

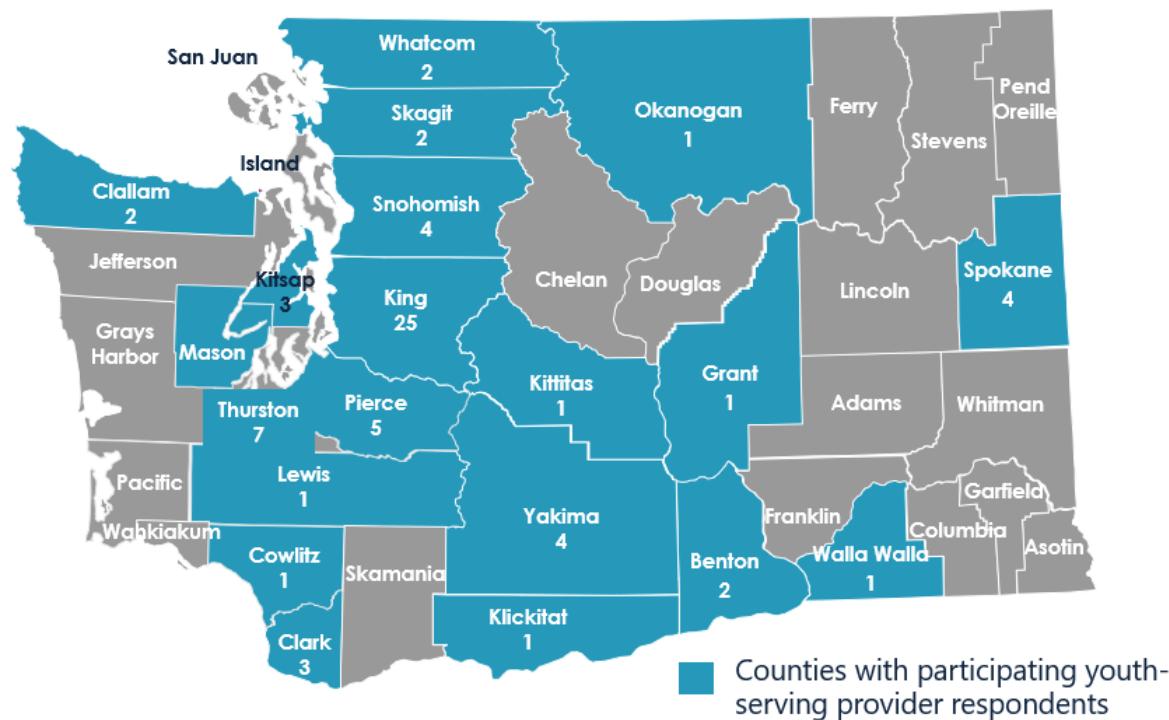
# Youth-Serving Provider Perspectives: Adolescent Screenings

**Providers are trying to consistently screen young people for age-appropriate developmental, social emotional, and behavioral needs — but they need more time, better tools, and more support resources.**

In 2024, the Adolescent and Young Adult Health team at the Department of Health (DOH) completed a **mini-needs assessment to understand the state of adolescent and young adult health** care in Washington and the support needs of those who serve teens and young adults. During a series of engagement activities, youth-serving medical and behavioral health providers and professionals shared their feedback and insight on important adolescent health topics, including adolescent well visits.

Over 70 providers participated in engagement activities:

- 65% were advanced practice providers, like medical doctors or nurse practitioners, or mental health providers, like licensed therapists and social workers
- 60% said more than half of their patients were youth ages 11-24
- 54% served young people in a medical setting like a private practice, community health center, or school-based health center. Many worked in more than one setting.
- Most worked in the Puget Sound region.



# Adolescent Screenings

Screenings are an important part of annual well visits and other check-ins, including routine sexual and reproductive health visits. Overall, many providers report integrating age-appropriate screenings for mental, behavioral, developmental, and social determinants of health into all or most visits for young people. They also reported difficulties, including negative experiences with some screening tools, not having enough time to respond to needs identified during screenings, and that many tools just aren't culturally relevant to young people.

