

Angela Diaz: My name is Angela Diaz, and I would like to speak to you today about the need for adolescents and young adults-centered care and how they can be wrong effectively. I want to start by acknowledging that the healthcare system in the U.S. was created by adults for adults. And then we try to fit young people into the system and when it doesn't work we call them non-compliant and hard to reach, when in deed what is hard to reach is the system itself, the way those services are designed.

Angela Diaz: Adolescence and young adulthood are really critical stages where the responsibility for healthy behaviors start shifting from the caregivers to the young people themselves. It is a stage when people are becoming more independent. There is a lot of experimentation and experimentation is not bad. Young people need to experiment and try new things in order to really gain the skills to be able to be independent. And what we need to do as adults, is really creating environment where young people can experiment, try things, learn in an environment where they are not going to get into difficulties. So that's really, really important.

Angela Diaz: And the behavior of young people affect their health status during adolescence and during young adulthood, but also establish their health status over the life course. So if you are not healthy as an adolescent, if you get engaged in behaviors they're not particularly healthy, that is really going to affect your health as an adult. It is really, really important for providers to really encourage young people to engage in healthy behaviors, to modify their behaviors, to become great healthcare consumers. And when you provide services in a way that is adolescent-friendly, and youth-friendly in general, the young people are much more likely to change their behaviors. So we really can have a tremendous influence in that age group.

Angela Diaz: At the Mount Sinai Adolescent Health Center, we serve over 10,000 young people, ages 10 to 24 every year and their children, if they have children. We welcome all the young people within our young age range of 10 to 24 but we cater to low income disadvantage, disconnected young people, because we know that they do not have access to care. The young people that we serve, 98% of them are low income.

Angela Diaz: Some of those young people have loving families. They are going to go to school. They aspire to go to college. They gave in for work and some of them are homeless, some of them are foster-cared, some of them have been sex-trafficked, some of refugees, and the beauty is that they all feel comfortable coming to our center. No one knows where they are coming because our program has no stigma. It is not a program for family planning or HIV or substance or ... It's just a teen center and they all feel very comfortable coming and all 10,000 of them sit next to each other in the waiting room and is only behind closed door that actually we find out what they are there for.

Angela Diaz: Something that is really important, we always take care of whatever the issue that brought them in. In addition to having all these services under one roof, we

also know that it is important to provide as many services as possible during one visit. So the young person, when they come to see me, I will do their history and physical exam, I will connect them to the health educator so they learn more about their body and decide on family planning, if they need that. I will have the mental health persons see them if I discover that they are depressed or could benefit from that.

Angela Diaz: So if we see the acne, we take that very seriously. We make sure we treat the acne, but then we asked them all of these questions to get a sense of how they are feeling, their type of behaviors, the type of family relationship that they have, and for example, if we identify that they are depressed or they have a need for mental health, we provide that there. So we have really all the services integrated; physical health, sex and reproductive health, dental, optical, behavioral, and mental health, from dental to mental, from head to toe, everything. And the more that you can have under one roof, the better it is. And it's not just about being co-located, it's really about being integrated.

Angela Diaz: All these people are working together and the young person will know that there's a team taking care of them. Over the years, people come from around the globe to see the way we work at the Mount Sinai Adolescent Health Center. And they often ask, "Why are 10,000 young people coming to you every year? They come to you asking for help. What is it that you do? What is it that you are giving them? They are making line before 8:00 in the morning usually to get healthcare."

Angela Diaz: So with the support from the New York State Health Foundation, we created a blueprint about our philosophy and our approach. And this blueprint gives a roadmap of how people who are interested in either adapting or replicating our services or modifying what they are doing can find that in this blueprint. So this particular blueprint was designed to be used by people depending on their context, depending on their needs, depending on their resources, depending on what they want to do.

