YOUTH-FRIENDLY SERVICES
Assessment Tool

*An interactive tool, including a guide and complete bibliography,
to help you assess if your clinic delivers services in a youth-friendly way*

Healthy Teen Network

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Overview of Youth-Friendly Services

Youth are often hesitant or unable to access adequate health services, especially when it comes to reproductive and sexual health. Reasons that youth do not receive care include lack of knowledge about services, inability to go to the clinic during operating hours, poor knowledge about health consequences, concern over privacy, and inability to pay. This lack of receiving care is particularly problematic since youth are at high risk of experiencing reproductive health issues.[1]

Adolescence is a valuable time to teach youth about good health habits and issues left untreated that can have lasting negative effects. Clinic managers and staff can take certain actions to make it easier and more comfortable for youth to receive services. Providing youth-friendly services is a lengthy process that takes dedication from staff at every level of the organization. Taking action to become more youth-friendly is critical because it aligns with the Affordable Care Act's (ACA) policies regarding full-coverage of contraception, sexually transmitted infection (STI) care, and other preventative services.[2] Health care is a human right, and youth may otherwise not receive the services they need to live a healthy life.

What Does It Mean to Offer Youth-Friendly Services?

Offering youth-friendly services means that clinical services are provided in a way that makes it easy and comfortable for youth to seek out and receive the services they need. Key components of youth-friendly services include confidentiality, and access to a full range of services. Another key aspect of youth-friendly services is that all youth are treated equally. Offering youth-friendly services is of great importance because it can increase utilization of clinic services and have positive impacts on current and future well-being.

Key Characteristics of Youth-Friendly Services

Youth-friendly services should have the following key characteristics:

Confidential

Staff should take all possible measures to ensure confidentiality and privacy. Youth are particularly concerned about breaches of confidentiality and often cite concerns about lack of confidentiality as a barrier to seeking care.[3] Ways of increasing confidentiality and privacy of services include using numbers instead of names in the waiting room and recording a preferred method of communication for sharing test results and appointment reminders. Clinics should also make sure that when youth are referred to other facilities for

care, those facilities are also youth-friendly and have the same standards of confidentiality and privacy.

Equitable

Services should be available to all youth, regardless of age, gender, relationship, status, etc. All patients should be offered the same services. For example, contraception should be available to all girls, not only to girls who are married.[4] Additionally, staff should be accepting and welcoming of youth with diverse lifestyles.[4] Staff should refrain from imposing their own beliefs on patients and treat all patients respectfully.

Accessible

Services that are accessible to youth are offered during night and weekend hours when youth are not at school or working. The clinic should also be accessible by public transportation if possible. Posting information about expanding hours for youth patients and when services are offered can improve accessibility. Offering affordable pricing, such as a sliding scale, and clearly stating which services are free and which are not also improves accessibility. It is also important to offer a full range of preventative and reproductive health services, as well as efficiently refer patients to other facilities for social services, mental health care, and specialty care. For example, implementing a way of tracking and following up with youth about referrals helps youth navigate between multiple organizations.

This document is meant to inform clinic staff who work with youth about the meaning of youth-friendly services and provide an overview of how a clinic can become more youth-friendly. This document is meant to provide a brief overview about youth-friendly services. Managers should use the *Youth-friendly Services Assessment Tool and Guide* for more information.

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Youth-Friendly Services Assessment Tool

Intended Use: This tool can help you assess if your clinic delivers services in a youth-friendly way. This tool assumes that your clinic already meets the minimum requirements set out by Office of Population Affairs (OPA) for being a Title X or Federally Qualified Health Center (FQHC) site.

Intended Audience: Clinic manager or other administrator.

Directions:

1. Read each characteristic. Refer to the accompanying guide for further explanation of each item.
2. Type a 1 the "Yes" column if your clinic follows the practice and does not need improvement in that area. Type a 1 in the "No" column if your clinic does not follow the practice in any capacity. Type a 1 in the "NI" ("Needs Improvement") column if your clinic partially follows the practice, but it could be improved, or if you want more information about your current practices.
3. Add up the totals in each section to see the areas that need improvement to make your services more youth-friendly. (If you are using this form electronically, the PDF will automatically total scores.

<div align="center">

Y=Yes
N=No
NI = Needs Improvement

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Click on each section heading to jump to the corresponding section in the Guide.

