

TexMed 2017 Quality Improvement Abstract

Please complete all of the following sections and include supporting charts and graphs in this document. Submit a total of two documents - this document and the Biographical Data and Disclosure Form to posters@texmed.org by midnight March 31, 2017.

Procedure and Selection Criteria

- Applicants should demonstrate an understanding of QI concepts through the use of quality tools, measures of success and the use and interpretation of data. Judges will use the scoring described in this matrix to identify projects to be presented at the conference, as well as, projects to be considered for the awards.
- Maximum points are delineated with a brief explanation of the content that should be included under each section. Applicants must select one of the following improvement categories into which the project best fits: patient safety, patient centered care, timeliness, efficiency, effectiveness, or equity. Applicants may describe the problem and results in narrative or graphic format.

PROJECT NAME: Improving Adolescent and Young Adult Access to Comprehensive, Youth-Centered Wellness Care

Institution or Practice Name: The Center for Adolescent Health at People's Community Clinic

Setting of Care: People's Community Clinic is a freestanding, nonprofit, Federally Quality Health Center in Austin, Texas

Primary Author: Celia Neavel, MD, FSAHM

Secondary Author: Kitty Ho, BS, Sara Mohamedy, BA

Other Members of Project Team: Geordi Cortez-Neavel, Lily Mitchell, RN, MSN, Ann Marie Wilke, Kelene Blake-Fallon, M.Ed., CHES, Melissa Kaufmann, LMSW, Pritesh Gandhi, MPH, MD, Chinwe Efuribe, MPH, MD, LouAnne Verrier, FNP, Marcy Keefe, FNP, Lucy Cazares, BSW, Center for Adolescent Health Youth-Adult Council

Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?

Yes No

Please provide name(s): Celia Neavel, MD, FSAHM

Project Category: (Choose all appropriate categories)

- Patient Safety Patient Centered Care Timeliness
 Efficiency Effectiveness Equity

Enhanced Perioperative Recovery

Disaster Medicine and Emergency Preparedness

For this poster session, TMA is looking for projects that demonstrate the six aspects of Quality Care as defined by the Institute of Medicine.

- Safe - avoids injuries to patients from care that is intended to help them
- Timely - reduces waits and delays for both those who receive care and those who give care
- Effective - based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse

- Equitable - provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- Efficient - avoids waste, including waste of equipment, supplies, ideas, and energy
- Patient centered - respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

Quality Improvement (QI)

Overview: Describe 1) where the work was completed; 2) a description of the issue that includes how long the issue has been going on and the impact the issue has on the organization/facility; 3) what faculty/staff/patient groups were involved, and 4) the alignment to organizational goals.

People’s Community Clinic is a nonprofit, free-standing Federally Qualified Health Center in Austin, Texas that serves all ages. Its mission is to improve the health of medically underserved and uninsured Central Texans by providing high quality, affordable healthcare with dignity and respect. The Center for Adolescent Health started over 20 years ago within People’s Community Clinic. This specialized program focuses on the complex navigation of adolescent development with appropriate interdisciplinary and holistic best practice of medical care. The youth and accompanying family members being seen are mainly low income, majority Hispanic, often with a history of adverse or traumatic events affecting their lives.

According to the World Health Organization, “Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries’ future health and social infrastructure.”(1) Youth in Texas may experience pregnancy, obesity, mental health disorders, violence, and substance abuse. The leading causes of death for youth in Texas are motor vehicle accidents, suicide, and homicide and youth make up the largest group acquiring sexually transmitted infections. As well, it is during adolescence that many of the risk-factors for adult causes of death begin, such as smoking and poor nutrition habits contributing to cardiovascular disease. Unhealthy behaviors can be detected and reduced in order to minimize poor health outcomes. Thus, any interventions an adolescent may experience during their transition years may have lasting effects on the course of the rest of their life. (2)

PCC recognized that caring for at risk youth to promote better health required a different approach. Through the Center for Adolescent Health, a team of physicians, nurse practitioners, nurses, medical assistants, social workers, health educators, prenatal providers, and consulting psychologists and psychiatrists have been working together as part of the solution. A missing component, however, was ensuring that the community, and especially the youth themselves, were contributing a voice and recommendations in order to make the Center for Adolescent Health accessible and youth-friendly.

Some services may be available for adolescents, but young people and their families can face barriers in accessing high quality healthcare. Barriers may include lack of perceived youth friendliness, inconvenient or poorly posted clinic hours, confusion about payment and confidentiality, transportation, lack of knowledge about what services exist and what services are optimal in maintaining wellness, language differences, long waiting times, and others. Based on previous research into community-based participatory research (CBPR), there is evidence to support the importance of community input in addressing barriers and planning community health programs. CAH sought to adapt those principles of community engagement. Our hypothesis was that improving adolescents’ and their families’ decision to seek preventive care may be mediated by whether they thought that a clinic was youth-friendly. Our main goal is to obtain input from our own staff, the community, young people, youth-serving professionals, and parents in order to improve the processes that contribute to the youth-friendliness at CAH.

Exploring ways to engage with the Central Texas community and increase adolescents’ access to holistic healthcare is in keeping with People’s Community Clinic’s mission. Thus, the Center for Adolescent Health obtained funding through the

Texas Department of State Health Services (DSHS) Texas Healthy Adolescent Initiative (THAI). This funding allowed for additional staff focusing on more community interactions, youth-engagement, and youth-friendly patient flow. Besides the already existing CAH professional team listed above, the THAI-funded staff includes Master Degree-level coordinators and pre-professional young adults. As well, the funding supports the newly started Youth Advisory Council (YAC) composed of youth ages 14-25, professionals from youth-serving agencies, and parents of youth. The adolescent patient population being targeted is defined as ages 10-25. Due to PCC being a Patient-Centered Medical Home, this project also was able to involve already existing PCC Quality Improvement, Data Collection, and Informational Technology staff.

Aim Statement (2 points for each portion of SMART, with max points 10): Describe the goal of the project incorporating SMART.

Specific – what faculty/staff/patient groups were involved and where the work was completed

Measureable – numerical values that define baseline and goal

Actionable – what solutions/interventions were implemented

Realistic - able to implement solutions and sustain outcomes with given constraints

Time bound – what date established to reach goal by

By August 2018, Center for Adolescent Health at People’s Community Clinic will increase comprehensive well exams for ages 10 – 25, by addressing barriers, incorporating community input, and improving youth-friendly services.

Measures of Success (5 points for describing solutions measurement and 5 points for describing outcome measurement, with max points 10): Describe how you measured your interventions to ensure adherence and describe how you measured your outcome.

Project to: Increasing community input through youth-engagement by creating a YAC composed of at least 1 adolescent (ages 14-24), 1 parent, and 1 youth-serving professional by Aug. 2016	
<u>Process Measure:</u> <ul style="list-style-type: none"> Number of attendees per monthly meeting 	<u>Outcome Measure:</u> <ul style="list-style-type: none"> YAC satisfaction surveys
Project to: Increase youth-friendliness at Center for Adolescent Health	
<u>Process Measure:</u> <ul style="list-style-type: none"> Youth-friendliness Clinic Walkthrough/ Tour Survey completed by YAC Youth-friendliness Assessment Tool completed by clinic staff PCC Patient Satisfaction Survey 	<u>Outcome Measure:</u> <ul style="list-style-type: none"> THAI Well-Exam Checks Satisfaction Survey (In process with data analytics available at time of presentation)
Project to: Increasing access to healthcare for adolescents and young adults	
<u>Process Measure:</u> <ul style="list-style-type: none"> Youth-Friendliness re-assessment survey completed by patients, YAC members and clinic staff Conduct regular outreach and community interactions to learn about the needs of the youth population we serve and promote our services 	<u>Outcome Measure:</u> <ul style="list-style-type: none"> Number of completed comprehensive well exams for youth ages 10-25 within People’s Community Clinic (By August 2018)