Angela Diaz: You can use any of the principles that we have there and shape it to your context and what is allowable, what is doable for you, in your context. And in addition to that learning that we are doing as we serve them, in our program is also very important to us to have the voice of young people. So they really inform, formally like we have advisory boards of youth, we do surveys of them asking them what is working for them in the program, what's not working, what else would they like to see, so the whole work that we do, everything that we do, is in form and shape by the need and the voice and the desire of young people. So they are our partners in the work. We are not serving them, our approach is that we want to empower them but we work in partnership and everything that we do is informed by them and what they need and what they would like to see.

Angela Diaz: Hi, my name is Angela Diaz, and I would like to talk with you about why it's so important to have another lesson in young adult friend culture in your

healthcare systems. When people hear the word culture, they usually think about place of origin, language, and things like that. But after working around the globe with youth, with young people, I really have come to understand that there's a culture of other lessons. And the lives that they live today are very complex and there's tremendous stress in many of their lives.

Angela Diaz: So we really need to understand and appreciate that when we work with them and we need to help them feel comfortable, we need for them to feel that we are not judging them, that we're there really to try to help them, that we are in this together in whatever it is that they want to achieve, we are trying to facilitate that process in the context of their development.

Angela Diaz: So it's very important to understand the culture of adolescents. The research also shows that when you provide services in a way that is teen-friendly, that increases the use by young people of your services. They come, much more likely to come, when you provide teen-friendly services. The Mount Sinai Adolescent Health Center is a learning organization, we are never static. We are around for 50 years and we are always evolving, always changing based on the needs of young people or what they tell us, or what is happening in the environment that affects them.

Angela Diaz: For example, when we began, we were not working with transgender. We had kids who were gay, lesbian, bisexual, question in youth, but now that there are many young people, they have come out saying now because they are transgender, so now we have a program about transgender youth. So we have to learn how to work with them. We have to learn about their needs. We have to learn how to work with their parents. And then now we really have tremendous expertise in that area.

Angela Diaz: The young people make our program. We are about them, but the other very important piece is the staff. So we can teach them the content and how to work with the young people, but they really have to be passionate. They have to understand that population, that we are there to serve them. That is really, really key. The other thing that I think is important for young people is to sit and self-reflect it in the staff. So we try to really have a very diverse staff, not just in term of race, ethnicity, language, but also we have staff who are gay, who are lesbians, who are transgender. We have staff with disabilities. We have staff that really almost any young person coming to us can see themselves in that person.

Angela Diaz: And the reason that I think is so important is because a young person can look at themselves in that staff and see possibilities for them. It's not just about the connection and getting the services, but they see, "I can be a social worker. I can be a doctor. I can be a health educator," because a person that looks just like them is. And sometimes they had not had those life experiences before.

Angela Diaz: At the Mount Sinai Adolescent Health Center, we have like 17 different disciplines. You know, as a physician, among adolescent medicine person, I'm

not able to meet all of their needs. We need all these people with differing expertise to work together as a team and it's not enough just to have multiple disciplines. The services have to be delivered interdisciplinary. People have to work together around the young person. And even when we do the treatment plan, we bring all the different disciplines and then we work together. And for certain group of young people that we know have very complex needs, the staff may regularly and discuss the cases and do treatment plan together. It's really, really important to do that.

Angela Diaz: Since we provide services from age 10 to 24, around age 22 or so, we start working with young people about transition. We tell them that when they turn 24, they will age out of our services and that they will need to go to an adult system hopefully in medical home. So at age 22 we start working with them to prepare them for that transition. And as we get closer, we make sure for example, if they need a physical, they gather their physical. If they need an IUD, they get their IUD. If they need immunization, we just make sure they get everything that they need and then we help them connect to young adult system.

Angela Diaz: And often they want to keep coming back, but we encourage them to stay there. And we just don't say, "You need to, you're aged out," we actually find places and connect them to those places, help them make the appointment to make it easier for them and give everything to them in writing or so just to facilitate that transition because it's not so easy to transition for young people.

Angela Diaz: Hi. My name is Angela Diaz, and I would like to talk today about why it's so important to integrate medical and mental health services. Research shows that only 20% of adolescents and 10% of young adult that have a mental health needs get services. So there's a tremendous scarcity of mental health services.