Section A: Planning

	Y	NI	N
1. Conduct regular assessments to learn about the needs of the target youth population.			
2. Incorporate feedback from youth into planning (e.g., through a youth advisory board).			
3. Meaningfully engage youth through activities (e.g., training peer educators or recruiting youth volunteers).			
4. Mission statement emphasizes youth-friendly services.			
5. Use a quality improvement system based on measurable outcomes as described by OPA.[1]			
TOTALS	_____	_____	_____

Section B: Accessibility

	Y	NI	N
1. Set clinic hours that are convenient for youth (e.g., nights and weekends).			
2. Make walk-in appointments available.			
3. Make the location easily accessible (e.g., near public transportation, free parking, easy to identify, clear signage).			
4. Make sure youth can easily locate information about when services are offered and whether appointments are required.			
5. Provide a list of services and associated costs in an accessible format (e.g., internet, pamphlet in clinic).			
6. Offer multiple services during a single visit when possible.			
7. Notify youth that they will not be denied services if they cannot pay (if Title X clinic).[2]			
8. Use a sliding fee payment scale that accommodates youth without insurance.			
9. Assist uninsured youth in applying for public insurance such as Medicaid and CHIP, when possible.			
10. Make bilingual staff or translation services available in languages identified through needs assessment.			
11. Use youth-centric methods of communication and marketing (e.g., text messaging, email, social media, website).			
12. Provide information and counseling through telephone, text messaging, or email hotline(s).			
13. Use a patient portal to communicate with youth about their care and educate youth about how to use it.			
14. Write consent form in plain language.			
TOTALS	_____	_____	_____

Section C: Confidentiality

	Y	NI	N
1. Implement clear clinic policies about maintaining patient confidentiality.			
2. Ensure that staff follow confidentiality policies.			
3. Store medical records securely.			
4. If you use a patient portal, develop clear guidelines about how to handle confidentiality with the portal.			

5. Make sure services do not require parental consent in accordance with state law. Educate minors of the consent laws in your state.

6. Inform youth about how the clinic handles confidentiality and what, if any, information will be disclosed to parents or agencies.

7. Use creative ways of protecting privacy with regard to billing and Explanation of Benefits (EOB).

8. Inform youth of the potential effects of providing private insurance information before collecting it.

9. Record acceptable ways of communicating with youth about their care, such as appointment reminders and test results.

10. Receptionist is in a private area and does not discuss reason for visit.

11. Use numbers instead of names in the waiting room.

12. Provide all care in private areas.

13. Obtain consent for additional providers (e.g., residents or supervisors) to enter the exam room prior to entering.

TOTALS _____   _____   _____

Section D: Service Delivery

	Y	NI	N
1. Conduct a sexual health assessment appropriate for youth at every visit.[1]			
2. Discuss contraceptive preferences and reproductive plans during health visit.[1]			
3. Counsel pregnant women about options for prenatal care, delivery, adoption, foster care, and pregnancy termination.[2]			
4. Counsel patients on ways to discuss contraceptives with a partner and family.			
5. Encourage youth to communicate with family members about reproductive issues.[1]			
6. Only require medically necessary procedures and tests (e.g., contraception available without pap smear, pelvic exam, and STI testing.)[1]			
7. Prescribe multiple cycles of contraceptives onsite, and discuss how and when to obtain refills.[1]			
8. Provide emergency contraception onsite.			
9. Provide same-day insertion of LARCs.			
10. Provide oral, written, and electronic information about the visit, along with instructions for self care and taking medications.			

11. Offer option to consistently see the same provider.[3]

12. Use a formalized linkage system with dedicated staff and mechanisms for follow-up to help youth access additional services.

13. Offer referrals for mental health services.

14. Offer referrals for specialized medical care (e.g., drug treatment).

15. Pregnant and parenting teens are referred as needed to external services such as home visiting, prenatal care, and domestic violence prevention.[1]

16. Provide strong linkages to social services and employment opportunities.

TOTALS _____ _____ _____

Section E: Professional Development

Professional development about youth-friendly services should be provided regularly on the following topics:

All Staff	**Y**	**NI**	**N**
1. Treating patients equally regardless of religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, number of children, or marital status.[2]			
2. Keeping personal values from influencing patient treatment and care.			
3. Demonstrating empathy toward youth.			
4. Establishing and maintaining rapport with youth.[1]			
5. Maintaining confidentiality when on the phone.			
6. Responsibilities regarding mandated reporting.			
7. Up-to-date knowledge about youth health issues, such as contraception, violence, drugs, and mental health.			

Clinical Providers

8. Knowledge of full range of FDA-approved contraceptive options.[1]			
9. Empowering youth to make informed decisions about their health.			
10. How to use appropriate, non-technical language that youth can understand as well as use educational aids such as diagrams and models.			
11. Strategies for confirming understanding and remaining open to questions.			