- | | |
|---|--|
| <ul style="list-style-type: none"> • PDSA-based weekly care team meetings to improve patient flow and efficiency of clinic | |
|---|--|

Use of Quality Tools (5 points for appropriate tools utilized during each PDSA phase, with max points 20): *What quality tools did you use to identify and monitor progress and solve the problem? Provide sample QI tools, such as fishbone diagram or process map, and identify which phase of the PDSA cycle each tool was utilized in. **Note tools here and send as addendum with abstract form.***

PDSA cycle in addendum. Key: Blue = Plan Green = Do Yellow = Study Purple = Act

Tools attached in addendum:

- YAC Meeting Attendance
- YAC Responses Youth Friendly Services Tour Assessment Survey (July 2016)
- YAC Youth Friendly Services Tour Assessment Survey Results (July 2016)
- YAC Satisfaction Survey Results
- Patient Satisfaction Survey Results; Comparison Adolescent Program and People’s Community Clinic (2016)
- Adolescent Staff Youth-friendliness Assessment Tool and Improvement Plan
- Preliminary Anonymous Web-based Patient Survey to be given at time of Center for Adolescent Health Well Visit (results not yet available)

Interventions (max points 15 includes points for innovation): *What was your overall improvement plan (include interventions and identify quick wins)? How did you implement the proposed change? Who was involved in implementing the change? How did you communicate the change to all key stakeholders? What was the timeline for the change? Describe any features you feel were especially innovative.*

In order to improve the number of Central Texas adolescents accessing effective preventive care, specific interventions were put in place as People’s Community Clinic and the Center for Adolescent Health moved into a new, larger building in 2016. While the new clinic space was being designed, CAH staff planned a Resource Room for youth where they could obtain health and wellness information or just hang out. Funding was obtained to begin a Youth Advisory Council and hire more staff specifically focused on community engagement and increasing quality and quantity of well visits for ages 10-25, also in 2016. Regular surveys, data collection, internal meetings, and outreach events were implemented. Linkage with a teen-focused art group resulted in a bright, teen-designed and executed mural being painted in the CAH Resource Room. Large television screens were placed in the waiting and Resource rooms with adolescent-focused videos. Throughout, CAH staff have been participating in local, state, and national conferences in order to learn about best practices for youth engagement and healthcare. An information newsletter was started to share with PCC and Center for Adolescent staff about upcoming events and activities with an emphasis on community engagement. iPads were purchased to pilot more efficient risk assessments and surveys. CAH staff and YAC members dialoged about social marketing and developing brochures. As of this writing, YAC members are working specifically on their own media campaign for the clinic. Youth engagement is not prominent in most clinics; the Center for Adolescent Health at PCC has started this process with the idea of it being a continuous intervention creating change in the way we deliver and expand healthcare.

Results (max points 25): *Include all results, using control charts, graphs or tables as appropriate. Charts and graphs must be appropriately labeled or points will be deducted. **Note charts, graphs and tables here and send as addendum with abstract form.***

Results of Tools in Addendum:

YAC Meeting Attendance

YAC Responses Youth Friendly Services Tour Assessment Survey (July 2016)

YAC Youth Friendly Services Tour Assessment Survey Results (July 2016)

YAC Satisfaction Survey Results

Patient Satisfaction Survey Results; Comparison Adolescent Program and People's Community Clinic (2016)

Adolescent Staff Youth-friendliness Assessment Tool and Improvement Plan

We initially used a tool to determine CAH staff assessment of youth friendliness and where progress was needed. Further use of assessment tools demonstrated that youth and community members were satisfied with participating in a newly formed Youth Advisory Council. YAC members also gave more information in identifying areas in the clinic that were or weren't youth friendly to them. We realized the importance of better signage and brochures explaining more about services offered. This appeared to be one of the biggest deficits noticed by the YAC. Surveys were done early in the transition to setting up the new building which may have influenced having enough information available. We were pleased to see that the clinic was felt to be safe, clean, and approachable.

We have just started the process of obtaining anonymous electronic patient intake and exit surveys given at the time of CAH well visits. Preliminary results of these surveys will be available at the time of the poster presentation

Conclusions and Next Steps (max points 20): *Describe your conclusions drawn from this project and any recommendations for future work. How does this project align with organizational goals? Describe, as applicable, how you plan to move ahead with this project.*

The Center for Adolescent Health at People's Community Clinic has a longstanding focus on delivering high quality comprehensive care. With expansion to a new building and a separate space just for youth, the interdisciplinary team recognized the need to increase the voice of the youth themselves, increase community engagement, and improve processes so that more young people could be served. CAH also realized the need to apply QI principles. Our project still is in progress with further data expected over the next 2 years. We will repeat some of our initial surveys. We also will have further data on individual patient's assessments.

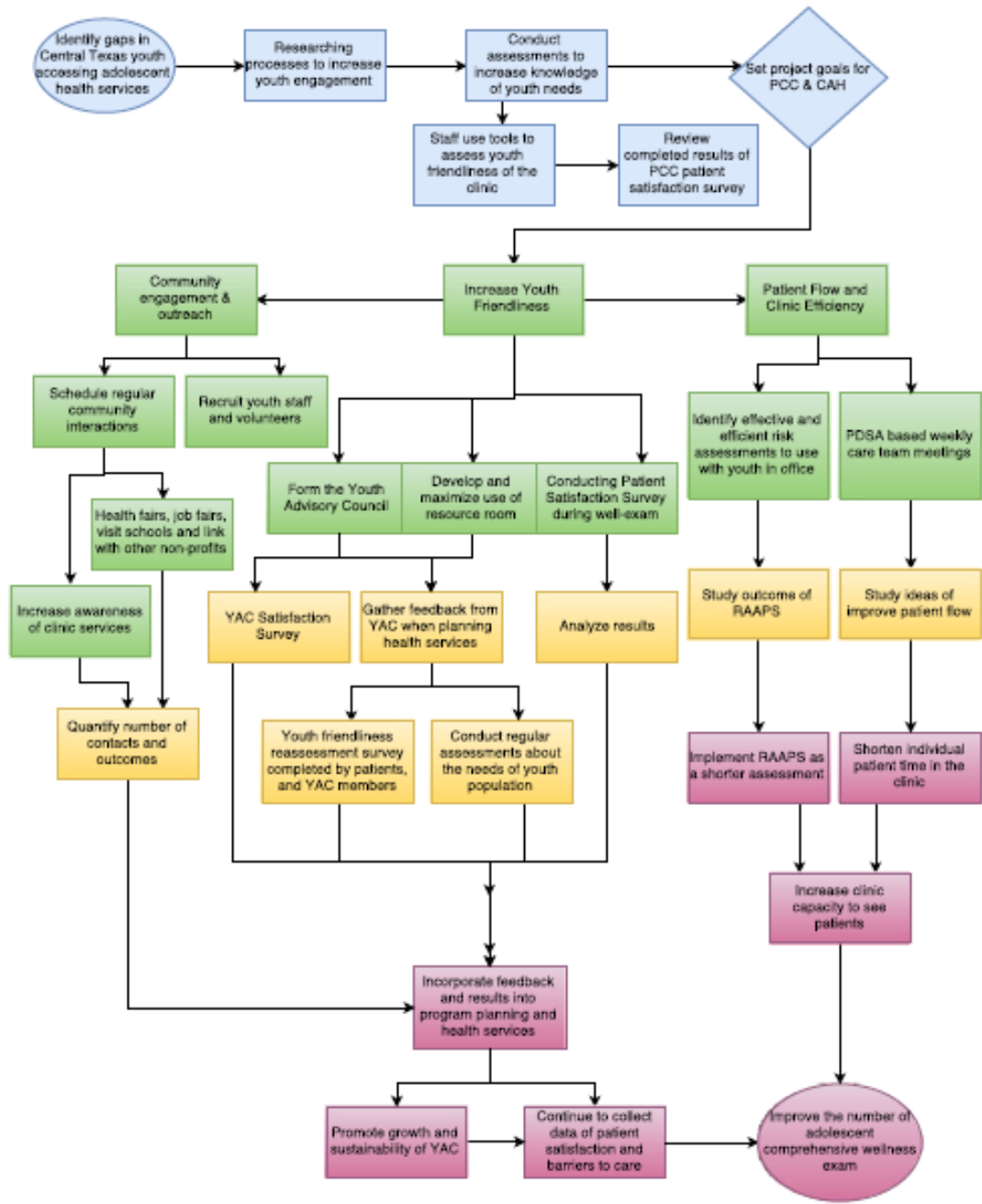
We recently became aware that in 2015, the World Health Organization released 8 global standards for quality health-care services for adolescents. Applicable standards to our project include community support, data and quality improvement, and adolescents' participation. (3). We plan to continue referring to the WHO recommendations as we make changes in our clinic.

