

When providing sexual health care to adolescents, providers should:

1. Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.
2. Make services accessible and facilities welcoming to adolescents.
3. Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religion, language, educational level, sex, gender and sexual orientation.
4. Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.
5. Provide contraceptive methods, including emergency contraception (EC), to adolescents at risk for unintended pregnancy.
6. Provide prevention, testing and treatment of sexually transmitted infections.
7. Offer information, assistance and support for all decisions regarding pregnancy.

Best Practices for Meeting Standards of Care

Below is a detailed list of best practices for meeting the standards of care for comprehensive sexual health care for adolescents.

Standard 1

Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.

Best Practices:

- A. Every visit includes an opportunity for a confidential conversation between clinician and adolescent client.
- B. Health care records, including clinic notes, medication lists, lab results, and record transfers are set up to protect minor's ability to maintain confidentiality, and allows adolescent clients to control who has access to them.
- C. Billing procedures ensure client confidentiality.
- D. Staff is routinely trained on and follows Minnesota minor's consent and confidentiality laws.
- E. Confidential contact information for adolescent patients is routinely collected and updated.
- F. Adolescent clients are encouraged to involve trusted adults in their care.
- G. Clinic has a process for obtaining informed consent at each visit regarding services covered by MN minor's consent and confidentiality laws (pregnancy, contraception, STIs, mental health and substance use).
- H. Minnesota adolescent consent laws are prominently displayed or as per data privacy requirements.

Standard 2

Make services accessible and facilities welcoming to adolescents.

Best Practices:

- A. After-school and/or weekend hours are offered; same day appointments are available.
- B. Scheduling protocols allow adolescents to be seen for sexual health issues within three days of requesting an appointment.
- C. Clinic offers sliding fee scale, MFPP, Medical Assistance or other financial assistance options. Staff member is available at time of visit to inform adolescents about MA, MFPP or other financial assistance options.

- D. Though identification may be requested, clinic protocols allow young people to be seen without proof of identification if a best faith effort is made to verify client's identity.
- E. Environment and tone of office is welcoming and comfortable to adolescents.
- F. Clinic staff, including front desk, phone, education and providers, is comfortable with and enthusiastic about working with adolescents, and reflect the diversity of the patient population served.
- G. Communication technologies used are consistent with adolescents' preferred modes of communication (e.g., texting, social media, etc.)

Standard 3

Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religion, language, educational level, sex, gender and sexual orientation.

Best Practices:

- A. Clinicians and health educators provide scientifically sound, non-judgmental education and counseling on sexual development and reproductive health.
- B. Clinic offers reproductive and sexual health services to youth of all genders.
- C. Staff tailors visit to the developmental and learning needs and abilities of adolescent clients.
- D. Staff tailors visit to the culture, ethnicity, religion, sex, gender and sexual orientation of adolescent clients served.
- E. Staff tailors visit to the unique needs of lesbian, gay, bisexual, queer and questioning youth.
- F. Clinic staff is prepared to support young people as they explore gender identity, which includes meeting the unique needs of transgender, gender nonconforming, and gender expansive clients.
- G. Language assistance services, including bilingual staff and interpreter services, are provided at no cost to each patient with limited English proficiency.
- H. Health education materials are provided through a medium used by young people, at appropriate reading levels and in appropriate language/s.
- I. Comprehensive referral lists are developed and kept up-to-date of community-based services that are culturally sensitive, have bilingual staff and interpreter services, etc.
- J. Adolescent specific client satisfaction surveys are regularly distributed to adolescents and service improvements are addressed.

Standard 4

Screen all adolescents for sexual and reproductive health issues, including substance use, and mental health concerns, and provide appropriate education, counseling, care or referral.

Best Practices:

- A. Clinicians see every visit as an opportunity to address HIV, STI and pregnancy prevention with all adolescent clients.
- B. Clinicians use a standardized health assessment tool with all adolescents that includes a sexual history and screening for alcohol, tobacco, and drug use, healthy relationships, violence, sex trafficking, and other psychosocial issues.
- C. Clinicians and health educators provide counseling on sexual decision making, including delaying or abstaining from anal, oral or vaginal intercourse.
- D. Clients are advised to receive sexual health screening at least once a year, or more often if they have a new partner, symptoms and/or suspicion of pregnancy or exposure to an STI or HIV.
- E. Linkages* are in place for referrals to care for alcohol, tobacco and drug abuse; mental health concerns; and other social service needs (e.g., education, housing) not offered on site.
- F. Linkages are in place for referrals for clinical care and behavioral and social services specific to LGBTQ youth that are not offered on site.
- G. Linkages are in place for referrals for services related to sexual violence.
- H. Staff assists clients in making connections with referral resources, and has a protocol for follow-up, particularly with the most complex and vulnerable clients.

**The term "linkages" is defined as having a relationship, either formal or informal, with a referral source that has an established history of providing quality care to adolescent clients.*

Standard 5

Provide contraceptive methods, including emergency contraception (EC), to adolescents at risk for unintended pregnancy.

Best Practices:

- A. Clinicians and health educators provide counseling on the most current contraceptive methods effective for adolescents, including specific instruction on use of chosen method.
- B. Clinicians and health educators discuss partner support for the chosen method.
- C. Clinic provides hormonal contraception. Pelvic exams are not required before provision of hormonal contraceptives, including EC. Quick-start method is used to initiate contraceptives when appropriate.
- D. Clinic provides or refers for long acting reversible contraceptives (LARC), e.g. IUDs & implants.
- E. Clinic provides emergency contraception on site.
- F. Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients.

Standard 6

Provide prevention, testing and treatment of sexually transmitted infections

Best Practices:

- A. Clinic routinely screens all sexually active adolescents and their partners for STIs at least annually.
- B. Clinic routinely screens all sexually active adolescents and their partners for HIV at least annually or refers to free, low cost and/or anonymous testing sites.
- C. Clinic offers counseling and treatment or refers all adolescents who test positive for an STI.
- D. Clinicians inform all sexually active adolescents about Pap tests and the importance of being screened.
- E. Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients.
- F. Clinic follows community-based referral protocol for adolescents who test positive for HIV.
- G. Clinic provides expedited partner treatment for Chlamydia and Gonorrhea when appropriate.
- H. Clinicians ensure all adolescent clients are up-to-date on HPV and HepB vaccinations; clinic administers vaccinations or makes appropriate referral.

Standard 7

Offer information, assistance and support for all decisions regarding pregnancy.

Best Practices:

- A. Clinic provides pregnancy tests for adolescent clients; clinician/health educator presents pregnancy test results in a confidential setting.
- B. Clinician/health educator provides options counseling to all adolescents with a positive pregnancy test, which includes discussing pregnancy options (parenting, abortion and adoption), assessing risk of violence and determining sources of support.
- C. Clinician/health educator provides contraceptive counseling to all adolescents with a negative pregnancy test.
- D. Clinic provides follow-up and support to all adolescent clients with a positive pregnancy test.
- E. Clinic staff knows MN laws regarding abortion, adoption and paternity.
- F. Clinic has up-to-date referrals to adoption agencies, abortion providers and prenatal care providers.