TOTALS _____ _____ _____

Section F: Physical Environment

	Y	NI	N
1. Separate waiting room and/or entrance for youth or youth-only hours (if adults are also served).			
2. Comfortable waiting room and exam rooms (e.g., comfortable chairs, teen magazines, etc.)			
3. Neutral external appearance (e.g., does not say family planning or STI clinic).			
4. Free condoms available.			
5. Educational materials, such as pamphlets and videos, are displayed in the clinic.			

TOTALS _____ _____ _____

Section G: Education

	Y	NI	N
Trained health education staff provide health education on the following topics:			
• Puberty			
• Sexuality and gender			
• Intimate partner violence			
• Drug and alcohol use			
• Family planning			
• STI and HIV/AIDS			
• Sexual decision-making			
• Healthy relationships			
• Sex trafficking			
Use a variety of youth-accessible media to provide education (e.g., video, internet, social media).			
Provide one-on-one counseling on health issues for youth.			

TOTALS _____ _____ _____

Section H: Scoring

Totals from previous sections:

	Y	NI	N
A: Planning			
B: Accessibility			
C: Confidentiality			
D: Service Delivery			
E: Professional Development			
F: Environment			
G: Education			

Grand total:	Y	NI	N
	Out of 75	Out of 75	Out of 75

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Guide to Youth-Friendly Services Assessment

Click on each section heading to jump to the corresponding section in the Tool.

Section A: Planning

1. Conduct regular assessments to learn about the needs of the target youth population.
Conducting regular assessments is an important way to learn about the needs of the youth population you serve and how to better meet those needs. You can conduct a survey or interview select patients about their satisfaction and what could be improved. For example, ask about the ease of making an appointment and whether staff make youth feel comfortable. Demographic information can also give insight as to how to better target marketing efforts and what languages to use. Creating an anonymous feedback box or online form is a low-cost way to learn about youth satisfaction with your services.

2. Incorporate feedback from youth into planning (e.g., youth advisory board).
Involving youth in the design of your program is a key aspect of providing youth-friendly services. Forming a youth advisory board can provide a forum for youth to provide feedback and feel ownership of the services.[5]

3. Meaningfully engage youth through activities (e.g., training peer educators or recruiting youth volunteers).
Training youth as peer counselors or youth volunteers are examples of ways to engage youth in the functioning of the clinic because youth may feel more comfortable with peers. However, it is important to provide youth with sufficient training and supervision.[5]

4. Mission statement emphasizes youth-friendly services.
A dedication to making services youth-friendly must be integrated at all levels of an organization. Incorporating youth-friendly services into the organization's mission statement emphasizes to the entire staff and community the importance of such services and can help your organization embrace a youth-friendly perspective.

5. Use a quality improvement system based on measurable outcomes as described by OPA[6].
The Office of Population Affairs (OPA) has published recommendations (www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) on developing a system to improve the quality of services provided.[6]

Section B: Accessibility

1. The clinic hours are convenient for youth (e.g., nights and weekends).
It is often difficult for youth to access services during normal business hours because of school, jobs, and other activities. Providing services specifically targeted to youth after school and on weekends improves accessibility. For example, hold youth-only hours from 3pm-7pm on select weekdays or 12pm-4pm on Saturdays. If you are not able to increase capacity, consider shifting your schedule without increasing the number of business hours. For example, close on Tuesday and open on Saturday instead, or open from 12pm-8pm instead of 9am-5pm, one day per week.

2. Make walk-in appointments available.
Offering walk-in appointments also makes services more accessible since youth do not have to plan in advance, which is often challenging for this age group. For example, offer walk-in appointments for contraceptive counseling and STI testing. Implementing a pre-registration system online or on the phone can help you predict demand and shorten the time needed for paperwork upon arrival.

3. Make sure the location is easily accessible (e.g., near public transportation, free parking, easy to identify).
Offer free parking if your target youth population often drive, or provide directions for using public transportation. Provide directions in a way that is easily accessible to youth, such as on your website, and make sure your clinic is easily identifiable from the street.

4. Make sure youth can easily locate information about when services are offered and whether appointments are required.
Youth should be able to easily find information about what services are offered and how to access those services. Provide clear information about hours of operation, especially if some services are only offered at certain times, through a youth-friendly medium such as on your website.

5. Provide a list of services and associated costs in an accessible format (e.g., internet, pamphlet in clinic).
Listing the costs of each service, along with information about serving those who cannot afford it, is also important because youth often perceive that services will be too costly. For example, provide directions and information about cost directly on promotional materials like advertisements. Offering such information through a clear and easy-to-use website (if your target population has easy access to the internet) is beneficial.