We have demonstrated the feasibility of improving youth engagement by establishing a Youth Advisory Council. Future goals are to expand the YAC by continuing to recruit members, including adding students from our new school based health center. We will use data on satisfaction around YAC participation, and YAC feedback on increasing youth-friendliness, to encourage the PCC organization to consider youth-engagement critical to having an adolescent program. Furthermore, People's Community Clinic recently began exploring ways to address health disparities in its community. The CAH project of youth engagement will contribute more information around barriers to optimal healthcare and wellness.

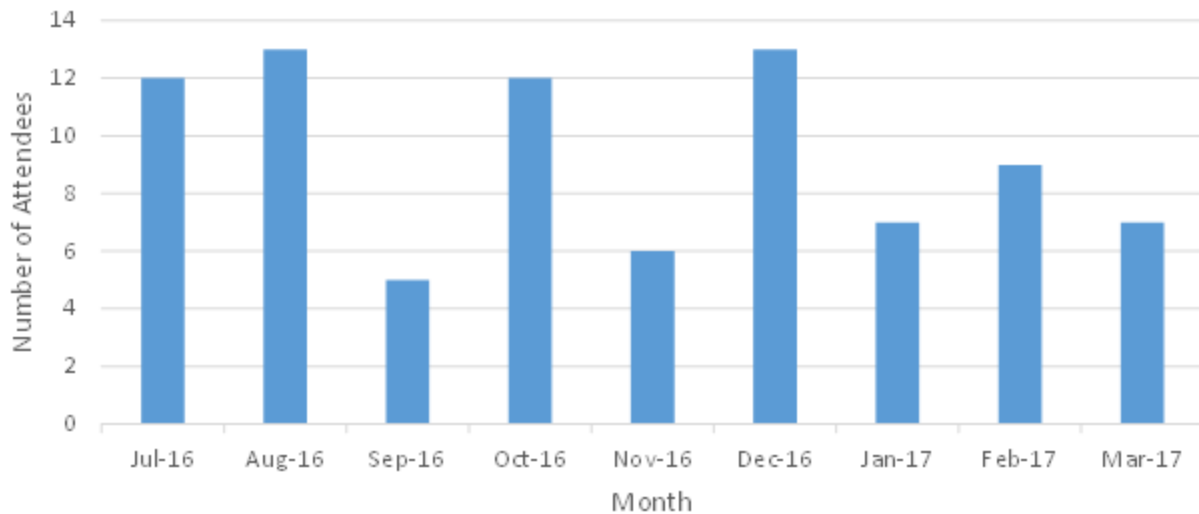
CAH staff are involved in other research to enhance our understanding of young people's experience with comprehensive wellness visits. We have collaborated with a medical anthropologist performing a qualitative study that allows for longer narrative. Dr. Neavel is participating in a pilot with another nonprofit to explore a process to certify more Texas clinics in being youth friendly.

1. <http://www.who.int/mediacentre/factsheets/fs345/en/> Adolescent health risks and solutions Fact Sheet
2. <http://www.issuelab.org/resources/8170/8170.pdf> Adolescent Health Services: Missing Opportunities
3. http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf?ua=1 Global Standards for Quality Health-Care services for Adolescents

Addendum:



YAC Meeting Attendance



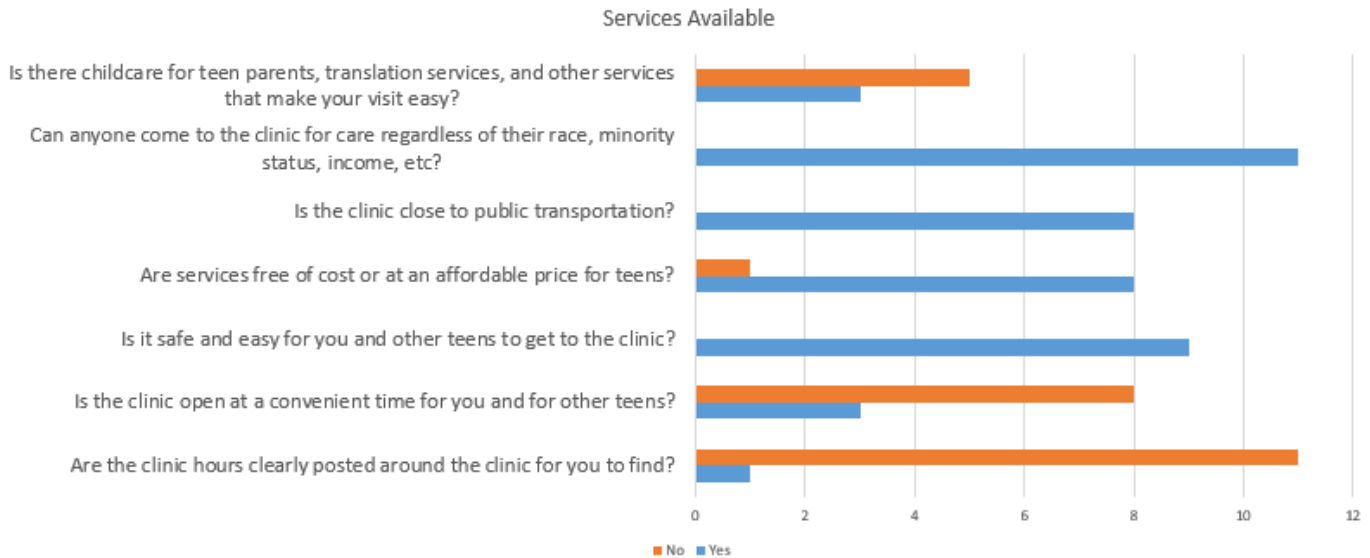
YAC Responses Youth Friendly Services Tour Assessment Survey (July 2016)

Are Services Accessible?			
	Yes	No	Comments/Recommendations
Are the clinic hours clearly posted around the clinic for you to find?	1	11	They are posted but not in too many places. Not that I can see yet. Didn't see them. Didn't see hours
Is the clinic open at a convenient time for you and for other teens?	3	8	Should be available on weekends. Should be open later and Saturdays possibly. Don't know. Don't see times. More nights/Saturday hrs. No weekends
Is it safe and easy for you and other teens to get to the clinic?	9	0	With a parent driving, but not necessarily alone. Don't know. ?. Probably depends a lot on where someone is /trans/resources
Are services free of cost or at an affordable price for teens?	8	1	Don't know. I don't know
Is the clinic close to public transportation?	8	0	unsure. Don't know. I took the bus and had to walk 10 minutes to get here. But needs more access. <u>Should be!</u>
Can anyone come to the clinic for care regardless of their race, minority status, income, etc?	11	0	Unsure - no posts
Is there childcare for teen parents, translation services, and other services that make your visit easy?	3	5	Don't know. I don't know. I don't know. Don't know, cant tell. Didn't see if there was any.