Angela Diaz: Developmentally, young people do not necessarily know how to label their needs. They may be depressed but they may not know that they are depressed, so it is very important to integrate services and to work the way that we work with them because by us asking and screening them for different things, then we find out that they need mental health, and we are right there working with the medical people and the mental health people so that person can benefit from that.

Angela Diaz: Having the integrated primary care and mental health services really remove barriers. It is hard for any person, including adult to be going to different places, different sites for different types of services. There are issues about transportation, geography, learning the different policies or the different systems, learning that they have to show up at this time or that time. So really this integrative services make it easier for the young person to be able to get all those services that they need.

Angela Diaz: When you are doing intake, let's say for mental health in many places, people have this really rigorous process and assessment that they have to take all these

information. And sometimes when people are spending all that time trying to gather the information, the young person feel that they are not paying attention to them, they're not being engaged. And when you work with teenagers, the number one thing is engaging them. So you really need to balance the needs to collect whatever information you have to collect, but at the same time, keeping in mind and making sure that that young person is really and truly engaged, and feel that they are the most important thing right now for you, that you're paying attention to them. Because the first purpose, the purpose of the first visit is to get a second visit, and then a third, and then a fourth. You really want to engage the young person.

Angela Diaz: So whatever you need to do to achieve that, that's what you need to do. And maybe the form can be completed in multiple visits or something like that. I also work with young people who are homeless, who have been sex-trafficked and when I know that, I know that it will be hard for these young people to necessarily come regularly. So we have to ... Or to come back if I say, if they go to a place where they say, "You need an appointment for mental health." We know that these young people, it's really, really hard for them to return.

Angela Diaz: So we need to give them as many services as possible and they will see the mental health person right then and there. And the mental health person has to be very flexible, not only in term of balancing whatever information they need while trying to engage the young person, but also understanding that, that young person is not necessarily going to come back on a regular basis. That they may come back sporadically, that they may come back for medical services and then they will need to see them, all those things are really important.

Angela Diaz: Hi, my name is Angela Diaz, and I would like to talk about trauma in particular, sexual trauma. At the Mount Sinai Adolescent Health Center, we see young people that come for a number of services. And something that people may not be aware of is how common trauma is in the life of the young people that come to us. The young people that come to the Mount Sinai Adolescent Health Center, about 70% of them has significant trauma, sometimes complex chronic trauma. Our young people may have been traumatized by a history of childhood, neglect, physical abuse, sexual abuse, incest, rape, tender age violence, domestic violence.

Angela Diaz: So we also see young people who are being sex-trafficked, and there are other things that can be quite traumatic. Like when you have community violence, when you are a victim of discrimination, whether it's racism or because of your gender or sexual orientation. So we work with a highly traumatized population. And it is very important when you work with traumatized population to understand and be aware of how common trauma is, the negative impact that trauma has in the victims, and what are those signs and symptoms that they present with.

Angela Diaz: The Mount Sinai Adolescent Health Center is a trauma in form center. Everything that we do is without trauma lens because we know how prevalent

trauma is in the life of our young people. So just by having a teen-friendly system where people are warm, welcoming, respect for the young person, feel connected, all those things are very important for a trauma victim. Because they usually have been living in isolation with their history and what happened to them. So when you help them feel connected, when they know that they are not alone, that help them also heal, is extremely important. And more specifically we actually do services for trauma.

Angela Diaz: So we have the mental health staff, all are trained on doing trauma focus, cognitive behavioral therapy, and many other modalities of therapy that work for this population. We provide individual therapy around the trauma. We do groups that are specific for the trauma. For example, we run groups for young people who are victim of incest. And the entire support group and psychotherapy group is about dealing with a trauma and help to heal and do that. We also know that especially if the trauma is happening at home, you need to work with the entire family to understand what's happening and help the family heal.