6. Offer multiple services during a single visit when possible.
Offering multiple services in one trip increases accessibility and adherence because fewer trips are required to complete care. Reduce the number of visits by combining

contraceptive counseling and same-day LARC insertion; providing routine medical care and referrals for mental health and social services, as appropriate; and offering routine vaccination with STI testing.

7. Notify youth that they will not be denied services if they cannot pay (if Title X clinic).[7]
If you receive Title X funds, be sure youth are aware that they may qualify for free services when making an appointment and during the visit. Additionally, if your clinic only offers Title X services on certain days or times, let youth know when they schedule their appointment.

8. Use a sliding fee payment scale that accommodates youth without insurance.
Offering a sliding fee payment scale increases accessibility for youth who cannot afford the full cost of treatment. However, be discreet by only discussing payment assistance in private areas and providing printed information. It is also important to recognize that some patients with private insurance will choose not to use their coverage because of the potential for their parents to learn about the visit through insurance claims. See Section C for more information about confidentiality.

9. Assist uninsured youth in applying for public insurance such as Medicaid and CHIP.
Sometimes youth are not aware that they qualify for a public insurance program. Staff should screen uninsured patients who may qualify for such programs and assist them in the application process. Care should be taken to discuss their application in a private manner.

10. Bilingual staff or translation services are available in languages identified in a needs assessment.
Youth may be more trusting and comfortable with staff who speak their native language, even if they are also able to communicate in English. Youth may also feel more comfortable talking to someone who has the same cultural background.

11. Use youth-centric methods of communication and marketing (e.g., text messaging, email, social media, website).
Clinic services should be marketed to youth in a way that relates to the target population. Ask youth for feedback (e.g., from a youth advisory board) when developing a marketing strategy to determine the best way to reach the target group.

12. Provide information and counseling through telephone, text messaging, or email hotline(s).
Offering services remotely through text messaging or an information hotline can be helpful to youth with transportation and time barriers and even encourage them to seek in-person care.

13. Use a patient portal to communicate with youth about their care and educate youth about how to use it.
Using a patient portal can be an effective way of communicating with youth securely in a medium with which they are comfortable. Research has shown that patient portal use encourages communication between patient and provider, especially in youth patients.[8] Training and education on how to use the portal and confidentiality are needed to promote usage.

14. Consent form is written in plain language.
Youth may have difficulty understanding legal and technical language in consent forms. Use plain language that is easily understood by youth: use simple words, avoid or define jargon, explain acronyms, and use examples to illustrate meaning.[9] The National Institutes of Health created a free online module regarding use of plain language that can provide additional guidance (https://plainlanguage.nih.gov/CBTs/PlainLanguage/login.asp). Another way to ensure that youth understand what they are consenting to is for staff to ask the youth to repeat back the information discussed. For example, the provider could discuss the procedure, and then ask the patient to repeat back the risks of a procedure.

Section C: Confidentiality

1. Implement clear clinic policies about maintaining patient confidentiality.
It is important for your clinic to establish a clear and comprehensive policy regarding confidentiality. For example, you can designate a secure area for staff to discuss patient care and make phone calls

2. Ensure that staff follow confidentiality policies.
All staff should be well educated about the policy and aware of their specific roles in upholding patient confidentiality since youth frequently cite lack of confidentiality as their main concern with seeking care.[10]

3. Store medical records securely.
Store medical records as securely as possible. Use an electronic health record (EHR) if possible, and make sure screens on computer workstations lock automatically and that staff routinely sign out of the system. Also use privacy screens on computer monitors so only the user can see the screen. If you are using paper charts, carry them facedown or use a privacy film to cover the pages.

4. If you use a patient portal, develop clear guidelines about how the portal handles confidentiality.
Be clear about whether parents can also access the portal and how much information parents can see, including scheduling, lab results, and billing. Advise youth on ways to mark information as confidential if that is a feature of the portal.

5. Make sure services do not require parental consent when possible in accordance with state laws. Educate minors of the consent laws in their state.

Many states have passed laws that allow minors to provide consent for reproductive health services including contraceptive and STI services. Be aware of the laws in your state, and ensure that your clinic does not require parental consent for the service if your state law gives minors the ability to consent.[11] As of 2015, all U.S. states and Washington D.C., allow minors to consent to STI services, but state laws vary on whether minors can consent to contraceptive and prenatal care. Educate minors about consent laws so they are informed about their rights.

6. Inform youth about how the clinic handles confidentiality and what, if any, information will be disclosed to parents and with other agencies.

