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Research article

Featured counter trafficking program: Mount Sinai Adolescent Health Center



Angela Diaz*, Martha Arden, Silvia Blaustein, Anne Nucci-Sack, Leslie Sanders, John Steever

Mount Sinai Adolescent Health Center, United States

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ABSTRACT

This invited article is one of several comprising part of a special issue of Child Abuse and Neglect focused on child trafficking and health. The purpose of each invited article is to describe a specific program serving trafficked children. Featuring these programs is intended to raise awareness of innovative counter-trafficking strategies emerging worldwide and facilitate collaboration on program development and outcomes research. This article describes the Mount Sinai Adolescent Health Center, a US-based health system dedicated to serving adolescents, some of whom are survivors of sex trafficking or at risk for sexual exploitation.

1. Program description

The Mount Sinai Adolescent Health Center (MSAHC), established in 1968, is a large, comprehensive, health system in New York City integrating biopsychosocial, cultural, spiritual, and youth-friendly approaches. (World Health Organization, 2012) It serves young people aged 10–24 and their children. In 2018, MSAHC served over 12,000 young people, including 186 known survivors of sex trafficking. Most patients (87%) are African American and Latino, 10% are White, 2% are Asian, and 1% are Native American. Fifteen percent are immigrants, refugees, or asylum seekers; 98% are poor and 70% uninsured. Seventy percent of the Center's patients report a history of trauma.

MSAHC's mission is to break down economic and social barriers to health care and wellness for young people by providing high quality, comprehensive, confidential, and free services. Its goal is to help young people remain healthy, prevent adverse outcomes and recover from any detrimental conditions. MSAHC achieves this by providing youth friendly, patient-centered, high quality, trauma informed, integrated services confidentially and at no cost to the patients, including their laboratory tests, medications, supplies and MetroCards. Many agencies involved with survivors of human trafficking, including the FBI (domestic) and the Department of Homeland Security (international), have come to recognize MSAHC as a comprehensive, and reliable referral resource for these patients.

In order to provide these services, the MSAHC relies on public insurance programs, grants, and philanthropy.

2. Program activities

MSAHC is much more than a medical clinic: it offers expert confidential, comprehensive and integrated medical/physical, sexual and reproductive, dental, optical, health education, behavioral/mental health and legal services. Patients are offered immediate

* Corresponding author at: Mount Sinai Adolescent Health Center; 320 East 94th Street, New York, NY 10128, United States.
E-mail address: angela.diaz@mountsinai.org (A. Diaz).

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access to all FDA-approved family planning methods, including injections and long-acting methods (IUD and implant). When indicated, pregnancy testing is done, and pregnancy outcome option counseling is provided immediately when the test is positive. There are specialized services for gay, lesbian, bisexual, questioning, and transgender youths; youth with eating disorders; HIV positive youth; substance users; pregnant and parenting youth; and survivors of interpersonal violence including human trafficking. Additionally, the Center provides nutritional counseling and physical fitness classes, such as dance, mind-body activities including yoga, photography, tutoring, PSAT and SAT preparation. While MSAHC is not a clinic exclusively for trafficking survivors, it is particularly suited to human trafficking survivors, who often are uninsured, lack money to pay for health services and do not always have the flexibility of time or the independence to come and go as they wish.

MSAHC health care providers routinely screen for human trafficking and are cognizant of the factors that put young people at risk for trafficking. They understand the comorbidities faced by survivors, and are ready to address them. These risks and comorbidities include homelessness, substance use (Cook, Barnert, Ijadi-Maghsoodi, Ports, & Bath, 2018), history of sexual abuse (Goldberg & Moore, 2018), LGBTQ (Institute of Medicine & National Research Council, 2013), unmet mental health and substance use treatment needs (Cook et al., 2018; Goldberg & Moore, 2018; Le, Ryan, Rosenstock, & Goldmann, 2018), and suicidality (Frey, Middleton, Gattis, & Fulginiti, 2018; Middleton, Gattis, Frey, & Roe-Sepowitz, 2018).