## What's going well

Providers shared strategies that are helping:

- **Universal screening:** Consistently screening all teen and young adult patients for depression and suicide risk.
- **Starting visits with screenings:** Beginning visits with a screening tool to understand where young patients are at and focus the visit on what they need most.
- **Standardized tools and protocols:** Utilizing tools to standardize screening processes, for example:
  - Using established tools from reputable sources like Bright Futures
  - Developing comprehensive screening tools
  - Integrating screenings into electronic health records
  - Developing clinic-specific policies and procedures
- **On-site support:** Integrating social workers, patient navigators, and community health workers into practices to support screenings — especially for social determinants of health screenings to better respond to any identified needs.
- **Variety of screening tools:** Using validated screening tools. Table 1 lists all the screenings cited in responses and links to more information about them.

“We have standardized behavioral health screening and intervention across primary care sites serving adolescents. We also have standard social health screening at well visits.”

“We have developed an SDOH screen that has increased our referrals to social work 65 percent. We are reaching more families and teens. “

“We work with school to provide universal screenings to all students in the buildings served.”

“What is going well is having good connections with teens, having at least some of appointment without parents for a more open conversation.”

**Table 1: Types of screenings and associated tools used by respondents with links to more information about each screening tool; listed alphabetically.**

<ul style="list-style-type: none"> <li>• <a href="#">Ages and Stages Questionnaire (ASQ)</a></li> <li>• <a href="#">Alcohol Use Disorders Identification Test (AUDIT)</a></li> <li>• <a href="#">Ask Suicide Screening Questions (ASQ)</a></li> <li>• <a href="#">ASAM Assessment Interview Guide</a></li> <li>• <a href="#">Beck Depression Inventory (BDI or Becks)</a></li> <li>• <a href="#">Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)</a></li> <li>• <a href="#">Brief Suicide Safety Assessment (BSSA)</a></li> <li>• <a href="#">Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)</a></li> <li>• <a href="#">Child PTSD Symptom Scale (CPSS)</a></li> <li>• <a href="#">Children and Adolescent Trauma screen (CATS)</a></li> <li>• <a href="#">Columbia Suicide Severity Rating Scale (CSSRS)</a></li> <li>• <a href="#">Diagnostic and Statistical Manual of Mental Disorders (DSM-5)</a></li> <li>• <a href="#">Daily Living Activities (DLA-20)</a></li> <li>• <a href="#">Drug Abuse Screening Test for Adolescents (DAST-A)</a></li> <li>• <a href="#">Generalized Anxiety Disorder Scale (GAD-7 and GAD-A)</a></li> <li>• <a href="#">Global Appraisal of Individual Needs Short Screeners (GAIN-SS)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Home, Education, Activities, Drugs, Sexuality, Suicide (HEADSS)</a></li> <li>• <a href="#">Levels of Care Utilization System (LOCUS/CALOCUS)</a></li> <li>• <a href="#">Mental Health – Juvenile Detention Assessment Tool (MH-JDAT)</a></li> <li>• <a href="#">Modified Checklist for Autism in Toddlers (MCHAT)</a></li> <li>• <a href="#">Moods and Feelings Questionnaire (MFQ)</a></li> <li>• <a href="#">Nicotine screen</a></li> <li>• <a href="#">Patient Health Questionnaires (PHQ-2 and PHSQ-9)</a></li> <li>• <a href="#">Patient Health Questionnaire for Teens or Adolescents (PHQA)</a></li> <li>• <a href="#">Pediatric Symptom Checklist (PSC or PSC-17)</a></li> <li>• <a href="#">Perinatal Mood and Anxiety Disorders (PMAD)</a></li> <li>• <a href="#">Pregnancy Intention Screening</a></li> <li>• <a href="#">Screen for Anxiety-Related Childhood Disorders (SCARED)</a></li> <li>• <a href="#">Screening, brief intervention, treatment (SBIRT, YSPIRT and SBIRT ED)</a></li> <li>• <a href="#">Screening to brief intervention (S2BI) substance use screening</a></li> <li>• <a href="#">Sexually Transmitted Infections (STI) screening</a></li> <li>• <a href="#">Social Determinants of Health screening</a></li> <li>• <a href="#">Vanderbilt assessment for ADHD</a></li> </ul>
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## What needs more work