Ensure staff discuss with patients that confidentiality will be maintained and that no information about their visit will be provided to third parties (including their parents/guardians) without consent, unless required by mandatory reporting. Consider creating role-specific job aids for staff that provide scripted explanations staff can use to discuss confidentiality with patients. Confidentiality policies should be discussed whenever possible: at first contact, at reception, before the provider begins the examination, and at the beginning of a health education session. It is particularly important to educate frontline staff about the importance of protecting confidentiality in their work. If any information will be disclosed to patients, make sure to alert patients prior to beginning the appointment so that they can make an informed decision about whether to continue with the visit.

7. Use creative ways to protect privacy with regard to billing and Explanation of Benefits (EOB).

Even if parental consent is not required for services, parents are often automatically notified about the service through Explanation of Benefits (EOB) forms if the young person is covered under a parent's insurance plan. State laws differ on whether EOB are required to be sent, so be aware of the regulations in your state.[12] Even if state laws do not require EOBs, it is a national requirement that policyholders be notified if a claim is denied.[13] Some insurance plans only send EOBs when there is a balance due, so you can encourage patients to pay the full amount that will not be covered by under the plan.[14] Youth using Medicaid are at less risk for violations of privacy because sensitive services are restricted from Medicaid EOBs in most states, but you must be aware of the policies in your state.[12] If you are using an electronic health record (HER), find out if there is a way you can flag certain records as sensitive so that EOBs are not sent and the information is hidden from unauthorized users. Another way to reduce breaches of confidentiality is to use generic current procedural terminology (CPT) for sensitive services so that the exact service is not specified.[13] The downside of this practice is that EOBs can still be sent indicating that care was provided even if it is not specific.

If youth are concerned about confidentiality breaches through insurance claims, explore other methods of covering their service such as free safety net programs. These suggestions are only temporary ways to improve confidentiality, and further

legislation is needed to protect the confidentiality of dependents. California and Maryland recently passed laws requiring insurers to send EOBs for sensitive services only to the patient or other individual of their choice.[9] Clinics can play a role in advocating for consideration of similar policies at the state and federal levels.

8. Inform youth of the potential effects of providing private insurance plan information before collecting information.
Ensure that youth fully understand the potential consequences of providing private insurance information and providing consent to bill that insurance.[9] You can also refrain from collecting insurance information until after the patient is seen and understands all of the potential courses of treatment along with associated costs.

9. Record acceptable ways of communicating with youth about their care, such as appointment reminders and test results.
While you may ask for parental contact information for insurance purposes or in case of emergency, implement a system to track the preferred method to communicate with youth about upcoming appointments and test results. Even if youth give permission to use a certain method, instruct staff to not share any sensitive information. For example, if the youth indicates that text message is the preferred method of communication, and you want to share new test results, send a message saying to call the clinic, and do not include the test name or result. Additionally, consider using a confidential email messaging system so youth and providers can easily communicate confidentially without visiting the clinic.

10. Receptionist is in a private area or does not discuss reason for visit.
Clinic receptionists are often in a public area adjacent to the waiting room, which can be a cause of concern to youth because of the potential for other patients to overhear their conversations. The receptionist should sit in a private area if possible. If this is not possible, the receptionist should not ask for or discuss the reason for the visit.

11. Use numbers instead of names in the waiting room.
Consider asking patients to write or check boxes for the reason for the visit on a paper form. Additionally, patients should be given numbers for the nurse to call in the waiting room to protect their identities.

12. Provide all care in private areas.
Provide as much privacy as possible throughout the entire visit to make youth feel more comfortable. Curtains or dividers can help when space is in short supply, but private rooms are optimal.

13. Consent is obtained for additional providers (e.g., residents or supervisors) to enter the exam room prior to entering.
Show respect for the youth privacy by asking permission for additional staff, such as interns and residents, to enter the exam room before they enter. Also, have additional staff introduce themselves and explain their role.

Section D: Service Delivery

<u>Characteristics of Services</u>

1. Conduct a sexual health assessment appropriate for youth at every visit.[2]
Encourage providers to conduct a sexual health assessment at every visit since youth needs related to sexual health can change quickly. Scheduling appointments so that providers have more time with each patient can help make this assessment feasible. CDC suggests discussing the following topics during a sexual health assessment: current sexual practices, methods of protection, type and number of partners, and past STI history.[11]

2. Discuss contraceptive preferences and reproductive plans during health visits.[2]
When youth have services related to reproductive health, providers should discuss their contraceptive preferences and their reproductive goals to create trust and avoid incorrect assumptions. Providers could ask: "Do you have children? Do you want to have more children? When would you like to have (more) children?[12]" Tailor the information presented to the youth's preferences and desires.

3. Counsel pregnant women about options for prenatal care, delivery, adoption, foster care, and pregnancy termination.[3]
Providers should be sure to counsel youth on a wide-range of options if they are pregnant, including information regarding adoption, prenatal care and delivery, and availability of abortion services.