Patients generally come to MSAHC with acute medical concerns, but they are assessed for other needs at each visit and are offered whatever services might be needed while supporting their autonomy and right to choose. If a patient is interested in any of the services provided, including mental health, an introduction is made, assuring the youth that the MSAHC staff work as a team. MSAHC has a traditional mental health model and a primary care mental health model. In the latter, mental health staff work side-by-side with the medical staff, with flexible, open schedules to allow immediate access to mental health services when needs are present.

A primary care mental health model is ideal for human trafficking survivors, who may be reluctant to commit to regular appointments for mental health therapy but may attend an appointment for medical care, at which time they may also be directed to a mental health provider for an isolated session. Survivors can receive mental health services during the medical visit in the form of crisis counseling, psychotherapy sessions, a psychiatric assessment by a child and adolescent psychiatrist, or psychoeducational evaluation by a psychologist when indicated.

The Division of Adolescent Medicine of the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai operates the MSAHC. The Division not only provides direct clinical services, but also serves as a center of education, research and advocacy. MSAHC operates a post-graduate adolescent medicine fellowship program, an APA-accredited psychology training program, and provides training for social work, health education and medical students, and pediatric and Ob/Gyn residents, as well as other health professionals each year. Current research projects include National Institutes of Health (NIH)-funded research programs in interpersonal violence and HPV infections, and other research projects are led by faculty and trainees. The Center is very involved in advocacy, often collaborating with other organizations, helping shape policies at the local and state levels, and training young people to be leaders, peer health educators, and, mappers of community assets throughout New York City.

2.1. Staff members

Because the work of MSAHC is highly interdisciplinary, professionals in over a dozen disciplines collaborate to meet the needs of young people. Only individuals who truly enjoy and are comfortable working with adolescents and young adults are hired. Paraprofessionals, including registrars and medical assistants, are essential in engaging patients. Medical care is provided by a team of adolescent medicine-specialists, pediatricians, family medicine physicians, internists, medicine-pediatric-trained physicians, and obstetrician-gynecologists, as well as physician assistants and nurse practitioners. Licensed practical nurses give immunizations, injectable medications, and conduct point-of care testing. Health educators help patients develop critical thinking skills while they learn about sexual and reproductive health, sexual identity, sexual orientation, pubertal development, contraception, prevention of sexually transmitted infections, and HIV. The mental health staff includes social workers, psychologists, and child and adolescent psychiatrists. The nutritionist, fitness trainers, optometrist, dentists, dental hygienists dental assistants, an attorney and a paralegal, are vital to the mission. MSAHC also employs research, administrative, finance, information technology, and communications staff who provide critical support to help fulfill the mission of providing care to young people. In addition to staff, the MSAHC enjoys the benefits of dedicated volunteers who provide tutoring, art instruction, and other services.

3. Program evaluations and metrics

It costs MSAHC, on average, one thousand dollars per patient per year. Since 2010 MASHC has been recognized as an Adolescent Health Patient-Centered Medical Home by the National Coalition for Quality Assurance (NCQA) at the highest level (Level 3) designation. MSAHC has had formal evaluations by an independent evaluator, Macro International/ICF International. Internally, the program uses the ongoing continuous quality improvement (CQI) process to advance efficiency, effectiveness, performance, accountability, and outcomes (Thomas, Corso, & Pietz, 2013). This CQI process enables MSAHC to track its progress and to improve over time (National Learning Consortium & Health Information Technology Research Center, 2013). Results of this process include greatly increased rates of routine immunization, STI screening and treatment, and same-day method of contraception start (including IUD and implant).

4. Reflections

4.1. Program strengths

A major strength of the MSAHC program is that it is youth-friendly (World Health Organization, 2012). The young person is at the center of every activity and service, and the program's success is attributed to a workplace culture of "it is always about the young person." The emphasis is on the whole person, which helps minimize potential stigma about specific areas of health and reminds staff, patients and the community that all aspects of health are addressed. Providing all services in a single youth-friendly and youth-centered location minimizes barriers to care and enhances engagement and utilization.

MSAHC was designed to reduce or eliminate barriers to care, and an essential feature is that no fees are charged for services including laboratory tests, medication, supplies including eyeglasses, and patients are given MetroCard to make transportation easier. Patients are served regardless of where they live, making it convenient and more accessible for survivors of human trafficking who may change residence frequently, often have no health insurance or money to pay for services.