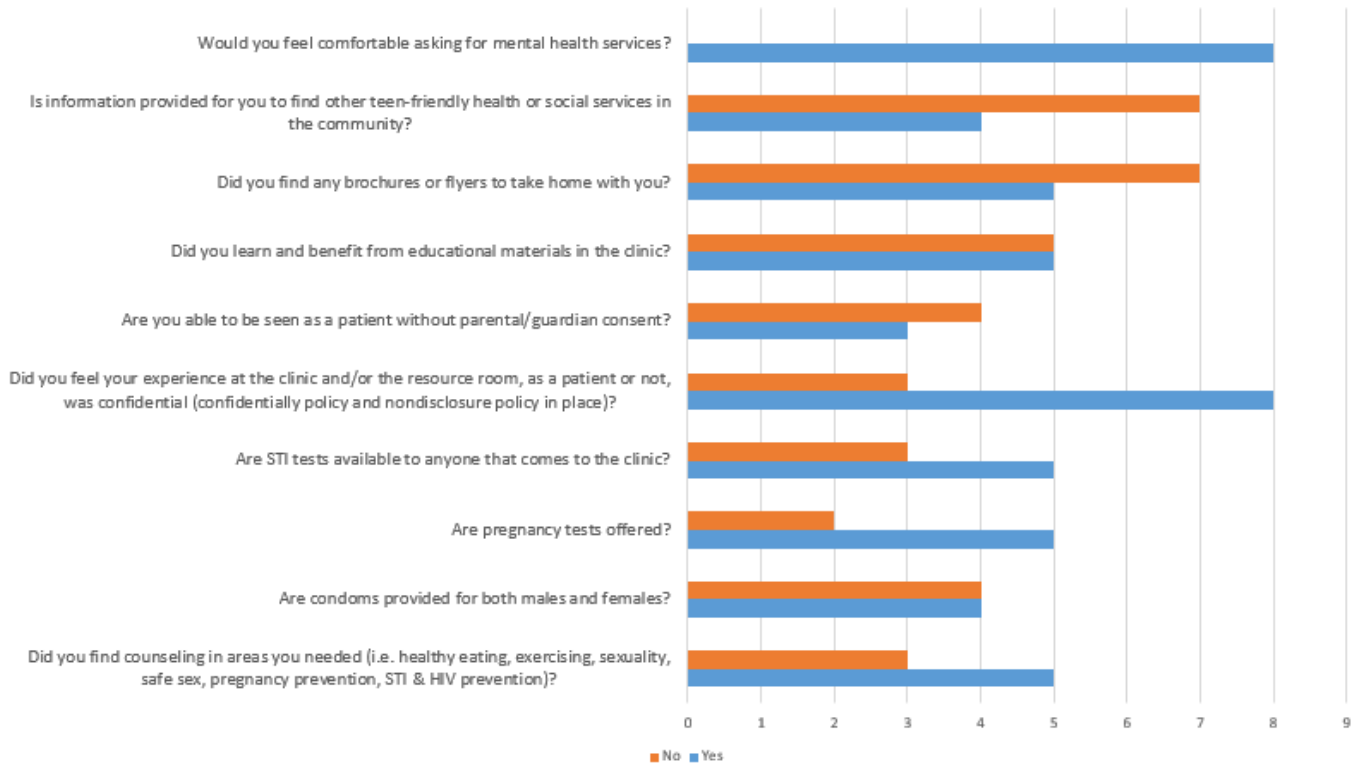
Services Provided			
	Yes	No	Comments/Recommendations
Did you find counseling in areas you needed (i.e. healthy eating, exercising, sexuality, safe sex, pregnancy prevention, STI & HIV prevention)?	5	3	I didn't see any. Unsure. ?.
Are condoms provided for both males and females?	4	4	I didn't see any. Unsure, but they should have them available in places where teens can access them without having to ask. ?. I didn't see them. 4 Did not see. No female condoms. I hope so@
Are pregnancy tests offered?	5	2	I don't know. Unsure. ?. I don't know. I don't know from tour. Assume yes - not clear
Are STI tests available to anyone that comes to the clinic?	5	3	I don't know. Unsure. ?. I don't know. I don't know from tour. Unsure/ Assume yes
Did you feel your experience at the clinic and/or the resource room, as a patient or not, was confidential (confidentiality policy and nondisclosure policy in place)?	8	3	I'd hope so. The waiting room could have better seating placement so clients don't have to face each other. I don't know. I don't know from tour. 3 Some private flyers would be nice
Are you able to be seen as a patient without parental/guardian consent?	3	4	Wasn't seen as a patient. Unsure. ?. I don't know. 4 I don't know based on tour. Assume yes/unsure
Did you learn and benefit from educational materials in the clinic?	5	5	Wasn't seen as a patient. Unsure. N/A.
Did you find any brochures or flyers to take home with you?	5	7	Wasn't seen as a patient. Should have some in waiting room.
Is information provided for you to find other teen-friendly health or social services in the community?	4	7	Wasn't seen as a patient. Unsure.
Would you feel comfortable asking for mental health services?	8	0	Unsure. ?.

Clinic Environment			
	Yes	No	Comments/Recommendations
Does the clinic have posters, brochures, and other material that teens would like to read?	4	8	Bare. Need more material available Should be more visible. Teen magazines.
Is the clinic appealing to teens by displaying what's popular right now (decorations, music, books, etc.)	2	10	Need more decorations. Needs more color
Does the clinic have hours just for teen patients?	1	9	I don't know. Need more night hours/ Saturdays! Did not see posted. Lack of hours
Does the clinic make you feel comfortable?	9	2	Very white and plain. Looks like a clean environment. Very plain, needs decoration.
Do you think that the exam rooms are private from people seeing and listening in?	10	2	
Does the clinic have a waiting room just for teens?	12	0	
Is there a counseling room that is private from people seeing and listening in?	9	2	Did not see it.
Does the waiting area have enough space and feel comfortable?	8	4	Not enough space. Pretty small and bland. Blankets, pillows, computers, iPads. It's a little cramped but designed ok.
Did you learn something new from a display poster hanging in the clinic?	3	10	No posters/decorations etc.
Does the Resource Room have posters, brochures, and other material that teens would like to read?	0	12	No posters/decorations etc. Needs color, space, flyers, information, <u>digital resources</u>
Were you able to find use of the resources in the Resource room (computers, health information, educational videos, pamphlets,	0	12	No posters/decorations etc. There is lack of technology
Would you come to the Resource Room regularly to use the resources or to hang out?	5	6	No posters/decorations etc. There wasn't any info
Is the overall clinic clean and likeable?	11	1	No posters/decorations etc. Clean=Yes, Likeable=Neutral. Almost too sterile. Yes but needs more digital info
Would you visit this clinic again?	10	0	improvements