4. Counsel patients on ways of discussing contraceptives with a partner and family.
Encourage youth to discuss reproduction and contraceptives with partners and family members. Developing a list of topics to be discussed along with educational materials that can be shared with patients can help providers address these topics.

5. Encourage youth to communicate with family members about reproductive issues.[2]
Encourage youth to discuss reproduction and contraceptives with partners and family members. Developing a list of topics to be discussed along with educational materials that can be shared with patients can help providers address these topics.

6. Only require medically necessary procedures and tests (e.g., contraceptive available without pap smear, pelvic exam, and STI testing).[2]
Avoid unnecessary procedures by instating a policy about which procedures are required. A checklist in the exam room that clearly states which procedures are optional can be helpful. For example, do not require HIV screening in order to get

contraceptive prescriptions since that might deter youth. Additionally, do not require pelvic exams unless the youth is receiving a diaphragm or intrauterine device (IUD). Do not require pap smear, clinical breast exam, or other cancer screenings. Do not require laboratory tests unless indicated.[2]

7. Prescribe multiple cycles of contraceptives onsite and discuss how and when to obtain refills.[2]
Providing contraceptive services as conveniently as possible increases the ability for youth to follow through with the treatment. If your facility cannot provide same-day prescriptions, consider partnering with a nearby youth-friendly pharmacy that can.

8. Provide emergency contraception on-site.
It is important to provide emergency contraception as conveniently as possible since it is time sensitive.

9. Provide same-day insertion of LARCs.
Same day insertion can make it easier for youth to choose LARCs because they do not have to return for an additional appointment.

10. Provide oral, written, and electronic information about the visit, along with instructions for self-care and taking medications.
Providers should take extra care to ensure that youth understand how to follow the prescribed treatment at home. Consider providing after-visit summaries, including when to contact the clinic for follow-up, on paper or by email, for youth to reference at a later date.

11. Offer option to consistently see the same provider.[13]
Assigning a primary provider to each patient and taking steps to allow youth to consistently see the same provider helps build trust. Tracking care teams on the patient record and having consistent provider schedules can help achieve this practice.

Linkages and Referrals

12. Use a formalized linkage system with dedicated staff and mechanisms for following helping youth access additional services.
A linkage system is very important for addressing a wide range of needs and facilitating the connection between youth and resources in the community. Ideally, dedicated staff would be responsible for tracking referrals, and following up with both patient and provider to ensure that services are received. Staff also need to be trained in using referral mechanisms, and contacts with external organizations need to be updated. Also make sure that the services to which you connect youth are youth-friendly.

13. Offer referrals for mental health services.
If you cannot offer mental health services (e.g., drug treatment) onsite, offer referrals and information about phone-based services such as a crisis hotline.

14. Offer referrals for specialized medical care.
Youth may need specialized health care that cannot be addressed in the clinic, especially regarding reproductive health. Offer referrals to enable youth to access specialized medical care.

15. Pregnant and parenting teens are referred as needed to external services such as home visiting, prenatal care, and domestic violence prevention.[2]
Develop a partnership with local programs that serve pregnant and parenting teens.

16. Provide strong linkages to social services and employment opportunities.
Referring youth to medical and social services that are not offered at your organization helps youth access a full-range of necessary services. During clinical visits, providers should ask about living conditions and be knowledgeable about services that can help including food assistance, job assistance, and long-term counseling. If possible, social workers or case managers can be helpful in guiding youth to social services and following-up with both organizations and youth themselves.

Section E: Professional Development

Providing frequent and topical professional development opportunities is important for helping staff develop their skills. Training specifically related to how to provide youth-friendly services is especially important for providers who work with youth. Professional development can take the form of in-person training sessions, online sessions, external workshops, and more.

<u>**All Staff**</u>
Professional development should be available and even mandatory for all staff regarding the following topics:

1. Treating patients equally regardless of religion, race, color, national origin, disability, age, sex, number of children, or marital status.[3]
Staff should receive training on how to provide and the importance of equal care to all youth.

2. Keeping personal values from influencing patient treatment and care.
Staff should be trained on how to keep their personal values from influencing how they treat youth.

3. Demonstrating empathy toward youth.
Demonstrating empathy toward youth can make youth feel more comfortable seeking care. Having staff reflect on their own experiences and role-playing situations can help develop empathy and understanding.

4. Establishing and maintaining rapport with youth.[2]
Good rapport between patient and staff is important for building trust. Building rapport can be facilitated by using first names to create an informal environment, wearing less formal clothing, engaging in active listening (e.g., frequent nodding and responding), refraining from writing while talking, asking open-ended questions, and using encouraging language.[2]

5. Maintaining confidentiality when on the phone.
Making phone calls about sensitive information where others can overhear is a common source of breaking confidentiality. Encourage staff to become aware of the issue and designate secure areas for making sensitive phone calls.