Angela Diaz: And we need to have those staff to be very accessible to young people, to really be able to be reached when the young person need to talk to someone because maybe something is coming up about the trauma, what happened to them as a child, they really need to feel that they're not alone. There is a place where they can come with whichever way they are feeling. They can call us, they can come in and all that is part of the healing process for a young person with a trauma history.

Angela Diaz: We also have lawyers. Part of our services are legal to help them with if there's anything that they need a lawyer for. So we have legal services to do that. We are very involved in advocating on their behalf. For example, if they were raped in their school and they don't want to go back to that school because of what happened to them and they remind her of that or because they are worried or afraid, we also help them.

Angela Diaz: So if we need to talk to, whether it's the police or Child Protection or anyone on their behalf, we help them with all those things. If they need to bring their parents to tell them or to disclose what happened to them, we say, "Bring your parents, we will sit down with you to help you disclose." Because sometimes it's very hard for them to do this by themselves and they may be worried or they may not know how to do it. And in the safety of the clinic, the young person is able to do sometimes things are they will not be able to do on their own.

Angela Diaz: At the Mount Sinai Adolescent Health Center, we are mandated reporters. So if we see a young person who's being abused, whether it's physical abuse or sexual abuse, we have to report that. We also provide confidential services. So the way we do it is that when the patient comes to us and if the family comes with them, we tell everyone, "Here, we provide confidential services except if there is ongoing abuse or if there is abuse or if the life of the young person is in danger, like they are suicidal or if they know that somebody else's life is in

danger. Like they know that a gang may be about to do something to somebody else. We cannot keep those things confidential."

Angela Diaz: When the young person discloses that they are being, for example, sexually abused, we explain to them because we said it before we took the history that if there's any issue of abuse, we need to actually need to call Child Protection. We need to be able to tell Child Protection about the abuse and that in our clinic we work closely with the mental health people including the social workers to be able to do that.

Angela Diaz: Hi, my name is Angela Diaz, and I would like to talk about trauma in particular, sexual trauma. Sex trafficking usually happens when a young person is used by a third party sexually for gains. It could be financial gains. And what happen with this is that a young person, and this is domestic. Sex trafficking in the U.S. happens in every single state under the history of Columbia. Sometimes when people hear sex trafficking, they think about other countries or people being brought to the U.S., I'm talking about our own kids.

Angela Diaz: Domestic sex trafficking happens all the time. And this young people are approached and groomed by traffickers. And then they could just be seeing the young person in the street and so, "You are so beautiful," and start talking with them and offer to buy them a hamburger or something and just start chatting with them, and eventually they may say, "I want to be your boyfriend." And then when they try to develop that relationship, one day they will say, "If you really love me, you should have sex with my friend." And if the young person does it, then that continues to increase with different type of people that they are having sex with. And this person, this boyfriend is being paid or has some gains from this interaction of the young person.

Angela Diaz: And sex trafficking can be through a trafficker, it could be through sometimes a gang, maybe involving sex trafficking and sometimes it's an individuals and sometimes it's a gang. Sometimes the families maybe trafficking the young person and having gains such as money or drugs or something like that. There are a number of things that put young people at risk for sex traffic. The most immediate, the proximal risk to sex trafficking of young people in the U.S. is being homeless or having unstable home.

Angela Diaz: Another risk is having a history of abuse, especially sexual abuse. Young people who are gay, lesbian, and transgender are at a higher risk to be sex-trafficked. Young people who are system-involved such as foster care or the criminal justice system also are more likely to be sex-trafficked. So these things are complex, but we need to understand that there are multiple risk. Some are individuals, some are family, some are community, some are more societal. But they're at sometimes because we ask them directly if they ever exchange sex either for shelter, for money, for food, for drugs, we find out if they are engaging in any of those behaviors.

Angela Diaz: Also, sometimes if you see a young person that comes to the clinic sort of that is not dressed according to the temperature for example, or they have certain tattoos in the neck that says, "That his car," or something that sort of identify them as property of somebody else, you sort of think that there is a possibility of them, then you ask the young person directly.