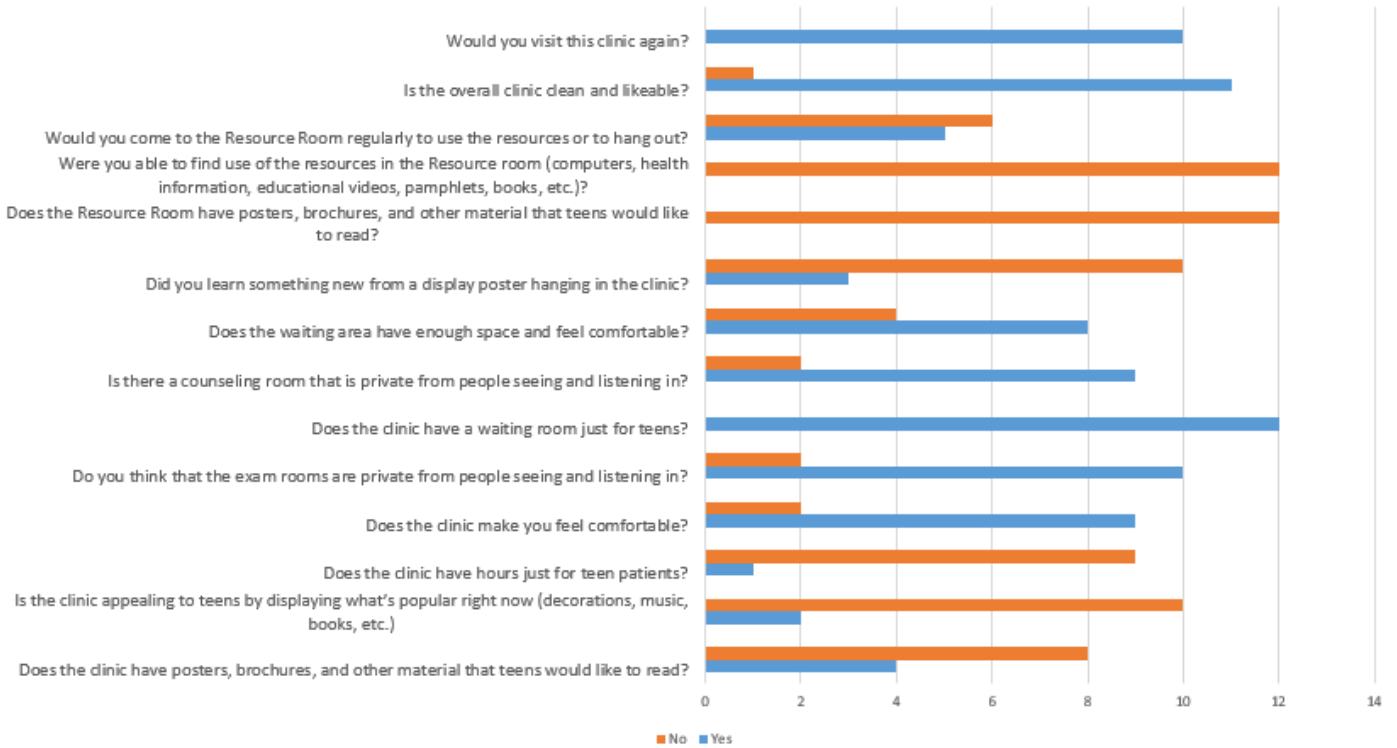
YAC Youth Friendly Services Tour Assessment Survey Results (July 2016)



Health Services Provided

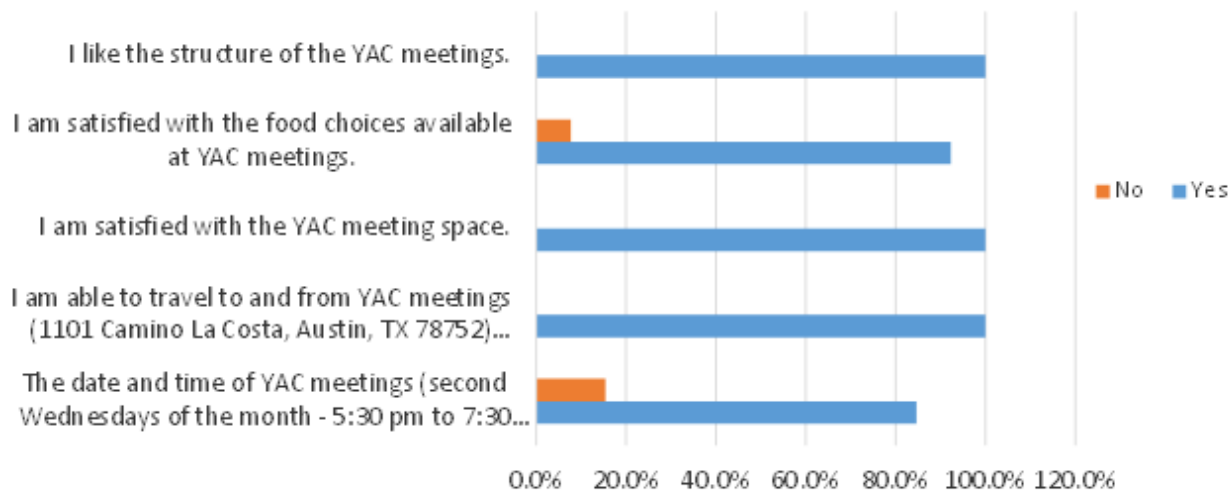


Clinic Environment

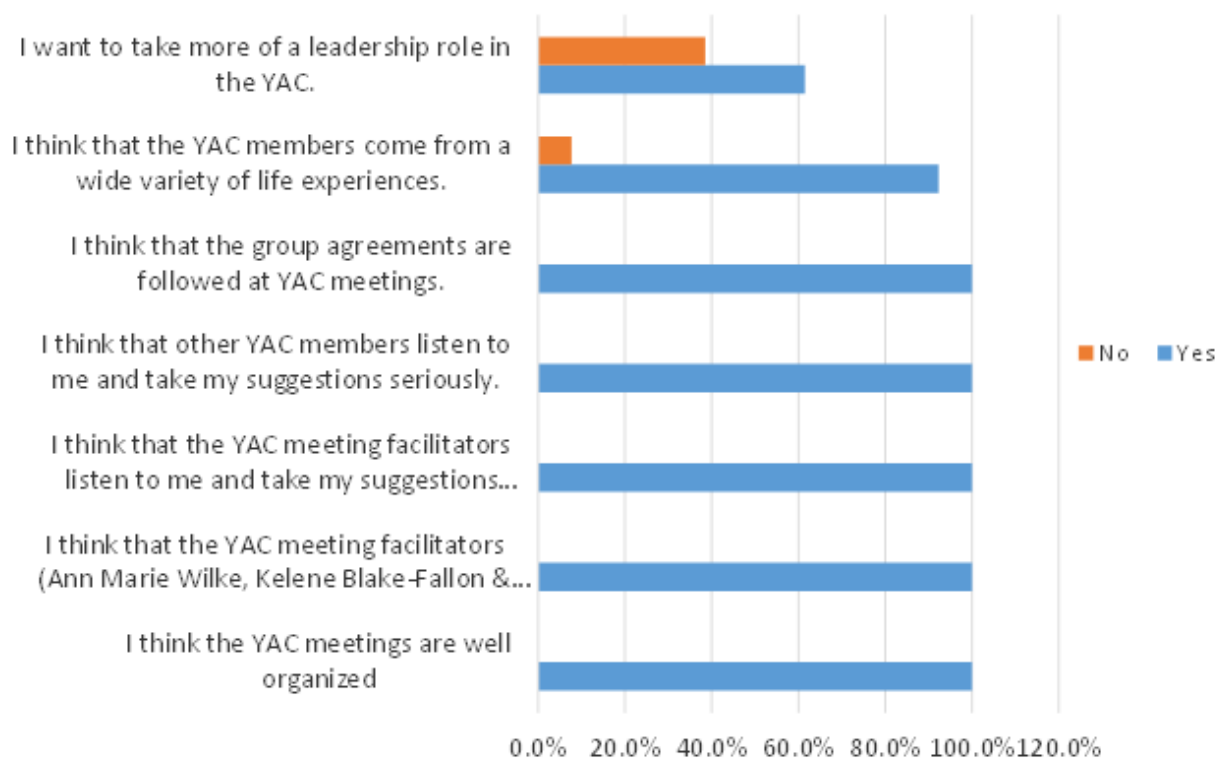


YAC Satisfaction Survey Results:

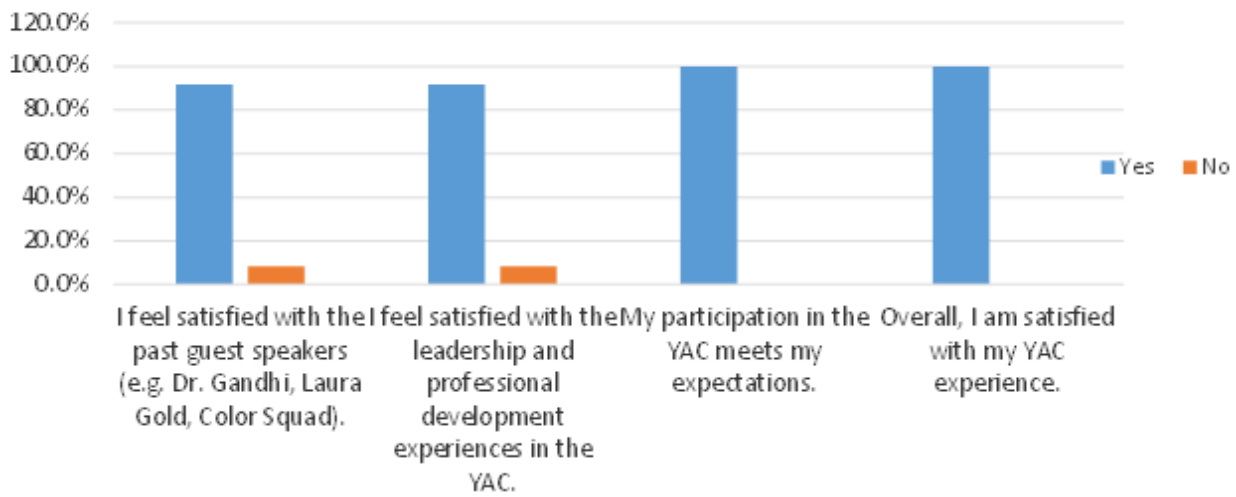
YAC Logistics



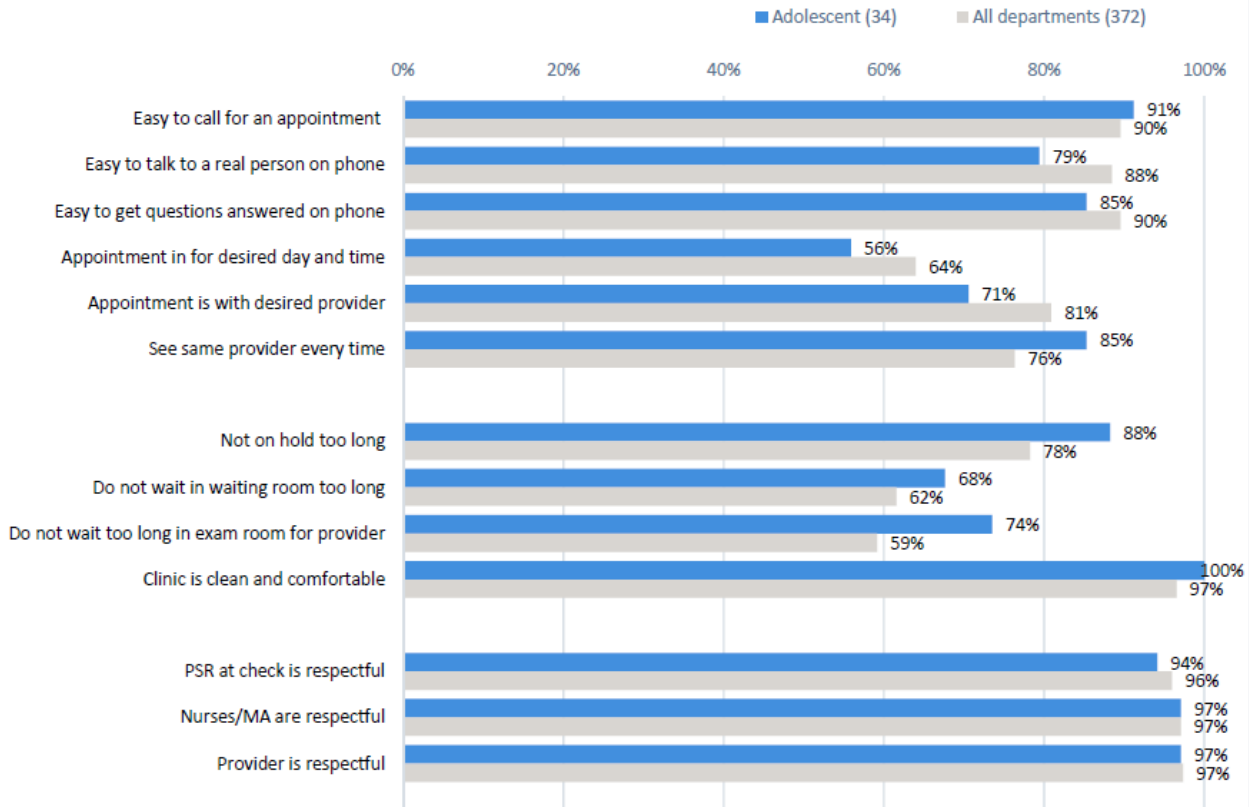
YAC Experience



YAC Past & Present



Patient Satisfaction Survey Results:
Comparison: Adolescent Department and PCC Overall
 English and Spanish responses, 2016



Did the health care provider listen carefully to you?

Did the health care provider ask about your physical health (such as healthy weight, exercise, body changes)?

Did the health care provider ask about your mental health (such as feeling sad, stressed, anxious or being in bad relationships)?

Did the health care provider talk privately with you (without anyone else in the room)?

Did the health care provider tell you that what you talked about would not be shared with anyone else?

Did the health care provider explain things in a way you can understand?

Did the health care provider spend enough time with you?

Did the health care provider make you feel comfortable to ask any type of question?

Please share how you feel about getting health care at this clinic.

	Yes	No	I'm not sure	I don't want to answer
I feel comfortable talking to my health care provider about private topics (my health, my life at home, and the things I like to do.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The waiting area is welcoming to teens like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The front desk staff are welcoming to teens like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How happy are you with your visit today? (Choose one option between 1 and 5. 1=Very happy, 5=Very unhappy)



Very
happy



Happy



In
between



Unhappy



Very
unhappy

1 2 3 4 5

How happy are you with the staff today? (Choose one option between 1 and 5. 1=Very happy, 5=Very unhappy)



Very
happy



Happy



In
between



Unhappy



Very
unhappy

1 2 3 4 5

SERVICES	FY16	FY17	FY17 IMPROVEMENT PLAN
Planning			
We conduct regular assessments to learn about the needs of the youth population we serve.	Needs improvement	Needs improvement	Currently, CAH uses the following screening tools: PSC-Y, PSC-17, HEADSS, CRAFT, and the PHQ-2/9. In FY16, the project team identified areas in the current screening process that can be improved. Results of this assessment will be used to guide updates to the HEADSS template in CAH's electronic health records system (8/2017). In addition, CAH will pilot RAAPS to determine if it is an effective screening tool for CAH (4/2017).
We incorporate feedback from youth, for example, through a youth advisory board, when planning services.	Needs improvement	Yes	CAH established a YAC in FY16. We will continue to seek feedback from YAC members and patients in FY17 through a variety of methods including: Youth-Friendly Clinic Walkthrough survey (7/2017), Integrating Psychiatry into the Patient Centered Medical Home interviews (ongoing), AYA Patient Satisfaction survey (ongoing), THAI clinic evaluation surveys (ongoing).
We meaningfully engage youth in our work through activities like training peer educators or recruiting youth volunteers.	Needs improvement	Yes	CAH does not currently have a peer educator training program. However, CAH partners with other organizations (e.g. Engender Health) that allow CAH staff members to mentor peer educators. In addition, CAH has volunteer opportunities for adolescents.
Our mission statement includes an emphasis on youth-friendly services.	Yes	Yes	n/a
We employ a quality improvement system based on measurable outcomes.	Needs improvement	Needs improvement	As an organization, PCC engages in quality improvement. In FY16, CAH set goals based on past data for the number of adolescent well visits and screenings completed and the number of unduplicated referrals anticipated in FY17. In addition, CAH will continue to work with external THAI clinic evaluators to refine measurable outcomes for FY17 (ongoing).
Accessibility			
Clinic hours of operation are convenient for youth (i.e. open nights, weekends).	Needs improvement	Needs improvement	CAH is currently open 5 days a week and several evenings until 8pm. It is not open on weekends. Any changes in this area are currently challenging due to staffing and operational barriers.
Walk-in appointments are available.	Needs improvement	Yes	Currently, there are not enough adolescent providers to ensure that walk-in appointments can be accommodated. A new adolescent physician and nurse practitioner will be hired by 1/1/2017 to increase the availability of walk in appointments.
Our location is easily accessible to target youth via public transportation or other means.	Yes	Yes	n/a
Youth can easily find information about how to get to the clinic, when services are offered, and whether appointments are required.	Needs improvement	Needs improvement	<ul style="list-style-type: none"> - In FY17, CAH will create a media campaign (to be implemented by 8/2017 - please see Media Campaign Plan for timeline details). - In addition, we will implement print and online updates and communications that present youth-friendly information about how to get to the clinic, when services are offered, and whether appointments are required. Current plans include: <ul style="list-style-type: none"> -- Create signs to be posted in the clinic waiting area that provide youth-friendly information on the following topics: confidentiality policy, hours, services provided, costs, and availability of services (e.g. Title X). (YAC will review and give feedback: 12/2016; Signs posted: 1/2017) -- Adolescent team photos and bios posted in clinic (reviewed by YAC: 5/2017; posted: 7/2017) -- Brochures explaining confidentiality (reviewed by YAC: 5/2017; printed and available in waiting area and exam rooms: 7/2017) -- The CAH section of the PCC website currently contains information about hours, services, directions, and appointments. The YAC and THAI project team will review the website content and make recommendations for youth-friendly updates (8/2017) -- Transition brochures (reviewed by YAC 5/2017; printed and available in waiting area and exam rooms (7/2017)
A list of services and costs is easily accessible (i.e. internet, pamphlet).	Needs improvement	Needs improvement	A list of CAH services is currently listed on CAH's webpage along with general information about cost. Please see above items for details and timeline regarding signs, website content review, and brochures on available services and costs.