6. Responsibilities regarding mandated reporting.
Laws regarding mandatory reporting differ by state; refer to state guidelines for the most accurate information. Discuss with staff when they are mandated to report information about the patient, but also discuss when staff are not required to report information. Have a clear procedure in place regarding mandatory reporting that youth are aware of through signs or pamphlets in the clinic. Staff should be trained that when asking sensitive questions, they should notify the youth before answering that staff have to report certain responses.

Clinical Providers
Professional development should be available and even mandatory for all clinical providers regarding the following topics:

7. Up-to-date knowledge about youth health issues, such as contraception, violence, and mental health.
Provide frequent professional development opportunities for clinic staff to learn new guidelines for providing care to youth and a wide range of health issues that youth face.

8. Knowledge of full range of FDA-approved contraceptive options.[2]
Provide training on presenting detailed information about contraceptive options, including effectiveness, correct use, non-contraceptive benefits, side effects, and STI/HIV protection.

9. Empowering youth to make informed decisions about their health.
Train providers on how to empower youth to make informed decisions about their health. Providers should promote shared decision making between the youth and the provider by presenting the information available and ensuring that the youth

understands the options. The training should include the clinic's protocol about informed consent.

10. How to use appropriate, non-technical language that youth can understand as well as use educational aids such as diagrams and models.
Train providers on using appropriate, non-technical language that youth can understand. Using educational aids such as diagrams and models can increase understanding.

11. Strategies for confirming understanding and remaining open to questions.
Providers can help youth understand information by asking youth to repeat information back to the provider to confirm understanding (teach back method), asking if the youth has any questions, and providing paper or online resources for the youth to reference in the future.

Section F: Physical Environment

1. Separate waiting room and/or entrance for youth or youth-only hours (if adults are also served).
If your organization also serves adults, consider ways to separate youth and adults by creating separate waiting areas, separate entrances, or youth-only hours.

2. Comfortable waiting room and exam rooms such as comfortable chairs, teen magazines, etc.
Make youth feel comfortable by using cheerful colors, youth-friendly magazines and posters, comfortable seating, popular music, or snacks. Decorations that demonstrate diversity by featuring people of different races, gender identity, sexual orientation, etc., can help youth feel more comfortable.[13]

3. Neutral external appearance (e.g., does not say family planning or STI clinic).
Take care that external signs use neutral wording to avoid youth being embarrassed to enter. For example, do not emphasize family planning or STI care. If promoting what services are offered, emphasize that the clinic also offers primary care or other services.

4. Free condoms available.
Providing free condoms and educational materials can help youth get information about topics without having to ask a provider.

5. Educational materials such as pamphlets and videos are displayed in the clinic.

Providing free educational materials can help youth get information about topics without having to ask a provider. Also consider providing websites for youth to get more information. See Section G for more on education.

Section G: Youth Health Education

1. Trained health education staff provide health education on the following topics:
- Puberty
- Sexuality and gender
- Intimate partner violence
- Drug and alcohol use
- Family planning
- STI and HIV/AIDS
- Sexual decision-making
- Healthy relationships
- Sex trafficking

Health education should be medically accurate, culturally inclusive, and age appropriate. Those providing health education can include health educators, peer educators, patient advocates, health care providers, or case managers. Choose the topics that are most important to your target population.

2. Use a variety of youth-accessible media to provide education, i.e. video, internet, social media.
Use youth-friendly media, such as social media and videos, to provide health education. Having on-site health educators is preferable, but you can also provide online resources that are targeted toward youth. Supplementing either in-person or online education with text, phone, or email question hotline(s) can engage youth and continue the conversation.

3. Provide one-on-one counseling on health issues for youth upon request.
One-on-one counseling can be a great asset in addition to health education for youth who need additional assistance or are more comfortable in an individual setting. If possible, provide one-on-one counseling on many of the topics listed above.

Section H: Scoring

How you proceed, based on the results of this assessment to make your organization more youth-friendly, depends on available resources and your organization's priorities. Consider meeting with a variety of stakeholders, including youth clients, to get input on the most important items.

Starting with the items related to **Confidentiality** (Section B) can be useful because you can undertake changes that require few resources and have high impact, such as posting a statement about confidentiality in client areas or providing front line staff with a script for discussing confidentiality. With more resources, you could tackle the section with the lowest score and make more comprehensive changes. Also refer to the linked resources as a starting point for learning more about how to provide youth-friendly services.