Providers shared barriers and challenges:

- **Not enough time:** Providers don't have enough time during a single adolescent well visit or wellness check to complete all appropriate screenings, explain the results, and respond to positive screens. In general, screenings shorten the amount of time providers have with their patients and take away from other elements of the visit.
- **Few resources for positive screens:** There is a general lack of resources, and referral networks to be able to adequately respond to screening outcomes.
- **Inconsistent use of screening tools:** Mental health screening tools vary across the health care continuum. Often the screening information is not transferable, accessible, or accurate in different health care situations, especially for young people with complex needs and multiple providers. This is apparent in Table 2.
- **Not responsive to young people:** Some screening tools are outdated, not culturally relevant, or youth friendly. The screening questions may not reflect the needs and identities of all young people or don't use culturally inclusive language.
- **Confidentiality and privacy:** Lack of privacy for young people during visits impacts their responses to screening questions.
- **Resistance:** Some young people – and caregivers - seem to be resistant to answering

screening questions initially, or there is a lack of understanding about how the questions apply to their life.

- **Cost:** There is a general lack of high-quality screening tools that are free or low-cost, standardized guidelines that can be easily integrated into existing workflows and electronic record systems, as well as support and training for screening tools.

“I would like more tools that are culturally responsive and have space for preferred pronouns and preferred names.”

“... giving 15 minutes to address preventive measures, depression/suicide risk, substance use and STI/pregnancy prevention (to list a few) is unreasonable and simply bad patient care.”

“Youth do not always recognize how the information applies to themselves.”

“It is difficult to screen for anxiety, depression, sud [substance use disorder] when I know I don't have any resources to offer them.”

“I would like for us to develop a more consistent way of screening for behavioral health. For example, some orgs are using some questionnaires, others are not...it can be challenging for families who are involved in multiple systems to be filling out so many different mental health related questionnaires”

“I do a HEADS assessment on patients... I run out of time for this if the teen or parent have multiple other concerns to address in our 20 min well child check.”

## Recommendations for support

- **Higher reimbursement rates** for adolescent health care, including higher rates for extended appointment times to allow time for adequate screening.
- **Funding and reimbursement for integrated behavioral health and other support professionals** to provide screenings and respond to identified needs, and support mental, behavioral, and socio-economic needs.
- **No or low cost screening tools** to improve use.
- **Increase funding for school-based health care** and school-based health centers as additional points of care for adolescent screenings and to work toward universal mental health screening for all young people in Washington.
- **Promote collective efforts to consistently use specific screening measures** for mental and behavioral health that are culturally responsive and informed by social determinants of health.
- **Update screening tools to ensure they are** culturally responsive, age appropriate, and relevant to young people today.
- **Improve access to resources and referral networks** so providers can adequately

respond to screening outcomes.

- **Create centralized, easy to find sources** for mental and behavioral health screening, information, resources, referrals, and tools—tailored to support youth-serving teens, young people, and their care givers in different communities and geographic regions.

## Action

The Department of Health is committed to responding to what we've learned from youth-serving providers and the young people in Washington by taking action.

Over the next four years, DOH's Adolescent and Young Adult Health team will:

- **Collaborate with other DOH programs** to identify action steps to respond to concerns about screening.
- **Expand engagement activities to include parents and caregivers** to learn more about their questions, concerns and needs around screening response.
- **Work with partners like the Health Care Authority** to increase technical assistance and support to youth-serving providers, including health insurance navigation, and billing, and reimbursement.
- **Implement a youth-friendly care certification program** to promote youth-centered care for teens and young adults and support providers who want to enhance or establish youth-friendly care in their practice. Learn more: [Youth Friendly Care Network | Healthier Washington Collaboration Portal](#)

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