Angela Diaz: Something else to be very aware, sometimes the trafficker and may come with the victim and they want ... When you are taking a history, you should always see any patient, any teenager should be always seen at least for part of the history by themselves. But especially when you suspect that they are being sex-trafficked because the trafficker tend to take over, they want to be giving all the history because they don't want the young person to say anything that may compromise them.

Angela Diaz: So we always say to everyone, the way that we work here is that at some point we ask the parents or the friends, whoever comes with a young person to wait outside and we will continue the conversation and do the physical exam. So we have that opportunity to work with the young person and ask any question that we may need to ask and give the young person the opportunity to share anything that they need to share.

Angela Diaz: But we know that they're not just going to pack up and leave. It's complex. They may be afraid of the trafficker, they may not know what to do, where to go, so we have to start that conversation and we really encourage them to keep coming and every time they come we continue the conversation and continue to give them another dose of mental health.

Angela Diaz: But they are not going to be able to leave the life unless they have outside in the community connections. Whether it's connection to family, they have a place to live, they have a place to let's say get money to eat or ... They need to survive. The need to do that. Those, you need to start working with them as they prepare to leave the life to what system of care are they going to come to, what resources in the community are going to be available to them? And only after that ... And sometimes it takes like six tries or more for them to try to leave, for them to then stay out and be able to get reconnected. They need to be reconnected to society and to the different elements of society. That is very important.

Angela Diaz: So we provide these trauma-informed services to these young people who had been sex-trafficked, but we also work with a different system in their behalf. Sometimes they are brought by police, sometimes they're referred to us by court. I guess I said through, FBI, Homeland Security and sometimes just other services. But we're also very involved in advocacy. We have many different groups in New York. People work together because these young people were not only been victimized in the trafficking, but they also were being arrested, they used to end up with a criminal record and they used to be re-victimized by the different system.

Angela Diaz: And after a lot of advocacy, New York actually changed the law. And now they see any young person as a victim rather than a criminal. A victim who needs services, who need to be connected, who need to really be helped. And this have been really, really important. And this is key because young people are much more likely now to even disclose and they know that they can be helped and we can work with The Child Welfare System, Child Protection, everyone, the different type of system to really help this young person do well rather than consider them a criminal and making it harder for them to leave the life.

Angela Diaz: At the Mount Sinai Adolescent Health Center, we provide free services to the patient, and no cost to them. On average, we spend about \$1,000 per year for all the services that they receive, all those comprehensive services. We also buy their medication and we've even metro cards so that there is no barriers. And because only 30% of the teenagers that come to us, the young people that come to us have Medicaid, if they have Medicaid, we bill Medicaid, but we have to raise a lot of money. So our budget for the year is \$10 million. So we raise the money to be able to provide all the services that they need integrated and not worry about the fact that they do not have money or insurance.

Angela Diaz: The Mount Sinai Adolescent Health Center has had a long history of partnering with schools and we partner in differing ways. One is that we have within six high schools in Manhattan, we have full-time clinics. So right inside the school building we have clinics where we provide medical, mental health, sexual health, so all the components, and we also can go to the classroom if a teacher request us. So very strong working relationship with schools.

Angela Diaz: We also have young people that we train to be leaders. We have the Peer Health Education Program that work in different types of schools in New York. And they go into the classroom and work with young people on a ray of issues including how to prevent HIV infection, how to make good decision about trauma. And they go with the staff and is very effective because it's young people talking to young people. Well, also, many schools send young people to us.

Angela Diaz: We feel that parents are really key. Young people have the right to confidential services and we honor that, and that's very important to us, and that's why so many young people come, but we also understand that young people do much better when their parents love them, when their parents are involved in their care, when they can communicate with their parents. So we actually encourage parents to come and bring their children, we encourage young people to talk to their parents.

Angela Diaz: And sometimes the young person might say to us, "Well, I cannot say that to my mom or my dad. They will kill me." And we say, "No, no, no, they will not kill you. Bring them here. We will help you tell them whatever the issue is." And the young person has that option to bring the parents to the clinic and then we help them tell. But we really are major partners with parents, we also do family therapy. Usually the family therapy involve the adolescents that we serve and

also whoever is there in their families could be a mom, it could be a dad, it could be both parents, it could be a grandparent, or the siblings. So we really think that family is very important and the healthier the family is, the healthier the young person will be.