You can compare your scores over time to track whether improvements are being made. Decide on a regular schedule to implement this self-assessment, such as every six months or every year.

References

1. Senderowitz, J., Solter, C., & Hainsworth, G. (2002). Clinic assessment of youth friendly services: A tool for assessing and improving. Watertown: Pathfinder International. http://www.pathfinder.org/publications-tools/pdfs/Clinic-Assessment-of-Youth-Friendly-Services-A-Tool-for-Improving-Reproductive-Health-Services-for-Youth.pdf?x=50&y=14

2. National Women's Law Center. (2015). Contraceptive coverage in the health care law: Frequently asked questions. Washington D.C.: National Women's Law Center. http://www.nwlc.org/sites/default/files/pdfs/contraceptive_coverage_in_the_health_care_law_frequently_asked_questions.pdfv3_.pdf

3. Senderowitz, J., Hainsworth, G., & Solter, C. (2003). A rapid assessment of youth-friendly reproductive health services. *Technical Guidance Series* (4). Watertown: Pathfinder International. http://www.pathfinder.org/publications-tools/pdfs/Technical-Guidance-Series-Number-4-A-Rapid-Assessment-of-Youth-Friendly-Reproducive-Health-Services-1.pdf

4. International Planned Parenthood Federation. (2011). *Keys to youth-friendly services: Celebrating diversity*. London: International Planned Parenthood Federation. www.ippf.org/resource/Celebrating-diversity

5. Senderowitz, J., Hainsworth, G., & Solter, C. (2003). A rapid assessment of youth-friendly reproductive health services. *Technical Guidance Series* (4). Watertown: Pathfinder International. www.pathfinder.org/publications-tools/pdfs/Technical-Guidance-Series-Number-4-A-Rapid-Assessment-of-Youth-Friendly-Reproducive-Health-Services-1.pdf

6. Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., ... Zapata, L. (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR*, *63*(4), 1–54. Atlanta: Centers for Disease Control and Prevention. www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

7. Office of Population Affairs. (2014). Program requirements for Title X funded family planning projects. Washington D.C.: United States Department of Health and Human Services. www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf

8. Emont, S. (2011). Measuring the impact of patient portals: What the literature tells us. Oakland.

9. Kids as Self Advocates. (n.d.). Youth friendly/accessible language. Albuquerque: Kids as Self Advocates. www.aucd.org/docs/add/sa_summits/KASA history-language.pdf

10. Engender Health. (2002). Youth-friendly services: A manual for service providers. New York: Engender Health. http://www.engenderhealth.org/files/pubs/gender/yfs/yfs.pdf

11. Guttmacher Institute. (2015). State policies in brief: An overview of minors' consent law. New York: Guttmacher Institute. www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

12. English, A., Gold, R. B., Nash, E., & Levine, J. (2012). Confidentiality for individuals insured as dependents: A review of state laws and policies. New York: Guttmacher Institute. www.guttmacher.org/pubs/confidentiality-review.pdf

13. Tebb, K., Sedlander, E., Pica, G., Diaz, A., Peake, K., & Brindis, C. (2014). Protecting adolescent confidentiality under health care reform: The special case regarding explanation of benefits (EOBs). San Francisco: University of California, San Francisco. http://nahic.ucsf.edu/wp-content/uploads/2014/06/639265-0-000-00-020-EOB-Policy-Brief_FINAL.pdf

14. National Chlamydia Coalition. (2009). Confidentiality of sensitive services for adolescents and young adults: Overview and next steps for the NCC's Special Policy Group on Adolescent Confidentiality (Vol. 12). http://ncc.prevent.org/products/committee-products/file/NCC-SPG-Paper-on-Confidentiality-fnl.pdf

15. Workowski, K., & Berman, S. (2010). Sexually transmitted diseases treatment guidelines. *MMWR*, *59*(RR-12), 1–110. Atlanta: Centers for Disease Control and Prevention. www.cdc.gov/std/treatment/2010/std-treatment-2010-rr5912.pdf

16. Johnson, K., Posner, S., Biermann, J., Cordero, J., Atrash, H., Parker, C., … Curtis, M.(2006). Recommendations to improve preconception health and health care: A report of the CDC/ATSDR Preconception Care Work Group and Select Panel on preconception care. *MMWR*, *55*(RR06), 1–23. Atlanta: Centers for Disease Control and Prevention. www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm

17. California School-Based Health Alliance. (2013). Attracting and retaining adolescent patients: Recommendations for school-based health centers. Oakland: California School-Based Health Alliance. www.schoolhealthcenters.org/wp-content/uploads/2014/05/Adolescent-Friendly-Services-SBHCs-CA-Alliance-2013.pdf