The Rapid Adolescent Prevention Screening® (RAAPS) is a standardized, validated risk identification and coaching solution developed to support providers and professionals in reducing the risk factors impacting the health, well-being, and academic success of youth.

Through technology, RAAPS’ interactive, cutting-edge approach dynamically embeds the core principals of digital empathy, such as concern and caring for others, expressed through computer-mediated communications.

**RAAPS Checks ALL of the Essential Boxes:**

- **Short-Format:**
  The RAAPS assessment was designed to overcome the real-world barriers of time, workflow, knowledge, skills and youth engagement. With only 21 questions, RAAPS can be completed in just 5 minutes.

- **Standardized:**
  Standardization ensures that every youth is screened the same way every time – regardless of the experience or comfort-level of the individual administering the screening.

- **Validated and Proven Effective:**
  RAAPS has been extensively tested and proven to be reliable and valid at assessing risks identified by the CDC as contributing most to preventable morbidity and mortality in youth.

  Why is validity testing so important? All leading healthcare organizations recommend the use of a standardized, validated screening tool for risk screening in youth and young adults. Research reveals the many challenges and errors inherent in home-grown risk assessments.

  Results of peer-reviewed studies demonstrate RAAPS’ validity & reliability for risk identification, as well as RAAPS effectiveness as a depression screening tool.

- **Addresses Social Determinants of Health (SDOH):**
  RAAPS for Public Health (RAAPS-PH) builds on the core 21-question RAAPS assessment, with 11 additional questions capturing the prevalence of social and environmental conditions that threaten youths’ health, well-being and progress toward graduation. RAAPS-PH uncovers chronic exposure to stressors (such as hunger, homelessness, teen pregnancy and discrimination) that threaten healthy brain, cognitive and social-emotional development.

- **Recommended:**
  RAAPS is used to screen over 45,000 youth annually in medical practices, school-based health centers, schools, and other community-based organizations across the U.S. In a survey of individuals using RAAPS, 98% would recommend it to other providers and professionals working with youth.

  RAAPS has been recognized by leading health organizations for use as a clinical tool for adolescent risk screening, including:

  - The Agency for Healthcare Research and Quality (AHRQ)
  - The Society of Adolescent Health and Medicine (SAHM)
  - The National School Based Health Alliance (SBHA)
  - The American Academy of Pediatrics (AAP)
  - Association of Maternal & Child Health Programs (AMCHP) Innovation Station Best Practice
  - Children's Hospital Association (CHA) - RAAPS-PH

- **Billable:**
  The use of a validated tool enables organizations who bill to submit their risk screening services for insurance reimbursement using health risk appraisal codes such as 96127 or 96160. RAAPS-PH meets criteria for use of these CPT codes and ICD-10-CM codes Z55-Z65 for SDOH.
The RAAPS screening can be administered within a cloud-based delivery platform that offers unique technology-based features (such as enhanced engagement and real-time reporting.) Alternatively, the RAAPS screening tools and health education content can be licensed for use within an EHR or for paper-based screening.

Tailored By Age:
RAAPS is tailored for age-specific risks and language, with three distinct assessments available in English and Spanish:

- Older Child – for ages 9-12
- Adolescent – for ages 13-18
- Young Adult – for ages 19-24

Brain development changes dramatically between ages 9 to 24. In order to understand a question and respond appropriately, an older child (ages 9-12) needs questions to be framed very differently than a teenager. In addition, risk behaviors change over time – sexual activity, unsafe driving, and binge drinking are examples of risks that tend to be age-related.

Evidence-Based Health Education:
The language of youth is different than that of adults. RAAPS integrates behavior change science to deliver evidence-based health education messages that have been shown to be most effective at reducing youth risk. Education provided includes ideas for behavior change, statements to increase self-efficacy, and national resources. Youth-involvement in the development of the health education has helped to increase engagement, health-literacy, and age-specific relevance.

Tuned into Technology:
RAAPS is the first technology-based risk identification and counseling system that was created specifically for professionals working with youth. Technology enables RAAPS to eliminate the most common real-world barriers to risk screening, improving efficiency, efficacy, and standardization.

Through our partnership with Tickit Health, Possibilities for Change has strengthened RAAPS’ interactive, cutting-edge approach by dynamically embedding the core principals of digital empathy, such as concern and caring for others, expressed through computer-mediated communications. And with real time reporting professionals gain easy access to population data necessary to identify trends, track outcomes, and tailor programming.

Our Origin Story
Our beginning is what makes RAAPS so different... and so effective. RAAPS was developed as a practical solution to overcome the real-world barriers of youth risk assessment...

As a Nurse Practitioner at the University of Michigan, Dr. Salerno faced the daily challenge of identifying and reducing risky behaviors among the youth she served. She lacked the necessary tools, technology and systems to pinpoint potential issues and effectively create change. Considering nearly 75% of serious injury and adolescent death is a result of preventable, risky behaviors, Jennifer knew something needed to be done. There needed to be a change. Out of that experience, RAAPS was born.

RAAPS was developed by a team of researchers and multi-disciplinary clinicians at the University of Michigan with strong youth involvement every step of the way. Dr. Salerno and her team worked with youth directly, to gather feedback on question wording and corresponding health messages, and on the look and feel of the RAAPS technology-based system helping to ensure youth would feel comfortable answering sensitive questions about their behaviors.