 2011;42(2):278-289. doi:10.1016/j.jpainsymman.2010.11.015

3. Jack BW, Atrash H, Coonrod DV, Moos MK, O'Donnell J, Johnson K. The clinical content of preconception care: an overview and preparation of this supplement. *American Journal of Obstetrics and Gynecology*. 2008;199(6):S266-S279. doi:10.1016/j.ajog.2008.07.067

4. Workowski KA, Berman SM. Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment Guidelines. *Clinical Infectious Diseases*. 2011;53(suppl_3):S59-S63. doi:10.1093/cid/cir694

5. Sayal K, Amarasinghe M, Robotham S, et al. Quality standards for child and adolescent mental health in primary care. *BMC Fam Pract*. 2012;13(1):51. doi:10.1186/1471-2296-13-51

6. Chavira DA, Stein MB, Bailey K, Stein MT. Child anxiety in primary care: Prevalent but untreated. *Depress Anxiety*. 2004;20(4):155-164. doi:10.1002/da.20039

7. Merikangas KR, He J ping, Burstein M, et al. Service Utilization for Lifetime Mental Disorders in U.S. Adolescents: Results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). J*ournal of the American Academy of Child & Adolescent Psychiatry*. 2011;50(1):32-45. doi:10.1016/j.jaac.2010.10.006

8. Ambresin AE, Bennett K, Patton GC, Sanci LA, Sawyer SM. Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn From Young People's Perspectives. *Journal of Adolescent Health*. 2013;52(6):670-681. doi:10.1016/j.jadohealth.2012.12.014

9. Santelli JS, Klein JD, Song X, et al. Discussion of Potentially Sensitive Topics With Young People. *Pediatrics*. 2019;143(2):e20181403. doi:10.1542/peds.2018-1403

10. Sieving RE, McRee AL, Mehus C, et al. Sexual and Reproductive Health Discussions During Preventive Visits. *Pediatrics*. 2021;148(2):e2020049411. doi:10.1542/peds.2020-049411

11. 11. Zhang X, Sherman L, Foster M. Patients' and providers' perspectives on sexual health discussion in the United States: A scoping review. *Patient Education and Counseling*. 2020;103(11):2205-2213. doi:10.1016/j.pec.2020.06.019

12. Haller DM, Sanci LA, Patton GC, Sawyer SM. Toward Youth Friendly Services: A Survey of Young People in Primary Care. *J GEN INTERN MED*. 2007;22(6):775-781. doi:10.1007/s11606-007-0177-5

13. Potts Y, Gillies ML, Wood SF. Lack of mental well-being in 15-year-olds: an undisclosed iceberg? *Family Practice*. 2001;18(1):95-100. doi:10.1093/fampra/18.1.95

14. Brittain AW, Williams JR, Zapata LB, Pazol K, Romero LM, Weik TS. Youth-Friendly Family Planning Services for Young People. *American Journal of Preventive Medicine*. 2015;49(2):S73-S84. doi:10.1016/j.amepre.2015.03.019

15. Grilo SA, Catallozzi M, Santelli JS, et al. Confidentiality Discussions and Private Time With a Health-Care Provider for Youth, United States, 2016. *Journal of Adolescent Health*. 2019;64(3):311-318. doi:10.1016/j.jadohealth.2018.10.301

16. Lehrer JA, Pantell R, Tebb K, Shafer MA. Forgone Health Care among U.S. Adolescents: Associations between Risk Characteristics and Confidentiality Concern. J*ournal of Adolescent Health*. 2007;40(3):218-226. doi:10.1016/j.jadohealth.2006.09.015

17. Adams SH, Park MJ, Twietmeyer L, Brindis CD, Irwin CE. Association Between Adolescent Preventive Care and the Role of the Affordable Care Act. *JAMA Pediatr*. 2018;172(1):43. doi:10.1001/jamapediatrics.2017.3140

18. Zucker NA, Schmitt C, DeJonckheere MJ, Nichols LP, Plegue MA, Chang T. Confidentiality in the Doctor-Patient Relationship: Perspectives of Youth Ages 14-24 Years. *The Journal of Pediatrics*. 2019;213:196-202. doi:10.1016/j.jpeds.2019.05.056

19. Pasternak RH, Hawkis KB, Schuman AJ. Adolescent privacy and the EHR. *Contemporary PEDS Journal*. 2019;36(4):50-53.

20. McKinlay E, Morgan S, Garrett S, Dunlop A, Pullon S. Young peoples' perspectives about care in a youth-friendly general practice. J *Prim Health Care*. 2021;13(2):157. doi:10.1071/HC20134

21. Epstein RM, Street RL. The Values and Value of Patient-Centered Care. *The Annals of Family Medicine*. 2011;9(2):100-103. doi:10.1370/afm.1239

22. Stewart M, Brown JB, Donner A, et al. The impact of patient-centered care on outcomes. J *Fam Pract*. 2000;49(9):796-804.

23. Webb MJ, Wadley G, Sanci LA. Improving Patient-Centered Care for Young People in General Practice With a Codesigned Screening App: Mixed Methods Study. *JMIR Mhealth Uhealth*. 2017;5(8):e118. doi:10.2196/mhealth.7816

24. International Planned Parenthood Federation. Provide: Strengthening youth friendly services. Published online 2008. https://www.ippf.org/sites/default/files/inspire_provide.pdf

25. Engender Health. Youth-friendly services: A manual for service providers. Published online 2002. https://medbox.org/pdf/5e148832db60a2044c2d1fd4

26. National Center for Missing and Exploited Children. NetSmartz Home. NetSmartz. com. Accessed September 15, 2022. https://www.missingkids.org/netsmartz/home

27. Common Sense Media. Digital Citizenship. Common Sense Education. Accessed September 15, 2022. https://www.commonsense.org/education/digital-citizenship

28. American College of Obstetricians and Gynecologists. The initial reproductive health visit. *Obstetrics & Gynecology.* 2020;136(4):e70-e80.

29. Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey Questionnaire. Published 2021. Accessed September 15, 2022. www.cdc.gov/yrbs

30. Knishkowy B, Palti H. GAPS (AMA Guidelines for Adolescent Preventive Services): Where Are the Gaps? *Arch Pediatr Adolesc Med.* 1997;151(2):123. doi:10.1001/archpedi.1997.02170390013002

31. Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x

32. Kroenke K, Spitzer RL, Williams JBW, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007;146(5):317-325. doi:10.7326/0003-4819-146-5-200703060-00004

33. Levy S, Weiss R, Sherritt L, et al. An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatr.* 2014;168(9):822. doi:10.1001/jamapediatrics.2014.774