Multiple services are offered during a single visit whenever possible.	Yes	Yes	n/a
Youth are aware that they cannot be denied services if they cannot pay (if clinic is a Title X clinic).	Needs improvement	Needs improvement	This information is currently shared with adolescent patients. Please see above items for details regarding signs, website content review, and brochures on availability of services in accordance with Title X.
Our sliding fee payment scale accommodates youth without insurance.	Yes	Yes	n/a
We assist uninsured youth in applying for public insurance such as Medicaid and CHIP.	Yes	Yes	n/a
We have bilingual staff or translation services for the languages indicated in the needs assessment.	Yes	Yes	n/a
We use youth-centric methods of communication and marketing such as text messaging, email, social media, and website.	Needs improvement	Needs improvement	CAH currently uses some youth-centric methods of communication (e.g. patients can opt in to receive text messages from health educators; info about community events is posted on social media; etc.). Please see above items for further details regarding online communications updates during FY17. In addition, the YAC may recommend incorporating some of these communications into the Media Campaign (to be implemented by 8/2017).
Youth can receive information and counseling through telephone, text messaging or email hotlines.	Needs improvement	Yes	Adolescent patients can now receive appointment reminders and health education via text messages.
Consent form explains terms and conditions in plain language.	Yes	Yes	n/a
Confidentiality			
Our staff is effective at maintaining confidentiality.	Yes	Yes	n/a
Our medical records are stored securely.	Yes	Yes	n/a
Youth are informed about how the clinic handles confidentiality and what, if any, information will be disclosed to parents.	Needs improvement	Needs improvement	Currently, adolescent patients are informed about confidentiality by their healthcare provider(s), including what information, if any, will be disclosed to parents/guardians. In addition, during FY17: - The THAI project team members are developing youth-friendly signs on confidentiality to be posted in the waiting area and exam rooms (YAC will review and give feedback 12/2016; Signs posted 1/2017) - Brochures explaining confidentiality will be created and displayed in the CAH waiting area, exam rooms, and resource room (reviewed by YAC 5/2017; printed and available in waiting area and exam rooms (7/2017)
Our receptionist is in a private area, or does not discuss the reason(s) for visit.	Needs improvement	Needs improvement	Although the receptionist area is not in a private area, the THAI project team will, with YAC input (7/2017), make recommendations for improvements to the PCC management team (8/2017).
Numbers are used instead of names in the waiting room.	Needs improvement	Needs improvement	The THAI project team will work with the front desk staff, the front desk manager, adolescent staff, and YAC to identify ways to ensure adolescents' privacy in the waiting room (7/2017). Recommendations for improvements will be made to PCC management team (8/2017).
All care is provided in private areas.	Yes	Yes	n/a
Services do not require parental consent when possible according to state laws.	Yes	Yes	n/a
We use creative ways of protecting privacy with regards to billing and EOBs.	Needs improvement	Needs improvement	During FY17, the transition work group will continue to review issues related to minor consent and young adults living with a parent/guardian (7/2017). The work group will also look into billing for behavioral health services as this need may arise in the future (7/2017). A brochure will be developed (8/2017) to inform adolescents about what to expect after they turn 18. The brochure will include information such as confidentiality and insurance/funding options for healthcare services.

All relevant personnel are aware of their roles and responsibilities in mandated reporting.	Yes	Yes	n/a
We track acceptable ways of reaching youth with sensitive information such as appointment reminders and test results.	Needs improvement	Needs improvement	The THAI project team will identify strategies in order to more effectively reach out to youth with sensitive information (e.g. recording every adolescent patient's personal cell phone number in their medical record; implementing a text reminder system for patients, etc.). With feedback from YAC and adolescent team members (7/2017), recommendations for improvements will be made to the PCC management team by 8/2017.
Consent is obtained for additional providers to enter the exam room prior to entering (i.e. residents or supervisors).	Needs improvement	Needs improvement	In FY17 and FY18, CAH will develop policies and training for CAH staff in order to ensure consistency in obtaining consent when trainees providing care vs. shadowing enter the exam room. Feedback will be gathered from adolescent team and recommendations made by 8/2017. Changes will be implemented by 12/2017.
Service Delivery			
Our staff is provided professional development related to new guidelines for care and providing youth-friendly services	Yes	Yes	n/a
Our staff treat patients equally regardless of religion, race, color, national origin, disability, age, sex, number of children, or marital status.	Yes	Yes	n/a
Our providers demonstrate empathy to youth and empower youth to make informed decisions about their health.	Yes	Yes	n/a
Pregnant women are counseled on options for prenatal care, delivery, adoption, foster care, and pregnancy termination.	Yes	Yes	n/a
Youth are encouraged to communicate with family members about reproductive issues.	Yes	Yes	n/a
Our providers conduct a sexual health assessment appropriate for youth at every visit.	Yes	Yes	n/a
Our providers are knowledgeable about the full range of FDA approved contraceptive options including effectiveness, correct use, non-contraceptive benefits, side effects, and protection from STDs/HIV.	Yes	Yes	n/a
Our providers are able to establish and maintain rapport with youth clients.	Yes	Yes	n/a
Our providers use appropriate, nontechnical language that youth can understand; use educational aids such as diagrams and models.	Yes	Yes	n/a
Our providers ask youth if they understand the information discussed and remain open to questions.	Yes	Yes	n/a
Our services only require necessary medical procedures and tests.	Yes	Yes	n/a
We provide oral, written, and electronic information about the visit and instructions for self-care and taking medications.	Yes	Yes	n/a