MSAHC specifically and purposively addresses two barriers to care that affect all young people but have been specifically articulated by human trafficking survivors: the need for confidentiality and freedom from judgment (Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2018). This approach is applied to all patients— it is the culture of the organization – and thus potentially avoids stigmatizing human trafficking survivors. Assurance of privacy is a key part of youth-friendliness (Britto, Tivorsak, & Slap, 2010). New York State confidentiality protections and the limits of confidentiality are discussed with all patients (and family, if present.) In the context of these confidentiality assurances, MSAHC works with other systems important in the lives of young people, including the family, schools, child welfare, and juvenile justice systems and others.

Staff members at all levels are trained to meet patients where they are and to determine what services they are interested in and ready to accept. They normalize the young person's situation and empower the young person to make decisions, asking, "When would you like to come back?" and "What works best for you?" Engagement and retention are critical, and each visit is seen as an opportunity to engage the patient to return.

4.2. Program challenges and solutions

The biggest challenge is the financial responsibility of providing a safety net for uninsured youths with limited resources. Fundraising is an essential task to provide the services these patients so desperately need. Grant support and donations are necessary to keeping the doors open. In addition to direct fundraising, the Center engages in advocacy with elected officials and other policy leaders to help young people obtain the means to access healthcare services by making this population eligible for such benefits as the Medicaid Family Planning Benefit Program, presumptive eligibility for Medicaid, the Family Planning Extension Program, and coverage for undocumented minors. MSAHC staff includes entitlement coordinators who facilitate on-site health insurance enrollment for young people who qualify.

The ever-growing demand for services, especially mental health services, is a related challenge. MSAHC strives to avoid waiting lists because it is important for young people to have access to these essential services when they are ready to receive them, and has expanded its medical, mental health and dental staffing to better meet these needs. It is a challenge to find qualified specialists, so the Division of Adolescent Medicine has expanded its training programs to serve as a pipeline for professionals who are experts in the field.

The complexity of issues facing MSAHC patients is challenging. Many need the involvement of several disciplines, and it is optimal to obtain all services at one visit. Unfortunately, many health care payers, including Medicaid, impose financial disincentives to comprehensive care, paying for only one or two services per visit. While many health care facilities split up services over several visits for this reason, MSAHC provides as many services as the patient is ready to accept on one visit, because delays in care are missed opportunities to care. This holistic, efficient approach to the provision of services is particularly beneficial to human trafficking survivors who come with complex issues, often including a history of complex chronic trauma that has not been previously identified or addressed (Institute of Medicine & National Research Council, 2013).

4.3. Lessons learned that could benefit other programs

The US health care system was designed by adults for adults, and when health systems try to fit adolescents into this system it does not work. In response, some label adolescents as noncompliant and hard to reach. By designing services for adolescents, MSAHC has demonstrated that having developmentally-appropriate services together in one place is efficient, effective, and highly-utilized.

Young people often present to the health care system with acute medical issues that are actually not their primary concern. Sensitive interviewers who engage and allow young people to tell their story at their own pace learn about previously undisclosed conditions and situations, such as emotional, sexuality, and gender concerns. Many young people have a history of interpersonal violence, such as childhood neglect, exposure to violence in the home, physical and sexual abuse, and human trafficking. They may not disclose these aspects of their experiences until in an environment where they feel safe and comfortable. The professionals must feel comfortable asking about these possibilities in an empathic, nonjudgmental fashion. Services need to be trauma-informed, trauma-responsive and if possible, include trauma-specific interventions either directly or in collaboration with other service providers. There is also a vital need to assess and address social issues in the context of health and health care, so screening for food insecurity, housing problems, legal issues, history of trauma, including a history of bullying, childhood abuse, human trafficking, and

other types of violence, is essential to arrange social supports. When working with youths who are being trafficked, it is important to learn from them not only what type of assistance they need, but what type of assistance they are ready and able to accept and what might already be available to them. Housing, education, and employment options also have to be explored to support continued success and future independence. It may take multiple attempts before the young person can leave a trafficking situation, and ongoing support is required.

For detailed information about how to develop a comprehensive adolescent health program or adapt parts of the Center's work, please see the published blueprint about the work of our center ([Mount Sinai Adolescent Health Center, 2016](#)).

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