Angela Diaz: We've reached the most vulnerable and disconnected young people. And the reason that we are able to do that is because of the way we design our services. We make it easy for everyone to be able to come in. Public School, private school, and the specialized high schools and the teachers and guidance and counselors, and other professionals in the schools send patients to us all the time because they understand that a young person will be more ready to learn in school if their needs are met, whether they're physical needs or they are mental health needs. They know we will not judge them. Whatever is happening in their life. We meet them where they are. We know, we come with plants and things like that we make sure that we meet their needs.

Angela Diaz: Well. We have learned working with young people is that we need to ask them direct questions. And if we do and we ask them in a sensitive way that they know we are there just to help them, they're like an open book and they will tell us. And what we do is that before I even take the history after I explained that everything is confidential to the young person and their family, if the family came with them I would say something like you know "I will be asking you a lot of different questions. We ask those questions from everyone. Just in case any one of our patients has experienced that so it's not that we're picking up anything from you and that's why we are asking those questions. So just be aware that we're going to be asking you lots of different types of questions." But we ask every single patient the same thing. It's just to make sure that those that have experienced those things really will be able to share that and then get help for that.

Angela Diaz: We really need to strive for equity? You need to really give this young people the steps that they can climb to get to where they need to be. And the way you do that is by providing teen-friendly services, youth-friendly services, and providing all the different trauma-informed service or that they need a mental health, everything, and working with them in a way that they heal from their trauma and they are able to deal with the different disparities.

Angela Diaz: Another challenge that we face is the lack of awareness of the needs of young people in term of the type of services are they need. People try to send them to a biomedical type of approach, and that just doesn't work. And the funding often doesn't incorporate prevention. And really doing the type of work, the intensity of the work that is needed to address some of those disparities and to really achieve equity. And it is really important because those funding itself is silo, and at some point it will be important to try to figure out, "How do we develop maybe a youth-specific funding mechanism that incorporates all the things that we see?" Because it's in those same kids that we are seeing all the things, "but also the go from wellness to prevention, health education, risk reduction and treatment?"

Angela Diaz: So the full range of scope that I think is needed because these young people really can do very, very well. We need to really think about those social, political, economic context that leads to the disparities and then figure out how to fix it so that people can really maximize their outcome and do well.

Angela Diaz: Another issue is training. When people go to medical school or psychology school or nursing school or social work school, they're not necessarily learning how to work with young people. So training is a major issue. And just to give you the example in medicine. In adolescent medicine people, it's only like a hundred of us. So there are about 26 programs in the country and every program puts one or two people who graduate every year. So that is not enough adolescent medicine people.

Angela Diaz: There are wonderful pediatricians and family physicians and actually, the majority of youth are seen by those other disciplines, but even them, I think they need additional training. I think we all should be receiving training on how to work with young people. There are the ministers will be receiving training on how to set up a program that are appropriate for young people that is going to make it easy for them to come and utilize those services. The financial mechanism needs to be re-thought and maybe integrated the same way the services are being integrated and I think with all these things, the system would be much more efficient and the outcomes will be much better.

Angela Diaz: We use different lenses. One is a social justice lens. Another one is a positive youth development lens. We actually see the young people as full of promise. They have many assets. These young people are smart, they are creative, they are working and even when they have such challenging lives, they are really trying to do the right thing. Sometimes I work with patients that I wonder, "How does this kid get out of bed, much less go to school, much less help with the chores in the house?" They work, they do really help people in ... They volunteer, so they have tremendous assets.

Angela Diaz: And we need to really start stablish, we need to reframe young people and start seeing them by the positive assets that they have, use positive youth development principles and deal with all issues and the challenges and address them. But really, they should be more about wellness, about how these young people maximize their potential.