Youth are able to consistently see the same providers.	Yes	Yes	
We offer or provide referrals for mental health services.	Yes	Yes	n/a
We provide referrals for specialized health care.	Yes	Yes	n/a
Pregnant and parenting teens are referred to external programs such as home visiting.	Yes	Yes	n/a
We provide strong linkages to social services and employment opportunities.	Needs improvement	Needs improvement	CAH currently provides strong linkages to social services. In FY17, the adolescent case worker and resource room coordinator will work to increase linkages to employment opportunities for adolescents. They will create a relationship with Texas Workforce Commission and Health Equity Unit to learn more about how to connect adolescents with employment opportunities and the Health Equity Unit's employment support program that provides job readiness workshops, career fairs, and free resources like professional clothes (2/2017).
Environment			
The clinic has a separate waiting room and/or entrance for youth or youth-only hours (if adults are also served).	Needs improvement	Yes	n/a
The clinic has a comfortable waiting room and exam rooms such as comfortable chairs, teen magazines, etc.	Needs improvement	Needs improvement	In FY16, CAH moved into a new, spacious clinic. The adolescent waiting area includes comfortable chairs, a private seating area, and a TV screen where youth-friendly health education messages can be shown. In FY17, CAH will use YAC and patient feedback (gathered in 8/2016) to make the space more youth-friendly, including the addition of health education materials for both adolescents and parents/guardians (1/2017) and information about youth friendly community events and programs (10/2016).
The clinic has a neutral external appearance (i.e. does not say family planning or STI clinic).	Yes	Yes	n/a
Free condoms are available at the clinic.	Yes	Yes	n/a
Educational materials such as pamphlets and videos (see section F) are displayed in the clinic.	Needs improvement	Needs improvement	In FY16 and FY17, the THAI project team will inventory current educational materials and will create a list of additional materials for display in the adolescent waiting area, clinic, and resource room (12/2017). Initial feedback was gathered from patients (5/2016) and YAC members (8/2016). Items will be ordered or created as needed (ongoing - purchase orders will be created on a monthly basis as needed). Materials are reviewed and recommended by adolescent team members, behavioral health, and health promotion teams (ongoing).
On-site health educators provide counseling on a wide array of topics or offer a resource guide for locating other services.	Needs improvement	Yes	n/a
Front line staff maintains confidentiality when on the phone.	Yes	Yes	n/a
Front line staff treats all youth respectfully.	Yes	Yes	n/a
Front line staff's personal values do not influence interactions with clients.	Yes	Yes	n/a

<p>Front line staff is regularly trained in how to be more accommodating to youth clients.</p>	<p>Needs improvement</p>	<p>Yes</p>	<ul style="list-style-type: none"> - Beginning in FY17, CAH will implement a training calendar, with YAC input, for front line staff. The training will be held two times per year. The adolescent team will lead the first two trainings. Then, the Medical Assistant and Front Desk Supervisor will continue to implement the trainings annually for new staff members (and ongoing staff members who would like a refresher). Topics will repeat and/or new topics will be added based on staff knowledge and interest. <ul style="list-style-type: none"> -- Training 1 (Created, reviewed by relevant PCC leadership, and implemented by 6/2017) topics: Adolescent development; responding to challenging phone calls from adolescents -- Training 2 (Created, reviewed by relevant PCC leadership, and implemented by 12/2017) topics: Consent and confidentiality; referrals - All-staff training (Created, reviewed by relevant PCC leadership, and implemented by 5/2017): Adolescent team members will develop a fun training skit, with YAC input, to be performed at a PCC all-staff meeting. The skit will include information and tips on the following topics: 1) interacting with challenging adolescent patients and challenging parents/guardians; 2) typical adolescent development. The skit will emphasize the availability of the adolescent team to provide support for all PCC staff members in interacting with adolescent patients. - Front line staff may also have the opportunity to participate in a Mental Health First Aid training (td by 8/2017). - PCC's sexual orientation/gender identity (SO/GI) work group will continue to identify ways to make the clinic more welcoming for all patients, including adolescents (ongoing - this group meets on a monthly basis).
Education			
<p>On-site health educators provide counseling on a wide array of topics or offer a resource guide for locating other services.</p>	<p>Yes</p>	<p>Yes</p>	<p>n/a</p>
<p>Peer education program is accessible to youth and includes regular training and supervision.</p>	<p>Needs improvement</p>	<p>Yes</p>	<ul style="list-style-type: none"> - CAH does not currently have a peer educator training program. However, CAH partners with other organizations (e.g. Engender Health) that allow CAH staff members to mentor peer educators. - In addition, CAH will continue to provide training on adolescent health risks to YAC members and the community in FY17. Topics will include: <ul style="list-style-type: none"> -- Intro to adolescent health (including top risk factors, barriers to health care, and social determinants of health): Talk led by expert in adolescent medicine (9/2016); -- Hands-on workshop exploring adolescent health through art and discussion on how art can impact health outcomes (10/2016) -- Suicide prevention: Talk led by expert in adolescent suicide prevention (12/2016) -- Bullying prevention: Bystander training (4/2017) -- Non-violent communication and conflict resolution workshop: Talk led by expert speaker (6/2017) -- Driving safety: Talk led by expert speaker (8/2017) - YAC members will also have opportunities for professional development in FY17. <ul style="list-style-type: none"> -- Participate in YAC development through the following activities: Create a PCC YAC mission statement and vision (2/2017); Create a YAC recruitment plan and help review applications of new YAC members (7/2017); Create a calendar of YAC activities for FY18 including a list of desired training topics (8/31/2017) -- Intro to health communications and media campaign development (2/2017) -- YAC members may also have the opportunity to participate in a Mental Health First Aid training (td by 8/2017). -- In addition, opportunities for professional development led by community partners (e.g. Healthy Youth Partnership workshops) are promoted at the monthly YAC meeting and via the YAC Facebook group. YAC members will also receive updates on best practices in adolescent health from the adolescent team's monthly staff e-newsletter when relevant.

A variety of youth-accessible media are used to provide education (i.e. video, internet, and social media).	Needs improvement	Needs improvement	Youth-accessible media are currently used to provide education. In FY17, appropriate spaces will be designated so that adolescents can use and charge their personal devices in order to access information while at the clinic.
Education Offerings:			
Puberty	Yes	Yes	n/a
Sexuality and gender issues	Yes	Needs improvement	In FY17, the SO/GI work group will continue to identify areas in which PCC and the CAH can improve and make recommendations for change (ongoing - this group meets on a monthly basis).
Intimate partner violence	Yes	Needs improvement	Intimate partner violence is currently addressed during clinic visits, through screening, and counseling as appropriate. In FY17, the CAH will identify areas in which messages from different members of the health care team can be made more consistent or where training for staff would be appropriate (8/2017). Youth friendly health education materials and materials for parents/guardians will be ordered or created as necessary (ongoing - materials are ordered on a monthly basis as needed). The Dating Bill of Rights will be posted in the clinic (1/2017).
Drug and alcohol use	Yes	Needs improvement	In FY17, CAH will continue to identify local resources to aid in the treatment and prevention of substance use among adolescents. Staff members will continue to attend Underage Drinking Prevention Task Force meetings (beginning in 6/2016) and Travis County Youth Substance Abuse Prevention Coalition (beginning in 10/2016; 1 CAH staff member will submit an application to join: 2/2017) to learn about resources and opportunities for patient support and staff development.
Pregnancy prevention	Yes	Yes	n/a
Family planning	Yes	Yes	n/a
STI and HIV/AIDS	Yes	Needs improvement	In FY17, CAH will identify updates to protocols (e.g. setting a reminder in electronic health records system) so that patients who test positive for asymptomatic chlamydia will be asked to return to be re-tested after 3 months as per clinical guidance. Recommendations for protocol changes will be made to PCC management by 8/2017.
Sexual decision making	Yes	Needs improvement	Please see earlier notes regarding sexuality and gender issues, intimate partner violence, drug and alcohol use, and STI and HIV/AIDS as these items relate to sexual decision making among adolescents.
<i>Other:</i>			
Adolescent moods and behavior	n/a	Needs improvement	Informational brochures will be identified, ordered, and added to the CAH resource room and waiting area by 4/2017 for parents/guardians about what moods and behaviors to expect as their children transition into adolescence.
Fitness and nutrition	n/a	Needs improvement	CAH currently provides patients with education about fitness and nutrition during clinic visits. In FY17, CAH will identify opportunities to further promote fitness and nutrition beyond the information provided in clinic visits. For example, youth-friendly activities offered by community partners will be advertised to patients at CAH (ongoing - flyers will be posted in the resource room, exam and waiting areas).