

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (SRH)

PHASE 1 Establish SRH Quality Initiative

- Conduct organizational assessment, (fiscal, protocols and practices, time-alone, formulary, staff structure and capacity, quality improvement (QI) structure, contraceptive care utilization, payer mix, appointment scheduling, clinic hours)
- Identify healthcare delivery system strengths/gaps against best practices/national recommendations
- Model anticipated demand and work effort for enhanced services
- Establish a practical vision (who will be offered, when, by whom, and how) for enhancing or integrating contraceptive care
- Establish change leadership structure (change agent, improvement team, champions/mentors)
- Formally adopt enhancing adolescent access to SRH services as health center QI Initiative
- Develop improvement, communication, staff training, referral and linkage work plans and timelines

PHASE 2 Create Supportive Organizational Context

- Address gaps identified through assessment
- Ensure BC methods and formulary LARC methods are in stock every day and exam rooms are "LARC ready"
- Establish performance metrics, and system to compile and use data (e.g., electronic health record, (EHR))
- Set benchmarks for performance (process, access and patient experience)
- Redesign workflow/steps in delivery of care
- Select staff who will provide SRH services
- Revise staff roles and responsibilities and develop job aids and tools
- Finalize staff training and mentoring plan

PHASE 3 Train Staff and Build Competency

- Core training for all staff, clinicians, staff providing contraceptive counseling and front line staff (see reverse for list of trainings)
- Build competency in mentoring, observation and feedback, huddles, staff meetings, supervision

PHASE 4 Implement and Improve

- Pilot, modify, and finalize new system of care
- Promote broad implementation
- Continue to build competency through mentoring, observation/feedback, huddles, staff meetings, supervision, advanced training
- Report, review and use performance metrics to improve
- Implement communication/marketing and referral and linkage plans

PHASE 5 Institutionalize

- Quarterly reporting, review and use of performance metrics for quality improvement
- Revise job descriptions, staff performance reviews, and hiring practices

Adolescent SRH Delivery System Best Practices

Structure

- Trained staff
- Staff operating at the top of license (Team-based Care Approach)
- Exam rooms "LARC ready"
- No client cost barriers (financing, reimbursement, payment options)

Tasks: Non-clinical Staff

- Ensure time-alone at every visit
- Identify sexually active adolescents
- Use standardized method/tool to assess pregnancy intentions and STD/HIV risk
- For adolescents who do not want to be pregnant or are unsure:
 - 1) Explore pregnancy intentions
 - 2) Provide accurate and unbiased information about all FDA-approved methods of birth control
 - 3) Use standardized process/tool to provide birth control counseling (abstinence/dual protection)
 - 4) Assist client in birth control selection
- Provide comprehensive STD/HIV prevention information/messages, condoms, facilitate STD/HIV testing (urine CT/GC testing, rapid HIV testing)

Tasks: Clinical Staff

- Provide preconception health services as CDC/QFP
- Provide STD/HIV screening/diagnostic testing and tx per CDC guidelines
- Determine client eligibility for preferred BC method using US MEC and SPR
- Review method use, anticipated side effects, and ensure understanding
- Provide method same-day, reschedule/refer; offer bridge method if needed
- Develop follow-up plan to address potential side effects and receive relevant test results

Supporting Youth-Friendly Best Practices

- Confidentiality, family-child communication, cultural competency, convenience, referrals and youth participation in clinic operations

Client Outreach

- Conduct individual proactive client follow-up
- Promote broad awareness of availability of SRH services
- Reduce barriers to increase access to services (i.e., mobile clinics, transportation reimbursement)
- Develop partnerships with organizations to refer and link youth to SRH services

Outcomes

- More youth visit health care network partners
- More youth receive sexual and reproductive health services
- More youth receive effective contraception (i.e., pill, depo, patch, ring, IUD, contraceptive implant)
- Among those youth who receive effective contraception, a larger percentage receive highly effective contraception (i.e., IUD, contraceptive implant)
- Increased use of contraception (including dual method use)

NO WRONG DOORS
NO MISSED OPPORTUNITIES
Teen Pregnancy Prevention

STAFF TRAINING TOPICS

CORE TRAINING – ALL STAFF

Time-alone, Adolescent Development, Confidentiality/Minors' Rights, Birth Control Basics, Common Birth Control Myth, Introduction to CDC and OPA's *Providing Quality Family Planning Services (QFP)*

CORE - CLINICIANS

Client-Centered Birth Control Counseling, LARC Insertion/Removal, Managing LARC Side Effects, STD/HIV Basics, The Adolescent Healthcare Visit (Assessment and Services)

CORE - STAFF PROVIDING CONTRACEPTIVE COUNSELING

Client-Centered Birth Control Counseling, STD/HIV Basics, The Adolescent Healthcare Visit (Assessment and Services)

CORE - FRONT LINE STAFF

Key Messages for Ensuring Access to SRH services

ADVANCED TRAINING FOR STAFF

SRH and Adolescent Males, Trauma-informed Care, SRH and LGBTQ Youth, Communicating with Parents About Adolescent SRH, Communication/Marketing to Youth, Health Literacy, Providing Referrals

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